Early Reports

An Interactive Booklet for Addressing Postpartum Mood and Anxiety Disorders: Feasibility Assessment Using the APEASE Criteria

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Abstract

Background: Perinatal mood and anxiety disorders occurring at any time during the perinatal period affect 15% to 20% of birthing parents in the United States and are frequently underdiagnosed. Technology-based tools may improve early detection of mental health issues, expand access to support, and reduce barriers to help-seeking behaviors.

Objective: This study aimed to evaluate the feasibility, acceptability, and practicability of "Be Well, Mommy," a mobile interactive booklet designed to support postpartum mental health, developed using a 10-step social marketing framework. Secondary objectives included assessing its potential to raise mental health awareness, normalize postpartum emotional challenges, and facilitate help-seeking with patients, as well as assessing health care provider perspectives to inform refinements. Insights from this feasibility trial will guide improvements and future large-scale implementation.

Methods: Researchers conducted a qualitative feasibility project in Southeast Georgia with 15 first-time female parents and 5 health care providers. Participants were asked to use the booklet for 2 weeks, followed by 3 focus groups with mothers and 5 in-depth provider interviews. Researchers analyzed the data thematically using NVivo 15 and the APEASE (acceptability, practicability, perceived effectiveness, affordability, side effects, and equity) criteria.

Results: Findings revealed mixed acceptability. Birthing parents described the booklet as supportive, easy to navigate, visually appealing, and helpful in normalizing emotional challenges after childbirth. Experts, however, expressed concerns about limited clinical depth and difficulties in integrating it into practice. Practicability was generally high, though minor navigation and technical issues were identified. The free, mobile-friendly format enhanced affordability and equity. No major safety concerns emerged, although some participants found celebrity stories less relatable.

Conclusions: Overall, "Be Well, Mommy" demonstrates preliminary feasibility as an accessible, awareness-raising tool that may support early recognition of postpartum mental health concerns and encourage help-seeking. Refinements, including expanded evidence-based content, improved navigation, and enhanced provider engagement, are recommended prior to large-scale implementation. Further longitudinal and quantitative research is needed to assess effectiveness and scalability.

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Introduction

The perinatal period is an important phase in a woman's life, marked by significant physical, emotional, and social changes. While pregnancy and childbirth are often exciting and joyful events, many women experience perinatal mood and anxiety disorders (PMADs) that occur during pregnancy or up to 1 year post partum, affecting approximately 15% to 20% of birthing parents [1]. In the United States, the prevalence of perinatal depression is estimated at 8.9% among pregnant people to 37% at any point in the first year [2].

In the United States, rates of diagnosed PMADs have risen significantly, with reports indicating that postpartum depression diagnoses were 7 times more frequent in 2015 than in 2000 [3]. Despite increased awareness, PMADs remain underdiagnosed and undertreated due to persistent stigma, limited screening, and inadequate access to mental health services [4]. These conditions can have far-reaching consequences, affecting not only the mental and physical health of the birthing parent but also infant development, sibling well-being, and overall family functioning [5].

In recent years, digital health innovations have emerged as promising tools to bridge gaps in access to information, diagnosis, and treatment of PMAD. Furthermore, changes in social norms and increased mental health discussions in digital media outlets have facilitated [6,7]. Technology can provide social support, early detection, and facilitate access to professional help. Additionally, it can reduce costs, improve the quality of information sharing, and promote a patient-centered approach.

This multidisciplinary project supported high-impact instruction practices, with evidence-based content, user-centered design, and social marketing principles to design a culturally sensitive electronic booklet that aimed to provide evidence-based PMAD information while addressing important gaps on stigma to experiencing mental health issues. In addition, the study characterized the APEASE (acceptability, practicability, perceived effectiveness, affordability, side effects, and equity) of the electronic booklet, which will help ensure it is not only theoretically sound but also contextually equitable and appropriate.

The main purpose of this paper was to describe the development and design of the "Be Well, Mommy," project, and to evaluate the feasibility, acceptability, and practicability of "Be Well, Mommy," a mobile interactive booklet designed to support postpartum mental health. Specifically, this paper aimed to explore the usability of the electronic booklet, identify barriers and facilitators to its adoption, and provide recommendations for refining the intervention before conducting a full-scale study. By documenting these aspects, the paper aimed to contribute to the development of effective, technology-based tools for supporting maternal mental health during the postpartum period.

Methods

Intervention Development and Design

During the fall semester of 2024, the electronic booklet "Be Well, Mommy" was developed as part of a collaboration between MPH—Applied Public Health students (Social Marketing for Health Communication course) and media students from Creative Business, Production House Interactive Department, at Breda University of Applied Sciences, the Netherlands. The project, supervised by professors from both Georgia Southern University and Breda University of Applied Sciences in Breda, the Netherlands, resulted in a smartphone-based interactive booklet addressing important concepts of PMADs (Figure 1).

Students designed the booklet using the 10-step social marketing model, which provided a clear road map for research and emphasized continuous monitoring and evaluation. The process included (1) background description of the health problem, (2) identification of purpose and focus, (3) situational analysis, (4) identification of the target audience, (5) objective and goal setting, (6) formative research, (7) development of the position statement, (8) marketing strategy development, (9) monitoring and evaluation plan, and (10) implementation plan.

The social marketing strategy used in this study applied principles from commercial marketing but focused primarily on promoting behavior change aimed at improving PMAD-related experiences.

The development of the final booklet was based on the findings presented in the Results section, incorporating detailed insights about PMAD from female parents and experts' perspectives and explaining explicitly how each recommendation or theme was applied. Accordingly, the booklet was designed to provide evidence-based education while fostering a safe and supportive environment in which new female parents could feel comfortable reflecting on and sharing their postpartum experiences.

Figure 1. Screenshots of the interactive "be well, mommy" booklet.



The booklet's interface was designed following a design thinking methodology [8], grounded in a benchmark analysis of existing mental health apps and guided by core usability heuristics including consistency, error prevention, and esthetic minimalism [9]. The electronic booklet was organized into 7 sections designed to provide comprehensive, accessible, and engaging information about postpartum depression. (1) The General Information section introduced postpartum depression, including common symptoms, risk factors, and available treatment options, to improve awareness and understanding. (2) The Support Groups section highlighted the importance of social support and provided information about resources and opportunities for connecting with others experiencing similar challenges. (3) The Personal Stories section incorporated lived experiences of mothers who experienced postpartum depression, aiming to normalize these experiences, reduce stigma, and foster emotional connection. (4) Similarly, the celebrities' Stories section presented experiences shared by public figures to increase relatability, encourage open conversations about maternal mental health, and reinforce that postpartum depression can affect individuals from diverse backgrounds. (5) The Short Dialogue Animation section used visual storytelling and conversational scenarios to communicate key messages in an accessible and engaging format. (6) The Self-Care section emphasized practical strategies for supporting emotional well-being, including stress management, social connection, and seeking professional assistance when needed. (7) Finally, the Reflecting Insights from the Public Health Research Phase section integrated findings and perspectives from the preliminary research phase to ensure that the booklet's content addressed identified informational needs and concerns. Collectively, these 7 sections were designed to facilitate a gradual progression from foundational knowledge to social connection, shared experiences, and actionable strategies for seeking support and managing postpartum mental health. This approach aligns with narrative-based health communication strategies that emphasize relatability, emotional engagement, and accessible information [10]. The booklet's evaluation focused on the perceived relevance, clarity, appropriateness, and acceptability of its content, rather than measuring actual user engagement or satisfaction through usage analytics. This structure prioritizes relatability and gradual help-seeking, moving from information to community, lived experience, and actionable self-care, consistent with narrative approaches to health communication [10]. Where user engagement and satisfaction are key indicators, as they reflect the accessibility, relevance, and clarity of the information provided.

Sample

We identified 5 community-based nonprofit organizations, clinics, and health departments that serve diverse pregnant or postpartum people in Savannah, Georgia. We were intentional in ensuring the organizations served diverse populations to increase the representation of our findings. After socializing the project with the leaders of these organizations, we asked them to help us distribute electronic study recruitment flyers that explained the objectives of the study among their clients. Participants were eligible if they were female adults (18 years or older), English-speaking, and first-time parents of children under 1 year of age. Providers were eligible if they were based in Southeast Georgia and worked in a professional role focused on PMADs, such as in health care, mental health, or social services.

Ethical Considerations

The researchers obtained institutional review board (IRB; H25016) approval from Georgia Southern University (Statesboro, Georgia) prior to study initiation. All participants provided informed consent via Zoom after the research team explained the study procedures and confidentiality protections. All participant data were kept confidential by the researcher. Identifying information was protected, and study

data were stored in a secure location accessible only to the researcher. Data will be securely maintained for at least 3 years in accordance with applicable institutional requirements. The consent process included a description of the study purpose, potential risks and benefits, and researcher's contact information. Verbal consent was documented before conducting interviews and focus groups. Participants were informed that participation was voluntary and that they could withdraw at any time without penalty.

After consenting to participate, participants engaged with the interactive booklet during the first 2 weeks of access, the booklet which provided information, resources, and access to support groups related to PMADs. Based on existing literature, we anticipated that participants might have limited knowledge of PMAD and experience perceived social stigma surrounding the condition. After the second week of the study, participants took part in focus groups, while experts were engaged in in-depth interviews to gather detailed perspectives on PMADs. All participants and experts received a US $25 gift card upon completion of the interview as compensation for their time and participation in the study.

Assessments

To evaluate the perceptions and user experience of the participants, we designed a semistructured in-depth interview guide informed by the APEASE criteria, which provide a systematic framework to evaluate the functionality and feasibility of the electronic booklet "Be Well, Mommy." The APEASE framework, developed as part of the behavior change wheel (BCW), aims to guide intervention planning and decision-making [11].

APEASE stands for the following: Affordability is the extent to which the intervention can be delivered within available financial resources without compromising sustainability. Practicability considers the feasibility of implementing the intervention under real-world conditions. Perceived effectiveness and cost-effectiveness include the degree to which the intervention achieves desired outcomes and efficiently uses resources. Acceptability is the extent to which stakeholders, including mental health providers, view the intervention as appropriate, considering ethical, social, cultural, and professional considerations. Side effects/safety include potential risks or negative consequences associated with the intervention. Equity is the ability of the intervention to promote fairness and reduce health disparities among diverse populations [11] (Table 1).

Table 1. The APEASE (acceptability, practicability, perceived effectiveness, affordability, side effects, and equity) criteria were used to assess the intervention [11].

Criteria	Description
Acceptability	How far is it acceptable to key stakeholders? This includes the target group, potential funders, and practitioners delivering the interventions and relevant community and commercial groups.
Practicability	Can it be implemented on a scale within the intended context, material, and human resources? What needs to be done to ensure that the resources and personnel are in place, and is the intervention sustainable?
Effectiveness	How effective is the intervention in achieving the policy objective(s)? How far will it reach the intended target group? What effect will it have on those who are reached?
Affordability	How far can it be afforded when delivered at the scale intended? Can the necessary budget be found for it? Will it provide a good return on investment?
Side effects	What are the chances that it will lead to unintended adverse or beneficial outcomes?
Equity	How far will it increase or decrease differences between advantaged and disadvantaged sectors of society?

Data Collection and Analysis

After the 2-week implementation period, researchers conducted 3 focus groups with female parents and 5 in-depth interviews with experts via Zoom [12] to evaluate the booklet using the APEASE criteria. All Zoom sessions were audio-recorded with participant consent and professionally transcribed verbatim. The transcripts were imported into NVivo 15 (Lumivero) for data management and analysis. Two researchers were involved in qualitative data analysis. Both coders independently reviewed and coded the data to identify emerging themes and patterns. Coding discrepancies were discussed and resolved through consensus to enhance the consistency and credibility of the findings. A thematic analysis approach was used to systematically code and organize the data, with themes identified based on patterns of consistency and contextual relevance. Data collection and analysis continued until thematic saturation was achieved. Finally, researchers synthesized the findings to assess acceptability, practicability, and areas for refinement of the electronic booklet.

Results

Participant Characteristics

The data are presented as a narrative summary, organized around general information on mental health and the

APEASE criteria. Participant quotations are included to illustrate key points and provide context.

Five female health care providers participated in the study, including 1 obstetrician-gynecologist (OBGYN), 2 licensed mental health counselors, and 2 psychologists. Additionally, 15 new mothers participated in the study. All participants were female, with 46.7% (n=8) identifying as African American, 40.0% (n=5) as White, and 13.3% (n=2) having unreported racial information. Most participants were between 19 and 29 years of age (n=8, 53.3%), followed by those aged 30 to 39 years (n=5, 33.3%) and 40 years or older (n=2, 13.3%; Table 2).

Table 2. Demographic characteristics of new mothers (N=15).

Demographic characteristic	Values, n (%)
Sex	
Female	15 (100)
Race	
African American/Black	8 (46.7)
White	5 (40.0)
Unknown/not reported	2 (13.3)
Age (y)	
19-29	8 (53.3)
30-39	5 (33.3)
40 and older	2 (13.3)
Annual household income (US $)	
Less than 35,000	3 (20.0)
35,000-74,999	8 (53.3)
75,000 or more	4 (26.7)

The results are based on the analysis of 3 focus groups with patients and 5 in-depth interviews with experts. Feedback from female parents and experts was aggregated (Table 3).

Table 3. Themes and subthemes from focus groups and interviews on "Be Well, Mommy" mobile booklet.

Themes	Subthemes
Mental state after giving birth	• Overwhelmed and feeling of being not good enough as a parent • Traumatic and anxious • Fear after C-section[a] • Shamed for not breastfeeding • Disconnected from child but at the same time feeling of happiness and excitement
The importance of mental health	• Mental health of a mother influences child's health • Dealing with prenatal anxiety and depression • Pregnancy hit with emotions • Living in the "cloud" after birth • Understanding identity after having a child • Support system is important when medicine might not be an option
Previously used PMAD[b] information resources	• Pediatrician • Mom mentorship program • OBGYN[c] • Reddit/Google • "Healthy start" organization • Talking to other moms was more helpful
Ways of electronic booklet distribution	• QR code in doctors' offices and hospitals, health department
Recommendations	• Opportunities for interaction with other mothers • Podcasts on relevant topics • Time management tips

Themes	Subthemes
	• Relatable personal stories • More in-depth information on various mood disorders that can occur after pregnancy • Healthy coping behavior • Guidance on what to do when recognizing alarm signs and symptoms • Inspiring messages • A journaling section • Support strategies • A Spanish version of the booklet
APEASE components	
Acceptability	• Low acceptability among experts but high among female parents
Practicability	• Easy to navigate
Perceived effectiveness	• Participants' feedback: simple content, convenient, and appealing • Providers: information was insufficient; more for bringing awareness
Affordability	• Free of charge
Side effects	• Concerns regarding celebrity stories
Equity	• Wide accessibility and equal opportunity for use

[a]C-section: cesarean section.
[b]PMAD: perinatal mood and anxiety disorders.
[c]OBGYN: obstetrician-gynecologist.

The findings are presented below, organized according to the APEASE criteria to highlight insights into the booklet's feasibility, usability, and potential impact (Multimedia Appendices 1 and 2). Affordability and equity were not directly assessed through participant questions, as the booklet was designed to be offered free of charge to all women, minimizing financial barriers to access. Ensuring free and equitable access remains a central goal of this project, and we are actively seeking additional grant funding to support its broader dissemination.

Mental State After Giving Birth

Participants in the focus groups were asked to describe their mental state after giving birth. A summary of mental states is as follows: feeling overwhelmed, feeling not good enough, feeling trauma and anxiety, feeling fear after cesarean section (C-section), feeling shamed for not breastfeeding, feeling disconnected from the child, and feeling happy and excited.

Most women reported feeling overwhelmed, inadequate, and anxious. One participant shared, "I guess that you are not even like in areas that you can't control, that you're not a good mother, or that you're not up to standard for the doctors."

Women described the childbirth experience as traumatic and intense. They also reported feeling fear after the C-section and disconnection from a child but feeling excited and happy at the same time. One participant said, "...disconnected...not really connected to my child, which is kind of weird, because, my whole pregnancy, that was my main focus, and then when he finally came, I don't know, it was just a lot of emotions."

Another mother stated, "So I was, like, really stressed out, but I was still happy that he was here and healthy."

The Importance of Mental Health

Mental health was the next topic discussed in the focus groups. A summary of identified factors of importance includes the following: the influence of a mother's mental health on a child's health, the need to deal with prenatal anxiety and depression, the variety of emotions brought on by pregnancy, the feeling of living in a "cloud" after birth, the need to understand one's own identity after having a child, and the essential role of a support system when medication might not be an option.

Most participants linked their emotional well-being to their child's health, describing heightened stress and anxiety related to caring for a newborn. Several participants reported experiencing mental health challenges, such as anxiety and depression, even prior to pregnancy, which often intensified during the postpartum period. One participant noted, "It's very important. That's actually the first thing I have to worry about after having a child, because if I don't take care of my mental health, then I am not even close to being capable of taking care of my little one."

For most participants, the time after pregnancy was a difficult adjustment. They described it as "living in the cloud," "being hit with emotions," and struggling to understand identity separate from being a mother. One participant stated that "I felt like, almost like I was like living in a cloud because I was so tired and it was, it was like learning all over again, where I thought that I knew what to do."

Another participant said, "It's more so like understanding, like having a hard time understanding who I am after having kids, like, separate from my child or children."

Many participants emphasized the importance of social support and connecting with others to adjust to their new lifestyle after having a baby. Peer support, family guidance, and access to professional advice were described as essential for coping with the emotional and practical challenges of the postpartum period. This support was particularly crucial for participants who could not or preferred not to use antidepressants or antianxiety medications during this time due to personal choice, breastfeeding considerations, or potential side effects. One participant shared, "And then, I know it's hard to get, like, mental health stuff, medications, and stuff when you're breastfeeding, because that stuff goes in your milk. So, I think it's better to take care of yourself after birth mentally."

Previously Used Resources

Researchers asked female parents about the resources they had used in the past to address PMAD. The main sources of information cited by participants included pediatricians, OBGYNs, mom mentorship programs, online platforms such as Reddit and Google, and nonprofit organizations. In addition, most participants emphasized that connecting with other mothers was the most helpful and meaningful resource, providing emotional support, practical advice, and a sense of shared experience. One participant noted, "My biggest resource would probably be other mothers just talking about their experiences and sharing, and then the late-night Googles, all of the little baby app groups of various sorts."

Recommendations

The last question addressed the recommendations that mothers and experts had for the interactive booklet. They offered a range of excellent ideas, including opportunities for interaction with other mothers; podcasts on relevant topics; time management tips; relatable personal stories; more in-depth information on various mood disorders that can occur during and after pregnancy; more information on healthy coping behaviors; guidance on recognizing alarm signs and symptoms of PMAD; and strategies to improve communications with other family members; including inspiring message prompts; including a journaling section; and versions of the booklet in other languages, specifically Spanish.

These suggestions aim to enhance the booklet's usefulness and accessibility for mothers. One participant said, "Hey, like, set these little goals for yourself that are very doable every single day to kind of help you feel more like a person."

Another participant stated, "Like, just nice affirmations to just put in there to say something nice to me while I'm looking at this and feeling crappy."

Additionally, another participant mentioned this about the support strategies, "Like, how can they be supportive of this? So, if you want to show them or like, give them tips, like, for example, someone well, how can I support you during the time?"

Ways of Distribution

Most participants suggested that the most effective way to advertise the electronic booklet would be through QR codes placed in doctors' offices, hospitals, and health departments, allowing easy and immediate access for new mothers. One person stated, "Um, QR code we already mentioned, um, maybe just like a, some sort of ad, you know, I like the idea of it being with something for the kids, but also, like for me, I think for moms that may still be struggling further along."

APEASE Components

Acceptability: Low Acceptability Among Experts

A key theme that emerged from the interviews with health care providers was low acceptability of the electronic booklet in its current form. Some providers expressed concerns about whether the booklet could be easily integrated into existing clinical workflows or whether patients would fully engage with it. One provider stated, "While the booklet has useful information, I'm not sure my patients would use it...it...it doesn't fully address the complexities of postpartum mental health in every case. I don't think it has all the needed information that other resources provide, so I am not sure I would recommend it as it is."

Practicability: Easy to Navigate

Participants discussed the practical aspects of using the electronic booklet. Most participants were able to navigate the booklet easily and appreciated that it served as a comprehensive resource, consolidating information, support services, and guidance in one place.

One participant shared, "It is easy to just browse through and flip through and everything being right there. It really does feel like a resource all in one place."

However, some experts reported challenges in navigating the interactive booklet. They noted that certain links were inactive in the mobile version, making it difficult to access some content. Additionally, returning to the main page was cumbersome, and several experts suggested the inclusion of a tutorial or guide to improve usability. One expert commented, "I just had difficulty trying to use it at first, because I was kind of confused. I didn't know you had to, like, like, push it sometimes."

Perceived Effectiveness

Participants and providers shared their feedback on the booklet.

1. Participant's feedback: simple content, convenient, and appealing
2. Providers: not enough information; more for bringing awareness

Several positive elements of the interactive booklet "Be Well, Mommy" were highlighted by participants. These

included relatable personal stories, simple and useful content, convenience, aesthetically pleasing design, a self-care section, links to support groups, podcasts, and interactive chat animations. One mother shared, "Um, yeah, I liked it too. Um, I think what I really liked the most was the different support groups that are in..."

However, some health care providers felt that the booklet lacked depth, and the information was too simplistic, primarily serving to raise awareness of PMAD rather than offering comprehensive guidance or clinical detail. One provider stated, "The booklet is a good starting point, but it doesn't go deep enough. It mainly raises awareness about the symptoms, and I feel it's missing the detailed information and guidance that other professional resources provide."

Affordability: Free of Charge

The cost of competing apps and resources was a prominent consideration for new mothers. Most participants stated they would choose the "Be Well, Mommy" booklet over other resources because it was free, making it more accessible to families with limited budgets. One mother said, "I will use the booklet, and I will also pass it along to others as well, especially because there's not a lot of information on that, and I feel like it's easy to use, it is free, and it's like on your phone, so I think I would definitely use it again."

Some participants expressed concerns that if the booklet were to become commercialized in the future, its cost could influence accessibility and usage, potentially limiting its reach among mothers who rely on free resources. This highlights the importance of maintaining affordability to ensure equitable access.

Side Effects: Concerns Regarding Celebrity Stories

Some participants expressed concerns about the inclusion of celebrity stories in the interactive booklet. While intended to provide examples and inspiration, a few users reported that these stories were not very relatable and could make them feel inadequate or disconnected from their own experiences. One participant noted:

> *I definitely agree with the celebrity stories, like, as I'm hearing everybody else, okay, I'm not tripping. It wasn't just me. Like the celebrity stories, because y'all got a whole team of people, and it's like, I get the notion of like, everybody goes through it. And then I also think that maybe it was the pictures, because this is the most human. I have looked in months, but you have these glamorous looking women sitting here, all beautiful.*

Some experts recommended expanding the content to cover the full spectrum of mood disorders and including statistics or social math to normalize these experiences. This approach could help reassure mothers that postpartum mental health challenges are common and manageable, and that experiencing them does not put them at risk of losing custody of their children.

Equity: Wide Accessibility and Equal Opportunity for Use

Regarding equity, participants did not report any potential adverse or disproportionately beneficial outcomes associated with the electronic booklet. Most participants emphasized that, because the booklet is mobile-friendly and free, it should be widely accessible to diverse populations, regardless of socioeconomic status. One mother stated, "I will use the booklet, and I will also pass it along to others as well, especially because there's not a lot of information on that, and I feel like it's easy to use, and it's like on your phone, so I think I would definitely use it again."

Discussion

Principal Findings

The purpose of this study was to assess the feasibility of the "Be Well, Mommy" interactive booklet as a technology-based resource for supporting postpartum mental health using the APEASE criteria. Specifically, the study examined the booklet's acceptability, practicability, perceived effectiveness, and affordability to identify its strengths, limitations, and areas for refinement prior to broader implementation.

The current study identified several key findings across the APEASE criteria. Acceptability findings were mixed: mothers generally perceived the booklet as supportive and appropriate for addressing postpartum mental health concerns, whereas health care providers reported lower acceptability, citing limited clinical depth and relevance. Similar discrepancies emerged regarding effectiveness. Participants reported that the booklet increased awareness, normalized their experiences, and provided emotional support, while providers viewed it primarily as an awareness-raising tool rather than a comprehensive intervention. In terms of practicability, mothers found the booklet easy to use; however, both mothers and providers identified navigation challenges and technical limitations that may affect optimal use. Affordability emerged as a clear strength, as the booklet's free access supported continued use and reduced barriers to engagement. No major safety concerns were identified, although some participants noted that celebrity stories were unrelatable and potentially disengaging. Finally, the booklet's mobile, no-cost format supported broad accessibility, and participants recommended the development of a Spanish-language version to further improve equity. Overall, the "Be Well, Mommy" interactive booklet was well received by participants, who valued its supportive tone, ease of access, and ability to raise awareness and normalize postpartum mental health experiences. Its mobile, free-of-charge format was viewed as a significant strength that enhanced accessibility and equity. However, health care providers raised several concerns and identified areas for improvement, including addressing navigation and technical issues, expanding the depth and clinical relevance of content

to better meet health care provider expectations, replacing or diversifying celebrity stories with more relatable narratives, and offering additional features such as interactive elements and a Spanish-language version to broaden reach and effectiveness.

The findings of this feasibility study are mostly consistent with existing literature on technology-based postpartum mental health interventions. Previous research suggests that digital tools, including mobile applications, online platforms, and web-based educational resources, are generally well received by postpartum women due to their accessibility, privacy, and flexibility [5,6]. As in previous studies, mothers in the current study valued the booklet's format, ease of access, and supportive tone. It is important to normalize the mothers' emotional experience by including peer-related content in connection with evidence indicating that shared experiences reduce stigma and promote help-seeking behaviors among postpartum participants.

In the current study, participants also emphasized the importance of social support and peer connection, which is consistent with previous findings [13-16]. Participants in this study reported that talking to other pregnant or postpartum people was one of their most helpful resources, reinforcing findings that lived experiences and relatable narratives are critical components of effective maternal mental health interventions.

However, the discrepancy between patient and provider perspectives observed in this study also reflects patterns reported in previous literature [17-19]. In this and previous studies, while patients often prioritize accessibility, emotional validation, and convenience, health care providers tend to emphasize clinical depth, evidence-based content, and integration into workflow. In this study, providers viewed the booklet primarily as an awareness-raising tool rather than a comprehensive intervention, highlighting the ongoing challenge of achieving provider buy-in for digital resources.

The affordability and equity findings are also consistent with prior evidence suggesting that free, mobile-based interventions reduce structural barriers and improve reach, particularly among underserved populations. Previous studies found that free, mobile-based interventions can reduce structural barriers and improve access to health resources among underserved populations [20-22]. In addition, current study participants recommended expanding the booklet to Spanish-speaking users, which could help to address linguistic and cultural accessibility to reduce disparities.

Overall, the results of this study support existing evidence that technology-based, low-cost, user-centered interventions can effectively increase awareness and perceived support among postpartum women. At the same time, they underscore the importance of strengthening clinical integration, technical functionality, and content to enhance provider endorsement and long-term implementation success.

Recommendations for Future Research

Based on the current feasibility study, the "Be Well, Mommy" interactive booklet has the potential to support early detection and self-care among postpartum women. By providing accessible, evidence-based information on PMAD, the booklet empowers mothers to recognize early signs of emotional distress and take proactive steps toward seeking help. Features such as self-assessment tools, guidance on coping strategies, and links to support networks might encourage female parents to engage in self-monitoring and self-care, promoting mental health literacy during a critical period [23-26]. Early identification of symptoms through these tools can facilitate timely intervention, which is essential for improving maternal and child health outcomes. Integration into health care settings could further enhance the reach and impact of the booklet. QR codes placed in clinics, hospitals, health departments, and pediatric offices offer a convenient method for new mothers to access the resource during routine visits [27-30]. This integration ensures that the booklet is readily available to pregnant and postpartum patients from diverse backgrounds and allows health care providers to incorporate it into standard perinatal care. Additionally, embedding the booklet into patient education programs or prenatal classes could normalize discussions of mental health and encourage women to use the resource before postpartum symptoms escalate.

To improve provider buy-in and trust, we are proposing several strategies, such as additional evidence-based information, guidance for recognizing red flags, and professional endorsements. Offering training sessions, tutorials, or informational workshops for clinicians on how to use and recommend the booklet may also help increase acceptance as a complement to standard care, rather than its replacement.

Finally, the booklet plays an important role in reducing stigma and promoting equitable access to postpartum mental health resources. Its mobile, free-of-charge format ensures accessibility across socioeconomic groups, while relatable narratives and supportive language normalize emotional challenges during the postpartum period. By providing a private source and peer support, the booklet may help reduce feelings of isolation and shame, encouraging users to seek help without fear of judgment. Expanding content in multiple languages, incorporating culturally relevant and more relatable examples, and including interactive features could further enhance equity and inclusivity, making postpartum mental health support accessible to an even broader population.

Strengths and Limitations

This study has several strengths. First, the use of a qualitative methodology allowed for an in-depth understanding of the experiences, perceptions, and needs of postpartum women and health care providers. This approach provided rich, detailed insights that quantitative methods alone might not capture.

Second, the study engaged both patients and health care providers, allowing for a comprehensive perspective on the feasibility, usability, and acceptability of the electronic booklet. Comparing feedback from these 2 groups helped identify areas of alignment and potential implementation challenges.

Third, the booklet was developed with evidence-based content and evaluated using the structured APEASE framework, ensuring that the assessment considered affordability, practicability, effectiveness, acceptability, side effects, and equity. This systematic approach enhanced the rigor and transparency of the feasibility evaluation.

Finally, the study identified practical recommendations for refinement, including improvements in navigation, content depth, and the use of relatable examples, which can inform the scaling and optimization of the intervention in future implementations.

This study has several limitations that should be considered when interpreting the findings. First, the research was qualitative in nature and involved a relatively small sample size of 15 new mothers and 5 health care providers in Southeast Georgia. While the focus groups and interviews provided rich, in-depth insights, the results may not be generalizable to all postpartum women or health care providers in other geographic or cultural contexts. Second, the study relied on self-reported feedback, which may be influenced by recall bias, social desirability, or participants' comfort level sharing personal experiences in a group setting. Some participants may have underreported challenges or overemphasized positive aspects of the booklet. Third, the feasibility trial was relatively short (2 weeks), limiting understanding of long-term engagement, sustained usability, and the potential behavioral impact of the electronic booklet.

Finally, the booklet was assessed only in its prototype form, and certain technical issues (eg, inactive links and navigation difficulties) may have influenced participant perceptions. Future studies with a larger, more diverse sample and a longitudinal design will be necessary to evaluate the effectiveness, scalability, and generalizability of the intervention.

Conclusions

The "Be Well, Mommy" interactive booklet demonstrates promising feasibility as a technology-based tool to support postpartum mental health. Participants highlighted its strengths, including ease of use, free access, and the ability to normalize postpartum experiences, while also identifying areas for improvement, such as expanding content depth, enhancing provider trust, and adding interactive features. Moving forward, refining the booklet based on user and provider feedback will strengthen its utility and integration into health care settings. Overall, the booklet holds significant potential to promote early detection, self-care, and equitable access to postpartum resources, contributing to improved maternal well-being during this critical period.

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Generative AI Use

The authors used AI tools (Google Gemini by Google DeepMind) solely to assist with manuscript preparation, including refining and polishing written text for clarity, grammar, and style, as well as formatting references and citations in accordance with journal requirements. All aspects of the study design, data collection, analysis, interpretation, and conclusions were conducted independently by the authors. The use of AI did not influence the intellectual content or scientific rigor of the work.

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Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request. Due to the sensitive nature of the qualitative data, including interviews and focus group transcripts with new mothers and health care providers, access is restricted to protect participant confidentiality and privacy. Requests for access will be reviewed and granted in accordance with ethical guidelines and institutional review board requirements.

Conflicts of Interest

None declared.

Multimedia Appendix 1

Focus group questions based on APEASE (acceptability, practicability, perceived effectiveness, affordability, side effects, and equity) criteria: female parents.
[DOCX File (Microsoft Word File), 16 KB-Multimedia Appendix 1]

Multimedia Appendix 2

In-depth interview questions based on APEASE criteria: experts.
[DOCX File (Microsoft Word File), 16 KB-Multimedia Appendix 2]

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Abbreviations

APEASE: acceptability, practicability, perceived effectiveness, affordability, side effects, and equity
BCW: behavior change wheel
C-section: cesarean section
IRB: institutional review board
OBGYN: obstetrician-gynecologist
PMAD: perinatal mood and anxiety disorder

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