



INSIGHTS FOR ACTION:

STRENGTHENING MENTAL HEALTH SUPPORT AFTER BIRTH

A mixed methods evaluation of the mental health needs of Milkworks clients.

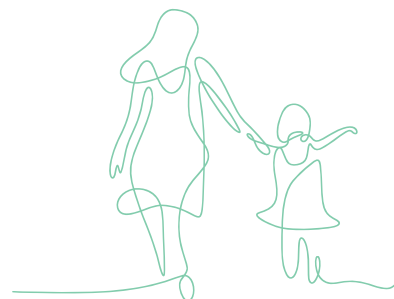
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MEET THE PARTICIPANTS

In Spring 2025, an electronic survey was distributed to former MilkWorks clients to learn about their postpartum experiences, with a focus on mental health. Guided by the Theory of Planned Behavior, the survey explored participants' attitudes, perceived social norms, and sense of control related to accessing and using mental health support. It also asked about preferred types of services and barriers to care. To deepen the findings, four focus groups were held with a random sample of postpartum parents. The focus groups were guided by Social Support Theory, which examines support across four domains: emotional support, informational support, appraisal support, and instrumental support. Results from both the survey and focus groups are presented in the following pages.

A total of 156 individuals completed the survey.* The majority of respondents were between 3 and 12 months postpartum, with 6–12 months postpartum being the most common timeframe. At the time of the survey, 84% of participants were breastfeeding. Most identified as White (88%), with others identifying as Hispanic or Latino/a (6%), Asian (4%), Black or African American (3%), or Multiracial (1%). Household income was relatively high among respondents, with 29% reporting annual incomes between \$100,000 and \$149,999, and 31% reporting \$150,000 or more. Slightly more than half of respondents (54%) reported using the MilkWorks Omaha location, while 45% had utilized the MilkWorks Lincoln location. The most commonly used services included lactation consultations (74%), personal-use pumps (65%), drop-in baby weight stations (30%), breastfeeding classes (21%), and support groups (20%).

A total of 19 participants took part in the four focus groups. Thirteen were former MilkWorks clients who had received lactation services, while the remaining six were members of the Malone Maternal Wellness Program's support groups. This mix of participants allowed for a diverse range of perspectives, including those with direct experience navigating MilkWorks' services and those engaged in peer-based community support. While formal demographic data were not collected, participants included both first-time mothers and those with multiple children, and they reflected a mix of working and non-working parents. Half of the participants resided in Lincoln, and half resided in the Omaha area.



Survey Findings

ATTITUDES TOWARD MENTAL HEALTH

Survey respondents** were asked to share their perceptions of mental health distress during the postpartum period, including the types of distress they experienced, how helpful additional support would have been, and the most common challenges they faced.

INCIDENCE OF MENTAL HEALTH DISTRESS

When asked to rate their mental health during their most recent postpartum experience, the most common responses were “good” (39%) and “fair” (39%). Notably, 76% of respondents reported experiencing stress during the postpartum period. Additionally, 64% reported experiencing anxiety, 41% reported feelings of loneliness, and 35% reported experiencing depression.



~1 IN 3
EXPERIENCED
DEPRESSION

DESIRE FOR ADDITIONAL SUPPORT

When asked how beneficial additional mental health support would have been on a scale from not beneficial to extremely beneficial, the most common response was “very beneficial” (37%), followed by “somewhat beneficial” (29%). When asked to describe the specific challenges they faced during the postpartum period, the most common response was “feeling overwhelmed or emotionally drained” (79%), followed by “sleep deprivation or fatigue that affected my mood” (66%), struggles with managing time and responsibilities (59%), stress related to returning to work or school (52%), and feelings of isolation or loneliness (44%).



~2 IN 3
EXPERIENCED
ANXIETY

**Of the 156 respondents, 156 answered the question about mental health challenges they had faced, 154 rated their overall mental health, and 152 shared how beneficial they believed additional mental health support would have been. and 146 noted challenges they had faced.

MENTAL HEALTH SUPPORT FROM FAMILY AND FRIENDS

Participants were asked to describe how their family and/or friends supported their mental health during their most recent postpartum experience. They were also asked to identify the types of support they desired from family and friends but did not receive.



77%

77% of respondents (n=146) felt their mental health was somewhat supported or strongly supported by their friends and/or family.

“Talk about what to expect, do not glorify the postpartum life.” -Respondent

“Separating the identity of “me” from “mom”, asking me questions not about the baby.” -Respondent



The most commonly requested type of additional support was instrumental help. Participants expressed a need for hands-on assistance, including cooking, cleaning, childcare, running errands, and opportunities for rest. Some participants described feeling overburdened and “invisible” while still being expected to host or carry out daily activities.



Participants described wanting to be seen as whole people, not just as parents. There was a call for emotional validation, empathy, and freedom to express negative feelings without judgment. Several respondents also highlighted the invisibility of their emotional labor compared to their partners.

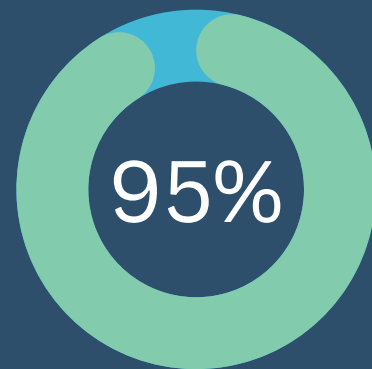


Respondents frequently noted feelings of loneliness and social isolation, especially during the early postpartum weeks and winter months. Desired supports included check-ins, in-person visits, peer groups, and casual social time (e.g., “coffee, chatting, walks”).

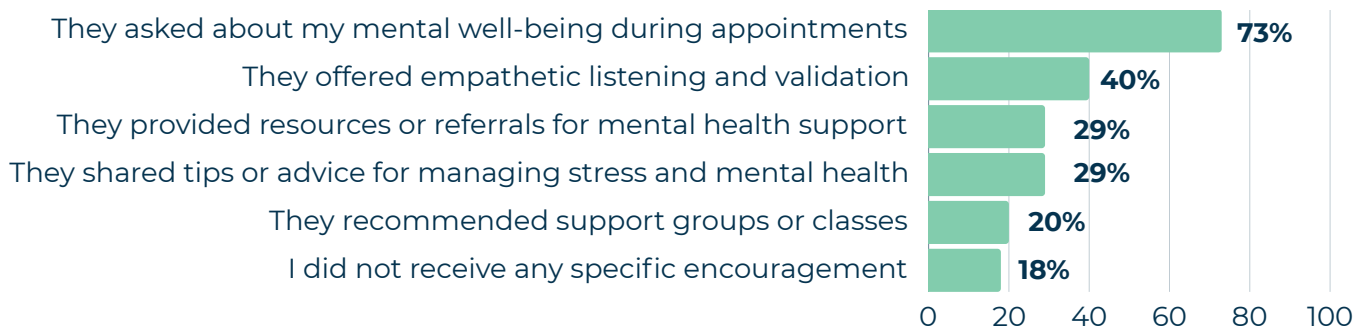
MENTAL HEALTH SUPPORT FROM HEALTHCARE PROVIDERS

Survey respondents were asked about their experiences with mental health screening and support during the postpartum period. They were first asked whether they had been screened for mental health concerns (n=143) and, if so, which healthcare provider conducted the screening. Respondents were also asked whether any healthcare providers spoke with them directly about their mental health. To better understand the quality of those interactions, participants rated how comfortable they felt discussing mental health concerns with their provider, using a scale from "extremely uncomfortable" to "extremely comfortable." For those who received support, an additional question asked them to identify the specific types of support provided.

The vast majority of participants (95%) reported being screened for mental health concerns by a healthcare provider, most often by their OB/GYN (80%). However, 26% indicated that a provider rarely or never spoke to them directly about their mental health. When asked about their comfort level discussing mental health with a provider, the most common response was "somewhat comfortable" (43%), followed by "extremely comfortable" (33%) and "somewhat uncomfortable" (18%).



HOW ENCOURAGEMENT WAS GIVEN BY HEALTHCARE PROVIDERS (N=141)



MENTAL HEALTH SUPPORT FROM THE COMMUNITY

Participants (n=139) were asked to identify barriers that prevented them from accessing mental health support during their most recent postpartum experience, including any challenges they faced if they had received contact information for a mental healthcare provider. They were also asked to share the types of support they would have preferred to receive. Finally, participants rated their confidence in accessing mental health resources in their community, using a scale from "not at all confident" to "very confident."

58%

The most commonly reported barrier to accessing mental health support was lack of time (58%), followed by financial cost (37%). Other reported barriers included limited availability of resources (19%), concerns about how seeking support might affect their family (20%), and stigma around mental health (17%). Additionally, 22% of respondents indicated they did not need mental health support.

48%

When asked why they might not contact a mental health referral after receiving contact information, the most commonly cited reason was concern about the cost of therapy (49%). This was followed by not having enough time to make the call (38%), feeling hesitant or uncertain about talking to a therapist (30%), and not feeling the need for that type of support at the time (31%).

PREFERRED TYPE OF MENTAL HEALTH SUPPORT (N=132)

Most respondents noted they would prefer one-on-one counseling (80%), followed by 52% of respondents noting a peer support group as the preferred format. Online resources were requested by 29% of respondents, followed by 19% desiring educational workshops.

CONFIDENCE IN ACCESSING MENTAL HEALTH SUPPORT (N=139)

Only 14% of respondents reported feeling very confident in accessing mental health support in their community. An additional 30% said they were somewhat confident, 30% felt neutral, and 28% reported feeling not very or not at all confident.

WHAT WOULD HAVE MADE IT EASIER TO SEEK MENTAL HEALTH SUPPORT?

When asked what would have made it easier to seek mental health support, four primary suggestions were given.

1. Scheduling flexibility

Participants frequently cited lack of time, especially due to newborn care, work, and physical recovery as a major barrier. They suggested more flexible scheduling (e.g., evenings and weekends), integration with existing healthcare appointments, and built-in time during checkups.

2. Childcare support

Participants expressed a desire to bring their baby to health appointments or to have dedicated childcare support that would allow them to attend appointments more easily.

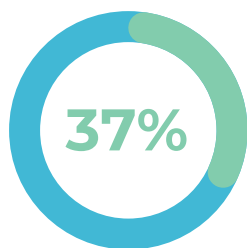
3. More affordable options

Affordability was a common concern. Participants emphasized the need for free or low-cost services and noted that cost was a deterrent, even when they were aware of available support.

4. Increased availability of resources

Many participants wanted clearer, easier-to-navigate information on mental health. Suggestions included printed materials, referral lists, and more proactive communication from healthcare providers.

HOW CAN MILKWORKS SUPPORT MENTAL HEALTH IN THE POSTPARTUM PERIOD? (N=126)



MILKWORKS SERVICES

37% of respondents said they would be interested in participating in programs or services at MilkWorks, 11% said no, 51% answered maybe, and 1% did not respond to the question.



TYPES OF SERVICES

Participants were asked to rank the top programs or services for mental health support that they would be likely to use at MilkWorks. The response most commonly ranked #1 was access to a mental health therapist (31%), followed by expanded peer supports (24%) and an on-site care coordinator (22%).

Focus Group Findings

In the spring of 2025, four focus groups were conducted with postpartum parents in Omaha and Lincoln, Nebraska. Three of the groups included former MilkWorks clients, and one group included current members of the Malone Maternal Wellness Program’s support groups

A total of 19 individuals participated. Each focus group lasted approximately one hour and was conducted either via Zoom (n = 3) or in person (n = 1). Discussion questions were informed by Social Support Theory, focusing on four key constructs: emotional, informational, appraisal, and instrumental support. Participants were also asked about the feasibility and perceived value of various types of postpartum mental health support. Example questions included: *“Who helped you feel cared for and understood during your postpartum journey?”*, *“What kind of mental health support would have been most helpful to you?”*, and *“Did you feel you had enough reliable information about your mental health?”* These questions were designed to explore both existing support systems and unmet needs across different types of support.

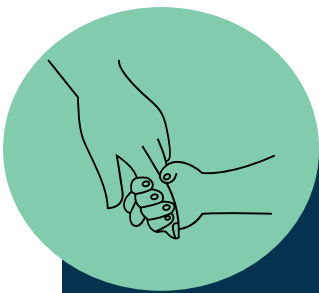
Social Support Theoretical Definitions

CONSTRUCT	DEFINITION
EMOTIONAL SUPPORT	Expressions of empathy, love, trust, and caring
INSTRUMENTAL SUPPORT	Tangible aid and service
INFORMATIONAL SUPPORT	Advice, suggestions, and information
APPRAISAL SUPPORT	Encouragement, information useful for self-evaluation

All focus groups were audio-recorded, transcribed, and de-identified prior to analysis. A deductive thematic analysis was conducted, using the four constructs of Social Support Theory as the primary coding framework. The analysis also incorporated inductive coding for emergent themes related to the feasibility and acceptability of postpartum mental health supports. Transcripts were reviewed and coded using a structured codebook developed based on the theory-informed constructs. Themes were compared across focus groups to identify patterns and variation in participant experiences.

EMOTIONAL SUPPORT: SOURCES, GAPS, AND UNMET NEEDS IN FEELING CARED FOR AND UNDERSTOOD

Most parents described leaning heavily on partners and close family for emotional support during the early postpartum period, but they also noted that this support often diminished quickly after the initial weeks. As the intensity of daily caregiving set in, many were left feeling isolated, especially those navigating birth trauma, feeding challenges, such as formula supplementation, or cultural disconnection from extended family. Feelings of guilt, shame, and a pervasive sense of “not being enough” were common. Mothers reported feeling surprised by the amount of emotional support they wanted months after their child was born. In contrast, small moments of emotional validation, particularly from other moms who had shared similar experiences, were reported to be profoundly meaningful and helped counter feelings of inadequacy.



“There were times I just needed someone to tell me I wasn’t failing.”

“People were like, ‘You chose this, so you should handle it.’ I just needed a hug.”

“I got a lot of ‘why aren’t you happy—you got what you wanted.’ The shame was overwhelming.”

“It was great, friends and other moms in my life that... it’s great to hear from other moms, ‘You’re doing great,’ or ‘Good job with that,’ or just... ‘We’re glad you’re here.’”

“It’s like people think you’re fine again once you go back to work, but you’re not. You still need that support.”

INFORMATIONAL SUPPORT: ACCESS, OVERLOAD, AND THE SEARCH FOR TRUSTED GUIDANCE ON POSTPARTUM MENTAL HEALTH

Participants expressed appreciation for receiving reliable information during the postpartum period, but many also described feeling overwhelmed by the sheer volume of resources; much of which was inconsistent or outdated. A recurring concern was the lack of clear, accessible information specifically focused on mental health. Many participants shared that they did not fully understand the differences between the baby blues, postpartum depression, and anxiety, or recognize the signs in themselves until much later. While participants valued their physicians as sources of information, they often felt that mental health received only brief attention, typically in the form of a generic flyer or a one-time screening with little or no follow-up or meaningful discussion.

“My OB handed me a flyer. That was it. It felt like one more thing on my plate.”

“I’m [in a mental health related career] and I still didn’t realize I was going through baby blues until I was eight weeks postpartum and crying every day.”

“There was a lot of ‘just Google it,’ but that made my anxiety worse.”

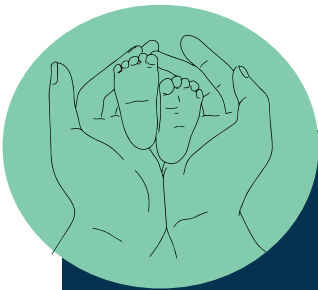
By the time I went to the back to work class, some of the decisions I needed to make, I had already had to make two months ago.”

In addition to gaps in mental health information, many mothers wished they had received clearer, earlier guidance on navigating essential postpartum logistics. Several described struggling or knowing other postpartum mothers who struggled to understand or access short-term disability benefits, enroll their newborn in Medicaid, or apply for food assistance programs such as WIC or SNAP. These tasks were often described as overwhelming, particularly during a period marked by sleep deprivation and emotional vulnerability. Participants expressed a strong desire for practical, step-by-step support in managing these systems, ideally from someone knowledgeable who could walk them through the process and ensure nothing was missed.

Many noted that receiving this information prenatally—or specifically when picking up their breast pump from MilkWorks—would have been especially helpful. As one mother shared, **“Another one I’ve heard a lot is navigating like short-term disability in the postpartum period... everyone’s like, ‘If someone had just told me how that worked when I was pregnant!’”**

APPRAISAL SUPPORT: VALIDATION, ENCOURAGEMENT, AND THE ONGOING NEED TO FEEL SEEN AS A PARENT

Praise from partners and peer moms played a vital role in helping mothers feel seen, valued, and confident in their parenting. Moments of encouragement, whether it was a partner offering affirming words or another mother reassuring them that they were doing a good job, had a lasting emotional impact. However, many participants described feeling increasingly isolated and unseen after returning to work, when the emotional check-ins and affirmations that had been present early on seemed to disappear. This transition often coincided with societal pressures to “bounce back” physically and emotionally, along with unrealistic expectations around feeding and parenting perfection. These messages not only intensified self-doubt but also left many mothers feeling that their efforts were invisible or not enough.



“Friends just saying, ‘We’re glad you’re here—even if you’re late, meant everything.’”

“When I switched to formula, another mom at work said, ‘You didn’t fail, you know that, right?’ That stayed with me.”

“I’m gonna need you to tell me that I’m doing a good job and I need you to tell me that I’m being a good mom.”

“Hearing from people going through the same thing helped me feel like I wasn’t alone... even if they didn’t give advice.”

“Once I went back to work... I really missed that community. I couldn’t just slip away anymore.”

INSTRUMENTAL SUPPORT: HANDS-ON HELP, HOUSEHOLD DEMANDS, AND THE STRAIN OF DOING IT ALL

Participants described early practical support, such as help with meals, household tasks, and newborn care as incredibly valuable in the immediate postpartum period. However, this hands-on assistance often faded quickly, leaving many to manage the demands of recovery and caregiving on their own. Simple acts, like someone holding the baby while they showered, receiving grocery deliveries, or being reminded to rest, had a significant impact on their well-being. Yet access to these supports often depended on financial privilege, the ability to pay for services, or proximity to helpful family and friends. For those without these resources, the daily logistics of caring for a newborn, particularly when balancing the needs of older children, became overwhelming, with sleep deprivation and physical exhaustion compounding the emotional strain.

“The biggest thing? Ordering groceries at 3:00 AM while breastfeeding, and having them just show up.”

“It felt like everyone thought I was OK after two weeks, but I still needed help.”

“I just wanted someone to watch the baby so I could shower or take a nap for 20 minutes.”

“I was primarily eating like pre-made snacks through the day. I don't think I was necessarily like taking care of my body and my brain the best.”

Focus group participants expressed a clear need for more proactive, practical support during the prenatal and early postpartum periods. Many wished they had received a checklist or planning tool during pregnancy to help them prepare for the realities of postpartum life, such as arranging meal support, understanding what rest might realistically look like, or knowing when and how to ask for help. Some described feeling like a burden when they needed hands-on assistance, suggesting that a formalized system, such as a postpartum “help registry” or a peer care exchange, could have made it easier to request and receive support without guilt. Importantly, several participants from the Malone Maternal Wellness Program’s support group reported utilizing a postpartum doula and found this to be extremely beneficial. Mothers reported that the postpartum doulas helped to reduce exhaustion and isolation. They also noted that these individuals played a pivotal role in their postpartum mental health.

REACTIONS TO PROPOSED PROGRAMMATIC INITIATIVES

Mothers were asked to reflect on the feasibility of three potential program initiatives that MilkWorks could implement: (1) adding an on-site mental health practitioner, (2) introducing an on-site care coordinator to assist with resource navigation, and (3) expanding the availability and accessibility of support groups.

On-Site Mental Health Practitioner

Why Participants Liked the Idea:

Many participants expressed support for the idea of having an on-site mental health practitioner at MilkWorks. They appreciated the convenience and comfort of receiving mental health care in a familiar, supportive setting where they were already accessing lactation services. Several participants emphasized the value of integrating mental health and breastfeeding support, rather than navigating those needs separately. For some, this model reduced stigma and made it more likely they would seek help. One mother noted, ***“I probably would have used it... I already put on pants today, so let’s just do it all,”*** highlighting how convenience can make a real difference postpartum. Others felt they would be more likely to trust and open up to someone affiliated with MilkWorks, rather than to an unfamiliar external provider.

What Would Get in the Way:

Despite interest, participants identified several barriers that could limit their ability to access or benefit from on-site mental health services. The most frequently mentioned concerns included insurance coverage, cost, confidentiality, and scheduling flexibility. One participant shared, ***“If it wasn’t covered by my insurance, I feel like I wouldn’t have utilized it,”*** while another questioned whether moms would feel comfortable seeing a therapist in a place that seems so close and “tight knit”. Some participants also expressed a preference for a care coordinator rather than a therapist, viewing it as a more feasible and immediately helpful role for navigating services and referrals. Finally, many felt it was unrealistic to expect overwhelmed new parents to follow up with a therapist based solely on receiving a referral or handout during a lactation appointment. As one participant explained, ***“What I needed was a warm handoff, not a list of five names.”***

REACTIONS TO PROPOSED PROGRAMMATIC INITIATIVES

Onsite Care Coordinator

Why Participants Liked the Idea:

Participants strongly supported the idea of having an on-site care coordinator, often viewing it as more feasible. Many described the postpartum period as overwhelming not just emotionally, but logistically, and they expressed a desire for someone who could help them navigate care systems. Participants mentioned having information on things like Medicaid enrollment, short-term disability, food assistance (WIC/SNAP), and childcare subsidies prior to their child being born would have been very helpful. The care coordinator role was seen as a practical bridge to these resources. As one participant noted, ***“Do moms know how to apply for Title 20 or get Medicaid for their baby? Having someone who just knows what’s out there would be so helpful.”*** Others viewed it as a cost-effective staffing model, with one person pointing out that it could be a bachelor’s-level role and therefore easier to implement and sustain.

What Would Get in the Way:

While enthusiasm for an on-site care coordinator was high, most participants struggled to identify specific ways they personally would have used the role, aside from assistance with enrolling in short-term disability before giving birth. As one mother explained, ***“It’s not just about knowing where to send someone, but knowing how to get them through the process.”*** Many participants acknowledged that, while they personally had strong support systems in place, they still recognized the clear value of the care coordinator role for parents with fewer resources or less support. Participants emphasized that the effectiveness of a care coordinator would depend heavily on their visibility, accessibility, and depth of knowledge about local systems and services. Some mothers stressed that this role should offer more than a referral sheet; it should provide personalized guidance, hands-on navigation, and culturally relevant support. Some participants, however, felt that a robust, well-organized website could serve a similar purpose. Finally, some mothers suggested the role would be most impactful if integrated into existing appointments or group sessions, rather than offered as a standalone service requiring a separate visit.

REACTIONS TO PROPOSED PROGRAMMATIC INITIATIVES

Expanded Support Group Offerings

Why Participants Liked the Idea:

Participants widely valued peer support and emphasized the positive impact of connecting with other mothers in similar situations. Those who had attended groups like Mom Talk or Malone's support group described them as essential for their mental health, providing structure, community, and a sense of belonging. Specifically at Malone, mothers enrolled in that support group reported it to be a primary source of support across all domains.

“That was one of the things that helped my mental health... just sitting with other moms, having a reason to leave the house.”

Several participants appreciated the open-house format of Mom Talk and the Malone Maternal Wellness Program's support group, particularly the ability to drop in. They noted that being in a welcoming environment with others who “get it” helped normalize their experiences. Others expressed interest in expanding these offerings to include topic-specific sessions, evening or weekend times for working parents, and informal meetups at community locations like parks or coffee shops.

“I immediately pulled out my calendar... but I won't be able to go for months. More options would be great.”

What Would Get in the Way:

Despite high interest, participants identified several barriers that limited their ability to attend existing groups. The most common challenges were scheduling conflicts, particularly for working mothers, as well as transportation, lack of childcare, and general exhaustion.

“I missed every Mom Talk because it was one day... if I didn't make it that day, that was it.”

Some also noted that while they were interested in peer support, they had not found a group where they felt they fully belonged. Cultural differences, parenting style, and family structure (e.g., single parents) were all suggested as influential to a mother's sense of fitting in. Others suggested that asynchronous or virtual formats, or even just a shared group chat, could offer more accessible ways to connect. A few participants felt that group-based support might be more useful when paired with other offerings, such as drop-in lactation services or classes, rather than as a standalone commitment.

“I read group descriptions and felt like I didn't belong in any of them.”

POSSIBLE NEXT STEPS FOR STRENGTHENING POSTPARTUM MENTAL HEALTH SUPPORT AT MILKWORKS

1. Provide Early, Practical Guidance on Postpartum Logistics

Parents consistently expressed a need for clearer, earlier information on navigating systems such as Medicaid, short-term disability, WIC/SNAP, and childcare support. To meet this need, MilkWorks could develop a “Postpartum Prep Toolkit” to be distributed during prenatal care or breast pump pick-up. This toolkit could include step-by-step instructions, timelines (e.g., when to apply for leave or enroll a newborn in coverage), and checklists in both digital and print formats. Alternatively, the information could be delivered through a prenatal class offered in-person or virtually.

2. Expand Emotional and Mental Health Support

Participants report emotional support often declines after the first few weeks postpartum, and only 14% of parents were very confident in accessing mental health services. To address this, MilkWorks could:

- Integrate mental health support on-site or via telehealth by partnering with perinatal providers, ensuring services are confidential, accessible, and covered by insurance.
- Implement a warm handoff system, allowing staff to connect families directly to mental health professionals.
- Include brief emotional check-ins during lactation visits and send follow-up messages with encouragement and resource reminders to sustain emotional connection.

3. Expand and Diversify Peer Support Options

52% of survey respondents preferred peer support groups to support their mental health, and participants in both Malone and MilkWorks groups described them as vital. While peer support was highly valued by interviewees, it was not always accessible due to scheduling and logistical barriers. MilkWorks could:

- Offer more flexible support groups, including evening/weekend sessions, virtual options, drop-ins, or moderated online communities.
- Provide peer mentor matching or small check-in groups for parents 2–6 months postpartum.
- Reduce barriers to participation by offering childcare support or small stipends to increase accessibility for all families.