Online Mental Health Support for New Mothers: Healthcare Professionals' Views and Experiences

Lauren McSorley, PhD, Nova Deighton-Smith, PhD, Kirsty Budds, PhD, Xu Wang, PhD

Literature has focused on women's use of online support for perinatal mental health. However, research exploring the scope of available well-being services and the views of healthcare professionals (HCPs) who deliver this provision is extremely limited. This study focused on HCPs' experiences providing online perinatal mental health and well-being support. Based on interviews with eight UK-based HCPs providing various forms of online perinatal mental health and well-being support, reflexive thematic analysis distilled four themes that captured experiences and perceptions of online provision: 1) New ways of working bring new opportunities; 2) Obstacles and areas for development; 3) Bridging the gap—formal and informal peer support; and 4) Too little too late: lack of mental health education in antenatal services. HCPs indicated that blended ways of working (online and face-to-face) were valuable within their services. Findings emphasize the need for online support services to be available to new and expectant mothers who may not require an HCP referral. The versatility, convenience, and accessibility of online resources bridge the

gap between face-to-face services and a viable economic and effective form of mental health provision.

Perinatal mental health (PMH) problems affect up to 27% of women during pregnancy and within the first year after birth (NHS, n.d). Commonly experienced conditions include perinatal depression, perinatal anxiety, post-traumatic stress disorder, and perinatal OCD (Mind, 2020). Women report symptoms such as sleep disturbances, anxiety and worry, appetite changes, low mood, and intrusive or obsessive thoughts (NHS, 2022). This can lead to feelings of hopelessness, isolation, and shame, along with the inability to cope with motherhood (Britton et al., 2019). Thus, seeking early support for PMH complications is crucial to recovery and well-being (Fitelson et al., 2010).

In the UK, women are supported in their transition to motherhood by a multi-disciplinary team of healthcare professionals (HCPs), including midwives, general practitioners (GPs), and health visitors. Health visitors have an important role in the perinatal period, building relationships, guiding, and advising on child health needs such as feeding and sleep. Within their role, they assess maternal mental health as a key element (Slade et al., 2010). However, notable barriers, such as shame and stigma, make it harder for mothers to disclose mental health concerns (Elliott et al., 2020). Additionally, HCP's caseloads are high, and time is limited for each service user to make appointments and provide support (Institute of Health Visiting, 2018). Furthermore, a woman's perceived relationship with their health visitor has been found to influence their decision to disclose mental health concerns (Slade et al., 2010).

Online Support Seeking for Perinatal Mental Health

Online parenting forums, communities, and social media groups are now utilized as a resource for practical support, information seeking, and advice (Moon et al., 2019). The array of digital media for parenting purposes is vast, including parenting apps, blogs, groups, forums, and websites (Lupton et al., 2016; Moon et al., 2019). Parents increasingly use platforms like Facebook, X (formerly known as and referred to in this paper as Twitter), and Instagram to

share experiences and upload parenting-related content. The information mothers seek via online outlets, such as forums, websites, and social media, is highly influential in decision-making (Moon et al., 2019). Many now prefer using digital media as a self-help management tool instead of contacting healthcare professionals for support or advice (Donelle et al., 2021).

One notable positive outcome of forum use for maternal mental health is their potential to create a community, facilitating a sense of bonding, emotional support, and information sharing (Gleeson et al., 2019). Some have likened the online parenting forum to a virtual self-help group informed by members' personal experiences (Doyle, 2013). Peer support (i.e., engaging with other women experiencing the same challenges in new motherhood) can also positively influence postpartum mental health (Huang et al., 2020). Through virtual peer support, online parenting forums provide opportunities for new mothers to seek support and advice while sharing concerns and experiences (Teaford et al., 2019). Moreover, the anonymity afforded by posting on forums reduces potential feelings of stigma or judgment by others.

Studies have begun to examine the effectiveness of online support forums for women with postnatal depression (PND). Moore and Ayers (2017) interviewed women ($n = 15$) who had accessed parenting forums for postnatal depression. Findings suggest forums had been largely supportive and, for some, had empowered women to disclose concerns offline. A later meta-synthesis (Moore et al., 2020) reviewed five studies to investigate how forum use may reduce maternal mental health stigma. Here, mothers valued sharing experiences, having realized that others were facing similar concerns. Discussing concerns online helped to mitigate against persisting perceived stigma, along with fear around perceived or actual consequences that may be faced if they were to confront their feelings offline (e.g., the fear of having the child removed).

While the benefits of seeking peer support through online communities have been evidenced, research exploring HCP experiences of supporting the mental health of new mothers via these online outlets is lacking. One recent Australian study explored the experiences of peer supporters working on a national perinatal mental health helpline (Biggs et al., 2019). However, the study focused largely on the motivations for support workers taking up this role and the support they received to provide this service. Thus, a gap remains in understanding the features of this support; for example, how this support is delivered, challenges or benefits that healthcare professionals have identified,

the impact professionals believe this support has on their service users, and views on how this support could be improved or integrated with other methods. Consequently, considering how new mothers utilize other outlets of mental health support, this could inform new frameworks to make this support more ubiquitous.

This study aimed to understand the scope of available online provision and conduct a qualitative exploration of healthcare professionals' (HCPs) views and experiences providing online mental health and well-being support to new mothers. More specifically, HCPs were invited to consider how this online support could be improved or integrated with other methods. This is particularly salient for two reasons. Firstly, the move to online perinatal services throughout (and to some extent, after) the COVID-19 lockdown has changed the landscape of how perinatal support organizations provide and run their services (Bridle et al., 2022). It is important to consider how this blended mix of provision is being experienced and enhanced by professionals and received by mothers. Secondly, previous research suggests that many women do not disclose perinatal mental health concerns face-to-face to healthcare professionals, preferring to disclose through online anonymous outlets due to stigma (Moore et al., 2020). Therefore, considering how this online support could be improved, streamlined, and monitored, along with ensuring the trustworthiness of advice and information, is crucial to supporting the mental health of new mothers.

Method

Participants were recruited through an array of online methods. Ads were placed on social media platforms such as Twitter and Facebook and UK parenting forums Netmums and Mumsnet, per the site providers' terms and conditions. Using Twitter handles and email, perinatal mental health charities were invited to share the study with users. Recruitment and data collection commenced in November 2021 and closed in September 2022. A community sample of eight UK-based healthcare professionals (who provided online mental health support for new mothers) participated in this study; seven of these were women with one male HCP. Age information was only disclosed for three individuals (range: 37-48 years). Participants were assigned a pseudonym for anonymity purposes. They worked in various roles, such as health visitor,

specialist occupational therapist, charity peer support worker, and apprentice social worker.

Virtual semi-structured interviews were conducted via Microsoft Teams, using convenience and volunteer sampling. This decision was made partly because the Covid-19 virus was still prevalent within the community and because a remote option facilitated recruitment from a wider geographical area. Moreover, meeting online is more convenient for participants and more effective at building rapport than face-to-face (Braun et al., 2021).

An interview schedule was created focusing on 1) how women can best be supported by remote support, 2) some of the difficulties HCPs may have faced in engaging or supporting women in this way, and 3) how this support could potentially be adapted or improved to provide a more positive and inclusive support experience. Other areas for discussion included contemplating the type of information that is being made available to women on forums and websites about maternal mental health more widely and potential ways in which this online support could be integrated with offline support. The interview took place as outlined in the schedule, using verbal prompts where necessary. Video recordings were available for seven individuals, and an audio recording was only available for one participant whose camera was not working. All interviews were conducted by Dr. McSorley and ranged in duration from 20 minutes to an hour. Interview data were then transcribed and anonymized, ready for manual coding.

The decision to cease data collection for the study was based on practical and pragmatic factors, such as every potential avenue for recruitment being utilized, time constraints, and considerations around the project scope (Braun & Clarke, 2021). Furthermore, the personal judgment of qualitative data's quality, detail, and depth is an integral element of researcher reflexivity and meaningful interpretation (Gough, 2017; Gough & Deadrick, 2015).

The study received ethical approval from [anonymized for peer review] Leeds Beckett University [2021, ref no 98045], in full compliance with the British Psychological Society Codes of Practice and University guidelines. Interested participants were provided with study information and consent instructions via a direct link to the Qualtrics™ site. Participants were advised to consider the sensitive nature of the study on the information page. They were provided examples of the most sensitive questions and details of relevant support organizations, recognizing the potential for distress in relaying experiences of providing mental health and well-being support. The

information sheet further reminded participants of their right to withdraw from the meeting. Data (including that of electronically signed consent forms) were stored securely via Qualtrics™ and per University and GDPR guidelines.

Reflexive thematic analysis (RTA) was employed as the six-step approach advocated by Braun and Clarke (2021). RTA was deemed an appropriate method due to its suitability for encompassing analysis of views, experiences, feelings, and attitudes; furthermore, it is appropriate for developing constructions of meaning within a dataset (Braun & Clarke, 2021). This method is coherent with a critical realist perspective, making practical use of both inductive (i.e., surface meanings) and deductive (i.e., pre-existing knowledge and context) coding (Braun & Clarke, 2021).

Step 1 involved Dr. McSorley reading through the transcripts several times to ensure familiarisation with the data. Step 2 was approached by working through the entire dataset, making initial notes of interest, and creating codes. Then, Step 3 of the initial theme construction began by grouping similar codes to form thematic maps (Braun & Clarke, 2021). This helped to progress from singular ideas to generating broader themes (Braun et al., 2016). In Step 4, candidate themes were discussed with all authors, and reflexive consideration was given as to how the codes and themes fit with the research questions for the study. Collaborative discussion led to some themes being discarded or merged. Themes were then named (Step 5), and the final four themes were deemed to accurately reflect patterns of meaning within the dataset. Findings were reported as part of Step 6.

Results

Four themes were generated which captured experiences and perceptions of online support provision: 1) New ways of working bring new opportunities, 2) Obstacles and areas for development, 3) Bridging the gap—formal and informal peer support, and 4) Too little too late: lack of mental health education in antenatal services.

Theme 1: New Ways of Working Bring New Opportunities

Most HCPs reported that continuing to use some sessions online was effective and beneficial to mothers and HCPs, thus increasing the time available to support more women:

I mean, I think COVID has helped. If anything, you know, like reach out to more people like like like I said earlier, I think it's as much as it's had its real negatives, it's positives is that we have been able to connect with lots of other people. (Laura)

Although some professionals suggested that providing support online can potentially make it harder to form and maintain relationships with new mothers, others noted how using online platforms can facilitate an open and encouraging space for disclosure:

I guess in some respects because if you're not there, they might feel like you're not in their house and you're not intruding on their own space. So, they might feel like actually I can disclose a bit more because, you know, she's not right here with me and I … it feels a bit detached. (Laura)

It was therefore deemed important to consider and respect women's state of comfort and communication preferences when providing online perinatal support:

I think it does make it easier for some moms. Some moms absolutely love it online … they prefer that online support because it means they don't have to get dressed and they don't have to, you know, think about what am I gonna do with the baby the whole time? (Laura)

In addition, there was some suggestion that online support can be less intimidating than reaching out to an HCP:

It's a really good first step, I think, because one of the things you do as a new mum is you Google, don't you like you're you're on your phone in the middle of the night finding what support is there … then the idea is that we can then sort of be a bit of a springboard to them accessing more support. (Olivia)

Professionals highlighted that the convenience and ease of access to seeking support online can make it easier for mothers. Olivia noted, "I suppose because it's email as well, people can do it any time of the day, 24 hours. We get emails in the middle of the night."

I guess the benefits is that it does mean that we can manage time a little bit better and maybe see a few more people because we're not having to travel. So you know for those rural areas, if they are connected and stuff, it does mean that we can fit in more visits, you know, online visits in the week. (Sarah)

The importance of diversity was discussed in terms of women opting for the type of support that they feel comfortable with:

So, I think just offering the choice, having the choice, would be really good because, at the moment, I feel like most assessments are done on video, and then it's always face-to-face follow-up, whereas you know, it could be the opposite really if needed. (Laura)

Many of those interviewed spoke about how they were beginning to plan (or were setting up) social media support groups (e.g., via Facebook) for new mothers as part of their service. Participants described the perceived benefits of providing this kind of support, which was an additional alternative outlet for women to seek support for their mental health.

We've only just started a Facebook group that hopefully is gonna kind of come up and coming for mums to post questions about their mental health, about their babies, anything that they feel that they need a bit of support in. (Laura)

Theme 2: Obstacles and Areas for Development

Several interviewees remarked on the requirement of a referral from an HCP to access their service. This was identified as a major barrier for women seeking support due to either not wanting to see a GP or health professional face-to-face to disclose their concerns or because of the limits to preserving anonymity:

Because that's a there's a barrier there, isn't there? If you need to get a referral in … then you're not anonymous. Well, you can ... I think you can be anonymous on there, but most people, you just see their names. And

then so I think people, I think people prefer the email because it is a bit more protected. (Olivia)

Another concern raised with perinatal services more widely (e.g., mandated health visitor visits) being increasingly carried out online was the potential for any safeguarding concerns to be missed:

I asked about it because I thought, what if someone says that they gonna hurt themselves or, you know, and you don't know where they live? You don't do anything about them, or all you know is you've got their email address. And the only thing we can do really is respond and say … This is what you know: you need to call an ambulance, or you know those … I guess it's the stuff that I do in my paid job is, you know, here's the crisis line number. Here's, you know, there's Samaritans it, you know, all those things that you would do. (Olivia)

However, for mothers seeking support for maternal mental health specifically, it would arguably still be preferable for them to access anonymous support rather than no support. Any mandated visits by the health visiting team would likely identify any safeguarding concerns separately.

While this theme highlights that professionals are beginning to embrace online technologies within their services, this emphasizes a need for a wider awareness of online services that new mothers are using for support, thus allowing a deeper understanding of the issues new mothers are facing and their reasons for seeking online services for disclosure and support (e.g., anonymity).

So yeah, I think people [Perinatal healthcare professionals] just need to talk a little bit more about it and what online support is available. So, hopefully, we can kind of do that as a service, but there's definitely could be more of it. (Laura)

However, access and administrative difficulties associated with setting up and monitoring social media groups were also raised. Professionals considered how to best manage this to provide the most effective support. Olivia observed, "I think with the Facebook stuff…it can be quite difficult to manage that."

I mean, they could reply to a thread, but they couldn't actually post on it because it's then who do you get to monitor it, and when we first got our page up and running, it was only myself and a nursery nurse, and it's a lot. It is quite a bit of work. And when you're trying to fit that in with the busy caseload as well. (Sarah)

Professionals stressed both the lack of funding and the slow process of getting changes through governance as frustrating and limiting within perinatal mental health services. Charity workers reiterated that a lot of the support they provide relies on trained volunteers rather than employed staff:

And that's maybe not online face-to-face, and that would be amazing if we could do that. But you know it's a charity, and it's not very well funded. So, kind of relies on very, you know, like committed volunteers and then the the odd person that's paid. (Olivia)

Theme 3: Bridging The Gap–Formal and Informal Peer Support

This theme focuses on how two distinct types of peer support were being provided to new mothers by interviewees: (1) The formal online mental health support provided by employed lived experience peer support workers and (2) professional facilitation and encouragement of mother-to-mother peer support between women in online mental health support groups.

Participants emphasized the value of online support services employing (or utilizing voluntary) trained peer support workers who have previously experienced a perinatal mental health condition. This was viewed as a form of support that centered on a listening ear, empathy, validation, and without judgment. "You know we're not here to fix people. And we are here to listen and, empathize and validate," Jessica.

Because it's peer support, they know that they're not gonna be judged, and they know that they're just talking to, although a lot of us are also mental health workers. And I guess that's, you know, we've all been there as well. So, we're all peers. We've got lived experience, so they know that anything they say is not going to shock us. (Olivia)

Employed lived experience, peer support workers have the advantage of being trained in perinatal mental health while providing personal experience, knowledge, and empathy stemming from their own struggles.

That I'm hoping you know it's growing this more and more peer support workers and, you know, lived experience. And I think that that would make a massive difference. It certainly did for me. (Natasha)

In addition, lived experience peer supporters were reported to play a crucial role in driving change within services, promoting the provision of person-centered support, and recognizing where care has not met the needs of the mother:

It doesn't matter whether I'm in a meeting with the trustees and, you know, all the managers, if there's something that needs tackling or some, you know, some ladies that have disclosed distressing stories, I will share them. And I will, you know, be the voice, but yeah, I wanna say, you know, things have changed dramatically since I went through my own loss in 2017, and it's, you know, it gives me hope to be in this role because I do see all the conversations that happen and it's difficult and there's no money and we all know that there's a lack of staff and yeah, things are really, really difficult, but there's a lot of clinicians and people that want to make that change, and it's acknowledging as well, it's not just saying right, you know, go home. It's one of them things now and it's taking people accountable as well for that change. Changes take time and patience. (Natasha)

HCPs identified that whilst listening support was a crucial part of their role, encouraging and facilitating the supportive and safe sharing of experiences among groups of new mothers was equally valuable, where the power of mother-to-mother peer support needs to be acknowledged and utilized where possible. Amelia said, "That's where the peer support was so empowering, really, because somebody else was saying something similar. And although, as professionals, we can say we've heard it to hear it from somebody else. And to relate to each other."

Theme 4: Too Little Too Late—Lack of Mental Health Education in Antenatal Services

Several professionals perceived themselves to be addressing postpartum support needs, which they felt should be addressed antenatally. For example, women they had supported were unprepared for the emotional transition into motherhood and had not anticipated some of the challenges of motherhood, which in turn contributed to them experiencing well-being issues:

> There's also issues with the kind of, like you know, change in [the new mother's] identity. We have a lot of women who come to us, and they've had quite thriving careers and actually becoming a new mum, it's like starting a career from the bottom again. It's like no one, no one trained me for this [being a mother]. (Jessica)

"We recognized that a lot of women were … quite unaware of the transitions into motherhood and the fourth trimester, and the implications on their mental health and all that sort of thing," Amelia.

Increased antenatal education and preparation to be provided by health services regarding perinatal mental health would also contribute to challenging stigma and normalizing poor maternal mental health, thus facilitating greater disclosure, whether online or offline. Olivia remarked, "Maternal mental health still has a massive stigma attached to it. Like you are a failure because you're not feeling like a bundle of joy about your bundle of joy."

This is linked closely to concerns about persisting societal expectations of motherhood; women take to the new motherhood period naturally, with ease and joy, with little challenge or difficulty. These notions need to be addressed and challenged during antenatal appointments, health visitor appointments, and mother and baby classes:

> It's not just a question of having antenatal classes, and then woohoo, you're prepared. It's actually a wider cultural thing. I think. Antenatal classes can be helpful, and they can also be really unhelpful because particularly, the types of antenatal classes, and I'm not pointing the finger at anyone in particular, but the ones that advocate vaginal births being normal births and … you know, if you can't breastfeed, then you're some kind of failure. If you have to have a C-section, then you've somehow you know you

somehow failed. I think those antenatal classes compound the idea of mothers being failures, and it's a whole like level, and it's a whole lot of stuff that needs to be unpicked there, but that is …. You know, a lot of the women that come to us have been to these classes, and they come to us, and they feel like failures for not having the right birth. (Jessica)

Discussion

This study has contributed to a more holistic and comprehensive understanding of postnatal online mental health support by exploring the viewpoints and experiences of healthcare professionals working across an array of services. New ways of working, such as online communication via video calls and social media groups (alone or blended with face-to-face visits), are valuable in offering new (and wider) opportunities for positive engagement with postpartum mothers. Thus, the value of online support is being realized within perinatal mental health services and charities alike (RQ1). Professionals discussed incorporating blended ways of working and creating new online services, such as social media groups, online interactive posters, and apps (RQ2). However, the need for perinatal services to have a greater understanding of the virtual outlets that mothers may turn to for support was raised to aid in creating further integration between online and offline services. Furthermore, there is a need for professionals to understand the needs of new mothers and the barriers to support that they experience. This could be approached partly by taking a patient-centered approach and involving mothers in developing provision by considering their preferences, support, and information needs.

While promising developments are being made, some online services require a healthcare professional referral to access them, which is largely seen as a barrier to support by interviewees (Theme 2). Indeed, several previous studies have reported that many mothers do not feel comfortable disclosing to healthcare professionals in traditional face-to-face settings (Elliott et al., 2020; Webb et al., 2021). Therefore, the need to gain a referral from an HCP to access an online service conflicts with the desire to access support anonymously.

The emphasis on offering choices in how women receive support is centered on embracing modern technology and communication methods. Recent UK statistics show that during 2020 (the year of the first COVID-19 lockdown), 46.6 million people used the Internet daily, breaking the previous record of 41.8 million in 2016 (Statista, 2023). This suggests that many mothers

are both experienced and confident in using online technologies to communicate and have successfully adapted to adopting new ways of communication post-pandemic. Moreover, the flexibility and convenience afforded by adopting a blended approach to working (online and face-to-face) means that professionals can prioritize needs more easily and allocate time appropriately. Increasing the number of women who can be supported may be particularly salient now, in the aftermath of COVID-19, given that the pandemic is suggested to have consequently increased the risk of women experiencing perinatal anxiety (Hessami et al., 2022).

Theme 3 focused on the value of online peer supporters in providing aid and encouragement to women in the perinatal period. Research has generally overlooked the formal support that can be delivered online by lived experience peer support workers, who provide this service through either employed or voluntary roles for perinatal services or charities. This new insight demonstrates that lived experience, peer support workers have the unique ability to bridge the gap between formal and informal support. While not necessarily a qualified healthcare professional (although some carry out dual roles), these supporters have specialist training, access, and the opportunity to liaise with clinicians regarding the women they support. This is done while grounding the support in experience and empathy.

Drawing on peer support workers' expertise in maternity services may also help to reverse the sense of distrust of health professionals. A recent study utilized interviews with ethnic minority women ($n = 19$) and an online survey of NHS healthcare practitioners ($n = 145$) to explore barriers and facilitators contributing to inequalities in perinatal mental healthcare. The authors identified that some women in marginalized communities might be traumatized by (or have a distrust of) perinatal mental health services owing to negative experiences. These include potential poor care due to language barriers, inability to build relationships with HCPs due to cultural differences, discriminatory approaches from HCPs, and experiencing socio-economic deprivation (Darwin et al., 2022). Thus, the ability to integrate support workers within community settings to facilitate relationships between the mothers and healthcare providers may potentially begin to tackle existing health inequalities (outlined above) in perinatal care (Darwin et al., 2022) and offer a culturally centered alternative to traditional services.

The final theme underlines the need for more intensive and realistic antenatal preparation, specifically focused on postpartum mental health, to

prepare women with a more comprehensive understanding of motherhood that goes beyond the period of labor itself. Indeed, previous studies have found that being unprepared for the difficulties and pressures of new motherhood can subsequently lead to feelings of stress, shock, and failure, which can lead to depressive symptoms (Britton et al., 2019). Spiby et al. (2022) emphasize that successful group antenatal education is a key opportunity to provide crucial social support, reduce anxieties, and normalize challenging aspects of the perinatal experience. The authors note that maternity services should prioritize antenatal education more due to its potential role in preventative perinatal mental health. However, Spiby et al. (2022) utilized interviews and focus groups with new and expectant mothers who had attended face-to-face classes. At the same time, the current study adds an extra dimension by considering views from health professionals and the value of an online version of this antenatal support.

A limitation to note, is the small number of participants that were interviewed. Whilst the aim of the current study was to explore various capacities in which professionals worked, in order to understand the support being provided, there was no intention (as a qualitative exploratory study) to report a representative sample. However, it would have been advantageous to recruit a larger number of participants to provide a further understanding of different experiences and services. Specifically, none of the HCPs interviewed provided support on parenting forums, a frequent and valuable source of mental health support for new mothers (McSorley et al., 2022).

Conclusion

These findings highlight the value of incorporating online support within services while also raising questions about the current efficacy of this support and the provision of antenatal education regarding maternal mental health. This study advocates the need for expectant mothers to receive extensive, free (or low-cost) online antenatal preparation programs that outline potential difficulties, challenges, and lifestyle changes. Additionally, these findings could be utilized by perinatal mental health services providing a range of options for women who are seeking support, be that face-to-face, email, text, or video call. Parenting website providers could foster the peer support benefits highlighted in this study by increasing the number of supporters working on

their forum. Moreover, this online peer supporter should be available in various formats, such as a weekly live chat session.

The findings emphasize the crucial need for online well-being support services to be available to new and expectant mothers, which do not require an HCP referral. The versatility and accessibility of these resources could have numerous benefits for maternity services and new mothers compared to what is currently offered through face-to-face services.

References

Biggs, L. J., McLachlan, H. L., Shafiei, T., Small, R., & Forster, D. A. (2019). Peer supporters' experiences on an Australian perinatal mental health helpline. *Health Promotion International, 34*(3), 479–489. https://doi.org/10.1093/heapro/dax097

Braun, V., Clarke, V. & Weate, P. (2016). Using thematic analysis in sport and exercise research. In B. Smith & A. C. Sparkes (Eds.), *Routledge Handbook of Qualitative Research in Sport and Exercise*. 191–205. London: Routledge.

Braun V., & Clarke V. (2021). *Thematic analysis: A practical guide.* SAGE Publications.

Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, *24*(6), 641–654. https://doi.org/10.1080/13645579.2020.1805550

Bridle, L., Walton, L., van der Vord, T., Adebayo, O., Hall, S., Finlayson, E., Easter, A., & Silverio, S.A. (2022). Supporting Perinatal Mental Health and Well-being during COVID-19. *International Journal of Environmental Research and Public Health*, *19*, 1777. https://doi.org/10.3390/ijerph19031777

Britton, L., Barkhuus, L., & Semaan, B. (2019). "Mothers as Candy Wrappers": Critical Infrastructure Supporting the Transition into Motherhood. *Proceedings of the ACM on Human-Computer Interaction, 3*(GROUP), 1-21. https://doi.org/10.1145/3361113

Darwin, Z., Blower, S. L., Nekitsing, C., Masefield, S., Razaq, R., Padgett, L., Endacott, C., Willan, K., & Dickerson, J. (2022). Addressing inequalities in the identification and management of perinatal mental health difficulties: The perspectives of minoritised women, healthcare practitioners and the voluntary sector. *Frontiers in global women's health*, *3*, 1028192. https://doi.org/10.3389/fgwh.2022.1028192

Donelle, L., Hall, J., Hiebert, B., Jackson, K., Stoyanovich, E., LaChance, J., & Facca, D. (2021). Investigation of Digital Technology Use in the Transition to Parenting: Qualitative Study. *JMIR Pediatrics and Parenting, 4*(1), e25388. https://doi.org/10.2196/25388

Doyle, E. (2013). Seeking advice about children's health in an online parenting forum. *Medical Sociology Online, 7*(3), 17–27.

Elliott, G. K., Millard, C., & Sabroe, I. (2020). The utilization of cultural movements to overcome stigma in narrative of postnatal depression. *Frontiers in Psychiatry, 11*, 532600. https://doi.org/10.3389/fpsyt.2020.532600

Fitelson, E., Kim, S., Baker, A. S., & Leight, K. (2010). Treatment of postpartum depression: clinical, psychological and pharmacological options. *International Journal of Women's Health, 3*, 1–14. https://doi.org/10.2147/IJWH.S6938

Gleeson, D. M., Craswell, A., & Jones, C. M. (2019). Women's use of social networking sites related to childbearing: An integrative review. *Women and Birth, 32*(4), 294–302. https://doi.org/10.1016/j.wombi.2018.10.010

Gough, B. (2017). Reflexivity in qualitative psychological research. *The Journal of Positive Psychology,* 12:3, 311-312, DOI: 10.1080/17439760.2016.1262615

Gough, B., & Deatrick, J. A. (2015). Qualitative health psychology research: diversity, power, and impact. *Health Psychology, 34*(4), 289. https://doi.org/10.1037/hea0000206

Hessami, K., Romanelli, C., Chiurazzi, M., & Cozzolino, M. (2022). COVID-19 pandemic and maternal mental health: a systematic review and meta-analysis. *Journal of Maternal-Fetal & Neonatal Medicine, 35*(20), 4014-4021. https://doi.org/10.1080/14767058.2020.1843155

Huang, R., Yan, C., Tian, Y., Lei, B., Yang, D., Liu, D., & Lei, J. (2020). Effectiveness of peer support intervention on perinatal depression: A systematic review and meta-analysis. *Journal of Affective Disorders, 276*, 788-796. https://doi.org/10.1016/j.jad.2020.06.048

Institute of Health Visiting. (2018). *Caseload*. https://ihv.org.uk/news_tag/caseload/

Lupton, D. (2016). The use and value of digital media for information about pregnancy and early motherhood: a focus group study. *BMC Pregnancy and Childbirth, 16*(1), 171. https://doi.org/10.1186/s12884-016-0971-3

McSorley, L., Deighton-Smith, N., Budds, K., & Wang, X. (2022). "Hang in there, mama!": The role of online parenting forums in maternal mental health. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace. 16*(4), Article 11. https://doi.org/10.5817/CP2022-4-11

Mind. (2020, April). *Postnatal depression and perinatal mental health*. https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/about-maternal-mental-health-problems/

Moon, R. Y., Mathews, A., Oden, R., & Carlin, R. (2019). Mothers' Perceptions of the Internet and Social Media as Sources of Parenting and Health Information: Qualitative Study. *Journal of Medical Internet Research, 21*(7), e14289. https://doi.org/10.2196/14289

Moore, D., & Ayers, S. (2017). Virtual voices: Social support and stigma in postnatal mental illness Internet forums. *Psychology, Health & Medicine, 22*(5), 546–551. https://doi.org/10.1080/13548506.2016.1189580

Moore, D., Drey, N., & Ayers, S. (2020). A meta-synthesis of women's experiences of online forums for maternal mental illness and stigma. *Archives of Women's Mental Health, 23*(4), 507–515. https://doi.org/10.1007/s00737-019-01002-1

NHS. (2022, August). *Overview-Postnatal depression.* https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/

NHS. (n.d.) *Perinatal mental health*. https://www.england.nhs.uk/mental-health/perinatal/

Slade, P., Morrell, C. J., Rigby, A., Ricci, K., Spittlehouse, J., & Brugha, T. S. (2010). Postnatal women's experiences of management of depressive symptoms: a qualitative study. *British Journal of General Practice, 60*(580), e440-e448. https://doi.org/10.3399/bjgp10x532611

Spiby, H., Stewart, J., Watts, K., Hughes, A. J., & Slade, P. (2022). The importance of face-to-face, group antenatal education classes for first-time mothers: A qualitative study. *Midwifery, 109*, 103295. https://doi.org/10.1016/j.midw.2022.103295

Statista. (2023, February 3). *Number of internet users and non-users in Great Britain from 2006 to 2020 by frequency of use.* https://www.statista.com/statistics/286077/number-of-internet-users-in-great-britain-by-frequency/

Teaford, D., McNiesh, S., & Goyal, D. (2019). New mothers' experiences with online postpartum forums. *MCN: The American Journal of Maternal/Child Nursing, 44*(1), 40–45. https://doi.org/10.1097/nmc.0000000000000489

Webb, R., Uddin, N., Ford, E., Easter, A., Shakespeare, J., Roberts, N., Alderdice, F., Coates, R., Hogg, S., Cheyne, H., Ayers, S., & MATRIx study team (2021). Barriers and facilitators to implementing perinatal mental health care in health and social care settings: A systematic review. *The Lancet. Psychiatry*, *8*(6), 521–534. https://doi.org/10.1016/S2215-0366(20)30467-3