

# Poppy Seed Health: app-based maternal care support

CASE STUDY | 16 Nov 2022

US-based app Poppy Seed Health launched with the aim of providing advice and support to parents-to-be who have limited or no access to traditional healthcare systems. As people increasingly demand parental services tailored to their needs, can telehealth help fill the gap?

## AUTHORS

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### LOCATIONS:

UNITED STATES

### SECTORS:

HEALTH AND FITNESS

SEXUAL HEALTH

PHYSICAL HEALTH

MENTAL HEALTH



## EXPERTS

KJ Hertz

## HIGHLIGHTS

- 01** The Poppy Seed Health app is connecting pregnant women and soon-to-be parents to services that can provide on-demand assistance
- 02** With millions of women across the US living in 'maternity care deserts', telehealth is becoming an essential part of tracking and optimizing maternal care in hard-to-reach places
- 03** With poor birth outcomes linked to structural sexism and discrimination against LGBTQ+ families, apps like Poppy Seed Health are placing diversity at the heart of their services

## DATA

- March of Dimes defines 36% of all American counties as 'maternity care deserts' – places with a significant lack of maternity care resources
- Depression during or after pregnancy affects between 10% and 20% of women in the US
- In 2020, 26.7% of Native American babies and 16.3% of Black babies were born in areas that had limited or no access to maternity care

## SCOPE

In the US, 861 women died during pregnancy and childbirth in 2020, up from 754 in 2019 and 658 in 2018. [1] While the overriding impact of the pandemic contributed to that number, maternal deaths have been increasing in the US since 2000. The reasons are complex and varied with experts agreeing that deep inequities across race, socioeconomic class, and geography play a significant role in the lack of access to timely medical care. Without access to adequate healthcare services and compassionate mental health support, women are having a hard time navigating the complicated world of prenatal and postpartum care which may lead to serious long-term complications. But telehealth services may be one solution helping to fill gaps in care that soon-to-be parents and pregnant women need. [2]

According to Simmone Taitt, the founder and CEO of Poppy Seed Health who has experienced pregnancy losses of her own, medical, emotional, and mental health support for birthing parents who have questions and concerns regarding their health and the health of their babies is insufficient. [3] This led Taitt to found [Poppy Seed Health](#), an app launched exclusively on the Apple store in 2021 that connects soon-to-be parents with on-demand pregnancy, postpartum, and loss support. There's a \$29 monthly subscription fee to use the app to make access to this type of care affordable, and for the 30% of users who are on Medicaid, it's free of charge. [4] By filling the gaping holes in the healthcare system by offering expectant and new parents access to a doula, nurse, or midwife in real-time, Poppy Seed Health is ensuring expectant families feel supported throughout their pregnancy journeys.

Of the hundreds of advocates on Poppy Seed Health, over 50% identify as BIPOC, queer, trans, or a combination of two or more. The app uses algorithms to match users with care providers based on their preferences, which can include race, ethnicity, languages spoken, and LGBTQ+ identification. “It truly is the magic of what’s going on in the background,” Taitt told Apple News. “Users don’t just get anyone, they get the person who can meet them where they are in the moments they need support the most.” [3] As Poppy Seed Health’s model prioritizes accessibility, equality, and compassionate healthcare to support families and expectant parents in need, could similar telehealth services change the future of healthcare in the US?



Telehealth services are helping to meet the care demands of soon-to-be parents

Aliyah R. Farrow (2021)

## CONTEXT

### RISE OF MATERNAL CARE DESERTS

In its latest annual report ‘Nowhere to go: maternity care deserts across the US’, maternal and infant health nonprofit March of Dimes found that 36% of counties nationwide constitute ‘maternity care deserts’, which it defines as counties “where there’s a lack of maternity care resources, where there are no hospitals or birth centers offering obstetric care, and no obstetric providers.” This no or low access affects up to 6.9 million women and almost 500,000 births across the US. [5] “The repercussions of this in terms of health outcomes are many,” says KJ Hertz, the senior director of federal affairs at March of Dimes. “Especially when women aren’t getting the consistent, uninterrupted care they need through the pregnancy and in the months after.” [6] Brands like [Ovia](#) are looking to fill this need – the company has three apps that offer daily, personalized support to women as they move through conception, pregnancy, and parenthood.

### MATERNITY AND MENTAL HEALTH

Depression during or after pregnancy affects between 10% and 20% of women in the US, but studies show that it can be prevented in some patients with regular counseling sessions. [7] Placing an emphasis on emotional and mental health support and putting radical empathy at the center of its care model, Poppy Seed Health offers a range of counseling services for parents experiencing depression or distress at any point during and after pregnancy. Research has found that the highest risk of postpartum mental health incidence occurs within the first four months after birth. [8] “The sooner we can catch it, the better,” says Hertz. “And that means prenatal care, that means screening and treatment programs, and making sure that resources are put into those efforts.” [6]

## DISCRIMINATION LINKED TO POOR BIRTH OUTCOMES

The importance of access to healthcare services is magnified for underserved populations – of the 658 women who died due to maternal causes in 2018, Black women died 2.5 times more often than White women. [9] Other research has also linked structural sexism and discrimination against LGBTQ+ families to poor birth outcomes. [10] Taitt, who is a Black woman, put diversity at the heart of the Poppy Seed Health app, providing more options and comfort for patients who feel discriminated against in traditional or local services. Another example of this is [Brightline](#), a behavioral telehealth app that makes virtual therapy sessions and online coaching programs available to children and families through a network of licensed clinicians.



50% of Poppy Seed Health users identify as BIPOC, queer, trans, or a combination

@lela.photography (2022)

## INSIGHT AND OPPORTUNITIES

### IMPROVE ACCESS TO TELEHEALTH

During the pandemic, telehealth usage increased by 6,000%, with both healthcare providers and patients rapidly shifting to virtual appointments. [11] As maternal mortality rates are higher in rural than in urban areas, telehealth is becoming an

essential part of tracking and optimizing efficiencies in care in hard-to-reach places. [12] However, access to telehealth depends on reliable internet connection and speed. “We know that over 600 US counties have low telehealth access,” says Hertz. Counties with more than 40% broadband providers with low speed are considered to have low telehealth access, he explains. “We need to ensure there’s greater access, particularly for low-income people, to high-speed broadband services so they can have access to telehealth if they don’t have a provider they can see in person or that’s close to them.” [6] Poppy Seed Health navigates this problem by ensuring that users can text with doulas, nurses, or midwives via the platform without needing a face-to-face appointment.

## COVER NON-TRADITIONAL FORMS OF HEALTHCARE

There are massive improvements still needed in the five key elements March of Dimes suggests as critical to improving maternal health: access to care, universal screening, referral and treatment, education, and surveillance of maternal mental health disorders. [5] As more people are recognizing that they need guidance and support in ways not covered by traditional healthcare services, such as help with their mental health and wellbeing, telehealth brands can fill in those gaps quickly, efficiently, and to all that need it. Indeed, one in three adults used telehealth during the first six months of the pandemic. [13] Instead of doom-scrolling medical websites, people can talk to qualified practitioners via apps or online platforms in ways that best suit their needs, alleviating the strain on already overstretched healthcare systems.

## INCLUSION FOR UNDERSERVED GROUPS

“We know there are severe disparities in the outcomes for maternal mortality and morbidity rates,” says Hertz. “Black women, Latino women, and Native American women are especially adversely affected because of lack of access and poor quality maternal healthcare.” [6] In 2020, one in four Native American babies (26.7%) and one in six Black babies (16.3%) were born in areas that had limited or no access to maternity care. [5] As underserved communities increasingly vocalize their demands for services that are tailored to their needs, telehealth can be a useful tool for addressing inequities within healthcare, while offering alternative and tailored options to communities whose needs may be different from the majority. Healthtech start-up [Rippl](#) is providing support for people living with dementia and their carers, providing a telehealth solution that facilitates effective at-home treatment amid a shortage of trained clinicians.

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## SOURCES

1. CDC (February 2022)
2. The New York Times (October 2022)
3. Apple News (February 2022)
4. 9to5Mac (February 2022)
5. March of Dimes (October 2022)
6. Interview with KJ Hertz conducted by the author
7. Cleveland Clinic Journal of Medicine (May 2020)
8. National Library of Medicine (October 2019)
9. NBC News (January 2020)
10. Columbia University Mailman School of Public Health (June 2022)
11. Definitive Healthcare (March 2021)
12. Healthcare IT News (June 2020)
13. Urban Institute (January 2021)

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