



POSTPARTUM ISN'T ONE THING AND NEITHER IS YOUR AUDIENCE

*HOW MENTAL HEALTH CLINICS CAN SHOW UP
FOR EVERY NEW PARENT SEARCHING FOR HELP*





Most postpartum content? Misses the moment. Parents aren't searching "mood disorders" at 2:37AM, they're typing "Why do I regret having a baby?"

If your clinic isn't speaking to that, you're not just missing clicks. You're missing people.

This guide shows you how to show up where it counts. Human. Honest. On time.

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THE 2:37 AM MOMENT



At 2:37AM, a new parent sits awake, scrolling through their phone in the dark. They're not looking for a clinic. They're not even sure they're looking for help. They're looking for something - anything - that makes them feel less alone.

THEIR SEARCH IS RAW:

- "Why do I regret having a baby?"
- "Why do I feel dead inside after becoming a parent?"
- "Am I a bad mom?"
- "Why am I so angry since the baby came?"

And what they find? Not your clinic. Not professional help. They find anonymous threads, buried blogs, outdated advice. They find noise when they need clarity.

This guide isn't about marketing tactics. It's about human connection.

At 2:37AM, someone isn't comparing your clinic against competitors. They're comparing despair against hope.

YOUR CONTENT - YOUR VOICE - COULD BE THE DIFFERENCE BETWEEN SUFFERING IN SILENCE AND STEPPING TOWARD HEALING.

THIS GUIDE WILL SHOW YOU HOW TO:

- Understand what new parents are actually searching for.
- Write content that speaks to their real, unfiltered experiences.
- Create spaces that feel safe, inclusive, and empathetic.

Because when someone is brave enough to reach out in their darkest moment, you have one job:

BE THERE.

Not later. Not perfectly. Just - there. Let's get into it.



WHY POSTPARTUM CONTENT FAILS TODAY

You probably have a postpartum page on your site. Maybe a blog post about “baby blues.” Maybe a paragraph mentioning postpartum depression under “services offered.” It feels like enough. It isn’t.

HERE’S THE REALITY:

Parents aren’t experiencing one emotion. They’re experiencing compounding, conflicting emotions, often silently.

- They’re not always “sad.” They’re angry. They’re panicked. They’re numb.
- It doesn’t always happen right after birth. It can hit at six months, nine months, a year later.
- It’s not just birthing mothers. It’s dads. It’s non-birthing partners. It’s adoptive parents. It’s families that don’t look like stock photos.

And yet - most clinic content is written like postpartum is a single diagnosis with a six-week expiration date.

WHY?

Because clinics often create content for insurance checklists, not for the terrified human on the other side of the screen.

They talk “perinatal mental health” when people are typing “why do I want to run away after having a baby.”

They design content around intake forms, not around the rawness of a parent whispering their fears to a search bar.

HERE'S THE COST:

Every time you fail to show up, someone fills the gap.

- Forums.
- Anonymous groups.
- “Advice” columns written a decade ago.

Missed moments aren't just missed leads. They're missed lives helped.

When you don't speak to a parent's actual experience, you don't just miss a chance to serve. You tell them - loud and clear - that no one is listening.

You can do better.

The opportunity is wide open. Few clinics are doing this right. Be the exception.

Meet parents where they are. Not where a textbook says they should be.

Not at six weeks postpartum. Not at their first “wellness” visit.

Right there. Right now. At 2:37AM.





MEET YOUR REAL AUDIENCES

THE EXHAUSTED, TERRIFIED NEW MOM

She's not "sad." She's lost. Ashamed. Drowning. She's typing "I regret having a baby" into Google at 2AM.

Your content has to tell her:

- She's not alone.
- She's not broken.
- Help is waiting without judgment.

THE DAD WHO THINKS HE'S BROKEN

He's angry. He's numb. He misses his old life and hates himself for it. Don't make him decode clinical jargon. Meet him in his language.

THE NON-BIRTHING PARTNER

Forgotten. Erased. Struggling in silence. Content that doesn't explicitly welcome them tells them they don't belong. Speak up for them.

THE PARENT FACING DELAYED CRISIS

Postpartum depression at 10 months? 18 months? It's real. It's brutal. And no one prepares them for it. Your content can.

THE SILENT SUFFERER

Intrusive thoughts. Explosive rage. Terrified of telling anyone. Normalizing scary thoughts can be life-saving.



The Exhausted, Terrified New Mom

At 2:37AM, she's not looking for a clinic. She's looking for a reason to stay. Or at least to believe she's not broken beyond repair.

She's typing things into Google she wouldn't even whisper out loud:

- "Why do I hate being a mom?"
- "I made a mistake having a baby."
- "Why do I feel dead inside after giving birth?"

She's not thinking about "postpartum depression." She's thinking about running. Or disappearing. Or just finding a way to stop feeling like this without losing everything.

HERE'S WHERE YOUR CONTENT NEEDS TO MEET HER.

WHAT SHE'S FEELING:

- Guilt for not loving motherhood.
- Fear she'll be judged - or worse, that someone will take her baby away.
- Exhaustion so deep it feels like grief.

WHAT SHE NEEDS TO SEE:

- Language that names what she's feeling before she has to explain it.
- Proof she's not alone, and not bad for feeling this way.
- An easy, non-threatening way to reach out for help.

HOW YOU WRITE FOR HER (REAL-WORLD GUIDANCE):

01. USE HER WORDS, NOT YOURS

Forget “mood disorders.”
Forget “perinatal emotional regulation issues.” Talk like a human who’s been up at 2:37AM themselves.

EXAMPLES:

Bad: “Struggling with postnatal emotional dysregulation?”

Good: “Feel like you made a mistake becoming a mom?”

02. ASSUME SHE’S ASHAMED - THEN NORMALIZE

If your content makes her feel like she’s “abnormal,” she’s gone.

EXAMPLE OPENING LINE:

“A lot of new moms secretly wonder if they made the wrong choice. It doesn’t mean you’re a bad mom. It means you’re overwhelmed - and you deserve support.”

03. MAKE IT EASY TO SAY ‘YES’ TO HELP

Big buttons that scream “REQUEST APPOINTMENT” feel huge and scary when you’re drowning. What feels safer is a first step that feels optional.

REAL CTA EXAMPLES:

- “Not ready to talk? Start by reading some real stories.”
- “Want to text with a therapist before booking? We get it.”

04. SHOW STORIES, NOT JUST SERVICES

Patient voices - anonymized, real - are lifelines. Let her see herself in someone else’s survival story.

EXAMPLE SNIPPET:

“I googled ‘why do I hate being a mom’ at 3AM. I thought I was the only one. I wasn’t. You’re not either.”

IF YOU SHOW UP AT HER **2:37AM...**

NOT AS A CLINICIAN.

NOT AS A BRAND.

BUT AS SOMEONE WHO GETS IT -
YOU WON'T JUST WIN A PATIENT,
YOU'LL CHANGE A LIFE.





The Dad Who Thinks He's Broken

He didn't expect it to feel like this.
Everyone told him he'd be "so proud"
or "so happy."

What he feels instead?

Nothing.

Or anger.

Or a weird mix of guilt and rage he
doesn't even know how to explain.

He's not typing "postpartum
depression in fathers" into Google.

He's searching:

- "Why am I so angry all the time after becoming a dad?"
- "I don't feel connected to my baby - is something wrong with me?"
- "I miss my old life after becoming a dad."

He's not even sure what he's looking for - maybe permission to not feel like a monster.

WHAT HE'S FEELING:

- Isolation ("I should just suck it up.")
- Shame ("Real men don't talk about this.")
- Fear of being judged - or dismissed.

He's been told, quietly and loudly,
that dad's emotions don't matter.

His job is to "support her," not talk
about his own struggle.

HOW YOU WRITE FOR HIM (REAL-WORLD GUIDANCE):

01. STOP USING WORDS HE'D NEVER SAY

Ditch “perinatal mood disorder.” Ditch “paternal postnatal adjustment issues.” Write the way a guy talks to himself in the dark when no one’s around.

EXAMPLES:

Bad: “Learn about paternal postpartum depression today!”

Good: “Feel like you’re not yourself since the baby came?”

02. VALIDATE BEFORE YOU EDUCATE

If your first move is to throw symptoms at him, he’s out. If your first move is telling him, “Hey man, a lot of dads feel this way” - he might stay

EXAMPLE OPENING LINE:

“No one talks about it, but a lot of new dads feel overwhelmed, disconnected, or just plain angry after having a baby. It doesn’t make you a bad father. It makes you human.”

03. GIVE HIM A WAY TO REACH OUT WITHOUT FEELING WEAK

Make help feel like strength, not surrender.

REAL CTA EXAMPLES:

- “Want to talk it out? No pressure. Just dad-to-dad support available here.”
- “You’re not broken. But you might be carrying too much alone. Let’s lighten the load.”

04. SHOW HIM HE’S NOT THE ONLY ONE

Stories matter even more for dads because they’re trained not to tell them. Show brave examples without making them sound like self-help clichés.

EXAMPLE SNIPPET:

“After my daughter was born, I thought I was supposed to feel... something. Anything. I didn’t. I just felt numb. It took me a year to realize I wasn’t a bad dad. I was just a struggling one.”

IF YOU REACH HIM **BEFORE** THE
RAGE HARDENS, BEFORE THE
SILENCE SETTLES IN...

YOU DON'T JUST WIN A PATIENT -
YOU GIVE A DAD - AND A WHOLE
FAMILY - A SHOT AT **HEALING**.





The Non-Birthing Partner (LGBTQ+ Inclusive)

They didn't give birth. But they sure as hell gave everything else.

And now they're sitting there, ignored. Invisible. Hurting in ways nobody even bothers to ask about.

THEY'RE SEARCHING THINGS LIKE:

- *"Can non-birthing parents get postpartum depression?"*
- *"I feel left out after our baby was born."*
- *"Why do I feel so disconnected from my partner and baby?"*

They don't see themselves in 99% of the content out there. They're erased before they even start reading.

WHAT THEY'RE FEELING:

- Isolation ("Is it even okay for me to feel this way?")
- Resentment ("No one sees me anymore.")
- Fear ("If I talk about this, will people think I'm selfish?")

They're balancing being supportive with quietly falling apart.

HOW YOU WRITE FOR THEM (REAL-WORLD GUIDANCE):

01. NAME THEM EXPLICITLY

Don't assume they'll feel "included" under the word "parents."

Say it: non-birthing parents, adoptive parents, LGBTQ+ parents.

EXAMPLES:

Bad: "For new moms navigating postpartum emotions..."

Good: "For anyone who's brought a new child into their family - whether you gave birth or not."

02. NORMALIZE THEIR GRIEF AND LOSS

It's real. The shift from partner to "afterthought" is a gut punch - and no one prepares them for it.

EXAMPLE OPENING LINE:

"It's okay if you're grieving your old life. It's okay if you feel a little lost in your new one. You're not invisible here."

03. SHOW THAT THEIR PAIN MATTERS - WITHOUT CONDITIONS

They're not secondary.

They're not "extra support."

Their mental health matters just as much.

REAL CTA EXAMPLES:

- "Feeling overwhelmed, unseen, or stuck? You deserve support too."
- "Parenting changes everyone. You don't have to go through it silent."

04. HIGHLIGHT REAL STORIES FROM NON-BIRTHING PARENTS

Representation isn't a checkbox, it's oxygen. Share real quotes, diverse family types, and inclusive imagery.

EXAMPLE SNIPPET:

"After our son was born, I thought I was just supposed to 'be there.' I didn't realize how lonely it would feel standing next to someone I love and still feeling invisible."

IF YOU **MAKE SPACE** FOR THEM...
YOU'LL GIVE SOMEONE PERMISSION
TO TAKE UP SPACE THEY WERE
ALREADY OWED.





The Parent Facing Delayed Postpartum Crisis

They thought they dodged it.

They made it through the first few months. Smiled at the checkups. Posted the cute baby pics. Everyone said, "You're doing amazing."

And now?

Now, months later, maybe a year, they're falling apart. Quietly.

THEY'RE GOOGLING THINGS LIKE:

- "Why am I depressed 8 months after giving birth?"
- "Is postpartum depression possible a year later?"
- "I feel worse now than when my baby was born."

They're scared, but mostly confused. Because nobody told them postpartum could look like this.

WHAT THEY'RE FEELING:

- Betrayal ("Wasn't this supposed to get better?")
- Shame ("Why now? Why me?")
- Deep, deep loneliness ("Everyone thinks I'm fine.")

They feel like they missed their window to ask for help. Like they don't have "permission" anymore.

HOW YOU WRITE FOR THEM (REAL-WORLD GUIDANCE):

01. SAY THE QUIET PART OUT LOUD: IT HAPPENS

Lead with that. Before you educate, *validate*.

EXAMPLE OPENING LINE:

"Postpartum depression doesn't always show up right away. Sometimes it creeps in months later, after everyone else has stopped checking in.

If that's you, you're not broken. And you're not alone."

02. KILL THE TIMELINE MYTH

Tear down the six-week checkup fantasy. Show them real timelines with compassion, not clinical charts.

EXAMPLES:

Bad: "Postpartum depression typically presents within six months..."

Good: "There's no expiration date on needing help."

03. OFFER AN EASY, PRIVATE FIRST STEP

They're even more hesitant because they feel "late." Make it painfully easy to re-open the conversation.

REAL CTA EXAMPLES:

- *"It's never too late to feel better. Let's talk when you're ready."*
- *"Feel like everyone else moved on, but*
- *you can't? We see you. Start here."*

04. SHARE LATE-ONSET SURVIVAL STORIES

Nothing breaks the shame cycle like seeing someone else survive it.

EXAMPLE SNIPPET:

"It hit me at 11 months. I thought I was crazy. Everyone else had moved on - and I was still stuck. Asking for help felt like admitting failure. It wasn't. It was the beginning of getting my life back."

IF YOU **SHOW UP** MONTHS LATER
WHEN NO ONE ELSE DOES...

YOU BECOME MORE THAN A THERAPIST.
YOU BECOME PROOF THAT IT'S NEVER
TOO LATE TO HEAL.





The Silent Sufferer: Postpartum OCD and Rage

They're scared to even type the words. They're not just sad. They're not just tired. They're having thoughts so dark, so violent, so alien - they barely recognize themselves.

And rage? It's not crying quietly in the bathroom. It's snapping. Slamming doors. Screaming at the partner they love - or worse, the baby they adore but can't connect to right now.

THEY'RE SEARCHING THINGS LIKE:

- "Scary thoughts about hurting my baby normal?"
- "Why do I feel rage all the time after giving birth?"
- "Postpartum intrusive thoughts help."

But they delete the search half the time.
Too afraid of what it might say about them.

WHAT THEY'RE FEELING:

- Fear ("If I tell anyone, they'll take my baby away.")
- Shame ("Only monsters think like this.")
- Exhaustion ("I'm fighting my own mind all day, every day.")

They aren't just suffering.
They're trapped.

HOW YOU WRITE FOR THEM (REAL-WORLD GUIDANCE):

01. NORMALIZE WITHOUT MINIMIZING

It's a brutal line to walk - but critical. Yes, these thoughts are scary. No, they don't mean someone will hurt their baby.

EXAMPLE OPENING LINE:

"Having scary, unwanted thoughts after having a baby doesn't make you dangerous. It makes you human - and it's more common than you think."

02. BE CLEAR ABOUT SAFETY

Without scaring them into silence. Make it crystal clear: thinking something ≠ doing something.

EXAMPLES:

Bad: "Seek emergency help if experiencing intrusive thoughts."

Good: "Most intrusive thoughts are never acted on. What matters is getting help managing the fear - not punishing yourself for having it."

03. SPEAK TO THE RAGE, TOO

It's not just sadness. It's a raw, volcanic anger that terrifies them - and it needs a place to land without judgment.

REAL CTA EXAMPLES:

- "Feeling rage you can't explain? You're not alone - and you're not broken."
- "You don't have to fight these feelings alone. We're here to help you understand them - and heal."

04. SHARE SURVIVAL STORIES - GENTLY

These parents need to know they aren't the first. That others have fought back - and won.

EXAMPLE SNIPPET:

"I thought if I told anyone about the thoughts, they'd take my son away. I almost didn't say anything. When I finally did, I realized: talking about it didn't make me a bad mom. It made me a strong one."

IF YOU **REACH** THE SILENT
SUFFERERS **BEFORE** THE FEAR
CAVES THEM IN...

YOU DON'T JUST WIN A PATIENT.
YOU SAVE A FAMILY.



BUILDING A CONTENT STRATEGY THAT REFLECTS REAL POSTPARTUM

vibelogic.com



VIBELOGIC

Build Emotional Hubs, Not Clinical Funnels

MOST CLINICS STILL THINK LIKE MARKETERS:
WRITE A BLOG → PUSH A
BUTTON → FILL A FORM →
BOOK A SESSION.

But real parents in crisis aren't moving like that.
They're circling.

They're searching.
They're hurting - not converting.

You need to meet them inside their emotional
experience, not force them down a sales
pipeline.

HOW TO BUILD AN EMOTIONAL HUB:

- Start with a core topic they are living, not diagnosing. (Example: "Feeling explosive rage after the baby")
- Surround it with deep support links:
 - Personal stories ("What postpartum rage really felt like for me")
 - Symptom breakdowns ("Signs you're experiencing postpartum OCD")
 - Actionable coping tips ("What to do when rage feels overwhelming")
 - Low-pressure next steps ("Talk to someone who gets it - no judgment")

WHAT IT LOOKS LIKE VISUALLY:

ONE CORE PAGE



**MULTIPLE EMOTIONAL
PATHS THEY CAN EXPLORE**



**NO HARD
SELLING**

WHY THIS WORKS:

When a parent feels seen,
they stay. They read.
They breathe.
They heal.

USE HUMAN LANGUAGE

When someone's heart is racing at
2:37AM, they don't want a "diagnostic
assessment of perinatal mood
disorders."

They want someone who sounds
like they get it.

SWAP CLINICAL FOR HUMAN:

CLINICAL TERM	REAL LANGUAGE EQUIVALENT
Diagnose	Understand what you're feeling
Perinatal mental health	Struggling after having a baby
Mood disorder	Feeling overwhelmed, angry, or scared
Treatment plan	First step toward feeling better
Therapeutic intervention	A real conversation about what's going on
Symptoms	Feelings that might scare you

GUIDELINE:

If it sounds like something a scared
parent would never type into Google,
don't say it that way.

EXAMPLE REWRITE:

Before: "We specialize in diagnosing and
treating postpartum mood disorders."

After: "Feeling angry, empty, or scared
after the baby came? You're not alone.

We're here to help you understand
what's going on - and feel better."

INCLUSIVE WRITING 101

You can't just say "parents" and expect everyone to feel included.

You have to show them they are included.

HOW TO WRITE INCLUSIVELY:

Explicitly name groups:

- Dads
- LGBTQ+ parents
- Non-birthing partners
- Adoptive parents

VISUALS MATTER TOO:

Use real, diverse imagery - not stock photo clichés of a white, heteronormative mom-and-dad dynamic.

STORYTELLING INCLUSION:

Feature voices from dads who struggled, adoptive parents who felt disconnected, non-birthing partners facing grief.

EXAMPLE LANGUAGE:

"Whether you carried your child, supported a partner through birth, or welcomed your child through adoption - you deserve care too."

WHY THIS MATTERS:

If someone has to wonder, "Is this for me?" You already lost them.

OFFER NON-CLINICAL CALLS TO ACTION:

Parents in pain don't need a hard sell. They need permission.

PERMISSION TO SAY:

"I'm struggling." Without fear. Without shame.

BEST CTAS SOUND LIKE AN INVITATION, NOT AN ASSIGNMENT:

- "Feeling overwhelmed? Start a conversation - no pressure."
- "Scary thoughts? Big feelings? Let's talk - no judgment."
- "Not sure if it's serious? It's serious enough to reach out."
- "Feeling angry, empty, or lost? You're not alone - reach out today."

DESIGN TIP:

Make CTA buttons soft, human phrases too:

- "Talk to someone who gets it"
- "Find out what's normal (and what's not)"
- "Take the first step - on your terms"

BIG REMINDER:

Every piece of content you write needs to feel like:

- A hand extended, not a clipboard.
- A safe conversation, not a form submission.
- A first breath of relief, not a diagnostic checklist.

That's how you build a content strategy that reflects real postpartum.

TOOLS + TEMPLATES

vibelogic.com



Content Calendar: First 90 Days Postpartum Coverage

Consistency isn't just good practice - it builds trust when people are spiraling.

Here's a simple **EXAMPLE** structure to plan out your first 90 days of emotional, real-world postpartum content:



MONTH 1: Naming the Hard Stuff

WEEK 1:

Blog: "When You Regret Becoming a Parent (And Why It Doesn't Make You Bad)"

Goal: Normalize regret and ambivalence.

Mon Publish Blog	Tue Social Post	Wed	Thu Social Post	Fri	Sat	Sun
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WEEK 2:

Blog: "Feeling Disconnected as a New Dad? You're Not Alone."

Goal: Speak directly to dads' isolation.

Mon Publish Blog	Tue	Wed Social Post	Thu	Fri Social Post	Sat	Sun
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WEEK 3:

Blog: "Postpartum Rage: When You Feel Like a Stranger to Yourself"

Goal: Validate anger and frustration.

Mon Publish Blog	Tue Social post	Wed	Thu Social post	Fri	Sat	Sun
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WEEK 4:

Resource Page: "Support for Non-Birthing Parents: You Matter Too"

Goal: Center non-birthing partners visibly and directly.

Mon Publish Blog	Tue	Wed Social Post	Thu	Fri Social Post	Sat	Sun
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MONTH 2: Broadening the Conversation

WEEK 5:

Blog: "Postpartum Depression Isn't Always Immediate"

Goal: Address delayed-onset symptoms.

Mon Publish Blog	Tue Social Post	Wed	Thu Social Post	Fri	Sat	Sun
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WEEK 6:

Blog: "Intrusive Thoughts After Baby? Here's What They Mean."

Goal: Normalize postpartum OCD.

Mon Publish Blog	Tue	Wed Social Post	Thu	Fri Social Post	Sat	Sun
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WEEK 7:

Story Post: "One Dad's Story of Silent Struggle - and Survival."

Goal: Real voice content.

Mon Publish Blog	Tue Social Post	Wed	Thu Social Post	Fri	Sat	Sun
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WEEK 8:

Landing Page Update: "Struggling after Baby?" portal linking emotional hubs.

Goal: Interconnect content already created

Mon Publish Blog	Tue	Wed Social Post	Thu	Fri Social Post	Sat	Sun
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MONTH 3: Deepening Trust

WEEK 9:

Blog: "Postpartum Support for LGBTQ+ Families: You Belong Here."

Goal: Write content that makes people feel seen.

Mon Publish Blog	Tue Social post	Wed	Thu Social Post	Fri	Sat	Sun
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WEEK 10:

Blog: "Grieving Your Old Life After Having a Baby"

Goal: Address grief, not just depression.

Mon Publish Blog	Tue	Wed Social Post	Thu	Fri Social post	Sat	Sun
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WEEK 11:

Story Post: "From Numb to Connected: A Father's Journey."

Goal: Use a real life story to build audience connection

Mon Publish Blog	Tue Social Post	Wed	Thu Social Post	Fri	Sat	Sun
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WEEK 12:

Roundup Post: "What Real Parents Wish They Knew About Postpartum."

Goal: Social Proof that so many parents are asking and need help

Mon Publish Blog	Tue	Wed Social Post	Thu	Fri Social Post	Sat	Sun
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CTA BANK: EMOTIONAL, LOW-PRESSURE CALLS TO ACTION



HERE ARE 10 CTAS READY TO DROP
DIRECTLY INTO YOUR CONTENT:

Feeling **overwhelmed**?

LET'S TALK - NO PRESSURE

Big **feelings** after baby?

YOU'RE NOT BROKEN

Still **struggling** months later?

YOU'RE NOT ALONE



Missing your old life?

WE GET IT - LET'S TALK

Feeling scared or ashamed?

START WITH A CONVERSATION

Angry all the time?

IT DOESN'T MAKE YOU A BAD PARENT

Scary thoughts?

YOU'RE NOT ALONE



Need someone who gets it?

WE'RE READY WHEN YOU ARE

Dad, partner, mom - no matter
who you are, your feelings matter.

TAKE A BREATH.
THEN A SMALL STEP WITH US



VOICE OF PARENT EXERCISE: BUILD EMPATHY INTO YOUR WRITING

ASSIGNMENT:

Write 300 words from the voice of a parent at 2:37AM.

PICK ONE:

- A new mom terrified of her own intrusive thoughts.
- A dad feeling absolutely nothing for his newborn.
- A non-birthing partner grieving the distance between them and their partner.

GOAL:

Stop writing like a clinic. Start writing like someone who has been there.

PROMPT EXAMPLE:

"It's 2:37AM. My baby is asleep. And I'm staring at the ceiling wondering if I made a huge mistake.

I thought it would feel different.

I thought I'd feel... something.

Instead, I feel hollow.

I don't know how to say it out loud without sounding like a monster."

CHECKLIST: IS YOUR CONTENT ACTUALLY HUMAN?



USE THIS LIST EVERY QUARTER TO CHECK YOUR CONTENT.

Do we have pages that explicitly speak to dads?

☐

Do we address postpartum rage, OCD, scary thoughts?

☐

Do we name non-birthing partners and adoptive parents clearly?

☐

Are we using real emotional language instead of clinical terms?

☐

Do we acknowledge delayed postpartum struggles (6-12 months later)?

☐

Do our CTAs sound like conversations, not demands?

☐

Are real parent voices visible in blogs, emails, posts?

☐

Do we have resources for parents in the LGBTQ+ community?

☐

GRADING SCALE:

- 0-3 boxes: *You're leaving scared, struggling parents behind.*
- 4-6 boxes: You're getting closer, keep pushing for emotional honesty.
- 7-8 boxes: You are showing up when it matters most.

**Be the clinic
they find.**

**Not the
silence
they fear.**

Your Clinic's Real First Impression

At 2:37AM, a parent isn't evaluating clinics.
They aren't skimming pricing pages.
They aren't deciding between therapists.

They are searching, desperately, for **proof that someone understands what they can't even say out loud yet.**

This is your real first impression.

It's not your credentials.
It's not your awards.
It's the way your words land when someone's heart is breaking.

You are either the voice that says, "You're not broken. You're not alone."

Or you're another silence that convinces them no one will ever understand.

The choice is made in seconds:

- Do you sound human, or clinical?
- Do you name what they're feeling, or avoid it?
- Do you invite them to breathe, or push them to book?

Every headline. Every CTA. Every blog post.

It all adds up to one thing:

"Will someone see me if I reach out?"

Make your answer loud, clear, and unmistakable.

Show up clearly.

Show up gently.

Show up human.

Because when someone types in their darkest fear at 2:37AM, they don't need marketing.

They need you.