OCTOBER 1, 2026 / MATERNAL HEALTH APPS

Postpartum recovery guide matched to delivery type

Recovery from an unplanned C-section, a fourth-degree tear, or a hemorrhage differs radically, yet discharge guidance is one-size-fits-all - leaving mothers googling symptoms at 3am to learn what's normal for their delivery.

Postpartum recovery guide matched to delivery type should be tested as a narrow first-win workflow for one buyer: New mother whose recovery doesn't match the generic pamphlet.

LOW DIFFICULTY

CONSUMER SUBSCRIPTION PLUS HOSPITAL-DISCHARGE LICENSING AS A PATIENT-EDUCATION TOOL.

55/100

VALIDATION VERDICT / RESEARCH

Validation is a weighted rubric, not a guarantee. Use the next validation step before building.

Confidence	44%
Lifecycle	Validating
Timing	65/100
Rubric	INAV-VALIDATION-2026-06-04

VALIDATING Watch window

Demand signal	4.7/10
Problem severity	5/10
Willingness to pay	5.5/10
Competitive saturation	5.3/10

Feasibility	**7.8/10**

VERDICT

Research · 55/100

Postpartum recovery guide matched to delivery type should be tested as a narrow first-win workflow for one buyer: New mother whose recovery doesn't match the generic pamphlet.

THIS WEEK'S TEST

Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.

KILL IT IF

Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.

READER DEMAND SIGNAL

Would you build this? Would you pay?

One tap each — anonymous, one vote per question per day. Tallies update as readers weigh in.

Would you build this?

Be the first to weigh in

Would you pay for this?

Be the first to weigh in

VISUAL OPPORTUNITY DASHBOARD

Read the idea like a product signal board.

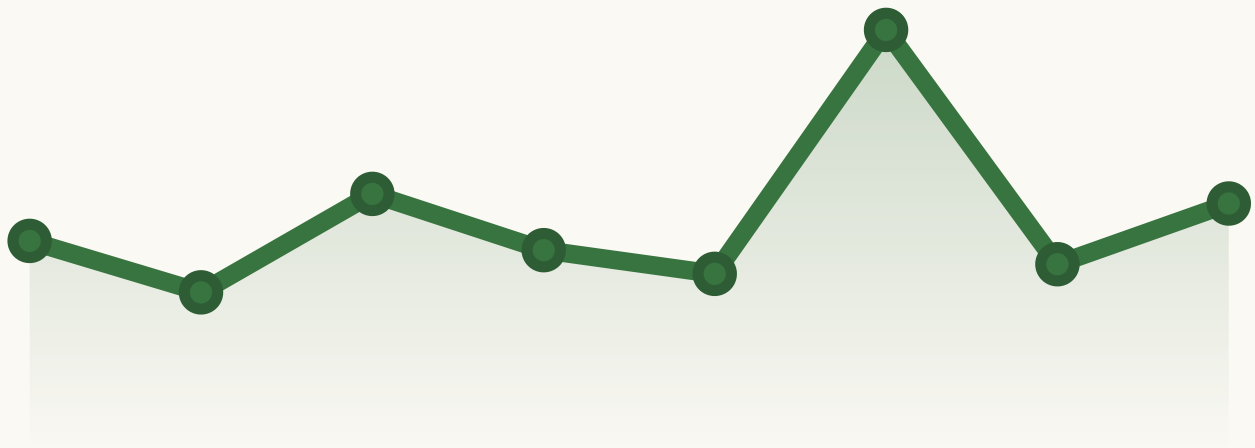
These visuals are generated from the report's existing scores. They make the decision path scannable without pretending to be live market data.

MATERNAL HEALTH APPS

SIGNAL MODEL

Postpartum recovery guide matched to delivery type

Postpartum recovery guide matched to delivery type should be tested as a narrow first-win workflow for one buyer: New mother whose recovery doesn't match the generic pamphlet.



VALIDATION
55/100
Research

CONFIDENCE
44%
Editorial confidence

SCORE AVG
6.5/10
Scorecard average

PROOF
4.8/10

Proof signal average

SCORE RADAR

Decision balance

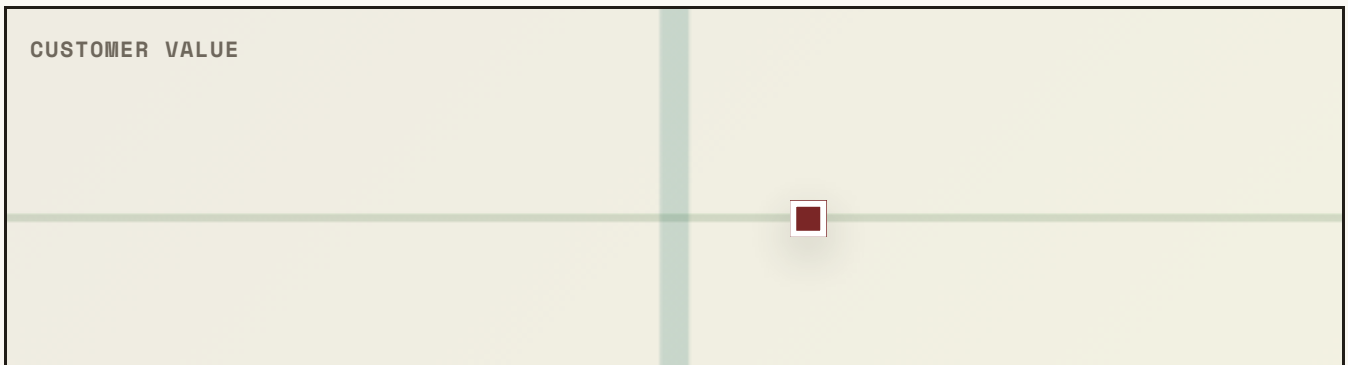
VALUE EQUATION

Offer strength

DREAM OUTCOME	7/10
PERCEIVED LIKELIHOOD	6/10
TIME DELAY	8/10
EFFORT AND SACRIFICE	7/10

MARKET MAP

Low-impact hypothesis



UNIQUENESS

High value plus high uniqueness deserves deeper research; lower uniqueness requires a clear distribution advantage.

VALIDATION FUNNEL

From pain to product.

1	**Buyer pain** New mother whose recovery doesn't match the generic pamphlet	4.4/10
2	**Concierge proof** Pilot with two hundred new mothers segmented by delivery type and measure engagem...	4.8/10
3	**Paid wedge** Concierge review or paid template	7/10
4	**Repeatable product** Consumer subscription plus hospital-discharge licensing as a patient-education to...	5.2/10

EVIDENCE HEATMAP

Signal intensity.

WHY NOW
4/10
Demand visibility

WHY NOW
8/10
Tooling readiness

WHY NOW
3/10
Budget clarity

WHY NOW
6/10
Competitive window

PAIN
4/10
Repeated workflow friction

MONEY
3/10
Budget hypothesis

URGENCY

5/10

Switching pressure

DISTRIBUTION

7/10

Reachable buyer language

LIFECYCLE TIMING

Validation window (65/100): enough signal exists to run the sprint, but the market has not clearly heated yet.

Deterministic stage assignment from re-check status, demand signals, complaint echo, and competitive saturation.

65/100

VALIDATING

Adoption substrate is up 85.6% across matched packages.

No funded competitor penalty is currently applied.

Demand

65/100

Not old enough for a 30-day re-check yet.

Saturation

0/100

0 funded signals across 0 matched competitor signals.

Complaint echo

22/100

Matched adoption substrate is up 85.6%.

VALIDATION ENGINE

Evidence-backed idea-validation score.

The score uses a versioned 2026 rubric across demand, problem severity, willingness to pay, competitive saturation, and feasibility.

55/100

Research

Research is the current validation verdict: feasibility is the strongest signal, while demand signal is the main evidence gap to close before scaling the build.

Rubric version: INAV-VALIDATION-2026-06-04 / generated October 1, 2026

Demand signal

4.7/10

24% WEIGHT

Demand looks weak because the report has 2 source-backed signal(s), an editorial confidence of 44/100, and a defined buyer in Maternal health apps.

- Recovery timelines and complication risks differ substantially by delivery mode and intervention, documented across obstetric literature.
- Target buyer: New mother whose recovery doesn't match the generic pamphlet

Problem severity

5/10

22% WEIGHT

Problem severity is weak when the buyer pain, customer value, and dream-outcome scores are combined.

- Recovery from an unplanned C-section, a fourth-degree tear, or a hemorrhage differs radically, yet discharge guidance is one-size-fits-all - leaving mothers googling symptoms at 3am to learn what's normal for their delivery.
- Recovery timelines and complication risks differ substantially by delivery mode and intervention, documented across obstetric literature.

Willingness to pay

5.5/10

20% WEIGHT

Willingness to pay is weak; the model has a monetization hypothesis, but it must still be proven through paid pilots or explicit pricing objections.

- Consumer subscription plus hospital-discharge licensing as a patient-education tool.
- Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.

Competitive saturation

5.3/10

18% WEIGHT

No source-backed direct match is recorded yet, so saturation risk is treated as unknown rather than proof of novelty.

- Existing-product check has no named direct match.
- Competitive score rewards a narrow wedge, not absence of research.

Feasibility

7.8/10

16% WEIGHT

Feasibility is strong for a low build if the MVP is limited to the first measurable workflow.

- Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.
- Overlaps the already-published Firstweeks idea; differentiation must stay on delivery-type specificity.

Next validation step

Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.

VALIDATION SPRINT

Seven days to a build / kill decision.

Derived from this report's own validation test, channels, offers, and kill criteria.
Each day has a threshold, so the week ends in a decision instead of a feeling.

DAY 1

Build the buyer list

List 50-100 named new mother whose recovery doesn't match the generic pamphlet prospects from Community pain posts and Direct outreach — names, not categories.

Threshold: 50+ named, reachable buyers on the list.

DAY 2

Join the watering holes

Join and observe Reddit / forums, Launch communities, Review and alternative pages. Collect the exact words buyers use for this pain.

Threshold: 10+ verbatim pain quotes captured.

DAY 3

Send first outreach

Send the cold outreach template (below) to 15 buyers from the day-1 list, personalized with one detail each.

Threshold: 15 sent; 3+ replies of any kind.

DAY 4

Run buyer interviews

Hold 15-minute calls using the interview script (below). Listen for current workarounds and what they cost.

Threshold: 3+ completed interviews.

DAY 5

Run the report's validation test

Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.

Threshold: Problem resonance: 5+ calls or 10+ detailed replies.

DAY 6

Make the smoke offer

Offer "Concierge review or paid template" at $19-$99 to every interviewed buyer. Manual delivery is fine — payment is the signal.

Threshold: 1+ pre-commitment (payment, signed LOI, or scheduled paid pilot).

DAY 7

Decide against the kill criteria

Score the week against this report's kill criteria, then take the stated next validation step: Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.

Threshold: A written build / keep-testing / kill decision.

Pass signal

Pass: thresholds on days 3, 4, and 6 are met — proceed to the next validation step with real buyer language in hand.

Fail signal

Kill or rethink if the week confirms: Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.

RESEARCH WORKFLOW

Decision scorecard.

The report is structured to force a yes, no, or test decision instead of leaving the reader with a loose brainstorm.

Opportunity

4/10

NEEDS PROOF

Postpartum recovery guide matched to delivery type has an editorial confidence score of 44/100 before live buyer validation.

Problem

4/10

NEEDS PROOF

Recovery from an unplanned C-section, a fourth-degree tear, or a hemorrhage differs radically, yet discharge guidance is one-size-fits-all - leaving mothers googling symptoms at 3am to learn what's normal for their delivery.

Feasibility

8/10

STRONG

A low build can work if the MVP stays limited to the first repeated workflow.

Why now

10/10

EXCEPTIONAL

Postpartum care is having a clinical moment - new guidelines call for individualized follow-up - while the actual product landscape still treats delivery as a single event type.

MARKET AND MONEY

Business fit and offer ladder.

Revenue potential

$250K-$2M ARR potential if the wedge proves budget urgency and becomes a recurring workflow.

Execution difficulty

Execution is low; the main constraint is staying narrow enough for a first proof loop.

Go-to-market

Start with manual concierge output, direct outreach, and community proof before paid acquisition.

Founder fit

Best for an AI-assisted solo founder who can interview the buyer and ship a focused first version quickly.

1. Lead magnet

Postpartum Recovery Guide Matched To Delivery Type checklist

Free

Helps New mother whose recovery doesn't match the generic pamphlet audit the painful workflow before buying software.

Capture qualified leads and learn the buyer's exact language.

2. Frontend offer

Concierge review or paid template

$19-$99

Delivers the first useful output manually before automation is trusted.

Validate urgency, workflow fit, and willingness to pay.

3. Core offer

Postpartum recovery guide matched to delivery type focused SaaS

$49-$499/month

Turns the recurring manual workflow into a repeatable product loop.

Create the recurring revenue product after the narrow wedge survives tests.

4. Continuity

Monitoring, benchmarks, and monthly reporting

$99-$1,000/year add-on

Keeps the buyer engaged with ongoing proof, saved time, or reduced risk.

Increase retention and make the product part of a routine.

5. Backend offer

Done-with-you setup, agency, or team rollout

Custom

Adds implementation help, integrations, and workflow migration.

Capture higher-value accounts once the productized wedge is proven.

ECONOMICS

Price-anchored revenue scenarios.

Derived from this report's "Core offer" offer-ladder stage ($49-$499/month). These are price-anchored scenarios, not market-size claims.

Proof

$490-$4,990 MRR

10 CUSTOMERS

Ten paying customers proves willingness to pay and funds continued validation.

Wedge

$2,450-$24,950 MRR

50 CUSTOMERS

Fifty customers in one niche makes the workflow the default in that circle and feeds referrals.

Vertical leader

$12,250-$124,750 MRR

250 CUSTOMERS

A few hundred accounts in one vertical is a real business before any horizontal expansion.

Break-even

At $49-$499/month, 1 customers cover the stated Local-first MVP budget: $0-$10K before paid acquisition. budget within a month; fewer if they land at the top of the range.

Sizing the buyer universe

Size the buyer universe in one day: count new mother whose recovery doesn't match the generic pamphlet reachable through the report's channels (directories, associations, communities) until the list stops growing — the test only needs the first 100 names, not a TAM estimate.

Pricing benchmark

No public look-alike products were recorded in this report, so price against the manual workaround's time cost, not against software.

REFLEXIVITY

Mixed reflexivity — execution over secrecy.

Does publishing this opportunity strengthen it or crowd it? low confidence.

Publish or protect

No dominant reflexivity signal. Publish the analysis, but note that execution speed and distribution matter more than secrecy here; revisit if the space shows saturation.

Signals

No dominant network or scarcity marker — a mixed case where execution speed and distribution matter more than secrecy.

EVIDENCE

Why now and proof signals.

Why now

4/10

Demand visibility

Recovery timelines and complication risks differ substantially by delivery mode and intervention, documented across obstetric literature.

Build only if the complaint repeats across interviews, posts, or existing workflow artifacts. acog.org

8/10

Tooling readiness

AI-assisted product work and managed infrastructure reduce the first-version cost.

The first release should automate one high-friction step rather than become a broad platform. en.wikipedia.org

3/10

Budget clarity

Consumer subscription plus hospital-discharge licensing as a patient-education tool.

Ask for money during validation before building the full workflow. acog.org

6/10

Competitive window

The wedge is specific enough to test without claiming the whole market.

Position around one buyer and one measurable first-win outcome. acog.org

Proof signals

4/10

Pain: Repeated workflow friction

Recovery timelines and complication risks differ substantially by delivery mode and intervention, documented across obstetric literature. acog.org

3/10

Money: Budget hypothesis

New mother whose recovery doesn't match the generic pamphlet is the first group to test because the monetization path is: Consumer subscription plus hospital-discharge licensing as a patient-education tool. acog.org

5/10

Urgency: Switching pressure

Urgency becomes real only if the current workaround costs time, risk, money, or reputation every week. en.wikipedia.org

7/10

Distribution: Reachable buyer language

The first channel should be whichever source lane already contains the buyer's vocabulary. acog.org

POSITIONING

Market gaps and execution plan.

Underserved segments

- New mother whose recovery doesn't match the generic pamphlet who still run the workflow in spreadsheets, generic docs, email, or chat threads.
- Small teams in Maternal health apps that feel the pain weekly but are too narrow for broad incumbents.
- New adopters who need guided proof before committing to a larger platform.

Feature gaps

- A narrow workflow that reaches value without configuration-heavy onboarding.
- A buyer-facing proof artifact that shows time saved, risk reduced, or communication improved.
- A handoff path from manual concierge service to repeatable software.

Differentiation levers

- Use specificity as the wedge: one buyer, one workflow, one measurable result.
- Show proof earlier than broad competitors with before-and-after examples and small pilot data.
- Keep implementation lighter than incumbent suites or generic AI assistants.

Execution snapshot

Type	**Consumer app product**
Timeline	**2-4 weeks**
Budget	**Local-first MVP budget: $0-$10K before paid acquisition.**
Initial offer	**Concierge review or paid template**

Build only the first-win workflow for "Postpartum recovery guide matched to delivery type" and keep research, setup, and exceptions manual until the wedge is proven.

Weekly

Community pain posts

Use communities and forums where New mother whose recovery doesn't match the generic pamphlet already describe the painful workflow.

Problem teardown, interview ask, and short demo clip / 5 qualified calls or 10 detailed replies in 7 days

Daily during validation

Direct outreach

Direct conversations are the fastest way to verify budget ownership and switching cost.

Concierge pilot offer with a manually prepared sample / 3 paid pilots, LOIs, or budget-owner follow-ups

Bi-weekly

Searchable comparison content

Alternative and comparison pages reveal objections, pricing language, and buying intent.

Before-and-after page or alternatives memo for the exact workflow / Organic clicks, booked demos, or waitlist joins from comparison intent

Once MVP is clickable

Launch directory

Launches test whether the promise is legible to people outside the first interview set.

Single-purpose demo and first-win story / 25% demo completion or 10 waitlist joins

COMPETITIVE LANDSCAPE

Alternatives, incumbents, and whitespace.

This section names likely workarounds and public players so the report can argue where the wedge is still open.

Postpartum recovery guide matched to delivery type should be positioned against generic AI assistants, no-code workarounds, and any vertical incumbent that already owns Maternal health apps. The opening is a narrower first-win workflow for one buyer: New mother whose recovery doesn't match the generic pamphlet.

WORKAROUND

Airtable

No-code database

Competes when the first version can be modeled as a lightweight database and workflow view.

WORKAROUND

Notion

Workspace and documentation

Competes when buyers can solve the pain with templates, checklists, and shared pages.

WORKAROUND

Asana

Project management

Competes where the buyer can express the workflow as tasks, owners, and due dates.

ADJACENT

ChatGPT

Generic AI assistant

Competes when the buyer believes a general assistant plus prompts is enough.

ADJACENT

Claude

Generic AI assistant

Competes for document-heavy review, writing, analysis, and coding workflows.

Whitespace

- A narrow workflow that reaches value without configuration-heavy onboarding.
- A buyer-facing proof artifact that shows time saved, risk reduced, or communication improved.
- A handoff path from manual concierge service to repeatable software.
- Use specificity as the wedge: one buyer, one workflow, one measurable result.
- Show proof earlier than broad competitors with before-and-after examples and small pilot data.
- Keep implementation lighter than incumbent suites or generic AI assistants.
- Own the specific buyer workflow instead of selling a broad AI assistant.

Positioning moves

- Lead with the exact buyer: New mother whose recovery doesn't match the generic pamphlet.
- Show a proof artifact for: Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.
- Name the generic-assistant workaround directly and explain what it misses.
- Offer concierge setup before promising a full platform.

Public source

Airtable

https://www.airtable.com/

Public source

Notion

https://www.notion.com/

Public source

Asana

https://asana.com/

Public source

OpenAI

https://openai.com/chatgpt/

Public source

Anthropic

https://www.anthropic.com/claude

Public source

Report source

https://www.acog.org/

Public source

Report source

https://en.wikipedia.org/wiki/Caesarean_section

AUDIENCE COMPANION

Segments, channels, and intent language.

The companion is also published as a standalone HTML page and Markdown file for research handoff.

Primary audience

New mother whose recovery doesn't match the generic pamphlet is the first audience because the report already names a repeated pain, reachable channels, and a validation test that can be run before software is complete.

POSTPARTUM WORKFLOW | RECOVERY VALIDATION | POSTPARTUM AI | RECOVERY AUTOMATION | POSTPARTUM | MATERNAL | MATERNAL HEALTH APPS

First validation channels

- **Reddit / forums:** Post a problem teardown for Maternal health apps and ask how people solve it today.
- **Launch communities:** Ship a narrow demo and watch which promise gets clicks.
- **Review and alternative pages:** Write an alternatives page that owns one narrow use case.
- **Community pain posts:** Problem teardown, interview ask, and short demo clip

TIME TO EXECUTE

Execution-readiness scorecard.

The score turns the report into bottlenecks, accelerators, and a dated first-month launch plan.

75/100

Needs focused validation

Postpartum recovery guide matched to delivery type scores 75/100 for execution readiness. The recommended next step is Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage.

Execution scorecard is generated from report validation, confidence, feasibility, founder fit, and difficulty.

Bottlenecks

- Overlaps the already-published Firstweeks idea; differentiation must stay on delivery-type specificity.
- Clinical content maintenance requires OB review cadence.
- A broad AI assistant can flatten differentiation unless the wedge is painfully specific.
- The first release can become a generic dashboard if the job is not named tightly.
- Needs real buyer access, not only desk research.

First milestones

- 2026-10-01: Frame the wedge
- 2026-10-04: Interview 10 people who match the buyer persona.
- 2026-10-08: Ship a clickable demo or concierge workflow that produces the first useful artifact.
- 2026-10-15: Run one paid pilot or collect explicit pricing objections before automating the rest.

FRAMEWORKS

Value equation, matrix, and ACP.

FOUNDER LENS

Fit, roast, and kill criteria.

10/10

Founder fit

A solo or AI-assisted founder with direct access to New mother whose recovery doesn't match the generic pamphlet.

ADVANTAGES

- Can talk to the buyer before writing much code.
- Can ship a narrow first-win demo quickly.
- Can use local-first research artifacts to keep validation moving without a large team.

GAPS

- Needs real buyer access, not only desk research.
- Needs proof of budget or repeated urgency.
- Needs a crisp wedge before broad product work starts.

Roast

Interesting hypothesis, but it needs sharper demand evidence before build time.

BLIND SPOTS

- Overlaps the already-published Firstweeks idea; differentiation must stay on delivery-type specificity.
- A broad AI assistant can flatten differentiation unless the wedge is painfully specific.
- The first release can become a generic dashboard if the job is not named tightly.

HARD QUESTIONS

- Who wakes up already trying to solve this?
- What do they stop paying for or stop doing when this works?
- What proof would make a skeptical buyer trust it in one screen?
- What is the smallest paid version of this idea?

Kill criteria

- Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.
- No buyer can name a current cost in time, money, risk, or reputation.
- The first demo does not produce a clear next step, paid pilot, or specific objection.

Next actions

- Write the one-sentence promise and test it in the strongest channel.
- Create the lead magnet and use it to recruit interviews.
- Build the smallest demo that proves the first win.

ACTION SUITE

Move from reading to testing.

Local-first handoff cards copy prompts or structured data without requiring an account.

BUILD THIS IDEA

Copy the focused build brief for a coding agent.

COPY

ROAST

Copy the critique lens and blind spots before committing time.

COPY

LANDING PAGE

Copy a landing-page brief based on buyer, pain, and validation.

COPY

BRAND PACKAGE

Copy positioning inputs for naming, messaging, and design direction.

COPY

AD CREATIVES

Copy campaign angles for buyer-problem validation.

COPY

EXPORT DATA

Copy structured JSON for a research engine, roadmap tracker, or another agent.

COPY

FOUNDER FIT

Copy the founder-fit self-check before entering build mode.

COPY

FIRST CONTACT KIT

Outreach template and interview script.

Built from this report's buyer, pain language, and channels. Personalize one detail per message — these are starting points, not spam ammunition.

Cold outreach message

QUESTION ABOUT POSTPARTUM WORKFLOW

HOW ARE YOU HANDLING RECOVERY FROM AN UNPLANNED C-SECTION, A FOURTH-DEGREE TEAR,...

15 MINUTES ON A MATERNAL HEALTH APPS WORKFLOW?

```
Hi {{firstName}},

I'm researching how new mother whose recovery doesn't match the generic pamphlet
handle this today: Recovery from an unplanned C-section, a fourth-degree tear, or a
hemorrhage differs radically, yet discharge guidance is one-size-fits-all...

I'm not selling anything yet — I'm testing whether "Postpartum recovery guide
matched to delivery type" is worth building, and I'd rather learn from people
living the workflow than guess.

Would you trade 15 minutes for first access (and a say in what gets built) if it
goes ahead?

{{yourName}}
```

COPY MESSAGE

Buyer interview script

1. Walk me through the last time this happened: Recovery from an unplanned C-section, a fourth-degree tear, or a hemorrhage differs radically, yet discharge guidance i... What did you actually do?
2. What does that workaround cost you — in hours, money, or risk — in a normal month?
3. What have you already tried or bought to fix it, and why didn't it stick?
4. If "Intake captures delivery details (mode, interventions, complications, feeding); the guide delivers..." existed, what would have to be true for you to switch in the first week?
5. Who else feels this worse than you do — and would you introduce me?

WHERE TO SEND IT

- Community pain posts — Problem teardown, interview ask, and short demo clip
- Direct outreach — Concierge pilot offer with a manually prepared sample
- Searchable comparison content — Before-and-after page or alternatives memo for the exact workflow
- Reddit / forums — Post a problem teardown for Maternal health apps and ask how people solve it today.
- Launch communities — Ship a narrow demo and watch which promise gets clicks.

HANDOFF

Build and review prompts.

Build prompt

Build a narrow MVP for "Postpartum recovery guide matched to delivery type" for New mother whose recovery doesn't match the generic pamphlet. Preserve the evidence, build only the first-win workflow, include source links, and treat Pilot with two hundred new mothers segmented by delivery type and measure engagement through week six plus escalation-checklist usage. as the first acceptance gate.

Review prompt

Review the "Postpartum recovery guide matched to delivery type" MVP for over-breadth, unsupported claims, weak buyer proof, privacy risk, and missing validation instrumentation. Do not approve expansion until the kill criteria and success metrics are measurable.

organization / acog.org

American College of Obstetricians and Gynecologists

Source of postpartum-care guidelines calling for individualized follow-up this guide operationalizes.

encyclopedia / en.wikipedia.org

Caesarean section - Wikipedia

Background on surgical delivery recovery, one of the profiles generic guidance ignores.

PIVOT MAP

If this exact wedge isn’t yours, these are adjacent.

Derived deterministically from this report's buyers, vertical language, and business model.

Same problem, different buyer: Budget owner who feels the operational cost of the broken workflow.

The workflow pain in this report is not exclusive to new mother whose recovery doesn’t match the generic pamphlet. Budget owner who feels the operational cost of the broken workflow. faces the same friction with their own budget and urgency.

First test: Re-run day 3 of the sprint (15 outreach messages) against this buyer only, and compare reply rates before changing anything else.

Same workflow, adjacent vertical: pick the nearest regulated niche

No second vertical matched this report’s language strongly, which usually means the wedge is horizontal. Horizontal wedges win by going vertical first.

First test: Pick the vertical where the pain costs the most per incident and rewrite the promise in its vocabulary.

Same wedge, alternate model: a productized service (fixed-price, done-for-you delivery)

This report monetizes via ”Consumer subscription plus hospital-discharge licensing as a patient-education tool.”. Concierge delivery validates willingness to pay before any software exists and earns the workflow knowledge the product needs.

First test: Offer both versions on day 6 of the sprint and let the first pre-commitment choose the model.

CONNECTIONS

Where this report sits in the intelligence graph.

Links from the ontology layer. Declared links are explicit in the research record; inferred links are keyword overlap and labeled as such. Full graph at /graph.json.

EVIDENCE INDEPENDENCE 89/100

5 source domains, 17 evidence edges. Dominant family: local:data/regulatory-clock.json. Audit all provenance .

Related reports (shared keywords)

- Asset-recovery handoff dashboard for firing an agency — recovery automation, recovery validation

IN THIS VERTICAL

Healthcare & Life Sciences

Ranked 27 of 36 by validation score among published Healthcare & Life Sciences reports.

VALIDATE · 78/100

Consumer health and safety signal monitor: Abdominal fat predicts heart disease risk better than BMI

Consumer health and safety

OPEN REPORT

VALIDATE · 78/100

Consumer health and safety signal monitor: At-home test for infected ticks could improve Lyme Disease diagnosis

Consumer health and safety

OPEN REPORT

VALIDATE · 78/100

Consumer health and safety signal monitor: CRISPR tech selectively shreds cancer cells, including "undruggable" cancers

Consumer health and safety

OPEN REPORT

SHARED TAGS

Daily postpartum check-ins for the first two weeks home

FULL NARRATIVE