If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.
Maternal Health and Occupational Therapy: Exploring Our Role with New Mothers

Sara J. Loesche, MS, OTR/L, CHT
May 31, 2018

Course Objectives

- List common perinatal conditions/symptoms experienced by new mothers and relate occupational therapy’s scope of practice to these maternal health concerns
- Develop a viewpoint of how health promotion and preventions can be an effective treatment approach for new mothers
- Identify both traditional and non-traditional settings where occupational therapy practitioners can interact with new mothers
OCCUPATIONAL THERAPY CAN:

- Address physical, emotional, psychosocial health
- Work as a member of an interprofessional team
- Address role performance and periods of transition

(AOTA, 2014)

New Mothers – A Special Population
Current Maternal Health Models:

- Regular interaction with health care providers during pregnancy
- Vast amount of prenatal education, however may not carry over when actual context presents itself
- Hospital stay 2-3 days with 6 week follow up at obstetrician
- Body returns to pre-pregnancy state 6-8 weeks post delivery
- Contact with health professionals such as MD/nurse, midwife, lactation consultant, pelvic health, exercise/nutrition - focused on physical recovery/health
- Post natal focus shifts to caring for infant – visits to pediatrician, etc.

(Fahey & Shenassa, 2013; Podvey, 2018)

What We Know About Maternal Health

- Maternal health is linked to
  - Maternal functional status
  - Future pregnancy outcomes
  - Maternal chronic disease development
  - Infant health
- Studies indicate that women feel unprepared, uninformed, and unsupported during the postpartum period while dealing with the transition to motherhood
- Increased risk for health problems in first year postpartum

(Walker, Murphey & Nichols, 2015; Fahey & Shenassa, 2013)
Health Risks of Motherhood: Slippery Slope

- Postpartum stress
- Anxiety Fatigue Decreased self care
- Increased risk for physical and mental illness
- Impacts health of entire household

(Fahey & Shenassa, 2013)

---

Motherhood: The Reality

Experience of ROLE STRAIN ROLE CONFLICT

(Whitney & Caretta, 2018)

“Women sometimes describe motherhood as overwhelming, and they need additional support that does not seem to be available.”
(Podvey, 2016, p.10)
What Does the Maternal Role Look Like?

- Expectations based on social norms, culture
- Diverse – single, married, adolescent, etc.
- Influenced by support, socioeconomic status
- Dynamic and complex
- At times relies on trial and error
- Physically & mentally demanding and stressful
- 24 hour a day job
- Responsibility shape the child including attachment

Components of ‘Maternal Functioning’

- Social Support
- Adapt
- High Functioning Mom
- Self Care
- Other roles
- Infant Care
- Infant Attachment

(Barkin & Wisner, 2013)
Will Mom Address Her Own Needs?

Caregiving reduces likelihood that mom will address her own care

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Mental Health</th>
<th>Self Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Depressive sxs</td>
<td>• ADLs</td>
</tr>
<tr>
<td>MSDs</td>
<td>Anxiety &amp; stress</td>
<td>• Nutrition</td>
</tr>
<tr>
<td>Poor posture</td>
<td>Fatigue</td>
<td>• Leisure</td>
</tr>
<tr>
<td>Pelvic floor dysfunction</td>
<td>Body image</td>
<td>• Socialization</td>
</tr>
</tbody>
</table>

(Leahy-Warren, McCarthy & Corcoran, 2011; Fahey & Shenassa, 2015)

There is a GAP in MATERNAL HEALTH CARE

- Mothers need and are asking for more information postnatally
  - Physical health and emotional/mental health
- Current care providers are not providing sufficient or any of this information or information was more centered on the care of the new baby
- If fewer resources are available to mom – fewer opportunities to get education and support
- **American College of Obstetricians and Gynecologists recommendation of ‘fourth trimester’ care for mothers and newborns – revising current guidelines to be published May 2018**

(Walker, Murphey & Nichols, 2015; Ortiz, 2018)
### Perinatal Maternal Health Promotion Model

- Healthy postpartum period depends on
  - Physical recovery
  - Maternal role attainment
  - Care of self, infant & family

<table>
<thead>
<tr>
<th>Social Support</th>
<th>Self-efficacy</th>
<th>Positive Coping</th>
<th>Realistic Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will mom get support</td>
<td>Mom needs to feel capable</td>
<td>Identify coping skills</td>
<td>Normalize feelings</td>
</tr>
<tr>
<td>Types of support</td>
<td>Permission to fail</td>
<td>Stress and anger management</td>
<td>Education</td>
</tr>
<tr>
<td>Communicate needs</td>
<td>Troubleshoot anticipated difficulties</td>
<td>Step away techniques</td>
<td>Infant temperament variations</td>
</tr>
</tbody>
</table>

(Fahey & Shenassa, 2015)

### Importance of Social Support for Mothers

- Social support improves health and well being of mothers in the post partum period
- Positively affects parental self efficacy
- Reduces symptoms of postnatal depression
- Anticipate and plan for this need in continuum of care and in health care policy
- Diversity of this role changes support structure

(Leahy-Warren, McCarthy & Corcoran, 2011)
Importance of Maternal Self Care

- Mothers have contradictory viewpoints on topic
  - Self care is important
  - Selflessness is a key quality of being a mother
- Important to mothers, yet barriers to participation
  - Lack of time
  - Limited resources
  - Difficulty accepting help
- Self care is very ‘client-centered’ – different for everyone
  - Find effective, feasible strategies

(Barkin & Wisner, 2013)

Importance of Addressing MSD Risk

- Childcare is physically demanding
  - Lifting, carrying, bend, squat with baby (plus equipment); awkward postures (feeding/bathing/changing); limited spaces (crib, tub, car seat)
- Over 60% of caregivers (mostly mothers) reported musculoskeletal pain in 2 different studies related to child care-related tasks
  - Low back; neck; upper back/shoulder; knee; hip; wrist; finger/thumb
- Contributing factors
  - Baby’s weight; mom’s strength and fitness; space constraints; equipment used
- Education on posture, grip, positioning, equipment to reduce risk

(Sanders & Morse, 2005; Vincent & Hocking, 2013)
Will that one follow up visit at 6 weeks be able to cover all of this?

Occupational Therapy Practitioners & Maternal Health

- Women as asking for more support and information in the perinatal time period
- Holistic perspective is needed
- Health promotion model and/or prevention model
  - Serving the ‘well’ mom & baby population
- Occupational therapy can fill this need
- Various methods for delivering the information
  - Face-to-face, virtually, print education

(Slootjes, McKinstry & Kenny, 2016)
OT Practitioners: Part of the Team

Familiar with being part of a care team and comfortable working together with caregivers

- Mother
- Father
- Siblings
- Grandparents
- Others caregivers
- OB/GYN
- Pediatrician
- Nursing
- Midwife, doula
- Lactation consultant

Occupational Therapy To Bridge the Gap

- Administer postpartum assessment to identify need areas
- Address physical, emotional & psychosocial changes postnatally
- Look at mom as an occupational being
- Discuss role and responsibilities of motherhood
- Educate on importance of social support and explore options
Occupational Therapy To Bridge the Gap

- Look for avenues to help mom engage in self care
- Exercise and nutrition to support mom’s well being
- Manage fatigue – look at energy conservation
- Biomechanical risk factors & posture training leading to MSDs
- Mindfulness approach
- Recommendations: Baby equipment, toys, etc.

Perinatal Maternal Health Promotion Model

Social Support

Self Efficacy

Positive Coping

Realistic Expectation

- PHYSICAL RECOVERY
- MATERNAL ROLE ATTAINMENT
- CARE OF SELF, INFANT, FAMILY

(Fahey & Shenassa, 2015)
Traditional OT Settings

- **Mom as injured worker** (Whitney & Carella, 2018)
  - Overlap of worker role and mother role
  - Considering both roles when forming goals to optimize success
- **Mom referred for MSD in outpatient setting** (Schroeder, 2013)
  - DeQuervian tenosynovitis
  - Utilize ergonomic education vs biomechanical intervention
- **Hospital-based bed rest** (Slootjes, McKinstry, Kenny, 2015)
  - Provide meaningful occupations, education, stress management, relaxation techniques, preparation to return home
- **Early intervention**
  - Establish healthy routines between mom and baby
  - Reduce biomechanical risk factors with equipment, etc.

What if we could?

- Screen in hospital before discharge?
- Screen at scheduled well baby or postpartum visits
- Receive referral for home visit
- Drop-in clinic for mom & baby
- Create videos, eHealth resources, print materials specific to population
- Telehealth – hold virtual Q&A sessions
Look for Opportunities to Educate

- Explore your community's resources …

- International MOMS Club
  - MOMS Offering Moms Support
  - https://momsclub.org/

- La Leche League
  - https://www.lli.org/

- Babywearing International
  - https://babywearinginternational.org/

Look to Develop New Skills

- Babywearing International
- Fitness Specialist/Certification - pre/postnatal
- Lactation Consultant
- Certified Birth Doula
- Pelvic Health & Pelvic Floor Disorders
- 2020 Mom (www.2020mom.org)
  - Blue Dot Project
- AOTA CoP in Women's Health (www.aota.org)
Case Examples:

**Supporting new mothers**

- Traditional Outpatient
- Nontraditional Community
- Virtual Environments

with occupational therapy

**OCCUPATIONAL THERAPY IN MATERNAL HEALTH CAN:**

- Address physical, emotional, psychosocial health
- Work as a member of an interprofessional team
- Address role performance and periods of transition

**FILL THE GAP**

(AOTA, 2014)
References


Questions?

- Email: saraloesche@gmail.com