Occupational Therapy’s Role in the Physical and Psychological Rehabilitation of Mothers in the Perinatal Period

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INTRODUCTION

Background
Various physical, mental, and emotional hardships often parallel the triumphs of the perinatal period for mothers. Musculoskeletal dysfunctions, poor sleep, and general exhaustion are common (Buurman & Lagro-Janssen, 2013; Fernandes, 2018; Sjoojies, McKinstry, & Kenny, 2016). Additionally, while apprehension regarding new roles is typical, some mothers experience an uncontrollable amount of mental distress that affects their participation in daily activities (Barba-Müller, Craddock, Carmona, & Hoekzema, 2018). Occupational performance deficits may be evident within the childcare, personal hygiene, toileting and toilet hygiene, sexual activity, sleep, meal preparation, work performance, social participation, financial management, and home management occupations (Sjoojies et al., 2016).

Objective
The purpose of the capstone experience was to determine the role of occupational therapy (OT) in the physical and psychological rehabilitation of mothers in the perinatal period. Secondly, validation of the effectiveness of MOHO as a guiding framework for OTs serving pregnant and postpartum women was investigated.

THEORETICAL FRAMEWORK

The Model of Human Occupation (MOHO) was proposed by Gary Kielhofner to focus the profession on a paradigm of human occupation. Using MOHO, OT practitioners can assist mothers in establishing healthier habits to mold into their routines (Kielhofner, 2008).

OUTCOMES

Business Management & Marketing
Activities included developing marketing content, patient interaction, and collaboration with experts in the field. Business concepts were introduced, and the MOHO was viewed in a new way to aid understanding of patient activation.

Clinical Practice
Enhanced understanding of the contextual factors affecting mothers in the perinatal period was accomplished through immersion in OT in a pelvic rehabilitation clinic. The intricacies of volition, habituation, and performance became less theoretical, such that a conceptualized idea of barriers and successes of this population was identified.

Research
Limited data supports hypothesis regarding inadequate postpartum care in the Southwest. No data saturation or clinical significance achieved.

IMPLICATIONS

OT Practice and Education
It is the duty of the profession of OT to advocate for consultation between OTs and women in the perinatal period. An enhanced awareness by constituents of the profession regarding the gap in services for pregnant and postpartum women and the role of OT in fulfilling this gap is necessary. This process begins within OT training programs. While the broad scope of the profession poses barriers to implementing highly specific education related to pregnancy and childbirth, measures can be taken to increase awareness of OT’s role in preventing and treating such conditions.

Research
• More information on the direction for OT education related to perinatal care
• Further research on the effectiveness of integrated physical and psychological rehabilitation of perinatal women by OTs
• Additional collaboration regarding theoretical frameworks used by OTs in the specialty area of perinatal health
• OTs interested in maternal care will need guidance in identifying appropriate methods for increasing OT referrals
• Continued advocacy for the role of OT in in primary care

Conclusion
The capstone experience has set a precedent for the significance of theory in OT practice for women in the perinatal period. The MOHO has been utilized for careful consideration of the dynamic interplay amongst psychosocial contexts affecting mothers. By broadening the view of a problem or dysfunction to include the person, his or her occupational performance deficits, and the role of the environmental context, occupational therapy brings to light its originality – the fusion of science and creativity for optimal engagement in daily life.

REFERENCES


Mothers’ motivation, habits, routines, and occupational performance are impacted by input from the environment. OT practitioners use client-centered care, task adaptation, and environmental modification to enhance performance capacity (Kielhofner, 2008). Positive outcomes serve as reinforcement for the branding of new habits into an ongoing routine. Occupational therapy practitioners focus on ensuring the mother is functioning at the optimal level in all her endeavors, allowing not only healing of the pelvic floor but also an overall improved quality of life.

Cognitive behavioral, attachment theory, and biomechanical frames of reference are additionally used with this population frequently.