

Mamaste: Exploring the Role of Occupational Therapy in Maternal Health with an Occupation-Based Yoga Program

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PURPOSE & BACKGROUND

- Maternal morbidity has increased by 75% in the U.S. within the last decade (Firoz et al., 2013; Human Resources & Services Administration, 2019; Minnesota Department of Health, 2019)
- Up to 20% of perinatal women experience perinatal mood and anxiety disorders (PMADs) which can harm daily function and increase risk of pregnancy complications (Gill et al., 2018; Noll, 2005; Rayburn et al., 2005; Vismara, 2017)
- The purpose of this capstone experience was to gain advanced practice experience in perinatal health at a psychotherapy clinic. The desired outcomes of the project included (1) gain and demonstrate knowledge of occupational therapy's role in women's health by successfully observing and implementing interventions with perinatal clients, (2) successfully create and implement an occupation-based yoga program for pregnant women, and (3) collaborate with interprofessional clinicians to provide services to perinatal women and pediatric clients.

RESULTS

Needs Assessment

52 pregnant or previously pregnant women participated in the needs assessment questionnaire

Difficult tasks during pregnancy: Household management, childcare, & self-care

Tasks women wish they had more support with during pregnancy: Managing fatigue, household management, & preventing/reducing pain

Did you experience any pain during your pregnancy? 81% responded yes

Most common location of pain: Lower back, pelvic floor, & upper back

Program Outcomes

Results of Group Participant Pre- and Post-evaluations

Participant	Pre-evaluation		Post-evaluation	
	Knowledge Percent Correct	Attitudes & Beliefs Score	Knowledge Percent Correct	Attitudes & Beliefs Score
1	73%	69	73%	84
2	55%	70	55%	70

Results of Individual Client Canadian Occupational Performance Measure

Client	Initial Performance Average (1)	Initial Satisfaction Average (1)	Discharge Performance Average (2)	Discharge Satisfaction Average (2)
1	4	3	6.5	6
2	3.5	1.57	5.75	5.75

IMPLICATIONS FOR OT

CMOP-E: The CMOP-E was an appropriate model to guide occupational therapy practice with perinatal women because it allowed for client-driven and holistic treatment to address occupational performance.

Perinatal Maternal Mental Health Promotion Model: This model was appropriate for guiding practice as the four key skills of this model in some way impact occupational participation.

Transtheoretical Model of Change: Reflecting on theory I would have also included the transtheoretical model of change because many of the health behaviors addressed with perinatal women involve this essential process for modifying habits and routines.

Implications for occupational therapy

- The CMOP-E can be utilized in evaluation, treatment, and discharge planning for perinatal women.
- More education is needed regarding perinatal conditions and treatment options, so clinicians have the appropriate skills and knowledge to address these concerns.
- More research is needed to explore occupational therapy's role in perinatal health as there is limited research in this area. Further research is also necessary to explore the use of yoga as a complementary and alternative medicine utilized during occupational therapy sessions with perinatal women.

THEORETICAL FOUNDATION

The **Canadian Model of Occupational Performance and Engagement (CMOP-E)** was used in individual sessions to guide client evaluations, treatment interventions, and discharge planning. It was also utilized to guide creation of the program. It offers a holistic, client-centered, and client-driven lens for treatment planning and program involvement. It also places an emphasis on human spirituality and self-care occupations which is relevant for addressing perinatal health (Polatajko, Townsend, & Craik, 2007).

The **Perinatal Maternal Mental Health Promotion Model** identifies four key health-promoting skills of perinatal women which include: (1) effective mobilization of social support, (2) self-efficacy, (3) positive coping strategies, and (4) realistic expectations. These skills were incorporated group and individual treatment sessions. All skills relate to occupational participation and address person factors that impact performance and engagement in occupations (Fahey & Shenassa, 2013).

METHODS

Program Development

- Completion of a 200-hour yoga instructor certification course to incorporate yoga into the program.
- A needs assessment was created to determine the areas of need of the perinatal population in Minnesota. It consisted of a questionnaire regarding occupational performance during pregnancy, interviews, and client observations.
- Handouts and yoga sequences were created prior to implementing the program.

Advanced Clinical Practice

- Continuing education courses on perinatal conditions.
- Collaboration with interprofessional clinicians including psychotherapists and chiropractors.
- Co-facilitation of a psychotherapy DBT-based postpartum skills and support group.
- Individual perinatal client occupational therapy sessions.
- Implementation of a playgroup and pediatric client interventions.

CASE STUDY

Client 1

- A 29-year-old pregnant woman came to occupational therapy with complaints of low back pain and fatigue.
- During the initial evaluation, the COPM, PROMIS-43, and informal interview were utilized to obtain an occupational profile. It was determined that the client's pain and fatigue were impacting her occupational performance and engagement.
- Treatment interventions consisted of yoga, which included stretches and deep breathing, energy management strategies, pelvic floor education, home management strategies, and rest routines.
- At discharge, the client reported improvements in fatigue and felt better able to resolve her back pain. Her PROMIS-43 scores demonstrated improvement in fatigue, her ability to participate in social roles, and pain interference. Her occupational performance and satisfaction improved as indicated by score improvement on the COPM (Figure 2).

CONCLUSION

Occupational therapy has an essential role in addressing perinatal women's occupational performance and engagement.

REFERENCES



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