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Occupational therapists can help perinatal women in 5 main areas to support role transition

1. Maternal role competency
2. Physical health
3. Self care
4. Social support
5. Infant care

Podcasts



Additional Resources



THEMES:

Role Transition - Expectations v. Reality:
Physical Health:
Emotional/Psychological Health:
Support systems:
Advocacy & Insights:

DESCRIPTION:

Media, lack of preparation, missing support from health professionals
Breast feeding, pelvic floor health, changes in sleep
Emotions (guilt, anxiety, isolation, lonely)
Doula, friends, family, neighbor, spouse, health care professionals
Trusting instincts

CONCLUSION: Occupational therapy could be an asset to the perinatal health care team by providing individualized adaptations and modifications to new mothers' routines that support their physical and mental health. OTs can provide education on time management and energy conservation strategies if mothers experience pain or fatigue. Prepared postpartum kits can also be the role of an OT in perinatal health. Additionally, mothers should be educated by other members of the medical team to seek a therapy referral to OT for pelvic health or other orthopedic concerns during and after pregnancy to remediate physical health problems and enable occupational participation.

WHAT MOTHERS SAID:

Maternal Role Competency:

"Motherhood becomes all encompassing and everything was about him all the time...you lose yourself and you lose the things that you like to do. And so I think, did my role change, I would say it's stayed the same as before, but I just had additional things that I had to, to now take care of or do. I'm still a mom, but I'm still a person. And I still have things that I enjoy and I need to do." - Mother 1

Physical Health:

One mom wished that "people would've had more real conversations about finding my way back to my body...I didn't have to really struggle with losing my pregnancy weight and all that. I was tiny all pregnancy, but my body doesn't feel the same anymore. And so to everyone else, it looks awesome and great, but it doesn't feel like it belongs to me. And I wish somebody would have prepared me for that." - Mother 2

Self-Care:

"I've been really trying to tell my husband, I need time just for myself. When I was pregnant, I took a mommy moon. Normally you take like a baby moon, but I was like, I don't want you to come so you stay here. I just need a mommy moon. So I went to a hotel, just stayed by myself for three days. I just need this to take a break and to focus. And I've been trying to do that in my role with this, with the new baby is to say, okay, I'm still a mom, but I'm still a person. And I still have things that I enjoy and I need to do. So even though I'm taking on different responsibilities, it's really about me not losing that connection with the things that I still enjoy" - Mother 3

Social Support:

"I joined a Facebook group for first time mommies which is a huge group but I just had no other real ideas on how to gain support as far as like venting or reading what you're experiencing at this month and this month" - Mother 4

Infant Care:

"My daughter is four now and she's totally fine, but she was delayed. She had low muscle tone in her abdomen.. She was not talking. She just rolled around on the ground. There was no crawling, there was no nothing. And I just was so angry that nobody-not even the pediatrician... nobody would hear me. -Mother 5

BACKGROUND: The purpose of this research is to explore maternal role transition and competency to better identify opportunities for occupational therapists to support mothers during the transition into motherhood. An in-depth analysis of the literature revealed a lack of research on how occupational therapists can address maternal role transition and competency. This study aims to contribute knowledge to further the occupational therapy profession's scope.

RESEARCH QUESTION: "How does group support influence/enhance a mother's role competency?"

METHODOLOGY: A qualitative research study was conducted utilizing a convenience sample of thirteen mothers. Inclusion criteria: women who had given birth within the past three years. Research consisted of three 1-hr focus groups over Zoom. Focus groups' conversations were transcribed verbatim; five major themes were identified. Based on the research and identified themes, educational podcasts and supplemental resources were created for perinatal mothers to address their areas of concern.

GUIDING MODEL: The Model of Human Occupation (MOHO) emphasizes self-efficacy, the establishment of routines, and the interplay between a person and their environment (Kielhofner, 1998), which would be beneficial for occupational therapists (OTs) practicing in the perinatal setting. OTs can use the MOHO model to help mothers understand the impact of self-efficacy and motivation on completing maternal occupations (Graham, 2020). Additionally, MOHO describes the importance of occupational adaptation as a means of producing positive outcomes for individuals. Through the use of the MOHO model, OTs can assist mothers in role transition, developing competence and confidence in child-rearing, and coping with stresses associated with caring for an infant.