You Can't Treat the Infant Without the Mother



Aubrey Aloi, Brooke Miller,
Kelly Gelske, & Rachel Williams

Introductions



Kelly Gelske
OTD, OTR/L



Aubrey Aloi
OTD, OTR/L



Brooke Miller
OTD, OTR/L



Rachel Williams
OTD, OTR/L

Workshop Overview

- **Welcome & Introducton**
- **Part 1: Setting the Foundation**
  - Perinatal Continuum
  - Why OT?
  - Maternal Physical & Mental Health
  - Models of Practice
- **Part 2: Tools for Practice**
  - Current Gaps
  - Screening & Clinical Decision Making
  - OT Intervention
  - Referral Pathways
- **Part 3: Case Study Workshop**
  - Case Study Samples
  - Tools for Practice
- **Wrap Up**
  - Reflection
  - Resources
  - Question & Answer

TABLE INTRODUCTIONS

Get to Know Your Colleagues
(Name, Practice Setting, Location, etc.)

Live Poll



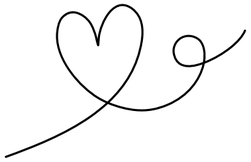
Questions

1. What practice setting do you currently work in?
2. How comfortable are you addressing perinatal physical and mental health?
3. What are your biggest barriers in perinatal care?

Objectives



Explain the relationship between **maternal mental health** and **infant occupational performance**, and how addressing caregiver needs can transform challenges into opportunities for feeding, sleep, regulation, and caregiver–infant bonding.

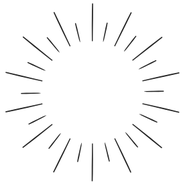


Describe the influence of common **physical health concerns** during the **perinatal period** such as pain, pelvic floor dysfunction, and musculoskeletal concerns on **caregiver occupational performance, participation, and well-being.**



Identify current gaps in occupational therapy practice related to **maternal mental health**, and **discuss opportunities** to **adapt services** through improved provider preparedness, workflow integration, and access to resources.

Objectives Continued



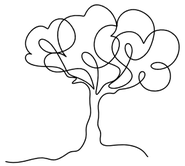
Apply structured, occupation-based perinatal care models that advance holistic practice and integrate maternal health across the prenatal and postpartum continuum.



Demonstrate how **universal screening tools** such as the Edinburgh Postnatal Depression Scale can **amplify early identification and intervention** within OT practice.



Apply caregiver coaching strategies and **therapeutic use of self** to support **maternal well-being** within routine OT sessions.



Develop practical approaches to integrate **maternal mental health supports** into **existing clinical workflows**, including documentation, referrals, and interdisciplinary collaboration

How This Project Emerged

- Define Capstone
- Student identifies, designs, and implements
- Promotes therapeutic use of occupation
- Feeling of excitement- essential component
- Encourages leadership and contribution to the profession
- Goal: become an autonomous professional capable of conducting major projects

(Accreditation Council for Occupational Therapy Education, 2023; Nolinske, T, 1995)

Development Through Mentorship

- Mentor
  - “Competent, experienced person who provides individualized assistance to a less experienced person with the goal of encouraging them to emerge ultamitely as an independent professional”
- Site Mentor
  - Provides access to the site
  - Shares knowledge & guidance practical concepts
- Faculty Mentor
  - Assists student to apply knowledge and problem-solve
  - Facilitates clinical reasoning, listens, share experiences/mistakes

(Accreditation Council for Occupational Therapy Education, 2023; Nolinske, T, 1995)

Capstone at UToledo

- 3 components
  - Practicum
  - Mentored Studies
  - Dissemination
- Integrated to support the individualized experience

(Accreditation Council for Occupational Therapy Education, 2023; Nolinske, T, 1995)

Background

Capstone Projects



Before & Beyond Birth:

An Occupational Therapy Approach to Empowered Perinatal Parenting

- Standardized educational protocol spanning the prenatal and postpartum periods
- **5 Modules:**
  - Pelvic Floor Preparation & Rehabilitation
  - Maternal Health & Well-Being
  - Ergonomic and Environmental Adaptations
  - Infant Care and Development
  - Infant Feeding



Helping Minds, Helping Moms

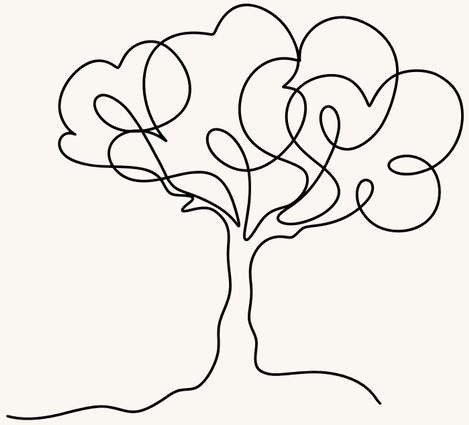
A Program Modification Plan

- Needs Assessment: Identified gaps in maternal mental health support and referral pathways
- Staff Education: Increased awareness and confidence in recognizing and responding to maternal mental health concerns
- Caregiver Support Group: Promoted connection, education, and access to resources
- Family-Centered Care: Integrated caregiver well-being into the pediatric therapy setting



Part 1

Setting the Foundation

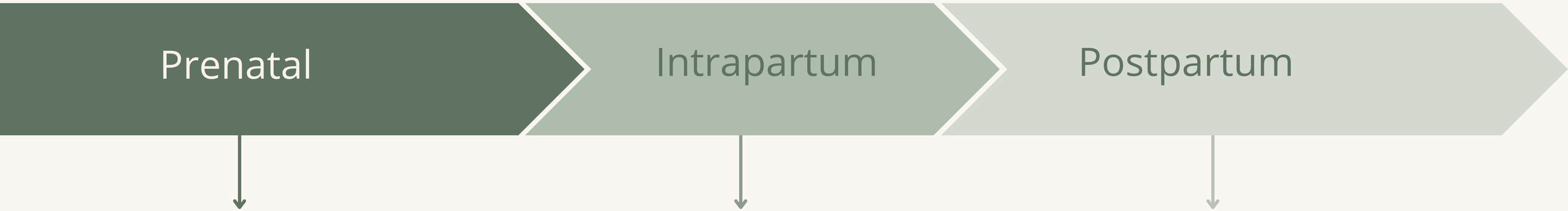


Topics Covered

- Overview of Perinatal Continuum
- Why Maternal Health Matters
- Role of OT in Perinatal Continuum
- Mental Health & Physical Health
- Occupational Impact



Perinatal Continuum



Conception to Onset of Labor
40 Weeks | 3 Trimesters

Onset of Labor to Delivery

Following childbirth until birthing parent's body returns to pre-pregnancy state

(Cleveland Clinic-a, n.d.; Cleveland Clinic-b, n.d.; Cleveland Clinic-c, n.d.; ACOG, n.d.)

Perinatal Period

Maternal Health Matters

- Significant physical, emotional, and occupational changes
- Maternal health directly influences:
  - Maternal functioning
  - Caregiver capacity
  - Mother–infant bonding
  - Participation in daily occupations

KEY TAKEAWAY

Supporting the mother supports the infant and family



Why Maternal Health Is Occupational Therapy

Pregnancy & Parenthood = Major Occupational Transition

OT Addresses:

- Roles
- Routines
- Habits
- Self-care
- Sleep
- Parenting
- Relationships
- Meaningful activities
- Environmental demands

(Khan, 2023; Khan, 2024, Tubb, 2021),

Occupational Disruption

Occupation	Potential Impact
Sleep	Disrupted sleep and fatigue
Self-care	Pain, mobility limitations
Work	Reduced tolerance or modified responsibilities
Exercise	Pain, fatigue, pelvic floor concerns
Parenting	New roles and routines
Sexual activity	Pain, fatigue, changes in desire
Social participation	Reduced time/energy
Leisure	Reduced participation

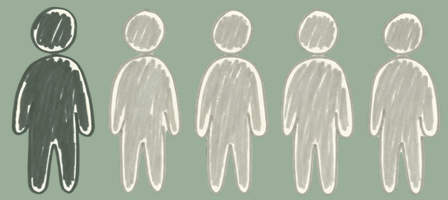
(Backman et al., 2004; Baker et al., 2024; Fernandes, 2018; Halsall et al., 2024; Horne et al., 2005; Khan, 2023; Little et al., 2025; Pollari et al., 2022; Slootjes et al., 2016)

Perinatal Continuum

Mental Health

Perinatal Period

Mental Health



~1 in 5 women experience a perinatal mental health condition

- Depression
- Anxiety
- Mood disorders
- Perinatal Mood and Anxiety Disorders (PMADs)

Symptoms can affect:

- Daily functioning
- Self-efficacy
- Parenting confidence
- Relationships
- Participation in meaningful occupations

(American Association of Medical Colleges [AAMC], n.d.)

Perinatal Period

Mental Health and Occupational Performance

Mental health concerns can affect:

- Maternal functioning
- Caregiver capacity
- Sleep
- Activity participation
- Self-care
- Parenting routines

May impact…

- Development of the mother–infant relationship

May contribute to…

- Decreased confidence and increased maternal stress

(Baker et al., 2024; Fernandes, 2018; Halsall et al., 2024; Khan, 2023)

Perinatal Period

Mental Health and Infant Outcomes

- Maternal mental health can influence:
  - Mother–infant bonding
  - Infant regulation and behavior
  - Cognitive development
  - Psychosocial development
  - Motor development
- Supporting maternal well-being can have benefits for the entire family system



(Baker et al., 2024; Fernandes, 2018; Halsall et al., 2024; Khan, 2023)

Perinatal Period

The Fourth Trimester

What is it?

- Begins immediately after delivery

Major period of…

- Physical recovery
- Psychological adjustment
- Occupational transition

Education & Coaching

- Emotional regulation
- Stress/anxiety management
- Breastfeeding and infant-care routines
- Sleep and fatigue management
- Re-engagement in meaningful occupations
- Support for role transition

(Miller, 2002; Pearlstein et al., 2009; Rosenfield et al., 2012)

Perinatal Continuum

Physical Health

Perinatal Period

Physiological Changes

- Cardiac Output
- Blood Pressure
- Blood Volume
- Oxygen Demand
- GI Changes
- Musculoskeletal



(Soma-Pillay et al., 2016)

RECOVER FROM CHILDBIRTH CAN AFFECT

1. MOBILTY & TRANSFERS
2. PAIN
3. SLEEP
4. SELF-CARE
5. CAREGIVING

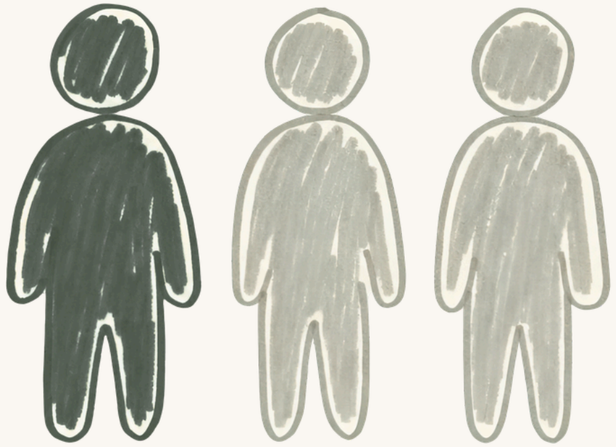
(Okeahialam et al., 2024; Selman et al., 2022)

Perinatal Continuum

Pelvic Health

Perinatal Period

Pelvic Health



~1 in 3 women experience a pelvic floor disorder

Concerns:

- Urinary incontinence (UI)
- Pelvic pain
- Pelvic organ prolaps (POP)
- Dyspareunia
- Fecal incontinence
- Diastasis recti abdominis (DRA)

(Akeslrud & Vestal, 2021; Cahill, 2024; Selman et al., 2022)

Perinatal Period

The Pelvic Floor & Mental Health Link



Those with pelvic health concerns experience increased rates of:

- Anxiety
- Depression
- Stress
- Pain
- Catasrophizing
- Harm Avoidance

Leads to **OCCUPATIONAL DISRUPTION**

(Burkhart et al., 2021; Cahill, 2024)

Perinatal Period

Occupational Disruption

1. **Sexual Intimacy**



2. **Physical Activity**



3. **Work**



4. **Caregiving**



5. **Mobility**



(Akeslrud & Vestal, 2021; Burkhart et al., 2021; Cahill, 2024)

Perinatal Continuum

Musculoskeletal Conditions

Muskuloskeletal Changes and Conditions

- Relaxin increases during pregnancy
- Increased laxity can increase susceptibility to pain and injury
- Common conditions include:
  - Carpal Tunnel Syndrome (CTS)
  - De Quervain’s Tenosynovitis

(Fernandes, 2018)



Perinatal Continuum

Fatigue & Sleep

Fatigue and Sleep

01

Contributing factors:

- Hormonal changes
- Increased physical demands
- Frequent bathroom trips
- Sleep disruption
- Infant feeding
- Infant care

02

Consequences:

- Weakness
- Decreased cognitive functioning
- Reduced participation
- Difficulty managing daily routines
- Increased risk for mental health concerns

(Baker et al., 2024; Fernandes, 2018; Halsall et al., 2024; Hyndych et al., 2025; Khan, 2023)



Mental Health and Occupational Performance

OT brings a **function-first** perspective to maternal health. How are these changes affecting what this person needs, wants, and is expected to do?

Holistic Care



- **Screening & early detection**
- **Support for occupational participation**
- **Support for maternal role transition**
- **Connection between maternal and infant well-being**

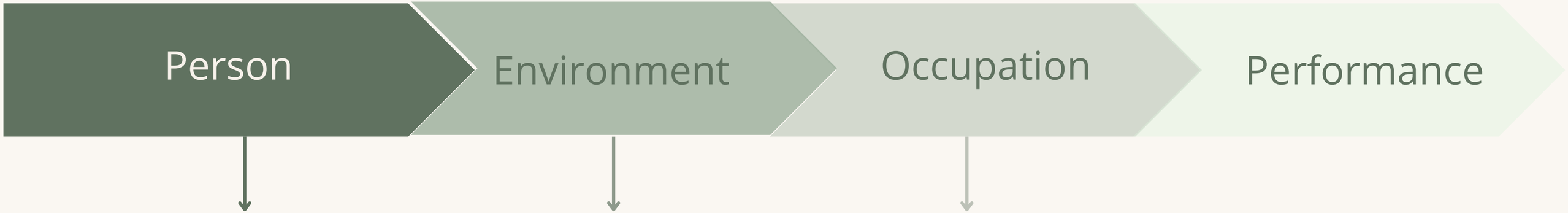
OT Models Supporting Maternal Health

Frameworks for Practice

- **PEOP**
  - Person, Environment, Occupation, Performance
- **MOHO**
  - Volition, habituation, performance capcity, and environmental influences to promote engagement in meaningful occupations
- **Maternal Role Transition (MRT)**
  - Role change, occupational balance, self-efficacy, & emotional well-being
- **Perinatal Maternal Health Promotion Model**
  - Focuses on the development of skills to promote a healthy postpartum period

(Fernandes, 2018; Joyce & Barnett, 2025; Gerhardt et al., 2022)

PEOP



Physical & mental health

Self-efficacy

Skills

Emotional well-being

Home

Social support

Resources

Cultural expectations

Feeding

Self-care

Sleep

Parenting

Work

(Fernandes, 2018; Joyce & Barnett, 2025)

Model of Human Occupation

Utilizes components to:

Promote self-efficacy

Support occupational balance

Achieve maternal role attaiment



(Kielhofner & Burke, 1980)

Maternal Role Transition

Maternal Role Transition (MRT)

Focuses on:

Role change

Occupational balance

Self-efficacy

Emotional well-being

Confidence in parental tasks

Routines & emotional regulation



(Gaughan & LeMonda, 2026)

Perinatal Maternal Health Promotion

Components of Healthy Postpartum Period:

Physical recovery

Care of self, infant, and family

Maternal role attainment

Addressed through:

Self-efficacy

Positive coping

Realistic expectations

Mobilization of social support

Resources

Clinical services

Support services

Includes External Support:

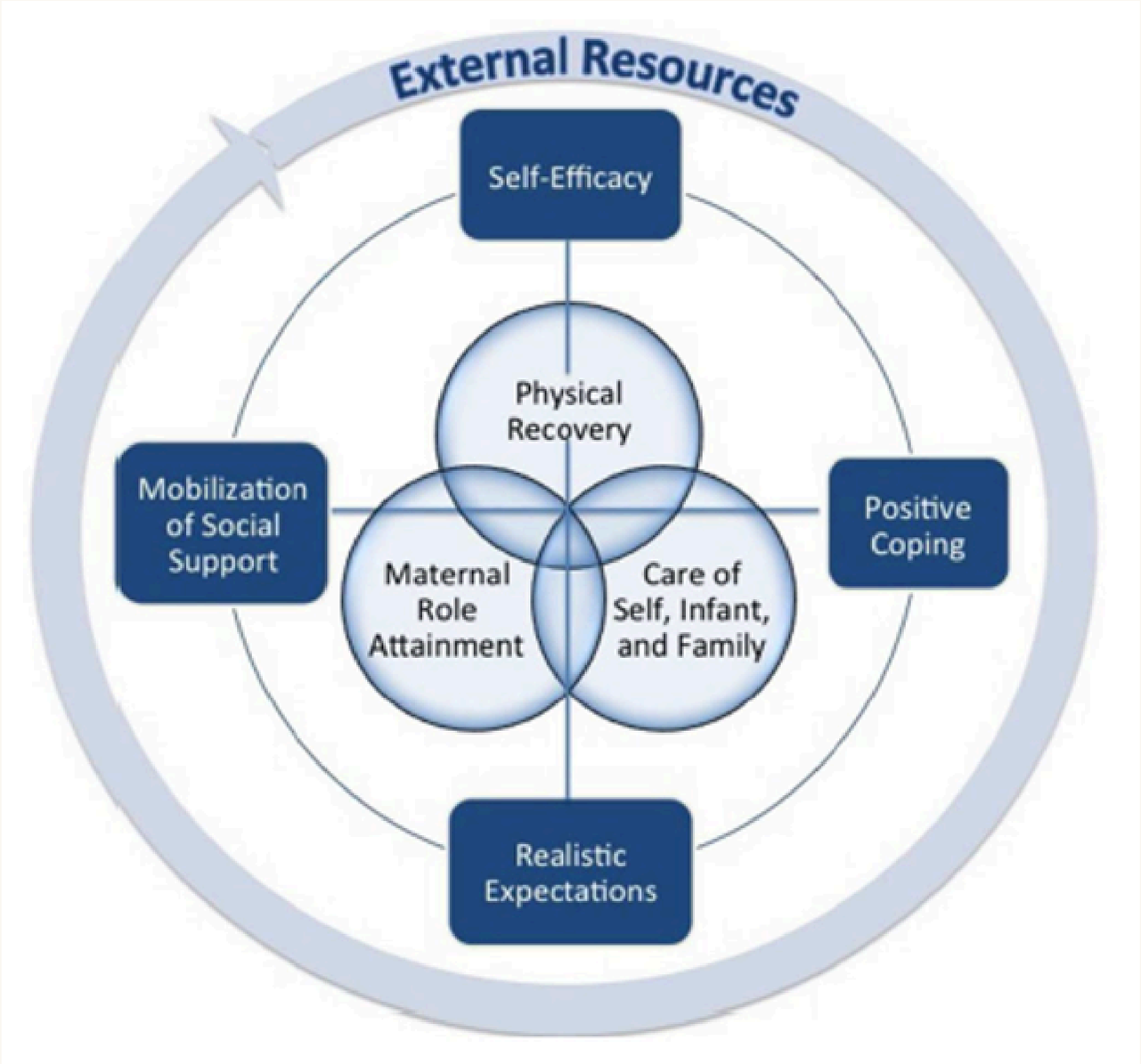
Clinical services

Support services

Information

Material resources

(Fahey & Sehnassa, 2013)



(Fahey & Sehnassa, 2013)

The OT Opportunity

Maternal Health

↓

Occupational Participation

↓

Maternal Well-Being

↓

Caregiver Capacity

↓

Infant & Family Outcomes

Critical Thinking

Imagine you are working with a pregnant or postpartum client

- Choose one area you think OT could make the biggest difference in:
  - Mental Health
  - Physical Health
  - Sleep and Fatigue
  - Breastfeeding
  - Infant Care

Critical Thinking

Imagine you are working with a pregnant or postpartum client

- Choose one area you think OT could make the biggest difference in:
  - Mental Health
  - Physical Health
  - Sleep and Fatigue
  - Breastfeeding
  - Infant Care
- Why did you choose that?

Critical Thinking

Imagine you are working with a pregnant or postpartum client

- Choose one area you think OT could make the biggest difference in:
  - Mental Health
  - Physical Health
  - Sleep and Fatigue
  - Breastfeeding
  - Infant Care
- Why did you choose that?
- What occupation is being affected or addressed?

Critical Thinking

Imagine you are working with a pregnant or postpartum client

- Choose one area you think OT could make the biggest difference in:
  - Mental Health
  - Physical Health
  - Sleep and Fatigue
  - Breastfeeding
  - Infant Care
- Why did you choose that?
- What occupation is being affected or addressed?
- What can OT do to help the client?

Part 2

Tools for Practice



Tools for Practice

Patient and Provider Perspectives

What Providers Are Seeing

Across Providers: Shared Concerns
Maternal mental health is prevalent, but often under-addressed.

- Chiropractor
- Nurse Practitioner
- Social Work
- Occupational Therapy
- Physical Therapy
- Childbirth Educator
- Doula





What Mothers Told Us

125+ mothers participated

30.9% currently pregnant

35.8% postpartum, 0–6 months

24.1% postpartum, 7–12 months

5 Common challenges:

1. Stress / feeling overwhelmed
2. Balancing daily routines
3. Lack of time for themselves
4. Physical Health/Recovery
5. Sleep difficulties

(Miller, 2026; Nemire, 2026)

“It was daunting to seek mental health support on my own.”

"The postpartum care in this country is absolutely atrocious. Postpartum mental health needs to be respected and taken seriously. It is a huge struggle"

Where are the gaps?

Nearly **60%** said they had not received or were unsure if they had received education/support surrounding **maternal mental health.**

- Lack of time
- Fatigue
- Childcare needs
- Uncomfortable asking for help
- Pressure
- Financial concerns



(Miller, 2026; Nemire, 2026)

Tools for Practice

Bridging the Gap

Key Finding...

Mother's <u>WANT</u> support

86%+ expressed interest in supportive services such as OT.

Most desired areas of support:

- Stress management
- Emotional regulation
- Sleep
- Establishing daily routines
- Physical recovery



AN OPPORTUNITY FOR OT

OT can help mothers:

- Recognize challenges affecting daily life
- Develop realistic routines and strategies
- Address sleep, fatigue, stress, and role demands
- Build confidence in daily activities
- Connect with appropriate supports and resources



BRIDGING THE GAP

1

Providers recognize the need

2

Mothers are experiencing the challenges

3

Many are not recieving the education or support

4

Mothers are interested in services

(Miller, 2026 ; Nemire, 2026)

Tools for Practice

Screenings & Assessments



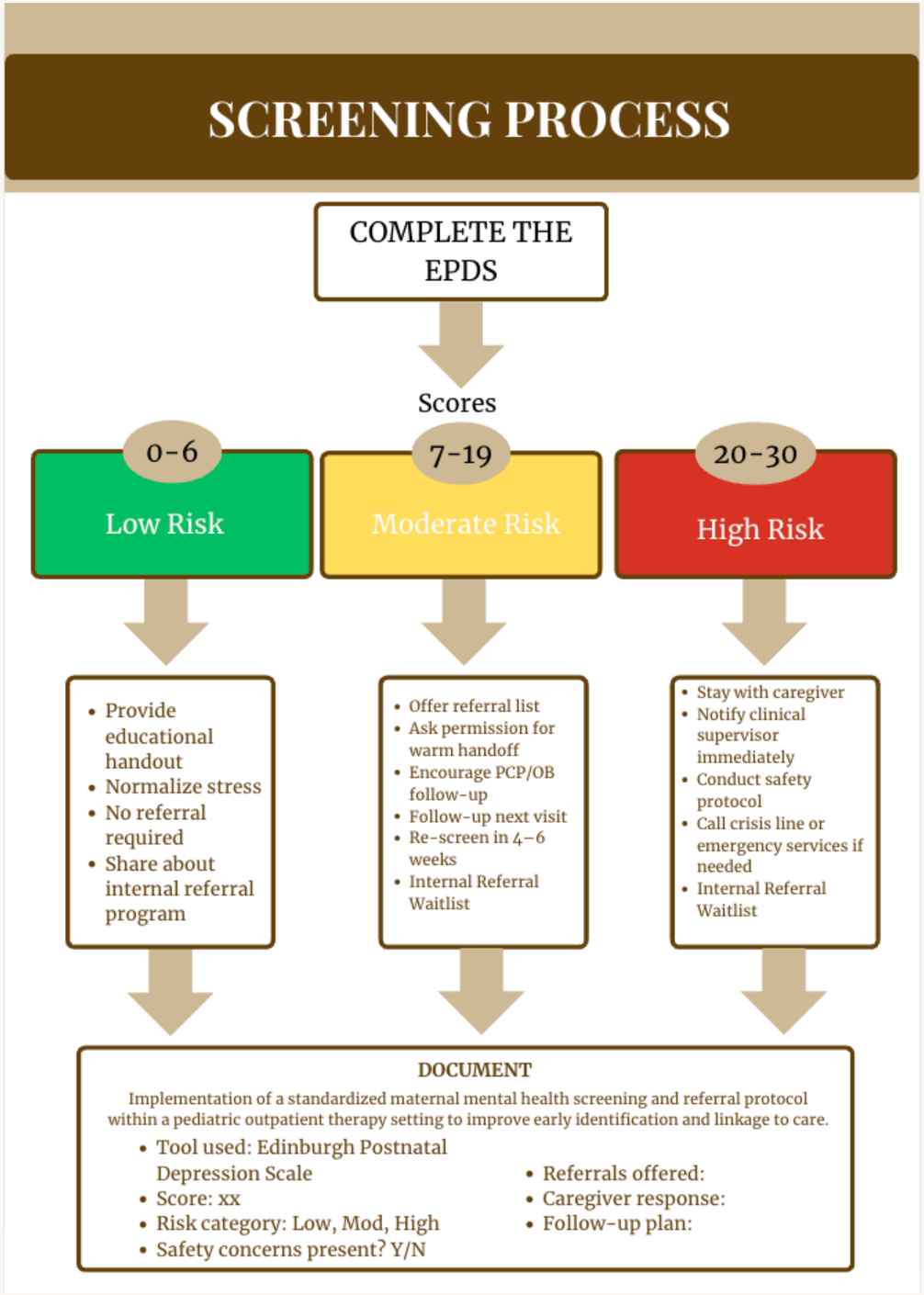
Why Screening Matters

- PMADs affect up to 1 in 5 birthing parents
- Early identification improves outcomes
- OT is often the first consistent provider seeing caregivers weekly

Edinburgh Postnatal Depression Scale (EPDS)

- Sensitive to change over time
- Enhances detection of PMADs
- Research shows women were 4× more likely to disclose concerns when EPDS was used
- 0 to 9: Low risk or minimal emotional distress.
- 10 to 12: Possible mild depression.
- 13 or higher: Probable depressive illness requiring follow-up
- Maximum score of 30: Indicates the highest level of reported symptoms

(Cox et al., 1987; Manolova et al., 2023)


SCREENING PROCESS
COMPLETE THE EPDS
Scores
0-6
Low Risk
7-19
Moderate Risk
20-30
High Risk
• Provide educational handout
• Normalize stress
• No referral required
• Share about internal referral program
• Offer referral list
• Ask permission for warm handoff
• Encourage PCP/OB follow-up
• Follow-up next visit
• Re-screen in 4–6 weeks
• Internal Referral Waitlist
• Stay with caregiver
• Notify clinical supervisor immediately
• Conduct safety protocol
• Call crisis line or emergency services if needed
• Internal Referral Waitlist
DOCUMENT
Implementation of a standardized maternal mental health screening and referral protocol within a pediatric outpatient therapy setting to improve early identification and linkage to care.
• Tool used: Edinburgh Postnatal Depression Scale
• Score: xx
• Risk category: Low, Mod, High
• Safety concerns present? Y/N
• Referrals offered:
• Caregiver response:
• Follow-up plan:

(Nemire, 2026)

GREEN ZONE- LOW RISK



Examples

- Adjustment difficulties
- Mild stress
- Sleep deprivation
- Limited support
- OT Interventions
- Caregiver coaching
- Routine development
- Occupation-based problem solving
- Education
- Follow-up

YELLOW ZONE- MODERATE RISK



Examples

- Elevated screening score
- Persistent anxiety
- Functional impairment
- Difficulty bonding
- OT + Referral To
  - Primary care
  - OB/GYN
  - Midwife
  - Mental health therapist
  - Lactation consultant
  - Pelvic floor OT/PT

RED ZONE- HIGH RISK



Examples

- Immediate Actions
- Crisis protocols
- Emergency evaluation
- Communication with medical providers
- Documentation

RED FLAGS

- Suicidal ideation
- Thoughts of harming infant
- Psychosis
- Severe depression

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. I am a good mother.	0	1	2	3	4	5	6
2. I feel rested.	0	1	2	3	4	5	6
3. I am comfortable with the way I've chosen to feed my baby (either bottle or breast, or both).	0	1	2	3	4	5	6
4. My baby and I understand each other.	0	1	2	3	4	5	6
5. I am able to relax and enjoy time with my baby.	0	1	2	3	4	5	6
6. There are people in my life that I can trust to care for my baby when I need a break.	0	1	2	3	4	5	6
7. *I am comfortable* allowing a trusted friend or relative to care for my baby (can include baby's father or partner).	0	1	2	3	4	5	6
8. I am getting enough adult interaction.	0	1	2	3	4	5	6
9. I am getting enough encouragement from other people.	0	1	2	3	4	5	6
10. I trust my own feelings (instincts) when it comes to taking care of my baby.	0	1	2	3	4	5	6
11. I take a little time each week to do something for myself.	0	1	2	3	4	5	6
12. I am taking good care of my baby's physical needs (feedings, changing diapers, doctor's appointments).	0	1	2	3	4	5	6
13. I am taking good care of my physical needs (eating, showering, etc).	0	1	2	3	4	5	6
14. I make good decisions about my baby's health and well being.	0	1	2	3	4	5	6
15. My baby and I are getting into a routine.	0	1	2	3	4	5	6
16. I worry about how other people judge me (as a mother).	0	1	2	3	4	5	6
17. I am able to take care of my baby and my other responsibilities.	0	1	2	3	4	5	6
18. Anxiety or worry often interferes with my mothering ability.	0	1	2	3	4	5	6
19. *As time goes on*, I am getting better at taking care of my baby.	0	1	2	3	4	5	6
20. I am *satisfied* with the job I am doing as a new mother.	0	1	2	3	4	5	6

©University of Pittsburgh 2008. All rights reserved

Barkin Index of Maternal Functioning (BIMF)

- Assessment Areas
- Social support
- Self-care
- Infant care
- Mother–child interaction
- Psychological well-being
- Management
- Adjustment

(Barkin et al., 2010)

Pelvic Floor Quality of Life Tools (PFIQ-7 / PFDI-20)

- Measures impact of pelvic floor disorders
- Relevant for urinary incontinence, prolapse, & fecal incontinence
- Supports referral to pelvic floor OT/PT

How do symptoms or conditions in the following usually affect your	***Bladder or Urine***	***Bowel or Rectum***	***Vagina or Pelvis***
1. Ability to do household chores (cooking, laundry housecleaning)?	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit
2. Ability to do physical activities such as walking, swimming, or other exercise?	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit
3. Entertainment activities such as going to a movie or concert?	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit
4. Ability to travel by car or bus for a distance greater than 30 minutes away from home?	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit
5. Participating in social activities outside your home?	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit
6. Emotional health (nervousness, depression, etc.)?	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit
7. Feeling frustrated?	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit	☐ Not at all ☐ Somewhat ☐ Moderately ☐ Quite a bit

(Barber et al., 2005)

Observations

- Occupational profile
- Clinical observations
- Caregiver report
- Screening/Assessments
- Identification of red flags



Time to look at assessments!

BREAK



Tools for Practice

Interventions

Intervention Components

- Regulation and Mental Well-Being
- Sleep, Fatigue, and Routines
- Physical Function
- Pelvic Health
- Infant Feeding & Caregiving
- Role Transition & Occupational Performance



OT Interventions

Across the Perinatal Continuum

Perinatal Continuum

Fertility

PLAN

- Health management
- Fertility support

(ACOG, 2018; Khan, 2023; Khan, 2024)

Perinatal Continuum

Fertility

PLAN

- Health management
- Fertility support

Prenatal

PREPARE

- Pelvic floor preparation
- Birth preparation
- Mental health
- Mindfulness
- Energy conservation

(ACOG, 2018; Khan, 2023; Khan, 2024)

Perinatal Continuum



PLAN

- Health management
- Fertility support

PREPARE

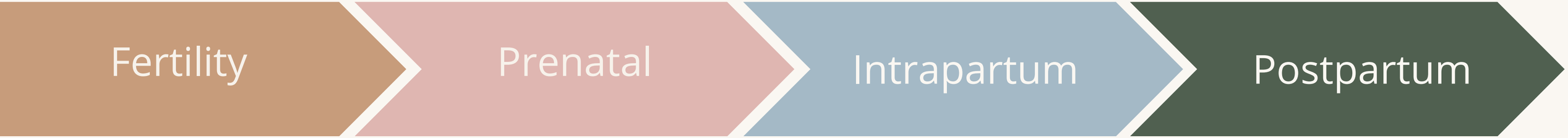
- Pelvic floor preparation
- Birth preparation
- Mental health
- Mindfulness
- Energy conservation

SUPPORT

- Relaxation
- Positioning
- Sensory support
- Advocacy

(ACOG, 2018; Khan, 2023; Khan, 2024)

Perinatal Continuum



PLAN

- Health management
- Fertility support

PREPARE

- Pelvic floor & birth preparation
- Infant feeding information
- Mental health support
- Mindfulness
- Energy conservation

SUPPORT

- Relaxation
- Positioning
- Sensory support
- Advocacy

RESTORE & ADAPT

- Pelvic floor rehabilitation
- Birthing recovery
- Infant feeding support
- Mental health support
- Infant care

(ACOG, 2018; Khan, 2023; Khan, 2024)

OT Interventions

Mental Health

OT Interventions for Mental Health

Occupational therapists can address:

- Coping strategies
- Cognitive reframing
- Emotional regulation
- Sleep education
- Pain management
- Mindfulness
- Breathing strategies
- Progressive muscle relaxation
- Physical activity
- Activity pacing



The Invisible Load

THE INVISIBLE LOAD

This worksheet helps you identify and reflect on the invisible load of parenting and running a household. It captures the mental, emotional, and behind-the-scenes work that often goes unnoticed. From planning and remembering to anticipating needs and managing daily routines, this activity encourages caregivers to recognize the full scope of what they carry and opens the door for more awareness, communication, and shared responsibility.

SCHEDULING AND TRACKING

- ○ I schedule all of the appointments
- ○ I keep track of school paperwork
- ○ I know all the kids clothing sizes
- ○ I think about birthdays and gifts far in advance
- ○ I am usually the one scheduling everything
- ○ I plan the kids birthday parties
- ○ I make sure the kids get their homework done

EMOTIONS

- ○ I notice others moods before my own
- ○ I carry guilt if anyone is disappointed
- ○ I worry about my parenting decisions
- ○ I tend to be a people pleaser
- ○ I am always motivating my kids (clean their rooms, put on their shoes)
- ○
- ○

CHORES/RESPONSIBILITIES

- ○ I plan the meals
- ○ I do the grocery shopping
- ○ I coordinate when everyone is going to be home to eat dinner
- ○ I make sure the kids teeth are brushed
- ○ I make sure lunches are packed and water bottles are filled
- ○

STRATEGIES TO MANAGE

1. Write down your list
2. Pick three of the most regular things that never make it on an actual to do list, and plug it in your calendar
3. Verbalize this list and delegate
4. Simplify, systemize, surrender

https://michellegrosser.com/2022/05/18/invisiblelist/

Fatigue and Sleep

INTERVENTIONS

- Energy conservation
- Sleep strategies
- Activity pacing
- Routine development
- Environmental modifications



5 Must-Know Tips for Better Sleep

1

Stick to a Routine

Goto bed andwake up atthe same time daily for consistent rest.

2

Create a Calm Space

Keep your bedroom dark, cool, and quiet to promote better, deeper sleep.

3

Limit Screen Time

Turn off devicesat least one hour before bed to improve sleep quality.

4

Watch What You Eat

Avoid caffeine, alcohol, or heavy meals close to bedtime for smoother sleep.

5

Relax Your Mind

Try eathing exercises, or light reading to unwind before sleeping peacefully.

Why address pelvic health?

- Pelvic floor symptoms during pregnancy can persist into the postpartum period
- Early education and intervention may help prevent worsening dysfunction
- OT can provide:
  - Preventative education
  - Birth preparation
  - Positioning strategies
  - Pressure management
  - Pelvic floor recruitment
  - Exercise
  - Habit and routine development
  - Birth recovery education



Interventions

PELVIC HEALTH

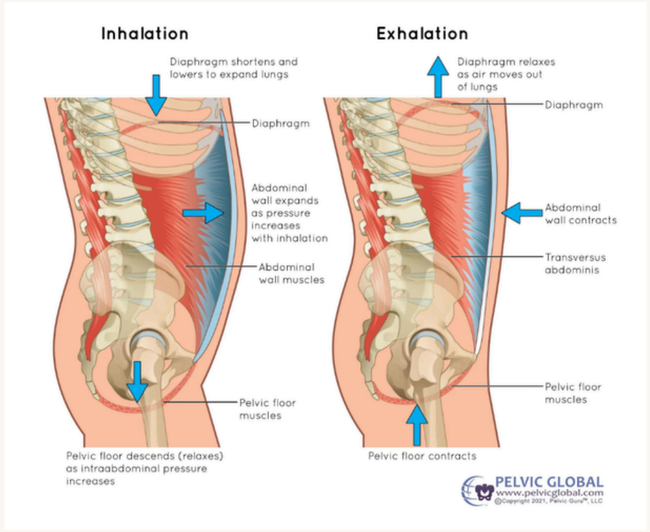
Diaphragmatic Breathing

Breathing and Pelvic Floor

- Your breath and pelvic floor are CONNECTED
- By learning to coordinatate the pelvic floor and your breathing you can manage pressure to prevent dysfunction and promote relaxation

INHALE

- Diaphragm moves **downward**
- Intrabdominal pressure **increases**
- Pelvic floor **relaxes**



EXHALE

- Diaphragm moves **upward**
- Intrabdominal pressure **decreases**
- Pelvic floor **contracts**



OT can support after birth

- Safe movement and positioning
- Body mechanics
- Pain management strategies
- Environmental setup
- Adaptive techniques
- Gradual return to meaningful activities

Infant Feeding



Supportive Choice

Infant Feeding

Education

- Breastfeeding basics
- Realistic expectations
- Benefits for mom
- Benefits for baby

Interventions

- Musculoskeletal
- Oral motor
- Sensory
- Beahvioral
- Positioning
- Routines





Pelvic Stretch



Neck Stretch

Nasal Bridge Stretch

Lip “L’s”



Taco Tongues

Tools for Practice

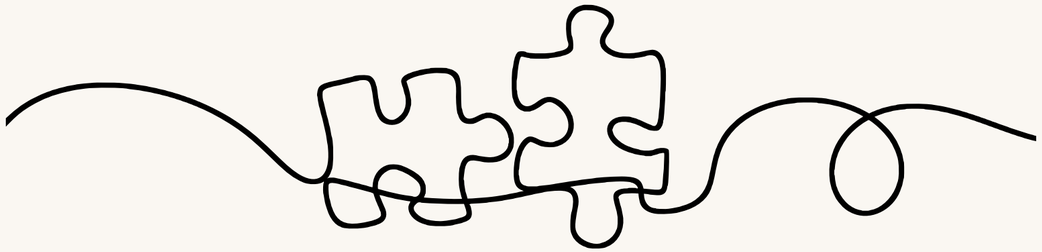
Referral Pathways

Referral

- Medical
  - OB/GYN
  - Midwife
  - Primary care
  - Maternal-fetal medicine
- Mental Health
  - Psychologist
  - Licensed counselor
  - Clinical social worker
  - Perinatal psychiatrist
  - Psychiatric NP
- Rehabilitation
  - Pelvic floor OT/PT
  - Orthopedic PT
- Infant & Family Supports
  - Lactation consultant
  - SLP (feeding)
  - Early Intervention
- Home Visiting Programs
  - Parent support groups
  - Community Resources
  - Postpartum Support International
  - Local maternal mental health orgs
  - Peer support groups

Part 3

Case Study Workshop



Case Study A

The client is adjusting to the new role of parent and reports postpartum depression, breastfeeding difficulties, and limited family support. These challenges impact her mood, energy, self-care, infant-care routines, and overall participation. She demonstrates strengths in her motivation and commitment to caring for her infant, while experiencing challenges with establishing consistent routines and balancing her own needs with caregiving responsibilities. Her goals include improving daily routines, breastfeeding and infant-care participation, self-care, emotional well-being, confidence, and overall quality of life.

Case Study B

The client is adjusting to parenthood following a NICU stay and traumatic birth experience. The client reports high anxiety and difficulty bonding with the infant, which may impact caregiving routines, emotional well-being, and participation in daily activities. Strengths include commitment to the infant and motivation to build confidence in the parenting role. Goals include strengthening parent-infant bonding, establishing consistent routines, managing anxiety, and improving overall well-being and quality of life.

Case Study C

The client is pregnant with her second child and is adjusting to the physical and emotional demands of pregnancy while caring for a toddler at home. Pelvic pain may impact mobility, self-care, childcare, and household routines. Strengths include experience as a parent and motivation to prepare for the new baby. Goals include managing pain, maintaining daily routines, preparing for the transition to two children, and supporting overall health and well-being.

Activity 1

Screening/Assessment & Clinical Reasoning

Review case study screening and assessment results...

- What do the screening and assessment results indicate?
- What additional information would you gather?

Case Study A

Screening & Assessment Results

EPDS: 16/30

BIMF: 55/120

Clinical Reasoning

→ Elevated score consistent with significant depressive symptoms and warrants further evaluation/referral.

→ Reduced maternal functioning, particularly consistent with challenges in self-care, social support, adjustment, and balancing infant care with her own needs.

Case Study B

Screening & Assessment Results

EPDS: 18/30

BIMF: 60/120

Clinical Reasoning

→ Elevated depressive/anxiety symptoms, consistent with the reported traumatic birth, NICU experience, and difficulty bonding.

→ Reduced maternal functioning, particularly in mother-infant interaction, adjustment, psychological well-being, and confidence with infant care.

Case Study C

Screening & Assessment Results

EPDS: 8/30

BIMF: 82/120

PFIQ-7: 84/300

Clinical Reasoning

→ Below commonly used positive-screen thresholds, suggesting relatively lower depressive symptom burden despite the physical/emotional demands of pregnancy.

→ Relatively stronger maternal functioning, consistent with previous parenting experience and motivation, with some difficulty managing competing demands.

→ Mild-to-moderate impact of pelvic floor/pelvic symptoms on daily activities and quality of life. The PFIQ-7 ranges from 0–300, with higher scores indicating greater impact

Activity 2

Goals and Intervention Planning

Goals

- Short Term Goals
- Long Term Goals

Intervention Planning

- Occupations and Activities
- Interventions to Support Occupations
- Education and Training
- Advocacy
- Group Interventions

Case Study A

Goals

Long-Term Goal:

Within 8 weeks, client will independently implement 3 strategies to balance self-care, breastfeeding/infant-care responsibilities, and daily routines, reporting improved confidence and participation in meaningful occupations.

Short-Term Goal:

Within 4 weeks, client will establish and follow a consistent daily routine incorporating at least 3 self-care and infant-care activities on 5/7 days to improve occupational balance and confidence in her parenting role.

Case Study A

Intervention Planning

Occupations & Activities

- Establishing morning/bedtime routines
- Infant feeding + personal self-care routines

Interventions to Support Occupations

- Routine development and visual scheduling
- Energy conservation and task simplification

Education & Training

- Breastfeeding positioning and adaptive strategies

Education & Training

- Breastfeeding positioning and adaptive strategies
- Stress management and postpartum coping strategies

Case Study B

Goals

Short-Term Goal:

Within 4 weeks, client will use 2 anxiety-management or bonding strategies during infant-care routines on 5/7 days to increase confidence and participation in caregiving.

Long-Term Goal:

Within 8 weeks, client will independently participate in 3 meaningful parent-infant routines with increased confidence and reduced anxiety, supporting improved bonding and overall occupational participation.

Case Study B

Intervention Planning

Occupations & Activities

- Infant feeding, bathing, and dressing
- Parent-infant bonding activities

Interventions to Support Occupations

- Graded parent-infant interaction
- Calming/co-regulation strategies during caregiving

Education & Training

- Reading infant cues
- Anxiety-management strategies

Case Study C

Intervention Planning

Short-Term Goal:

Within 4 weeks, client will independently implement 3 pain-management or energy-conservation strategies during childcare, self-care, and household routines on 5/7 days.

Long-Term Goal:

Within 8 weeks, client will independently use 3 strategies to manage pelvic pain and organize daily routines, allowing her to participate in childcare, self-care, and household occupations while preparing for the transition to two children.

Case Study C

Intervention Planning

Occupations & Activities

- Toddler care and household routines
- Meal preparation and community activities

Interventions to Support Occupations

- Energy conservation and pacing
- Body mechanics/activity modification for childcare

Education & Training

- Pain-management strategies
- Safe lifting, positioning, and body mechanics

Activity 3

Interdisciplinary Collaboration

Referral Pathways

- OB/GYN
- Primary Care Physician
- Pediatrician
- Physical Therapy
- Speech Language Pathology
- Psychology or Psychiatry
- Early Intervention
- Dentist

Case Study A

Interdisciplinary Collaboration

- **OB/GYN** → postpartum concerns and breastfeeding difficulties
- **Psychology/Psychiatry** → postpartum depression and emotional well-being
- **Lactation consultant** → breastfeeding support

Case Study B

Interdisciplinary Collaboration

- **Psychology/Psychiatry** → trauma/anxiety
- **Pediatrician** → infant development and NICU follow-up
- **Early Intervention** → infant/family support if developmental concerns arise

Case Study C

Interdisciplinary Collaboration

- **OB/GYN** → pregnancy and pelvic pain
- **Physical Therapy** → pelvic pain/mobility
- **Primary Care** → overall health and support

Workshop Wrap Up



Discussion Questions

At your table...

- What surprised you?
- What barriers exist in care and how can you advocate for change?
- What is one change you will make in your practice next week?
- What will change in your plan of care for perinatal patients?

Share key discussion points to the group

Resources

Download Resources Page

QUESTIONS



EVALUATION: You Can't Treat the Infant Without the Mother: Advancing OT's Role in Perinatal Care

Scan QR code to submit your evaluation

References

Akselrud, R., & Vestal, L. (2021). The role of occupational therapists in pelvic health: An interview with Lindsey Vestal. SIS Quarterly Practice Connections, 6(3), 12–14.

American College of Obstetricians and Gynecologists. (n.d.). Changes during pregnancy [Infographic]. https://www.acog.org/womens-health/infographics/changes-during-pregnancy

American College of Obstetricians and Gynecologists' Committee on Obstetric Practice. (2018). Optimizing postpartum care (Committee Opinion No. 736). Obstetrics & Gynecology, 131(5), e140–e150. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care

Backman C. L. (2004). Occupational balance: Exploring the relationships among daily occupations and their influence on well-being. Canadian Journal of Occupational Therapy. 71(4), 202–209. https://doi.org/10.1177/000841740407100404

Baker, H., Cuomo, B., Femia, C., Lin, D., Stobbie, C., McLean, B., & Hatfield, M. (2024b, January). Occupational therapy in maternal health: Exploring the barkin index of maternal functioning as a potential tool. Australian occupational therapy journal.

Barber, M. D., Walters, M. D., & Bump, R. C. (2005). Short forms of two condition-specific quality-of-life questionnaires for women with pelvic floor disorders (PFDI-20 and PFIQ-7). American Journal of Obstetrics and Gynecology, 193(1), 103–113. https://doi.org/10.1016/j.ajog.2004.12.025

Barkin, J. L., Wisner, K. L., Bromberger, J. T., Beach, S. R., Terry, M. A., & Wisniewski, S. R. (2010). Development of the Barkin Index of Maternal Functioning. Journal of Women's Health (2002), 19(12), 2239–2246. https://doi.org/10.1089/jwh.2009.1893

Brandenburg, M. (Host). (2024, September 11). Maternal-Infant Mental Health [Audio podcast episode]. In AOTA's Occupational Therapy Channel. American Occupational Therapy Association (AOTA). https://www.spreaker.com/episode/maternal-infant-mental-health--64093593

Burkhart, R., Couchman, K., Crowell, K., Jeffries, S., Monvillers, S., & Vilensky, J. (2021). Pelvic floor dysfunction after childbirth: Occupational impact and awareness of available treatment. OTJR: Occupation, Participation and Health, 41(2), 108-115.

Cahill, S. (2024). Chronic pelvic pain in women. American Occupational Therapy Association, 29 (4), 34-35. https://www.aota.org/publications/ot-practice/ot-practice-issues/2024/research-update-chronic-pelvic-pain-in-women

Cleveland Clinic. (n.d.- a). Pregnancy. https://my.clevelandclinic.org/health/articles/pregnancy
Cleveland Clinic. (n.d.-b). Stages of labor: What to expect during labor & delivery. https://my.clevelandclinic.org/health/body/22640-stages-of-labor

Cleveland Clinic. (n.d.- c). Postpartum period: What to expect after childbirth. https://my.clevelandclinic.org/health/articles/postpartum

References

Fahey, J. O., & Shenassa, E. (2013). Understanding and meeting the needs of women in the postpartum period: The perinatal maternal health promotion model. Journal of Midwifery & Women's Health, 58(6), 613–621. https://doi.org/10.1111/jmwh.12139

Fernandes J. G. (2018). Occupational Therapists' Role in Perinatal Care: A Health Promotion Approach. The American journal of occupational therapy : official publication of the American Occupational Therapy Association, 72(5), 7205347010p1–7205347010p4. https://doi.org/10.5014/ajot.2018.028126

Halsall, K., Ward, K., & Jarvis, K. (2024, November). Understanding occupational therapy perinatal mental health practice in mothers from ethnic minorities: A qualitative study of practitioner perceived barriers and enablers. British Journal of Occupational Therapy.

Horne, J., Corr, S., & Earle, S. (2005). Becoming a mother: Occupational change in first time motherhood. Journal of Occupational Science, 12(3), 176–183. https://doi.org/10.1080/14427591.2005.9686561

Hyndych, A., El-Abassi, R., & Mader, E. C., Jr (2025). The role of sleep and the effects of sleep loss on cognitive, affective, and behavioral processes. Cureus, 17(5), e84232. https://doi.org/10.7759/cureus.84232

Khan, S. (2023b, August). Occupational therapy’s unique role in maternal health and well-being. American Occupational Therapy Association. https://www.aota.org/publications/ot-practice/ot-practice-issues/2023/occupational-therapys-unique-role-in-maternal-health-and-well-being

Khan, S. (2024, July). Recognizing occupational therapy’s role in fertility support. American Occupational Therapy Association. https://www.aota.org/publications/ot-practice/ot-practice-issues/2024/recognizing-occupational-therapys-role-in-fertility-support

Kielhofner, G., & Burke, J. P. (1980). A model of human occupation, part 1. Conceptual framework and content. American Journal of Occupational Therapy, 34(9), 572–581. https://doi.org/10.5014/ajot.34.9.572

Little, M. R., Miller-Conley, C., & Bekmuratova, S. (2025). Experiences of occupational disruption & role transition in the perinatal period: Opportunities for OT. American Journal of Occupational Therapy, 79(Suppl. 2), 7911500275p1. https://doi.org/10.5014/ajot.2025.79S2-PO267

References

Miller, L. (2002, February). Postpartum Depression. JAMA Network. https://jamanetwork.com/journals/jama/fullarticle/194624

Mini Mitten Pediatric Therapy: Monroe. Mini Mitten Therapy (2025) https://www.minimittentherapy.com/

Okeahialam, N. A., Sultan, A. H., & Thakar, R. (2024). The prevention of perineal trauma during vaginal birth. American Journal of Obstetrics and Gynecology, 230(3S), S991–S1004. https://doi.org/10.1016/j.ajog.2022.06.021

One Strong Woman Therapy (n.d.). About One Strong Woman. https://www.onestrongwoman.com/

Pearlstein, T., Howard, M., Salisbury, A., & Zlotnick, C. (2009). Postpartum depression. American journal of obstetrics and gynecology, 200(4), 357–364. https://doi.org/10.1016/j.ajog.2008.11.033

Pollari, E., Bhatt, B., Baffes, S., Walraven, K., Raye, K., Hussain, H., Greenlee, V., & Somerville, T. (2022). Distinguishing OT's role in the transition to motherhood. American Journal of Occupational Therapy, 76(Supplement_1), 7610510163p1. https://doi.org/10.5014/ajot.2022.76S1-PO163

Rosenfield, A., Callaghan, W. M., Simpson, K. R., Clark, S. L., Lewis, G., D'Alton, M. E., Hoyert, D. L., Berg, C. J., Danel, I., Solheim, K. M., & Blanchette, H. (2012, December 1). Putting the "m" back in maternal–fetal medicine. American Journal of Obstetrics and Gynecology.

Selman, R., Early, K., Battles, B., Seidenburg, M., Wendel, E., & Westerlund, S. (2022). Maximizing recovery in the postpartum period: A timeline for rehabilitation from pregnancy through return to sport. International Journal of Sports Physical Therapy, 17(6), 1170–1183. https://doi.org/10.26603/001c.37863

Slootjes, H., McKinstry, C., & Kenny, A. (2016). Maternal role transition: Why new mothers need occupational therapists. Australian Occupational Therapy Journal, 63(2), 130–133. https://doi.org/10.1111/1440-1630.12225

Soma-Pillay, P., Nelson-Piercy, C., Tolppanen, H., & Mebazaa, A. (2016). Physiological changes in pregnancy. Cardiovascular journal of Africa, 27(2), 89–94. https://doi.org/10.5830/CVJA-2016-021

Tubb, A. (2021, November 10). Occupational therapy and perinatal mental health. Maternal Mental Health Alliance. https://maternalmentalhealthalliance.org/news/occupational-therapy-and-perinatal-mental-health/

Tynan, J. (26 January, 2026). Perinatal Substance Use Disorders 101 [Webinar]. Policy Center for Maternal Mental Health. https://www.youtube.com/watch?v=BGcTchvy58g

Accreditation Council for Occupational Therapy Education. (2023). 2023 Accreditation Council for Occupational Therapy Education (ACOTE) standards and interpretive guide. American Occupational Therapy Association. https://acoteonline.org/accreditation-explained/standards/

Nolinske, T. (1995). Multiple mentoring relationships facilitate learning during fieldwork. American Journal of Occupational Therapy, 49, 39-43.

Questions