

Occupational Therapy's Role in Obstetrics and Maternity Care: A Literature Review

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Abstract

This poster will address occupational therapy's role and intervention in maternal and obstetric care. As a role emerging field in occupational therapy, maternal and obstetric care is a vital aspect of a woman's healthcare experience. This literature review will examine the needs of women during prenatal, perinatal, and postnatal periods, and the unique needs of pregnant women who also have intellectual or physical disabilities. Interventions for this population and implications for occupational therapy practice will be presented. This poster should bring attention to this role emerging field and contribute to the advocacy for competent and comprehensive care for pregnant people and mothers.

Literature Review

Occupational therapy's role in primary care is expanding, including in obstetrics and maternity care.

Occupational therapists possess the skills and knowledge necessary to benefit the population of women in perinatal and postnatal periods (Slootjes et al., 2016).

Occupational Needs During Peri- & Postnatal Periods Pregnancy and childbirth are life changing events and a period when a women's roles change drastically (Froehlich et al., 2012). There are specific occupational changes that occur before, during, and after pregnancy and childbirth.

Prenatal periods- time during pregnancy that is before birth (OWH, 2019).

- During this time, a pregnant person may be experiencing an increase in pain, fatigue, and anxiety, while also preparing for a major role change (Davis & Lovegrove, 2019).
- Pregnant women with intellectual disabilities or physical disabilities will be modifying their environments to attempt to reduce the risk of premature hospital admission (Davis & Lovegrove, 2019).

Perinatal periods- a continuation of the prenatal period towards the end of birth and immediately after.

- Dr. Julie Fernandes (2018) presents a health promotion approach to occupational therapists' role in perinatal care. Instead of reactive care, preventative care for this population is backed by the evidence.
- Another consideration for the perinatal period is perinatal loss, or pregnancy loss.
 - One in four mothers report having experienced pregnancy loss (CDC, 2017).
 - This can lead to an increase in depression and post-traumatic stress disorder (Hanish, Margulies, & Cogan, 2019).

Postnatal periods- the time following the birth of the baby, where the mother's body begins to return to a non-pregnant state (World Health Organization, 2010).

- Some changes in this period can include breastfeeding, adapting to child-rearing, schedule changes, decreased time for self-care, and the possibility of caring for a medically complex infant.
- There are also bodily changes occurring in the abdominal and pelvic areas of the mother's body, which can impact toileting, sexual activity, and self-esteem.
- Some mothers not only have to adjust to motherhood, but also to caring for a medically compromised infant.
 - This can lead to a greater risk for maternal health consequences and, in turn, influence the child's developmental outcomes negatively (Pizur-Barnekow, 2010).

Birthing women with intellectual disabilities.

- There is a harmful stigma around women with disabilities, especially intellectual disabilities, not wanting to or not being able to become mothers.
- Despite this stigma, the rates of women with intellectual disabilities birthing children are increasing, making it vital to address the health disparities among this population (Akobirshoev et al., 2017).

Birthing women with chronic physical disabilities.

- Many women with physical disabilities do not have equity in access to obstetric and gynecological care, solely based on assumptions about their disability.
- Once finding care, it is rare to find an obstetrician with experience assisting a woman with physical disabilities to carry a successful pregnancy (Villanova University College of Nursing, 2017).
- Apart from access to knowledgeable healthcare providers, they also have difficulty finding accessible facilities and health care equipment (Mitra et al., 2016).
- After a successful pregnancy and birthing experience, women with disabilities then face unique challenges with caring for an infant at home.



OT Interventions

"The engagement of Allied Health Professionals and Psychologists in the maternity care pathway" (2019) discusses the role occupational therapy can play in maternal care.

- During the **prenatal period**, occupational therapists can provide counseling to help women consider the impacts of pregnancy and prepare for the role changes that occur.
- During the **perinatal period**, occupational therapists can assist with strategies for pain management, organization, and adaptations to reduce risk of preterm birth.
- They can help with preparing the home and equipment for parents with disabilities to be able to care for their infant as independently as possible.
- Occupational therapists can help clients communicate with the healthcare team and ensure that their needs are being met.
- During **postnatal periods**, occupational therapists can assist those with physical needs perform hygiene, toileting, and transfers.
- Occupational therapists can become licensed lactation consultants and assist in the feeding process of the newborn.
- Equipment needs for parents with disabilities can be addressed.
- With the role changes and daily occupational changes that comes with parenthood, occupational therapists can assist with adjusting to the new schedule, as well as help with fostering mother-infant attachment.
- If a parent experiences postpartum depression, an occupational therapist can provide interventions for coping skills (Davis & Lovegrove 2019).

Implications for Practice

Best practices for occupational therapy in maternal and obstetric care are still being developed; however, there are some starting points.

- A major emphasis in the research is on integrated health care and family-centered care.
 - An integrated health care approach can increase access and equity to comprehensive maternal and obstetric care for all birthing people.
 - The family-centered approach considers the mother, baby, and family support when creating and implementing best practices (Schultz-Krohn & Cara, 1999).
- The evidence also supports how beneficial occupational therapy can be for pregnant women with physical disabilities, and points to an increase in referral from physicians, further expanding this specialty area (Wint, Smith, & Iezzoni, 2016).
- Fernandes (2018) focuses on a health promotion approach to occupational therapy in perinatal care, moving from reactive to preventative care, to address common effects of pregnancy before they become an impairment to functioning.
 - Fernandes recommends using the Person-Environment-Occupation model as a base for this approach.
 - This also supports the push for occupational therapy to join the primary care team, including obstetrics and maternal health care.

Conclusions

There is a place for occupational therapy in maternal and obstetric care, as there are occupational needs during the prenatal, perinatal, and postnatal periods for all women and birthing people. Negative birth outcomes are frequent, and occupational therapists can play a role in improving these outcomes for women and babies. They can also play an advocacy role, increasing equity in care for disadvantaged women. By assisting mothers, improving their satisfaction, addressing any postpartum effects, occupational therapists can positively impact the family. With additional training, occupational therapists can conduct lactation consulting and pelvic floor therapy, helping mothers accomplish their newly changed occupations. As integrated healthcare continues to become the best practice, occupational therapists deserve a role in maternal and obstetric care.

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