

A Postpartum Experience: What could have been; What could be

Brandi Wolf, MS, OTR/L, CHT

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The Event

The nurses were holding my legs and my arms were weak, clenching to the handles that were finally lowered for my use as minutes felt like hours. The small gray fan attached to the railing circulated air in my face, doing nothing for the heat and fatigue I was feeling. My husband was a fly on the wall amongst what felt like chaos.

"I can't do this. Just let me sleep and take her out of me," I begged as the doctor yelled at me.

"No, you have to do this!" And with an eruption of pain and my own scream blaring through the room, a human emerged from me and tore me apart. In that moment, my postpartum journey began.

Five Hours Earlier

I sat in my car with the air on. It was hot, June, but in 2020 the waiting rooms were closed and I was not allowed to go inside for my routine appointment. At 39 weeks, the phrase "any day now" was something I heard quite often. Well, when I was able to communicate with others, as isolation seemed to be the theme that year. I suddenly felt a wave of numbness running down my left arm. It crept into my mouth until the left side of my face was numb. Then it stopped. I called my doctor's office to see if I could come in and be looked at.

My obstetrician ended my appointment with, "Well, you're not in labor, but could be at any time. I'd like for you to go next door to the hospital and have some labwork done to rule out amniotic fluid leaking. I'm sure I'll see you soon."

Three Hours Prior to Delivery

"You're good to go," the nurse explained, "although, do you feel these contractions every 2-6 minutes?"

I asked, "I feel fine. How will I know when to come back? I want to talk to my doctor."

"She's about to perform a c-section so it'll be at least 40 minutes," she replied.

"I'll wait," was my response, and I did just that.

Two hours prior to delivery

"Mom, they said I can't have an epidural. Everything progressed so quickly. I have to do this without any medicine." Tears were rolling down my face and panic was settling in throughout a video call. The doctor was on her way and the room was being prepped all around me as nursing informed me I would be having a baby any minute.

Hours Postpartum

I did not feel immediate love for my daughter as I held her. I felt like I had just been in a car accident and was piecing myself back together. In one instance of pain and fear I took on the new name of "Mama" and was congratulated. My stitches were painful. It hurt to move, sit, walk, hold my baby.

When I got to my room, a nursing aide helped me slide on a brief and line it with pads and cooling items to numb the pain. The nurses pressed into my abdomen until I winced.

That night, I would not sleep. I would sit and stare at my baby who was too sleepy to latch, but I was told to "keep trying" by a well-meaning nurse who had no idea that I would interpret that to mean for hours with no sleep, very little to eat, and that I would not even think to ask for help. I sat there, staring at her little puffy face, unable to maneuver myself with her in my arms to place her in the blanket lined hospital bassinet that seemed so far away.

At home, I struggled to move in bed, sitting was painful, and carrying my tiny baby felt heavy and uncoordinated.

Years later, I would be praised for my fast labor and delivery and told how lucky I was. With that I would reply "car accidents happen fast too, but that doesn't mean they aren't traumatic for people who experience it."

What Could Have Been

The morning after I gave birth, an assortment of medical visitors arrived. My obstetrician, a pediatrician, lactation consultant, nursing staff, dietary with a tray, and to my surprise, an Occupational Therapist. I had never heard of getting OT in the hospital after having a baby, but she said she was here to help me. Help me with what exactly?

She looked right at me, and I felt a sense that she could stay a while if I was ok with it, compared to the rapid coming and going from some of the others. She asked about my home, who lives with me, family support, if I have stairs I will need to use. She asked if I was in pain and if I had any concerns.

"Um, I'm not sure. I do hurt from the tearing and stitches. Moving in this bed hurts and it's hard to get up," I admitted.

"I can help with that if you would like. Would you like to try to get up and move around? I can even get you to the toilet if you need it. " She had a calm sparkle in her eye. I agreed, both grateful and hesitant.

She coached me on how to roll and press myself up, how to breathe and not hold my breath or grit my teeth through the pain. She encouraged me and invited me to get in touch with her in two weeks for outpatient therapy, something my doctor would agree to and recommend.

"This is a huge change, and you will get better. If you need or want to, you can bring your baby with you to your appointment. Together we will create a plan to help you in daily life and to get stronger again. You've got this."

I felt seen, heard, and amongst the appointments for my breastfed baby, I felt cared for with my own appointment where my OT would teach me how to lift a car seat safely, how to hold my baby without hurting my neck and back during feedings, and how to rebuild my strength to feel like myself again. She would monitor my blood pressure and tell me of warning signs to be aware of. She would check in on my mental health more than anyone else, validate my experience, and give me a name of a mental health therapist if I decided I wanted to work on that part of my life more in depth. She gave me the gift of movement and how to progress and modify.

It all started in the hospital, the day after I gave birth, when I felt weak, injured, and at my most fragile state.

Our Current Reality

Of the 3.6 million births that occur in the United States, 98.4% occur in the hospital. With updated recommendations for expedited discharge, birthing people are often discharged 2 days post cesarean and 1 day post vaginal delivery. This is often followed by an OBGYN appointment 6 weeks later with minimal to know follow up before then (Segraves et al., 2023).

Within the 6-week postpartum period, patients are at the highest risk for hospital readmission due to infection, preeclampsia, and cardiovascular conditions, with 57% of maternal deaths occurring in this time frame (Segraves et al., 2023). Physical and occupational therapy is routinely utilized in hospital systems to address multiple body systems, with some departments utilizing standing orders for elective procedures and in home/outpatient therapies already scheduled prior to discharge. Most cases of postpartum preeclampsia occur between 48 to 72 hours after birth, indicating a need for increased blood pressure monitoring, as well as an increase in education and awareness for patients and families (Segraves et al., 2023).

Following the birth of a child, a postpartum individual will take on new roles and responsibilities, with increased physical and mental load, including roles as primary caregiver, appointment coordinator, all while learning feeding schedules and possibly learning how to breastfeed successfully. This sudden change can impact any household greatly, with perinatal mood and anxiety disorders affecting one in ten women (Segraves et al., 2023). This risk increased for those experiencing single parenthood, poor socioeconomic status, domestic or substance abuse, chronic comorbidities, and history of mental health disorders (Segraves et al., 2023).

When the topic of women's health, pelvic health, or postpartum care comes up, it is met with either confusion or encouragement, depending on the audience. People are willing to acknowledge that there is a need not currently being met, and yet the programming is not

in place for regular utilization. Occupational and physical therapists have skills that go beyond treating immediate problems, with the tools to educate for injury prevention, wellness, and safety. Combining these skills with acute knowledge for healing and improved outcomes earlier rather than months or years later, maternal acute care will not only impact the lives of postpartum people, but the lives of their support systems, family dynamics, and even long-term healthcare cost savings.

By implementing systems and communities where caregivers are cared for, we are setting up long term success for mental health wellness, common understanding of conditions and treatments, injury prevention, and an overall sense of "making the world a better place," something many healthcare providers were called to do before outside demands were placed on them.

Hospitals are already hiring acute care therapists and may already have outpatient pelvic health therapists as well. It is time to utilize what is already known and in practice, and to build on this with the formation of therapy teams with OBGYN and obstetric nursing collaboration.

Pregnancy, labor, delivery, and postpartum events provide a spectrum of experience for each birthing person. Acute postpartum occupational and physical therapists are equipped to be the onsite support, addressing needs of the entire spectrum of the physical and emotional experience as someone takes on new roles and their lives are forever changed. The time to educate these therapists is now. The time to grow these programs is now. The time is now - the lives of women depend on it.

Resources

Segraves, R. L., Croghan, A., Coreas, M., Locati, E., & Finley, R. N. (2023). Initiating occupational and physical therapy in the hospital after birth: Access, reimbursement, and outcomes. *Journal of Women's Health Physical Therapy*, 47(1), 26-35. <https://doi.org/10.1097/jwh.0000000000000262>.