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The Blossoming Roles of Occupational Therapy in Maternal Care: Trauma-Informed Maternal Health and Enhanced Recovery After Delivery Scholarship

July 2025

Introduction

Over the past few years, as I have befriended and worked with many women who were open about their maternal struggles, my interest in maternal health has snowballed. Three years ago, while I was a teacher in Saudi Arabia, I took birth and postpartum doula training with DONA International. I also trained with Orgasmic Birth to instill pleasure and sensuality to the birth process. I performed surveys with almost a dozen women who opened up about their birth experiences associated with culture, religion, breastfeeding, and support systems. Some women had joyful experiences while others had near-death experiences that they rarely mentioned. When I participated in a live doula training with San Antonio birth doulas with 16 other women, some women opened up about their vulnerabilities with c-section scars that took 7 years to heal and discomfort from episiotomies that lasted four years later. The embarrassment and pain affected their connection with their spouse and their ability to take care of their children, or their desire for more children. The following will provide insight into why occupational therapy is needed for women after birth.

Students and The Traditional Path

As a student, most of my professors have told me that I must focus on passing the exam and following the traditional route of occupational therapy. In fact, I have been told countless times that occupational therapists cannot work in pelvic floor therapy or lymphedema therapy since physical therapists dominate those fields. Fortunately, I have some capstone advisors who are encouraging me to pursue my goals in maternal and pelvic floor health. My first fieldwork placement was in an outpatient hands and pelvic clinic in Killeen, TX. I spent a lot more time on the pelvic side, which was extremely busy. Men and women of all ages, from late teens to their 80s, came for treatment. There is a lot of shame associated with pelvic pain. Women harbor a lot of agony with hysterectomies, endometriosis, or fibroids. These are compounded when they give birth. I've seen women cry about their inability to have sex or stress incontinence, which affects hobbies, childcare, and work after birth. It is an inner, secret torment that is not shared with anyone. The clinic offered pelvic floor therapy to pregnant women who were urged to return after birth for postpartum therapy. This contributed to a large demand on both the physical and occupational therapy sides of the clinic to treat the pelvic floor issues after birth.

Before I discovered Dr. Rebeca Segraves on LinkedIn, I was not aware that rehab was a possibility in acute care after birth. I asked a few doulas and mothers if they would have liked therapy within 24-48 hrs after birth, and there was a resounding yes. They all wondered why this isn't a possibility. I sent the list of hospitals that offer rehab and accept students for fieldwork to my professors. With Dr Segraves' guidance, I made posts in Facebook therapy groups and LinkedIn to find contacts. This proved more difficult than I thought. My only contact turned out

to be the only hospital that my university has a capstone contract with in our region. I am currently working on a schedule with the clinical coordinator and therapist at Bryan Hospital to start in November.

Why is Occupational Therapy taking a backseat to Physical Therapy?

The goal is to expand occupational therapy services as a way to increase the workforce of professionals who are trained in trauma-informed maternal health. Although there is overlap between the scope of practice of physical therapists (PTs) and occupational therapists (OTs) to provide biomechanical interventions, PTs are not trained to meet the additional mental, emotional, and occupational performance needs that often complicate c-section recovery (Rich, 2025). In San Antonio, the pelvic floor community is dominated by PTs. Although there is a four-month wait time, no OTs are working full-time in that field. If OTs aren't working with mothers, they are lacking a tremendous part of the healing journey for mental health and stress relief. General treatment areas in the early c-section postpartum period include, but are not limited to, Activities of daily living (ADL) and instrumental activities of daily living (IADL) adaptations, breathwork, stress management, core rehabilitation, scar desensitization, proper body mechanics for functional movements, energy conservation education, and nonpharmacological pain management strategies (Rich, 2025). OTs are well equipped to work with the complex needs and demands of new mothers after birth. Some mothers might have children to tend to at home in addition to the new baby. There are cultural and socioeconomic factors to consider, including the level of support from family and the relationship with the spouse. Although some women have family, postpartum, or birth doulas to help them, others might be single mothers or have an abusive relationship. Therapy after birth will give her the knowledge she needs to take more control of her symptoms. Mothers can be taught new techniques to get dressed, shower, and use devices such as walkers, wheelchairs, or canes to reduce injury after birth-related surgeries.

The Ugly Side of Birth

Many women feel powerless with the cascade of interventions that occur during birth. If the vaginal birth has complications, women are offered c-sections, forceps, vacuums, and episiotomies. However, there is a lack of understanding of what is going on among spouses or family members, which might create a feeling of helplessness. If the people closest to the mother feel empowered, they are better equipped to support her at home. A therapist can explain what is happening, educate them on what to expect, and how to recover without further injury. Episiotomies are given to justify faster delivery and prevent perineal tears, but they come with some complications. Episiotomies can cause third- and fourth-degree tears due to unintended lengthening of the incision which causes anal incontinence, increased blood loss, recto vaginal fistula, hematoma development, pain and swelling in the episiotomy area, infection, wound

separation, and painful intercourse (Aktar et al, 2024). Fistulas are a phenomenon that is thought to be more prevalent in third-world countries with a lack of access to healthcare. Rectovaginal fistulas and fistulas between the vagina, bladder and urethra also affect women in the USA when the tears and cuts are too deep after birth. Women will benefit from perineal massage before birth, education for treatment of the scars, healing time, and mobility techniques to prevent further injury. Partners should also receive education on intimacy after episiotomies to reduce pressure on the mother.

Regarding ADLs, the guidance provided related to functional mobility, bed positioning, training, and energy conservation techniques for high-risk pregnant women, cesarean postpartum, and normal postpartum women can enhance recovery (Renata, 2020). Like most people in acute or post-surgery, mothers will have difficulty performing ADLs such as bathing, dressing, toileting, and bed mobility. If mothers receive help in their ADLs, they can improve performance with IADLs such as breastfeeding, childcare, and mother-baby bonding. Mothers should know that they should slow down their pace and take breaks between activities to sustain endurance and prevent burnout. An OT is able to help accomplish Goal 1 “reduce the risk of long-term perinatal complications by expanding earlier access to the information and services that families need” because OTs support the client while simultaneously stepping back to observe strengths and weaknesses, and in the Western world, OTs are recognizing the need to work interprofessionally with midwives and doctors to address complex physical, social, and psychological needs (Rheinberger, 2018). OTs can prescribe equipment resources and home modifications for the mothers in home health. A doula can help the mom and baby on an emotional and physical level, but OTs can go a step further to make a comfortable transition from acute care to home. Every mother has a unique way of doing basic ADLs and has various limitations. OTs are familiar with working as part of a team to assess what goals need the greatest focus for each woman.

Postpartum individuals are at risk for complications such as eclampsia, stroke, neuropathy, and epidural complications, which can be associated with neurological injury affecting mobility, judgment, self-care, and newborn care (Segraves, 2023). Preeclampsia can lead to double vision, Bell's Palsy, headaches, bladder and bowel issues, and motor impairment. Preeclampsia can last throughout the postpartum period, so mothers need to know how to take care of themselves and what precautions they should take. Add gestational diabetes, and it is no wonder so many women struggle with perinatal mood disorders. One mother claimed that part of the epidural splintered into her spine, and she has had pain in her back ever since.

Patients with cancer are another population that can benefit from therapy after birth. I attended the San Antonio Breast Cancer Symposium last year. There are many oncologists, advocates, and pharmaceutical representatives from all over the world, but rarely any therapists. I spoke to a resident with cancer who wants to know more about how pelvic floor therapy could help women after cancer surgery or treatment. Some women with cancer or a genetic predisposition for cancer might want to have children. In reproductively aged women diagnosed with breast cancer, it is associated with pregnancy in 14% of the cases. There is an incidence of

around 1:3000 for breast cancer in pregnancy (Sheehan, 2016). Pregnant women have a 2.5-fold higher risk of presenting with advanced cancer during their term. Breast cancer treatment in a pregnant patient can be done, and a delay in the starting of treatment in a newly diagnosed patient is not recommended (Sheehan, 2016). Although it is a smaller population, women with breast or other types of cancers might need rehab even more than other populations, especially if they are undergoing chemotherapy and surgery during pregnancy. Cancer treatment in pregnancy can increase complications with premature birth and impact on the fetus, which strengthens the need for OT after birth.

Politics and Advocacy

After reading an article stating that President Trump wanted to give women a $5000 bonus to have more babies, I started attending Republican political events in Texas. I asked attendees what they thought of rehab after birth, and everyone, spanning generations, parents, and childfree, supported the idea of therapy for mothers. Fathers were very supportive since they had to survive the postpartum recovery process with their wives. Therapy for mothers after birth extends beyond the hospital, outpatient, or home settings. Most people pointed me in the direction of politicians, public health figures, and medical boards at hospitals. More health professionals need to know what OTs can do for mothers and the hospital system. Most of the population is impacted by mothers who are struggling to recover from traumatic births. Postpartum healing affects their quality of life, confidence, and roles in the family, community, and workplace. Politicians and people in positions of power need to know that women need more mental, physical, and therapeutic support to entice them to keep birth rates up.

Conclusion

After research and seeking opinions, the vision for rehab after birth is multifaceted to include politics, advocacy, and promoting this emerging field in occupational therapy. Maternal care is a very rewarding field with a highly motivated and cooperative client population. Many OTs think that they have to go the traditional route with the general or aging population. Some even experience burnout, and they can't fathom working in this field full-time. After I secure a comfortable financial position in maternal care and pelvic floor therapy, I could educate and sponsor other occupational therapists. Rehab after birth isn't just an American issue since women all across the world face the same difficulties. Our European counterparts might be ahead; however, many other countries are lagging behind. There are many possibilities for bridging the skills of OT, rehab after birth, and collaboration with postpartum units for better outcomes for both mother and child. Future OT students can also receive the specific skills needed to work in the maternal acute settings.

I am applying for both the Enhanced Recovery After Delivery 15-hour Certificate Training and the 30-hour Perinatal Health Specialist Certification Programs. As a full-time

student at the University of Saint Augustine for Health Sciences, I am completing my capstone project on maternal pelvic and mental health. I feel like this course would be an essential component for both experiential and literature-based knowledge.

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