

Skylar McGinnis, OTS

Helping Mothers Heal: An Occupational Therapy Perspective in Trauma-Informed Maternal
Health Scholarship

February 2026

Introduction

Over the course of my occupational therapy journey in school, I have had the opportunity to shadow and have fieldworks across multiple settings. Most notably, was my level I pediatric fieldwork experience in the Pediatric Intensive Care Unit/ Neonatal Intensive Care Unit at University Hospital in San Antonio, Texas. During this experience I was able to witness the treatment of many babies and children during critical stages of their healing journeys. While observing in the Neonatal Intensive Care Unit, I was able to meet a first time mother that was rushed into an emergency c-section and was now witnessing her babies first developmental milestones within the walls of a NICU treatment room. The first time mother had to return to work while waiting for her baby to reach the milestones needed to be released from the hospital, so when she was released she could use her maternity leave to take care of her. After discussing with the mother, she explained how difficult it was to handle all aspects of her recovery, such as from healing from a C-section, to going back to work, and worrying about her baby while not being able to be with her. As an occupational therapy student, I have come to recognize the vital role that occupational therapists play in helping mothers recover physically, emotionally, and functionally, while ultimately supporting the well-being of their family and engaging in co-occupations.

The Challenges of Maternal Recovery and Role of Occupational Therapy

As a student and a young woman, I have been the listening ear to fellow friends, family members, and patients that have experienced challenges with recovery after birth. Despite the many unique challenges a mother faces postpartum, the most common challenges that women face after birth that can affect their occupational participation in daily life activities including but not limited to pain, fatigue, and emotional distress. While mothers are participating in a delicate balancing act of trying to provide and take care of their beautiful miracles, their own health and well-being is often overlooked and put on the back burner. This has the ability to impact how they are able to care for their baby and complete their own self-care occupations. What surprised me most about witnessing these challenges, was how in the 21st century, a profession like occupational therapy is still limited in providing services to women that are entering motherhood; which is a set of new co-occupations within itself that are complex and filled with fear of the unknown.

In the last few years, we have seen a growth in occupational therapy providing trauma-informed maternal health care, which has opened doors for students, like myself, to spread the knowledge to future generations of mothers. The role of occupational therapy in maternal health is about switching the focus from infant health to guiding a mother through matrescence as her roles as an occupational being and her own self-identity drastically shifts. Occupational therapists have the ability to provide holistic care within the acute postpartum

population by providing education on safe activity progression, body mechanics, client factors, mental health and more (Sidar & Skuthan, 2025). The Occupational Therapy Practice Framework, fourth edition, defines these areas with the occupational therapy scope of practice (American Occupational Therapy Association [AOTA], 2020). Research shows that occupational therapists, prior to receiving Enhanced Recovery After Delivery Certificate Training working in the acute care setting, reported the importance of safety education post c-section or birth in completing self-care activities like dressing, bathing, and toileting. One therapist emphasized the difficulty and pain mothers face to bend over or undressing to use the toilet by stating, “If they’ve had a tear or something, being able to carry their baby and get around the house and do ADLs, and really just go about their anticipated roles as a mother” (Sidar & Skuthan, 2025). The transition into motherhood, forces a mother to re-evaluate the way woman are able to complete everyday tasks and explore new methods of competing previously habitual occupations with new challenges. These challenges highlight the essential role of occupational therapy in addressing both physical function and mental well-being of mothers during the postpartum period.

The transition into motherhood is not only a physical recovery process, but also a significant psychosocial and occupational shift. Research describes how mothers often experience emotional changes, fatigue, anxiety and uncertainty as they step into their caregiving roles and responsibilities (Baker et al., 2024). As occupational therapists, we have the opportunity to address mental health, specifically post-partum depression as it falls within our scope of practice. We have the ability to provide reassurance and set realistic expectations for mothers as they enter this period of occupational disruption. Many new mothers report feelings of fear about the baby’s health, fear of judgment from others, uncertainty about their ability to identify different cries, fear of choking, traveling with a baby, nutrition, and operating unfamiliar equipment (Baker et al., 2024). These feelings of fear and anxiety can inhibit a mother's ability to engage in meaningful co-occupations, family routines, and prioritize their own well-being. Occupational therapists are able to treat mothers holistically, by considering their environmental, personal, and social factors that influence their ability to participate in daily activities. Interventions may include helping mothers develop routines, establish roles and implement strategies to reduce stress and support emotional well-being. As mothers regain confidence and independence through occupational therapy, the positive effects translate to their families and the broader community.

Maternal Health Benefits All

The benefits of occupational therapy in maternal health reaches more than just the mothers receiving care and into their family and the community. Research shows that being with other mothers gives participants a sense of connectedness and reassurance they are not, “doing everything wrong” (Baker et al., 2024). By improving a mother’s ability to care for herself, improving family routines, and maintaining social connections, occupational therapy can help

reduce caregiver burden and strengthen partner relationships. These benefits extend into the community, as mothers who feel supported physically and mentally are able to engage in social events, return to work, and bond with their families within social settings. Occupational therapy is able to bridge the gap between hospital care and home life, as it is important to recognize that postpartum recovery continues many weeks after delivery. As most vaginal births are discharged from the hospital within 2 days and 3 days for a c-section (Sidar & Skuthan, 2025). In a typical c-section recovery, the first 6-8 weeks postpartum are considered to be the acute stage of healing, where mothers have the most physical restrictions and need for assistance. Research shows that home health occupational therapy services would be beneficial immediately after hospital discharge and until the client is cleared by their OB/GYN to resume all activities (Rich & Skuthan, 2025). Occupational therapists are able to complete a home evaluation and determine modifications for home safety, equipment needs, and basic modifications for safe ADL completion. In addition to providing instrumental activities of daily living and activities of daily living adaptations, occupational therapists are able to treat scar desensitization, core rehabilitation, proper body mechanics, and stress management to improve functional outcomes in meaningful occupations. Through this continuum of care, occupational therapists in maternal health promote postpartum recovery throughout all stages of healing and development of new occupations.

Conclusion

Through my research, education, and fieldwork experiences, I have come to understand the complexities that are entailed in postpartum recovery as well as the physical, mental, and occupational transformation that occurs throughout this period of time. Occupational therapists provide a pivotal role in supporting mothers during this time by addressing many areas of occupations, including but not limited to areas such as self-care, infant care, emotional well-being, and the development of new roles and routines. When mothers receive occupational therapy support, the benefits of services extend beyond the individual to strengthen family relationships, improve confidence, and promote social engagement within the community. Without proper postpartum care, mothers can continue to experience mental and physical limitations as they progress throughout motherhood. This can be evidenced through reappearing difficulties within familial relations, mental health, pelvic floor health, and overall well-being. Due to the importance of this scope of practice, I have chosen to complete my capstone project in maternal health under the guidance of Aidee Rosado. A capstone experience is a 14-week experience in which I have the opportunity to utilize the theories and knowledge that I have gained through my didactic education and fieldwork experience. To develop a project that will benefit the community, within the scope of maternal health. My goal for this capstone is discover the specific needs of expecting and postpartum mothers within the San Antonio community and discover ways to address this need and help this underserved population. There are many opportunities for occupational therapists to become involved in the continuum of care for

maternal health. I believe that the additional training in Enhanced Recovery After Delivery Certificate Training and Perinatal Health Specialist Certification program lays the foundation for completing my capstone experience in spring 2027. This opportunity would further develop my clinical skills and allow me to provide informative, holistic educational materials for mothers and families that I will serve during my capstone and future practice.

References:

- American Occupational Therapy Association (2020). Occupational therapy practice framework: Domain and process— Fourth edition. *The American Journal of Occupational Therapy*, 74 (Suppl. 2), 7412410010p1– 7412410010p87. <https://doi.org/10.5014/ajot.2020.74S2001>
- Baker, H., Cuomo, B., Femia, C., Lin, D., Stobbie, C., McLean, B., & Hatfield, M. (2024). Occupational therapy in maternal health: Exploring the Barkin Index of Maternal Functioning as a potential tool. *Australian occupational therapy journal*, 71(2), 279–290. <https://doi.org/10.1111/1440-1630.12926>
- Rich, C., & Skuthan, A. (2025). Occupational therapists' role in maternal health in the home environment after cesarean section. *American Journal of Occupational Therapy*, 79, 7901347030. <https://doi.org/10.5014/ajot.2025.050806>
- Sidar, S. S., & Skuthan, A. (2025). Occupational therapy practitioners' perceptions of providing services for the acute postpartum population. *OTJR: Occupational Therapy Journal of Research*, 45(1), 21–28. <https://doi.org/10.1177/15394492241234846>