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I did not realize how much I was being held together until I looked back and saw all the hands that had carried me. When my son was born, I thought survival would come down to me, my strength, my patience, my ability to “handle it.” That’s what people say, isn’t it? That motherhood reveals what you’re made of. But that’s not the truth I lived. The truth is, I was held. Not always in obvious ways, and not always perfectly, but consistently enough that I never fully disappeared, even when I felt myself slipping. And now, watching changes unfold in my hometown, watching services disappear, watching the hospital close its doors. I can’t stop thinking about the mothers who won’t have what I had. Because what saved me was not just love. It was support that functioned. And that is exactly what occupational and physical therapy are designed to provide.

In those first weeks after birth, I was not okay. There is a quiet way that postpartum depression settles in. It doesn’t always scream. Sometimes it whispers. It tells you that you’re failing in small, convincing ways. That everyone else is managing better. That your exhaustion is a personal weakness instead of a biological reality. I remember sitting on the edge of my bed, staring at a pile of unfolded laundry, my baby crying in the other room, and feeling completely paralyzed. Not lazy. Not careless. Just stuck. My sorority sister, who also happened to be my neighbor, knocked. She didn’t ask what was wrong. She just came in, picked up my son, and said two words that never seemed to go together in my hectic life,” Tavia, REST.” There I was, not even 23 years old, but skeptical at the thought of allowing ease into my life. My mom started coming by once a month. Not to “help with the baby,” but to help with me. She would reorganize my kitchen so things were within reach. She’d remind me to eat. She’d sit with me while I cried, without trying to fix it. Others brought food and helped in other relevant ways. None of them called it therapy.

Looking back, so much of what they did mirrors what occupational therapy is meant to do: They helped me participate in my life again. About a month after my son was born, I started attending in person graduate classes. During a break in my rehabilitation counseling course one night, one question from my friend turned my life upside down. During our weekly stroll on campus, she said, “Tavia, are you okay?” I felt my chest tighten. I couldn’t follow what my anyone was saying. My vision blurred. My heart raced until I was sure everyone could hear it echoing throughout. It was a full-blown panic attack, the kind I didn’t even know I was capable of having. Trying to breathe quietly, tears streaming down my face. After trying to return to class, my counselor-professor pulled me aside. Her calm eyes met mine in the way only someone trained to see pain can. “Tell me what happened.” I told her everything. The crying, the exhaustion, the wild thoughts, the shame. She listened, then guided me through a simple breathing exercise: in through the nose, out through the mouth, long and slow, longer on the exhale than the inhale. We repeated it together until my hands stopped shaking. “I don’t know you very well, she admitted softly, “but what you’re describing isn’t just emotional. Your body is

teaching you something about the imbalance between what it's been through and what it's carrying. Let's start by helping you reconnect to it."

That moment was small, but it split something open in me. Until then, I had been treating my body and mind as separate. My body was something to recover from, my mind something to "fix." As a young mother with my intermediate family hours away, I was unaware of the village mindset having a child would require. Thankfully, there were angels around who were aware of my needs. In five minutes, she showed me that they were the same story. It was the first spark of what occupational therapy later made concrete for me: that healing requires integration. You cannot rebuild mental wellness without rebuilding physical function and daily structure. And you cannot restore the body without attending to the mind's landscape. Her breathing techniques became my lifeline in the following weeks, each inhalation a reminder that presence and control were still possible. That night didn't solve everything, but it changed the direction I was walking in. It gave me language for the kind of care I would later discover through therapy, the care that honors the entire person, not just their diagnosis. That's the part people misunderstand about recovery after birth. It's not just about healing tissues or waiting for hormones to stabilize. It's about relearning how to live inside a completely changed body, mind, and environment. Occupational therapy focuses on exactly that, the "occupations" of daily life. Not jobs, but the tasks that make up being human: bathing, feeding, resting, connecting, moving through space with purpose.

After birth, especially after complicated or operative deliveries, those basic activities can become overwhelming.

- Sitting up can strain healing muscles.
- Holding a baby too long can aggravate joint pain or nerve issues.
- Feeding routines can cause postural strain, fatigue, and emotional distress.
- Sleep deprivation distorts perception and emotion.

Occupational therapy doesn't just address these issues. It helps a mother reclaim agency over them. It meets her where she is and asks: "How can we make this doable?" Even with my village, there were moments that felt unnecessarily hard. I didn't know how to move safely after delivery. I didn't understand why my wrists hurt, or why my back ached constantly. I didn't realize that the way I had set up my home, high shelves, low cribs, cluttered counters, was quietly working against me. An occupational therapist would have seen that instantly. She might have adjusted my feeding setup to protect my spine. She could have taught me body mechanics to reduce strain, or introduced breathing and grounding techniques like the ones my professor had shown me, but framed through a therapeutic lens. I didn't know it then, but what she offered me, awareness, regulation, reconnection, was manual therapy for the mind.

My hometown's hospital closed recently. To outsiders, it's a business decision. To mothers, it's a dismantled web of support. Labor and delivery weren't the only things that left. So did the lactation consultants, the physical therapists, the parent support groups, if they even had those to begin with. Without those touchpoints, new mothers are left to Google their way through crisis. If I hadn't had my mother, my neighbor, my professor, who knows where I'd be? The thought wrecks me because the truth is simple: not everyone has a village. And without professional, accessible care, they're left to navigate an ocean without a compass. Occupational and physical therapy can rebuild what hospitals and proximity once provided. They can meet mothers where they are, literally. In homes. In real environments where challenges appear unfiltered. When care enters the home, it becomes human again. A therapist can see the strain on a mother's face when she lifts her baby. She can see the setup of the nursery and suggest changes. She can address posture, safety, and energy use all while helping that mother breathe, helping her remember that balance between body and mind.

In summary and high hopes, this is the future of maternal health: mobile, relational, evidence-based. It's what we owe to every mother who won't have a hospital down the road or a family next door. If hospitals can close, then care must evolve. We can't rely on old systems alone. Distributed, home-based therapy can become the new village: a network of professionals who carry knowledge, empathy, and healing directly into the spaces where mothers live.

Imagine:

- One postpartum home visit as standard care for every birth.
- Therapists trained to recognize depression and anxiety early.
- Interdisciplinary collaboration between occupational, physical, and mental health providers.
- Virtual workshops teaching families supportive caregiving techniques.

Because what I learned from my professor's steady breathing guidance, to the patient hands that rearranged my kitchen, is that healing is communal by design. It just needs structure. The hospital in my town is dark now. But care doesn't have to be. It can travel. It can show up. It can look like a therapist arriving at your door with a gentle smile and a clipboard full of empathy. It can sound like someone saying, "You're not weak for needing help. You're wise for accepting it." Because no one should have to find their way back to themselves alone, not after birth, not in the quiet ache of postpartum depression, and not in a world where supports crumble silently. Someone must hold the light steady enough for mothers to see themselves again. That is what occupational therapy can do. That is what the new village must become.