

The Unique and Evolving Role of Occupational Therapy in Postpartum Acute Care

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Occupational therapy practitioners (OTPs) have been advocating for, and increasing their unique role in maternal health and wellbeing over the past several years. However, practitioners scope of practice, holistic lens, and skill set situates them to increase their presence in acute post-partum settings for birthing individuals. While maternal mortality rates have been declining worldwide over the past five years, the United States (US) is one of seven countries that continues to report a significant increase in maternal mortality, placing the US last among its high-income country counterparts (The Commonwealth Fund, 2026). Of critical significance is the ongoing racial and rural versus urban disparities in pregnancy-related deaths with mental health, infection, severe bleeding, and hypertension listed as the top underlying causes of pregnancy-related deaths (The Commonwealth Fund, 2026). With approximately one-third of births happening via cesarean section (now ranked as one of the most common inpatient surgical procedures) and only a 27% rate of exclusive breastfeeding for the first six months in the US, OTPs have an opportunity to enhance maternal health outcomes and positively influence occupations and co-occupations of mothering and parenting in an acute care setting (Sidar & Skuthan, 2025; UNICEF, 2023).

While OTPs are equipped to work in maternal health from pre-conception through post-partum and beyond, current statistics show that only about 110 to 128 of the 2,158 US maternity hospitals offer occupational therapy (OT) and/or physical

therapy (PT) to mothers after birth. Because of the relative newness in the acute post-partum care setting, an exact count of OTPs is unknown (Pelvic Health Network, n.d.). The first six weeks post-partum have the highest rates of patient re-admission and maternal deaths most often associated with infection, preeclampsia, cardiovascular conditions, and post cesarean section complications (Segraves et al., 2023). Literature has supported OTP's role in breastfeeding, pelvic health, role and routine transitions, mental health and wellness, and activities and instrumental activities of daily living, but the challenge lies in advocating for our added value to the acute care post-partum team (Segraves, et al., 2023). A recent study by Sidar & Skuthan (2025) found that hospital-based OTP's preparing to work on the acute post-partum unit discovered the population change did not drastically alter how they used their existing skills, knowledge, and experience around biomechanical assessment, ADL training, pain management, or positioning interventions. The biggest change was the shift in focus to the mother and the added importance of addressing mental health in the post-partum phase along with understanding the maternal-infant dyad and new co-occupations (Sidar & Skuthan, 2025; Sutton et al., 2024). As an OTP and mother who birthed five children via c-section in a small, rural hospital, I had first hand experience navigating the occupations of mothering after major surgery and birth trauma long before OTs were involved in maternal health. It was a "therapist heal thyself" journey which might have looked notably different had there been a seasoned OTP on my post-partum care team. Providing education to maternal care providers and advocating for OT's place in obstetric rehabilitation is crucial to addressing the current maternal health crisis (Segraves et al., 2023). Below are areas that OTP's can add their expertise to acute

care post-partum teams to optimize function and safety, while reducing hospital readmissions.

Functional Recovery

Standard discharge times have evolved since COVID-19 with the American College of Obstetricians and Gynecologists (ACOG) recommendation of discharge two days following a cesarean section birth and only one day following a vaginal birth versus pre COVID-19 standard of care with discharge within two to four days of delivery (Segraves et al., 2023). Assisting with functional recovery can maximize recovery with a successful discharge to home for both mother and baby. Key areas of focus for OT include the following (Conceição et al., 2020; Khan, 2023; Segraves et al., 2023; Sidar & Skuthan, 2025):

- Assessment and monitoring of cardiopulmonary and neurological complications such as screening of vital signs before, during, and after activities necessary for ambulation, self-care, newborn care.
- Non-pharmacological pain management strategies post-surgical (e.g., pelvic, perineal, cesarean section) specific to ergonomic positioning, bed mobility, use of an abdominal binder, functional transfers, carrying and feeding baby, and breathing techniques for relaxation and anxiety reduction.
- Scar management and wound care including massage and positioning.
- Home exercise programs specific to pelvic strengthening with education on pelvic anatomy and function.
- Referral to outpatient pelvic health rehabilitation specialists after discharge.

Activities of Daily Living and Co-occupations

Not only are birthing individuals discharged needing to be able to complete their own basic ADLs, but also those of the baby and possibly other children in the household. Developing new and healthy routines that balance mothering occupations and co-occupations with self-care needs can be a daunting task that OT practitioners can address in the acute care phase prior to discharge in order to support ongoing post-partum recovery (Conceição et al., 2020; Khan, 2023; Segraves et al., 2023; Sidar & Skuthan, 2025; Sutton et al., 2024).

- Provision of information, education and training on adaptive equipment for dressing, toileting, bathing, and driving including energy conservation, body mechanics and ergonomic positioning, and activity modification for pain management. This is both for mother and baby ADLs.
- Graded exposure and activity progression for lifting, bending, and carrying; particularly with the baby.
- Routine building strategies including time management and habit stacking.
- Lactation and feeding support comprising position modification for tissue healing and prevention of hand and upper extremity stress injuries (i.e. carpal tunnel syndrome), environmental supports, and confidence and self-efficacy for mother's breastfeeding preferences.
- Education on infant feeding and hunger cues, infant oral motor coordination, and benefits of bonding with baby.

Mental health and Wellbeing

The mental health of mothers has worsened over the last 10 years. According to the Policy Center for Maternal Mental Health (2026), between 2013 and 2023, US

mothers reported near a 65% increase of fair to poor mental health. Adding to this statistic is the fact that mothers continue to face social stigma as a major barrier to seeking mental health support during the perinatal period (Policy Center for Maternal Mental Health, 2026). Maternal mental health (MMH) conditions are one of the leading causes of maternal mortality and can adversely affect the length of exclusive breastfeeding (Trost et al., 2022). OTPs can utilize therapeutic use of self and their background in mental health to address MMH and reduce stigma before discharge to home (Conceição et al., 2020; Khan, 2023; Segraves et al., 2023).

- Evaluation of mental health with standardized screenings for anxiety, depression, post-traumatic stress disorder, and psychosis.
- Education on adaptation and on coping strategies, stress and anxiety management, and routine and role changes.
- Support and coaching in developing the mother-baby bond.
- Expectation management to boost confidence and self-efficacy in mothering.
- Provision of strategies to improve sleep, promote relaxation, and enhance self-regulation.
- Referrals for social support groups and community resources.

There is a clear need for practitioners in acute care to join the obstetric team and serve the needs of the post-partum population. Occupational therapy's unique, holistic, and client-centered approach adds value to the delivery of care during a client's hospital stay. OTPs can support a safe discharge home and ensure a mother can care not only for herself but for her newborn as well. Drawing on their already present skillset, OTPs can focus interventions on functional recovery, ADLs and co-occupations, as well as

mental health and wellbeing. By advocating for a role within the post-partum health care team, occupational therapy may positively contribute to the reduction of maternal mortality and improve occupational participation associated with post-partum recovery.

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