

# Perinatal Mental Health: An Occupational Therapy Approach

Mauly Her Lo, MS, OTR/L

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Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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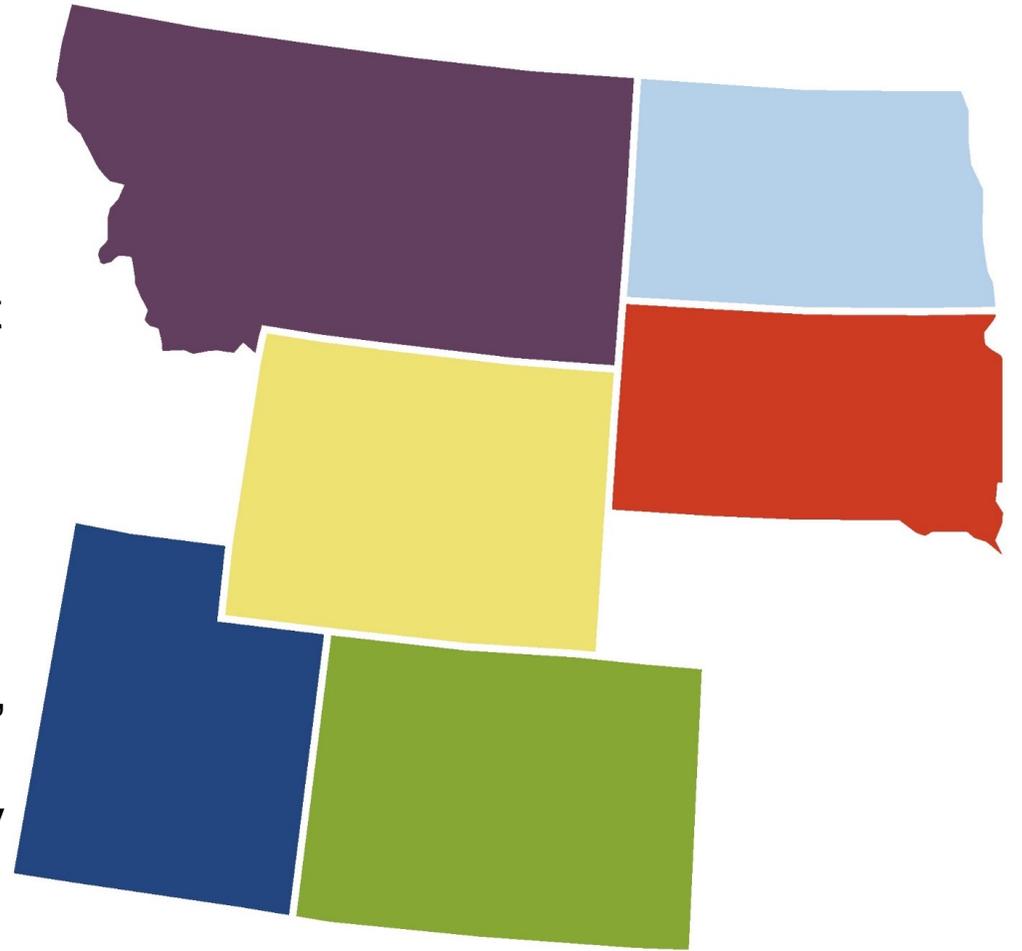
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# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



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Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

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AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

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AVOIDING ASSUMPTIONS

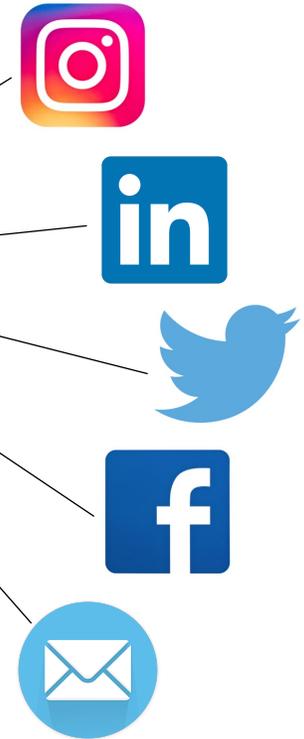
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# Perinatal Mental Health: An Occupational Therapy Approach

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# Objectives

- Participants will be able to define occupational therapy
- Participants will learn and be able to explain how a mother's mental health impacts individual and mother-infant dyad
- Participants will recognize the roles of occupational therapy in perinatal mental health wellness and recovery

# Warm Up

- Share a word or two when you hear "occupational therapy"



# What is Perinatal Mental Health?

- “A state of well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community” (World Health Organization, n.d.)
- Occurs anytime during the perinatal period
  - Prenatal Period: during pregnancy
  - Postpartum Period: the first year after the baby has been born



# Perinatal Mental Health Statistics

- 1 in 5 women experience a perinatal mental health (PMH) condition
- 1 in 4 women of low socioeconomic status experience a PMH condition
- BIPOC women are at an increased risk of experiencing a PMH condition and are less likely to report it
- 75% of women go untreated
  - 1 in 5 women are not asked about depression during **prenatal** visits
  - 1 in 8 women are not asked about depression during **postpartum** visits
- 20% will experience suicidal thoughts or take self-harm actions



# Perinatal Mental Health Prevalence

70-80% of women experience the “baby blues” after giving birth  
(Kepic, 2020)

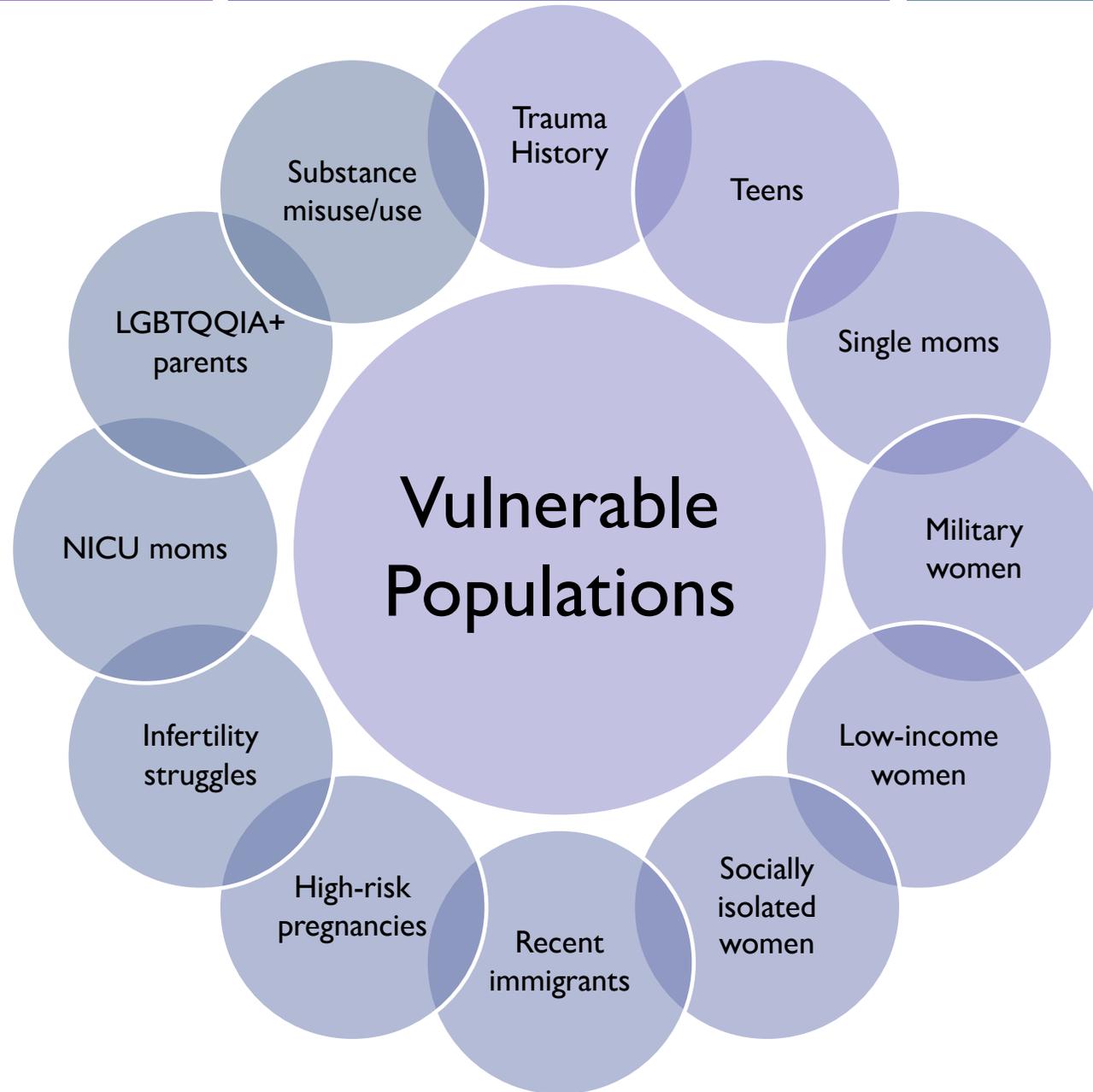
15% to 23.9% of women experience depression  
(Dagher et al., 2021)

15% of women experience perinatal anxiety  
(Fairbrother et al., 2016)

3.9% of women experience OCD  
(Benfield, 2020)

1 to 2 women per 1,000 deliveries experience postpartum psychosis  
(Raza & Raza, 2022)

9% of women experience birth-related PTSD  
(Postpartum Support International, 2021)



# Maternal Role Expectations (Browne, n.d.)

Expectations  
of yourself

Expectations  
of others

Expectations  
from others

Societal  
Expectations

Cultural  
Expectations

Career  
Expectations

# Impact of Perinatal Mental Health on Mothers

Physiological factors

Cognitive, coping, and problem-solving functions

Psychosocial factors

Family and community support, empowerment, and culture

Physical recovery from childbirth

Vaginal or cesarean, breastfeeding, posture and ergonomics, and pelvic floor muscles

Mental recovery from childbirth

Stress, anxiety, fatigue, restlessness, and mood lability

# Impact of Perinatal Mental Health on Mother-Infant Dyad

- “Every year, more than 400,000 infants are born to mothers who are depressed, which makes perinatal depression the most underdiagnosed obstetric complication in America. Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development.” (Earls, 2010, p. 1032).

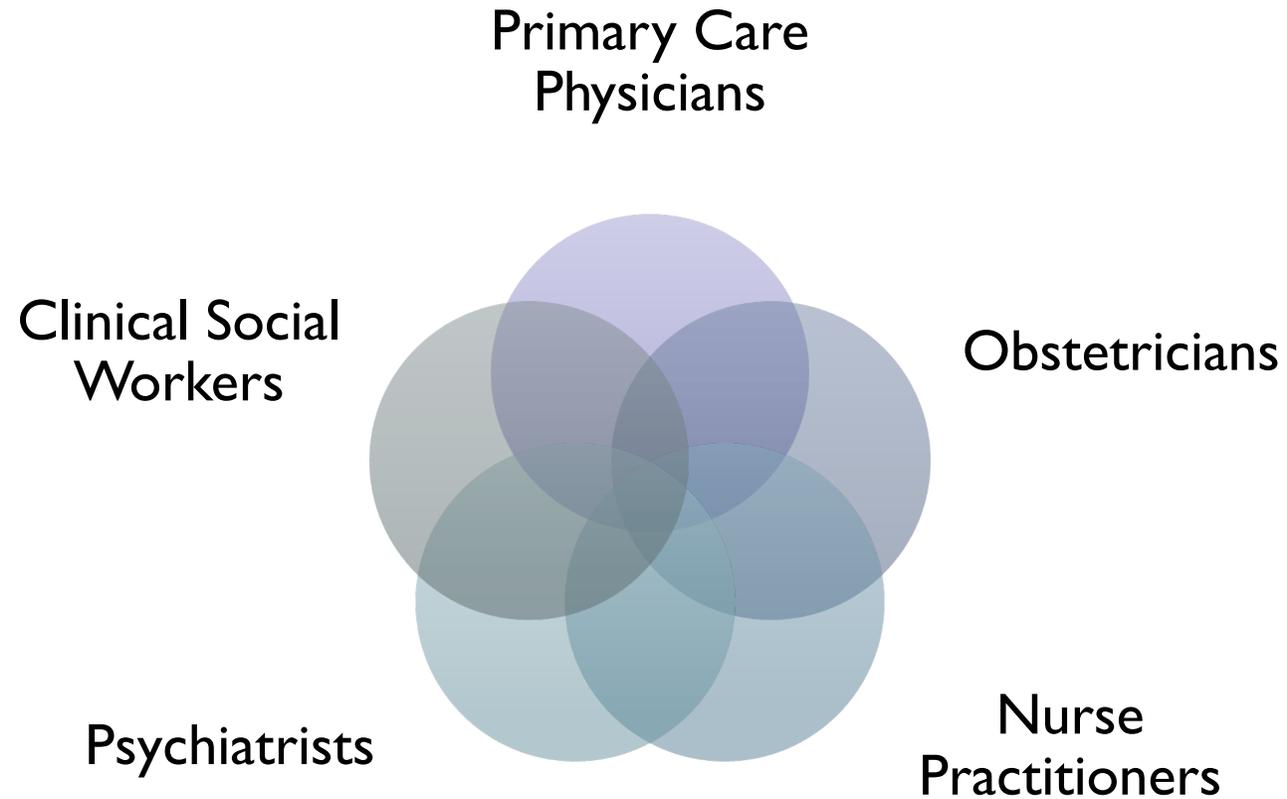
Developmental delays

Behavioral problems

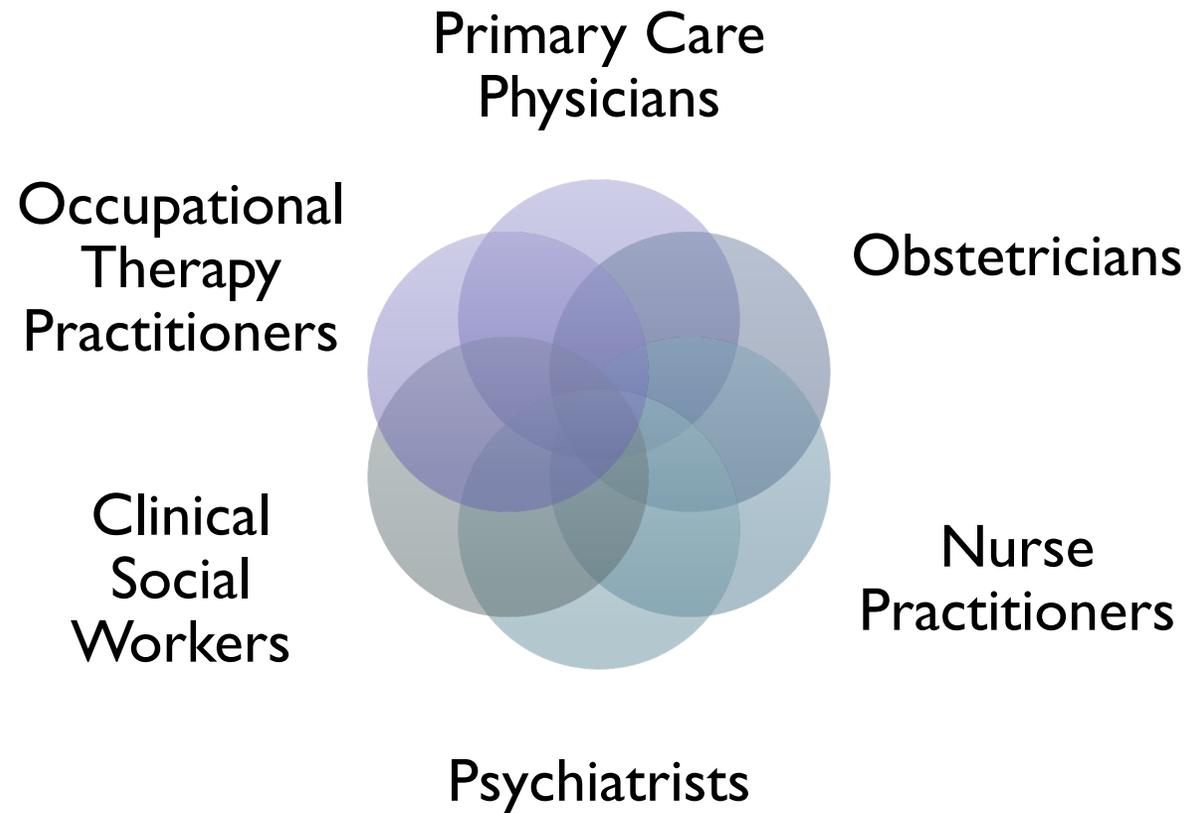
Insecure attachment leading to dysregulation and behavioral patterns in adulthood

Intergenerational transmission of trauma

# Healthcare Providers in Perinatal Mental Health



# Healthcare Providers in Perinatal Mental Health



# What is Occupational Therapy?

- A client-centered, holistic approach that uses meaningful and daily life activities to enhance engagement, participation, and health at home, in the community, at work, and in other environments.
- Our main goal/outcome is to get people back to doing what they love and enjoy that is meaningful to them

# Maternal Functioning Domains (Barkin & Wisner, 2012)



# Maternal Functioning Domains

## Social Support

- Difficulty maintaining relationships and communication with others

## Self-Care

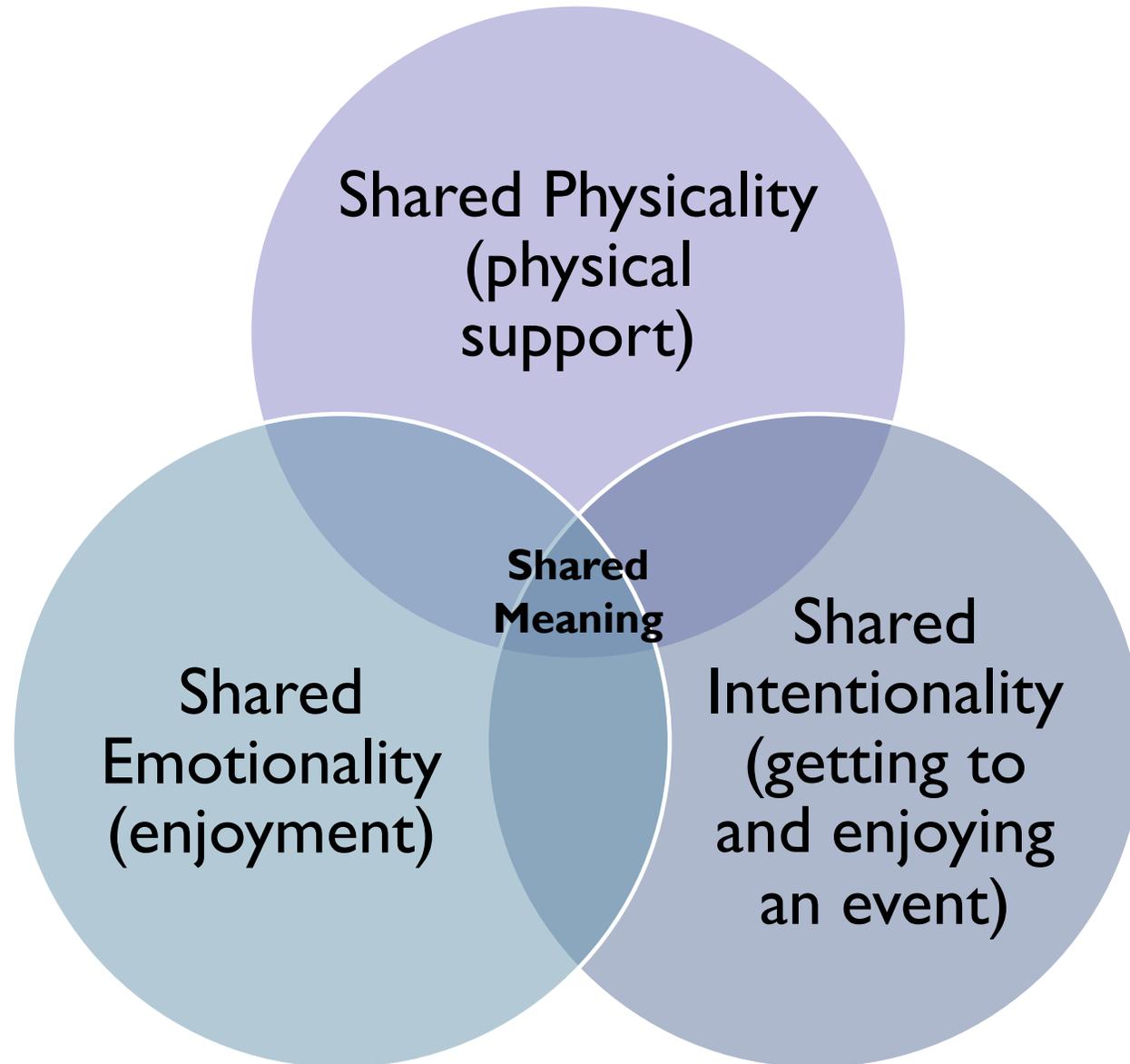
# Maternity Care Pathway Stages (Payne, 2019)

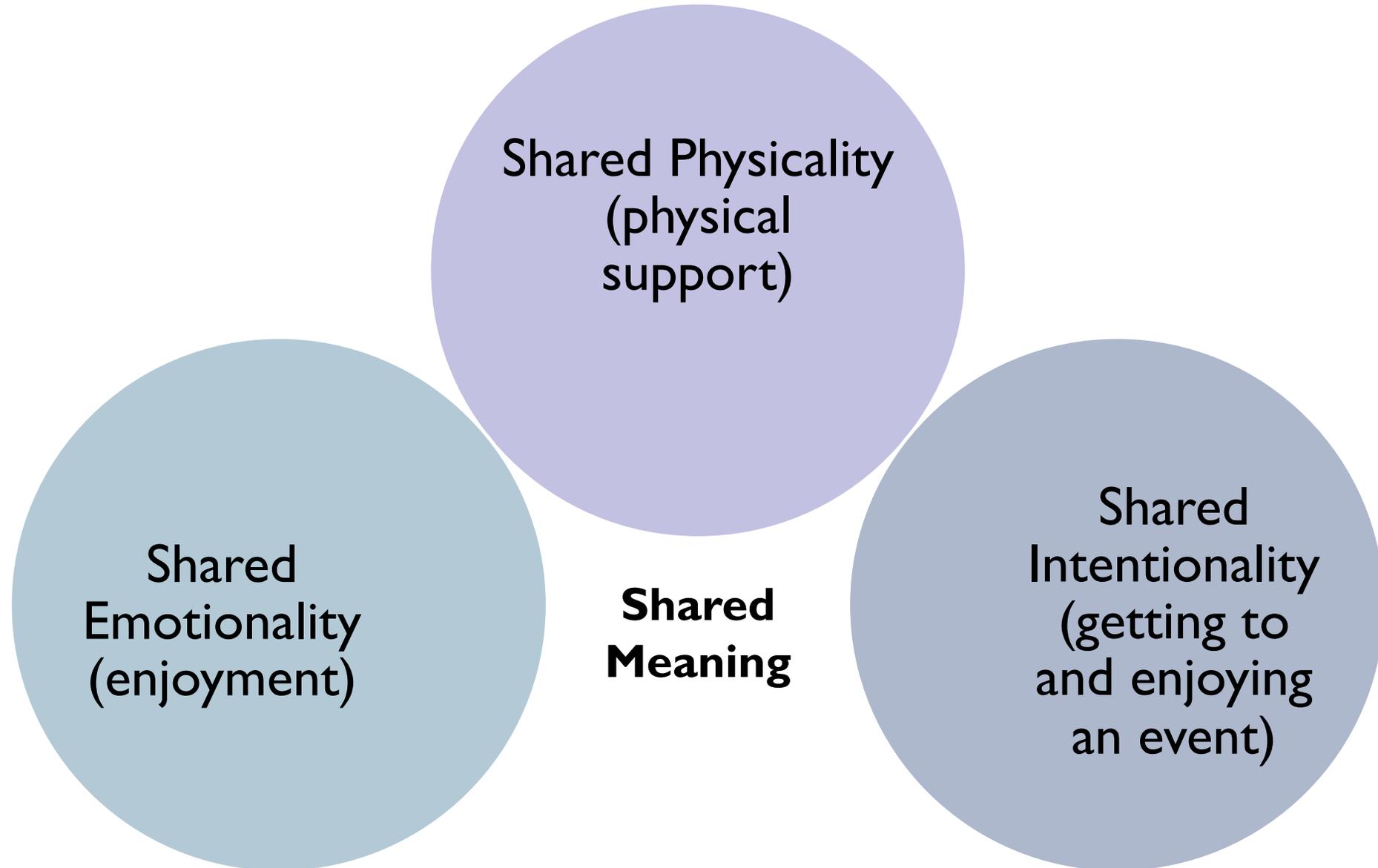
Maternity Care Pathway Stage	Examples of Occupational Therapists' Role
Pre-Conception	Enabling women to consider the implications of known physical or mental health conditions on pregnancy, birth and motherhood
Antenatal Period	Fatigue management, preparing for a change in role, workplace adjustments, facilitating home adaptations
Intrapartum	Ensuring equipment is in place for a safe and dignified delivery
Postpartum	Supporting positive co-occupations between mother and baby, and enabling parents of infants who are premature, sick or unwell to support their baby's self-regulation and development
First year of life	Enabling mothers to develop healthy routines for themselves, their baby and family, and promoting mothers' physical and mental health through a range of individual and group interventions



## Model of Co-Occupation

- “two or more people sharing engagement in an occupation” that includes reciprocal interactions and shared meaning  
(Pickens & Plzur-Barnekow, 2009, p. 151)
- “Occupational therapists provide opportunities for co-occupation that promote the development of the family and support parents by providing the knowledge that family is still possible. . . . (Price & Miner, p. 72)





# Attachment Theory

- Based on John Bowlby (1953)
- Describes how the bond and relationship between caregiver and child influence the child's development and behaviors in adulthood (Hilton & Kramer, 2020)
- Literature shows (Meredith, 2009)
  - Positive and optimal caregiving and environmental conditions contribute to secure and comfortable attachment patterns
  - Negative, less, or no optimal caregiving and environmental conditions contribute to the development of insecure attachment patterns

# Model of Human Occupation (MOHO)

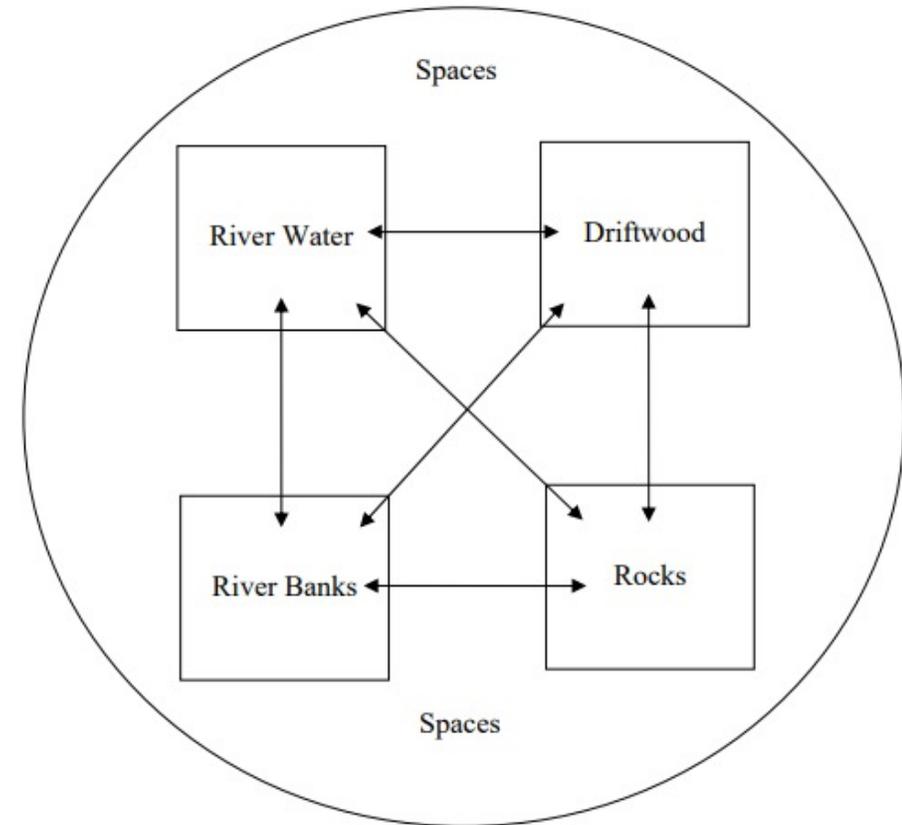
How occupations and relationships are motivated, patterned, and performed within everyday environments (Kielhofner, 2008)

Understand an individual's self-perceptions, capacity, and efficacy for participation in daily activities as a mother, caregiver, wife, and/or other roles and responsibilities before attending to their physical participation in activities (Cole, 2010)

# Kawa (River) Model

Focuses on the individual's environmental contexts and how that impacts the flow of harmony in life and influences health and well-being (Iwama, 2018; Iwama et al., 2009)

Enhance the well-being and recovery of a person with mental health conditions by providing a perspective of their recovery experiences and understanding their active role (Lim, 2018, as cited in Ober et al., 2022)



# Occupational Therapy Domain (American Occupational Therapy Association, 2020)

<b>Occupations</b>	<b>Contexts</b>	<b>Performance Patterns</b>	<b>Performance Skills</b>	<b>Client Factors</b>
Activities of daily living (ADLs) Instrumental activities of daily living (IADLs) Health management Rest and sleep Education Work Play Leisure Social participation	Environmental factors Personal factors	Habits Routines Roles Rituals	Motor skills Process skills Social interaction skills	Values, beliefs, and spirituality Body functions Body structures

# Screening

- **Screening is not diagnosing**
- Prevalence warrants screening
- Essential for early detection and treatment
  - Reduce the duration and severity of symptoms and may prevent a crisis
  - Reduce negative effects on infants/children
- Helps to tell us the next step
  - Evaluation
  - Referrals

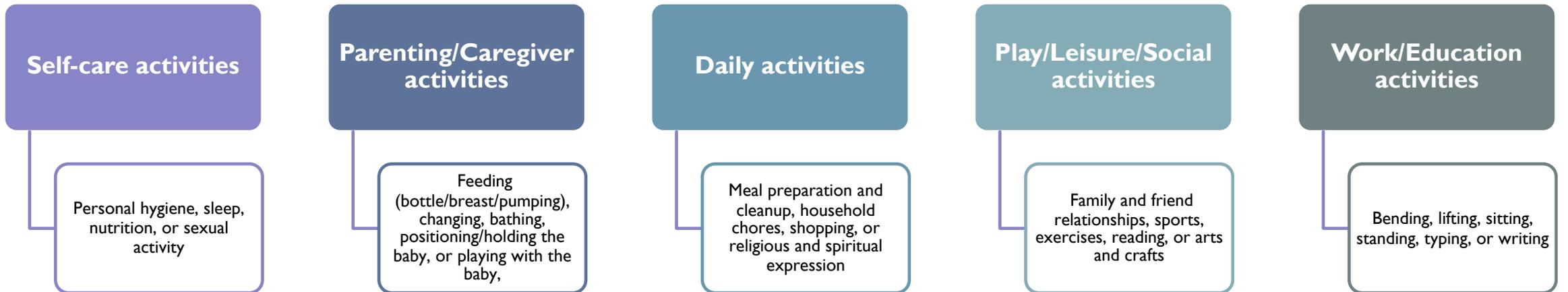
# Screening

- Edinburgh Postpartum Depression Scale (EPDS)
- Patient Health Questionnaire – 9 (PHQ-9) and Generalized Anxiety Disorder – 7 (GAD-7)
- Mood Disorders Questionnaire (MDQ)

# Occupational Therapy Interventions (American Occupational Therapy Association, 2020)

<b>Occupations and activities</b>	Used to support the development of performance skills and performance patterns to enhance the client's occupational engagement.
<b>Interventions to support occupations</b>	Certain methods and tasks (e.g., physical agent modalities, self-regulation strategies, orthotics and prosthetics, assistive technology, environmental modifications, and wheeled mobility) are used to prepare the client for occupational performance.
<b>Education and training</b>	Used to provide clients with the necessary background knowledge and skills to engage in specific occupations.
<b>Advocacy interventions</b>	Used to empower clients to seek and obtain resources to promote health, wellbeing, and occupational participation.
<b>Group interventions</b>	Used to develop skills for social interaction and occupational participation.
<b>Virtual interventions</b>	Technology (e.g., video conferencing, simulation) is used to increase opportunities to address performance skills and occupational engagement.

# Occupational Therapy Interventions



# Settings of Occupational Therapy in Perinatal Mental Health

- Outpatient pediatrics
- School-based
- Neonatal Intensive Care Unit (NICU)
- Early Intervention (EI)
- Acute Inpatient
- Women's Health Clinic
- Private practice

# Why is it important to include OTPs in PMH?

OTPs found that mothers of children with developmental delays have an MMH condition (Sepulveda, 2018)

OTPS are encountering mothers who struggle with MMH conditions (Sepulveda, 2018)

Through the connection of mother and child, OTPS need knowledge about MMH conditions and work to strengthen mother-child relationships crucial to human development (Sepulveda, 2019)

Occupational therapy addresses psychosocial needs and occupational performance challenges of early motherhood with support in developing, maintaining, and transitioning occupations, roles, and routines (Podvey, 2018)

Occupational therapists can provide screenings to identify potential problems and make appropriate referrals for diagnosis (psychiatrists, nurse practitioners, primary care physicians, and obstetricians) (Podvey, 2018)



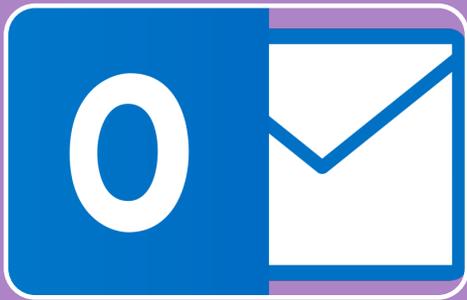
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<https://www.linkedin.com/in/maulyherlo/>

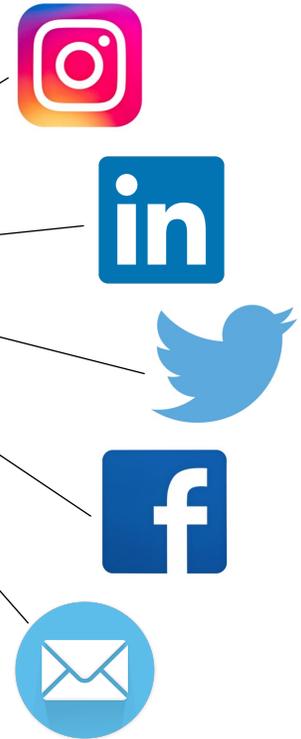


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