




# Mom**ME**, Baby, & **OT** Makes Three: OTs Unique Role in Maternal Health

2022 VOTA Children & Youth Conference  
Presented on March 4th, 2022



“Everything that happens once a baby is born  
is the outcome of all that has come before”

**-KITZINGER, 1992 as cited in Lothian, 2008**

# A little bit about US



**Elizabeth Richardson**  
**MS, OTD, OTR/L**

MBU/MDCHS OTD Program

**Elle Russell**  
**MS, OTR/L**

Occupational Transitions

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# A little bit about YOU

## Role

OTA  
OT  
Other?

## Area of Practice


Early Intervention  
Schools  
Outpatient  
Hospital  
Other Community  
Other

## Interest in topic

Applicable to current work  
May want to pursue in the future  
Just curious  
Other



# Presentation Objectives

1. Describe the connection between maternal health & well-being and infant/child health & development
  2. Articulate OTs distinct role in primary care & provide specific examples of interventions (programs) that:
    - a. reflect OTs philosophical principles and values,
    - b. address the unique needs of new and expectant mothers from diverse backgrounds and contexts.
  3. State 3 ways that OT practitioners can partner with:
    - a. other health professionals
    - b. OT academic programsto advance the OT profession through enhanced presence in a variety of settings and contexts.
- 

# Presentation Agenda

**01**

Background

**02**

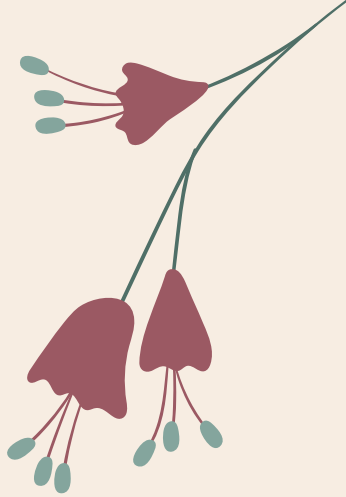
OTs role in  
maternal  
health

**03**

Collaborations

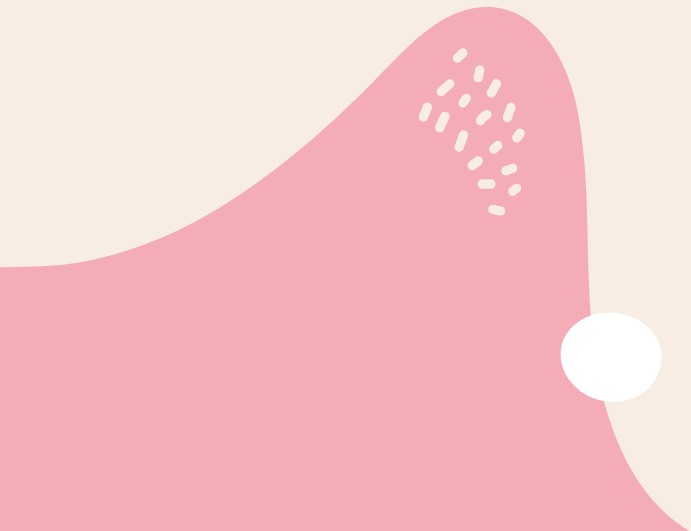
**04**

Maternal  
health  
programs



# BACKGROUND

01



# Statistics & Terms

## US Births

3.6M in 2020

~7.5% below poverty level

~7% of women who are incarcerated

~50% of women experiencing homelessness are pregnant

## Maternal Health

The health of women during pregnancy, childbirth, & the postnatal period

WHO, 2020

## “Mother”

A woman in relation to a child(ren)

Oxford English Dictionary, 2020

## Perinatal Period

Pregnancy to one year post birth

Prenatal, birth, postnatal transitional stages

Garcia et al., 2017; Slootjes et al., 2015

## Primary Care

Provision of integrated, accessible health care services... within the context of family & community

AOTA, 2020

## Role Transition

Psychological and, if relevant, physical movements between positions within or between social systems

Ashforth, 2001

“Woman” to “Mother”



# Maintaining Balance

Within, between, & across **ROLES**



Personal Factors

Environmental Factors



Variations in role responsibilities & expectations based on contextual factors for each woman/mother

# NEEDS IDENTIFIED BY MOTHERS



**Mental Health  
Support**



**Sleep  
Management**



**Social Support**



**Mother/Child  
Health  
Management**




**Improved  
Communication  
with Healthcare  
Providers**

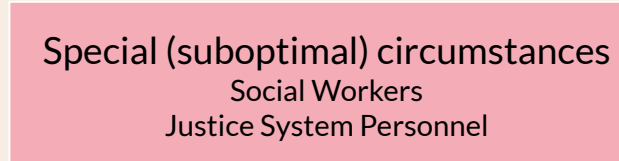
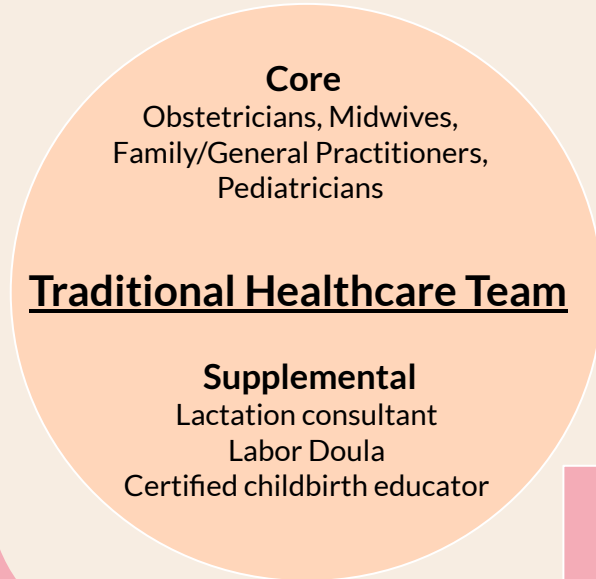


# Link between maternal/child health



- 1) Reciprocal relationship between baby and mother
    - a) This relationship is valuable to the growth and development of the child and the self perceived competence of the mother
  - 2) Stress
    - a) May impact the growth and development of the child and chronic stress increases the mother's risk for various mental health diagnoses
  - 3) Substance abuse
    - a) Mothers who partake in consistent drug use increase the risk of impacting the child's development
- 

# The Team: Traditional & Ideal



# Traditional interventions & programs



Preparation for  
childbirth



Baby care



Breastfeeding




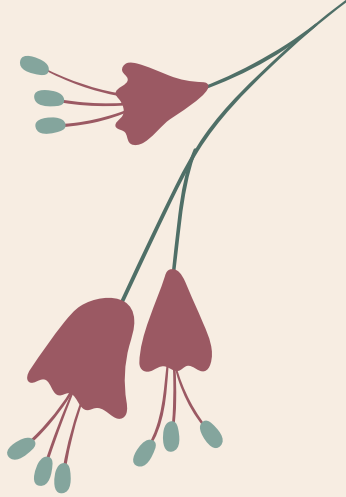
Welcome to  
motherhood




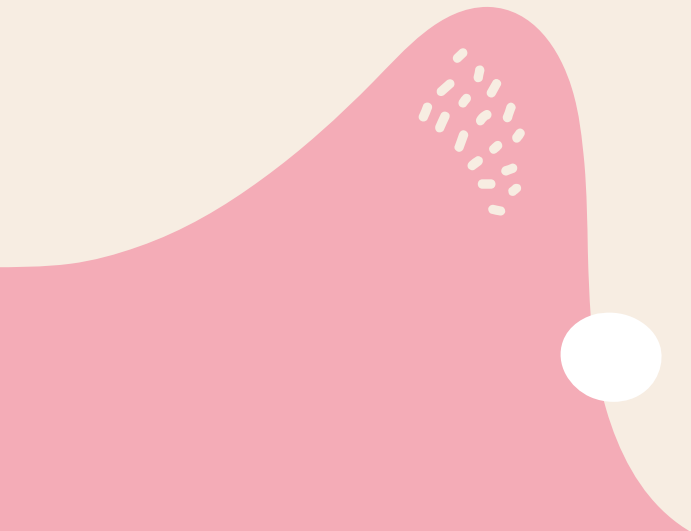

Postpartum  
Support




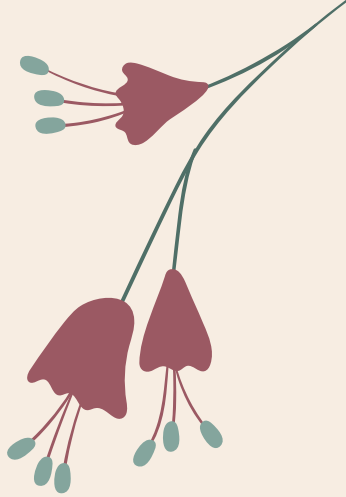
Infant Massage





# OTs ROLE IN MATERNAL HEALTH



02

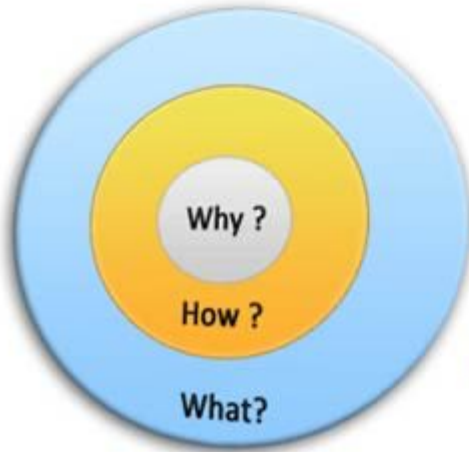


# OTs ROLE IN MATERNAL HEALTH



02

# The Golden Circle



**Why** = The Purpose

*What is your cause? What do you believe?*

**How** = The Process

*Specific actions taken to realize the Why.*

**What** = The Result

*What do you do? The result of Why. Proof.*



# Why OT?



“Early identification is critical to the [developmental] well-being of children and their families, and *comprehensive intervention* that includes education and support for both the mother and child is the hallmark of effective programs.”



# M.OT.HER.HOOD

- Changes in psychosocial functioning
- Changes in neuromuscular/musculoskeletal functioning (back pain, wrist pain, hand pain, neck pain, abdominal pain, and shoulder pain)
- Uncertainty in interpreting the needs of a preverbal infant
- Changes in self-care participation
- Changes in workplace functioning
- Changes in values, roles, and responsibilities

Work Simplification

Ergonomics & Design

Biomechanical Training/Rehabilitation

Habilitation

Education

Community Groups/Programs

# MMH: Different Sides of the Same Coin

## Generic


“The psychological or mental health state of the mother during the perinatal period”

## Specific

“A state of well-being in which a mother realizes her own abilities [skills], can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community (WHO, 2006)”





# Maternal Mortality

- ▶ 1 in 10 women of child bearing age will develop a perinatal mood or anxiety disorder (PMAD) with some literature reporting statistics as high as 1 in 5 (Kendig, et al., 2017).
  - ▶ PMADs are often mis- or under-diagnosed (Kendig, et al., 2017).
  - ▶ Suicide is a leading cause of maternal death in developed countries, with **the US leading in maternal mortality rate**(Orsolini et al., 2016).
  - ▶ PMADs are considered “preventable” if and when screening is done early and a referral to mental health services is made in a timely manner.
- 







# Maternal Morbidity

- “...there is no STANDARD definition of maternal morbidity”
  - “...the true extent of maternal morbidity is unknown”.
  - “...it is suggested that for each maternal death, 20 or 30 women suffer from maternal morbidity”.
  - “...goal is to pilot the MM Framework as an assessment tool in primary care settings where the burden of maternal morbidity is often reported”
- 
- 



# Maternal Morbidity and Associated Disability

“...any health condition attributed to and/or complicating pregnancy and childbirth that has a negative impact on the woman’s/birthing person’s well being and/or functioning...”





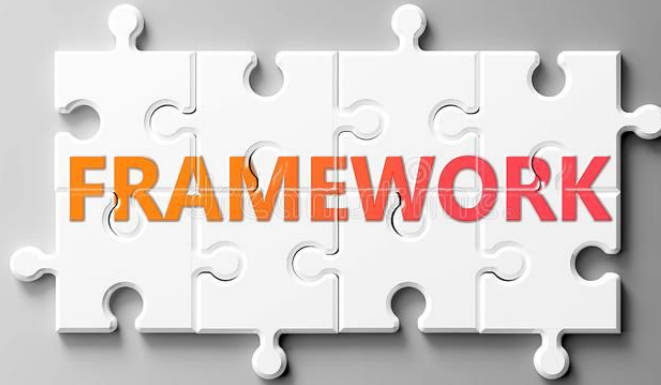
**How OT?**



1.25 hour to administer

## Antenatal or PP Care Assessment

- Patient Interview
- Physical Exam
- Psychosocial Social History
- Record Review
- WHODAS
- PHQ-9
- GAD-7



# WHO Disability Assessment Schedule

**WHODAS 2.0**  
World Health Organization Disability Assessment Schedule 2.0  
36-item version, self-administered

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Date: \_\_\_\_\_

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

	Numeric scores assigned to each of the items:					Clinician Use Only		
	1	2	3	4	5	Raw Item Score	Raw Domain Score	Adjusted Domain Score
In the <u>last 30 days</u> , how much difficulty did you have in:								
<b>Understanding and communicating</b>								
D1.1	Concentrating on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	30	5
D1.2	Remembering to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
D1.3	Analyzing and finding solutions to <u>problems</u> in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do		
D1.4	Learning a <u>new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do		
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or cannot do		
D1.6	Starting and maintaining a <u>conversation</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
<b>Getting around</b>								
D2.1	Standing for <u>long periods</u> , such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	25	5
D2.2	Standing <u>up</u> from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do		
D2.3	Moving around <u>inside your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
D2.4	Getting <u>out</u> of your <u>home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
D2.5	Walking a <u>long distance</u> , such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do		
<b>Self-care</b>								
D3.1	Washing your <u>whole body</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	20	5
D3.2	Getting <u>dressed</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do		
D3.4	Staying <u>by yourself</u> for a <u>few days</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
<b>Getting along with people</b>								
D4.1	Dealing with people <u>you do not know</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	25	5
D4.2	Maintaining a <u>friendship</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
D4.3	Getting along with people who are <u>close</u> to you?	None	Mild	Moderate	Severe	Extreme or cannot do		
D4.4	Making <u>new friends</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do		
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do		

## Two Versions: 36 and 12 item

- Cognition – understanding & communicating
- Mobility– moving & getting around
- Self-care– hygiene, dressing, eating & staying alone
- Getting along– interacting with other people
- Life activities– domestic responsibilities, leisure, work & school
- Participation– joining in community activities

# Scoring: WHO Disability Assessment Schedule

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Two Versions: 36 and 12 item

Add the Number

6-Domain Specific Score

Global Score: Add Total Scores

High Score = Greater

Disability/Decreased Functioning

Low Score = Less Disability/Increased Functioning

# Mother General Index

THE MOTHER-GENERATED INDEX © Step 1: Identifying areas		A QUALITY OF LIFE ASSESSMENT Step 2: Scoring each area		Step 3: Allocating points
<p>We would like you to think of the most important areas of your life that have been affected by having a baby. These can be <b>POSITIVE</b> or <b>NEGATIVE</b>, or perhaps <b>BOTH</b>, or <b>Neither</b> really one nor the other. Please write <u>up to eight</u> areas in the boxes below, and indicate if you think the area is positive, negative, or neither of these.</p>		<p>Now please score the areas you mentioned in Step 1. This score should reflect how you have been affected by this area over the past MONTH.</p> <p>Please place a cross along the line in each case: 0 is the worst - you couldn't feel any worse than this 10 is the best - you couldn't feel any better than this</p>		<p>Please think how important these areas are to your quality of life. You have 20 points to allocate. You don't have to allocate points to an item if you don't want to. Give more points to the areas you think are most important.</p> <p>Write the points in the boxes below.</p>
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# Mother General Index

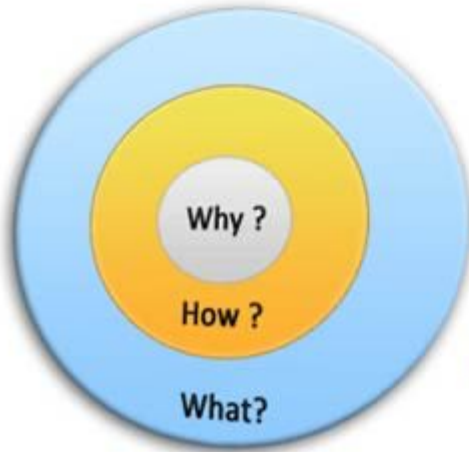
Mother Generated Index – Scoring Chart		
Stage 1 – Identified Areas	Stage 2 – Scoring Each Area	Stage 3 – Spending Points
Relationship with Partner	0 1 2 3 4 5 6 7 <b>8</b> 9 10 Worst Fair Best	0
My Baby	0 1 2 3 4 5 6 7 8 9 <b>10</b> Worst Fair Best	0
Seeing Friends	0 1 <b>2</b> 3 4 5 6 7 8 9 10 Worst Fair Best	1
Keeping fit	0 <b>1</b> 2 3 4 5 6 7 8 9 10 Worst Fair Best	2
Money Worries	0 1 2 3 4 5 6 7 <b>8</b> 9 10 Worst Fair Best	9

$MGI \text{ score} = 8 + 10 + 2 + 1 + 8 = 29 \div 5 = 5.8$

**What!**



# The Golden Circle



**Why** = The Purpose

*What is your cause? What do you believe?*

**How** = The Process

*Specific actions taken to realize the Why.*

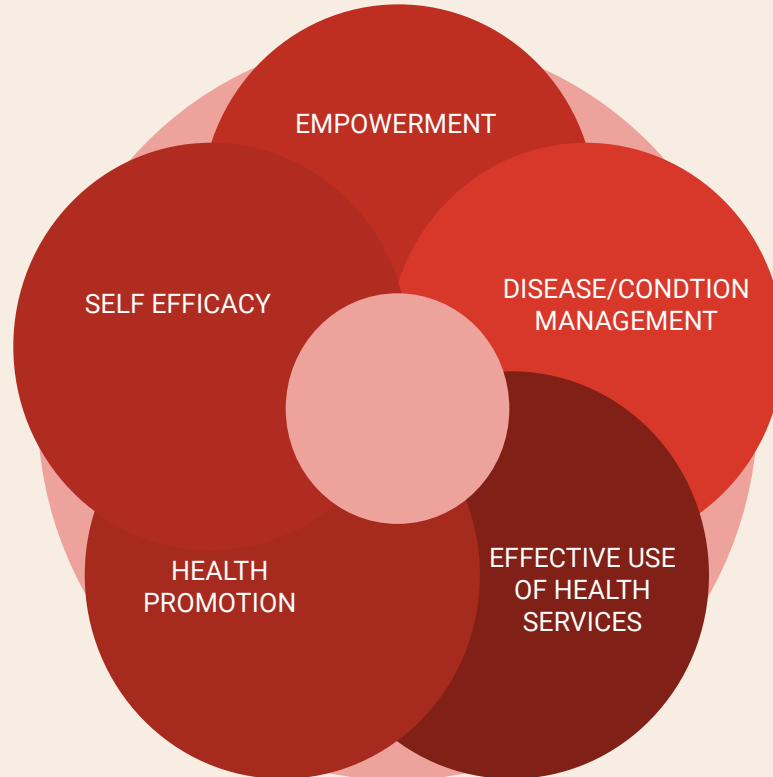
**What** = The Result

*What do you do? The result of Why. Proof.*



# Maternal Health Literacy

“Maternal Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use the information in ways which to promote and maintain good health for self and that of the child (WHO, 1998).



# The “Health Literacy” Continuum

## Basic Functional

Sufficient reading and writing  
Able to function in everyday  
situations

## Communicative Interactive

Advanced cognitive and  
literacy skills

Adds “social skills”

Active participation in  
everyday activities

Extract information and derive  
meaning

Applying new information to  
changing circumstances

## Critical

Advanced cognitive and  
literacy skills

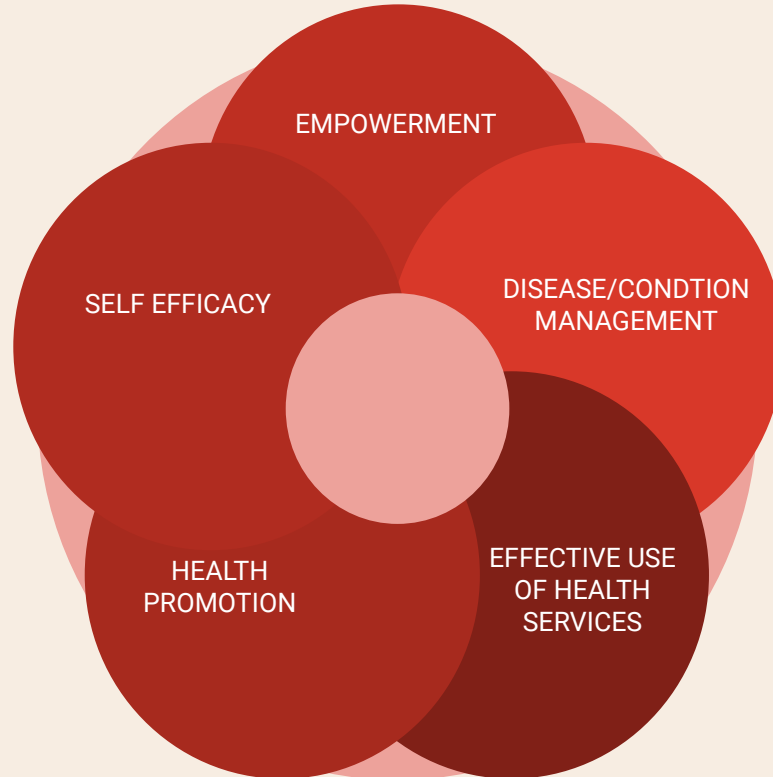
Adds “social skills”

Critically analyze information

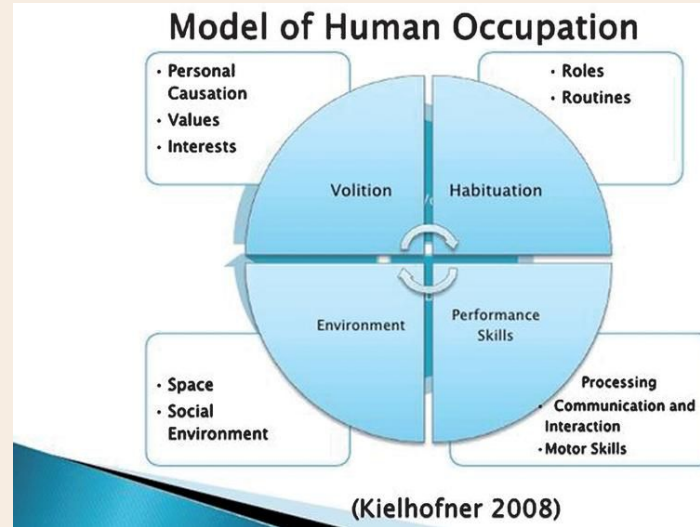
Use information to exert  
greater control over life events  
and situations

# Maternal Health Literacy

“Maternal Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use the information in ways which to promote and maintain good health for self and that of the child (WHO, 1998).



# What Is OT's Role in Maternal Health?



Screeners...Referral Source...Intervention...Direct Service Provider

# Mobilization Through Collaboration

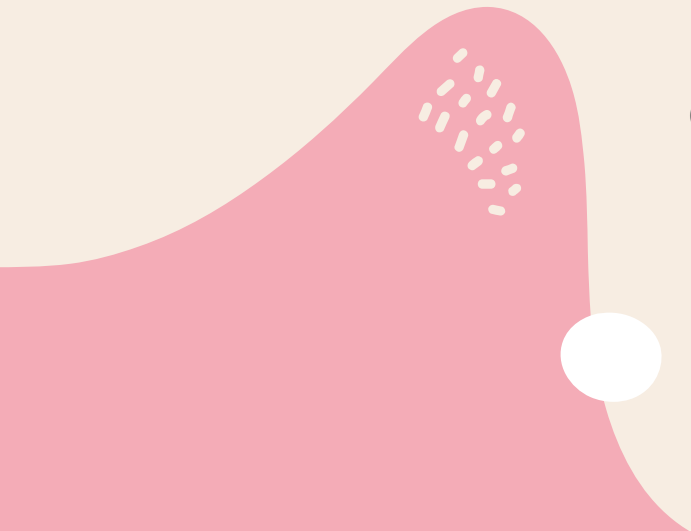




# COLLABORATIONS

03

OT Academic Programs-Community  
Organizations-Other Professionals



# COLLABORATIONS

Childbirth Educators  
Midwives, OBs

## PROFESSIONALS

### ORGANIZATIONS

Primary Care Offices  
Hospitals  
Correctional Facilities  
Dept. of Social Services

### OT ACADEMIA

Fieldwork I & II  
Capstone/Research

# OTs Role in Primary Care

ROUTINES-HABITS-ROLES

Social Determinants of Health

Health Promotion

OT



Medical Providers



Environment



Person

Occupation



Prevention



**Primary Care:** *“the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with clients, and practicing in the context of the family and community”*  
AOTA, 2020





# OT MATERNAL HEALTH PROGRAMMING

Examples



04



# Balancing Antenatal and Postnatal Program



THE MOTHER-GENERATED INDEX © Step 1: Identifying areas		A QUALITY OF LIFE ASSESSMENT Step 2: Scoring each area		Step 3: Allocating points
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	<p>Positive Negative Both / Neither</p>	0 1 2 3 4 5 6 7 8 9 10		
	<p>Positive Negative Both / Neither</p>	0 1 2 3 4 5 6 7 8 9 10		

Remember: points in Step 3 must add up to 20



# Examples of OT Based Maternal Health Programs

## Occupational Transitions (<https://www.occupationaltransitions.com/>)

- Opulent Milk: Lactation & Breastfeeding Care Management Services
  - Serving Up M.OT.HER.HOOD Program
  - O'Tea, Meditation & Postnatal Yoga (OMP Yoga)
  - SEWcially Connected
  - Mindful Melanated Mother Virtual Support Group
  - REAL Life Community Partnership
- 
- 

# JMU Research Program: Bump Basics

Sessions	Topics Covered:
1	Physical Activity
2	Sleep
3	Health Conditions and Complications
4	Finances
5	Mother-infant Bonding
6	Nutrition
7	Child Development
8	Emotional Regulation

# Capstone experience

Maternal health and well being

*Welcome to Motherhood* classes at Sentara Martha Jefferson with a childbirth educator

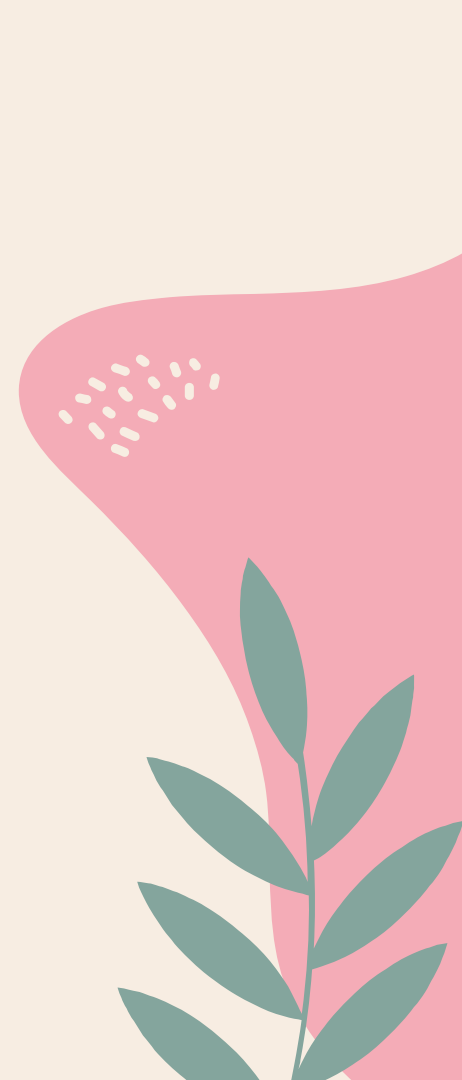
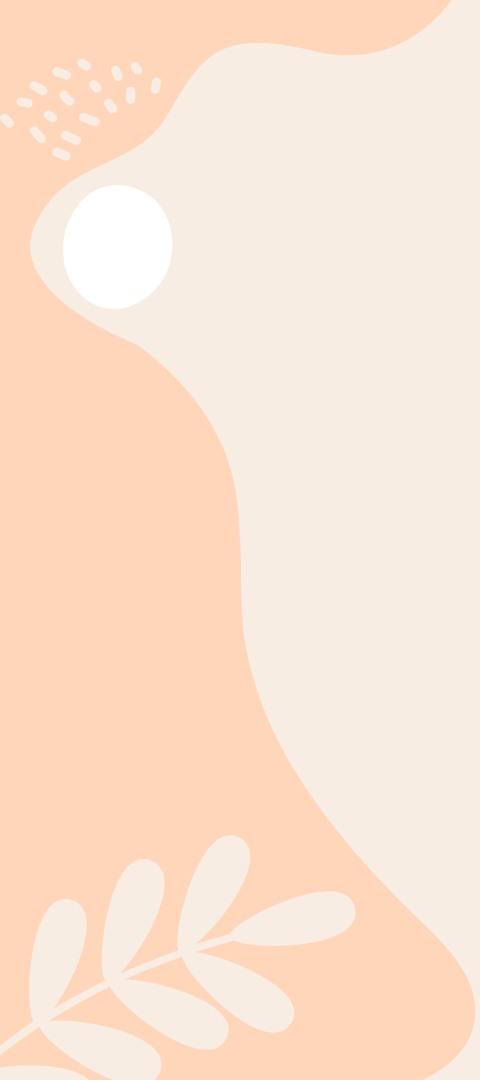
Working within a hospital setting with new mothers in the Charlottesville area

Occupational Transitions with Elle

Working in the community with mothers who have recently been incarcerated



QUESTIONS?





# Contact Information



Elizabeth Richardson

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Elle Russell



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