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## Occupational Therapy's Role in Maternal Mental Health within Transition from NICU to Home

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### Occupational Therapy's Role in Maternal Mental Health within Transition from NICU to Home

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#### BACKGROUND

Maternal mental health describes women's health during pregnancy, childbirth, and the postpartum period (Podvey, 2018). The transition to motherhood is often led with optimistic expectations, yet studies have shown that postnatal experiences that do not match mothers prenatal expectations can have a large impact on the development of postnatal depression (Lazarus & Rossouw, 2015). Up to 20% of pregnant or postpartum women experience *perinatal mood disorders*, including postpartum depression (PPD), perinatal post-traumatic stress disorder (PTSD) and postpartum anxiety, which negatively affect daily function during pregnancy and the post-birth year (Vismara, 2017).

#### PURPOSE

To identify occupational therapy's role in maternal mental health following transition home from a NICU setting.

#### Outcome Objectives:

- (a) Build rapport with families through observations in an early intervention program serving infants and young children.
- (b) Complete a needs assessment to assess the occupational needs of mothers during the transition from the NICU through observation, interviews with families and therapists, and semi-structured assessment.
- (c) Formulate and deliver a questionnaire for mothers to determine how their occupations are impacted.
- (d) Conduct interviews to compare the differences in roles, routines, and environment post transition home from the NICU.
- (e) Develop and propose a program that addresses occupational performance challenges of early motherhood, including the complexities of establishing healthy roles, routines, and coping strategies from assessment results to promote positive maternal mental health.
- (f) Propose the developed program to the families, Stars Therapy Services, and to the OT profession at large.

#### METHODS

Data analysis for this capstone project consisted of a thematic analysis through a needs assessment by identifying common themes and concepts derived from mothers' lived responses using the Model of Human Occupation Framework. A four-week observational period was used to develop familiarity with families using an observational chart.

- 12 families (11 mothers and 1 father) volunteered to participate
- 10 mothers completed the Edinburgh Postnatal Depression Scale
- 11 mothers and 1 father completed the semi-structured interview

**Edinburgh Postnatal Depression Scale (EPDS):** Ten mothers completed the formal assessment which is a validated tool to help identify mothers at risk for perinatal depression. The EPDS consists of 10 questions that can be completed in less than 5 minutes. Responses are scored 0,1,2,3 according to the severity of the symptom. The total score of 30 points is determined by adding together the scores from 10 questions. Validation studies determined women scoring 9 or more points may need a referral for appropriate licensed health personnel's (Lydsdottir et al., 2019).

- Relating to existing the statistical data of 1 in 5 mothers experiencing a perinatal mood disorder (Vismara, 2017), 30% of mothers who participated in the capstone project scored high for possible depression within a week of being discharged home from the NICU.

**Exploring Mothers Roles, Routine and Environment after Discharge:** Participants described a spectrum of how their routine, role, and environment changed throughout the perinatal period (before and after giving birth). Themes and specific needs relative to each category surfaced throughout the interview of each parent's journey. Themes were sub-categorized under routine, role, and environment.

#### THEMES

##### Feeding and Sleep Routine

- *"Trying to stay on a feeding routine and overcome the challenges of breastfeeding alone became the number one stressor throughout my day. Eventually, I had to give up because I couldn't do it anymore. Breastfeeding took over my life, not in a good way."*
- *"I wish I would have had help and the resources to establish a sleep routine. There were some days I was running on 2 hours of sleep, and it started to affect my mood and how I treated people. I was so worried about my baby getting enough sleep that I did not focus on myself because it wasn't about my needs anymore."*

##### Self Care

- *"What is self-care when you're a new mother to a baby who needs 24/7 support? Before I had my baby, I would love to paint my nails, spend 30 minutes in the shower washing my hair, and the occasional one a week face mask. Now my showers consist of 10 minutes at most. I don't remember the last time I did my self-care routine."*

##### Social and Leisure Participation

- *"Before I had my baby, we had the house where everyone would hang out at. When I brought my baby home, I didn't see my friends anymore. I was nervous for people to come over because my baby was so little. It was hard to relate to my friends because they do not have children. I became lonely at times and wanted to find a mom group but was not sure how."*

##### Home Environment

- *"I wanted my home environment to be like the NICU and limit external stressors. I became angry when the neighbors were loud, and dogs were constantly barking. Sometimes it was a battle to maintain the temperature, lights and noise within my home with other people."*

##### Home Management

- *"My home environment was organized chaos. It was busy, messy and hectic due to dirty dishes and laundry everywhere. We just had to learn sometimes to embrace the mess and make a priority list."*

##### Medical Management

- *"It is difficult to manage the first nine months. It was exhausting adjusting to my baby being home. I had to be trained on the APNEA monitor, make sure my baby had PT and OT appointments once a week each. Numerous doctor appointments for respiratory, eye exam, pediatrician, and my OBGYN. I needed to make sure my baby was working towards reaching typical developmental milestones. It became very overwhelming for me as I was trying to juggle other things in my life, and I wish I could have managed my time more."*

#### DISCUSSION

This project further defines the definition of how OT can support mothers throughout the transition process by representing the mother's perspective on transitions home from the NICU and demonstrating how their role, routine and environment evolve from the point of discharge. This finding has important implications for occupational therapy practice regarding interventions that are intended to promote positive maternal mental health. As such, hoping to validate mother's perceptions that will empower professionals and other mothers to feel confident and prepared for their new baby after discharge home from the NICU. Occupational therapists are equipped with the skills to address maternal mental health concerns and its impacts on maternal wellness by improving the well-being and quality of life for all mothers.

#### FUTURE IMPLICATIONS

This project demonstrated the need for occupational therapy upon the transition home from the NICU to promote positive maternal mental health. Through a holistic approach occupational therapists can:

- Strategies to support the mother during feedings for positive co-occupational engagement.
- Emphasize the mother's strengths by identifying strategies to build her capacity for resiliency.
- Modify the environment to eliminate any family identified stressors to promote social participation within or outside the home.
- Home management, energy conservation techniques and identification of community supports for mothers who do not have family support in the surrounding area.
- Use a strength-based approach to determine what the mother finds important in her routine. Modify and adapt challenging routines to increase satisfaction with daily routines.



#### REFERENCES

Lazarus, K., & Rossouw, P. (2015). Mother's expectations of parenthood. The impact of prenatal expectations on self-esteem, depression, anxiety and stress post mothers' expectations of parenthood: the impact of prenatal expectations on self-esteem, depression, and anxiety. *International Journal of Neu*, 3(August), 102-123. <https://doi.org/10.12744/ijnl.2015.0102-0123>

Lydsdottir, L. B., Howard, L. M., Olafsdottir, H., Thome, M., Tyrningsson, P., & Sigurdsson, J. F. (2019). The psychometric properties of the Icelandic version of the Edinburgh Postnatal Depression Scale (EPDS) when used prenatal. *Midwifery*, 69, 45-51. <https://doi.org/10.1016/j.midw.2018.10.009>

Podvey, M. (2018). Maternal health and occupational therapy: A good fit. *SIS Quarterly Practice Connections*, 3(2), 17-19

Vismara, L., Tully, K. P., Stuebe, A. M., & Verbiest, S. B. (2017). Perspectives on perinatal stressful and traumatic experiences. *European Journal of Trauma & Dissociation*, 1(2), 111-120. <https://doi.org/10.1016/j.ejtd.2017.03.006>