

Maternal Health Resources from the MHSIS Library for November 2025

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As a follow-up to its Women's Health Specialty Conference in October, the American Occupational Therapy Association (AOTA) Mental Health Special Interest Section (MHSIS) is featuring these attached Maternal Health resources, globally sourced and collated in its member-created library:

-  Maternal health intervention activities
-  Value of OT in maternal health evidence
-  Maternal health assessment tools
-  AJOT Authors & Issues YouTube & free articles

MHSIS Interim Chair, Allison Sullivan, DOT, OTR/L, writes:

Occupational therapy can help improve outcomes and save lives of women that are otherwise going to be lost. Maternal mortality in the US is a public health crisis driven by high rates of preventable deaths, profound racial disparities, and underlying systemic issues. Occupational therapy offers a holistic, preventative approach that addresses many of the physical, mental, and social factors contributing to this crisis.

The U.S. has the highest maternal mortality rate among high-income nations, highlighting alarming racial disparities in these deaths. Leading causes include heart disease, stroke, infection, and hemorrhage, with contributing factors including older maternal age and pre-existing chronic conditions. Many of these deaths are preventable, but opportunities are often missed due to delayed diagnosis and substandard care.

Occupational therapy practitioners use a holistic, client-centered approach to address the physical, mental, and environmental factors that affect a mother's well-being and daily life (occupations). OT interventions can reduce mortality risk by promoting maternal health throughout the entire perinatal continuum, from preconception through one year postpartum.

Mental health crises often precede maternal mortality. OT is uniquely suited to provide support. One way that OT can do this is by providing key behavioral health screening and intervention. OTs can screen for perinatal mood and anxiety disorders (PMADs). OT practitioners can help mothers manage stress, identify emotional triggers, and establish new routines for balance. They can teach coping strategies and promote parent-infant bonding, which supports regulation for both. They can lead group therapy sessions to facilitate peer connections, which helps combat isolation and boosts mental health.

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OT in Maternal Health Evidence:

Barbic, S. P., MacKirdy, K., Weiss, R., Barrie, A., Kitchin, V., & Lepin, S. (2021). Scoping Review of the **Role of Occupational Therapy in the Treatment of Women With Postpartum Depression**. *Annals of International Occupational Therapy*, 4(4), e249–e259. <https://doi.org/10.3928/24761222-20210921-02> (Original work published October 1, 2021)

ABSTRACT: Background: Postpartum depression (PPD) can have a myriad of negative psychological and functional effects on mothers and their children. In Canada, most women who have PPD are either not diagnosed or not treated. Occupational therapists have the skill set to assess and treat women with PPD who experience psychosocial and functional challenges associated with motherhood.

Goal: The goal of our study was to understand the current evidence supporting the role of occupational therapy to enhance the outcomes of women with PPD.

Methods: We conducted a scoping review of the literature, searching the CINAHL, Ovid/MEDLINE, and PsycINFO databases from 1950 to March 2018 with a list of keywords identified by research, clinical, and context experts and an information librarian. We included all articles that specified occupational therapy intervention and/or occupation-focused interventions for women with PPD.

Results: Our review identified 2,162 studies. After screening for inclusion and exclusion criteria, 14 studies were reviewed. Three themes concerning the role of occupational therapy for women with PPD were identified: (a) supporting occupational disruption and transitions, (b) managing the experience of motherhood in the context of depression, and (c) value added of occupational therapy to current PPD best practices.

Conclusion: Considering the negative experiences and health risks associated with PPD, there is a need for client-centered assessments and interventions that focus on the needs and priorities of mothers. Given the broad challenges that can be associated with new motherhood, occupational therapists can have a clear role in developing an evidence base to support expansion of the profession into this field to optimize the well-being of new mothers.

Markfield, F., & Reaume, C. D. (2025). Uncovering **Occupational Therapy's Role in Addressing Postpartum Anxiety: A Scoping Review**. *The Open Journal of Occupational Therapy*, 13(4), 1-16. <https://doi.org/10.15453/2168-6408.2332>

Abstract: Background: Occupational therapists are qualified to provide needed support for individuals experiencing postpartum anxiety. Postpartum depression is a more well known and researched disorder; however, postpartum anxiety is theorized to be more prevalent

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and less discussed (Nakić et al., 2018; Zappas et al., 2021). The objective of this scoping review is to find the themes in the literature highlighting the unique settings, assessments, and interventions used to support individuals with postpartum anxiety.

Methods: A literature search was conducted from Scopus, Sage Journals, OTSeeker, Science Direct, and EBSCO databases. Twenty articles were found and selected for review.

Results: Themes across articles highlighted settings, assessments, and interventions used by occupational therapists to support individuals experiencing postpartum anxiety. Specific interventions included cognitive behavioral therapy, mindfulness, social support, exercise and meaningful activities, domains of occupation/performance patterns, sensory experiences, and emotional regulation and journaling.

Conclusion: Occupational therapists are qualified to provide evidence-based holistic care for birthing parents experiencing postpartum anxiety.

Keywords: postpartum anxiety, postpartum occupational therapy, postpartum care, maternal health, maternal mental health

Westerneng, M. (2020). Third trimester routine ultrasound in relation to **prenatal maternal anxiety and bonding: Getting the picture**. [PhD-Thesis - Research and graduation internal, Vrije Universiteit Amsterdam].

<https://research.vu.nl/ws/portalfiles/portal/110954774/523663.pdf>

ABSTRACT: **BACKGROUND:** Mother-to-infant bonding is defined as the emotional tie experienced by a mother towards her child, which is considered to be important for the socio-emotional development of the child. Numerous studies on the correlates of both prenatal and postnatal mother-to-infant bonding quality have been published over the last decades. An up-to-date systematic review of these correlates is lacking, however.

OBJECTIVE: To systematically review correlates of prenatal and postnatal mother-to-infant bonding quality in the general population, in order to enable targeted interventions.

METHODS: MEDLINE, Embase, CINAHL, and PsychINFO were searched through May 2018. Reference checks were performed. Case-control, cross-sectional or longitudinal cohort studies written in English, German, Swedish, Spanish, Norwegian, French or Dutch defining mother-to-infant bonding quality as stipulated in the protocol (PROSPERO CRD42016040183) were included. Two investigators independently reviewed abstracts, full-text articles and extracted data. Methodological quality was assessed using the National Institute of Health Quality Assessment Tool for Observational Cohort and Cross-sectional studies and was rated accordingly as poor, fair or good. Clinical and methodological heterogeneity were examined.

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MAIN RESULTS: 131 studies were included. Quality was fair for 20 studies, and poor for 111 studies. Among 123 correlates identified, 3 were consistently associated with mother-to-infant bonding quality: 1) duration of gestation at assessment was positively associated with prenatal bonding quality, 2) depressive symptoms were negatively associated with postnatal mother-to-infant bonding quality, and 3) mother-to-infant bonding quality earlier in pregnancy or postpartum was positively associated with mother-to-infant bonding quality later in time.

CONCLUSION: Our review suggests that professionals involved in maternal health care should consider monitoring mother-to-infant bonding already during pregnancy. Future research should evaluate whether interventions aimed at depressive symptoms help to promote mother-to-infant bonding quality. More high-quality research on correlates for which inconsistent results were found is needed.

KEYWORDS: Bonding; mother-child relation; depression; pregnancy; systematic review.

Maternal Health Assessment Tools

Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression:

Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

<https://pubmed.ncbi.nlm.nih.gov/3651732/>

Introduction: Postpartum depression is the most common complication of childbearing. The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool. Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Hunter, M. S. (2003). **The Women's Health Questionnaire (WHQ): Frequently asked questions (FAQ).** *Health and Quality of Life Outcomes*, 1(41). <https://doi.org/10.1186/1477-7525-1-41>

Abstract: The Women's Health Questionnaire (WHQ) is a measure of mid-aged women's emotional and physical health. Since its publication in 1992 the WHQ has been widely used in multinational clinical trials, in epidemiological studies as well as in the evaluation of non-medical treatments. In particular the WHQ has been included as a quality of life measure in

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trials of hormonal preparations for perian and post menopausal women and in studies using a variety of preventative interventions for mid-aged and older women. The questionnaire was developed in English and standardised on a sample of women aged 45–65 years. It is reliable, has good concurrent validity and is sensitive to detecting change, and is available in 27 languages. The range of subscales included in the WHQ enable a detailed assessment of dimensions of emotional and physical health, such as depression, anxiety, sleep problems, somatic symptoms, with optional subscales for menstrual problems and sexual difficulties.

The WHQ is the first measure to be included in the MAPI Research Institute's database, the International Health-related Quality of Life Outcomes Database (IQOD). Drawing upon data from international studies this project aims to produce reference values for cross-culturally valid, reliable and responsive quality of life instruments. In addition to this work, a revised shorter version of the WHQ is currently being developed.

Yoshida K, Yamashita H, Conroy S, et al. (2012). **A Japanese version of mother-to-infant bonding scale:** Factor structure, longitudinal changes and links with maternal mood during the early postnatal period in Japanese mothers. *Archives of Womens Mental Health.* 15(5):343-352. Creative Commons license and disclaimer available from: <http://creativecommons.org/licenses/by/2.0/>.

Summary: The study by Yoshida et al. (2012) evaluates the Japanese version of the Mother-to-Infant Bonding Scale (MIBS), examining its factor structure, changes over the early postnatal period, and associations with maternal mood. Findings support a two-factor structure: *lack of affection* and *anger/rejection* that aligns with international versions of the scale, indicating cross-cultural validity. MIBS scores improved naturally over the first postpartum month, demonstrating sensitivity to developmental changes in bonding. Importantly, higher depressive symptoms were linked to poorer bonding scores, emphasizing the strong relationship between maternal mood and early attachment difficulties. The study highlights the value of culturally adapted bonding assessments and underscores the need for early identification and intervention to support maternal mental health and caregiver-infant relationships.

Zhao, Y., Yuan, M., Wu, J., Wang, Z., Jia, F., Ma, L., Yang, Y., Zhou, J., & Zhang, M. (2024). **A postpartum functional assessment tool** for women based on the International Classification of Functioning, Disability and Health. *BMC Women's Health, 24(27).* <https://doi.org/10.1186/s12905-024-02880-z>

Abstract: Background: Postpartum dysfunctions and complications can occur in women. However, functional assessment should be conducted to make treatment plans before any intervention is implemented. In this context, the International Classification of Functioning, Disability and Health (ICF) may be a useful tool for women postpartum to document

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functional data and set rehabilitation goals. The purpose of this study was to determine the corresponding domains that should be considered in the evaluation of women's postpartum functioning based on the International Classification of Functioning, Disability and Health (ICF) model using the Delphi method.

Methods: Fifteen domestic experts were invited to conduct two rounds of expert consensus survey on the ICF-based postpartum functional assessment category pool obtained through literature retrieval, clinical investigation, and reference to relevant literature. The sample was medical staff with professional knowledge of women's health. The opinions of experts were summarized, and the positive coefficient, authority coefficient and coordination degree of experts were calculated.

Results: A total of 15 domestic experts participated in this expert consensus. Through two rounds of a questionnaire survey, 69 items were finally selected to form the ICF-based postpartum functional assessment tool for women. The items included 32 items of body function, 12 items of body structure, 17 items of activity and participation, and 8 items of environmental factors. In addition, we identified 8 items of personal factors. The expert positive coefficients of the two rounds of expert consensus were both 100%, the authority coefficient was 0.789, and the coefficient of variation was between 0.09 to 0.31.

Conclusion: A postpartum functional assessment tool for women based on the ICF model was constructed based on the Delphi method, which can provide more comprehensive health management and life intervention for postpartum women.

Keywords: Postpartum, Function, International classification of functioning, disability and health, Expert consensus

Maternal Health Intervention Resources:

Major, J. C. W., Jewell, V., & Bodison, S. C. (2025). The Issue Is-Public Health Critical Race Praxis in maternal health occupational therapy: A framework for race-conscious research and intervention. *American Journal of Occupational Therapy*, 79, 7902347020.

<https://doi.org/10.5014/ajot.2025.050990>

Khan, S. 2025. Occupational therapy guidelines for supporting role transitions and managing stress in women experiencing postpartum depression. *Occupational Therapy in Mental Health*, DOI: 10.1080/0164212X.2025.2476167

<https://www.tandfonline.com/doi/abs/10.1080/0164212X.2025.2476167>

ABSTRACT: The postpartum period is marked by significant role transitions and psychological challenges, including postpartum depression, which disrupt occupational balance and well-being. This article provides occupational therapy guidelines to support

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postpartum women in managing stress, adapting to new roles, and reengaging in meaningful occupations. Grounded in role theory, self-determination theory, and the biopsychosocial model, these guidelines address role strain, psychological distress, and diminished coping strategies. Key interventions include fostering role clarity, strengthening support networks, addressing body image concerns, and promoting health management. A case study illustrates their application in clinical practice, emphasizing postpartum adaptation and mental health outcomes.

Khan, S. (2023). Occupational therapy's unique role in maternal health and well-being. *OT Practice*, 28(8), 12–15. <https://www.aota.org/publications/ot-practice/ot-practice-issues/2023/occupational-therapy-unique-role-maternal-health>

Article Summary: This article provides an in-depth overview of the distinct role occupational therapy practitioners (OTPs) play in promoting maternal health and well-being across the full perinatal continuum, from pre-conception through one year post-birth. Using a biopsychosocial and trauma-informed lens, Khan describes how OTPs support the physical, emotional, psychosocial, sensory, and role-related needs of women navigating pregnancy, childbirth, and new motherhood.

AJOT's Authors and Issues YouTube with corresponding AJOT articles:

AJOT Authors & Issues Session 37: Maternal Health and a Public Health Critical Race Praxis Framework: On this edition of AJOT Authors & Issues. AJOT Editor-In-Chief, Stacey Reynolds, interviews Jordan Major from the University of Florida about her recently published Issue 1s article entitled: "Public Health Critical Race Praxis in Maternal Health Occupational Therapy: A Framework for Race-Conscious Research and Intervention". On this episode, Stacey and Jordan discuss the maternal health crisis in the United States, the systemic and structural issues contributing to this crisis, and how the Public Health Critical Race Praxis (PHCRP) framework can be used in the maternal health area of occupational therapy. This article appears in AJOT Volume 79, Issue 2. Link to Open Access article: <https://research.aota.org/ajot> and in **Maternal Health Intervention Resources** above.