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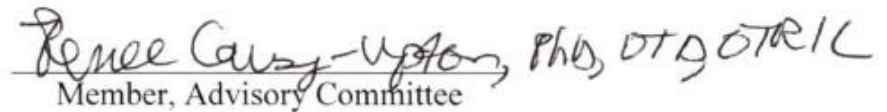
WOMEN'S POSTPARTUM EXPERIENCES

BY

COURTNEY WATKINS

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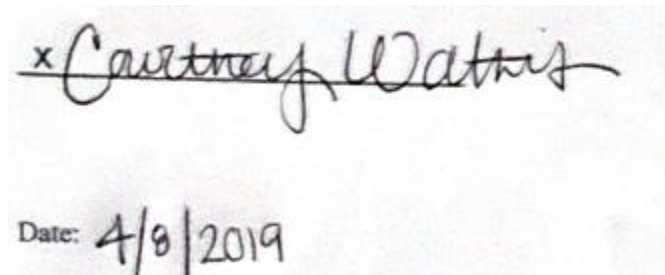

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WOMEN'S POSTPARTUM EXPERIENCES

BY

COURTNEY WATKINS

Submitted to the Faculty of the Graduate School of
Eastern Kentucky University
in partial fulfillment of the requirements for the degree of

MASTER OF OCCUPATIONAL THERAPY

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ABSTRACT

Current literature explores childbirth options and evidence-based approaches for care of an infant such as kangaroo care and breastfeeding, but there is little to no research on women's birthing experiences and its impact on daily routines. This paper will reveal themes related to postpartum experiences and the impact on occupations for women who have given birth in the last six months. This qualitative study, using a convenience sample, explores a woman's birthing experience and the influence it has on her postpartum occupations. The Centers for Disease Control and Prevention (2017) listed almost four million births that occurred during 2016 in the United States, showing the large number of the population that was impacted with changes in occupational engagement during their postpartum experience. Implications for occupational therapy practice, and further research will be discussed.

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I. Introduction

In 2016, nearly four million births occurred in the United States, with almost 2.7 million vaginal births and 1.3 million cesarean sections (Centers for Disease Control and Prevention, 2017). Within the state of Kentucky, during the year 2017, there were over 54,000 births accounted for (Henry J Kaiser Family Foundation, 2017). According to the U.S. Department of Agriculture (2017), in 2015, it was calculated that it cost up to \$233,000 to raise a child up to seventeen years of age. This cost includes their living, food, and education costs, but does not include the cost of a college education. As statistics show, women giving birth and engaging in occupations during a postpartum period occurs often and impact a large number of the population.

Problem Statement

Giving birth and becoming a parent is an important transition for both men and women within early and middle adulthood. Although this is a significant transition, there is no research on this family transitional change in the literature. There is extensive research on the variety of topics surrounding women's birthing and postpartum experiences such as, breastfeeding, skin-to-skin or kangaroo care, childbirth delivery methods, and choice of medical professionals. However there is little to no research on those experiences and their impact on women's occupational engagement postpartum.

Purpose of the Project

The purpose of this project is to provide the beginning stages of research on how women's birthing experiences impact their postpartum experience and how this further impacts occupational engagement. Childbirth and the postpartum period is a significant transition during a woman's young or middle adulthood. Understanding women's

postpartum experiences and its impact on occupational engagement can provide health care professionals with necessary information to better support women during the postpartum phase.

Research Objectives

After reviewing this paper, readers will be able to: (1) Identify any postpartum restrictions that prevent women from participating in daily routines, (2) identify how women's postpartum experience impacts their daily routines, (3) describe women's postpartum lived experiences, and (4) establish how women's roles have changed during their postpartum experiences.

II. Review of the Literature

Introduction

A mother's postpartum period is a crucial time of a woman's life; women have experienced the new and different experience of childbirth, and they are also trying to figure out how to be a mother and take care of an infant at the same time. Every mother's postpartum experience may be different, but the influence on occupational engagement can be impactful. During a mother's postpartum experience, many factors can contribute to their occupational engagement, such as pain, whether it be from a vaginal delivery or a cesarean section, breastfeeding, support from others, and their postpartum restrictions set by their provider.

The impact of women's labor and birthing experience has potential implications for occupational engagement for a mother and child postpartum. There are many factors of both labor and delivery that could ultimately have an impact on a woman's childbirth experience and therefore, also have an impact on their postpartum experience. Current literature supports options for women that may include the method of delivery, whether kangaroo care occurred after delivery, the care provided by medical professionals, postpartum depression, and women's self-perception before labor. Kangaroo care, or skin-to-skin, is where the baby is placed on the mother's chest immediately following birth and is associated with improving milk production for the mother, successful breastfeeding, increased parent satisfaction, and better sleep (Baley, 2015). Although existing literature examines many factors regarding the birth experience, little to no

research exists explaining the relationship between the birth experience and its influence on occupational engagement.

Childbirth Considerations in Kentucky

Access to care. Other factors that may impact women's birthing experiences and postpartum experiences are access, cost, and quality of care. In Kentucky, 5% of parents (44,000) do not have insurance (Annie E. Foundation, 2018). With the lack of health insurance, women can have limited to no access to perinatal care. The Annie E. Casey Foundation (2018) showed that in the years 2013-2015 70 percent of women received early and regular prenatal care in the state of Kentucky. They defined early and regular prenatal care, as receiving care within the first thirteen weeks of pregnancy and receiving care with at least ten visits throughout the whole pregnancy. All of these factors can influence a woman's birthing experience.

Childbirth costs. Childbirth Connections (2012) found that in Kentucky in 2010, a vaginal birth in a hospital with no complications had a state average of \$7,266 with the highest average being hospital cesarean sections with complications and the average cost being \$15,690. Over the course of the years from 2008 to 2010, the costs of each method of delivery gradually went up. These costs did not include the following: additional anesthesia service charges for all cesarean and most vaginal births in hospitals, additional newborn care charges for all births in hospitals, and additional maternity provider charges for all births. These costs all were before insurance, so third-party payers discounts were not considered in the final numbers of costs.

Quality of care. The factors that can impact a woman's birthing experience can also have an impact on the postpartum experience due to its influence on the recovery

process and the perceptions and emotions that a woman may feel about her birthing experience. When women perceive the experience of their labor and delivery, they take several different aspects into account. One of those aspects is the quality of care they received from their healthcare provider. For labor and delivery, women have the option of using an obstetrician-gynecologist or a midwife. According to Perdok et al. (2018), midwives are known for leading a more personal focus level of care. Providing a personal level of care may increase the quality of care experienced by women.

Birthing Experiences

Method of delivery. When it comes to the method of delivery, women can have many different methods to choose from, whether it is a vaginal delivery, a cesarean section, or a water birth. Pregnancy Statistics (2009) defines natural child birth (or an unmedicated birth) as a childbirth method that does not involve any pain medication or epidural shot that provides analgesic relief for the lower half of the body. Women also have to choose who to go to for their prenatal and postnatal medical care, whether it be an obstetrics-gynecologist or a midwife. There are many decisions and aspects of birth for women to think about and decide on when preparing for childbirth. All of these factors and decisions can influence and have an impact of their postpartum experience, whether it hinders or advances the experience.

Medical model of practice versus midwifery care. For centuries, obstetrics-gynecologists have been the medical professionals to see women for their prenatal care and deliver babies. More recently, midwives have become an option for women to see for their prenatal care and delivery. According to American College of Nurse-Midwives (2016), in 2014 certified nurse-midwives (CNMs) and certified midwives (CM)

performed over 300,000 births, which represented 12.1 percent of all vaginal births, or 8.3 percent of all births in the United States.

Davison, Murray, Whitaker, Rendall, Gammie, and Magowan (2014) found through their comparison of assisted birth practitioner (ABP) midwives and medical practitioners that both healthcare professionals had similar maternal and neonatal outcomes and reported equally positive experiences. There was also a correlation between experienced continuity of care and experienced quality of care (Perdok et al., 2018). It was found that when comparing experienced continuity of care with women who received midwife-led care versus obstetrician-led care, midwife-led care had higher rates of experienced personal and team continuity of care.

Fernandes (2018) inspected occupational therapy's role in perinatal care. Looking at future opportunities for occupational therapy to treat new and expectant mothers, it is important to maintain engagement in meaningful occupations during this critical event of women's lives. Research suggests incorporating therapy from orthopedic, rehabilitation, and hand therapy due to new and expectant mothers being at high risk for injuries, such as carpal tunnel syndrome and tendinosis of the upper extremity. These injuries are linked to constant use of the upper extremities during motherhood, such as holding an infant for long periods of time. The researcher examined ways occupational therapists can address issues related to women during their perinatal period, such as postural techniques, repetitive tasks, patient education, and strengthening (Fernandes, 2018).

Parents perceptions and experiences. Another aspect that can impact a mother's birthing experience and outcomes is the emotion of fear. Flores (2018) explored women's trust and fear-based beliefs about childbirth and how that impacted their experience. It

was found that fear-based beliefs were associated with higher occurrences of interventions and cesarean sections. It was shown through this study that women who had no fear or low fear about childbirth reported a more positive birthing experience. Johansson, Fenwick, and Premberg (2014) looked to develop a greater understanding of how expectant fathers experience their partner's labor. The themes they found were desiring respectful participation, preparing for the unique challenge of birth, midwives make a difference, being supportive was emotionally challenging, and agony to ecstasy. It was concluded that fathers often want to be involved during labor and delivery but feel vulnerable. Also, couples should be given the opportunity to explore roles and expectations during the labor and delivery process. It was implicated that fathers should be given respect towards their decision to whether or not they are involved in the labor and delivery process.

Cesarean sections and vaginal births. In 2016, in the United States there were over 4 million births, with almost 2.7 million being vaginal deliveries and 1.3 million (31.9% of all births) cesarean sections (Centers for Disease Control and Prevention, 2017). Hobbs, Mannion, McDonald, Brockway and Tough (2016) analyzed the impact of cesarean sections on the success of breastfeeding. They found that women who had planned cesarean sections were less likely to have breastfeeding success in the first four months postpartum compared to women who had vaginal births, if they chose to attempt breastfeeding. The majority of the women who chose to have a planned cesarean section chose not to implement breastfeeding or did not initiate breastfeeding. Through their study, they found that the women who had an emergency cesarean section were much more likely to be unsuccessful in their first breastfeeding attempt, were not able to

breastfeed their baby within the first 24 hours after birth and were still unable to breastfeed when leaving the hospital.

When examining women's perceptions of having a vaginal birth after a cesarean section, Meddings, Phipps, Haith-Cooper, and Haigh (2007) found three major themes that came up when women compared their experience of a vaginal birth following a cesarean section: informed choice, recovery from birth, and influences on bonding. All the women in the study mentioned informed choice within different contexts. Many of them related to the importance of informed choice and wanting to be able to be given a choice of the childbirth method was very important to them. When it came to recovery from childbirth, women in the study related to family obligations and how the recovery process had an influence on their mode of childbirth decision. Many women felt that not being able to drive after a cesarean section and many other obligations had an influence on their decision to try for a vaginal birth after a cesarean section. Bonding was another influence on their decision and how it impacted their postnatal experience. Some women thought there was no difference in bonding between a vaginal delivery and a cesarean section, while many thought they had a better bonding experience with their child following the vaginal delivery than the previous cesarean section.

Both men and women experience many different emotions about childbirth and how their delivery went, whether it is fear, anger, happiness, or contentment (Flores, 2018). Reisz, Jacobvitz, and George (2015) studied the relationship between the mode of delivery and mothers' birth experience, and their description of their babies and self-esteem. It was found that mothers who participated in a vaginal birth had less negative descriptions of their babies than those who participated in a cesarean section. Women

who reported a more positive birth experience had discussed less negative adjectives to describe their babies than those who had a negative birth experience. On the other hand, Hallam, Howard, Locke, and Thomas (2016) argued that the connection and clear, open communication women had with their midwives resulted in a more positive birth experience, no matter the mode or location of delivery. The pertinent issues that were explored through this study was communication style, being treated as a person, consent, and respect.

Water birth. When exploring women's perceptions and experiences when given the opportunity of a waterbirth, there is a gap of knowledge and understanding to this topic. Research shows that women aim to achieve a waterbirth for a few different reasons, such as pain relief, they liked the idea, association of a natural birth, provided a relaxing environment, and it was recommended (Lewis, et al., 2018). Women who achieved a waterbirth felt that they were able to achieve the particular mode of delivery due to using midwifery led care and associated their care and birthing experience with a more positive view.

Postpartum depression. Postpartum depression is defined as a disorder following childbirth that has many different risk factors, including marital dissatisfaction, unsatisfactory social support, personality style and anxiety during pregnancy (Bielinski-Blattmann, Gürber, Lavalley, Grob, Surbek, and Stadlmayr, 2016). Acute stress reactions, same as postpartum depression, have risk factors as well, such as mode of delivery and extreme pain during childbirth (Gürber, et al., 2012). According to the study done, women that had depressive symptoms within 48-96 hours following childbirth had reported less contact with their partners and baby during labor. The group of women that

had acute stress reactions following childbirth had less confidence in themselves and had reported disorientation during childbirth. Based on the results of the study, there can be an association between how women cope with factors during labor and psychological distress shortly following delivery. Women's labor experiences had a direct impact on their depressive symptoms and distress following labor and delivery.

Gürber, et al. (2012) linked an association between higher caregiver support and a positive childbirth experience with lower rates of acute stress reactions and postpartum depressive symptoms. Acute stress reactions were frequent during the first week of postpartum and declined into week 3, while postpartum depressive symptoms were continuous and showed no changes in decline or incline. This research study showed the importance and impact of intrapartum care and positive birth experiences on women's psychological state within the first three weeks postpartum.

Postpartum Practice Considerations

Skin-to-skin and breastfeeding. Baley (2015) defined skin-to-skin care as a version of kangaroo care that improves milk production for the mother, is associated with successful breastfeeding, increased parent satisfaction, and better sleep. Based on research, the biggest benefit from skin-to-skin care is breastfeeding, being associated with increased chance of successful breastfeeding, longer duration of breastfeeding, and higher milk production. In the United States during 2013, 8 in 10 mothers, or 81.1 percent of mothers began breastfeeding their babies at birth (Centers for Disease Control and Prevention, 2016). By the time the infants were six months old, over half of them (51.8 percent) were still breastfeeding and at a year old, less than one third of the infants (30.7) were still breastfeeding. In Kentucky, during 2015, almost 74 percent of infants

were breastfed at one point, but less than a third of those infants were still breastfeeding at a year old (Henry J Kaiser Family Foundation, 2015).

Skin-to-skin care has also showed to have an improvement on a mother's bonding and being comfortable with her infant by feeling needed by her infant. Other benefits of skin-to-skin care based off research is less stress from mothers, increased parent satisfaction, and increased participation in care for the infant for both the mother and the father (Baley, 2015, p. 597). Baley (2015) found through research that the risks of skin-to-skin care were skin infections, especially if the infant had any open lesions, increase in body temperature, and decrease in oxygen saturation.

Skin-to-skin care, according to Boundy et al. (2015), increases exclusive breastfeeding, lowers newborns respiratory rate, and pain, as well as increases oxygen saturation, temperature and head circumference growth. Skin-to-care also showed the decreased chance of hospital readmissions for the infants. Both research studies showed the importance of further research when it came to kangaroo care and skin-to-skin care. It was also stated that in order for skin-to-skin care to be most successful, training of staff in skin-to-skin care needs to be implemented and more research conducted in order to determine the ideal duration and components of skin-to-skin care.

Connection to Occupational Therapy

Vision 2025 states, "As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living." (AOTA, 2018). In order to have an impact on women's overall health, well-being and quality of

life, we must consider how their participation in everyday living is impacted during their postpartum experience.

The Centennial Vision speaks about the vision of occupational therapy practice by stating, “We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs.” (AOTA, 2018). Bringing forth new research on this topic provides evidence-based practice for women during their postpartum period. By providing this research, women’s occupational needs are being met while considering their postpartum experience.

The American Occupational Therapy Association (AOTA) (2013) defines occupations under the categories of activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation. AOTA defines the practice of occupational therapy that includes the evaluation of occupations, including examining client factors, habits, routines, roles, physical and social environments, and performance skills.

The Occupational Therapy Practice Framework (OTPF) lists activities of daily living (ADLs) as one of the main occupations (American Occupational Therapy Association, 2014). Activities of daily living include bathing, dressing, cooking, and many other occupations that women engage in daily. These occupations are the ones that can significantly impact women during their postpartum period experience. Not being able to suddenly perform activities of daily living or not as well can impact a woman greatly and hinder their perception of their postpartum experience. Current literature

shows that all of these factors can have an impact on women's experiences and their perceptions, whether it be to improve or hamper their experience.

III. Design

A qualitative, phenomenological study was conducted to examine women's birthing experiences and the influence they have their postpartum experience, specifically their occupational engagement. According to Kielhofner (2006), a phenomenological study examines individuals lived experiences and their interpretations of their personal experiences. Phenomenology is known to be different from other qualitative methods based on the point of view from the participants involved in the study. Phenomenology is holistic and relates to the situational experience of each individual participant. For the purpose of this study, the particular experience is women's postpartum period following childbirth.

This study was approved through an expedited review process by a University Institutional Review Board (IRB). The research question for this study was: "What is the lived experiences of women's postpartum daily routines?" The purpose of the study was to provide the beginning stages of research in regards to birthing experiences and postpartum experiences and the impact those experiences have on women's occupational engagement postpartum.

The theoretical framework used to guide this research study was the Model of Human Occupation (MOHO). The Model of Human Occupation is an occupation-based model, with three main categories, volition, habituation, and performance capacity (Kielhofner, 2008). Volition refers to the motivation for occupation, which includes personal causation, values, and interests. Habituation refers to how the occupations are organized by patterns or routines. Performance capacity is defined by the abilities that motivate occupational performances. MOHO encourages occupation-focused practice, a

client-centered approach, and prioritizes client's needs. This model was used as the theoretical framework due to its underlying principles that aligned with the purpose of this research. In order to use a client-centered approach and prioritize client's needs, research and knowledge about women's postpartum experiences is needed.

Participants

After gaining approval from the University's Institutional Review Board, participants that were included in this study were recruited through a convenience sampling method by recruiting women within the local community. A local medical office and childcare center were contacted by the primary researcher and were provided flyers for recruitment of participants, but there was no response from either business. In this study, there was a total of four participants (n=4), all women who were between the ages of 21 and 30 years old and lived in a small, rural area of the United States. In the rural area of where this study took place, the estimated population consists of 91,226 individuals (U.S. Census Bureau, 2017). The majority of the population in this specified area is Caucasian (92 percent). The median household income from the years 2012-2016 was 43,707 dollars. Looking at the area, 21 percent live below the poverty level. The participants that were recruited for this study fit into these demographic categories, being Caucasian and have a median household income.

The inclusion criteria for participants to take part in the study was to have given birth within the past six months and was home from the hospital after having their baby. The exclusion criteria included: anyone who had not given birth within the past six months, anyone who could not speak/understand the English language, and any whose baby was in the Neonatal Intensive Care Unit (NICU) and not currently at home. The

primary researcher contacted potential participants individually, explaining the research study and the process. Once each participant confirmed that they met the inclusion criteria and expressed interest in taking part of the study, the primary researcher met with each participant in person to review the informed consent document. After reviewing the informed consent document with the participants, the primary researcher obtained written and oral consent.

Out of the four participants, three of them engaged in vaginal births and one cesarean section. One participant worked full-time outside of the home, while one worked part-time outside of the home. Another participant worked part-time from home for her job and the last participant did not work and stayed at home with her children. One participant had a natural, unmedicated birth, while the other three participants had epidurals and medical interventions throughout their labor and delivery. All participants attempted to breastfeed and three were successful, while one participant had difficulty breastfeeding and chose to formula feed instead. Out of all participants, the majority (three out of four) were second- or third-time mothers.

Table 1 below lists description of each participant based on factors surrounding their birthing and postpartum experiences.

Table 1. Participants' Descriptions	
Participant 1	<ul style="list-style-type: none"> • Cesarean section • Attempted breastfeeding; currently feeds with formula • Works part-time from home • First time mother

Table 1 (continued)

Participants' Descriptions	
Participant 2	<ul style="list-style-type: none"> • Vaginal birth after cesarean section • Breastfeeds • Stays at home with children • Second birth, third child
Participant 3	<ul style="list-style-type: none"> • Vaginal birth; medicated • Breastfeeds • Works part time outside of the home • Third birth/child
Participant 4	<ul style="list-style-type: none"> • Vaginal birth, unmedicated • Breastfeeds • Works full time outside of the home • Second birth/child

Methods

In order to explore women's lived experiences during childbirth and the postpartum experience, data was collected through semi-structured in-depth interviews. Interviews were used for the purpose of allowing the women to tell their stories of their childbirth and postpartum experiences. The focus of the interview questions were to give

each participant the opportunity to explain how different factors impacted their postpartum experience, whether it had been their birthing experience as a whole or the postpartum restrictions set by their healthcare provider. During the interviews, participants were able to answer questions regarding to their birthing and postpartum experience and the impact those experiences had on their daily routines and roles, such as a wife, mother, and employee. Each interview was recorded with permission from each participant beforehand.

During the data collection process, reflexive journaling was completed by the primary researcher to eliminate bias when completing the interviews with participants. To focus on the participant's experiences, the primary researcher journaled about personal experiences regarding recent childbirth and postpartum experiences as a new mother. The primary researcher wrote about her natural, vaginal childbirth experience and the factors that impacted both her childbirth and postpartum experience. Peer review was completed with the thesis mentor over this study to review and confirm themes found through the participants' interviews.

Data Analysis

Following data collection, each participant interview was transcribed verbatim by the primary researcher who went through the coding, thematic process by reviewing each interview transcription. Transcribing was done through the use of the app called HyperTRANSCRIBE. While reviewing each interview transcription, codes were developed in relation to the women's postpartum experiences. Codes that were repetitive in each subsequent interview were recorded for future use. Once all the codes were recorded, the codes that were repetitive were separated and eventually developed into

themes. Each theme was categorized according to the Occupational Therapy Practice Framework (American Occupational Therapy Association, 2014). Each theme was chosen in relation to one of the five domains of occupational therapy: occupations, client factors, performance skills, performance patterns, and contexts and environment.

IV. Results

Out of the four potential participants contacted for the study, all four consented and completed an in-depth interview. From the coding process, several themes emerged from the interviews. The themes were categorized based on the domains of occupational therapy: occupations, client factors, performance skills, performance patterns, and contexts and environments (see Figure 1). Certain themes that emerged from the data overlapped with the different domains therefore were categorized under more than one domain of occupational therapy.

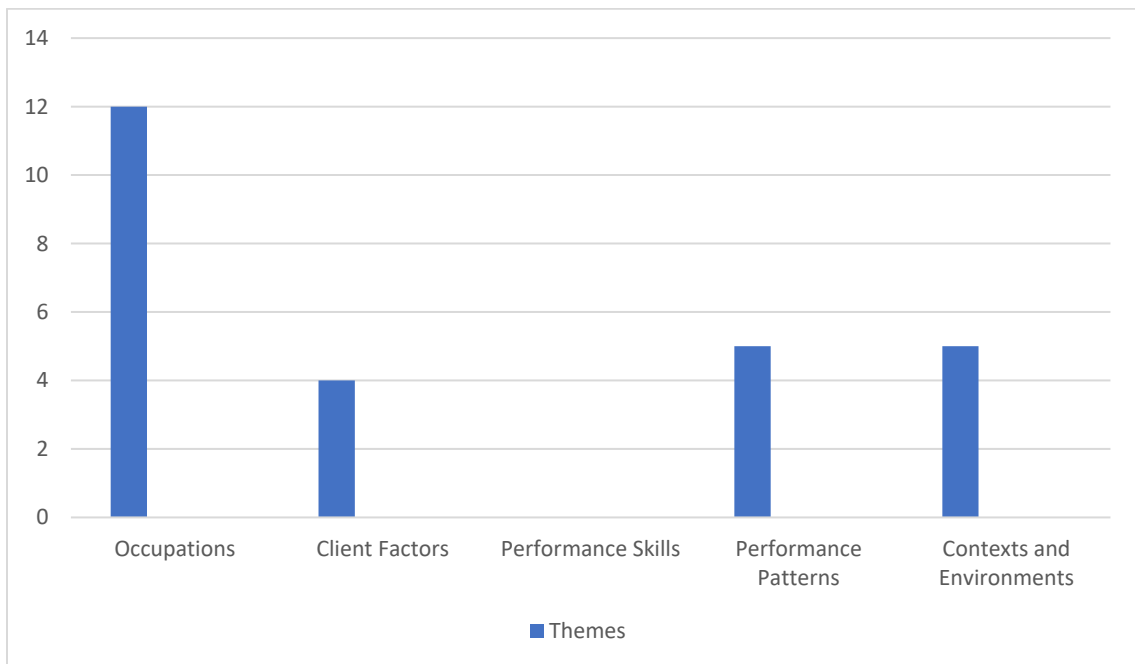


Figure 1: Themes Categorized by Domains of Occupational Therapy

Occupations

For the purpose of this research study, occupation is defined as, according to the Occupational Therapy Practice Framework (American Occupational Therapy Association, 2014), everyday life activities. The categories of occupations include

activities of daily living, instrumental activities of daily living, work, education, rest and sleep, play, leisure, and social participation. Based on the categories of occupations and the themes that emerged from the data, twelve themes were categorized under occupations.

A few of the themes that were categorized under occupations were bonding time, impacted housework, and pumping impacts job. One participant believed that the bonding time with her infant was impacted due to her childbirth method, which was a cesarean section. All participants talked about the impact of housework, whether it was more difficult to complete due to pain after birth or more difficult due to there not being enough time to complete it. Two participants mentioned in their interviews the impact that pumping has on their jobs. One of the participants went on to say how support from her work place had an impact on her choice of breastfeeding and pumping when she went back to work. One participant stated, “Pumping while I was at work took away from the time I met with students.”

Client Factors

Client factors are characteristics or beliefs within a person that includes values, beliefs, spirituality, body functions, and body structures (American Occupational Therapy Association, 2014). Four themes were categorized under client factors: lifting restrictions, impact on self-image, postpartum healing, and low energy. Each participant spoke about postpartum healing, whether their healing was easier or more difficult. One participant spoke about how her postpartum healing was much quicker than her first birth and postpartum experience.

Three out of four of the participants spoke about the impact that their birth experience and motherhood had on their self-image. One participant said she spent her postpartum period, “redefining who I am as a mother”, while another participant said, “my role as a mom changed, going from a mom of two toddlers to a mom of two toddlers and an infant” When asked about her birthing experience and the impact it had on her self-image, one mother explained the guilt she felt because of her birthing experience not going as she planned and, in the end, had to have a cesarean section.

Performance Patterns

Habits, routines, rituals, and roles are used during the engagement of occupations that can support or hinder occupational performance. Habits, routines, rituals, and roles are categorized under performance patterns (American Occupational Therapy Association, 2014). From the themes that were emerged from the data, five themes were categorized under performance patterns. The themes were: sleep schedule/bedtime routine, occupations (daily routines) centered around child, routine impacted by nursing, pumping impacts job, and daily routine. The American Occupational Therapy Association (2014) defined routines as sequences of occupations that provide people structure during their daily lives.

When asked about daily routines, one mother explained their daily routine as “finding our new normal” for her family. All four participants talked about their daily routines in a way that was centered about their child(ren). Their schedules or routines were centered around their child’s feeding and napping times. Three out of four of the participants spoke about breastfeeding and how their routine is impacted by their need to nurse. One mother talked about how, in the first few weeks, the infant is nursed on-

demand, and that impacts not only the mother’s routine, but also the rest of her family’s routine as well.

Contexts and Environments

The aspects of contexts and environments include cultural, personal, physical, social, temporal, and virtual (American Occupational Therapy Association, 2014). Five themes were categorized under contexts and environments based on the themes that were derived from the interviews. The following themes were included: medicated birth, natural childbirth/vaginal birth, bonding time, sex and relationship, and support with housekeeping.

Three out of four participants talked about a medicated birth and natural childbirth/vaginal birth. One mother talked about going from a medicated birth for her first child to a natural childbirth for her most recent birth experience. After her natural, unmedicated birth she said, “I felt more like myself.” Two of the four mothers spoke about sex and the relationship between them and their spouse and how it impacted their experience postpartum.

Categories and Themes

Table 2 below presents the categories and themes that emerged from the study, which are represented with verbatim quotes from participants.

<u>Table 2. Categories and Themes Represented by Participant Quotes</u>	
Categories and Themes	Quotes
<u>Occupation</u>	
<ul style="list-style-type: none"> Bonding time 	<p>“This was the first child that I thought it was best to stay in. It was best for bonding and for breastfeeding.”</p>

Table 2 (continued)

Categories and Themes	Quotes
<u>Occupation</u>	
<ul style="list-style-type: none"> • Impacted housework 	“I’ve changed the way I do laundry now since he’s been born.”
<ul style="list-style-type: none"> • Pumping impacts job 	“Pumping while I was at work took away from the time I met with students.”
<u>Client Factors</u>	
<ul style="list-style-type: none"> • Lifting restrictions 	“I ignored my lifting restrictions due to them not being realistic as a mother of a toddler.”
<ul style="list-style-type: none"> • Impact on self-image 	“I feel more empowered by being a mother.”
<ul style="list-style-type: none"> • Postpartum healing 	“One day I took a walk with my husband and the kids and came back to a lot of bleeding. I learned that I did too much and needed to slow down a little more.”
<ul style="list-style-type: none"> • Low energy 	“The biggest postpartum issue for me was just being tired and not having the energy to do anything.”
<u>Performance Patterns</u>	
<ul style="list-style-type: none"> • Sleep schedule/bedtime routine 	“Having him on a schedule has helped him sleep through the night and be able to stay awake throughout the day.”
<ul style="list-style-type: none"> • Occupations (daily routine) centered around child 	“When he naps, I do chores around the house and when he’s eating, I’ll watch an episode on Netflix.”
<ul style="list-style-type: none"> • Routine impacted by nursing 	“Our bedtime routine was different due to me having to nurse the baby.”
<ul style="list-style-type: none"> • Daily routine 	“I have everyone loaded up and out of the house by 10 every morning and that is a routine I just began after having the baby.”
<u>Contexts and Environments</u>	
<ul style="list-style-type: none"> • Medicated birth 	“I had a very medicated birth this time around compared to my previous births.”
<ul style="list-style-type: none"> • Natural childbirth/vaginal birth 	“I felt more like myself after this natural birth rather than my first birth.”

Table 2 (continued)

Categories and Themes	Quotes
<u>Contexts and Environments</u>	
<ul style="list-style-type: none"> • Sex and relationship 	<p>“The emotional part where we connect, that routine maybe is seriously lacking now that there is especially three children that takes all of our energy.”</p>
<ul style="list-style-type: none"> • Support with housekeeping 	<p>“Now my mom comes over to wash my windows for me once a week.”</p>

V. Discussion

Limitations

As far as the participants, the majority were experienced mothers, being second or third time mothers. For the purpose of this study, in the future, being able to include more first-time mothers would be beneficial in order to see if the themes differ between first-time mothers and experienced mothers. The time limitations of the research project may have reduced the number of participants, as the study occurred in partial fulfilment of a graduate degree. Data saturation may not have been achieved, meaning that if more participants had completed interviews for the study, additional themes or new insights may have been identified.

Implications for Occupational Therapy

Occupational therapists are trained to consider the whole person when treating clients and planning interventions. This study looks at mothers' birthing experience, postpartum experiences, and the impact those experiences can have on their daily routines. Occupational therapists treat diverse clientele in various environments, including mothers who have recently given birth. In order to successfully treat them with planned interventions, occupational therapists have to consider this specific population's whole being – including their postpartum experience and their daily routines. Considering women's postpartum experiences and the impact on their daily routines when planning interventions can make care more client-focused and increase the likelihood of interventions being more successful and effective.

Recommendations for occupational therapy's role with new mothers are based around the consideration of their daily roles, habits, and routines. According to George

(2011) occupational therapists can work with new mothers on engaging in pre-childbirth occupations by modifying their environment and modifying their occupations such as their activities of daily living (ADLs). Occupational therapists can also work with women on transitioning their routines in order to increase their participation in daily activities while also taking care of their new born. New mothers can also be taught coping strategies such as meditation and breathing techniques to reduce anxiety.

Modifying the environment for new mothers may include rearranging the house so it is easier to get to the bed and to the infant in the middle of the night.

Modifying occupations may include using a long-handled duster to be able to clean at low and high levels throughout their houses. Research suggests that occupational therapy interventions for new mothers decreases the likelihood of depressive symptoms during the postpartum phase.

Conclusion

Childbirth is an important transition within an adult's life that has a profound impact on women's occupational engagement. Four million births occurred within the United States in 2016 (Centers for Disease Control and Prevention, 2017). Although childbirth and this transitional period in a woman's adulthood is a common experience, there is little to no research on the impact of women's postpartum experiences. More specifically, there is no research in relation to its impact on occupational engagement.

Vision 2025 states that occupational therapy needs to maximize health, well-being, and quality of life and facilitate participation in everyday living (AOTA, 2018). In order to maximize women's quality of life, the impact their postpartum experience has on their everyday living must be taken into account when working with this population. The

Centennial Vision explains that occupational therapy is an evidence-based profession that works to meet individuals' occupational needs (AOTA, 2018). This research study is providing evidence to a topic within occupational therapy that has not been examined before, which will allow occupational therapists to know how to meet more women's occupational needs during their postpartum period.

Based on the themes revealed that were categorized according to the domains of occupational therapy, a variety of topics emerged from the data. Each participant spoke about a type of role shift that occurred after giving birth, whether it was an emergence of a new role as a mother or their role as a mother changed by having a newborn and a toddler. Each mother that was interviewed for the purpose of this study spoke about the impact on their daily routines. Each participant stated that their daily routine is based around their infant's eating and sleeping schedule. The majority of the mothers mentioned throughout each interview the introduction of new occupations and how they impacted their postpartum experience. New occupations mentioned included feeding their infant formula, changing diapers, breastfeeding, and pumping.

This study presents the beginning stages of research to the topic of women's postpartum experiences and its impact on occupational engagement. In order to understand more regarding this topic, more research needs to be provided in this particular area. In the future, research needs to be conducted in regards to this topic and include more first time mothers in order to compare the results and themes between first time mothers and experienced mothers.

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APPENDICES

Appendix A: Interview Questions

Appendix A: Interview Questions

1. What daily routines do you currently participate in?
 - Which specific daily routines do you feel have been impacted the most post-partum?
2. How have your daily routines changed or been impacted pre- and post-partum?
3. How do you feel your method of childbirth has impacted your daily routines post-partum, if they have at all?
4. If you had birth complications, how do you feel it has impacted your post-partum experience?
 - How have your birth complications impacted your daily routines, if they have at all?
5. How have your post-partum restrictions from your doctor impacted your daily routines?
 - If you had any lifting restrictions, how has it impacted your daily routines?
 - How did you feel your lifting restrictions impacted your family?
6. How do you feel the change of your daily routines has impacted your post-partum experience?
7. How have changes in your daily routine affected your roles as a wife, mother, employee, etc.?
8. How have changes in your daily routine and roles affected how you feel about yourself?
9. What impact has the change of your daily routines had on your family as a whole?
Individuals?

- If you have other children, how has the change of your daily routine impacted them?

- How has the change of your daily routine impacted your spouse?