



Expanding occupational therapy models for maternal health to support women through perinatal transitions, motherhood, and matrescence

WFOT Congress, February 2026

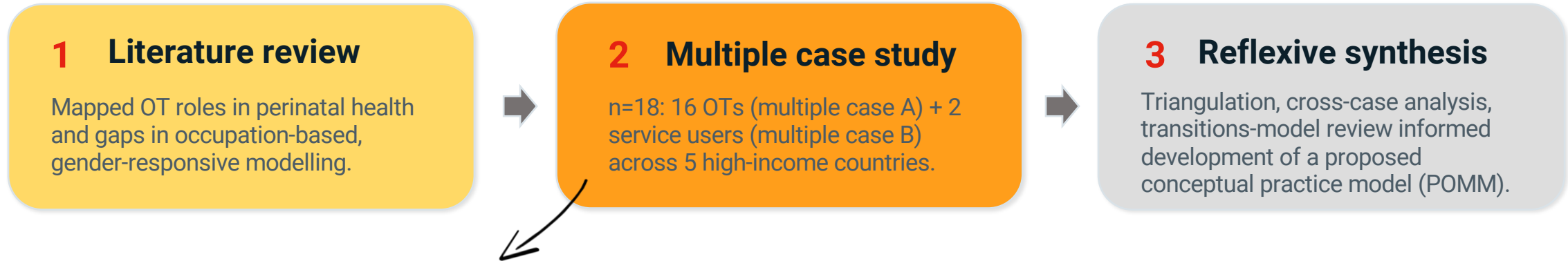
Hannah Slootjes, Carol McKinstry, Amanda Kenny, & Leesa Hooker



PhD research context

Objective	To explore the contemporary role of OT's in maternal health
Research question	How are occupational therapists working with 'well' women during perinatal periods?
Research design	<ul style="list-style-type: none">• Qualitative research design• Multiple case-study
Data collection methods	<ul style="list-style-type: none">• Demographic questionnaires• Semi-structured interviews• Key documents• Interview notes
Ethics	Ethics approval (high risk) granted by La Trobe University Ethics Committee on 2 December 2016 (approval number HEC16-107).
Recruitment	<ul style="list-style-type: none">• Snowball recruitment, and public invitation
Participants	<ul style="list-style-type: none">• 16 registered OTs from 5 high-income countries (AUS , CAN, NZ. UK, USA) who worked with women during perinatal stages (pregnancy to 12-months postpartum)
Time frame	<ul style="list-style-type: none">• Data collection = February 2017 to August 2018• Member checking of the interviews completed by March 2019

Methods



Data analysis methods (multiple case A)

- Case summaries (level 1)
 - Deductive coding
- Cross-case analysis (level 2)
 - Data inductively pattern coded
 - Nvivo
 - Thematic framework (Attride-Stirling, 2001)

Data analysis methods	Multi. case A
Miles & Huberman's (1994) qualitative data analysis methods	✓
Techniques for preserving women's voices (Devault, 1990)	✓
Attride-Stirling's (2001) steps in analysis employing thematic networks	✓

Research rigour: Triangulation

Multiple case study A: 16 occupational therapists

- Australia [n=11]
- Canada [n=2]
- NZ [n=1]
- UK [n=1]
- USA [n=1]

Reflexive synthesis
focus: How OT models were used in practice

- *Reflexive review of 5 transitions-based models using triangulation*

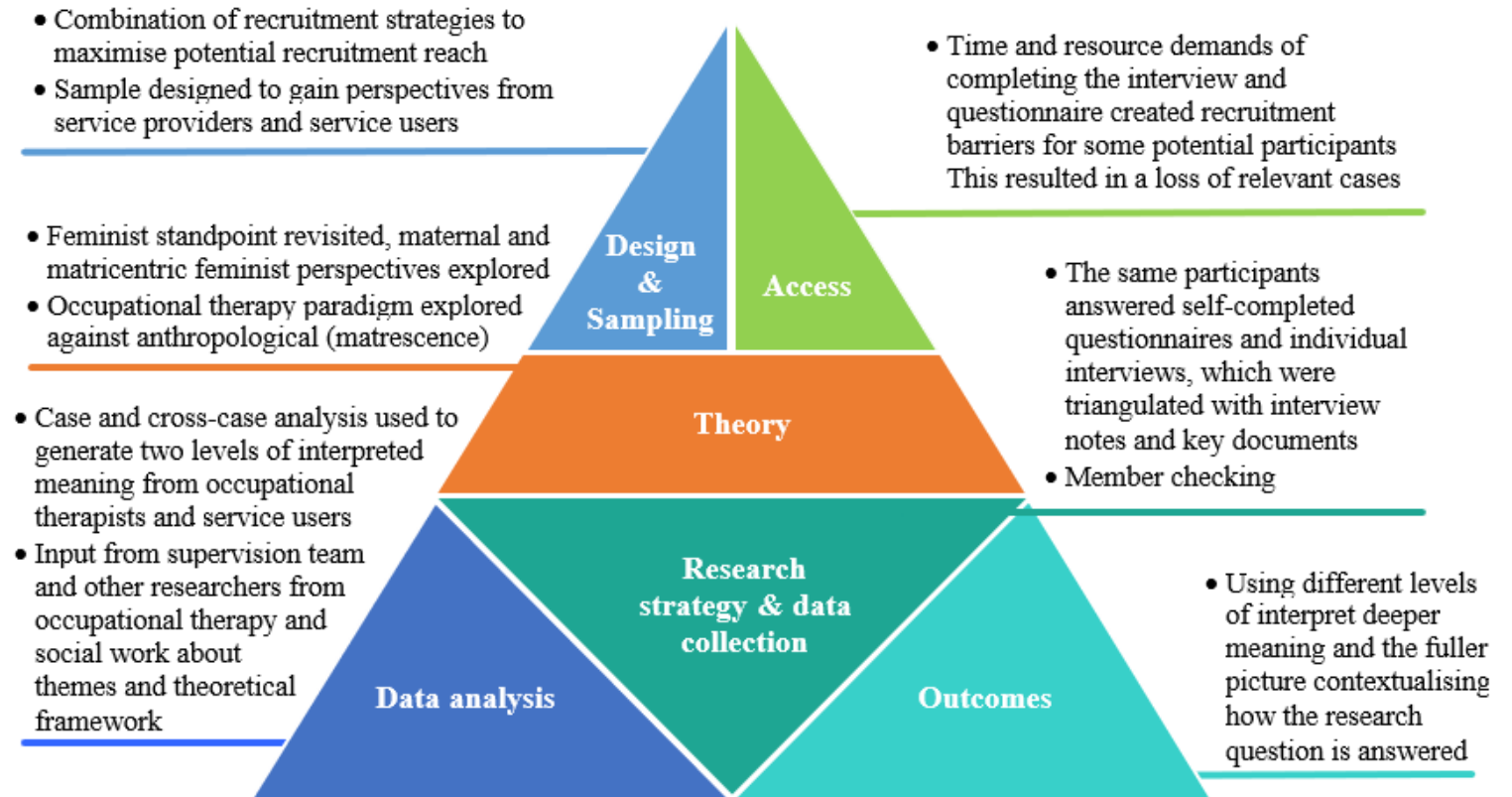


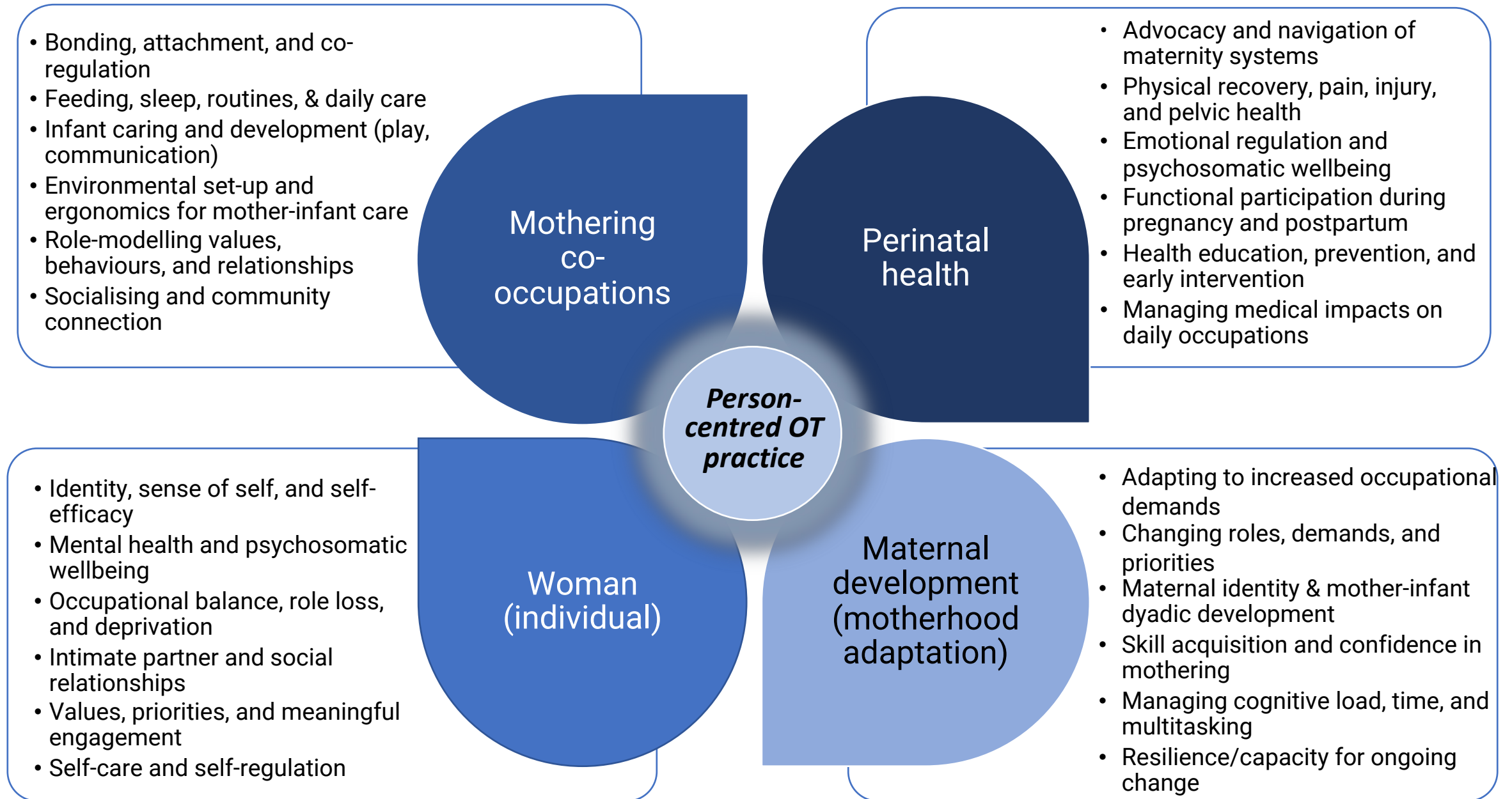
Figure 8 | Triangulation of data and methods

Literature referencing model/framework use

Article	Country	Focus	Model(s)/framework(s) explicitly referenced	How the model/framework was used
Cardinale et al. (2014)	USA	Mothers in recovery from drug addiction (infants <12 months also referenced)	Model of Occupational Empowerment + Gunnarsson's Tree Theme Methodology	Empowerment-oriented, occupation-based intervention supporting wellbeing, confidence/self-esteem, routines/roles as mothers
Burbidge (2015)	England (UK)	Mother-baby unit (perinatal psychiatric disorders)	MOHO (OCAIRS and OSA tools used) + CMOP-E	Framed OT role/interventions in acute perinatal mental health. Occupation-based practice to support mothering and daily occupations, roles, and routines.
Sechrist et al. (2015)	USA	Hospitalised pregnant women on bedrest	No OT model named.	OT-designed Aquatic Exercise Program; improved quality of life, reduced pain/stress, supported occupational participation during bed rest
Visser et al. (2016)	South Africa	Breastfeeding (mothers; dyadic implications)	No OT model named	Conceptualised breastfeeding as co-occupation. Highlighted psychosocial factors and holistic, client-centred support needs
Ferigato et al. (2018)	Brazil	Pregnant women (primary health care / group context)	No OT model named. Focus on corporeity	Group-based OT actions in PHC. Focused on lived bodily experience, empowerment, coping, and sociocultural/ gender context of pregnancy.
da Conceição et al. (2020)	Brazil	Women across perinatal stages (obstetric service context)	No OT model named	Described OT interventions across four stages (antepartum → labour → postpartum → newborn). Argued OT promotes more holistic, humanised care
Williams & Chard (2019)	England (UK)	Mothers (MBU; pregnancy to 12 months postnatal; baby included when postnatal)	No OT model named. Ax tools = OCAIRS & MOHOST (MOHO), AMPS, Evaluation of Social Interaction (ESI)	Used ESI to evaluate/quantify mother-infant social interaction and support bonding/attachment goals

Sample of OT practices in perinatal health

Biomechanical function influences	Psychosocial wellbeing	Meaningful occupations	Self-efficacy development	Spiritual & cultural identity	Cognitive, emotional & mental wellbeing
<ul style="list-style-type: none"> • Sensory • Functional movement • Ergonomics • Pain M^x • Hand function • Sleep • Regulation • Epigenetics • Neurodiversity • Co-regulation • Pelvic F^x • Mind-body-gut • Women's development • F^x context of motherhood 	<ul style="list-style-type: none"> • Family centred • Relationships • Social and community occupations • Mother-infant relationships • Co-occupation • Co-parenting relationships • Intimate relationships • Trauma & ACE • Social justice • Friendships • Social media 	<ul style="list-style-type: none"> • ADL's • Home set-up • Work • Routines • Occupational disruption and deprivation • Motherhood • Self-care • Parenting • Mother-infant occupational balance • Nocturnal routines • Employment 	<ul style="list-style-type: none"> • Goal setting • 'Doing is becoming' • Client-centred education • Empowerment • Body image • Resuming sex & intimate relationships • Self-advocacy • Consent • Upskilling for motherhood • Maternal role • Boundaries & expectations 	<ul style="list-style-type: none"> • Choice/value alignment • Rituals • Cultural diversity • Identity (mother/self) • Intergenerat^{nl} customs • Motherhood 'rites of passage' • Adjusting to gendered role • Spiritual environments • Healing & re-empowerment 	<ul style="list-style-type: none"> • CBT • Reframing • Stress MX • Mindfulness • Health prom^{ln} • NDT • DBT • ACT • Overloading • Occupational overwhelm • Occupational avoidance • Emotionality of maternal injuries/scars



OT models used in perinatal practice

Model	Countries (in sample)	No. OTs	Populations / contexts	Main purpose
CMOP-E (most common)	AUS, CAN, NZ	8	Private practice; Public health; Early intervention; Hand therapy; Acute inpatient	Organise women's occupational performance issues; clarify OT role focus/scope
CMOP-E + ICF	AUS	1	Acute/inpatient perinatal role	Function-focused reasoning for "returning home with baby"
Kawa Model	AUS, CAN, ENG	4	Maternal transitions (varied settings)	Capture "life-change fluidity", and frame problems as obstacles in the river
Occupational Performance Model (OPM)	AUS	1	Prenatal (incl. prolonged bedrest)	Navigate difficult occupational problems; guide intervention planning
Occupational Adaptation Model (OAM)	USA	1	Online/private maternal health service	Scaffold habits/routines/choices, mastery-building through motherhood
PEO (concepts used widely)	All countries	16	Whole sample	Shared PEO language for reasoning (even if not explicitly "using PEO")

Pattern: OTs rarely used one model rigidly; most used models flexibly and in combination.

Clinicians' voices: Reflections on model usability

AUS

"I get frustrated, ...[that] there's not just one model that you can just follow ... in maternal health

"The core models are there of working relationally and developmentally, but then... there's other layers to it".

Jennifer (P3) – Model-fit frustration

ENG

There are "no specific occupational therapy outcome measures ... within perinatal work".

Audrey (P15) – maternal mental health and mother-infant co-occupations

USA

It focuses on mastery and learning something 'til you get... to a stage where you master it... And it becomes easier... and then you just build on that".

Alex, (P13) – Occupational Adaptation Model (OAM)

NZ

Assessment is "guided by occupational therapy conceptual frameworks about occupational performance domains ... [I've] expanded these conceptual approaches".

Corrie (P16) – models in preventative/EI maternal mental health

AUS

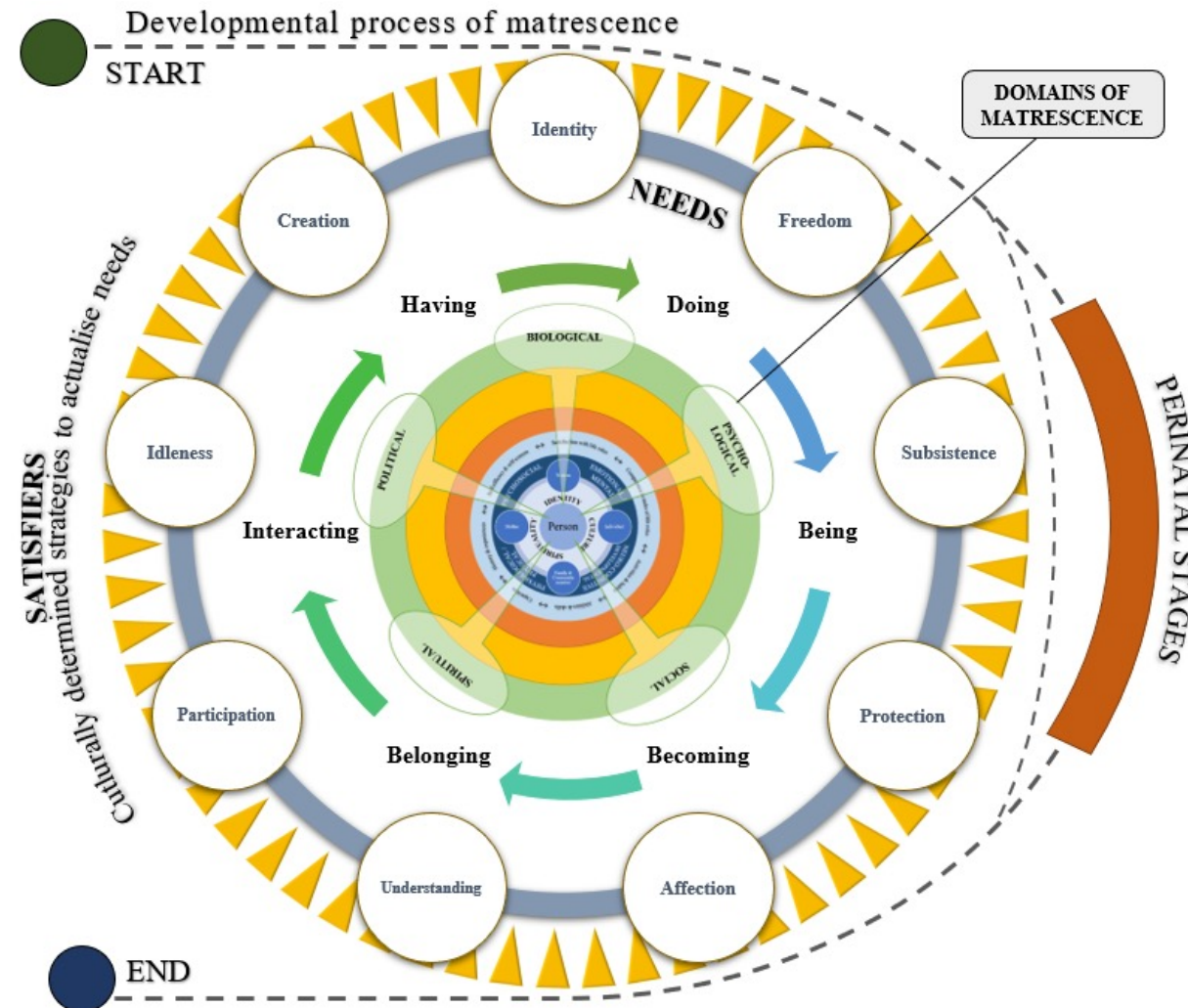
"You need to look at function... [It's] really really important".

Susie (P9) – Using CMOP-E + ICF (acute/ discharge planning)

A conceptual gap: Reductionist models vs lifecourse complexity

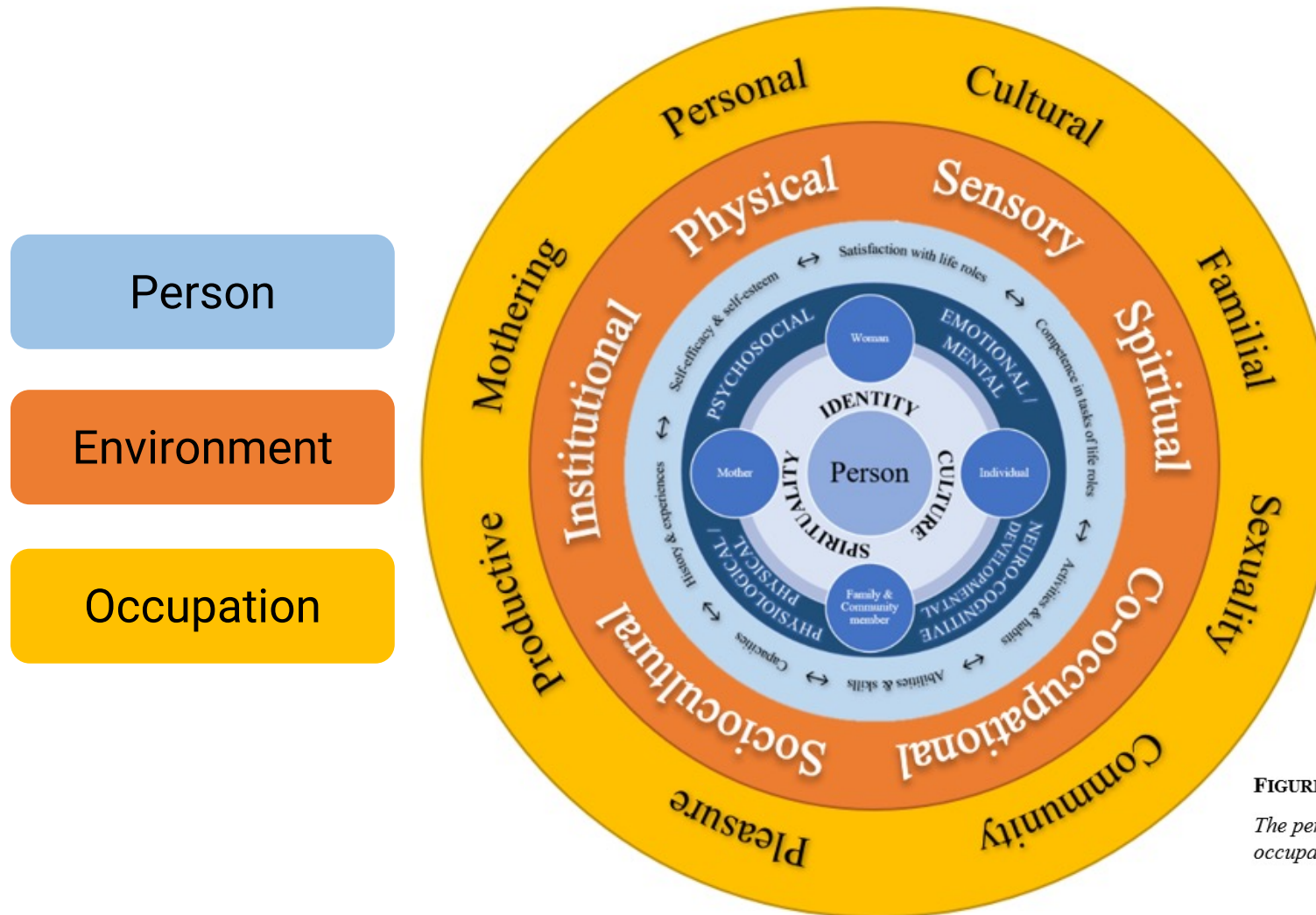
- Most participants rejected reductionist OT models to understand women as complex, evolving beings.
- Existing models were useful for function/adaptation, but struggled with maternal development, power/agency in medicalised systems, and occupational transformation.
- Many OTs find models difficult to use in practice due to a lack of relevant tools (*exception of MOHO*) (Hitch et al., 2018)
- OT models are limited in contemporary practice settings (Reid et al., 2019)

Output 1: Person-centred Occupational Model of Matrescence (POMM)



- Synthesis of how OTs described working across bodies, roles, environments, systems and identity during perinatal care.
- Integrates matrescence and needs-based reasoning (FHNs) to hold complexity, power/agency and transformation.
- Complex model (not reductionist)
 - Designed to describe practice as it is in maternal health
 - Not to force-fit into reductionist models.

PEO elements (POMM): Integrated models



Person

Environment

Occupation

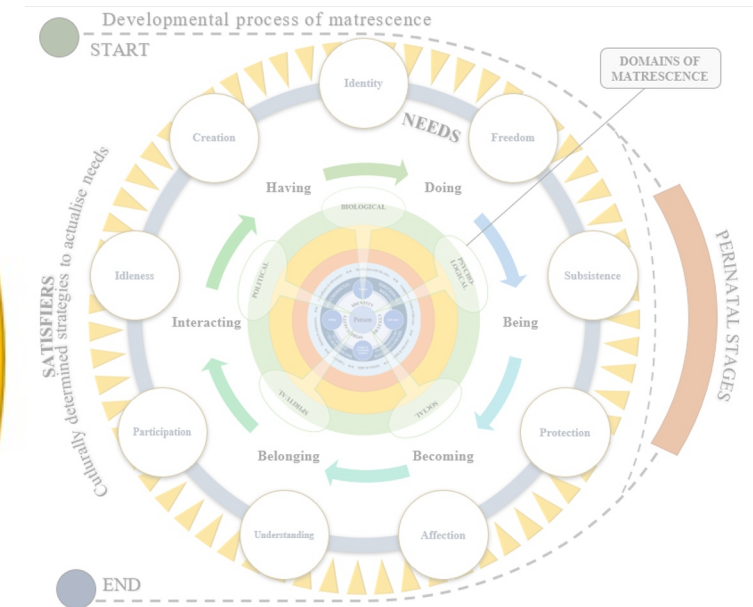


FIGURE 18

The person-environment-occupation (PEO) components of meaningful and necessary occupational engagement and performance during motherhood

POMM: Domains of matrescence

Person

Environment

Occupation

Developmental context

MATRESCENCE

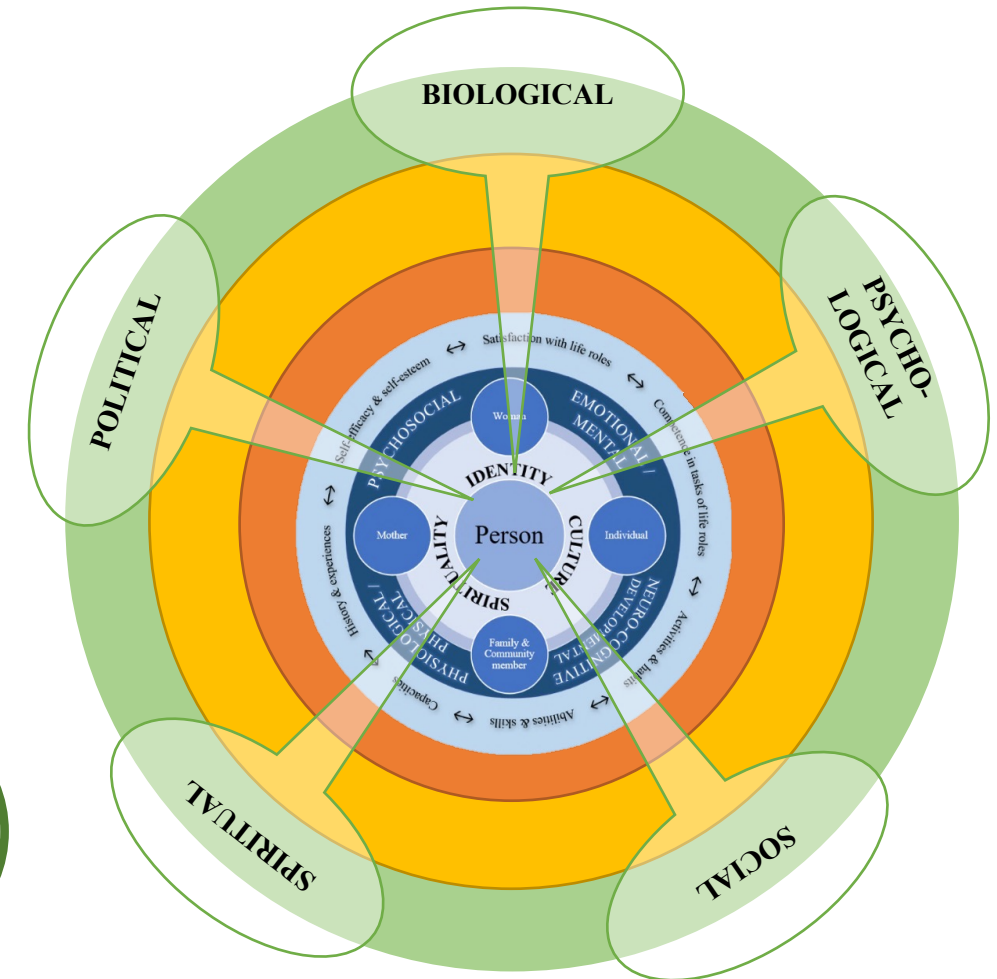
Bio-
logical

Psycho-
logical

Social

Political

Spiritual



Occupational wellbeing and fundamental human needs

Women's fundamental needs become disrupted during perinatal transitions (matrescence developmental context)



Occupational adaptation (Wilcock, 1986)

Doing

Being

Becoming

Belonging

Satisfiers (Max-Neef et al., 1989)

Being

Having

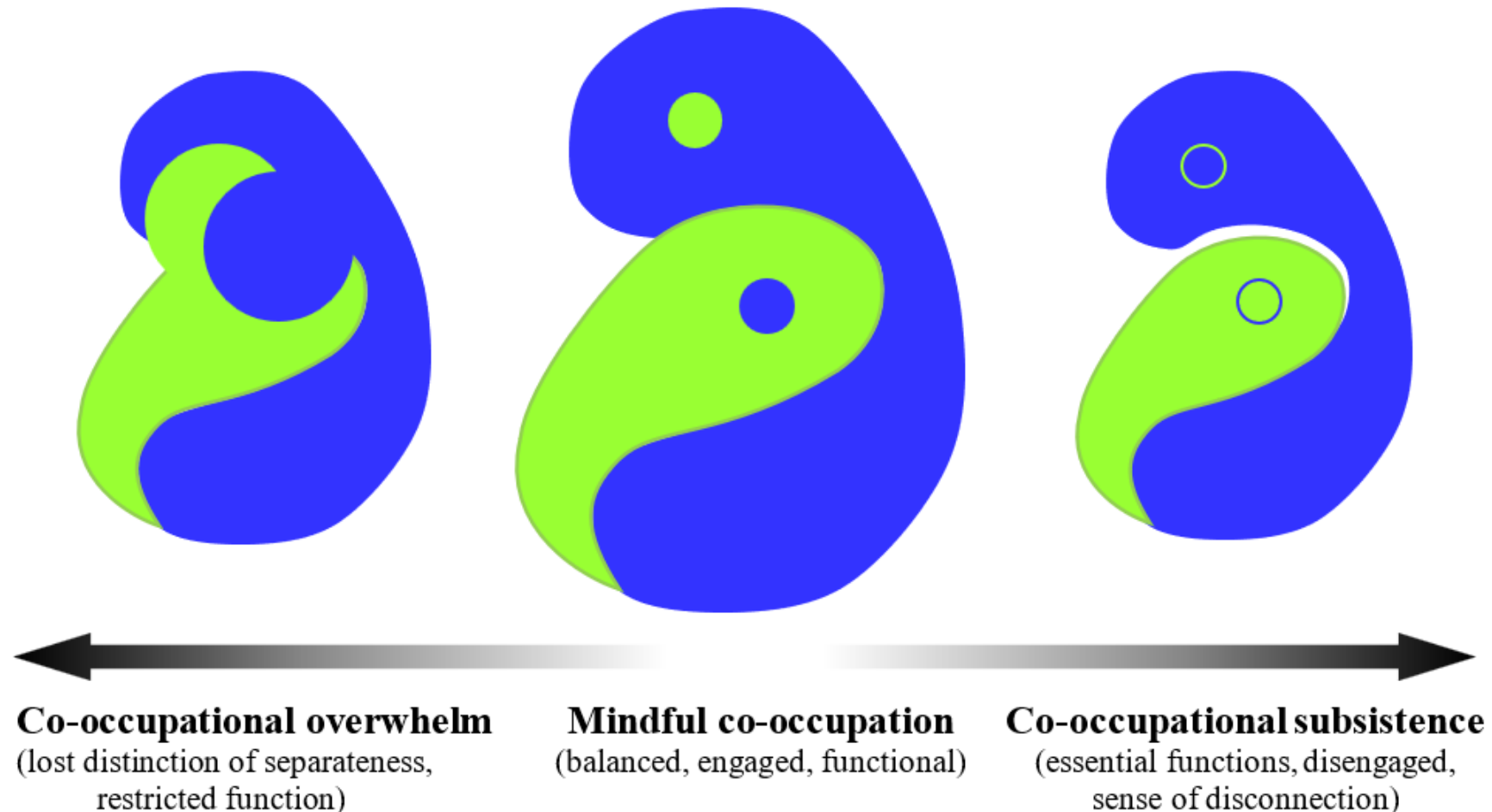
Doing

Interacting

Bridging the gap = Occupational wellbeing in perinatal health contexts:

- Reflects a more human-focused understand of women's wellbeing needs during profound disruption and transformation (more profound and complex than transitions)
- Conceptualised changes affecting needs satisfaction as structural, episodic, and evolutionary over time.

Output 2: Co-occupational Engagement Spectrum (CES)



Study limitations

- Model use was not the primary focus of the study
 - Exploration of OT models emerged inductively within broader questions about practice
- Participant sample
 - Occupational therapists working in high-income countries only, and English-speaking participants
 - Reflects contexts where perinatal OT roles are emerging with ‘well’ women
- Limited depth on individual model application
 - Participants discussed models pragmatically, rather than providing detailed model-by-model analysis
- Findings reflect patterns of use, not methods or effectiveness
 - Study explored *how* and *why* models were used, not whether they were applied “correctly”
- Age of data (collected 2017-2019)
 - Data was collected 7-years ago, and practices have likely evolved and changed since this study was completed

Summary and practice implications

- Internationally, occupational therapists (OTs) are working in perinatal health
- What we know about women's perinatal health and wellbeing is rapidly developing
 - Women's issues during perinatal transitions are often normalised and complex, and impact occupations
- OT models for person-centered *and* co-occupational practice are needed in perinatal care
- OTs need evidence-based model, frameworks, and literature to guide practice in perinatal care, that are well suited to the practice setting and unique needs of clients.
- Further development and testing of models (such as the POMM and CES) are needed to unify, strengthen, and advance OT's future innovation in perinatal care teams.

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Further information

PhD research: The Role of Occupational Therapy in Perinatal Health
Hannah Slootjes, Assoc. Prof. Carol McKinstry, Prof. Amanda Kenny, & Assoc. Prof. Leesa Hooker

Doctoral thesis (2022)

Slootjes, H. (2022). *The Role of Occupational Therapists in Perinatal Health* [Doctoral thesis, La Trobe University]. Open Access at La Trobe (OPAL).
<https://doi.org/10.26181/19836172.v1>



Research blog



Dr Hannah Sloodjes, Assoc. Prof Carol McKinstry, Prof Amanda Kenny,
& Assoc. Prof Leesa Hooker
La Trobe Rural Health School, La Trobe University (Australia)

 www.linkedin.com/in/dr-hannah-sloodjes-phd-245906141/

 h.sloodjes@latrobe.edu.au

 www.drhannahsloodjes.com



Questions?



Thank you