

Redefining the Fourth Trimester: Launching a Postpartum Acute Care OT Program

OTAC 2026

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Learning Objectives

By the end of this session, participants will be able to:



Program Development

Describe the process of establishing a hospital-based postpartum acute care OT program focused on C-Sections and high-degree perineal lacerations.



Evidence-Informed Interventions

Identify acute care OT interventions for postoperative days 1-2, covering physical, psychosocial, and functional patient needs.



Early Identification

Recognize signs of pelvic floor dysfunction that necessitate a referral to outpatient pelvic health services.

Case Study



Patient A

Profile
67-year-old male s/p total hip replacement

Living Situation
Lives with his spouse, single story home, retired

Hospital Course
Post-op day 1 and pt is seen by OT and PT for mobility and ADL retraining

Pain Level
Pain level 6/10

Discharge Plan
Discharged home with home health PT within the next week, follow up with surgeon in 2 weeks, plan for eventual outpatient PT



Patient B

Profile
28-year-old female s/p C-Section

Living Situation
Single mother with 2-year-old at home, second story apartment with no elevator access, returning to work in 8 weeks

Hospital Course
Post-op day 1, no therapy ordered, RN and CNA help patient out of bed with head of bed elevated

Pain Level
Pain level 6/10

Discharge Plan
Discharged with instructions to follow up with pediatrician in 2 days, OB/GYN in 2 weeks and 6 weeks, do not lift more than baby

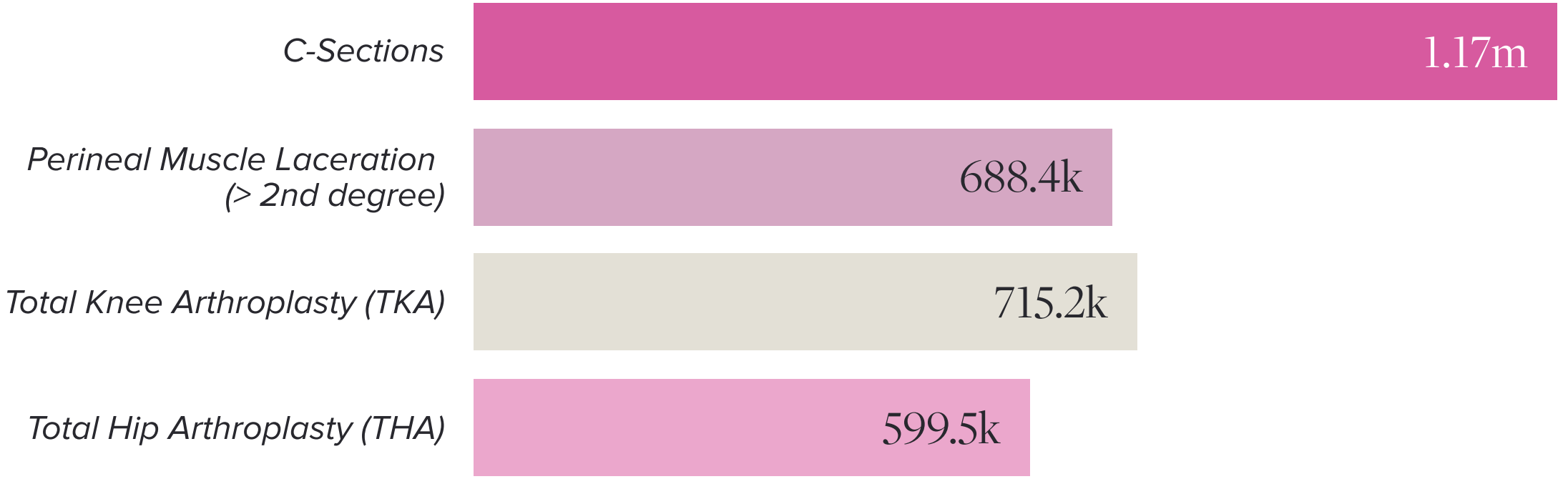
Why Postpartum OT Matters

"Occupational therapy promotes health, well-being, and participation. Occupational therapists and occupational therapy assistants **focus on the things you want and need to do in your daily life.** Occupational therapy intervention **uses everyday life activities** (occupations) to promote health, well-being, and your ability to participate in the important activities in your life. This includes any meaningful activity that a person wants to accomplish, **including taking care of yourself and your family,** working, volunteering, going to school, among many others." (AOTA, 2020)

Occupational therapists are distinctly suited to assist postpartum women recovering from cesarean deliveries and perineal tears, offering vital guidance for maintaining wellness while safely tending to family responsibilities.

Elective Orthopedic Versus Postpartum Surgical Volumes

2018 US National Inpatient Stays: A Comparison



Percent of all deliveries by Cesarean: 32.4%
A C-Section occurs every 28 seconds in the United States

(Agency for Healthcare Research and Quality [AHRQ], 2022; American Joint Replacement Registry [AJRR], 2024, 2025; Centers for Disease Control and Prevention [CDC], 2026)



Me and My Why

Raised in Los Angeles, I earned my BS in Psychology from UC Davis and my Master's in Occupational Therapy from USC. Since graduating in 2012, I have dedicated my career to hospital-based practice.

Following my own experiences with C-Sections and pandemic burnout, I recognized a critical gap in maternal care. Despite my professional background, I found that current postpartum support—often limited to basic lifting restrictions and a 2-week check-up—is insufficient.

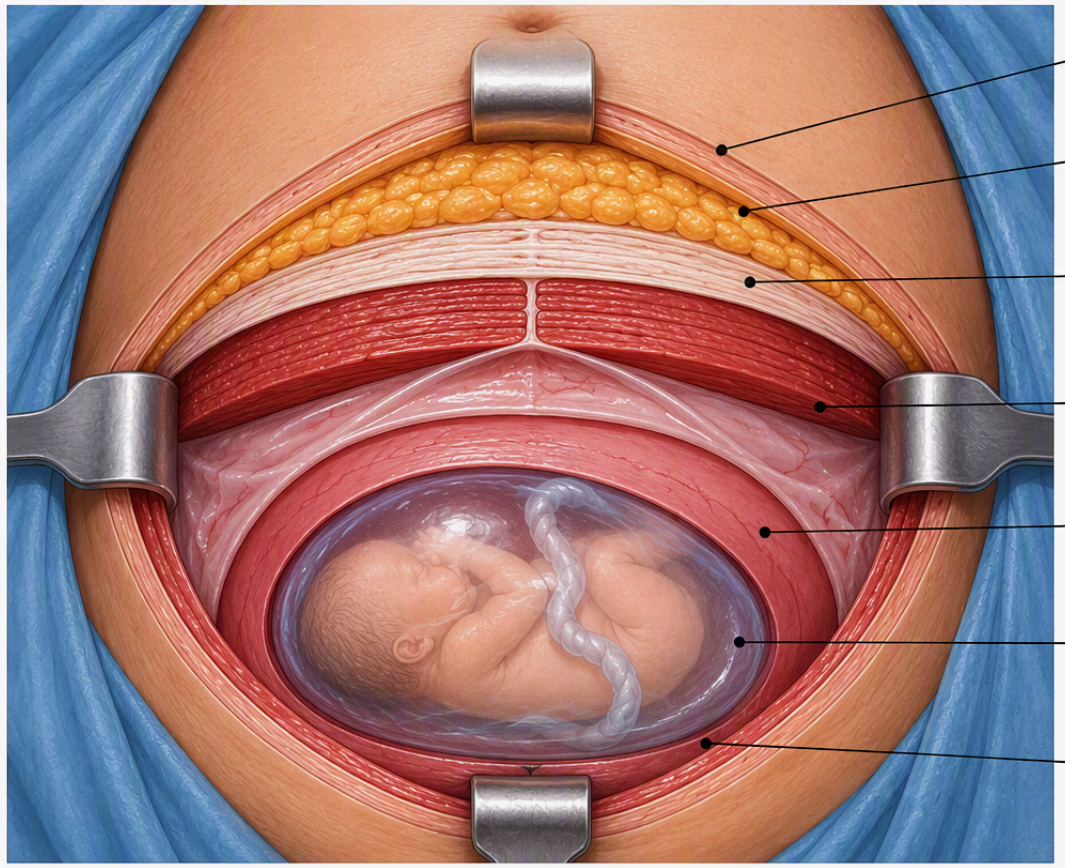
My journey into postpartum occupational therapy was born from the realization that new mothers need functional support to recover, bond, and return to daily life with confidence. What began as a pilot program has evolved into a specialized service dedicated to improving outcomes and empowering mothers to thrive.

Understanding a Cesarean Section and The Role of Occupational Therapy in Post-Surgical Care

Trigger Warning

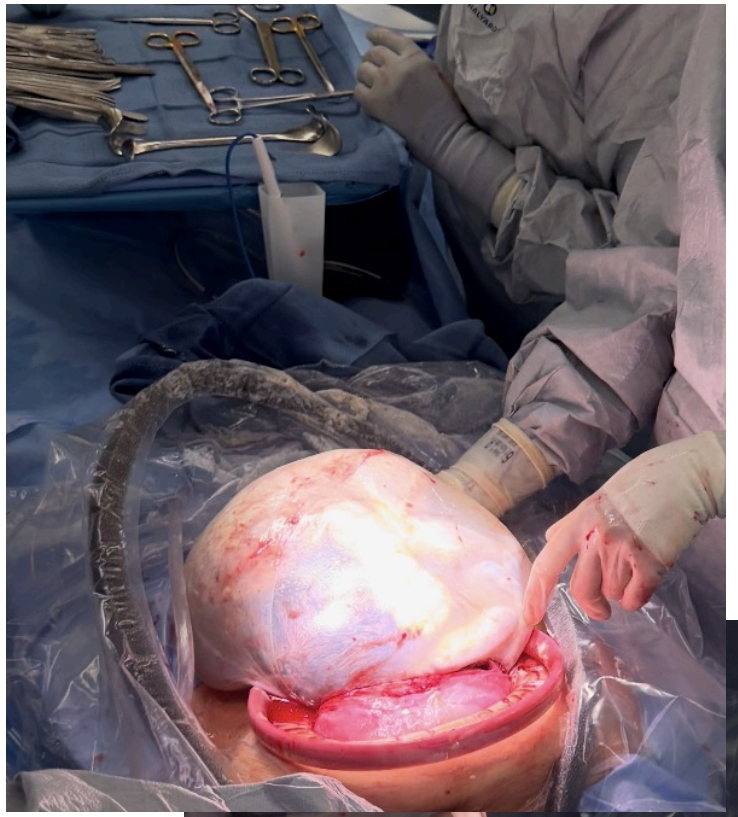
LAYERS INCISED DURING A CESAREAN SECTION

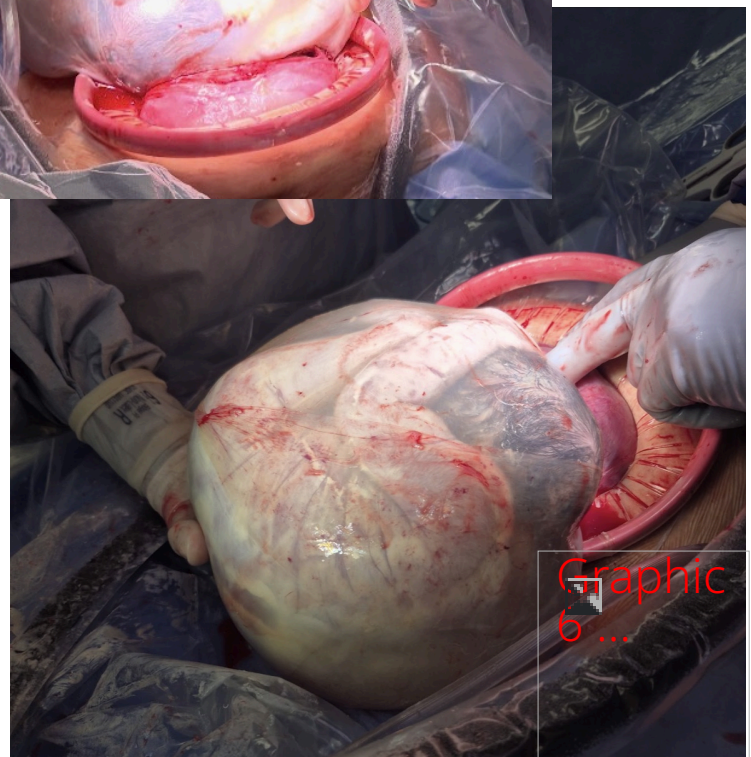
Top–Down View



1. **Skin**
   Incision is made through the skin.
2. **Subcutaneous Tissue**
   Fat and connective tissue are incised.
3. **Fascia**
   The fascia (anterior rectus sheath) is incised.
4. **Rectus Muscles**
   The rectus abdominis muscles are separated in the midline.
5. **Parietal Peritoneum**
   The parietal peritoneum is incised.
6. **Uterus (Lower Segment)**
   A horizontal incision is made in the lower uterine segment.
7. **Amniotic Sac**
   The amniotic sac is incised to deliver the baby.

Source: Sung S, Mahdy H. Cesarean Section. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan.
Available from: https://www.ncbi.nlm.nih.gov/books/NBK546707/





C-Section Indications

Maternal	Uterine/Anatomic	Fetal
Prior C-Section	Placental abruption	Non-reassuring fetal status
Maternal request	Abnormal placental positioning (previa, accreta)	Umbilical cord prolapse
Perimortem C-Section	Prior myomectomy	Failed operative vaginal delivery
Maternal exhaustion	Prior classical hysterotomy	Malpresentation
Cardiac or pulmonary disease		Macrosomia

(Has & Dieterich, 2025)

The Reality of C-Section Recovery

Clinical Recommendations



Avoid lifting greater than 8-10 pounds, restrict bending and twisting motions, and refrain from driving for two weeks

Practical Realities



Mothers must manage constant infant care cycles, household chores, toddler responsibilities, and physical demands like car seat transfers.

(American College of Obstetricians and Gynecologists [ACOG], 2020; Mayo Clinic, 2024; National Health Service [NHS], 2023)

Identifying Patients Needing OT Services

Primary Indicators

- *C-Section*
- *3rd or 4th degree perineal laceration*
- *Significant perineal trauma or hematoma*

Timing and Early Identification

- *Goal: Identify and see patients on postoperative day (POD) 1*
- *Review notes at start of shift, coordinate with nursing, check most recent vitals and lab results*
- *Hospital discharge: POD 2-3*

Additional Screening Flags

- *Limited social support*
- *Mental health concerns*
- *First-time parent with low self-efficacy*

Occupational Justice in Postpartum Care



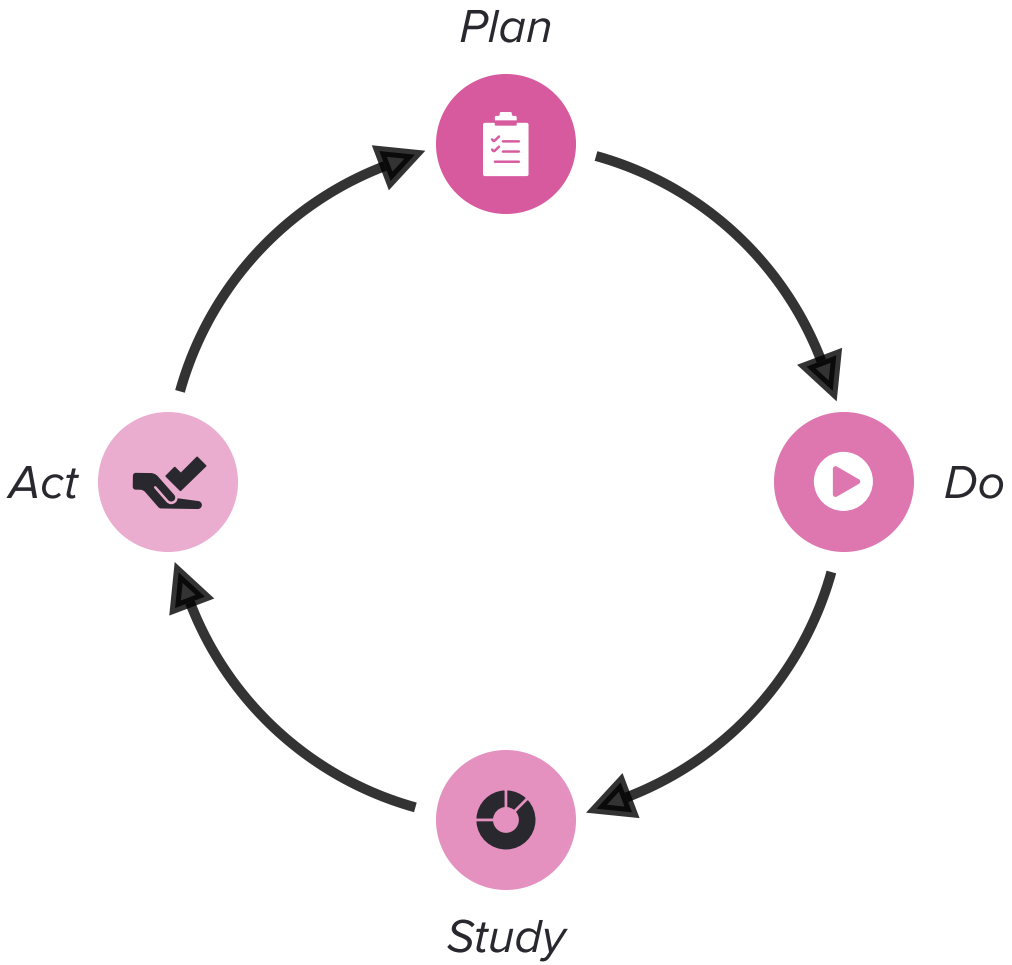
Many postpartum patients face barriers to accessing outpatient rehabilitation, pelvic floor therapy, and specialized postpartum education after discharge. Occupational therapy can help bridge this gap by:

- *Providing recovery education before discharge*
- *Promoting safe participation in infant care and self-care*
- *Addressing health literacy and resource barriers*
- *Connecting patients to community and outpatient supports*

For some patients, especially those with limited access to follow-up care, inpatient OT may be the only opportunity to receive individualized guidance for postpartum recovery and maternal role participation.

(American Occupational Therapy Association [AOTA], 2020; Townsend & Wilcock, 2004; Wilcock & Hocking, 2015)

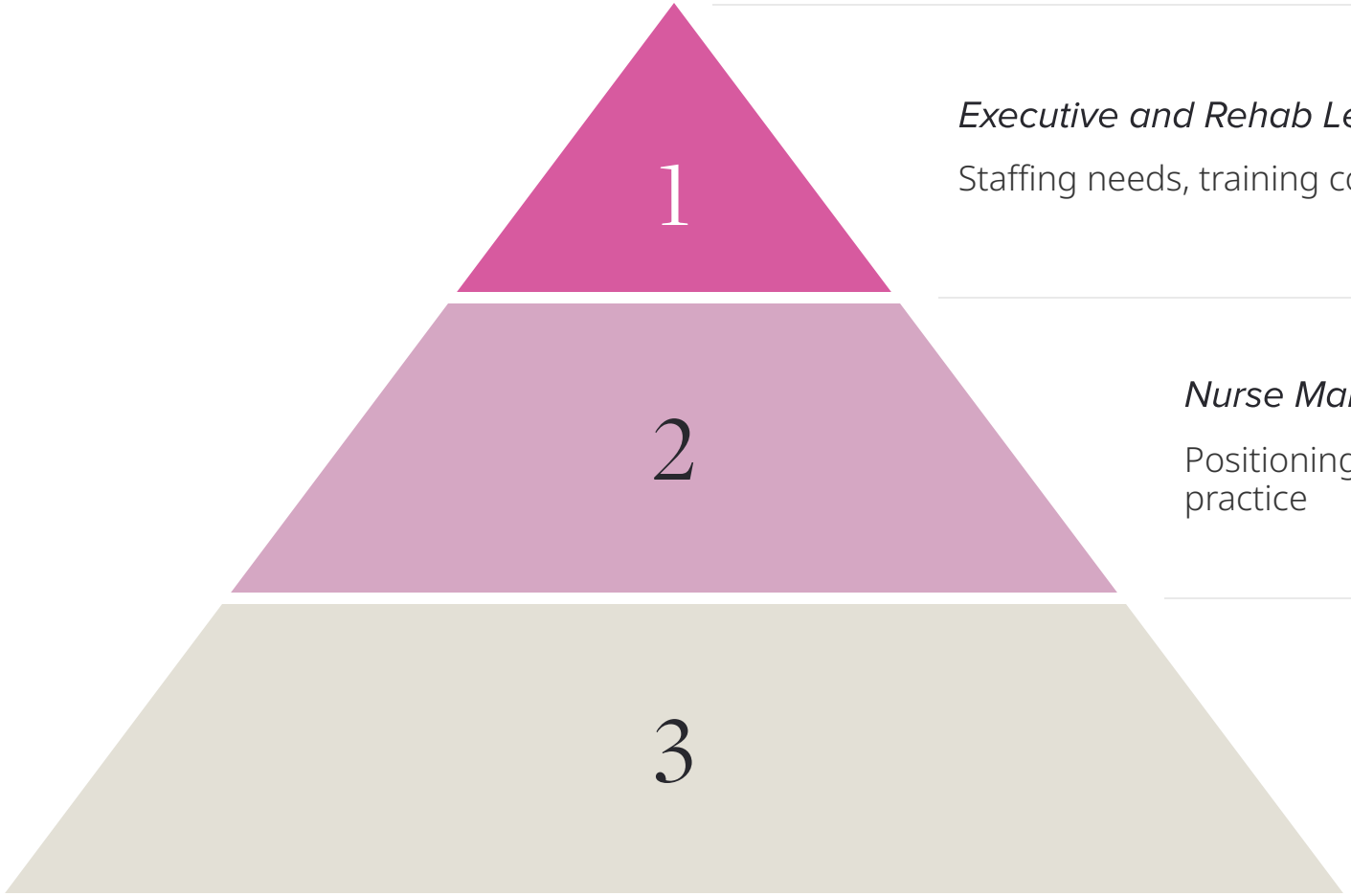
Program Development: The PDSA Cycle





Key Stakeholder Buy-In

Top-Down then Bottom-Up



Executive and Rehab Leadership

Staffing needs, training costs, department goals

Nurse Management and Physicians

Positioning OT as an essential service in a new area of clinical practice

Bedside Nurses and Ancillary Staff

Empowering nurses as primary champions and frontline advocates of our service

Money, Money, Money

- *Financial concerns were among the most significant barriers before implementation*
  - We researched reimbursement models and bundled payments
    - Spoke with hospital CEO and CFO
  - Emphasized that the program would not increase length of stay
- *Duke University Hospital reported $500,000 in savings over 18 months*
    - Duke projected approximately 126 readmissions, but only 6 readmissions actually occurred
- *Therapy staffing impact:*
    - No additional therapists were hired during implementation
    - High postpartum census days affected acute care staffing
    - Addressed patient volume shortfalls resulting from reduced occupational therapy referrals among elective orthopedic surgery patients



(Seagraves, 2026)

The Power of "Person First" Care

"I chose to switch to this hospital for my repeat C-section specifically because a friend who delivered here told me about the OT program. I wanted to be somewhere that actually helped me recover."

We thought about money, but pursured what was best for our patients, and now they are pursuing us.

How it Started

Orders

Nurses instructed to order OT evaluation and treatment for C-sections and high degree perineal lacerations

Minimal orders were placed without OT follow up

Nurses expressed confusion on the policy of placing standard orders vs calling physicians

Staffing

Started with one therapist to have consistency and learn the unit before cross training other OTs

Our department prioritized this population for staffing and scheduling

Outcomes

Provided 50 patients with a confidence scale to receive feedback on our program directives and patient reported outcomes (PRO)

Spoke with Senior Director, Magnet & Nursing Excellence

Hospital Based Priorities

Treatment Categories



Abdominal precautions and binder placement



Safe Mobility



ADLs and IADLs



Psychosocial



Signs of pelvic floor dysfuction

Realities of acute care means we have 1-2 sessions with this population

Abdominal Precautions: Postpartum Recovery

- **Lifting Restrictions**
- **Abdominal Binder Guidelines**
  - Fit & Positioning
  - Compression
  - *Pain management*
- **Wearing Schedule**
- **Movement Modifications**: *Prevent abdominal strain and incision tension by avoiding excessive twisting, reaching, or bending.*



(Abd-ElGawad et al., 2021; ACOG, 2020; Mayo Clinic, 2024; NHS, 2023)

Activities of Daily Living (ADLs)

POSTPARTUM PERIOD



Bathing



Dressing



Toileting



Feeding



Mobility



Personal Hygiene / Grooming



Continence
(bladder & bowel)

Instrumental Activities of Daily Living (IADLs)

POSTPARTUM PERIOD



Meal Preparation



Shopping



Laundry



Household Cleaning



Medication Management



Transportation



Scheduling & Appointments



Child & Family Care



Communication

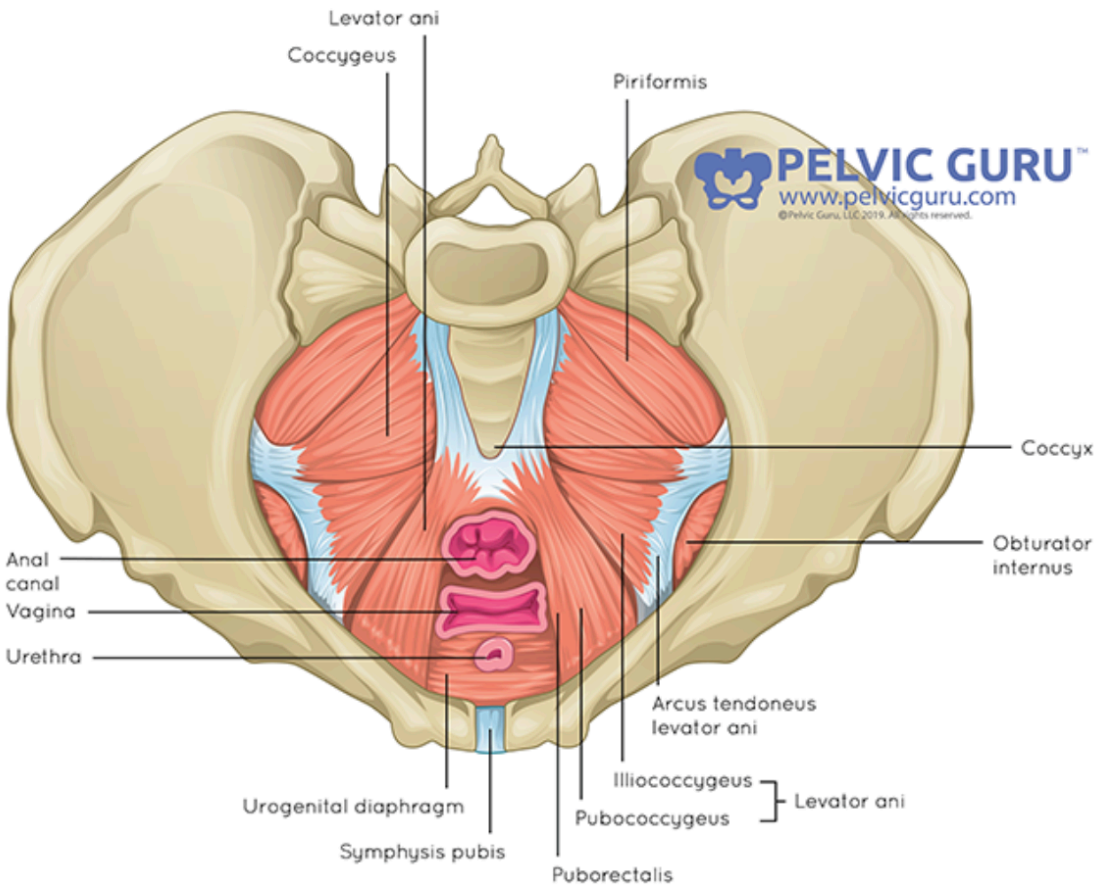
(AOTA, 2020)

Mobility

- *Bed mobility*
  - Log roll technique
  - Integrate home environment (no rails, high/low bed)
- *Pain mangement*
  - Ice vs Pharmacological
- *Walking*
  - Is an adaptive device needed
- *Car transfers*
- *Recovery timeline for exercise*

Psychosocial

- *Screening for history of mood disorder*
- *Education on baby blues vs postpartum depression/anxiety*
- *"What would you like me to know about your delivery?"*
  - Can screen for guilt or birth trauma
- *Identify support at home*
  - Partner, parental leave, meal preparation, childcare
- *Provide mental health resources and coping strategies to address new occupation and role*
- *Access to free online postpartum groups for connection and social support*
- *Refer to social work for further assessment and resources*



Layers of the Pelvic Floor Muscles

Layer 1 | Superficial Layer

- *Closest to the skin.*
- *Responsible for sexual function and arousal.*
- *Assists with closure of pelvic openings (urethra and vagina).*

Layer 2 | Middle Layer

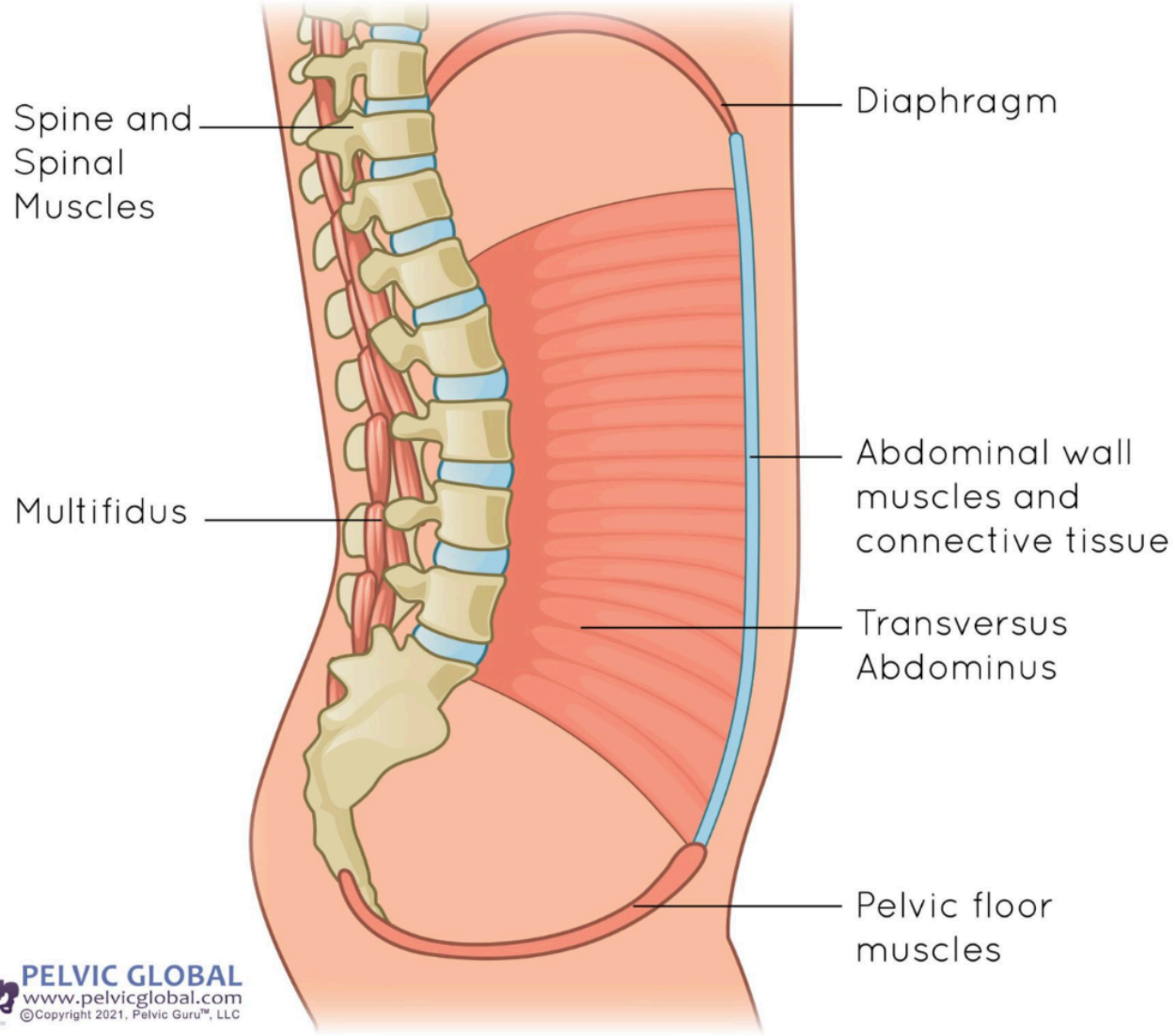
- *Located deeper than the superficial layer.*
- *Functions to assist with urethral closure.*

Layer 3 | Deepest Layer

- *The innermost layer containing the levator ani muscle group.*
- *Provides essential structural support for pelvic organs through lifting.*

(Foundations Pelvic Health, n.d.)

Pelvic Floor Anatomy



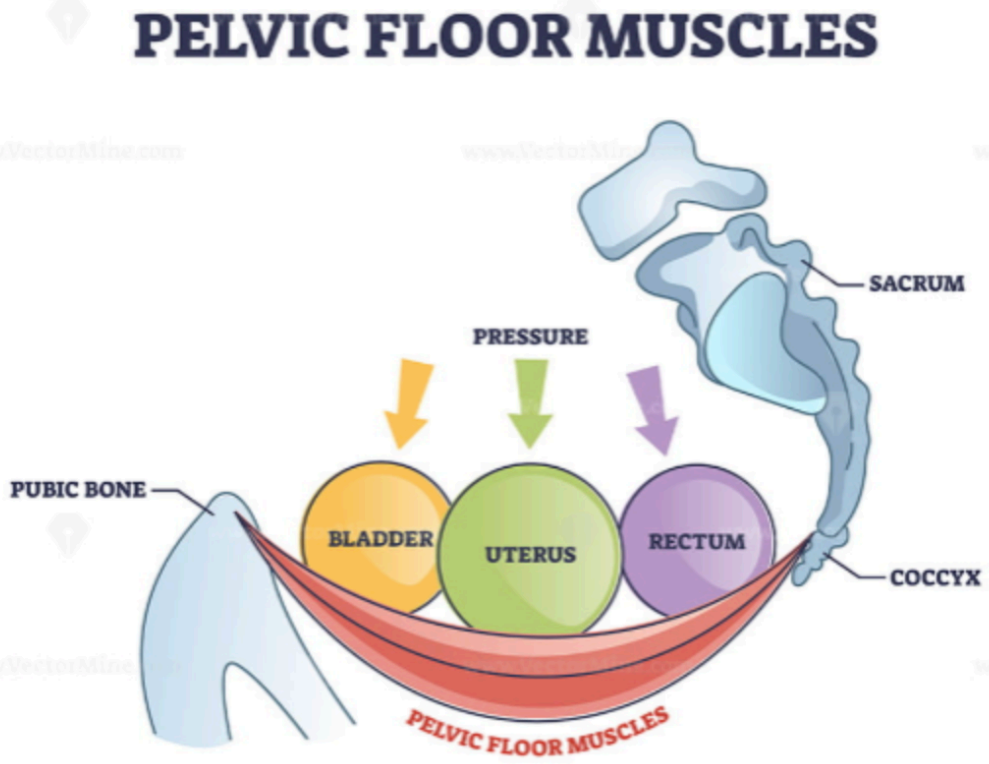
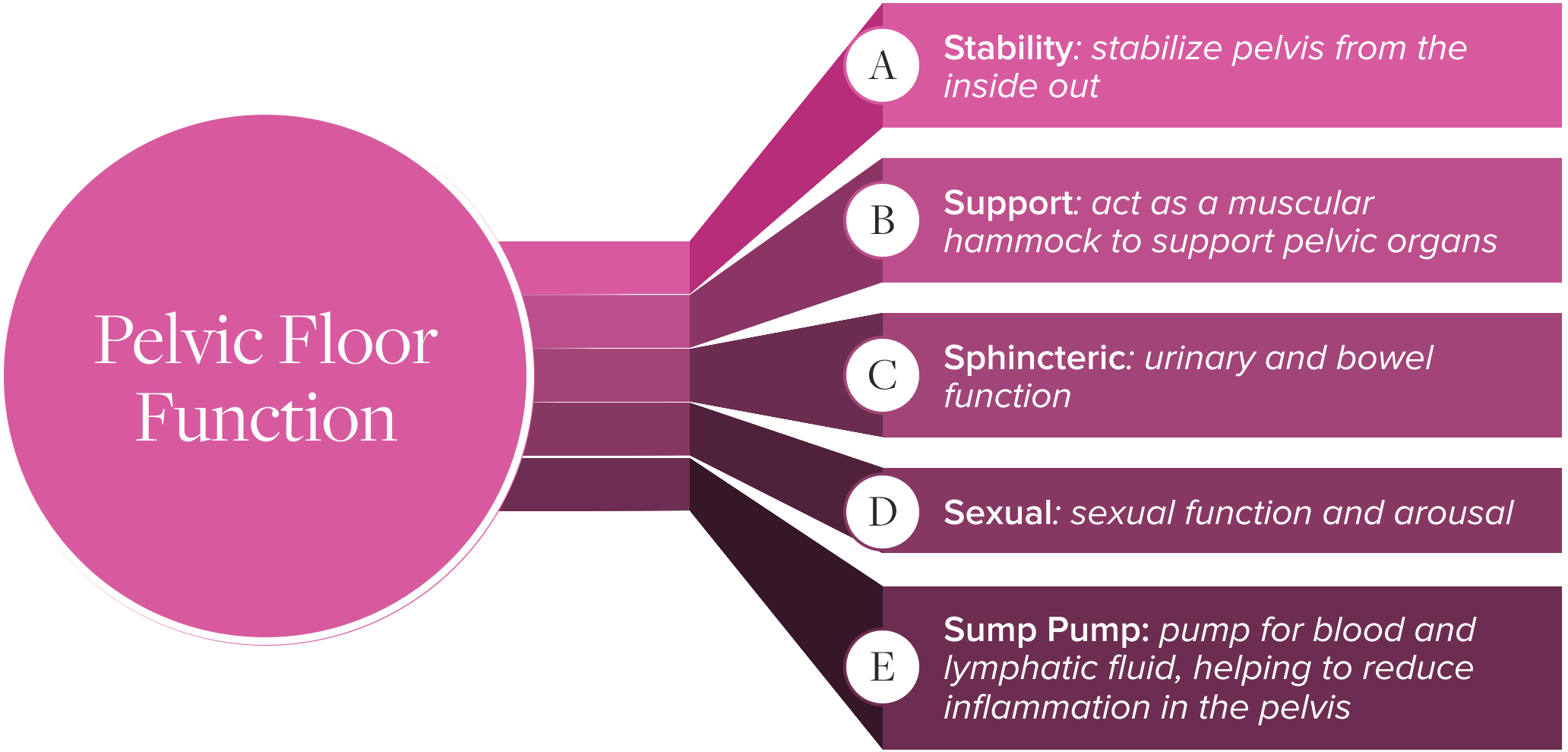


Image from Brock (2025)

(Brock, 2025; Foundations Pelvic Health, n.d.)



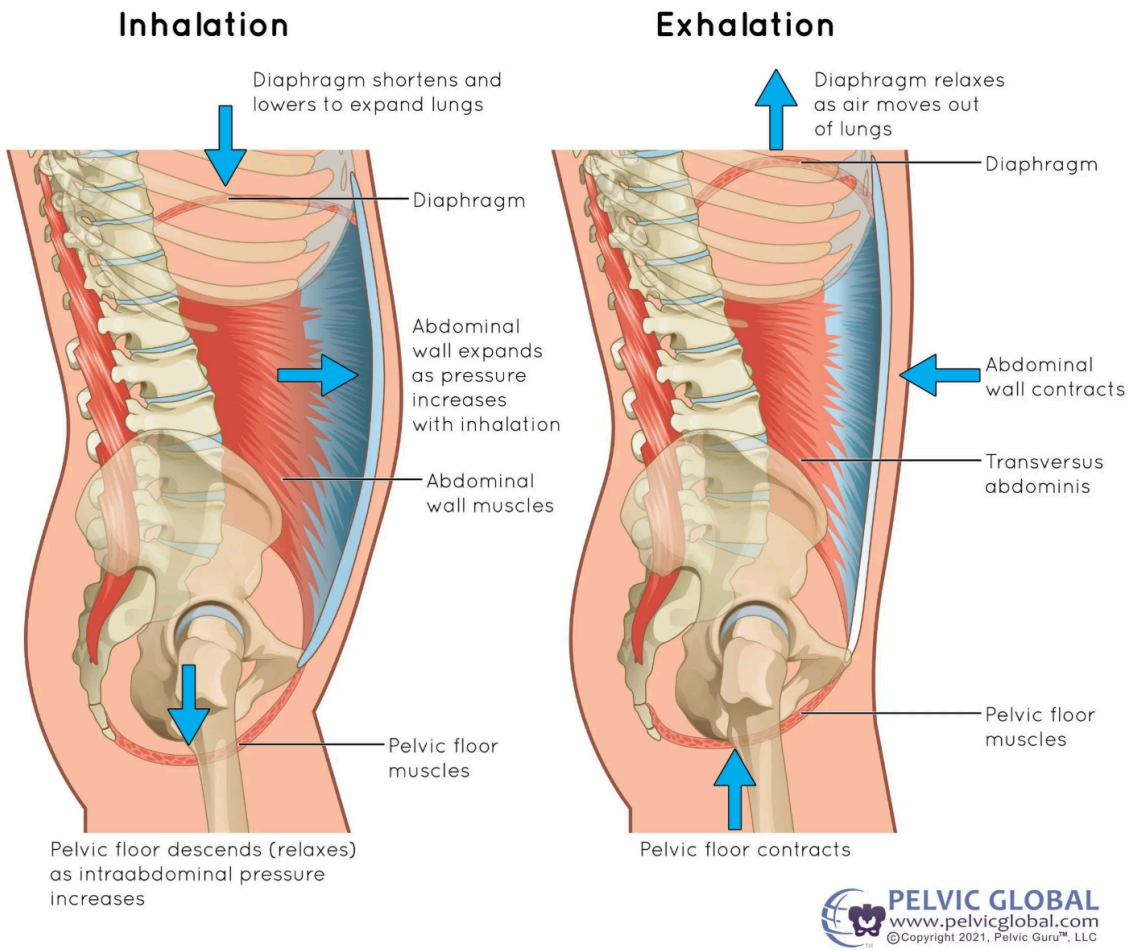
(Foundations Pelvic Health, n.d.)

Pelvic Health

Many of our patients have never heard of their pelvic floor, so how are they supposed to know when something is wrong?

- *Basic pelvic floor function and education*
- *Signs of pelvic floor dysfunction*
- *Scar massage technique and timeline*
- *360-degree breathing*
- *Managing intra-abdominal pressure with movement*
- *Outpatient pelvic floor referral before hospital discharge*
  - All grade 3 or 4 perineal lacerations
  - Prior symptoms of pelvic floor dysfunction

Pelvic Floor and Breath



"360 Breathing"

Inhale deeply through the nose, allowing the ribs to expand 360 degrees. Exhale slowly through pursed lips, gently drawing the navel toward the spine to activate the transversus abdominus (TA)

Toileting

- *Avoid constipation with early mobility, high fiber, hydration, stool softeners*
- *Avoid "Valsalva," instead "blow as you go" and exhale as you are attempting a bowel movement*
- *Use of a squatty potty for improved positioning*



(Brock, 2025)

Infant Care

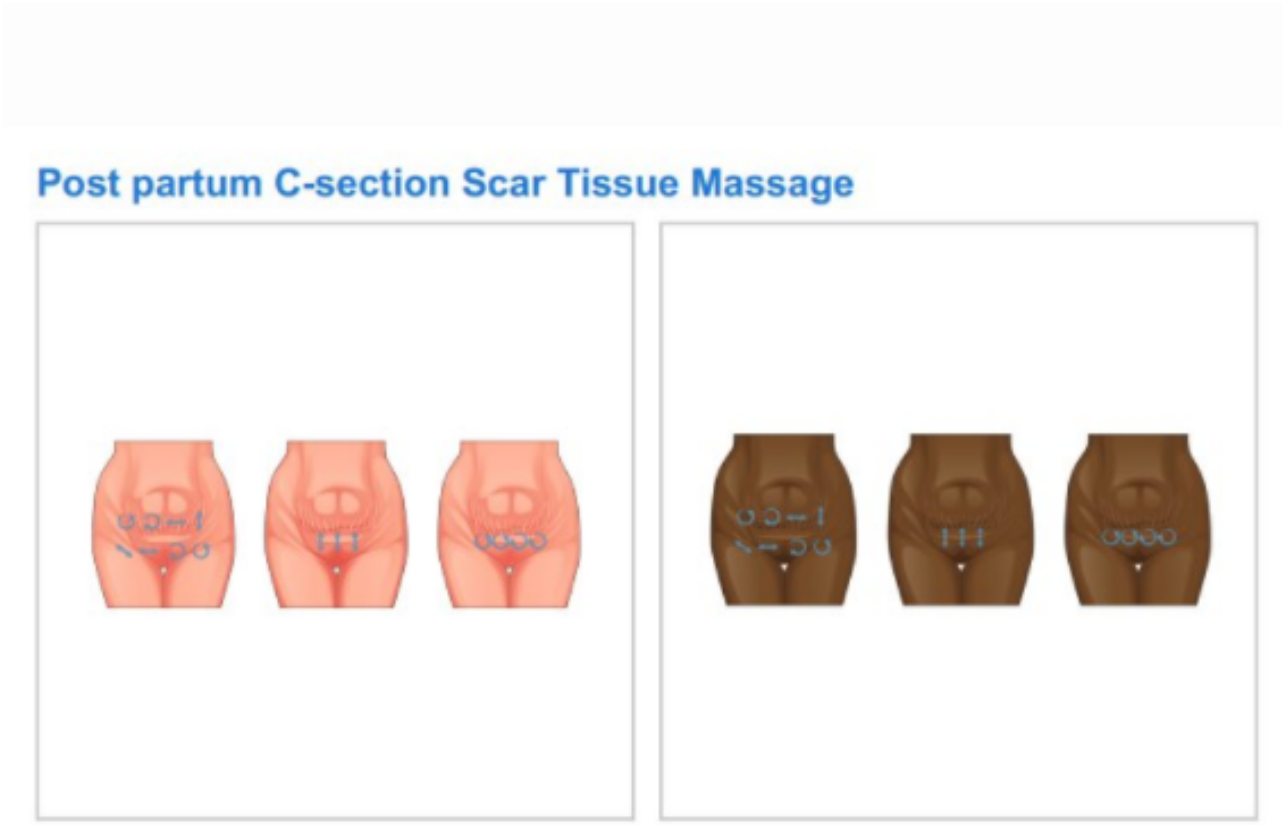
- *Optimize feeding positioning to prevent musculoskeletal disorders and minimize incision pain*
- *Baby wearing- rigid vs wrap carriers*
- *Sleeping arrangements*
  - Do toddlers co-sleep?
  - Do you have a bassinet next to your bed?
  - Do you have a partner or support person to assist at night?
- *Baby bath*
- *Diaper changes for baby and toddler*
- *Management of car seat and stroller*
- *Lifting and carrying baby*

Toddler Problems



- *Diaper changes*
  - Set up a changing station on the couch or bed for toddler to climb onto
- *Car seats*
  - Encourage toddler to climb into their own car seat if old enough. If not, educate on body mechanics for lifting!
- *Crib vs toddler bed vs co-sleeping*
  - Is the toddler old enough to transition into a toddler bed?
- *Play time*
  - Set up books, games, and toys to use on the couch/bed instead of floor time
  - Gameify activities to engage toddler (race to get dressed, who can find the pacifier first)
- *The Power of 10 Minutes*
- *What can toddler do to help with baby so they feel included?*
  - Their own doll, baby carrier, stroller, bottle, diapers

Wound Care at Home



- *Keep incision clean and dry; pat gently after showering. Avoid submerging in water for at least 6 weeks.*
- *Wear loose, breathable clothing to minimize friction.*
- *Have they visualized their scar yet? Are they ready to? If not, is somebody else able to assist with checking it daily?*
- *Initiate scar massage at 6 weeks post-op if cleared by OB/GYN*

(Gilbert et al., 2022)

Pre-Eclampsia

Identifying Warning Signs and Monitoring Vital Thresholds



- *Persistent Headaches*

  Severe, throbbing pain that is not relieved by over-the-counter medication.

- *Visual Disturbances*

  Symptoms such as blurred vision, flashing lights, or spots in the field of vision.

- *Abdominal Pain*

  Intense pain located in the upper right quadrant of the abdomen.

- *Sudden Swelling*

  Rapid or significant edema occurring in the face or hands

- *Blood Pressure Thresholds*

  Monitor for hypertension:

  Normal < 120/80

  Elevated ≥ 140/90

  Severe ≥ 160/110.

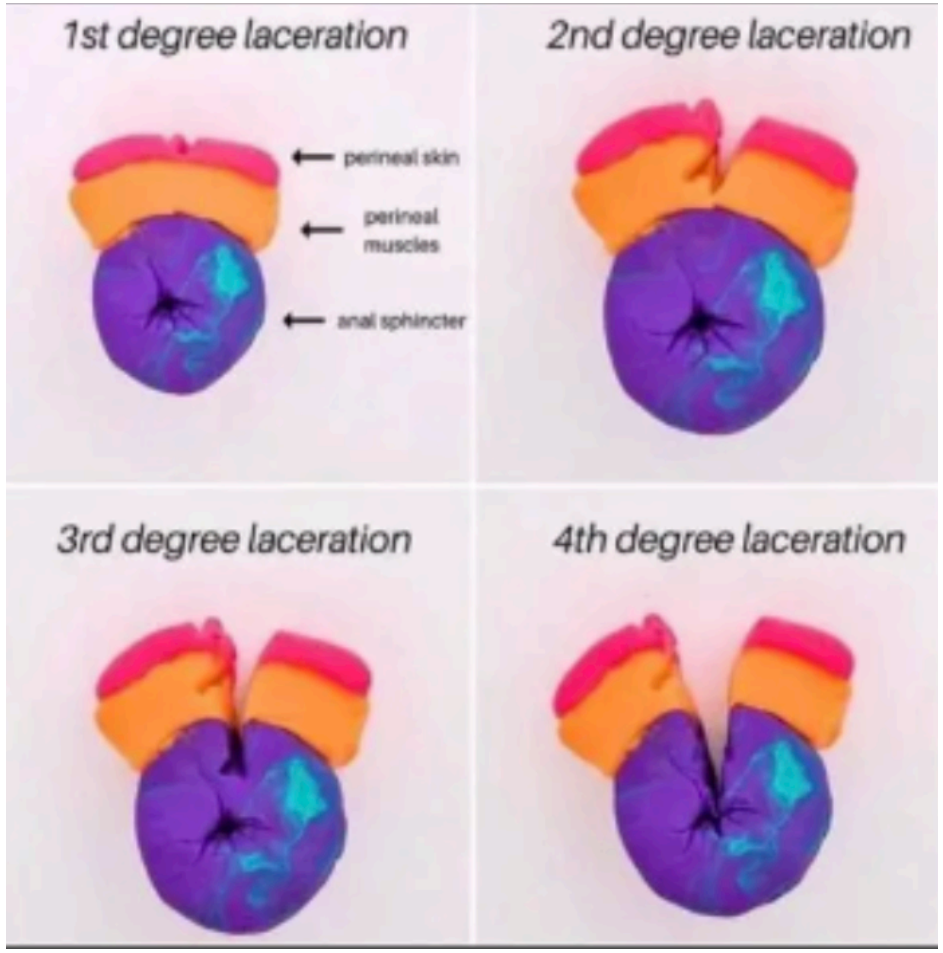
Postpartum pre-eclampsia can develop up to 6 weeks after delivery.

Checking vitals after mobility is vital!

(American College of Obstetricians and Gynecologists [ACOG], 2025)

Obstetric Anal Sphincter Injuries (OASIS)

Classification and Characteristics



Degree	Structures Involved	Key Features
1st Degree	Vaginal mucosa and/or perineal skin only	Superficial tear; no muscle involvement
2nd Degree	Perineal muscles	Most common type; does not involve anal sphincter
3rd Degree	External and/or internal anal sphincter	Subclassified as 3A, 3B, and 3C based on sphincter involvement
4th Degree	Anal sphincter and rectal mucosa	Most severe; extends through the rectal lining

(Royal College of Obstetricians and Gynaecologists [RCOG], 2015)

OASIS Evaluation and Treatment

Pain management

- Abdominal binder
- Ice packs
- Tucks pads
- Support garments

Mobility

- Log roll
- Avoid fetal position
- Squatty Potty Pros/Cons
- Breath to movement

Pelvic Floor Dysfunction

- Education
- Immediate outpatient referral



BraceAbility The Pelvic Pro Patented Prolapse Uterus Support Belt Girdle

Interdiscliplinary Care in Labor and Delivery

LACTATION CONSULTANTS — Coordinate feeding support and positioning guidance, breast pump education, and NICU lactation support.

SOCIAL WORK — Collaborate on discharge planning, community resources, and psychosocial screening referrals to support the whole family.

HEARING TESTS — Audiology techs come in and screen baby's hearing before discharge.

FIRST5LA PROGRAMS — Connect families to early childhood support services and resources prior to discharge.

NICU COLLABORATION — Work with OT/PT/SLP in the NICU to support baby's development and families emotionally as they visit and bond.

NURSERY RN — Perform newborn blood tests and other assessments to ensure a healthy start.

PEDIATRICIAN — Visit and assess baby within 24 hours to monitor health and development.

Competencies

1 Postpartum Unit OT Competency Assessment Overview

PURPOSE

Ensures Occupational Therapists demonstrate competency in postpartum care.

Assesses knowledge, clinical skills, documentation, and patient education.

Supports safe, evidence-based, patient-centered care.

2 General Knowledge Competencies

OTs are expected to:

- Navigate postpartum resources and patient handouts.
- Access and utilize EPIC/L&D workflows.
- Understand GTPAL notation and clinical implications.
- Locate key postpartum supplies and equipment.
- Describe roles of interdisciplinary postpartum team members.

3 Clinical Evaluation & Treatment Skills

Demonstrate knowledge and management of:

- Catheter removal and voiding protocols.
- Pre-eclampsia and abnormal perinatal blood pressure.
- Perineal lacerations (Grades 1-4).
- Lochia concerns requiring RN notification.
- Incision care and scar management.

4 Functional Mobility & Patient Education

Provide education and training on:

- Abdominal binder use.
- Bed mobility and abdominal precautions.
- Breathing techniques and pelvic health exercises.
- Pelvic floor dysfunction symptoms.
- Toileting strategies.
- Toddler care and postpartum recovery at home.
- Perineal laceration precautions and management.

5 Documentation & Technology Competencies

Demonstrate proficiency in:

- EPIC macros and smart phrases.
- Assigning MedBridge Home Exercise Programs (HEP).
- Accurate and efficient clinical documentation.

6 Competency Validation Process

Evaluation Methods

- DO — Direct Observation (DO)
- RD — Return Demonstration (RD)
- VR — Verbal Response (VR)
- WE — Written Examination (WE)
- BT — Blind Testing (BT)

Performance Ratings

- 1 = Needs Development
- 2 = Meets Standards
- 3 = Exceeds Standards
- NA = Not Applicable

A score below standards may require additional education, training, or remediation.

Key Takeaway

Core Goal:

Equip postpartum Occupational Therapists with the knowledge, clinical reasoning, patient education skills, and documentation proficiency needed to support safe maternal recovery and optimize functional outcomes.

Cheat Sheet

Common OB Terminology

Gestation (GTPAL)

- **G** **Gravida:** total number of pregnancies
- **T** **Term Births:** delivery at 37 or greater weeks gestation
- **P** **Preterm Birth:** delivery at 20 to 36 6/7 weeks gestation
- **A** **Abortions or Miscarriages:** delivery before 20 weeks gestation
- **L** **Living Children:** lived beyond neonatal period (first 4 weeks)

Complications

- **Intrauterine Fetal Demise (IUFD), Early Stillbirth:** fetal death between 20 and 27 weeks of gestation
- **Late or Term Stillbirth:** fetal death between 28 weeks and delivery
- **Neonatal Demise:** death within the first 4 weeks (28 days) after birth
- **HELLP Syndrome:** (Hemolysis, Elevated Liver Enzymes and Low Platelets): life-threatening pregnancy complication considered to be a variant of preeclampsia
- **Preeclampsia:** condition characterized by high blood pressure, fluid retention, and proteinuria
- **Cervical Insufficiency:** condition where cervix begins to dilate prematurely

Labor and Delivery

- **Induction of Labor (IOL):** induction of labor
- **Cervical Effacement:** cervix stretches and gets thinner, measured in percentages 0 - 100%
- **Cervical Dilation:** cervix opens, measured in centimeters from 0 cm (completely closed) to 10 cm (fully dilated)
- **Pain Relief:** analgesics (IV narcotics) vs anesthetics (spinal epidural)
- **Uterotonics:** drugs to increase uterine contraction during induction or decrease bleeding
- **NRFHT:** non-reassuring fetal heart tones
- **TOLAC:** trial of labor after cesarean
- **VBAC:** vaginal birth after cesarean
- **PLTCS or rLTCS:** primary or repeat low transverse cesarean section
- **SVD:** Spontaneous Vaginal Delivery
- **EBL or QBL:** estimated or total blood loss
- **Lochia:** vaginal discharge after delivery

Putting It All Together

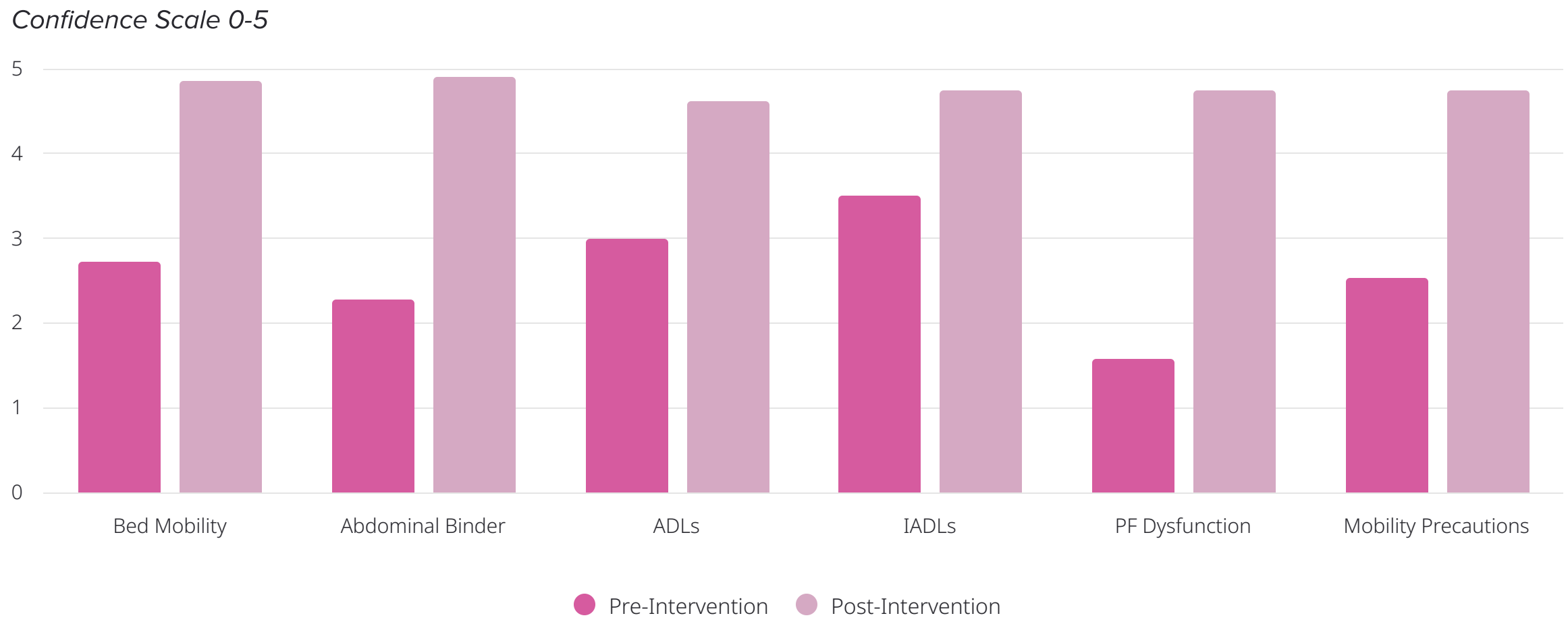
Occupational Profile: living environment, support at home, partner or not, employment status of patient and partner, access to transportation, ages of other children and if they are in school or at home

Education	*ADLs and Mobility*	*Pelvic Health*
*Abdominal Precautions and Binder***	*360 Degree Breathing*	*Basics on Function***
Mental Health	*Stretches*	*How to Obtain Outpatient Referral*
*Pain Management***	*Log roll***	*High Degree Perineal Lacerations*
Positioning	*Functional Mobility*	*Signs of Dysfunction***
*Scar Massage***	*Bathing*	
Toileting	*Dressing*	
*Vitals Monitoring **	*Feeding Baby*	

Where to start as you build your confidence and expand your program

Patient Confidence Scale

Pre and Post OT Initial Evaluation



Patient Confidence Scale: Program Impact

Pre- vs. Post-OT Initial Evaluation Improvements

Bed Mobility

83%

improvement

Mobility Precautions

91%

improvement

Abdominal Binder Assistance

117%

improvement

ADLs

45%

improvement

IADLs

36%

improvement

Pelvic Floor Dysfunction

210%

improvement

How It's Going

800 Evaluations Completed in the First Year!

Orders

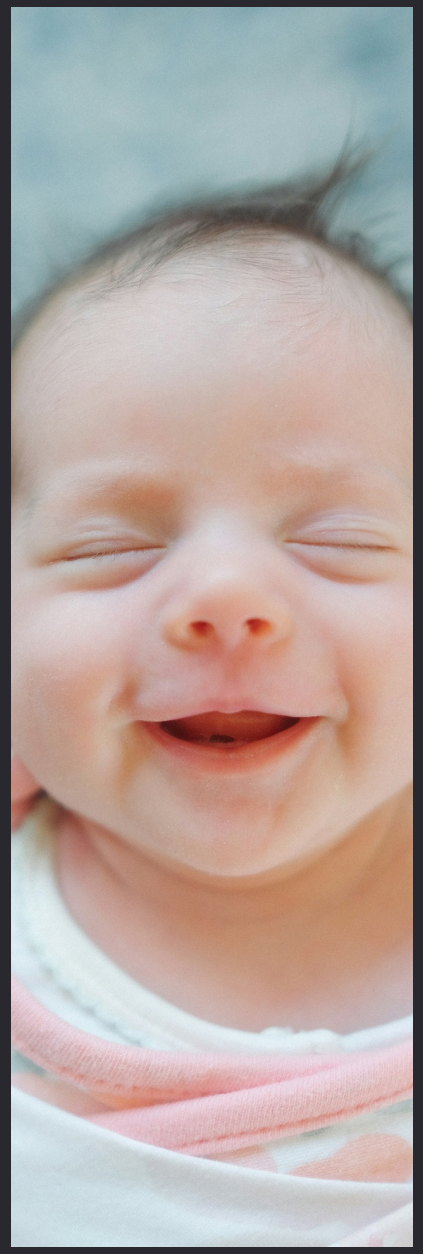
- *Nursing placing orders without prompting*
- *Physician-driven orders for complex procedures (open cystectomy, Salpingectomy) on acute floors*
- *New evaluations targeting grade 2 lacerations, episiotomies, and mobility-limiting pain*

Staffing

- *Competencies established for all OTs (89% completion rate)*
- *Continuous 7-day coverage, including holidays*
- *Robust systems implemented for clinician absence*

Outcomes

- *High nurse, physician, and patient satisfaction*
- *Successful collaboration with sister hospitals in SoCal and Alaska*
- *Featured in Women's Health Campaign system-wide*
- *Industry recognition through OTAC presentation*



"One mom wanted to do everything herself after you showed her because she realized we won't be there with her at home."

-Nursing Assistant

"People don't know what OT is, but this program is so great. I told my nurse all the things you taught me. I am so glad you started this for women to have more help and I hope other hospitals start a program like this."

-Patient

"I wish I had this last time."

-Many of our Patients

Lessons Learned

- *Obtain nurse buy in immediately*
  - Casual conversations with nursing staff, observe their workflow
  - Introduce nurses to OT, explain the difference between PT
  - Invite nurses to observe an evaluation
- *OT Training*
  - Complete competencies prior to program roll-out
  - Ensuring semi-regular PP evaluations to maintain staff confidence
- *Delineate roles and scope with other disciplines*
- *Front-load OTs clinical education and competencies*

Implementation Challenges

Physical Therapy (PT)

- Concerns over OT only program reducing PT's current maternity caseload
    - Tracked total PT referrals to demonstrate clinical necessity and program growth
        - 12 evaluations in 2024 and 10 evaluations in first half of 2026
        - Primary diagnoses: back pain, lower extremity weakness, unsteady gait, pelvic pain
    - Facility dependent decision examples
        - PT/OT eval then decide which service the patient needs more
        - Communication between disciplines for who will do the evaluation
    - Scope of Practice: extensive debate between PT and OT related to programs purpose

Social Work (SW)

- Scope Overlap: clarifying boundaries between OT (functional performance) and SW (psychosocial resources)
- Duplication of Services: addressing concerns over redundant interventions
- SW only seeing specific patients (NICU, substance abuse, mental health history)

Case Study

Patient Profile

- **Patient:** *25 y/o female, G3P1011 | 39w3d gestation*
- **Presentation:** *Recurrent decelerations leading to stat primary C-Section*

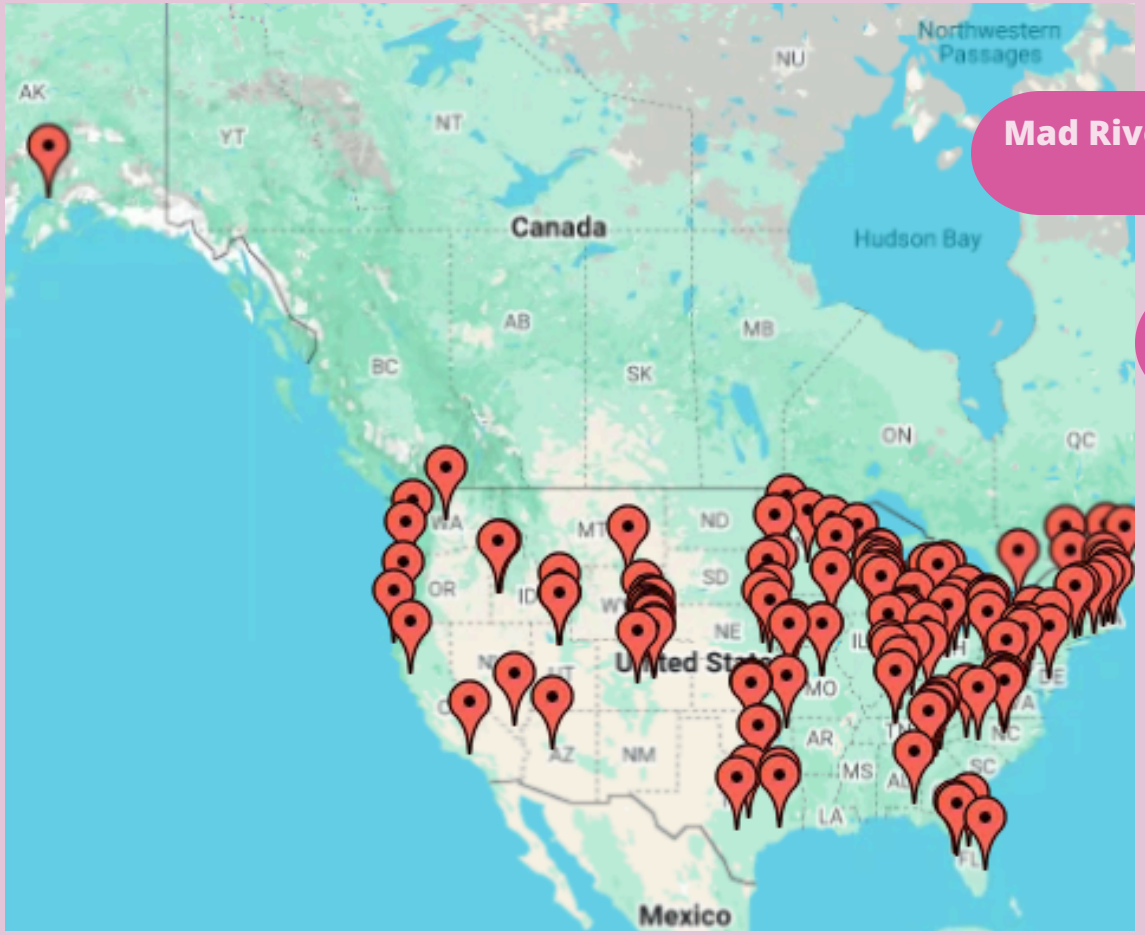
Psychosocial & Environmental Factors

- **Living Situation:** *Strained relationship with mother; high risk of homelessness; seeking independent Section 8 housing*
- **Support System:** *Limited availability from father of baby (FOB).*

OT Evaluation & Interventions

- **Barriers:** *Transportation challenges, limited medical leave, and post-op recovery limitations.*
- **Intervention Plan:** *Coordinate FOB for transit support and update school emergency contacts to stabilize childcare*

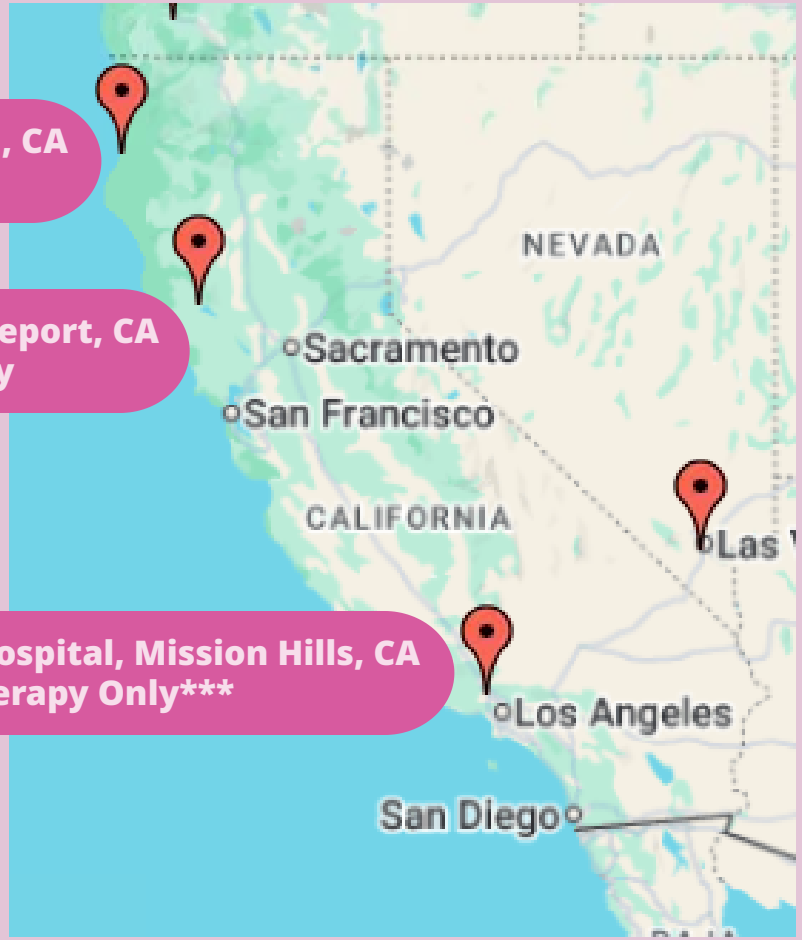
Only 134 out of 2,158 Maternity Hospitals in the U.S.A. Offer Occupational and/or Physical Therapy After Birth



Mad River Community Hospital, Arcata, CA
Physical Therapy Only

Sutter Lakeside Hospital, Lakeport, CA
Physical Therapy Only

*****Providence Holy Cross Hospital, Mission Hills, CA**
Occupational Therapy Only***



Data as of October 1, 2026. (Pelvic Health Network, 2026).

Next Steps: Monday Morning Implementation

Translating strategies into actionable change



Locate key nursing leads and OB/GYN partners who support early mobilization and functional recovery

Review existing postpartum mobility, education, and discharge processes to identify where OT assessments can be seamlessly integrated

Request to join the unit's morning huddle to introduce the importance of postpartum acute OT

Audit current patient education materials and integrate functional recovery tips for C-Section and perineal trauma patients.

Select one specific patient population to pilot your OT program before full-scale implementation (ex. primary C-Section)

Execute these steps to bridge the gap between initial strategy and clinical practice

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SOOOOO...
ANY QUESTIONS?

THANK YOU!



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