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Article

Postpartum Occupational Disruptions, Support Utilization, and Awareness of Occupational Therapy Among First-Time Mothers in the Fourth Trimester

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ABSTRACT

Background: The first 12 weeks following childbirth, commonly described as the fourth trimester, involve substantial physical, emotional, and occupational transition. This study described the occupational disruptions experienced by first-time mothers during this period, the formal and informal supports they used, barriers to seeking support, and their awareness of occupational therapy's potential role.

Methods: An observational, cross-sectional online survey was completed by 72 cisgender first-time mothers who had given birth within the previous five years and were recruited through convenience sampling on social media. Descriptive statistics were used to summarize responses.

Results: The most frequently reported challenges were adapting to the role of motherhood (88%), breastfeeding (76%), mental health (75%), and managing daily routines and responsibilities (72%). Participants used a combination of formal and informal supports; however, no more than two participants identified occupational therapy as a source of support for any challenge category. Feeling overwhelmed was the most frequently reported barrier to seeking support. Awareness of occupational therapy's potential role was limited across the areas assessed and was lowest for breastfeeding and role adjustment.

Conclusion: These findings suggest a possible gap between postpartum challenges relevant to occupation and mothers' recognition or use of occupational therapy as a source of support. They support further investigation of postpartum occupational experiences, service accessibility, referral pathways, practitioner preparation, and occupation-centered models of care. Findings should be interpreted in light of the study's small, predominantly White, highly educated, suburban sample and its retrospective, investigator-developed survey.

Keywords: occupational therapy, occupational disruption, postpartum, first-time mothers, support utilization, fourth trimester

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INTRODUCTION

The postpartum period, particularly the first 12 weeks following childbirth known as the fourth trimester, is a significant period of physical recovery, emotional adjustment, and occupational transition (Blount et al., 2021; Madray et al., 2022). For first-time mothers, this transition involves learning unfamiliar caregiving occupations while simultaneously adapting established roles, routines, relationships, and expectations. Although postpartum care has traditionally emphasized medical recovery and infant health, the transition to motherhood also changes how mothers organize their time, care for themselves, participate in relationships and communities, and engage in previously meaningful occupations. These changes may substantially affect maternal health, participation, and quality of life.

From an occupational perspective, becoming a mother involves more than acquiring a new role; it requires the reorganization of daily life. First-time mothers may experience disruptions in sleep and rest, self-care, household management, leisure, social participation, intimate relationships, employment, and established routines while assuming new caregiving responsibilities. Horne et al. (2005) found that first-time motherhood was associated with a period of occupational disruption and imbalance before mothers gradually adapted their activities and routines to the maternal role. Mothering also encompasses a broad range of occupations, including feeding, soothing, protecting, household management, health management, social participation, and culturally situated caregiving practices (Odgers et al., 2024). Many of these occupations are co-occupations because their form, meaning, and performance emerge through the reciprocal participation of the mother and infant dyad.

Occupational disruption occurs when a life event interferes with established patterns of participation and challenges an individual's ability to maintain routines, balance roles, and engage in meaningful occupations (Persia, 2026). This perspective shifts attention from viewing postpartum challenges solely as isolated physical or psychological symptoms to considering how those experiences affect participation in everyday life. Hammell (2004) proposed that occupation contributes to meaning through the interconnected dimensions of doing, being, becoming, and belonging. During the fourth trimester, doing encompasses the daily activities and caregiving occupations mothers need or wish to perform. Being concerns their evolving sense of self and opportunity to experience moments beyond task completion. Becoming reflects the continuing development of maternal identity, competence, and future possibilities. Belonging involves connection with the infant, family, friends, communities, and sources of social support. Belonging and interdependence are particularly important to well-being and challenge the assumption that successful occupational performance is solely an individual accomplishment (Hammell, 2014). Research examining mothers' return to work similarly demonstrates that doing, being, becoming, and belonging are shaped by social expectations and the contexts in which mothering occurs (Berger et al., 2022).

These occupational changes create a potential role for occupational therapy within interdisciplinary postpartum care. Occupational therapy considers the relationship among health, context, habits, routines, roles, and participation in meaningful occupations (American Occupational Therapy Association [AOTA], 2020). Occupational therapy interventions may support maternal role adaptation, occupational balance, fatigue management, mental health,

breastfeeding, physical recovery, environmental modification, and the development of sustainable caregiving routines. Existing literature has identified potential roles for occupational therapy in supporting mothers experiencing postpartum depression and in addressing breastfeeding as a maternal and co-occupation (Barbic et al., 2021; Sponseller et al., 2021). Occupational therapy may therefore complement services provided by obstetric providers, primary care practitioners, mental health professionals, lactation consultants, physical therapists, and community organizations.

Although emerging literature has identified potential roles for occupational therapy in postpartum mental health, breastfeeding, and physical recovery, the profession is not routinely integrated into postpartum care (Barbic et al., 2021; Segraves et al., 2023; Sponseller et al., 2021). Prior research has documented unmet postpartum support needs (Madray et al., 2022), yet limited evidence addresses whether first-time mothers recognize occupational therapy as a potential source of postpartum support or which formal and informal supports they use when experiencing challenges. The purpose of this study was to describe the occupational disruptions experienced by first-time mothers during the fourth trimester, the formal and informal supports they used, barriers to seeking support, and their awareness of occupational therapy's potential role in addressing these disruptions.

The research questions were: 1) What occupational disruptions do first-time mothers experience during the fourth trimester? 2) What formal and informal supports do first-time mothers use to address these disruptions, and what barriers do they report when support is not sought? 3) How aware are first-time mothers of occupational therapy's potential role in addressing these disruptions?

Positionality statement

The authors are occupational therapy educators and researchers whose professional perspectives and scholarly interests include maternal health. The first and third author identify as mothers. These perspectives informed the development of the research questions and interpretation of the findings, which were considered within the boundaries of this study.

METHODS

This study used an observational, cross-sectional survey design to understand current challenges, resource use, and awareness of occupational therapy's role during the fourth trimester. This study focused specifically on cisgender, primiparous (first-time) mothers. Findings should therefore be interpreted within the context of this population and may not generalize to individuals with other gender identities, family structures, or postpartum experiences. Future research should explore the postpartum experiences and support needs of a broader range of populations.

Participants were a convenience sample of cisgender, primiparous mothers recruited via social media. Participants were eligible for inclusion if they had given birth to their first child within the previous five years; the infant was born at 37 weeks' gestation or later and did not require neonatal intensive care unit (NICU) admission; the participant was the custodial parent during the infant's first 12 weeks of life; the participant identified as a cisgender woman; and the participant was able to speak and understand English.

Participants were recruited through social media platforms. Recruitment posts were shared in social media groups targeting mothers and included a brief study description and a direct link to the Qualtrics survey. Screening, informed consent, and data collection were completed using a single Qualtrics online survey. Participants were screened during the survey

and required to attest that they met all inclusion criteria before providing electronic informed consent and proceeding with data collection.

The survey instrument was developed by the investigators based on existing literature describing the role of occupational therapy in postpartum care. The survey consisted of three sections. The first section collected demographic and background information. The second section examined postpartum challenges, identified the formal and informal supports participants used, and barriers to seeking support. For this descriptive study, occupational disruptions were examined through self-reported challenges involving maternal role adjustment, daily routines and responsibilities, mobility, physical recovery and pelvic health, musculoskeletal pain, breastfeeding, and mental health. Participants were presented with each potential challenge and asked to select if that challenge affected them during their postpartum period. If they responded affirmatively, they were asked to identify supports they used; if they responded negatively, they were asked to identify barriers to seeking support. The third section examined participants' awareness of occupational therapy services available during the postpartum period. Because the survey was investigator-developed, formal psychometric testing was not conducted. To support face and content validity, the survey was reviewed by an external content expert with experience in occupational therapy and maternal health. In addition, a mother who met the study's target population characteristics piloted the survey in Qualtrics to assess clarity, survey flow, and completion time. Feedback from both the content expert and pilot tester was incorporated through revisions to item wording, response options, and survey organization prior to administration. Completion time for the final version, based on Qualtrics reporting and pilot test time, was estimated to be less than five minutes. Only participants who completed the entire survey were included in the dataset.

Data were exported from Qualtrics and analyzed using Qualtrics reporting and Microsoft Excel. Descriptive statistics, including means, ranges, frequencies, and percentages, were used to summarize participant demographics, postpartum challenges, support service utilization, barriers to seeking services, and awareness of occupational therapy services.

This study was approved by the Widener University Institutional Review Board Protocol #416-25. All participants provided informed consent prior to participation.

RESULTS

Seventy-two participants completed the survey. The participants' ages at the birth of their first child ranged from 17 to 41 (Mean=29.4 SD=4.5). Of the participants, 79% gave birth in a community hospital, 19% in an academic medical center, and 1% in another location. Most participants (76%) lived in a suburban area, while 11% lived in an urban setting and 13% lived in a rural setting. Most of the participants (n=65) were white, with 3 Hispanic or Latino, 3 Black or African American, and 1 each identifying as Asian, native Hawaiian or Pacific Islander, and other. Half of the participants (n=36) had advanced degrees, while 35% had a bachelor's degree, and the remainder had some college or high school education, and 36% of participants (n=26) were employed in the healthcare field.

Summary of Challenges and Support Use

Postpartum challenges were common among participants (see Table 1). Five of the seven challenge areas were reported by at least half of the sample. Adapting to the new role of motherhood was the most frequently reported challenge (88%, n=63).

Table 1: *Fourth trimester challenges and support use (n=72)*

Potential Issue	Had challenges	Sought help for challenges
Adapting to the new role of motherhood	63 (88%)	47
Managing daily routines and responsibilities	52 (72%)	33
Moving about the home or community	25 (35%)	12
Recovering from delivery, including pelvic health concerns	37 (51%)	29
Musculoskeletal pain	34 (47%)	19
Breastfeeding	55 (76%)	47
Mental Health	54 (75%)	28

Participants reported using a wide variety of supports (See Table 2). Supports were categorized into formal supports from trained professionals and informal supports from friends, family, and community members. Within each challenge category, the most frequently reported formal and informal supports are bolded and marked with an asterisk. For supports that had equal responses, more than one response is marked.

Table 2: *Types of supports used (n=72)*

	Formal/ Professional Supports								**Informal Supports**					
Potential Challenge	OBGYN MD/NP	Non-OBGYN MD/NP	Midwife	Doula	Nurse	LC	PT	OT	MH Counselor	Religious/Spiritual	Support Group	Friends	Family	Other
Adapting to the new role of motherhood	**25***	4	11	6	2	29	8	2	19	2	13	**39***	33	12
Managing daily routines and responsibilities	2	2	1	3	0	**7***	3	1	5	2	4	**29***	20	2
Moving about the home or community	1	**3***	**3***	0	0	1	**3***	1	1	1	1	**7***	5	2
Recovering from delivery, including pelvic floor function	13	5	6	2	0	4	**14***	2	2	2	4	**7***	6	4
Musculoskeletal pain	5	5	1	1	1	0	**7***	1	0	0	0	1	1	**2***
Breastfeeding	10	2	11	3	7	**43***	1	1	2	1	13	**20***	15	2
Mental Health	9	7	4	0	0	1	0	0	**19***	2	7	**15***	8	0

*Note: Participants could select multiple supports. Most common supports for each challenge in both the formal and informal categories are bolded and marked with an *. Abbreviations: OBGYN- Obstetric Gynecologist, MD- Physician, NP- Nurse practitioner, LC- Lactation Consultant, PT- Physical Therapist, OT- Occupational Therapist, MH Counselor- Mental Health Counselor*

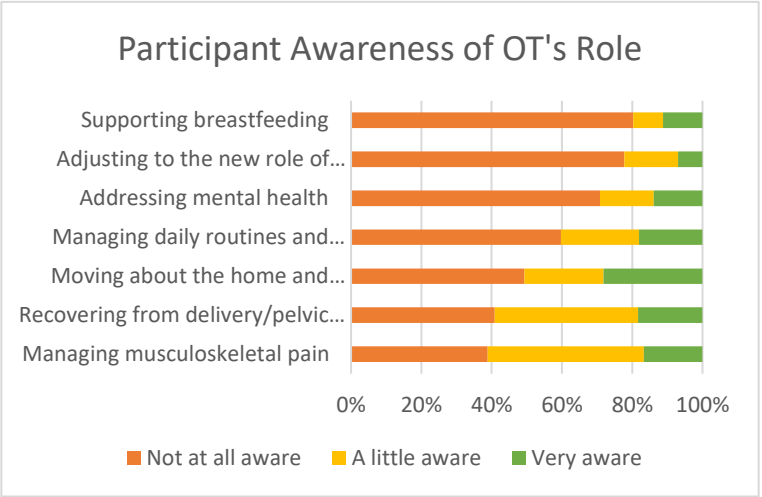
Barriers to Seeking Support

Among those who did not access supports, barriers to seeking support were examined. Across postpartum challenge domains, the most frequently reported barrier to seeking support was feeling too overwhelmed to seek services, reported by 50% to 75% of respondents who did not seek support for a given concern. Fear of judgment or embarrassment was also common, particularly for mental health concerns (46%), breastfeeding challenges (38%), and adjustment to motherhood (56%). Lack of awareness that services existed was another notable barrier, especially for support related to adjustment to motherhood (38%), management of daily routines and responsibilities (32%), and community mobility (31%). Cost, difficulty obtaining appointments, lack of childcare, and previous negative experiences with healthcare providers were reported less frequently but remained relevant barriers across multiple domains.

Awareness of Occupational Therapy's Role

Overall, awareness of occupational therapy's role in postpartum care was limited in this sample of participants. Figure 1 illustrates participant awareness by problem area, with the least awareness (breastfeeding and adjusting to the new role of motherhood) at the top and the most awareness (managing musculoskeletal pain and recovering from delivery/pelvic floor rehab) at the bottom.

Figure 1: *Awareness of occupational therapy's role by problem area (n=72)*



DISCUSSION

The findings provide a descriptive view of the challenges, support use, and awareness of occupational therapy reported by first-time mothers during the fourth trimester. The most frequently reported challenges were adapting to the role of motherhood (88%), breastfeeding (76%), mental health (75%), and managing daily routines and responsibilities (72%). Considered together, these findings suggest that postpartum challenges extend beyond isolated physical or emotional concerns and may affect roles, routines, caregiving co-occupations, and participation in daily life. Participants used a combination of formal and informal supports, although occupational therapy was rarely identified as a source of assistance. Among participants who did not seek support, feeling too overwhelmed was the most frequently reported barrier, while fear of judgment or embarrassment and lack of awareness of available services were also prominent across several areas of concern. Participants also reported limited awareness of occupational therapy's potential role across the challenge areas included in the survey. These findings identify a possible gap between postpartum challenges that may be relevant to occupational therapy and

mothers' recognition or use of the profession as a source of support. Because this study was descriptive and cross-sectional, the findings do not establish that occupational therapy was needed in each instance or that occupational therapy intervention would improve outcomes. Rather, they identify areas for further investigation and potential service development.

Occupational Disruption and the Transition to Motherhood

Difficulty adapting to the role of motherhood was the most frequently reported challenge, identified by 88% of participants, and 72% reported difficulty managing daily routines and responsibilities. These findings reinforce that first-time motherhood involves a broad reorganization of everyday life. Mothers must incorporate unfamiliar caregiving responsibilities into existing patterns of sleep, self-care, household management, relationships, leisure, and other valued occupations. Previous research similarly describes first-time motherhood as a period of occupational disruption and imbalance followed by the gradual adaptation of activities, routines, and identity (Horne et al., 2005). The wide range of mothering occupations identified by Odgers et al. (2024) further illustrates that becoming a mother involves a constellation of caregiving, household, social, cultural, and health-management occupations rather than the acquisition of a single role.

Viewed through an occupational lens, participants' reported difficulty with role adjustment and daily routines can be understood as challenges involving doing, being, becoming, and belonging. Although the survey did not directly measure these dimensions, they provide a useful framework for interpreting the pattern of findings. Doing is reflected in the need to organize and perform new caregiving activities while maintaining other daily responsibilities. Being and becoming are relevant to the development of maternal identity and the process of gaining confidence and competence within a new role. Belonging is reflected in the relational nature of mothering, including mother-infant co-occupations and connections with family, friends, and other sources of support (Hammell, 2004, 2014). These dimensions are interrelated and shaped by the expectations and contexts in which mothering occurs (Berger et al., 2022). The findings therefore support understanding the fourth trimester as an occupational transition that may temporarily disrupt established patterns of participation while new routines and identities develop (Persia, 2026).

These findings identify several areas in which occupation-centered support may be relevant. Occupational therapy practitioners could help first-time mothers examine how new caregiving demands interact with existing routines, identify occupations they wish or need to maintain, and develop individualized strategies for organizing daily responsibilities. Potential approaches may include routine development, habit formation, activity and environmental modification, energy conservation, and support for meaningful mother-infant co-occupations. Promoting occupational balance should not be understood as restoring a mother's life to its prebirth pattern or prescribing an ideal distribution of activities. Instead, support should focus on helping each mother develop sustainable and personally meaningful patterns of participation that respond to her priorities and the needs of her infant. Within postpartum care, this contribution would complement services provided by obstetric, primary care, lactation, mental health, rehabilitation, and community-based professionals.

Mental Health and Occupational Participation

Mental health was identified as a challenge by 75% of participants, making it one of the most frequently reported concerns in this study. This finding indicates that mental health was an

important part of participants' fourth-trimester experiences. However, mental health was presented as a broad survey category. The survey did not distinguish between depression, anxiety, emotional distress, adjustment difficulties, or other mental health concerns, nor did it assess symptom severity or determine whether participants met diagnostic criteria. The findings should therefore be interpreted as participants' recognition of a mental health challenge rather than evidence of a particular condition.

The high frequency of reported mental health challenges is consistent with literature describing the postpartum period as a time of increased psychological vulnerability. Physical recovery, fatigue, disrupted sleep, changing relationships, unfamiliar caregiving demands, and the transition to a maternal role may occur simultaneously and influence maternal well-being (Curren et al., 2022; Madray et al., 2022). Baattaiah et al. (2023) found that fatigue, poor sleep quality, and lower resilience were associated with greater risk of postpartum depression. Mental health and occupational participation may also influence one another. Mental health concerns may make it more difficult to initiate or sustain self-care, rest, social participation, household responsibilities, and meaningful activities. At the same time, disrupted routines, reduced opportunities for restorative occupation, and difficulty balancing caregiving with other valued roles may contribute to distress (Zedan et al., 2023). Although these relationships were not directly examined in the present study, they offer an occupational perspective for understanding why mental health concerns may affect many areas of daily life during the fourth trimester.

Occupational therapy can contribute to interdisciplinary postpartum mental health care by addressing the relationship between mental health and participation in everyday occupations. Potential areas of support include establishing manageable routines, promoting opportunities for sleep and rest, supporting engagement in self-care and meaningful activities, developing coping and stress-management strategies, and adapting tasks or environments to reduce occupational demands. Occupational therapy may also help first-time mothers consider how their emerging maternal role can coexist with other valued aspects of identity and participation. A scoping review by Barbic et al. (2021) identified potential contributions of occupational therapy for mothers experiencing postpartum depression, while also demonstrating the need for further research in this developing area of practice. Occupational therapy services complement the screening, diagnosis, and treatment provided by other qualified mental health and medical professionals.

Breastfeeding as a Maternal and Co-Occupation

Breastfeeding was identified as a challenge by 76% of participants, making it one of the most frequently reported concerns in this study. Lactation consultants were the most frequently used formal source of support for breastfeeding, while occupational therapy was rarely identified as a resource. The survey did not examine the specific nature, severity, or duration of breastfeeding challenges, participants' feeding goals, or their satisfaction with the assistance they received. The findings therefore describe the frequency of perceived breastfeeding challenges and patterns of support use without determining whether the available services adequately addressed participants' needs.

From an occupational perspective, breastfeeding is both a maternal occupation and a co-occupation involving the reciprocal participation of the mother and infant dyad. Successful integration of breastfeeding into daily life may involve positioning, physical comfort,

timing, environmental conditions, infant responses, maternal routines, and the coordination of feeding with sleep, self-care, household responsibilities, employment, and community participation. Froehlich et al. (2015) described how breastfeeding becomes embedded within mothers' daily routines, while Sponseller et al. (2021) identified breastfeeding as an area in which occupational therapy may contribute through its attention to function, context, and participation. Viewing breastfeeding as a co-occupation expands beyond the mechanics of feeding to include how the activity is experienced and incorporated into the lives of both mother and infant.

Breastfeeding experiences may also intersect with maternal identity, emotional well-being, and social expectations. Leeming et al. (2022) found that the quality and nature of breastfeeding support may influence mothers' self-conscious emotions and their perceptions of themselves. Expectations surrounding breastfeeding may therefore affect a mother's developing sense of competence and identity, particularly when her experiences differ from her intentions or the expectations of others. These experiences were not directly examined in the present study, but they provide important context for understanding breastfeeding as a meaningful and socially situated occupation rather than solely a health behavior.

Occupational therapy practitioners with appropriate preparation can complement the expertise of lactation consultants and other maternal health professionals by addressing the ways breastfeeding affects daily functioning and participation. Potential areas of support include positioning and ergonomics, activity and environmental modification, fatigue management, the use of adaptive strategies, and the integration of feeding into sustainable family routines. Occupational therapy can also support participation in other valued occupations that are affected by feeding demands. Clinical concerns involving infant nutrition, milk production, breast health, or other medical issues require assessment and intervention by appropriately qualified lactation and medical professionals. Collaborative care can allow each profession to contribute its distinct expertise while supporting the mother's feeding goals, well-being, and participation in daily life.

Physical Recovery, Pelvic Health, and Occupational Participation

Physical recovery was a prominent concern among participants. Recovery from delivery and pelvic health was identified as a challenge by 51% of participants, musculoskeletal pain by 47%, and moving about the home or community by 35%. These findings suggest that physical concerns may remain relevant during the fourth trimester and may occur alongside the demands of infant care and adjustment to new routines. The survey used broad challenge categories and did not assess participants' specific symptoms, diagnoses, symptom severity, duration, or the extent to which physical concerns affected particular daily activities. The findings therefore cannot establish the nature of participants' physical conditions or the level of rehabilitation required.

Postpartum pelvic health concerns may include pain, pelvic pressure, and changes in bladder, bowel, or sexual function. Musculoskeletal discomfort may also develop or intensify as first-time mothers recover from childbirth and repeatedly lift, carry, feed, position, and care for their infants. These concerns may influence participation in self-care, sleep, infant caregiving, household management, employment, community mobility, and other meaningful occupations. Burkhart et al. (2021) found that pelvic floor dysfunction following childbirth affected participants' daily activities and that awareness of available treatment was limited. Although the present study did not directly

measure the functional effects of participants' physical concerns, the frequency with which recovery, pain, and mobility challenges were reported supports considering postpartum recovery in relation to occupational participation rather than viewing it solely as a collection of physical symptoms.

Physical recovery and pelvic health may also affect sexual activity and participation in intimate relationships. Fatigue, physical changes, discomfort, changing routines, and adjustment to new roles have been identified as factors shaping postpartum sexual health (O'Malley et al., 2021). Emotional experiences such as guilt, perceived failure, and concern about disappointing a partner may further influence this area of participation. Sexual functioning and intimacy were not explicitly examined in the present study, so no conclusions about participants' experiences can be drawn. Nevertheless, this literature illustrates how postpartum physical recovery may intersect with identity, relationships, and occupations that are often overlooked in routine postpartum care.

Occupational therapy practitioners with appropriate preparation can contribute to interdisciplinary postpartum rehabilitation by addressing the effects of pain, fatigue, mobility limitations, and physical recovery on daily participation. Potential areas of support include activity modification, positioning and body mechanics during infant care, energy conservation, environmental adaptation, adaptive equipment, and graded resumption of valued activities. Occupational therapy can also help first-time mothers identify practical ways to participate in caregiving, self-care, household, community, and relationship-based occupations while recovering from childbirth. Early rehabilitation services following birth may provide opportunities to identify functional concerns and connect mothers with appropriate resources (Segraves et al., 2023).

Occupational therapy's contributions complement the expertise of obstetric providers, pelvic health physical therapists, primary care practitioners, and other qualified professionals. Concerns involving pelvic floor dysfunction, medical complications, or persistent pain require appropriate assessment and referral. Collaborative care may allow physical symptoms and their effects on occupational participation to be addressed together while remaining responsive to each mother's recovery, priorities, and daily circumstances.

Informal, Community-Based, and Interdisciplinary Supports

Participants frequently relied on informal supports, including family members, friends, and peer networks, when navigating challenges during the fourth trimester. Across several challenge areas, informal supports were used as often as, or more frequently than, formal healthcare services. This pattern highlights the importance of interpersonal relationships within postpartum support. However, because the survey did not ask participants why they selected particular supports or how helpful those supports were, the reasons for relying on informal rather than formal services cannot be determined from these findings.

Informal supports may offer practical assistance, emotional reassurance, validation, and shared experience during the transition to motherhood. Viewed through Hammell's (2004, 2014) dimensions of occupation, these relationships may contribute to belonging by connecting first-time mothers with people who participate in, understand, or support their changing daily lives. This relational perspective also recognizes that maternal occupations are not performed independently. Caregiving, household management, health management, and participation in family life often depend upon cooperation and interdependence among

mothers, infants, family members, and others. Although the nature and quality of these relationships were not examined in the present study, participants' use of informal supports reinforces the importance of considering social connection within postpartum care.

Participants' reported barriers provide additional context for understanding patterns of formal support utilization. These findings suggest that emotional and informational barriers may play a larger role in limiting postpartum service utilization than logistical barriers alone. In particular, feeling overwhelmed may make identifying, arranging, and participating in services especially difficult during a period characterized by physical recovery, disrupted sleep, and increased caregiving demands. Fear of judgment or embarrassment may further discourage mothers from disclosing concerns, while limited awareness of available services may prevent help-seeking altogether. Although cost, appointment availability, childcare, and previous negative healthcare experiences were reported less frequently, they remained relevant across multiple areas. Other contextual influences, including healthcare coverage, transportation, geographic location, parental leave, and cultural expectations, were not directly examined. A focus solely on a mother's ability to adjust may therefore overlook the conditions that expand or restrict her opportunities to obtain assistance and participate in needed or meaningful occupations (Hammell & Iwama, 2012).

The pattern of support use suggests that occupation-centered services may be most accessible when integrated into maternal health and community systems that first-time mothers already use. Community-based groups addressing caregiving routines, role transition, fatigue management, and participation in meaningful occupations may provide another avenue for support.

Limited Awareness and Considerations for Service Development

Participants reported limited awareness and use of occupational therapy across the postpartum challenge areas included in the survey. Within each challenge category, no more than two participants identified occupational therapy as a source of support. This pattern was present even though more than one-third of the participants worked in healthcare. Employment in healthcare does not necessarily indicate familiarity with occupational therapy, and the study did not compare awareness between participants who did and did not work in healthcare. Therefore, the findings cannot establish whether awareness would be different in the broader population. They do, however, suggest that occupational therapy was not widely recognized as a postpartum support among the first-time mothers in this sample.

The distinction between awareness and perception is important when interpreting these results. The survey examined whether participants recognized occupational therapy as a potential source of support, but it did not assess their views about the profession's value, effectiveness, accessibility, or appropriate scope within postpartum care. Limited use of occupational therapy should therefore not be interpreted as dissatisfaction with or rejection of occupational therapy services. Participants may not have known that occupational therapy could address postpartum concerns, may not have been offered a referral, or may not have had access to relevant services. These possible explanations were not directly examined and require further investigation.

Public awareness is only one consideration in developing occupational therapy services for postpartum populations. Healthcare providers must also understand the profession's potential contribution and know when and how to make referrals. Vij (2023) found that physician

understanding of occupational therapy's scope may influence referral practices and consumer access. Practitioner preparation is another consideration. In a qualitative study of six occupational therapy practitioners preparing to work with an acute postpartum population, Sidar and Skuthan (2025) found that participants recognized ways their existing skills could be applied while also identifying a need for additional learning to strengthen competence. Although these studies do not establish the barriers present in the current sample, they indicate that provider education, practitioner preparation, and role clarification may affect the development of occupational therapy within postpartum care.

The findings suggest that advocacy and system preparation should precede or accompany the introduction of new occupational therapy services. Initial steps may include educating first-time mothers and healthcare professionals about occupation-based postpartum support, defining referral criteria, establishing interdisciplinary referral pathways, and preparing practitioners to work competently with postpartum populations. Integrating occupational therapy into services already used by mothers, such as obstetric, primary care, lactation, mental health, rehabilitation, and community programs, may also make the profession's role more visible and understandable. New programs should be evaluated for feasibility, acceptability, accessibility, and outcomes rather than assuming that limited awareness alone demonstrates demand for a particular service model.

Implications for Occupational Therapy Practice, Collaboration, and Advocacy

The findings identify areas in which occupational therapy's perspective may warrant further development and evaluation within postpartum care. Participants reported challenges involving role adjustment, routines, mental health, breastfeeding, physical recovery, pain, and mobility. These concerns intersect directly with occupational therapy's focus on the relationship among health, context, habits, roles, identity, and participation in meaningful occupations (AOTA, 2020). Although the present study did not evaluate intervention outcomes, it identifies areas in which occupational therapy's distinct perspective may contribute to more comprehensive postpartum care.

Occupational therapy may be most accessible when integrated into services and systems that first-time mothers already use. Potential points of collaboration include obstetric and primary care practices, hospital postpartum units, pediatric settings, mental health services, lactation programs, pelvic health rehabilitation, home-based services, and community organizations. Occupational therapy's involvement in these settings would naturally overlap with aspects of care provided by other professionals. Such overlap does not necessarily represent duplication. Healthcare professions frequently share foundational knowledge and skills while contributing different forms of reasoning, areas of expertise, and approaches to care. Occupational therapy's distinct contribution lies in examining how physical, emotional, relational, environmental, and contextual factors come together within a mother's everyday occupations. This perspective complements the specialized expertise of lactation consultants, mental health professionals, pelvic health physical therapists, obstetric providers, and other members of the maternal healthcare team.

Within these settings, occupational therapy practitioners could help identify how postpartum changes affect routines, self-care, sleep and rest, caregiving, relationships, community participation, and other valued occupations. Services should be guided by each mother's occupational profile, priorities, environment, and desired patterns of participation.

Occupational therapy's role is not defined solely by individual techniques such as positioning, energy conservation, or environmental modification. Rather, its contribution emerges through the integration of these approaches into a broader understanding of what the mother needs and wants to do, how her daily life has changed, and what conditions support or restrict her participation. This occupation-centered reasoning provides a foundation for professional differentiation even when specific skills or areas of concern are shared across disciplines.

Advocacy should clearly communicate occupational therapy's distinct perspective by demonstrating how the profession connects maternal health concerns with identity, routines, relationships, environments, and participation in everyday life. New service models should be developed collaboratively with mothers, healthcare professionals, and community organizations and evaluated for feasibility, acceptability, accessibility, and outcomes.

Limitations

This study has several limitations that should be considered when interpreting the findings. Participants were recruited through convenience sampling on social media and were predominantly White, highly educated, and living in suburban communities. Additionally, over one-third of participants were employed in healthcare professions, which may have influenced awareness of healthcare resources, familiarity with healthcare terminology, or patterns of help-seeking behavior. Recruitment through online parenting communities may also have been more likely to reach individuals who were already connected to social and informational resources. These sample characteristics limit the transferability of the findings to first-time mothers from different racial, ethnic, socioeconomic, educational, occupational, and geographic backgrounds.

The eligibility criteria restricted participation to cisgender first-time mothers. The findings therefore do not represent the experiences of mothers who have given birth previously, transgender, or nonbinary birthing individuals, adoptive parents, or families formed through other pathways. These populations may experience different occupational transitions, caregiving demands, support systems, and barriers to postpartum services. Dedicated research using inclusive and affirming methods is needed to understand these experiences rather than assuming that the findings from this sample apply broadly.

The retrospective, self-report design presents additional limitations. Participants reported on fourth-trimester experiences following births that may have occurred up to five years before survey completion. Recall bias may have affected their reports of challenges, support use, and awareness of occupational therapy. The cross-sectional design also captured participants' recollections at a single point in time and could not examine how occupations, routines, support needs, or awareness changed across the fourth trimester or during the longer transition to motherhood.

The investigator-developed survey underwent the development and review procedures described in the Methods, but its psychometric properties were not established. Several response categories, including mental health, breastfeeding, pelvic health, pain, and role adjustment, were broadly defined. The survey did not assess the specific nature, severity, duration, or functional consequences of the reported challenges. Although the survey assessed selected barriers among participants who did not seek support, it did not determine why participants chose particular sources of support, whether other supports were available, how frequently services were used,

whether participants considered the support helpful, or how strongly each reported barrier influenced their decision not to seek services. Consequently, the findings describe the frequency of selected challenges and sources of support but cannot establish the adequacy, quality, accessibility, or effectiveness of those services.

Occupational disruption, occupational balance, occupational identity, and Hammell's dimensions of doing, being, becoming, and belonging were used as theoretical lenses for interpreting the findings. These constructs were not directly measured by the survey. The participant-selected challenge categories should therefore not be understood as validated measures of occupational disruption or other occupational science constructs. Similarly, environmental, and systemic factors such as parental leave, finances, healthcare coverage, transportation, childcare, geographic location, and cultural expectations were not directly examined. Although these factors provide important context for understanding postpartum occupational possibilities, this study cannot determine how they influenced participants' experiences or support choices.

The descriptive design does not permit conclusions about causation, unmet clinical need, or the effectiveness of occupational therapy intervention. Limited awareness or use of occupational therapy does not establish that participants required occupational therapy or that occupational therapy would have produced better outcomes. Instead, the findings identify patterns that support further investigation of mothers' occupational experiences, service accessibility, and the potential contribution of occupational therapy to postpartum care. Because the study was conducted in the United States, the findings may not transfer to countries with different healthcare systems, parental leave policies, cultural expectations, and postpartum resources.

Recommendations for Future Research

Future research should examine postpartum occupational experiences among larger and more diverse samples. Intentional recruitment is needed to include participants from varied racial, ethnic, cultural, socioeconomic, educational, occupational, and geographic backgrounds. Research should also include rural and urban communities, individuals with limited access to healthcare, transgender and nonbinary birthing individuals, adoptive parents, and families formed through different pathways. First-time mothers and mothers who have previously given birth should be examined separately or compared directly because their occupational transitions, caregiving responsibilities, and support needs may differ.

Longitudinal and mixed-methods research could provide a fuller understanding of how occupations change throughout the fourth trimester and beyond. Following participants from pregnancy through the postpartum period would allow researchers to examine changes in routines, roles, identity, occupational balance, and participation as they occur. Qualitative interviews, focus groups, diaries, and occupational profiles could help clarify what mothers mean when they identify concerns such as role adjustment, mental health, breastfeeding, pelvic health, or difficulty managing daily responsibilities. These approaches could also explore how mothers experience doing, being, becoming, and belonging during the transition to motherhood rather than applying these concepts only as retrospective interpretive lenses.

Future studies should directly examine the environmental and systemic conditions that shape postpartum occupational possibilities. Parental leave, employment expectations,

financial resources, healthcare coverage, transportation, childcare, geographic location, cultural expectations, social support, and availability of services may influence both occupational participation and access to care. Research should investigate how these conditions interact with individual experiences rather than locating responsibility for postpartum adjustment solely within the mother. Greater attention to context may help identify which supports are meaningful, accessible, and sustainable for different families.

Additional instrument development is also needed. The investigator-developed survey may provide a starting point for refining questions about postpartum challenges, support utilization, and occupational therapy awareness. Future work should examine content validity, clarity, reliability, and other relevant psychometric properties. Survey items should distinguish between the nature, severity, duration, and functional consequences of postpartum concerns. Measures of occupational disruption, occupational balance, occupational identity, and participation could also be incorporated where appropriate. Questions about support use should assess why particular supports were selected, how accessible they were, how frequently they were used, and whether mothers perceived them as helpful.

Research concerning occupational therapy awareness should distinguish awareness from perception. Knowing that occupational therapy may be available is different from understanding its potential contribution. Future studies could examine these dimensions among mothers, healthcare providers, and occupational therapy practitioners. Research with referral sources may also clarify how provider knowledge, practitioner preparation, service availability, and organizational processes affect access to occupational therapy within postpartum settings.

Intervention research is also needed to examine whether occupation-centered postpartum services influence maternal occupational participation, routines, role adaptation, quality of life, and well-being. Comparative studies could explore which service settings, timing, and referral approaches best connect first-time mothers with appropriate postpartum support.

CONCLUSION

The fourth trimester is a period of significant physical, emotional, relational, and occupational transition. First-time mothers in this study frequently reported challenges related to maternal role adjustment, daily routines, mental health, breastfeeding, physical recovery, pain, and mobility. They used a combination of formal and informal supports, but occupational therapy was rarely identified as a source of assistance, and awareness of its potential role was limited. Feeling overwhelmed was the most frequently reported barrier to seeking support, while fear of judgment or embarrassment and lack of awareness of available services were also important across several postpartum concerns. Viewed through an occupational lens, these findings illustrate how the transition to motherhood may disrupt established patterns of doing, being, becoming, and belonging as mothers develop new routines, identities, relationships, and ways of participating in daily life.

Occupational therapy offers a distinct perspective within postpartum care through its integration of health, occupation, identity, context, and participation. Occupational therapy can complement existing maternal health services by considering how physical, emotional, environmental, and relational factors come together within each mother's occupational life. Continued development of this area will require practitioner preparation, public and professional education, interdisciplinary referral pathways,

and research evaluating occupation-centered postpartum services. Through confident collaboration and continued evidence development, occupational therapy has an opportunity to expand the possibilities for comprehensive postpartum care.

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