



# A Qualitative Study Exploring the Lived Experience of Mothers With Postpartum Depression in Their Occupational Engagement

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## Introduction

- As many as 1 in 7 women in the United States experience symptoms associated with postpartum depression (PPD), such as insomnia, anxiety, fear, disinterest in social interactions, and loss of pleasure in previously enjoyed activities (American Psychological Association, 2008).
- Occupational therapists have the understanding and skills to address the challenges mothers with PPD may encounter in engaging in occupations (Barbic et al., 2021).
- The role of occupational therapists in supporting women with PPD in occupational engagement is understudied.
- To grasp the potential role of occupational therapists as a member of the perinatal team, there is a need to understand the experiences of mothers with PPD in their occupational engagements (Fernandes, 2018).
- This phenomenology study explored the lived experience of mothers with PPD, including what promoted or challenged their engagement in occupations.

## Methods

- Mothers with PPD were recruited from New Leaf Counseling Services of the Tennessee Valley, LLC through convenience sampling.
- Potential participants received a study flyer via email or hand-delivery.
- Participants were included in the study after meeting the following inclusion criteria: 1. Diagnosis of postpartum depression; 2. Individuals provide care to their infant; 3. English as their primary language; 4. Over the age of 18 years; and 5. In-person interview: access to transportation; Zoom interview: access to internet/technology.
- Individual semi-structured interviews were conducted in person or via Zoom and lasted approximately 45 to 60 minutes.
- Following transcription, interviews were analyzed according to the interpretative phenomenological analysis (IPA) methodology (Smith et al., 2022).
- The steps of the IPA method include: 1. Reading and re-reading; 2. Exploratory noting; 3. Constructing experiential statements; 4. Searching for connections across experiential statements; 5. Naming the personal experiential statements (PETS) and consolidating and organizing them into a table; 6. Continuing the individual analysis of other cases; and 7. Working with personal experiential themes to develop group experiential themes across cases (Smith et al., 2022).

## Results

- All participants ( $N = 8$ ) were Caucasian, born in North America, married, reported experiencing symptoms of PPD, and had received a diagnosis of PPD.

**Table 1.**  
**Summary of Themes and Subthemes**

Themes	Subthemes
Theme 1: Fear Concerning Outcome of Baby	1a. Fear of Not Meeting Baby's Needs 1b. Fear of Unintentional Harm to Baby
Theme 2: Expectation versus Reality	2a. Expectations Originating from Self 2b. Expectations Originating from Others
Theme 3: Values, Fulfillment, and Empowerment Maintained or Restored by Engaging in Occupations	

**Theme 1. Fear Concerning Outcome of Baby.** Fear associated with the outcome of baby challenged the participants' engagement with occupations, such as child rearing, sleep participation, friendships, group participation, and organization of the care of others.

- **Subtheme 1a. Fear of Not Meeting Baby's Needs.** For most of the participants, fear of not meeting a baby's needs led to decreased self-efficacy, neglect of personal needs, and guilt.
  - *I definitely got laser focused on my baby. Everything outside of taking care of my baby, I didn't have the motivation or energy to do. I felt overwhelmed. It felt like I didn't have the capacity beyond taking care of the basic needs of my baby.* (Emily)
- **Subtheme 1b. Fear of Unintentional Harm to Baby.** Some participants experienced fear related to sickness, neglect of others, or unforeseen circumstances.
  - Brook mentioned that fear often decreased her social participation with friends: *"I wouldn't let people come over because I was so deathly afraid of him contracting some illness and dying because of it."*

**Theme 2. Expectation versus Reality.** Participants reported that discrepancies between their expectations and reality challenged the occupations of child rearing, communication with the health care system, family participation, friendships, home maintenance, job performance and maintenance, and symptom and condition management.

- **Subtheme 2a. Expectations Originating from Self.** Personal expectations of birth, recovery, and childrearing/breastfeeding often led to unattainable goals based on reality.
  - Due to a required neonatal intensive care stay, Taylor started postpartum recovery without bringing the baby home: *"The hardest part for me was leaving the hospital without him. ... I remember rolling out in a wheelchair empty handed."*
- **Subtheme 2b. Expectations Originating from Others.** Expectations from others regarding breastfeeding, childrearing, and capacity during recovery produced physical and emotional strain to fulfill the standard.
  - With regards to breastfeeding, Taylor originally thought: *"I'll do the best I can and see what happens."* However, Taylor stated her mother-in-law felt that *"there was no excuse for a woman to not be able to breastfeed her baby."* Taylor vigorously worked to fulfill this expectation but felt like a "failure" when she was unable to breastfeed.

**Theme 3. Values, Fulfillment, and Empowerment Maintained or Restored by Engaging in Occupations.** By engaging in occupations, participants experienced increased volition to further explore and participate in occupations, such as child rearing, friendships, leisure, and work. Participants who were able to adapt occupations to meet the demands of their environment experienced restored fulfillment.

- *I also give extra milk to the mother's milk bank of Alabama. People were like my kid was a NICU baby and they rely on people like you. Hearing those stories just still makes me wall up with tears. It's like you're doing something bigger than yourself. I made a difference in my child's well-being of having that bonding time and feeding her. I got to give that chance to a new mom.* (Ashley)

## Discussion

### Discussion of Main Findings:

- Three primary themes emerged; however, participants experienced vast factors that promoted and challenged occupational engagement.
- These findings are consistent with the scoping review by Barbic and colleagues (2021) in the role of occupational therapy in the treatment of women with PPD by supporting occupational distribution and transitions and managing the experience of motherhood.
- The findings of this study highlight the importance of maintaining values, fulfillment, and empowerment while engaging in occupations during the transition to motherhood.

### Limitations:

- Participants shared similar demographical information. Thus, results cannot be generalized to the entire population of women experiencing PPD.
- Perinatal depression and PPD are ambiguous diagnoses in terms of onset and symptoms in clinical and literature interpretations.
- Participants self-reported receiving a diagnosis of PPD. No official documentation was collected from the participants' doctor/counselor.
- No standardized assessment was administered to determine participants' level of depression at the time of the interview.

## Conclusion

- These findings help perinatal practitioners understand the role of occupational therapy in promoting mental health and well-being in mothers with PPD.
- This study highlights the need for additional research in client-centered evaluation and evidence-based occupational interventions for this specific population.

## References

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