Occupational Therapy Integration in Maternal Health: A Systematic Review

Meghan Kulick OTS, Marquetta S. Magwood OTS,

Anna Marie Porter OTS, Lynnette Dawn Van Waus OTS

Doctor of Occupational Therapy Program, Hawai'i Pacific University

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Dr. Jana Cason and Dr. Michael Falcon

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Abstract

Importance: A comprehensive approach from the lens of occupational therapy that addresses psychological well-being, social participation, and occupational flourishing during the transitional period is a critical component of the future of maternal healthcare.

Objective: To identify, evaluate, and synthesize the current literature concerning the effectiveness of occupational therapy in improving quality of life and well-being in maternal health.

Data Sources: A literature search occurred between May 14, 2026, and May 20, 2026. Follow-up searches were conducted on May 27, 2026. Databases included Springer Nature, Academic Search Complete, and SAGE Knowledge, accessed through Hawai'i Pacific University's online library databases. Search terms included maternal health, occupational therapy, perinatal, pregnancy, puerperal, and well-being, as well as combinations of these terms.

Study Selection and Data Collection: This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Published studies on quality of life and well-being in postpartum maternal health were included in the systematic review. Data from presentations, non-peer-reviewed literature, and dissertations were excluded.

Findings: Four studies were included: two Level V studies, one Level I study, and one Level III study according to the American Occupational Therapy Association's Levels of Evidence. The outcomes of these studies indicate the distinct significance that occupational therapy provides to maternal postpartum health by facilitating successful role transition, increasing maternal self-efficacy, and mitigating perinatal anxiety and depression through an occupation-focused, client-centered lens.

Conclusion and Relevance: Occupational therapy in maternal health highlights the unique contribution of occupational therapists within interprofessional teams, particularly during the acute postpartum period and in high-stress environments such as the neonatal intensive care unit (NICU).

Key words: Maternal health, occupational therapy, perinatal, pregnancy, puerperal, well-being, as well as combinations of these terms.

Occupational Therapy Integration in Maternal Health: A Systematic Review

The period encompassing pregnancy, childbirth, and postpartum transition is among the most significant experiences influencing women's physical, psychological, and social well-being. Maternal health, a term broadly used to describe the health and well-being of women during this period, is recognized by the World Health Organization as a current global priority (World Health Organization, 2025). With approximately 140 million births worldwide each year, the need for holistic healthcare that addresses the needs of the affected population is evident. Although access to lifesaving medical care for mothers and infants has improved substantially over time, there remains a significant opportunity to expand maternal care to account for broader dimensions of wellness (World Health Organization, 2025). Occupational therapy's comprehensive role addresses psychological well-being, social participation, and occupational flourishing during this transitional period will be a critical part of the future of maternal healthcare.

Motherhood entails a substantial occupational shift that demands adaptation to new roles, routines, responsibilities, and expectations. Significant changes occur in occupational performance throughout pregnancy and the postpartum period. These can affect sleep, self-care, leisure, work, social participation, and caregiving. During this time, women often experience heightened physical and psychological vulnerability; balancing these demands alongside other major life changes can be challenging. Due to the resulting occupational imbalance, overall health and well-being can often suffer. Occupational therapy is uniquely positioned to support women throughout the perinatal period through interventions that promote occupational engagement, role acquisition, self-management, and participation in meaningful daily activities (Karakus & Akyurek, 2026; Vidal et al., 2023).

Emerging evidence suggests that occupational therapy-based interventions may offer significant benefit for women's well-being across the prenatal and postpartum continuum (Karakus & Akyurek, 2026). Interventions focusing on maternal role adaptation, psychosocial well-being, life balance, and participation in meaningful activities fall within the scope of occupational therapy's offerings for new mothers and mothers-to-be as they navigate a spectrum of experiences associated with this major life change. Though there is a strong theoretical base supporting the use of occupational therapy services for this population, the body of currently existing literature is limited (Karakus & Akyurek, 2026). The purpose of this systematic review was to examine and analyze the strength of the evidence for the use of occupational therapy in maternal health to support the well-being of women during pregnancy and the postpartum period.

Method

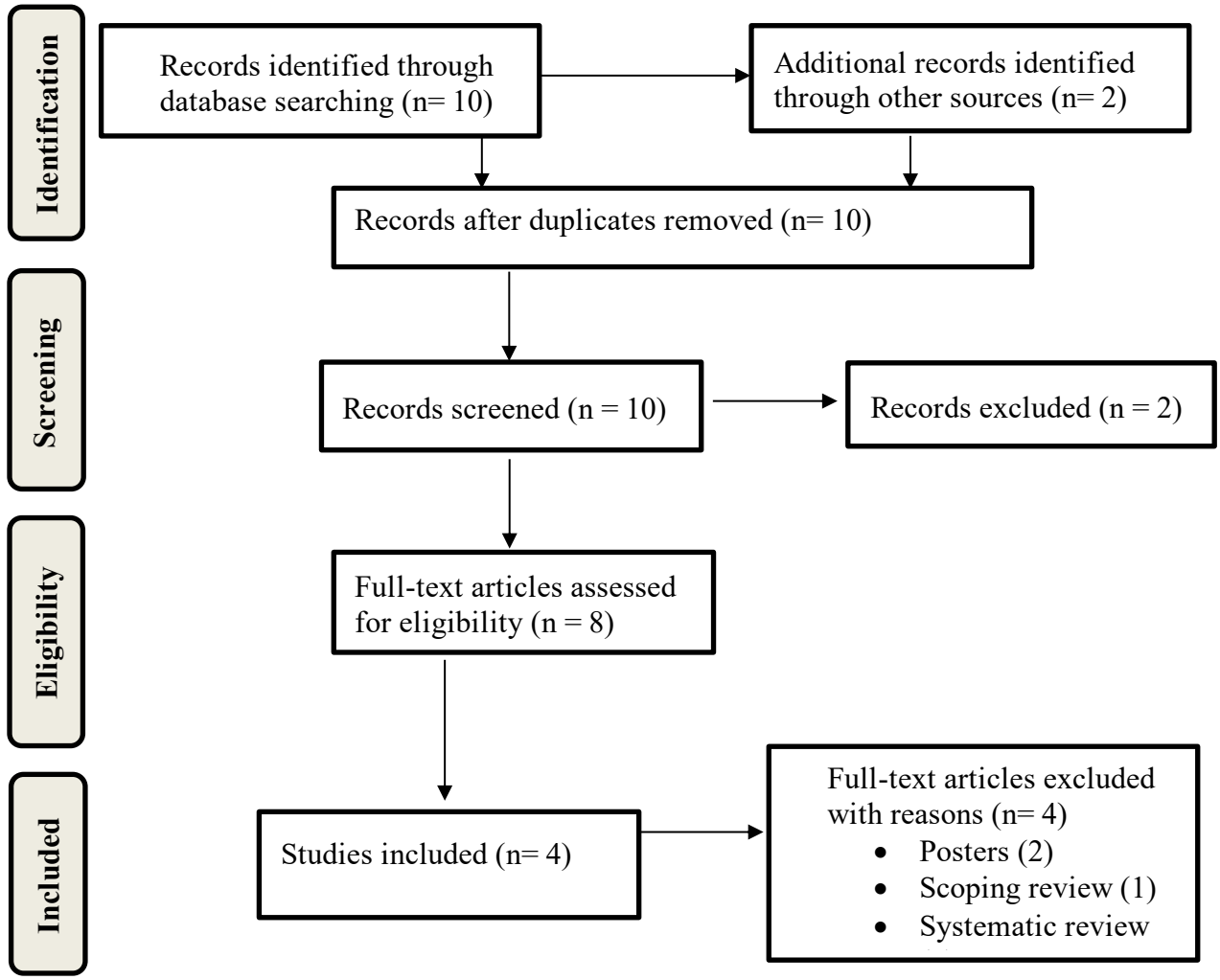
The systematic review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and incorporated recommended processes for conducting a systematic review. The guiding research question for this systematic review was: Does occupational therapy promote quality of life and wellbeing in the postpartum period in maternal health?

A broad search of published literature occurred between 5/14/2026 and 5/20/2026. An additional search was conducted on 5/27/2026 to ensure all relevant research was included. The inclusion criteria for studies in this systematic review were as follows: peer-reviewed; published in English; available in full-text; related to occupational therapy in maternal health, promoting well-being, quality of life, and mental health with interventions involving occupational therapy; and dated between 2022-2026. Exclusion criteria, in addition to those studies that did not meet

the inclusion criteria, included articles that were systematic reviews, scoping reviews, dissertations, and conference proceedings. A search for relevant literature was completed using electronic databases: Springer Nature, Academic Search Complete, and SAGE Knowledge, through Hawai'i Pacific University's online library database. Search terms included occupational therapy, maternal health, and postpartum, as well as combinations of these terms. Appendix A provides the search terms used for this systematic review. The initial search included 10 articles related to the research topic (Figure 1). Four independent reviewers completed the screening and selection of the studies, assessed their quality, and extracted the data.

Figure 1

Flow Diagram



Results

Four studies met the inclusion criteria. The selected articles were rigorously assessed for risk of bias, level of evidence, and methodological quality. This systematic review included four studies that contained relevant information regarding the role of occupational therapy in maternal health. Due to the emerging nature of postpartum, maternal-focused research, the included articles were not categorized into distinct themes. Alternatively, articles were synthesized according to the scope of occupational therapy value in the maternal postpartum population. An evidence table detailing these findings is provided in Appendix B. The Cochrane risk-of-bias guidelines were used to assess each article. Assessments for the risk-of-bias table is provided in Appendix C.

The synthesized literature demonstrates evidence informing the value that occupational therapy brings to maternal health by facilitating successful role transitions, increasing maternal self-efficacy, and mitigating perinatal anxiety and depression through an occupation-focused, client-centered lens. However, the full value of occupational therapy in broader practice is limited by systemic barriers, including a substantial lack of interprofessional awareness and cultural deficits in care delivery.

The clinical evidence supporting the distinct value of occupational therapy in maternal health encompasses diverse methodologies including one Level I randomized control trial, one Level III non-randomized pilot study, and two Level V qualitative designs (see Appendix B). Quantitative data underscores occupational therapy's immense value in serving perinatal mental health and role adaptation; specifically, awareness-centered interventions and structured maternal role adaptation programs exhibited meaningful efficacy in reducing postpartum anxiety and

depression symptoms while enabling increased adaptive coping strategies and quality of life (Karakus & Akyurek,2026).These findings are complemented by pilot data indicating that even short-term, occupation-focused education consultations in acute, high-stress environments, such as the NICU, yield positive trending results in maternal self-efficacy and stress management (Carpenter et al, 2026).

Contrary to the evidence, the qualitative literature gives light to the unfortunate reality that fully realizing this professional, clinical value is highly compromised by systemic and contextual constraints, most notably a prevalent lack of interprofessional cooperation and collaboration, a critical need for clearer role delineation, and unique cultural challenges when trying to tailor care to diverse ethnic populations (Cavalcante Vidal et al., 2023; Halsall et al., 2025).

Methodological limitations across the evidence base include small sample sizes that restrict overall statistical power and generalizability (Carpenter et al., 2026; Cavalcante Vidal et al., 2023; Halsall et al., 2025), a lack of long-term retention of physical gains (such as sleep and pain management) at longitudinal follow-ups (Karakus & Akyurek, 2026), and a high risk of bias stemming from single-group, pretest/post-test designs and unstandardized qualitative frameworks (Carpenter et al., 2026; Halsall et al., 2025).

Discussion

This systematic review revealed limited literature specifically addressing the role of occupational therapy in maternal health. The available literature was further limited when considering specific occupations within contextual or cultural influences. Therefore, this systematic review was conducted within more generalized parameters inclusive of all relevant

occupations and co-occupations of postpartum maternal health on an international scale within the last five years to generate a more comprehensive view of the current role of occupational therapy in maternal health care settings. This suggests that maternal health is still an emerging area of practice for occupational therapy. Nonetheless, synthesis of the existing literature indicates that implementation of occupational therapy across the maternal health continuum has a measurable impact on improved maternal health outcomes.

The available evidence supporting the compounding value of OT to reduce morbidity rates and improve outcomes across the spectrum of maternal health care is growing. This systematic review identified several areas along the perinatal and postpartum continuum that fall within the scope of occupational therapy to assist mothers in navigating the occupational changes that occur with motherhood. Occupational therapy-based interventions that promote life balance and participation in meaningful activities are correlated with enhanced maternal health, particularly regarding maternal role adaptation and psychosocial well-being in the postpartum period (Karakus & Akyurek, 2026). Furthermore, findings recognize that multidisciplinary collaboration of occupational therapists with other maternal health care providers to address postpartum depression risk factors may contribute to improved mother and infant outcomes (Carpenter et al., 2026). By bridging the gaps across the maternal/pediatric continuum, increased interprofessional collaboration directly elevates quality of life for mothers and their children.

Despite compelling evidence supporting the expansion of occupational therapy services across the spectrum of maternal health, the literature also identified potential barriers to the implementation of occupational therapy in maternal postpartum health care, including a lack of interdisciplinary awareness of the value of client-centered, occupation-focused therapy in this population. Additionally, limited workforce diversity, ineffective mandatory training, and

insufficient referral to occupational therapy by other healthcare professionals were believed to negatively impact service delivery (Halsall et al., 2025). For example, while current medical practice typically recognizes breastfeeding to be a salient factor to address in postpartum care, it often does not consider breastfeeding within the context of role adaptation, maternal self-efficacy, and occupational performance, which highlights an opportunity for occupational therapy to provide more comprehensive client-centered care (Cavalcante Vidal et al., 2023). Collectively, this systematic review provides holistic evidence supporting the benefits of occupational therapy services across the maternal health care continuum, while also revealing the need for more research to support evidence-based practice in this growing area of specialty care of occupational therapy.

Strengths and Limitations

Some strengths of this systematic review include maintaining consistency across all stages of the review process by having each of the four reviewers take primary responsibility for completing components of the review, while consulting with other researchers to support decision-making and enhance rigor. The use of PRISMA guidelines further strengthened the review by providing a structured and transparent framework for identifying, screening, and evaluating articles based on predefined inclusion and exclusion criteria.

This review is not without limitations. Occupational therapy in maternal health is an emerging area of practice, resulting in a limited number of available studies that met the inclusion criteria. Restricting articles to those available in full text and in English may have further reduced the number of eligible studies. Additionally, despite efforts to conduct a comprehensive search, relevant studies from other sources may not have been identified due to

the limited amount of research that has been conducted on the effectiveness of occupational therapy in maternal health. Selection bias may also have been introduced during the article screening process, as researchers determined each study's relevance; however, efforts were made to reduce this bias through consultation among the research team and our professor to support the review process. This proved to be effective by helping our team to adhere closely to the established inclusion and exclusion criteria.

Implications for Occupational Therapy Practice

Although limitations exist, the findings should be acknowledged, as they have important implications for occupational therapy practice in maternal health. This systematic review highlights the emerging yet significant role of occupational therapy in maternal health, particularly during the postpartum period. The findings suggest occupational therapy practitioners are uniquely positioned to support maternal role transition, enhance self-efficacy, and address psychosocial well-being through occupation-based, client-centered interventions. Although barriers exist, particularly due to the traditional dominance of physical therapy and medical models within maternal health, occupational therapists contribute valuable perspectives through advocacy, education, and a holistic approach to client-centered care. Expanding occupational therapy presence in this area has the potential to strengthen evidence-based practice and improve comprehensive maternal health outcomes.

- Understanding the intrinsic needs of perinatal and postpartum women
- Occupational therapy interventions need to emphasize well-being and quality of life
- Mothers in the NICU setting benefit when their self-efficacy is nurtured.

- Additional research is needed to fully explore the implications of occupational therapy services within this scope of practice.

Conclusion

The findings of this systematic review suggest that occupational therapy interventions may improve quality of life, psychosocial well-being, and functional participation among maternal health populations. According to the studies included, occupational therapy demonstrated value in supporting maternal role transition, enhancing self-efficacy, and reducing symptoms of perinatal anxiety and depression. These findings highlight the unique contribution of occupational therapists within interprofessional teams, particularly during the acute postpartum period and in high-stress environments such as the NICU.

Despite these promising outcomes, the limited and heterogeneous nature of the current evidence base highlights the need for further research, including larger, more rigorous study designs, to strengthen the understanding of occupational therapy's role in maternal health. Expanding this body of evidence will also support increased interprofessional awareness, improved role delineation, and greater integration of occupational therapy services into maternal healthcare practice. Occupational therapists are uniquely positioned to promote quality of life and well-being among postpartum mothers.

AI Disclosure Statement: During the preparation of this systematic review, the authors used Microsoft Copilot and Grammarly AI to improve grammar and readability. After using this tool, the authors reviewed and edited the content. The authors take full responsibility for the final content.

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Appendix A

Systematic Review Search Terms

occupational therapy or occupational therapist or occupational therapists or ot AND Maternal health AND Postpartum

Appendix B

Evidence Table for Occupational Therapy Integration in Maternal Health

Author/Year	Level of Evidence Study Design Risk of Bias	Participants Inclusion Criteria Study Setting	Intervention and Control Groups	Outcome Measures	Results
Carpenter et al. (2026) https://doi-org.hpu.idm.oclc.org/10.1007/s10995-025-04214-3	Level 3B One group, pretest/post-test - Nonrandomized intervention/pilot study *Risk of Bias* Moderate	*Participants* Mothers with infants in the Level II Neonatal Intensive Care Unit (NICU) of a community hospital in the Greater Boston area *Inclusion Criteria*	*Intervention* (N = 6): Over the course of a 4 week period, three 30 minute classes (Infant-Care Techniques, Meditation and Gentle Movement, and Creative Discussion Activity Class) were hosted weekly, with each class occurring on a different day of	*Self-Confidence of Infant Care* Custom pre- and post-surveys containing Likert-scale quantitative measures and open-ended qualitative questions *Stress*	QUANTITATIVE: *Significant Findings:* None *Non-significant Findings:* Overall, neutral or positive change when comparing the pre- and post-Likert scale scores as well as a directional,

		Mothers of premature infants born before 35-weeks gestation likely to stay in the NICU for at least a week *Study Setting* Community hospital Level II NICU	the week. Participants completed anonymous pre- and post-surveys pertaining to self-efficacy, stress, social support, and program feedback. A Wilcoxon signed rank test was performed to compare pre/post data using IBM version 28 of SPSS	Custom pre- and post-surveys containing Likert-scale quantitative measures and open-ended qualitative questions *Social Support* Custom pre- and post-surveys containing Likert-scale quantitative measures and open-ended qualitative questions	however not statistically significant, increase in participants "perception of maternal role," and "desire to remain in contact with other participants". QUALITATIVE Several unifying themes emerged through analysis of open-ended question responses. These themes centered around the challenges relating to bathing, diapering, and breastfeeding their infants; the stress caused by NICU

					environmental noise, lack of privacy, loss of control, and separation from their infant; the support of partner, family and friends; and the positive impact of finding community among other mothers of infants in the NICU
Cavalcante Vidal et al. (2023) https://doi-org.hpu.idm.oclc.org/10.1590/2526-8910.ctoAO268935042	Level 5 One group - Qualitative study using semi-structured interviews for data collection and Collective Subject Discourse	*Participants* Female occupational therapists (OT) aged between 35-49 years, linked to the Nasf of Recife City Hall	(No intervention or control groups) Study design involved conducting semi-structured interviews with (N = 8) volunteer participants who met inclusion criteria. Interviews were	*Understood roles of occupational therapists* *working with postpartum women in Primary Care at the Family Health Support Center*	Collectively, the interviews revealed that practitioners working with the postpartum population in primary care experience significant barriers particularly related to a lack of interprofessional collaboration and

	technique being used for analysis *Risk of Bias* Low	In Brasil (N = 8) *Inclusion Criteria* Occupational therapists linked to the Nasf of Recife City Hall In Brasil who were not working in either managerial or resident capacities *Study Setting* Family health centers, particularly	recorded and transcribed using the Collective Subject Discourse (DSC) methodology. In accordance with the methodology, core concepts were organized into categories including Key Expressions (ECH), Central Idea (IC) and Anchorage (AC) to convey the overarching perspectives of the collective of occupational therapists being studied.	data collected from semi-structured interviews	clear role delineation. It also revealed that current areas of focus for practitioners working in post-partum occupational therapy involve performing home visits, providing individual and shared care, group care, providing breastfeeding support, providing guidance to postpartum women, facilitating support networks, providing mental health care, guiding resumption of occupational roles, and providing routine structuring

		in Women's health			and guidance for daily activities.
Halsall et al. (2025) https://doi-org.hpu.idm.oclc.org/10.1177/03080226241295602	Level 5 One group - Qualitative study using semi-structured interviews and thematic analysis *Risk of Bias* Low	*Participants* United Kingdom (UK) National Health Service (NHS) Occupational therapists working in community perinatal mental health (N = 8) *Inclusion Criteria*	(No intervention or control groups) Study design involved conducting semi-structured interviews with (N = 8) volunteer participants who met inclusion criteria. Interviews took place in single sessions conducted via Microsoft teams. The interview agenda entailed 16 total interview	*Practitioner-perceived barriers and enablers to perinatal mental health practice involving mothers from ethnic minorities* Coded transcript data collected from semi-structured interviews	Three primary themes and several corresponding subthemes emerged from the accumulated interview data: "(1) Observation of caseload (subthemes: concern about case-load demographics, experience of cultural barriers facing women). (2) The experience of providing occupational therapy (subthemes:

		Occupational therapists registered with the UK's Health and Care Professions Council who were members of the Royal College of Occupational Therapists, employed by the NHS and working in an NHS community perinatal mental health service. *Study Setting*	questions with half serving to gather demographic information and the other half to gather information regarding participant experiences and recommendations. Each interview was recorded, transcribed, reviewed multiple times, and then coded by the research team into overarching themes and subthemes.		finding a language for occupational therapy, being person-centred, standardised assessments). (3) The influence of therapist's own culture (subthemes: awareness of impact of own ethnicity, the importance of cultural awareness)."

		Online (interviews conducted via Microsoft Teams) with participating OTs who all worked in community perinatal mental health in the UK.			
Karakus et al. (2026) https://doi-org.hpu.idm.oclc.org/10.5014/ajot.2026.051415	Level 1A Three-arm randomized controlled trial (RCT)	*Participants* Healthy pregnant women in their second trimester (N = 74)	*Intervention 1- MRPT* (N = 23): Maternal Role Preparation Training- based group sessions occurred 2×/wk for 8 wks following a	*Anxiety & Depression* The Hospital Anxiety and Depression Scale	*Significant Findings:* Results: ACOT significantly reduced anxiety ($\chi 2 = 31.97$, $p < .01$), improved emotional regulation,

	Risk of Bias Low	*Inclusion Criteria* Primiparous pregnant women aged 18-35 yrs who had conceived naturally and were in between 14 and 27 weeks of gestation at the time of the study. They also had to be fully literate in Turkish and voluntarily participate in at least 80% of the training course	manualized protocol. Assessments were conducted at pretest (second trimester), posttest (third trimester), and 12-wk postpartum follow-up. Kruskal–Wallis (KW) and Friedman tests were used. *Intervention 2*- ACOT	*Stress Coping Style* Styles of Coping With Stress Scale *Cognitive Strategies for Managing Emotions* Cognitive Emotion Regulation Questionnaire *Health-Related Quality of Life* Nottingham Health Profile	and enhanced quality of life; p <.001). MRPT was more effective in reducing depression ($\chi 2$ = 17.73, p <.01) and promoting adaptive coping. Both interventions reduced maladaptive strategies. Pain and sleep gains lessened at follow-up.

		Study Setting Hospital OB/GYN clinics in Türkiye.	(N = 23): Awareness-Centered Occupational Therapy- based group sessions occurred 2×/wk for 8 wks following a manualized protocol. Assessments were conducted at pretest (second trimester), posttest (third trimester), and 12-wk postpartum follow-up. Kruskal–Wallis (KW)		*Non-significant Findings:* no significant impact on helpless coping, rumination, or putting things into perspective

			and Friedman tests were used. *Control* (N = 28): Standard maternity care with no additional intervention		
Note. NICU = Neonatal Intensive Care Unit; OT = Occupational Therapist; UK = United Kingdom; NHS = National Health Service; RCT = randomized controlled trial; ACOT = Awareness-Centered Occupational Therapy					

Appendix C

Risk-of-Bias Table for Occupational Therapy Integration in Maternal Health

Risk-of-Bias Table for Randomized Controlled Trial (RCT) and Non-RCT (Two or More Group Design)										
	Selection Bias (Risk of bias arising from randomization process)			Performance Bias (effect of assignment to intervention)		Detection Bias		Attrition Bias	Reporting Bias	Overall risk-of-bias (low, moderate, high
Citation	Random Sequence Generation	Allocation Concealment (until participants enrolled and assigned)	Baseline difference between intervention groups	Blinding of Participants During the Trial	Blinding of Study Personnel During the Trial	Blinding of Outcome Assessment: Self-reported outcomes	Blinding of Outcome Assessment: Objective Outcomes (assessors aware of intervention received?)	Incomplete Outcome Data (data for all or nearly all participants	Selective Reporting (results being reported selected on basis of the results?)	
Karakus and Akyurek (2026)	+ computer-generated randomization table in	+ sealed in opaque, sequentially	- Groups not demographically similar	? Does not mention protocol	+ Therapist received a	- Assigned MRPT, ACOT, or Control	? Does not mention if assessors	+ Absence of attrition w/ long	+ Pain scores were worse at	2 minuses Low risk

	IBM SPSS Statistics Version 22	numbered envelopes		for the study	sealed envelop e prior to each session	Group that did not receive treatment	were aware of interventi on received	term follow up	the follow-up -This is an unfavora ble result	

Note. Categories for risk of bias are as follows: Low risk of bias (+), unclear risk of bias (?), high risk of bias (–). Scoring for overall risk of bias assessment is as follows: 0–3 minuses, low risk of bias (L); 4–6 minuses, moderate risk of bias (M); 7–9 minuses, high risk of bias (H).

Citation. Table format adapted from Higgins, J. P. T., Sterne, J. A. C., Savović, J., Page, M. J., Hróbjartsson, A., Boutron, I., . . . Eldridge, S. (2016). A revised tool for assessing risk of bias in randomized trials. Cochrane Database of Systematic Reviews 2016, Issue 10 (Suppl. 1), 29–31. https://doi.org//10.1002/14651858.CD201601

Risk of Bias for Before-After (Pre-Post) Studies with No Control Group (One Group Design)												
Citation	Study question or objective clear	Eligibility or selection criteria clearly described	Participants representative of real-world patients	All eligible participants enrolled	Sample size appropriate for confidence in findings	Intervention clearly described and delivered consistently	Outcome measures pre-specified, defined, valid/reliable, and assessed consistently	Assessors blinded to participant exposure to intervention	Loss to follow-up after baseline 20% or less	Statistical methods examine changes in outcome measures from before to after intervention	Outcome measures were collected multiple times before and after intervention	Overall risk of bias assessment (low, moderate, high risk)
Carpenter et al. (2026)	Y Assess the feasibility and potential effectiveness of this unique program	Y Mothers of premature babies, expanded to newly admitted mothers likely to stay for	Y Pregnant women or postpartum women	N Low census then one person initially dropped from the study	N Small sample size w/ low number of participants	Y Three 30-minute classes weekly w/ the time chosen prior	N Pre- & Post surveys were not tested for validity or reliability	N Researchers did the data analysis	Y Failed to complete post test survey 16.7% loss	Y Mom took a pre- and post-survey compare IBM version 2b of SPSS	N One pre and post test survey to gather outcomes	Moderate risk

		at least a week										
Vidal et al. (2023)	Y Investigate role of OT w/ postpartum women in Primary Care actions at Family Health Support Center	Y Only therapists linked to Nasf of the Recife City Hall were recruited	Y Recruited w/ support of the coordination of the municipal Health Department	Y Exclusion: professionals in management positions & those training as residents	Y 8 occupational therapists working in Recife-PE	Y Interview used a semi-structured format, developed by the researchers	NR	Y Recordings and notes only accessed by the research team	NR	NR	NR	Low Risk
Halsall et al. (2024)	Y perinatal mental health occupational therapists' perceptions of the	Y Registered w/ UK regulatory body and employed by the NHS	N OTs who Worked in the NHS vs OTs who work with ethnic minorities	Y Participants were reached out to by social media 15 reached out and 8	N Intentionally observed a small sample from a specific population	Y Observation of caseload, experience of providing occupational therapy,	N Unreliable-interpreters were not always accurate, altering communication	N Participants took time to understand women within their cultures	NR	NR	Y Collected by multiple therapist to determine actions that need	Moderate risk

	barriers and enablers to an inclusive service	and working in an NHS community perinatal mental health service		participated in the study		influence of therapist's own culture					improvement	

Note. Y = yes; N = no; NR = not reported. Scoring for overall risk of bias assessment is as follows: 0–3 N, Low risk of bias (L); 4–8 N, Moderate risk of bias (M); 9–11 N, High risk of bias (H).

Citation. Table format adapted from National Heart Lung and Blood Institute. (2014). Quality assessment tool for before–after (pre–post) studies with no control group. Retrieved from https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools