

CHAPTER 5

GENERAL MASSAGE FOR PREGNANCY

LEARNING OBJECTIVES

After reading this chapter, you should be able to:

- Describe common bodywork needs of pregnant clients.
- Arrange a massage office space to meet the special needs of pregnant clients.
- Describe the specific concerns of each trimester and relevant bodywork precautions.
- Explain how to position clients for optimum comfort and safety for both client and practitioner.
- Utilize appropriate draping for the sidelying position.
- Implement bodywork techniques useful for a general pregnancy massage.
- Describe positioning methods appropriate to a client's trimester and size.

Certain themes apply to nearly every massage during pregnancy. For instance, a woman will generally have an increased need for nurturance. She will benefit from stretching and muscular work that elongates the areas that are shortening and compressing as pregnancy progresses. For optimum well-being, she will also benefit from attendance to postural adaptations to her changing weight, as discussed in Chapter 3. She will expect her massage therapist to be educated and vigilant about precautions and contraindications throughout pregnancy, to create an environment safe for herself and her unborn child. And she will most commonly expect that receiving

bodywork will diminish discomforts and help her feel more grounded and at ease in her body.

While a treatment-oriented, technical medical massage model is appropriate for a variety of clients, during pregnancy the need for a distinctly nurturing touch often becomes greater. This need mirrors the growing nurturing energy that is often arising within women as the time draws nearer to nurture a new baby. Receiving compassionate touch does more than help a growing mother feel good; studies have shown that women who receive this caring touch during pregnancy have a greater capacity to attend to their infants with an increased devotion of nurturing energy.¹

In addition to the increasing need for *nurturance*, once a woman has reached the late second and third trimester, she will benefit the most from a touch that helps to create *length* and *space* in her body, defying the forces of gravity that may be causing a collapse in her chest, tension in her neck, constriction in her groin area, and tightness in her low back. During a massage, think about the ways you can help your client relax, release, and find renewal as she discovers space and freedom in areas of her body that have been compressed. Whatever type of touch you use, ask your client to help facilitate easier releases by breathing fully into the tight areas, imagining her breath helping to expand and open the spaces that are being freed by your touch.

Since a woman's posture changes drastically throughout pregnancy, the bodywork practitioner should be sure to take time before a session to observe

the client's posture, help bring her awareness to the ways she can make adjustments to it, and then address the related muscular stresses with bodywork. This postural attention is an important link in addressing a pregnant woman's complaints.

Pregnancy poses a variety of massage concerns, as there are risks and considerations that are not encountered with the standard nonpregnant massage client. This is true regarding the general office set-up and massage practice for pregnant women as well; for instance, lateral positioning is necessary through at least half of a woman's pregnancy, and the therapist needs to learn how to work competently in this position. Different questions are asked on a health intake and different practicalities are taken into consideration when setting up your office.

This chapter will look at these issues, as well as considerations based especially on the stage of a woman's pregnancy. First, we will consider how to set up your office to meet the needs of pregnant clients, including what equipment you will need. Then, we will review treatment guidelines and precaution reminders for each trimester of pregnancy. Positioning for bodywork is addressed next, with a look at sidelying, semi-reclining, prone, and supine positions and how each position can be adapted for work with a pregnant client. Finally, bodywork techniques adapted specifically for pregnant clients are presented, including techniques for the whole body and for each body region.

Before we begin, however, let us review some of the basic practical aspects that are a part of any massage. These include the following:

- *Safe Environment:* Create a workspace that encourages clear communication and feedback channels between the client and the therapist.
- *Relaxing Touch:* Use slow, even, and consistent strokes that encourage relaxation.
- *Proper Body Mechanics:* Use proper body mechanics and client positioning to ensure that neither the giver nor the receiver experiences muscular strain during the bodywork.
- *Breath:* Use breath attunement to facilitate deeper relaxation. (The cultivation of an association between breath and relaxation during pregnancy will become a powerful ally during birth.)
- *Hydration:* Offer a large glass of water after every massage to help flush cellular waste released during massage, thereby avoiding dehydration. This is especially important in pregnancy, as dehydration can lead to premature uterine irritability and contractions.
- *Avoid Heartburn:* Encourage your client to wait at least 2 hours after eating a meal before

getting a massage. Heartburn is a common complaint during late pregnancy.

- *Avoid Boney Pressure:* Avoid pressure directly on bones, except in the case of the sacrum, where direct pressure can be beneficial during late pregnancy.

PREPARING FOR MASSAGE

As with any type of massage, it is essential to make proper preparations before actually beginning your work. You must make sure that your office is arranged to meet the needs of pregnant clients, as well as conduct a thorough health intake with each client, as discussed in Chapter 4, to understand her unique needs or restrictions.

Office Considerations

Certain aspects of office setup and practice are different when working with pregnant women. Below is a list of these considerations.

- *Baby activity:* The baby may become very active during massage, making it more difficult for the mother to relax. Be prepared to help the client change position to the other side if necessary to try to settle the baby.
- *Music:* Suggest that your client bring her own music CDs to the massage sessions if she plans to use music during labor. As she associates touch and relaxation with particular music, she may find herself automatically relaxing when she hears it during labor.
- *Body fluids:* Pregnant, laboring, and postpartum women may leak body fluids such as amniotic fluid, breast milk, or blood. Have gloves available to practice universal precautions if you do encounter these fluids on your sheets.
- *Fan:* Many pregnant women suffer from sinus congestion due to increased blood volume and dilated blood vessels. Try using a fan to blow fresh air across her face during a massage, temporarily alleviating sensations of stuffiness.
- *Restroom:* A restroom should be easily accessible and offered to the client before, in the middle, and after a massage. Pressure from the baby on the bladder increases urgency, incontinence, and frequency.
- *Scents:* Pregnant women are often sensitive to smells. Do not use heavily scented oils, aromatherapies, or incense without having the

client determine first that she can tolerate the scent.

- *Temperature:* Pregnant women are generally warm due to changes in hormones, body weight, and blood volume. Consider lowering the office temperature slightly if you tend to keep it warmer for other clients. Some women may also prefer to have their feet exposed from under sheets.
- *Time:* Allow extra time in your scheduled sessions for pregnant women to undress, get positioned, use the bathroom, and address health concerns.

Additionally, accessories as described in the following list, are necessary for optimum comfort for pregnancy sidelying positioning:

- *Sheets:* A full- or queen-size flat sheet is necessary. A single flat sheet will usually *not* be adequate.
- *Breast drape:* A small towel or pillowcase can be used as a breast drape for belly rubs or if offering breast massage.
- *Pillows:* At least five to seven pillows are necessary, as follows: one head pillow, one arm pillow, one belly pillow (a small rolled towel, wedge, or thin pillow), and two to three firm, flat, long bolsters or pillows for supporting the leg. Alternatively, use a long body pillow or the Body-Support Systems, Inc., four-piece contoured bodyCushion. This will provide support under the belly, back, head, and leg and eliminate the need for extra cushions, and is especially versatile during pregnancy.
- *Oil:* Use unscented oils unless you are trained in aromatherapy and are aware of the prohibited essential oils during pregnancy, labor, postpartum.
- *Stepstool:* A stepstool will be necessary to help a mother get onto the raised table, and to help the practitioner access parts of her body that are higher than normal.

TRIMESTER CONSIDERATIONS

Each trimester of pregnancy poses different experiences for a mother and new opportunities for the therapist to offer comfort and healing. Knowing what part of pregnancy your client is in will help guide you in choosing techniques, noting precautions, and providing optimum positioning. The following are basic suggestions and precautions to be aware of during each trimester.

Suggested Guidelines and Precaution Reminders for Each Trimester

The pregnancy massage therapist has several angles from which to approach a session with a pregnant client, depending on her needs, and also depending on the stage of her pregnancy. Each trimester implies guidelines and presents precautions specific to that stage. The following precautions have been addressed at various points through the previous chapters. They are discussed briefly again here as a reminder and listed in Table 5.1.

Throughout pregnancy, regardless of trimester, the following reminders apply:

- Do a thorough health intake prior to the first massage with a client, and update the information at each session.
- Observe and use precautions for varicose veins and deep vein thrombosis.
- Avoid contraindicated acupressure points until 38 weeks, and take note of precautionary points, which are contraindicated with those at high risk for miscarriage or preterm labor as discussed in Chapter 4.
- Teach the client early the proper body mechanics for pushing up from supine positioning while avoiding abdominal strain and help establish this method of sitting up as the pregnancy progresses (see Figure 3.5).

First Trimester

In the first trimester, when the embryo is becoming a fetus and developing its core neurological system, gentle, nurturing bodywork is often more appropriate than deep manipulations. Risk of miscarriage is highest in this trimester, so avoid deep abdominal massage and do a thorough health intake at each visit. Generally the client can be positioned prone and supine if comfortable, otherwise, consider the sidelying or semi-reclining position, especially when she has tender breasts or nausea.

Remind the client, if she complains of feeling fatigued, that resting regularly is quite appropriate, and allows her body to devote its energy to the primary task at hand: creating life. For many women, generating life and giving birth will be the most powerful and creative experience of their lives.

Second Trimester

In the second trimester, the belly becomes more apparent with the growth of the baby. The highest risk of miscarriage has passed and women who

DISPELLING MYTHS:

Avoiding Massage in the First Trimester

Some massage therapists are taught to avoid massaging the pregnant client during the first trimester because it is believed to be dangerous. There are thoughts that massage could be disruptive to the baby's development, concerns that it could harm the placenta, or that women experiencing fatigue, nausea, or ambivalence about their pregnancy will find massage uncomfortable in some way. Many are concerned about causing or being associated with a miscarriage that might occur, since the first trimester is known to be the time of greatest risk for miscarriage. All of these concerns are unfounded.

The first trimester is a time when a woman often experiences enormous fatigue, confusing emotions, and a flood of new sensations as her body surges with hormones. Massage can actually be a wonderful tool to help your client feel more unified and grounded in her experience of pregnancy. Acupressure points, energy work, and massage can help decrease a woman's nausea and increase her sense of grounding and vitality. Massage can

support the woman's physiology, improving hormonal function and supporting the healthy development of placenta and baby. Bodywork is not a cause of placental dysfunctions or fetal anomalies.

While miscarriages do occur frequently in the first trimester, it is rarely a reason to avoid massage. As discussed previously in this text, it is appropriate to use precautions if a mother has a history of three or more consecutive miscarriages in the first trimester or is currently having miscarriage risks. In this case, while a full-body Type I massage might be contraindicated, nurturing energy work and soothing, gentle Type II massage can still be beneficial. A medical release is highly recommended for clients with this type of history.

First trimester bodywork has some other considerations to keep in mind. A health history is always important to obtain. Deep abdominal work is contraindicated. But for the majority of women, nurturing touch and manual therapy during the first trimester can offer wonderful musculoskeletal and circulatory benefits as well as comfort, reassurance, and relaxation that should not be missed!

previously experienced miscarriage in the first trimester, now breathe a sigh of relief. Avoid supine positioning if the client becomes uncomfortable. After 22 weeks, use it only for short duration for specific

techniques and only if the client tolerates it well. Begin using sidelying positioning after 22 weeks, when the belly is visibly protruding, or anytime the mother is more comfortable that way.

Traditional Birth Practices:

Uterine Massage

*I*n many cultures, midwives massage the pregnant uterus through the abdomen, starting in the second trimester. With their hands, they can feel the baby's position and activity, reposition as needed, and have a good sense of its health. Rosita Arvigo is a Napropath (a specialist in evaluation and treatment of musculoskeletal conditions related to connective tissue, using manipulations and mobilizations) who has learned uterine massage techniques from Mayan midwives. She teaches abdominal massage to align the uterus before, during, and after pregnancy. While not within the scope of this book, Arvigo's uterine massage work is well worth investigating further if you wish to specialize in pregnancy massage (see Appendix B).

Third Trimester

In the third trimester, mothers often feel vibrant and enthusiastic initially, but as delivery becomes imminent, some begin to experience, perhaps for the first time, some common complaints. This is an excellent time to receive massage; many women come for their first massage in this trimester.

Positioning will only be in the sidelying, semi-reclining, or left-tilt positions. Supine positioning can be used only for very short durations of 3 to 8 minutes for specific therapeutic techniques, and only if client is comfortable. Focus on creating length and space in the woman's body. Short belly rubs in the third trimester can help the client attune with the baby, feel comfortable with abdominal sensations, and relax when touched on her abdomen, a touch which may be useful in alleviating some types of contraction pain during birth. Offer labor supportive techniques in the last 1 to 2 weeks of pregnancy, as discussed in Chapter 7.

Table 5.1 Bodywork Considerations by Trimester**Treatment Guidelines for First Trimester**

- Teaching**
- Develop skills for decreasing varicose veins, heartburn, leg cramps, low back pain, hemorrhoids.
 - Instruct in abdominal strengthening techniques.
 - Encourage prenatal exercise.
 - Suggest client empty bladder before beginning massage.
 - Suggest beginning Kegel exercises.

- Assessment**
- Assess for increased risk of nausea and position accordingly.
 - Assess for diastasis recti if had previous births.
 - Assess for increased miscarriage risks.
 - Collect health update and intake information at each visit to assess for increased pregnancy-related risks.

- Bodywork**
- Use nurturing touch that supports the growth and development of embryo and fetus.
 - Use standard massage work in prone and supine positioning usually through all of first trimester.
 - Encourage relaxation and renewal.

- Precautions**
- Limit sauna, hot tubs to 5–10 minutes if over 102°F.
 - Avoid hot packs longer than 5 minutes over 100°F to abdomen or low back.
 - Avoid electric heating pads on massage table.
 - Use blood clot and varicose vein precautions.
 - Avoid acupressure on contraindicated and precautionary points.
 - Avoid scents, passive range of motion, rocking if client has nausea.
 - Avoid deep abdominal massage.

Treatment Guidelines for Second Trimester

- Teaching**
- Use methods for decreasing varicose veins, heartburn, leg cramps, low back pain, hemorrhoids.
 - Make postural adjustments and awareness as needed.
 - Suggest client empty bladder before beginning massage.
 - Instruct in abdominal strengthening techniques.
 - Suggest beginning Kegel exercises.
 - Teach proper methods for sitting up and repositioning on table.

- Assessment**
- Assess for diastasis recti if client had previous pregnancy, or has large baby in this pregnancy.
 - Assess and address postural changes and maladaptations.

- Collect health update and intake information at each visit to assess for increased pregnancy-related risks.

- Bodywork**
- Use massage and stretches to create length and space in client's body.
 - Focus on areas of primary stress based on client info and postural assessment.

- Precautions**
- Use diastasis symphysis pubis precautions.
 - Avoid prone and supine positions if client uncomfortable, breasts too sore, nausea, or visible belly.
 - Use blood clot and varicose vein precautions.
 - Avoid acupressure on contraindicated points.
 - Avoid prone positioning and limit supine positioning once belly is showing or after 22 weeks' gestation.

Treatment Guidelines for Third Trimester

- Teaching**
- Use methods for decreasing varicose veins, heartburn, leg cramps, low back pain, hemorrhoids.
 - Make postural adjustments and awareness as needed.
 - Suggest client empty bladder before beginning massage.
 - Give perineal massage instructions in last 6 weeks of pregnancy.
 - Encourage continuation of Kegel exercises.
 - Teach proper methods for sitting up and repositioning on table.

- Assessment**
- Assess and address postural changes and mal-adaptations.
 - Assess for increased risk of heartburn and position accordingly.
 - Collect health update and intake information at each visit to assess for increased pregnancy-related risks.

- Bodywork**
- Use massage and stretches to create length and space in client's body.
 - Focus on areas of primary stress based on client info and postural assessment.
 - After 38th week, offer labor preparation techniques, including possible use of previously contraindicated acupressure points.
 - Offer belly rubs for relaxation and connection to the baby.

- Precautions**
- Use blood clot and varicose vein precautions.
 - Avoid acupressure on contraindicated points until 38th week.
 - Avoid prone positioning and limit supine positioning to 3–8 minutes.

POSITIONING TECHNIQUES

In the first trimester, prone and supine positioning can be used as long as it is comfortable for the client. During the second trimester, sidelying is generally used. Semi-reclining is also an option and a comfortable position to use when sidelying is not optimal.

Sidelying Positioning

Sidelying positioning is used for two important reasons:

1. To prevent pressure on the abdomen and breasts, as occurs with prone positioning.
2. To prevent pressure on the large blood vessels in the abdomen, as occurs with supine positioning.

Sidelying is a very restful position that allows access to one side of the body at a time and enables the practitioner to provide full shoulder and hip mobilizations. Varied pillows and bolsters are necessary for optimum comfort and are used to support the body under the neck, hip, belly, and the superior leg and foot.

When to Use the Sidelying Position

During pregnancy, the sidelying position is most frequently used after 22 weeks' gestation, when the baby is about 1.5 to 2 pounds, or when the abdomen is visibly protruding, with the top of the uterus at or above the navel. It may also be used at any time during pregnancy if it is more comfortable for a client for any reason. Some situations indicating the need to position sidelying include the following:

- Hypotension when in supine position
- Obesity
- Difficulty breathing when prone or supine
- Breast tenderness causing discomfort when prone
- When good verbal communication is more important than prone positioning
- Extreme nasal congestion, which becomes worse with prone positioning
- Back pain aggravated by prone or supine positioning

Table Height

To work effectively with good body mechanics from *behind* sidelying clients, as opposed to *over* them, as with supine or prone positioning, the therapist must raise the massage table higher than normal. An easy

way to assess the proper table height is to stand next to the table and have the table top reach the level of your anterior superior iliac spine or the level of your wrist when your arms are relaxed and extended straight down. Play with the table height until you find the best level for your body. On average, it may be 2 to 4 pegs higher than normal.

Alternatively, some people prefer to keep the table low. In this case, the practitioner may sit in a chair when working on the client's back. When standing, the practitioner will have access to the hip and leg without need for a stepstool as described for when the table is higher. Find the table height for which you can most easily utilize proper body mechanics and avoid strain. This book describes most work with a higher table height.

Client Positioning in Sidelying

Note on terminology: Here I use the term "superior" to refer to the client's side that is *up* and accessible. The side *on* the table I refer to as the "inferior" side.

Proper positioning in sidelying involves supporting every arch and space to prevent strain on musculature or ligaments (Figure 5.1). All muscles should be

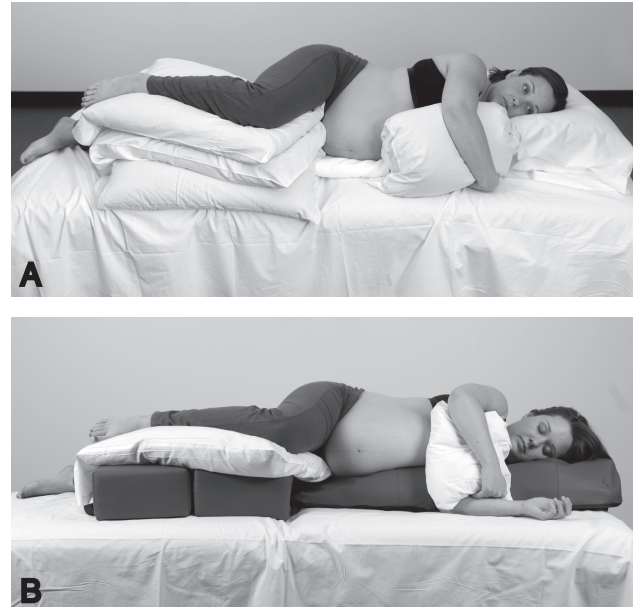


FIGURE 5.1 Supportive sidelying positioning.

(A) All body arches are supported with pillows. Spine is 2 to 4 inches away from and parallel with edge of table. Extremities are supported on pillows and parallel to tabletop, with muscles in neutral position. Protruding belly is supported with small wedge, rolled towel, or thin pillow. (B) A bodyCushion offers optimal support in sidelying. Notice the angling support under the torso, which prevents compression in shoulder joint.

in a relaxed and supported position, unless a stretch is intentional. There should be no pressure from bone on any other part of the body; therefore, one pillow should be placed under the arm and two to three pillows should support the superior leg and foot.

All body parts should be horizontal and parallel to the table—pillows should be placed such that the superior leg is flexed with the knee and thigh horizontal and supported and parallel to the tabletop. The lateral hip rotators should be in a relaxed position. The lower leg should be extended straight. Some women find it more comfortable and natural to have both legs flexed with pillows in between. This arrangement is acceptable if necessary; however, the position can make it more difficult to work on both the superior and inferior leg and can cause some restriction to venous blood flow in lower leg.

The neck pillow should support the crook of the neck. Avoid having her inferior shoulder rest on the pillow, as this will cause compression in the shoulder and neck. Keep the cervical spine horizontal—parallel with the table.

The superior arm should be supported by a pillow, with the humerus nearly horizontal and the rhomboids and upper back musculature relaxed; this helps to avoid breast compression from the weight of the arm.

The spine should be straight and aligned with the edge of the table, rather than angled across the table or rolled forward or back. Once the belly is visibly protruding, a soft wedge, rolled towel, or small pillow can be placed under the belly to prevent gravitational, downward pull on the uterus, causing strain to uterine ligaments. If desired, a small rolled cloth can be placed behind the client under her inferior hip and waist. This can give her added posterior support and security, although there can be a tendency for this roll to slide out when rocking or doing joint mobilizations.

Draping in the Sidelying Position

It is a good idea to practice sidelying draping several times before using new draping for the first time with a client. Though simple, there is a skill to draping smoothly, securely, and effectively for a client in the sidelying position. Sheets do not “stay put” as naturally as they do with prone and supine clients, and draping the upper leg without exposing the belly and lower leg often requires a little extra time before some practitioners are comfortable. It may be helpful to use a bath towel to help hold the sheets in place after exposing the back or upper leg and gluteals, or to use a clothespin or hairclip to hold them bunched together. The use of the towel can be seen in Figure 5.2 and Figure 5.3.

Case Study 5.1:

PAIN RELIEVED BY POSITIONING

At 38 weeks' gestation, Tawny came to her massage therapist, Trina, with complaints of shoulder and neck aches that developed 1 month earlier. It hurt worse in the morning and improved with activity during the day, but the discomfort returned again every morning. Her doctor said it was muscular strain, probably due to the size of her growing breasts. She pointed to her rhomboid area as the site of primary discomfort. The therapist asked how she was positioned when sleeping, and Tawny stated she slept on her side, with one pillow between her knees. Trina noted that Tawny has some collapsing of her upper chest as her shoulders internally rotated.

Trina gave Tawny a massage, and included some pectoralis and subscapularis stretches. Afterwards, Tawny said that she had never slept with a pillow under her arm before, and noted that as she lay on her side on the massage table, the pain in her shoulder was relieved. Her superior arm had been well supported with a thick pillow, and she determined to try that now at home in bed. She also stated that the stretches felt good, and was surprised to find that her pectorals were sore, as she had only been aware of her upper back. Trina described how the weight of the superior arm falls forward when unsupported by a pillow, and not only compresses the breasts, but puts the rhomboids in a stretch position and shortens the pectoralis and subscapularis all night long. Trina suggested Tawny explore strengthening exercises for the rhomboids, and external shoulder rotators, and stretches for the internal rotators.

Tawny returned a week later excited that her shoulder pain was now almost totally relieved by using a pillow under her arm in bed. Trina suggested she also work with her posture. She helped Tawny become aware of how she sank inward in her chest and how that, too, would contribute to upper back pain. Trina also suggested that Tawny get help to find a well-fitting, supportive bra that she could use for nursing as well. Since her breasts would get even larger once her milk came in, that too would affect her posture and increase back pain.

During pregnancy, a full- or queen-size sheet is necessary for adequate draping of the lower leg and foot, abdomen, and breasts. This is due to the number of supportive pillows used, and the size of the abdomen in later pregnancy, both of which require extra coverage with the sheet.



FIGURE 5.2 Draping the back.

The arm pillow is on top of sheet to prevent the sheet from falling forward and exposing the breasts. Angle sheet so superior hip is partly exposed, but maintaining coverage of gluteal cleft. Tuck sheet under inferior hip. A bath towel over her superior hip adds extra security if desired.

Draping the Back (Figure 5.2)

Note: Before exposing the back, ensure that the arm pillow is on top of the sheet, as it will help prevent the sheet from falling forward and exposing the breasts.

1. Standing behind the client, pull the side of the sheet up from the tabletop and over the edge of her superior waist and scapula, laying the sheet along her superior side.
2. While holding the sheet securely against the superior hip near the trochanter, pull the lower edge of the sheet slightly cephalically, exposing the superior hip, while covering the gluteal cleft.
3. Tuck the sheet in under the inferior waist. The sheet should now be at an angle with the lowest corner at the superior trochanter, and the upper corner at the inferior waist.
4. Lay a heavy bath towel, if desired, on the sheet over her superior hip for extra security.

Draping to Expose the Gluteals and Superior Leg

1. Stand on the client's anterior side at the foot of the table holding that corner of the sheet.
2. With that corner in hand, pull the sheet up behind the thigh of the client's superior leg, just proximal to the knee.
3. Tuck the corner you are holding beneath the posterior side of the superior leg's thigh, toward the client's belly (Figure 5.3A). Pull it several inches out on the anterior side, just above the knee from posterior to anterior. There

will be slack and bunching of excess sheet at the posterior leg. *Do not* pull it all the way through, as if doing a "diaper" drape (Figure 5.3A).

4. Pull some extra sheet from the abdomen area and toward the anterior side of the superior leg's thigh with one hand and, with the other hand, pull the excess sheet up along the posterior thigh toward the trochanter. Essentially, your hands are both holding the sheet and sliding up the client's leg on either side of her superior thigh at once (Figure 5.3B).
5. Slide over the trochanter and continue until the entire superior gluteals are exposed. Tuck the abdomen side of the sheet under the mid or lower anterior thigh (Figure 5.3C).
6. Roll the sheet up tightly over the back of the gluteals to keep it in place.
7. For extra security, if desired, place a bath towel over the rolled up section of sheet at the gluteals, either tucking it in with the rolled sheet or laying it across the rolled sheet.

Draping to Expose the Inferior Leg When ready to work on the inferior leg, slide the sheet from the edge of the table over the inferior leg.

Draping to Expose the Belly

1. For easy access to the abdomen in the sidelying position, remove the belly support first.
2. Lay a drape, such as a long pillowcase or thin folded towel, across the client's breasts on top of the sheet and secure it under her superior arm.
3. Ask her to hold the breast drape while you pull the sheet out from under it, exposing the belly.
4. Push the sheet down below her belly, and secure it at her back, under her inferior hip. (See draping used in Figure 5.17.)

Common Comfort Problems in Sidelying

Sidelying can be a very satisfying and extremely comfortable position, but without adequate cushioning or good adherence to positioning details, some discomforts can arise.

Sore Hips Without having the option to change positions to supine or prone during the second and third trimesters, women's hips may become sore from sleeping and lying on their side when at rest. For optimum comfort on a massage table, use a foam mattress pad or a thick sheepskin cover for extra cushioning.

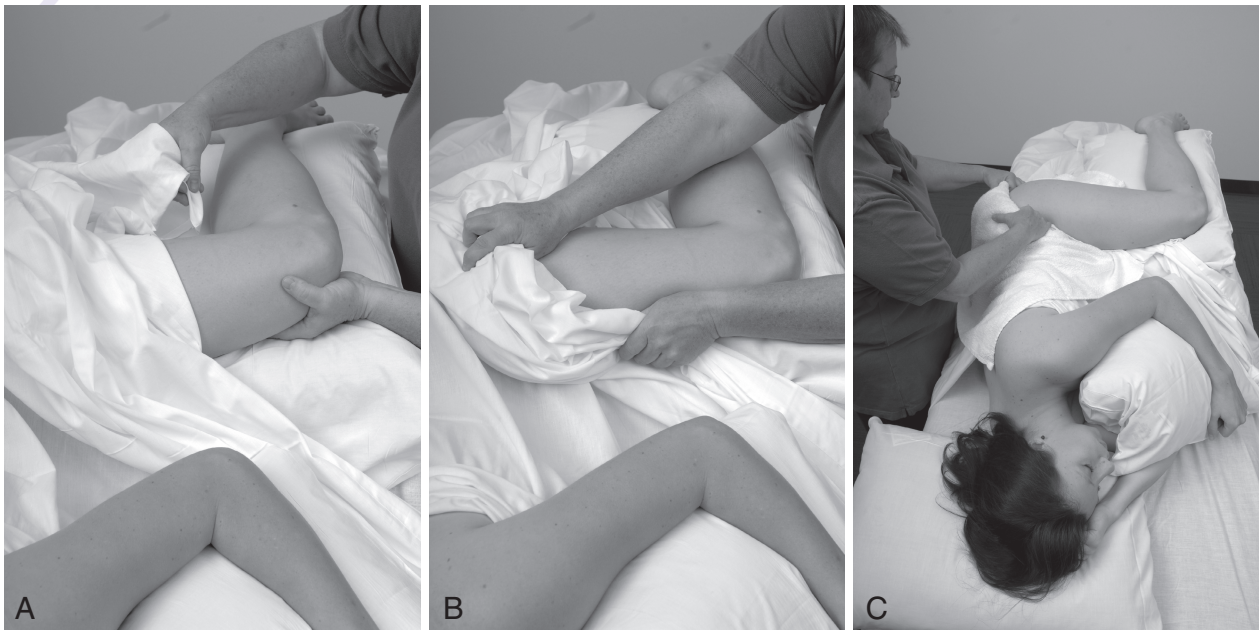


FIGURE 5.3 Draping to expose the gluteals and superior leg.

(A) Step 1: Stand on client's anterior side holding the foot-end corner of the sheet. With smooth movement slide sheet up behind client's superior thigh, tucking corner under posterior thigh. **(B)** Step 2: Pull extra sheet from abdomen area toward thigh while pushing up excess sheet along posterior thigh toward the trochanter. **(C)** Step 3. Tuck the abdomen side of sheet under mid or lower anterior thigh. Roll sheet up tightly to keep it in place. A bath towel over her superior hip adds extra security if desired.

Shoulder Compression During a sidelying massage, some women will experience compression in the shoulder joint or brachial plexus, developing numbness or discomfort in the arm and hand. Extra padding on the table can help to avoid this. Also, ensure that her inferior shoulder is pulled slightly forward out from under her, as opposed to having her rolled over the top of her shoulder.

A foam triangular wedge placed under the client's hip and ribs, tapering from about 4 inches at the shoulder to 1/2 inch at the hips gives a space for the shoulder and alleviates compression. The Body-Support Systems, Inc., four-piece contoured bodyCushion offers ideal support, holding under both the waist and abdomen, alleviating compression on the shoulder joint, giving a soft cushion for the hips, and eliminating a few extra pillows. It is an excellent choice for practitioners with regular pregnant clients or who work often with clients in the sidelying position.

Instability Throughout the massage, ensure that the client stays positioned directly on her hip and side and that her limbs are horizontal to the tabletop. Her back should be parallel to the tabletop. The superior trochanter should be stacked directly over the inferior, so a vertical line could be drawn

between them. Avoid having her rotate forward, twisting her spine or being pushed forward into the table when you apply pressure to her back. If she does fall forward frequently when you work on her posterior side, she probably needs to adjust her inferior hip more anteriorly. The inferior shoulder should be pulled forward slightly to help maintain her position. The top leg pillow should be angled slightly across the table and between the client's legs, as this will allow for more stability, as opposed to having every pillow parallel with the edge of the table. This can be seen in Figure 5.1.

Practitioner Comfort Until you are accustomed to the sidelying position, you may find yourself straining as you work from different angles and with different leverage. If this is the case, investigate the following to help improve your body mechanics:

- Ensure that the table is the appropriate height and that the client's back is aligned with and positioned close to the working edge. You can help her position well by placing your hands on the edge of the table and having her inch back until her back is close to your arms or until her hips and head are within 2 to 4 inches of the edge of the table.

- Good therapist body mechanics are critical to avoid strain. Rather than working above a client with downward pressure, as with someone in supine position, you will be working from a horizontal gliding position and moving your hips often. Keep your body moving as you work, swaying from one bent knee or lunge position to the other and initiating the effort from your belly, not from your hands or arms.

Changing Sides After working on the mother's superior side, you will want to access her other side. Women with large bellies will have more difficulty moving from side to side. Remove all pillows first, except the head pillow, and ask the client if she needs to use the bathroom before repositioning. Pregnant women frequently have pressure on the bladder and may need to use the restroom in the middle of a session.

If she is ready to roll over, she may find it easier to sit up, using proper body mechanics as described in Chapter 3, or she may choose to get on her hands and knees to switch sides. Whichever is easier for her is fine, however, in the hands and knees position, be aware that her breasts will be more exposed in the front. The therapist should therefore stand closer to her hips to hold the sheet.

For client safety, position yourself on the side of the table her back will be facing, making certain that

she does not lie down too close to the edge of the table. Once she is positioned, replace all the pillows, including the wedge for her belly.

Semi-Reclining Positioning (Figure 5.4)

Semi-reclining is an excellent position for certain situations and is sometimes preferred by clients who are having difficulty finding comfort in sidelying due to hip problems, nausea, or heartburn, or who just want an alternative to sidelying. Bodywork in this position is similar to standard supine massage for nonpregnant clients, but a step stool may be necessary to access behind the client's head and back more easily.

When to Use the Semi-Reclining Position

The semi-reclining position is useful in a variety of situations:

- When the client is uncomfortable in sidelying.
- When a client is close to her due date and would like to receive bodywork in a position she expects to deliver in. (Many women in hospitals deliver in a semi-reclining position.)
- When a client experiences excessive heartburn, nausea, or nasal congestion when in a lateral position.

MESSAGE THERAPIST TIP

Making Your Table Comfortable for Pregnancy

It can be difficult for a pregnant women to find a position where she can rest comfortably. If she is able to find comfort on the massage table, it will provide at least one arena where she can rest deeply. She will appreciate a foam pad to soften the pressure of her hips on the table. Firm pillows supporting the legs will be less likely to collapse under the weight of her knee and will create more stability. Having a variety of pillow sizes and shapes will offer more flexibility for positioning each individual client. Using an angled foam wedge under the torso can help to prevent shoulder compression. A belly wedge using a rolled towel or thin, soft, small pillow can feel supportive for some women.

Even after you have acquired various pillows, bolsters, and cushions, you may still be unsure of how comfortable your table will be. Get on the table yourself with the supports you will be using, and rest there for 10 minutes

or so. Better yet, get a massage from a peer who can use your table and pillows. Notice how your body is aligned. Notice how your hips are pressing on the table. Notice the compression of your shoulder.

Within 10 to 15 minutes, if changes need to be made, you will begin to become aware of areas that do not feel as comfortable as they could. You will also get an indication as to whether you will have problems with your pillows being too full and therefore unstable after some time, or too fluffy and sinking down after the weight of your leg compresses them. If you start to feel shoulder compression, your pregnant client will also; reposition yourself, try a wedge under the upper torso, obtain a body cushion, or put a thicker foam pad on your table. Along with getting feedback from your clients, lying on the table yourself will help you discover how to create optimum comfort.

- When the therapist chooses to do a belly rub, in which easy access to the entire belly at once is needed.
- When the therapist desires full access to both sides at once of the head, neck, and shoulders.
- When the therapist desires to work more directly on the legs and quadriceps and perform passive stretching of the hip adductors.

Table Height

When doing the entire massage with the client in the semi-reclining position, the table height will need to be lower than for sidelying and possibly lower than for regular massage. Determine the proper height by considering first which body areas you expect to work on longest and at what height you will have easiest access to those areas with the least stress to your body. Have a stepstool available for reaching behind the client's head, neck, and back if needed.

Note: If you are only using semi-reclining position for a belly rub at the end of a sidelying massage, the table height need not be adjusted, but you will likely need to use a stepstool for easier access to her belly and back.

How to Position Comfortably in Semi-Reclining

To position the client, use a triangular wedge or an arrangement of firm pillows that allows the client's back to rest at a 45-degree angle or greater to the table, as seen in Figure 5.4. Ensure that her low back is well supported with pillows and is not curving onto the table. Her knees and hips should be flexed using a firm knee bolster. Her neck should be well supported to prevent hyperextension.



FIGURE 5.4 Semi-reclining positioning.

Semi-reclining position is useful in special situations. Use a triangular wedge or an arrangement of firm pillows that allows the client's back to rest at a 45-degree angle or greater. Ensure that low back is well supported with pillows. Knees and hips should be flexed using a firm bolster. Her neck should be well supported to prevent hyperextension.

Supine Positioning

Supine positioning is inappropriate after the middle of the second trimester, anytime the belly is visibly enlarged with the top of the uterus at or above the navel, or anytime a mother is uncomfortable in the position. As discussed in Chapter 4, supine positioning causes the weight of the baby, uterus, placenta, and amniotic fluid to fall directly onto the large maternal blood vessels along the anterior spine, depending on the position of the baby. This compression reduces blood and oxygen flow to both the baby and the mother and can cause initial "uneasy" feelings, followed by maternal dizziness, shortness of breath, fainting, and eventually, when unresolved, can lead to unconsciousness, along with a reduction in the fetal heartbeat. No extended work should be done in the supine positioning after the middle of the second trimester.

Brief periods of 3 to 8 minutes can sometimes be appropriate, dependent on the baby's positioning and a mother's comfort. If the baby does not lay in such a way as to put pressure on the inferior vena cava, the mother can be comfortable in the supine position. As long as you are both observing for signs of unease or dizziness, specific work such as passive stretches of the psoas and hip rotators or assessment of diastasis recti can be done without problem. A pregnant woman is able to discern when she needs to roll off her back, but always maintain good communication during this type of work to ensure no client discomfort is developing.

Left Tilt Positioning

In some situations you may wish to work more in-depth on the neck, do traction of the spine, or do cranial-sacral type work in the supine position. A left tilt position can be used, if comfortable for the client. Place a pillow or foam wedge behind the client's right hip, tilting her toward the left slightly. This shifts the weight of the uterus and prevents compression of the large blood vessels along the spine. This position can be used occasionally, but be aware that it is generally not ideal for more than 15 minutes, as the spine is slightly twisted, which can lead to compensatory tightening in other areas of the body.

BODYWORK TECHNIQUES

While Chapter 6 describes specific techniques for some of the common complaints of pregnancy, this section describes basic general relaxation techniques in sidelying positioning. These are useful during a

DISPELLING MYTHS:

The Safety of Prone Positioning

Pregnancy massage “tables” and “pregnancy cushions” are sold with cut-outs designed for pregnant bellies and large breasts, so that women can lie, presumably safely, in the prone position. Some practitioners have found these beneficial as it enables them to work with their clients in the prone position throughout pregnancy, rather than sidelying. Some women have found this a wonderful relief from their otherwise regular sidelying positioning at home. Other women report that they enjoyed the position initially, and yet within 5 to 10 minutes they developed an uneasy feeling about being positioned face-down and essentially lying on their baby.

While these tables might be comfortable and safe for resting in for short periods of time, there are several valid reasons why prone positioning is *not appropriate* for longer than several minutes when receiving massage in the third trimester.

- **Size:** Cut-out holes in tables are one size. A smaller woman will be supported differently than a larger woman. Some women’s hips essentially sink through the hole or are minimally supported, increasing lumbar stress and ligamentous strain.
- **Lumbar lordosis:** Applying repetitive pressure downward on the back during a massage, when a mother is in the prone position, exacerbates lumbar lordosis, a condition already exaggerated during pregnancy.
- **Breast compression:** Prone positioning, along with added pressure from the massage therapist, compresses the breast tissue, which is often sore, sensitive, and developing glandularly during pregnancy.
- **Uterine ligament strain:** It is possible that after an extended period of prone positioning, the uterosacral ligament will spasm or be strained as it tries to support the weight of the forward-dangling uterus.
- **Intrauterine pressure:** Applying pressure downward on a prone client increases pressure in the uterus. A small percentage of women have

undetected problems with the placenta; if this were the case, it is possible that this increased pressure could unintentionally cause harm to the placenta or the baby.

Note: There is no documentation of this having occurred during massage, but since it is a risk, prudence would dictate avoidance.

- **Congestion:** Nasal congestion is a common complaint during pregnancy due to vascular and hormonal changes. Positioning prone aggravates this condition.
- **Client education:** Positioning prone sidesteps the opportunity to help a woman learn how to help herself find comfort in the sidelying position at home. Many women have been thrilled to discover at their massage session that the use of a few more pillows and cushioning creates comfort in the sidelying position, which heretofore had been causing distress.
- **Communication issues:** Many clients are uncomfortable telling their practitioner that something does not feel right. In these situations, basic body cues, such as facial grimacing, help make the therapist aware of a client’s discomfort. When the client is prone, communication pathways are decreased and these cues may be lost. If a mother is experiencing uncomfortable sensations, her ability to share verbally or nonverbally will be more limited. In addition, general feedback about pressure, desired changes, or arising emotions are not easily conveyed by the client when face-down.

If a client with a low-risk pregnancy requests prone positioning, it can occasionally be acceptable for short periods up to 5 to 10 minutes at a time as a “treat,” but only if you have a pregnancy table or cushion manufactured for this purpose. For the majority of situations, and for optimum comfort and safety, sidelying or semi-reclining positioning should be used throughout the latter half of pregnancy, leaving prone positioning behind until postpartum, or for a rare, occasional 5-minute treat, if a mother requests and enjoys it.

full-body relaxation massage or as a prelude to more focused therapeutic work.

Note: For simplicity of instruction only, all of the following techniques start with the client lying on her right side, unless otherwise described. All sidelying techniques can, and usually should, be done on both sides.

Breathing and Connecting

Massage during pregnancy is an excellent time for a mother to focus on herself and to devote attention to deepening her connection with her baby. Conscious and intentional breathing practices are a way to facilitate this focus by helping her relax physically and

**MASSAGE
THERAPIST
TIP**
**Positioning for a Client
With Hip Pain**

In general, if your client has hip pain or discomfort when lying on one side, begin the massage with her positioned with the painful hip up. If she cannot be repositioned to the opposite side, the massage can be modified to do all massage from one side. Alternatively, position her in the semi-reclining position.

ease emotional tension. Each breath she takes nourishes the baby inside with increased oxygen flow through the placenta. Each breath can reinforce an association between relaxation, nurturing touch, and pain relief. Begin each massage by encouraging the client to take slow, full breaths into her belly.

Visualizations of inspiring imagery can facilitate even greater relaxation. During labor, visualization combined with breathing is an excellent tool to ease and help carry a mother through her discomforts or fears during birth—but she must be familiar and comfortable with them before labor begins!

There are numerous ways to incorporate visualization and conscious breathing techniques to help build this familiarity and comfort. Visualization techniques are discussed in more detail in Chapter 7. Two ideas are described here.

Belly Breathing

According to Suzanne Yates, author of *Shiatsu for Midwives*, the kidneys send energy to the uterus.² Help encourage this flow by standing behind the sidelying client's back and placing one hand gently on her belly, over the sheet. Place a second hand on her back at one kidney area. Encourage her to inhale through her nose into her belly. Allow the abdominals to move outward with the inhalation, lifting the baby away from her body. Help her to visualize each breath as full of oxygen, nourishing her baby. On the exhalation, encourage her to tighten the abdominals lightly, pulling the baby back to the center of her body, hugging the baby with her belly muscles. You might help her imagine herself to be like the ocean, gently floating her baby on the receding and advancing, rising and falling waves. As she inhales, she lifts the baby up and away on a small wave, and as she exhales, the baby sinks back into union again with the ocean.

Light Breath

Place one hand on her sacrum and the other as support between her scapulas. Direct the client to draw a slow breath down her spine to your hand at her sacrum, imagining the breath as a column of light filling her whole body and circulating around the bowl of her belly. This light brings health, vitality, and love to the mother's baby and increases her body's capacity to nurture life. Encourage the exhalation to be full and relaxed.

General Full-Body Relaxation: Sacral Compression and Unwinding

Benefits: Opening a massage with a full-body relaxation technique can help to set the mode and pace for the massage to come. It allows the mother's body to more readily receive your touch and encourages the breath to become full and natural. It also brings a client's attention to the sensations throughout her body.

One effective technique to use with your pregnant client for full-body relaxation is sacral compression and unwinding. This unwinding helps lengthen her spine, release the sacrum, and balance and soothe the nervous system.

Position: Sidelying. Stand facing the client's back,

Technique

1. **Note:** Work without oil and over the sheet. Place your left hand flat on her sacrum, fingers pointing caudally (toward her toes). Place your right hand under her occiput using a C-clamp position, with your thumb on one side and the other fingers on the other side of her vertebrae.
2. Apply slight traction with the occipital hand and ask the client to inhale deeply.
3. On her exhale, very slowly and gently begin tractioning between your two hands, leaning into the sacrum. Ninety percent of the pressure is on the sacrum. The sacral hand directs energy slightly anteriorly, but is primarily focused caudally. Brace the elbow of the sacral arm against your body above the anterior superior iliac spine, and lean your body weight into it to increase pressure. Do not push the client forward; she should not need to resist your force but should be able to relax as her spine lengthens (Figure 5.5). If she does roll forward easily, she may be positioned too far forward in general. Ask her to reposition her hip more directly beneath her or slightly



FIGURE 5.5 Sacral compression and unwinding.

Brace elbow of sacral hand against your body and increase pressure by leaning into it. Right hand under occiput applies only gentle traction with light fingers. Focus pressure in direction of client's toes, lengthening the spine, rather than pushing forward.

anterior. The occipital hand traction is very gentle, more than actually pressing. Imagine stretching her tailbone to her heels.



CAUTION: Your hand placement must be exactly aligned on the sacrum to avoid pushing a hypermobile sacrum out of alignment.

4. While performing the traction, suggest that your client envision her breath flowing from her head down to her coccyx, noticing the connection between her head and her sacrum as her spine lengthens.
5. Increase sacral pressure gradually, holding until you feel an unwinding and release in sacrum (usually at least 1 to 2 minutes). Release sacral pressure very gradually. Do not repeat.

How the Partner Can Help

Sacral Compression and Unwinding

Sometimes clients or partners and support people ask about simple techniques that they can do to beneficially touch the pregnant woman. The sacral compression and unwinding technique is one that falls into this category. It can often bring immediate relief to back pain, offer a sense of nurturing care, and encourage the woman to breathe deep and lengthen her spine. For the giver, it is easy to learn, does not demand a great deal of dexterity in the hands, and can be done on a bed or couch if both parties can find comfortable positions. Help the partner use appropriate body mechanics to avoid strain to her or his own body, while encouraging sensitivity in the hands to feel for the release and unwinding of the pelvis, spine, and neck. Even if the subtle energy too difficult to sense, as long as a firm sacral pressure in a caudal, anterior direction is used, and the client is reminded to breathe slowly and deeply, the effect will still be one of relieving pressure on the sacrum, and encouraging relaxation.

Head and Neck

Benefits: Relaxation of the head and neck will help relieve headaches, improve insomnia, and help a client become more aware of her postural stresses. Below are several techniques effective for the head and neck.

Position: Sidelying.

Techniques: Petrissage, Slide-Compression, and Palming

1. Stand at the client's back facing her head. Warm the oil in your hands first, then wrap your left hand around her shoulder anteriorly. Traction slightly caudally.
2. Place the right hand palm at the base of the occiput and push slightly cephalically, increasing the traction of the neck.
3. Use palmar compressing pressure down the neck from occiput to shoulder.
4. With the right forearm or hand on the neck just above the left hand, (which is still wrapped around the shoulder and tractioning down), slide up the neck and rest your hand at the base of the head, providing slight gradual traction to head with the heel or palm of your hand and creating a stretch for the



FIGURE 5.6 Alternating traction and sliding compression on neck.

Holding traction with one hand on shoulder, other hand slides up neck to occiput, creating slight traction with heel of hand or forearm.

neck between the two tractioning hands (Figure 5.6).

5. Slide down the neck with compression to replace the left hand on the shoulder with the right, while the left hand slides up and over the right hand to traction gently at the occiput.
6. Repeat as a continuous movement, hand-over-hand, the left sliding up to apply occipital pressure, while the right tractions at the shoulder, and then the right sliding up as the left comes down to traction. As the right hand slides up, use the right thumb to stroke along the levator and trapezius muscles to their attachments at the base of the occiput and press into the attachments under the occiput.

Occipital Traction

1. Standing at the head of the table, place your left hand under the client's occiput in a



FIGURE 5.7 Occipital traction.

Standing at the head of the table, place one hand under client's occiput in a "C-clamp" position—fingers and thumb encircling under the occipital ridge. Place your other hand on forehead, fingers spread across eyebrows. Cervical spine should be parallel to the table and slightly flexed. Apply slight traction to the head and neck.

C-clamp position, with your fingers and thumb encircling under the occipital ridge.

2. Place your right hand on the forehead, fingers spread across the eyebrows. Be sure the cervical spine is positioned parallel to the table and slightly flexed (Figure 5.7).
3. On the client's exhalation, apply slight traction to the head and neck.
4. Hold for several moments and slowly release.

Occiput and Eyebrow Points

1. After the occipital traction above, continue standing at the head of the table. Press your left fingertips into the muscular attachments under the occipital ridge, starting from the spine and moving laterally toward the mastoid process.
2. Simultaneously, with your right hand fingertips, press up into and hold points just under the eyebrow ridge, starting from the bridge of



FIGURE 5.8 Occiput and eyebrow points.

Press fingertips into muscular attachments under occipital ridge, starting from spine and moving laterally toward mastoid process. Simultaneously, press up into and hold points just under eyebrow ridge, starting from bridge of the nose and moving toward ear.

the nose and moving toward the ear. Press one point per breath (Figure 5.8).

3. As you reach the lateral edge of the eyebrow with one hand and the end of occiput with the other hand, slide the two hands together at the jaw to apply gentle circular effleurage to the masseter region.

Shoulders and Chest

Benefits: With the extra weight of the growing breasts and postural changes, the chest often collapses inwardly, stressing the rhomboids as the pectoralis and subscapularis shorten. Massage helps to stretch the muscles that are pulling anteriorly, release trigger points, and improve posture and breathing. Effleurage, petrissage, and traction are three strokes that are effective for working in this area.

Position: Sidelying. Stand behind the client facing her back.

Technique:

1. Perform general effleurage and petrissage to the shoulder. Use deep tissue work on the trapezius, levator scapula, and supraspinatus.
2. Drag the fingertips, hand-over-hand, across the shoulder and down the back to the hips.
3. Place the client's arm straight on her side or draped over your left arm. Place both of your hands on top of the shoulder and traction down gently toward her feet, while mobilizing, stretching, rocking, and rotating the shoulder (Figure 5.9A).

4. Place the client's arm, with palm out, behind her hip. Mobilize the shoulder while you apply friction to tight points behind the scapula, at the rhomboid attachments (Figure 5.9 B).

Back

Benefits: The erector spinae work hard to maintain a mother's erect posture during pregnancy while a heavy anterior load pulls her forward. Back massage will help to alleviate this general stress. Holding pressure on either side of the spinal vertebrae brings a mother's awareness to her spine, helps you locate areas of particular tension, and releases tension with the relaxing touch and compression on areas of restriction. These points are also the location of acupuncture points on the Bladder meridian.

Below is a description of applying massage to the back in the sidelying position. A second technique is described in the box, "Complementary Modality: Acupressure for Back Release."

Position: Sidelying. Stand Behind the client.

Technique: Effleurage and Petrissage to the Back

1. Apply oil to the back and shoulders. Stroke down either side of the spine, across the trapezius to the sacrum.
2. Make small circles with your thumbs, working firmly down either side of the spine, moving caudally. Direct pressure toward the toes rather than anteriorly, so as not to push the client forward.
3. Stroke from the head toward the tailbone, rather than up her spine to the head, which increases lumbar lordosis.
4. Standing on the client's anterior side and using a stepstool, reach over her superior side and petrissage more deeply into the erector spinae of the superior back (Figure 5.11).

Lateral Hip Rotators and Gluteals

Benefits: As relaxin loosens all the body ligaments, the hips and sacroiliac joint often become misaligned and sore. The lateral hip rotators are often tightened as a mother's hips externally rotate and her stance widens to better support the additional weight. Massage to the area can help relieve hip aching and improve posture. Fanning, compression, and thumb pressure are useful techniques here.



FIGURE 5.9 Opening the chest.

(A) Place client's arm straight on her side or draped over your left arm. Place both your hands on top of shoulder and traction caudally while mobilizing, stretching, rocking, and rotating the shoulder. (B) Place client's arm, with palm out, behind her hip. Mobilize shoulder while applying friction to rhomboid attachments.

Position: Sidelying.

Technique:

1. Drape to expose the superior leg.
2. Fan with the thumbs toward or away from the trochanter attachments of the gluteals and lateral hip rotators (Figure 5.12). Use your fingers, forearm, or a gentle elbow, depending on the depth needed, to compress entirely around the trochanter.
3. With the heel of your hand, press and slide from the iliac crest toward the trochanter. Slide and compress back toward the sacrum.
4. Make small circles with your thumbs along the sacroiliac joint and just below the crest of the ileum.
5. In the third trimester, press gently and directly into the sacral foramen and just lateral to the foramen.



CAUTION: Do not use deep stimulating pressure directly into the sacral foramen when there are high risks for miscarriage or preterm labor. Acupressure points Bladder 31 and Bladder 32 in the sacral foramen have potentially stimulating effects to the pelvis and uterus. As well, strong stimulation of the sacral nerves, which pass through the foramen, could theoretically also be stimulating to an already irritable uterus. General effleurage and broad compression to the sacrum are different techniques which are *not* contraindicated.

Arms and Hands

Benefits: During the mid to latter part of pregnancy, many women experience edema of the wrists and hands and sometimes temporary carpal tunnel syndrome.

Complementary Modalities:**Acupressure for Back Release**

According to the acupressure system, each Bladder point along the spine correlates with a specific organ system. Bringing energy to each of these points can help to renew the entire body. Use the following method for stimulating the Bladder meridian as you work down the back.

1. Standing behind the client, feel for the space between the transverse processes of the vertebrae around T-1.
2. Using your thumbs, press into this space on either side of the spine while the client exhales (Figure 5.10).
3. As she inhales, release pressure and move to the next space, moving toward the sacrum. Repeat down the spine to the sacrum.

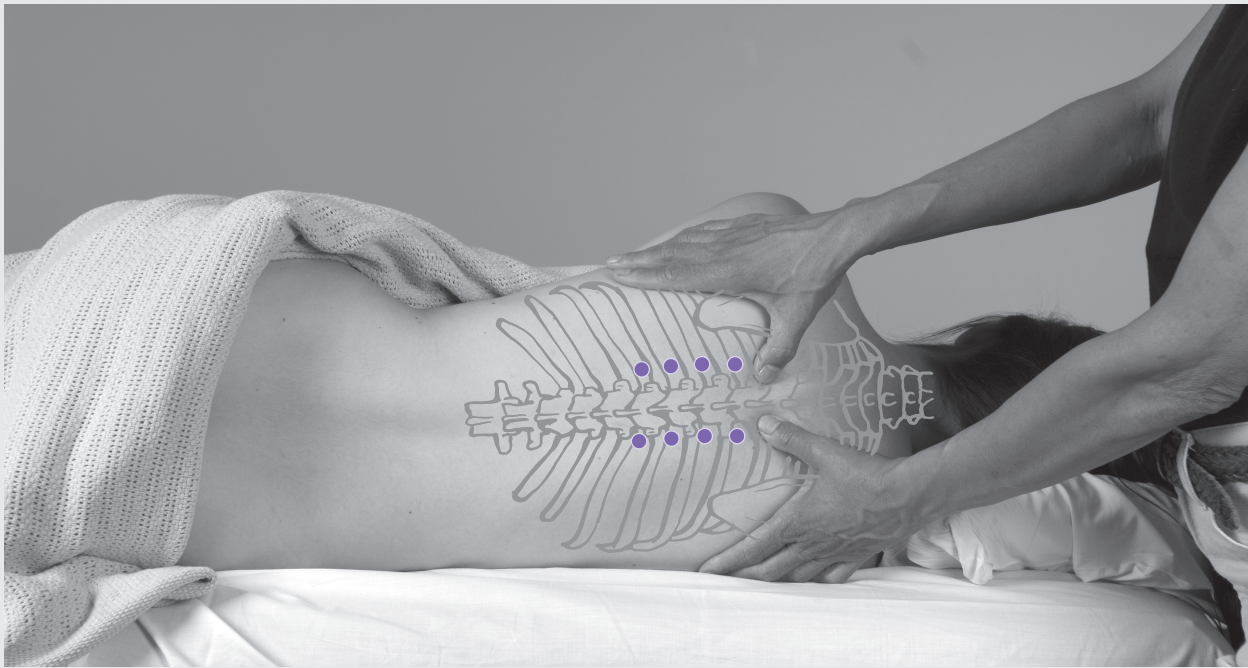


FIGURE 5.10 Erector spinae/bladder meridian acupressure points.

Standing behind client, feel for the space between the transverse processes of the vertebrae around T-1. Using your thumbs, press into this space on either side of the spine while client exhales. As she inhales, release pressure and move to the next space moving toward the sacrum. Repeat down the spine to the sacrum.

Massage to the hands and arms, along with arm stretches that open the upper chest/shoulder area, can help alleviate general discomfort. Hand edema techniques are addressed more specifically in Chapter 6.

All general massage techniques to the hand are beneficial.

Position: Any position with access to the hands.

Technique:

1. Spread open the client's palm with your thumbs, sliding and compressing across the palm.

2. Manipulate the wrist with circular range of motion, flexion, and extension.
3. Fan the wrist on the ventral and dorsal sides.
4. Squeeze the fingers from the fingertips toward the hand with incremental movements.
5. Using the flat of your thumb, strip the arm extensors and flexors from the wrist toward the humerus.
6. Apply general petrissage to the deltoid, biceps, and triceps.



CAUTION: Avoid directed, intentional acupressure into the acupoint Large Intestine 4,



FIGURE 5.11 Petrissage to back from client's anterior side.

Stand on step stool on anterior side of client's body. Reach over her to access superior side of her spine with petrissage.

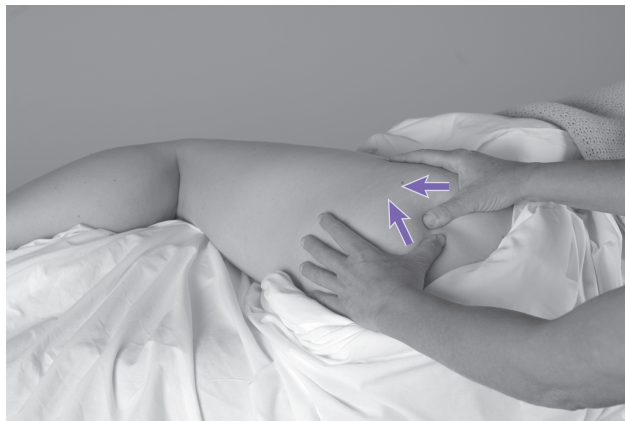


FIGURE 5.12 Fanning trochanter attachments.

Fan with the thumbs toward or away from the trochanter attachments of the gluteals and lateral hip rotators.

(Figure 4.3), which is contraindicated during pregnancy. General effleurage and petrissage are different techniques and are not contraindicated.

Legs

Benefits: Women's legs often feel achy from carrying the weight of pregnancy. Calf cramps are not uncommon, and both the quadriceps and hamstrings may be tight as they help balance the weight of the belly. Massage can help reduce the occurrence of cramps and relieve general discomfort.



FIGURE 5.13 Kneading thigh.

Begin close to trochanter, and knead tissue, pushing cephalically. Gradually slide down leg, always kneading toward hip, but working incrementally toward the knee.

Position: Sidelying

Techniques:



CAUTION: Avoid deep work on the inner thighs, where deep vein thrombi are more likely to occur. Avoid direct work on varicose veins.

Kneading the Thigh

1. Stand on a stepstool so that you are above the client and working on the flexed superior leg from the client's anterior side.
2. Use your palm and the heel of your hands to compress and slide up the quadriceps and hamstrings, beginning close to the gluteals at the upper lateral thigh. Knead the tissue in the direction of the heart, while working the hands down toward the knee. Alternate the hands, as if kneading bread, squeezing upward, then sliding down a palm-length and repeating (Figure 5.13).

3. Perform general massage to the iliotibial (IT) band, hamstrings, and quadriceps.

Compression of Thighs and Iliotibial Band

1. Stand on the stepstool so that you are above client and working on the flexed superior leg. Press with the back of the extended fingers against the IT band.
2. Compress into the IT band and slide around the leg (Figure 5.14A).
3. Squeeze and slide from under leg, back up to IT band again. Move toward the knee with each new compression (Figure 5.14B).
4. Fan on the IT band and quadriceps tendons just superior to the knee.

Calf

1. Stand on the client's anterior side. Reach over the leg and grasp the gastrocnemius and soleus with both hands. Squeeze and slide the hands, sliding the cephalic hand toward

the feet and the caudal hand toward the head and then back again. Slide up and down the calf with a squeezing, kneading and compressing motion. Use a hip motion in your body to aide your hands, so that the force comes from your full body movement, as opposed to entirely from arm and hand effort.

Inferior Leg

1. While the client is in the sidelying position, you can work lightly with gentle effleurage on the inferior leg if there are no known or visible varicose veins.

Feet

1. Dorsiflex and rotate the feet.



CAUTION: Do not plantarflex the feet. This can stimulate calf cramping.

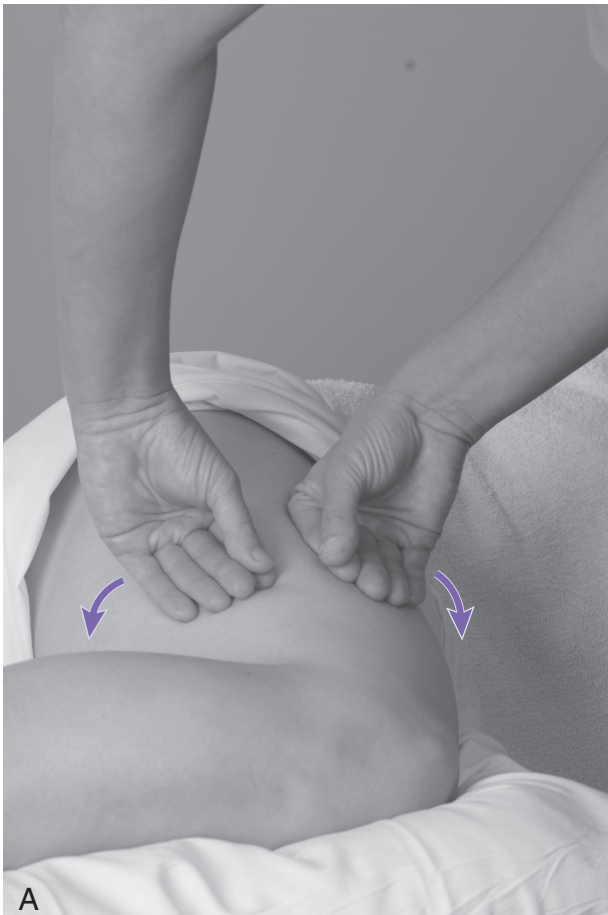


FIGURE 5.14 Compressing thigh and iliotibial band.

Stand on stepstool to allow for vertical compression onto iliotibial band with flat backs of fingers. Press down slowly onto lateral thigh, compressing around thigh, (A) then switching fingers to slide back up, squeezing leg between open fingers and palms (B).

2. Fan the dorsal and plantar sides of the feet with firm pressure.
3. Squeeze the points between the toes, where the toes meet the main body of the foot at the metatarsal-phalangeal joint.

Belly Rubs (Second and Third Trimesters Only)

Benefits: Belly rubs offer time for the client and therapist to connect with the baby. They can be wonderfully relaxing and nurturing and help a mother feel more united in her body, as both the belly and back can be massaged simultaneously. Both sidelying and semi-reclining positioning are excellent for giving and receiving belly rubs. Be aware of a few basic conventions regarding belly rubs in pregnancy:

- Treat the belly as if you are approaching sacred ground—with respect and care. Always ask permission before touching the abdomen. After permission is obtained, slowly and gently place the palms on the belly. Attune with and say hello to baby before you begin to rub. Remember, you are massaging two people!
- In general, your pressure should be firm, with a solid palmar touch, rather than feather-light. Very light touch is irritating to many women. Ask for feedback about the pressure. Most practitioners are fearful of pressing too hard, consequently working much too lightly to be satisfying to the mother.
- Do not do belly rubs for more than 5 minutes, unless intentionally attempting to support contractions for labor. The client may experience mild uterine contractions or tightening and releasing of the uterus during abdominal massage. This can be normal in the third trimester and does not necessarily indicate she is going into labor! However, if labor is not due and more than 1 to 2 contractions are felt during the belly rub, stop. Five to ten minutes of belly massage will not cause a woman to begin labor, even if a couple contractions are felt. However, if the uterus is particularly contractile under your touch, it would be inappropriate to continue stimulating the abdomen if labor is not due.

Position: Sidelying or Semi-Reclining

Techniques:

Honoring Honor the belly and help your client relax by telling her exactly what you are about to do. Place your hands gently, palm down on her belly and

breathe together with her for at least 3 to 4 breaths, or until her belly softens under your touch. As she begins to trust your touch in this vulnerable area, she will relax more.

Always work slowly and with respect for emotions which are often held firmly in the belly and which sometimes come to the surface when touched in a caring way. If the client is reluctant to have touch directly on her skin, she may welcome touch through her clothes or sheet.

Below are two belly rubbing procedures, one for the sidelying position and one for the semi-reclining position.

Sidelying Belly Rub

1. Stand at the mother's back, facing her back.
2. After honoring the belly, as described above, apply oil to your hands and spread the oil in a very slow, firm circle around the entire globe of her belly.
3. From behind her, reach over her belly to the underside and slide back up and over the belly, making hand-over-hand raking strokes toward the upper side of her belly (Figure 5.15).



FIGURE 5.15 Raking over the belly.

From behind client, reach over to underside of belly and slide back up and over, making hand-over-hand raking strokes toward the superior side of her belly.



FIGURE 5.16 Lifting from groin.

Make lifting strokes from the groin area toward the navel, hand-over-hand, imagining lifting the weight of the belly and relieving pressure on the groin.

4. Make lifting strokes from the groin area toward the navel, hand-over-hand, imagining lifting the weight of the belly and relieving pressure on the groin. (Figure 5.16)
5. Position yourself in a lunge position, facing the client's feet.
6. If she is on her right side, place your right hand on her belly and your left on her back. Mirror your hand-motions as you make circles on her belly while applying strong pressure on her low back/sacrum simultaneously (Figure 5.17A). When both the hands meet at the superior hip area, smoothly rotate on your heels to change the position of your feet so that you are facing her head and your hands so that your right hand is on her back and your left hand is on her belly.
7. Continue circling, this time circling high on her belly while mirroring circling pressure on the mid-back (Figure 5.17B).
8. Change your direction every circle or two.



FIGURE 5.17 Mirroring on belly and back.

(A) Position yourself facing client's feet. Place cephalad hand on her belly, and caudal hand on her back. Mirror your hand-motions as you make circles on her belly and applying strong pressure on her low back/sacrum simultaneously. When both hands meet at the superior hip area, change your position so that you are facing her head. (B) Continue circling, this time high on her belly while mirroring circling pressure on the mid-back.

Semi-Reclining Belly Rub

Note: You may need to use a stepstool to reach adequately around the client's back from her anterior side.

1. Position the client semi-reclining, drape the breasts, and expose the belly in standard fashion. Proceed with honoring the belly first, as described above.
2. Warm the oil in the hands and spread it slowly in large full circles around the belly.
3. Spiral out slowly from the navel until the circling includes the waist area.
4. Make smooth raking strokes from one side to the center, reaching across the belly with hand-over-hand motions. Repeat on the opposite side.

**MESSAGE
THERAPIST
TIP**
Choosing the Position for a Belly Rub

A wonderful belly rub can be done in either sidelying or semi-reclining positions. Both have advantages and disadvantages. In general, do a belly rub in sidelying position when you do not want to disturb your client with repositioning, or when you have a client who might feel overwhelmed with the therapist proximity during a semi-reclining belly rub, or who needs limited repositioning due to hip and back complaints. Also use it with someone who is much larger than you. Generally semi-reclining belly rubs are used more during the third trimester, and are useful with clients who are more comfortable in semi-reclining, or when you or the client wants to be more engaged with talking or sharing about the baby, or visualizing the belly and baby.

Sidelying Advantages

- **Relaxing:** If a full massage has been done in the sidelying position, a belly rub in sidelying allows the woman to continue relaxing without having to change position again.
- **Back Access:** In sidelying, it is easier to massage both the back and belly at once, creating more unity in the client's body.

Sidelying Disadvantages

- **Disturbs Final Relaxation:** If the client is deep in a quiet internal space at the end of a massage; making the effort to move her body and wait for you to reposition all the pillows can disturb that reflective space.
- **One-sided:** As with the rest of the massage in sidelying, you can only access one side of the body. While most of the work is done anteriorly and posteriorly with a belly rub, the lift from the side can only occur on the one side at a time. Usually a belly rub in sidelying is only done from one

position; the client is not asked to roll over to have the belly rub repeated on the other side.

Semi-reclining Advantages

- **Belly Access:** In this position, you can see the belly and visualize more clearly the baby's position, body parts, and movements. You have access to the entire belly and back and the massage will feel more evenly dispersed across the belly.
- **Client engagement:** When upright in the semi-reclining position, the client may be more alert after a massage and might share more about the baby and her experiences of getting to know him or her through kicks and responses to external stimuli. The client can watch how you do the belly rub, and be more easily engaged in giving feedback about what kind of pressure or touch feels good.
- **Repositioning:** Moving out of the sidelying position will be a relief for a client who is getting uncomfortable on her side. She may be able to breathe more deeply and enjoy the belly rub more.

Semi-reclining Disadvantages

- **Physical Proximity:** In semi-reclining position, you may have closer contact with the client than she feels comfortable with. To reach the back of a woman who has a large belly or who is much larger than you, you must nearly embrace her belly. This may feel awkward or invasive for some women.
- **Repositioning:** It takes time and energy to reposition a client. If you are short on time, or don't want to disturb her, don't reposition.

DISPELLING MYTHS:

Touching the Pregnant Belly

Massage therapists have sometimes been taught to avoid any touch to a woman's belly throughout pregnancy. This is generally based on uncertainty about what is appropriate or not, as well as on fear that pregnancy is a fragile condition, and additionally on a legitimate desire to avoid causing harm. However, it is a broad-based rule that fails to define the actual risks and when and how to avoid them while still offering gentle and nurturing abdominal work. Of course, deep abdominal work to the psoas or internal organs is contraindicated throughout pregnancy. However, belly rubs for comfort and baby-connection are beneficial and desirable, especially during the third trimester.

In the first trimester, the risk for a miscarriage is high; it is therefore standard practice to advise massage therapists to avoid touching the abdomen to avoid association in anyone's mind between massage and a possible miscarriage. After the first trimester, however, and assuming the therapist does a thorough health intake and ascertains that there are no further obvious or known risks for preterm labor or miscarriage, belly rubs are a wonderful way to share with a growing mother and her child. Belly rubs do have the capacity occasionally to stimulate temporary contractions; to avoid this, restrict belly rubs to a duration of no longer than 5 minutes until the last couple weeks of pregnancy, when longer rubs may be desirable to support labor.



FIGURE 5.18 Semi-reclining belly rub.

Use stepstool if necessary to reach around client's back and pull up into erector spinae before sliding around to front again. Be aware of client's comfort level as it may feel invasive to some.

5. Make smooth strokes with the fingers, lifting up from the area toward the navel.
6. Stand facing the client's face. You may need to stand on a stepstool.
7. Start with both hands at the navel, and slide around to the belly and waist to reach to the spine. Press into the erector spinae, pulling toward you slightly as you slide again to the belly (Figure 5.18).
8. Repeat, reaching to different areas along the spine, rubbing there momentarily before sliding back to the belly and circling again.

CHAPTER SUMMARY

To safely and optimally provide pregnant clients with bodywork, the massage therapist must attend to the specific needs of the population. This includes preparing the office setting with a comfortable table, pillows and supports, using appropriate-sized sheets that will drape her securely, moderating the climate for clients who may be warmer than nonpregnant clients, and having a step stool and unscented oils or lotions available. Additionally, the massage therapist must be skilled at positioning methods appropriate to the client's trimester and size, knowledgeable enough to do a thorough health intake, and adhere to relevant precautions and contraindications. Following these steps, combined with conscientious draping and caring touch, the massage therapist will have met the client's most essential needs during a massage for safety, respect and nurturing.

CHAPTER REVIEW QUESTIONS

1. Name two reasons why you might choose to schedule longer sessions with your pregnant clients.
2. Name three extra items you might have available in your office set-up to provide optimum comfort for yourself and/or your client.
3. Describe how you would set up your massage table specifically for pregnant clients in the side-lying position. Name three alterations to your standard set up.

4. Explain how you would position a client who is 15 weeks pregnant and complains of breast tenderness and nausea and why you would choose that position.
5. If a client complains of numbness or tingling of her hand on the side she is lying on, describe changes you might implement to improve her comfort.
6. Describe three adjustments you might try to improve your body mechanics if you are feeling strain in your back while working with a client in the sidelying position.
7. Describe how you would direct a client to change positions from one side to the other on the massage table.
8. Explain what you would do if a client became uncomfortable in sidelying positioning after

starting a massage. What other position might be tried? What other positioning techniques?

9. Discuss the pros and cons of prone positioning after 22 weeks' gestation. Describe the dangers of supine positioning after 22 weeks.
10. Your new client of 32 weeks agrees to a belly rub. Describe what positions you could do this in, and what considerations would help you choose.

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