

MotherTouch™

Advanced Bodywork Training for Women's Health

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NCBTMB Approved Provider (#451910-12) & Florida CE Broker Provider (#50-17918)

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Module IV: PRENATAL MASSAGE TECHNIQUES



ONLINE CLASS

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NOTES ABOUT THIS TEXT

NOTE: This text is excerpted and adapted from my book: **Nurturing Massage for Pregnancy**. If you have the book or want to get it, you may read Chapter 5: pgs 82-83 and 92-105, and Chapter 6: 107-131 instead of this pdf. HOWEVER, since the book was published in 2008, please scan through this pdf for updated information

-- highlighted by this orange color text!

- ❖ **Green** indicates that detailed information can be found in other Online Courses.
- ❖ **Yellow** highlights information especially important to emphasize.
- ❖ **Red** indicates cautionary information.

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BASIC CONSIDERATIONS

Prenatal massage therapists can expect to encounter repetitive themes presented by their clients. For instance, most pregnant women experience tight quadratus lumborum, hip and sciatic discomforts, and calf pain that benefit from stretching and bodywork techniques that stretch and elongate an increasingly compressed body. It's not uncommon for most women to have increased need for nurturance during pregnancy. Most will also benefit from attention to postural adaptations to her changing weight as discussed **in Fundamentals Online Class Module II: Postural & Muscular Adaptations During Pregnancy**. A discerning client will expect her massage therapist to be educated and vigilant about precautions and contraindications throughout pregnancy in order to create a safe environment 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.

Before beginning sessions, please consider the following Principles of MotherTouch:

Nurturing: 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--women who receive caring touch during pregnancy often have an even greater capacity and confidence than those who don't receive this touch, to offer increased amount of nurturing care to their infants.

Creating Length & Space: In addition to her increased need for *nurturance*, a woman who has entered the late second and third trimester will benefit most from touch that helps to create *length* and *space* in her body, defying the forces of gravity that may be causing medial shoulder rotation and collapsing chest, tension in her neck, constriction in the groin area, and tightness in her low back. During a massage, think about ways you can help your

client relax, release, and renew as she discovers expansion and freedom in areas of her body that were compressed. Whatever type of touch you use, ask your client to help facilitate easier release by using her breath as an ally, imagining expanding and opening areas being touched.

Unity: As a woman's body changes during pregnancy, a lot of focus goes to her belly, or to her shoulders and back that are aching more. MotherTouch offers bodywork that can address anterior and posterior sides of the body at once, providing more sensory awareness of the wholeness of the body.

Postural Attention: 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.

Safety and Listening: Listen to your and her intuition! Learn the A&P of pregnancy so you can safely and effectively address her needs! Learn the danger signs for pregnancy, and know when to refer her to her general midwife or doctor or another practitioner! Know how to position properly for safety and comfort during different trimesters!

OFFICE CONSIDERATIONS

Office setup and practice are different when working with pregnant women. Please note the following be aware of these elements in your practice:

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 if baby is pushing up into the mother's ribs, liver or bladder or making her uncomfortable. Baby may be trying to get her attention!

Music

- ❖ If it's possible, your client might access her own music for a massage session if she plans to use music during labor. As she associates touch and relaxation with this particular music, her body may automatically remember, respond, and relax when she hears it during labor.

Body fluids

- ❖ When working with pregnant, laboring, and postpartum women, there is a chance you might encounter body fluids such as amniotic fluid, breast milk, or blood. Stash some gloves away in case you need them some day to clean up after someone's bag of water broke, or you encountered breast milk or blood on your sheets. It's a remote possibility, but in reality, my friend has had 2 clients whose bag of water broke during a massage session!

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 bathroom 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 can be extra sensitive to scents. Do not use heavily scented oils, aromatherapies, or incense without first determining if she can tolerate the scent.

Temperature

- ❖ Many pregnant women are warmer than usual 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 out from under sheets.

Time

- ❖ Allow extra time in your sessions for pregnant women to undress, get positioned with all your cushions and pillows, address health history and concerns thoroughly at *each* session, and use the bathroom—Many clients may need to use the toilet half way through a session due to smaller capacity and baby's body pressure on client's bladder.



OFFICE ACCESSORIES

To provide optimum comfort, consider the following list of extra accessories:

Sheets

- ❖ A full or twin bed flat sheet is necessary. A massage-size flat sheet is usually *not* adequate for covering pillows, pregnant belly, and allowing for enough extra to effectively undrape the leg.

Breast drape

- ❖ A small towel or pillowcase can be used as a breast drape for belly rubs.

Pillows

- ❖ At least 5-7 pillows are necessary, as follows: 1 head pillow, 1 arm pillow, 1 belly support (a small rolled towel, wedge, or thin pillow), 2-3 rectangular bolsters or firm, flat, queen-size pillows for supporting the leg.
- ❖ Alternatively, use a long body pillow or the Body-Support Systems 4-piece contoured bodyCushion®. This provides support under the belly, back, head, and leg and eliminates the need for some extra cushions. It 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. **Two** stepstools or one wide one will be better for your own stability.



TRIMESTER CONSIDERATIONS

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 on the stage of her pregnancy. Each trimester presents precautions specific to that stage.
- Learn more details about precautions in the **MotherTouch™ Online Course: Module III: Precautions & Contraindications** and guidelines for proper positioning and draping in **Module IV: Positioning & Draping for Pregnancy Massage.**



First Trimester (Weeks 1-12)

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 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 sidelying or semi-reclining position, most especially when she has tender breasts or nausea. **Just because she doesn't Look pregnant doesn't mean she is able to lie comfortably on her belly!**

Remind the client, if she complains of feeling fatigued, that it is common and that resting regularly is quite appropriate, allowing her body to devote 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 (Weeks 13-27)

In the 2nd trimester, the belly becomes more apparent as baby grows. The highest risk of miscarriage has passed and women who previously experienced miscarriage in the first trimester, now breathe a sigh of relief.

Avoid supine positioning if the client becomes uncomfortable. After 22 weeks, when the belly usually starts to show, **begin using Sidelying positioning, or sooner if needed**, to create more comfort. Use **Supine positioning only for short durations (5-10 minutes) for specific techniques only if the client tolerates it well.**

Third Trimester (Weeks 28-42)

In the third trimester, mothers may feel vibrant and enthusiastic, but as birthing becomes imminent, some begin to experience, new and common complaints. This is an excellent time to receive massage and many women come for their first massage at this time.

Your Focus? Create length and space in her body. Position her in sidelying or semi-reclining positioning, **UNLESS you have the Body Support System for prone positioning, or some other system that ensures that her hips are well supported, and that there is no compression on her breasts or belly, and that she states she is 100% comfortable for the duration. (You must check in with her regularly to ensure that this is still true, and not assume that each subsequent visit she will still be comfortable this way.)** **Be aware that in the last weeks of pregnancy, even these supportive cushions may not be comfortable.** 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 birthing supportive techniques in the last 1-2 weeks of pregnancy.

To learn more about birth massage, watch for my online course: **MotherTouch™: Touch Techniques for Birth** or simply watch the streaming video with these techniques at <https://vimeo.com/ondemand/MotherTouch™> ttfb

Dispelling Myths: Avoiding Massage in the First Trimester

Some massage therapists are taught to avoid massaging the pregnant client during the first trimester believing it is dangerous. Some believe massage could be disruptive to the baby's development, or have concerns that they might harm the placenta, or that women experiencing fatigue, nausea, or ambivalence about their pregnancy will find massage uncomfortable. Many are concerned they may cause or be associated with a miscarriage, since the first trimester is known to be the time of greatest risk for miscarriage. All of these concerns are unfounded!

- During the 1st trimester a woman often experiences enormous fatigue, confusing emotions, and a flood of new sensations as her body surges with hormones. Massage is a wonderful tool that can help your client feel more unified and grounded in her experience. Acupressure points, energy work and massage can help decrease nausea and increase a 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 most commonly in the first trimester, it is rarely a reason to avoid massage. 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, if she has anxiety and concerns about being over-stimulated, a full-body Swedish massage might be contraindicated and nurturing energy work and soothing, soft-touch massage might be just what she needs most to ease her emotional stress. *A medical release may be utilized, if you feel it necessary for your own or your client's comfort, when she has a history of multiple miscarriage (more than 3). OR just ensure that you understand what underlying cause is known or suspected.*
- First trimester bodywork has some other considerations to keep in mind. A health history is always important to obtain. Deep abdominal work is contraindicated during this trimester to avoid association with your work if miscarriage should occur—not because you caused it, but because women seek a cause and will wonder, as will you! 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!

BODYWORK TECHNIQUES

This section describes basic general relaxation techniques in sidelying positioning. These are useful during a 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.*

Many of these techniques can be seen in videos: Mastering Pregnancy Massage AND Prenatal Massage Techniques video that is part of this course

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 work from one side. Alternatively, position her in the semi-reclining position.

BREATH AND CONNECT

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 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 are excellent tools 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!

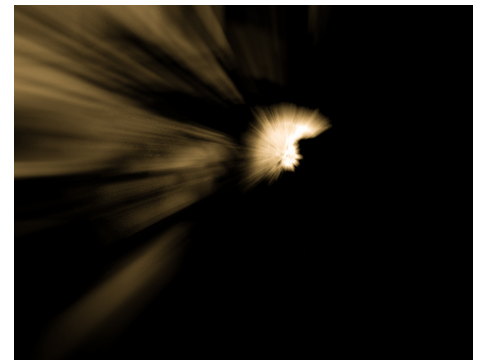
There are numerous ways to incorporate visualization and conscious breathing techniques to help build this familiarity and comfort. Two ideas are described here:

❖ **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: *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.

1. Apply slight traction with the occipital hand and ask the client to inhale deeply.
2. 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. 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 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.

3. 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.
4. Increase sacral pressure gradually, holding until you feel an unwinding and release in sacrum (usually at least 1-2 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.

Petrissage, Slide-Compression, 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 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 neck between the two tractioning hands
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 "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.
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

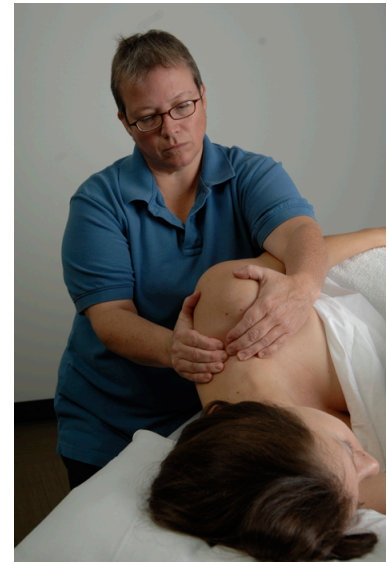
fingertips, press up into and hold points just under the eyebrow ridge, starting from the bridge of the nose and moving toward the ear. Press one point per breath.

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 & 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.



Shoulder Opening

1. Perform general effleurage and petrissage to shoulder. Use deep tissue work on trapezius, levator scapula, 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.
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.

Chest Opening

Benefits: Helps client expand the chest against gravitational pull of heavy breasts and poor posture; stretches pectoralis muscle.

Position: Sidelying with the client's arm extended with the palm out, behind the hip.

Technique

1. Stand at client's back, facing her head. Place your left hand on her anterior shoulder over the head of the humerus and the acromion process. Place the other hand on her scapula.
2. On the client's exhalation, have her envision her chest opening and expanding as she allows her shoulder to drop backward toward table with the gentle encouragement of your hands.
3. Apply slight pressure to her shoulder with your left hand to assist expansion as she widens her upper ribs with her breath.
4. Stroke laterally from sternum toward head of humerus with firm fingertip pressure along the subclavius and superior border of the pectoralis to encourage release and opening, still supporting behind or under the scapula.

CAUTION: Watch that opening her shoulder does not cause her low back begins to twist or strain.

Shoulder Mobilization

Benefits: Opens chest, expands breathing.

Position: Sidelying

Technique

1. Stand at client's back. Grasp her humerus firmly just proximal to elbow. Encourage her to keep her arm heavy and to continue relaxation breathing.
2. Gently traction the arm straight up. Lift with your whole body and belly rather than just with your arms.
3. Holding arm in gentle traction, rotate it in circular motion, seeking full range of motion.
4. Repeat in the opposite direction.

THE BACK

Benefits: The erector spinae work hard helping maintain a mother's erect posture during pregnancy while a heavy anterior load pulls her forward. Back massage will help alleviate this general stress. Assess the erectors to bring a client's awareness to her spine, noticing areas of tension. These points are also the location of acupuncture points on the Bladder Meridian.

Position: Sidelying. Stand behind the client.

Effleurage and Petrissage to the Back

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

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 renew the entire body. Use the following method for stimulating Bladder Meridian as you work down the back.

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



Full Body Stretch

Benefits: Creates length and space in the compressed waist area.

Position: Sidelying.

Technique

1. Stand at the client's head and bring her left arm up over her head into full extension, with her arm hooked over yours at her elbow.



2. Place your left hand on her iliac crest and push caudally, maintaining traction of her arm as in photo. Instruct the client to breathe deeply to extend the stretch.

NOTE: Low back pain can be caused by a tight QL and psoas, or by sacral tension. Before beginning deeper focused work, warm up the back with effleurage and petrissage.

Quadratus Lumborum Compression Points

Benefits: Helps release a tight QL that has



become shortened and strained due to attempts to stabilize the pelvis and support the ever-increasing abdominal weight.

Position: Sidelying.

Technique

1. Stand at your client's back facing her head.
2. Warm up the QL area by using your palm or forearm for effleurage, sliding from the iliac crest to the lower border of the ribs.

3. After the QL has been warmed, wrap hand closest to your client's hips around her iliac crest and traction the hip caudally. With the thumb or fingers of the opposite hand, slowly apply static, ischemic pressure onto the lateral edge of the QL, just lateral to the erector spinae. Move up from iliac crest incrementally, holding each point for at least 2 to 4 of the client's breaths as the tissues release. When you feel a particularly tight spot or trigger point, press carefully into that point, using a pain-rating scale with your client. Ask her to rate discomfort on a scale of 0 to 10 (0 is painless, 10 is excruciating, and 6 is the maximum tolerable discomfort while still being able to relax with focused breathing). Hold at a level of 6, if that is comfortable for her, for at least 15 to 20 seconds or 4 to 5 client breaths.

4. Encourage client to inhale into the area, envisioning softening and stretching as she breathes. Maintain pressure, feeling the tension release under your thumb. When she says pressure feels like a 3 or 4 or less, increase pressure until it is again at a 6 and repeat if necessary, or move to the next tight spot.

CAUTION: The QL can be very sensitive. Work slowly and ask for feedback to ensure an appropriate level of pressure.

Quadratus Lumborum Release

Benefits: Same as for the Quadratus Lumborum Compression Points above.

Position: Sidelying, with client's upper arm extended over her head. To increase this stretch, if necessary, ask the client to extend and drop her top leg behind her bottom leg. She may need to bend her bottom leg to stabilize balance. For even greater QL stretch, place a rolled pillow or foam wedge beneath her waist on the table to arch her superior side more laterally.

Technique

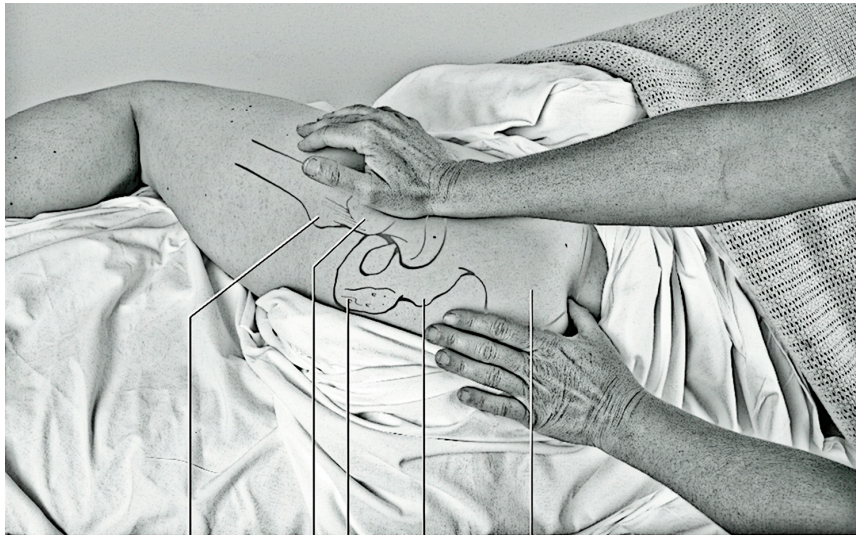
1. Stand on client's posterior side, facing her back. Cross your hands and place one palm on your client's posterior iliac crest and the other on the superior lateral edge of the QL, on or just inferior to the lowest ribs. Ask her to inhale as you press in opposite directions with both hands, lengthening the QL between the hip and ribcage. Hold for several relaxing breaths as the fascia unwinds. Slowly release pressure as the client exhales and relaxes.

2. Move the leg pillows out of the way. Ask the client to flex her bottom knee slightly to support her body. Have her drop her top leg behind her bottom leg, and even off the side of the table if comfortable. From here, as she exhales, press on the lateral calf of the dropped leg and have her push vertically up against the resistance of your hand with $\frac{1}{4}$ of her effort, activating the QL from a slightly stretched position. Hold for 8 seconds. Have the client inhale and relax, and then repeat 1 to 2 times.

PELVIS

Lateral Hip Rotators and Gluteals

Benefits: As relaxin loosens all the body ligaments, the hips and sacro-iliac 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.

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. 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 sacro-iliac joint and just below the crest of the ileum.
5. In the 3rd trimester, press gently and directly into the sacral foramen.

Caution: Use caution when applying 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 uterine nerves. As well, strong stimulation of the sacral nerves, which pass through the foramen, could theoretically also be stimulating to an already irritable uterus. That's theoretical—there is no research to prove this.

General effleurage and broad compression to the sacrum are different techniques which are *not* contraindicated. Use intention when working with acupressure —consider why you would use the points? IF there is clear intent for these points, then it actually could be appropriate to use these points at times otherwise contraindicated. If you **do not** have advanced skills in acupressure, then use other techniques and avoid attempting a diluted version of acupressure which involved a deep understanding of multiple energetic systems and involves much more than simply pressing certain spots on the body.

Sacral Rub

Benefits: Increases circulation and brings warmth to the sacrum and pelvis; relieves sacral and low back discomfort.

Position: Sidelying.

Technique

1. In the late second or third trimester, stimulate the sacral fascia, sacral multifidi, and attachments of the gluteus maximus with brisk fingertip friction, cross-fiber friction, and skin rolling for up to 1 to 2 minutes or more, bringing heat to the area.
2. Press into sacral foramen gently, holding or rotating fingers.

Lateral Hip Rotator Attachments

Benefits: Helps release spasms and constriction of the sciatic nerve.

Position: Sidelying

Technique

1. Standing at her back, press firmly to support under the ischial tuberosity with the inferior hand, ensuring that you do not pull the gluteals apart or uncomfortably spread the client's gluteal cleft. Simultaneously, use melting compression and slide inferiorly and laterally with the superior hand from the iliac crest to the hip rotator attachments at the trochanter.
2. Slide around the trochanter in circles with the heel of the hand to touch on all the muscular insertions on the trochanter.
3. Perform cross-fiber friction on the attachments of the hip rotator muscles.
4. Perform effleurage and petrissage on the QL, gluteal muscles, hip rotators, hamstrings, and quadriceps.

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. Massage to the hands and arms, along with arm stretches that open the upper chest shoulder area, can help alleviate general discomfort. 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 & 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.

LEGS

Benefits: Women's legs often feel achy from carrying the weight of pregnancy. Calf cramps are not uncommon, and both 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.

Position: Sidelying

Caution: If your client has any risk factors associated with deep vein thrombosis, avoid deep work on the inner thighs, where clots are more likely to occur. Also avoid direct work on varicose veins. For more detailed information about DVTs and risk factors that every massage therapist should know, take the MotherTouch™ Online Course: **Module III: Precautions and Contraindications For Bodywork During Pregnancy.**

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

Compression of Thigh 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 iliotibial (IT) band.
2. Compress into the IT band and slide around the leg.
3. Squeeze and slide from under leg, back up to IT band again. Move toward the knee with each new compression. 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.
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.

SCIATICA & SACRO-ILIAC PAIN & PREGNANCY

The sciatic nerve, the largest nerve in the body, is a combination of nerves from the lumbar region and the sacral spine that connect to become one nerve in the buttocks and then travel down the back of each leg, dividing into two nerves in the lower leg. Sciatica is pain caused by compression of this nerve. Sciatic-like pain can also be caused by broad ligament spasms, or by misalignment of the sacroiliac (SI) joints. This may be accompanied with other discomforts such as sharp pain in the SI joint area, aching in the hip or low back, pain in the pubic symphysis area, or a general sense of being “out of alignment” in the hip. These discomforts are fairly common during pregnancy.

Cause

Sciatica may occur as the lateral hip rotators tighten with advancing pregnancy. The piriformis muscle can sometimes compress the sciatic nerve if the nerve passes between its fibers. The majority of “sciatica” during pregnancy is rarely true nerve compression, but more often a referred pain from psoas tightness and uterine ligament pain. However, the sensations of sharp shooting pain, vague numbness, or dull aching discomfort down the back, front, or sides of the leg or in the buttocks feel similar to sciatica. The SI joints are held together by ligaments that soften under the influence of the

hormone relaxin. Because of this laxity, combined with the increased pressure of the baby's head against the pelvis, and poor posture, the SI joint is at high risk for becoming misaligned. Sometimes one ileum may rotate forward or back, causing sharp pain in one joint. In addition, the sacrum itself can twist, causing dysfunction and pain in the SI joint. The associated pain may radiate down to the knee or calf, like sciatica.

General Treatment for Sciatica

Stretching the hamstrings, low back, gluteals, lateral hip rotators, and psoas, as well as strengthening these same muscles and the abdominals and hip adductors can help relieve or prevent sciatica. Some of these stretches can be done passively for the client with her lying on her back (for a short period) or on her side, while you mobilize the limb or joint into a stretched position, and ask her to do active resistance techniques. Massage techniques can be applied to the hip rotators, gluteals, hamstrings and external pelvic floor attachments, to help relieve some of this discomfort. For acute pain, applying ice to the lateral hip rotators can help numb nerve transmissions.

SUMMARY

This text describes some basic massage techniques to help you get started on your path of offering skilled prenatal massage. This is just a beginning, of course. In order to provide quality sessions, a therapist must understand the physiology and anatomy of the pregnancy cycle, and anticipate clients different needs during different trimesters. She or he must recognize the common complaints of pregnancy, and know how to address these changes with effective therapeutic bodywork, but also recognize potentially dangerous pregnancy conditions. To become a specialist in this work requires practice, advanced trainings, and commitment to expanding one's familiar territory with body mechanics, positioning, and draping. Start with the basics and gradually advance your skills!