

**MotherTouch Module III:  
Precautions & Contraindications:  
Considerations for Bodywork During Pregnancy**



**CAUSES OF EARLY PREGNANCY LOSS**  
**MISCARRIAGE / SPONTANEOUS ABORTION**

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**CAUSES OF EARLY PREGNANCY LOSS / MISCARRIAGE / SPONTANEOUS ABORTION**

One of the most common concerns massage therapists express about pregnancy massage is that they might cause a client to miscarry. It is a completely unfounded fear partly based on ignorance about pregnancy and an assumed delicacy of the pregnant client and partly based on fear of litigation. And of course, nobody wants to feel a burden of worry that they caused a miscarriage. While there is no research that associates massage with miscarriage there are anecdotal stories about a miscarriage occurring after or during a massage. These stories instill fear in those who are already hesitant.

If you have no training in bodywork with pregnant clients, and you know little about pregnancy itself, you do have reasons to be concerned; there are positioning requirements and risk factors that every bodyworker should be aware of before taking on a pregnant client. However the most common reasons that untrained (and even some trained) massage therapists list for how they might cause a miscarriage are not accurate nor realistic—such as using inappropriate acupressure points, or doing massage or touching the pregnant abdomen during the first trimester. Be aware--your bodywork may be potent, but not to the degree that it would cause a client to lose her baby! However, if you are doing massage that your *client* feels is too brisk too deep, inappropriate, or in the area she already associates with potential miscarriage, (such as certain acupressure points), she could believe you caused, and accuse you of causing, a miscarriage should it occur. Both she and you would suffer from doubt and worry about whether indeed you did cause it. In a client's mind, you caused a miscarriage. That is more important than whether you actually did or not! So don't get too cavalier about working with women in the first trimester! The mind is a powerful thing.

For those with litigious fears, these concerns are not based in fear of hurting a client. In American society, lawsuits are common, especially when related to the pregnancy and birthing cycle. Miscarriage is extremely common and some massage therapists, or massage spas may be concerned that a client who miscarries soon after a massage will blame the massage therapist or spa. The reality? Unless you were doing irresponsibly deep, compressive, traumatic touch to the abdomen during pregnancy, you are less likely to cause a miscarriage than you are to be hit by a piano falling out of the sky. There have been no successful lawsuits that point the finger to a miscarriage; miscarriage happens for many other reasons that have nothing to do with receiving nurturing massage.



In order to expand your awareness of the known causes of early pregnancy loss (miscarriage), please read the following article from Medscape. Note that I have edited and condensed it to make it more readable by the non-medical professional. *Words in Italics* are my translation of the information. If you would like to read the full article yourself please find it on medscape at: <https://emedicine.medscape.com/article/260495-overview - a1>

**Synopsis from Medscape article: Recurrent Early Pregnancy Loss**

Updated: Oct 07, 2016, Author: John C Petrozza, MD; Chief Editor: Richard Scott Lucidi, MD,

**OVERVIEW**

Early pregnancy loss (*Miscarriage*) is defined as the **termination of pregnancy before 20 weeks' gestation or with a fetal weight of < 500 g (17 ounces)**.

Early pregnancy loss is a frustrating and heart-wrenching experience for both the patient and the physician (*or midwife*). Early pregnancy loss is unfortunately the most common complication of human gestation, occurring **in as many as 75% of all women** trying to conceive. Most of these losses are unrecognized and occur before or with the next expected menses. **Of those that are recognized, 15-20% result in spontaneous abortions (SABs) or ectopic pregnancies.**

Approximately 5% of couples trying to conceive have 2 consecutive miscarriages, and approximately 1% of couples have 3 or more consecutive losses.

**INCIDENCE**

**Most studies demonstrate a spontaneous miscarriage rate of 10-15%. However, the true rate of early pregnancy loss is close to 50% because of the high number of pregnancies that are not recognized in the 2-4 weeks after conception. Most of these pregnancy failures are due to sperm or egg dysfunction.**

**NOTE:** In a classic study by Wilcox et al in 1988, 221 women were followed up during 707 total menstrual cycles. A total of 198 pregnancies were achieved. Of these, 43 (22%) were lost before the onset of menses, and another 20 (10%) were clinically recognized losses.<sup>[1]</sup>

**The likelihood for another miscarriage increases with each successive miscarriage.** Data from various studies indicate that after 1 Spontaneous Abortion (SAB), the baseline risk of a couple having another SAB is **approximately 15%.** **However, if 2 SABs occur, the subsequent risk increases to approximately 30%.** **The rate is higher for women who have not had at least 1 liveborn infant. Several groups have estimated that the risk of pregnancy loss after 3 successive abortions is 30-45%.**

SteadyHealth.com

**Miscarriage: What You Need To Know**

Miscarriage is any pregnancy loss before 20 weeks; Up to 25 percent of clinically recognized pregnancies end in miscarriage.

Miscarriage symptoms include:

- Vaginal bleeding
- Passing clots and tissue
- Abdominal pain
- Pregnancy symptoms disappear



Most miscarriages can complete naturally. They can also be managed:

- Surgically
- With medication

It is safe to try to conceive very soon after miscarriage, after your bleeding has stopped and you experienced one period.

A missed miscarriage is one that does not progress on its own and usually has no symptoms. Miscarriages are diagnosed by ultrasound.

The gestational age at the time of the SAB can provide clues about the cause. For instance, nearly **70% of SABs in the first 12 weeks are due to chromosomal anomalies**. However, losses due to antiphospholipid syndrome (APS) and cervical incompetence tend to occur after the first trimester.

## ETIOLOGY

The etiology of early pregnancy loss is varied and often controversial. More than 1 etiologic factor is often present. The most common causes of recurrent miscarriages are as follows:

- ❖ Genetic causes
- ❖ Immunologic causes
- ❖ Anatomic causes
- ❖ Infectious causes
- ❖ Environmental causes
- ❖ Endocrine factors
- ❖ Luteal phase defects
- ❖ Blood disorders



***NOTE: Massage is NOT in this list!!! However, science does not look much at mind-body connection, energetic, emotional or stress Related causes, so just because it's not here doesn't mean that there have been any studies analyzing whether massage can cause miscarriage.***

## REVIEW of CAUSES

### ❖ Genetic causes

Most spontaneous miscarriages are caused by an abnormal (aneuploid) karyotype of the embryo= (***Chromosomal problem***). At least **50% of all first-trimester spontaneous abortions (SABs) are cytogenetically abnormal—meaning they would not gestate into a healthy human**. *In other cultures, it might be added that another 50% are spiritually-emotionally abnormal or results of karma. We can't measure these causes.*

### ❖ Immunologic causes

Recurrent pregnancy loss is associated with several autoimmune diseases. *Tests for the presence of the autoimmune disease antiphospholipid antibody syndrome (APS), have reportedly been positive in 10-20% of women with early pregnancy losses. (This is disorder in which the immune system mistakenly attacks normal proteins in the blood and causes blood clotting issues)*

### ❖ Anatomic causes

- ❖ Malformed uterus
- ❖ A cervix that dilates prematurely.
- ❖ Fibroid tumors.

The incidence of uterine *malformations* is estimated to be 1 per 200-600 women, and present in approximately 27% of women with a history of pregnancy loss. **Anatomic uterine defects** can cause obstetric complications, including recurrent pregnancy loss, preterm labor and delivery, and malpresentation (*baby is not able to be in the optimal a head down position*).

- ❖ **Infectious causes:** Infection is considered a rare cause of recurrent miscarriage.
- ❖ **Environmental causes:** Fewer than 1% of all human malformations are related to exposures to prescription drugs, chemicals, or radiation, but approximately **10% of human malformations result from environmental causes** such as:
  - Smoking/Tobacco
  - Excessive alcohol consumption
  - Caffeine
  - **Anesthetic gases**
  - Alcohol
  - Coffee consumption : the subject of much debate since the 1980s. Studies have demonstrated conflicting results, some finding that moderate coffee consumption (< 350 mg/d) is not related to the risk of SABs <sup>[16]</sup>, whereas others claim that the risk of SAB increases even at this level of exposure <sup>[17]</sup>.

In 2008, a large cohort study of 1063 patients by Weng et al demonstrated that caffeine consumption had a dose-dependent increase in the risk of miscarriage at all levels of consumption. Patients with caffeine intake of less than 200 mg/d were 1.42 times more likely to have an early miscarriage, whereas in those with intake of 200 mg/d or greater, the risk increased to 2.23 times compared with patients with no caffeine use. <sup>[18]</sup>

#### ❖ **Endocrine factors**

**Diabetes:** Women with diabetes mellitus who have good metabolic control are no more likely to miscarry than women without diabetes. Women with poorly controlled diabetes are at a significantly increased risk of miscarriage and fetal malformation. The SAB rate increases 2-3 fold in these women compared with the general population.

**Thyroid dysfunction:** The presence of antithyroid antibodies may represent a generalized autoimmune abnormality, which could be a contributing factor in miscarriages. Ovulation, implantation, and the early stages of pregnancy depend on an intact maternal endocrine regulatory system.

**Low progesterone levels:** Progesterone is the principal factor responsible for preparing the uterine lining for implantation of the fertilized egg. Low progesterone levels have been assumed to be associated with miscarriage.

#### ❖ **Luteal phase defects**

**A luteal phase defect (LPD)** may mean either the ovaries don't release enough progesterone, or the lining of the uterus doesn't respond to progesterone. LPD has been reported in 23-60% of women with recurrent miscarriage. However, since no reliable method is available to

diagnose this disorder, controversy exists regarding both the definition and the diagnosis itself.

### **Blood disorders**

Many recurrent miscarriages are characterized by defective placentation and microthrombi in the placental vasculature.—*meaning the blood vessels in the placenta or supporting the placenta are not adequate*. In addition, certain **inherited disorders** that predispose women to venous and/or arterial thrombus (DVT) formation are associated with pregnancy loss.

### **Leslie's POSTSCRIPT**

So you can see there are many more complex causes of miscarriage than receiving a massage! In general, it is actually difficult to end a pregnancy without a cause of this type.

However, when a miscarriage *does* occur, a woman will often feel guilt, depression, sadness, anxiety, or despair. This loss is magnified especially if she has been trying to get pregnant for some time, has used artificial reproductive technology to get pregnant, or if she has had miscarriages prior to this one. Or if it occurs after the first trimester when one has developed even stronger attachments. Therefore, the bodyworker must be very sensitive to the emotional state of the pregnant client.

Do a thorough health intake prior to each massage so that you know her history of miscarriage, and ensure that she gives consent for the type of bodywork that you offer, including consent prior to proceeding with any belly massage. By offering your client information, choice and consent prior to the session, she is more likely to feel empowered and less likely to question the massage as a contributing factor to any subsequent miscarriage if it should occur.

Additionally, communication throughout a session is critical. Any therapist who puts his or her own agenda over the client's requests or concerns, could be considered irresponsible or negligent. Ignoring a pregnant client's anxiety is like playing with fire.

Listen. Respect. Educate. And then do what she requests.

I recently heard story of a woman who asked repeatedly that her massage therapist not massage around her ankles or lower legs, because she believed it could cause miscarriage. The therapist explained that these points were not dangerous to massage, and continued to do the massage in her standard way, ignoring the client's further requests. The client did miscarry 2 days later, and believes that it was because of the massage. The therapist denied that as a possibility. The client stated "If the therapist just listened to me, I would not be attributing the miscarriage to the massage, but I felt so unheard, and disrespected, that I'm now convinced it was because of that—maybe not the massage, but at least because I did not feel safe or listened to."

Some practitioners choose to avoid offering any bodywork during the first trimester. Yet, this is a time when women *need* bodywork, *especially* if they have had previous miscarriages as their stress levels will be much higher. In order to ease potential concerns about miscarriage prior to a

session, I do a thorough health intake, ask if she has any questions or concerns, and answer any questions. If she does have a history of miscarriage, I practice with special respect and caution, ensuring that she is comfortable proceeding. I ask about her comfort level with pressure and location of touch at various times during the massage, and offer a flexibility to change anything at any time with regards to positioning, pressure, style of touch, or focus. I also include or offer emotional processing and visualizations that may help address and ease any tension or anxiety present because of previous miscarriages.

