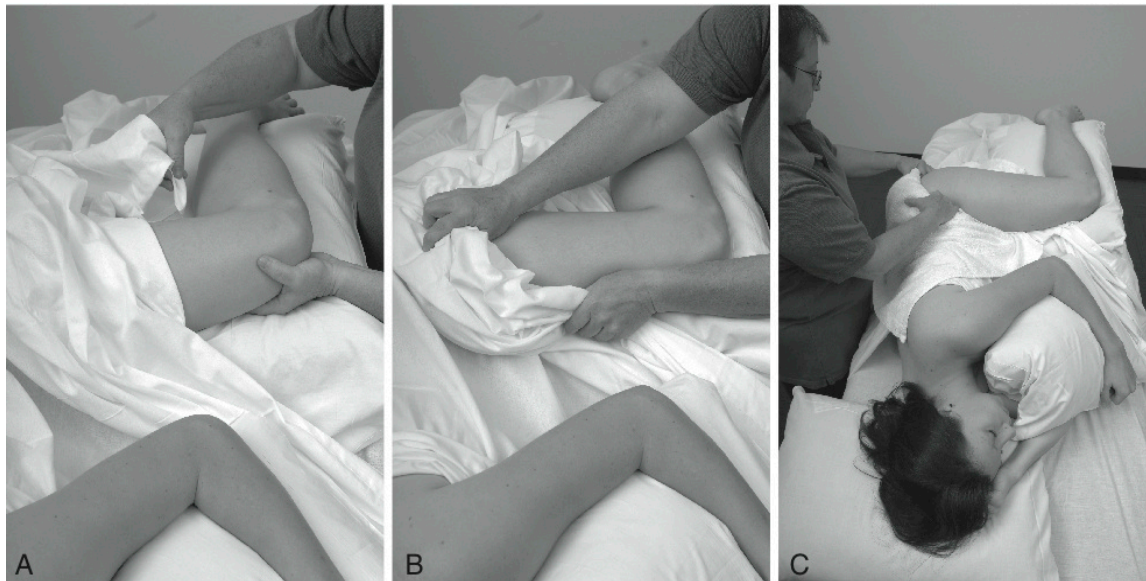


MOTHERTOUCH™

**POSITIONING & DRAPING for
PREGNANCY MASSAGE**



ONLINE CLASS

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PLEASE READ BEFORE BEGINNING !!

This text is excerpted from Leslie Stager's book: Nurturing Massage for Pregnancy. If you have that book, you may read the first part of Chapter 5 pgs 83-93 instead of this pdf.

However, Please scan this pdf for **updated information** in Orange Text! Particularly, prone positioning information has been altered since the book was written.

- **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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INTRODUCTION

Pregnancy poses a variety of massage concerns, as there are risks and considerations that are not encountered with the standard non-pregnant massage client. General office set-up, positioning and draping are also new considerations. For instance, lateral positioning is often necessary through much of a woman's pregnancy. The therapist needs to learn how to work competently in this position, and creatively so that your client can change positions smoothly if the need arises. One option for all clients does not work. Pregnancy bodywork demands creativity!

This module will explore positioning and draping based especially on the stage of a woman's pregnancy or her belly size, as well as on other considerations. First, we will consider how to set up your office to meet the needs of pregnant clients, including what equipment you need. Then, we review some basic treatment guidelines and precaution reminders for each trimester of pregnancy. Positioning for bodywork is addressed next, with a look at sidelying, semi-reclining, prone, supine, and left tilt positions and how each can be adapted for your work with a pregnant client.

Before we begin, however, let's 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. This is even more critical with pregnant clients, as you have TWO people on your table who are responding to your touch and to the impact of how you position the mother.
- ***Relaxing Touch:*** Use slow, even, consistent strokes that encourage relaxation. How you touch the mother will effect not only on her, but her baby as well.

- **Healthy Body Mechanics:** Use proper body mechanics and client positioning to ensure that neither you nor your client 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 during pregnancy, as dehydration can lead to uterine irritability and cramping.
- **Avoid Heartburn:** Suggest that your client wait at least 2 hours after eating a meal before getting massage. Heartburn is a common complaint during late pregnancy. Semi-reclining positioning may be necessary if this is a current issue when she arrives for a session.
- **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 prepare 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 **Module III: Precautions and Contraindications: Considerations for Bodywork During Pregnancy**, 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. Accessories from the following list, may be necessary for optimum comfort during pregnancy sidelying positioning:

Time:

Allow extra time in your scheduled sessions for pregnant women to undress, get positioned, use the bathroom more than once, and address health concerns.

Sheets:

- A full or twin-size flat sheet is necessary. A massage table size 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 5 pillows are necessary: 1 pillow for head, 1 arm pillow, 2-3 firm, flat, long bolsters or pillows for leg support, 1 small rolled towel, wedge, or thin pillow for under the belly.
- Alternatively, use a long body pillow in place of the belly pillow and 1 leg pillow.
- Best yet, instead of all the pillows, use the **Body-Support Systems, 3 or 4-piece pregnancy bodyCushion™**. This will provide support under the belly, back, head, and leg and eliminate the need for the belly pillow and 1 or 2 leg pillows, and is especially versatile during pregnancy. (Contact me directly for TouchForBirth Discounts on the bodyCushion™!)

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. I sometimes use the stool to access the hips and IT Band more readily from above. To have a wide enough base for

your legs, consider 2 light stepstools or have a wider one made specifically for this purpose. Or if you are really committed, you might have an electric hydraulic table that allows you to adjust heights with the tap of your foot!

Trimester Positioning Considerations

Each trimester of pregnancy poses different experiences for a mother and new opportunities for the therapist to offer comfort and healing. Knowing which trimester your client is in will help guide you in choosing techniques, noting precautions, and providing optimum positioning.

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 are addressed more thoroughly in **MotherTouch Online Course: Module IV: Precautions and Contraindications: Considerations for Bodywork During Pregnancy.**

They are discussed briefly again here as a reminder:

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 know the risk factors for deep vein thrombosis.
- If you are trained in acupressure, use the precautions you learned for pregnant clients. Generally avoid contraindicated acupressure points until 38 weeks unless you know of reasons to use them and can use them appropriately.
- Teach the client excellent body mechanics for sitting up on the table to avoid abdominal strain. Help establish this method of sitting up as the pregnancy progresses. **More details in Module II: Physiological & Musculoskeletal Changes During Pregnancy.**

First Trimester

Generally the client can be positioned prone and supine if comfortable, but just because she doesn't look pregnant doesn't mean she can lie comfortably on her belly! Consider sidelying or semi-reclining position when she has tender breasts or nausea.

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 previously experienced a miscarriage in the first trimester, now breathe a sigh of relief. Avoid **supine** positioning anytime she becomes uncomfortable. *After 22 weeks, use supine positioning only occasionally, for short duration, only for specific techniques and only if the client tolerates it well.* Begin using **sidelying** positioning after 22 weeks, or at the point that the belly is visibly protruding, or anytime the mother is more comfortable that way!

Third Trimester

Positioning will most often be in the **sidelying, semi-reclining** positions unless she prefers to be prone on supportive system like the bodyCushion™. Some therapists use a massage table with holes cut out for breasts and belly. I do not recommend these tables unless you have assessed the need for additional support bilaterally under the Anterior Superior Iliac Spines (ASIS) of the hips, and if needed, at the chest area. These tables are not adjustable and do not fit all women identically. If her hips are not well supported, you can aggravate lumbar lordosis, cause uterine ligament strain, or have issues with dizziness or nausea when she gets up.

Supine positioning can be used only occasionally, for very short durations of **5-10** minutes for specific therapeutic techniques, and **only if client is comfortable**.

When to Use Each Position

Knowing the pros and cons of each position option is important; you need to know *why* you would choose one over the other so you can offer what's appropriate for each individual client. General rules are as follows:

In the First trimester, prone and supine positioning can be used as long as the client is comfortable. The bodyCushion™ provides a supportive base for prone position that does not compress the breasts or belly, so I like that much better than having clients (pregnant or not) lying flat on a standard table without cushioning.

During the 2nd trimester, I commonly use sidelying position.

Semi-reclining is also an optional comfortable position when sidelying is not appropriate.

I use prone positioning for clients who request it, but only using the bodyCushion™ and only with assurance that they are comfortable and have no compression on baby.

Let's look at each position in more detail.

Sidelying Positioning

Sidelying positioning is used for **three important reasons:**

1. To prevent pressure on the abdomen and breasts, as occurs with prone positioning, and to prevent nasal congestion or nose bleeds, which are more common during pregnancy due to increased vasculature.
2. To prevent pressure on the large blood vessels in the abdomen, as occurs with supine positioning.
3. To support optimal relaxation with no risk of strain or pressure.

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, especially starting 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 be used at any time during pregnancy, including the first trimester, if it is more comfortable for a client for any reason. Some situations indicating the need to position sidelying include the list in the following text box.

WHEN TO USE SIDELYING POSITIONING

- Optimal position for all pregnant clients once belly is showing
- Hypotension (low blood pressure) 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.

How to Position in Supportive Sidelying

Note on terminology: 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.

Supportive sidelying positioning involves filling every arch and space with cushioning to prevent strain on musculature or ligaments. All muscles should be 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 2-3 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 or inferior 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 add posterior support and security, although there can be a tendency for this roll to slide out when rocking or doing joint mobilizations.



See Photo 1 that demonstrates supported positioning with pillows (A)[and also using the bodyCushion™ (B).

Note in image A the small cloth roll under the belly.



Photo 1: Sidelying Positioning with Pillows (A) or bodyCushion (B)

Changing Sides

After working on the client's superior side, you will want to access her other side. Women with large bellies may have 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---this is a perfect opportunity to adjust the cushions and sheets without her on it!

If she is ready to roll over, she may find it easier to sit up 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, as she rolls over, position yourself on the side of the table where her back will be facing to be sure she does not lie too close to the edge of the table. Once positioned, replace all the pillows, including the wedge for her belly if you've used one.

Common Comfort Problems with Sidelying Positioning

Note on terminology: 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.

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

Sore Hips

Without having the option to change positions to supine or prone at home during the 2nd and 3rd trimesters, women's hips may become sore from sleeping and lying on their side when at rest. Your comfortable sidelying set up will give them some tips for making themselves more comfortable at home. For optimum comfort on a massage table, use a foam mattress pad or a thick sheepskin cover to provide extra cushioning.

Shoulder Compression

During a sidelying massage, some women will experience compression in the shoulder joint or brachial plexus, developing numbness, tingling, 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. Alternatively, the 4-piece contoured bodyCushion™ offers easy support under both the waist and abdomen, alleviates compression on the shoulder joint, gives a soft cushion for the hips, and eliminates a few extra pillows. It also has a nice solid leg bolster that I love.

It is an excellent choice for practitioners with regular pregnant clients or those who often use sidelying position.

Instability

During the massage, especially if working with the hips and low back, 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. Note this position in ***Photo 1***.

When working other parts of the body, your client may prefer to roll forward slightly to get some weight off her hip. This is fine, as long as you remember this and move her back to stacked position if you are doing specific work in the sacro-iliac joint, low back, or hips.

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 2-4 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.

Table Height and Sidelying Massage

In order to work effectively with sidelying positioning from *behind* the client, as opposed to *over* her, as with supine or prone positioning, the therapist must raise the massage table higher than normal. An easy way to assess proper table height is to stand next to the table. Extend your arms straight down and flex your wrist so your hands are horizontal. An appropriate height is if your hands now rest comfortably on the table surface, without stretching them further. Or, the table surface can reach right at the height of your ASIS. Adjust the table height for different sessions to find the most comfortable height for your body. On average, it may be 2-4 pegs higher than normal. The bodyCushion™ raises your client on the table, so take that into account when measuring. Note: Keep table a little lower than just described if using the BodySupport cushion which makes everything higher!

Alternatively, some people prefer to work with a low table. 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 healthy body mechanics and avoid

strain. If you are very lucky, you have a hydraulic table and can make adjustments throughout the session to ease your body mechanics!

I tend to work more with a higher table height, though I also alternate heights to keep my work more dynamic.

Case Study: Pain Relieved by Positioning

At 38 weeks gestation, Tawny came to her massage therapist, Trina, with complaints of shoulder and neck aches that developed one month earlier. It hurt worse in the morning and improved with activity during the day, but the discomfort returned again every morning. 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 internal rotation of her shoulders and shortening of the pectoralis, in part due to the growing weight of her pregnant breasts.

Trina gave Tawny a massage, and included 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. On the table, 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 been 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 stretch the pecs and subscap.

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 addressed postural concerns. 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 larger, lactating breasts when 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.

Draping for Sidelying Position

Though simple, there is a skill to draping smoothly, securely, and effectively for a client in the sidelying position. Sheets do not “stay put” in sidelying as naturally as they do with prone and supine clients. 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, as shown in photo 2 below.

Practice new draping techniques several times before using with a client, so you feel confident in the execution of the technique. During pregnancy, a full size flat sheet is optimal to provide 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. **Narrow massage-sized flat sheets are generally not large enough to cover it all!** A twin flat sheet sometimes will be fine if the client is not too large.



Undraping the Back

NOTE in *Photo 2*, the use of a towel over the folded sheet to secure sheet and add security with its extra weight.

Photo 2: Drape for the Back (without the angle that allows great superior hip access)

- 1. 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. You may wish to first**

apply a breast drape: Put the arm pillow over the breast drape, and THEN have a top sheet over all, which can be easily pulled down to expose the belly at any time. **You'll see this in the online course: Module IV: Positioning & Draping for Pregnancy Massage.**

2. Standing behind the client's back, pull the area of the sheet closest to you over the edge of her superior waist and scapula, laying the sheet along her superior side.
3. While holding one part of sheet securely against her superior hip near trochanter, adjust the lower edge of the sheet at her buttocks by pulling slightly toward her head, exposing the *superior hip*, while keeping the gluteal cleft covered.
4. 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.
5. Lay a heavy bath towel, if desired, on the sheet over her superior hip for extra security, as in photo under Draping for Sidelying Position.

If you look again at *Photo 2* above, you will see that the sheet is simply positioned straight across and just below the waist, without the extra angle that I just described. I like to access as much of the hip and sacrum as possible, so generally do as I describe. If you *only* want to access lower back *without hip*, then draping as in *Photo 2* is fine.

Draping to Expose the Gluteals and 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 on the top leg (vs the leg closest to the table), just proximal to the posterior knee. (the sheet can sometimes be put under the anterior knee with similar good results)
3. Tuck the corner you are holding beneath the posterior side of the top leg's thigh, and pull slightly toward client's belly. Pull it slightly through (just enough to see it, perhaps 1 inch)

Photo 3: Putting corner of sheet under knee

onto 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.***



Photo 4: Sliding Sheet up leg.

4. Pull some extra sheet from the abdominal area toward the anterior side of the top 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.

4. 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.



Photo 5: Tightening sheet at or over trochanter

5. Roll the sheet up tightly over the back of the gluteals to keep it in place.

6. 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 toward the groin and tuck sheet around leg.

Draping to Expose the Belly

1. For easy access to massage the abdomen in the sidelying position, you might need to remove the belly support first, unless she is on the bodyCushion™ which provides belly support naturally and will not be disturbed with the belly massage.



Photo 6: Undraped Belly

2. Use a breast drape: 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.

Massage Therapist Tip: Making Your Table Comfortable for Pregnancy

It can be difficult for a pregnant woman to find a position where she can rest comfortably. If she is able to find comfort on your massage table, she will be thrilled to have 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 support the legs, create more stability, and won't collapse under the weight of her knee.

Have a variety of pillow sizes and shapes to offer more flexibility for positioning each individual client. Know which ones work best for which purpose.

An angled foam wedge under the torso can help to prevent shoulder compression if you don't have a bodyCushion.

A belly wedge using a rolled towel, or thin, soft, small pillow can feel supportive for some women, and prevent uterine ligament strain.

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 have, 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 press on the table. Notice the compression of your shoulder. Are you comfortable?

Within 10-15 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 puffy and therefore unstable after some time, or sinking down once the weight of your leg starts compressing them. If you start 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.

SEMI-RECLINING POSITION

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 non-pregnant clients, but a step stool may be necessary to access behind the client's head and back more easily if you weren't able to lower the table prior to the massage.

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.
- 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 you may have used 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 Position

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. 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.



Photo 7: Semi-Reclining positioning

Draping for Semi-Reclining Position

Draping in this position is exactly the same as you would do with a normal supine client, although you have to be more concerned about the drape falling off the breasts. Use a breast drape under the main sheet and secured under her armpits, so that you can easily expose the belly when desired, and don't have to worry about sheet falling down off breasts.

Prone Positioning

Pregnancy massage “tables” and “pregnancy cushions” are sold with cut-outs designed for pregnant bellies and large breasts, so that women can be lay, 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 5-10 minutes they developed uneasy feelings 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 generally *not appropriate* for longer than short durations when receiving massage in the 3rd trimester.

Why Not?

- **Size:** Cut-out holes in tables are one size. A smaller woman will be supported differently than a larger woman. Some women’s hips “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 utero-sacral ligament may be strained in it’s effort to support the weight of the forward-dangling uterus. **This may be more important consideration when she tries to push herself up after being prone for some time. I have had a client end up with severe quadratus**

lumborum spasm from the effort of repositioning from prone on low cushions. I now use the extra platform with the bodyCushion to put her more in quadrupedal position.

- **Intrauterine pressure:** Applying pressure downward on a prone client may increase pressure in the uterus. A small percentage of women have undetected problems with the placenta; if this were the case, *we must consider whether* this increased pressure could unintentionally harm the placenta or the baby.

Note: There is no documentation of this having occurred during massage, but since it is a risk, prudence dictates avoidance of strong pressure to the lumbar and lower thoracics the area of the uterus.

- **Congestion:** Nasal congestion is common during pregnancy due to vascular and hormonal changes. Positioning prone aggravates this condition even more.
- **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 non-verbally will be more limited. In addition, general feedback about pressure, desired changes, or arising emotions are less easily conveyed by the client when face-down.

If a client with a low-risk pregnancy requests prone positioning and you have a pregnancy table manufactured for this purpose, it can be acceptable for short periods of time as a “treat,” but please assess for ASIS support, belly and breast compression, and how well she fits into this relatively

non-adjustable system. Most tables do not provide support to the areas most needed and can exaggerate lumbar lordosis.

SUPPORTIVE PRONE POSITIONING

If you have the BodyCushion for Pregnancy™, which is made *specifically* for pregnancy, it can be adjusted for each client. They may then conceivably be positioned prone for longer periods of time, even up to 30-60 minutes if they remain comfortable. With this system, assess that there is no pressure on the uterus/baby and that you can slide your hand under the belly and feel space prior to starting massage.

If you use it in conjunction with the extra Platform underneath (*Photo 8* below), a client is in a modified quadrupedal position which is excellent during late 3rd trimester, large bellies, twin or multiple babies, or for women with lots of SI joint, sacrum, and low back pain. To get up from this position, she merely pushes back onto her knees and feet, into a yoga “child’s pose”, thereby avoiding strain to the belly or back. This system offers the best prone positioning option that I have found to date. Of course it won’t work for *everyone*, but then, sidelying doesn’t always work for everyone either! For the majority of situations, and for optimum comfort and safety, use sidelying or semi-reclining positioning throughout the latter half of pregnancy if you don’t have the pregnancy bodyCushion™, and leave prone positioning as an occasional short treat if a mother requests and enjoys it.



Photo 8: Pregnancy bodyCushion™ with Platform base.

NOTE: If interested in the bodyCushion for Pregnancy, the RetroPlatform, or other products from the company, contact Leslie directly to ask about a discount on BodySupport.com products!

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. Why?—Supine positioning allows 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. As a general rule, no extended amount of work should be done in the supine positioning after the middle of the second trimester.

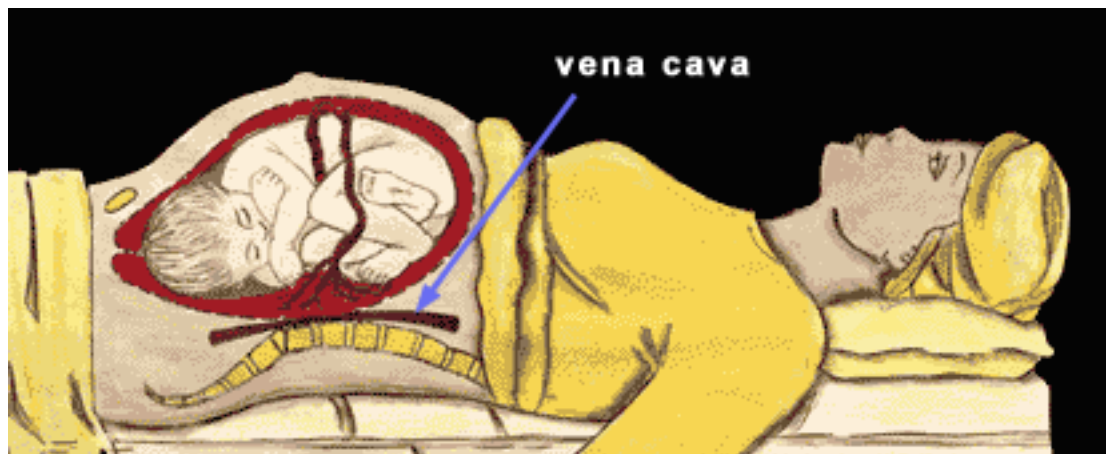


Figure 1: Vena Cava Compression in Supine Position

Using Supine Position

Brief periods up to 10 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 usually 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. I ask her frequently about her comfort level.

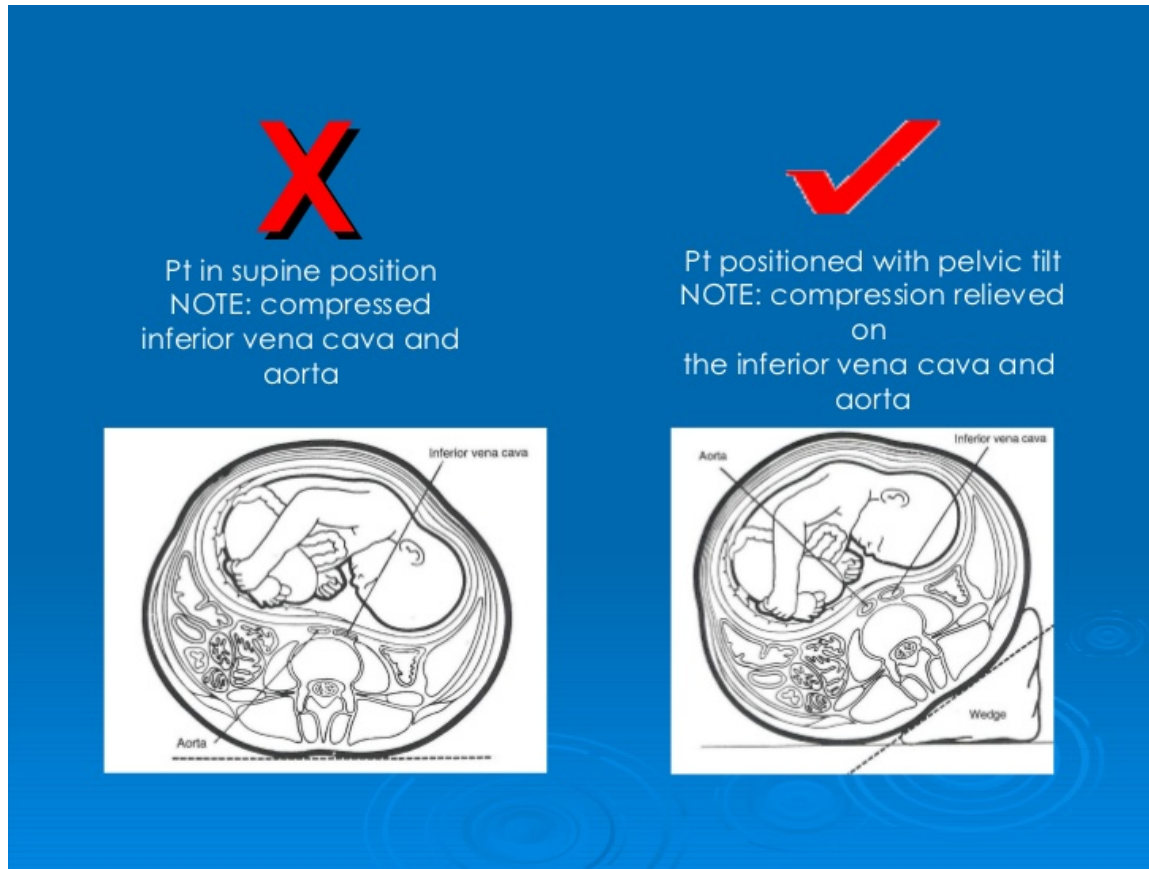


Figure 2: Vena Cava compression in supine and relief in tilted position

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. Some practitioners choose a left tilt position 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 laterally and prevents compression of the inferior vena cava, which is located just slightly laterally to the right of the spine. **Note: This left tilt position can be used occasionally, but be aware that it is generally not ideal for more than 15 minutes--the spine is slightly twisted, which can lead to compensatory tightening in other areas of the body, and it does not really get enough weight off the spine to allow for long term positioning this way. Full lateral is much more appropriate.**

SUMMARY

In order to safely and optimally provide pregnant clients with appropriate bodywork, the massage therapist must attend to the specific needs of this 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 non-pregnant 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 for safety, respect and nurturing during a massage.

Chapter Review Questions

1. Name 2 reasons why you might choose to schedule longer sessions with your pregnant clients.
2. Name 3 extra items you might have available in your office set-up in order 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 sidelying position. Name 3 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. Explain what you would do if a client became uncomfortable in sidelying positioning after starting a massage. What other position or positioning comfort measures might be tried?
7. Discuss the pros and cons of prone positioning after 22 weeks gestation. Describe the concerns of supine positioning after 22 weeks.