empowering birth stories and aim to be a source of reassurance and calm.

The upcoming birth can bring hidden feelings to the surface, creating conscious or unconscious emotional stress or triggering prior traumas (Simkin and Klaus 2011; Simkin et al. 2018). (See Chapter 7 for more on trauma's effect on childbearing.) Most of your clients will be at least somewhat awash in joyous anticipation of their baby. Be respectfully sensitive to the depth and range of all the emotions that can emerge when clients are under your nurturing hands.

Guidelines and Considerations

You will see many of your expectant clients for the first time in this final trimester. This is often because this is when they become uncomfortable enough to seek possible relief. Perform a thorough intake interview and update yourself regularly with results from her increasingly frequent maternity healthcare provider visits (see Chapter 8). If the physician or midwife has no concerns about progress, then be assured of the pregnancy's normalcy. Of course, you and your clients should communicate with their providers if any signs of complications occur.

Observe all precautions and guidelines detailed in Chapter 2 and Chapter 7. During the final weeks of pregnancy, some mothers will be more physiologically stressed, and thus more prone to medical complications such as gestational diabetes and hypertension. Be especially alert to developing signs of gestational hypertensive disorders such as pitting and/or systemic edema. Remember that edema anywhere other than feet and legs is a warning of possible gestational hypertension. Seek a medical consultation if you notice any symptoms of medical complications (see Chapter 7).

Because preterm labor may include the common third-trimester complaint of low backache, ask those clients if they have had other labor signs like rhythmic pelvic or thigh pressure, abdominal cramping or vaginal discharge. Does the pain have them feeling restless? If so, or if back pain persists, regardless of position or activity, these may be indicators of possible preterm labor (or kidney infection) rather than musculoskeletal problems. Typically, referred pain from organs does not change with movement, whereas musculoskeletal pain will usually increase or diminish depending on the client's movements. With any combination of these indicators of preterm labor, evaluation by her maternity healthcare provider is essential. Your reassuring, sedative contact can counteract the negative effects of this stressful situation and may even help prevent preterm birth (see Chapter 7) (Field et al. 1999).

On the other hand, 3 to 12 percent of pregnancies go beyond their calculated estimated due date. What causes gestation beyond 42 to 44 weeks is obscure, and it can be fine, but fetal and maternal problems may develop when it does (Simkin et al. 2018). Help your clients in this seemingly unending wait be more physically comfortable (Kozhimannil et al. 2013). More frequent relaxation massage can reassure them and promote the deep sense of safety and hormonal balance necessary for labor to begin (see Chapter 5). Our clients often benefit from exploring their physical readiness for labor. Ask for their guidance with appropriate, gentle queries, such as "Where in your body feels resistant or reluctant to giving birth?"

Once a client is **post-term** – "overdue" and past her estimated due date – she may look to you to help start labor. There are conflicting data on the effectiveness of stimulating specific points on the hand, calf and foot (see Chapter 5, "Points of view: Induction and augmentation of labor"); however, for better possibilities with these acupuncture points (see Figures 2.8 and 2.9), teach their locations and how she and her partner can work with them.

There are a few additional considerations: although leg pain and edema may have increased by this point, observing precautions while working there is of critical importance. By this time, many clients tend to be less active; be particularly conservative if your client is on bed rest restrictions (see Chapter 7). Fetal pressure on circulation from the legs is also greater and thus thrombi development risks are highest (see Chapter 2 for more on other factors that increase clot risks) (Devis and Knuttinen 2017).

Deeper pressure into the abdomen still is contraindicated and so take particular care at any diastasis recti or when doing quadratus lumborum work. You may feel the baby's distinctive kicks and squirms; that experience – though delightful – should never be your rationale for performing abdominal massage (see Figure 4.18).

Continue to avoid specific reflexive stimulation of uterus-stimulating points on the feet, hands, upper back and sacrum, unless she is past her due date (see Figures 2.8 and 2.9, and Chapter 7). Though uncommon, if nausea occurs, avoid rocking passive movements.

Positioning

As explained in Chapter 3, during weeks 27 to term, position pregnant clients on the therapy table only in the sidelying or semireclining positions. Because many people labor in the semireclining position, familiarizing clients with this position and with how to achieve maximum relaxation here is useful labor preparation. Also, heartburn and shortness of breath may make semireclining some clients' only comfortable position. When the client is optimally aligned with the entire ceiling-side leg level with the hip when sidelying, and feet level with knees when semireclining (see Chapter 3), positioning on the therapy table may help to mechanically assist edema relief.

From the treatment room

When I became pregnant again after a difficult first pregnancy, I was very anxious. Thankfully, my massage therapist was there for me throughout the entire nine months. She knew how to work me through the usual aches and pains, but, more importantly, she offered her healing touch to control my stress and to help strengthen me to feel and be more resilient. Massage therapy increased my connectedness to my baby and to all the changes I experienced.

– **Jasmine**, client

Selecting Effective Techniques (Box 4.7)

Use the general goals listed in Box 4.1 as you work with your third-trimester clients. In addition, here are specific third-trimester priorities, followed by specific techniques that will help with those issues. If you are trained in functional assessment, use those tests to make your technique choices more targeted (Zulak 2018).

- Use deep tissue, cross-fiber friction, passive movements and other forms of therapeutic bodywork throughout the torso (see Figures 4.19–4.40).
- Relieve fascial pain from strain to the uterine ligaments (see Figure 1.7):
  - Lateral Pelvis Deep Tissue Sculpting for the broad ligaments (see Figure 4.20)
  - Hip Infinity Mobilization for broad and round ligaments (see Figures 4.44 and 4.45)
  - Lumbosacral Joint Decompression for the sacrouterine ligaments (see Figure 4.22).

Box 4.7
Summary of third-trimester bodywork

Pregnant clients in weeks 27 to 40+ will derive benefit and enjoyment from your focus on the goals listed in Box 4.1. In addition, focus on these third-trimester-specific priorities:

- Reducing strain and pain around pelvic structures, spine, hip joints, structures involved in pectoral girdle and head misalignments
- Encouraging pliability in torso to accommodate significant growth
- Relieving pain patterns originating from uterine ligament strain and from nerve compression
- Assisting in preventing and/or relieving developing varicose veins, cramps, and fluid buildup in the feet and legs
- Increasing flexibility in preparation for labor
- Instructing partners in labor massage
- Instructing parents in infant massage and movement routines

- Offer body-use education for pelvic, ribcage and cervical alignment on and off the therapy table (see Figures 4.32 and 4.15–4.17). Encourage repeated, daily attention to these concepts. More balanced alignment can help with shortness of breath, heartburn, hiatal hernia, pelvic pain and other common discomforts.
- Offer instruction in soothing massage for areas of the torso made sore from the baby's heels always rubbing against the same rib.
- Maximize torso space with special attention to the distal ribcage, quadratus lumborum and all pelvic structures (see list in second-trimester techniques above).
- Assess clients' breathing patterns, address tension and misalignments that compromise fuller breathing, and help encourage relaxed, deep respiration:
  - Breathing Enhancement (see Figure 4.11)
  - Pectoral Girdle Deep Tissue Sculpting (see Figures 4.26–4.30)
  - Pectoral Girdle Mobilizations (see Figures 4.24 and 4.25)
  - Paravertebral Deep Tissue Sculpting (see Figure 4.23)
  - Ribcage Deep Tissue Sculpting (see Figure 4.34).
- Offer relief from gastrointestinal complaints by stimulating corresponding zones on the feet (see Figure 4.13).
- Offer relief from normal leg and foot edema by encouraging your clients to regularly return to their best possible vertical alignment, to prop up their legs whenever practical, and to enjoy numerous and frequent pelvic tilts.

Use your positioning on the therapy table to mechanically assist edema relief: entire ceiling-side leg level with hip when sidelying, and feet level with knees when semireclining (see Chapter 3). Specific myofascial techniques to the proximal anterior thigh, lymphatic drainage and gentle, modified Swedish techniques on the legs may be helpful for reducing leg edema. (See Chapter 7 "Points of view: Edema.") Acupressure to the medial arch four times daily and to other specific points also may reduce edema in the feet (Mukherjee 2015).

In addition to lower leg edema, calf cramps are common and normal in the third trimester. Relieve cramps as described in the second trimester. Approximately 25 percent of pregnant people also feel restless leg syndrome when still, causing an intense need to shake and/or rub the affected leg. Because both leg cramps and restless legs are primarily manifestations of physiological imbalances in iron and deficiencies in other minerals, nutrients, salt, water and hormones (Simkin et al. 2018), suggest consultation with a nutritionist or healthcare provider to supplement your modified Swedish massage therapy and stretching.

Symphysis pubis dysfunction is more common now than earlier in the pregnancy. There are several ways to prevent increasing this stabbing pain during your sessions:

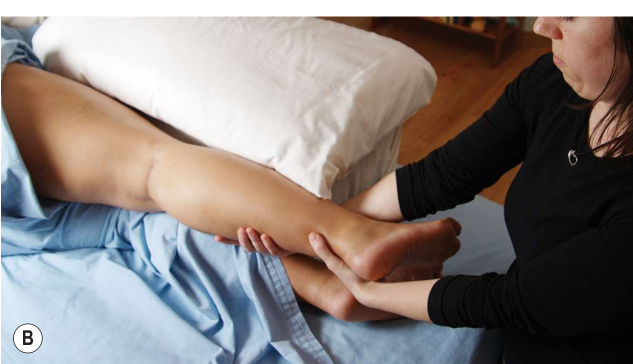

Figure 4.7A–B
Adaptations for symphysis pubis dysfunction. **(A)** Try placing leg bolsters between the legs; **(B)** avoid leg traction, unilateral pressure on the pelvis and large-amplitude movements involving the hip joints.

- Shift the positioning of her table-side leg, placing the bolsters *between* the client's legs, with enough height to level off the ceiling-side leg, as shown in Figure 4.7A.
- Help her to keep the bent knees together as she shifts sides (sometimes a hands and knees rollover is less painful) and minimize position changes on the table.
- Avoid techniques that pull on this joint, such as circumductions or unilateral traction (Figure 4.7B).
- Prevent or reduce this pain by encouraging more upright alignment and try Figures 4.41 and 4.42 for specific symphysis rebalancing.

Many find relief for referred uterine ligament fascial pain, and venous compression from the uterus, by gently cupping their hands under their abdomens just superior to the pubic bone, thus holding the baby's weight. If clients' partners are willing, then teach those couples with no risk factors or complications to do this "baby lift." Other alternatives to accomplish this are supportive undergarments, a prenatal support belt, or fabric wrapped in the styles of many traditional cultures.

Pelvic nerve entrapments often begin or worsen during the third trimester. When you identify one of the characteristic patterns described above, work to mobilize joints and relax soft tissues to relieve pressure on affected nerves.

If your client experiences hand numbness, pain or weakness, particularly in her thumb and next two fingers, this typically is carpal tunnel syndrome caused by excess fluid. This will need medical diagnosis to confirm, but you can begin to maximize space in the carpal tunnel with gentle, small-amplitude mobilization and traction (see Figure 4.50). Address forearm tension (see Figure 4.49) and restrictions in the retinaculum (see Figure 4.51). Reduce any chronic anterior pectoral rotation that may be restricting fluid flow from the arms and hands (see Figures 4.24, 4.25, 4.28–4.30), followed by light, rhythmic Swedish or lymphatic drainage strokes, working first proximal then distal areas of the arm. Ice, braces and positioning tips might also be helpful.

For arm and whole-hand symptoms, likely related to thoracic outlet syndrome (Werner 2015), focus on postural realignment activities (see Figures 4.15–4.17) and relief of chronic tension in the neck and pectoral girdle, especially the scalene and pectoralis minor muscles (see Figures 4.26–4.31). Other passive movements to the spine, ribcage and pectoral girdle are also effective (see Figures 4.12, 4.14, 4.24, 4.25 and 4.40). Use the Breathing Enhancement activities (Figure 4.11) to reduce the possible contributions of hyperventilation and upper-chest breathing. Try craniosacral techniques, especially a thoracic inlet release, and strain–counterstrain treatments. Locate and extinguish arm and chest trigger points (see Chapter 6 for more on arm and hand pain).

In addition to providing relief from common pregnancy discomforts, now is the time to focus therapy on labor preparation. The rationale and instruction in such specific techniques are included in Chapter 5. Instructing partners in how touch can enhance the family's ability to support the laboring mom also are included in Chapter 5. You may want to teach simple postpartum massage techniques to her and her family now, too. Plant the seeds for her continued massage therapy by sharing how you can assist her postpartum recovery and enjoyment of mothering.

Also, integrate techniques you already know – after answering the questions in Box 2.4 – to further assist third-trimester needs.

Some clients will appreciate suggestions for self-care that reduce common prenatal discomforts. When these possibilities are outside of your scope of practice, present them as ideas for clients to explore and discuss with their medical care provider.

Technique Manual of Prenatal Massage Therapy

You have now arrived at the "fun stuff" – the actual techniques! Perhaps you have even skipped the prior chapters because you are so eager to "just do it"; if so, we urge you to go back. The first three chapters are crucial to making sense of these techniques, to realizing their benefits and maximizing their safety. Be sure you have absorbed the guidance in the previous pages, in order to best integrate the specialized techniques in the pages ahead.

What follows is not a prescribed sequence or protocol. Instead there are five groupings of alphabetized techniques: those with a full-body, integrative effect; those focused on the torso; the legs; then the arms; and finally, those for gastrointestinal complaints. Once you have determined each client's needs, you can choose from these groups. Incorporate a few particularly appropriate techniques into your usual session sequence, as was done in one study (Field et al. 1999); or use primarily these techniques, as the researcher in a more recent study did (Çakır Koçak et al. 2018). The choice is yours.

Note that the online resources contain a few specific sequences, including most of those used in the studies listed above. Using these sequences may offer you a basic session structure until you gain enough experience to confidently design more individualized sessions. Also, the evolution of a full pregnancy's massage therapy treatments is summarized online in the individual session notes of three therapists.

Each of the techniques is described as follows:

[Name of Technique]

Intentions

The outcome or purpose of the procedure. Understanding this underlying rationale will enable you to be more anatomically precise; to create safe and individualized sessions; and to talk with your clients and alleviate any concerns about your work.

Procedure

Precise written instructions for accomplishing the technique (written with a specified client position in mind), usually accompanied by a photo of a client and a therapist correctly performing the technique. (Note that, for clarity's sake, the client is usually clothed, rather than professionally draped as shown in Chapter 3.) Most figures have some of the following to convey further details:

- an overlay with the anatomical structures involved
- solid red arrows indicating the vector or direction of your pressure
- dashed red arrows marking the total area to apply the technique
- white arrows showing movement you request of your client
- red dots identifying typical trigger points to locate and extinguish
- an indication of whether to use a professional massage therapy lubricant.

These instructions use the following terms:

- Outside hand = your hand farthest from the table when you are standing beside it. Which hand is "outside" depends on if you are facing the head or the foot end.
- Inside hand = your hand between your torso and the table when you are standing beside it. Which hand is "inside" depends on if you are facing the head or the foot end.
- Ceiling side = the side of your client's body that is highest from the table and usually most available to work with when she is sidelying.
- Table side = the side your client is lying on.

Hints

Tips for ease, variety or effectiveness. These are pointers for your own body use and ways to adapt the technique, including suggested alternatives for creating the same effect.

Precautions

Safety adaptations and guidelines. Certain techniques require specific guidance – in addition to that in Chapter 2 – so that they are not only effective but also safe.

Full-Body Integration

Each technique in this section can help to reduce stress and promote physical, emotional and mental integration. They also facilitate relaxation; increase kinesthetic awareness; assist the client in being more present with the emotional and physical reality of her pregnancy; and create a conducive environment if she chooses to explore her feelings in more depth.

Autonomic Sedation Sequence 3–1–1

(Adapted from slow-stroke back massage in Jalalodini et al. 2016; Keramati et al. 2019; Longworth 1982.)

Intentions

To induce a sedative, calming state; to lower blood pressure by stimulating the vagus nerve, sacral plexus and spinal parasympathetic nerves; to gather and center the client's awareness around her core.

Procedure

Best performed (and described) in sidelying position; with or without lubricant.

Paravertebral Raking (Figure 4.8)

1. Stand behind the client at about her waist level and facing her head. Rest your inside hand on her side as a stabilizer. Spread the fingers of your outside hand slightly.
2. Beginning at the crown of her head, stroke down each side of the spine with your outside hand, index finger on one side of the spine and middle finger on the other, sinking to the superficial fascial level. Continue paravertebrally down to her sacrum, touching approximately 2 inches (5 cm) on each side of the spine. Stroke gently with your relaxed, flat hand and slightly flexed fingertips to drag through her skin and fascia, creating a reflexive response through the skin dermatomes into the parasympathetic nervous system.
3. Repeat rhythmically at approximately three-second intervals for three minutes.
4. Pay particular attention to the base of the skull and upper cervicals (where the vagus nerve emerges) to increase effects on chest and abdominal organs.

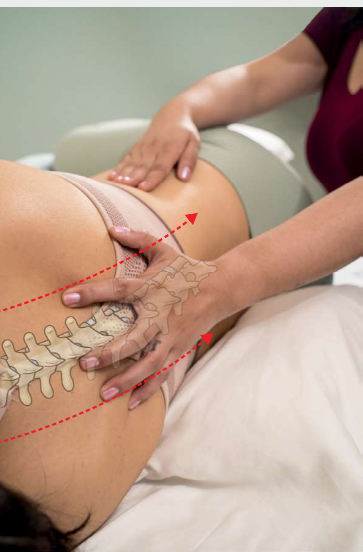

Figure 4.8 Autonomic Sedation Sequence 3–1–1 (Paravertebral Raking).

Sacral Friction (Figure 4.9)

1. Stand just distal of her sacrum and facing her head. Rest your inside hand on her side as a stabilizer.
2. Continue using your outside hand to perform one minute of rhythmic, gentle friction to the sacrum. Use the flat pads of three or four fingers to rub through the skin and fascia, rather than sliding over the skin; systematically cover the entire sacrum.
3. Imagine stimulating the plexus of parasympathetic nerves that affects the pelvic organs and is bundled deep to the sacrum. Take care to avoid pointed sacral pressure that could possibly stimulate uterine contractions.

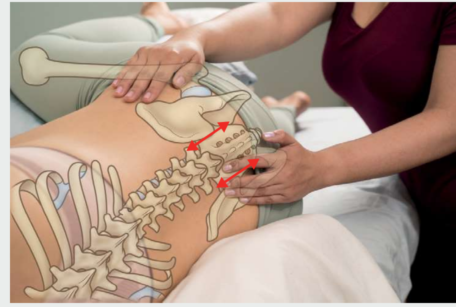

Figure 4.9 Autonomic Sedation Sequence 3–1–1 (Sacral Friction).

Rib Raking (Figure 4.10)

1. Stand behind the client's upper back, facing her feet. Using your outside hand (the opposite hand from the one you used above), spread your fingers into a rake-like formation. Place your hand just distal of her scapula on her lateral ribcage with a finger between each rib.
2. Beginning along the lateral midline, gently stroke lateral to medial, following the ribs and continuing to her spine.
3. Reposition and repeat at a frequency of approximately one-second intervals for one minute.
4. If you are able to comfortably reach beneath the table-side ribs, do the same rib raking there for another minute.
5. Imagine as you stroke her sides that you are collecting and solidifying her around her spinal core.

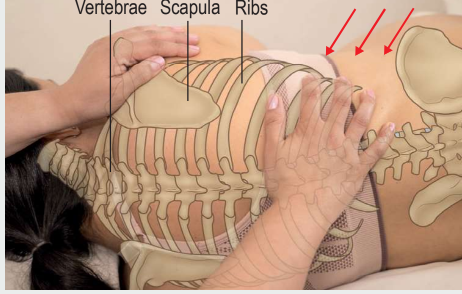

Figure 4.10 Autonomic Sedation Sequence 3–1–1 (Rib Raking).

Hints

- Use a light application of lubricant to facilitate glide on Steps 1 and 3 of this sequence, or all three can be completed over clothing or sheets without oil or lotion.
- This technique is most effective if you perform all three procedures in the sequence described and for the length of time required.
- If you or your clients seem impatient with the repetition and simplicity of this technique, try adding a visualization of a peaceful spot or of brushing away their worries and tensions, or have them practice deep abdominal breathing to further encourage a relaxed state. You might also try shortening each step for a proportionate time, but be sure to include all three steps of the sequence.

Breathing Enhancement (Figure 4.11)

Intentions

To facilitate relaxation and increased kinesthetic awareness; to re-educate breathing toward complete diaphragmatic activation and maximum lateral and posterior ribcage excursion; to facilitate retraining those who breathe paradoxically to breathe diaphragmatically; to reduce overuse of upper chest and neck muscles that can contribute to headaches, neck and back pain, and thoracic outlet syndrome; to facilitate maximum maternal and fetal oxygenation; to prepare for the breathing demands of labor.

Procedure

May be performed in any position; without lubricant.

1. Place your hands on your client's lower lateral ribcage. Offer her the following visualization:
   - "Imagine your torso as a folded umbrella with the edge of the umbrella at your lower ribcage."
   - "As you inhale, see the umbrella opening."
   - "As you exhale, imagine it closing against the center pole."
   - "Continue to open and close the umbrella in your imagination as you breathe."
2. This visualization is especially useful to increase lateral and posterior costal breathing.

Figure 4.11 Breathing Enhancement.

Hints

- Alternative Visualization
  1. Ask the client to place one hand on her lower abdomen and the other on the center of her chest.
  2. Instruct her to inhale through her nose and exhale through her mouth gently and deeply without strain.
  3. Offer her the following visualization: "See your baby nestled in your uterus, deep within your pelvis. Imagine that your inhaling breath gently touches her or him. As you exhale, imagine your caressing breath gently leaves her or him. Watch these waves of movement as you continue to breathe fully in this way for as long as desired."
- Observe any straining, especially chest over-inflation or activation of the scalenes and other neck muscles. Verbally encourage her to breathe effortlessly, without force.
- Enhance her awareness with your hands on the specific areas toward which you are guiding her breath.
- When a client has difficulty with visualizing, switch instead to kinesthetic cues. For example, with her hands on her abdomen, ask her to lift her hands away from her spine with her inhale and allow them to sink toward her spine with her exhale.
- Encourage frequent, daily breathing practice, particularly for those who breathe paradoxically (meaning their abdomens collapse on inhale and expand on exhale).
- See online resources for more on breathing guidance.

Cervical Transverse Rocking (Figure 4.12)

Intentions

To induce a sedative, calming effect by reducing compression on the parasympathetic nerves traversing here; to reduce strain and promote relaxation in surrounding soft tissue; to reduce headache; to evaluate the quality and quantity of joint motion and points of tenderness as a guide to where to apply deeper work.

Procedure

Best performed in sidelying or semireclining position (described for sidelying position); without lubricant.

1. Stand at the head of the table and facing the client. With your fingers pointing posteriorly, place the middle finger of your hand nearest her face on the transverse process of the highest reachable ceiling-side vertebra (maybe C2). Slide your other hand under her neck with your fingers pointing anteriorly. Use your middle finger on the table-side transverse process of the same vertebra. (Remember that the transverse processes of the cervical vertebrae are roughly in line with the ear, more anterior than many imagine them to be.)
2. Create a slow and fluid transverse rocking motion to C2 by rhythmically alternating pressure that lifts then depresses that vertebra for three to five repetitions.
3. Repeat to mobilize the entire cervical spine, working gradually down to C7 and repeating this focus one vertebra at a time.

Hints

- Visualize creating more space between vertebrae and re-establishing fluid cervical movement.
- Your movement should be small and slow, your rhythm steady; envision the frequency of a relaxed heartbeat.
- Create this movement by flexing and extending your knees, and keeping your hands soft, rather than by flexing and extending your fingers.
- If the client is nauseated, delay these procedures.

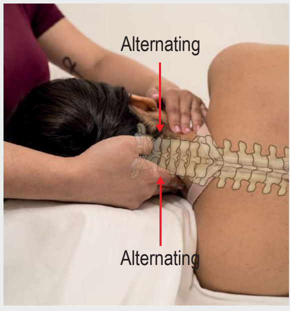

Figure 4.12 Cervical Transverse Rocking.

Foot Reflexive Zone Therapy (Figure 4.13)

Intentions

To promote normalization of function throughout the body and in specific areas, and to stimulate relaxation.

Procedure

May be performed in any position; with or without lubricant.

1. Use the side of your thumb and/or a finger or a knuckle to create bone-to-bone pressure into the foot. Travel with tiny, overlapping movements, compressing the skin and undifferentiated nerves of the foot against the foot bones.
2. Rhythmically inch along the entire foot. Press rather than rub to achieve the desired effect. Imagine that your finger or thumb moves like a tiny inchworm.
3. Repeat three times in each zone to specifically address areas of client complaint or observed tension.

Precautions

- Maintain a level of pressure that does not exceed slight pain. If the client perceives a high level of pain, move to another area, returning to the painful zone later.
- Prevent calf cramps by keeping the ankle joint in a neutral or dorsiflexed position.
- Avoid calcaneus reflex zones to ovaries and uterus, and avoid overstimulating the endocrine glands (see Chapter 2 for more on location and types of pressure to avoid).
- Avoid acupuncture points Liver 3, Kidney 3 and Urinary Bladder 60, which may stimulate uterine contractions under certain circumstances (see Chapter 2 for more on location and types of pressure to avoid).
- Exercise caution with substance abusers, if the pregnancy is tenuous or if this is the first session of zone therapy.

Figure 4.13 Foot Reflexive Zone Therapy.

Occiput Traction and Rocking (Figure 4.14)

Intentions

To induce a sedative, calming effect by reducing compression of the vagus nerve; to reduce strain and promote relaxation in soft tissues of the neck; to reduce headache; to evaluate the quality and quantity of joint motion and points of tenderness as a guide to where to apply deeper work.

Procedure

Best performed in sidelying or semireclining position (described for sidelying position); without lubricant.

1. Stand at the head of the table, facing the client's head.
2. Place the medial (pinky-side) edge of your hand nearest her face on her ceiling-side occipital ridge. Cup your hand so that her ear is not compressed. Use the lateral (pointer-side) edge of your other hand on the table-side occipital ridge. Let the sides of your fingers mold around the ridge of the occiput without digging in with the fingertips.
3. Exert gentle, gradual traction of her occiput away from the cervical vertebrae by leaning away from the table. Add gentle, slow, micro-rocking motions while maintaining a steady traction as you rock. Continue for a minimum of 30 seconds.

Hints

- Your movement should be small and slow, your rhythm steady; envision the frequency of a relaxed heartbeat.
- Aim to re-establish easy joint motion as you visualize the vagus nerve enjoying more space.
- If the client is nauseated, delay this procedure.

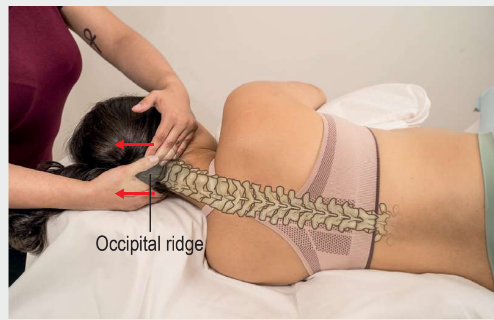

Figure 4.14 Occiput Traction and Rocking.

Structural Balancing Education

Intentions

To promote vertical head, spine and pelvic alignment, which can help reduce many musculoskeletal and physiological discomforts; to encourage more optimal alignment and functionality in everyday activities; to locate areas needing reduction of tension and those needing muscular toning.

Procedure

May be performed with the client clothed and either seated or standing (best performed and described for standing); without lubricant.

Occipital Lift (Figure 4.15)

1. Verbally guide your standing client to imagine the area immediately behind her ears lifting upward as it shifts more posterior.
2. After she imagines that movement three times, place your hand around her occiput. Lightly pull posteriorly and lift toward the ceiling to let your hand guide this movement as she does it.
3. Alternate image: Have her imagine that a string attached to crown of her head pulls skyward, lifting her head with it and allowing the cervical spine, ribcage and pelvis to follow.

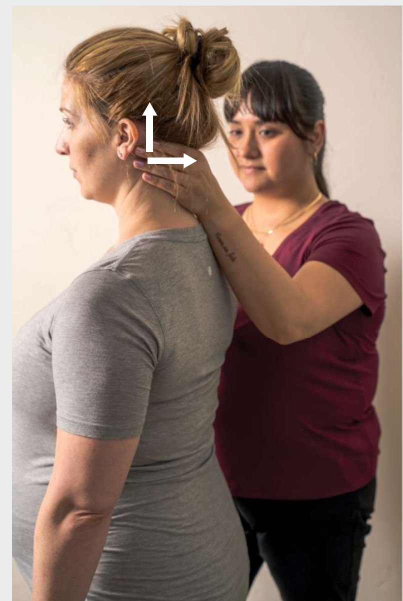

Figure 4.15 Structural Balancing Education (Occipital Lift).

Ribcage Alignment (Figure 4.16)

1. Ask your client to imagine that a string attached from the opposite wall to her sternum is pulling her upper body slightly forward.
2. From behind your standing client, spread your relaxed hands on the lateral, lower sides of her ribcage. After three imaginary movements, ask her to initiate this movement. As she does, use your fingers to direct her lower ribcage slightly more posterior. At the same time, lift her upper ribcage slightly forward with an anterior rotation of your thumbs.

Figure 4.16 Structural Balancing Education (Ribcage).

Pelvic and Lumbar Alignment (Figure 4.17)

1. Verbally guide your standing client to imagine that an attached string lifts her pubic bone skyward. Have her imagine another string attached to her tailbone that is weighted and extends down toward the earth.
2. After three imaginary movements, ask her permission to put one hand on her sacrum and the other just superior of her pubic bone. As she initiates this imagined movement, guide her pelvis: press her sacrum, encouraging her to tuck her pelvis without engaging her buttock muscles, and gently lift her belly skyward.

Hints

- Due to proprioceptive habituation, many clients will feel as though they are falling forward with these realignments. Where possible, use a full-length mirror so that she may verify that she is indeed more vertical.
- Encourage her to realign herself throughout her day and whenever she feels pain, strain or fatigue.
- For other approaches to prenatal postural guidance, consult Bowman 2016; Simkin et al. 2018.
- Note that in Figures 4.15–4.17 the white arrows denote both client and therapist's movements.

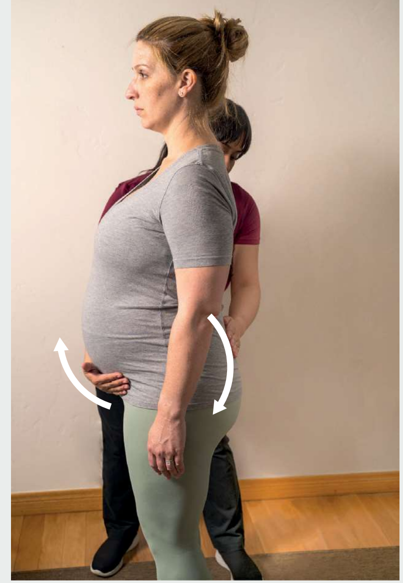

Figure 4.17 Structural Balancing Education (Pelvic and Lumbar).

Other Full-Body Integration Techniques

Choose from your own technique repertoire to promote relaxation and parasympathetic stimulation, integration, grounding and emotional support. That may include the following: gentle, full-body Swedish and Esalen-style massage; facial massage, especially to the temporalis, masseter and frontalis muscles, and other techniques for relieving headaches (tension, sinus or migraine); craniosacral therapy, focusing on still-point, occipital cranial base, transverse diaphragm releases, traction, and leverage release of L5–S1; polarity therapy; and jin shin jyutsu.