

Postpartum Techniques: Facilitating Restorative Healing



Chapter 6

Chapter Overview

Every second, worldwide, five babies are born (Population Reference Bureau 2014). With each of these little miracles, a new mother is also born. With her newborn warmly snuggled against her, she transitions into the joys and challenges of motherhood. The newborn's early cues for comfort, nourishment and sleep are a curious new language for parents to learn. Each day, week and month brings changes and new developmental milestones for mother and baby. Caring for an infant can be both exhilarating and exhausting. Ideally, a new mother smoothly adapts and transforms – physiologically, structurally and emotionally – after her pregnancy and the baby's birth. To do so, she needs care, support and time to heal. This chapter is all about how massage therapy can help (Figure 6.1).

The meaning of the word postpartum is literally “bringing forth” and “after birth” (Johnson 2017). Medically defined, the postpartum period or **puerperium** is the six weeks following the birth of the placenta or completion of pregnancy through uterine involution – contractions that reduce the remarkable watermelon-size abdominal organ back to a pear-size pelvic organ. Many mothers, and the professionals who care for them, define this



Figure 6.1

Motherhood can be exhilarating and exhausting. People need care, support and time to heal while caring for their infant and expanding family.

“fourth trimester” more holistically, noting the myriad of changes that can last well into the first year or beyond. From a massage therapy perspective, we also consider how new mothers hold and carry their babies outside the womb until they begin crawling, and ultimately walking, between 9 and 17 months of age (Simkin et al. 2018). Johnson (2017) insists that the very definition of postpartum drives home the point that, after birth, women are permanently postpartum!

In the hands of a skilled postpartum massage therapist, new mothers can enjoy a massage immediately after birth. This might be in the hospital, 48 or 72 hours before discharge, in a birth center, or at home, and may continue into the early weeks, months and years of motherhood (Kolakowski 2018). You can enhance a client's comfort and healing during this remarkable transition. This chapter provides an overview of your role in addressing the common concerns of the early postpartum period after vaginal and Cesarean births. And for your clients with older children, you can recognize the legacies of the pregnancy and birth, and how to help resolve residual postpartum issues.

No part of a woman's childbearing experience is more neglected than the postpartum adjustment, especially in the United States. After up to 10 months of being the center of attention, postpartum mothers can feel sidelined as the baby and newborn care take center-stage. Physicians' postpartum medical care has historically been based on only two visits during the puerperium; however, there are many other adjustments that have a daily impact on quality of life, require more attention and span a longer period of time (Johnson 2017). A new mother's love affair with her baby, or one that is seemingly slower to evolve, can affect the baby's and family's development and their relationships for their entire lifetimes. Some new mothers report feeling unprepared for the adjustments, gentleness and ferocity that motherhood ignites. New mothers and their families need reliable, sustained care for many weeks, months and sometimes longer, to maximize postpartum recovery and foster a healthy start to family development. Unfortunately, fragmented, extended families and inadequate social support can leave mothers isolated, with minimal attention to their many postpartum needs. By providing postpartum

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massage therapy, you can give one-on-one, focused care to new mothers. With your input, you can help ease women through the magical and mundane realities of mothering, truly nurturing her birth and growth as a mother.

In 2018, the American College of Obstetricians and Gynecologists (ACOG) published recommendations for optimizing postpartum care. These included more postpartum contact for new mothers with their physicians within the first three weeks postpartum, followed up with ongoing care as needed, and concluding with a comprehensive postpartum visit no later than 12 weeks after the birth, with a full assessment of physical, social and psychological well-being (ACOG 2018). Consider how physicians might integrate postpartum massage into their patients' office visits, which could improve visit attendance, postpartum care satisfaction and experience.

Integrating Traditional Cultures' Postpartum Wisdom

There is much to learn from traditional cultures worldwide that have remarkable postpartum massage rituals. Their wisdom reflects deference and attunement to the grandeur of pregnancy, birth and mothering. Specific rituals are designed to nourish, nurture and revitalize new mothers. During the “golden month,” new parents take the opportunity to rest, recuperate and bond with their new wonders of the world (Johnson 2017). In the Ayurvedic tradition from India, new mothers receive daily *abhyanga*, warm-oil massages that soothe the nerves by calming excess *vata* (wind) after birth (Chopra et al. 2009). In Latin America, mothers enjoy a 40-day *cuarentena*, nestled at home with their belly massaged and wrapped in a *faja*, a cloth sash to stabilize and warm the womb. Household responsibilities are delegated to others to guard against future exhaustion-related conditions and illnesses. In Africa's Ivory Coast, female relatives arrive at new mothers' homes to offer massage in healing shea butter. Malaysians practice *mengurut badan*, massaging new mothers from head to toe with herbal oil and focusing on abdominal care (Johnson 2017). In the Chinese tradition of *zuo yue zi* or “sitting the month,” new mothers rest at home for 30 to 42 days after birth, while female relatives take over all daily household tasks. Medicinal broth soups regenerate postpartum bodies and promote

lactation. Other postpartum rituals include: protecting new parents' emotions by limiting visitors; avoiding watching electronic devices so that outside drama does not affect the new family; warming or “roasting” the mother to heal the womb; and avoiding cold air, food and water (Ou et al. 2016).

One of the reasons why these postpartum care traditions are disappearing is that many new mothers return to work as soon as possible, because they have no paid maternity leave (Johnson 2017). Another factor in the loss of these traditions, including massage, was the move of births from home to hospital. In 1900, over 95 percent of U.S. births occurred at home, where the postnatal care rituals of immigrants from around the world were woven into new mothers' lives (Wertz and Wertz 1989). As a massage therapist, consider how you will integrate early postpartum massage therapy into your practice. Share these cultural postpartum massage rituals to provide the much-needed perspective that postpartum massage is a necessity, not a luxury, for new mothers. Talk with your pregnant clients about the benefits of continued massage therapy in the postpartum time and create a new family-friendly environment for her to return to your care.

Caring for all



With thousands of ethnic, cultural and religious groups worldwide, it is essential to understand and honor the critical role that our backgrounds and beliefs play in childbearing (Ricci 2017). People may deem it important to adhere to their culture's traditional practices. Others may bring their traditional practices with them into a different culture or try to conform to another culture's practices – with or without success. Some individuals turn to their religious beliefs to assist them in making healthcare and medical decisions. Faith-based worries regarding modesty can include not receiving care from someone of the opposite sex. Also, some religions have required daily prayers that might affect scheduling sessions (CulturalLink 2016).

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Recent research also points to ethnic disparities in maternity care. American women in all minority ethnic groups have poorer experiences of maternity services than white women (Henderson et al. 2013). Black mothers in the United States die at three to four times the rate of white mothers (CDC 2019). In a study of common causes of maternal death and injury, black women were two to three times more likely to die than white women who had the same conditions. The disproportionate toll on black women is the main reason why the U.S. maternal mortality rate is so much higher than that of other affluent countries. Remember to be mindful of where each client is coming from. Expand your cultural competencies, religious acceptance and appreciation for ethnic diversity to effectively care for all.

Being Flexible with Positioning and Equipment

All positions for receiving postpartum massage therapy are safe options – supine, semireclining, sidelying, prone and seated. Some positions will be more comfortable than others, depending on whether your client had a vaginal or

Cesarean birth and where she is in her postpartum healing. Most clients need accommodations for breast tenderness and fullness in prone position, with additional breast supports that take pressure off their breasts, and additional upper chest and/or abdominal pillows, rolled towels or a bodyCushion™ with larger breast recesses. After a Cesarean birth, the prone position can be added when she is ready and with her physician's medical consent.

Sidelying positioning, just as in your prenatal sessions, is sometimes the most comfortable for posterior work, especially if your client is breastfeeding her baby or is in the days immediately after epidural or spinal anesthesia during birth (Figures 6.2 and 6.3). The sculptured torso cushion of the Side Lying Positioning System is particularly effective in cradling, not compressing, tender breasts, as outlined in Chapter 3. If the baby is not on the table with her, remember to lift her ceiling-side arm off her breast with a pillow or a bolster at her chest. All the other supports and guidelines for safe and comfortable sidelying positioning explained in Chapter 3 still apply, except that you can eliminate the abdominal support wedge pillow once her uterus has completely involuted and any incision has healed. The supine position is ideal for postpartum abdominal work. Use high knee bolsters to passively reduce her lumbar lordosis. If she is still edematous, also level her feet and calves with her knees.

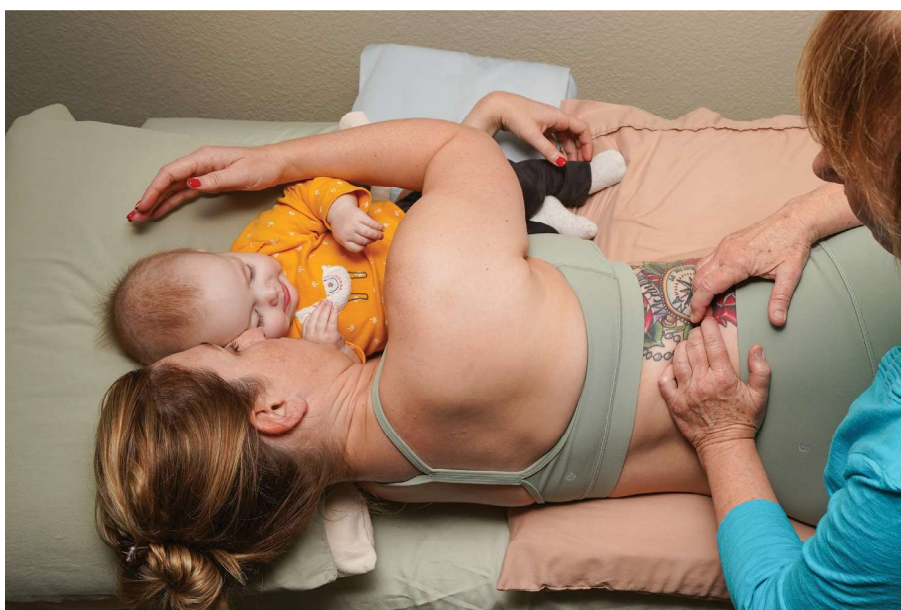


Figure 6.2

Flexibility with client and newborn positioning includes sidelying positioning for posterior work, especially if your client is breastfeeding her baby or in the days immediately after epidural or spinal anesthesia during the birth.

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Figure 6.3

The semireclining position offers another position that also naturally supports skin-to-skin contact, breastfeeding and touching.


Immediately after a Cesarean birth, be mindful of position changes to avoid painful movements and to protect the healing, sutured incision. The “log roll” technique can eliminate pain and discomfort when the client moves on and off your massage table or in and out of bed, or changes resting positions. From supine or semireclining, ask the client to rest her head on a pillow and slowly slide one foot at a time toward her hip, bending the knee until both feet are flat on the massage table or bed with knees resting together. Place a small pillow horizontally over the lower abdomen and Cesarean incision, then ask your client to hold it in place with the hand on the same side as the direction she will be turning. Guide her to gently contract the hamstrings and gluteal muscles to bridge her pelvis up slightly off the massage table or bed, then turn to her side as she brings her hips back down. Once she is in sidelying position, leave the pillow at her abdomen to support the uterus and incision. Hospital beds have arm side rails that your client can also hold to use her other hand to assist with turning to sidelying position. When she is ready to get up, guide your client to place the elbow of her table-side arm and her other hand on the massage table or bed and slowly push up toward a seated position. Her head should lift last as she slowly extends her knees and lowers her feet off the massage table or bed. To get her onto

the massage table or into bed, reverse the sequence of movements (Creager 2001).

Some mothers may be concerned about breast milk leakage on your linens and table. Even when her baby is not present, the thoughts and sounds of a baby can trigger oxytocin release, which prompts breast milk flow. It is wise to protect your table with a thick towel over its head end, and offer a warm pillowcase for over her chest; she may prefer to keep her bra on during the session. Until **lochia** flow has ended, a thick towel on your table under her pelvis is ideal, and she will probably keep her undergarment and peripad on. When she requests a complete massage to her back and is wearing a bra for her breast comfort, ask permission to temporarily unfasten and refasten it. Seek the same permission to move her underwear to work with her lower abdomen, sacrum and pelvis, or ask her to move it. As always, clean your linens in accordance with professional sanitary standards to remove these common postpartum bodily fluids, and also sanitize your table and other equipment regularly.


Benefiting from Skin-to-Skin Contact and Touching

In the fourth trimester and beyond, even though the baby is outside the mother’s womb, it is essential to continue thinking of them as one – a mother–baby dyad – and to

foster beneficial skin-to-skin contact, breastfeeding and touching (see Figure 6.3) (Liu 2017). Increased oxytocin levels during birth sensitize both mother's and baby's skin to touch, stroking and warmth. In the fourth trimester, the mother's oxytocin levels increase in response to the baby's skin next to hers, suckling at the breast and their mutual touch. Her breast temperature increases and pulses, thereby raising the baby's skin temperature. Skin-to-skin contact also lowers the baby's cortisol levels and pulse rate, and baby cries less. Mother and baby interact more, and their vocal communication synchronizes. At one year, mothers and babies who have skin-to-skin contact after birth interact more, and in a more intuitive way. Babies who have skin-to-skin contact after birth handle stress better than those who have been close to their mothers, but with clothes on (Uvnäs-Moberg 2014). A groundbreaking 2017 study suggests that early postnatal contact has lasting impacts on newborns' biology by actually changing their DNA. When researchers studied children who received high contact and low contact, they found significant differences at five specific sites in their DNA. The children who experienced less physical contact had cells that were not as developed as they should have been for a child of that age (Moore et al. 2017). We recommend that you offer flexibility in your postpartum sessions for clients to be with their babies, as well as honoring their desire for time and space for just themselves. 

What would you do?



Your client appears for her first postpartum massage with her newborn in arms. Her daughter is sleepy after a recent feeding. Your client requests full-body massage with a focus on her back, neck and arms. What sequence of client and baby positions and techniques would allow you to meet her request, given that the baby recently fed? How would you be creative and flexible if her baby cues for interaction and attention? How can you interact with your client, keeping focus on her rather than her adorable baby? 

Early Postpartum Adaptations and Adjustments

Endocrine System

As soon as the placenta is birthed, dramatic hormonal changes shift a new mother's body from pregnancy and birth toward mothering and lactation. Birth creates an adrenaline and oxytocin surge, resulting in postpartum euphoria for many. Hormonally driven episodes of involuntary shakiness immediately after the birth are common. Oxytocin and prolactin levels increase, especially if a woman is breastfeeding (Uvnäs-Moberg 2014). With birth of the placenta, circulating estrogen and progesterone drop quickly. Estrogen is at its lowest level a week after birth and, for a breastfeeding mother, remains low until breastfeeding frequency decreases. In a woman who is not breastfeeding, estrogen levels increase by two weeks postpartum. Progesterone levels are undetectable by two days after birth, and production resumes with the first menses (Ricci 2017).

Abdomen and Uterus

Uterine involution is a process of normal, healthy postpartum uterine contractions, also called afterpains. It returns the uterus to a smaller size and reduces postpartum hemorrhage risk at the placenta's prior attachment site. By 10 days postpartum, the fundus is more difficult to palpate, as it has descended back into the pelvis (Figure 6.4) (Ricci 2017). Breastfeeding and uterine fundal massage stimulate involution. Usually, the abdomen is larger than before pregnancy and somewhat pendulous, with stretched, loose skin and connective tissue often etched with stretchmarks. Also, the new mother's core stability may feel weak, uncoordinated and uncomfortable because of the imbalance between hypertonic back and hip muscles, and hypotonic, stretched abdominal muscles, which are often weakened by diastasis recti and where painful trigger points are plentiful (see Figure 6.12). Recovery of abdominal muscular tone and resolution of diastasis recti are related to the mother's activity and self-care, including appropriate exercises (King et al. 2019). A recent study found diastasis recti in 60 percent of primiparous mothers during pregnancy and 12 months postpartum (Sperstad et al. 2016).

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Diastasis recti is also more common with multiples and in **multiparous** women (Creager 2001). 🌐

During uncomplicated vaginal birth, average blood loss is approximately 1 cup. Lochia is the tissue discharge from the placenta's healing, prior attachment site that flows out of the vagina for up to six to eight weeks after birth. Client communications during some techniques can be clearer if you know the changing appearance of lochia. For the first few days, lochia looks like heavy menstrual flow with small blood clots (Simkin et al. 2018). Lochia progresses through three stages – lochia rubra for the first four days with deep red tissue discharge, followed by lochia serosa until near 10 days as a pinkish brown tissue, and ending as lochia alba for the remaining weeks with a creamy white, brownish discharge. After Cesarean birth, lochia tends to diminish, as some of this uterine tissue is removed with the placenta. Lochia is

heavier when mothers breastfeed, have uterine massage or are overactive too soon after birth (Ricci 2017).

Gastrointestinal System and Pelvic Floor

The new mother may initially experience sluggish gastrointestinal function and constipation. Decreased peristalsis can be a result of insufficient fluid intake, diminished intra-abdominal pressure, and analgesics used in birth. With pelvic floor trauma, she may fear further pain or damage and delay bowel movements (Ricci 2017). The perineum needs her special care after a vaginal birth, as it may be tender, inflamed, edematous and bruised for the first few days. Superficial microtears of the labia or vagina may heal on their own, while a perineal tear or an episiotomy incision has sutures that dissolve in the first month (Simkin et al. 2018). Perineal tissues may take four to six months to completely heal.

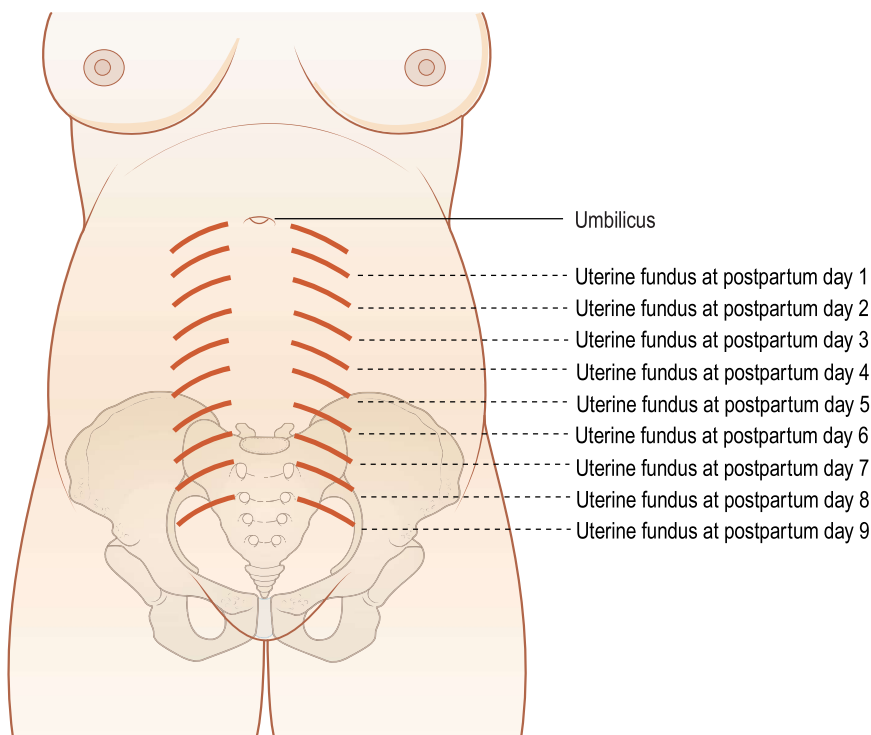


Figure 6.4

Uterine involution. On postpartum day one, the fundus can be palpated behind the umbilicus and descends about one fingerwidth each day. The fundus may be higher in multiparous women.

Adapted from Ricci S (2017) Essentials of Maternity, Newborn and Women's Health Nursing, 4th edn. New York: Wolters Kluwer.