



# ADDITIONAL STORIES FROM PRE- AND PERINATAL MASSAGE THERAPISTS

an online resource  
created to accompany

## *Pre- and Perinatal Massage Therapy:*

*A Comprehensive Guide to Prenatal, Labor  
and Postpartum Practice*  
(Third Edition)

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## ADDITIONAL STORIES FROM PRE- AND PERINATAL MASSAGE THERAPISTS

### Twenty-one Years of Maternity Practice

I received my pregnancy massage certification in 1987, just as I was finishing my 1000-hour LMT certification in San Diego. For the next 21 years, I enjoyed the blessings of working with clients bringing children into the world. I had the great good fortune of studying pre-natal and other massage modalities with Carole Osborne and Kate Jordan, the co-creators of the original course, Bodywork for the Childbearing Year<sup>R</sup>. Over the years, I continued to study and teach with each of them.

Two key elements helped me develop a busy practice which focused on pregnancy and postpartum work, as well as therapeutic massage for acute and chronic pain problems. Early in my career, the number of very good therapists who didn't have thriving practices puzzled me. It became clear that being a good massage therapist and a good businesswoman are different skill sets. Understanding this, I studied successful entrepreneurship as well as therapeutic bodywork, and that gave me a solid foundation for building my dream practice.

The second element had to do with learning to be of maximum service. To understand my clients and their needs, I had to be an astute listener, and to answer the following questions:

- Where will I find pregnant people?
- What are their challenges?
- What else do they need to take good care of themselves?
- How can I build respectful relationships with other professionals



who provide care and services for pregnant/postpartum women and babies?

I invested in building those relationships so I could make appropriate and helpful referrals for pregnant clients who were searching for an exercise or yoga class, an ob/gyn, a nutritionist, doula, lactation consultant, chiropractor, acupuncturist or midwifery care. Over time, these professionals made referrals to me as well.

One of my challenges was my ego. I had a hard time accepting what I could and couldn't do for my clients. I could teach them subtle posture and movement changes that had the potential to relieve their discomfort, but I couldn't make them use them. I could help them identify ways to rest more comfortably, but I couldn't make them prioritize self-care. I finally accepted that we were all doing our best. Despite my frustration, I knew I wanted my practice to be a "Come-as-you-are!" party, where clients experienced acceptance and loving support. My expectations and frustrations were MY problem, not theirs. Gradually, I found humility and peace.

I am no longer a practicing massage therapist, but I still hold a clear vision of a world in which pregnant and postpartum people are held with love in the larger community and respected as the bearers of our future. I see a world in which support for birthing and raising children is so strong that "It takes a village to raise a child," is not just a proverb, but a way of life."

*Beth Spong, Northampton, MA, Private practice (1985 – 2008) – CA and MA, USA*

## **My Work in a Medical Spa**



I worked as a massage therapist at a medical spa within a Baltimore city hospital. The hospital was incredible in that they supported low-income patients of the hospital by paying most of the cost for massage or acupuncture treatments. They paid \$60, and the patient just had to pay \$15 per session.

With the hope of receiving more referrals, I made efforts to promote maternity massage within the hospital, discussing with the nurses how a massage can be a safe and nurturing experience for their bed-ridden maternity patients. I knocked on patients' rooms to do hand massages and distribute newsletters encouraging bed-ridden clients to seek out help from other bed-ridden moms via computer, but I never received a referral from that work. Some pregnant nurses and a few pregnant doctors from the hospital came down for a much-needed massage!

Many of the pregnant women I worked with here were low-income, very young, very tired women. I especially enjoyed working with the ones who were delighted that maternity massage exists; the ones who saw how massage could fit into their overall wellness program; the ones I felt I could educate on the importance of caring for herself during and after pregnancy.

As is the nature of our lives sometimes, I found that more and more of my clients were cancer patients at the hospital and I shifted my focus. I now offer manual lymph drainage and oncology massage, and I have relocated to a Wellness Center in Annapolis, MD. Whether the next patient/client who walks through my door is pregnant, dealing with the effects of chemotherapy, or just needs attention, I need many tools in my toolbox to address such a variety of cases. Maternity massage is just one of those tools.

*Mia Harper, Annapolis, MD, USA*



## **My Work with a Client with Hand Pain**

Lesley was the third prenatal client in my career, and she came to me at 23 weeks into her pregnancy. She was complaining of severe carpal tunnel syndrome. Even wearing a wrist support at night, she was not finding relief. On this first visit, I simply asked her which fingers and which part of her hand and arm did she feel the pins and needles and tingling? She immediately pointed out that it was in her fifth (pinky) and fourth finger, following up the edge of her hand and up the ulna edge of her arm to the elbow. This immediately made it clear that it was not carpal tunnel syndrome, but thoracic outlet syndrome caused by pressure on the brachial plexus by the forward rotation of the shoulders and tightening of the scalenes and pectoralis minor. (The fourth and fifth fingers are supplied by the ulnar nerve which does not run through the carpal tunnel.)

After two visits, working on her posture and releasing the scalenes and pectoralis minor, Lesley found a significant improvement. Because of the success of this, Lesley booked in for fortnightly visits for the remaining part of her pregnancy enabling me to help her to keep problem free. Lesley had a baby boy, 8 lbs. 4 oz., who was born 6 days early. I had also shown her husband some basic massage techniques to use during her labour, which they both confirmed had been invaluable.

This client made me aware how easily certain conditions can be misidentified by clients and sometimes their care providers. I have since had several clients who have been told they have carpal tunnel syndrome when, in fact, it is thoracic outlet syndrome. I have also found a similar situation with symphysis pubis pain when, in fact, the problem has been inflammation of the adductor longus at the attachment of the pubic bone.

*Ronnie Allan, Beihai, China*



## **Working with Patients in the Hospital on Bed Rest**

The hospital where I work has a wellness center. We can see anyone from the public, as well as patients in the hospital. Since my specialty is pre- and perinatal massage therapy, I can work with those women who are hospitalized and put on bed rest. I often find them trying to manage their businesses and families from their hospital beds, as well as trying to cope with whatever anxiety due to the complication that has put them in the hospital. Some patients are there only a few days, and others are there several weeks to months. It can be a very trying time, challenging them physically as well as emotionally. I am thankful for the training I received from Carole, that I can bring those techniques I learned from her to these women, knowing that I have an arsenal of tools to meet whatever their needs may be.

*Marjeanne Estes, San Diego, CA, USA*

## **Round Ligament Relief**

I work as a massage therapist at a local San Diego hospital. Though my focus has been working with people with cancer for 18 years, early in my training I recognized the importance to have significant training in prenatal massage. Carole Osborne has been an important influence in my development as a bodyworker.

A few weeks back, we had a client come into the hospital wellness center towards the end of her third trimester of her first pregnancy. Her doctor recommended bodywork for some round ligament pain and lower back issues she was experiencing. I used many of the tried-and-true techniques learned in class, found in Carole's book, and practiced along



the way to help relieve her lower back tension and pain.

As we worked together that first and only session, trust was formed, and we easily worked together to release her round ligament discomfort as well. As we finished the session, she was so happy to have found more comfort in her body. She was also receptive to learning a few ideas on structural realignment to practice that could help with her daily discomfort. A few weeks later, she gave birth to a beautiful baby boy. What a joy to work with her, even for this single session!

*Gloria Sobol, San Diego, CA, USA*

### **Labor Massage Therapy at Home and Hospital**

Looking back after a birth is a sometimes a helpful exercise in helping me understanding labor implications and adding to our experience. I had been seeing Latisha throughout her healthy and happy pregnancy for massage therapy. Javier and Latisha had planned to have their first baby at home under the care of trusted midwives.

Their midwives worked closely with her as she approached and passed her 40-week due date suggesting herbs and homeopathic remedies as well as stripping her membranes in attempts to encourage their baby to come. With these interventions supported by many long, slow walks and bodywork, labor successfully began a few days short of 42 weeks.

Latisha's labor progressed slowly to 6 cm, but then no more. Under the midwife's care she tried laboring in a birthing pool, all of us working on her hips to open the pelvis and draw the baby down. After many hours with no significant dilation, the midwife became concerned with swelling in the cervix. The couple made the decision to transfer to the hospital for an obstetric consult.

After being seen by the doctor and heartfelt discussion with the



midwives, they proceeded with an epidural. The intention was to give Latisha some rest and to relax the muscles around her uterus in the event the baby couldn't move into an optimal position due to soft tissue restriction. This strategy worked. Latisha was able to push her baby out nearly 12 hours later."

*Linda Hickey, RMT, Calgary, Alberta Canada*

<https://www.maternitymassage.org/>

## **Maternity Massage and Yoga Therapy**

I have dedicated my life's work to the care of women, as a Neuromuscular Therapist (NMT), yoga teacher, meditation teacher, and yoga therapist. In 2000, I founded Mother-to-Mother Massage & Yoga Therapy, creating a sacred space for women to explore mind, body and breath with nurturing and support. In 2020, I reinvented my business as Rebecca Leary LLC. My clients and students include all genders, and range in age from 15-75+. I offer yoga, meditation, yoga therapy and private sessions, virtually and when possible, in person.

I love to work with women at this pivotal time in their physical and mental development. The combination of massage, meditation, and yoga therapy has been exceptionally powerful—both the hands-on work of massage and incorporating breath and movement into their daily lives helps new mothers and mothers-to-be to find balance and be more effective parents.

The combination has been excellent for business. I talk about the benefits of prenatal and postpartum massage therapy in my yoga



classes, and I sing the praises of yoga to my private massage clients. My work is a hybrid—drawing on the tools I’ve assembled through the trainings I’ve done. I’m proud of the range of services I offer, customizing for each client. In addition to pregnant and postpartum people, I have a client/student base of older women (and others) through my massage practice and the therapeutic yoga classes I teach, including Yoga for Cancer. I love working with women throughout their lifecycles, and I have had clients and students who have been with me for years.

It’s interesting to me that I started working with pregnant women in my 30s and now, in my 50s, my relationship to my clients is quite different, and my interest is drawn to women who are aging. I enjoy being an earth-mother type for my younger clients/students, and a younger person in the lives of my older clients. It’s a great juxtaposition!

My work with pregnant women started during my initial training in massage. I studied with Carole Osborne, received my certification, and assisted her in her training every year when she returned to Atlanta. I have done advanced training in pre- and perinatal massage therapy, and I participated in Carole’s mentoring program.

I graduated from the Academy of Somatic Healing Arts in 2000 as a Neuromuscular Therapist. I am a trained breastfeeding support specialist and doula. I became a 200-hour registered yoga teacher in 2013, studied advanced prenatal yoga and YogaBorn childbirth education in 2014, and in 2016 completed 500 hours of training in therapeutic applications of yoga. I received certification as a yoga therapist from IAYT in 2017. In 2018, I was certified in yoga for pelvic



floor health, and in 2019, became a professionally trained Yoga 4 Cancer (Y4C ) teacher, and a graduate of Integrative Yoga for Seniors from Duke Integrative Medicine.

*Rebecca Leary Safon, Atlanta, GA, USA* Find out more about my work at [rebeccaleary.com](http://rebeccaleary.com).

### **My Client's First Trimester Challenges**

Katherine's initial experience in her first pregnancy was typical: nausea, fatigue, and generalized anxiety. Some days she could minimize the morning sickness with careful eating and by working the acupressure point I showed her. She asked many questions about pregnancy and self-care, and she consumed every recommended book. While working on her tense neck and upper back, she cried briefly: excited, happy tears mixed with fearful tears. What would happen to her and her marriage after this baby?

Because she had had juvenile arthritis, as well as a mild scoliosis, we worked in these first sessions on maximizing her postural integrity to minimize joint strain later in the pregnancy. It wasn't until the second trimester, however, that she felt well enough to begin stretching and strengthening her back and abdominals.

*Sandy Jackson, neuromuscular therapist, San Diego, CA, USA*

### **A Wellness Center AND In-Hospital Practice**

I have had the privilege and honor to work with childbearing women and infants for many years. In May 2000, I started a wellness center for pregnant women and families. In that same month, I found out that I was pregnant. It was a very memorable year!

In the years that followed, my passion with prenatal massage therapy



grew as I worked more with pregnant women and teaching infant massage and foot reflexology to new parents. After becoming a certified Pre- and Perinatal massage therapist, I began working with the high-risk pregnancy population offering massage therapy in the Maternal Fetal Medicine department at Virtua hospital. In 2013, I started a program at the hospital where I provided complimentary massage therapy services that supported the expectant mother in the antepartum, labor/delivery and postpartum care recovery departments.

There are many reasons why this work inspires me. The bond that is formed with each family is very unique and special to me. I remember working with a client with prenatal massage and yoga during the last month of her pregnancy. Her partner was away on business when she went into labor. I supported her through her labor with massage therapy, foot reflexology and labor doula services. As her labor progressed, I gave her a full body massage to relieve the tension in her body during her contractions. She fell asleep at eight centimeters dilated because she was very tired. When she awoke, her partner was there to encourage and support her through the pushing stage of labor. She delivered a beautiful baby girl!

What I enjoy most about this profession is that it allows me to be present with each woman's journey and support her the way that she needs most.

When I started my Wellness Center there were some crucial factors that needed to be in place:

- A contract agreement written by a business attorney.
- That contract must include a termination of lease, early leave and/or full-term policies.
- Be sure it includes equal distribution of responsibilities among the business partners along with housekeeping duties.



- If it is a sublet or sole proprietor agreement, all parties must agree with the contract before signing.

When I started my position at the hospital one of the best things that I did was start a Zen Den. This created a safe space for nurses, doctors and staff to use for reflection or meditation based on the principles of Feng Shui. The space consisted of plants, water fountain, book for writing what is on your mind (then discard the pages), book for writing positive inspirational quotes for your co-workers, mandala, Buddha board for meditation, music, natural lighting and comfortable seating. This also provided opportunities to generate evidence-based research to support the benefits of self-care.

*Donna Favilla, Medford, NJ, USA*

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### **Massage Therapy in a Postpartum Care Center in Japan**

I have been a healthcare provider since 2000. I began working as a relaxation aroma therapist and a licensed massage therapist. In 2018, I became a Rolfing Structural Integrator. I've been involved in prenatal and postpartum care from the beginning of my career. My first prenatal client's child is now a young man.

I've never been pregnant or raised children of my own so I was uncertain of how much trust I could build within this special community; however, I was convinced that if I continued to educate myself by attending workshops given by experts, increased my experience, and really listened to my clients with undivided attention, I could become a trusted therapist. I feel it's important to give accurate responses and advice to improve prenatal and postpartum issues including, but not limited, to stiff neck/shoulders, lower back/hip pain, SI joint pain, and



edema in extremities. I try to be honest with myself and clear about my limitations and scope of practice. I believe that setting a clear goal with my client and trying to achieve that goal together leads to a true client-centered practice.

In 2019, I was given the opportunity to work at a postpartum care center in Japan. Prenatal care is extremely important, but postpartum care needs more attention in this nuclear family era. Along with medical support for mothers and infants by midwives, body care/work practitioners allow mothers to concentrate on mental and physical rehabilitation. They also can learn from specialists about safe infant care and to connect with the local motherhood community. It is easy to get overwhelmed when you are physically vulnerable and fatigued with having sleepless nights. Taking time to rest and rehabilitate with caregivers/facilitators/specialists is critical and leads to future physical and mental strength, stability and happiness for the mother, the baby, and the entire family.

Working to specialize in postnatal care gave me opportunities to listen to the current generation of mothers and learn about their body issues. In addition to the common postpartum issues, I noticed the rise in new issues, which were not previously noted in the past.

Emotionally, many mothers have a strong fear of taking care of their newborn on their own. Their husbands work long hours, and their parents live far away or are too busy with their own health issues or work. Mothers may have to look for outside support, which can create financial burdens. Giving undivided attention to mothers and listening to their situations may not change their circumstances, but my presence and being there for them will give tremendous comfort and support.

Physically, many millennial mothers had shortness of their deep front line (Anatomy Trains), especially from the temporalis, masseter, scalene, longus colli and capitis, respiratory diaphragm including galea



aponeurotica tension which leads to having headaches, numbness in their arms, and shoulder/neck tension. Shallow breathing and mobility limitation of the thorax and ribs also stand out.

I also observed that many of them were not emotionally, physically, or energetically grounded. Opening out the chest helps to ease breathing, leads to balance of the autonomic nerve system, and allows parasympathetic nerves to activate and soon their smiles would reappear. After our sessions, they became more grounded and calmer. They also have better self-awareness.

I believe that when my clients allow themselves to be vulnerable and accept all the feelings of being a mother, their courage and awareness increases, and they can face the future with their baby. These are the moments that I really feel the joy of my practice.

Unfortunately, there are many cases in Japan currently of postpartum mothers' depression leading to infant abuse, suicide, drug/alcohol abuse and crimes. These situations can be prevented if there are community and government support systems for postpartum bodies and psychosomatic care like this center where I work. As practitioners, I wish we could have more opportunities to help postpartum women under the governmental support system. I truly hope that day will come very soon.

*Kaori (Kay) Akahane, Japan* Website: [www.esencek.com](http://www.esencek.com)

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### **Giving Birth, One Scrabble Word at a Time**

One laboring client I was with chose to labor at home for as long as she could. She was having her second baby and was comfortable in knowing when to head to the hospital. After a relaxation massage in the early evening, she began to pace through her house, going up and down the stairs. We soon had a ritual established of which pieces of



furniture she could lean on: the overstuffed chair in the downstairs room; lunging and rocking on the stairs at the landing; the kitchen counter; and my massage table that was still up in the living room. I would press deeply into her sacrum using my forearm, my other hand on her shoulder guiding her in a slow, rhythmic rock. She would lean forward, legs planted wide apart, knees bent resting her head on her arms. Each time on our circuit through her quiet, candle-lit house we would pause in the dining room where we had a Scrabble game set up on the table. We added words to our ongoing, no-rules-allowed game. Lots of the words there had to do with patience, surrender and birth.

*Linda Hickey, RMT, Calgary, Alberta, Canada*

### **My Work with A Mother of Multiples**

I have had the honor of working with two “multiples” moms through the entire second half of their pregnancies; one carried twins and the other had triplets. In both cases, we started with bimonthly sessions, and we moved into weekly sessions by the twenty-sixth week.

I was amazed at the incredible changes that these pregnant bodies withstood. Both moms were on strict bed rest and retained fluid in what seemed to be gallon amounts. Their backs ached as their bellies swelled to accommodate the growing babies. They got less and less sleep as their due dates approached. Their limbs trembled as they walked because of lack of exercise. They both wound up wearing their husbands’ biggest slippers to protect their puffy feet when they left the house for their doctors’ appointments.

In the last months of their pregnancies, they both told me that the only way that they could make it through the three days prior to our sessions was to live minute-by-minute, and to constantly remind themselves that I was coming again soon. The 3 days following our sessions would be



more comfortable for them, and then the cycle would start again. Unfortunately, financial circumstances did not permit more visits per week (I was already doing house calls for a fraction of my in-office fee).

I am pleased to report that the twins made it just past 40 weeks of gestation, and the triplets up to 36 weeks. Both moms firmly believe that without massage therapy, they would have given birth much earlier. They have told me that both the physical and emotional nurturing that they received helped carry them and their babies longer than usual in multiple pregnancies. I am delighted to have had a part in nurturing these remarkable women and their babies, and I look forward to doing so again in the future.

*Liz Ellis, massage therapist, Chicago, IL, USA*

### **Learning from My Mistakes**

Not long after completing certification in maternity massage therapy, I took a job with a local hospital here doing postpartum massage. The work was wonderful, but the climate was horrific. It wore on me so badly, and the pay was so measly that I found myself feeling sick each night when I left. I could not go on in the role any longer. I left my position respectfully, with plenty of notice and helped to train my replacement. My employer was so indignant over the issue that in my last week, she told me don't bother coming; frankly, I was half-relieved.

Unfortunately for me, when I took the job, I signed a non-compete. As a result, I cannot promote my practice for another year without putting myself in jeopardy of a lawsuit because their business model was to expand into prenatal services as well. My employer told me in my initial interview that if I tried to compete, she would "sue the pants off of me." That should have been my tipoff, but my desire to work with these moms was so strong that I didn't listen to my higher knowing.



I hope that this misfortune can help in some way with other therapists. Please know that I don't sit around dwelling on the issue. I work on family and friends in the interim, and I have immersed myself in the study of Thai massage. I know of a course in Thai Massage for pregnancy, and it is my hope to incorporate that into my Yoga and prenatal practice once my non-compete is no longer relevant, or I relocate.”

*Julia Rix, Nashville, TN, USA*

### **My Experience in the Hospital Setting**

It has been a privilege to work as a massage therapist for several years at Stanford University Hospital (SUH), and for the past three years at Lucile Packard Children's Hospital (LPCH). These two programs serve all areas of these hospitals, including antepartum patients on extended bed rest and postpartum women. These programs began, respectively, in 1993 and 2006.

The antepartum patients are all high-risk patients. They are often carrying multiples and those with preterm labor or premature rupture of their membranes. They may be in the hospital for one week or for more than two months. Some may not get up at all, while most may be up briefly to shower and use the toilet. Patients are generally under considerable stress as they face the possible loss or premature birth of their infants and the need to adapt to full-time bed rest in the hospital away from their families. The LPSH program provides one free 25–30-minute massage per week for antepartum patients. Patients may also purchase massages from SUH (currently at \$30/half hour). One antepartum patient received massage 5-7 times a week for the two months she was on bed rest.

All antepartum patients require an MD order for massage; postpartum



patients currently do not. The therapists providing massage have extensive hospital experience in addition to their basic 500-hour training. Techniques used vary greatly, and they may include general Swedish, acupressure, myofascial release, craniosacral and neuromuscular therapies, lymph drainage, and energy-based therapies. All follow basic prenatal, medical site and pressure precautions. In Fiscal Year 2007-08, 123 antepartum patients were seen, many for multiple sessions. Antepartum patient evaluations returned indicated an overall increase in well-being and a considerable reduction of pain.

The programs here grew from the Patient Relations department's desire to both explore additional complementary therapies for pain relief and to increase patient satisfaction by improving the quality of their hospital stay. Even with the long-standing success of the massage program at neighboring SUH, it was a long and complicated process to implement a program at LPCH. Much research, solidifying internal support of the medical staff, securing funding, establishing practice protocols and standardized procedures and forms preceded the first sessions performed. It has been great fun to be involved in the beginning and ongoing development of this program. It is essential that the initiative for these programs comes from within the hospital, and that the medical staff is supportive of the concept. We have been very fortunate at LPCH in that regard.

*Hollis Radin, massage therapist at Stanford University Hospital and Lucile Packard Children's Hospital, Palo Alto, CA, USA*

### **Working in an Ob-Gyn Office**

I had to pinch myself when I received the news: I was the one chosen to open a massage office at my ob-gyn's facility. It felt like I had won the lottery, a dream come true. Our office is very busy with five female



doctors. I imagined myself being instantly and continuously busy, treating the pregnant and postpartum clientele that were patients in this practice.

With much anticipation, I opened my office, only to sit client-less. There were no instant referrals. I offered massage to the doctors, but I could not get any of them on my table. These were BUSY women, barely taking a moment for their own care. I felt like I had to stand in line with the drug reps to get their attention for a moment.

Slowly, over time, I learned: I learned that if I wanted to talk to the doctors, I needed to be there for those few minutes over the lunch break when they were making notes on their morning patients as they ate an apple, before going to the hospital to do rounds. One by one, I found a minute to educate the doctors and the staff on the benefits of massage. I also learned to utilize the staff. I offered them chair massage so that they could get a feel of my touch and to provide them with information about massage. I provide massage to them at a greatly discounted rate to make it easily affordable and to get them excited to share how good they are feeling with everyone who comes through the office doors. They have become some of my best marketers.

I learned that to specialize in pre- and perinatal massage is an invitation to continuous marketing and educating my prospective clientele. Women are pregnant for a relatively short time and may be hurting for just a small window of that time. I learned to be available to the patients in the waiting room. I learned that it still takes marketing other OB offices, and anyone or any business remotely connected to pregnancy to keep clients coming through my door. And to have those clients tell their pregnant/or-could-be-pregnant-someday-soon friends about pregnancy massage.

Following my passion to help pregnant women relieve the discomforts of childbearing and to educate them on self-care has been one of the



greatest gifts I have been given. It is not a gift that has simply and easily fallen into my lap; it takes dedication and commitment. There is such deeply felt satisfaction when the work I do benefits the women and their unborn babies. It is a joy to go to work every day.

*Susan Sexton, USA*

### **Maternity Massage Therapy in a Spa**

As a massage therapist in Arizona for the past six and a half years I have had a wide variety of clientele mostly within the salon and spa environment. I acquired the basic knowledge of prenatal massage through formal college education; however, I was not very confident doing it. My life and my interest in prenatal massage changed when I became pregnant, and a friend performed prenatal massage on me for the duration of my “normal” pregnancy. During this time, I began to comprehend first-hand just how effective massage was as it alleviated symptoms that accompanied my changing body.

Seven months after the birth of my son I began employment at a spa in Chandler, Arizona, and I continued to work there for the next three years. Approximately 15% of my clients were prenatal and felt the spa was a “safe and relaxing” environment. Typically, they had normal, healthy pregnancies so treatments went smoothly.

My interest in prenatal massage grew deeper during my second pregnancy when I took a certification seminar. I became much more comfortable performing massage techniques, with proper positioning, as well as with truly understanding the anatomy of a pregnant person; however, just after returning from the seminar I found out that the daughter I was carrying had a chromosome defect which was fatal. My



pregnancy itself would be handled very delicately from this point on. I carried full term and was induced at 37 weeks gestation. Sadly, my daughter passed away after 21 hours of life. During this whole process I became extremely aware of what an emotional experience, beyond the “normal” concerns, pregnancy truly may be. A therapist’s intake process must consist of specific questions, intent listening, and complete understanding of the dynamics. Due to my personal experience, I began to focus on prenatal massage, and I viewed it more from the clients ‘eyes.

My journey with pregnancy massage continued as I had another daughter. I worked for several other spas, gaining valuable experience in prenatal techniques, before opening my own practice. I had my own room shared within an office with two chiropractors and a naturopathic doctor called Acacia Natural Health, in Tempe, Arizona. I only saw two prenatal clients at this office within ten months of operation, and both were in the “normal” range of pregnancy.

Many of my clients commented on the positioning throughout the massage and stated it was the most comfortable they had felt since the early stages of pregnancy. Although I wanted to share my own personal experiences at times, I refrained unless my repeat clients asked me, and we both felt comfortable with each other. On occasion, I would share with them in hope they would understand why prenatal massage was so personal to me and one of my favorite modalities to offer.

I enjoy working at spas because I think people often associate relaxation and massage with the spa environment; however, as I continue my own education, I would like to expand my prenatal clientele



to those who may have more abnormal pregnancies. It is important they too find comfort in an already difficult situation. I believe I can offer more to a treatment than just relaxation because I consider every pregnancy as different in every sense, emotionally and physically.

*Jeanne R. Bass, LMT Tempe, AZ, USA*

### **My Work in Ethiopia**

I can't really remember a time that I was not fascinated with pregnant women and babies. My mother was a labor and delivery nurse and childbirth educator when I was a child. I loved watching her teach these women and their partners how to enjoy and relax into the wonderfully natural process of birth. I always knew that someday I would work with this population. It has been more than 17 years since I took my first pregnancy and infant massage course and that was way before I even had my own three children.

I remember coming back from that training with so much excitement to be a part of the prenatal experience. I spent a lot of time educating local doctors, childbirth educators and local moms' clubs about all the benefits of pregnancy massage. Throughout the years it has become much easier for women to realize the overall benefits of prenatal massage. Research into the benefits to the unborn child has fueled the success of prenatal massage in general. I have been honored and humbled to be a part of many women's journey to motherhood, sharing in their hopes and dreams, their fears and frustrations; feeling those first tiny movements of their baby; and being a source for pain relief and relaxation.



I have cherished each one of these experiences, but the highlight has always been when these women bring their babies and children back to me to be treated for everything from colic to cerebral palsy to autistic spectrum disorders and everything in between. My love of working with children has grown from these experiences, and I harbored this deep desire to take my skills and go to work with a population much less fortunate but just as much, if not more, in need. I wanted to go to Africa, and this became my mission.

I told a few people about my desire, and many suggested volunteering to do mission work in the orphanages. I contacted a few local orphanages in Ethiopia, Africa and discussed with their directors my wish to teach their caretakers about massage and work with any infants and children while I was there. They were surprised and excited that I was willing to donate my time and welcomed me with open arms. I had decided to visit three orphanages during my week in Ethiopia.

There is nothing that could have prepared me for the overwhelming need of these infants and children. I walked into the first orphanage and what struck me was how very quiet it was.

Where were all the children? Where was the laughing or crying? When taken upstairs to what they had set up as the infant room, I found brown walls and carpet and not a single picture or toy. There were a few cribs, two caretakers and about 20 babies lying on the floor. The tears rolled down my face, and I wondered where I would begin with so much to do and so little time.

I scanned the room and was drawn to this little girl about nine months old lying there listless, with no expression and the saddest eyes I had



ever seen. When I inquired about her, they told me that they could find nothing specific wrong with her, but she was no longer eating, and they feared that she would soon die. I scooped this baby into my lap, and I began to gently massage her hands and feet. At first, she had no reaction; she did not even look at me and continued to have this blank faraway stare. I came back every day to work with this baby, and each day I began to see more and more light return to her eyes and watched her become more responsive to the touch. I imbued as much love through my hands as I possibly could so that this little one would know how important she was in this world. Little by little I massaged and moved each limb and touched her entire body.

By the third day, I could see that she recognized me when I came to her and her caretakers had told me that she had finally begun to eat again but she was having a hard time keeping it all down. I worked more on her chest and abdomen and gently massaged her belly while she drank her entire bottle and kept it all down. She had begun to move about and become much more vocal by the fifth day and by the end of the week she had some definite ideas about what she liked to have massaged and what she did not, and she was sure to let me know with a cry or a squirm.

Every day that I spent in Ethiopia, I saw the amazing power of touch and how it dramatically changed the lives of those in need. I saw children with hydrocephalus, HIV, AIDS, cerebral palsy and even leprosy who were diagnosed with marasmus, unable to thrive. I watched these children continue to survive and do well when given gentle, nurturing touch, daily. I am so grateful for the opportunity to share my knowledge with those women who will continue to do their best to take care of these children each day. What gratitude I have for the children who



taught me that there is nothing more important than human contact!

In my many years of massage practice, I have read all sorts of books and studies about the importance of touch and its far-reaching benefits. To experience it and live it has changed my entire outlook on the practice of massage and life in general. I have seen firsthand the dramatic difference massage can make in the life of a child.

I know that there are many children in our own society that could benefit from more nurturing touch, release of fascial restrictions and developing the mind-body complex. What would our children be like if they received therapeutic massage as infants and through their developmental years? Would there be less disease and illness, less children diagnosed with Autistic spectrum disorders, less violence? I believe the world would be a much different place. Each day now, when I touch someone, I am aware that massage can be more than just physically healing; its effects are far more reaching. My mission now is to heal the world, one body at a time. I will continue to do more work in underdeveloped countries and spread the value of touch to those who are in need.

*Michelle Ashenfelder, NJ, USA*

### **Labor Massage for A Woman Seeking Vaginal Birth after Cesarean**

I have known Jessica since attending junior college together over a decade ago. We stayed in touch and joined a mutual business venture together. From that point, we cultivated a friendship. We each married the special men in our lives, and during the past few years, each decided to start families.

I took my first prenatal workshop in 1996 thinking that the wonders of



having children would be even more wondrous with having massage(s) along the way. When I was pregnant, I was happy to receive pregnancy massages, and I worked as a traveling massage therapist up until my 35th week since I wanted to pass along the very benefits I received during my pregnancy.

I was certainly able to do just that with Jessica. Her first child was born during an emergency Cesarean. I remember her telling me the agony with back labor and frustration she experienced through the entire process, and almost a deal-breaker for having more children in the future. When she told me she was pregnant, she also said that she was open to helping herself with alternative care, such as massage, to ease her discomfort, and perhaps have a better birthing experience.

At the same time, she was beginning her 3rd trimester, I was in the midst of finishing my Pre-and Perinatal Massage Therapy course. Jessica came in as my practicum client. Her feedback was positive, and she seemed interested in learning more about labor massage. We agreed that trying this technique during labor would be a benefit to both mother and baby.

Jessica called me while walking in Target and said her contractions were about 15 minutes apart. I was so excited for her, and because this was going to be a chance to put into motion what I had only read about. She called at 8:00PM that same evening when her contractions were about 10 minutes apart, and we began her labor massage at 9:00PM. I coached her before I arrived, suggesting that she have her favorite music playing, candles lit, and a few soft pillows on her bed that we could use during her massage. Just the fact that she could be in her



own home and bed during this process was a blessing to her.

I opted to begin with some lighter strokes between contraction and with her in a semi-reclining position. First, I worked on her arms and shoulders, and then moved on to her quadriceps and hamstrings. We worked on her adductors, and she rested some weary muscles. We moved to the ball, and then some deep compression near her posterior pelvis. We used lavender essential oil and other relaxation techniques, as well as the Bladder 67 point with added foot reflexology. I was certainly proud of Jessica for helping herself have labor the way she hoped for.

We worked together until 11PM, and all during that time, her contractions were steady, consistent and without pain. She said that I'm free to go because she was ready to take a nap from being so relaxed. At about 2AM, she awoke with slightly harder contractions, like having a tummy ache, and said she needed to go to the bathroom for a bowel movement. All the while, this was her body working in sync to give birth to her baby girl. Her husband arrived home, and they made their way to the hospital. With just four intense pushes, her baby was born, vaginally and naturally.

For my first labor massage, I was completely at ease with helping my friend have the best birth experience that she could. I will be forever changed as a woman, knowing how a vaginal delivery after a Cesarean can be. I am grateful to feel the courage and knowledge that mothers can have the pleasure of having a child in a secure and comforting place.

*Sherry Weldon*



## **My Experience with a Client Having a High-Risk Pregnancy**

I had one client who will always remain close to my heart. At the time of her pregnancy, she was a single mom whose social worker sent her to me. This was an older woman who had just graduated from college with high honors, but she was feeling very depressed over her personal life, especially over the pregnancy. At that time, she could not love her unborn child. As we worked together during the last 6 weeks of her pregnancy, I was able to sense her body beginning to relax as her endorphin levels increased with the massage. The more relaxed she became, the more she began to talk about her baby. By the time the baby was born, she was in love with her. By the way, she had a very easy, unmedicated labor. She was admitted to the hospital about 2 hours before she gave birth.

*Carroll Patterson, Dallas, TX, USA*

## **A Client with Back Pain**

A client was referred to me by her obstetrician because of severe low back pain. She believed that her back had been out of alignment since her previous pregnancy 5 years earlier when she gained over 60 pounds and was confined to bed with pre-term labor. She gave birth to her first child, a son, at 35 weeks after breaking through medication to prevent preterm labor.

As I evaluated her structural alignment, it appeared that her L3 was extremely anterior and her L4 was equally posterior. The therapy we created for her consisted of ways to strengthen both right and left psoas muscles and massage work to relax, stretch, and restore better function to all the muscles of the low back, hips and pelvic girdle. This therapy allowed her to stay physically active much further into her pregnancy than the first time.



She again had pre-term labor problems, but with massage therapy we were able to keep her catecholamines at a low level. These are the hormones that build up when the body can neither flee nor fight when confronted with stress. Together with her more relaxed state of mind and terbutaline medication, she was able to maintain her pregnancy through the 37th week before birthing her second son.

Her postpartum recovery was much easier because we were able to ease her low back pain, plus she had gained only 35 pounds. She felt totally supported both emotionally and physically throughout her pregnancy by massage therapy.

*Carroll Patterson, massage therapist, Dallas, TX, USA*

### **A Client's Birth Story, in Her Words**

I loved being pregnant and felt prepared for a positive birth experience: a loving and supportive husband, childbirth education, a detailed birth plan, and an awesome supporting cast of my mother, my friend, Grace who is also my massage therapist, and another friend, all with birthing experience.

Then, overdue and with low amniotic fluid levels, a Pitocin induction seemed necessary. The night before the induction, I meditated, danced, and prayed that the baby would come on his own, but he didn't so I took several deep breaths and made the best of it.

We successfully elevated the energy of the L&D room to create an environment more supportive of birthing, and the first hours went by with ease as Grace massaged me. Later, jasmine oil, sacral pressure, and Mark's steady comforting energy got me to five centimeters in six hours, but I was sure I couldn't continue.

Reminding myself that God is in the drugs too, I asked for a "shot-glass"



epidural. This was just right to give me a little rest, but not so much so that I couldn't feel anything. I completed dilatation in just another hour, and then began pushing. Grace massaged my neck and jaw, mom prayed and took photos, and my husband caught Bryce, after only four pushes. His birth is without a doubt the most significant ritual passage of my life, and my heart is forever expanded.

*Krishna, USA*

[All URLs accessed on January 23, 2021]