



Think It Through

Chapter 5

an online resource
created to accompany

Pre- and Perinatal Massage Therapy:

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and Postpartum Practice*
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Chapter 5

Below you'll find a list of questions that will test what you have absorbed from this chapter. Below each question are the possible answers (as you'll see, some of these questions have multiple answers). All of the answers are things discussed within this chapter. Read each question and try to answer, in as much detail as you can, before you look further. Once you have written down your answers or said them out loud, you should compare your answer to the potential answers given below.

1. List three of the seven main focuses of your work to prepare a client for labor and birthing.
 - Increasing self confidence for labor
 - Improving movement and flexibility particularly in the legs and pelvic joints and muscles
 - Facilitating relaxation and breathing, through autonomic sedation, breathing reeducation, and massage techniques that free the torso, neck and pectoral girdle
 - Preparing the pelvic floor with teaching her or her partner perineal massage
 - Enhancing her self awareness and communication helping her to use simple direct statements.
 - Providing emotional support using active listening skills, hearing her concerns, and supporting her labor choices.



- Teaching partners
2. List the three Rs of labor support according to Penny Simkin.
 - Relaxation
 - Rhythm
 - Ritual

 3. Describe three of the eight roles or functions of a massage therapist attending a client's labor and birth.
 - Physical support to reduce musculoskeletal and other pain, facilitate positioning
 - Relaxation support
 - Communication support
 - Emotional support
 - Support of the birthing "team"
 - Breathing support
 - Energy conservation support
 - Enhancing partners' relationship by encouraging partner's care

 4. Describe the differences in uterus contraction patterns in early and active labor.
 - When contractions become more rhythmic and occur without respect to your client changing positions, this signals that the early first stage of labor is likely underway. The uterus gains momentum, with a trend toward stronger contractions that can



vary from subtle to strong, and sometimes can be erratic in rhythm too.

- At some point, a new plateau of regular longer and stronger contractions emerges during active labor. With each contraction, your client stops her usual activity, focuses inward and instinctively concentrates on her breathing and movement. The uterus contracts rhythmically in a more predictable and frequent pattern, pulling the cervix open and moving the baby's head down against it and through the pelvis, as measured by **pelvic station**—the relationship of the crown of the baby's head to the pelvic landmarks of the ischial spines. In 2014, the American College of Obstetricians and Gynecologists (ACOG) changed the definition of the active phase from 4 centimeters of cervical dilation to 6 centimeters.

5. Describe the effects of stress on uterine contractions, particularly in the first stage.

Catecholamines, the stress hormones— including epinephrine and norepinephrine, cortisol and others – counteract the effects of oxytocin and endorphins. Also under stress, contractions then become more painful and can reduce blood flow to the uterus by as much as 65 percent. Fear or anxiety may cause the laboring person to perceive labor events or caregivers' words as threatening or dangerous, and she may remain vigilant or hyperalert. Fear and anxiety may also interfere with her ability to absorb and retain information that is being provided to her. High levels of catecholamines also suppress the usual endorphin effects that would otherwise alter her state of consciousness, and help her enter an instinctual, trance-like state.



6. Describe three to five strategies and/or techniques that could reduce the severity of laboring women's back pain.

- Firm, deep sacral pressure (sacral counterpressure)
- Hands and knees position for laboring woman
- Massaging with or placing heat or ice on the sacrum
- Use of tools such as a firm tennis ball or ice filled bottle rolling on the sacrum
- Deep tissue sculpting the erector spinae, gluteus medius and maximus
- Sacroiliac joint releases
- Gluteal squeeze or pelvic press techniques
- Pressure to Bladder-67 point on little toes
- Labor TENS unit

7. Describe the goals of massage therapy in conjunction with epidural use.

Should the client receive an epidural, the massage therapist will continue to provide emotional support and physical support. Continue with body awareness support and facilitating relaxation. Continue labor support using visualization methods. Assist with managing limbs of the mother during exams and pushing. Involve and support partner, continue to support self (make sure EVERYBODY gets some rest before the pushing!).

8. Describe possible aspects of the massage therapist's role with a client having a Cesarean birth.



- In the case of a Cesarean birth, the role of supporter does not end. We still provide emotional support, encouragement, and relaxation through breath and autonomic sedation techniques. If present in the surgical suite, support can be holding a hand, eye contact, encouragement, and focus on her emotional state and helping her to stay connected with her experience.
- In the recovery or postpartum room, verbal and physical support can resume. We can assist in the physical recovery using reflexive techniques especially on her feet. Always check in and say goodbye before leaving, and maintain a caring, unconditional, non-judgmental and supportive state of mind.