



What Would You Do?

Chapter 5

an online resource
created to accompany

Pre- and Perinatal Massage Therapy:

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and Postpartum Practice*
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this resource links to:
Chapter 5, pages 161, 181 & 183





What Would You Do? Chapter 5

[from page 161]

You may aspire to assist birthing clients in response to the increasing rates of birth medical intervention. The very nature of your work may lead you to be a natural birth supporter. What if your client chooses a hospital birth with pharmaceutical pain relief as soon as it is possible, and she is open to any and all medical interventions? Can you objectively and non-judgmentally support her during her birth?

Below is one possible response:

Medical intervention advice or opinion shared with clients is outside a massage therapist's scope of practice. Encourage your clients to speak directly with their medical care providers with their wishes for and questions about medical interventions. When clients request more information to inform their decisions, you can also refer her to other trusted resources that provide evidence-based information and professionals such as childbirth educators for group or private classes.

Take time to explore your own feelings about birth's possible medical interventions and to become clear in your intentions to support your clients without judgement in the choices that they make for themselves and their families. In session, be vigilant in practicing active listening and validating your client's feelings. Even if asked, do not offer your opinion on medical intervention, but instead validate that her instincts and decisions are hers to make and for you to non-judgmentally support.



Outside your sessions, note particular topics that may trigger you. Learn more about these topics with an open mind and heart. If needed, confide in a trusted, confidential professional colleague with whom you can ethically process your feelings. All these responses will protect you, your clients and our profession from compromised positions and unethical actions.

[from page 181]

Having flexible thigh adductor muscles that can relax while experiencing labor's intensity and possible pain often facilitates labor's normal progress. Given the concern about possible thrombi in the medial veins of the leg, how can you safely and effectively work in this area? What types of techniques can you use and what do you need to modify or eliminate?

Below is one possible response:

This area can be safely addressed. First, follow the medial thigh clot precautions and contraindications in Chapter 2 and work as illustrated in Chapter 4 using stretching, tense and relax, and positional release techniques to encourage relaxation of the adductors and the medial hamstrings. She may be receptive to your careful, sensitive deep tissue sculpting on the boney attachment of these muscles at the pelvis if that falls within your scope of practice. Energy or craniosacral techniques may be effective, as will visualization to help overcome tension and unconscious holding patterns. Try the Cervix and Pelvic Floor Relaxation and Thigh Adductor Passive Relaxation Techniques.



[from page 183]

Your 34-week pregnant client is distraught that her baby is in a breech presentation, rather than head down. A Cesarean birth terrifies her, and she asks you to help turn her baby from the breech presentation. How can you best support her in this difficult situation while staying within your own scope of practice?

Below is one possible response:

Use active listening techniques to hear her concerns and encourage her to engage in full conversation with her medical care provider about her options and her concerns. Explain that your scope of practice does not include direct techniques to change the baby's position; however, you can assist with relieving tension and facilitating relaxation in her body that may help the baby move. Help her to practice and improve her ability to calm herself with deep, relaxed breathing through education and pectoral and torso work. With her permission and as you gently effleurage her abdomen, energetically connect with the baby to suggest exploring other positions. Encourage her conversation with the baby to ask for a position change as well. If the baby has not yet engaged into the pelvic inlet, offer instruction in the Baby Lift technique (see Chapter 5 online resources).

Ask her if she is interested in referrals to other professionals who may be able to help her address the baby's breech presentation. If receptive, refer her to qualified maternity chiropractic or acupuncture professionals for their respective treatment techniques for breech presentation. Some childbirth educators and midwives who are trained in Spinning Babies are talented and experienced in helping women use visualization, positioning and movement to encourage fetal position change. Refer if



you know someone with these skills. Loan and recommend resources that might provide her with ideas and strategies for breech, vaginal birth and Cesarean so that she is more fully informed about her options.