



# Think It Through

## Chapter 6

an online resource  
created to accompany

### ***Pre- and Perinatal Massage Therapy:***

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

Carole Osborne

Michele Kolakowski

David M Lobenstine

(Handspring Publishing Ltd. 2021)

**this resource links to:**

**Chapter 6, page 229**





## Think It Through

### Chapter 6

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. Describe three of the many goals of postpartum massage therapy throughout the postpartum time.
  - Providing nurturance and emotional support
  - Healing after labor and birth including after vaginal and Cesarean birth
  - Encouraging abdominal and pelvic floor healing
  - Supporting satisfying feeding of the newborn
  - Promoting sleep and rest
  - Preventing strain and pain from childcare activities
  - Reducing residual pain and promoting structural integrity
2. Describe three of the many physiological adjustments of the early postpartum period.



- A precipitous drop in estrogen and progesterone levels immediately after the birth of the placenta
  - Uterine contractions involute the uterus from an abdominal organ back to a pelvic organ, and blood clotting factors promote coagulation at the placenta's former attachment site to reduce postpartum hemorrhage risk
  - Lochia discharges from the vagina for up to eight weeks postpartum from the placenta's prior attachment site
  - During the first 24 to 72 hours after the birth, the breasts secrete colostrum, and mature, more voluminous breast milk appears between the second and fifth days
  - Diuresis begins within hours after birth and continues through the first postpartum weeks
  - Diaphoresis is common in the early weeks, especially at night
  - Respiratory capacity and volume return to normal within one to three weeks; however, pregnancy's facilitated neuromuscular patterns of shallower chest breathing can remain.
  - Pelvic floor weakness immediately after birth and remaining long term if not addressed with pelvic floor exercises
  - Some blood clotting factors may not return to normal levels for eight to 10 weeks postpartum or longer and increase risk of thromboembolism
  - Residual back and pregnancy-related pelvic girdle pain after pregnancy and birth, especially in the pubic symphysis, sacroiliac joints and hips
  - Emotional lability and baby blues
3. Normal postpartum emotional adjustment can be nurtured with resting, reducing stress and pain, and providing the new family with plenty of support. What are three of the many normal and appropriate



emotional changes known as “baby blues” that parents can experience during the early weeks postpartum.

- Crying easily
- Feeling overwhelmed
- Feeling out of control
- Feeling exhausted
- Feeling anxious
- Feeling sad
- Lacking confidence as a parent

4. List three of the many precautions to ensure safe postpartum massage therapy.

- In the early postpartum days, closely observe and communicate with your client to reach her therapeutic relaxation and pleasure-pain level goals. Adapt your pressure and techniques accordingly when she is taking pain medication that may alter her perception of your work, or if she is experiencing a medication side effect such as headache, backache or fever.
- Keep your eyes open for any possible intravenous puncture, epidural, spinal anesthesia or wound sites and adapt your techniques accordingly.
- Continue all prenatal precautions with massage therapy for the legs and pelvis for eight to 10 weeks postpartum, including lower abdomen and inguinal areas as thrombi are common in the femoral and iliac veins. The more sedentary the new mother is, the more prudent this more conservative precaution becomes. Those at higher risk are those mothers who had Cesarean births, hysterectomy and tubal ligation.
- For abdominal techniques, maintain a trusting connection by



making eye contact with her face as she may feel vulnerable, self-conscious and/or emotional.

- With diastasis recti, avoid laterally directed pressure techniques on the area of separation until it is healed.
- After Cesarean birth, perform abdominal massage techniques after physician's postoperative consent for massage therapy. Thereafter, use impeccable hand hygiene and modify techniques to avoid unintentional hand placement or movement on the incision

5. In the fourth trimester, that are three reasons that is it important to think of mother and baby as one - a mother–baby dyad?

- To foster beneficial skin-to-skin contact, breastfeeding and touching.
- The mother's oxytocin levels increase in response to the baby's skin next to hers, suckling at the breast and their mutual touch.
- Mother's temperature increases thereby raising the baby's skin temperature.
- Skin-to-skin contact lowers the baby's cortisol levels and pulse rate, and baby cries less.
- Mother and baby interact more, and their vocal communication synchronizes.

6. Describe three intentions for abdominal healing in your postpartum sessions as well as three specific techniques.

- Communicate your intention to “meet her where she is at” with her readiness to receive massage for her abdomen. Explain the possible benefits but avoid pressuring her for consent; wait until she is ready.



- In the immediate postpartum time, focus to be on deep relaxation and diaphragmatic breathing to help manage intense uterine involution afterpains.
- Evaluate for diastasis recti and guide her to resources for appropriate abdominal strengthening.
- Focus on reducing pain emanating from trigger points and hypertonicity in each abdominal muscle and iliopsoas.
- Nourish her skin with your massage lubricants, and invite her to do the same at home with her favorite products.

### ***Specific Techniques***

- Abdominal Kneading, Vibration, Tapotement and Trigger Points (see Figures 6.9–6.12).
- Breathing Enhancement (see Figure 4.11).
- Foot Reflexive Zone Therapy (see Figure 4.13).
- Iliopsoas Structural Balancing (see Figure 6.14).
- If she had a Cesarean birth, integrate Cesarean Scar Massage (see Figure 6.13).

7. List three of the musculoskeletal strain and pain conditions that postpartum massage therapy can reduce the likelihood of.

- Headaches
- Back pain
- Pregnancy-related pelvic girdle pain
- Carpal tunnel syndrome
- De Quervain's syndrome



8. How can pregnancy affect women's musculoskeletal health many years after giving birth?

- Unresolved trigger points, restricted posterior structures
- Unhealed diastasis recti may lead to chronic back pain
- Strained joint structures in the sacroiliac, lumbosacral, and symphysis pubis joints may create chronic pelvic pain
- Lack of tone in pelvic floor, iliopsoas and abdomen may contribute to pelvic instability, urinary incontinence, and pelvic pain
- Adhesions in abdominal or perineal scars may restrict movement and create myofascial strain, postural imbalance, and organ dysfunction