



# What Would You Do?

## Chapter 6

an online resource  
created to accompany

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

*A Comprehensive Guide to Prenatal, Labor  
and Postpartum Practice  
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**this resource links to:**  
**Chapter 6, pages 202, 211**





## What Would You Do? Chapter 6

[from page 202]

*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?*

Below is one possible response:

*I have had so many babies on my massage table! First, I will ask her how she is, listening attentively to her response. Of course I will admire the baby and ask about the birth. Then I will do a postpartum intake with my client, encouraging her to feed her baby while we talk so that she can hopefully make the baby comfortable afterwards on a blanket or in a carrier.*

*I will then explain that this session is for her (and suggest infant massage for the baby at another time) and that she will get more out of it, the more relaxed and focused she is. If the baby sleeps, we are fine. If the baby is awake but ‘burbling,’ I will face her away from her baby, reassuring her that I will be keeping my eye on her/him. I will then encourage her to focus on her breath and on telling me how she feels as the session progresses.*



*If the baby is crying or fussy, I will nestle the baby against her belly in sidelying, allowing the baby to nurse if necessary. If absolutely necessary, I will wear the baby if she has a front pack. I will concentrate on mom's back, legs, feet. If the baby falls asleep, and it is time for her to turn over, I will gently move the baby on to the blanket. Now I can address her abdomen.*

*After the session, I will explain to her that she will probably get more out of the hour next time if her baby is not in the room. She is welcome to arrive early with a friend or family member and nurse in the waiting room. Then the family member can take the baby for a walk or stay in the waiting room if the baby is sleeping.*

*Good thing, I allow plenty of time for first postpartum visits!*

[from page 211]

*Personally, you are a staunch supporter of natural childbirth, but your client arranged to have a scheduled Cesarean birth so that her out-of-state mother could be present and help her postpartum. In the first week postpartum, she calls for you to come to her home to help her with severe headache and back and abdominal pain. What postpartum complications should you be alert for? What further information do you need from her or her doctor? How will you manage your personal "I told you so" feelings regarding her choice of a Cesarean rather than vaginal birth?*



Below is one possible response:

*I would first address my ‘told you so’ attitude – before I arrive. Taking a few deep breaths, I would remind myself that there are as many approaches to childbirth as there are pregnant women. Even though I strongly believe that childbirth is a potential source of tremendous growth and self-expression for women, I must also understand that every individual grows in their own way and at their own pace. I do not know her life history and there may be keys there. This client’s child may not have had the ‘ideal’ start in life, but mom could well be the most loving and caring parent – I will tune in to this when I am in her home. Once there, I will give her the opportunity to talk about her birth experience. There may be disappointment or regret that she is barely aware of. There is most likely some confusion and anger especially given how badly she is feeling. I will remind her that there is almost always a “let-down” of sorts in the days after birth especially after a cesarean birth. If the opportunity arises, I will gently alert any family members to other, more serious symptoms of depression in case they should develop. There may well be some attachment issues between her and the baby also. I am ready with referrals and may teach her some simple infant massage strokes.*

*Given her symptoms I will attempt to communicate with her doctor in terms of her health, i.e. blood pressure, her headache and overall pain level, hoping to rule out possible post birth eclampsia, infection or other complications. Once there I will check for fever and any pitting edema. I will also check for heat, redness or unilateral leg swelling indicative of possible blood clots in the medial leg and ask her about the extent of her lochia. I will determine that her pain is musculoskeletal and not organ-related by questioning her about pain changes with changes in activity or position. I will also ask about other symptoms such as painful*



*or frequent urination, any fever, chest pain, coughing, or muscular weakness or numbness.*

*On the table I will make her comfortable by using only sidelying positioning to protect her abdomen, breasts and spinal site. I will elevate her feet slightly to help alleviate her headache. I will make sure her back is supported. Assuming that her abdominal pain is gas related, I will encourage her to breathe deeply, sometimes with a forced exhale. If this elicits feelings or a physiological response, I will reassure her that this is normal and healthy. I will not perform any abdominal massage yet, but instead address pain from gas, constipation, and the incision through corresponding Foot Reflexive Zone Therapy. I would probably start with Reiki Energy work to help alleviate her headache and overall malaise followed by techniques to induce relaxation like the Autonomic Sedation Series 3-1-1 and Rhythmic Passive Movements at her head and cervical spine followed by deep tissue sculpting on her erector spinae and pectorals being careful of her spinal site. I will not at this point do any work on her legs except perhaps some very superficial effleurage. I might use the postpartum sealing wrap if she seems to need more nurturing and a ‘closing” effect. I’d try out the Spinal Seated Fascial Stretches to see if she is comfortable with that.*

*Most importantly I will be consistently checking in with my client during the session. Before I leave, I will encourage her to book another session and stay in touch with me. I will also make sure she has enough support from family and friends. Does she need any breastfeeding support? Is she hydrating well?*