



# Think It Through

## Chapter 7

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 7, page 262**





## Think It Through

### Chapter 7

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 numerous massage therapy guidelines while caring for the people using assisted reproductive technologies.*
  - *Use all trimester and postpartum appropriate positioning for your client's comfort; remember the benefits of the sidelying position, which easily allows for communication and tracking with a client who may be experiencing more emotional lability.*
  - *Use massage therapy techniques, environment and your relationship with your client to focus on parasympathetic arousal as a prominent therapeutic intention.*
  - *Before insemination or embryo transfer, offer deeper abdominal and pelvic techniques that reduce myofascial restriction and congestion in these areas.*
  - *After insemination or embryo transfer, follow Chapter 4's trimester recommendations for pregnancy-appropriate abdominal massage. Consider your risk tolerance for any possible perceived association between massage therapy and potentially*



*unsuccessful insemination or embryo transfer, or a miscarriage, when considering abdominal work; if she consents to abdominal techniques, document that consent in your charting notes.*

- *Use your impeccable active listening to acknowledge and validate the intensities and textures of her feelings about having assistance to become pregnant and any impact on her confidence to maintain her pregnancy, cope with labor and birth, and be a mother.*
- *Schedule her appointments with sensitivity to the fact that it may be difficult for her to see and hear other mothers with infants or see maternity office decorations.*

2. *Describe your intention when working with surrogacy and a client who chooses to be a gestational carrier?*

*Using relational finesse and emotional awareness to match her balance with her connection with the pregnancy and also, perhaps, her need to maintain some emotional distance. Learn how she is feeling about the pregnancy, taking your cues from her about how much or how little she prefers to connect with the baby.*

3. *List five biophysical factors and five psychosocial factors of high-risk the pre- and perinatal period.*

### *Biophysical Factors*

- *Any history of complications in prior pregnancy*
- *Autoimmune diseases*
- *Cardiovascular disease, hemoglobinopathies, thrombophilias and Rh incompatibility*
- *Cervical and uterine abnormalities and diseases*
- *Chromosomal abnormalities*
- *Chronic hypertension*
- *Diabetes and gestational diabetes*



- *Genetic conditions and disorders*
- *Infections*
- *Large-for-gestational-age (LGA) baby or macrosomia*
- *Multiple gestations pregnancy*
- *Parity – first pregnancies and grand multiparity*
- *Perinatal mood and anxiety disorders, or a history of depression or mental health disorders*
- *Placental abnormalities*
- *Poor nutritional status*
- *Preterm or post-term labor and birth*
- *Renal disease*
- *Respiratory disease, including asthma*
- *Small-for-gestational-age (SGA) baby*
- *Thyroid disease*
- *Underweight (anorexia, bulimia) or overweight*
- *maternal status (obesity)*

### Psychosocial Factors

- *Age (younger than 15 or older than 35)*
- *Alcohol and substance abuse*
- *Ethnicity – increased risk in non-white people*
- *History of or current sexual abuse*
- *Illicit drug use and abuse of medications*
- *Inadequate support system*
- *Lack of prenatal, birth and postpartum care*
- *Marital status – increased risk for unmarried women*
- *Poverty*
- *Situational crisis, including falls, accidents, spousal abuse, natural disasters and warfare, and personal stress*
- *Smoking*



- *Traumatic birth and/or post-traumatic stress disorder (PTSD)*
- *Unsafe practices, risky or unhealthy lifestyle, including exposure to teratogens*
- 4. *List two key things to remember about clients with high-risk factors.*
  - *These people often have more intensive medical assessments and treatments.*
  - *Most individuals who are identified as having one or more high-risk factors have healthy pregnancies, births and postpartum periods.*
  - *6 to 8 percent of high-risk people require closely managed medical care.*
- 5. *List five complications with their warning signs and symptoms that can develop during the pre- and perinatal period.*
  - *Prenatal vaginal bleeding, discharge, gush or slow leakage of amniotic fluid, low back and/or pelvic pain, uterine cramping, contractions, pelvic or thigh pressure: miscarriage; gestational trophoblastic disease; ectopic pregnancy; cervical insufficiency; preterm labor; premature rupture of membranes; placental abnormalities; stillbirth*
  - *Severe nausea, weight loss, dehydration: hyperemesis gravidarum*
  - *Low or high weight gain, decreased fetal movement: intrauterine growth restriction (IUGR) or small-for-gestational-age(SGA) baby; large-for-gestational-age (LGA) baby or macrosomia; stillbirth*
  - *High blood pressure, protein in urine, rapid weight gain, systemic and pitting edema, headaches, vomiting, visual disturbances, blurred vision, upper midback pain especially on right, seizures: gestational hypertensive disorders*
  - *Heat, swelling, redness, cyanosis or pain in the arms*



- or legs, particularly unilateral: thrombi*
- *Excessive hunger and thirst, frequent urination, sugar in urine: gestational diabetes*
  - *Postpartum bleeding from vagina (more than normal lochia, and soaking through more than one peripad an hour), blood clots the size of an egg or bigger: hemorrhage*
  - *Fever of more than 100.4 degrees F (38 degrees C); foul-smelling lochia or an unexpected change in color or amount; breast swelling, redness; swelling, redness or discharge at perineal tear or episiotomy, epidural, spinal or Cesarean incision site; dysuria, or incomplete emptying of the bladder: infection*
  - *Shortness of breath or difficulty breathing without exertion; chest pain; disorientation: cardiovascular disease, acute asthma flare or pulmonary embolism*
  - *Depression, extreme anxiety, mood swings, difficulty sleeping and eating, weight loss, thoughts of hurting herself or baby: perinatal mood and anxiety disorders*
6. *Describe how to provide safe and effective massage therapy sessions modified for clients on bed rest.*
- *Ask the client about the diagnosis for which bed rest is prescribed; use the pre-and perinatal massage guidelines detailed in Chapter*
  - *Depending on your client's level of restriction, perform the massage in her home or her hospital room. If in the hospital, use her hospital bed just as you would a hydraulic massage table, with the same client positioning and your ideal body mechanics. If at home, check to see if she can transfer to your treatment table or not.*
  - *When in the hospital, be mindful of any medical equipment, ports, tubes and intravenous puncture sites.*



- *Discern if the left sidelying position is required to maximize fetal circulation. Ask her maternity healthcare provider's consent to use other positions, including semireclining or right sidelying, to relieve compression and pain from the prescribed extended periods on her left side.*
- *Focus on relaxation, centering and nurturing. Address bed rest effects (see Box 7.3). Integrate craniosacral therapy, and focus on Swedish and lymphatic drainage work on the torso and arms. Guide her to deeper breathing. Perform gentle foot, head and neck massages for relaxation, but avoid zone therapy on the feet if there is a high risk of thrombi.*
- *Use only superficial strokes on her legs as you respect the increased risk of thrombi. You may want to consult with her medical care team about the level of thrombi risk for both her legs and her arms, and adapt accordingly.*
- *Further reduce her musculoskeletal pain with appropriate myofascial, passive movement, stretching and trigger point techniques, especially her spine and pectoral and pelvic girdles.*
- *Allow generous session time to listen or address her needs for caring interaction that you can meet within professional boundaries. Encourage her to use this "time out" to tune in to her baby, and to have her physical and emotional needs fully met. In addition to pre-and perinatal massage, self-care for clients on bed rest can include journaling, relaxing, meditating and/or praying.*
- *Coordinate your care with any home-or hospital-based physical therapy that focuses on stretching and exercise in bed, and reduce myofascial restrictions that make these activities more difficult or painful.*

*7. How would you adapt your pre- and perinatal massage sessions for clients with multiple gestations?*



- *Consider moving into second and third trimester-recommended positioning earlier in a multiples pregnancy to maximize the benefits of sidelying and semireclining, and to avoid supine hypotensive syndrome.*
  - *Consider the many hormonal, physical and emotional adaptations that may happen earlier with multiple gestations.*
  - *Focus on postural changes, giving special attention to your client's pelvis and all weight-bearing myofascial structures and joints, including her feet.*
  - *Offer extra abdominal care as her soft tissue may be more stretched and hypotoned, especially if she comes close to term pregnancy.*
  - *In the postpartum time, provide focused work to her neck, shoulders, arms and back because of the increased infant care with multiples, and support her as she tries to regain core strength and integrity.*
8. *List five signs and symptoms of Perinatal Mood and Anxiety Disorders - the most common complication of the childbearing years.*
- *Anxiety, depression and mood swings*
  - *Loss of confidence and feelings of guilt and failure as a mother*
  - *Loss of appetite, weight loss, constipation*
  - *Low mood, especially in the morning, sadness, tearfulness*
  - *Low energy, exhaustion that is not relieved by sleep, and sleep difficulties (insomnia)*
  - *Irritability, indecisiveness, diminished concentration*
  - *Compulsive and obsessive thoughts*
  - *Loss of joy, pleasure or libido*
  - *Poor personal hygiene*
  - *Despair and low interest in life*
  - *Bleak and pessimistic view of the future*



- *Lack of response to the infant's cues or cries for care*
  - *Social isolation*
  - *Thoughts of hurting herself or the baby*
9. *What are four basics of trauma-informed pre-and perinatal care that you can integrate into your sessions for clients who have experienced traumatic birth or Post-Traumatic Stress Disorder (PTSD)?*
- *Screen new clients for possible trauma history.*
  - *Allow the client control over what she says, and when she says it, in order to keep her emotional defenses intact.*
  - *Refer clients who disclose trauma to mental health professionals who specialize in pre-and perinatal post-traumatic stress disorder.*
  - *Allow her to maintain control with careful attention to your respectful language, obtaining permission and sharing decision making.*
  - *Make reducing her fear and stress a primary goal of your sessions.*
  - *During labor and birth, provide more intensive support and communication that helps to increase her sense of control and safety.*
  - *In the early postpartum time, allow time and space for her to make sense of the birth, reconstructing what happened and how she felt in her own words; remember that her perception is her reality. Use reflective listening skills and express empathy.*
  - *Support postpartum wellness and healthy touch and attachment in her family.*