



# Deep Abdominal Massage

an online resource  
created to accompany

## *Pre- and Perinatal Massage Therapy:*

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

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(Handspring Publishing Ltd. 2021)

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## Deep Abdominal Massage

In Chapter 2 we discuss when and how to massage the pregnant abdomen, and just as important, when *not* to. Later, in Chapter 4, we'll discuss and demonstrate specific techniques for abdominal massage during pregnancy.

But since working the abdomen is such a crucial, and debated, component of prenatal massage practice, we want to offer some additional thoughts here, specifically on the possibilities for and efficacy of deep work into the abdomen during pregnancy.

Certain methods – particularly structural integration and others derived from Roling – recommend that therapists continue to include deep iliopsoas techniques in their protocols during pregnancy. Although these techniques may certainly help this primary postural muscle cope with pregnancy's demands, we believe that the possible undesirable risks outweigh the benefits. For several reasons:

- Deep work into the pelvic bowl can compress the broad ligament, and in turn possibly damage vessels supplying the uterus.
- More importantly, this is one of the most likely locations of clot formation in the pregnant body. (A related note: another popular focus of iliopsoas techniques – the medial thigh where the iliopsoas inserts on the lesser trochanter – is another likely spot of clot formation during pregnancy.)
- Another consideration that makes direct psoas techniques ill-advised is that this intrinsic muscle is deep to the uterus. As it grows, the uterus both lengthens and widens, overflowing the pelvic inlet in both dimensions somewhere between weeks 20 and 26. Even if the practitioner modifies their direction (for example, entering the pelvis more medially to avoid the problematic inguinal



area), deep pointed pressure will directly impact the uterus. Working at the upper reaches of the psoas may be somewhat safer in early pregnancy, but by week 20 or soon thereafter, chances are your hand will impact the fundal uterine segment.

- Last but not least, common sense seems to suggest that neither mom nor baby would enjoy this deep pressure, particularly if it is demanding or prodding. Although the baby floats in amniotic fluid, deep, pointed pressure could irritate the muscular uterine walls or disturb the placental attachment.

There are a few other techniques we have come across that we would like to weigh in on.

One maternity massage therapy instructor teaches a round ligament stretch that presses firmly along the entire round ligament. Without better confirmation of the safety of deep strokes directly on the uterus, this technique seems unwise.

Another author cautions against work on the quadratus lumborum (QL) specifically during the first trimester, stating that it is too near the uterus. We would argue for a more complex understanding of the structures involved. The uterus (at least in singleton pregnancies) only reaches the level of the iliac crest level after 20 weeks. Therefore, the first trimester caution seems out of sync with the growth of the pregnant body. Furthermore, if proximity to the uterus is of concern, then *later* in pregnancy, when uterine growth brings these two structures closer, would seem to be when more caution is prudent. It is our belief that if you are specific in applying techniques on the QL, and you remain well posterior of the midline of the area between the ribcage and iliac crest, then this is a safe and effective area to work. (See Chapter 4's Technique Manual for specific instructions on working the quadratus lumborum and surrounding tissues.)



Aside from these particular controversies, there is widespread agreement among perinatal massage therapy instructors that massage of the pregnant abdomen should be gentle, soothing and superficial in depth. Why focus our efforts superficially? Primarily, it just makes common sense, and reflects the natural tendency to be tender with a baby. It also seems prudent, from a liability standpoint, to remain on the side of superficiality with abdominal massage.