



Ethical Issues in Maternity MT

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Ethical Issues in Maternity Massage Therapy Care

As a pre- and perinatal massage therapist, you inevitably will encounter many nuanced and often challenging ethical issues regarding scope of practice, boundaries, power imbalances, transference, countertransference, confidentiality, and legalities. Chapter Five explored many of the most likely ethical concerns inherent in labor work. Chapter 8 touched on these general topics, and here is a more in-depth discussion of these issues for your consideration.

Scope of Practice

A precise definition of what massage therapy is and is not has been hard to reach consensus on within our profession. What is included and what is excluded has been defined by various state and county governmental agencies, but these parameters can differ dramatically from one jurisdiction to another. Professional therapeutic massage and bodywork associations champion views that share some similarities, and some notable differences. Within all these variations, a few things that can emerge in a perinatal setting consistently stand out as decidedly outside of your scope of practice.

As clients seek the healthiest pregnancy possible, they may ask you for help of every type, from nutritional, herbal and conditioning training recommendations, to use of drugs and other interventions for labor, assessing progress of labor, and determining if a worrisome complaint is actually a medical condition developing. Your caring hands and knowledgeable mind will build a trust level that is as valued as the one-on-one nurturing that you provide. Of course, clients can easily then feel safe to turn to you with their questions and concerns. Unless you are



qualified through other professional training, you should not provide any of these services or offer advice of this nature.

What you can do is provide sources for clients to get this type of advice and guidance such as lending libraries, website and agency contact information and referral lists of other professionals. You can speak from your own experience, reminding them to check with a qualified provider for the individual appropriateness of that information. Here are some examples:

“When I felt nauseated, taking ginger capsules throughout the day helped ease my queasy stomach. See what your doctor thinks of you taking ginger supplements.”

“Most people are encouraged to do daily moderate exercise while pregnant. What has your midwife advised?”

You can answer questions with information from within your scope of practice:

“I don’t know if an epidural is the best method of pain management for you. What I can help you with is breathing, massage and other forms of touch that may help reduce pain perception and improve your ability to cope with pain.”

“I’m not qualified to suggest any herbs for constipation, but here’s a self-massage technique that may help promote normal bowel activity.”

Other Boundaries

Other professional boundaries define the behaviors and attitudes that help therapist and client manage their personal physical and emotional space. These parameters help to keep both parties safe and



comfortable, and they are an essential element in an effective therapeutic relationship. Time, payment, availability and other logistics form a framework for your practice. Limitations on areas of physical contact protect physical boundaries as do draping, a professional office setting, and professional dress standards. Massaging pregnant, laboring and postpartum clients can present many scenarios when professional boundaries are difficult to maintain.

It can be tempting to extend your normal session time to meet the many compelling needs of a pregnant client. Some people breeze through their nine months with no more than swollen ankles and a touch of nausea for a few weeks; however, others struggle to manage painful joints, depressed feelings, and health concerns. Together prioritize her needs after a thorough intake, staying focused on those priorities as you work toward a timely completion of your session. Refer or recommend other resources where she can get her other needs met.

Determine your fees and the locations and times you are available for sessions. Communicate these clearly to your clients. When you do consider exceptions for a client who suddenly is on bed rest, seems detached from her growing baby, or who has a special needs infant, carefully review your motivations and the implications for making exceptions. Be alert for any tendency on your part to attempt to “rescue” her or her baby, for resentment about draining your time and energy, and for excessive after session or phone time chatting about diapering, childcare, and other mommy topics.

When you work in your clients’ homes, it can be more difficult to maintain your professional demeanor without the office or spa environment to reinforce expected behaviors. Attempt to replicate your usual practice setting as best you can. Work on a portable table with your own linens and supports when possible. Living room, dining room or spare bedroom space will be less likely to bring you inappropriately



into your clients' personal life than setting up in her bedroom. Resist the temptation to have a cup of tea or lunch with her afterwards in almost all cases.

Because legitimate pre- and perinatal needs directly involve the breast and genital regions, usual ethical limitations on body areas you might touch come into some question. Is it ever appropriate to massage a pregnant or lactating woman's breasts? If so, how will you communicate and perform that work to best assure professional behaviors, no misunderstood intentions, and physiological effectiveness? (See Chapter 6 online resources on "Supporting Breastfeeding with Breast Massage"; also, Debra Curties' book *Breast Massage*, sets the standard on client communication and informed consent, and on draping and other practical considerations of professional breast massage.) What parameters on pelvic floor preparation techniques will you abide by? Most massage therapists' legal parameters strictly prohibit genital and anal contact.

Perhaps there are extra-genital techniques that might be appropriate for the pelvic floor muscle attachments or coccygeal ligaments of some clients who seek help with common perinatal and postpartum pain in these areas. Whenever you and your client are considering work in these areas, be sure to discuss them before or after table-time. Educate her thoroughly and provide such services only with her written consent. Schedule the work for a subsequent session from when you discussed it to allow adequate time for her to digest and fully consider all aspects of the health-based benefits and possible repercussions of the work. Ask her to let you know when she is ready for such work, rather than repeatedly suggesting it. If she is ready for work on the pubic ramus attachments of the adductors or the coccygeal ligaments, she should bring leggings or other stretch fabrics to her session to wear under your professional draping as an additional barrier to skin contact.



Draping and careful monitoring of client contact with the therapist's torso are among the most tangible methods of maintaining distance physically with our clients. As mentioned in the labor chapter, usual protocols in these areas evaporate when labor's intensity and intimacy prevail. You can counter those dissolving boundaries by dressing professionally and keeping visual boundaries by averting your eyes to avoid inappropriate or invasive visual contact with areas normally covered when you work. She may need a full embrace to hold her up, reassure her trembling, or her help her feel securely contained. First try to help her partner, friends or other personal support people provide those needs. When you must take those roles, balance the intimacy of that contact with other behaviors that remind her of your professional role with her. Your postpartum work with her should immediately and gently resume all draping, proximity and other professional boundaries.

Dual Relationships

Managing multiple roles with a client is a common ethical challenge in massage therapy. After multiple sessions feeling a fetus' quirky and timeless movements, it is easy to form attachments to that baby. This is especially true when you also massage the mother through labor and birthing. It can be tempting to accept a shower invitation or the request that you become a baby's godparent, to offer babysitting time, or other interactions that are those of friends and family. If parenting issues develop, you might find it difficult to withhold your opinion on co-sleeping, bottle-feeding, or other decisions that are only the parents' to make. Strike a healthy balance between impersonal detachment and preferential treatment. Choose a standard, inexpensive gift that you give all clients at their baby's birth and decline the shower invitation. Welcome and enjoy meeting each newborn, but keep your warm, focused attention on your actual client, the new mother.

Power Imbalances

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The more knowledgeable you are about maternity-related issues, the greater potential that you can develop problematic power imbalances with your clients. Sometimes they can give you excessive authority about their pregnancy and mothering concerns. This is especially likely when a client has little other supportive resources at this very vulnerable time. You can dilute her dependency on you, and the subsequent power issues that can develop, by helping connect her with other resources. Books, websites, other media, and specialized perinatal professionals can become a community for her that offers wisdom, venues and possibilities, rather than you becoming her sole resource. Most clients aspire to be an ideal mother with the ideal baby. If she feels that you know best, then she may base her behaviors on pleasing you rather than an honest assessment of her and her family's needs.

Take particular care with the power differential inherent in our vertical, dressed position over our unclothed, horizontal clients. Watch when you introduce and address topics that could be difficult for your client to sort through such as your concerns about possible abuse, the value of learning pelvic floor self-massage, or frequency of visits. Such topics should be approached when you and she are level, eye-to-eye, and dressed.

Pregnancy can bring out the “I am woman, hear me roar” and the “Mommy, I need you” in any person. When the needier sides surface during your sessions, concentrate on directing her inward towards her own resources: her strength, intelligence, love of her baby, and her endurance. Reinforce her coping skills and include techniques that help enhance these self-sufficient qualities. Help her develop strong, intact core muscle functioning, deep breathing, and erect posture through your session work. Use imagery, silence and example to help her connect with the “three-million-year-old mother” within each woman.

Transference/Countertransference

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Some of the examples above also can involve transference/countertransference issues. It is easy for expectant clients to find themselves reacting and feeling about you in ways reminiscent of their relationship with childhood authority figures, particularly their own parents. After all, pregnancy is the other side of the mother/child relationship. The helpful, understanding, and knowledgeable attributes you bring to your work can make you seem to be a parent figure at the ideal best. On the other hand, your client might project negativity associated with her parents onto you. Inadvertent tardiness for a session or an unavoidable cancellation can feel like abandonment to a fearful young person approaching her first labor. Pregnancy is an especially emotional time, amplified by hormonal effects and an increased sense of dependency and vulnerability many people feel. Projection of the client's internal parental drama onto you happens without you doing anything to stimulate it; however, there are things that you can do to minimize her transference with you.

First and foremost, don't treat her like a child, with any verbal or tonal condescension in your interactions. Avoid calling her terms of endearment reserved for more personal relationships, such as "honey" or "sweetie." Address her by name and with a warm but professional demeanor, confident in her own abilities and awareness. Help her access her own maternal instincts to care for herself and her baby. When she tells you that she couldn't get through her pregnancy or labor without you, simply accept her gratitude with a comment like "I am glad you are feeling better," and then proceed to turning her attention to her physical experience and the next technique needed. Make her feel attended to and cared for, but not special beyond other clients you work with.

Countertransference occurs when you project on your client your own feelings, attitudes, and personal history without clearly seeing the



individual person she is. If you are a mother yourself, it can be especially easy to view every person's pregnancy in all its unique nuances as though it were your own. While your own childbearing experiences can inform your work, be aware of the many subtle and obvious ways in which you treat your clients as though they are carrying the baby that you did! Listen carefully to her emotions and reactions without comparing them to your own. Instead of telling her what you did in a seemingly similar situation, widen her options of how she might handle her sore back or difficulties sleeping. Be particularly alert to when troublesome or potentially dangerous developments arise that are like those you encountered when pregnant. Unresolved fear, anger and grief can cloud your ability to attend objectively to her. Make a commitment to work through your own birthing experiences to dispel any legacies of trauma, disappointment or anger.

Confidentiality

In Chapter 8, you learned about confidentiality regarding your communications with other perinatal professionals. You will also need to protect your clients' information and experiences in your interactions with other clients, potential clients, and others. In the easy familiarity of "girlfriends" and women's circles, you can inadvertently reveal aspects of one client's pregnancy that she may not want another member of her prenatal yoga class to hear about. When your senior client buys her granddaughter a gift certificate, remember that she didn't purchase the right to inside information about her great-grandchild's development. Loose lips sink ships and compromise your professionalism; refrain from discussing any client information with others unless done with total anonymity.



Of course, there are exceptions when the ethical imperative of safety overrides confidentiality standards. In maternity practice this can include when a person is in danger of harm from an abusive partner, or her child is in danger from consequences of her behaviors or from any prenatal or postpartum affective disorders. You can first address these situations gently but directly, emphasizing your own concern for her well-being. Here is an example:

“This is the second session when you have worried about how real your fantasy of throwing your colicky baby out the window seems. I am beginning to be concerned for you and your baby’s safety. How can I help you to let your husband know how serious your difficulties have become? Would you like some suggestions of professionals you might talk about this with?”

If your genuine concern and help cannot convince her to seek help, then you may need to break normal confidentiality standards in such circumstances as the above.

NCBTMB and other Ethical Guidelines

There are other ethical guidelines to remember in your pre- and perinatal work. Using some of the standards of the National Certification Board for Therapeutic Massage and Bodywork as examples, here’s how they apply to your maternity work.

- Represent your pre- and perinatal qualifications honestly, acknowledging accurately the extent of your education and experience with this population. A few hours or a day or two of training does not make you a perinatal massage therapy specialist. Unless your education includes preparation for working with complicated pregnancies and high-risk situations, refer these



people to other more qualified therapists. Don't advertise labor massage therapy until you have at least a few labors' experience as an unpaid volunteer.

- Accurately inform clients, other health care practitioners, and the public of the scope and limitations of your perinatal work. Do not work with a person who intends to substitute massage therapy for medical or midwifery care during her pregnancy or labor.
- Acknowledge the limitations of and contraindications for perinatal massage and bodywork. Sessions with you will not prevent stretchmarks from developing, insure a speedy, natural birth, or tone her abdominal musculature postpartum. Your work and professional skin lubricants may help keep her skin more hydrated as it accommodates her growing belly, improve her preparation for many of labor's challenges, and help initiate and support abdominal healing through her restoration and recovery efforts. When complications occur, you will need to consult with her perinatal health provider.

Here are one experienced therapist's thoughts about some of these issues:

"A big ethical issue for me is the planned for convenience c-section client. I am not even sure how it is that she makes her way to me, but there have been a few. Although her choice goes against all that I believe to be true, I need to accept her where she is, not judge and take good care of her. Sometimes, in that nurturing space, I do hear the story that leads her to that decision. That, too, I need to accept and be extra conscious of my words, actions and energy when I am with her. I direct my anger and frustration with misinformation and the fear that surrounds birthing and use it as fuel for my other more political work—never with a



client. I have a rule: no politics of any type in the treatment room because, with some of what is occurring, I will just want to yell loudly!

On the other end of this spectrum: I am struggling with a more recent ethical issue as a growing number of people choose home non-assisted birth. A long-time client of mine asked me to come to hers, and I declined after lots of thought. I told her honestly that it is not something I am comfortable with for me, while I fully believed that she had the right to choose this for her. I still ponder why I am not more comfortable with the idea given the work I do. Professional liability concerns me more, I think, than anything specific about this client's decision."