

Think it Through

Chapter 2



an online resource
created to accompany

Pre- and Perinatal Massage Therapy:

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and Postpartum Practice*
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this resource links to:

Chapter 2, page 66





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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, nearly all 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. What are the advantages to using the sidelying position during prenatal massage therapy?
 - Avoids pressure on the uterus
 - Minimizes strain from positioning to uterine ligaments
 - Maximizes mother's cardiac function and fetal oxygenation
 - Allows access to the pelvic and pectoral girdles
 - Helps avoid breast compression and sinus congestion
 - Helps decrease edema
 - Promotes sharing between client and therapist
2. What adaptation of supine positioning will help prevent supine hypotensive syndrome in weeks 14 to 22, and what position is recommended after week 22?
 - The use of a support pillow under the right side of the lower torso will help a client in weeks 14 to 22.



- After that, semireclined is the recommended position for the duration of the pregnancy.
 - (Note: if there are multiple fetuses, make these adaptations earlier in the pregnancy.)
3. When performing a technique, why should you maintain a depth and a speed that are no more intense than pleasure on the borderline of pain?
- This level of intensity promotes relaxation and will not stimulate the nervous system's sympathetic arousal in either the mother or the fetus. Less activation of the sympathetic nervous system (the "fight or flight" response) promotes better pregnancy outcomes.
4. What are three main things to avoid for safe massage of the pregnant abdomen?
- Do not increase intrauterine pressure.
 - Do not decrease uterine blood flow with inappropriate or inadequate positioning.
 - Do not press deeply or pointedly into the abdomen.
5. Describe the type of touch that is to be avoided in certain reflex zones and on certain acupuncture points during pregnancy.
- Deep, bone-to-bone pressure
6. Describe the physiological reasons for thrombi development in the pregnant person's legs.
- The major contributors to thrombi development are:
 - the physiological effects of heightened levels of estrogen



- and progesterone on blood and fluid volume;
 - femoral venous vascular integrity;
 - and dissolution of blood clots.
- Together with the effects of gravity, uterine restriction of the iliac vessels, and any reduction in normal activity levels, the result is an increase femoral venous blood pressure, damage to valves in the veins, and the resulting pooling of blood, where thrombi are likely to form.
7. What adaptations to prenatal leg massage can help to prevent a thromboembolism?
- Eliminate tapotement or any jiggling of leg tissue.
 - Use only superficial pressure throughout the medial area of the legs and calves, and in the inguinal area.
 - Do not press deeply, pointedly, or for a sustained amount of time in these same areas.
 - Lighten your touch over varicose and spider veins.
 - If under activity restrictions such as bed rest, avoid all circulatory techniques on the legs, and just use superficial strokes.
8. What two lab results are indicative of the most common prenatal physiological imbalances?
- Excess protein or sugar in urine
9. What signs can help you to distinguish normal prenatal back and pelvic pain from pain associated with miscarriage, preterm labor, or other visceral imbalances?



- Are there any other symptoms of those more serious complications (such as bleeding, amniotic fluid leaking, abdominal cramping, and/or regular uterine contractions)?
 - Does a change in activity or positions relieve the pain? If so, it is likely musculoskeletal in origin.
 - What is the doctor or midwife's determination of the cause of this pain?
10. List at least five of the maternal health issues that put a person at higher risk for developing gestational complications.
- Age (younger than 15 or older than 35)
 - Multiple gestations pregnancy (twins, triplets, etc.)
 - The following maternal illnesses and conditions:
 - Diabetes and gestational diabetes
 - Autoimmune diseases
 - Chronic hypertension
 - Cardiovascular disease
 - Perinatal mood or anxiety disorders
 - Placental dysfunctions