



# What Would You Do?

## Chapter 4

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 4, pages 107 & 110**





## What Would You Do?

### Chapter 4

[from page 107]

*An established, very athletic client of yours comes in for their quarterly massage and happily announces that they are 9 weeks pregnant! They usually enjoy a very deep Swedish and deep tissue massage, particularly addressing their tendency toward constipation and an extreme lumbar lordosis. They have also recently increased their preparation for a 10K race next month that they still intend to run, if the intense nausea eases up by then. This is the third pregnancy for this 28-year-old person. They have no high-risk factors and have had no problems with previous pregnancies. Their midwife expects this to also be a low-risk, uncomplicated pregnancy.*

*What changes in your usual positioning and techniques to address their constipation and lumbar lordosis are advisable? Staying within your scope of practice, what might you teach them and what techniques might be effective in helping them be more comfortable with their pregnancy-related discomforts?*

First things first: offer your heartfelt congratulations. You need to add a prenatal intake form to their file, so complete this before the massage session begins. Ask if they are experiencing tender, swollen breasts or frequent urination. Determine any other symptoms they may be experiencing. Have them use the bathroom just before the massage to avoid bladder discomfort.



Your client should be as comfortable as usual in the supine position with a pillow or bolster under the knees. If they are experiencing breast tenderness, consider using the sidelying position for back and hip work. Even with breast support, they may be uncomfortable in the prone position. Because of their extreme lordosis, they should be in sidelying for paravertebral deep tissue sculpting, the lumbosacral joint decompression, sacroiliac joint work and other techniques for this area.

Get consensus from your client about the techniques that you will use. Give them that deep, cleansing massage that they appreciate receiving, but avoid abdominal massage, colon massage, and iliopsoas techniques. Instead, work on postural alignment and pelvic positioning for the lordosis and use foot reflexive techniques to address constipation. While you are unlikely to do any harm using most of your usual techniques at 9 weeks, you want to avoid deep abdominal work during pregnancy for legal safety. Also avoid hyperextending joints and stay away from deep work near veins in the medial legs.

If your client is experiencing the normal first trimester fatigue, they may fall asleep during their session. If they are alert, demonstrate PC-6 as a method to relieve the nausea. If they appear to be in a deep, rested state, be sure to share this technique after the massage. You may also want to share some website or product information with them about other remedies that are available. Remember to stay within your scope of practice when doing this by saying “Have you heard about those ginger flavored lollipops? I wonder if they would help.” rather than, “You should use this product for your symptoms.”



Offer your encouragement for their upcoming race. If they have the energy, feels well, and has the approval of her midwife, then they should have no problem achieving their goal. You may bring to her attention postural changes, practice structural balancing, and suggest breathing exercises to aid her endeavor.

Before your client leaves, and while they are basking in the sweet glow of your wonderful treatment, offer them your pamphlet or more about [research](#) containing information on the benefits of massage during pregnancy. Point out the positive outcomes that massage can help produce. Suggest that they increase their visits from quarterly to monthly and then possibly weekly toward the end of term.

[from page 110]

*After receiving results of diagnostic genetic testing, your client decides to terminate the gestation of her fetus. What strategies will help you to stay present, non-judgmental, and supportive of your client, despite your own personal beliefs, feelings, and values?*

When specializing in pregnancy massage therapy, you will likely have rare and unfortunate occasions to receive upsetting information about your clients' pregnancies. You may have a client who chooses abortion, miscarries close to term, one who births a baby that is severely malformed, or whose infant dies after only a few days of life.



First, take care of yourself by focusing on your breathing. Maintain a relaxed full inhale and exhale cycle, being sure to use at least one breath cycle before you respond to her. This will help you to stay grounded as you receive this news. Feel for your feet on the ground and get them there if they aren't.

It is important to remember that this is not the time to share information about the latest abortion techniques, the story about the mother who lost her 3-week-old with a similar defect, or any other story. Keep the focus on this client. Although this is likely to be sad information, you cannot know how she feels. She doesn't need to know if you understand how she feels. She does need support through this difficult time. Ask your client a few questions to determine what she needs:

- “What do you want from our time together today?”
- “How can I help support you?”
- “What do you need from me?”

Then listen, with compassion and a genuine desire to serve her. Listen openly and objectively to the full spectrum of emotional responses that she may have. Be respectfully sensitive to the depth and range of feelings that might emerge when she is under your nurturing hands. Use nonjudgmental active listening and other somato-emotional processing skills you may have to assist her in assimilating feelings and emotions that she chooses to share. Monitor her breathing and use your hands to facilitate if it becomes erratic or restricted. Tap into your expertise in autonomic sedation. Provide appropriate referrals to other professionals as needed. Keep local grief support groups' information on hand so that you can offer this resource if it is ever needed.



If you have strong convictions against, feelings about, or personal experiences with abortion, or any other procedures, it is unethical to share them with your client, especially at this sensitive time. Consider dealing with your own feelings by consulting with a mentor, a practice supervisor, or other professional, by journaling about your emotions, or with prayer. Remember to uphold client confidentiality if you seek others' assistance. If you find that you cannot reconcile your convictions and feelings sufficiently to continue providing professional care to her, recommend another therapist that might better meet her needs.