Pregnancy Massage

Preamble

As stated in the Massage & Myotherapy Australia (Association) Position Statement[i] , the Code of Ethics and Standards of Practice[ii] governing massage therapy apply to working with pregnancy. This is particularly true with respect to risk and therapeutic relationship requirements about communication, consent and professional boundaries.

Massage Therapists working with pregnancy need to have an understanding of high risk pregnancy. A clear understanding of the complex pathologies and conditions unique to pregnancy, and relevant to each trimester, is essential.

Aim

This document sets out the guidelines to serve as a context to therapists for appropriate manual therapy practice and a platform from where the National Education and Ethics Committees can make an informed determination in relation to any complaints that arise.

These Guidelines should be read in conjunction with the Association's Code of Ethics and Standards of Practice and the Pregnancy Massage Position Statement and, in combination with the practitioners' level of education and own scope of practice. The Association is of the opinion that massage during pregnancy is within the scope of practice of massage therapists and remedial massage therapists who have undertaken further specialised training in pregnancy massage other than the training received within the National Health Training Package (HLT)[iii] .

The Association's Board of Directors serves to protect both the membership and the public by adopting these Guidelines which is resolutely linked to the overall policy of the Code of Ethics and the Standards of Practice.

Guidelines

The following guidelines have been developed to assist the therapist specifically in the application of massage therapy of the pregnant client. They are guidelines only and do not cover all the requirements for each pregnancy as presentations are unique. The limitations of the therapist needs to be considered with referral to the client's medical doctor if there are any concerns at all.

Process

To achieve optimum risk minimization along with risk mitigation planning, it is recommended that massage therapists undertake advanced training in pregnancy massage. The complexities of the changes occurring in pregnancy require a greater understanding of the pathophysiology and multi-system changes unique to pregnancy. The two parts to pregnancy massage – prenatal and post-partum – both require appropriate levels of training.

What needs to be considered

- Determine when the pregnant client can receive massage
- The changes occurring through each trimester to the mother and baby, and both may be affected by massage therapy
- How these changes affect the mother
- How the therapist supports those changes

- Contraindications for pregnancy massage
- Understanding the medical terminology unique to pregnancy
- Understanding the pathophysiological changes that are unique to pregnancy and what a high risk pregnancy is[iv].

Before accepting the pregnant client

- Are you adequately trained?
- Do you know the relevant and necessary set of questions to ask before commencing massage?
- Are you able to respond to emotive subjects, such as loss?
- Do you have the appropriate equipment to massage – pillows, bolsters, draping?
- Can the client get on and off the table safely?
- Is the room clean and clear of strong aromas?
- Does the room have a sense of space so the client does not feel claustrophobic[v] ?
- Written medical clearance is to be obtained where the health of the woman and / or her child has potential of compromise or is compromised before treatment.
- A health care worker must encourage clients to inform their treating medical practitioner (if any) of the treatments or care being provided[vi] .

Miscarriage and the research findings

There is no reliable research to demonstrate that massage is a cause of miscarriage[vii] [viii]. The first trimester has the highest risk of miscarriage due to the complexities of the first 12 weeks of pregnancy, but the effectiveness of massage in managing first trimester can be clearly indicated showing massage as a positive contribution to the health of mother and baby.

Miscarriage is a pregnancy that ends spontaneously before the 20th week[ix] . This is known in medical terms as a spontaneous abortion. Even with the information and understanding of the statistics surrounding miscarriage, the shock and great sense of loss women and their families feel at this time is profound.

- Up to 50% of all pregnancies end in miscarriage, however there are many more losses that occur before a woman realises she is pregnant[x]
- There are 15% of recognised pregnancies which end in miscarriage[xi] . At the time of fertilisation many eggs do not implant in the uterus and the woman is not even aware that she has conceived. Some miscarriages do occur slightly later, which may appear as a heavier menses.
- Access to earlier pregnancy testing may show a positive test but the pregnancy may not continue to be viable[xii]
- Miscarriages that occur prior to the first 10 weeks of pregnancy are most likely the cause of abnormal development of an embryo
- A miscarriage occurring between 13 and 20 weeks is termed "late miscarriage"
- With diligent investigation into recurrent miscarriages, only 50% of couples will be given an answer as to why they are unable to carry a baby beyond second trimester[xiii]

What are the causative factors of miscarriage?

- Any pregnant women may experience a miscarriage whether it is identified or not
- 50% of pregnancies have success of a live child
- 70% of first trimester miscarriages are caused by foetal chromosomal abnormalities[xiv] and this increases with maternal age
- Autoimmune disease has a significant role in miscarriage[xv]
- Thromboembolic disorders and antiphospholipid antibodies cause between 3% and 15% of repeat miscarriages[xvi]
- Infection and disease; environmental hazards
- Chronic illnesses: diabetes, severe hypertension, kidney disease and autoimmune disease

- Endocrine: low progesterone levels and thyroid dysfunction
- Trauma

How to plan risk mitigation for Pregnancy Massage in the first trimester

- Appropriate specialised pregnancy massage training beyond the Diploma Remedial Massage training
- Develop a Pregnancy Massage Client History form which details the complex conditions of pregnancy
- The pregnant client's records should include their healthcare providers contact details
- Medical clearance is required if it has been established that the health of the woman and/or her baby is compromised. As there are many complex pathophysiology changes in pregnancy, a well-trained pregnancy therapist must understand and recognise these changes to determine the benefits of massage
- Minimise risk by aligning pregnancy massage treatments with prenatal check-ups. The pregnant client will then attend clinic with the most relevant health information of her pregnancy and her baby and a medical referral can be given if required with any changes.

Pregnancy contraindications for 1st Trimester

- History of bleeding
- Abdominal pain
- Nausea or hyperemesis gravidarum
- Fever and malaise
- History of previous miscarriage
- Pre-existing high risk condition prior to pregnancy, including but not limited to, diabetes, kidney, hypertension, cardiac disease to name a few
- Poor outcome in previous pregnancy
- Previous late term loss (past 20 weeks gestation)
- Placental abruption in previous pregnancy

Treatment guidelines for first trimester

- Allow adequate time to gather and then assess client health and treatment plan
- Massage table set-up to support the changes through 1st trimester
- Ensure the client can get on and off the table safely
- Use appropriate draping for client comfort and modesty. Use of a sheet assists maintaining a comfortable body temperature and assists in excellent placing of draping for client comfort
- Abdominal massage precautions: gentle soft hand in clockwise direction.

Red Flags:

- Heated beds/electric blankets are contraindicated
- Do not apply any trigger point or deep tissue applications. Clinical trials have seen an adverse effect on the mother increasing nausea and vomiting
- Do not work the following pressure points:
  - GB 21: top of shoulder
  - LI 4: web between thumb and index
  - BL60: between lateral malleolus and Achilles tendon
  - SP6: hand width above medial malleolus along tibia
  - Bladder points on the sacrum
- Avoid working the heel area as this relates to the pelvis.

Yellow Flags:

- No tapotement or fast jostling in the legs as this will only increase nausea
- Be aware of the changes in blood volume and the higher risk of blood clotting in pregnancy

Pregnancy issues for Trimesters 2 and 3

- From week 16 structural changes may create issues in the shoulders, lower back, and may affect the symphysis pubis
- Breast enlargement may increase stress to the back and shoulder muscles, resulting in headaches and / or tight muscles
- The pregnant client may need to urinate frequently
- The hormonal changes occurring in the body need to be considered and the client consulted on the effects this is having
- Numerous changes in the peripheral circulatory system and integumentary system including spider or varicose veins. Adjust the massage pressure accordingly
- Weight gain
- Morning sickness. This may require advice from her medical practitioner
- Low blood pressure may result in dizziness
- If cramps or abdominal pain develop at any time during a massage, refer client immediately to her medical practitioner
- If Braxton Hicks contractions become more rhythmical or more frequent, refer to her medical practitioner
- Fatigue is common
- During the latter part of the pregnancy, shortness of breath, heartburn and constipation are common
- If the client advises of any bleeding, discharge, burning pain during urination or other abnormal signs, refer client immediately to her medical practitioner
- Anteriorisation of the pelvis due to position of the baby
- Ligamentous laxity due to hormone production in latter stages

Treatment guidelines for Trimesters 2 and 3

- Allow adequate time to gather and then assess client health and treatment plan
- Massage table set-up to support the changes through trimesters 2 and 3
- If the use of specific pregnancy bolsters/pillows is not available, the pregnant client should be massaged on her side with legs raised (foetal position) with pillows placed for comfort
- Use appropriate draping for client comfort and modesty.
- Only use oils appropriate to pregnancy
- Client should only be on the table for 40 to 50 minutes
- Swelling in the legs in the last trimester can be treated with manual lymphatic drainage (MLD) but must be reviewed by her medical practitioner
- Always assist the client to a sitting up position on completion of the massage. This ensures client safety
- If you intend to massage the abdominal area sit the pregnant client up to approximately 30 to 40 degrees

Red Flags

- Oedema presenting with other symptoms such as: greater swelling in one leg than the other accompanied by pain; a persistent headache; changes to vision (blurred or light sensitive); chest pains or difficulty breathing are red flags. Refer the pregnant client immediately to their medical practitioner

- Never have the pregnant client lay in supine. This can endanger the life of both mother and baby.

Treatment guidelines for postpartum massage

Complications and discomforts that may occur postpartum may include headaches, backache, haemorrhage, infections, mode disorders, mastitis, muscle soreness and weakness.

Massage treatment at this time to the musculoskeletal system of the back, hips, shoulders and abdominal regions is recommended. The musculature in these areas will have been stretched and displaced and massage may assist in their recovery. Refer the client to their medical practitioner for any abnormally painful or medical states.

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[i] Massage & Myotherapy Australia Pregnancy Position Statement
[ii] Massage & Myotherapy Australia Code of Ethics & Standards of Practice
[iii] https://training.gov.au/
[iv] McInerney, C. (2012). Journal of the Australian Association of Massage Therapists (2012)
[v] Ibid. McInerney, C. (2012).
[vi] Victorian Department of Health on behalf of the Australian Ministers Advisory Council (2015)
[vii] Naeimi Rad, Lamyian, Heshmat, Jaafarabadi, & Yazdani (2012)
[viii] Beer (2008)
[ix] Stillerman (2006)
[x] ACOG (2001)
[xi] Bryan (2003)
[xii] Ibid. Stillerman (2006)
[xiii] Ibid. ACOG (2001)
[xiv] Hogge (2003)
[xv] Ibid. Beer (2008)
[xvi] Ibid. Beer (2008)

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