



## Pregnancy Massage

## Policies & Procedures

Shop 5, 38 Princess Street  
Bundaberg East Qld 4670

**07 4361 6848**

[www.123supports.com](http://www.123supports.com)

[www.facebook.com/123supports](http://www.facebook.com/123supports)

**ABN:** 14 930 943 229

## TABLE OF CONTENT

Policy / Procedure	Page
	Contents
<b>Pregnancy Massage .....</b>	<b>3</b>
Scope .....	3
Who .....	3
Preamble .....	3
Aim .....	3
Process .....	3
What needs to be considered .....	4
Before Accepting the pregnant client .....	4
Miscarriage and the research findings .....	4
How to plan risk mitigation for Pregnancy Massage in the first trimester .....	5
Pregnancy contraindications for the 1st Trimester .....	5
Trimester guidelines for 1st Trimester .....	6
Pregnancy issues for Trimesters 2 and 3 .....	6
Treatment guidelines for Trimesters 2 and 3 .....	7
Treatment guidelines for postpartum massage .....	8
Further Advice or Assistance .....	8
Effectiveness and Review .....	8

# Pregnancy Massage

## Scope

### Who

This Policy applies to all 123 Support Services Massage Therapists.

### Preamble

The issues surrounding the application of massage through all stages of pregnancy are specific. They include legal, medical, therapist training and protection of the consumer and the therapist.

Massage & Myotherapy Australia (Association) is of the opinion that massage during pregnancy is within the scope of practice of massage therapists, remedial massage therapists and myotherapists who have undertaken further specialised training in pregnancy massage other than the training received within the National Health Training Package (HLT).

To avoid ethical complaints in relation to massage during pregnancy, the client must have available to them adequate information about the risks involved throughout all stages of pregnancy and informed consent prior to the treatment must be obtained.

### Aim

This position statement is to serve as a context for therapists who provide massage treatments during pregnancy and to provide a platform from where the National Ethics Committee (NEC) can make an informed determination in relation to any complaints and for the National Education Committee (NEdC) to determine appropriate levels of training.

This position statement should be read in conjunction with the Association's Code of Ethics and Standards of Practice, the Pregnancy Massage Guidelines, and in combination with the practitioners' level of education and the practitioners own scope of practice.

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

### Process

Every massage therapist has the right to make the decision as to the appropriateness of massage during pregnancy, and in consultation with the client. However, decision making and treatment protocols should be consistent, and in context, with the complexities of the pathophysiology and multi-system changes unique to pregnancy and within the scope of practice of the practitioner.

Pregnancy massage should not be considered without adequate assessment of the client. A written medical clearance is required where the health of the client and/or the child has potential of compromise or is compromised. It is a recommendation to minimize risk by aligning pregnancy massage treatments with pre-natal check-ups. This approach ensures the integrity of the therapist (scope of practice); that the client has the most relevant health information in regard to themselves and their baby, and in consideration of the therapeutic relationship.

A health care worker must encourage clients to inform their treating medical practitioner (if any) of the treatments or care being provided.

Massage therapists should never, under any circumstance, proceed with treating the pregnant person without first obtaining written "informed consent" having provided the client with information on how the massage will be performed and of any associated risks.

### 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.

### 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?
- 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.

### Miscarriage and the research findings

There is no reliable research to demonstrate that massage is a cause of miscarriage. 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. 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

There are 15% of recognised pregnancies which end in miscarriage. 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

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

What are the causatives 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 and this increases with maternal age

Autoimmune disease has a significant role in miscarriage

Thromboembolic disorders and antiphospholipid antibodies cause between 3% and 15% of repeat miscarriages

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 the 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

### **Trimester guidelines for 1st 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: client's hand width above medial malleolus along tibia

Bladder points on the sacrum

Avoid working the heel area as this relates to the pelvis.

Take blood pressure if trained in performing in your scope of practice.

### **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.

### **Further Advice or Assistance**

Further advice and information can be obtained from the:

» 123 Support Services' Director:

- by phoning: 07 4361 6848;
- by emailing: [admin@123supports.com](mailto:admin@123supports.com)

» NDIS Quality and Safeguards Commission (<https://www.ndiscommission.gov.au>)

### **Effectiveness and Review**

The Director will review this Policy and Procedures document each 12 months on the anniversary of its approval