

Pregnancy and Postpartum
Massage Therapy / Bodywork
Client Information, Verification and Release

Pregnancy is a time of major structural, physiological, psychological, spiritual and social change. Some of these changes produce discomfort and concern which can be addressed with appropriate massage therapy and exercise.

Possible Benefits: While massage during pregnancy is not intended to replace appropriate medical and prenatal care, used as a form of adjunctive health care, some of the possible benefits are as follows:

1. Facilitation of the physiological processes of gestation by supporting the work of the heart, increasing cellular respiration, reducing edema and contributing to relaxation.
2. Alleviation of stress on weight bearing joints and musculo-fascial structures (i.e. sacro-iliac joint, mid-back and lumbar spine, hips, back and neck musculature).
3. Reduction and alleviation of neck and back pain caused by improper posture, muscle weakness, tension and imbalance.
4. Emotional support and physical nurturing; particularly for those who are alone in the process either literally or by the emotional absence of the partner.
5. Development of the sensory awareness necessary to embody kinesthetically the birth process. (In order to birth, the musculature of the legs, back, abdomen, pelvic floor must release to allow the uterus to labor with no resistance.)
6. An experience of nurturing touch to promote a woman's ability to touch her own baby lovingly.

Possible Postpartum Benefits:

1. Facilitation of the restoration of pre-pregnancy physiology/structural alignment.
2. Facilitation of the healing of hemorrhoids, bladder disorders, post-episiotomy soreness and Caesarian section.
3. Assistance with body usage to minimize the physical and structural stress of carrying and caring for a newborn.

Symptoms of complications of pregnancy contraindicating massage therapy:

1. Bloody discharge unless physician determines it to be of no consequence.
2. Continual abdominal pain
3. Sudden gush of water or leakage of any amniotic fluid
4. Sudden rapid weight gain.
5. Increased blood pressure
6. Protein in the urine
7. Persistent, severe back pain, unaffected by positional change.
8. Systemic edema
9. Visual disturbances
10. Severe nausea and vomiting
11. Persistent and severe headaches
12. Excessive hunger and thirst
13. Increased urination in second trimester
14. Sugar in urine

Other Conditions contraindicating massage therapy:

1. Phlebitis
2. Infectious disease, including sexually transmitted diseases
3. Cancer or undiagnosed lumps
4. Kidney and bladder infections and diseases
5. Contraindicated for affected areas only:
 - a) Varicose veins

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- b) Skin irritation and/or discharge
- c) Fracture, bleeding, burns or other acute injuries

High Risk Pregnancies (From the American College of Obstetrics & Gynecology):

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|---------------------------------|------------------|
| 1. Women under 20 / over 35 | 5. Asthma |
| 2. Previous problem pregnancy | 6. Diabetes |
| 3. Multiple pregnancy | 7. Hypertension |
| 4. Rh or other genetic problems | 8. Heart Disease |

Criteria for Participation:

Pregnancy massage therapy and bodywork is beneficial throughout the 9 months of a low risk pregnancy. You must not have had nor currently have any complications of pregnancy (see above list). You may not currently have any other contraindicated condition listed in this literature or any that your doctor deems a contraindication. If you do not meet the above criteria, discuss your condition with the practitioner and your physician. After further discussion you may be able to receive therapy with written release from your physician, in addition to the attached release.

Postpartum massage therapy can be commended 24 hours post delivery. You must have discussed receiving therapy with your physician. If there were any complications, or if you had a Caesarian delivery, you must have written release from your physician. If you would like to receive massage therapy and bodywork during this child bearing year, please read and sign the verification and release. Together with any physician releases required, submit form at your next appointment.

CLIENT VERIFICATION AND RELEASE

I, _____, verify that I have received written information concerning the possible benefits and the contraindicated conditions for massage therapy during pregnancy and postpartum. The practitioner has discussed this information with me and provided ample opportunity for any questions. I have discussed with my physician / prenatal health care provider (including any doula or midwife) any health concerns that I had about my participation. Having read, discussed and understood the above information, I further verify that I am experiencing a low risk pregnancy. I do not have any of the listed symptoms of complications to my pregnancy. I do not have any of the conditions listed which would make it inadvisable for me to receive massage. I have discussed any exceptions with the practitioner and my physician and they are listed here and have been approved by my healthcare providers:

I understand that I will be receiving massage therapy and bodywork as a form of adjunctive health care only and that this therapy is not intended to replace appropriate medical care.

Health Care Provider's Release for Massage During Pregnancy (Doula, Specialists, etc.)

To: The Massage Therapists at The Balanced Body Shoppe

_____ (Patient's Name) is under my supervision for prenatal health care. Her pregnancy is progressing normally. Therapeutic massage would, in my opinion, by an acceptable form of adjunctive care during her pregnancy. I have listed below any limitations in massage procedures for this patient:

Signature: _____ Date: _____

Print Name of Health Care Provider: _____

Physician's Release for Therapeutic Massage/Bodywork During Pregnancy

_____ (Patient's Name) has requested therapeutic massage and bodywork. These services are provided as adjunctive healthcare. When an individual's pregnancy is high risk, or she has experienced complications or contraindicated conditions, it is our policy to work with her only if her primary physician has reviewed this request. Please verify your clearance of this request by your signature below. Please also list any precautions or limitations which you feel to be appropriate, if any. Thank you for your assistance.

Limitations: _____

Signature: _____ Date: _____

Print Name of Physician _____

Mother's Release

I understand that I will be participating in massage therapy sessions as a form of adjunctive health care. My healthcare providers are:

Signature: _____ Date: _____