Trimester Developments and Women’s Prenatal Needs

Webinar #1 of Growing a Prenatal MT Practice

Carole Osborne

In this webinar you will learn:

- How each trimester typically impacts maternal physiology, emotions & functioning in normal pregnancies
- Answers to controversies & myths such as: Is first trimester MT safe? Can massage bring on labor or cause miscarriages?
- How your MT sessions can maximize maternal/fetal well-being & comfort
- Criteria for determining if a particular technique is safe during pregnancy
Preview Test

1. What percentage of pregnancies is without medical complications?
2. What do women typically experience in their first 13 weeks of pregnancy?
3. What do women typically experience in the second trimester of pregnancy?
4. What do women typically experience in the last 13 weeks of pregnancy?
5. What questions does a therapist need to answer to determine if it is safe to massage a specific pregnant woman?
6. How can a massage therapist best contribute to maximizing maternal and fetal well-being?

Every Pregnancy is Unique
Most Pregnancies are Typical

80% of pregnancies have normal fetal gestation and maternal health is uncompromised


Typical Discomforts & Challenges

- Emotional
- Relationships
- Pain
- Digestive discomforts
- Fatigue
- Sinus & respiratory difficulties
- Urinary frequency
- Edema & varicose veins
Typical Positive Experiences

• Eager & delighted
• Enhanced sensitivity, sensuality
• Vibrant, vital & good care
• Fulfillment

Pregnancy Progression

First trimester: weeks 1-13
Second Trimester; weeks 14-26
Third trimester: weeks 27-40
Embryonic Developments

- Fertilized egg-embryo-fetus
- 3 in. length/1 oz. weight = uterus palpated halfway to umbilicus
- Amniotic, umbilical & placental support system
- Dramatic, far-reaching hormonal changes
Increased Hormone Production

- Estrogen
- Progesterone
- Relaxin

Typical First Trimester Experiences

- Physical: enlarged tender breasts, fatigue, lability, urinary frequency, nausea/vomiting
- Emotional: joy, triumph, anticipation, euphoria, pride, fear, worry, regrets
First Trimester
Basic Contraindications & Precautions

• Is first trimester massage safe?
• Is abdominal massage safe?
• Is nausea a contraindication?
• Is deep pressure safe? Where?

Determining if Prenatal MT is Safe

• Therapist’s knowledge level?
• Mother’s risk status?
• Complications?
• Area of body?
• Depth and types of pressure?

• Assessment of maternity healthcare provider?
• Currency of knowledge of her gestational developments?
• Therapist’s risk tolerance re possible legal ramifications?
Safety of Abdominal Massage

### Misconceptions
- Causes miscarriages
- Detaches the placenta
- Worsens nausea

### Valid concerns
- Legal implications
- Depth and types of pressure

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Can massage start labor or miscarriage?

### Misconceptions
- Touching ankles, feet, sacrum, mid-shoulder or web of thumb creates contractions
- Any abdominal massage is dangerous

### Valid concerns
- Small study of postdate women: 17% more likely to begin labor after regular stimulation of acupressure points.
- Therefore: Avoid bone-to-bone, energy-focused, repeated pressure to contraindicated points, especially if skilled in these modalities
- Points have more potency if miscarriage/prematurity threatening, when on verge of labor & esp. when in labor
- Broad compressions & sweeping motions are safe
First Trimester Positioning Review

• Most positions are safe

• Protect from increased intrauterine pressure

• Protect from supine hypotensive syndrome

• Modify for breast tenderness

• Reduce lumbar curvature with knee bolster/pillow

Effective Techniques and Practices

• Suggest urination before & half-way

• Maximize relaxation & body awareness

• Relieve fatigue, nausea & stress

• Reduce soft tissue strain/pain in upper spine, pectoral girdle

• Listen empathetically & non-judgmentally

• Provide information within scope of practice

• Encourage consultation regarding psychological issues, exercise & other self-care measures
Most women would like to sleep through the first trimester.

Second Trimester
Weeks 14-26

Figure 4.4 used with permission of Lippincott, Williams and Wilkins, publisher of Pre-and Perinatal Massage Therapy, 2e, 2012, Carole Osborne, author.
Embryonic Development

- Enlarging, maturing organs
- Sensory systems active, especially touch & hearing
- 11-14 in. length / 1.5 lb. weight = uterus to umbilical level, melon sized

Typical Positive Experiences

- Vibrant, healthy, energetic time
- Thrill of heartbeat & first movements
- Pregnancy is more real
- Increased sensitivity & sexual responsiveness
Typical Discomforts & Challenges

- Center of gravity shift
- Ligamental laxity
- Referred ligament pain
- Back, pelvic, hip or leg pain
- Skin & hair changes
- Varicose &/or spider veins
- Constipation &/or heartburn
- Hyperventilation
- Urinary stress incontinence
- Body image issues

Second Trimester Contraindications & Precautions Review

- Evaluate normalcy of progression
- Know maternity healthcare provider’s prognosis
- Observe abdominal massage precautions
- Adapt for discomforts
- Take particular care about vascular leg contraindications & precautions
Review of Circulatory Effects of Enlarged Uterus

- Lower leg edema
- Increased femoral venous blood pressure
- Varicose and spider veins
- Higher risk of thrombi

Practice Ramifications of Circulatory Changes

Who & When to Massage  Edema vs. PIH
Pressure Guidelines  Technique Modifications
Positioning
When NOT to Massage

With this level of education, refer the following women to a more fully trained therapist or pursue in-depth, advanced training:

- Women with underlying heart conditions
- Women who are very sedentary
- Women with diagnosed blood clots or other vascular conditions
- Women with high-risk conditions
- Women with diagnosed pregnancy-induced hypertensive conditions (PIH) and other conditions necessitating bed rest
- Women with signs and symptoms of PIH

Second Trimester Positioning Review

- Side lying not prone to avoid increased intrauterine pressure
- Adapted supine (usually up to week 18)
- Semi reclining (usually after week 18)
Effective Techniques and Practices

- Guide structural & functional use

- Relieve tension, strain, fibrosis, myofascial pain, cramping & joint dysfunction

- Focus on spine, pelvic & pectoral girdles particularly SI & LS joints, hip joints & movers, pectoralis, scalenes

- Teach calf cramp, leg edema, stretching strategies

Most women are energetic and feel great in the second trimester.
Third Trimester Weeks 27 to 40 or 42

Embryonic Development

- Responds to bright light and familiar sounds
- Chooses favorite position
- Weight triples to 7.5 lbs
- Length doubles to 20 in
Typical Third Trimester Joys

- Enjoyment of movement & connecting with baby
- Eager nesting, preparations & anticipation of birth

Typical partner responses

Joy and anticipation contrasted with fear, jealousy, isolation, stress about responsibilities, changes to relationship, & parenting issues
Typical Third Trimester Difficulties

- Increased anxiety about labor & birth
- Further weight gain
- Increased back, pelvic & hip pain
- Diastasis recti, symphysis pubis dysfunction, leg cramps or restlessness
- Hyperventilation
- Heartburn, constipation, hemorrhoids
- Leg edema
- Wrist or arm pain
- Varicose veins
- Urinary frequency
- Contractions

Third Trimester Precaution Review

- Evaluate normalcy of progression
- Know maternity healthcare provider’s prognosis
- Observe abdominal & reflexive points precautions
- Adapt for nausea, heartburn, shortness of breath, ligament laxity, esp. symphysis pubis dysfunction
- Take particular care about vascular leg contraindications & precautions
- Evaluate presenting complaints for possible premature labor & other complication connection
Distinguish Soft Tissue Pain from Organic Pain

- Change position or activity
  - Soft tissue pain
    - Likely safe to proceed

- Organic pain
  - Need more assessment before proceeding

Summary Prenatal Complications Warning Signs

- Bleeding, vaginal discharge, gush or slow leakage of amniotic fluid, low back and/or pelvic pain, cramping, contractions, pelvic or thigh pressure
- Severe nausea, weight loss, dehydration
- Heat, swelling or pain the calves, particularly unilateral
- Excessive hunger and thirst, frequent urination, sugar in urine tests
- Low weight gain, decreased fetal movement
- High blood pressure, protein in urine test, rapid weight gain, systemic and pitting edema, violent headaches, severe vomiting, visual disturbances, upper mid-back pain especially on right, convulsions
- Any abnormal results of blood or other laboratory tests, fetal and maternal monitoring procedures
Third Trimester Positioning

• Side lying, not prone, to avoid increased intrauterine pressure

• Semireclining to avoid supine hypotensive syndrome, shortness of breath or heartburn

• Adapt positioning & movement on table if symphysis pubis dysfunction

Effective Third Trimester Techniques

• Continue structural & functional guidance, MS relief

• Relieve tension, strain, fibrosis, myofascial pain, cramping & joint dysfunction

• Continue focus on spine, pelvic & pectoral girdles particularly SI, LS & symphysis joints, hip joints & movers, pectoralis, scalenes

• Address ribs, arms or neck if painful

• Guide & deepen breathing & relaxation

• Reduce edema

• Begin preparing legs & pelvic attachments for labor positioning
Most women are the most uncomfortable in their last trimester.

Review of Prenatal MT Adaptations Needed

- Positioning
- Speed
- Pain level/avoiding sympathetic NS arousal
- Blood clot precautions
- Varicose vein precautions
- Intrauterine pressure
- Reflexive points
- Joint instabilities
- Medical complications or high risks
- Core body temperature
Fetal effects of stress

- low-birth-weight
- prematurity
- interference w/ fetal brain & CNS development
- Attention Deficit Disorder
- fetal distress

Maternal Effects of Stress

- spontaneous abortion (miscarriage)
- gestational hypertension (including eclampsia)
- immune system dysfunction
- prolonged labor w/ more complications
- higher incidence of miscarriage
- postpartum complications
- maternal heart rate and blood pressure
- vomiting / nausea
- effects < as woman moves through pregnancy
How to Maximize Maternal/fetal Well-being & Comfort

• **Provide autonomic sedation** = relaxation, emotional support & nurturing

• Discover her preferred depth, speed & type of touch = positive effect of cutaneous stimulation

• Include types of modalities that enhance physiological functioning of body systems

• Include specific techniques that intend to reduce M-S strain & pain

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Growing a Prenatal MT Practice Webinar

1. Trimester Developments & Women’s Prenatal Needs

2. Making Nurturing Spaces for Moms and Babies

3. Prenatal Massage Therapy Practicalities

4. Relaxing Prenatal Massage Sessions

5. Interacting Within the Perinatal Healthcare System

6. Marketing a “Mommies R Us” MT Practice
Pregnancy 101 Series Pre-recorded

1. Fostering a Healthy Pregnancy
2. Cardiovascular Adaptations
3. Respiratory and Digestive System
4. Musculoskeletal Adaptations-back & pelvis
5. Musculoskeletal Adaptations-other areas
6. Practice-Based Decision Making
   (Each available individually except #6 only available if purchase all 6 webinars. Studying in all 6 webinars highly recommended for a more complete understanding.)

Certification in Pre- and Perinatal Massage Therapy

Distinguish yourself and develop the prenatal practice of your dreams by earning THE maternity massage certification many hospitals & employers require.

Practice and receive personalized feedback in:
- deep tissue
- passive movement
- neuromuscular
- reflexive
- positional release
- Plus other somatic methods modified to support pregnancy, laboring and postpartum women

“When my employer suggested that I take this course, even though I had been certified 7 years earlier, I was concerned that I’d be bored. Boy, was I wrong! It was updated to reflect new research and techniques that I find myself using daily. Thank you!”
J. Russell, XPM Inc.

For schedule & more info: www.bodytherapieducation.com

Carole Osborne’s Prenatal and Deep Tissue Massage Training
Further Information and Training

1. Benefits of Prenatal and Perinatal Massage Therapy
2. General Guidelines, Precautions, and Contraindications
3. Client Positioning, Draping, Body Mechanics, and Other Practical Considerations
4. Trimester Recommendations and Techniques
5. Massage Therapy as Labor Support
6. Postpartum Perspectives and Techniques
7. Clients with Special Needs
8. Business Considerations
9. Profiles of Maternity Massage Therapists

Free Educational Videos

Carole's videos at www.bodytherapyeducation.com/videos.php
- Peripartum Pelvic Pain
- Advantages of Sidelying
- Tips for Sidelying Positioning
- Secure SL Draping
- SL Body Mechanics
- Massage of the Legs
- Rhythmic Deep Tissue

Oakworks Educational Videos at www.massagetables.com/videos/educational-series.asp
Terms of Participation for Growing a Prenatal Practice Webinars

- I realize that the health and well-being of my clients and their offspring are influenced by my understanding and application of this material; therefore, I am committed to the conscientious study and thorough absorption of the information presented in this webinar.
- I understand that this webinar offers reliable, yet limited education in prenatal massage therapy. I understand that it does NOT include labor, postpartum, or any clinical or hands-on instruction or evaluation; therefore, this is NOT a certification program.
- I agree not to represent myself directly or by implication in marketing activities or any communications to clients or others that I am certified, endorsed, or authorized by the Benjamin Institute or by Carole Osborne, Body Therapy Education, or any other agency to practice or teach prenatal massage therapy on the basis of participation in this webinar.
- I recognize that, on the basis of this webinar, I am especially not prepared to work with those women whose pregnancies are complicated by medical conditions or a higher risk of complications developing; therefore, I will refer these individuals to others more thoroughly educated and certified in this specialization if I don’t have adequate training from another source.
- The safety and health of the expectant woman and her child (children) are my foremost concern; therefore, I will seek guidance from her prenatal healthcare provider prior to providing services.
- If I have any doubt as to the prudence of any somatic practices for my pregnant client, I will refrain from such procedures and seek guidance from her prenatal healthcare provider regarding her care.
- I agree to conduct my practice of prenatal massage therapy in accordance with the ethical and legal guidelines of the organizations to which I belong or by which I am licensed or registered.

References Consulted for this Webinar

My Recommended General Pregnancy Library

- Buckley S. Gentle Birth, Gentle Mothering: A Doctor’s Guide to Natural Childbirth and Gentle Early Parenting Choices
- Kitzinger S. The Complete Book of Pregnancy and Childbirth
- Menelli S. Journey Into Motherhood: Inspirational Stories of Natural Birth
- Ricci S. Essentials of Maternity, Newborn, and Women’s Health Nursing

Thank you! Questions?
Webinars Available On Demand

Dr. Ben Benjamin
Unraveling the Mystery Series:
• Low Back Pain
• Cervical Pain
• Shoulder Pain
• Knee Pain
• Ankle Pain
• Hip & Thigh Pain

Whitney Lowe
• Orthopedic Approaches to Upper Body Disorders
• Orthopedic Approaches to Lumbo-Pelvic Pain

Carole Osborne
• Pregnancy Massage 101

Tom Myers
• Anatomy Trains: Clinical Applications of Myofascial Meridians
• Beyond Good Posture

Tracy Walton
• Massage in Cancer Care
• Cardiovascular Conditions & Massage
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