

PRENATAL MASSAGE THERAPY: BENEFITS

There are several observed or identified benefits to massage therapy during pregnancy including:

- Relief of muscular tension, especially in the lower back, upper back, shoulders and neck
- Reduces stress on weight-bearing joints
- Enhances body awareness for better posture and less discomfort
- Assists with body mechanics and movement during structural change
- Supports birth process by relaxing muscles involved in labor and birth
- Eases anxiety and stress during time of transition
- Gives emotional support and nurturance

PRENATAL MASSAGE THERAPY: CONTRAINDICATIONS

These may include complications in pregnancy such as:

- Early labor, miscarriage threat, placental or cervical dysfunction
- Gestational Edema Proteinuria Hypertension (GEPH)
- Eclampsia
- Gestational Diabetes

Massage Therapy is contraindicated for the above complications, it is also contraindicated for women experiencing any of the following symptoms/signs related to the above complications:

- Bloody discharge
- Continual abdominal pains
- Sudden gush or leakage of amniotic fluid
- Sudden, rapid weight gain
- Increased blood pressure
- Protein or sugar in urine
- Severe back pain that does not subside with the change in position
- Visual disturbances
- Severe nausea and/or vomiting
- Severe headaches
- Excessive hunger and thirst
- Increased urination in the second trimester

Please note: Some additional conditions that contraindicate Massage Therapy are any phlebitis, Thrombosis, or suspected clotting conditions, any kidney, liver or spleen compromise or infection. Local massage on areas with severe varicose veins and swelling are avoided due to clotting risk. The following high-risk pregnancies must be closely observed by the physician in order to Determine the advisability throughout the pregnancy of general circulatory massage:

- Women under 20 or over 35
- Rh Factor or genetic problems
- Asthma
- Liver or renal condition
- Previous problem pregnancy

These situations must be monitored closely, and if complications arise please contact your physician immediately.

Initial _____ **Date** _____

PRENATAL MASSAGE THERAPY: CLIENT RELEASE FORM

I, _____ I have received and read the attached written information about the possible contraindications to massage therapy during pregnancy. In addition, I have discussed this with my physician and have had the opportunity to ask questions of the massage practitioner and of my physician about the information. I understand the information and confirm that:

- I have not experienced any of the complications listed on the attached sheet;
- I have not experienced any of the conditions listed, which would make it unwise to have massage therapy;
- I am experiencing a low-risk pregnancy;
- I am receiving medical care including regular check-ups throughout my pregnancy

If my physician and I have identified any exclusions to the statements above, please list here:

Signed: _____ Date: _____

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

I agree to hold harmless and defend the practitioner of and from all actions, claims, or other legal or administrative action that has arisen or may arise directly from my and my child's participation in this therapy.

Signed: _____ Date: _____

Print name: _____

PRENATAL MASSAGE THERAPY: INTAKE AND HEALTH HISTORY FORM

Name _____ Phone _____

Address _____

Today's date _____ Birth date _____ Referred by _____

What discomforts, pain, or other needs are you hoping to have addressed through this massage therapy?

In what week of your pregnancy are you?

Are you regularly seeing a physician, nurse-midwife, or midwife?

Have you had any complications with this pregnancy? Circle those applicable:

Bleeding, cramping, amniotic fluid leakage, water retention, high blood pressure, rapid weight gain, protein in urine, high blood sugar, vision disturbances, severe nausea, vomiting, or headaches, abnormal fetal growth, heartbeat or movements, other.

Do you have any of the following medical conditions? (diabetes, heart, liver, kidney, or lung disorders (disease), uterine abnormality, other.

Are you currently experiencing any infection or disorder? (cold, bladder infection, skin irritations, varicose veins, other)

Is your pregnancy considered to be high risk? (diabetes, hypertension, multiple pregnancy, previous complicated pregnancy, asthma, Rh Factor, or genetic problems, under 20 or over 35 years old)

