

Hired Hands Day Spa & Salon

1920 E. Broadway
Pearland, TX 77581
281-997-0767

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

Benefits during labor:

Massage therapy allows the partner to be more available to the laboring woman. Therefore, the partner is able to support the laboring women in other ways, such as breathing. The additional support of a massage therapist may also provide the partner with both support and relief.

*Studies show that labor support with physical contact can significantly reduce the use of oxytocin, pain medications, the need for forceps, and the request for epidurals. In addition, such support can lead to shorter labors and/or decrease the need of caesarian sections.

* Cited in Klaus, Kennell, and Klaus: Mothering the Mother

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

Since 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
- Multiple Births
- Diabetes
- Heart Disease
- Hypertension

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

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(SEE OTHER SIDE FOR BENEFITS)

PRENATAL MASSAGE THERAPY: CLIENT RELEASE FORM

I, _____ have received and read the opposite side 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 do forever release the practitioners and their insurers, and their respective officers, directors, stockholders, successors, employees and agents from all liability of any nature whatsoever, whether past, present, or future for injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

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 _____

Email address: _____

Today's date _____ Birth date _____ Referred by _____

Please answer the following and explain if needed:

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

In what week of your pregnancy are you? _____ weeks

Are you regularly seeing a physician, nurse-midwife, or midwife? Yes ___ No ___

Have you had any complications with this pregnancy? Circle those applicable: Yes ___ No ___

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) Yes ___ No ___

Are you currently experiencing any infection or disorder? (cold, bladder infection, skin irritations, varicose veins, other) Yes ___ No ___ Explain if yes: _____

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) Yes ___ No ___