

Prenatal Massage

*****Must be in second trimester*****

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

- Relieves 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
- Provides emotional support and nurturance

Prenatal Massage Therapy Contraindications – Performing massage therapy during pregnancy is contraindicated for women experiencing any of the following symptoms/signs:

- 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 change in position
- Visual disturbances
- Severe nausea and/or vomiting (cannot keep anything down)
- Severe headaches
- Excessive hunger and thirst
- Increased urination in the second trimester
- Fever
- Diarrhea
- Excessive swelling in arms or legs
- Decrease in fetal movement over a 24-hour period

Additional conditions – 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.

Due Date: _____

Please check (✓) current problems, mark with (+) if you had in the past :

- | | |
|---|--|
| <input type="checkbox"/> anemia | <input type="checkbox"/> edema/swelling |
| <input type="checkbox"/> leaking amniotic fluid * | <input type="checkbox"/> fatigue |
| <input type="checkbox"/> bladder infection * | <input type="checkbox"/> headaches |
| <input type="checkbox"/> uterine bleeding * | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> blood clot or phlebitis * | <input type="checkbox"/> high blood pressure * |
| <input type="checkbox"/> chronic hypertension * | <input type="checkbox"/> leg cramps |
| <input type="checkbox"/> abdominal cramping * | <input type="checkbox"/> miscarriage * |
| <input type="checkbox"/> diabetes (gestational or mellitus) | <input type="checkbox"/> nausea |

- ___ problems with placenta *
- ___ pre-term labor *
- ___ preeclampsia (toxemia) *
- ___ sciatica
- ___ separation of the rectus muscles
- ___ separation of the symphysis pubis
- ___ twins or more! *
- ___ varicose veins

- ___ previous cesarean birth
- ___ low blood pressure
- ___ bursitis
- ___ hypo or hyperglycemia
- ___ other conditions or problems in current or past pregnancy _____

Anything else you would share with your therapist?

I, _____, have read the aforementioned conditions and symptoms which make massage therapy during pregnancy contraindicated.

I will discuss with the massage therapist/practitioner this information and provide opportunity for any questions. I have disclosed all high-risk factors of my pregnancy.

I have discussed with my prenatal healthcare provider/physician any health concerns that I had about receiving massage therapy. I agree that my healthcare provider/physician has given me clearance to receive massage therapy.

I understand the information contained on this form and confirm that (1) I am receiving medical care including regular check-ups with a licensed healthcare provider. (2) I have not experienced any of the listed symptoms, conditions, or complications. (3) I am not currently experiencing any of the listed symptoms, conditions, or complications. (4) I am experiencing a low-risk pregnancy.

I understand that I will be receiving massage therapy as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist/practitioner of all liability for any harm that may unintentionally occur during my treatment(s).

Signature _____ Date _____