

THE ROLE OF THE BODY WORKER AS MATERNITY CARE PROVIDER AND CHALLENGES OF THE THIRD TRIMESTER

By Suzanne Yates, Shiatsu and Massage Therapist, Maternity Bodyworker

The role of the therapist as maternity care provider

This is an interesting question, as this is going to vary depending on the socio-political climate of the country in which the therapist is working. It has changed for me, even during the 17 years or so I have been specialising in this field.

When I was beginning my work I took encouragement from the knowledge that midwives in traditional societies would often use massage therapy, or herbs as a main part of antenatal care. If you look, even today at traditional midwives in countries like Mexico, Japan, African and Asia, they are using some form of bodywork to support the mother. In the developed world, the role of the midwife has changed immensely, especially over the past 40 years, with the increasing medicalisation of birth, which has impacted on antenatal care as well.

It is interesting to note that antenatal care, as we understand it, is very much a twentieth century phenomenon. It became established along with the growth of orthodox medicine and was defined by a narrow objective medical perspective. This means that as medical technology becomes increasingly available, e.g. earlier and greater numbers of scans, tests for HIV/AIDS and during labour, increased fetal heart monitoring, antenatal care has become more and more biased in this direction. Midwives spend more time explaining the risks and benefits of the various tests, and as a result have less time to focus on what I would consider to be the fundamentals of maternity care i.e. basic self care in the form of information, advice, suggestions discussion on topics such as diet, exercise and the hands on side of midwifery.

When I teach my pregnancy massage classes for therapists, I always include work on how the therapist can support the mother to look after herself, both emotionally and physically. I see our primary role as body-workers is to “support the wisdom of the body”. Therapists are often surprised, that I am making sure they are aware of how exercises support good posture in pregnancy, and consideration of how diet affects pregnancy. Of course, the therapist needs to be aware of his or her own expertise in these fields of exercise and nutrition and refer on if necessary – but often it is the basic information which is required and which is most effective. It is this kind of information and support that women often lack. Therapists think that surely this is more the role of the midwife – but sadly this is not the case. Often the reality is that the midwife has a very short appointment, the frequency of the appointments are being cut down on and the mother often doesn't see the same midwife more than a couple of times, so it is hard to build up a relationship where the mother's needs can be explored and supported.

There has therefore become a blending of the role of therapist with many of the recent roles of the modern midwife. We may be the first person that the mother talks to about her pregnancy. We may well be the person that she sees most during her pregnancy, maybe even during her birth and as postnatal care.

As a therapist who is not a midwife we need to be clear what our role is. We are not there to give medical advice, and we can't check blood pressure, position of the baby (although we might have a good idea!), we can't do anything if the woman is bleeding or her blood pressure is escalating. However, sometimes the mother may not be happy with care she is receiving and may question some of the decisions that are being made. We have to be careful not to question these decisions directly but we can support the woman to access the information she needs so that she can make the right choices for her.

Working to integrated care

We are offering an additional approach to medical interventions. Never implying that we replace standard medical care that our clients need to ensure healthy pregnancies, we offer ways that may be less interfering i.e. massage therapy for headaches rather than medication. We can also often work at supporting the client in her emotional well being, through the space we have to talk, work with breathing and visualisations and connections with the baby. This space sadly, is often lacking in the more medicalised approach to pregnancy. Our care may be extremely effective, other times medical care is crucial to the well-being of the mother i.e. in times of placental abruption, or pre-eclampsia, the mother may need to have emergency medical treatment. We need to know where our model of care is most effective and appropriate and when to refer on.

Giving good holistic support to mothers

We can teach breathing and relaxation techniques. We can teach exercises which are useful in prenatal and labour preparation i.e. stretches- squats. We can help clients integrate physical changes by encouraging postural awareness. Most importantly we can reinforce existing learning the client has and encourage them to learn valuable new skills.

We can provide regular times (1-1 1/2 hours sessions). By utilising listening skills we can hear concerns or fears that may not be overt. We can teach massage and self-care strategies to the mother and we can also include the partner in our work e.g. by teaching them how to massage the mother in pregnancy and during labour.

Challenges to the therapist and developing new techniques with emphasis on the third trimester

Too often therapists are guilty of treating the pregnant woman as sick without really understanding the underlying emotional and physiological changes occurring in the body. It has been a continuing challenge for me to incorporate these insights into my work so that I can develop and refine techniques that meet the new challenges which working with pregnant women pose.

I feel that there has often been an over cautious approach adopted to working with pregnant women in the last trimester (as well as the first, to which I referred in my previous article). I find that the majority are very resilient – they are healthy but they are carrying a heavy baby, which impacts on how their body functions. I find that in order to address much of the lower backache we have to relieve stress on the sacrum – both through deep work in the actual sacrum itself and to help it realign and with energy work and work to support the supporting musculature. Often this work is physically quite deep.

Other main issues for the third trimester are to support blood and lymph flow. This can be achieved by including mobilization and elevation techniques – and I find many therapists who have simply studied Swedish have often not been taught sufficient mobilizations. Others who have are unsure how much we can use them in pregnancy. Of course we need to take into consideration issues such as symphysis pubis dysfunction (SPD) where we can't mobilize in ways that encourage movement of the symphysis pubis. We also have to be aware if the oedema may be related to pre-eclampsia in which case we would not do this type of work and we would need to focus more on energy based approaches. This is a scenario where I do work with "high risk" women but in close collaboration with their primary care provider. I sometimes will work in the hospital. This is where collaborative work can bring great benefits in terms of pregnancy outcome – the woman may be supported to maintain optimal health for her and her baby.

I also feel it is important to work in the last trimester with awareness of the baby, supporting the emotional connection between the mother and baby as well as in terms of encouraging an optimal foetal position in preparation for labour.

The main new techniques I have developed from working with pregnant women are to integrate energy work with massage techniques, but also to utilise forward leaning positions, especially leaning over a ball or beanbag in the last trimester. I have also learnt to respect that often less is more, as the pregnant body tissue is so much more elastic than the non-pregnant body that change happens so much more readily.

What I have learnt most is the old truth – listen to the body. The aim of bodywork for me is to support the client to be more aware of what is going on – and in pregnancy this includes awareness of the baby. I do see my role as "enabling mothers to become more aware of their bodies and babies and to trust in the wisdom of the body". Our body's wisdom will tell us if things are going well, but equally alert us to the fact if things are not going well. We can then seek medical care.

Ultimately our role as body-workers is to work alongside the best of medical care. This way, we can provide truly integrated health care – this is the way forward in the twenty first century.

Suzanne Yates will be teaching her 4 day "Massage and Pregnancy" Diploma in Aberdeen in December (see right).

Suzanne began by studying massage in 1982 and shiatsu in 1984, completing the three-year professional training with Sonia Moriceau in 1988 and then assisting her between 1989 and 1994. In 1990, She went to Boston, USA to train as an instructor in ante/post-natal exercise with Elizabeth Noble and established "Well Mother" to support the wisdom of women and their partners with shiatsu, massage, exercise, breathwork, relaxation and discussion. She has run weekly classes and workshops for parents ever since. She served on the Avon Maternity Services Liaison Committee from 1995-2000 and is working on setting up a Randomised Control Trial on the use of shiatsu for induction, with her local hospital. She runs various courses for midwives and shiatsu and massage practitioners in the UK and world-wide. She is a registered Teacher and Practitioner with the Shiatsu Society and holds the APNT qualification in therapeutic massage.

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