

THE POSTPARTUM PERIOD

The most important element of postpartum care is willingness to listen, which includes willingness to go to the mother on her schedule, when she needs you. Attention to physical healing is of course important, but more important in the long-term is that the mother feel well-nurtured and well-taken care of in the vital first days of motherhood.

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REINCORPORATION: THE POSTPARTUM PERIOD

LEARNING OBJECTIVES

After reading this chapter, you should be able to:

- Describe physiological and structural changes occurring during the postpartum period.
- List and explain the benefits of massage during the postpartum period for both baby and mother.
- Describe the contraindications and precautions relevant to the postpartum client.
- Describe what areas of the body experience strains specifically related to mothering demands and how bodywork can help decrease associated discomfort.
- Explain five ways that a postpartum client's needs and bodywork precautions are unique to the postpartum period.
- Explain what kinds of concerns you'd be listening for during a postpartum health intake.
- Cultivate respect for the physical and emotional challenges of motherhood.

For 9 months your client imagined the day her baby would be in her arms. Now she has birthed the baby and perhaps a part of herself as well; all her attentions are focused on the new member of her family. The invisible mystery that grew inside—the placenta, the extra fluids, and of course, the baby—has entered the world outside the womb, and the mother is now face-to-face with a whole new life

of challenges and changes both psychologically and physiologically.

Physiological shifts are dramatic and quick over the next 6 weeks of what western medicine considers as the **postpartum period** or *puerperium*, but subtle transformations continue for the next year or more. Massage for the new mother can help her to acclimate more easily to this new life and its accompanying demands for adaptation. The first half of this chapter describes fundamental concerns of the postpartum period and examines the areas of the body that undergo the most significant changes, while the second half addresses the benefits of massage and contraindications and precautions for bodywork.

PHYSICAL AND EMOTIONAL CHANGES

In the first weeks after birth, the areas of a woman's body that were most stressed during pregnancy and birth need special attention to readjust to the new demands of mothering. The perineal and abdominal muscles have been stretched and strained. Tonifying Kegel exercises, abdominal strengthening, and release of trigger points and fascial distortions will help restore full function of these muscles. The uterine ligaments have stretched to their maximum and now are finding their way back to their pre-pregnant size and job of holding the uterus at an appropriate level in the pelvis. Ligaments throughout the body have been affected by the hormone relaxin will gradually

redevelop their stabilizing strength. A woman's core energy is often depleted and needs various forms of nourishment to replenish itself. Bodywork can help facilitate healing and recovery when addressing any of these concerns.

An average time for a woman's body to return to "normal" after birth is 6 to 8 weeks. By then, her postpartum bleeding should have stopped, her milk will have come in fully if she is nursing—or dried up completely if she is not nursing—and the postpartum cramping that helps the uterus **involute**, or shrink back to its nonpregnant size, should have diminished. Stitches from a laceration or episiotomy at delivery are likely healed, and any acute perineal pain gone. However, it may take much longer than 6 weeks to adapt to other changes and feel a complete recovery from pregnancy and birth! Your client will have ongoing fluctuations in her breast tissue if nursing. She may have a misalignment of her hips, a broken tailbone from delivery, or lingering aching in her muscles from a marathon labor. She may still be exhausted if she has not had adequate support or had space and time for rejuvenation. Though she had an immediate loss of weight after the delivery of the baby, placenta, and some of the extra body fluids from pregnancy, she may need 9 months or more to find her pre-pregnant shape, weight, and comfort in her body.

Helping relieve the strains related to labor, nursing, and/or possibly surgery is a massage therapist's first priority when working with a new mother. Attentive massage can address critical areas and help to prevent future complaints. Initially most problems occur in the area of core structural support: the pelvis and pelvic floor, the abdominals, and the low back. The midback and upper back and neck also develop strains as a mother spends time feeding, holding, lifting, and carrying her baby. Your client's vital energy will likely be depleted and need nourishing as well. A full-body relaxation massage will often be a welcome gift during this time to help work out the kinks and strains from labor. Swedish massage, deep tissue massage, neuromuscular therapy, myofascial release, and craniosacral therapy are all helpful during the postpartum period.

Remind your client of simple therapeutic self-care stretches that she can do regularly to help relieve strains and aching muscles, such as shrugging her shoulders, rolling her head and neck in circles in both directions, pelvic tilts, yoga, and walking.

Uterus

Immediately after delivery, the uterus shrinks from a size capable of holding a full-term baby, a placenta, and a quart of amniotic fluid, to the size of a small

cantaloupe. Within the next 2 days, it will shrink even more, and after 2 to 3 weeks, it will be nearly back to its pre-pregnant size and will be difficult to palpate through the abdomen. In some cases, after delivery, the uterus may have dropped low down into the pelvic cavity or even prolapsed out of the vagina after delivery.

Bleeding from open vessels at the site of the former placental attachment continues for several weeks, gradually diminishing as the site scars over and is healed.

Many pregnancy hormones stop being produced immediately after the delivery of the placenta. Some postpartum depression can be expected due to this hormonal shift.

Cramping after delivery and during breastfeeding is caused by the uterine effort to constrict these vessels, prevent hemorrhage, and return the uterus to its pre-pregnant size.

Take note of the following regarding this area:

- Kegel exercises to strengthen the pelvic floor and therapeutic strengthening of the transversus abdominus help to minimize or prevent organ prolapse. These exercises can be taught to a client starting on the second postpartum day if she had a normal delivery and is ready to begin.
- Be aware that your newly postpartum client will likely want to wear menstrual pads during massage sessions to prevent leaking of vaginal drainage. She may also have painful, but normal, uterine cramping if she has just nursed the baby.

Perineum

In the first couple of weeks after birth, a woman may feel quite sore in her vagina and perineum. She may have micro-tears, lacerations, or stitches for an incision from an episiotomy. Her perineal muscles have stretched and her pelvic bones separated, and she may be experiencing swelling and stinging sensations when urinating.

Take note of the following regarding this area:

- Use caution with gluteal work and joint mobilizations that may pull on the perineal area and strain stitches.
- Healing of this area may be optimized with self-care hydrotherapy, such as sitz baths, and perineal exercises.

Ligaments, Low Back, and Pelvis

Relaxin continues to be produced for at least 6 to 8 weeks after birth or possibly longer. Relaxin's effect of

softening ligaments can continue for months after birth and prolong the process of regaining her pre-pregnancy stability. The woman's pelvis and low back may ache from awkward positions in labor, pelvic expansion at birth, and poor posture throughout pregnancy, as well as from receiving epidural anesthesia, which can be a cause of lingering discomfort at the epidural insertion site.

Take note of the following regarding this area:

- A new mother's joints will still be hypermobile (see Chapter 2). Avoid excessive passive stretching.
- Address general areas of discomfort.

Abdomen

Some women will feel a loss of muscle tone and sagging in the abdomen and have concern about visible stretch marks. Stretch marks may stay for a lifetime; there are no cures for stretch marks, despite the marketing of special oils and salves. Any minor diastasis of the rectus abdominus from pregnancy will begin to return to a realigned state in the postpartum period.

Take note of the following regarding this area:

- If your client has more than a 2- or 3-finger-width separation of the recti, encourage her (with her PCP's approval) to explore abdominal exercises that can help correct this separation (see Chapter 3).
- Strengthening the transverse abdominus will improve core stability and tonify the abdomen.

Energy

The new mother has just had an extensive output of energy. During pregnancy, she was feeding an extra person within her body. At birth, she lost cellular fluids and blood and now is having rapid hormonal adjustments, placing her in a vulnerable and depleted state physiologically, though she may feel emotionally energized or euphoric. The baby now requires all her energy and attention, yet she also must cope with new body sensations, having family and friends visiting, and learning how to mother this particular and unique baby. This all may consume what little extra energy she may have.

Take note of the following regarding this area:

- Massage can help in the crucial regeneration of vital energies and a mother's reintegration process.
- Receiving massage can be a time of sanctuary for a new mother, a time for being nurtured and taking a short break from caring for others.

Emotional Changes

No longer the woman she was before birth, a new mother has been transformed through her birthing rite of passage. While often feeling overjoyed and inspired by her encounters with her new baby, a first-time mother is also adapting to her new roles as mother to this child, mother within the context of her society, mother within a significant relationship, and mother in relation to her own parents. It took 9 months for the woman to create and nurture the baby; it may well take another 9 months for the transformation and birth of her mother-identity to complete itself. Be aware that when your client comes for a massage, she may bring with her overwhelming feelings related to these adaptations, as well as from getting too little sleep and having constant anticipation about the needs of the baby. In addition, any of the following dynamics may be plaguing her in the midst of her birth euphoria: her relationship is likely shifting with her partner; older siblings may be resenting the loss of attention and begin acting out; she may be processing disappointment in her birth experience; or she may be falling into an overwhelming love and growing attachment for this new little life, leaving little room for any others in her life, including herself. She may have problems with lactation and feel frustrated, sore, or despairing about her difficulties in nourishing her baby. She may be missing the comfort and anticipation of the child growing inside her belly and feeling an inner emptiness. She may feel suffocated or trapped being at home alone and caring constantly for a demanding and helpless baby. She may be processing unresolved issues and unanswered questions about the birth. While the overriding feeling many women have is one of excitement and love, any of these factors mentioned above can contribute to her psychological-emotional status as her pregnancy hormones diminish.

Take note of the following regarding this area:

- Create nurturing space for your client and for whatever emotional state she is in; create a place where she can receive nurturing and ease herself through the adjustments to her new world.

BENEFITS OF AND PRECAUTIONS FOR POSTPARTUM MASSAGE

Below are discussed some of the benefits of postpartum massage for both mothers and babies. Also discussed are special considerations, preparation, and precautions for postpartum massage.

Traditional Birth Practices:

Postpartum Care

“Ilocanos mothers in the Philippines are given a ritual bath . . . and regular abdominal massages. Moroccan mothers are massaged with henna, walnut bar and kohl; traditional Hawaiian midwives give a vigorous circular lomi-lomi massage with their fingers, elbows and thumbs. . . .”¹

Many traditional communities around the world have time and space built into their lives for women to care for one another. A new mother and baby are codled and cared for, often isolated from the world at large for weeks or sometimes months after delivery. The postpartum period is considered a critical time of recovery and bonding. The mother must get to know the baby. She must allow the psychic and physical energy gates that opened during labor to close once again before she re-enters the demands or activities of the world or her community. Special nurturing foods and daily massage are given to the mother; if she is a first-time mother, she is taught how to care for her baby.

In Tibet, a new mother rests and recovers while she and the baby are cared for by her family. No visitors are allowed for days.² Acknowledging that the mother is newly born as well, the Mexican Maya wrap up the baby and mother and care for both for weeks with an attention and nurturing that we often devote only to newborns.³

In Sweden, for up to 8 years after the birth of her child, a woman has the option of taking as much as 21 weeks of paid leave during pregnancy and postpartum. This is followed by 18 months of parental leave during which fathers must also take at least 2 months off from work. In Norway, this leave lasts for 52 weeks. In Italy, new mothers who work full time in their first year postpartum are given a rest period at work of 2 hours per day.⁴

Benefits for the Mother

Postpartum bodywork is focused on helping a client regenerate, renew, and release. Whether or not she feels a need for special care, her body is still making numerous and rapid changes and she is still quite vulnerable to external influences. Most of those who will use this book do not live in a traditional culture, which may offer a new mother intensive caregiving (see “Traditional Birth Practices,” above), but massage

can at least address some of the client’s needs during her recovery time.

One primary concern of a new mother is that she has opened and been exposed both psychically and physically to bring forth new life. Now, she needs support to gently close this expansion from birth. Physically, her ligaments must tighten, her pelvic bones close and realign, and her core support structure—the spine and supporting muscles, the pelvic floor, and the abdomen—must be strengthened. She must tend to her postural alignment as she adjusts to a nonpregnant shape and weight. Her internal organs—bladder and womb—need support through muscular toning of the perineals and abdominals, as well as uterine massage. (See Appendix B, “Mayan Abdominal Massage.”) New discomforts related to mothering are developing and can be mediated with massage. With all these changes occurring musculoskeletally, hormonally, emotionally, and psychically during the postpartum period, bodywork is vital to assisting a woman’s return to equilibrium by increasing the release of endorphins; rebalancing hormones; increasing blood flow; and reducing stress, anxiety, and depression. Massage can be a reminder to a woman that *she* needs nurturing as much as her baby does. Meaningful touch will help her to transfer that touch to her own child.

Benefits for the Baby

Postpartum massage benefits not only a mother, but her baby as well. Women who are massaged during pregnancy or the postpartum period touch their babies more often. Babies respond to this touch overall with faster development, greater social skills, stronger immune systems, and increased weight gain. One study asked new mothers during the first day after birth to touch their babies with skin-to-skin contact for 1 hour longer than they would have normally and to add an extra 5 hours of touching over the next 3 days. When these mothers were observed 1 month later, they were found to make much more frequent nurturing contact with their infants than mothers who only gave the routine contact. The researchers returned 5 years later to test the children; those who had received the extra touch were uniformly found to have higher IQ and language test scores than the children who did not have the extra touch.⁶

See Table 11.1 for a list of benefits of bodywork during the postpartum period.

Special Considerations

A client who has given birth within the past 6 to 12 weeks will need the therapist to do a thorough health

BOX 11.1 | Attending to the Postpartum Client

When seeing postpartum clients, the massage therapist might:

- Review pregnancy and birth health history
- Assess posture and hip alignment
- Assess abdominal muscles for diastasis recti and need for abdominal strengthening
- Offer tonifying and renewing bodywork appropriate for the postpartum period
- Assess need for psoas strengthening or strengthening
- Create a safe space where the client may find relief from daily stresses
- Encourage the use of well-fitting, supportive nursing bras to help relieve and prevent upper back strain

intake and to observe special needs and issues relevant to the postpartum period. Review the following considerations before beginning work and see Table 11.2 for a list of five basic postpartum concerns for bodyworkers.

Positioning

A general full-body massage can be appropriate for the healthy postpartum woman, but she may need to use the sidelying position if her breasts are large, sore, or leaking or if she wants to hold or nurse the baby during the session. If she prefers to be prone, try a pillow under the ribs and abdomen to help take pressure off her breasts or use special foam cushions with cutouts for the breasts.

Baby and Mother

Women in the early postpartum period may want to or may only be able to receive a massage by bringing the baby with them or by receiving house calls. Be aware of a new mother's concerns and challenges in making time for her personal nurturing and realize that it is not unusual for a mother to be late for a session due to last minute nursing, diapering, emotional nurturing, etc. Just as it is recommended to allow extra time for your pregnant clients, you may want to do the same with your postpartum clients as well.

Be prepared to work with your client in adapted modes so that the baby can accompany her. You will need to allow extra time for positioning and your

Table 11.1 Benefits of Postpartum Bodywork

Reduces Aching Muscles	<ul style="list-style-type: none"> • Reduction of aches and stress accumulated during pregnancy and labor, including headaches, backaches, sore muscles, neck and shoulder discomforts, and abdominal discomforts • Decrease of muscle tension associated with nursing and other mothering activities
Improves Posture	<ul style="list-style-type: none"> • Assists return to pre-pregnant physiology and posture, including realignment of the pelvis
Provides Emotional Support	<ul style="list-style-type: none"> • Can be a source of emotional and physical support during a possibly stressful time • Possible decrease in risk of postpartum depression^{9,10} • Can be an encouragement and reminder for a mother about self-care and self-honoring, in a time when most attention is being focused on the baby
Hastens Recovery	<ul style="list-style-type: none"> • Offers nurturing while in recovery from cesarean section • Decreases formation of adhesions¹¹ • Uterine massage helps decrease risk of excessive postpartum uterine bleeding⁸ and uterine or bladder prolapse • Exercises taught by massage therapists help mothers tone and strengthen their abdominals, perineals, and psoas
• Benefits Breastfeeding	<ul style="list-style-type: none"> • May increase lipids, solids, and casein in breast milk^{12,13} • Decreases risk of clogged ducts and mastitis¹⁴⁻¹⁶
• Benefits Intestines	<ul style="list-style-type: none"> • Can encourage bowel evacuation, decreasing constipation^{17,18}
• Benefits Baby	<ul style="list-style-type: none"> • Nurturing touch to the mother leads her to touch her infant with more awareness and confidence • The mother and family can be taught infant massage skills, to enhance, promote, and increase meaningful contact between the infant and family⁹

Table 11.2 Five Postpartum “Bs” for the Bodyworker to Consider: Baby, Belly, Blood, Bottom, and Breasts

Baby	<ul style="list-style-type: none"> • The new postpartum mother may need to bring her baby with her to receive bodywork, or she may need house calls if she cannot get away. • Lifting, nursing, and carrying the baby are activities that will impact and strain her musculoskeletal system, so teach posture correction and proper body mechanics, and address muscular tension with bodywork.
Belly	<ul style="list-style-type: none"> • A woman's belly was stressed and stretched in pregnancy and birth: check for diastasis recti, encourage abdominal toning, and address scarring if she had a cesarean section or tubal ligation postdelivery.
Blood	<ul style="list-style-type: none"> • Vaginal bleeding may continue for several weeks after birth. Be aware that newly postpartum clients will likely want to keep their underwear on during massage sessions and will be wearing a menstrual pad. • Use universal precautions (gloves) when handling linens that have become soiled with milk or leaking blood if her absorbent pads were inadequate. • Maintain blood clot precautions for at least 6 weeks postpartum when working on the legs.
Bottom	<ul style="list-style-type: none"> • Your client may have stitches in the perineal area from lacerations or episiotomy. Avoid moving gluteal muscles and hip adductors in such a way that might pull on perineal stitches or lacerations. • Encourage toning exercises for the pelvic floor to promote healing and prevent organ prolapse.
Breasts	<ul style="list-style-type: none"> • Sore and leaking breasts may affect positioning during massage. • Have towels available to help absorb leaking breast milk.

client's attendance to the baby's needs. If necessary, your client can lie on the table in the sidelying position and hold or nurse the baby there (Figure 11.1A). This may be the best option for a woman to receive a massage if the baby will not rest quietly without being held close or nursed. While having the baby present at a massage can be fun, it may not be the most relaxing experience for the mother, especially if the child does not sleep through the session. A good option is to have a helper along to care for the baby in the waiting room while mother receives her massage.

Other options include having the client in the semi-reclining position, with the newborn on her knees and lap. (Make sure her knees are spread slightly and supported on a bolster to make a space for the baby to rest as in Figure 11.1B.) Or, a mother may choose to have the baby napping near the massage table.

House calls are particularly welcome during this period, when it may be difficult for a mother to get away.

When the baby comes with your client to a session, use the opportunity, if appropriate, to share with your client ways of offering nurturing touch to her infant. Whether or not you have studied infant massage, general effleurage is normally beneficial, and simple strokes along the extremities, back, and abdomen can be demonstrated if the baby is in a relaxed, alert state. More advanced infant massage is currently offered in a variety of certification programs.

Preparation

After a client has given birth, ascertain the client's birth history and appropriateness of bodywork by conducting a thorough health intake before commencing work with her.

How Soon to Begin Massage

Gentle massage can be initiated 24 hours after delivery, assuming that there have been no complications during delivery or afterward. Adhere to all precautions, especially using clot precautions for at least 6 weeks after delivery (see “Embolism” below).

Know the Birth History

Be aware of any complication that may have occurred in pregnancy or labor and the consequent physical and emotional problems that may still be lingering because of it. This could include conditions such as preeclampsia, emergency surgery, infection, retained placenta, deep laceration or episiotomy, or prolonged bed rest before labor.



CAUTION: Get a doctor or midwife release before beginning postpartum massage if the client is still in the hospital for observation or if she had complications during pregnancy or birth.



FIGURE 11.1 Positioning for a mother holding her infant during massage.

Be prepared to work with your client in adapted modes, so that the baby can accompany her if necessary. (A) Sidelying position. If the baby is fussy when not held, the mother can hold or nurse the baby in the sidelying position. (B) Semi-reclining position. If the sidelying position is not comfortable, the client can try the semi-reclining position, with the baby resting on her bolstered knees.

Health Intake

The following health intake questions can help assess risk factors in the postpartum period that might require precautions or medical release for bodywork. Following each is the associated concern or action that the therapist should have or take.

- *Did she have any problems or high-risk conditions during pregnancy, labor, or birth (preeclampsia, high blood pressure, postpartum hemorrhage, etc.)?* If so, obtain a release from the primary care physician if she is less than 3 weeks postpartum or is still being observed by her health care team.
- *Did she have a postpartum surgery: tubal ligation, cesarean section, or perineal lacerations or episiotomy?* Be aware of scarring, stitches, or other postsurgical concerns.
- *Is she currently breastfeeding? Is she having any related problems?* She may be leaking milk, wanting breast massage, or having emotional tension or anxiety related to nursing difficulties or waiting for her milk to dry up.
- *What are her current complaints?* Current muscular strains and tension may indicate the need for instruction in proper body mechanics and postural correction for standing, sitting, and nursing.
- *Does she have a diastasis of the recti muscles or of the pubic symphysis?* Encourage abdominal

strengthening. Specific corrective exercises can be taught by a qualified physical therapist. Your client can be referred to a chiropractor for a pubic symphysis separation.

- *Does she have varicose veins, phlebitis, or known deep vein thrombosis (DVT)?* Caution must be maintained with regard to blood clots and varicosities.
- *What is the baby's current condition?* If the baby was born premature or has other problems, your client will generally have more emotional stress as well as muscular tension.

Precautions

Know the contraindications and warning signs listed below that might indicate alterations in your work with postpartum women. *Note:* All standard massage precautions and contraindications are applicable in the postpartum period.

Essential and Scented Oils

Essential oils and scents used topically in massage oils, creams, or soaks and compresses are absorbed through the skin and could be absorbed by a nursing baby from a mother's skin or theoretically from her breast milk.

Case Study 11.1:**MESSAGE FOR THE MOTHER AND BABY**

Paula wanted a postpartum massage. However, as a first-time mother, she could not comfortably imagine leaving her infant for 2 hours. Sara, the massage therapist, suggested that she bring her newborn daughter with her. Paula arrived with Zoe asleep in a car seat.

Sara positioned Paula on the massage table in the sidelying position, as Paula did not want to be prone on her breasts, which were sore and full with milk, and she wanted to be able to see Zoe easily if she stirred. Within moments after Paula lay down on the table, Zoe awoke and began to fuss, and Paula got up to make her comfortable. Moments after Paula got on the table again, Zoe began to cry. Paula brought Zoe onto the massage table with her and held and nursed her in the sidelying position, while Sara massaged Paula's feet and legs. Zoe soon fell asleep again, but Paula did not want to move her back to the car seat, fearful that she would awake. She also felt nervous holding her while in the sidelying position, worried that if she relaxed too much, she might let the baby fall off the side of the table.

Sara suggested they change position to the semi-reclining. In this position, Paula was able to let Zoe sleep on and between her thighs, without feeling that she had to hold onto her so tightly. Sara was able finish the session for Paula by working on her head, neck, shoulders, and arms. By then, Paula was relaxed enough to allow Sara to

move Zoe, now sound asleep, to a blanket on the floor. Zoe slept for the next 30 minutes while Sara finished massaging Paula in the semi-reclining position, working on her legs and abdomen and reaching around her belly and her sides to work on her low back. Toward the end of the session, when Zoe awoke again, Sara took the opportunity to demonstrate to Paula a few infant massage techniques with Zoe.

Sara had worked with many postpartum women, some of whom chose to bring their babies with them to the massage. Each situation was unique in how to manage the needs of the child and mother, as well as those of the massage therapist. Sara always suggested that the mother bring someone to take care of the infant while she received a massage, so that the client could have the optimal relaxing experience. When this was not possible, she would encourage the mother to bring her child into the massage office and adapt her positioning so the client could hold the baby during the massage, or have him or her close by. Sara was interested in providing massage for the new mother in whatever way would most optimally suit her and her new baby, knowing that any nurturing touch would be beneficial for both mother and infant. The sessions were not always as relaxing as a massage would have been without the infant present, but clients appreciated Sara's flexibility.

**BODYWORK PRECAUTIONS:**

- Avoid the use of any scented oils or lotions on breastfeeding mothers unless you have been educated as to which essential oils are appropriate or beneficial during the postpartum period.
- Instruct your client to wash her breasts prior to nursing to remove all oils, lotions, and scents used for massage and prevent the baby from ingesting the oil directly from her skin.
- More detail of the use of aromatherapy and appropriate oils during the postpartum period is beyond the scope of this book. For resources, see Appendix B.

Embolism and Varicose Veins

Embolism, or the blockage of a blood vessel by a migrating blood clot or other foreign material (such as an air bubble or amniotic fluid), is the leading pregnancy-related cause of maternal death in the United States. The majority of these deaths occur during the *postpartum period*. While the occurrence of DVT is still rare, the postpartum period, as compared to pregnancy, has a 5 times greater risk for the development of DVT and a 15 times greater risk for the occurrence of a pulmonary embolism.^{5,6}

Blood clots continue to be a concern for at least 6 weeks after delivery while the fibrinogen and blood clotting factors are readjusting. Risks are especially increased for women who have undergone cesarean or other surgery during, or immediately after, birth.⁷ Women who have had a previous blood clot are at a

higher risk for developing another clot during pregnancy or in the postpartum period.



BODYWORK PRECAUTIONS:

- Continue all the contraindications related to varicose veins and DVT, including medial leg massage contraindications, for at least 6 weeks after delivery. This may be longer if she has pregnancy-related medical issues and is still being watched by her PCP for more than 6 weeks postpartum. (See Chapter 4, Precautions and Contraindications for Bodywork During Pregnancy).

Postpartum Hemorrhage

A postpartum woman is at risk for hemorrhage up to 1 to 3 days after delivery. Hemorrhage most commonly occurs due to uterine atony, or the inability of the uterus to contract effectively. Those at highest risk for atony include those with multiple gestation, those who have had more than five children, or had a very long labor or a very large baby. Uterine massage is one of the first actions used for preventing or stopping excessive bleeding.⁸ A mother usually is taught how to massage the top of her uterus, or fundus, by her midwife or doctor.



BODYWORK PRECAUTIONS:

- If a woman did have a hemorrhage, or is at risk for one, avoid deep, circulatory-stimulating full-body massage in the first 3 to 4 days postpartum, utilizing instead gentle Type II work and focused techniques addressing specific areas of tension.
- A woman who bled significantly at or after birth may be anemic and experiencing fatigue or dizziness. Be aware of the possibility of dizziness from postural hypotension when having this client stand after a massage. Have her sit for a moment before standing.
- Keep passive stretches and self-care exercises simple and slow until the client recovers her strength and blood!

Surgical Incision

A woman may have incisions from a cesarean section, postpartum tubal ligation, or episiotomy.



BODYWORK PRECAUTIONS: See Chapter 13 for details about care after surgery.

Gestational Hypertension / Preeclampsia

If the mother had special attention during labor because of preeclampsia or very high blood pressure, she may need to be monitored for up to 3 weeks after birth as preeclamptic conditions can still progress to eclamptic seizures during the postpartum period (see Chapter 4).



BODYWORK PRECAUTIONS:

- A client may remain on bed rest after delivery if her blood pressure and laboratory test results indicate she is still at risk. Bodywork in this situation requires a medical release and should be gentle and cautious: breathing and visualizations, reflexology, gentle acupressure, and Type II bodywork are all helpful during this time.
- Simple stress-relieving activities, such as foot rolls and shoulder shrugs, are useful to help relieve some body aches, but more strenuous activity should be avoided until the client's blood pressure has returned to normal and she has been cleared from danger by her health provider.

Separated Symphysis Pubis and Unstable Joints

The effects of the ligament-relaxing hormone, relaxin—such as sacroiliac joint hypermobility—are present for months after delivery. Due to relaxin's effects on ligamentous structures, some women can experience a separation of the pubic bone during pregnancy or the postpartum period.



BODYWORK PRECAUTIONS:

- Be aware of current symphysis pubis separation before beginning stretches or bodywork that involve abduction of the legs or hips or that may stretch the pelvic area.
- Avoid excessive stretching of the joints.
- A separation may realign itself weeks or months after delivery or may need referral for chiropractic or osteopathic attention.

Body Fluids

A new mother may be leaking breast milk and still bleeding from her uterus for several weeks after delivery.



BODYWORK PRECAUTIONS:

- Your client will likely keep on her underwear and wear a menstrual pad to avoid leaking during a session. Use universal precautions

(wear gloves) when handling linens that have soaked up body fluids, particularly bloody discharges.

- Have towels available to put between the breasts and sheets to absorb leaking milk.

Uterine Infection

If the client had a retained placenta, cesarean section, or other condition, she could develop an infection after delivery, resulting in fever and abdominal pain.



BODYWORK PRECAUTIONS:

- Type I bodywork is contraindicated with any infection and fever.
- Type II gentle energy work may be nourishing and healing.

Mastitis

During the postpartum period, it is not unusual for some mothers to develop a breast infection called mastitis.



BODYWORK PRECAUTIONS:

- Breast massage and Type I bodywork is contraindicated during inflammation and infection of the breast.
- Type II gentle energy work may be nourishing and healing.

CHAPTER SUMMARY

Perhaps now during the postpartum period, more than ever, women need to be nurtured with healing touch as they face the joys and stresses of mothering. For many women, finding the time for relaxing and focusing on their own recovery from pregnancy and birth may be quite difficult in the midst of baby care. With respect for the challenges of the new mother, consider making special provisions for her care, such as: allowing more time for a standard session; making it possible for her to have her baby with her during massage; offering house calls; being aware of breast-feeding considerations such as the likelihood of leaking milk or possible breast discomfort in the prone position; being prepared to stop in the middle of a session to reposition your client so she can nurse her baby. Both baby and mother will benefit from the relaxation, support and nurturing care that you can offer at this time.

CHAPTER REVIEW QUESTIONS

1. List five benefits of postpartum bodywork for the mother, and two for the baby.
2. Describe how you might ask about a client's birth story and assess the appropriateness of massage at this time. What particular concerns might you have with a client who is 48 hours postpartum, had a long labor, pushed for 4 hours, and had a large perineal laceration?
3. Describe what kind of positioning considerations might be necessary with a client who has brought her baby to a session along with a caregiver.
4. Name common areas of muscular strain that can cause discomfort in the postpartum period and that can be addressed with bodywork.
5. Describe the postpartum client's needs and bodywork precautions that are different than those for other clients.
6. Discuss the ways other cultures care for and honor a new mother. How have you seen, or not seen this manifest in your culture or community? In what ways could a massage therapist perhaps support a special honoring of the mother?
7. In what ways can nurturing touch to a postpartum client also impact her baby positively?
8. Explain what kinds of concerns you would watch for when doing a postpartum health intake.
9. Explain what concerns you would have for a postpartum client who, 10 days ago, had labor induced due to preeclampsia.
10. Name two conditions that most postpartum women have at least a little risk for in the first 2 days after birth. For what reason should a massage therapist be aware of this?

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BODYWORK FOR THE POSTPARTUM CLIENT

LEARNING OBJECTIVES

After reading this chapter, you should be able to:

- Describe techniques for assessing the spine, posture, abdominals, and psoas during the postpartum period.
- Explain reasons for 10 common complaints of postpartum and describe bodywork techniques for each.
- Describe specific bodywork techniques for addressing the postpartum abdomen.
- Describe the etiology of and treatment for certain musculoskeletal conditions that frequently develop during the postpartum period.
- Describe breathing techniques that can be used to help support a woman experiencing postpartum depression.
- Explain postpartum breast massage techniques and precautions.

This chapter begins with a few techniques to address a mother's condition in the first hours after birth. This is followed by assessments of the spine, abdominals, and psoas which have all been compromised during pregnancy. The majority of the chapter is focused on common complaints during the postpartum period and methods of addressing these complaints with a wholistic bodywork approach.

BODYWORK FOR THE IMMEDIATE POSTPARTUM PERIOD

The baby is born and the room is filled with excitement, relief, and exhaustion. Sooner or later, the mother is going to need to get up and walk around. If appropriate, before she does get up, take a few moments to help her attune to her body and breath, to the joints and bones that may be stiff or misaligned, and to the muscles that may have been strained. The following practices can help alleviate accumulated stress from labor and realign the hips, pelvis, and spine.

Low Back Release

Benefits: This technique may relieve some backache due to sacral misalignment from pushing during birth.

Technique: The client is supine on a firm surface with legs straight and with no pillow or just a small pillow under her head.

1. Gently flex one knee at a time up to her chest.
2. Have the client push against your pressure as she attempts to extend her leg with 1/4 of her effort.
3. Lower the leg slowly again to an extended position. Do not have her assist you—do it for

her—as a passive flexion will enable more adjustments to occur naturally in the low back and pelvis.

4. Repeat on the opposite leg.

Sacroiliac and Pelvic Rebalancing

Benefits: Relieves misalignments of the hips and pelvis, which may have occurred during birth.

Technique: See Chapter 6.

ASSESSMENTS

After doing an initial health intake with your new postpartum client to determine her pregnancy and birth history, assess for potential dysfunctions and stresses by examining her spinal, pelvic, and abdominal support. This can provide useful information as you determine your treatment plan or focus for your bodywork.

Spinal Assessment

Benefits: To locate areas of stress in the spine.

Technique: Have the client sit in a chair, with her back straight, feet flat on the floor, and thighs horizontal to the floor. This can be assessed at any time during the postpartum period.

1. Stand behind the client. Observe her spine as she sits, and take note of any raised areas on either side of the spine, often indicating a vertebral subluxation that might return to its aligned state after massage and the release of myofascial restrictions in the area.
2. Ask her to inhale, and on her exhale, have her slowly roll forward, one vertebrae at a time, from the top of the spine to the bottom, first letting the head fall forward, then the shoulders, then the mid back, etc., until she is resting over her knees as far as she is able, with arms relaxed down at her side.
3. On her next exhale, ask her to unfurl her spine from the waist back up the spine, with the head being the last to uncurl. Gently touch each vertebra as she rolls up, helping her feel which vertebrae are moving. Notice as she rolls (and have her notice also) where the spine catches and moves as a segment rather than as individual vertebrae. Ask her to inform you at any point that she notices a restriction in or tension with in her movement. Address these areas later with massage.

Diastasis Recti Assessment

Benefits: Assessment of a rectus separation will help determine one possible correctable cause of low back pain and will initiate the process of teaching your client strengthening exercises.

Technique: Review assessment of diastasis recti in Chapter 3.

Postpartum is an important time for correcting separations of the abdominal muscles which may have occurred during pregnancy. A mild diastasis recti will begin to naturally correct itself in the weeks postpartum, but if your client has a gap greater than 3 finger-widths, exercises to correct the gap should be started as soon as the client is ready to focus, in days or at least within a couple weeks after birth. If you have been trained in appropriate abdominal strengthening and toning exercises, such as sit-backs or curl ups, with a focus on postpartum clients, you may teach these exercises to your client. If not, refer your client to a local physical therapist or trained Pilates instructor.

Psoas Assessment

Benefits: A tight or weak psoas can cause low back, sacral, and pelvic discomfort. This can be assessed 4 to 6 weeks after a normal vaginal birth. Until then, the postpartum body is still adjusting to changes in weight distribution and mothering demands. Psoas assessment is discussed in Chapter 6 and determines the tightness and balance of the iliopsoas and the need for therapeutic stretching. If the psoas is weak, the abdominals are most likely weak, which is typical after pregnancy. Many abdominal strengthening exercises prescribed by a physical therapist will strengthen the psoas as well.

Position: The client is supine with one knee flexed. The other leg is extended with the lower leg hanging off the table end.

Technique: See Chapter 6 (“Assisted Psoas Stretch”) for instruction on assessment and treatment. *Note:* In the process of psoas assessment, you might find any of the following conditions:

- If the hamstrings of the extended leg do not lay flat on the table, the psoas of that side is tight and may need to be stretched (Figure 12.1). If one or both sides are tight, do the Assisted Psoas Stretch described in Chapter 6.
- If the hamstrings lay flat on the table but the lower leg extends when hung off the table, the quadriceps may be tight and could be stretched. Stretch, if indicated, with the client



FIGURE 12.1 Psoas assessment.

A tight psoas prevents the thigh of the extended leg from resting on the table.

in a prone position. Flex her knee and push her foot toward her buttocks. Hold in a stretched position and instruct her to extend her knee against your pressure with 1/4 of her effort for 7 seconds. After she relaxes her effort, flex her knee further and repeat.

- If the hamstrings lay flat on the table, and the leg and foot stretch easily off the table toward the floor, the psoas does not need stretching, but may require strengthening. If she has little strength to flex her hip, her psoas is likely weak. To assess with less stress, have her move back up on the table and keep her leg extended on the table, rather than dangling off the end. Place your hand on the knee of her extended leg and instruct her to press her knee up against your hand pressure, keeping her back flat on the table. As she slowly raises her extended leg about 8 inches off the table, determine the level of difficulty and weakness. Compare each side.

COMMON COMPLAINTS

By the third postpartum day a woman's most immediate needs are often resolved. At this time, massage can begin to address other common complaints and concerns that are residual from pregnancy and birth or that develop from postpartum activities such as nursing, lifting, and carrying the baby.

Pelvic Misalignment and Sacroiliac Pain

The pelvis can become poorly aligned at any time during pregnancy. Now, in the postpartum period, it is important to ensure that good alignment is cultivated as the ligaments begin to tighten again and the hypermobility of the joints slowly decreases. Many women experience low backache or sharp pains in the sacroiliac area when the pelvic and sacral joints are misaligned.

General Treatment

Below are some suggestions for general treatment of pelvic misalignment and sacral-iliac pain:

- To help stabilize the pelvis, encourage strengthening exercises, particularly of the back, psoas, and abdominals. Use compression, friction, and cross-fiber friction techniques for the sacrum and sacroiliac joint area.
- Work with postural education and teach proper body mechanics to prevent aggravation of her condition.
- She may find a sacroiliac joint support brace to be helpful.

Specific Techniques

In addition to the general treatments listed above, a number of specific techniques may be used to address this condition. These are presented below.

Abdominal/Perineal Connection

Benefits: An attunement to the area of her body that was just recently very active and which will soon need tonifying for recovery.

Technique: The client is supine.

1. Ask your client to breathe slowly into her belly.

2. On an exhalation ask her to contract her perineal muscles, as in a Kegel exercise. Simultaneously, she should contract her abdominals, flattening or pulling them in toward her spine.
3. As she inhales again, ask her to release and relax her abdominals, psoas, and perineum, letting the belly expand up and out with her breath. Repeat 2 to 3 times.

On her next inhalation, ask her to breathe into her belly and allow it to soften completely, giving thanks for all that her body has accomplished through birth.

Sacroiliac and Pelvic Rebalancing

Benefits: Relieves misalignments of the hips and pelvis.

Technique: See Chapter 6.

Sacral Push

Benefits: Flattens and helps realign the sacrum and relieves low back pain and sciatica.

Position: The client is supine with her knees bent. Stand at her feet.

Technique:

1. As the client exhales, press slowly into her knees through her femur toward her sacrum to flatten her back (Figure 12.2).

Self Care Tips FOR MOTHERS:

Re-Stabilizing After Birth

*I*t may be advisable for a new mother to perform the simplest of exercises to help rebalance, strengthen, and stabilize the joints, abdominals, and psoas. One such exercise of leg sliding is described below. This can be initiated in the immediate postpartum period if desired.

Benefits: Initiates rebalancing of the abdominals and psoas and brings the client's attention to her posture and body sensations; strengthens the transverse abdominals and stabilizes the psoas.

Position: The client is supine on a firm surface with her knees bent and feet together and flat on the floor.

Technique:

1. As the mother exhales, instruct her to flatten her abdominal muscles and low back, contract her per-

ineal muscles and slowly let the legs slide out toward a straight position.

2. Instruct her to stop as soon as the low back begins to arch.
3. Have her pull the legs back to the point right before the arching of the back began, and then have her hold, breathing in and out slowly for 2 to 3 breaths, maintaining a flattened low back.
4. On her inhale, have her bring her knees back up to original position.
5. Repeat 2 to 5 times.
6. If she is unable to feel the arching of her back, she may be more successful with your help. Place your hand lightly under her low back and one on her belly, and ask her to press her back down against your lower hand. Feeling your hand will help her to sense the flatness of her back.

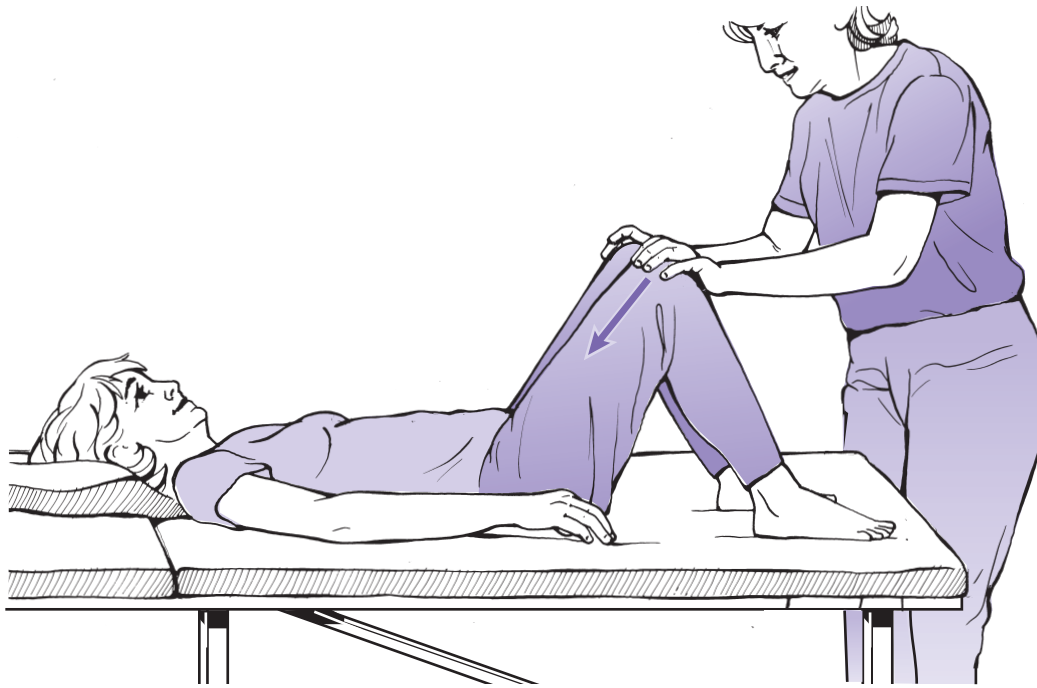


FIGURE 12.2 Sacral push.

Press slowly into the client's knees as she exhales, directing pressure through her femur toward the sacrum to flatten her back and sacrum.

2. Hold there as long as it is comfortable for her.
3. Slowly release and repeat.

Supine Pelvic Unwinding

Benefits: Releases sacral tension, torqued sacrum or pelvis, low back pain, and QL tension; lengthens the low back and releases the anterior tilt of the pelvis; unwinds the spine, decreasing low back discomfort.

Technique: The client is supine.

Note: This requires at least 5 to 10 minutes of holding under the woman's sacrum in a position that some practitioners may find awkward or straining. Relax your hand and arm while you work.

1. Ask your client to lift her hips up slightly to allow you to slip your hand under her sacrum, palm facing up, with your other hand resting gently on her lower abdomen over the sacral hand (Figure 12.3).
2. Hook your fingers on top of her sacrum or in the lumbar region, and begin a sacral traction, pulling caudally. There is very little movement from your hand, but as you attune to the subtle energetics of the sacrum it will begin to unwind and release; your hand may move slightly downward as the sacrum and spine extend. This is subtle but very effective work.
3. This can be done with less strain, but with a different depth of effectiveness, with the

client in the sidelying position. Apply traction and pressure onto the sacrum in this position. (See "Pelvic Compression and Unwinding" in Chapter 5.)

Edema

Edema that was present during pregnancy, especially associated with gestational hypertension, can continue for days after delivery until the body has regained its equilibrium. (See "Edema" in Chapter 6.)

Uterine and Abdominal Concerns

During pregnancy, the abdomen is maximally stretched. In the postpartum period, the abdominal fascia will begin readjusting itself to support a non-pregnant belly. Abdominal massage can help prevent restriction and distortion of the fascia as it reorients. By one week after delivery, focused superficial abdominal work can be implemented.

General Treatment

Below are some suggestions for general awareness or treatment of the uterus and abdomen after birth:

- Before doing abdominal work, review "Honoring" in Chapter 5.
- General abdominal work can help a woman connect with her belly that may seem new



FIGURE 12.3 Supine pelvic unwinding.

One palm is under the client's sacrum and the other hand rests gently on her lower abdomen over the sacral hand. Hook your fingers at the top of her sacrum and traction caudally. There is very little movement from your hand, but slowly the sacrum will begin to unwind and release.

and unfamiliar with stretch marks or sagging skin.

- After warming the tissue and cultivating trust with your client, begin work on the attachments of the rectus abdominus at the ribs and on the pubic symphysis. Use friction, cross-fiber friction, and direct pressure to help release trigger points that may have developed during the pregnancy. (See “Specific Bodywork Techniques for Groin Pain” in Chapter 6 for instruction.)
- Address the rectus and transversus abdominal muscles with myofascial release and the release of trigger points, which may be found along the lateral edges of the rectus, as well as at their attachments on the ribs and pubic bone.

Case Study 12.1

MESSAGE FOR EDEMA

During a hot summer in the third trimester of pregnancy, Rose began to develop an uncomfortable level of edema in her legs and hands. During the first day in the hospital after the birth of her baby, she had a visit from a massage therapist, who noted that the edema was still present in Rose's lower legs. The massage therapist had Rose lie supine and placed her legs on pillows. She wrapped her lower legs in moist, cool cloths, and while Rose relaxed, the therapist massaged her neck and shoulders. After 5 minutes, the therapist went back to the legs, removed the cloth on one leg, and began to perform light lymphatic drainage stroking. She began on the proximal end of the edema at the mid-calf area and stroked toward the torso. Using just her fingertips with featherlight touch, she stroked hand-over-hand around each leg, gradually working her way down to the feet. Between the light strokes, she occasionally did a gentle C-clamp stroke up the leg with her hand. She worked on each leg for 10 to 15 minutes. When she was done, there was a visible reduction in the depth of the swelling on both legs. Rose used the bathroom soon after the massage. Her urine was being measured and so she knew she had voided 1200 cc of urine. This was a surprisingly large amount, indicating that her body was releasing the excess fluids that had accumulated during pregnancy, including those extracellular fluids that were causing edema in her legs.

Specific Techniques

Several specific techniques may be used to support and nourish the uterus and abdomen. These are presented below.

Energizing the Abdomen

Benefits: Sends healing energy to the uterus and abdomen. Helps a mother connect with her belly and inner-self or release abdominal tension and emotions related to pregnancy, birth, and motherhood.

Technique: The client is supine or sidelying. Stand or sit at her side.

1. Keeping one hand on the belly just below the navel, slide your other hand underneath the client's lumbar spine and waist so that her belly rests between your two hands.

Traditional Birth Practices:

Soothing the Womb

Massage of the uterus is the most common postpartum massage practice found around the world. Uterine massage is typically used immediately following the expulsion of the placenta. This massage causes the uterus to contract, releasing any developing blood clots collecting at the opening of the cervix, and ensuring no placental fragments remain. Worldwide, uterine massage practices include using a hand, a knee, or someone's oiled head to press and rub into the mother's belly to help push out blood and clots.¹

In Thailand, a midwife gives daily uterine and abdominal massage to the postpartum woman for up to 1 week after birth to help reposition the uterus correctly in the pelvis or "restore the belly" and assist with uterine involution and "sooth(ing) the womb."¹

This type of uterine massage is also practiced daily in Malaysia, Tahiti, Java, the Philippines, and India for up to 1 month after delivery, along with full-body massage, to help a woman's recovery from birth.^{1,2}

Postpartum Mayan women also may receive up to 3 weeks of uterine massage during midwife visits. The new mother will likely wear a rebozo, or long shawl wrapped around her belly and hips, to help hold the uterus in place.¹⁻³

Traditional postpartum practices of the Hawaiians, Haitians, Japanese, and Mayans include binding the belly with cloth or leaves to help support the uterus until bleeding decreases and stops.²⁻⁶ Many women wear abdominal binders, not only to prevent postpartum hemorrhaging, keep the uterus supported, and help regain a pre-pregnant shape, but also as a layer of energetic protection and to help "close the bones"—bringing the hips together and aligning the pelvis.

Only in birth does the cervix open so completely, the pelvis and perineum open to release the baby, and the mind, psyche, and spirit open so wide to new possibilities of creativity. Many cultures take measures to help the mother "close" again, energetically and physically, before her re-entry into the world at large.

All mothers can support and protect their abdomen and uterus by wrapping a long sash or elastic abdominal binder tightly around the hips and belly.

2. Visualize, and help her envision too, energy spreading like warm morning sunlight from your hands, through her belly, softening, healing, and clearing unresolved feelings, resistance, or pain.

3. If you feel energy moving through her belly or sense shifting of the fascia and tissues between your hands, gently follow those movements, encouraging unwinding.

Abdominal Effleurage Warm-Up

Benefits: Helps the belly relax; helps the client reconnect with her new nonpregnant abdomen; nourishes the skin; improves intestinal peristalsis, reducing constipation.

Technique: The client is supine. Stand at her side.

1. Using the soft palms of the hands, stroke the abdomen in a clockwise circular direction with slow, firm strokes.
2. Begin at the navel and spiral out to the width of the abdomen, using the flat palms of your hands or fingertips.
3. Rake hand-over-hand, reaching over to her far side and stroking toward her navel.
4. Scoop up from the pubic and groin area toward the navel, hand-over-hand for several minutes.

Abdominal Trigger Point and Tension Release

Benefits: Helps eliminate trigger points and areas of tension in abdominal musculature.

Technique: The client is supine and her knees supported on a bolster. Stand at her side.

1. Beginning at the client's solar plexus area with the fingertips of one hand, gently making small circles, pressing through the fascia and fat to the muscles.
2. Move slowly around the belly, in a clockwise direction, making the small circles and working more deeply into areas where the muscles are especially tense. If there is an area that feels particularly sore to her, focus there with gentle touch, holding and breathing, encouraging the tissues to relax.
3. You may feel or even see a strong blood pulse in parts of the abdomen. Often this is an area where there is more intensive muscular or emotional holding with restrictions of blood flow. Avoid pushing deeply or suddenly into these areas, but do address the musculature around the pulsing.
4. Emotions are bound into contracted musculature, in adhesions, and in trigger points; work sensitively and with a listening heart and mind to emotions that may emerge.

Skin Rolling/Fascial Lift

Benefits: Helps break up and loosen distorted and restricted fascia on the abdomen; creates space in

areas of congestion. This technique is especially useful after surgery, but is not to be done after a cesarean section before the scar is well-approximated and the internal sutures absorbed—at least 4 to 6 weeks.

Technique: The client is supine with knees on a bolster. *Note:* This is done *without* oil to ensure a better grip of the skin.

1. Pick up a fold of the abdominal skin between the fingers and thumb.
2. Walk the fingers along the belly while holding and rolling the skin away by pushing and stretching with the thumbs as the fingers walk (Figure 12.4A).
3. Do this across the whole belly, working from the navel in outward rays, moving vertically and horizontally across the abdomen.
4. Take hold of as much low abdominal skin and subcutaneous fat that you can grasp with your palms and fingers.
5. Lift up, as though lifting the belly skin away from the abdominal contents (Figure 12.4B).
6. Hold. The client should not feel pinched; instead, she should feel as though space was being created in her abdomen.

Abdominal Myofascial Release

Benefits: Releases abdominal restrictions.

Technique: The client is supine. Stand at the client's side.

1. Place the flat palm of your hand that is closest to the client's head on her belly with your palm resting on her anterior superior iliac spine (ASIS) of the opposite side from which you are standing.
2. Place your other hand on the closer side of the client's upper belly, just below her ribs.
3. Hold for a moment, as the client relaxes. Breathe together to increase relaxation.
4. Allow your hands to slowly sink into her abdominal fascia.
5. Apply traction to stretch the fascia, holding for several moments until the tissues begin to release and unwind (Figure 12.5).
6. Repeat on the other side.

Womb Massage

Benefits: Encourages uterine ligaments to hold the uterus in place; helps a low-lying uterus move back into appropriate positioning within the abdomen; relieves low pelvic pressure or aching. This technique is beneficial anytime *after* heavy bleeding has stopped.

Note: Many women have felt their uterus in the first 1 to 3 weeks postpartum, when it can still be located



FIGURE 12.4 Skin rolling/fascial lift.

(A) Pick up a fold of the abdominal skin. Walk the fingers along the belly, rolling the skin by pushing and stretching with the thumbs as the fingers walk. (B) Lift up the abdominal skin and fascia away from the abdominal contents.

easily above the pubic bone. Carefully pushing into the low abdomen with soft fingertips against the uterus and rubbing in a circular motion can stimulate it to contract. This will decrease bleeding and help it return to a smaller, nonpregnant size.



FIGURE 12.5 Abdominal myofascial release.

As the client relaxes her abdominals with an exhalation, allow your hands to sink into the fascia. Apply traction holding for several moments until the tissues begin to release and unwind.



CAUTION: Do not do womb massage during uterine or other infections, fever, or heavy bleeding. Avoid womb massage on women who have an intrauterine device in place. Avoid pushing the uterus down toward the perineum. Instead, use any of the following techniques to help the uterus move upward in the abdomen, rather than down.

Technique: The client is supine, with knees bent and feet flat on the floor. Stand at her side, facing her feet.

1. Place your fingertips on top of the client's pubic bone, or ask her to locate her pubic bone for you.
2. Push your fingers into her abdomen just above the superior edge of her pubic bone firmly enough to go deep but remaining comfortable for her.

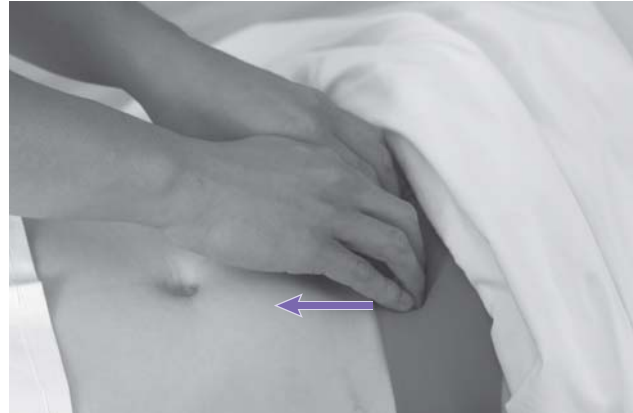


FIGURE 12.6 Womb Massage.

Using fingers like a hoe in the earth, sink carefully down into the abdomen just superior to the pubic bone and then stroke up toward the navel on the midline as well as from the sides. Envision lifting and supporting the uterus as you work.

3. Have the client exhale as you push in, allowing the belly to relax more easily. You may feel a lump there—it is likely the uterus.
4. Palpate with your fingers around the uterus to find the sides and top edge. Then, from the pubic bone, make strokes up toward the navel from just superior to the pubic bone as well as from the lateral edges of the uterine area. Always move up toward the midline, envisioning lifting and supporting the uterus as you work (Figure 12.6).
5. Move slowly and with honor. The client can also do this herself. Either way should be relaxing.

Uterine Cramping Relief The uterus must continue contracting after delivery to help constrict open blood vessels left after placental detachment and to help the uterus return to its nonpregnant size. Without these contractions, the mother would hemorrhage from the placental site. Despite their beneficial effects, the contractions can at times be quite painful. This may be especially true for those with previous births, as the uterus must work harder to contract a uterus that has been stretched previous to this time.

Benefits: Massage can help to relieve some of the cramping, at least temporarily. If cramping is occurring during a massage session, try the following techniques.

Technique: The client is supine.

1. Perform energizing the abdomen, as described earlier in this chapter.

Complementary Modalities:**Hydrotherapy for Postpartum Renewal**

A perineal and womb steam, similar to those described in Traditional Birth Practices later in this chapter, can be done using common items from your home.

Benefits: Softens and regenerates the tissues that have been injured and stressed in birth, helping to support and nourish the womb and cleanse the remaining residues from pregnancy and birth.

Technique: Steep several handfuls of fresh herbs or 1 cup of dried herbs of calendula, plantain, yarrow, motherwort, or rosemary in 2 quarts of boiled water. Alternatively, use 6 to 10 drops of any of the following essential oils: sandalwood, vetiver, cypress, geranium, or rosemary. The herbed water is placed in a bucket, commode, or bedpan with cushioned edges so the mother can sit comfortably over it. If that is not possible, a pot of boiling water can be placed under a chair that has slats or reeds that will allow the steam to come through. The mother then sits for 10 to 20 minutes above the steam, naked from the waist down with towels wrapped around her waist and legs to keep the steam directed toward her perineum and vagina. Only one steam is typically done during the postpartum period, but it can be used at other times of a woman's life, between menses.



CAUTION: Steaming should not be done if a woman is seriously depleted of energy or blood, has an infection or fever, or has other high-risk conditions after birth, as excessive heat may exacerbate these conditions.

2. Place a warm compress on her abdomen.
3. Perform supine pelvic unwinding, as described earlier in this chapter.
4. Make repetitive, long, slow, firm strokes from her abdomen down the medial and lateral sides of her legs to her feet, imagining pulling the cramps out of the womb and into the earth through the feet.
5. Massage the ankles and soles of the feet. Press and hold your thumbs in the center of the sole of her foot, while also pressing your fingers on the dorsal side of the foot between the great toe and the next toe. Imagine opening a door in the feet to allow the cramps to flow out and healing energy to flow in to the womb.

Nursing Neck

A common complaint in the postpartum period is upper back, shoulder, and neck tension, sometimes called “nursing neck.” This is often caused by a mother sitting with one arm contracted, holding the baby to her breast while tilting her head down and slightly to the side as she stares into the eyes of her new love. It does not take long for this posture to cause tension in her neck. Neck tension reduces blood circulation to the brain and can cause fatigue, shoulder pain, and headaches. If a woman pays attention to how she holds her neck for extended periods of time, she can adjust her posture when nursing, so as to support her arms and back. The massage therapist may encourage postural awareness in addition to offering massage for relief of tension.

General Treatment

As a massage therapist, you may hear of your client's discomforts or you may have the opportunity to observe her as she nurses her baby. Some women may not have tried the following type of supportive posture while nursing, and may find it relieves their complaints.

While sitting, her feet may need to be raised on a stool so the knees are at least at a 90-degree angle from her hips. Both the mother's arm and baby should be on a pillow, with another pillow behind the mother's low back for lumbar support. Once a mother is situated, she can observe herself regularly to avoid hunching over her baby or developing a crook in her neck from constantly watching the baby with her head turned to the side. She should change nursing sides regularly and practice relaxed breathing to avoid static muscle tension. Below are some other suggestions for general treatment of nursing neck:

- Self-care exercises can be taught, including shoulder shrugging, and stretches for the pectoralis and subscapularis (see Chapter 6).
- General petrissage to the neck and shoulders, along with deep tissue sculpting, muscle stretch and resistance, and myofascial release to the levator scapula, sternocleidomastoid, trapezius, pectoralis, and scalenes is appropriate.

Specific Techniques

In addition to the general treatments listed above, a number of specific techniques may be used to address this condition. These are presented below.

Neck Release

Benefit: Releases the neck and shoulders.

Technique: The client is supine on a massage table. Sit in a chair at her head.

1. Slide your hands under her back and press in to the intercostal space with your fingertips between the medial edge of her scapula and the thoracic vertebrae around the level of T-3 or T-4 (Figure 12.7A).
2. Hold until you feel a pulsing or release of energy.
3. Slide your hands out and press down caudally into the tops of the shoulders. Hold until you feel a pulsing or release of energy (Figure 12.7B).
4. Slide halfway up the neck, and press in carefully into the lateral edges of the erector spinae bundle and hold (Figure 12.7C).
5. Slide up to just under the occiput and press on either side of the spine in the hollow between the sternocleidomastoid and

trapezius origins, 3 to 4 fingerwidths lateral to spine (Figure 12.7D).

6. Work all the muscle attachments along the bottom of the occiput, from the spine to the mastoid process.
7. Hold the occiput in the palms of your hands and gently traction the neck.
8. Hold the traction while bringing her head up and chin toward her chest to lengthen the posterior neck.
9. Ask the client to let you know when she feels a full stretch. Ask her to push back with her head with just the lightest pressure against your hands as she exhales. (Remind her to stop if she experiences any discomfort at all.)
10. Stretch further if it is comfortable for her.
11. Relax her head and rock her head side to side with your fingers.

Shoulder Pressure Resistance

Benefits: Helps muscles to lengthen and relax.

Technique: This can be done with the client sitting, supine, or sidelying with work to one side at a time.

1. Place your palms on top of the woman's shoulders and push down gently.
2. On her exhalation have her shrug her shoulders up against your pressure with 1/4 of her effort and hold for 6 to 10 seconds.
3. Ask her to relax and then shrug again, but this time, as you offer resistance, allow her shoulders to come up to her ears.
4. As she holds her shoulders up, place your hand onto the outside of her upper arms and hold and resist as she begins to pull her shoulders back down to a relaxed position again.
5. Once back to neutral, ask the client to relax fully.
6. Press your thumbs into a tight area on the top of the shoulder mid-way between the acromion process and the base of the neck.
7. On an exhalation, have the client push her shoulders up against your thumbs; hold 6 to 10 seconds and then relax.
8. Repeat steps 1 through 7 one or two more times.

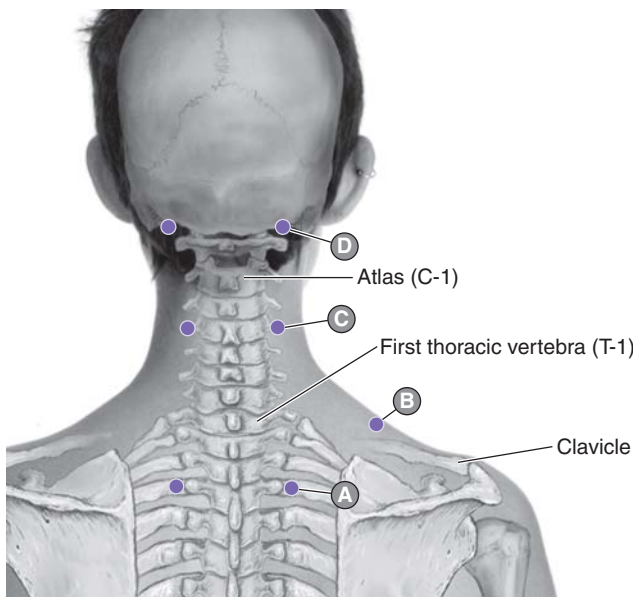


FIGURE 12.7 Neck release.

Location of areas to press into for neck release. (A) Press in to the intercostal space with your fingertips between the medial edge of her scapula and the thoracic vertebrae around the level of T-3 or T-4. (B) Press down into the tops of the shoulders. (C) Halfway up the neck, press in carefully to the lateral edges of the erector spinae bundle and hold. (D) Press in the hollow on either side of the spine under the occiput between the sternocleidomastoid and trapezius origins. (From Clay JH, Pounds DM, *Basic Clinical Massage Therapy*. 2nd Ed. Philadelphia: Lippincott Williams & Wilkins, 2008.)

Neck Traction

Benefits: Manual traction can help unwind and relieve compression of the vertebrae and muscles.

Technique: The client is supine; her legs may be under a pillow. Sit in a chair at her head.

1. Make a sling from a small towel or thin scarf. Wrap this under the woman's head and hair

behind her neck, with the ends coming up on either side of her head by her ears. Be sure her ears are not folded.

2. When you are certain the towel is secure and will not slip off her head, apply a slight traction to her spine, staying aligned with the length of her spine.
3. Hold the traction for up to 1 minute. Slowly release.

Arm Mobilizations

Benefits: Helps release the upper back and neck.

Technique: See Chapter 6.

Upper Back Pain

There are many causes of postpartum upper back pain, including increased breast size and weight with lactation, improperly fitting nursing bras, poor posture during nursing, and improper lifting and carrying of the baby. Internally rotated shoulders, which develop from these conditions, strain the upper back musculature.

General Treatment

For best overall treatment, a new mother must stretch the muscle agonists and strengthen the antagonists of the involved muscles. Below are some suggestions for general treatment of upper back pain:

- The medially rotating pectoralis major and subscapularis muscles most likely need to be stretched.
- The rhomboids and medial trapezius muscle can be strengthened to counter the anterior pulling muscles.
- Also see “Back Pain: Mid and Upper” in Chapter 6.

Specific Techniques

In addition to the general treatments listed above, a number of specific techniques may be used to address this condition. These are presented below.

Pectoralis Stretch

Benefits: Relieves some discomfort associated with medial shoulder rotation.

Technique: See “Pectoralis Stretch and Resistance” in Chapter 6.

Subscapularis Massage The subscapularis medially rotates the shoulders. It is located on the anterior surface of the scapula and so is difficult to access. As with the psoas, subscapularis work is not especially

“relaxing” to receive—the therapist must reach up into the armpit to access the lateral edge of the muscle. Use caution and good communication with your client as you massage this muscle, to ensure client comfort.

Benefits: Relieves upper and mid back pain caused by slumping and internally rotating shoulders.

Technique: The client is supine. Stand at her right side to work on her right subscapularis.

1. Abduct your client’s right arm slightly, holding under her elbow with your left hand.
2. With your right hand fingers, push up into her armpit posteriorly and medially until you can feel the anterior lateral edge of her scapula (Figure 12.8A).
3. With your left hand, bring her right arm over her chest to create more space for your right hand under the scapula.
4. Feel along that edge for trigger points, holding and pressing or pulling slightly laterally, scooping on the muscle, until the trigger points release. To increase access to the subscapularis, rest the client’s arm across her chest and slide your hand under her right scapula on her back. Hook your fingers onto the medial edge of her scapula and pull out laterally on the scapula (Figure 12.8B).



CAUTION: Avoid pressing straight up into the armpit, which can compress nerves.

Subscapularis Stretch

Benefits: Relieves upper and mid back pain caused by slumping and internally rotating shoulders.

Technique: See Chapter 6 and Figure 6.9.

Low and Mid Back Pain

Back pain is a common complaint in the postpartum time for several reasons: a new mother’s body is readjusting and finding its stability again after 9 months of pregnancy, often with strained or improper posture. The birth process itself may have caused misalignment of the pelvic girdle, especially if she labored in unsupported positions. Lifting, carrying, twisting, flexing, and reaching for heavy children and putting babies and children in and out of car seats adds to a woman’s complaints of pain.

General Treatment

Strengthening the abdominals, particularly the transverse abdominus, practicing proper body

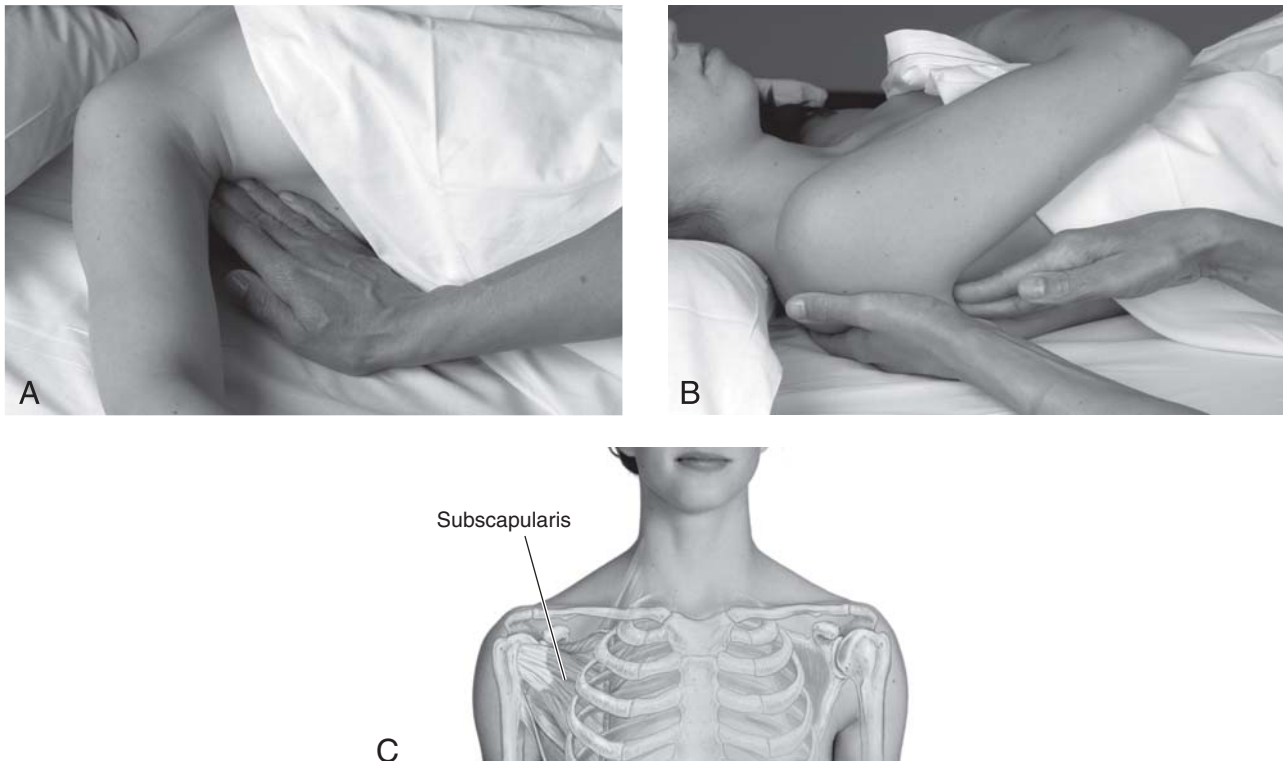


FIGURE 12.8 Subscapularis massage.

Abduct the client's arm slightly out to the side. (A) Push your fingers up into the back of her armpit and posteriorly toward the table until you can feel the edge of her scapula, between her ribs and scapula. (B) Bring her arm over her chest if necessary to increase access and pull her scapula laterally while continuing to press up into subscapularis area. (C) Subscapularis. (From Clay JH, Pounds DM, *Basic Clinical Massage Therapy*. 2nd Ed. Philadelphia: Lippincott Williams & Wilkins, 2008.)

mechanics, and reducing stress will help relieve low back pain in the postpartum period. Below are some suggestions for general treatment of low and mid back pain:

- See “Back Pain: Low” in Chapter 6 for more details on bodywork techniques—all are applicable in the postpartum period.
- Address the abdominals, pelvic floor, multifidus, QL, and psoas with your bodywork.
- Assess for diastasis recti and recommend the practice of corrective exercises.
- Help her pursue abdominal strengthening exercises as well as the psoas stretch and assisted psoas stretch described in Chapter 6.

Specific Techniques

In addition to the general treatments listed above, a number of specific techniques may be used to address this condition. These are presented below.

Psoas Release The psoas worked hard for 9 months to support the anteriorly rotating pelvis as it carried the extra weight of pregnancy. Stretching and strengthening of the psoas can be practiced throughout pregnancy and continued in the postpartum period.

Benefits: Gentle bodywork to the psoas can be started 6 weeks after a normal pregnancy and vaginal delivery to help eliminate trigger points, assist in its stretching, and help alleviate back pain.



CAUTION: Concern for clots is increased during the first 6 weeks postpartum, until blood volume and clotting factors return to normal. Psoas work should not be done until at least 6 weeks postpartum; however, gentle work can be done on the iliopsoas just inside the ilium, avoiding deep compression in the abdomen near the aorta and major blood vessels, as well

as close to the femoral triangle. The psoas work described below may be started 6 weeks after a normal pregnancy and birth, if it is comfortable for the client.

Follow these guidelines when beginning psoas massage:

- The psoas can be very tender; be sure to communicate with your client throughout your work, explaining clearly what you are about to do before and while doing it.
- Always work very slowly when working on the abdomen, encouraging your client to relax and letting her know through your sensitive and slow touch that she can trust you enough to let down the natural guarding of the abdominal musculature. Never press deeply into the abdomen without working together with your client to ensure her trust and ability to relax with your pressure.
- If you are uncertain about the location of the psoas, learn from another practitioner's demonstration of the work, to ensure proper technique and avoid possible risk of client injury.

Technique: The client is supine with knees bent, a hip-width apart with feet flat on the table. If necessary for her comfort, she can let her knees fall together in a relaxed, supported position. Keeping the knees bent relaxes the abdomen and psoas and allows easier access into the abdominal area. For some it may be easier to work on the side opposite your intended focus. This description starts with the massage therapist on the client's right side.

1. Use soft fingertips to gradually compress through the abdomen lateral to the rectus abdominus and just medial to the right anterior iliac spine onto the psoas. Carefully sink into the abdomen along the iliacus toward the anterior musculature of the back (Figure 12.9).
2. Ask her to pull that knee up slightly until you feel a movement or bulge of the psoas under your fingers, indicating correct position.
3. Have her relax that leg again.
4. Knowing you are on the psoas, compress gently and hold, allowing the muscle to relax under your touch. When it does, slide your hands slowly down 1 inch and repeat.
5. Holding pressure on a tight area of the psoas with your left hand, place your right hand on her right knee. Ask the client to bend her knee up further with a very slight effort. Give her knee a little resistance with your hand and

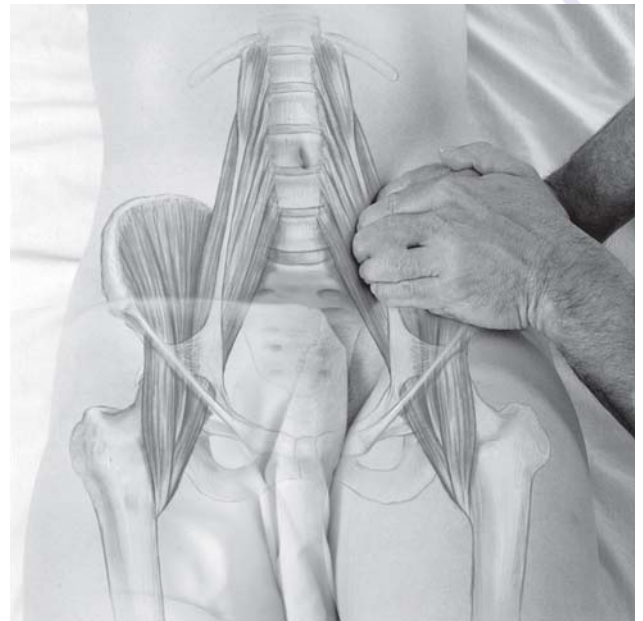


FIGURE 12.9 Psoas release.

Use soft fingertips to gradually compress through the abdomen (the medial side of the ASIS onto the psoas. Compress gently and hold, allowing the muscle to relax under your touch. When it does, slide your hands slowly down an inch and repeat. (From Clay JH, Pounds DM, Basic Clinical Massage Therapy. 2nd Ed. Philadelphia: Lippincott Williams & Wilkins, 2008.)

keep holding pressure on the psoas while it contracts. (Lighten up or release the pressure if your client complains of significant pain or discomfort.) This technique should not be more than slightly uncomfortable for the client, provided you encourage her to relax using focused breathing and provided you work very slowly, encouraging feedback regarding pressure and her sensations.

6. Instruct her to relax the knee, and then slowly slide your palpating fingertips to a new area of the psoas, and repeat. Do not release pressure fully to move to new areas. It is better to maintain the pressure, now that your client's muscles have relaxed enough to let you in the abdomen, and slide along the psoas as you move. Ensure that compression into the abdomen occurs as she is exhaling. Always do slow, gentle touch and effleurage on the abdomen prior to pressing in deeply, so that she can develop trust with your touch and sensitivity. Instruct her to contract her perineal muscles in conjunction with your work, which can help relax the psoas.

**MASSAGE
THERAPIST
TIP**
**Relaxing the Abdominal
Muscles**

If it is difficult for the woman to relax her abdominal muscles enough to allow your hand to sink deeply, suggest she put her hands under or on top of yours and have her help guide or control your movements.

Quadratus Lumborum Work

Benefits: Relieves low backache.

Technique: See Chapter 6.

Quadriceps Work

Benefits: Due to chronic anterior pelvic rotation during pregnancy, the hamstrings become stressed, tight and lengthened and the quadriceps becomes tight and shortened. Releasing the quadriceps may help the pelvis recover optimum positioning in the postpartum period. Sometimes the hamstrings need to be released as well.

Technique: The client is first supine, then prone. Stand close to her knee, facing her head.

1. First warm the quadriceps with effleurage and petrissage.
2. Starting just inferior to the inguinal area, compress onto the rectus femoris with flat knuckles, forearm or the palmar surface of your hand, and slide slowly toward the patella decompressing and opening the hip joint.
3. Compress into the tendon, just superior to the patella, and slide slowly up the vastus lateralis. Avoid deep pressure on the vastus medialis except near the patella, until 4 to 6 weeks postpartum when the risk of blood clots is resolved.
4. Press carefully onto the tendon at the superior attachment of the rectus femoris near the anterior inferior iliac spine, searching for tenderness or tightness that can be reduced with gentle compression.
5. Feel the tendon of the quadriceps just superior to the patella. Apply cross-fiber friction to the patellar tendon until you feel a softening.

Lateral Hip Rotator Anchor and Stretch

Benefits: Chronically poor posture during pregnancy usually involves tightening of the lateral hip rotator muscles, potentially causing sciaticlike pain, strain on

the sacroiliac joint, and referred pain to the low back. Releasing the hip rotators helps relieve low back pain and assists the pelvis to recover to optimum positioning in the postpartum period.

Technique: The client is prone. Stand at her side.

Note: Before beginning deeper work, warm the gluteals with effleurage, petrissage, and myofascial stretching, stripping, and compression.

1. With one hand, compress against the medial edge of the greater trochanter in the area of the piriformis attachment.
2. With the fist or palm of the other hand, compress and slide from the trochanter toward the sacrum along the belly of the piriformis.
3. Return to step 1. Flex the client's knee and hold her leg just proximal to the ankle. Maintaining compression on the attachment at the trochanter, pull the lower leg laterally, to medially rotate the hip and stretch the piriformis (Figure 12.10).
4. Hold this stretch while compressing for 8 seconds. Release.



FIGURE 12.10 Lateral hip rotator anchor and stretch.

Flex the client's knee and hold her leg just proximal to the ankle. Maintaining compression on the tendonous attachment of the piriformis at the trochanter with flat knuckles, fist, or palm, pull her lower leg laterally, to medially rotate the hip and stretch the piriformis.

5. Rotate the lower leg in a circle until her hip is again medially rotated and repeat steps 3 and 4.
6. Return the lower leg to a neutral position. Compress gently with your fingertips or fist into the belly of the piriformis.
7. Pull the client's lower leg laterally again to medially rotate the leg and stretch the piriformis.
8. Hold here and ask your client to resist for 7 seconds during her exhalation with 1/4 of her effort against your holding, attempting to bring her lower leg back to neutral.
9. Relax. Increase the medial rotation and repeat step 8.

Pelvic Alignment Rock

Benefits: If there is an excessive anterior pelvic tilt, or if one ilium is rotated causing sacroiliac discomfort, this technique can help align it into proper supportive position.

Technique: The client is prone.

1. Assess balance of the ilium: There are a variety of ways to assess ilium rotation. If one ilium is rotated anteriorly (which you may find more commonly than posterior rotation), stand at the client's side opposite the rotated hip. Have her lie prone and place your thumbs or fingers on both posterior superior iliac spines, assessing if they are level, or if one is higher or lower than the other, likely indicating that one ilium is rotated anteriorly or posteriorly. Have her lie supine, and measure levelness of the ASIS. Next place your two index fingers parallel with and on the superior edge of the pubic bones, to determine if one side is higher or lower than the other.
2. Reach across your client to that hip and slide your hand around and under the ASIS. Place your proximal hand at your client's posterior lower ribs.
3. Pull on the ASIS while simultaneously holding or pushing on the lower ribs and waist area (Figure 12.11). Move up the ribs, pushing or holding them against the table and releasing as you pull and rock the ASIS away from the table.
4. Establish a comfortable rocking motion, pulling and releasing with these holds, rocking the client's hip posteriorly.
5. Continue for 30 seconds to 1 minute.
6. If neither ilium is rotated and both sides are equal, treat both sides as described above. If one side is rotated, first treat the anterior rotated side as above. Treat the opposite side



FIGURE 12.11 Pelvic alignment rock.

Reach across the client and hold with your distal hand on her ASIS. Place your proximal hand on the client's lower posterior ribs. Pull on her ASIS while simultaneously pushing on her lower ribs and waist area. Establish a comfortable rocking motion, pulling and releasing with these holds, rocking the client's hip posteriorly.

with the opposite treatment. In other words, push on the gluteal area, while pulling on the lower ribcage. Hold for 30 seconds to 1 minute or again establish a rocking action.

Fatigue

The new mother has been through an enormous life transition and now, after delivery, she may be drained and getting little sleep. Fatigue is common and often continuous for months (or years!) after birth. A woman may also be slightly anemic if she had a large blood loss after delivery, causing a deeper level of fatigue.

General Treatment

Below are some suggestions for general treatment of fatigue:

- Exercise will improve a woman's overall well-being, reduce fatigue, and increase energy.
- Rest is just as important as exercise and is often the most important advice. When the baby naps, so should the mother, to ensure she gets that vital renewing relaxation each day.
- If the woman is breastfeeding, she should drink enough water to keep her thirst quenched, to replenish fluids used for creating breast milk, to prevent dehydration, and to

Self Care Tips FOR MOTHERS:

Therapeutic Strengthening Exercises

New mothers can be taught certain therapeutic strengthening exercises to reinforce the work you are doing for the psoas and low back.

Supine Bicycle Riding

Benefits: Strengthens the psoas and transverse abdominus.

Technique: The client is supine with her knees bent to her belly and her low back flattened on the floor by contracting the abdominals down toward the anterior spine. The back must remain flattened during exercise.

1. Have your client slowly extend each leg, singly, as though pushing down on the pedal of bicycle, keeping the leg parallel to the floor and about 4 to 6 inches above it.
2. Bringing that knee back to the belly, the other leg extends. The low back should constantly stay flat on

the floor, so she should only extend her legs to a height where she can maintain the flattened back.

Transverse Abdominus Strengthening

Benefits: Strengthens the transverse abdominus—a primary support of the abdomen and pelvis—and helping decrease low back pain.

Technique: The client is on her hands and knees or standing erect. Keeping her spine straight, she exhales and pulls her navel toward her spine, without moving the spine while exhaling. (This is different from the “cow and cat” yoga pose, in which the back arches and sags; here the spine stays flat.) While contracting the transversus abdominus, the client can also contract her pelvic floor. Hold for 10 seconds or until needing to inhale. Relax and repeat 5 to 20 times.

nourish her general energy. Offer her water after every session.

- A stimulating massage with brisk strokes, tapotement, and deep tissue work increases blood and energy flow. A relaxing massage with long, slow strokes, slow shaking of the extremities, and releasing stuck energy with palming, holding, and breathing can help a woman get a more nourishing rest. Offer full-body massage with an intent of stimulating or relaxing energy.
- Hands and feet massage can be refreshing, renewing, healing, and nourishing. Hand and foot reflexology specifically can help stimulate and reharmonize, especially with focus on the breasts, lymphatics, low back, pelvis, uterus, and neck and shoulders.

Specific Techniques

In addition to the general treatments listed above, a number of specific techniques may be used to address this condition. These are presented below.

“Closing the Bones”

Benefits: Helps close the physical expansions and psychic openings from birth and increase internal energy regeneration.

Technique: The client is supine on a sheet laid out horizontally under her.

1. Pull up on the edges of the cloth, starting at the client’s head.
2. Bring the ends of the sheet around her forehead, crossing it over itself, and pulling to tighten so there is a firm pressure around her head (Figure 12.12A).
3. Squeeze gently, imagining compressing any openings. Be sure her ears are not bent forward. Hold for 30 seconds.
4. Move the cloth or pick up the edges of the sheet further down to her shoulders, then to the abdomen, hips, low back area, legs, and feet (Figure 12.12B).
5. Repeat the treatment, starting again at the client’s head and moving down her body.
6. If there are 2 to 4 people available, you may be able to wrap all of her body at once.
7. Alternatively, without a cloth, press hands on either side of the mother’s hips, pushing inward firmly and imagining the pelvis “closing.”

Cradle Rock

Benefits: Relaxes and rocks the mother, bundling the mother as she bundles her baby.



FIGURE 12.12 Closing the bones.

(A) Tighten the ends of the sheet around her head to give a firm pressure. (B) Gradually squeeze all the way down her body.

Technique: The client is supine on a sheet. Have a helper available. Stand at the client's sides, each of you holding onto one side of the sheet.

Note: If you are alone and it is appropriate to do so, stand over the client, holding the edges of the sheet on either side of her hips.

1. Ask the client to breathe into her abdomen, relaxing her entire body with one big exhalation.
2. Lift up on the sheet so it is tight against the mother's body. Roll her back and forth gently on the sheet.
3. Adjust your hold to move your pressure up the client's body, repeating the gentle rocking (Figure 12.13).

Postpartum Blues

Recovery from pregnancy and birth is a physiological process, but it is also a spiritual, psychological, and emotional one. The experience of **postpartum "blues"** is not unusual, and is most likely due to the sudden shift in hormonal production immediately after delivery. Symptoms of the blues include fatigue, irritability, and frequent, sometimes incessant, crying. Transculturally, rates for the blues are estimated to range from 40% to 85%⁸⁻¹² of postpartum women typically begin in the first days after birth, lasting for up to 2 weeks. Fewer women (10% to 20%) experience a more involved, but nonpsychotic depression which

may develop within the first month after birth.^{12,13} This can be caused by chemical imbalances, as well as social isolation and confusion about identity and new roles as a mother.

Touch may have a positive effect on the frequency and level of postpartum depression. One study done at the Touch Research Institute looked at teenage mothers who received massage in the postpartum period. They were found to have lower urinary cortisol levels (stress hormones) and higher serotonin levels (which relate to stress and relaxation) than those who received other relaxation therapy. The young women described feeling a decrease in anxiety and depression after massage.¹⁴ Women who are massaged have brainwave changes that can be identified on electroencephalograms, and which represent an improvement of postpartum depression.¹⁵ Studies also indicate that an increase in postpartum and prenatal support reduces the risk of postpartum depression.^{16,17} The massage therapist can play a role in postpartum support by offering caring touch.

General Treatment

Below are some suggestions for general treatment of postpartum depression:

- Full-body relaxation massage helps women integrate mind and body and stimulates release of serotonin, oxytocin, and dopamine.^{20,21}



FIGURE 12.13 Cradle rock.

Lift up on either side of the sheet so it is tight next to the mother's body and roll her back and forth gently. Adjust your holds to move your pressure up the sheet and up her body, repeating the gentle rocking.

- Acupressure utilizes specific points to help address and potentially ease symptoms of depression.
- Use techniques that help increase lung and respiratory capacity as well as encouraging aerobic exercise to stimulate the flow of oxygen and blood circulation.

Specific Techniques

In addition to the general treatments listed above, a number of specific techniques may be used to address this condition. These are presented below.

Breath Expansion

Benefits: Helps increase respiration, increasing energy and cleansing the mind. Gives client a sense of

Traditional Birth Practices:

The Baby Blues

Postpartum depression does not occur everywhere in the world. An emotionally and physically supported postpartum time seems invaluable for helping women recover from birth without experiencing the blues.^{16,17} In many traditional cultures, women and new babies were once provided continuous support services for weeks or months. This support included delivery of food, baby care, and regular massages for mother and baby. These practices are changing as the world grows smaller.

In the Solomon Islands, where postpartum depression was once thought to be unknown, the Tikopians recognized that a new mother's health, on all levels, was critical to the baby's health. In honor of the woman's effort to grow and bring forth this child, the community focused on the fact that a *mother had given birth*, rather than on a child being born. The mother was cared for as long as necessary until her full recovery.¹⁸

Malaysians may experience occasional depression after birth, but their perspective on what it means is different from ours. In their view, a new mother's emotions or physical weakness during postpartum makes her vulnerable to spiritual malaise, the symptoms of which are similar to what we call depression, such as loss of appetite, difficulty bonding with the child, and weepiness. The ailment is treated spiritually, with prayers and by inducing a trance in which the woman is helped to release her emotions and frustrations, regaining the balance in her spirit.¹⁹

breaking through a cloud of heaviness and opening in her heart and lungs; helps her inhale deeply and create intention for getting what she wants; stretches pectoralis muscles and opens the chest as she expands her arms.

Technique: The client is supine. Stand at her side, facing her head.

1. Place your hands on her lower ribs below her breasts and sternum.
2. Encourage her to inhale fully while keeping your hands firmly in contact with the skin over her ribs.
3. On her exhalation, press into her ribs slightly, encouraging more breath to exit and giving a sensation of compression (Figure 12.14A).

Case Study 12.2

A CASE OF POSTPARTUM BLUES

After having her first baby at age 38, Letty became what she considered to be mildly depressed. She described her relation to her baby as similar to her relationship with wild baby raccoons that she had raised in the past. Her own baby seemed like a wild creature to whom she was not related. She felt distant and disconnected as she cared for this totally dependent and very cranky creature that seemed to be sucking the life out of her. Sometimes, in moments of desperation, when he was screaming and unappeasable, she would put him in another room and shut the door, trying to escape from the noise of his screams, which made her feel an unfamiliar violent impulse inside her. She sometimes worried that she was “going insane.” Yet she never acted on her urges and was always able to talk about how she felt.

Letty received occasional massages during this time period. She stated that the massages gave her an opportunity to connect with a deeper part of herself, and allowed her to relax and process the fact that she had become a mother and that her life would never be the same again. The touch gave her a brief interlude where she was nurtured and not expected to emotionally or physically feed someone else (her child). Eventually, this period of difficulty eased, and she finally bonded with and cared more easily for her child. This type of experience is not uncommon in our society but some feel it is taboo for women to discuss or admit it.

4. Continue holding as she breathes in and out several times. Then release.
5. As she inhales, lighten your hand contact as she pushes your hands out with her breath, giving a sensation of freeing restriction.
6. Slide your hand around her ribs and under her back to her spine, lifting up into the spinae erector muscles next to her spine. Use oil if you are directly on her skin. Then pull back around to the front while sliding your fingers through the intercostal spaces between her ribs (Figure 12.14B).
7. Encourage full breath and opening in her emotional heart as well as in her chest, both of which tend to collapse with depression.
8. Place the client’s arms over her chest, but not crossed over each other. Stand at her head.
9. Place your hands on her forearms and ask her to push open her arms out to the side while inhaling deeply (Figure 12.14C).

10. Apply some resistance to her pushing, but do not prevent her from opening her arms; just give her a sense of pushing against some force as she opens.
11. As you repeat this, you may suggest to her to envision or express that which she would like to make space for in her life.

General Breast Concerns

Many American women nurse their baby for the first few weeks after birth, but most do not continue past a few months (only 14% exclusively breastfeed for the first 6 months, the time recommended by the American Academy of Pediatrics).²² Physical challenges that occasionally accompany breastfeeding include the following:

- Engorged breasts are painful and tight.
- Clogged ducts can become infected, in a condition called **mastitis**.
- Women may believe they have too little milk, or occasionally feel they have excessive production.
- Many must cope with frequently leaking breast milk. (Be aware of this during massage).
- Nipples can become painfully sore and cracked.
- Breastfeeding difficulties can lead to emotional issues related to the strong symbolism embedded in a mother’s ability to nourish her young from her own body.

Fortunately, with education, support, and touch, most of these issues can be prevented or solved, sometimes with the use of massage. La Leche League is a national organization that supports breastfeeding and is available for assistance to all women with breastfeeding concerns. One condition, which can be at least partially addressed with bodywork, is **engorgement**, or the swelling of the breasts with blood, lymph, and milk in preparation for the mature milk to be produced. This is covered in a separate section.

General Treatment

- Self-breast massage and healthy posture while nursing helps reduce mastitis, clogged ducts, and painful breasts. To help move energy through the breast and support lymph and milk flow, breast massage can be offered or taught for self-care.
- Specific acupressure techniques can be learned to stimulate lactation or reduce the risk of mastitis.

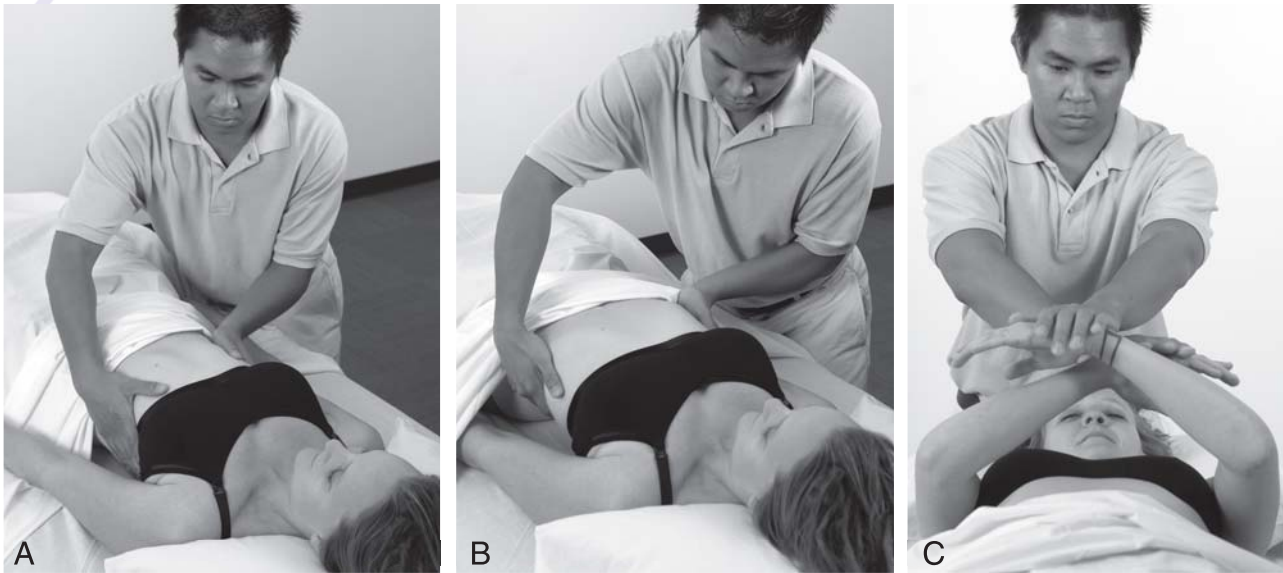


FIGURE 12.14 Enhancing inspiration.

(A) On the client's exhalation, press into her ribs slightly, helping encourage a more full breath out. As she inhales, maintain lighter hand contact as she pushes your hands out with her breath. (B) Slide your hands under her back, to her spine, pressing and lifting up into the *spinae erector* muscles, then pulling back around to the front while sliding fingers through the intercostal spaces between the ribs. (C) Place your hands on the client's forearms and ask her to push open her arms out to the side while inhaling deeply. Apply some resistance to her pushing, but do not prevent her from opening her arms; just give her a sense of pushing against a force as she expands.

- Muscular and emotional stress and tension inhibit the milk “let-down” response; exercise along with deep relaxation, yoga, and massage can help reduce this stress.
- If your client is having lactation issues, she may have underlying emotions related to these problems. These emotions may emerge during bodywork sessions. Support her by encouraging relaxation breathing along with visualizations that foster imagery of abundance and an unlimited ability to nurture.
- Help her practice tension relaxation (as discussed below) to foster and reinforce relaxation, which will improve her nursing capacity.
- Release the muscles of the chest, neck, shoulders, and arms with effleurage, petrissage, deep tissue massage, or trigger point work to free lymph and blood circulation and increase milk flow.
- Avoid breast massage when the client has a breast infection.
- The nipple area can have micro-abrasions that can transmit bacteria easily to the breast. Practice and teach good hand-washing technique before touching the breasts.
- Certain essential oils are contraindicated for breastfeeding women, and anything applied to the breast tissue can affect the baby if absorbed into the milk or not washed off thoroughly from the skin prior to nursing. Avoid the use of scented or essential oils unless you are trained in their use for postpartum.

Technique: Any of the techniques in Chapter 6 support lactation and breast care, in addition to the following techniques. These can be taught to the mother if it is not appropriate for the therapist to do the technique.

1. First apply a warm compress for 5 minutes to the breasts.
2. Remove the compress. Hold on either side of the base of the breast with the fingers and the thumb of one hand. Twist and slide with a moderate-light pressure, toward the nipple.
3. Repeat 3 to 5 times.

Breast Massage

Benefits: Stimulates the breasts and supports milk flow.



CAUTION: Read all precautions for breast massage in Chapter 6 as well as the following precautions.

Self Care Tips FOR MOTHERS:

Breathing Practices

Conscious breathing oxygenates the blood and mind and circulates new energy through the body. Particular types of breathing practices can renew thoughts and rebalance glandular processes, helping to mediate mild depression. The following are breathing techniques that can be specifically helpful. Serious depression that is preventing a mother from caring for her infant or herself should be attended to by a medical professional.

Alternate Nostril Breathing

Benefits: Connects and balances the two sides of the brain; brings mental clarity; calms and sedates; relieves anxiety and headaches; helps clear sinuses; reduces blood pressure.

Technique: The client is in any comfortable sitting position.

1. Instruct the client to place her index and middle fingers on her “third eye,” between her eyebrows, and lightly rest the thumb on one side of her nose and the little finger and ring finger on the other side, outside the nostrils (Figure 12.15).
2. With her eyes closed, instruct her to shut the right nostril with the thumb and inhale slowly through her left nostril.
3. Have her exhale more slowly through the left nostril.
4. At the end of the exhalation, ask her to close her left nostril with her little finger and inhale through her right nostril.
5. Repeat steps 2 through 4 for 5 to 15 minutes, or as long as desired.
6. Alternatively, she can breathe in through the right nostril and exhale through the *left*, then inhale through the left, and exhale through the right.

Note: The nostril of a person’s dominant side is considered to be the active nostril and breathing through it will energize the body and mind (i.e., if one is right-handed, that is the dominant side). Breathing through the opposite side has more yin qualities and relaxes the body. To energize the body fully, one can do single nostril breathing—breathing in and out only through the dominant nostril, keeping the other closed off. To relax the body and decrease insomnia, one can breathe solely through the non-dominant side.

Breathing into the Earth

Benefits: Helps a mother connect with and receive the support of the Earth.



FIGURE 12.15 Hand position for alternate nostril breathing.

Technique: If the client finds a safe, quiet earth-space where she can lie directly on the ground, she can dig a small hole to put her face into, or she can just rest her head on her hands close to the ground. Inhaling, she breathes into her belly, then expands her ribs, breathing in the scent and power of earth. As she exhales, she can imagine releasing any darkness, sadness, or confusion through her breath and it being absorbed into the earth.

Aerobics and Walking

Any exercise a new mother can do will help refresh the mind, cleanse the circulatory system of cellular waste, and give her a new outlook on life. Walking in fresh air, in the company of trees, sunlight, and sky is especially helpful. The function of body and mind will improve with 20 minutes per day. Yoga postures can also help renew the body, rebalance hormones, and heal the mind.

4. Slide your fingertips sequentially from below the clavicle down toward the nipple, from the sternum laterally toward the nipple, and from the armpit region toward the nipple.
5. Cup the breast in the palm of the hand, with the fingers on the lateral side of the breast. Shake the breast gently, pushing with the fingertips into the breast tissue toward the sternum.
6. Replace the warm compress for 5 minutes.

Belly Palming

Benefits: Important acupressure meridians that affect the breasts and reproductive organs are located on a woman's anterior torso. Even without a background in acupressure, using palming on the belly can help reduce stress tension that may be related to breast and lactation concerns.

Technique: The client is supine. Stand or sit at her side.

1. Place one palm on or just superior to the client's pubic bone.
2. Keep that hand there as a grounding hand while moving your other palm, one hand width at a time, from just proximal to the first hand all the way up the belly and sternum to the sternoclavicular junction.
3. Hold each spot for up to 30 to 60 seconds until you feel energy filling that area below your hands.
4. Between the breasts, move your hand vertically if necessary to avoid pressing directly on the breasts.

Contraction–Relaxation Visualization

Benefits: All types of full-body relaxation are beneficial to reducing stress and fatigue that may affect nursing and milk production.

Technique: The client is in any relaxing position. Stand at her feet.

1. Place your hands on the client's feet. Ask her to inhale while contracting her feet and toes against your hand, dorsiflexing and pressing into the heels. Have her hold the tension and her breath for 5 to 7 seconds, then relax totally with the exhalation. Massage the feet gently as she relaxes.
2. Move to the hips, perineal area, and abdomen. Place one hand on the client's belly and slide the other underneath her belly at her lumbar area. Ask your client to inhale and then to tighten her gluteals, abdominals, and pelvic floor and hold that tension with her breath, then totally relax the muscles with the exhalation. Massage the belly gently to encourage relaxation after the exhalation.
3. Continue this practice, moving up to the upper chest and back, then to the neck and face, having her exaggerate whatever tightness is already there: shrugging her shoulders, grimacing on her face, opening her mouth. Place your hands on each area as she inhales and tenses, helping increase the sensations of tension.
4. Each time she exhales, ask her to imagine totally relaxing her tight muscles. As she

Self Care Tips FOR MOTHERS:

Arm Movement

Movement of the arms helps stimulate the lymphatic and blood circulation and improve milk production. Teach your client to practice the following exercises several times each day.

Dynamic Arm Exercise

Teach the mother to rotate the arms in circles—lifting them forward, up over her head, around behind, and back down to the side. Inhale on the upswing, exhale on the downswing. Then have her reverse direction and repeat. Ask her then to lift just the shoulder and roll it backward, down, and forward at least 5 times. Repeat in the reverse

direction. Instruct her to do this at least 5 to 10 times, 1 to 3 times per day.

Chest Isometrics

Instruct your client to sit or stand, placing her hands together in a prayer-like position at her chest. Have her keep her elbows out to the side and forearms parallel with the elbows and the floor. Instruct her to press her palms together, feeling the pectoralis tighten. She should then breathe slowly into the abdomen while holding the isometric toner. Encourage her to hold for 15 seconds, then release, repeating 3 times.

Traditional Birth Practices:

Improving Lactation

Among the Mayan and Aztec, a hot steam lodge called the *temazcal* was an important part of the postpartum recovery used within the first month, often between 3 and 6 days after birth, depending on a woman's recovery and strength. It was considered a cleansing of her pregnancy and birth, as well as a rite of finality with this pregnancy cycle. This helped cleanse, heal, and tonify the uterus and perineum, bring warmth and healing to a depleted pelvic area, and renew and renourish the womb.

The *temazcal* was also a means of transforming a mother's milk from what was considered "raw" milk into milk that was healthier for her infant. Traditionally, the woman would enter a small, covered space with rocks heated on a fire. Water, steeped with special herbs, was poured onto the hot rocks to make steam as she sweated inside the lodge for 15 to 20 minutes. Protected from cold air and drafts afterward for 24 hours, she was then assimilated into the life of a new mother. Her breasts were massaged to help stimulate milk production, and a shawl or *rebozo* was squeezed around her from head to feet to help close her body; this was followed by long massage strokes down the entire body.

In the North Pacific, other communities called the technique of squatting over the steaming rocks "cooking the milk."¹

In contemporary Japan, a special technique of breast massage is considered a critical part of postpartum care in order to increase milk production and to improve the quality and energy content of the milk. This treatment was developed by Oketani, a Japanese midwife who based it on traditional methods as well as current experience. Women are seen by trained midwives who practice this type of breast massage to successfully address a variety of breastfeeding concerns, including mastitis, clogged ducts, engorgement, and insufficient lactation.^{23,24}

contracts and relaxes, underlying tension can begin to dissipate and her awareness will more clearly be focused on that particular spot.

Engorgement and Breast Tenderness

As milk production increases and the breasts fill, lymph and venous circulation may decrease, causing

engorgement and pain. A woman with engorged breasts might experience breast heaviness; distention; tight, shiny skin; warmth or redness; more visible veins and tenderness; throbbing; and hardness in areas of the breasts. This normally occurs between the second and sixth postpartum day and can last for up to 48 hours. Even without engorgement, women's breasts may have times of soreness or tenderness with increases in milk production as the baby grows.

General Treatment

The best treatment and prevention for engorgement is to nurse the baby frequently and to use breast massage to support lactation. Warm or cold therapies to the breast may also help. For general tenderness, breast massage and hydrotherapies can ease discomfort and help a mother feel more comfortable with her changing breasts.

Specific Techniques

If it is appropriate for you to do so, teach or perform the following breast massage on your client to address her engorgement.

Benefits: To help release blocked ducts and stagnant energy.



CAUTION: Do not massage if infection or fever is present, as this can damage the tissue and spread the infection.

Technique: Massage the breasts after nursing. (See "Breast Massage" in Chapter 6.)

1. First apply a cool compress to the breasts for 5 to 20 minutes.
2. Feel the breast for the sore area and massage carefully with the flats of the fingers or thumb.
3. Slide from above that area toward the nipple, staying in a small area until it begins to soften, then move to a new area. Never force any movement of a lump or clogged area; have patience and allow it to slowly and gradually dissolve under your touch. The massage should not be painful, though there may be discomfort in a swollen area.



CAUTION: For many women, warmth used on engorged breasts may increase swelling and discomfort.²⁵ Keep heat applications to 3- to 5-minute durations or try using cool applications first.

Complementary Modalities:

Acupressure for Lactation

Acupressure and acupuncture have been used to help stimulate or support lactation. The acupressure points Small Intestine 1 and 2, located on the ulnar side of the pinky finger (A), are used to move qi, activate blood, and free the flow of milk. Since it is such a tiny spot

to press on, some women activate Small Intestine 1 by carefully biting on the side of their little finger with their teeth. Gall Bladder 21 on the top of the shoulders and Lung 1 (B) just below the clavicle are both strong points for stimulating the milk let-down reflex.

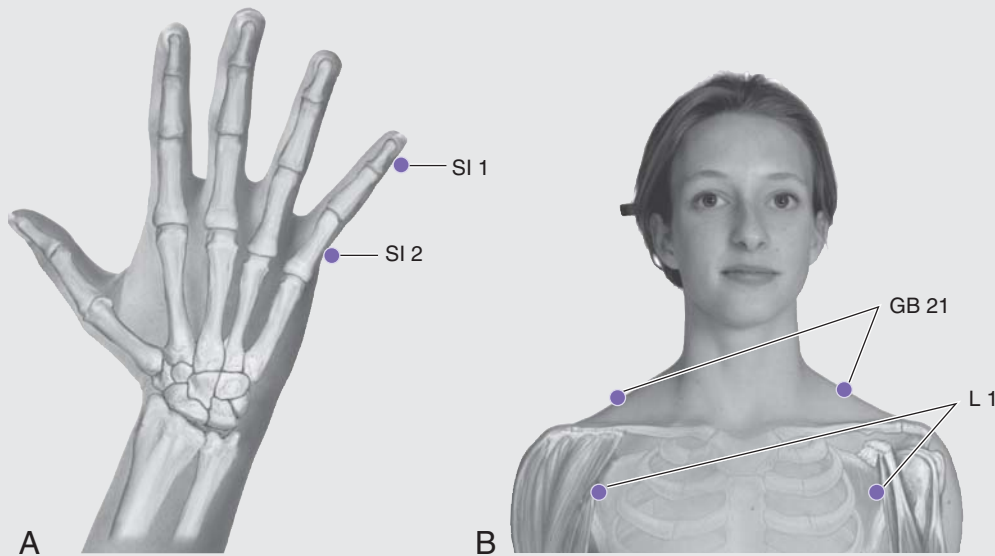


FIGURE 12.16 Acupressure for lactation.

(A) Small Intestine 1 and 2 are on the ulnar side of the pinky. (B) Lung 1, just below the clavicle, is a strong point for stimulating the milk let-down reflex. Gall bladder 21 on the shoulders moves energy downward. (From Clay JH, Pounds DM, *Basic Clinical Massage Therapy*. 2nd Ed. Philadelphia: Lippincott Williams & Wilkins, 2008.)

Self Care Tips FOR MOTHERS:

Breast Massage

Self-breast massage can decrease engorgement. A mother might massage her breasts with her fingertips, making small circles from the top of her breast toward the nipple while the baby is nursing. If the baby is unable to nurse enough, the mother can also massage

her breasts in the direction of the nipple to manually express the milk that is causing engorgement. If she nurses every 2 to 3 hours from both breasts, not just one side, engorgement issues generally decrease.

CHAPTER SUMMARY

Using techniques described earlier in this book, along with new ones in this chapter, you have a variety of

tools to refer to when addressing the common complaints of your postpartum clientele. Remember that a client can be dealing with postpartum issues for a year or more after birth. Read Chapter 13 for details

on caring for postpartum women who had birth by cesarean section.

CHAPTER REVIEW QUESTIONS

1. Discuss issues some women may have with abdominal work in general, and specifically during the postpartum period. Describe how you might suggest abdominal work to someone who has no experience with it and who might be hesitant about exposing her newly postpartum belly?
2. Describe methods you might use to encourage your client to relax her abdomen while receiving abdominal work. Describe two precautions you would use when doing postpartum abdominal work.
3. Explain the importance of a new mother's body mechanics and posture. Use specific examples of situations where improper body mechanics may lead to common postpartum muscular strains.
4. Describe bodywork precautions that should be in place for the first 6 weeks of postpartum recovery.
5. Explain why assessments of the spine, psoas, and abdomen might be appropriate for your postpartum clients.
6. Describe why sacroiliac pain can be a common complaint for postpartum women. Discuss the essence of the treatments described in this chapter for sacroiliac dysfunction.
7. Explain why a woman who has had more than one birth may experience an increase of postpartum cramps. Describe a bodywork technique that might help reduce cramping.
8. What is the first action a mother or massage therapist should take to help diminish the common complaint of nursing neck?
9. Explain what "closing the bones" might mean physically, emotionally, and spiritually in the postpartum period.
10. Describe in what ways bodywork may help a woman who is experiencing postpartum fatigue and depression or "the blues."

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MASSAGE AFTER BIRTH-RELATED SURGERY

LEARNING OBJECTIVES

After reading this chapter, you should be able to:

- List 11 common reasons that a cesarean birth might be done.
- Describe what to expect and how to support your client with bodywork if you are with her during and after surgery.
- List six benefits and five precautions for bodywork after a cesarean section and five conditions that indicate the need for a medical release before offering bodywork.
- Describe three common complaints after birth-related surgery, and both general and specific bodywork techniques to address them.
- Determine appropriate assessment questions related to surgery that should be incorporated into a postpartum health intake-form.
- Describe when it is appropriate to begin working with new scars, as well as bodywork techniques for addressing scar tissue and adhesions.

*I*f your client had a birth-related surgery, she will have special needs in addition to those already discussed in the previous chapters. A careful health intake is required and a doctor's release is necessary if you have any uncertainty about whether your style of massage is appropriate at her current stage of her recovery. This chapter discusses reasons for cesarean sections, what to expect if your client should have one

while you are with her, and ways of supporting her with bodywork in the recovery period. Many techniques discussed earlier in the book will be appropriate at some point in her recovery, but adaptations may be required initially if your client has difficulty lying prone or receiving touch on her abdomen after her surgery. Three postsurgical concerns are discussed: fatigue, back pain related to epidural anesthesia, and scars and adhesions.

BIRTH-RELATED SURGERIES

Besides the typical pains and discomforts of birth, women who undergo birth-related surgeries face additional issues in recovery. Two such surgeries, cesarean section and postpartum tubal ligation, along with recovery from them, are discussed here.

Cesarean Section

A **cesarean section** (C-section) is the delivery of a baby through a surgical incision in the mother's abdomen and uterus. It is the birth of choice in particular situations in which a vaginal birth may be too dangerous, when the mother or baby is in a life-endangering situation and a rapid delivery is necessary. It is also done for the convenience of the doctor or patient or, in some hospitals, for twin deliveries and for women with previous cesarean sections.

Cesarean section is one of the most common surgeries in the world.¹ According to the Centers for Disease Control and Prevention, 2005 statistics indicate that 30.2% of all births in this country are now by cesarean section—the highest rate it has ever been.² Although cesarean sections have their benefits, they also have inherent risks and adverse complications, as exist with any major surgery.

For some women, a cesarean birth can be a very traumatic experience, particularly if it was an unexpected emergency surgery due to problems with the mother or baby. Massage therapists can help a woman who has had a birth-related surgery with her emotional and physical recovery.

Therapeutic bodywork can also be beneficial for a variety of postsurgical conditions, including reducing adhesion formation and related discomfort, decreasing the experience of postoperative pain, and helping a woman overcome emotional stress related to surgery. These benefits and others are discussed throughout the chapter. See Box 13.1 for a general list of benefits of bodywork after surgery.

Indications for Cesarean Section

You do not need to know every detail about cesarean sections, but acquiring some knowledge about the reasons they are done will give you clues to potential emotional stress lodged in a mother's tissues, which may begin to release during a massage session. While receiving massage, some women may discuss their surgical experiences. The more knowledge you have, the more support you can lend.

Maternal Reasons for Cesarean Section

- **Failure to Progress:** If a mother who is in active labor does not continue dilating and

becomes too exhausted to continue, a cesarean section may be performed. Medically, “failure to progress” is often defined as progress of less than 1 cm of dilation per hour for two hours.

- **Previous Cesarean Section:** Women who have experienced a previous cesarean section have a small but increased risk in subsequent pregnancies for a uterine rupture. Many facilities now require that a woman with a previous cesarean section have a repeat cesarean delivery without attempting labor.
- **Preeclampsia:** This is one condition that can lead to cesarean birth. If the preeclampsia is progressing dangerously or is uncontrolled, a speedy delivery to reduce the risk of eclampsia may be necessary. If a medical induction of labor is not successful, a cesarean section may be done.
- **Maternal Infection:** Women who have active genital herpes or are HIV positive at the time of birth typically will have a cesarean section birth to avoid transmitting the virus to the infant.
- **Uterine Rupture:** On rare occasions, the uterus may have a weakness in one area that causes it to rupture under the stress of contractions. This is more likely to occur if a woman had a previous uterine surgery or cesarean section. This condition requires an emergency cesarean section and possibly a hysterectomy, as it is a life-threatening condition for the mother and baby.
- **Doctor or Mother's Convenience or Preference:** There are situations in which, for convenience or preference, a cesarean birth is chosen by the doctor or patient.

BOX 13.1 | Benefits of Massage After Cesarean Section

Any client you have seen through pregnancy could end up with an unplanned cesarean section. For these clients, nurturing and therapeutic bodywork can be of aid by having the following effects:

- Reducing formation of scar tissue and adhesions^{5,6}
- Encouraging respiration and increasing circulation, thereby decreasing risk of respiratory problems such as pneumonia, and complications of venous stasis, such as blood clots
- Relieving backaches sometimes related to epidural anesthesia or positioning during surgery
- Decreasing discomfort from bloating, gas distention, or constipation
- Decreasing postoperative nausea, vomiting, anxiety, and pain
- Helping the mother connect with her body and baby after a possible disassociation related to anesthesia and a lack of active participation in the delivery
- Encouraging awareness of healthy posture for the postpartum period and generating body awareness through touch

Fetal Reasons for Cesarean Section

- **Large Baby:** If the size of the baby relative to the size of a mother's pelvis does not allow for the passage of the baby through the pelvic outlet, a cesarean section is necessary.
- **Malpositioned Baby:** The baby's position sometimes prevents her or him from descending easily into the pelvis or from being able to fit easily through the pelvic outlet. An example of this is if the baby is positioned sideways or transverse.
- **Fetal Distress or Umbilical Cord Prolapse:** During labor, it is possible for the baby to experience distress: examples of this include fetal infection, a knot that tightens in the umbilical cord with each contraction, or compression of the umbilical cord for other reasons. A drop in the mother's blood pressure after an epidural or a change of position affects the flow of blood to the baby, sometimes causing fetal stress. Usually this is resolved quickly with IV fluids or another change of position, but if not, a cesarean section may be indicated.

When the umbilical cord prolapses or comes through the vaginal canal before the baby, an emergency cesarean section is necessary, as the cord will be compressed when the baby is in the birth canal, cutting off its oxygen supply.

- **Twins/Multiple Babies:** Twins can be born vaginally, but if one or both are positioned sideways or in a position too difficult for vaginal delivery, a cesarean section may be necessary.
- **Placental Concerns:** Conditions in which the placenta has grown over the opening of the uterus (called a previa) or in which it pulls partly or totally away from the wall of the uterus (abruption) require cesarean delivery. An abruption will require emergency surgery, as it is a life-threatening situation for the mother and baby.

Cesarean Section Procedure

When the decision to perform a cesarean section is made, there are some standard procedures performed. A urinary catheter will be placed in the mother's bladder to keep her bladder empty during and after surgery. Her belly and pubic hair will be shaved to below the area of the incision line. Intravenous fluids will be given quickly. All who enter the surgical room, including you or other support team members, must wear protective hair and shoe coverings and a mask. Most frequently, a spinal or epidural anesthesia will be used for a

nonemergency cesarean section. In a life-threatening emergency, general anesthesia (gas) is used, as it is faster.

Once a woman is comfortable and has no sensations in her abdomen, a low transverse or "bikini" cut will be made through the abdomen, the muscles will be pulled apart, and uterus will be incised to remove the baby. Delivery occurs within minutes after preparations have been made and anesthesia is in place.

Immediate Postsurgical Complications

If you are with a woman during a labor that progresses into a cesarean section or ends with a tubal ligation, you might be in the position of being with her during the immediate recovery period as well. During the first hours after surgery, medical personnel will assess her for a few risks. You can help to decrease the risk for several of these complications by encouraging particular activities for healing.

- **Respiratory Depression:** After abdominal surgery and anesthesia, a patient's respiratory capacity is temporarily decreased, increasing the risk of complications such as pneumonia and fluid in the lungs. Many massage therapists incorporate deep breathing with their bodywork. This along with muscle mobilizations and encouraging expansion of the ribs can help the newly postoperative client avoid risks associated with diminished breathing after surgery.³

If you are supporting a woman in the first hours after a cesarean section, remind her every 15 to 30 minutes, with gentle touch to her head, neck, chest, or upper back, to take several deep inhalations. Use some of the techniques for shortness of breath from Chapter 9 during this time.

- **Blood Clots:** The development of DVT is increased during and after surgery.⁴⁻⁶ Encourage a woman in the first hours after recovery to roll her legs externally and internally, bend the knees up and press them down against the bed, and generally contract and release her leg muscles. In the first hours after surgery, these activities along with massage (if approved by her PCP) can improve blood circulation⁷ and prevent the development of clots.



CAUTION: Obtain permission from the PCP before massaging the legs in the immediate postsurgical recovery time. Always maintain blood clot precautions as discussed earlier in this book.

- **Nausea/Vomiting:** Occasionally, after general anesthesia, nausea or vomiting can occur. Encourage a woman to brace her abdomen with a pillow if she does vomit, to reduce pain and stress to the incision. In addition, Pericardium 6 is a powerful acupressure point located on the inner wrist (Figure 13.1) that has proven to be very useful in reducing postcesarean nausea.⁸⁻¹⁰
- **Gas Cramping:** After abdominal surgery, intestinal activity may slow or stop temporarily. Once a new postsurgical mother begins to drink fluids and eat solid food (which may be the same or next day after surgery), she may experience bloating and painful gas cramps if her intestines are not operating at their normal efficiency. Massage can help relieve some of this discomfort with simple hands-on energy work and gentle effleurage to the upper abdomen, avoiding direct pressure on or near the incision. Reflexology, massage, and applications of warmth can also be effective in promoting peristalsis and releasing gas.¹¹⁻¹⁵
- **Pain:** Massage can help decrease the experience of postoperative pain.¹⁶⁻²⁰ If the anesthesia is wearing off and a woman is not adequately



FIGURE 13.1 Pericardium 6: Acupressure point for nausea.

This point is well-known for its efficacy in relieving nausea, including after a cesarean section. It is located on the inner wrist, 2-3 fingerwidths up from the wrist crease, between the tendons of palmaris longus and flexor carpi radialis.

medicated, she may begin to feel pain in her incision area. Until she has received another dose of medication and is experiencing relief of pain from it, try holding the soles of her feet or squeezing and massaging her toes. This can help her to feel more grounded and can relieve pain through the stimulation of sensory corpuscles in the feet.

Other residual effects related to cesarean sections and of concern to a bodyworker include the following:

- **Adhesion formation:** After surgery, scar tissue begins to form immediately, and adhesions may develop around the uterus or intestines. Numbness will exist around the incision for years or a lifetime. Scar tissue massage impedes the development of restricting and painful adhesions and speeds healing.²¹⁻²⁴
- **Epidural-Related Back Pain:** If a mother had an epidural or spinal anesthesia, she may have short-term back pain related to positioning issues during the surgery, or specifically related to the anesthesia needle insertion.^{25,26} Massage can be effective in reducing this back pain.
- **Physiological Stress:** Along with caring for a new baby, a client is also recovering from major abdominal surgery. The potential for muscular and ligamentous strains is increased as the pregnancy-stressed abdominals are further weakened by surgical incision and manual separation of the muscles. A massage therapist can help to speed recovery by stimulating lymphatic flow, increasing healing energy to the incision, instructing postural correction and encouraging the pursuit of abdominal strengthening.
- **Emotional Stress:** If she had a sudden, unexpected, or emergency cesarean section, a mother may need a recovery period from emotional trauma, as well as from general anesthesia (if she had that). A sense of confusion, ambivalence, disappointment, and fear, or a disassociation from the baby can be associated with an unplanned cesarean section. Massage provides nurturing care that can support a client's efforts to process her experience. It also increases circulation, thereby speeding the body's cellular release of anesthesia chemicals and enhancing recovery.

Postpartum Tubal Ligation

A minor surgery that a woman may undergo after or during birth is a postpartum **tubal ligation**, or

cutting of the fallopian tubes as a permanent form of birth control. Since the uterus is still quite large at this time, relative to a nonpregnant uterus, it is easy to locate the fallopian tubes. Normally a tubal ligation is done laparoscopically, with small incisions on either side of the navel. The fallopian tubes are then cut and tied or cut and cauterized. Though quick and usually an out-patient procedure, a woman must still be given anesthesia. When she awakes, she may have some pain in the abdominal area. Women may also develop adhesions from this procedure, along with tenderness of the abdomen for a few weeks afterward. Be sure to include questions about surgery during your postpartum intake, to determine whether abdominal massage is appropriate. Wait until the incisions are healed and the mother is feeling comfortable enough to receive touch on her abdomen before beginning abdominal massage; this may be 2 to 3 weeks after a tubal ligation.

Recovery From Birth-Related Surgery

Recovery from any major abdominal surgery normally takes at least 6 to 8 weeks, but cesarean recovery is compounded by accompanying postpartum changes, including the shift in hormones, musculoskeletal and postural alterations, and the emotional reality of becoming a mother. While some women feel comfortable with their birth and have no sense of loss by having a cesarean section, others may feel a disconnect with the baby. For some there may be grief, a sense of failure, and confusion about having a cesarean section. Lack of bonding with the baby may have developed out of the mother's emotional issues related to surgical birth as well as from the possibility that the baby was sleepy and less responsive if general anesthesia or other medications were used prior to birth. Skin-to-skin contact with the baby and frequent massage for both the mother

and baby, as well as encouraging the mother to touch and massage her baby, may help to diminish these issues.²⁷

PREPARING TO MASSAGE POSTSURGICAL CLIENTS

When working with women who have recently undergone birth-related surgery, learn about the nature of her surgery by asking appropriate health intake questions and recognizing key contraindications and precautions.

Health Intake for Postsurgical Clients

Always do a thorough health intake when beginning work with a new postpartum client to determine if there are any risk factors that would affect your work or require a medical release. See Box 13.2 for conditions requiring medical release.

Women who have had a cesarean section or tubal ligation may require additional intake questions beyond the standard postpartum ones. Questions one might ask, along with the reasons for asking them, include the following:

1. *Was the cesarean section an emergency surgery or planned?* The therapist may encounter emotional turmoil or trauma for either type of cesarean section, but for those for whom it was an emergency there can often be residual post-traumatic stress that could arise during a massage session. If the surgery was due to maternal or fetal complications, you will need to assess whether she is past all risks related to the condition. For instance, preeclampsia is a condition that can continue into the postpartum period for up to 6 weeks. A medical

BOX 13.2 | When to Obtain Medical Release After Surgery

A medical release for Type I massage is necessary for the following conditions after surgery:

- Less than 2 weeks postsurgery
- Less than 6 weeks postpartum with history of serious preeclampsia during pregnancy
- Surgery due to maternal complications that may still be problematic, such as hemorrhage after placenta abruption leading to anemia
- Client still on bedrest for high blood pressure or other issues
- Known thrombophlebitis or blood clot
- Pre-existing cardiac or circulatory conditions

release would be necessary before beginning work with this client. If the surgery was due to fetal problems, the baby could still be having difficulties adjusting to life outside the womb, causing increased stress for the mother.

2. *How is the baby?* If the surgery was related to fetal distress, the baby may be continuing to have problems now, or perhaps did for some time after birth, increasing anxiety and stress for the mother and family.
3. *Did she labor or push for hours before surgery occurred?* A woman who labored or pushed before a cesarean section will have all the same types of aches and pains that a woman with a vaginal birth might have. She has done all the work of labor, except for the actual delivery.
4. *How is she feeling now about her surgery?* Assessing her emotional status may help you identify how to support her physically or emotionally if feelings do arise.
5. *Is she having pain related to the surgery?* Her discomforts might indicate the need to position sidelying or semi-reclining.

Contraindications and Precautions for Postsurgical Massage

Review the contraindications and precautions for general postpartum clients, which will also apply to a woman who had a surgical birth. There are a few other specific precautions to follow when working with a woman who had a cesarean section.

- *Avoid deep pelvic work:* For 6 to 8 weeks post-surgery, deep pelvic abdominal work, such as work on the psoas, is contraindicated. This is due to the 3 to 5 times increased risk of clots related to surgery, and the healing required for the incision area of the abdomen and uterus. This risk is further compounded if the client is obese, older than 35, or has had several births already.^{4,6}
- *Cautious stretching:* In the first month after surgery, it can be easy to strain the abdominals, potentially causing injury to the incision site or to the recovering muscles. Be cautious when doing passive or assisted stretches that may affect the incision area. To prevent straining her abdominals, instruct your client in proper body mechanics for sitting up from lying down on your table.
- *Positioning:* In the first 1 to 2 weeks after surgery, a mother may feel too tender in her belly

to be comfortable lying prone. Use the sidelying position or a massage chair if that is comfortable, to access her back.

- *Infection:* Adhere to standard massage precautions and avoid massage to a client who is experiencing a uterine, bladder, or other infection, which sometimes develops after surgery. Symptoms of incision infection may include oozing, redness, heat to the area, increased swelling, or fever.
- *Incision:* Usually wound dressings are removed before a client leaves the hospital and staples are removed within the week. While you will not begin direct scar work before the incision is healed, be certain that any staples or dressings have been removed if you are doing any light abdominal work that moves the superficial tissues. Do not perform *deep* scar work until the tissues have healed and are well aligned.

General Postcesarean Section Treatment

In general, a woman who has had a cesarean section can benefit from any of the following practices:

- If your client had a cesarean section, hold lightly over the scar and envision warm healing light melting into the scar, mending and repairing the tissues.
- Warm hydrotherapy packs (not hot) or ice packs (whichever is more comfortable for her) to the incision site can help relieve some discomfort and increase healing of the wound. Apply these packs while massaging other parts of her body.
- Offer gentle superficial abdominal work.
- Position the client on the table with an awareness of potential abdominal discomforts and offer a small pillow to help her brace her abdomen if necessary when she is sitting up or shifting sides in the massage.
- Begin in the early postpartum period to address postural corrections. Women who have incision pain may find themselves hunched forward to protect their abdomen.
- Some women feel very uncomfortable touching the area of their incision, afraid to feel the physical or emotional sensations connected with the area. If appropriate and necessary, you can help increase their comfort by introducing gentle contact on the abdomen and incision area through the sheet. Instruct her to focus her breathing into the area, and envision softening and healing energy flowing in. Begin gentle rocking, vibration, and soft

palpation, gradually feeling into the area superficially, then more deeply, noting where pains and lumps are.

COMMON COMPLAINTS AFTER BIRTH-RELATED SURGERY

A mother who has had a cesarean section will experience incision pain as opposed to perineal discomfort, but she could also have many of the other discomforts of a vaginal birth. She may also have additional low backache resulting from the spinal insertion of an epidural catheter and from the increased loss of muscle tone in the abdomen due to surgery. Gentle Type II bodywork, including reflexology and acupressure, is appropriate and helpful immediately after surgery. Moderate Type I techniques are useful on the head, neck, shoulders, and upper body beginning 1 to 2 days after surgery.

Depleted Energy

Many women who have had a cesarean section may appear to recover more quickly than those who have had other types of major abdominal surgery. There are at least two possible reasons for this. First, it is typically a quick surgery, without much manipulation of the organs besides the uterus. Second, the mother is typically so absorbed in the care of her new child that she may become more distracted from the discomfort from surgery.

However her surgical recovery transpires, the need for gentle rejuvenating care will be compounded by the generalized energy depletion that often accompanies the postpartum period. With the addition of a surgical invasion into a woman's interior world—a horizontal incision that cuts across the energetic acupressure meridians of her torso—and the consequent development of scar tissue in this area of multiple meridians, this energetic depletion can be significant.

Review the treatment for depleted energy during the postpartum period in Chapter 12, which can be applied to women who have had a cesarean section as well.

Epidural Back Pain

Epidural anesthesia is administered to the epidural space of the lumbar area of the spine. A large needle is used to puncture through the skin and muscles into this area, and then a tiny catheter is slid in, through which numbing medication will be continuously pumped, causing numbness from the waist down. Many women find that for weeks or sometimes

months after receiving an epidural, they experience pain specifically at the site of the needle insertion.

General massage to this area, myofascial release, and deep tissue work can help to reduce some of this discomfort. While many anesthetists deny that an epidural is a cause of back pain, this author's personal experience along with the reported experiences of many bodywork clients, indicate otherwise.

Abdominal Scar Tissue

Surgery and scar tissue can cause long-term numbness from at least 1 inch above and below the incision due to the cutting of nerves during surgery. As the scar heals, a woman might experience sensations of itching, pulling, and tingling as some nerves regenerate. Adhesions develop in the scar area that can attach to the colon and intestines, causing pain with intestinal activity.

Benefits of Scar Tissue Massage

Proper attention to a new or older scar can have the following effects:

- Increase circulation to the scar area, hastening healing
- Reduce, eliminate, or prevent adhesions and alleviate discomfort associated with them²¹⁻²⁴
- Desensitize the client to issues about the surgery and scar

When to Begin Scar Massage

Scar tissue and adhesions begin to form immediately after surgery, binding muscles and connective tissue and restricting movement in the abdomen and inner organs. If possible, address the scar soon after surgery, beginning with gentle superficial work within the first 7 to 14 days after the surgery.²⁸ The first 3 months after surgery is the optimum time to affect and influence the formation of a scar with massage, before the collagen becomes more set and rigid. Scars can be worked on years later, however, early work provides quicker and easier results. Light energy work can be done over the scar or in the surrounding area, without actually touching the scar, as soon as the staples are removed. Touch can be applied for 5 to 15 minutes per day, keeping the hands a couple of inches away from the incision and working the area around it. The client can also do this work to herself. Use her comfort level and sensations as your guide to depth, pressure, and movement. With a fresh scar of less than 3 months, there may be emotional discomfort, but there should not be significant pain associated with your work as

the collagen fibers are still malleable, as opposed to stuck in place.

Once the staples are removed or absorbed, the incision is healed on the surface, the scab is gone, and there is no drainage or bleeding, you can begin superficial scar tissue work. This is usually within the first 7 to 14 days, a time when the scar is still quite malleable to the touch. Generally it will be 4 to 6 weeks after surgery before you may apply deeper, direct pressure to the scar. By this time, the incision should be well-healed externally and internally, and deeper work can be done without danger of disrupting the healing. Encourage your client to work on her scar herself, 2 to 4 times per week during these first months.

Assessing the Scar

Before beginning scar tissue work, determine how old the scar is and whether or not the client experiences any sort of pain in relation to it. Look at the incision to ascertain that there are no signs of infection, that the incision looks well-healed, and that there is no bleeding or oozing.

Feel the incision first superficially and gradually more deeply, determining its pliability and eventually moving into deeper work as the client tolerates. Always use good communication and touch slowly when approaching the abdomen and scar area.

Initial Scar Work

Benefits: When the superficial incision is healed and the client feels ready, this technique can be used every day to help speed healing and reduce adhesions.

Technique

1. With your fingertips, lightly vibrate the skin over the incision site. Increase the vibration to include the superficial fascia beneath.
2. Slide along the skin, elongating the scar in all directions. If the skin does not move or catches in a particular direction, work more on that area. As it frees up, you can work deeper and deeper into the fascia.

Sliding, Rolling, Stretching, Lifting

Benefits: Assesses the scar, breaks up adhesions, increases mobility of tissues

Technique

1. Place the flats of your fingers on the client's abdomen and gently move your fingers across the superficial layers of her abdomen close to and over the scar, moving skin across



FIGURE 13.2 Skin rolling the scar.

Using your thumbs and fingertips, roll the skin of the scar gently from one side to the other, end to end as well as across the scar.

- fascia, feeling for restrictions, and moving back and forth across areas that feel stuck.
2. Communicate with your client to ensure that she informs you about her comfort and pain levels. Emotional pain associated with a cesarean section can be manifested as physical pain and may arise during scar work.
3. Using your thumbs and fingertips, roll the skin of the scar gently from one side to the other, end to end as well as across the scar (Figure 13.2).
4. Place your fingertips of both hands directly on the scar. Press down into the tissue to a level appropriate to the client's comfort and for the age of the scar—lighter for new scars, deeper for old scars. Slide the fingers slowly along the direction of the scar, feeling for restrictions along the way, and focusing on the areas with restriction.
5. Return to one side of the scar and move your fingers up and down, pressing into and releasing from the scar, as if playing a flute (Figure 13.3).
6. Place your fingers or thumbs on either side of the scar. Press in gently to the superficial fascia. Apply a stretching motion to the tissue, pulling diagonally across the scar (Figure 13.4). Hold the stretch for 30 seconds, then release slowly and move to another section. Work this way stretching in all directions, helping the fascia to realign itself.
7. Place your hands on either side of the client's abdomen, grasping hold of the abdominal tissue on either side of the midline.
8. Lift up, creating space in the abdomen as you hold the belly tissue, as described in Figure 12.5B.



FIGURE 13.3 Pressing on the scar.

Move your fingers up and down, pressing and releasing on the scar, as if playing a flute.

Cross-Fiber Friction

Benefits: Reduces adhesions and fascial restriction.

This technique is used once you are able to go below the surface layers.

Technique

1. With your fingertips or thumbs, use gentle cross-fiber friction directly on the scar, feeling for lumps, restrictions, or tension .
2. Focus on these areas for several minutes, warming the area with the friction. Imagine helping to realign fascia into an organized alignment, moving it out of any disjointed mazes it may have made on its own.



FIGURE 13.4 Stretching the scar.

Press in gently to the superficial fascia. Apply a stretching motion to the tissue, pulling diagonally across the scar.

CHAPTER SUMMARY

If you were with a client during a labor that progressed to a cesarean section, you may well be there with her in the immediate postoperative period. This is a perfect time to use therapeutic bodywork to support her recovery. More commonly, you will see a client several weeks or months after the experience, at which point scar tissue massage and attention to the potential emotional issues associated with the surgery will still be very effective and beneficial. Cultivate an understanding of the emotional and physical ramifications of this type of birth-related surgery to optimally support your client during the postsurgical/postpartum period. At any time along the journey, whether it is in the first hours after surgery, or a year or more later, a mother can benefit from nurturing touch by those educated in perinatal bodywork issues and skilled in the use of relevant techniques that can address them.

CHAPTER REVIEW QUESTIONS

1. Give six maternal-related reasons and five fetal-related reasons for a cesarean section.
2. Explain how a massage therapist can improve her or his ability to support postpartum clientele by understanding reasons for cesarean births.
3. Identify common postsurgical risks of the immediate recovery period from a cesarean section and how a massage therapist might be able to help with any of them, if he or she is still present with the client after the delivery.
4. Name five precautions to working with a postsurgical client.
5. Discuss four assessment questions you would ask a postsurgical mother and incorporate into a health intake-form. How would this information help you with your work?
6. Describe what techniques or positioning would be appropriate if your client has difficulty lying prone or receiving touch on her abdomen after her surgery.
7. Describe three ways a massage therapist can improve a client's immediate physical or emotional experience during a cesarean section recovery.
8. Discuss criteria that must be met before working directly on fresh scars. Describe two bodywork techniques for addressing scar tissue.
9. Describe the general approach to beginning abdominal scar tissue work. Discuss elements of your communication, your way of touching, and your way of helping a client feel comfortable.

What kind of issues might arise for a woman during the course of abdominal scar tissue treatment?

10. Your client who is 3 weeks postpartum pushed for 3 hours, and finally delivered her baby with an epidural and cesarean section. She has 2 children at home. She is experiencing general fatigue, low back pain, and some pain around her incision area. She saw her PCP 1 week ago, while having the same symptoms and was told her recovery was normal. What questions would you ask to assess her current condition and history and what might you suspect as causes of her complaints?

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