

Chapter 1 : Pregnancy Massage Therapy in Hong Kong | The Body Group

Therapy can help expectant mothers, women who are facing postpartum concerns, and the partners of these women to address the various issues that pregnancy and childbirth are likely to cause.

The changing body brings with it aches and pains, including back pain, leg and foot pain, and other muscle pains. Massage therapy can have many of the same goals during pregnancy as during any other time, whether that be relaxing tense muscles, improving mobility or easing sore spots; however it is tailored to the specific needs and experiences of pregnant women and their changing bodies. Mood and Outcome In one study, after receiving regular massage therapy, women reported decreased depression, anxiety, leg and back pain. Cortisol levels decreased and, in turn, excessive fetal activity decreased. In a subsequent study, in which pregnant women were massaged for 16 weeks, in addition to all of the beneficial effects previously stated, pregnancy outcomes were improved, and there was a lower rate of premature birth. Labour Pain Studies have explored the use of massage therapy to help manage pain among women in active labour. At a hospital in British Columbia, Swedish massage was administered for up to five hours by a Registered Massage Therapist during labor. One finding of this pilot study was that women who received massage therapy, as opposed to standard care, delayed their use of epidural analgesia. Massage therapy can decrease pain in all three stages of labour latent, active and transition and is a safe treatment that will complement the care you are receiving from your doctor and other healthcare providers. Low-back Pain Low-back pain is a common complaint among pregnant women, which can negatively impact their quality of life. Massage therapy is one of the common treatments sought for the management of pregnancy related low-back pain. There is an emerging body of evidence that massage therapy may be an effective short-term option for non-specific low-back pain. According to researchers at Group Health Research Institute and the University of Washington in Seattle, massage therapy can also help relieve chronic low-back pain more effectively than the usual medical treatment. Massage Therapy and Pregnancy Massage therapy can improve overall prenatal health for pregnant women, and should be considered an important option to consider along with regular prenatal care. In addition to relieving the typical aches and pains associated with pregnancy, massage therapy has also been associated with better pregnancy outcomes and a reduced risk of premature birth. Massage therapy during pregnancy, as with any condition, should depend on the needs and experiences of the individuals, and should be discussed with the RMT before treatment. To find a Registered Massage Therapist in your area, visit www. Effects of massage on pain and anxiety during labour: A randomized controlled trial in Taiwan. A comparison of the effects of 2 types of massage and usual care on chronic low back pain: A randomized, controlled trial. Pregnancy and labor massage. Expert Rev Obstet Gynecol. Pregnancy massage reduces prematurity, low birthweight and postpartum depression. Massage therapy effects on depressed pregnant women. J Psychosom Obstet Gynaecol. Massage therapy and labor outcomes: A randomized controlled trial. Int J Ther Massage Bodywork. Pregnancy-related low back pain.

Chapter 2 : PTs Provide Relief From Common Pregnancy and Postpartum Woes

Not only is the therapist's pregnancy clearly a violation of the rule of the therapist's keeping her personal life out of the consulting room, but it is a violation that is unique to women therapists.

Pregnancy Massage August 15, The more we start to understand about the benefits of massage therapy, the more opportunity opens up for massage therapy professionals in a wide variety of environments. These changes have significant ramifications for how we can most safely and effectively support these clients. Usually this is performed when a complication or high-risk situation occurs. Osborne explains that many women look for community during pregnancy, seeking out support. Particularly for massage therapists who specialize in working with pregnant women, the lines might blur because you have additional knowledge about pregnancy. Is a midwife or a doctor better? For example, you might have a client who comes in with back pain and you schedule an hour but spend 90 minutes in the session, or you have a client who is on bed rest, so you travel to her home. Positioning When working with pregnant women, positioning becomes critical. As a prenatal massage therapist, you have to learn to position your clients with pillows, cushions and bolsters so that your clients will be extremely comfortable. For Heckheimer, and many others, marketing is one of the biggest challenges of opening and maintaining a prenatal and postpartum massage therapy practice. From the homepage, Heckheimer has clear links that direct visitors to important information, ranging from the benefits of massage during pregnancy to frequently asked questions to her biographical information. These relationships can be successful in helping other health care professionals better understand the benefits you can offer, and although they may take some time to establish, you can end up being the provider of choice for a hospital, for example. Osborne knows a massage therapist whose client raved about her experience with her to her obstetrician, prompting the obstetrician to ask some questions and refer more of her patients. The doulas that I know that are also massage therapists do very well. For example, Osborne suggests massage therapists might be able to do a segment during a childbirth education class, demonstrating techniques that a partner can use to help. So, take some time to really think about your professional goals and how maternity massage fits into your vision. Both male and female massage therapists working with women in labor, particularly, are going to have to deal with outcomes that can be both joyous and traumatizing. Schedule One glaring exception to keeping a regular schedule in maternity massage is if you decide to work with women during labor. During this time, you might be called after normal business hours, and the work might involve being with the client for many hours, maybe a day or more. Massage Therapy for Health Conditions.

Chapter 3 : MESSAGE THERAPY AND PREGNANCY

Minneapolis Prenatal and Postpartum therapists who have a special focus on pregnancy, prenatal and postpartum issues, help with depression, anxiety, and wellness.

At first, I was mystified. Then I realized she was talking about herself. The oldest of 10 children, her experience with the arrival of new babies was that there was less and less attention and more and more responsibility for her. This was 35 years ago; before the Internet changed our lives. But did it apply to all of the people I was seeing for therapy? There was a decided dearth of information back then. I wish I could report that there has been a lot of progress. Most of the available articles continue to be grounded in psychoanalytic theory. My experience has been that client response is as unique as the client. Over the 10 year period during which I was adding my four children to my family, I calculate that I saw approximately different clients while I was pregnant. For most of my clients, the relationship with me was not the centerpiece of our time together. Oh, they acknowledged the fact of my changing appearance and changing status as mother. They were appropriately interested in my welfare and were curious about the things most people are curious about when someone they know is expecting gender? But they then returned to working on their anxiety or depression or their battles with their teens or disappointments in love and work. For most, going down the path of transference would have interrupted instead of enhanced treatment. They generally fell into the categories that follow. But, to add to the complexity of our thinking, other clients with a similar presentation would not have found an analysis of transference appropriate or helpful. I therefore offer some examples of when talking about transference with my clients was helpful and when it was not. I do not intend to suggest that my experience usually applies. Rather, I am sharing anecdotes to help my younger female colleagues think about and perhaps prepare for the variety of client reactions to their pregnancies. Please bear in mind that these are thumbnail sketches of on-going clients with sometimes complicated treatments. There is more to each of the stories than I can present here. Those with a diagnosis of BPD were most likely to be reactive. As with other relationships, their relationship with a therapist is unstable at best. Your pregnancy is likely to raise fears of abandonment and precipitate acting out behaviors no-shows, highly emotional sessions, accusations, etc. Annie, the client at the beginning of this article, was typical of the client with BPD. Apparently I passed enough of her tests and she was able to accept the transfer to a colleague in my office for while I was on leave. Dependent Personality Disorder or those who have a history of co-dependent relationships: Their relationship with you may be more dependent than you know. Those who are coming out of social isolation or who have let themselves become dependent on you for problem-solving may panic. It surfaced how much she had been moving her dependency from her partner to me. This occurrence gave us an opportunity to work more productively as we talked about how to transfer her dependency on others to reliance on her own good judgment. Clients with contentious relationships with mothers or mother figures: I had my youngest child when I was I was taken by surprise when a young client age 25 said I was too young to be having children! The problem that brought her into therapy was her troubled relationships with women at work. Her response to pregnant me opened up a whole new area about her relationship with her mom and with other women she saw as having authority. Clients with a history of loss: A client who has suffered miscarriage, stillbirth or infertility may be triggered into new grief or be angry that you are able to have a child when she cannot. One of my clients whose last pregnancy had ended with stillbirth was very clear. It could be argued that she needed help with incomplete grieving. She and her husband had been forthrightly managing their grief. Her goals in treatment had to do with needing to be more assertive. She transferred to a cognitive behavior therapist who later told me she did well. She had been going through IVF to try to conceive. Why was I able to get pregnant? Yes, the hormones she was taking probably contributed to her rage. But she experienced my pregnancy as yet another assault on her feelings of inadequacy. Therapy gave her a safe place to express and work through her anxiety, anger, bitterness and grief that what she thought should be an easy part of womanhood had been denied to her. Pregnant clients also differ in response. Every week, she would begin the session with comparisons and happy chatter about our growing physical awkwardness. To her, we were part of a sisterhood

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that she found delightful. She successfully continued and completed her therapy to deal with her conflicted feelings about having more education than her husband. She is a regular contributor to Psych Central and one of the therapists who answer questions at Ask the Therapist. Client Response to Therapist Pregnancy. Retrieved on November 9, , from <https://www.psychcentral.com/ask-the-therapist/2014/11/09/client-response-to-therapist-pregnancy/>:

Chapter 4 : Pregnancy and Physical Therapy

A therapist's pregnancy as a clinical dilemma is a relatively new topic in therapeutic literature. This stems, in part, from the history of psychotherapy, in which the.

As soon as I finished massage school, I kicked off my shoes and socks and have massaged in my bare clean feet ever since! I just feel more comfortable barefooted: I prefer to be in bare feet at home and while squatting and deadlifting too! However, my sore, tired feet were definitely the least of my pregnancy worries while working as a Massage Therapist. Many of my amazing colleagues and friends gave me fantastic advice on how to survive pregnancy while working as a self-employed RMT. It is important to note that every woman is different and every pregnancy is different. The number one rule of being pregnant: Listen to your body! How to Thrive During Pregnancy Before pregnancy “ There are a few things I suggest are important to consider before becoming pregnant. Government of Canada Employment Insurance information. It is important to know that in Canada once you start paying into EI, you must continue to do so for the remainder of your self-employed career. In my life, it was a better and simpler decision to work hard at saving money to allow myself a few months of maternity leave and have my partner, Shaun, take parental leave which he is entitled to through his work. What an amazing opportunity for him to bond and spend time with our son or daughter! My flexible plan is to go back to work two half days a week after being off work for five months. This will obviously depend on how my family is doing and if, mentally and physically, I feel ready! Growing another human is HARD!! Much harder than I expected. I do wish I had mentally prepared myself a bit more for the fact that I might have to slow down more than some women have to, that I might feel nauseous every day, that I may not sleep well and that I needed to gain more weight than I thought I would. Again everyone is different, but I do think it is important to note that some of us will find it a big change from what life is normally like. I have had almost zero complaints about aches and pains during and outside of work. Strength training is a huge passion of mine, and the benefits have clearly served me well during pregnancy. Being able to lunge, squat and press helped me stay strong at work. Having strong posterior muscles glutes, erectors, rhomboids, etc have helped me to stay balanced with all the extra weight that I have gained on the front of my body. Having a strong core also makes it easier to support yourself while leaning over and onto a massage table. Oh the hormones, nausea and exhaustion! Luckily, not every woman experiences a terrible first trimester and I hope you are one of them! Unfortunately, I was not so lucky. Here are some tips on making it through! Scheduling “ are you able to be flexible with your schedule? They call it morning sickness, but many women experience it in the morning, the afternoon or the evening or in my case all dang day! If you are able to schedule your clients during the times that you feel the best, I suggest doing so. Eating “ nausea and food aversions are a challenge for anyone. But for a massage therapist with a hard, physical job, food is necessary to keep you energetic! My strategy became to eat a few bites of food after each client. This seemed to keep my nausea controllable and my energy high. Find things that are appealing to you and snack on them all day. Most recommended were high protein foods that would keep me feeling fuller longer and blood sugars stable. Planning “ soon you will be telling everyone that you are pregnant! So this is a good time to think about how long you would like to work. Your clients will want to know so they can take full advantage of you while they can! Trimester 2 I hear most women start feeling really good during their second semester: Time to take advantage! Likely, you will want to drop your hours down during your third trimester. I would then eat these smaller meals throughout the day to keep my energy high. This also helped with my constant nausea. I ate like this my entire pregnancy. I have to say, most of what I experienced was fantastic and useful advice! Remember everything is your choice and you should do your own research into what is best for you, your body, your baby and your family. Trimester 3 As baby grows, so will you! This may leave you feeling heavy, large, hot, fatigued and starting to get uncomfortable. I actually loved going to work and worked five days a week until 35 weeks! Sure, I decreased my hours a bit but I was still doing four to five 60 minute massages a day. Working helped keep my mind off of being nauseous and my nervousness of labour and delivery. I had comments on my body: Put your feet up “ One of the best pieces of advice was someone telling me to book

a significant break in my day to put my feet up. I found in the last month of working I needed to sit down and put my achy and still bare! Sometimes longer breaks are good for fresh air or having a quick nap if needed. Listen to your body â€” This has to be the best but also a challenging thing to do. Some women will feel amazing their entire pregnancy and will work a lot more and longer than I did! Some women will be a lot more active than you and I are. And some will need to be on bedrest or stress leave. Everyone is different, so do what is best for YOU! Meaghan Mounce Other Things To Consider Stay active â€” If you were into some activity before pregnancy, try to continue to do some form of it during. You have a physical job and you need to keep up your strength and endurance for it! You are about also about to do the most challenging workout of your life when labour begins! At 37 weeks pregnant, I still strength train days a week. I crave fresh air and so I walk most days. I swim and oh man, does it feel good! Electric table â€” I was so lucky to be able to work with an electric table. The further my pregnancy went along, the higher I needed to set my table. If you have access to one, use it. Your memory might suck! It is and was such a weird feeling! One trick I did use with new clients was to say their name several times within the first few minutes of meeting them. It seemed to help solidify their name to my memory during the massage! Be Proud â€” You are growing another human and that takes a lot of work, physically, mentally and emotionally! You and your body are doing amazing things and you should be proud!

If the therapist is not planning to return to practice following the pregnancy, transitioning clients to a new therapist well before the expected due date can provide ample time for the therapists to consult with one another about client treatment.

For many women, thoughts of pregnancy bring on feelings of excitement, elation, and joy, but to others, pregnancy is associated with uncertainty, fear, and anxiety. And for teenage girls, these negative feelings are compounded greatly, as they are thrust into adulthood and forced to make decisions they feel unprepared to make. For more information see Adolescence Developmental Psychology. Pregnant teenagers require impartial advice, which unfortunately, is often a daunting task to find. When a teenager discovers she is pregnant, emotions run high. She might feel scared, confused, unsure of herself, and frightened of what her parents might think. But with the help of counselors and therapists, pregnant teenagers are able to consider all options available to them, and receive proper care if they decide to continue their pregnancies. Teenagers crave more and more independence throughout adolescence, and place more importance on socializing with friends and establishing an identity. But childbirth brings heavy responsibilities to a teen whose biggest concern before the pregnancy might have been planning for her next weekend. Now the teen must worry about how to break the news to her parents, and what she should do about the pregnancy, all while simultaneously dealing with new financial pressures, criticism from peers and teachers, and concerns about finishing school. But the addition of a pregnancy to the already complicated adolescent development process only further increases the risk of stress and anxiety. The article, written by researchers Carolyn D. Foster and Gary M. Miller, describes how counselors must help the pregnant teenager navigate different crises during pregnancy. After dealing with the shock of discovering a pregnancy, a teenager seeks out the guidance of a counselor to plan the next stage. Society as a whole does not look favorably on unplanned pregnancies, so the teen might feel worried and confused about what to do next. Because the teenager might feel guilty or anxious about the pregnancy, the counselor must focus on assisting the teen through the mental and emotional distress she will feel, while also providing practical advice regarding the pregnancy. For example, Foster and Miller say counselors must refrain from interjecting their own viewpoints, and support the teen through whatever decision she makes. In this capacity, the counselor becomes a supportive source of advice to the teen. A teenager might consider this one of the most frightening steps of the pregnancy. Some parents might react with anger and frustration, while others might display disappointment. The counselor conducts role-playing exercises with the teen, taking the role of the parent. In order to provide additional support for the teenager, the counselor also might suggest bringing the parents into the counseling setting. After informing the parents, the teen should then come to a decision about what to do about the pregnancy. A teen has three choices regarding the pregnancy: For more information see Teen Pregnancy Support. The counselor must provide impartial and accurate facts about each of these options in a nonjudgmental environment. If the teen decides to carry out the pregnancy, the counselor should begin discussing school and available support services. Being pregnant and in high school is often a traumatic and frightening experience for teenagers. A pregnant teenager might attend school until the time of delivery, but some teens find the difficulties of carrying a child while also working toward an education too much to handle. At school, they face the opinions of their peers and teachers, who might single them out and isolate them. Without the help of a counselor, a teenager might feel lost and confused about what steps to take to ensure a healthy pregnancy. To lessen the amount of stress in their lives, some teenagers develop unhealthy coping strategies to deal with the pressure. How Teenagers Cope with Pregnancies Sometimes when faced with an intimidating task, a teenager shuts down and ignores the problem. For pregnant teenagers, this kind of coping has detrimental health effects for both the mother and the developing baby. Conducted by researchers Karen Myers and colleagues, the study explains that pregnancy introduces stresses to teenagers that they might feel unprepared to handle. Myers found that pregnant teenage girls often use optimistic, emotive, and evasive forms of coping to deal with the pressures surrounding pregnancy. The study asked them which coping styles they used, and allowed them to select more than one. In

the study of 71 pregnant teenagers, A teenager who tries to cope emotively might become extremely upset at herself and even act out in anger because of her situation. Sometimes this takes the form of screaming or hitting to get her mind off of the pregnancy. Evasive coping is similar in that the teenager attempts to distance herself from the true source of her stress. Instead of meeting the problem head-on, the teenager might shut off from the rest of the world by listening to music in her room, or might even use drugs or alcohol to avoid facing the issue. Teenagers in the study report that even after using evasive and emotive methods of coping, their stress levels often remain high. But by using an optimistic form of coping, their fears are often temporarily put to rest. For example, consider a year-old girl who has just discovered she is pregnant with her first child. At first, she panics, unsure of who she should talk to or confide in. She begins to glorify the idea of motherhood, envisioning the experience as more fun than work. She might fantasize about dressing the child up, taking the child out shopping with friends, and playing games with the baby. But the reality of the situation is that parenthood is much harder work than she believes. While she glamorizes thoughts of motherhood, she forgets that babies require constant attention, eating into the social life the teen mother takes for granted. The teen forgets that soon she must worry about changing the babies diapers, feeding the baby, cleaning up after spills and messes the baby makes, and waking up at unusual hours to calm the crying child. This form of optimistic coping, while possibly efficient during the time of stress, is also unrealistic. In order to paint a more realistic picture of motherhood, Myers suggests counselors need to work with pregnant teenagers on problem-solving techniques and long-term planning abilities to ensure the healthy development of the children. The adolescent brain is still growing through the teenage years, and many teens are unprepared to predict long-term outcomes. In the article, researcher Paul V. Trad describes how previewing gives teenagers a realistic view of how childbirth will affect their lives, adapting to the changes and meeting them head-on. He or she might do this by first asking the teenager if she is able to describe the physical changes on her body that pregnancy imposes. This first exercise allows the counselor to develop a relationship with the teen, providing the counselor with an insight about how realistically the pregnant girl views the pregnancy. The teenager writes down her expectations of childbirth, and later compares it with the realities of childbirth. These enactment exercises help the teen develop an accurate view of what mothering will require of her. Previewing continues after the birth of the child to encourage the mother to plan for the ongoing emotional and behavioral development of the child. By envisioning outcomes of development, the mother will know when predict the baby will display certain behaviors, such as crawling, and talking. Helping Pregnant Teens While support services exist for pregnant teens, many studies suggest more work must be done to accurately meet the physical and mental health needs of pregnant adolescents.

Chapter 6 : The Pregnant Therapist: Caring for Yourself While Working With Clients

Massage therapy during pregnancy is a wonderful complementary choice for prenatal care. It is a healthy way to reduce stress and promote overall wellness. Massage relieves many of the normal discomforts experienced during pregnancy, such as backaches, stiff neck, leg cramps, headaches and edema (or swelling).

As a therapist you will want to prepare your clients for the fact of conception by anticipating the effect that visible pregnancy might have upon the therapeutic alliance. At the same time, it is important to take appropriate steps to care for yourself. Planning Ahead Is Good Practice There are personal, professional and business concerns involved as the therapist begins to plan a family. It is beyond the scope of this article to address the many relevant issues in detail. A therapist who is planning a family generally needs to consider the following four issues: How and when will the clients be informed of the pregnancy? What will be the dates and length of the maternity leave? Who will manage the clients while the therapist is on leave? Haber, Creating a Comfortable Working Environment During Pregnancy While the psychologist may be accustomed to presenting as a pre-pregnancy model of health and energy, she may be surprised to find this replaced by physical symptoms of nausea and fatigue during her work day. It is important to make adjustments in the work environment by: Communicating with your employer and colleagues about special needs during your pregnancy Attending to the creation of a comfortable and ergonomically supportive office environment, such as pillows or footstools. Adjusting the client schedule to incorporate stretch breaks, brief stress reduction exercises and nutritional requirements. Paying special attention to maintaining a professional presentation in attire as the pregnancy progresses and becomes visible. Emotional Self-care During the Pregnancy Pregnancy may stir intense feelings in clients. Observing their visibly pregnant therapist may be the first time clients have even considered that their therapist has a life outside the consulting room! Such reactions may serve as a catalyst for change in treatment, perhaps helping the clients resolve issues of loss, sibling rivalry or oedipal conflict Cullen-Drill, Further, the reactions may engender discussions regarding the length and course of treatment and perhaps motivate clients to maximize their time in treatment. However, emotional changes in the therapist herself due to hormonal fluctuations of pregnancy, fatigue and a growing sense of vulnerability may reduce her functioning as a therapist. Impending parenthood may also cause emotional changes for male therapists, that could become problematic if left unaddressed Guy, It may be important that the psychologist enter her own psychotherapeutic treatment during this time so that she is able to distinguish her unresolved issues from those of her client. This may similarly be the case for male therapists who are soon to become fathers. Objectivity can be difficult to maintain during the heightened sensitivity of pregnancy. Regular supervisory sessions or peer consultation can also be helpful in identifying personal issues and maintaining appropriate boundaries within the therapeutic session. Special challenges in interacting with clients might include: Personality-disordered patients who may vacillate between hostile and affectionate attitudes toward the pregnancy. Male patients who reveal sexual fantasies involving their female therapist. Female clients with a miscarriage history may experience renewed feelings of loss when the therapist reaches the gestational stage at which the client lost a pregnancy. Jealous patients who view an anticipated maternity leave as abandonment. Parental Leave Careful planning of the maternity or paternity leave will allow the therapist to protect her or his privacy as well as help provide for appropriate continuity of client care. There are important continuity of care considerations and related legal and ethical issues that may be involved with pregnancy and taking leave from professional practice. Psychologists in this situation should seriously consider consulting with a knowledgeable attorney to ensure that they take appropriate steps related to continuity of client care. A few practical pointers include: If a colleague will fill in for the therapist on leave, an early introduction of the colleague to the client is helpful. Introducing clients to the covering therapist early in the pregnancy can help facilitate a smooth transition. This may be especially important if coverage is needed earlier than expected due to circumstances such as an enforced bed rest during pregnancy, miscarriage or delivery complications which might delay return to work. If the therapist is not planning to return to practice following the pregnancy, transitioning clients to a new therapist well before the expected due date can provide ample time for the

therapists to consult with one another about client treatment. Limiting acceptance of potential long term clients during initial pregnancy might be in the best interest of both psychologist and client. Perspectives in Psychiatric Care, 30 4 , Futa, Kristine, The working pregnant psychologist. Psychoanalytic dialogues, 4 1 , Guy, J, Guy, M. Therapeutic issues for both female and male psychotherapists. Theory, Research, Practice, Training, 23 2 , Women in independent practice: Issues of pregnancy and motherhood. Psychotherapy in Private Practice, 11 3 ,

Chapter 7 : Thriving As A Massage Therapist During Pregnancy Â« The Massage Therapist Development

My therapist may not have given birth to me but therapy itself has been a rebirthing experience. Like pregnancy and birth, my journey has been at times painful and turbulent but towards the end.

Care by a physical therapist can be critical in preventing and treating these conditions since the type and amount of treatments that can be applied during these periods is limited. This may involve recommendations for sleeping positions, exercises to help postural alignment and body balance, exercises to improve strength, mobility, and flexibility, and bracing for lower back support. Boissonnault stresses that, "patients who are experiencing low back pain that is preventing them from performing normal daily activities during or after pregnancy should seek the expert advice of a physical therapist. This often under-reported and untreated condition⁴ is characterized by involuntary leakage of urine upon effort, exertion, or physical activity. To help pregnant and postpartum women regain control over their lives and their bladders, physical therapists design individualized treatment plans, which may include exercises to strengthen the pelvic muscles and advice on how to change behaviors that contribute to incontinence. Additionally, those who engage in physical therapy-led targeted exercise programs for the pelvic floor muscles during pregnancy are less likely to report urinary incontinence late in their pregnancy. She has been instructing in all levels of continuing education classes as a teaching assistant for pregnancy issues. Dina Freeman, will serve as the tweet chat moderator. She is the mother of two little boys, and an independent public relations consultant for a leading parenting Web site, BabyCenter. Dina shares responsibility for the voice of the Twitter handle BabyCenter. Additionally, Dina blogs at both BabyCenter. To join the chat, visit: Simply login to Twitter and follow the hashtag: Learn more about conditions physical therapists can treat and find a physical therapist in your area at www.consumers. Consumers are encouraged to follow us on Twitter [moveforwardpt](https://twitter.com/moveforwardpt) and become a fan on Facebook. BabyCenter has nurtured more than million parents since its launch in , providing a customized experience that blends trusted expert advice with mom-to-mom wisdom from preconception to age 8. BabyCenter offers an exclusive set of industry-leading 3D animated videos about pregnancy and birth and a complete series of live birth videos with expert narration and commentary. BabyCenter is available on the Internet in eight languages and has mobile applications in English, Spanish, and Hindi. Musculoskeletal disorders of pregnancy, delivery and postpartum. Musculoskeletal aspects of pregnancy. *Am J Phys Med Rehabil* ; Urinary incontinence in the childbearing woman. Pelvic floor muscle training for prevention and treatment of urinary and fecal incontinence in antenatal and postnatal women *Review. The Cochrane Collaboration* 1. Physiotherapy for female stress urinary incontinence:

Chapter 8 : Massage and Pregnancy - Prenatal Massage

Before pregnancy - There are a few things I suggest are important to consider before becoming pregnant. Maternity leave - To pay into Employment Insurance (EI) or not, that is the question as a self-employed therapist!

A change in your center of gravity affects your posture, which causes the muscles to work harder. Increased exertion creates fatigue, which leads to a decreased motivation to be active. The absence of an athletic release often results in increased stress. Though it is difficult, this domino effect can be slowed greatly with the help of physical therapy. Lower back pain is an all too common reality for many expecting mothers. This shift increases the amount of force the muscles must generate for everyday support causing women to slump forward. Over time this poor alignment creates muscle tightness in the pectoral muscles, rolling the shoulders forward and creating increased stress on the muscles of the neck, shoulders and mid-back. If these muscular factors are not addressed, these forces will ultimately be translated down to the low back, an area which is already under a great deal of stress because it is supporting the increased center of gravity. Additionally, exercise increases physical endurance and muscle strength, especially in the hips, back and abdomen. Improving these areas can prepare the body for the physically demanding event of delivering a baby. Finally, therapeutic exercise during pregnancy can assist the recovery after the delivery. It tones muscle which will improve metabolism, decrease the severity of fatigue, and assist in reclaiming your pre-pregnancy weight. I thought physical therapy was limited to recovery after surgery? There is a general impression that physical therapists are similar to personal trainers or only work with people after surgery or catastrophic injury. While that is a component of what physical therapists do, it does not entirely encompass the scope of the profession. As stated previously, physical therapy is a medically based profession specializing in pain relief by identifying and treating the causes of pain in each individual. A good program will take both an active, exercise based approach, as well as a passive one. The ultimate goal is to educate the client so that they can be independent in their program and continue to treat themselves at their own convenience.

Home Exercises During Pregnancy

There are no guarantees, but it is fair to expect your pregnancy and labor to be easier and possibly even go quicker following any strength and flexibility enhancements. Although a few visits with your physical therapist is a good start, it is essential to incorporate home exercises into your physical therapy program. Your physical therapist is going to provide you with specific exercises that target what you need to make your pregnancy easier and even healthier. You can also rest assured that your physical therapist will guide you through proper usage of these exercises so that you can reap the most benefits. The key is finding the appropriate program. Be wary of treatment programs that are passive, place increased stress on the joints and do not address muscle strength and flexibility with exercise. Here is what you should look for in a physical therapy program: Physical therapy can intervene to lessen this strain. A proactive strength, flexibility and stabilization program can be beneficial in preventing or decreasing the intensity of painful symptoms, thus making your pregnancy experience a more positive one.

Chapter 9 : Physical Therapy and Pregnancy: Before, During and After - Therapeutic Associates Physical T

Massage and Pregnancy: Benefits of prenatal massage. Studies indicate that massage therapy performed during pregnancy can reduce anxiety, decrease symptoms of depression, relieve muscle aches and joint pains, and improve labor outcomes and newborn health.

All around her middle. For some even when your therapist is nine months pregnant it is possible not to acknowledge what is blindingly obvious. My therapist had children before I started seeing her so it has not been an issue for me. What was an issue was when she got a pair of dogs and I thought they were getting more attention than I was. And I was right; they are a pair of pampered pooches. Thank goodness she was never pregnant when I was a client. I would not have handled it well. Nancy McWilliams has had two pregnancies while she was working as a psychoanalyst. Donna, one of the clients she wrote about in a case study in her book *Psychoanalytic Psychotherapy: There are no ugly babies*. The only one I know of was in a *Seinfeld* episode, judged exceedingly so by four TV characters, none of whom had ever had a baby themselves. There would be the usual assortment of abandonment issues, perceived rejection, jealous feelings of usurpation, bilious resentment, diabolical hostility and anger and many wishful unrequited fantasies. It would mean that someone had access to her in a way that will never be accessible to the client. It is proof positive that she has had sexual intimacy with someone that was not you. It is disturbing to have these unwanted, intrusive feelings. I have had them and while I am not a lesbian, have never had nor want a lesbian affair, I do recognize that sexuality is fluid and on a continuum. All of which I get during the therapy hour to my satisfaction. I have of course fantasized about being her baby. She would always smile in a warm, secure, comforting manner and never have any personal needs of her own â€” ever again. I would of course be an only child read spoiled brat. She of course would never have another relationship again â€” ever. Exploring this fantasy with your therapist can be relevant and enlightening, especially if your mother was emotionally detached and you had attachment issues. Visualize the womb you would develop and grow in and what it would feel like to be inside a loving mother. My therapist may not have given birth to me but therapy itself has been a rebirthing experience. Like pregnancy and birth, my journey has been at times painful and turbulent but towards the end â€” there is much peace and stillness. Her previous *Psych Central* blog was called *Therapy Unplugged*. She currently works as a peer support worker in the mental health field. Please email her on davson@iinet.net.