

## **Pre-Natal Maternity Massage**

**Prenatal massage has the same purpose as other styles of massage but is catered to the pregnant woman.**

### **Benefits of Pre-Natal Maternity Massage:**

- Decreases anxiety and stress and promotes relaxation
- Lowers incidence of leg cramps
- Reduces swelling by stimulating circulation
- Better Circulation of energy, nutrition and immunity to the baby
- Relaxes the baby,
- Eases backaches, headaches, shoulder and neck aches caused by muscle tension and shifts in posture

### **Contraindications for Pre-Natal Maternity Massage:**

**Although pregnancy massage is beneficial in most cases, some women should not have a prenatal massage. Women who should avoid massage during pregnancy include those who suffer from the following:**

- Eclampsia
- Gestational Diabetes
- Gestational Edema Proteinuria Hypertension (GEPH)
- Early labor
- Miscarriage threat
- Placental or cervical dysfunction

**In addition to the above list, prenatal/maternity massage is also contraindicated for women experiencing any of the following symptoms/signs.**

- Bloody discharge
- Continual Abdominal pains
- Sudden gush or leakage of amniotic fluid
- Sudden, rapid weight gain
- Increased blood pressure
- Protein or sugar in urine
- Severe back pain that does not subside with the change in position
- Visual disturbances
- Severe nausea and/or vomiting
- Severe headaches
- Excessive hunger and thirst
- Increased urination in the second trimester
- Phlebitis
- Thrombosis or suspected clotting conditions
- Kidney, liver or spleen compromise or infection
- Local massage on areas with severe varicose veins and swelling are avoided due to clotting risk.

There may be additional contraindications not listed. Please consult with your doctor/health care provider if you have any concerns prior to receiving a pre-natal massage

## Pre-Natal Maternity Massage Client Consent Form

### Personal / Contact Information

Full Name:

Emergency Contact Name:

Phone:

Physician/Health Care Provider Name:

Phone:

I, \_\_\_\_\_ have received and read the attached written information pertaining to the possible benefits and contraindications to massage therapy during pregnancy. I understand the information and confirm that:

(Please initial next to each line)

\_\_\_\_ I have not experienced any of the complications listed on the attached sheet

\_\_\_\_ I have not experienced any of the conditions listed, which would make it unwise to have massage therapy

\_\_\_\_ I am experiencing a low-risk pregnancy

\_\_\_\_ I am receiving medical care including regular check-ups throughout my pregnancy. If my Physician/Health Care Provider and I have identified any exclusion(s) to the statements above, I will list them here:

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I understand that I will be receiving massage therapy as a form of adjunct health care only and that this therapy is not intended to replace appropriate medical care. If at any point I experience any complications, changes in my condition or am considered to have a high-risk pregnancy, I will notify All Is Well Holistic Spa

I release the practitioners and their insurers, and their respective officers, directors, stockholders, successors, employees and agents from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage therapy.

My signature below affirms that I have read and agreed to the consent information that was presented to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_