How is a prenatal massage different from a standard massage?

The biggest difference from the client’s point of view is receiving the massage in side position. Apart from that it feels the same--maybe even better just because pregnant women need massage more than any other group I know. From the therapist’s point of view there are safety precautions to take, including avoiding deep work on the inside of arms and legs due to the slim-but-real possibility of blood clots. Another precaution is avoiding certain acupressure points before the due date that are known to stimulate contractions. An experienced prenatal massage therapist knows that pregnancy affects a woman’s body in unique ways from head to toe, and exactly which muscles need extra attention. Some of these you might guess: the low back, or the feet. But other muscles commonly tight on pregnant women include hip rotators, upper back muscles (from supporting that new bra size she is sporting), intercostal muscles between the ribs (strained from the pressure of her organs getting shoved upwards making breathing challenging), and peroneous longus, the long muscles on the outside of her calves that are working harder to balance her because her hip joints rotate outward.

What is the best position for pregnant mothers getting a massage?

Massage in a supported side-position is the best, hands down. This is how she sleeps at night, and there are wonderful cushioning systems that make this very comfortable for her. I think massage tables with holes in the middle are uncomfortable for many and possibly dangerous for some: either the hole is too big for her belly and she is falling though while someone presses on her back, or it is too small and puts pressure on her lower abdomen. If a woman has a placental disorder (like placenta previa), pressure on her belly can be very risky for the baby. I recommend side-position for all pregnant women after the first trimester. Some of my clients like it so much they continue with side-position massage after the baby is born.

I’ve read that the Swedish massage technique is best for prenatal

massages. Is that true? Why?

Swedish massage is the foundation for almost all massage, and pregnant women benefit from the increased circulation even more than the rest of us. Along with relaxing muscles and pushing out toxins, it also reduces edema (swelling) in the hands and feet of expectant moms. Other techniques can be therapeutic as well: I use deep tissue where appropriate, neuromuscular therapy (NMT) on trigger points, and passive stretching methods. Some therapists who are trained differently use a myriad of other techniques that can be quite effective, but we should all observe the same set of safety precautions.

I noticed you also taught birth partner massage coaching classes. Would

you mind sharing one or two simple, at-home massage techniques expecting

parents can try?

Here is a simple one: Find a chair that the pregnant woman can comfortably straddle backwards, leaning on a pillow. Using soft fists, press on either side of her spine just above her hip bones (never directly on the spine) and rotate in slow circles on each side at the same time. Move both hands outward a few inches, and repeat the circles, this time with a little pressure from the side. This massages the lateral border of the main low back muscle, the quadratus lumborum, and feels wonderful to a pregnant woman.

Also, to reduce swelling one might be tempted to use deep pressure to “squeeze” the fluid from her feet and ankles. Because the fluid is retained in the superficial layers under her skin, fairly light pressure is actually much more effective. Pressure should be smooth and flowing, directed from her feet and hands upwards--the rule of thumb here is to always think of returning circulation back to her heart.

Is there anything else about prenatal massages that is important to note?

My personal mission in life is to de-bunk the myth that when a pregnant woman has sciatica it is because “the baby is sitting on a nerve” and there is nothing that can be done to help her. (Anatomy 101: The baby is in the uterus. The sciatic nerve runs through your tush under the glutes. They don’t touch.) In my experience 95% of pregnancy-related sciatica-like symptoms can be relieved through massage. What happens physiologically is that the weight of her new belly pulls on the low back and hip muscles, causing the piriformis muscle to become a tight band from the sacrum (tailbone) to the hip joint, compressing the sciatic nerve. Sciatica can be treated successfully by improving posture (by tilting her pelvis and not letting her back sway), using stretches that target the piriformis, and receiving massage from a trained prenatal massage therapist.

That begs the question: how does one find a good prenatal massage therapist? Be sure to ask for someone trained with one of the top instructors in the US: Kate Jordan, Carole Osborne, or Elaine Stillerman. (Carole Osborne and Elaine Stillerman have directories of therapists with their training on their respective websites.) When you interview a therapist, ask her how many years she has been certified, any specialties she has and what percentage of her clientele is pregnant women. You want someone who has lots of experience as well as the advanced training.