Prenatal Massage

Diagnosis/Condition:	Pregnancy
Discipline:	Massage Therapy
ICD-10 Codes:	N/A
Origination Date:	2016
Review/Revised Date:	07/2024
Next Review Date:	07/2026

Pregnancy involves complex changes where all systems of the body are impacted. This can result in a wide range of concerns, conditions, and symptoms including mechanical based aches and pains, heartburn, constipation, carpal tunnel syndrome, depression, and anxiety to name a few.

Massage has been used as an effective and valuable treatment during pregnancy and childbirth in nearly all traditional cultures. Modern investigation and research have provided more evidence that prenatal massage therapy can be an instrumental ingredient in women's prenatal care. This should be given careful consideration by providers and with consent and discussions of safety for the patient[1]. Studies indicate massage performed during pregnancy may have several positive effects including but not limited to reducing anxiety, reducing stress[2],decreased symptoms of depression, relief of muscle aches and joint pains, and improved labor outcomes and newborn health.[3] Massage has also been shown to help relieve pains associated with early stages of labor, as well as help decrease pain during labor.[4] Antenatal massage has even been shown to reduce the use of pethidine and epidural analgesia.[5]

Fourteen to twenty three percent of women will struggle with some symptoms of depression during pregnancy. A review of randomized controlled trials of relaxation massage during pregnancyhas shown that pregnant women who receive massage had reduced depression and anxiety by the end of the therapy period, but they also had reduced depression and cortisol levels during the postpartum period.[6] Babies born to mothers who suffer from depression may be less active, show less attention and be more agitated. Studies in the last 10 years have shown documented hormone changes associated with relaxation and stress. Specifically, cortisol levels are shown to be lowered following massage. This leads to mood regulation and improved health for mother and fetus. Also, excessive fetal activity decreased, and the rate of prematurity was lower in the massage group in one study. [7]

Subjective Findings and History

- Patient's report of active pregnancy with presenting chief complaints: Postural strain complaints e.g., low back pain. Include appropriate Outcome Assessment Tools measures, e.g., pain scale.
- Appropriate past medical history, family history, and systems reviews.

- Reported pain associated with gravid body weight and/or prolonged positional pain.
- Sleep, activities of daily living (ADL's) disturbed due to symptoms.
- Pain unrelieved by changing position – could require a referral.
- Depression in pregnancy may be reported as persistent sadness, difficulty concentrating, sleeping too little or too much, anxiety, change in eating habits, loss of interest in activities normally enjoyed and more – could require a referral.
- Due date and number of weeks should be recorded and reviewed at each massage session.
- Name and phone number of OBGYN.

Objective Findings

- Visible body habitus changes: increased lumbar lordosis and thoracic kyphosis, anterior head/neck posture, rounded shoulders, enlarged breasts, hyperextended knees, flattening of the feet.
- Persistent swollen ankles – could require a referral.
- Notation of high-risk pregnancy requires physician referral and consultation before initiating massage.
- Palpatory tenderness and muscle hypertonicity.
- Activities causing pain or discomfort should be rated and have follow up in subsequent visits.
- Pain in the absence of activity should be rated and have follow up in subsequent visits.

Assessment

A valid ICD-10 code indicating a condition for which massage therapy services are included on the submitted CMS-1500 billing form (e.g., M54.5 low back pain). Symptom/location of pain-based codes are most easily identified as appropriate without constituting the process of "diagnosis" which is beyond the scope of LMT/LMP's. Length of massage should be noted in units or minutes and should include techniques and modalities used to justify continuing massage treatment.

Procedures and Plan

- *Procedures:*
    - Massaging towards the heart can reduce ankle and leg swelling.
    - Advising clients to rest with feet elevated may also help reduce or avoid continued swelling.
    - Any chronic swelling, especially with pitting edema should be grounds for immediate referral to OBGYN.
    - Side-lying massage is optimal. This position reduces intrauterine and sinus pressure and fosters somat(o)ic emotional integration. Include a pillow under client's abdomen, head and between knees to avoid positional pain and keep all joints on a horizontal plane. This is advised through most stages of pregnancy.[8]
    - Shiatsu techniques are shown to help with spontaneous induction.[9]
    - Foot reflexology has been found to be effective and safe for labor pain, duration of labor and anxiety.[10]

- *Plan:*
    - Treatment plans with appropriate home care should include physician's reschedule date (if client is referred), or patient to return as needed (PRN).
    - Check with OBGYN before instructing client with exercises, vitamins, or any supplements.

The Evidence

American Pregnancy Association: Chiropractic Care
http://americanpregnancy.org/pregnancy-health/chiropractic-care-during-pregnancy/

American Pregnancy Association: Labor and Birth/Back Labor
http://americanpregnancy.org/labor-and-birth/back-labor/

American Pregnancy Association: Labor and Birth/Relaxation Techniques
http://americanpregnancy.org/labor-and-birth/relaxation-techniques/

American Pregnancy Association: Depression During Pregnancy
http://americanpregnancy.org/pregnancy-health/depression-during-pregnancy/

American Pregnancy Association: Prenatal Massage
http://americanpregnancy.org/pregnancy-health/prenatal-massage/

Clinical Pathway Feedback

CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

Clinical Services Department: cs@chpgroup.com

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this service is covered by a patient's benefit plan. The patient's benefit plan determines coverage.

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[1] Fogarty S, Barnett R, Hay P. Safety and Pregnancy Massage: a Qualitative Thematic Analysis. Int J Ther Massage Bodywork. 2020;13(1):4-12.

[2] O'hair CM, Armstrong K, Rutherford HJV. The Potential Utility for Massage Therapy During Pregnancy to Decrease Stress and Tobacco Use. Int J Ther Massage Bodywork. 2018;11(3):15-19.

[3] Mueller SM, Grunwald M. Effects, Side Effects and Contraindications of Relaxation Massage during Pregnancy: A Systematic Review of Randomized Controlled Trials. J Clin Med. 2021 Aug 6;10(16):3485. doi: 10.3390/jcm10163485. PMID: 34441781; PMCID: PMC8396946.

[4] Janssen P, Shroff F, Jaspar P. Massage therapy and labor outcomes: a randomized controlled trial. Int J Ther Massage Bodywork. 2012;5(4):15-20.

[5] Lai CY, Wong MKW, Tong WH, Lau KY, Chu SY, Tam AML, Hui LL, Lao TTH, Leung TY. The impact of antenatal massage practice on intrapartum massage application and their associations with the use of analgesics during labour : Sub-analysis of a randomised control trial. BMC Pregnancy Childbirth. 2022 May 18;22(1):420. doi: 10.1186/s12884-022-04743-7. PMID: 35585620; PMCID: PMC9118716.

[6]Field T. Pregnancy and labor massage. Expert Rev Obstetr Gynecol. 2010;5(2):177–181
[7]Tiffany Field, Touch Research Institute, University of Miami School of Medicine, Dept. of Pediatrics 2010 (D-280)
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2870995/

[8] Carole, Osborne. Pre- and Perinatal Massage Therapy: A comprehensive guide to Prenatal, Labor and Postpartum Practice: second edition: Wolters Kluwer Health/Lippincott Williams & Wilkins, Feb 24,2011

[9] Teimoori B, Rajabi S, Navvabi-Rigi SD, Arbabisarjou A. Evaluation effect of shiatsu technique on labor induction in post-term pregnancy. Glob J Health Sci. 2014 Nov 30;7(3):177-83. doi: 10.5539/gjhs.v7n3p177. PMID: 25948426; PMCID: PMC4802079

[10] Liang X, Wu S, Li K, Zhang H, Yang F, Wang X, Yang G. The effects of reflexology on symptoms in pregnancy: A systematic review of randomized controlled trials. Heliyon. 2023 Jul 19;9(8):e18442. doi: 10.1016/j.heliyon.2023.e18442. PMID: 37533996; PMCID: PMC10391945.