



## 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
- 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 labour
- 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 a 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 if you have any concerns prior to receiving a pre-natal massage.***

# HAND & STONE<sup>®</sup>

MASSAGE AND FACIAL SPA



## PRE-NATAL MATERNITY MASSAGE CLIENT CONSENT FORM

### Personal /Contact Information

Full Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians 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 conditions/symptoms listed on the reverse.

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

\_\_\_\_ I am receiving medical care including regular check-ups throughout my pregnancy. If my physician 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 and that this massage therapy is not intended to replace appropriate medical care. If at any point I experience any complications, changes in my health or medical condition or am considered to have a high risk pregnancy, I will notify Hand and Stone Massage and Facial Spa.

I release Hand & Stone Massage and Facial Spa and its officers, directors, stockholders, successors, massage therapists, employees and agents and insurers 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 foregoing.**

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

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

Witness Signature \_\_\_\_\_

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

**Consent to treatment of minor:** By my signature below, I authorize HAND & STONE MASSAGE AND FACIAL SPA to administer massage or bodywork techniques to my minor child or dependent as they deem necessary or proper.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_