

PREGNANCY

Receiving shiatsu during pregnancy has many positive effects. It prevents back pain, sciatica pain, nausea, oedema, and many of the side effects of pregnancy. We should take some precautions when treating pregnant women, and our treatment should accompany her breathing, so it make take longer than usual.

PRECAUTIONS

Most miscarriages occur during the first three months of pregnancy, although many happen before the woman realises she is pregnant, and therefore she ignores that a miscarriage has taken place. Among those that do know they are pregnant, the rate of miscarriages in the first three months is between 15 and 20%¹.

Most women do not know they are pregnant until the second trimester, and shiatsu in itself won't be the cause of any miscarriages.

Most first trimester miscarriages are caused by problems with the chromosomes of the foetus, i.e. genetic causes.

However, we should avoid giving shiatsu to women that have a high risk of miscarriage, that is, with a history of miscarriages, or any other reason the doctor may have given, so it is important to ask about medical conditions.

Several long-term health conditions can increase the risk of having a miscarriage:

- diabetes (if it is poorly controlled)
- severe high blood pressure
- lupus or other autoimmune conditions.
- kidney disease
- thyroid problems
- coeliac disease

Be aware that German measles, HIV, some STDs, and some prescription drugs also increase the risk of miscarriage.

In all these cases, we should ask for doctor's consent before giving shiatsu.

POSITION

Some women show more than others, or, in other words, the bump is bigger in some women. After three months, it is always safer for the woman, to receive shiatsu on her side and on her back, but not on her stomach. This is not a fixed rule, and depends on the woman, so it can be earlier or later. Asking her to change if she feels uncomfortable or dizzy is a good idea.

Theoretically, women may have problems if they lie on their back for prolonged periods of time, although half an hour should be all right. Sometimes, when a

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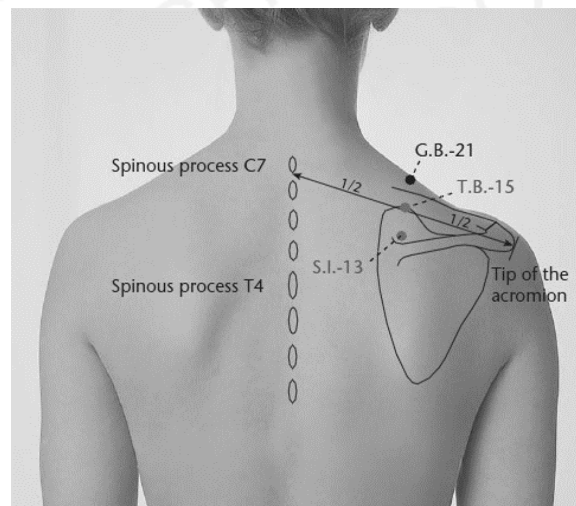
pregnant woman lies on her back, she may start to feel light-headed, dizzy and possibly breathless. This does not happen to every pregnant woman. If it does, it is because the foetus is placing pressure on one of the major blood vessels called the vena cava, which lies on the right side of the body.

If the woman feels dizzy and/or any numbness, either prop her back up with cushions, or ask her to lie on her left side.

AREAS TO BE AVOIDED

1. We cannot press on the abdomen, although we can use our palms with a very light pressure, or just leave them on the points to provide warmth and contact with the foetus.
2. There are 5 points, taken from acupuncture, that have been traditionally contraindicated in shiatsu, in massage and in reflexology. (See below)
3. Avoid the inside of the legs during the first three months of pregnancy.
4. Avoid the following points completely during the first three months of pregnancy, and, if you press them later on during the pregnancy, always press them lightly:

Gallbladder 21 (The second point of the line we press between the base of the neck and the acromion process, the suprascapular line)



Large Intestine 4 (Called He Gu in Chinese, it translates into English as Union Valley. The point is located in the valley-like depression between the thumb and the index finger, on the dorsum of the hand. Between the 1st and 2nd metacarpal bones, in the middle of the 2nd metacarpal bone on the radial side)

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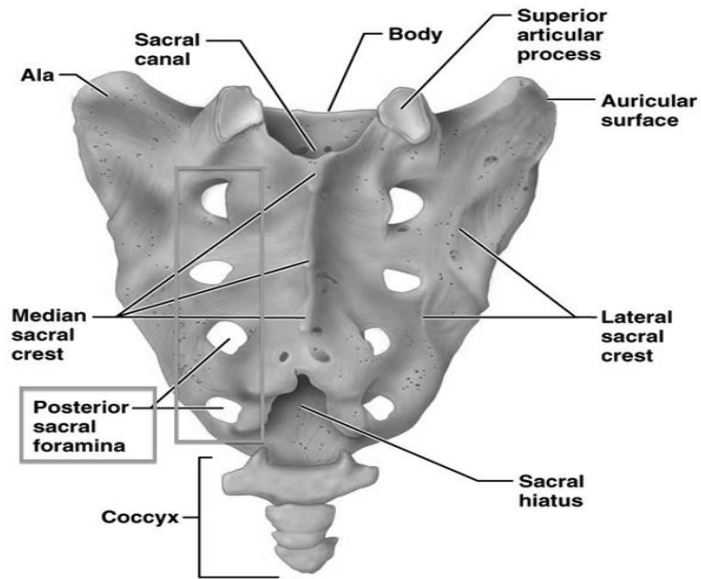


Spleen 6 (about 4 fingers above the inner malleolus)



Bladder 32 (In the second posterior sacral foramen)





Bladder 67 (on the outside edge of the little toes, on the outer corner of the little toenail)



This last point may be used to turn a breech baby to a head down position. It is better not to rotate it.

SHIATSU TREATMENT

1. Always have a cushion under the knees when patient is on her back.
2. Always have a cushion under the top leg when patient is on her side.
3. Be very careful with swollen areas (oedema) and always press lightly on those.

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4. Sotai exercises.

The symphysis pubis is a stiff joint that connects the two halves of the pelvis. This joint is strengthened by a dense network of ligaments. During pregnancy, the body produces a hormone called relaxin, which softens the ligaments in order to help the baby pass through the pelvis. The pelvic joints move more during and just after pregnancy, and this can cause inflammation and pain, and may lead to the condition symphysis pubis dysfunction (SPD).

Leg length correction sotai exercise

(<https://www.youtube.com/watch?v=PEOx2AtHVRc>) and the limping person sotai exercise (https://www.youtube.com/watch?v=uQm3jM_z4bo from minute 3:46 to 4:37) can prevent the condition, and therefore any pain associated with SPD.

5. Rotate toes and ankles. Hip rotations are best avoided as soon as the bump shows. Remember to not rotate the little toe.

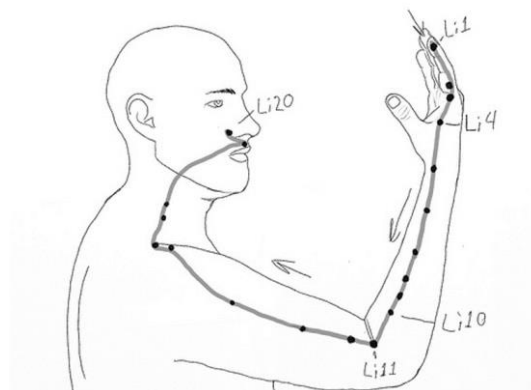
6. Pregnancy is a very emotional time, so be careful with the points on the chest. Some women may feel like crying, and others may feel dizzy. Always do the chest as soon as the woman is on her back, or avoid in oversensitive women.

7. Important points to include during treatment.

A) Inferior gluteal nerve point, prevents sciatica and hip problems.

B) Outer sacroiliac line (Urinary bladder 27, 28, 29 and 30), prevents sciatica problems.

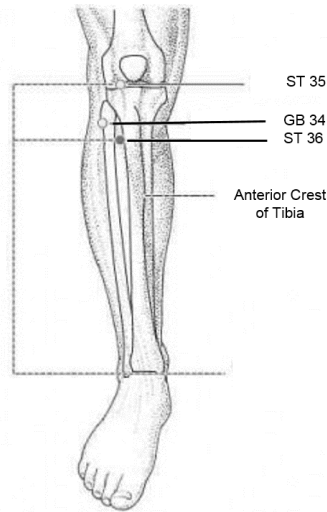
C) Arm sanri point, to increase vitality. Arm sanri or Large Intestine 10 is located on the outer surface of the forearm, three fingers breadth below the elbow crease when the elbow is bent 90 degrees.



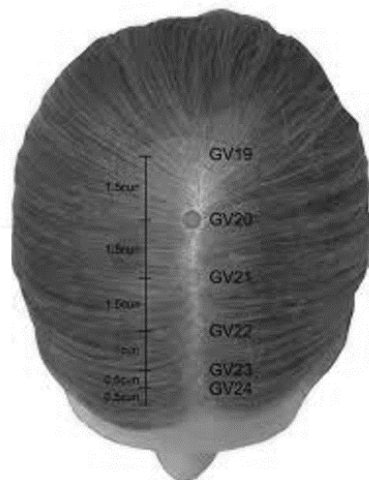
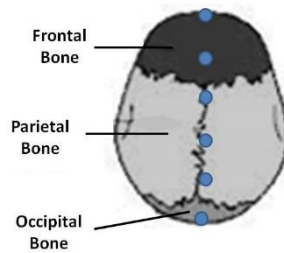
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D) Leg sanri point (Stomach 36), to prevent gastrointestinal problems, nausea and vomiting.



E) Governing Vessel 20, to prevent piles (haemorrhoids). Found on the top of the head. The fourth point we press on the median line of the skull cap (frontoparietal region or calvaria)



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POST-TREATMENT ADVICE

1) Pelvic floor exercises.

These exercises, together with sotais 1 and 3, should be recommended from the beginning of the pregnancy. The pelvic floor exercises will prevent urinary incontinence.

To begin with, the exercises should be done as sotai exercises, holding the position for three seconds and then relaxing. With time, they should be done both as sotai exercises and as strengthening exercises, that is, the position should be held for about ten seconds before relaxing.

Ideally, the exercises should be done in different positions, lying down, standing and sitting.

The only difficult part of these exercises is to not use other muscles. The muscles of the back and thighs should not be used.

Exercise No 1

Knees slightly apart. Ask patient to imagine they are trying to stop wind escaping from the anus without moving the buttocks or legs.

Exercise No 2

Knees slightly apart. Ask patient to imagine they are passing urine and they are trying to stop the stream without moving the legs.

2) Recommend patient to join pregnancy exercise class from beginning. Pregnancy pilates or yoga might be appropriate.

¹ <http://www.nlm.nih.gov/medlineplus/ency/article/001488.htm>.

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