

The Role of Massage in Promoting Positive Mental Health in Pregnancy

(Wellmother Written Assignment, Orla Beaton, July 2010)

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1. Introduction

The image of the “blooming” pregnant lady is so prevalent in our culture and our media. Pregnant women are expected to be happy, radiant and over-the-moon. So much so that they often feel a failure when the reality falls short of this expectation and feel ashamed to admit that they are struggling to cope. A little known fact is that the same proportion of women suffer depression during pregnancy as do postnatally. Furthermore, a report commissioned by mental health charity MIND in 2006 identified that at least one in six women experience mental distress during pregnancy or after birth. As Massage Therapists we have a vital role to play in helping support, nurture & care for pregnant women experiencing mental health difficulties and to an extent help to bridge the gap left by the often over-stretched NHS.

This essay focuses on the mental wellbeing of pregnant women and how well supported they are in our society. In particular it looks at the impact of stress, anxiety & depression on the pregnant mum & her newborn baby, the ability of the NHS to identify and help women in this situation and the important role that the Maternity Massage Therapist plays in supporting pregnant women with their mental health in a holistic and positive way. In the essay I will also reflect on my own relevant experiences and also those of my clients & Wellmother case studies.

2. Background - Choice of Topic

In the midst of doing my case studies I came across an interesting study which had been performed in 2009 by researchers at the Touch Research Institute in Miami. They found that massage has a significant impact on pregnant women experiencing depression and their babies. In particular, the massage group experienced decreased depression and fewer prenatal complications including a 75% lower prematurity rate and 80% lower incidence of low birth weight. They even found that depression and cortisol levels were still decreased in the massage group postnatally. Furthermore, newborn babies of the massage group also had lower cortisol levels than the control group. I found this to be such an inspiring study and really affirmed the work I was doing. So much so that it gave me the real urge to focus on this area in my written assignment.

Anxiety & depression in pregnancy is also a topic very close to my own heart and something I feel very passionate about. This passion is driven by my own experience as a mum of two young children but also by those of my clients, case studies, friends and relatives. There is still a real stigma about mental health and access to support & help is often difficult & patchy for many. For me, working as a Maternity Massage Therapist allows me to reach out and offer some of that support that has escaped many mums in the past and bring more awareness to this incredibly important and relevant issue in our society.

My first pregnancy was, on the whole, a very positive experience for me. I enjoyed the changes to my body and felt in good physical & emotional health throughout. Most days I would take time to tune into my baby and experienced real happiness as a result. In contrast to this my second pregnancy was a completely different experience. I had a young & very demanding toddler to look after and therefore had very little time to rest or reflect on my pregnancy. My parents had recently moved to a different country and therefore my support network had diminished substantially. In addition we had moved to a new town and I felt isolated from my friends and husband. As a result I felt utterly miserable. Ashamed of how I felt I tried to keep it inside for a long time. However, the fear of being depressed postnatally pushed me to raise my sadness with my midwife who thankfully was extremely kind and understanding (it is interesting that the fear related to post and not ante natal depression). Whilst she was unable to help with many of the causes of my depression she did at least recognise it and made herself available to talk whenever I felt the need. Through a friend I also got in touch with the Post Natal Depression project in Edinburgh and had some sessions with wonderful counsellors there who helped me believe that my feelings were perfectly normal and put in place coping mechanisms. This helped me open up to my mum about how I felt and she came to live with us for two weeks around the time of the birth which was a tremendous relief to all of us.

At the time I felt very frustrated at the lack of help out there and awareness of antenatal depression. Particularly as around the same proportion of women suffer from depression antenatally as do postnatally. I do wonder if I hadn't had the strength to open up and seek help for myself how I would have coped. Since then a number of my clients have come to me with similar feelings of anxiety & depression during pregnancy and with the same frustrations of lack of recognition and help from the medical profession. My experience allows me to empathise with them well and provide them with some aspects of support that they need, referring on to other health professionals where necessary. I can't help but think how wonderful it would have been to have had access to a Maternity Massage Therapist when I was expecting,

who cared about the whole picture and was able to support me holistically on a number of levels.

“When I was about 22 weeks pregnant my sister bought me a pregnancy massage...I went to see the therapist and this has definitely been a turning point for me. For a start, I found I could speak to her easily & poured my heart out to her about how I was feeling. I now see her twice weekly and I have found it to have a calming effect on me. When I feel extremely anxious I can now breathe to calm myself down. Her home is very welcoming, calm & warm and makes me feel very relaxed when I am around her. I have often joked that I would love to move in with her! She has offered me lots of advice, to see a CBT counsellor to try and control the anxiety and to see a midwife/ doula. I see both next week and I am hoping they will help.”

A friend dealing with antenatal anxiety & depression talking about her experience of pregnancy massage in Cape Town, South Africa.

3. Mental Health Problems in Pregnancy



a. Stress during Pregnancy

Pregnancy in itself can be a stressful event and to a certain extent it is normal to feel this way. It is a time of huge physical and emotional change. How the pregnant mum handles this stress is key and can have a profound impact on the health & wellbeing of the mum & baby during the pregnancy, birth & postnatally. Support from family & friends to combat the stress is also essential. Those who are affected by a stressful event during pregnancy such as a death in the family, redundancy or a house move may find that their ways of coping with stress come under further strain.

Some of the harmful effects of prolonged unmanaged stress in pregnancy include:

- increased heart rate & blood pressure
- increased likelihood of anxiety & depression
- exhaustion
- obstetrical complications
- higher incidences of miscarriage
- prolonged and more painful labour
- reduced blood flow to the uterus
- increased likelihood of developing an unhealthy lifestyle
- low birth weight and premature labour
- delayed child development

Research studies carried out by the Fetal & Neonatal Stress Research Group at Imperial College London have shown that stress experienced by a woman during pregnancy can affect her unborn baby. In one particular study in 2007 the researchers found that, at a gestational age of 17 weeks or greater, higher cortisol levels in the mother's blood were reflected in higher levels in the amniotic fluid and they found that this correlation increased with gestational age. This suggests that the mothers emotional state can affect the function of the placenta. High levels of cortisol are linked to anxiety & depression. They have shown through various studies that if the mother is stressed or anxious while she is pregnant the child is

more likely to be anxious, have emotional problems and have lower developmental scores.

b. Antenatal Anxiety

“Every fear is magnified in the darkness as you lie trying to sleep and unable to relax” Sheila Kitzinger.

As with stress, it is common to experience anxieties in pregnancy especially if it is the first baby and there is a fear of the unknown. A pregnant mum who is used to solely looking after herself is now responsible for the welfare of another human being. She may worry that she is not eating the right thing, that the baby is not moving or growing enough or that she is not getting enough sleep. There may be anxieties about the birth (e.g. pain, being out of control), about her support network and if it is her first baby, how she will cope as a parent. Often the biggest fear is about the health of the baby. These worries are all perfectly normal and to a certain extent healthy as they force the mum/ couple to prepare for the forthcoming events. However, if a pregnant client finds herself awake night after night worrying, spending hours on the computer researching health problems, having panic attacks, losing her rational thought process or feeling overwhelmed by the anxiety then this may indicate something more serious.

Chronic Anxiety is often a very physical experience caused by the release of hormones such as adrenalin. The appearance of a number of the following symptoms can help identify a potential problem:

- quickened heart rate
- dry mouth
- increased sweating
- high blood pressure
- muscle tension
- rapid breathing
- shaking hands
- feeling light-headed
- nausea
- headaches

The extent to which we get anxious varies from person to person and can arise due to a mixture of personality, current circumstances and childhood experience. Other factors such as diet (e.g. caffeine/ sugar rush), stress and fatigue can also cause anxiety. If the client is extremely anxious it is important for them to consult their GP to get help but also to eliminate any possible physical cause for the symptoms.

c. Antenatal Depression

“Around 10% of mums are affected [by ante-natal depression] - with women who have suffered depression previously at greater risk - and those figures could be set to rise if women aren't given the help and support they need to recognise and overcome the illness”. Netmums.com

The discussion of Antenatal Depression is somewhat overshadowed in our media by Postnatal Depression which is surprising given that on average it is estimated that 10-20% of pregnant women are depressed, on a par with those suffering postnatally. Does the lack of awareness have something to do with our perception of pregnancy and the feeling that it should be a happy time? The large proportion of pregnancy mums suffering from depression does somewhat dispel the idea that all pregnancies are happy ones.

Symptoms of depression can appear at any time during the pregnancy and those who suffer are at greater risk of developing postnatal depression so adequate support and help is essential. Hormonal factors are generally considered to be a major cause but often a number of other key RISK FACTORS are involved including:

- pre-existing depression
- family history
- an unwanted or unplanned pregnancy
- marital or financial problems
- a stressful life changing event (e.g. redundancy, death in family, moving home)
- history of miscarriage/ stillbirth/ infertility
- medical problems
- complications in the pregnancy
- history of miscarriage

- history of abuse
- social disadvantage

Women who are isolated are living with stresses such as bringing up children alone on a low income are particularly vulnerable to depression.

Other factors may include:

- feeling out of control of your body (e.g. weight gain, reduction in exercise)
- pressure to be “blooming”, happy & excited, looking good
- anxious regarding new responsibilities & caring for the unborn baby
- lack of a meaningful support network
- feeling unprepared for the birth & parenthood including breastfeeding
- frustration at changes in health & lifestyle

Feelings of depression & anxiety are also not restricted to first pregnancies and can occur in subsequent pregnancies due to similar reasons. Additional factors may include:

- lack of time to rest & reflect on the pregnancy
- relationships perhaps under strain already with existing children
- anxiety regarding impact on the new arrival on the family unit
- worry if previous pregnancies/ births were complicated

Whilst diagnosing antenatal depression is not within the scope of the Massage Therapist's role, we can keep an eye out for the following signs and indicators:

- feeling low or despondent with signs of hopelessness
- feeling tired, lethargic or even numb
- sense of inadequacy, feeling unable to cope
- feeling guilty about not coping, or not enjoying the pregnancy
- being unusually irritable
- wanting to cry
- loss of appetite or binge eating
- difficulty sleeping and vivid dreams
- being hostile or indifferent to their partner
- having panic attacks
- an overpowering unusual anxiety
- difficulty concentrating or making decisions
- physical symptoms like stomach pains, headaches & blurred vision
- obsessive fears about the baby's health or about herself and other members of the family
- thoughts about death or self-harm

Those who have antenatal depression are at a greater risk of developing postnatal depression so help & support is essential and this often entails talking therapies or in more serious cases medication. As Massage Therapists the most important thing we can do is encourage our depressed clients to seek help and in more severe cases refer on to appropriate healthcare professionals.

IMPORTANT NOTE

Some women may even develop severe mental health conditions such as psychosis in pregnancy particularly if they have had pre-existing condition such as bipolar disorder and perhaps have had to come off medication. Whilst it is not within the scope of this report to cover this Massage Therapists should be alert to clients who are experiencing acute distress e.g. restless & agitated, not making sense or losing sense of reality. Evidence of suicidal thoughts, hearing unusual voices or even discovering evidence of self harm on the body particularly when this has not been discussed in consultation should ring alarm bells. In these cases it is likely that they will be under the care of professionals like community mental health nurses & psychiatrists and the Massage Therapist must liaise with those involved in order to insure the safety and security of his or her client. Thus emphasising the importance of a full & detailed intake form and the need to find out GP & midwife contact details. In cases such as these if the Massage Therapist does feel uncomfortable dealing with such a vulnerable client they would be entitled to refer the client to someone more experienced or request that a member of his/ her healthcare team or family attends the appointments.

4. NHS Provision of Healthcare for Mental Health in Pregnancy



“I didn't tell anyone I was feeling low. I didn't want to admit I wasn't the “supermum” I hoped I'd be and I felt ashamed I couldn't cope. But if someone had given me the chance, I'd have poured my heart out. I wish I'd had that opportunity” Kelly, a Mum, mind.org.uk 2006

This quote provides a common and valuable insight into the frustrations and hopelessness often felt by mums needing help with their mental health from the NHS. Mental health charity MIND carried out research in 2006 asking women with experience of antenatal and postnatal mental health problems about the care they received on the NHS. They found that:

- 75% were prescribed medication and less than 20% were offered Cognitive Behavioural Therapy (CBT) despite the known risks involved with antidepressant use in pregnancy.
- Some women waited over 1 or 2 years for CBT.
- 90% of women surveyed attributed their problems in getting care to a lack of understanding by health professionals and poor advice and information.

These findings are very alarming and potentially indicate a large public health issue that is not being given enough priority. MIND reported that many health professionals caring for mothers (GP's, health visitors, midwives) have had insufficient training to distinguish between normal emotional changes in pregnancy and mental health problems. **MIND identified the severe shortcomings in provision of antenatal care as being at the root of many problems reported by the surveyed women.**

Key recommendations in the report included requiring all maternity services to have a lead clinician with an interest in antenatal mental health and that better training is given to enhance the skills & knowledge of health professionals. They suggest that more training should be given in picking up potential risk factors for the development of mental ill-health such as a history of depression and that this should be routine in early pregnancy.

Partly as a result of this report, in 2007 the National Institute of Clinical Excellence (NICE) set out guidelines on antenatal and postnatal mental health. These guidelines state that healthcare professionals should ask specific questions designed to detect signs of depression before, during and after the pregnancy and follow this up. They also say that talking therapies should be more readily available to women who are pregnant and breastfeeding because of the increased risk of using medicines at this time. A move in the right direction!

However having spoken to MIND when writing this report they confirmed that talking therapies are still scarce on the NHS for everyone including pregnant women and access to specialist help very much depends on where you live in the country. MIND do have campaigns running to improve this situation and the previous government launched an “Improving access to psychological therapies” programme which improved things slightly (although this is currently under review by the new government).

A shocking fact is that suicide is the leading cause of maternal deaths in the UK (Confidential Enquiry into Maternal & Child Health, 2004, Why mothers die - Deaths from Psychiatric Causes). This enquiry concluded that many of these deaths could have been prevented if appropriate steps had been taken to treat the underlying mental health problems.

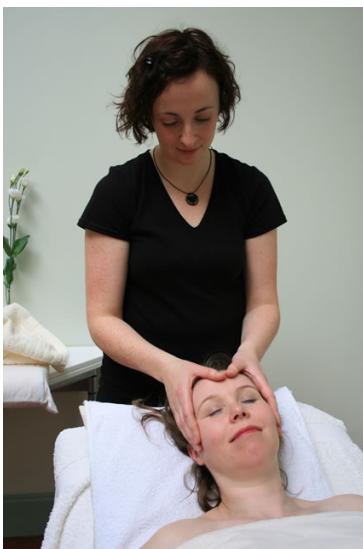
The MIND findings certainly seem to agree with my own personal experience. I found that very little emotional support was offered to me by the NHS during pregnancy. The midwife checks were very

functional & physical and over in a matter of minutes without any discussion regarding emotional & mental health. This is not however a criticism of the midwifery profession but perhaps more a reflection of the pressures and time constraints that they are under. I have no doubt that most midwives would offer help if requested, however how many mums feel able to admit feelings of anxiety & depression? Many women avoid telling their midwives or doctors about the way they are feeling because they are afraid that they would be seen as bad mothers or a failure. There is often a huge sense of guilt associated with admitting that you are finding it difficult to cope. Are midwives able to watch for “signs” of mental health issues and do they feel empowered and able to take action if problems are revealed? In my experience and in the experience of my clients & case studies, there is seldom any opportunity given to pregnant women to openly discuss any negative feelings they may be having within in the company of their healthcare team.

Health visitors are perhaps better placed and more aware of antenatal depression, however, there are not the resources to extend their visits to women throughout their pregnancies, in fact their resources in postnatal care are often very restricted and have been cut in recent years.

'As a health visitor I am only too aware of antenatal depression. The numbers of women suffering from it are the same as those suffering from postnatal depression but these are not always the same women. Sadly, it is not as easy to identify as postnatal depression simply because, as health visitors, there are not the resources in many areas to visit all antenatal women, despite recommendations from the government for us to do so. This would be an excellent time to make contact with prospective parents (dads too) and build relationships before the baby comes along. It is clearly an opportunity to identify depression or at least to talk about feelings.' Health visitor Ann Girling, talking to Babyworld.com.

5. The Role of the Massage Therapist



“When you're ill, you have to talk to lots of people. With massage, it's good to have some quiet time feeling cared for”. MIND.org.uk

It is clear that due to shortfalls in NHS provision expectant mums are having problems gaining access to advice, information & care. As Maternity Massage Therapists we are in the privileged position of being able to support and nurture mums throughout their pregnancy and beyond. For an anxious or depressed pregnant mum nourishing touch is vital for their wellbeing & mental health. Through regular massage expectant mums can begin to feel that they are looking after themselves again which helps to boost their self image and confidence. They can learn how to feel deeply relaxed and take some of this feeling home with them. Furthermore, if they are finding it difficult to talk about how they are feeling massage is a good way to explore and become more aware of how they are. Physically massage can help with the symptoms of stress, anxiety & depression. By calming the nervous system down it can reduce palpitations, a tight chest and shallow breathing. By working into the muscles it can alleviate chronic muscle tension build up as a result of stress.

Nurturing Bodywork

Aside from the physiological effects, one of the most powerful benefits of massage to the pregnant mum is its ability to reduce stress and minimise reactions to stress. By providing a calm, supportive & nurturing environment we can make a huge difference to the way our clients feel. Massage corrects, restores and balances the nervous system. This is enhanced by reducing pain, improving circulation and releasing “feel good” endorphins into the body. Pressure & techniques should all be adapted to the individual needs of the client. Simply placing hands and holding may be enough for someone who is feeling particularly fragile & anxious whereas someone who is feeling low may request a more invigorating and re-energising treatment. We should take care not to invade our clients personal space too much if they are anxious and inch forward with our techniques. For example, some pregnant clients are anxious about any touch around their abdomen (particularly if there are complications or a previous history of miscarriage), others around the chest area. Notice how they are lying, are they curled inwards in a foetal position or is their chest open? Are their shoulders raised? What is their breathing like? Are their limbs rigid or loose? Asking if they have any areas which they are protective of is important but from personal experience, when you feel anxious or depressed it is often not easy to voice how you are feeling. Often just being aware of body language and changes in breathing are good indicators of emotional turmoil.

Know When to Refer On

One of the most important things to realise is that an anxious or depressed pregnant mum may need encouragement to seek help as they may not feel strong enough to do so themselves. As therapists we can help her find a good counsellor to talk to. However, when we have serious concerns regarding the mental health and even safety of our pregnant clients appropriate referrals must be made to the medical profession so that the client can get the help she needs. i.e. member of her healthcare team (midwife, GP, consultant). If left untreated the depression may get worse.

One of the key difficulties for the Massage Therapist may be to distinguish between the normal emotional changes of pregnancy, e.g. due to hormonal changes, and more serious mental health problems. Try referring back to the list of risk factors & symptoms in section 3 of this report. Do any of these raise alarm bells? Remember that anxious & depressed clients do not always feel able or want to discuss how they are feeling. So if in doubt, always refer on! A short follow up call with depressed clients who have been to see you is always appreciated and you can check that they are getting the care they need.

A Safe Space

“The most important professional qualities needed were a knowledge of mental illness around childbirth and the ability to develop and understand trusting relationship” MIND report - Out of the Blue? Motherhood & Depression

The environment we create for massage is extremely important. Clients should feel warm, comfortable & supported. As Massage Therapists we can serve our clients best by being sensitive and understanding the wide range of emotional changes a woman has during pregnancy. We should be supportive and reassuring and not judgemental of how she is feeling. The privacy of our clients should also always be respected, they should feel that they are coming to a safe space where they are free to talk and comfortable getting undressed. Clients should be given the option of leaving their clothes on or changing position if necessary. Soft music can help clients let go of worries or negative thoughts, however others find music distracting, they should be allowed to choose. If clients have had negative experiences of touch in the past, the massage may trigger painful memories. Clients may start crying or want to stop the massage. This is fine and it is important that we are respectful of our clients feelings and work at their own pace. A pre-arranged signal is such as raising a hand is a good way for a client to let the therapist know that they wish to stop the treatment and time can be taken to reflect on what has occurred. Again some clients prefer to have their eyes closed but if they are troubled by upsetting thoughts they may feel that having their eyes open helps to ground them. Massage is very much a collaborative process, a working partnership between client & therapist.

Partner Massage

When the pregnant mum is feeling anxious or depressed it can be incredibly difficult for the whole family. One way for a partner to support mum is by offering her a daily massage. As Massage Therapists we can train partners in basic skills and give them the confidence to support their partners in this way. Also from a practical point of view we can encourage partners to help the pregnant mum to get enough food, rest

and exercise and also ensure that they don't spend too much time alone. They should be prepared to seek help when required for their partner and even themselves. It is important to recognise that the partner may be anxious or depressed also. In fact, depression in fathers is frequently associated with depression in mothers. Massage is a wonderful way for both of them to benefit from positive touch.

As mentioned earlier, a recent study at the Touch Research Institute in Miami found that partner massage has a significant impact on pregnant women experiencing depression and their babies. In this study, researchers invited pregnant women in early second trimester who were experiencing depression. The women's partners were given guidance in pregnancy massage and massaged the women twice a week at home for 12 weeks. Compared with the control group, the massage group experienced decreased depression and low back pain, fewer prenatal complications including a 75% lower prematurity rate and 80% lower incidence of low birth weight. Interestingly, they found that depression and cortisol levels were still decreased in the massage group postnatally. Though the massage sessions ended at week 32, the physiological effects lasted throughout the pregnancy and into the postnatal period. Newborn babies of the massage group also had lower cortisol levels than the control group.

Providing Information

"Anxiety about labour is probably best dealt with first of all by finding out more about it..... A good childbirth education class where discussion is encouraged and you can talk freely about your apprehensions, as well as your hopes is often effective in developing self-confidence." Sheila Kitzinger.

Motherhood is often thought of as instinctive & not something that needs to be learned, however, in my experience the majority of first time mums feel very unprepared for what lies ahead. Whereas in the past women often lived with large extended families where knowledge and skills were passed down from generation to generation, now most mums are expected to know how to cope on their own with or without the help of a partner. In this society of achievement not having these skills can make some mums feel like a failure before they have even had their baby.

As Massage Therapists we can provide our clients with access to relevant & reliable information. For example we can provide details of local NCT, prenatal yoga & other birth preparation classes and contact details of local doulas. We can provide recommendations of good books and reliable sources of guidance to read. In addition we can encourage our clients to seek help when they need it and very much involve their partner (if applicable) in the whole information gathering process. It is their child too after all!

However, there is such a thing as too much information and this is particularly the case at the moment with access to the world wide web. It is commonplace nowadays to hear that pregnant mums are frantically looking online to try to understand what "may" be wrong with them or their baby which can only increase anxiety. The key for massage therapists would be to recommend one or two good sources of information and discourage endless searching online.

In the case of particularly anxious or depressed clients we should restrict ourselves to just making small suggestions and resist bombarding them with information. Counsellors often talk of taking baby steps forward and setting small goals in order to boost self esteem and reduce the risk of failure which can set them back. This is good advice that we can apply in our practices.

Lifestyle Changes

One of the most wonderful things we can do as Massage Therapists is to empower our clients to make changes to their lifestyles which may reduce prenatal stress, anxiety & depression in their lives.

The following are good suggestions in this regard:

- finding a sympathetic ear (e.g. friend, family, midwife)
- talking therapies (e.g. counselling, psychotherapy)
- natal hypnotherapy/ hypnobirthing
- meeting other parents (e.g. antenatal support groups)
- meditation & visualisation
- prenatal yoga
- gentle enjoyable exercise (swimming, walking)
- breathing & relaxation techniques
- time-out to relax & have fun
- accepting offers of help

- support groups (e.g. anxiety management)
- other complementary therapies (e.g. herbs, aromatherapy, flower essences)
- see a nutritionist who can help with eating & supplements
- avoiding stimulants (e.g. sugar, coffee) and eating a healthy diet

Again the goal would be to introduce only one or two at a time to the anxious/ depressed client and monitor how they are doing with the recommendation at the next session before introducing anything more.

Prenatal Yoga



Antenatal Groups



6. Relevant Case Study Findings & Reflection

SECTION OMITTED FOR CLIENT PRIVACY ONLINE

7. Conclusion

“Childbirth does not come out of the blue - support for mother's mental health can be planned for before the baby is born” MIND Report - Out of the Blue? Motherhood & Depression

I hope that through this essay I have brought to the fore the importance of recognising and bringing awareness to mental health problems in pregnancy and the impact they may have on the pregnant mum, her baby, her partner, the birth & in the postnatal period. There is a huge variance in the extent of mental health difficulties in pregnancy right from normal & expected worries through to chronic stress, anxiety, depression & psychiatric disorders. It has become clear to me through my own experience & through writing this report that there is a shortfall in level of care provided by the NHS to support prenatal mental health problems due to a number of factors such as lack of funding, awareness & training. As Massage Therapists we have a vital role to play in helping to fill this gap and are ideally placed to promote positive mental health in pregnancy through sympathetic listening, nurturing bodywork, providing a safe space,

empowering partners, giving reliable advice and information and referring on where necessary. It has certainly become evident to me through working with my case studies & clients what a difference one person can make to mental health and it fills me with joy that there are many other massage therapists out there who can provide the same level of holistic support to pregnant mums and their families all with a desire to make a real difference to their lives.

8. Bibliography & Further Reading

I would thoroughly recommend that anyone particularly interested in this area carry out further reading to improve their skills, knowledge & confidence of mental health difficulties in pregnancy to enable them to effectively promote the mental wellbeing of their clients. The following texts & websites may help:

MIND Report - Out of the Blue? Motherhood & Depression (Executive Summary, May 2006)

Sarkar P; Bergman K; Fisk NM; O'Connor TG; Glover V. (May 2007). **Ontogeny of foetal exposure to maternal cortisol using mid trimester amniotic fluid as a biomarker.** Clin Endocrinol (Oxf). 66:636-640.

Field T, Diego M, Hernandez-Reif M, Deeds O, Figueiredo B. "Pregnancy massage reduces prematurity, low birth weight and post-partum depression." *Infant Behav Dev.* 2009 July 29

Field, T., Hernandez-Reif, M., Hart, S., Theakston, H., Schanberg, S., Kuhn, C. & Burman, I. (1999). Pregnant women benefit from massage therapy. *Journal of Psychosomatic Obstetrics & Gynaecology*, 20, 31-38.

Texts

Prenatal Massage - A Textbook of Pregnancy, Labour & Post-partum Bodywork - Elaine Stillerman

The New Pregnancy & Childbirth - Sheila Kitzinger

Pregnancy & Childbirth - Suzanne Yates

Beautiful Birth - Suzanne Yates

Pre & Perinatal Massage Therapy - Carole Osborne Sheets

Dealing with Depression Naturally - Syd Baumel

Other Helpful Texts (Lifestyle Advice)

New Active Birth - Janet Balaskas

Yoga for Pregnancy Birth & Beyond - Francoise Barbira Freedman

Bach Flower Remedies for Women - Judy Ramsell Howard

Aromatherapy & Massage for Mother & Baby - Allison England

Useful Websites

<http://www.mind.org.uk/>

Fetal & Neonatal Distress Group - Imperial College London
<http://www1.imperial.ac.uk/medicine/about/divisions/surgeryandcancer/divisionofcancer/reproductivebiology/fetalmaternal/vglover/>

<http://positivelypregnant.co.uk/>

<http://www.mothersvoice.org.uk/index.html>

<http://apni.org/>

<http://www.mama.co.uk/>

<http://www.nctpregnancyandbabycare.com/home>

<http://www.home-start.org.uk/homepage>

<http://www.birthpsychology.com/>

<http://www.pni.org.uk/>

<http://www.netmums.com/>

<http://www.babyworld.co.uk/>

Training

I would also highly recommend that Massage Therapists carry out a Mental Health First Aid training course such as the one listed at the website below (Edinburgh). This is something I plan to do in the near future.

<http://www.cyhtraining.com/>

Mental Health First Aid for Therapists - Certificated Course - 12 hrs CPD - £120

For holistic, spa & beauty therapists & natural health practitioners.

Essential Training

Evidence-based course

12 hrs CPD over two days

Delivered by a therapist for therapists

How well equipped are you as a therapist to deal with any of the following scenarios when working:

- * In treating a client you notice scars on her arms that weren't mentioned in consultation
- * A client suffers a panic attack in your treatment room
- * During a consultation a client discloses he has been having suicidal thoughts
- * A client mentions concerns about hearing unusual voices

The course will teach you to recognise the first signs of someone developing mental ill health, give initial help to someone experiencing a mental health problem and promote and support the recovery of good mental health and wellbeing. You would then be able to take safe and appropriate action for the scenarios listed above.

As well as developing you as a therapist and as an individual, this course will help you to run a safer and more professional practice, providing a more complete and better informed service to your clients. The course is eligible for 12hrs CPD and a certificate will be awarded on completion of the course which certifies you as a Mental Health First Aider. Currently, there is no exam to sit.

For more information about courses including in-organisation training contact

Alison MacColl, Training Consultant

0131 334 1311 alison@cyhtraining.com