

Shiatsu and maternity care: a new relationship?:  
**Should bodywork (massage, shiatsu, reflexology and yoga)**  
**be available to pregnant women as part of their maternity care**  
**on the NHS?**

I chose this title for the seminar, held at the Royal Society of Medicine (RSM), London in March, which I organised to launch my new book. One of the reasons I wrote the book was to raise the profile of bodywork within mainstream maternity care world-wide. I also wanted to contribute to the improvement of training for therapists working in the field so that more appropriate and better care can be offered. There are many reasons why the current situation of varied quality of care and awareness of the benefits of bodywork exists. These include, (in addition to lack of training), lack of research and knowledge and vested interests (for example obstetric and midwifery). I invited representatives of some of the key groups working in the maternity field, who could block or support the process of greater integration of bodywork, to hear their views and initiate a dialogue: an obstetrician, a midwife, an antenatal teacher and therapist, and a yoga teacher/trainer. The audience was also made up mostly out of people from the above groups: interesting however, there were only 3 men: the obstetrician, a male shiatsu practitioner and the partner of one of my colleagues who was helping with the organisation.

**The Obstetrician:**

Jonathan Brooks, formerly Consultant Obstetrician in the NHS; has spent the last 10 years in full time independent practice at the Portland Hospital, just round the corner from the RSM. Until recently, he had been fairly cynical about the use of bodywork. However, after working alongside a massage therapist who has completed my massage diploma course, he has become more positive about the use of massage antenatally. He did attribute this more to a placebo and relaxation effect rather than due to any specific therapeutic benefits, but at least he was receptive to its use. He was less in favour of the use of massage in the intrapartum and postpartum periods, possibly as he had not experienced this aspect in action. He talked about the common ground between obstetricians and bodyworkers: how we both worked physically with our clients and how we could work together. He outlined some of the reasons why we did not always do so, which included old animosities, ignorance and prejudice. He presented some ideas about how we could work together; for example therapists could write a letter to the woman's obstetrician. I had not realised that in law any contributor to a person's care has to be taken into account and so if the obstetrician ignored information that a therapist sent them, they could be held liable. His conclusion was that dialogue was a good way forward to get all parties working together.

**The antenatal teacher/therapist**

Catherine Tugnait , Well Mother trained Massage and Pregnancy therapist, NCT (National Childbirth trust) teacher, reflexologist, chair of her local MSLC (Maternity Services Liaison Committee, NHS) and case study contributor to “Pregnancy and Childbirth”, spoke about her work in Hillingdon, West London. She explained how the NCT, traditionally an organisation appealing more to middle class women, has in recent years been doing outreach work to take antenatal care to meet the more diverse needs of women who are not in a position to pay for antenatal classes. They have been working through the government funded Sure Start (ref) programmes which are designed to support women and children in deprived areas. She has also been working with her local MSLC which has been promoting normality and developing pathways for low risk women. Her contacts with the MSLC developed from doing pregnancy massage for a year in her local hospital, an opportunity she recognises she was lucky to get. However this gave her the opportunity to develop relationships with midwives and obstetricians which normally take time to build. She felt that in particular, if the Head of midwifery is sympathetic to bodywork then they can be a good point of contact; but obviously not all of them are sympathetic. While Jonathan referred to the women he works with as patients, Catherine said she prefers to use the word parent rather than patient or indeed client. She picked up on a point made by Jonathan about therapists not being regulated while medically trained professionals are very tightly regulated. She felt that through the FHT and the CNHC she is being regulated as a therapist. Catherine was a good example of how a complementary therapist can work in the NHS and offer care to women who might not otherwise have the means to pay for it and how much networking is an important part of our work.

## **The midwife**

Karen Eichhorn completed the “Well mother” training in Shiatsu Skills for Midwives and works as a midwife and massage therapist in the private hospital of St John’s and St Elizabeth’s in London. Her clients are completely different from the women Catherine works with. They come from high income families and are often very career minded, with little time to connect with their baby antenatally. Karen works with massage to give them some time and also runs birth preparation classes so that the men can become involved. She cites babies and fathers as her passions! Massage forms a large part of the classes and Karen has found teaching men how to work the sacral points a very effective tool for them during labour. She also feels this kind of work is helpful for giving skills beyond the birth and continues the work postnatally with a fathers group, which includes some baby massage and yoga for the men. She did a small demonstration on a doll to show the kind of things which she shows fathers which includes some shiatsu points. She also talked about the Japanese clientele she has in the hospital and how she has observed that they seem to have quick and easy labours, rarely having a posterior baby or needing epidurals or assisted delivery. She has not completely worked out why, although feels it must be linked with their diet and culture. One example which has struck her is her observation of the many layers they wear around their abdomen to keep the babies warm and wonders if this also helps with the position of the baby. Karen was an interesting example of how a

traditionally trained midwife has embraced complementary therapies and who felt that now, given a choice, in many ways she would rather just act as a doula and masseuse and have more freedom to respond to women in the way she would like.

### **Yoga teacher/trainer**

Francoise Freedman is a medical anthropologist who works at Cambridge University who is also a yoga teacher/trainer and childbirth educator, author and founder of Birthlight. She began by describing her experience of being pregnant while working as a medical anthropologist in the Amazon 30 years ago and how much she learnt from the indigenous people who took care of her. She was shocked at the difference in attitudes to birthing and birth support when she came back to give birth in hospital in Cambridge, UK. This is what inspired her to set up BirthLight to support women to "birth lightly": to have the loving support she had been shown in the Amazon alongside relevant medical care. She talked about the importance of the breath pre conceptually, antenatally and during labour and afterwards and how the birth of the baby is also about the birth of the mother. She said that while being safe is essential, now that we have safety in birthing the developed world, it is time to re focus on the joy of giving birth and that joy must be the priority for the future. Her talk was a very inspiring end to the presentations.

### **Conclusion**

During a break, the audience had lively discussions amongst themselves. During the following group discussion some of the audience explained to Mr Brooks how they had included bodywork as part of intrapartum and postpartum care. An obstetrician in the audience even suggested that it was vital that the therapists continued to work with the client as part of continuity of care in labour and postnatally. Others raised the issues of how Sure Start money was not always been available in their area and furthermore that it can be withdrawn. In Scotland it has gone directly to authorities. Another thread of discussion was the involvement of father's in supporting women as well as the role of the male therapist.

We didn't really come up with definite ideas for the future, but it was decided that dialogue and working together was definitely the way forward: the seminar was a start with that. Bodywork is definitely taking its place and the more people out there doing it and the more we keep documenting and researching our work, the more it will grow in the maternity field. Already out of the seminar, Jonathan took away a copy of the book and hopefully will begin to consider the relevance of intra and postpartum work. Catherine invited me to a study day promoting normality to midwives in her area. Karen will continue to develop her massage work and I may collaborate more with Francoise in the future. In the end, we all want women and families to have the best possible experience of birth.

References;

Sure Start DCSF (Department for Children Schools and Families)

<http://www.dcsf.gov.uk/everychildmatters/earlyyears/surestart/whatsurestartdoes/>

MSLC ; there is one for each local health authority

NCT National Childbirth Trust:

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

Download of talk available on website [www.wellmother.org/download](http://www.wellmother.org/download)

By Suzanne Yates

**Suzanne Yates**

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Suzanne has been developing a holistic approach to maternity since 1989. Motivated by her first pregnancy, she began to deepen her professional shiatsu and massage work to specialise in maternity care. She established 'Well Mother' in 1990, teaching shiatsu, massage and exercise to women and their partners in Bristol, UK, to help them connect with the wisdom of their body.

As well as her clinical work in Bristol, she runs training courses world wide for massage/shiatsu therapists, midwives and childbirth educators. She has written 3 books; "Shiatsu for Midwives" (Elsevier 2003), "Beautiful Birth" (for parents, Carroll and Brown 2008) and "Pregnancy and Childbirth (Elsevier 2010). Her passion is in integrating eastern and western approaches to provide holistic maternity care.