

# Working with Pregnancy in the Water

Interviewing a woman in pregnancy is a more delicate and in-depth process than with most other clients. Pregnant women are very sensitive. They quickly feel sick, worry about not being a good mother, and react to comments. One false word can bring on tears, so be very careful. The first time mother especially must let go of a lot and accept a new life phase. She is open, seeking something, drawn to other pregnant women. Each expectant mother must arrive at an inner yes to the birth. Going into the water with us can help a woman to this.

When a woman who has lost a child during pregnancy or birth is again expecting, she may be afraid that the complication will repeat. Indeed, there is a tendency for such problems to repeat. They have another history often, having to do with her life story. Her partner may have abandoned her, she may face other social problems, she may be in need of psychotherapy. Rather than examine why the previous pregnancy was unsuccessful, the mother-to-be may have simply become pregnant again. She must look at the real cause of the failure of the pregnancy in order to avoid a repetition. Also in cases where the previous pregnancy and birth were successful, inquire how they went, because the pattern often repeats.

## ***1. Be extremely cautious working with women during their first trimester.***

Interview your prospective client concerning any details of her pregnancy that could affect her receiving aquatic bodywork. Observe her as she enters the pool for lumbar lordosis. You may feel more comfortable having the go ahead from the woman's physician before accepting her as a client during the first third of the pregnancy.

***2. Mind the temperature of the pool.*** Chronic exposure to heat during the first trimester can damage the fetal neural tube from which the brain and spinal cord develop. The American College of Obstetricians and Gynecologists advises that the core temperature of a pregnant woman not exceed 38° C. (100° F.). Pregnant women are rarely cold in the water. They have good circulation; indeed, they are often warm and sweating. Water at 34-35° C. can be too warm for them; a pool temperature of 32° C. (89.6° F.) is more often ideal.

***3. Have water at the poolside to offer your receiver immediately after the session and perhaps during the session, too.*** Pregnant women dehydrate easily. In the last two or three weeks of a woman's first pregnancy she may feel the need to pee frequently, as the baby's head presses on her bladder. In subsequent pregnancies the head tends to be positioned higher and descend only in the last three or four days.

**4. Stretch gently, conservatively, especially those muscles crossing the pubic symphysis, sacro-iliac, and intervertebral joints.** The increased levels of the hormone, relaxin, in the bloodstream render all ligaments looser. They can more easily be over-stretched and the joints they cross more easily destabilized by unsafe movements or exercise.

**5. Avoid extension of the spine, especially in cases of diastasis recti.** In this condition the rectus abdominus muscle has split along the linea alba, adversely affecting the stability of the torso, coughing and defecation. The muscle itself can be further torn, as well as the skin in the gap between its two longitudinal sections. Otherwise, favor flexion of the lower back over extension.

**6. Open the chest, extend the upper back where thoracic outlet syndrome is evident.** This condition is in part a postural compensation to the forward shift of the center of gravity due to the natural positioning of the developing fetus. The patient's head flexes forward and her upper back becomes kyphotic (humped). The weight of enlarged breasts also contributes to this rounding of the upper back. Reduced space for the diaphragm to contract downwards alters the breathing pattern through the thorax (more chest breathing) and can elevate the first rib. The shoulder joint rotates inward, as well. Affected by these deteriorated relationships are the brachial plexus, the subclavian artery and vein, and both the anterior and posterior muscles of the region.

**7. Avoid compressing the abdomen with your hands or the receiver's thighs, as in flexion.** Baby is in there.

**8. Be cautious applying the technique of flexing and abducting both thighs.** This position, though providing a stretch to the lumbar, may induce contractions.

**9. Do not press Spleen 6.** (3 inches directly above the tip of the medial malleolus, on the posterior border of the tibia, on a line drawn from the medial malleolus to SP-9), **Large Intestine 4** (in the center of the flesh between the first and second metacarpal bones, slightly closer to the 2nd metacarpal), **Liver 3** (in the depression distal to the junction of the 1st and 2nd metatarsal bones), **or Stomach 36** (roughly one inch lateral to the crest of the tibia--if the palm of the hand is placed over the patella, the point is located at the level where the middle finger ends). Any of these points has the potential of precipitating contractions.

**10. Massage the feet and flex the trunk.** Looser ligaments and additional weight to carry can cause the arches of the feet to lose their integrity, painfully collapsing. This shift in the relationships between the bones of the feet can lead to low back pain as does the lumbar lordosis often associated with carrying the fetus. Back

pain during pregnancy originates in the discs, compression of the lumbar sacral nerve roots, vascular troubles, and from osteoporosis. The feet of a very pregnant woman can be difficult to reach. If this is the case, consider temporarily using a noodle under the knees and a neck pillow.

11. ***Hold the receiver in the Accordion.*** A favorite among pregnant mothers.

12. ***Touch the belly.*** Mothers frequently place their hands on the belly. You may, too, with permission. Circling your hand clockwise on the belly is an ancient practice of indigenous cultures, said to generate an energy field beneficial to the infant within.

13. ***Water pressure and the support afforded by buoyancy and your arms have a positive effect.*** Poor circulation and soreness in the legs are improved by being carried and buoyed up. Hydrostatic pressure increases venous and lymphatic return to the heart.

14. ***Suggest a cold shower for the legs following the session.*** During pregnancy, the blood may tend to pool in the feet, resulting in the complaint of dizziness. After a Watsu, the veins in the legs are dilated, exacerbating this condition. Therefore, give the legs a cold shower after the session to re-tone the muscles and increase the pressure within the veins.

15. ***Nurture.*** Expectant mothers enjoy the maternal quality of Watsu. This is the world they already embody and will live in for the rest of their lives.

16. ***Keep in mind there are two receivers, not one.*** Mothers frequently report that "baby" likes it. How would you watsu such a being? One German practitioner I spoke with emphasizes building a relation to the child. She sings a song to it. In the womb, and for a couple of days following birth, it has water in its ears, resulting in a dampening effect which protects it from loud external sounds, but it can still hear us..

17. ***Teach the father how to give a Watsu.***