



Prenatal Massage - Consent and Release Form

Client Name: _____ Due Date: _____ Trimester: _____

About Prenatal Massage

Prenatal massage, sometimes called *pregnancy massage*, is massage therapy for the pregnant woman. It has been shown to produce numerous health benefits including: relieving musculoskeletal aches and pains, decreasing muscle tension, relieving leg cramps, reducing symptoms of anxiety and depression, improving sleep quality, and improving labor outcomes. Prenatal massage typically involves the use of several massage styles such as Swedish and deep tissue massage. Prenatal massage focuses on adapting massage techniques and client positioning strategies to accommodate the needs of mothers-to-be.

Contraindications for Prenatal Massage

In addition to the standard contraindications for massage, prenatal massage has additional contraindications and precautions. The following is a partial list of common conditions which are considered contraindications for prenatal massage therapy:

Circle all that apply to you:

- | | | |
|--|----------------------------|--------------------------|
| • Gestational Diabetes | • Epilepsy | • Preeclampsia |
| • Cardiac, pulmonary, liver, or renal disorders | • Abdominal Pain | • Pitting Edema |
| • Mother's age under 20 or over 35 | • Fever | • Multiple fetus |
| • History of high-risk pregnancy | • Leaking Amniotic Fluid | • Hypertension |
| • Placental or cervical dysfunction | • Sudden Edema/swelling | • Bloody Discharge |
| • Decrease in fetal movement over 24-hour period | • Severe Headaches | • Diarrhea |
| | • Genetic Abnormalities | • History of miscarriage |
| | • Fetal Growth Retardation | |

Consent and Release:

I have read the conditions and symptoms which make massage therapy during pregnancy contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed all high-risk factors of my pregnancy. I have discussed with my prenatal healthcare provider/physician any health concerns that I had about receiving massage therapy. I agree that my healthcare provider/physician has given me clearance to receive massage therapy.

I understand the information contained on this form and confirm that (1) I am receiving medical care including regular check-ups with a licensed healthcare provider. (2) I have not experienced any of the listed symptoms, conditions, or complications. (3) I am not *currently* experiencing any of the listed symptoms, conditions, or complications. (4) I am experiencing a low-risk pregnancy.

I understand that I will be receiving massage therapy as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist/practitioner of all liability for any harm that may unintentionally occur during my treatment(s).

Signature: _____

Date signed _____