

## SET TALK

By Don McCann, MA, LMT, LMHC, CSETT  
MA3267 MH705 MM3717  
(*Massage Message, September/October 2008*)

### SUPPORTING MOTHERS DURING PREGNANCY AND AFTER DELIVERY

I just had one of my favorite experiences which is working with newborns and their mothers. The baby girl, Alice, had a severe torticollis that had been present since birth. The birth was difficult, the labor long, and forceps had to be used in the delivery. Three weeks later her mother had called almost in a panic because of the invasive procedure that the doctors were proposing if her baby's torticollis didn't improve soon. When her mother brought her to me I evaluated her cranium and found indentations where the forceps had pressed on her cranium. These indentations crossed and compressed the frontal, sphenoidal and parietal sutures. With proper Cranial/Structural soft tissue releases involving the sutures, the restricted cranial motion mobilized and the indentations filled out. This released the restrictions in her neck. After several sessions Alice had normal range of motion in her neck.

However, Alice is not the only story here. It was obvious that Alice's mother, Jan, was struggling and in pain. When Jan first brought Alice in for treatment she was three weeks post delivery and had pain in her lower back, shoulder, neck, and arm, and was having frequent, severe headaches. She had put her baby's wellbeing ahead of her own since Alice was her overwhelming concern and the topic of discussion and treatment. Thankfully, this was my last session of the day. After my evaluation and treatment of Alice, Jan was relaxed and not so concerned that some invasive medical procedure would be necessary for Alice to turn her head across the midline and be a normal little girl. My focus now switched to Jan.

When I asked her to describe how she had done during and following the birth, she reiterated the previously mentioned problems. Her low back pain and headaches had been present since the beginning of the second trimester. Her neck and arm had gotten measurably worse after Alice's birth. The stress of Alice's condition and fear about what might happen had obviously contributed to this worsening but, there were several other major factors that could be easily addressed and would help immensely. Let's look at the inherent imbalances in the body and how they affect a mother's body while carrying and delivering a baby.

Even before a mother conceives there is a core distortion pattern which all humans have who are walking on this

planet which involves an anterior/posterior rotation of the iliums with a tippage of the sacrum creating an uneven base for the spine. Consequently, the spine has scoliotic curvatures. This pattern is also held in the legs and even out into the appendages of the arms. Looking at the pelvis, the uneven rotation of the iliums often results in a tipping of the uterus and the other organs of the abdomen. If there were accidents, falls, or inappropriate muscle usage from old furniture and life activities, this distortion can be even greater.

After conception the womb begins expanding with the increased fluid. As the womb enlarges organs are displaced and pressures are increased on the iliums leading to additional distorting rotations. It is not at all unusual for there to be a significant increase in the curvatures of the spine causing back pain throughout the duration of the pregnancy. One thing is certain - as the fetus continues to grow and gain weight the pressure in the pelvis and on the spine will continue to increase resulting in even further distortions. In addition to the pelvis and low back, the legs also feel the pressure of the extra weight and tend to distort to coincide with the distortions found in the low back. In Jan's case this increased distortion in the pelvis and low back had also caused new pains in her neck. This distortion of the neck also caused a jamming of the occiput and C1 and the headaches grew in frequency and severity.

At the time of delivery not only are the pressures to push exerted from the pelvic and abdominal muscles, but the pubic synthesis opens to allow the passage of the infant's body. The opening of the pubic synthesis and the stretching of the soft tissue of the floor of the pelvis leave the pelvis disorganized and usually more distorted and collapsed in the core distortion. Even mothers who had no back pain during pregnancy often develop back pain from this increase of the pelvic distortion after the delivery.

In Jan's case this had exacerbated her low back pain, and the increased distortion of the pelvis had also negatively affected her neck and even her arm causing it to go into internal rotation from the additional twisting of her thoracic rib cage in the core distortion. Add to this the lack of rest, the stress of a baby with a problem, and all the bending, lifting and carrying of the baby. Jan was not experiencing motherhood as a happy occurrence.

If Jan was going to be effective and happy taking care of Alice, she needed support for herself as soon as possible. Fortunately, I was able to spend extra time after Alice's session to begin her initial treatments. During delivery the rotation of the iliums was increased and the pubic synthesis was in a greater degree of distortion by not coming back together evenly. The Cranial/Structural

technique, similar to what was used to treat Alice, was the first therapy to be applied. One of the observations that led to the development of Cranial/Structural therapy was that the distortion in the cranium was repeated in the distortion of the iliums and sacrum, and, releasing this cranial distortion releases the rotation of the iliums and moves the sacrum into weight bearing support. Because Jan had just delivered, the soft tissue of the pelvis had not totally healed. As the iliums became balanced after the application of the Cranial/Structural work, the soft tissue could heal supporting the balance, rather than forming adhesions and chronically shortened fibers supporting structural distortion.

While Jan was on the table being treated she was able to feel her pelvis, neck and back shifting as if a weight or pressure had been taken off. She also reported an almost immediate decrease in discomfort and pain. When she stood up she said her feet and legs felt like they were supporting her for the first time. She was amazed at how mobile her neck felt. She was also surprised at the lack of back pain and the strength she had when bending down to pick up Alice.

Now Jan's pelvis was supporting her. The next step was to release the myofascial holding pattern to support the new balance in the pelvis and at the SI joint. With an anterior/posterior tilt of the old core distortion Jan's legs had different holding patterns - one leg was longer and the other leg was shorter. In addition the soft tissue of the legs had supported the rotation of the iliums that had now been removed. Some of this was going to unwind on its own but soft tissue work was needed to fully release the old patterns.

Directed myofascial unwinding strokes were applied to release the myofascial holding pattern and release the fascia in the desired direction. After the myofascial holding pattern had been released the rest of the deep tissue work involved releasing individual fibers and adhesions in the soft tissue and scar tissue that had formed not only from the healing at birth but all through Jan's life.

After several sessions of pelvic soft tissue routines most of Jan's complaints had disappeared leaving only the headaches and arm pain. So, soft tissue protocols were applied to the neck and shoulders to release the tensions that were holding her head forward in the old core distortion pattern and jamming C1, all contributing to her headaches. Again Jan responded well. After one session she had only had one headache which was not severe. One more neck and shoulder session released the structural distortion, took the pressure off C1, and Jan reported no more headaches.

Two more sessions addressing Jan's shoulder, arm and hand, released the internal rotation of the arm taking pressure off the brachial plexus and the nerve pathways that went down the arm into the wrist and hand. Jan's arm pain was gone. At this point Jan had totally recovered from giving birth, and was actually in better shape than she had been before her pregnancy.

This case study illustrates how important it is for massage therapists to support new mothers by balancing their bodies after carrying the babies for nine months and then going through the birth process. It is also important for us to educate newly pregnant mothers, midwives and other birthing professionals on how to support mothers during pregnancy and after giving birth.

To be able to provide this support, it is important for us as massage therapists to have the therapeutic tools that can make the difference in supporting mothers with newborns as soon after delivery as possible. This great opportunity awaits those who are willing to seek out the necessary training and develop the necessary tools.