

# Maternity massage requires careful, informed approach

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ASSOCIATED PRESS WRITER

There might be nobody — and no body — whose back aches and feet hurt more than those of a pregnant woman.

But while a heavy-duty massage might seem like the easy solution, pregnant women are limited in the type of body rubs they can receive.

One of the main reasons massage is soothing to muscles is the increase in blood flow that gets oxygen traveling to sore spots, explains Glenn Teyf, founder of the Teyf Wellness Center in New York. It's a lack of oxygen that's usually to blame when muscles are tied up in "knots."

But, he says, during the first trimester of the pregnancy, it isn't desirable to redirect the blood flow from the fetus.

Teyf's advice, especially early on, is: "No body massage in the first trimester. Never massage the stomach. Kiss it, hug it and rest your head on it. Do not massage it."

That doesn't leave partners who want to help the uncomfortable moms-to-be with many options.

Foot massages should be safe for all 40 weeks of pregnancy, says Teyf, but even that should be checked with individual doctors.

Teyf's foot massage tips include using massage, vegetable or olive oil instead of baby

oil, which clogs pores; elevate the feet above the heart to increase blood flow; start at the heel up to the toes and end by slowly pressing the thumb and third finger over each toe starting with the little toe and working in.

Once a woman passes the three-month mark, there are more options for massage and during the later stages of pregnancy massage can be beneficial beyond offering a little muscle relief, says Teyf.

The last stretch of a pregnancy, when a woman's weight has soared, her proportions change and she walks in a different posture, causes some unique physical ailments that can be helped by massage.

"The healing power of touch is the oldest form of medicine, both on the emotional and physical level," he says. "Massage will help the expectant mother feel wonderful and loved."

Teyf adds, "It's one of the greatest things you can do for someone you love."

Other bonuses, according to Teyf,

■ Massage helps an expectant mother's body to eliminate waste products through the lymphatic and circulatory systems, which helps boost energy levels.

■ By increasing blood circulation, massage eases the load on the expectant mother's heart and might help stabilize her blood pressure.

■ Massage can help relieve depression and anxiety caused by hormonal changes. Reducing stress might help a pregnant woman sleep better and more deeply.

However, Teyf advises, a woman should avoid massage at any stage of pregnancy if she is experiencing vomiting, diarrhea or fever; has excessive swelling around the extremities; is inactive or has been placed on bed rest; or has any bleeding or abnormal discharge.

And while the lower back may be a hot spot for pain, massage there should be kept to a minimum and the touch should be light.

He also says that at-home massages should use only the strength of their hands, not their whole body, when applying pressure and no pressure should be put on the spine. Keep the strokes smooth and flowing, and the slower the strokes, the better it feels.

A pregnant woman can't, or at least shouldn't, get into the traditional face-down massage position. Teyf says the best body position is seated with the expectant mother straddling a narrow chair with her arms, shoulders and head leaning upon a pillow placed upon a table or desk.

Teyf, who says he's given more than 20,000 massages in his

career, says the following steps result in the ultimate mini-massage.

Place gentle pressure with open hands, fingers facing outward, on the back just above the curve of the buttocks. Slowly move up both sides of the spine inch by inch.

When you reach the neck, don't pinch. Grab it sideways like you are holding a tennis racket. Continue grabbing slowly up the neck.

Very slowly, turn hands and fingers upright. Press thumbs into the spine on both sides and move slowly up the neck to the head. Continue the thumbs into the base of the skull; this can be a great release of tension but be sure to get feedback from your partner about the pressure level.

With one hand holding the head steady, the other hand grabs the total back of the head and gently pulls back, using the fingertips. Gently yet firmly, scatter your hands all through the hair, pulling back.

The woman receiving the massage has two jobs. First, to rate the pressure on a scale up to 10, which would indicate pain and, of course, should be avoided. The second task is easier: To enjoy it.

## Trials from page C5

offer as many as possible in order to attract patients," Hudson said. "But I also think it's important to know that medical research has become a big business."

On average, it costs drug companies \$500 million to get FDA approval for drugs, and the companies pay hospitals anywhere from a few hundred to upwards of \$10,000 in on-site payments for their participation in a clinical trial.

While a couple of thousand dollars seems innocuous, it adds up quickly. The University of Michigan Medical School received some \$246 million from various sources — \$178 million from the National Institute of Health — to fund clinical trials in 2000. The University of Michigan General Clinical Research Center is among the nation's largest centers, and more than 2,200 people participate in clinical trials there annually.

"There's a double-edged sword in that these companies have an investment in providing profits for shareholders, and that is contingent on them getting drugs approved by the FDA. On the other side, the care providers are interested in providing superior care to patients. Balancing these interests can be tricky," Hudson said.

### Checks and balances

While there is a potential for abuse when thousands of dollars for thousands of studies is at stake, Hudson noted a strict review process balances the

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Veronica Decker

Director of Oncology Support Services, Beaumont Hospital

interests of physicians, hospitals and drug companies.

Despite the often extensive reviews and red tape, both Decker and Hudson agreed the clinical trials are worth the effort. Hudson reported clinical trials have led to increased survival rates for his hospital's patients, and in just the last decade, death rates for cardiac patients admitted to the hospital have fallen from 25 percent to 16 percent.

"We offer programs of excellence," said Decker. "We want to make sure that you can get the same kind of treatment here that you can get anywhere. It's so important that we can offer our patients the cutting-edge trials they can get around the country, but they can get them here in their own backyards."

### SPOTLIGHT ON

## Orthodontics

by Josephine Finazzo, D.M.D.

### DOES MY CHILD NEED BRACES?

By looking closely at his or her teeth and bite, parents can get a pretty good idea as to whether their child needs braces. First, see if your child's teeth are straight, aligned, crowded, or display gaps or overlap. Next, with the child biting down, does the center of the top front teeth fall in line with the center of the bottom front teeth? Do the top teeth protrude, or cover more than 25% of the bottom teeth? Are the top teeth behind the bottom teeth? Finally, does the jaw shift off center when the child clenches his or her teeth together? If the answer to any of these questions is "yes," orthodontic treatment will probably be of benefit.

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**REFERRALS AND CONSULTATIONS**  
When should your doctor have you see another physician about your arthritis? You may continue with pain and swollen joints and yet not be ready for a consultation or referral. Or, you may feel your case is in order, but find your doctor is sending you to a specialist.

As an aside, the medical profession makes a distinction between a consultation and a referral. A consultation means a physician sees you one time. At that meeting the doctor reviews information about your case and examines you. The doctor renders an opinion about your diagnosis and treatment, and makes recommendations about further care. You then return to the doctor who sent you to the consultant.

A referral means that your doctor is sending you to another physician who will take over your care. In arthritis, this means you will see a rheumatologist or orthopedic surgeon who will decide on the need for, and undertake, further examinations, diagnostic tests, and prescribe new medications.

Before your doctor sends you elsewhere, he wants to gather sufficient data to define why the difficulty in your care exists. Also, the information should direct your doctor into what specialist is appropriate for you. If numbness in your leg is the result of poor blood supply you should see a vascular specialist. If the leg numbness is the result of a pinched nerve, then the appropriate physician to call upon is a back doctor.

Finally, your doctor likely will include a letter of introduction which will tell the specialist what is wanted of you.

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