INTERACTING WITH THE PERINATAL HEALTHCARE SYSTEM

AMTA National Convention 2014 Denver, CO

Presentation by
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INTERACTING WITH THE PERINATAL HEALTHCARE SYSTEM

A presentation by CAROLE OSBORNE for the AMTA National Convention

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I. Who are typical providers?

II. Why you might want to connect with them

   Client treatment benefits

   Business benefits

III. When and how to communicate
IV. Types of letters & forms

V. Patient privacy regulations

Reflection and Action

What affiliations do I already have in my perinatal healthcare provider community?

Who are the next 1-3 professionals with whom I would like to connect or to improve connections?
VI. Elements of various forms

Consent or Release of/ Request for Information

Client’s name, Therapist’s name, Address and phone, Name of person to whom information may be given, Type of information, Time frame of release, Signed, dated, and on file

Healthcare Provider’s Approval /Release AKA Contact Regarding Prenatal MT

Client’s name, Client date of birth, Your complete contact information, Reason for communication, Action requested, Print of provider’s name, title, date, Provider’s signature

Prescriptions

MT’s Contact info, Patient’s name and DOB, Date, Referring provider’s diagnosis, Frequency, duration & goals for MT, Medically necessary treatment plan, Precautions & contraindications, Referring provider’s contact info

Reflection & Action

• What types of communications am I already utilizing in my perinatal MT work?

• What are the next three communication types that I would like to explore implementing?
VII. Insights from perinatal MTs working in different environments

VIII. Research Relevant to Pre- and Perinatal Massage Therapy


Reflection and Action

• Which studies am I intrigued by enough to want to read and possibly utilize in my treatment and marketing efforts?

• What ideas do I have to contribute to an evidence base for perinatal massage therapy?
Resources and Acknowledgments

- Osborne C.Webinars on Perinatal Massage Therapy
  http://bodytherapyassociates.com/courseview.php?id=18
  http://bodytherapyassociates.com/courseview.php?id=22


- Osborne C. Certification workshops in Pre- and Perinatal Massage Therapy
  www.bodytherapyeducation.com

- Osborne C. Mentoring for Mastery individual and group supervision/mentoring.
  www.bodytherapyeducation.com

- Osborne C. Maternity Massage Therapy for Pregnant, Laboring & Postpartum Women
  http://bodytherapyassociates.com/articles/MaternityMTspecialization.pdf?id=11727


- http://www.hhsgov/ HIPPAA updates from U.S. Department of Health and Human Services


- https://sohnen-moe.com/clickcart/?app=ecom&ns=prodshow&ref=HS001


- http://accahc.org/

- http://www.nationwidechildrens.org/massage-therapy
• http://www.massagetoday.com/mpacms/mt/article.php?id=13414  (Hospitals Starting to Recognize the Value of Massage Therapy)

• http://www.abmp.com/textonlymags/article.php?article=88 Get Doctor Referrals: Persistence, Preparation, and Professionalism Pave the Way. by Irene Diamond

• Irene Diamond's webinars on doctor referrals available at http://www.successfulmassagetherapist.org/products/item83.cfm


• Thompson D. Hands Heal. Figures used with permission of Lippincott, Williams, and Wilkins

• Forms from Longmont United Hospital's Health Center of Integrated Therapies, used with kind permission.

• Forms from Calgary Maternity Massage used with kind permission of Linda Hickey.

• Forms from Sanctuary Hands-on Healing Arts used with kind permission of Michele Kolakowski.

A Short List of Hospitals with Pre- and/or Perinatal MT services

• http://www.engelewoodhospital.com/community_massage.asp

• https://www.mmhealth.org/services/maternity/

• http://www.norwalkhospital.org/medical-services/integrative-medicine/services/massage/

http://www.froedtert.com/community-memorial/womens-health/massage
STORIES FROM PRE- AND PERINATAL MASSAGE THERAPISTS

Twenty-one Years of Maternity Practice

“I received my pregnancy massage certification in 1987, just as I was finishing my 1000 hour Holistic Health Practitioner training in San Diego. For the next 21 years I enjoyed the blessings of working with women bringing children into the world. I had the great good fortune of studying pre-natal and other massage modalities with Carole Osborne and Kate Jordan, the co-creators of the original course, Bodywork for the Childbearing Year®. Over the years, I continued to study and teach with each of them.

Two key elements helped me develop a busy practice which focused on pregnancy and postpartum work, as well as therapeutic massage for acute and chronic pain problems. Early in my career, the number of very good therapists who didn’t have thriving practices puzzled me. It became clear that being a good massage therapist and a good businesswoman are different skill sets. Understanding this, I studied successful entrepreneurship as well as therapeutic bodywork, and that gave me a solid foundation for building my dream practice.

The second element had to do with learning to be of maximum service. In order to understand my clients and their needs, I had to be an astute listener, and to answer the following questions:

- Where will I find pregnant women?
- What are their challenges?
- What else do they need to take good care of themselves?
- How can I build respectful relationships with other professionals who provide care and services for pregnant/postpartum women and babies?

I invested in building those relationships so I could make appropriate and helpful referrals for pregnant clients who were searching for an exercise or yoga class, an ob/gyn, a nutritionist, doula, lactation consultant, chiropractor, acupuncturist or midwifery care. Over time, these professionals made referrals to me as well.

One of my challenges was my ego. I had a hard time accepting what I could and couldn’t do for my clients. I could teach them subtle posture and movement changes that had the potential to relieve their discomfort, but I couldn’t make them use them. I could help them identify ways to rest more comfortably, but I couldn’t make them prioritize self-care. I finally accepted that we were all doing our best. Despite my frustration, I knew I wanted my practice to be a “Come-as-you-are!” party, where clients experienced acceptance and loving support. My expectations and frustrations were MY problem, not theirs. Gradually, I found humility and peace.
I am no longer a practicing massage therapist, but I still hold a clear vision of a world in which pregnant and postpartum women are held with love in the larger community, and respected as the bearers of our future. I see a world in which support for women birthing and raising children is so strong that “It takes a village to raise a child,” is not just a proverb, but a way of life.”


Learning from My Mistakes

“Not long after completing certification in maternity massage therapy, I took a job with a local hospital here doing postpartum massage. The work was wonderful, but the climate was horrific. It wore on me so badly, and the pay was so measly that I found myself feeling sick each night when I left. I could not go on in the role any longer. I left my position respectfully, with plenty of notice and helped to train my replacement. My employer was so indignant over the issue that in my last week, she told me don't bother coming; frankly, I was half-relieved.

Unfortunately for me, when I took the job, I signed a non-compete. As a result, I cannot promote my practice for another year without putting myself in jeopardy of a lawsuit because their business model was to expand into prenatal services as well. My employer told me in my initial interview that if I tried to compete, she would "sue the pants off of me." That should have been my tip off, but my desire to work with these moms was so strong that I didn't listen to my higher knowing.

I hope that this misfortune can help in some way with other therapists. Please know that I don't sit around dwelling on the issue. I work on family and friends in the interim, and I have immersed myself in the study of Thai massage. I know of a course in Thai Massage for pregnancy, and it is my hope to incorporate that into my Yoga and prenatal practice once my non-compete is no longer relevant, or I relocate.”

Julia Rix, Nashville, TN

My Experience in the Hospital Setting

“It has been a privilege to work as a massage therapist for several years at Stanford University Hospital (SUH), and for the past three years at Lucile Packard Children’s Hospital (LPCH). These two programs serve all areas of these hospitals, including antepartum patients on extended bed rest and postpartum women. These programs began, respectively, in 1993 and 2006.

The antepartum patients are all high-risk patients. They are often carrying multiples and those with preterm labor or premature rupture of their membranes. They may be in the hospital for one week or for more than two months. Some may not get up at all, while most may be up briefly to shower and use the toilet. Patients are generally under considerable stress as they face
the possible loss or premature birth of their infants and the need to adapt to full-time bed rest in
the hospital away from their families. The LPSH program provides one free 25-30 minute
massage per week for antepartum patients. Patients may also purchase massages from SUH
(currently at $30/half hour). One antepartum patient received massage 5-7 times a week for the
two months she was on bed rest.

All antepartum patients require an MD order for massage; postpartum patients currently
do not. The therapists providing massage have extensive hospital experience in addition to their
basic 500-hour training. Techniques used vary greatly, and they may include general Swedish,
acupressure, myofascial release, craniosacral and neuromuscular therapies, lymph drainage, and
energy based therapies. All follow basic prenatal, medical site and pressure precautions. In Fiscal
Year 2007-08, 123 antepartum patients were seen, many for multiple sessions. Antepartum
patient evaluations returned indicated an overall increase in well being and a considerable
reduction of pain.

The programs here grew from the Patient Relations department’s desire to both explore
additional complementary therapies for pain relief and to increase patient satisfaction by
improving the quality of their hospital stay. Even with the long-standing success of the massage
program at neighboring SUH, it was a long and complicated process to implement a program at
LPCH. Much research, solidifying internal support of the medical staff, securing funding,
establishing practice protocols and standardized procedures and forms preceded the first sessions
performed. It has been great fun to be involved in the beginning and ongoing development of this
program. It is essential that the initiative for these programs comes from within the hospital, and
that the medical staff is supportive of the concept. We have been very fortunate at LPCH in that
regard.”

Hollis Radin, massage therapist at Stanford University Hospital and Lucile Packard Children’s
Hospital, Palo Alto, CA

Working in an Ob-Gyn Office

“I had to pinch myself when I received the news: I was the one chosen to open up a
massage office at my ob-gyn’s facility. It felt like I had won the lottery, a dream come true. Our
office is very busy with five female doctors. I imagined myself being instantly and continuously
busy, treating the pregnant and postpartum clientele that were patients in this practice.

With much anticipation, I opened my office, only to sit client-less. There were no instant
referrals. I offered massage to the doctors, but I could not get any of them on my table. These
were BUSY women, barely taking a moment for their own care. I felt like I had to stand in line
with the drug reps to get their attention for a moment.

Slowly, over time, I learned: I learned that if I wanted to talk to the doctors, I needed to
be there for those few minutes over the lunch break when they were making notes on their
morning patients as they ate an apple, before going to the hospital to do rounds. One by one, I
found a minute to educate the doctors and the staff on the benefits of massage. I also learned to
utilize the staff. I offered them chair massage so that they could get a feel of my touch and to
provide them with information about massage. I provide massage to them at a greatly discounted
rate to make it easily affordable and to get them excited to share how good they are feeling with everyone who comes through the office doors. They have become some of my best marketers.

I learned that to specialize in pre- and perinatal massage is an invitation to continuous marketing and educating my perspective clientele. Women are pregnant for a relatively short time and may be hurting for just a small window of that time. I learned to be available to the patients in the waiting room. I learned that it still takes marketing other ob offices, and anyone or any business remotely connected to pregnancy to keep clients coming through my door. And to have those clients tell their pregnant/or-could-be-pregnant-someday-soon friends about pregnancy massage.

Following my passion to help pregnant women relieve the discomforts of childbearing and to educate them on self-care has been one of the greatest gifts I have been given. It is not a gift that has simply and easily fallen into my lap; it takes dedication and commitment. There is such deeply felt satisfaction when the work I do benefits the women and their unborn babies. It is a joy to go to work every day.” Susan Sexton

My Work in a Medical Spa

“I worked as a massage therapist at a medical spa within a Baltimore city hospital. The hospital was incredible in that they supported low-income patients of the hospital by paying most of the cost for massage or acupuncture treatments. They paid $60, and the patient just had to pay $15 per session. After taking an advanced perinatal class in addition to my perinatal certification, I thought I might go on to become a labor educator or doula or somehow specialize in maternity massage. This was a great stepping-stone for me.

With the hope of receiving more referrals, I made an effort to promote maternity massage within the hospital, discussing with the nurses how a massage can be a safe and nurturing experience for their bed-ridden maternity patients. I knocked on patients’ rooms to do hand massages and distribute newsletters produced by the American Pregnancy Association encouraging bed-ridden clients to seek out help from other bed-ridden moms via computer, but I never received a referral from that work. Some pregnant nurses and a few pregnant doctors from the hospital came down for a much-needed massage!

But I did see pregnant women at the spa. Most were low-income, very young, very tired women who sometimes had another child in tow or who had been brought in by their own moms to see if I could offer some relief. It was discouraging, though, to feel like I was being asked to “fix” their aches and pains without much interest on the part of the pregnant woman to learn how she might help herself. Though I know “about” where their SI joints are, I couldn’t get any feedback from the snoring woman on my table. I know that sounds very derogatory but it has been my experience more times than not while working at an inner-city hospital. I think that if I had really wanted to put into practice the level of quality care I could offer a pregnant client I would have been better off seeking out a holistic center where women have the discretionary income that can afford massage as a complementary form of self-care.
That said, the clients I enjoyed working with in the hospital setting are the ones who were delighted that maternity massage exists; the ones who saw how massage could fit into their overall wellness program; the ones I felt I could educate on the importance of caring for herself during and after pregnancy.

As is the nature of our lives sometimes, I found that more and more of my clients were cancer patients of the hospital. So my focus has shifted to manual lymph drainage and oncology massage. I am still awaiting my first pregnant woman living with cancer. Basically as I see it, I have to be versatile working in a hospital setting. Whether the next patient/client who walks through my door is pregnant, dealing with the effects of chemotherapy, or simply a stressed-out and physically depleted hospital employee, I have to have many tools in my toolbox to address such a variety of cases. Maternity massage is just one of those tools.”

Mia Harper, Baltimore, MD

Maternity Massage Therapy in a Spa

“As a massage therapist in Arizona for the past six and a half years I have had a wide variety of clientele mostly within the salon and spa environment. I acquired the basic knowledge of prenatal massage through formal college education; however, I was not very confident doing it. My life and my interest in prenatal massage changed when I became pregnant, and a friend performed prenatal massage on me for the duration of my “normal” pregnancy. During this time, I began to comprehend first hand just how effective massage was as it alleviated symptoms that accompanied my changing body.

Seven months after the birth of my son I began employment at a spa in Chandler, Arizona, and I continued to work there for the next three years. Approximately 15% of my clients were prenatal and felt the spa was a “safe and relaxing” environment. Typically they had normal, healthy pregnancies so treatments went smoothly.

My interest in prenatal massage grew deeper during my second pregnancy when I took a certification seminar. I became much more comfortable performing massage techniques, with proper positioning, as well as with truly understanding the anatomy of a pregnant woman; however, just after returning from the seminar I found out that the daughter I was carrying had a chromosome defect which was fatal. My pregnancy itself would be handled very delicately from this point on. I carried full term and was induced at 37 weeks gestation. Sadly, my daughter passed away after 21 hours of life. During this whole process I became extremely aware of what an emotional experience, beyond the “normal” concerns, pregnancy truly may be. A therapist’s intake process must consist of specific questions, intent listening, and complete understanding of the dynamics. Due to my personal experience, I began to focus on prenatal massage, and I viewed it more from the clients’eyes.

My journey with pregnancy massage continued as I had another daughter. I worked for several other spas, gaining valuable experience in prenatal techniques, before opening my own practice. I had my own room shared within an office with two chiropractors and a naturopathic doctor called Acacia Natural Health, in Tempe, Arizona. I only saw two prenatal clients at this office within ten months of operation, and both were in the “normal” range of pregnancy.
Many of my clients commented on the positioning throughout the massage and stated it was the most comfortable they had felt since the early stages of pregnancy. Although I wanted to share my own personal experiences at times, I refrained unless my repeat clients asked me, and we both felt comfortable with each other. On occasion, I would share with them in hope they would understood why prenatal massage was so personal to me and one of my favorite modalities to offer.

I enjoy working at spas because I think people often associate relaxation and massage with the spa environment; however, as I continue my own education, I would like to expand my prenatal clientele to those who may have more abnormal pregnancies. It is important they too find comfort in an already difficult situation. I believe I can offer more to a treatment than just relaxation because I consider every pregnancy as different in every sense, emotionally and physically.”

Jeanne R. Bass, LMT Tempe, AZ

Self-Assessment of Presentation Material

1. According to professional standards, and legal requirements in many cases, what type of form must you complete and have signed by your client in order to interact with her other healthcare providers?

   A. A healthcare providers’ approval for massage therapy
   B. A progress report of your MT sessions
   C. A prescription for MT
   D. A consent or permission to consult for information

2. In what circumstances is a maternity healthcare provider’s approval recommended when an MT works with a pregnant woman?

   A. In all circumstances approval is recommended before administering prenatal massage therapy.
   B. If either you or the prospective client has concerns about the advisability of her receiving MT
   C. In no circumstances should a woman have to get permission from anyone for MT.
   D. When she is planning to have a home birth.

3. In what circumstances is a prescription from a doctor needed for prenatal massage therapy?

   A. When reimbursement from the client’s insurer will be sought
   B. Whenever the woman’s pregnancy is high-risk
C. Whenever the woman’s pregnancy develops complications
D. All women should be required to get a prescription from their doctor before prenatal MT

4. What types of benefits for prenatal MT has preliminary data indicated might be verified by further research?
   A. Decreased back and leg pain
   B. Prevents prematurity
   C. Prevents gestational hypertension
   D. Decreases foot and leg edema

5. What benefits did the Moyers 2004 meta-analysis of many MT studies document?
   A. A decrease in severity and duration of back pain
   B. Decreased blood pressure
   C. Decreased nausea
   D. Decreased anxiety and depression

6. What benefits of prenatal massage therapy seem to be suggested by studies done on pregnant and post-surgical rats?
   A. Reduced likelihood of need for cesarean births
   B. Improved breathing and sleep
   C. Healthier offspring and more effective mothering behaviors
   D. Reduced labor pain and length

Answer Key:

1. D  
2. B  
3. A  
4. A  
5. D  
6. C