

High Risk Pregnancies

Do not proceed without written release of physician.

1. Diabetic Mother
2. Cardiac Disorders- heart disease
3. Chronic Hypertension
4. Previous Problem in Pregnancy – previous miscarriage
5. Mothers under 20 or over 35
6. Asthmatic Mother
7. Suspected RH Negative Mother or other genetic problems
8. Drug addictions or exposure to drugs
9. Previous multiple births
10. Pre-eclampsia
11. Deep vein thrombosis (DVT)
12. Placenta previa, accrete, or abruption

Proceed With Caution (Physician's Release Advised)

1. Incompetent cervix
2. Complications due to DES used during pregnancy
3. Lung or liver disorder
4. Severe anemia
5. Convulsive disorders
6. Abnormal Fetal Heartbeat
7. Decrease or absence of fetal movement
8. Intrauterine growth retardation
9. Lupus Erythematosus
10. Poor lifestyle habits (drug abuse, poor nutrition, smoking, alcohol consumption)
11. Low weight gain
12. No prenatal care

Warning Signs of High Risk Factors

1. Possible Miscarriage – bloody discharge, continual abdominal pains, sudden gush of water or leakage of amniotic fluid
2. Urinary Tract Infections – very frequent urination with burning, low back pain increase in thirst and decrease in urination, chills and fever with 100 degree temperature or higher
3. Pre-eclampsia – (toxemia of pregnancy – if neglected or not treated properly may develop true eclampsia) Sudden rapid weight gain, systemic edema, increased blood pressure (hypertension), protein in urine, increased headaches
4. Eclampsia (Toxemia) **Emergency situation-refer to physician immediately**– Develops in 1 out of 200 patients with pre-eclampsia; persistent severe headaches; persistent severe back pain unrelieved by change of position; severe nausea/vomiting; systemic edema; pitted edema, increased blood pressure; visual disturbances; convulsions.
5. Gestational Diabetes – excessive hunger and thirst; increased urination in 2nd trimester; sugar in urine, no non-pregnant diabetes
6. Other conditions – thrombophlebitis; systemic infections; skin irritations; varicose veins; kidney disease; heart disease; cancer; acute injuries such as burns, bleeding, fractures

PREGNANCY MASSAGE WAIVER

Client Name: _____

Date: _____

Therapist: _____

I hereby certify that I am pregnant and am medically fit to receive massage services. I certify that:

1. My pregnancy has not been determined to be “high risk” by a health care provider;
2. I am not aware of or experiencing any symptoms or health conditions which would render massage unsafe for me or endanger my pregnancy;
3. My health care provider has not advised me of any condition or medical reason why I should not receive massage therapy during pregnancy;
4. I will update my therapist on any changes in my condition during my pregnancy which may affect my ability to safely receive massage therapy during my pregnancy; and
5. I hereby consent to receive massage therapy after being advised of the potential contraindications of massage therapy during pregnancy. I waive all claims against my therapist and True Healing Massage and its agents for any injury related to my receipt of massage therapy during my pregnancy. I hereby certify that the above statements are true and correct.

Client signature

Client name (printed)

Witness signature

Witness name (printed)