

Safety of massage during pregnancy and the postpartum period: a case series.

Participant Consent Form

This is a project specific consent form. It restricts the use of the data collected to the named project by the named investigators.

Project Title: "Safety of massage during pregnancy and the postpartum period: a case series."

I, _____ [name of participant] consent to participate in the research project titled Safety of massage during pregnancy and the postpartum period: a case series.

I acknowledge that:

I have read the participant information sheet [or where appropriate, 'have had read to me'] and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.

The procedures required for the project have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I consent to: (please tick)

Providing consent for the information collected at my pregnancy or postnatal massage consultation with Copeland Massage Therapy Clinic or Damara Massage, and at the one week post treatment follow up to be used for the research project: Safety of massage during pregnancy and the postpartum period: a case series **for this consultation only**.

Providing consent for the information collected at my pregnancy or postnatal massage consultation/s with Copeland Massage Therapy Clinic or Damara Massage and the one week post treatment follow up to be used for the research project titled Safety of massage during pregnancy and the postpartum period: a case series **for today and all eligible future consultations until the end of the research project**.

I understand that my involvement is confidential and that the information gained during the study may be published but no information about me will be used in any way that reveals my identity.

I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher/s now or in the future.

Signed: _____

Name: _____

Date: _____

Return Address: (Enter the massage clinic details)

This study has been approved by the Western Sydney University Human Research Ethics Committee.

If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services on Tel +61 2 4736 0229, Fax +61 2 4736 0905 or email humanethics@westernsydney.edu.au. Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Support services

1. Pregnancy, Birth and Baby Helpline. **1800 882 436**
2. Lifeline 24 hour service. **13 11 14**
3. Beyond Blue. **1300 224 636**
4. Own healthcare professional of choice (i.e. your past treating physician).

