

BABY MASSAGE: A TOUCH THERAPY

By Glenda Chapman and Cherry Bond

Touch Therapy is one of the oldest forms of natural treatment in the world, having first been described in China during the second century BC and soon after in India and Egypt. As early as 400BC, Hippocrates described medicine as `the art of rubbing`. Sadly, in the west the pharmaceutical revolution of the 1940's saw massage slowly disappear from the medical scene. The widespread use of massage as a therapeutic medium has only resurfaced to be an accepted alternative practise during the last two decades. Today there is a general trend toward a natural healthy lifestyle, with more and more parents seeking ways they can improve their family's way of life. Baby massage is now being recognised for the benefits not only to the infant but to the whole family unit in terms of physical, mental, emotional and spiritual well being.

This historical trend towards complementary healthcare being integrated with the mainstream healthcare is evolving at a steady pace. With this integration comes the need to document evidence that these `complementary` methods do work.

To meet this need and in search for explanations of the mechanisms involved in achieving the benefits for massage therapy, the establishment of the Touch Research Institute (TRI) in U.S.A. was realised. This hospital specifically researches the benefits of touch therapy in a vast variety of medical situations..(1)

Today throughout the world there are many professionals contributing to this very important field of research.

Some of the early outcomes learned were totally unexpected, as we will relate to. Slowly our attitudes to childcare are now evolving to accommodate these research findings.

THE NEONATAL INTENSIVE CARE UNIT

Touch has a very important role in early attachment(2) but parents whose baby/s require care in the NICU are generally in a state of shock, bewildered by the array of buzzing technology.

In the neonatal intensive care unit (NICU) vulnerable infants are subjected to a bombardment of sensory stimulation, most of which can be unpleasant. The neonatal environment is not what the premature is developmentally expecting and the consequence of that may hamper the potential progress of that infant (3)

Parents often find it difficult understanding how to touch or relate to their tiny newborn (4). Initially they need professional help, and allocated time should be given, so they can be introduced to the subtle needs of a fragile preterm or sick infant. Parents need be valued as having a vital role from day one in the neonatal unit (NNU), and for providing positive experiences for their baby (5). Ideally there should be a trained developmental care team on every NNU, who are always available to help and educate parents and staff throughout the multidisciplinary team.

Positive Touch is specially adapted touch that naturally helps and supports babies by keeping them calm, organised and content. Through loving touch parents can begin to connect and communicate with their baby; it is an ideal opportunity for introducing all aspects of family centred developmental care.

The type of touch taught must be adapted:

- To the infant's individual behavioural and physiological responses.
- To the parents. Parents are the ones who practice it, they are the most appropriate givers of loving touch as they are the most consistent observers of their infant and have the essential emotional investment needed to give loving care
- To the baby's medical condition.

Positive Touch is just one ingredient, practiced within the 'umbrella' of developmental, family centered care.

Positive, humane care (Developmental Care/NIDCAP) counterbalances and complements the high tech medical and environmental invasion that tiny babies on neonatal units are subjected to (6). The result of integrated care such as this provides the baby and his family with the opportunity for optimum development and emotional stability for both the short term, in the NNU, and also for their long-term outcome (7).

All babies, no matter how premature or frail should be aware that they are loved and not alone.

RESEARCH

Ironically, touch is one of the first systems to develop yet as many texts on the subject relate to us, is often the last sensory system to be given attention. Touch Therapy is difficult to research and impossible to eliminate making control trials problematic. Part of the difficulty is the way the research is implemented i.e., It is often done by people who do not love, or even know the infant to a great extent, it is frequently carried out without obtaining 'permission' (with regard of the infant's cues) and the procedure is commonly performed without respecting the infant's daily rhythms or how they function as an individual.

Research on touch, given to pre-term infants, through massage, has shown benefits for infant development (8), stress reduction (9), state organisation (10), weight gain and earlier discharge from hospital (11).

The Cochrane library (12) has reviewed 'Massage Therapy for Preterm and/or Low Birth-weight Infants'. The reviewers were Andrew Vickers (research council for complimentary medicine), Ohisson A. Lacy JB, and Horsley A. Conclusion of this review of randomized control trials shows the evidence to be weak therefore does not warrant wide use of preterm infant massage. It is questioned whether it is cost effective for nurses to do this and future research should assess clinical outcome measures such as medical complications or length of stay and care-giver/parental satisfaction. Although it is important to

take heed of systematic research, there is a danger that common sense has disappeared in our high tech world. We should never forget the lessons of the past. For example, prior to 1987, when medical and surgical interventions were routinely performed on preterm neonates without the use of analgesia or sedation, with only muscle relaxants to keep the baby from moving, despite the angry and incredulous reaction of many nursing staff and also the general public when it became known (13). Some clinicians, then and still now, are denying what to most parents is elemental common sense - that young infants in neonatal units do experience a great deal of pain and distress. Parental interventions that can clearly be seen to be of benefit should not be withheld while awaiting research approval as it may, in many cases, come too late when the damage has been done.

We have now reached the limits of gestational survival, apart from a little 'fine tuning'. It is time to invest energy in improving the quality of life of preterm infants and their families. Neonatal medicine is expensive and health care resources are scarce. We must begin to focus on preventive care that improves long-term, as well as short-term outcomes. Because the family is the single most important, constant and influential feature in the baby's life from birth, value should be placed on allowing the baby and his family to competently adapt to their new environment. It has been shown in the USA that there are also cost benefits that prove to be economically advantageous and help fund the developmental team.

BABY MASSAGE IN THE COMMUNITY

The International Association of Infant Massage is an organisation committed to the respect and welfare of parents and infants and provides an exceptional quality of training, which is reflected in the classes that are run throughout the world (14).

The goal of baby massage is that the parents (who we see as the experts in the class) feel empowered, and the babies, (who we see as our teachers) are respected and listened to. Learning infant cues and skills of facilitation are important themes of the training. The work of the instructor is one of a facilitator, i.e. the skill is to educate without giving their own personal opinions or taking a baby from a parent for demonstration purposes.

Baby massage groups are an enjoyable way of helping both parent and infant to undergo the complex process of adjustment, when a new baby joins the family. The benefits for the baby may include improved sleep/ wake states (15), improved digestion and elimination; it can help strengthen the immune system, soothe and calm emotional traumas or pain and encourages healthy development (16).

Joining a baby massage group can benefit parents as also; it is a social opportunity to meet and exchange ideas, give and receive support, all of which can increase their sense of well being and general health (17).

A recent randomized control study at the Queen Charlotte's classes has shown that the mothers suffering from post-natal depression had a highly significant improvement in their own depression *and in their interaction with their babies* compared to a control group (18).

A further study by the Association of Hungarian Health Visitors in 2000, also improved the efficacy of breastfeeding and enhanced mother infant interaction. (19)

CONCLUSION

The overwhelming evidence we have experienced is that parents *need* to give loving touch to their newborn, and can clearly recognize the benefits when they do. To be able to move toward a better quality of infant care and protection, we have to listen to our client's needs - the family. The feedback we have experienced from working with parents for many years, echo that of the findings in the Nolan Supplement (BJM) on aspects of health promotion (20). Results showed that parents felt classes should be driven more by the expressed needs of the consumer rather than the assumptions of the provider.

The long term benefits of infant massage and thus ultimately changing the way we treat our children will be evident in the next generation (21). Parents will feel empowered to trust their role as experts in their children's care and babies will grow up feeling good about themselves. Children who feel this way will not need to behave unsociably in able to be noticed and the terrible cyclical patterns of behaviour problems, violence and abuse in our society can begin to be broken..... just because through loving touch, children have been heard, loved, respected and listened to.

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