Baby Massage

A Form of Early Intervention by Facilitating Parent-Child Communication

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The International Association of Infant Massage (IAIM) was founded by Vimala McClure in the late 1970's, and is now being taught in 40 countries throughout the world. Vimala's fundamental vision was to enhance the relationship between parent and child through nurturing touch.

However in hindsight, through years of observation of the profound effect on the child and parent, the programme is now valued as an early intervention activity. The instructor training is a unique programme through which parents are sensitively instructed to communicate with their babies through touch. Instructors do not impart their own individual opinions, or have direct contact with the babies or parents. Consequently, we do not see infant massage as a 'complementary therapy' or a treatment; it is parent-based education through touch-communication. The training is open to all who are concerned with the well-being of children. Many Sure Start centres positively encourage parents to train as instructors, so that they can reach the people in their own community who may otherwise shy-away from 'official' parenting classes.

Parenting Programmes

Systematic reviews from the Cochrane Database show parenting programmes can be effective in improving infant mental health [Barlow]. Despite increasing numbers of early intervention programmes in the community, there is still a significant and worrying gap from birth, and early discharge, (when vulnerable parents are often at home with little support from extended family or increasingly overloaded health professionals) and the community-based programmes. Baby massage groups can bridge that gap in supporting parents and their babies by preventing problems before they become critical.

The IAIM groups offer parents health promotion opportunities in the form of parent education and also facilitate social support. The peer group interaction and links are taken far beyond the baby massage setting. Those maternity hospitals who provide baby massage are preventative-care pioneers, in taking responsibility for their clients (mothers fathers and infants) following delivery, which nowadays is often only several hours following birth.

Research in the BJM shows that parents felt that postnatal issues were not adequately covered during antenatal classes and they felt classes should be driven more by the expressed needs of the consumer rather than the assumptions of the provider [Nolan]

Child Protection Fears

Some fear may surround the sexual aspect of infant massage in relation to child abuse, especially among health professionals. There is no evidence to substantiate this; in fact just the opposite effect has been found [Johnson]. Children who have been massaged are more likely to develop a strong ability to identify the difference between appropriate and inappropriate touch, which prepares them to discriminate in social interaction in later life [deYoung]. In a study by Dr Brandt Steele and Dr Pollock [Steele] parents of abused children in three generations of families, were invariably deprived of physical affection themselves during childhood. Studies have shown that abusive parenting can be changed by training [Stevenson].

WAVE (Worldwide Alternatives to Violence), featured in the AIMH's newsletter (issue 3, 2004), stated the prime time when humans develop the propensity to violence, is as infants aged 0-3 years [The Hand that Rocks the Cradle - WAVE article].

The long-term effect of introducing baby massage into parenting practice aims to reduce the incidence of child abuse in the future, rather than allowing the cycle of abuse to continue.

Depression

Postnatal depression is linked with impaired mother-infant interaction and long-term adverse consequences to the child.

Research has shown that offspring of depressed caregivers are at increased risk for maladaptive development and emotional difficulties. Specifically, infants and toddlers of depressed mothers have shown evidence of higher percentages of insecure attachments and more behavioural difficulties than offspring of non-disordered mothers [Murray]. Baby massage at Queen Charlotte's Hospital (QCH) London, has been an integral part of the parenting programme since 1995. Observations during these QCH sessions, which indicated that numerous mothers in the classes showed signs of being depressed, triggered the decision to look at this problem. Vivette Glover - Professor of Research at QCH, is studying the effects of Infant Massage for mothers with Post-natal Depression. Results:

- EPDS scores fell in both control, and massage groups, but more significantly in the massage group ($p<0.03$).
- The massage group showed marked improvement in mother-infant interaction (on all scores) which was not apparent in the control group [Onozawa].

A longer-term study is now in progress, which will look at the mother-infant interaction scores at one year, as well as after the five massage sessions.

Baby massage intervention with depression is known to benefit both infant and parental mental health [Field 1998], and has shown benefits for depressed adolescent mothers [Field 2000]. Early intervention is also important for depressed fathers [Areias].

There is a close association between parental mood state, and unsettled infant behaviour, baby massage groups facilitate management for both the parents and the infants. Studies by Kerstin Uvnäs-Moberg in Sweden, show that by increasing the amount of contact between mother and infant, it can effect oxytocin-induced attachment, health-promotion and lower levels of aggression [Uvnäs-Moberg].

It has been proposed [Herring] that for families in which either a parent or a child is depressed, strategies are based on a model of the developmental phase of the child, and which aims to strengthen attachment bonds among the family. All of these proposals fit into the IAIM baby massage method of teaching.

Positive Touch

Nurturing touch and massage can also be made available for babies who are premature or medically fragile, and are on a Neonatal Intensive Care Unit (NICU). Positive Touch is the name coined by this author to describe specially adapted touch, which is given according to the individual baby's behavioural and physiological responses. [Bond].

Integrating a touch policy within a Developmental Care programme [NIDCAP] ensures that the touch which is given is individualised, and therefore safe and appropriate.

Benefits Of Positive Touch

- It is a direct counter-balance to all the inevitable but unpleasant touch a neonate receives in the NICU.
- It establishes a connection between the parent and child who have had an abrupt separation.
- It enables parents to feel empowered by giving them a means of understanding their baby's silent language so that a safe and appropriate 'dialogue' of touch can be given at every stage of development.
- It increases the ability to help to calm an infant in times of stress and offers an opportunity for parents to spend more time with their baby.
- It enhances the neonatal nurses' role in the total care of their patient. It also gives them an opportunity to show their acceptance of the parents' contribution as an essential part of the baby's long-term development.
- It encourages respect, for the preterm/sick newborn infant, as a unique individual who has a clear means of communication.

IAIM Training

The IAIM courses were originally designed to be run as a series of 5-6 weekly classes. However, to meet the needs of parents and babies, many organisations (such as Sure Start, hospitals and clinics) offer drop-in sessions, which are run on a regular weekly basis throughout the year. Parents can attend with their babies as frequently as they like, or until the child becomes too mobile. IAIM instructors are trained to help parents respond to their baby's cues/reactions through the dialogue of touch.

The IAIM regards the parent as the expert in their baby's care, and the baby is the teacher, therefore respect, empowerment and safety is ensured; not by rules and regulations or contraindications, which are often advised due to possible litigation fears, but by trusting a world wide conviction in the IAIM, that babies are able to convey and communicate when touch becomes negative. Instructors are trained to facilitate the parent-infant communication through discussions, peer group support, as well as teaching the nurturing touch techniques.

Baby Massage Classes

Baby massage groups are an enjoyable way of helping both the parent and infant to undergo the complex process of adjustment when a new baby joins the family. Apart from learning the techniques of infant massage, the group is a source of support and a safe place where no one is judged. The part of touch is of prime importance in this process. The way these messages are transmitted will vary from culture to culture and individual to individual; every parent is respected as unique, with his or her own way of relating to their baby. Fathers-only sessions can offer an opportunity for the dads to share in the massage and also to gain support from other fathers and express confidential masculine opinions in a secure environment.

Parents are encouraged to come to the classes when they are ready. Early participation is promoted as the baby's initial environment is modulated by the parent, and experience–dependent maturation of the baby's nervous system is driven by the parental sensitivity to their baby. The stimulation, which occurs in the class, affects the entire sensory system in both the infant and parent, therefore triggering neurobiological patterns which can be set for life [Gunnar 2002].

The instructor always demonstrates the massage strokes on a doll rather than using a baby, so that all reactions are shared between the primary caregiver (the parent) and their baby. This also allows the instructor's attention to be free to keep a vigilant eye on the whole class so they can set the pace triggered by the baby's cues and the parents' reactions, while the parent works with their own baby.

The class begins with a short period of relaxation, which allows the parents to unwind and slow down, and to meet the needs of the babies in unhurried interaction.

Permission:
We (IAIM) always begin by asking the baby's permission to start the massage. Massage is an intimate exchange and gaining permission is a very important part of our philosophy. Massage is always shared with, and not done to the baby: this touch by permission-only, is also an important lesson for the child, encouraging trust and a healthy attitude to touch. It is also important for the child, as it encourages the infant from an early age to understand that they own their own bodies, and have control over what happens to them. This approach builds a sense of trust in the growing child, and has a positive effect on the development of a secure attachment.

The parent initiates the massage by placing a resting hand on their baby and asks permission to give the massage; they observe their baby and wait for the baby's 'reply'.

The instructor explains about being ready for massage i.e. being quietly awake not too hungry or full, not too fussy or tired (making parents respect and be aware of their infant's state); the baby, therefore, chooses the right time. For some very young or sensitive infants this resting hand will be as far as they go. If the baby indicates that they are not in the right mood, the massage is not begun.

Tuning in to the baby: 'Attunement' is an unconscious interaction between infant and parent. Parents who empathise with their infants and sensitively read and respond to their signals are less likely to abuse or neglect their children and are more likely to read babies' developmental capabilities accurately, leading to fewer non-accidental injuries [Peterson].

Cues: Helping parents to understand & respond to their child's cues can have a positive effect on their response to infant distress. The quality of care given in early parent infant interactions, can form a basis for intergenerational transmission of individual differences in stress reactivity [Meaney]; and early buffering of stress may positively affect infant brain development and coping mechanisms in later life [Gunnar 1998]. In the baby massage classes parents are encouraged to observe their baby's body language (infant cues) and adjust their touch accordingly.

Engagement cues can include bright-eyed focused expression, still/calm attentiveness.

Disengagement cues are more vigorous and include gaze aversion, yawning, hiccupping, arching, grimacing, anxious tongue poking and legs/arms held stiffly. These signal are responded to by slowing down, stopping or changing position, and this avoids a build up of intense negative reactions such as extreme startles with finger splay, gagging, vomiting or crying. Parents are encouraged to respond to the cues as quickly as possible, to promote longer periods of quiet alertness and also to avoid emotional extremes, so that the infants are neither over stimulated and distressed, nor under stimulated and bored.

Recognition of **self- regulation cues**, such as hand to mouth, clasping, sucking, staring and leg bracing, help parents to find tactics, which prevent negative reactions. These are achieved by positioning and containment strategies such as covering with a blanket or holding/ cuddling close to the body rather than silencing strategies such as dummies, shushing or instant food gratification.

Cues and strokes: The massage begins with slow rhythmic strokes, the parents' speed and timing being guided by the baby's body signals. Each part of the body is treated in a different way with a developmentally appropriate approach.

Touch is adjusted to the individual baby: In the first few weeks of life a baby is adjusting to the world so that the touch is kept slow or still and in small amounts, usually in one body area. At this age the olfactory-gustatory stimulation is the primary form of sensory stimulation provided by the parent so that the baby is kept in close proximity to the parent's body. The baby is not fully undressed; only the area being massaged is uncovered. Some babies cannot accept direct skin touching, yet enjoy being stroked over their clothes. It is recommended that this small amount of massage is provided at home every day as well, usually at a similar time.

As the baby matures, the timing, pressure, and complexity of the strokes are increased, if and when the baby is ready. The sensations imprinted on the baby's skin help regulate aspects of the baby's behaviour and physiology, via dendritic connections in the emotional limbic brain [Schore].

At about 3-6 months, babies usually enjoy a longer massage and can delight in being undressed if the room is warm enough. They may now prefer the timing of the massage at home to coincide with evening bath-time.

As the baby grows and matures, the massage will have to be adapted to their ever-changing developmental agenda. We introduce songs, coordination exercises, games, sensory-stimulating play (the Treasure Basket) and of course fun, to the sessions. Movement and body awareness are respected by continuation of reading the baby's more mature signals/cues.

Conclusion

Jaak Panksepp's Psychobiological work, Affect Neuroscience, eloquently reveals recent brain research which suggests that attachment bonds are rooted in various brain chemistries that are normally activated by friendly and supportive forms of social interaction [Panksepp]. It is now an exciting era, when neuroscientists can help to explain the root cause and effect of simple, loving touch, between a baby and its parent. However do we always need such vast scientific evidence for something which is so clear to observe in every baby massage class? Panksepp states "one thing modern neuroscience has revealed is that the brain is full of apparent puzzles and paradoxes, and that logic is not as good a guide to knowledge in the natural sciences as careful observation"!

References

Areias ME, Kumar R, Barros H, Figueiredo E. **Correlates of postnatal depression in mothers and fathers**. *British Journal of Psychiatry.* 1996 Jul;**169**(1):36-41.

Barlow J, Parsons J. **Group–based parent-training programmes for improving emotional and behavioural adjustment in 0-3 year old children**. *Cochrane Database Systematic Review.* 2003; (1):CD003680.

Bond C. **Positive Touch and Massage in the Neonatal Unit**. *Seminars in Neonatology*, 2002; 7:477-486.

deYoung M. **The good touch/bad touch dilemma**. *Child welfare*, 1998; 67 (1):60-68.

Field T, Grizzle N, Scafardi et al. **Massage therapy for infants of depressed mothers.** *Infant Behaviour and Development*, 1996; 19:107-112.

Field T. **Early interventions for infants of depressed mothers.** *Pediatrics*, 1998; 102 (5 Suppl E):1305-1310.

Field T, Pickens J, Prodromidis M, Malphurs J, Fox N, Bendell D, Yando R, Schanberg S, Kuhn C. **Targeting adolescent mothers with depressive symptoms for early intervention**. *Adolescence.* 2000, Summer; 35(138):381-414.

Gunnar MR, Donzella B. **Social regulation of the cortisol levels in early human development**. *Psychneuroendocrinology*, 2002; 27: 199-220.

Gunnar MR. **Quality of Early Care & Buffering of Neuroendocrine Stress Reactions: Potential Effects on the Developing Human Brain**. *Preventive Medicine*, 1998; 27:208-211.

Herring M, Kaslow NJ. **Depression and attachment in families: a child-focused perspective**. *Family Process*, 2002, Fall; 41 (3): 494-518.

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Johnson D. **Touch Starvation In America**. *Rayid Publications*, 1985.

Meaney MJ. **Maternal care, gene expression, and the transmission of individual differences in stress activity across generations**. *Annual Review of Neuroscience*, 2001; 24: 1161-92.

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Nolan ML. **BJM Supplement on aspects of health promotion: Antenatal education – failing to educate for parenthood**. *British Journal of Midwifery*, 1997; 5 (1):21-26.

Onozawa K. Glover V. Adams D. Modi N. Kumar RC. **Infant massage improves mother-infant interaction for mothers with postnatal depression**. *The Journal of Affective Disorders*, 2001; 63; 201-207.

Panksepp J. **Love and the Social Bond: The Sources of Nurturance and Maternal Behaviour**. *Affect Neuroscience* Ed. 1998,13: 246-260. Oxford University Press, New York, Oxford.

Peterson, L. & Gable, S. (1998). **Holistic injury prevention**. In J.R. Lutzker (Ed), *Handbook of child abuse and treatment*, (pp 291-318). New York: Plenum.

Schore AN. (1994) **Cross-Modal Transfer and Abstract Representations**. *Affect Regulation and the Origin of the self*, ed. 23, 302-310. Lawrence Erlbaum Associates.

Steele B, Pollack CB. **A psychiatric study of parents who abuse infants and children**. Ray Helfer and C Henry Kemp (Eds.) *The Battered Child* (2nd edition), Chicago, University of Chicago Press; 1974: P140.

Stevenson J. **The treatment of the long-term sequelae of child abuse**. *Journal of Child Psychology and Psychiatry*. 1999; 40 (1): 89-111.

Uvnäs-Moberg K. **Antistress Pattern Induced by Oxytocin**. *News in Physiological Sciences*, 1998; 13 (1):22-25.

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