

Umbilical Hernia

Edited by Cherry Bond

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CIMI Question:

I wonder if you would be able to give me some advice on a baby in my class who has an umbilical hernia – what exactly is it, and what tummy strokes, if any, can we teach?

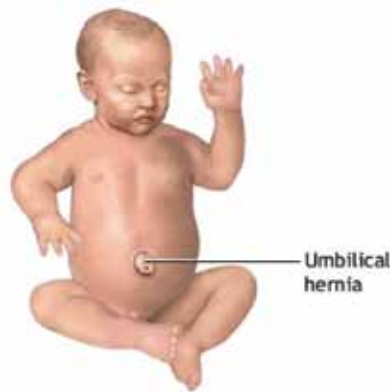
The umbilical cord is a strong, flexible pipeline. It carries a mother's lifeblood to her child, and anything that might harm the child is removed by the mother. This conduit enters the baby between the two *rectus abdominus* muscles of the abdominal wall. These two muscles (which we later try to keep firm

with sit-ups) are connected by a white line of tough fibrous tissue called the *linea alba*. The umbilical ring is a small hole (about 1/2 inch in diameter) through which the umbilical cord passes into the belly.

Usually, after the umbilical cord is cut and the stump begins to wither and fall off, the umbilical ring closes and the *linea alba* becomes a smooth, unbroken band.

If the *umbilical* ring is still open, the child has an **umbilical hernia**. The hernia allows a portion of the peritoneum (lining of the abdominal cavity) to protrude, and push the umbilicus outward. Usually only fat or fluid from the abdomen pushes out, but occasionally loops of bowel may also be present. Generally the hernia appears as a soft swelling beneath the skin that often protrudes when the infant is upright, or with crying or straining; at times it can look almost like a balloon. When the baby is relaxed, this balloon can be gently pushed back into the belly - only to re-emerge a few minutes later.

Umbilical hernias are quite common in infants, occurring in 10% to 20% of all children, and as many as 90 per cent in some ethnic groups. Low birth weight and premature infants are also more likely to have an umbilical hernia. Boys and girls are equally affected. Umbilical hernias



are usually painless. If the Parent has any concerns that the baby is uncomfortable at any time or has sudden bouts of pain related to the hernia, then they should seek medical advice.

The vast majority of umbilical hernias are not related to any disease condition. However, umbilical hernias can be associated with rare diseases, such as mucopolysaccharide storage diseases, Beckwith-

Wiedemann syndrome, Down syndrome, and others. Encouraging parents to massage the hernia may be a 'way-in' for parents who are resisting close contact due to the shock of having a baby with a special need or disability.

Depending on the severity, the area of the defect can vary from less than 1 to more than 5 centimeters in diameter. About 80 % of umbilical hernias will close on their own by the time the child is 4-5 years old. Because of this fact surgical correction is usually avoided until the child reaches this age.

The indications for umbilical hernia repair include:

- The surgeon may recommend closure at an earlier age if the hernia does not easily reduce or if the hernia becomes painful – this emergency is called a incarcerated or strangulated umbilical hernia
- defects not spontaneously closed by 4 to 5 years of age
- children under 2 with very large defects unacceptable to parents for cosmetic reasons
- Earlier correction is also sometimes offered if the child will be having a general anesthetic for another procedure.

Regular tummy massage, maybe once or twice per day, can help keep the abdomen relaxed, and calm a baby who is straining, therefore aiding the natural healing process.

As normal ask permission. Do not massage the abdomen if the infant has just had a feed or is straining.

Place your flat hand over the hernia and wait for the baby to relax the abdomen.



When relaxed, the baby is giving you permission to start the massage strokes.

Gently but firmly press down during the water wheel stroke.

All the other strokes are fine EXCEPT the thumbs outward strokes.

A Health Visitor CIMI suggested that when it comes to the “thumbs outward strokes” the parent does a “thumbs inwards” stroke, ie instead of positioning the thumbs together at the start of the stroke over the umbilicus and drawing them outwards, the mother’s thumbs are positioned either side of the baby’s abdomen and are drawn inwards towards the centre of the baby’s tummy, thus encouraging the abdominal muscles to knit together. This reverse stroke allows the parent to feel included and is also useful for the infant.

Back massage is important: make sure the baby is lying on a nice firm base (a pillow or bean bag is not offering suitable support).

As the baby lifts their head in this position the abdominal muscles are tightened.



This sheet is an ongoing information source for CIMI’s so please feel free to give me additions, comments or further research articles to back up this information.

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