Baby Massage (BM) is by no means a ‘new’ therapy. In fact, massaging children regularly from just a day or two after they are born is a centuries-old tradition still practised in many cultures. In India, for example, up to 96% of care-givers practise traditional oil massage on their newborn, irrespective of socio-economic status or where they live. If such a tradition ever existed in the UK, then clearly it was not successfully passed down through the generations as it was in India.

However, in recent years, BM has become increasingly popular in the West - which is good news for babies and parents alike, as research suggests that both parties have much to benefit from the practice of this simple technique.

Best for baby

Though BM uses much gentler techniques than those of a standard Swedish massage routine, the two treatments share many of the same benefits. For instance, BM has the potential to:

- stimulate the circulatory, respiratory, nervous and immune systems
- stimulate the digestive system (which can help to relieve colic and constipation in some babies)
- improve the appearance and texture of the skin (which can benefit eczema in some babies)
- improve joint mobility
- reduce stress, anxiety and birth trauma
- improve sleeping patterns.

BM can also encourage smaller babies to gain weight, without increasing the volume of feed given. (See ‘premature babies’ column opposite for further information.)

Understanding baby cues

For most parents, having a baby is a truly wonderful life event, but it is not without its stresses. The arrival of a physically vulnerable human being, that is unable to communicate its needs properly for several months, can be as daunting as it is demanding, especially for first-time parents. Feelings of anxiety, isolation, and a sudden lack of self-confidence are not uncommon. Fortunately, these are all areas that BM has the potential to address.

Above all else, BM provides the perfect opportunity for baby and carer to spend some uninterrupted, quality time together, that doesn’t involve feeding, winding, changing nappies, bathing, etc. During this time, the carer will inevitably start to recognise, understand and respond to different cues from baby. For example, the carer may start to notice that when baby is not in the mood for interaction (be this BM, or any other activity), he may look or turn his head away, frown, arch his back, clench his fists or start to cry. On the other hand, when baby is ready for an interaction, he may hold eye contact for extended periods, smile, move his limbs in an excited but relaxed way, make gurgling sounds, etc.

The carer will also learn to recognise baby’s different activity levels (deep sleep, light sleep, drowsy state and alert state) and at what points during the day it is best to carry out different activities, including massage. Learning to interpret baby’s behaviour through massage will obviously help the bonding process and increase self-confidence in the carer. This is of particular benefit to mothers suffering from postnatal depression, and those fathers who only have a limited amount of time to spend with baby.

Postnatal depression

Postnatal depression, or PND, affects approximately 1 in 10 (75,000) mothers in the UK every year.2 Women who are at a greater risk of developing PND are those who: experienced a traumatic birth; have physical health problems as a result of the birth (e.g. urinary incontinence); have a demanding baby; do not have physical or emotional support from friends and family; have a poor relationship with their partner; have had mental health problems in the past or during pregnancy.3

Vivette Glover, Professor of Perinatal Psychobiology (Imperial College, London), is involved in ongoing research into the benefits of infant massage for mothers with PND. In a paper published in Seminars in Neonatology (2002)4, Glover highlighted a number of interesting points. For instance:
Studies have shown that women with PND often have problems relating to their new baby. Children of women with PND tend to do less well later in life, in terms of both behaviour and intelligence. Parents attending a massage class can potentially feel less isolated and have the opportunity to share information and advice with others. Massage has the potential to improve mother-infant interaction as “classes specifically encourage mothers to look at and understand their babies, as well as interact with them in a pleasurable manner”. Whilst psychotherapy and drug treatment may have a role to play in treating PND, such approaches do not directly improve mother-infant interaction. Through massage, the parent’s self-esteem can improve as they start to see the positive effects of this activity. The parent learns about baby’s skin, including its texture, tone and temperature. It has been claimed that massaging infants may improve neurophysiological development, sleeping patterns, weight gain, and relieve constipation and colic.4

Glover concluded the paper by pointing out the potential cost benefits of including Infant Massage Instructors in postnatal services at maternity hospitals, particularly as “a recent study highlighted that crying and sleeping problems in the first 12 weeks costs the NHS £65m a year in consultations with health visitors and GPs”.5

Fathers and BM

In a report published in Complementary Therapies in Nursing and Midwifery (2003), Dr Peter Mackereth (Clinical Lead in Complementary Therapies at Christie Hospital), noted that although literature advocates fathers’ involvement in childcare, their participation in baby massage classes is rare. Mackereth did note that this may be due to fathers not being used to comforting babies, particularly if they had not been comforted by their own fathers in infancy. This issue may be further complicated by the traditional view of ‘appropriate’ physical contact between a father and his child. It is also quite typical for parents to inadvertently adopt stereotypical roles, with the mother being the “nurturer”, providing food, warmth and comfort, whilst the father becomes the “law enforcer”, setting boundaries and applying discipline.

However, research in Australia does suggest that fathers who take part in BM enjoy a more interactive relationship with their babies, involving more eye contact, vocalisation and reaching out, and less avoidance behaviour. As BM encourages carers to recognise and respond to their babies cues, it can also help fathers feel more comfortable - and capable - in caring for their offspring.6

Mackereth concludes his paper by raising (amongst others) the following issues:

- That fathers need to be actively encouraged to learn baby massage.
- That more BM classes should be run at weekends and evenings to enable working fathers (and mothers) to take part.
- That the profile and practice of BM needs to be raised in the UK.
- That further investigation into the benefits of BM, for both fathers and mothers, is necessary.7

References and Further Reading

2 www.womensanatomy.org.uk.
3 www.hmthwest.nhs.uk.

baby massage and premature babies

Numerous studies have indicated that massage is a cost-effective treatment that offers numerous benefits to medically stable preterm infants.

Lee (2005) found that tactile and kinesthetic stimulation enhanced ‘physiological responses and behavioural organization’ in premature infants (i.e. greater awake state, more fidgeting and increased motor activity).

Dieter et al (2003) found that preterm infants (mean weight: 1359g) who received body stroking and passive limb movements for three, fifteen-minute periods averaged a 53% greater daily weight gain than infants who did not receive the intervention. After 5 days of treatment, infants in the massage group also spent less time sleeping and more time in the drowsy state.

Beachy (2003) reports that when infant massage is applied properly to preterm infants, they respond with: increased weight gain, improved developmental scores and earlier discharge from hospital. Parents are also said to benefit from massaging the infant in terms of enhanced bonding and increased confidence in their parenting skills.

A study by Scalfi et al (1993) indicated that preterm infants who had experienced more obstetric complications before receiving massage therapy benefited more from treatment, especially in terms of weight gain.

NB: With very few exceptions, massage therapy should only be carried out on preterm infants by medical professionals and the infants’ parents, especially in the context of a neonatal intensive care unit.

Did you know that …

Therapists/Instructors do not ‘perform’ Baby Massage, but rather they teach parents (usually with the aid of a life-like doll) how to carry out the treatment.