

Baby massage classes and the work of the International Association of Infant Massage

Robbie Simpson

This article describes the role of the International Association of Infant Massage (IAIM) in promoting the importance of touch for the developing relationship between the parents and infants. Infants are unique personalities and it is important that the parent learns how to respond appropriately to the infant's needs. Infant massage classes can demonstrate and promote interaction with infants using eye-to-eye contact, recognizing infant cues, talking and singing, and responding in a loving and sensitive manner. The photographs are of an infant massage class held recently in Leicestershire. © 2001 Harcourt Publishers Ltd

INTRODUCTION

The International Association of Infant Massage (IAIM) is an organization committed to the welfare of parents and infants. It provides high quality training for instructors and trainers and is a non-profit making organization. The IAIM UK was established in 1997 and in that time it has developed instructor training courses and parent and baby massage classes across the UK. It has a code of ethics, and has disseminated information and education through the publication of a journal, *Touch Matters*, published three times per year. In addition we hold two major meetings a year for our CIMIS (Certified infant massage instructor).

However, we acknowledge we need further research into the benefits of massage, which could be utilized by researchers experienced in parent and infant relationships.

BABY MASSAGE AND THE PARENT CHILD RELATIONSHIP

Massage is a wonderful form of communication between mother/prime caregiver, and the infant. Touch is considered the 'mother of the senses' and the sense of touch is the earliest to develop in the human embryo (Montagu 1986). In other cultures, for instance, in Nepal, Tibet, Malaysia, and India, families recognize the value of massage to promote health and a sense of well-

being for the mother and child, before and after birth (Binning 1992).

Originating in the East, massage takes its name from the Arabic word, 'massein', meaning to rub the skin. Even though we might not consider it to be 'massage' we instinctively comfort and soothe those we love by stroking, hugging and holding them. It is a way of expressing emotions without words (Binning 1992).

In the early weeks, a baby develops emotionally as well as physically and these needs are urgent and non negotiable. Babies settle only when they have what they need (Parr 1996).

Babies need their parents to be preoccupied by them and to enjoy them but a baby's brain needs the stimulus of attentive care and how the parents respond is crucial to the baby's emotional and mental development. Babies come into the world with strong emotions and abilities and are geared for development. The more closely the mother gets to know her baby and can tune into his needs, the more likely they are to thrive (Pick 1999).

All babies are unique and the parents have to learn to adapt to the infant's communication cues and respond with sensitivity. Some babies are placid and easy going, while others are nervous, highly-strung and fretful and the style of handling and responding will be different. Babies in the neonatal unit who have been separated from their parents may feel insecure and need extra sensitive handling and infants

Robbie Simpson
SRN, SCM, RHV, FETC,
Certified Massage Infant
Instructor IAIM,
Aromatherapist
TIDHA, MRQA, Part time
Health Visitor with the
Leicestershire and
Rutland Health Care
Trust, Leicester, UK.
Tel./Fax: +44 (0) 116
2717899



Fig. 1 Ready to start massage? This face is saying yes!



Fig. 2 Water wheel: good for constipation.



Fig. 3 Indian milking technique: relaxing, bringing blood to the feet.

with special needs may be more emotionally challenging (Pick 1999).

We have found that patterns of child care in the first few weeks are demanding for any parent

and the emphasis is usually on the mother. Parents report that the daily 24h demands of breast or bottle feeding, nappy changing, understanding the different types of crying, coupled



Fig. 4 Squeeze and twist: stimulates and tones muscles.



Fig. 5 Press where toes join foot: relaxes shoulders and chest (reflexology).



Fig. 6 'Walk' thumbs over sole of foot: stimulates growth and development.

with a lack of sleep, low energy levels following birth and early hospital discharge, can accumulate feelings of inadequacy impacting upon this early relationship. In our experience, the person-

ality of the parents and their parenting styles is also a major influence. Some parents are laid back and easy going and have good adapting and flexibility skills, while others are nervous and



Fig. 7 Circles around ankle joint: promotes joint flexibility and immune response.



Fig. 8 Mum's hand resting after completion of open book chest routine: stimulates and deepens breathing.



Fig. 9 Pitstop: stroking in the axilla area. Stimulating body awareness.

highly-strung, and worry excessively. Others prefer structure and rigid routines and come with high expectations of parenthood. As a baby does not come with a filofax and a built in clock for 4-

hourly feeding and 12-hourly sleeping, the experience of adapting to this infant can come as a tremendous shock. Bonding with this baby may take time and some parents can feel guilty



Fig. 10 Indian milking: relaxing arms.



Fig. 11 Rolling arm: stimulates and tones muscles.



Fig. 12 Small circles around the jaw: relieves tension, supports chewing, speech and balance.

that they do not love their baby instantly. It is not easy to be positive, lively, responsive, happy and smiling and sensitive when you are physically, emotionally and mentally exhausted with lack of

sleep! Such feelings are regularly mentioned in our postnatal classes when we discuss emotions and fears in the early weeks of parenting. Murray (1992) has estimated that between 10–15% of



Fig. 13 Back and forth stroking on the back: stimulating body awareness.



Fig. 14 Well done baby!

women experience clinical depression in the months following the birth of a child and this in turn can have a long-term knock-on effect for infants vulnerable to maternal mood.

In 1999, Hodgkinson reported upon recent research conducted at Queen Charlotte's Hospital by Dr Vivette Glover and her colleagues. This suggested that infant massage is an effective method for facilitating mother–infant interaction in depressed mothers and that learning to interpret infants' cues may also contribute to the benefit (Hodgkinson 1999).

The IAIM has also recognized the importance of both parents being involved in massage classes. Fathers often say they feel excluded or supernumerary if they continue to work and return home late to find the infant asleep. We have found that fathers should be encouraged to recognize the value of sympathetic and empathetic listening to their partners and offer suggestions and solutions to a problem. The paternal contribution is always encouraged to develop family bonding. In addition the love and support both emotionally and physically in the home cannot be over estimated (Wallis 1998).

Indeed, we have found baby massage classes particularly valuable and helpful with fathers who are frequently away from their families due to work commitments. For example, an infant massage class was successfully held for fathers at Harewood Barracks, Germany. Furthermore, this approach has been shown to be effective for soldiers serving in Bosnia, Kosovo, Falklands or East Timor. The fathers felt that this was valuable time spent with their babies and an opportunity for them to get involved with their care (Goff 2000).

In the very early days the IAIM encourage and help parents to develop observational and interpretive skills to help them recognize their baby wants. This is important and Rutter and Hay (1994) have suggested such an approach can help recognize triggers to certain behavioural responses and identify solutions. Successfully recognizing and responding to baby cues also has the effect of raising the self-esteem and feelings of achievement in new parents.

Stein et al. (1997) suggest that essentially there are three different facets to the parents' intuitive responses and these are visual contact, speech and emotional communication.

Visual contact

Parents gradually develop predictable responses to different infant facial expressions, which help the parent to be more recognizable to the infant as a person. Parents try in the early days to stay in the more of the newborn's visual field and try to make direct eye-to-eye contact. When they

achieve such contact, they mark it with an exaggerated response.

Speech

Parent's predictable responses to different facial expressions and vocalizations help the parent's personality to become increasingly recognizable to the infant as well as helping the infant to integrate experience. Parent's speech to infants is shorter in content, often repeated, with vowels elongated and major changes in rhythm. The parent also monitors infant's vocalizations to understand the infant state.

Emotional communication

There are links between infant emotion and behaviour and parental emotions and behaviour. While the infant is exploring his/her environment, he/she uses the parents' emotional expressions to help make sense of or to evaluate this environment.

These three responses are actively encouraged in our infant massage classes, and form part of the IAIM instructor training programme.

INTERNATIONAL ASSOCIATION OF INFANT MASSAGE

The International Association of Infant Massage (IAIM) was founded in 1976 by Vimala Schneider McClure. McClure was doing some voluntary work in orphanages in India in 1973 and noticed the beneficial effects of massage on babies even though they were being raised in the poorest conditions (McClure 1998). When she returned to America, McClure began to develop infant massage from Indian massage, Swedish massage, yoga and reflexology and devise an educational curriculum. In 1977 she wrote *Infant Massage*, a handbook. The organization began to grow, have regular conferences, develop instructor and trainer courses, and expand into other countries. Today, an International Board of Directors runs the organization and each country has its own board or committee. Countries include USA, French Canada, Canada, Spain, Denmark, Italy, Norway, Australia, Sweden, New Zealand, Germany and the UK. The UK Chapter of the IAIM was formed in 1997. The Committee consists of 9–10 members and meets several times per year. The newsletter *Touch Matters* is produced three times per year. The Members' meeting is in the spring and the AGM is in November of each year. There are now nearly 500 instructors in the UK and the first UK trainer is Suzanne Adamson.

Instructors

The certified massage instructor will have completed a 4-day course, a take home written examination, and evaluation of five infant massage sessions and optional massaging of two babies. This work is examined and certified by their trainer. The qualified instructor is there to facilitate and help enhance the loving relationship between an infant and its caregiver. Massage is perceived as an ideal medium because it naturally encompasses all of the elements of the bonding process. The instructor is able to teach classes of parents and babies and offer information days to professional groups. The instructor is not allowed to train or certify other instructors, or offer continuing education to health professionals, massage babies or children. The instructor always demonstrates using a doll and only the parent massages his or her own child.

Trainers

The trainer must be 28 years of age or older and have been an active member of the IAIM for at least 2 years. The trainer must also be a good communicator, and have experience in one or more of the following fields: education; social work, counselling and group facilitation; massage therapy. The trainer must demonstrate experience of teaching infant massage to a minimum of 100

families and provide evidence of dealing with the media and giving several presentations. As a result of this training structure, the IAIM is both accountable and committed to achieving and maintaining high standards of care when working with infants and parents. The IAIM has a principled-based practice. Our course is about nurturing touch among human beings and this behavioural need is essential for holistic health.

Benefits of infant massage

The benefits of infant massage can be divided into four categories: stimulation; relaxation; relief; and interaction. The four main sources for infant massage strokes are developed from Indian and Swedish massage, foot massage using reflexology techniques, and strokes and combinations drawn from Yoga. McClure has devised the massage sequence.

As the parent gains confidence, their self-esteem is enhanced and the benefits to the parent and infant are enormous. The parent should gain good inter-personal skills and confidence in a social situation. The skills gained from this experience are life long and can be passed down the family networks. By being stroked, and caressed, and carried, and cuddled, comforted, and cooed to, by being loved, the child learns to

Box 1

The IAIM believes that:

- Infant massage can improve communication between parent and baby
- Help calm baby emotions and relieve stress
- Soothe babies and help them to sleep better
- Help babies to develop awareness of their body
- Aid digestion and help to relieve colic, wind and constipation
- Help develop muscle tone, coordination and suppleness
- Strengthen the immune system and increase resistance to infection
- Regulate breathing and relieve nasal congestion
- Support and regulate internal systems such as respiratory, digestive, circulatory, nervous and elimination
- Improve skin texture

Infant massage classes can be supportive and empower parents in the following ways:

- Opportunities to join a group of like-minded parents
- Meeting other parents and sharing experiences of being a parent
- Creating an atmosphere, which is tranquil, relaxing, calming so enhancing the quality of time between parent and baby
- Space, good ventilation, carpeted room and refreshments giving a feeling of being cared for
- Opportunities to learn by demonstration, observation, listening and practising
- Opportunities to share with the instructors and peer group without fear of being criticized and devalued
- Being aware of the group rules of confidentiality and respect for each other
- Being encouraged to express feelings and opinions
- Being valued
- Responding to infant early behaviour, early infant communication and infant cues the interaction of mother and infant will be promoted.

love others (Montagu 1986). Feeling loved and valued and supported by a network of reliable affectionate relationships is going to enhance the parent and infant mental well-being (Department of Health 1999).

By evaluating my infant massage classes, listening and observing mothers and infants, I am firmly convinced of the benefits of infant massage. However, as stated earlier, there is a need for a more formalized research study to evaluate the benefits of massage in this context. One suggestion would be to invite some clinical psychologists interested in parent-child relationships and ask them to devise questionnaires, which could be used in our classes. This could be done all over the UK and the material gathered could form a basis for a qualitative research study. NHS Trusts could allow neonatal nurses, midwives and health visitors who are interested in infant massage to train in massage courses and to practise these skills.

CONCLUSION

Infant massage is a practical skill; using our hands for positive touch, let us keep it in safe, accountable and professional hands for demonstration purposes, parental hands to perform in a positive, sensitive and loving manner and so safeguard infant and parental well-being.

IAIM MISSION STATEMENT

The purpose of the International Association of Infant Massage is to promote nurturing touch and communication through training, education and research so that parents, care-givers and children are loved, valued and respected throughout the world community.

Further information about our organization can be obtained from Magdalene Lim (Membership Secretary/Training Liaison Officer. Tel/Fax 020 8591 1399; E-mail: mail@iaim.org.uk Website: www.iaim.org.uk

ACKNOWLEDGEMENTS

I would like to thank the group of mums and babies who allowed the photographs to be taken for this article: Donna and Cara, Dionne and Mackenzie, Gabriela and Cameron, Simona and Francesca, Katie and Zavier, Jane and Ella, Amanda and Elliott, Hazel and Jack, Paula and Alice, Sue and Lewis, Jean and Bramble.

I would also like to thank Roy Martin for taking the photographs and the IAIM for the training and philosophy of infant massage.

REFERENCES

- Binning S 1992 The loving touch. *Nursery World* 14 May, pp 22-23
- Department of Health 1999 Working together to safeguard children. HMSO, London
- Goff J 2000 Touch matters. Father and babies massage day. *Tender hands. Journal of the IAIM UK*. Reprinted from Sixth Sense Newspaper of British Forces Germany 1(8)
- McClure Schneider V 1998 Teaching infant massage. A handbook for instructors. Bantam
- Montagu A 1986 Touching the human significance of skin, 3rd edn. Harper and Row, New York
- Murray L 1992 The impact of postnatal depression on infant development. *Journal of Child Psychology and Psychiatry* 33: 543-561 Cited in promoting Health. CPHVA 2000
- Parr M 1996 Support for couples in the transition to parenthood. Evaluation Report of the PIPIN Parent/infant programme. University of East London, London
- Pick R 1999 The Child Psychotherapy Trust. Understanding childhood. Child Psychotherapy Trust, Star House, 104-108 Grafton Road, London NW54BD
- Rutter M, Hay D 1994 Development through life. Handbook for Clinicians Blackwell Science, Oxford
- Stein A, Wheatcroft R, Woolley H 1997 Facilitating parenting into the millennium. Conference Proceedings: Families come First, CPHVA National conference 19 Sept 1997, London. CPHVA, London
- Taniguchi P, Glover P, Adams P, Kumar P 2001 Benefits of infant massage for mothers with postnatal depression. Submitted for publication. Cited in Hodgkinson A 1999 Touch matters. *Journal of the IAIM UK* 1(7)
- Wallis L 1998 CPHVA. Needed: more fatherly love. *Community Practitioner* 71: (7/8) 238