# Infant Massage Instruction:
## Good Practice Guidelines

**Public Health**

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References

Sample documents:

Appendix A Invitation letter
Appendix B Register
Appendix C Evaluation
Appendix D Certificate

NHS Highland is grateful to NHS Blackburn with Darwen for permission to use their Infant Massage Good Practice Guidance (POLI-SP-062) as a basis for this document and to Tammy McLellan, Principal Trainer, Scottish School of Child & Baby Massage for her advice.
Infant Massage Instruction: good practice guidelines

('Parents' refers here to the child's parents or caregivers).

1. Introduction

1.1 The purpose of infant massage instruction is to promote nurturing touch and communication to parents as a practical way to assure their child that he or she is loved, valued and respected.

1.2 The demonstration of infant massage techniques is a means to empower parents by passing on a practical skill which encourages early positive attachment and builds parents’ confidence in their ability to nurture and soothe their child. These guidelines set out the rationale for promoting the use of infant massage together with basic standards to be followed when offering instruction to parents.

1.3 The core Scottish Government policies The Early Years Framework, Equally Well and Achieving Our Potential recognise the importance of getting a positive start in the first months and years of life in order to benefit children’s long-term growth and wellbeing. Parents’ attitudes and skills will affect their child’s mental, emotional and physical wellbeing: building parental confidence is therefore seen as a key element towards ensuring that children are able to flourish.

1.4 Health for All Children: 4 guidance for implementation in Scotland (‘Hall 4’) sets out the child health programme and notes that:

‘Interventions in the early years are likely to be the most effective in preventing a child developing mental health problems. These include interventions to improve and enhance the wellbeing of the mother and the baby, which promote good early parent-child attachment and interaction, and which support parents’ problem-solving skills and recognise and support the role of fathers.’
1.5 The Chief Medical Officer in his annual report (2006), emphasises the importance of secure attachment between an infant and its parents:

‘In the early months and years it is crucial that each child has the opportunity for a warm reciprocal relationship with a small group of special adults who respond to the child's varying needs for stimulation or soothing, shape his or her later relationships and emotional self regulation, and give the capacity to learn and develop empathy.’

2. **Rationale**

2.1 Centuries of traditions in many countries of massaging babies, together with more recent research, indicate that infant massage can offer benefits for an infant’s physical and mental development, ease sleeping, crying, symptoms of wind and build parents’ confidence in their ability to comfort their child. A Cochrane Systematic Review (2006) concluded that while there is limited evidence from low-bias studies:

‘There was, however, some evidence of benefits on mother-infant interaction, sleeping and crying, and on hormones influencing stress levels. In the absence of evidence of harm, these findings may be sufficient to support the use of infant massage in the community, particularly in contexts where infant stimulation is poor...’

2.2 The SIGN 60 guidance *Postnatal Depression and Puerperal Psychosis* categorises infant massage as one of a range of psychosocial interventions ‘which should be considered when deciding on treatment options for a mother diagnosed as suffering from postnatal depression.’ A study by Onozawa et al also found ‘there is some evidence that massaging their child may also help mothers with post-natal depression’.

2.3 Two NHS Health Scotland resources provided to new parents suggest baby massage as a practical skill for parents to practise. *Ready Steady Baby* notes massage
as a way of soothing babies with skin to skin contact through gentle loving touch. The play @ home programme, currently funded in all areas of Scotland as a tool to help improve emotional ties and promoting a stimulating, nurturing environment, includes infant massage as an important method of loving communication.

2.4 The play @ home programme originated in New Zealand and was adapted for use by NHS Fife by a group including public health nurse/health visitors and a paediatric physiotherapist. The Baby Book lists the following benefits of baby massage:

- Loving touch and skin contact help your baby to thrive
- Helps new parents to gain confidence in handling their baby
- Promotes relaxation of both parents and baby
- Your baby is learning to enjoy the sensation of being handled and stroked. Touch is vital for your baby’s physical and emotional well-being
- Develops body awareness
- Helps babies with colic by breaking the anxiety-pain cycle and improving digestion
- Improves sleep patterns and settling problems
- Especially helps the growth and development of premature and low birthweight babies
- Baby massage techniques are suitable for use in all growing children, e.g. circular stroking of the temples for soothing older children'

play @ home Baby Book, NHS Health Scotland 2008

2.5 Evaluations in 2007 and 2010 of practitioners’ experiences of delivering infant massage instruction in the Highlands found high reported levels of parental satisfaction. Parents said they felt they had learnt a practical skill which seemed to soothe the symptoms of colic and constipation and helped relax themselves and their baby; massage groups offered a chance to meet other new parents; practitioners found it enhanced their relationship with parents and enabled them to observe parent-child interaction (NHS Highland 2007, 2010).

2.6 Massage techniques can be transmitted principally through parents observing and listening to the instructor. This simplicity means that it can be made easily accessible to parents with a wide range of learning abilities and styles and may be particularly helpful for more vulnerable parents.
2.7 For fathers, massage offers a means of gentle skin to skin contact with their baby, particularly if the baby is breastfed. Mothers in Highland who learnt the massage strokes have reported that they enjoyed having a practical skill to pass on to their partner/husband which helped them to feel involved with their baby.

2.8 The approach taken to introduce massage to parents and the setting for sessions are likely to have an impact on parents’ response, especially those who are more vulnerable.

2.9 An evaluation by Underdown & Barlow (2011) examined the ways in which a sample of infant massage programmes operated. Through observations and parental evidence they assessed the impact of the invitation process, consistency of facilitator, settings, group size, facilitators’ skills and personal qualities and the use of singing.

2.10 The report concluded that ‘…inadequate attention (is) being paid to the way in which disadvantaged women, who have a range of needs, are invited to take part in such services and the ensuing quality of provision.’ Their findings suggest the need for awareness of ‘…the mechanisms that are necessary to effectively support parent-infant interaction and to bring about change.’

3. Scope

3.1 These guidelines are ratified by NHS Highland and adherence to them should enable instructors safely to facilitate parent learning about infant massage techniques and benefits. The guidelines are intended for use by all NHS Highland practitioners offering infant massage instruction. It is recommended that these guidelines are adopted by local authority and voluntary sector organisations who offer infant massage instruction. Private providers are also encouraged to adopt these guidelines, as opportunities arise.

4. Principle

4.1 Infant massage is concerned with promoting child and family mental health, through massage, loving holds, recognising early communication cues, listening and
responding and the promotion of physical well-being underpinned by early bonding and positive attachment.

5. **Good practice guidelines**

5.1 Practitioners who have satisfactorily completed training by Scottish School of Child and Baby Massage or achieved another accredited qualification in infant massage e.g. International Association of Infant Massage (IAIM), will offer instruction to parents.

5.2 Practitioners will maintain competence by regularly facilitating groups (minimum 1 annually), or 1:1 sessions (minimum 3 annually).

5.3 Care should be taken in the manner in which infant massage if offered, both in approach and setting. The invitation to parents should clearly set out the venue, dates and time, the equipment that parents should bring with them, if there is a charge for refreshments and contact name and details if parents want to find out more before attending. A sample letter is at Appendix A.

5.4 Practitioners should consider if parents may require additional help in order to take part in the sessions and make the necessary arrangements e.g. a translation of the invitation, an interpreter, signing or other assistance.

5.5 It is preferable for the same instructor to lead a series of sessions, to provide a consistent approach for parents and babies.

5.6 As part of integrating support for parents, offering baby massage instruction may also be used as an occasion to offer the Bookbug Baby Bag and the Childsmile toothbrush pack and drinking cup. Consideration should also be given to incorporating an extra session to introduce *play @ home* activities and/or a Bookbug Session.

5.7 *play @ home Baby Book* recommends that six weeks old is a suitable age to start full baby massage.
5.8 **Infant massage is not appropriate if:**

- The infant does not give permission i.e. cries or is asleep. A spare doll should be available for parents to practice on if the child is sleeping (1 per group is usually sufficient)
- The infant has a skin rash/irritation (excluding dry skin conditions). If a baby has eczema, the eczema cream can be stroked onto the area affected. Infant massage may help with the application of the eczema cream as it can create a more pleasurable process for baby and parent.
- The infant is unwell
- The infant has had a vaccination less than a week before
- The infant is suffering from a soft tissue injury or fracture of any kind
- The infant is undergoing specialist treatment – unless medical permission has been given
- Immediately after a feed (abdominal massage)

5.9 **Environments for offering baby massage instruction**

- Sessions may include one-to-one home visits, drop-in or structured weekly sessions
- If working in the family’s home refer to the organisation’s lone working policy for safe practice
- Practitioners will adhere to the health and safety regulations within each venue
- A register should be taken at the beginning of each session in line with Fire and Safety regulations (see Appendix B).

6. **Implementation**

6.1 A suitable group setting should incorporate the following:

- An enclosed room that is warm and private ensuring that privacy and dignity is maintained.
- Adequate, clean floor space to carry out the sessions, with mats for the babies to lie on.
• Adequate seating for parents – cushions/bean bags and chairs available to sit on, to allow for their comfort and care, especially in cases of episiotomy/caesarian section and for comfort for breastfeeding.
• Care is taken to provide a relaxed atmosphere through the use of soothing music and low lighting. Bright strip lighting can cause babies to cry. It is better to have the room darker than too bright. Scenting the room with lavender or tea-tree oil, on an oil warmer also helps parents and babies to relax and can reduce unpleasant clinical smells.
• There is provision for parents/carers to clean their hands before and after the massage (sink or wipes).
• Aids such as photocopies of the strokes and movements may be offered to parents.
• Refreshments offer a valuable opportunity for new parents to meet, make friends and help each other. Where necessary, parents may be asked to contribute towards the costs.
• If a parent seeks advice on another subject, the instructor is able to pass on the contact details of the public health nursing team.
• The play @ home Baby Book and Bookbug Baby Bag are on display: their value is highlighted to parents and they are encouraged to use the resources.

6.2 Oils
• Recommended oils are Sunflower oil and Grapeseed oil. A review of evidence by Carpenter & Richards (2011) concludes that olive oil is recognised as a safe alternative, particularly when mixed with a lighter oil, such as sunflower.
• Parents should be asked to bring their own oil with them, in a small bottle e.g. a travel bottle.
• Instructors should have a small stock of bottles and oil for their own use and which a parent could borrow for the session if they have forgotten to bring their own.
• Bottles and oils should be obtained through the practitioner’s usual route for ordering resources. In the case of voluntary sector partners, the costs should be incorporated into their funding arrangement.
- Buy oils in small quantities unless large, regular groups are being run, when it is more cost and time effective to buy in larger quantities
- Adhere to the ‘use by’ date of oils
- Store oils in a cool dark place
- Essential oils will not be used on the skin. Only lavender or tea tree oil will be used as a room scent.
- Warm the oil to room temperature before using.

6.3 After massaging an infant it is recommended that the following steps are taken:
- Ensure that the infant is not left out in the sun with oil on their body due to the increased risk of burning
- Allow the infant to rest, relax or sleep after the massage if they want to.
- Alert parents that their infant may be thirsty after a massage and may require a drink of milk or water.

6.4 Infant Massage Documentation:
- An attendance register (sample at Appendix B) will be completed and kept by the facilitator for the drop-in and structured sessions. The number of sessions the parent and child attended will be recorded.
- Evaluation: at the end of each course, parents/carers will be asked to complete a questionnaire (sample at Appendix C) about their experience of the sessions.

Instructors will retain the registers and the questionnaires in accordance with their data protection procedures, so that analysis can help to develop effective practice.

- Marking the end of the course: On completion of the course the parents/carers may be offered a certificate of achievement - see sample at Appendix D. If reduced to A5 format and hole-punched it will fit in the Personal Child Health Record - ‘Red Book’.
An alternative might be the ‘Children learn what they live…’ poster, available to download free of charge from the links below:


or

www.nhshighland.scot.nhs.uk/hirs

and follow on-screen directions (HIRS code 1PAR/001/P)

6.5 **Limits of Professional Expertise:**

All practitioners who carry out infant massage must:

- teach the core curriculum as given in their training
- not instruct or advise outside their scope of expertise. Where appropriate the practitioner must encourage the client to seek advice.
- Not prescribe remedies, herbs, supplements or essential oils.

6.6. **Maintaining instructor skills**

It is important that all practitioners who offer instruction in infant massage are aware of the implications of these good practice guidelines. The main issues will be communicated the following ways:

- Circulation of these guidelines
- Instructors regularly demonstrate techniques to parents and network with fellow instructors to maintain and develop their practice
- An infant massage instructor training course is available at intervals
- Where an instructor has not demonstrated techniques to parents for more than two years, their training should be repeated.
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Ready Steady Baby, NHS Health Scotland, 2008
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Scottish Executive, 2005
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play @ home Baby Book

NHS Highland, 2007 & 2010
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Underdown A, Barlow J.
Interventions to support early relationships: mechanisms identified within infant massage programmes
Community Practitioner, 2011; 84(4): 21-6

Carpenter P, Richards K
Olive versus mineral oil
Community Practitioner, 2011; 84(2): 40-2

Onozawa K, Glover V, Adams D, Modi N, Channi Kumar R
Infant massage improves mother–infant interaction for mothers with postnatal depression.

Further reading:
APPENDIX A

SAMPLE INVITATION LETTER

Address Date

Dear .................................

**Baby massage classes**
The arrangements have now been made for the baby massage classes – the first class will be on Thursday .......................... It will start around 10am (don’t worry if you are a couple of minutes late) and will finish around 11.30am (you can leave a little earlier if you need to).

The classes will run for 5 weeks in total, the other dates are:

2\textsuperscript{nd}, 9\textsuperscript{th}, 16\textsuperscript{th} and 25\textsuperscript{th} March

The baby massage classes will be held in the lounge of the Community Centre in............., which is behind the Primary School. For the classes you will need to wear loose, comfortable clothing and bring a large and a small towel, a spare nappy plus a dry flannel if you have a little boy. Massage sometimes makes babies a little thirsty/hungry, so please come prepared to feed your baby if necessary or bring a drink/feed with you.

We will be using oil on the babies – please bring with you a small bottle containing **sunflower** or **grapeseed** oil. A travel bottle with a dispensing spout is easy to use, but any small plastic bottle will do.

Both parents and babies really enjoy the classes and massage can help with colic, constipation, feeding and sleeping. Refreshments will be available after the massage session, so that you can relax while enjoying a chat with the other parents. The massage sessions are free of charge but we ask for a small donation towards the cost of refreshments.

I look forward to seeing you and your baby on ................., please feel free to contact me on ......................................, if you would like any other information, directions, or are unable to make it on the first day.

Kind regards

.....

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<td>Date of Review: August 2013</td>
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## INFANT MASSAGE: REGISTER

**SESSIONS HELD AT ____________________________**

**INSTRUCTOR _________________________________**

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<th>Parent/carer</th>
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Please take a few minutes to let us know how you feel about these baby massage sessions. Your comments will help improve our courses.

**PLEASE TICK THE APPROPRIATE BOX**

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<td>Has it helped you to feel closer to your baby?</td>
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<td>Would you recommend Infant Massage to other parents?</td>
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If there is anything else you would like to tell us about the course, please write it in the space below:

THANK YOU FOR YOUR COMMENTS
CERTIFICATE OF ACHIEVEMENT

_________________       and   baby     _________________

have taken part in baby massage sessions

signed_________________________         role _______________________    date ________

LOGO where appropriate