

**TENDER LOVING CARE**  
**Massaging your child when in hospital**  
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**Introduction**

Parents whose children are admitted for investigations or surgery often feel as though they are losing parental control, feeling isolated, scared and helpless.

Play Specialist's who were based on a children's Cardiothoracic ward wanted to provide something for these parents that would allow them to feel as though they could comfortably touch their children without having any of the above anxieties. They also wanted to provide the parents with something they could have control of when in the hospital.

Infant massage was suggested, the massage instructor teaches the parents the moves using a doll whilst the parents massage their child. By allowing the parent to massage their child, it is their hands, smell, touch and pressure the child can feel against their skin. The parents also felt as though they are able to give something positive back to their child. Eye contact whenever possible and communication through rhymes, talking and smiling was always encouraged. Within Intensive Care the parents were shown and reassured as to how and where to touch their child without hurting them.

If the child were too poorly to be touched, parents would be offered the choice of learning the moves on a doll. One parent said "learning the moves on a doll, gave me something to do and I felt in some way that I was doing something to help my baby"

**Study**

A short study was carried out looking at how Infant Massage could be used to support these parents whilst also giving some positive touch back to the children.

It was decided that the play staff would take on this responsibility as part of meeting the child's emotional needs.

Play staff could spend more one-to-one time with the families, without the pressure of giving out drugs or having to regularly monitor the child. Within certain circumstances especially on Intensive Care the nurse would be present during the massage or therapeutic touch as it was very important to keep an eye on the child's vital signs.

The play specialists obtained the appropriate massage/infant massage qualifications before they undertook the study. The study concentrated on the emotions of the

parents whilst on the Cardiothoracic ward. It did not at any time look at the child's breathing, heart rates and other vital signs before, during or after the massage. However, based solely on observation and the parent's feelings, the children appeared very relaxed and content. Whilst on Intensive Care the nurse's monitored the child and at no stage did they have any concerns with the massage continuing.

The massage strokes shown were very relaxing gentle movements, massage was never carried out over the operation site. The benefits and contraindications were always explained to parents prior to the massage.

The study began in October 2000 and continued until June 2001, it concentrated on babies within the age range of 0-1 years; this was due to the high number of newborn babies that were being admitted onto the children's Cardiothoracic ward.



*Georgia's mummy learning to massage prior to her surgery*

Within this time 139 babies were admitted, out of this figure;

11% were admitted twice

3% were admitted 3 times

1% was admitted 4 times

30% were admitted for catheters

45% were admitted for surgical procedures

25% were admitted for medical reasons or investigations

Massage was only offered to the parents whose children were to have surgery or investigations that meant a long stay in hospital or Intensive Care experience. At the time it wasn't possible to offer massage to the parents whose children were admitted for catheters, as this is usually a short stay experience; therefore there wasn't the time. However, if parents were interested, advice was given and suggested classes were provided.

The number of parents that actually took part in the massage study was 22. This was only a small number as the staff soon discovered that the teaching of the massage was qualified to do it. Also some parents did not want to take part in the study explaining that they felt as though they had enough information already to take on board and didn't want any more.

Prior to the teaching of the massage, consent was always obtained from the consultant, child's key nurse and the parents. Parents were then given a massage pack with relevant literature; leaflets and a questionnaire designed by the Infant massage Instructor. The pharmacy department within the hospital provided the oil.

Planning time to massage the child was hard, it had to be carried out in between the babies sleeping, eating, any procedures, blood tests and regular checks being carried out, not forgetting the doctor's ward round being carried out! There fore at the start of the day the play specialist would check the approximate times of all of the above and following discussion with the parents, they would arrange a suitable time. The parents were taught how to observe their baby making sure it was also the appropriate time for them to be massaged.

Once the session had begun the lights would be dimmed, gentle music would play, the bed curtains drawn or the cubicle door closed. All medical and nursing staff would respect this time and not interrupt unless there was a need for emergency intervention.

"I am pleased to support the teaching of infant massage to parents, there may be many benefits to cardiac new born babies and their parents who undergo care in the unit from the first day they are born" *Consultant cardiologist*

## Results

Although it was only a short study, it had some very positive feedback from parents. The study required parents to be motivated in wanting to massage their children, therefore it was important to be sensitive to parent's needs and offer them the choice of taking part.

All of the parents that took part in the massage sessions expressed that it would be an excellent idea to produce a leaflet, continue teaching massage and maybe hold classes so that when the baby is discharged they could come back and continue the massaging. When asked in the questionnaire;

*Do you feel that the relationship between you and your child changed whilst in hospital?*

68% said yes, explaining that their relationship became stronger.

5% said it didn't make any difference and 27% didn't answer the question

*If yes, do you feel that the massaged helped your relationships?*

All 68% explained that the massage helped them to maintain the strong bond and loving touch.

*Do you think that massage should be incorporated into the general care of your child whilst in hospital?*

91% parents expressed that incorporating massaging into the general care would be an excellent idea.

9% didn't answer.

*If you as the parent were unable to stay on the ward would you appreciate a qualified massage instructor, massaging your child?*

45% agreed, 22% disagreed, 13% maybe, 18% no answer.

The 45% that agreed to allow an instructor to massage their child said that they would want to give their permission first.

The 22% that disagreed expressed that they felt that allowing someone else to massage their baby would provide yet another strangers touch and smell on their child. Massage can help the bonding process, so why let someone else carry it out.

*Should massage be offered to all parents?*

100% felt that the teaching of massage should be offered to all parents explaining that if nothing else it helps them to alleviate the sense of uselessness parents can feel when medical professionals take over the care of their child.

Overall all parents appeared to enjoy the opportunity to learn massage and carry the moves out on their children when in the hospital.

As one consultant cardiologist expressed " If the parent's are happy, that is the only evidence I need"

## Discussion

One parent who practised massage on her baby from initial admission, intensive care and up to discharge explained how when her daughter was born with a heart condition she was immediately completely overtaken by love for her, but terrified of losing her.

Having massaged her daughter whilst in Intensive care she felt that she was letting her know that not all touch is painful and negative. "Whilst massaging her I felt the happiest of all the time I spent in hospital because of the contact and the fact that it relaxed us both. Apart from the obvious benefits the massage provided some light relief for both my daughter and myself, in what has been a traumatic experience".

A lot of the parents said how much they enjoyed carrying out the massage as they felt they were involved in some way, it helped with the bonding process and made them feel useful. Some of the mothers that were breast-feeding or expressing breast milk tended to allow the fathers to carry out the massage explaining how it brought the fathers closer to their baby.

Another parent began massaging her baby prior to her being admitted with a heart condition, she explained how she felt as though their routine had been disregarded on admission and that all everyone was concerned about was investigations, tests, scans etc. Everyone including herself were concerned, she felt powerless in this world of professionals. She wanted to try and maintain some normality and routine in her and her baby's life. On discovering that she could continue massaging whilst in hospital she felt immediately that she could offer something to her baby.

She described the massage sessions as "giving us quality time together without anything 'nasty' being done to her". Often during the blood tests, mum was the one holding her baby, she felt that by massaging her baby, she was doing something nice to her, instead of just holding her when bloods needed taking and drugs needed giving. Whilst on Intensive care, she felt worried and scared for her baby, their relationship became restricted due to the lines in her arms and legs. With the support of a play specialist, massage continued. "It felt like I was able to do something for her, something she enjoyed. Whilst massaging her I was able to be near her, touch her, she knew I was there."

### *Mohammed's mum massaging him in hospital*

Taking into account the results and the positive feedback, the study clearly shows the importance of touch in hospital and how parents feel when thrown in to a traumatic experience with their children.

The study highlighted that time and the lack of qualified staff trained in massage could prove to be a problem on the ward. If one member of staff is on annual leave it leaves just one to carry out the massage as well as their other duties, leaving the parents sometimes with out a session.

The appropriate solution would be to have a full time qualified massage instructor, who could teach infant massage but also offer body massages to parents. The parents would often comment on how much they would benefit from a massage, helping them to relax. Massage is still being offered on the ward and intensive care with more staff being trained. Play specialists with the appropriate qualifications continue to demonstrate the moves on a doll whilst allowing the parents to massage their child, expressing the importance of parental involvement and the bonding process. During the research several letters were received from parents, all in full support of the massage. One explained how when her son was born she felt so powerless awaiting his surgery, saying that massage would have certainly helped the depression she experienced.

Another parent whose son was on a Cardiac ward wrote explaining that her son at the time had a real physical need to be touched and held. She continued to do this throughout their stay in hospital, she believes it has helped him become strong and expresses that it is wrong to treat a baby like a piece of insensitive machinery needing repair. She goes on to state 'Medical care has become so complicated and mechanised that the old nursing value - TENDER LOVING CARE - no longer seems to exist and the quality and significance of a nurse's gentle TOUCH almost forgotten.

## **Acknowledgements**

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