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Infant massage improves attitudes toward childbearing, maternal satisfaction and pleasure in parenting



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ABSTRACT

The first year of motherhood is a period of growth and adaptation in women's lives with several challenges such as identifying the baby's needs and giving appropriate answers, so that mother and baby get to know each other and form a strong bond. Infant massage is one of the approaches that make an important contribution to the psychological and physiological wellbeing of both baby and mother, helping to form a harmonious relationship. This longitudinal study assessed the benefits of infant massage in the relationship between mother and baby, from birth to 12 months old. Comprising 194 dyads of mothers and their babies the subjects were divided into two groups of 97 dyads each. The Experimental group (EG) comprised mothers who undertook infant massage in a postnatal program with a physical therapist once a week. The Control group (CG) comprised mothers who did not attend any postnatal program and did not perform infant massage. Self-reported measures of attitudes concerning motherhood (CAQ-P), experience associated to motherhood (WBPP), parental satisfaction (PSS) and maternal separation anxiety (MSAS) were evaluated. Results showed that mothers in the experimental group were better adapted to motherhood, had greater confidence in their abilities and received more support from their mothers and husbands than mothers in the control group and were therefore more confident in their abilities. The EG group experienced a stronger relationship with their babies and described it as more positive than mothers in the control group. This longitudinal study suggests that mothers who learned how to perform infant massage had more positive attitudes towards the experience of motherhood in helping to increase the level of knowledge, regulation and proximity in the dyad. These findings can in turn help mothers to develop strategies that enable them to better cope with motherhood.

1. Introduction

The birth of a baby and the changes that this event brings about in women's lives often leads to changes in mood associated with feelings of anxiety and depression which can disrupt the mother-baby relationship and, consequently, interfere with child development (Feijó et al., 2006; Ferber, 2004). Infant massage can be an important strategy in supporting the mother-infant dyad, enhancing and facilitating the relationship between them. Massage increases the closeness between mother and baby, building a healthy, balanced, mutually respectful relationship and strengthening ties (Field 2001; Figueiredo, 2007).

In many cultures touch between parents and children and the use of infant massage is a common ancestral practice, for example in countries such as India, Nigeria, Uganda, and New Guinea. In Western cultures however this practice has been lost over time. Many

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factors have contributed to the reintroduction of infant massage as an important practice for strengthening the mother-infant relationship, in particular studies involving preterm babies (Badr, Abdallah, & Kahale, 2015; Bennett, Underdown & Barlow, Stewart-Brown, 2013; Field, 2001; Mainous, 2002; Montagu, 1988). Tactile contact is fundamental to the development of the newborn, the organization and maturation of his systems and as a mean of communication between him and his parents (Arditi, Feldman & Eidelman, 2006; Field, 2001; Montagu, 1988; Stack, 2004; Weiss, Wilson, & Morrison, 2004; Weber, 1990). Infant massage is a widely used and effective technique in preterm and full term infants and in recent years many of the studies that have been conducted have revealed its benefits, such as increasing growth and development; decreasing pain, promoting relaxation; increasing alertness and learning; decreasing stress levels, depression and anxiety; promoting peaceful sleep and building immunity among its principle benefits (Abdallah, Badr, & Hawwari, 2013; Field, 1998; Field, 2002; Field, 2006; Field, 2014; Figueiredo, 2007).

Infant massage can be defined as a form of tactile stimulation applied by a person where there is manipulation of the soft tissues as a means of promoting health and well-being of the child into adolescence. Massage can be performed with moderate pressure, in different forms (effleurage, petrissage, etc.) or rhythms, in order to achieve the desired outcome (Beck, 1999; Beider, Mahrer & Gold, 2007; Beider & Moyer, 2007; Field, Diego, Hernandez-Reif, Deeds & Figueiredo, 2006). The intimate contact provided by the massage increases the sensitivity of parents in identifying the clues the baby displays in his body language. Being able to provide appropriate responses allows them to assess and satisfy the baby's needs. This facilitate a mutual adjustment in their systems (Clarke, Gibb, Hart, & Davidson, 2002; Lappin & Kretscner, 2005; Liaw, 2000; McClure, 2001). A child who has support and emotional availability from his parents will develop an internal model of confidence and self-esteem, which enhances inter-personal relationships (Grossman, 1999; Guedeney and Guedeney, 2004). Close contact promotes attachment, and gives rise to many physical and psychological benefits for both mother and baby. Infant massage can develop and enhance infant's reaction to touch and consequently foster mother infant relationship (Field, Diego, & Hernandez-Reif, 2007; Figueiredo, 2007).

This longitudinal study investigates the impact of an infant massage programme in the mother-baby relationship by hypothesizing that mothers learning infant massage would be better adjusted to motherhood in terms of positive attitudes, anxiety and levels of satisfaction. The impact of infant massage is assessed in terms of: Childbearing attitudes, the degree of parental satisfaction, level of experience associated with maternity, the relationship between mother and baby and how this is experienced by scoring the level of maternal separation anxiety.

2. Method

2.1. Subjects

Subjects were 194 mother-baby dyads, divided into two groups of 97 dyads each: an Experimental group (EG) in which mothers undertook infant massage in a postnatal program with a physical therapist once a week and a Control group (CG) in which mothers did not attend any postnatal program and did not learn how to perform infant massage. This longitudinal study had four phases, from the third trimester of pregnancy up to 12 months of age (Table 1).

Both groups were similar in terms of demographic variables: mothers and fathers age, education level, marital status and baby's gender. In relation to parity the experimental group had more mother of only one child than in the control group. In the EG 79.2% of baby care was shared between mother and father, while in the CG it was 60.8%. The sleep pattern of the babies was assessed by the mothers. In 83.1% was scored as regular as opposed to 94.8% in the CG and in the EG 16.9% as irregular while 5.2% was described as irregular in the CG (Table 2). There was a drop-out rate of 14–15% of the sample at each phase that failed to complete the study.

2.2. Procedures

All mothers were invited to participate in the study in their childbirth educational classes. The aim and the procedures of the study were explained to all mothers who were recruited from several institutions in Lisbon. All subjects were given similar childbirth education program and half were given a postnatal program with infant massage. Groups were formed according to the place where data was collected. In the experimental group (EG) mothers learned how to massage their babies and in the Control group (CG) no massage was undertaken. Data was collected in four phases: (PH1) 3rd pregnancy trimester (during childbirth education program); (PH2) 1–2 months; (PH3) 3–4 months; and (PH4) 12 months postpartum. Ethical committee approval was obtained prior to the commencement of the research and consent forms were signed by all subjects.

The postnatal program (EG) was a group program with 6–8 mothers per session with their 5–8 week-old infants. A physical

Table 1
Instruments and phases.

Instruments	1 3rd trimester pregnancy	2 1–2 months	3 3–4months	4 12 months
Childbearing Attitudes Questionnaire (CAQ-P)	1	2	3	–
Parental Satisfaction Scale (PSS)	–	2	3	4
What Being the Parent of a Baby is like (WBPB)	–	2	3	4
Maternal Anxiety Separation Scale (MSAS)	–	2	3	4

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