EXPERIENCE OF MOTHERS’ LEARNING AND DOING INFANT MASSAGE

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ABSTRACT

The practice of infant massage has been reported to give relaxation and enjoyment to mothers and babies. This qualitative study aimed to explore mothers’ experience with learning and doing infant massage. Mothers whose babies four to six weeks old were taught the adapted baby massage program over four sessions by a certified infant massage instructor in the selected health centers. They were asked to do infant massage for 15 minutes twice a day. As part of a main study, nine of the mothers were recruited as study participants at the end of the teaching sessions using a purposive sampling procedure. In-depth interviews were conducted to explore their experience with learning and doing baby massage. Mothers’ experience with baby’s relaxation and sleep, baby-mother bonding, new learnings in term of a helpful baby-care skill, responding to baby cues, establishing new care routine, gaining spousal and other mothers’ supports apparently contributed to their positive experience of learning and doing massage with their babies. Findings supplement the evidence base which could influence service provision to include infant massage as part of the maternal and childcare service.

Key words: Experience, infant massage, mothers, qualitative study

INTRODUCTION

Mothering a baby is a happy event for most people. However, it could be challenging for many, especially for the first-time mothers. Baby massage could play a significant role for the well-being of mothers and their babies during the transition state of adapting to motherhood. Baby massage has been reported to be practiced for years as a part of traditional parenting styles in cultures around the world. In the recent years, it has become more popular in the western countries such as the United States and Europe as more findings that support its use have emerged (Caple and Schub, 2016). Locally, the teaching of mothers to practice massage with their babies are relatively new. Besides service provision noted to be run in selected private clinics or settings, infant massage is presently not included as a program in the government maternal and child health clinics.

Recent studies have suggested that infant massage provides benefits for both mothers and babies; these benefits include weight gain for premature babies, relaxation, relief from abdominal discomfort and colic, stimulation for babies and relaxation to mothers (Yılmaz and Conk, 2009; Underdown et al., 2010; Garmy, 2012; Melgosa et al., 2012). A quasi experimental non-randomised study (n=117) reports that infant massage is effective in improving attachment and for establishing a sense of touch and eye contact between mothers and babies (Gürol and Polat, 2012). Underdown et al. (2010) reports about the apparent effect of infant massage on stress hormones and its positive effect on infants’ sleep.

Positive findings of effects of infant massage on state anxiety in mothers of preterm infants prior to hospital discharge has been reported (Afand et al., 2017). Study among Chilean mothers to massage their full-term infants showed positive findings on maternal breast-feeding and infant weight gain at

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In search of infant massage. Specifically, the method of in-depth structured questions were used to guide the experience of learning and doing massage with their babies. Semi-adopted to explore mothers’ experiences with infant massage. Research design

MATERIALS AND METHODS

Research design

An explorative, qualitative approach was adopted to explore mothers’ experiences with learning and doing massage with their babies. Semi-structured questions were used to guide the face-to-face interviews. Specifically, the method of in-depth interviewing which seeks to value participants’ experience of social reality in a language that is natural to them is the assumption which guided the entire data collection process (Creswell, 2003).

Sample and setting

Purposive sampling approach was used to recruit participants from within two selected government maternal and child health clinics locally. Inclusion criteria include mothers who were without any major health concerns, with no prior experience of infant massage and were still breast feeding their babies. Their babies did not suffer from severe medical or surgical conditions or any syndromic features or prematurity. They had completed the four small-group sessions (of 45 minutes to an hour) at weekly interval; had been doing the baby massage with their babies at home.

Ethical consideration

Ethics approvals for study were obtained before recruitment of participants. This includes the approval from the Faculty Ethic Committee (UNIMAS/NC-21.02/03-02 Jld.2(21), Medical Research Ethics Committee approval and approval from the Director of the Sarawak Health Department. Clear information regarding study’s objectives and method of data collection were conveyed to participants. Written informed consent was obtained from the participants for their participation. They were informed that their choice to participate was voluntary and that they were free to withdraw from participating at any time, if they desired. They were assured of anonymity and confidentiality of data as collected in the study.

Data collection

Participants who consented were interviewed face to face in the clinics at the end of their 4th session by the main researcher. All interviews were conducted in the languages as chosen by the participants and which the researcher was able to understand. These included English, Mandarin, Bahasa Malaysia (Malaysian national language). Each interview took approximately 45 minutes. A semi-structured interview guide with open-ended questions with prompts was used to explore participants’ experience. Questions used included “Tell me about your experience of doing massage with your baby”. Probing questions included “How is doing massage helping your baby? How about your baby’s sleep? How is doing baby massage helping you as a mother?” This interview technique provided participants with the opportunity to express freely in their own words. Audio recording of the interviews was conducted to ensure data accuracy and increase data reliability. Field notes
were taken to record further relevant supportive information. Data collection was ceased once the data saturation was obtained evidenced by repetitions of the information provided by all participants (Berg and Lune, 2012) with establishment of data categories.

Data management and data analysis
Audio recordings were listened repeatedly and transcribed verbatim. Translated verbatim transcripts were verified by a multi-lingual language expert. Thematic analysis guided by Creswell’s six generic steps of data analysis was conducted (Creswell, 2003). This involved preparing and organizing of textual data for analysis, reading through textual data, coding to generate themes, representation of themes and interpretation of participants’ experiences. During the coding process, all the unit of information (data segments) that had been coded from within a single interview transcript were inspected and compared with the others within the data sources which also had been coded at. There was a repeated moving back and forth between different parts of the data source in order to explore the context of certain coding references and the various textual data of the transcripts.

Reflexivity/ reflection on researcher’s role
The background of training of the researcher as a paediatric nurse and the certification process to be a CIMI had provided the researcher prior experience of teaching mothers to do massage for their babies. Having seen first-hand their babies’ responses, mothers’ contentment and calmness were apparent. It is to be acknowledged that the researcher’s role in generating and analyzing data meaning in relation to mothers’ experience in learning and doing baby massage in the local context could be biased (Fraenkel and Wallen, 1993).

RESULTS

Mothers’ background characteristics
The nine participants who were recruited for the interviews came from the low to medium income group with more of them with education till the secondary school level. They depended on their husbands for transport, except for one (11.1%) who was mobile with own car to come to the clinic. Majority of them who were Malays, were housewives except for three (33.3%) who would resume their out-of-home employment after two months of maternity leaves. They had a mean age of 26.6 (SD=3.24) with range from 21 to 30 years old. They were first-time mothers, except for three who had their 2nd child (Refer to Table 1).

Table 1. Mothers’ background characteristics

<table>
<thead>
<tr>
<th>Characteristics (N=9)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal age (years)</td>
<td>Mean =26.6 (SD=3.24); Range (21 – 30)</td>
</tr>
<tr>
<td>Ethnicities</td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td>6 (66.7)</td>
</tr>
<tr>
<td>Chinese</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td>Iban</td>
<td>2 (222)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>9 (100.0)</td>
</tr>
<tr>
<td>Single</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Highest educational level</td>
<td></td>
</tr>
<tr>
<td>Primary education</td>
<td>4 (44.4)</td>
</tr>
<tr>
<td>Secondary education</td>
<td>5 (55.6)</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>3 (33.3)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6 (66.7)</td>
</tr>
<tr>
<td>Transport Availability</td>
<td></td>
</tr>
<tr>
<td>Mobile with own transport</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td>Depend on husband</td>
<td>8 (88.9)</td>
</tr>
<tr>
<td>Household Income</td>
<td></td>
</tr>
<tr>
<td>Below Rm 1000</td>
<td>4 (44.4)</td>
</tr>
<tr>
<td>Rm 1000 – Rm 2000</td>
<td>3 (33.3)</td>
</tr>
<tr>
<td>Above Rm 2000</td>
<td>2 (22.2)</td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
</tr>
<tr>
<td>1st child</td>
<td>6 (66.7)</td>
</tr>
<tr>
<td>2nd child</td>
<td>3 (33.3)</td>
</tr>
</tbody>
</table>

Experience of mothers learning and doing baby massage
Using thematic analysis, textual data from the interview transcripts and field notes were analysed. Three major themes and their sub-themes as derived are outlined in Table 2 below:

Table 2. Themes and subthemes

<table>
<thead>
<tr>
<th>Experience with baby</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• more relaxed and better sleep</td>
<td></td>
</tr>
<tr>
<td>• baby-mother bonding</td>
<td></td>
</tr>
<tr>
<td>New learnings</td>
<td></td>
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<tr>
<td>• a helpful baby-care skill</td>
<td></td>
</tr>
<tr>
<td>• responding to baby’s cues</td>
<td></td>
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<tr>
<td>• establishing a new baby-care routine</td>
<td></td>
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<tr>
<td>Gaining supports</td>
<td></td>
</tr>
<tr>
<td>• spousal support</td>
<td></td>
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<tr>
<td>• peer support from other mothers</td>
<td></td>
</tr>
</tbody>
</table>

Experiences of mothers learning and doing baby massage as represented by the various themes and sub-themes as emerged are illustrated by the mothers’ verbatim quotes.
Major theme 1: Experience with baby

Mothers’ “experience with baby” contributes much to their excitement and enthusiasm in learning and doing massage with their babies. These are related to their babies who were ‘more relaxed and slept better’ and the time of baby massage as a time for ‘baby-mother bonding’.

• More relaxed and sleep better
Among the mothers’ positive experience with baby massage was the relaxation and better sleep that they had noticed with their babies. The following few quotes are illustrative:

“My baby is more calm and relaxed, slept longer at night; woke up only 2-3 times at night” (Lina). “I like to see baby comfortable, his sleep is more soundly...before this he often woke up” (Malia). “After the massage, baby will go to sleep...if I do the massage in the evening, he will sleep till early morning” (Marina). “I feel it is good for the baby, more relaxed, sleep better” (Liza). “Baby is comfortable, sleep for longer time, helpful in term of his sleep; only cried because of wanting feed only” (Latifah).

• Baby-mother bonding
Besides the more relaxed babies these mothers had noticed, the time that they had spent doing the massage with their babies were found to be heart-warming, enjoyable and satisfying moments, as illustrated by the following quotes:

“I get more attached to the baby; because when I did the massage with baby, I talked to baby and have eye contact with him...felt the bonding is there” (Lina). (Observed: her baby smiled and appeared to interact with mother, cooing; both baby and mother appeared happy).

“As a mother, I felt closer to my baby, able to provide the touch (through baby massage); felt enjoyable and satisfied” (Malia).

“I feel that the more frequent I do the massage for baby, the closer I am with baby; as if he has already known who his mother is, though he is small...as if he can detect my voice and my touch. If his father did the massage, he would cry; when I did (massage), he was okay, comfortable; maybe his hands (the father’s) was rough, he could sense the mother (was different)” (Latifah).

Major theme 2: New learnings

“New learnings” as depicted by the mothers related to doing massage with their babies are indeed encouraging:

• A helpful baby-care skill
In the process of learning and doing baby massage with their babies, mothers developed a strong sense of excitement of having learnt a new baby-care skill which they perceived as helpful to their babies, in particular they had associated doing massage with relief of abdominal colic or flatus, as illustrated by the following quotes:

“A lot of air came out, ‘poo-poo’ (imitate sound of passing flatus) a lot after the massage on the abdomen... sometimes half way through the massage also; it is good” (Lina). “After I have changed her diapers, I massaged her...sure can hear the sound of air (flatus) comes out...When baby kept crying...seems having air in the stomach...it is good for me that I have learned baby massage...I can help baby (relieve baby’s discomfort)” (Selinda). “After I have bathed him and massaged with baby, he will sure to pass flatus and defecate...very, very useful...for my baby and myself...it’s a loss if I didn’t come to the class and learn” (Latifah). “It’s useful...I definitely encourage other mothers to come for baby massage” (Liza).

• Responding to baby’s cues
In process of doing massage with their babies, mothers learnt about their own babies’ cues about their needs, and learnt to respond to their needs appropriately.

“Learning to adjust to baby’s timing- if he cried, I have to attend to his needs, calm him first; if he slept, I have to wait for him to wake up then only can do the massage” (Lina). “I would do (massage baby) 10 minutes for one session...if he cried then I stop...or cried when he wants milk” (Latifah). “Sometimes baby refused, see his mood; I would stop; maybe he wanted milk, sleep or not comfortable; already know his cue” (Malia).

• Establishing a new baby-care routine
Besides mothers’ learning of another child-care skill which was perceived as helpful, their efforts in establishing a new baby-care routine is obvious:

“I would massage baby in the morning and evening; morning 10 am after bathing; if evening at 5 pm, after bathing (Marina). “I would do the massage in the evening...he is awake for longer time; morning he will be sleeping a lot. I may be able to do baby massage on the weekend, early morning or after back from work when I start back to work later (Malia). “I try my best to do the baby massage when I start work again. It is becoming a care routine now (Lin).
Major theme 3: Gaining supports

• Spousal support
Some of the mothers highlighted the contribution of spousal helps which enabled them to spend time to do massage with their babies: My older child is quite active, concerned he would disturb baby; my husband would help to look after the older child while I did baby massage (Lina). ‘My husband also took part in doing baby massage (note: mother’s laughter, excited, her tone of voice raised) ...after I bathed baby, he did the massage; he can remember the steps better than I...I still need to refer to the handout (laughed); He is good; can do the massage with my elder child who is one year four months old...at the same time when I did the massage with my baby. (Selinda)

• Peer supports from other mothers
Besides the bonding with their babies, new learnings as experienced by mothers in doing massage with their babies, peers support from other mothers through baby massage program in a small group was perceived as beneficial.

“I can meet with other mothers whom I have not met before (Liza). As mother Selinda elaborated, ‘the best thing is...able to meet new people...other babies, exchange experience’. “I could get to know other mothers, met their babies who are all different; I asked them about breast feeding; this is my first time (having baby); I asked those mothers who have more kids about their experience, how they take care of children and all that...(Latifah). “Feel happy to be together with new friends. (Irene)

Mothers’ experiences with baby massage program as evident above are positive; these include their experience of baby’s relaxation and better sleep, baby-mother bonding, new learnings in term of learning a helpful baby-care skill, responding to baby cues, establishing new care routine and supports from spousal and other mothers.

DISCUSSION

The first-time and second-time mothers’ perceived baby’s relaxation and better sleep as part of positive experience with babies in doing massage with their babies is apparent. As mothers, for their infants to be relaxed and have improved sleep pattern would help them to feel relaxed. The relaxation and better sleep is reported to be associated with the reduced stress-related hormone cortisol and the increased relaxing hormone oxytocin in the body with mothers’ nurturing touch (Underdown et al., 2010). The developing of ‘bonding’ between mother and their babies through spending time doing massage has been described by the mothers, in line with study of Gürol and Polat (2012) which reports about positive attachment and a sense of touch and eye contact. Bonding or attachment which has been defined as the whole continuum of closeness that happens over time, could be augmented by the practice of infant massage (McClure, 2008). This is related to the important elements of bonding, including eye contact, skin contact, vocalization and communication-the baby’s responses to the parents which come into play during the baby massage routine, as the baby is positioned face to face with the mother or father (McClure, 2008). Through touch and massage to nurture and communicate love to babies is the focus of the mission statement of the International Association of Infant Massage (Sylvie, 2015).

Mothers’ ‘new learnings’ related to the learning of a new baby-care skill perceived as helpful to them and babies add to their self-esteem and confidence (McClure, 2015). As elaborated earlier, they were grateful to have learnt the various massage strokes for their babies especially when their babies kept crying apparently due to abdominal colic or discomfort. These mothers learnt to recognize and respond to their babies’ cues appropriately and learnt to understand babies’ expressed needs for either sleep, feeding or for comfort in the process of doing massage with them. As a way to communicate, babies could be using cries, coos and other sound, thus parents are to pay attention to these cues and to interpret them’ (McClure, 2008; Sylvie, 2015). When mothers are ‘attuned to babies’ spontaneous expressions, they communicate to babies they understand their needs’. This attunement assists ‘brain development and creates a foundation for the negotiation of all social interactions and experience of positive emotions’ (Porter, 2003).

Involvement of the entire family with spousal support in doing massage with their babies, including for the older sibling at their homes are heartwarming. Fathers’ participation in baby massage could contribute towards father-infant interaction and bonding (Cullen et al., 2000). Providing nurturing touch in families through participating in infant massage, with spousal involvement have the benefits towards family bonding and enhanced relationship (Sylvie, 2015). McClure (2008) further states that “taking time for doing massage with their baby after work could help parents to refocus on home life and help infants to feel secure and supported” (p. 29). The perceived peer supports, meeting and learning from other mothers through attending the small-group infant massage sessions in the clinic is illuminating. The group setting was regarded as beneficial, with learning beyond that of baby massage strokes as it promotes an informal socio-emotional support
especially to the first-time mothers (Sylvie, 2015). Thus, there is a potential to reduce the risk of postnatal depression (McClure, 2015).

Findings of positive experience supplement the existing evidence base which could influence future practice with potential inclusion of infant massage program as part of the maternal and child care service. It could play a meaningful supporting role for the well-being of mothers and their babies.

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