

THE IMPORTANCE OF INFANT MASSAGE WITHIN PERINATAL MENTAL HEALTH

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Liz Whitwood and Gemma Bullock, Perinatal Nursery Nurses work in the Perinatal Mental Health Team for Cambridgeshire and Peterborough Foundation Trust. We both joined the team in September 2021 with no mental health background, previously working in hospitals or nurseries. After attending the IAIM Infant massage course in November 2021 we had the opportunity to put the training into practice and found firsthand the impact nurturing touch from the massage had on developing and strengthening the bond between mum and baby during a time where mental health challenges may have had an impact of this.



but we have also found the benefits of doing it slowly, such as fortnightly to allow the mother time to practice the strokes without us there.

PERINATAL MENTAL HEALTH

Perinatal Mental Health Teams are a multi-disciplinary team built up of specialist mental health clinicians (Psychiatrists, Psychologists, Nurses, Social workers, Occupational Therapists, Nursery Nurses and Peer Support Workers) who can support mums and mums to be who are experiencing mental health challenges during pregnancy and the first year of motherhood. As part of the 5 year NHS plan, support will be increased up to 2 years after birth. Some examples of perinatal mental health challenges may be antenatal/postnatal depression, postpartum psychosis, anxiety, OCD, Bipolar, Post Traumatic Stress disorder and more. The Maternal Health Alliance ([insert link?](#)) share that:

1. Around 1 in 5 women experience a perinatal mental health problem during pregnancy or within the early postnatal years.
2. 70% will hide or underplay their illness.
3. Suicide is the leading cause of direct maternal death within a year of having a baby.

“Thank you for helping us through a difficult time. I am enjoying being a mother now.”

NURSERY NURSE ROLE AND INFANT MASSAGE

We see many women who do not feel bonded to their bump antenatally or with baby postnatally and this is one main focus of work for us as nursery nurses in the team. It is very common not to feel that immediate rush of love for baby on arrival but this can bring a lot of guilt for those mothers who also have complex mental health needs. This is where the power of infant massage comes in! We currently deliver our sessions on a 1:1 basis, in the family home where they feel most comfortable. The 5 sessions are usually delivered weekly

CASE STUDIES

*all names have been changed to protect patients identity

LISA*

Lisa is a mum of 2 children, both born throughout the covid 19 pandemic and was referred to the team due to postnatal depression, anxiety, thoughts of suicide and self harming behaviour. Lisa expressed her bond with her first child was good but felt that her bond with youngest, who was 4 months when our work together started, was different. Lisa often felt she wasn't being a good enough mum. We started infant massage sessions soon after I completed my training. Sessions were spread out over a 3 month period due to sickness and holidays. However, despite the time it took it gave me time to see the change in Lisa in how she recognised baby's cues, interact with baby with open body language and how both of them would become visibly relaxed throughout the massage sessions. At the end of the sessions, Lisa shared that infant massage had shown her she knew her baby well, that there was a bond between them and she was a good enough mum for her children.

JO*

Jo is a mum of 2 children. Jo had experienced postnatal depression with her first child however didn't receive specialist support as there wasn't a specialised Perinatal Mental Health team back then. With her second child she was referred 2 weeks post partum with symptoms of postnatal depression and suicidal thoughts/intent. Jo shared that she didn't feel the love for her baby while desperately wanting too. She shared her concerns over how she saw the bond would impact her baby in later life. We started baby massage sessions quickly after meeting to help give them time together that promoted nurturing touch. Jo presented as tearful and spoke often about her negative thoughts. Our sessions spanned over 4 months due to different factors and the priority of listening visits early into the intervention. Over that time I saw Jo relax into the massage and become more confident in her interactions with her baby. Jo reflected she often couldn't see the signs that baby was bonded to her so it was important for me that I was able to share those observations with mum when I saw them throughout their massage. Jo took those moments of baby smiling back at her to look back on when feeling down.

MAGDA*

Magda was 4 weeks post partum when referred for nursery nurse support. She had a history of anxiety and depression. This was her first baby and she was becoming distressed being unable to soothe her baby who had colic and she described baby crying from late afternoon until midnight; she was feeling exhausted and feeling a sense of helplessness and failing her baby. I started a course of 5 infant massage sessions with them over a period of 2 months and Magda would partake wholeheartedly in each session and regularly massaged baby in between my visits. I noticed more confidence and brighter mood in Magda as the weeks went by and Magda reported that she and baby were enjoying massage. At the end of our last session, Magda thanked me for the help that infant massage had given them and said that the strokes for getting rid of wind work every time and has given baby relief from the pain. She said it had changed their lives because she has a far happier baby and Magda is enjoying and feeling a great bond with baby. She said 'if baby is in pain, she looks at me and knows that mummy is going to help me. This is an amazing feeling!'

MEI*

Mei was a 33 year old first-time mum who had a transient episode of psychosis while on the postnatal ward before discharge from hospital so was referred to the PNMHT due to the high risk of becoming unwell again in the postnatal period. Her care coordinator noticed a disconnection between mum and baby and also recognised that Mei would need help with recognising baby's cues and meeting his needs. She had a supportive partner but no wider family support. On meeting Mei and her son I could see that she was struggling with forming a bond and communicating with baby. Mei was happy to be offered a course of 5 infant massage sessions and each session would try everything that I demonstrated. To begin with Mei was not talking to baby and was tentative when handling baby, but she would copy me when I talked and sang rhymes to my doll, emphasising eye contact and changes in tone of voice. She showed interest in the discussion topics and on each visit she would let me know that she had discussed these further with her partner (showing him the weekly handouts) and they were both taking the information on board. Over the weeks Mei began to learn how to recognise baby's cues and how to respond, particularly when baby displayed some disengagement cues; I observed more eye contact and

noticeably increased interaction and communication with baby. Her confidence in holding baby and her mood improved. Soon after our sessions finished Mei was well enough to be discharged from our team.

Infant massage is an intervention that is valued by the wider PNMH team. A quote from Emily, one of our mental health practitioners:

Having observed baby massage and heard feedback from the ladies I support as an Occupational Therapist, I cannot recommend baby massage enough with our Nursery Nurses. The ladies have responded well to the advice and guidance alongside the massage, it has improved their confidence in holding, communicating and interacting with baby. I have particularly noticed an improvement with ladies I have supported who are experiencing post-natal depression, this provides a welcome distraction and activity to complete with their babies and reduces their self-criticism as they notice baby responding positively with emphasises that they know how to interact with baby.