



Clinical Guideline: Infant Massage on the Neonatal Unit (NNU)	
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Used by: See section 7 – massage education and administration	
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1 **Scope**

Local: this guideline is for use within neonatal services in the East of England.

2 **Purpose**

Describe the purpose of this document.

- To increase positive touch experiences for infants on the Neonatal Unit (NNU) to facilitate parent-infant bonding.
- To promote and support parental co-occupations /parental role.
- To standardise practice and the protocol for providing Infant Massage across Neonatal Units (NNU) in the East of England.
- To provide clarity about who meets the criteria for infant massage.
- To ensure patient safety when using Infant Massage within the Neonatal Unit (NNU) environment.
- To ensure that massage protocols used and family education complies with up to date best practice recommendations and are evidence based.
- To clarify which members of staff can offer Infant massage and family education about Infant Massage on the Neonatal Unit (NNU).

3 **Definitions**

- NNU Neonatal Unit
- IAIM International Association of Infant Massage
- NTMC[®] Neonatal Touch and Massage
- Parent-Infant Co-Occupations: Refers to the shared, interdependent, and interactive daily activities that a parent and infant engage in together, such as feeding, bathing, playing, and sleeping.
- SOP Standard Operating Procedure.
- HCP Health Care Professional

4 **Types of Infant Massage used on Neonatal Unit (NNU)**

The type of massage approach used will not be based solely on the baby's gestational age but also on the assessment of the baby's and family's individual needs. The health care professional (HCP) delivering the massage education will use their clinical judgement to determine the most appropriate approach.

4.1 **The Listening Touch Massage™**

The Listening Touch Massage™ is part of the Certified Neonatal Touch and Massage Training (NTMC[®]) which was developed by Neonatal Occupational Therapist, Kara Ann Waitzman, President of Creative Therapy Consultants.³¹ This combines a holistic, neonatal and systems theory approach to massage, with an emphasis on families and nurturing opportunities within the neuroprotective, developmental and Family Integrated Care approaches to neonatal care.

It has been designed specifically for use with high-risk infants of 37 weeks or less gestation. It can also be used for infants post 37 weeks gestation who require additional support to maintain a regulated alert state.

4.2 International Association of Infant Massage (IAIM)

The IAIM approach to infant massage was developed by Vimela McClure in the 1980`s. She developed this infant led approach using her experiences of Indian and Swedish massage and yoga. She developed a programme of massage strokes, a short colic routine and gentle movements into one routine that can be taught to parents.¹⁹

It has been designed for the use of infants over 37 weeks gestation that are medically and physiologically stable.

5 Introduction

This guideline supports the use of infant massage as a tool to increase positive sensory, touch and movement experiences on the NNU for preterm and hospitalised full term infants.

6 Background

Infant massage is when a parent or primary carer uses gentle, rhythmic, soothing stroking on their infant`s body using their hands. Infant massage is a long-standing parenting tradition in many cultures.¹⁹

Before babies can understand language, we often communicate and provide comfort to them through touch, for example, holding or cuddling them when they cry. Touch is a vital part of a newborn infant`s development. It supports communication, bonding and physical and emotional development.¹² Within the neonatal unit, we use massage to support parents to provide positive touch experiences. An infant can sense and recognise their parents touch, voice and scent. Massage creates an opportunity to support that parent-infant bonding process.^{11-12,18-19,28}

Ideally infant massage should be a shared activity between a parent and baby¹⁶ that functions as a form of co-occupation, strengthening the caregiver-infant relationship,^{18,28} reducing parental stress^{18,28} and empowering parents by providing them with the tools to understand and respond to their baby`s unique needs.

There has been lots of research highlighting the many benefits of infant massage for both full term and preterm infants.² including:

- Increased weight gain.^{10,25,27}
- Improved digestion, increased elimination of waste.^{22,30}
- Enhanced feeding outcomes.¹³
- Improved sleep.⁴
- Improved heart rate, oxygen saturation and circulation.⁹
- Lower bilirubin levels, improved immune function.^{1,3}

- Improved temperature stability.⁸
- Improved bone density.¹⁵
- Decreased stress and pain.^{6,26}
- Improved brain maturation.²⁴
- Accelerated maturation of the autonomic nervous system.²⁹
- Improved neurological, motor and behavioural development.^{2,17}
- Providing positive touch experiences.^{12,19}
- Enhanced infant-parent bonding and parent well-being.^{11-12,18,28}
- Decreased length of stay.^{11,32}

7 **Massage education and administration**

Where possible infant massage should be parent led to support co-regulation, bonding and interaction and positive sensory experiences. Infant massage should be individualised to meet the needs of the infant and their family.¹⁶

A hands-on approach to teaching massage is preferred with the instructor providing education regarding pacing, infant behavioural cues and hand placement throughout. Where hands on training is not possible then a suitable doll can be used to teach the hand placement and strokes.¹⁶

If an infant is not having regular visiting from parents while on the unit (i.e. social concerns such as awaiting foster care placement) then trained therapists and staff can complete massage to reduce the risk of sensory deprivation.¹⁶

Training regarding infant massage on the NNU should be provided by:

- Neonatal Therapists that have completed the instructor training and have completed certification with the International Association of Infant Massage (IAIM) and can demonstrate up to date CPD activity.
- Neonatal Therapists that have trained and certified in Neonatal Touch and Massage[®] (NTMC) and have maintained up to date certification status.
- Neonatal staff that have completed the instructor training and have completed certification with the International Association of Infant Massage (IAIM) and can demonstrate up to date CPD activity.
- Neonatal staff that have trained and certified in Neonatal Touch and Massage[®] and have maintained up to date certification status.
- Health care professionals who are trained and certified in NTMC[®] are no longer allowed to instruct other healthcare professionals in the Listening Touch Massage[™] or Advanced Manual Therapies (such as Trigger Point Releases).³¹

8 **Eligibility (NTMC[®])³¹**

Preterm:

- >1200grams
- Medically stable.

- 32 weeks corrected age or over with autonomic stability.
- Absence of contraindications.

9 **Contraindications and Precautions**³¹

- <1200 grams.
- Typically <31 weeks corrected gestation age.
- Coming out stage of development or Reciprocity Stage of Development¹⁴ (see Appendix 1).
- Active infection i.e. fever, septic, NEC.
- Bleeding disorder.
- Painful or contagious skin disorder (i.e. epidermolysis bullosa).
- Autonomic medical instability.
- Vaccination in past 3 days.

10 **Eligibility (IAIM)**¹⁹

- Newborn (minimum >37 weeks GA)
- Medically stable
- Absence of contraindications

11 **Contraindications and Precautions**¹⁹

- Active infection i.e. fever, septic, NEC.
- Post surgical.
- Bleeding disorder.
- Painful or contagious skin disorder (i.e. epidermolysis bullosa).
- Autonomic medical instability.
- Vaccination in past 3 days.
- Dysregulated behaviour

12 **Method**

Stage 1: Assessment of Eligibility

Nurturing, positive touch such as hand hugs and comfort holding can be given from birth.³¹ Neonatal therapists, nursing and medical staff can provide information and support about ways that this can be given.

More formal, structured massage can begin from around 32 weeks corrected gestation (See Appendix 1 – Infant’s Developmental Stages) and should be taught to parents by a certified instructor.³¹

For preterm infants the Listening Touch Massage™ can be used as part of a clinically reasoned developmental plan where the infant meets the eligibility criteria and has no contraindications.

For infant`s post term that meet the eligibility criteria and have no contraindications the IAIM Infant Massage routine can be considered. The IAIM Infant Massage routine should not be used for any infant less below term equivalent age.

The eligibility of an infant should be considered on an individual basis related to their risk factors, autonomic stability and developmental maturity.

Stage 2: Assess Infant`s Readiness

Prior to commencing infant massage an infant should be assessed and meet the following criteria:³¹

- Have a normal temperature (36.4 – 37.5 C)
- In the last 8 hours has demonstrated medical stability.
- For a term baby they should always be in a calm, quiet, alert state.

Massage should not be commenced if^{19,31}

- An infant shows any contraindications outlined above.
- An infant is asleep, hungry or crying
- An infant has had a vaccination in last 3 days.
- An infant has just had a full feed.

Stage 3: Environment

When providing the massage the following should be considered:³¹

- Establishing a warm, preferably quiet area for massage.
- Providing containment to support autonomic stability and motor and behavioural organisation and regulation. This could be achieved by using hands, boundaries or developmental positioning aids.
- Use firm, slow, steady, rhythmical pressure.
- Incorporate the family
- Note the infant`s responses and adjust strokes throughout.

Stage 4: Use of Oil

The primary benefit of using oil for baby massage is that it makes movement smoother on the baby`s skin and reduces friction.^{5,20} However the use of oil is not essential, but it is important to be cautious regarding possible irritation of sensitive newborn skin from friction.²⁰

- Mineral (paraffin) oils are not recommended as they can leave the baby greasy.⁵
- There is increasing evidence from research that oil high in oleic acid such as olive oil is not recommended for use on infant skin as it can cause affect the infant`s immature skin barrier⁷ and can be a skin irritant.^{7,23}
- Essential and perfumed oils are not appropriate for the immature system of the neonate and should be avoided as they can cause skin irritation and overstimulation.^{5,19} Perfume can also mask the scent of the parent and infant which is important for the promotion of bonding and attachment.^{5,19}

The use of unscented, plant based oil, cold-pressed is recommended.¹⁹ For vulnerable infants who have unique skin problems and may have a poorly functioning immune system, it is safer to use a highly purified/refined oil that contains a high percentage of Linoleic Acid such a refined sunflower oil.²⁰ Coconut oil could also be used as a safe alternative to sunflower oil, if desired.²⁰

Oil provided to families should be made up in 50ml clear bottles with a 'flip' cap for ease of use and stored in a cool dry place.²⁰ It should be for 'one patient use' only and clearly labelled with an addressograph.²⁰

Use caution and follow manufacturer guidance/ advice when using products on the skin of babies receiving phototherapy. Some products are not safe for use with phototherapy.²⁰

Caution is needed regarding the use of oil for babies requiring oxygen. Local guidance on the use of oil with babies on the NNU requiring oxygen may vary therefore units should have a locally agreed SOP in place.

Stage 5: Discontinue Massage^{19,31}

Massage should always be by infant focussed and infant led.

If you observe a change in the autonomic status or instability of the infant, then the massage should be discontinued.

You should always watch the infant's behavioural cues to guide the pace of the massage and when to stop. If the infant is showing stress cues and/or uncomfortable behaviours then the massage should be discontinued.

Stage 6: Documentation

Following a massage the following should be documented in the clinical notes:

- Any precautions and how the strokes have been adapted to accommodate these.
- Infant's response to the strokes.
- Adaptations to any strokes.
- Parent education and any handouts provided.
- Any reasons for discontinuing the session

For an example of documentation for the Listening Touch Massage™ (see appendix 2.)

For an example of documentation for IAIM Infant Massage (see appendix 3).

There are handouts that can be given to parents for the Listening Touch Massage™ (see appendix 4) and IAIM Massage Strokes (see appendix 5).

13 References

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14 Associated documents

- East of England Neonatal ODN. 2025. Clinical Guideline: Maintenance of Skin Integrity. <https://eooneonatalpccsnetwork.nhs.uk/wp-content/uploads/2021/10/Skin-integrity-guideline-March-2025-FINAL.pdf>

- East of England Neonatal ODN. 2025. Clinical Guideline: Infant and Family Centred Developmental Care Toolkit : Positioning and Handling. [Guidelines & Resources - East of England](#)

15 Appendix 1 Infant`s Developmental Stages

Prior to initiating a massage, the infant must be presenting at the appropriate developmental stage and be establishing a level of medical and autonomic stability.^{16,31} Gorski et al (1979)¹⁴ outlines the stages of behavioural organisations in the high-risk neonate.

Turning in Phase

This is typically at 31 weeks or less gestation or when the infant is medically unstable. The infant`s responses to the world are automatic and they are particularly responsive to stress. They are unable to reciprocally interact with caregivers as they first need to develop their physiological integrity and internal stability to allow them to organise themselves to respond socially.¹⁴

The focus at this time should be on comfort holding and hand hugs and massage should be deferred.¹⁶

Coming Out Phase

This is typically around 32 weeks – 35 weeks gestation. The infant has mastered some capacity to control and maintain their physiological systems and have emerging autonomic stability. They are now more active and can demonstrate an awake state for around 10 minutes before showing signs of fatigue and stress.¹⁴

The Listening Touch Massage™ could be initiated wiith careful observation of infant cues with support from neonatal therapists that are NTMC® certified.³¹




















Social Reciprocity Phase

This is typically from around 35 weeks – post term age. The infant is strong enough to breathe, feed and respond to caregiver behaviour in specific and predictable ways. They are still overcoming the challenges of overcoming a difficult start in life. The relationship between parents and infant plays a key role in this phase of early development.¹⁴ They can demonstrate an awake state for over 10 mins or more.¹⁶

At this stage an infant could be able to accept massage that is infant driven and using observation of behavioural cues to inform pace and length of the massage. It is important that we are supporting parents to recognise these cues.¹⁶

The Neurodevelopmental Care Umbrella³¹ (Figure 1) summarises these developmental stages and appropriate interventions at each stage.

Neurodevelopmental CARE Umbrella™

Age	Brain Development	Resting Posture Tone	Reflexes (Therapists)	ANS Response	Stress Response	Family Well-Being	CARE Umbrella™	Touch & Massage	Variables
24		 ↑ VH RISK - GM	Primitive – Moro ATNR	SNS / PNS	Labile VS	 ↓ Emotional Roller Coaster		 Hand Hugs	Sickness
28			Sucking & Rooting Flexor withdrawal Crossed extension Plantar grasp Stepping	SNS / PNS	Events				
32		 ↓ HIE RISK - MCA	LE Recoil Galant	SNS / PNS	Squirm & Wiggle				Healing
34			Starting UE Recoil Body Righting	SNS / PNS	Cry, Root, Withdrawal				
36		 ↓	Maturing UE Recoil Robust LE Recoil	SNS / PNS	Robust				Wellness
40			Development starts Head to toe	SNS / PNS					

Compassionately Adapt Responses Every CARE™

Figure 1: Summary of Infant Developmental Stages and appropriate interventions.³¹

16 Appendix 2: The Listening Touch Infant Massage™ Documentation

The Listening Touch Infant Massage™ Session

Gestational Age:	Corrected Gestational Age:
Present: Parents/ Carer, HCPs (details)	
Subjective: Notes read and information noted. Listening Touch Infant Massage™ session completed at the cotside.	
Parent Education Covered: <ul style="list-style-type: none"> • Benefits of positive touch (hand hugs), skin to skin, swaddled bathing/wrapped weighing • Benefits of massage • When to massage and when not to massage - contraindications - asleep, hungry, crying, raised temperature or known infection, vaccination in last 3 days, just had a full feed, recent/new surgery • Use of oil – bottle of sunflower oil provided. • Use behavioural cues to guide pace and length of massage. • Positioning • Strokes demonstrated using doll and mum/dad given chance to practice. • Listening Touch Massage™ strokes demonstrated: back, legs, arms 	
Objective: Position: Behavioural cues observed: Adaptations of strokes/positions:	
Analysis: Tolerated Autonomic stability, motor organisation, behavioural organisation and regulation.	
Handouts provided: <ul style="list-style-type: none"> • Listening Touch Massage™ Parent Handout 	

17 **Appendix 3: International Association of Infant Massage (IAIM) Infant Massage.**

International Association of Infant Massage (IAIM) Infant Massage Session

Gestational Age:	Corrected Gestational Age:
Present: Parents/Carer, HCPs(details)	
Subjective: Notes read and information noted. International Association of Infant Massage (IAIM) session completed at the cot side.	
Parent Education Covered: <ul style="list-style-type: none"> • Benefits of massage • When to massage and when not to massage - contraindications - asleep, hungry, crying, raised temperature or known infection, vaccination in last 3 days, just had a full feed, recent/new surgery • Use of oil - bottle of sunflower oil provided. • Use behavioural cues to guide pace and length of massage. • Positioning and asking permission ritual. • Strokes demonstrated using doll and mum/dad given chance to practice. • IAIM strokes demonstrated: legs and feet/stomach/chest/arms and hands/face/back 	
Objective: Position: Behavioural cues observed: Adaptations of strokes/positions:	
Analysis: How well tolerated was the massage? Cues observed	
Handouts provided: <ul style="list-style-type: none"> • IAIM Stroke Descriptors Parent Handouts for legs and feet/stomach/chest/arms and hands/face/back 	

18 Appendix 4: The Listening Touch Massage™ Parent Handout

The Listening Touch Massage™ Parents Handout³¹ are provided to NTMC[©] instructors following the successful completion of the certification process.³¹

19 Appendix 5: The International Association of Infant Massage (IAIM) Parent Handouts

The IAIM handouts are provided to IAIM instructors following the successful completion of the certification process and outline the massage strokes for the individual body parts, the colic routine and the gentle movements.¹⁹

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Form to be completed in the **exceptional** circumstances that the Trust is not able to follow ODN approved guidelines.

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