Description

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What is Massage?

Massage is defined as ‘the manipulation of soft tissues of the body and typically involves the motions of gliding, kneading, friction, pressure, tapping and vibrating’ (Field 2002: 24).

Typically, massage is adapted for pregnancy, to avoid supine hypotension caused by the baby’s weight on the superior vena cava. Common positions used include seated, side-lying and semi-recumbent. Massage for labour is adapted to a woman’s position of choice and, postnatally, with suitable support to avoid discomfort and support infant feeding choices.

The benefits include:

- Improved vagal activity and circulation
- Reduced heart rate
- Lowered blood pressure
- Reduced production of stress hormones including cortisol (Kimber 2012; Chang et al 2002)
- Increased production of wellbeing hormones, including oxytocin and endorphins (McNabb et al 2006; Uvnas-Moberg 2011)
- Encouraging two-way empathy and salutogenesis through reassuring touch (Gilbert 2009).

Calm

Massage is a popular non-pharmacological tool to cope with pregnancy and birth (Royal College of Midwives [RCM] 2010; Smith et al 2012; Yates 2010) and can be related to an improved sense of salutogenic wellbeing (Antonovsky 1979; anon 2003; Perez-Botella et al 2015). Salutogenesis is the theory that a better sense of holistic self-awareness strengthens positive health aspects: a sense of calm, coping and personal manageability, and interaction with both internal and external influences (Billhult and Maatta 2009; Bahrami et al 2017).

Massage can relieve common symptoms of anxiety: stress, discomfort, poor sleep and pain, by inducing slower, parasympathetic responses and improving sleep rhythms (Tiran 2009). Better quality rest is promoted by inducing an ‘alpha-state’ relaxation like that experienced in meditation. This supports feelings of calm, by promoting soothing oxytocin and distracting pain-receptors while facilitating a sense of support and presence in the here and now (Field 2010; McCourt 2009).

Connection

Massage supports physiological and psychological health by holistically bringing the two together. This can by direct touch, sharing time, focused verbal communication through an exploration of personal needs and the non-verbal

communication that transpires through mutual responses. Massage is often provided in a private environment, congruent to quiet contemplation and inner focus, also enabling a focused connection between a woman and her unborn child.

A vital aspect of massage in pregnancy is that massage acts as a form of early intervention on infant mental health. Infants of mothers who experience anxiety in pregnancy, increasingly experience poor mental health themselves (Van den Bergh et al 2008). Abrams et al (1995) found that babies born to mothers with depression had poorer motor tone and endurance, were less active and more irritable, with more disrupted sleep. Field's (1995) study found that massage given in pregnancy improved outcomes in newborns, including weight gain and reduced rates of prematurity. Bergner et al (2008) also highlight this dyadic intervention as an approach that benefits both mother and child. As Winnicott (1965: 219) states, 'There is no such thing as a baby alone, all the more so during pregnancy'. Interestingly, mothers receiving 'meaningful bodily touch' during pregnancy are also more likely to use nurturing touch with their infants after birth (Rider Sleutel 2003).

Comfort

Antenatally, melatonin levels peak at 36 weeks. Massage promotes melatonin responses by improving positive sleep habits, supporting the melatonin, oestriol to oxytocin chain in late pregnancy. There is, therefore, a close association between touch, sleep and, potentially, improved progress of labour and breastfeeding responses.

It is implied that the use of massage in labour may match the complex and personal nature of women's experiences of pain. A UK maternity-care survey of 10,000 women found that "most women (83 per cent) will use massage and/or breathing techniques during labour and birth" (Redshaw and Heikkila 2010: 33). One woman commented: "My labour was 'in my back' but my husband massaged me hard. The massage and the fact that we were doing this together really helped" (Mumsnet 2013).

Melzack, a pioneer in pain theories, defines pain as "a subjective experience that is generated by widespread, parallel neural networks…as well as brain areas that underlie experience, attention, evaluation and meaning. Pain is produced by the output of these neural networks, not solely by the sensory input put into them" (Melzack 2005: 202). This congruent concept of subjective pain supports massage as a tool that offers a flexible, multifaceted response that can be adapted to a woman's changing needs in labour (Chang et al 2002).

Caring

Massage promotes a response that can 'convey concern, security, closeness and encouragement' with positive psychosocial impact (Chang et al 2002: 72). Strong personal and family relationships are a key element of perinatal experiences and long-term social health. Field found that partners giving massage proved more effective for women by generating a relaxed response, more quickly than if massage was given by a stranger (Field 2009). Massage encourages a considerate sense of togetherness – especially useful for partners at a time where they can feel helpless and disempowered (Field et al 2008; Holt-Lundstad et al 2008). The benefits of positive touch and massage for newborns could also establish better connections between parents and their baby, founding the building blocks of positive attachment, promoting growth and appetite, while stimulating neurological and sensory development (Trivedi 2015; Field 1995). **TPM**

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