

MT5 INFANT MASSAGE QUALIFICATION UNIT ©2008

DEFINITION OF INFANT MASSAGE

Infant Massage is a series of strokes and techniques that are individualised to fit the infant and the family. It is a framework whereby parent/child interaction allows for understanding and builds trust and attachment.

Touch has been shown to be necessary for infants to thrive, for bonding between parents, grandparents and siblings. Infant Massage has been used for thousands of years to comfort and nurture infants. It is a natural tool to enhance the infant's wellbeing.

The techniques involved will include Swedish massage movements and strokes adapted to meet the child's needs.

OUTLINE

The course has been designed to enable the instructor to help develop the natural bond between parents, grandparents and siblings. The massage is intended as a tool to enhance the infant's wellbeing. It is the oldest and the most natural of all healing methods.

REQUIREMENTS

The Teaching Certificate in Infant Massage will consist of pre requisite modules:-

MT1 – M2 Swedish Massage

MT1 - M5 Knowledge of Anatomy, Physiology and Pathology

Both of the above are included within the basic Massage Core Curriculum. The addition of further modules and enhanced pre requisite modules are also a requirement and these are listed below:

The requirement of pre requisite modules does not apply to candidates working in the medical profession, health visitors and those who have a role within the neonatal environment.

All movements included within this course are taught by the instructor via the medium of a substitute doll. There is no direct touch to the infant unless express permission and signed consent has been given by the parent and they are present or the instructor has consent and holds an enhanced Criminal Records Bureau clearance certificate (CRB) and/or is registered with the Independent Safeguard Authority.

MT5 – M1 Assess the needs of the parent/carer and infant.

MT5 - M2 Instruct in Infant Massage

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MT5 – M5 Enhanced Anatomy and Physiology applicable to the infant.

TRAINING PERIOD

The training period, commencement to qualification, must be a minimum of three (3) months training and education.

TEACHING HOURS

Minimum supervised in-class education and training required to become a recognised instructor of Infant Massage is 16 hours.

In Addition

MT5 –M5 Enhanced Anatomy and Physiology

Enhanced Anatomy and Physiology which is applicable to the infant can be taught in house through traditional teaching methods, contact hours or distance learning and must include a final assignment and assessment.

Case Study/Home Study

Minimum requirement – two (2) individual clients and one (1) group client situation – minimum three (3) treatments per individual and group situation. Overall total should be at least nine (9) treatments. These treatments should evaluate the effectiveness of Infant Massage for the Parent/Carer and Infant over a period of time. Case studies should also be used by candidates as reflective practise for self evaluation and continuing professional development.

In addition to the above hours, students should be fully aware that considerable home study is required. The hours required will be determined by the student's ability and commitment but are unlikely to be less than 100 during the training as a whole.

MT5 – M1 Assess the needs of the Parent/Career and Infant

Rationale

- a) To assess the client's needs (infant and parent) which affect the well being and effective functioning, including information relating to:-
 - Full assessment of relevant physical and emotional background

- b) To balance the clients expectation with reasonable or achievable outcomes such as:
 - Encourage eye contact
 - Assist the bonding process
 - Develop confidence in handling the infant
 - Aid relaxation of child and parent/carer
 - Encourage co-ordination of the infant
 - Relieve trauma/colic
 - Aid digestion and the elimination of waste material.
 - Improved texture of the infants skin
 - Help maintain tissue elasticity
 - Calm a fractious infant
 - Stimulate the infants circulation
 - Stimulate the infant's immune system.

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- Aid in calming a hyperactive child
- To be used as a natural medium for the child's need for tactile stimulation.

Aims of the Assessment

- a) The instructor must be able to communicate effectively with the parent/carer and equate information gleaned to the treatment/teaching required.
- b) To determine the nature, extent and urgency of the client/infant needs and to mutually agree a course of action
- c) To develop a teaching programme including evaluation and monitoring, taking into consideration the infants age, health and any physical restrictions.
- d) Consideration must be given to the parent/carers ability to understand and carry out the massage movements both with and without instruction and in their own environment.

CORE CURRICULUM

1. Equipment and materials are appropriate to the teaching/treatment being offered. All Health and Safety requirements are met with regard to massage of the infant. Special note must be taken of the requirements of the very young infant who by nature of development is not able to control his/her own temperature.
2. All information regarding contra indications and the needs and requirements of the infant are fully recorded and assessment of the massage instruction taken on these results and not assumptions regarding age or other factors.
3. Making valued assessment regarding when it is safe to treat and when it may be necessary to have medical input or refer.
4. Having due regard for the parents right to choose – whether it be particular massage movements, the level of undress of the infant or the types of massage medium being used.

Note: where "client" is referred to , read also "patient", "user", "pupil", "candidate", "learner" and "infant/child".

MT5 – M2

INSTRUCT IN INFANT MASSAGE

Rationale

- a) To develop the practical skills to teach Infant Massage
- b) To further develop the knowledge of enhanced Anatomy and Physiology which is applicable to the infant
- c) To further enhance consultation abilities to include case history, past history and present situation regarding the infant.
- d) To include consultation skills regarding the parent in relation to bonding or where applicable post natal depression.
- e) To have due regard for the parent who may have under developed parenting skills which could affect their ability to understand or perform massage movements.

Aims

- a) To check the infants needs and requirements in relation to massage.
- b) To safely instruct the client via the medium of a doll in the safe positioning of the infant (lap, floor, changing platform, bed) to enable access to all necessary body areas.
- c) To be able to apply gentle and appropriate massage movements to individual body areas.

- d) To apply safely and within the infants comfort zone, such massage movements as deemed necessary and appropriate as the result of the consultation process.
- e) To ensure the massage is applied within the infant's tolerance zone and that explanations are given to ensure that the infant is not massaged if he or she becomes fractious.
- f) To ensure massage is taught to within the limits of the parents/carers understanding.

Teaching and Learning

Demonstrations, supervised practise and student participation are the main strategies employed to develop a variety of techniques.

It is recommended that repeated supervised practise be provided during training and a ratio of a maximum of fourteen students per tutor in a practical class. The class in training, being seven (7) students' role playing as trainers and seven (7) students' role playing as parent/carer.

Students should be advised that extensive hours of home practice are necessary to develop their practical skills, not only in the massage routine but creating a confident and professional teaching skill.

CORE CURRICULUM

Students should be able to:

1. Explain the philosophy and role of Infant Massage.
2. Describe the main benefits and the effect on the quality of the infant's development via the sense of touch and the massage movements.
3. Be able to respond appropriately to different parent/carer/infant reactions which may take place during and after the training and treatment.
4. Be able to carry out and teach Infant Massage movements – such methods as:
 - gentle stretch
 - rocking
 - milking and
 - tapping.
5. Understand and explain to a client the physiological and psychological effects of such massage movements as:-
 - Effleurage
 - Light Tapotement
 - Light Petrisage
 - Gentle friction
 - Gentle vibration.
6. Have an understanding of the use of towels, changing platforms, hygiene procedures, lotions and other equipment.
7. Be able to instruct the client via the medium of a doll and ensure safe supervision of the client/infant.
8. Be able to instruct using the medium of massage to:-
 - Stimulate, relax, encourage co-ordination and bonding.

MT5 – M5 ENHANCED ANATOMY & PHYSIOLOGY APPLICABLE TO THE INFANT.

Rationale

This unit has been designed to:-

- a) To enhance the knowledge and understanding of the structures and related pathology of the infant.

AIMS

- a) To further develop the students understanding of the anatomy of the infant.
- b) To further develop the students recognition and understanding of the unsettled Baby
- c) To further develop the students recognition and understanding of the Physical milestones relating to the development stages of the infant.

Teaching and Learning

- a) Learning should take place through the students own learning by a variety of sources including examining and reporting and interpretation of the infant body.
- b) Teaching can include demonstrations, lectures, discussions, interaction and practical application.
- c) Students must be able to gain extra information from a wide variety of source material including library resources, media, textbooks, audio-visual aids, information technology and use such information in problem solving activities.
- d) Every advantage must be taken to ensure teaching relates to the working environment.

CORE CURRICULUM

MT5 ELEMENT 3

A. THE ANATOMY OF THE INFANT

1. An in depth understanding of the physical characteristics and structure of the infant which should include such as:-
 - The average weight of the newborn infant – approx 7.2lbs.
 - The disproportion head size of the infant and the rate of growth in the first year
 - Muscle development
 - The development of the curves of the spine
 - The eye focus
 - Co-ordination
 - The adipose tissue beneath the feet causing the impression of flat feet
 - Knowledge of the sensory receptors in the skin and the reason for continued application of the massage medium.
 - The primitive reflexes such as:-
 - a) The Moro reflex – the startle reflex

- b) The Rooting reflex – stroking the infants cheek will automatically cause a response for the infant to seek the mothers nipple
- c) Sucking Reflex - A finger placed in the infants mouth will cause an automatic reaction to suck
- d) Grasp reflex – placing a finger in the infants hand will cause an automatic response to grasp.

B. THE UNSETTLED BABY

1. An in-depth understanding of the physical features of the unsettled – newly born /infant such as:-
 - Different colour changes, blotches, and swelling.
 - Secretions.
 - Pressure of birth marks.
 - Mongolian blue spots – patches of blue which are merely a temporary build up of pigmentation under the skin.
 - Pressure during the birthing process can cause peculiar shapes of the skull, which usually right themselves in a short space of time
 - Fontanelles – the unfused soft areas of the skull.
 - Eyes – a yellowish discharge on the lids and lashes – known as “sticky eye”.
 - False squint – babies have folds of skin at the corner of the eye which gives the appearance of squinting. This will start to disappear within the first few weeks.
 - Body hair – premature babies may still have some present at birth especially across the shoulders and down the spine. Again this will disappear with the first few weeks.
 - Neo Natal Articularia – red spots with yellow centres.
 - Umbilical hernia – a small swelling around the navel and often protrudes when the baby cries. This is caused by a weakness in the muscles within the wall of the abdomen. They normally correct themselves at about the first year of life.

C. PHYSICAL MILESTONES

1. Have an in-depth understanding of the milestones of development in the first 9 months of an infant's life such as:-
 - New born to two months e.g.,
 - Lift and turn its head while lying on its back
 - Hands fistled and arms are flexed
 - No stability when lifting the head
 - Placing - the leg extends when the sole of the foot is stimulated
 - Plantar grasp – the infant flexes the forefoot and toes
 - Tonic neck response - the infants left arm extends when it gazes to the left and vice versa.

- 3 - 4 months e.g.,

Enhanced eye muscle control allows the infant to track objects

The hand and feet develop self willed control.

The infant begins to distinguish objects

The infant can now raise the upper torso when lying face down on the tummy

Neck muscles have developed to the extent the infant can sit with support

The primitive reflexes begin to disappear

- 5 - 6 months e.g.,

The infant has the ability to sit up alone without support for a short while at a time and then progresses for up to 30 seconds or more

The infant now begins to grasp items such as blocks and cubes using the lunar palmer grasp technique. Cannot yet use thumb opposition

The infant can now roll from back to stomach.

- 6 – 9 months e.g.

The infant is able to walk holding an adults hand

The infant is now able to sit steadily without support for long periods of time

The infant learns to sit down from a standing position

The infant may pull itself into and maintain a standing position while holding onto furniture.

- 9 – 12 months e.g.,

The infant begins to balance whilst standing alone

The infant takes steps and begins to walk alone.

MT5 – M7 CONTRA INDICATIONS APPLICABLE TO THE INFANT

Rationale

a) To assess any conditions affecting the treatment of massage to the infant such as:-

Health conditions requiring a medical professional input:

- Cancer
- Epilepsy
- Asthma
- Encephalitis

- Diabetes
 - Recent operation
 - Fever
 - Skin infection
- b) To assess any condition which would require adaptation of the massage routine or timing such as:-
- Within 48 hours of immunisation
 - After a meal
 - When the child becomes fractious
 - Cuts, bumps and coloured marks
- c) To understand the reasoning and having the ability to gather information and background to any markings the child may have. This will involve putting this information on to a diagram of the child and having the parent/carer sign in agreement.
- d) To be able to gather this information tactfully without undue stress given to the parent.