

**Title:**

Infant Massage and Rates of Maternal Postpartum Depression in Mothers of Preterm Infants

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**Session Title:**

Evidence-Based Practice Posters Session 2

**Keywords:**

Edinburgh Postnatal Depression Scale, infant massage and maternal depression

**References:**

Centers for Disease Control. (2016). Depression Among Women. Retrieved from [www.cdc.gov/reproductivehealth/depression/index.htm](http://www.cdc.gov/reproductivehealth/depression/index.htm) on August 3, 2016.

Field, T. (2014). Massage therapy research review. *Complementary Therapies in Clinical Practice*, 20(4), 224-229.

Gray, P.H., Edwards, D.M., O'Callaghan, M.J., Cuskelly, M., & Gibbons, K. (2013). Parenting stress in mothers of very preterm infants – influence of development, temperament and maternal depression. *Early Human Development*, 625-629.

**Abstract Summary:**

The purpose of this educational activity is to describe the relationship between a maternally delivered infant massage program and the rates of maternal depression in mothers of preterm infants.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe a maternally driven infant massage protocol.	Describe infant massage protocol.
The learner will be able to identify the effects of a maternally driven infant massage protocol and rates of maternal depression in mothers of preterm infants.	Describe effects of administering infant massage on rates of maternal depression.

**Abstract Text:**

Emotional disturbances during pregnancy and early parenthood are common, complex, and may take many forms. Postnatal depression is the most prevalent mood disorder associated with childbirth. According to the CDC, data from 25 states participating in the 2011 Pregnancy Risk Assessment Monitoring System showed that about 1 out of 10 women experienced frequent postpartum depressive symptoms (CDC, 2016). This may have long term consequences for women, their partners, infants and children. Mothers and fathers of very preterm infants (gestational age < 30 weeks) experience elevated levels of depression and anxiety symptoms shortly after birth and their symptom levels were significantly higher than in parents of full-term infants (Pace, Spittle, et al., 2016). The authors noted rates of clinically significant depression and anxiety were initially high and slowly declined over 12 weeks. However, the rates of depression and anxiety in the very preterm infant group never dropped below 20%. The Edinburgh Postnatal Depression Scale (EPDS) was developed as a self-report questionnaire and is used in many countries to screen for the risk of developing postnatal depression. The EPDS is a 10-item

screening questionnaire that is easy to administer and score and has demonstrated high reliability and specificity. Women are asked to select one of 4 responses that most closely represent how they have felt over the past seven days. Each response has a value of between 0 and 3 and scores for the 10 items are added together. The value of the EPDS lies in the fact that it is easy to complete, has been validated in relation to other standardized psychiatric measures ((Cox, J., Holden, J., & Sagoskvy, R., 1987), and has been found to be acceptable to women who are asked to complete it. Its use provides women with the opportunity to discuss their feelings and enables health professionals to discreetly raise the issue of postnatal depression. Maternal infant attachment is sometimes disrupted or delayed when a baby is born premature or sick. This may be related to the chaotic circumstances around which the infant was born, as well as because the baby is almost always separated from the mother and taken to the neonatal intensive care unit (NICU). The stabilization of the baby may take hours or days, which may delay the parents in seeing or touching their infant. This delay can affect the attachment process. Touch is fundamental in its role of social and emotional development. Touch has the ability to convey meaning (soothe, calm, happy, active). Thus, emotions can be communicated through touch include love and caring, sympathy, empathy, and a sense of security. Types of touch, such as gentle holding or rocking, might convey to the infant, "you are safe," whereas other forms of touch, such as poking or jabbing, may convey the message, "you are threatened or in danger." Parents benefit from improved attachment, better understanding of their infant's cues, and enhanced feelings of confidence. Infant massage has been shown to decrease maternal depression (Glover, V., Onozawa, K., & Hodgkinson, A., 2002).

Attending an infant massage class has the potential to be of benefit for early mother-infant interactions as such classes specifically encourage mothers to look at and understand their babies, as well as interacting with them in a pleasurable manner. Benefits of massage have been claimed to include improved neuropsychological development, better sleeping patterns and weight gain (Field, T., 2014).

The purpose of this study is to identify the relationship between a maternally delivered infant massage program and rates of maternal postnatal depression in mothers of preterm infants. Knowledge obtained from this study may increase healthcare providers knowledge of maternal postnatal depression rates and interventions available to improve outcomes.