Positive touch

Positive touch is expressed through the modalities of gentle human touch as a well-tolerated sensory experience, and by infant massage, defined as systematic tactile stimulation by human hands. Positive touch does not become associated with discomfort or pain.

Earlier work by Field, Schanberg and Kuhn provided an animal model of maternal deprivation for the delay in growth and development observed in children with deprivation syndrome or in touch-deprived preterm infants. Increased understanding of the physiology of the preterm neonate, particularly in regard to perception of pain, and the subsequent changes in care over the following decades has resulted in an emphasis on timely and individually determined requirements for touch.

The capacity of the preterm infant to tolerate and benefit from positive touch is low at the earlier gestations and improves with increasing maturity. Gentle human touch has been shown to be well tolerated by infants from 27 – 32 weeks. Infant massage is tolerated by more mature, otherwise well infants whose parents can participate in this activity.

Positive touch has been identified as important for the general well being and growth of the neonate. Infant massage has been shown to improve weight gain and reduce length of stay. It has also been suggested that early and appropriate parental touch may decrease apnoea and improve neurodevelopmental outcomes although the evidence for this is not strong.

Touch has also been identified as important in the development of parent-infant attachment. Parental disenfranchisement, a result of the need for neonatal intensive care, can be ameliorated by activities such as skin-to-skin contact in the first few weeks, followed by infant massage when the infant is maturing and can tolerate this level of sensory input without being overwhelmed.

The adverse effects of painful, uncomfortable or frequent inappropriate stimulation have been demonstrated to cause hypoxia, hypertension and distress in the sick and/or immature neonate.

Aims

- Provide episodes of comforting and nurturing touch that may offset the episodes of discomfort and pain experienced in the neonatal intensive care environment.
- Utilise appropriate touch techniques when the infant demonstrates stress, discomfort or pain to promote comfort and behavioural organisation.
- Facilitate maturation of the behaviour states utilising appropriate touch techniques.
- Educate and assist parents to utilise appropriate touch techniques when attending their infant.
- Educate and assist parents to recognise their infant's unique response to touch techniques.
- Introduce and demonstrate to parents appropriate neonatal massage techniques.
- Foster parental confidence in handling their infant by utilising positive touch techniques.

Method

Approach the infant as if he/she had the capacity for a verbal response.

The most appropriate touch for the sick newborn is hands-on containment, also known as facilitated tucking – cup the infant's head and buttocks, lower extremities or contain the infant's arms across the chest. This will encourage behavioural organisation of the sick infant.

Introduce positive touch at a time when the infant is in an awake-alert state, receptive to communication. Positive touch is the use of gentle non-stroking touch or infant massage that does not over stimulate the infant – see Cue-based care protocol. Over stimulation may be recognised by skin mottling, apnoea, bradycardia, possetting, facial grimacing and/or jerky movements.

Introduce positive touch at appropriate level of maturity. Based on the work of Tiffany Fields and others infants are usually receptive to systematic touch when stable and over 30 weeks post conceptual age. It is important for the nurse and parent to recognise those behavioural cues that may signal the infant's readiness for this interaction. Clinical experience suggests that the progress of infants is individual and gestational age should not be the only criteria used when assessing the infant's readiness for increased sensory stimulation.
Utilise relaxation techniques to facilitate the release of limbs and relax the infant’s body (gently cradle the limb between both hands and use gentle rhythmical movements until the limb relaxes).

Educate the parents from time of admission to use strategies that will settle their infant. These techniques include containment instead of stroking as inappropriate stroking can cause over stimulation in the sick and unstable neonate\textsuperscript{17,18} – see Comfort measures protocol.

Teach touch and relaxation strokes to parents when their infant’s condition stabilises and include positive touch techniques in the discharge planning process (massage techniques to be taught by the unit’s accredited instructors).

**Outcomes**

- Utilisation of positive touch techniques will facilitate physiological stability and promote neurodevelopmental maturation in each infant.
- Reduction in time to regain birth weight.
- Use of appropriate touch techniques will promote comfort for the infant.
- Use of positive touch techniques will provide the infant with comforting and nurturing touch experiences.
- Use of positive touch by parents will promote parental confidence and parenting skills.
- Use of positive touch will foster parental participation and partnership in care.
- Appropriate use of baby massage and settling techniques following discharge will foster healthy sleep patterns and promote a positive relationship between infant and parents.

**References**


