



BABY MASSAGE INSTRUCTOR COURSE



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Baby and Infant Massage Instructors Course

The power of touch

The skin is the largest sensory organ of the body. Touch is one of the primary senses – it is a primary need and the baby's most important means of communication. Babies respond to the way that they are touched and handled and the way in which they are touched and handled by parents and the amount of time spent handling them has been seen to have an effect on the child's disposition. Children deprived of physical contact generally suffer more from anxiety and related conditions. One of the first senses developed within the womb is that of touch. However, leaving the comforting environment of the mother's womb and making an entrance into the world can be a traumatic experience. Premature babies in particular require touch to establish a bond between parent and child. Babies who birth quickly or by Caesarean section may be in shock and benefit from touch; the emotional development of a child is heightened by massage. It is suggested that babies who receive massage have fewer health problems and both sleep and feed better than those babies who do not receive massage.

Baby and Infant Massage is an extended form of touch which addresses this inherent need with the benefits extending beyond touch and a child's disposition.

Massage in general terms promotes health and wellbeing by stimulating the body to achieve and maintain 'homeostasis' – Body Balance, this is achieved by ensuring the all body systems work to their optimum levels. Massage stimulates the circulatory system, the flow of life giving oxygenated blood to all areas of the body and the removal of waste products from the body. It stimulates the endocrine system, to provide protection and resistance to disease and aids digestion. Massage improves muscle tone while increasing body awareness, co-ordination and suppleness.

History of Baby massage

There are historical accounts of massage being used in ancient civilisations as far back as 3,000 years ago.

The word 'massage' originates from the Arabic word meaning 'to stroke'. In India for hundreds of years the art of baby massage has been passed down through the generations from mother to daughter.

Although it is very difficult to pin point exactly where the practise of baby massage originates from, it is now widely practised around the world, and recognised by many as being just as vital as the milk we feed our babies.

Baby massage is not a trendy phase or fad, it is an ancient art and philosophy that connects you deeply to your baby.

It provides you with an opportunity to understand your baby's individual and particular non-verbal language, enabling you to respond with love and respectful listening.

When baby massage is practised this ancient art enhances and promotes deep emotional bonds which develop in infancy with parents/carers. This is what lays a lifetime foundation of trust, dependability, faith and love between parent and child. Setting aside some time to incorporate baby massage as part of your baby's routine will help you build your parent/baby relationship in the early 'getting to know you' stage.

It's important to remember that massaging your baby is something that you do with your baby rather than to your baby. Baby massage is a truly wonderful way to make your baby feel safe and secure by showing them that they are loved and cared for. You will discover when it is best for both you and your baby.



Research has shown that baby massage can alleviate the effects of post-natal depression and offer a more positive interaction between mother and baby during this difficult period.

Equally, if you are a working parent or about to return to work, baby massage is an excellent way of connecting with your baby. A short massage each night before or after a bath depending on your baby's preference, can help you to communicate your love to your baby. If you are breastfeeding this can often be a time when partners might feel isolated and left out of things, so learning baby massage is a perfect opportunity for them to have their own special time with baby

Stages of Development

Mastered Skills (most children can do)	Emerging Skills (half of children can do)	Advanced Skills (a few children can do)
Child's Age : One month		
<ul style="list-style-type: none"> Lifts head Responds to sound Stares at faces 	<ul style="list-style-type: none"> Follows objects Ooohs and ahhs Can see black-and-white patterns 	<ul style="list-style-type: none"> Smiles Laughs Holds head at 45-degree angle
Child's Age : Two months		
<ul style="list-style-type: none"> Vocalises sounds - gurgling and cooing Follows objects Holds head up for short periods 	<ul style="list-style-type: none"> Smiles responsively, laughs Holds head at 45-degree angle Movements become smoother 	<ul style="list-style-type: none"> Holds head steady Bears weight on legs May lift head and shoulder (mini-pushup)
Child's Age : Three months		
<ul style="list-style-type: none"> Laughs Holds head steady Recognises your face and scent 	<ul style="list-style-type: none"> Squeals, gurgles, coos Recognises your voice Does mini-pushups 	<ul style="list-style-type: none"> Turns towards loud sounds Can bring hands together and may bat at toys Can roll over
Child's Age : Four months		
<ul style="list-style-type: none"> Holds head up steadily Can bear weight on legs Coos when you talk to him 	<ul style="list-style-type: none"> Can grasp a toy Reaches out for objects Can roll over 	<ul style="list-style-type: none"> Imitates speech sounds - baba, dada May cut first tooth
Child's Age : Five months		
<ul style="list-style-type: none"> Can distinguish between bold colours Can roll over Amuses himself by playing with hands and feet 	<ul style="list-style-type: none"> Turns towards new sounds Recognises own name May be ready for solids. 	<ul style="list-style-type: none"> May sit momentarily without support Mouths objects Stranger anxiety may begin
Child's Age : Six months		
<ul style="list-style-type: none"> Turns towards sounds and voices Imitates sounds, blows bubbles Rolls in both directions 	<ul style="list-style-type: none"> Reaches for objects and mouths them Sits without support Is ready for solids 	<ul style="list-style-type: none"> May lunge forward or start crawling May jabber or combine syllables May drag object towards himself

Mastered Skills (Most children can do)	Emerging Skills (Half of children can do)	Advanced Skills (A few children can do)
Child's Age : seven months		
<ul style="list-style-type: none"> Sits without support Reaches for things with a sweeping motion Imitates speech sounds (babbles) 	<ul style="list-style-type: none"> Combines syllables into wordlike sounds Begins to crawl or lunges forward 	<ul style="list-style-type: none"> Stands while holding onto something Waves goodbye Bangs objects together
Child's Age : eight months		
<ul style="list-style-type: none"> Says "dada" and "mama" to both parents (isn't specific) Begins to crawl Passes object from hand to hand 	<ul style="list-style-type: none"> Stands while holding onto something Crawls well Points at objects 	<ul style="list-style-type: none"> Pulls self to standing position, cruises around furniture while holding on Picks things up with thumb-finger "pincer" grasp Indicates wants with gestures
Child's Age : nine months		
<ul style="list-style-type: none"> Combines syllables into word like sounds Stands while holding onto something 	<ul style="list-style-type: none"> Uses pincer grasp to pick up objects Cruises while holding onto furniture Bangs objects together 	<ul style="list-style-type: none"> Plays patty cake Says "dada" and "mama" to the right parent (is specific)
Child's Age : 10 months		
<ul style="list-style-type: none"> Waves goodbye Picks things up with pincer grasp Crawls well Cruises 	<ul style="list-style-type: none"> Says "dada" and "mama" to the right parent (is specific) Responds to name and understands "no" Indicates wants with gestures 	<ul style="list-style-type: none"> Drinks from a cup Stands alone for a couple of seconds Puts objects into a container
Child's Age : 11 months		
<ul style="list-style-type: none"> Says "dada" and "mama" to the right parent (is specific) Plays patty-cake Stands alone for a couple of seconds 	<ul style="list-style-type: none"> Imitates others' activities Puts objects into a container Understands simple instructions 	<ul style="list-style-type: none"> Drinks from a cup Says one word besides "mama" and "dada" Stoops from standing position
Child's Age : 12 months		
<ul style="list-style-type: none"> Imitates others' activities Jabbers wordlike sounds Indicates wants with gestures 	<ul style="list-style-type: none"> Says one word besides "mama" and "dada" Takes a few steps Understands and responds to simple instructions 	<ul style="list-style-type: none"> Scribbles with crayon Walks well Says two words besides "mama" and "dada"

Mastered Skills (most children can do)	Emerging Skills (half of children can do)	Advanced Skills (a few children can do)
Child's age: 13 months		
• Uses two words skilfully (e.g. "hello" and "bye")	• Enjoys gazing at his reflection	• Combines words and gestures to make needs known
• Bends over and picks up an object	• Drinks from a cup	• Tries to lift heavy things
• Stands alone	• Plays "peekaboo"	• Rolls a ball back and forth
Child's age: 14 months		
• Finger feeds	• Toddles well	• Uses spoon or fork
• Empties containers of contents	• Initiates games	• Matches lids with appropriate containers (e.g. pots and pans)
• Imitates others	• Points to one body part when asked	• Pushes and pulls toys while walking
Child's age: 15 months		
• Plays with ball	• Can draw a line	• Walks up stairs
• Vocabulary increases up to five words	• Runs well	• "Helps" around the house
• Walks backward	• Adopts "no" as his favourite word	• Puts his fingers to his mouth and says "shhh"
Child's age: 16 months		
• Turns the pages of a book	• Discovers joy of climbing	• Takes off one piece of clothing by himself
• Has temper tantrums when frustrated	• Stacks three bricks	• Gets fussy about food
• Becomes attached to a soft toy or other object	• Learns the correct way to use common objects (e.g. the telephone)	• Switches from two daytime sleeps to one
Child's age: 17 months		
• Uses a handful of words regularly	• Responds to directions (e.g. "Sit down")	• Dances to music
• Enjoys pretend games	• Feeds doll	• Sorts toys by colour, shape, or size
• Likes riding toys	• Talks more clearly	• Kicks ball forward
Child's age: 18 months		
• Will "read" board books on his own	• Strings words together in phrases	• Throws ball overhand
• Can pedal when put on trike	• Brushes teeth with help	• Takes toys apart and puts them back together
• Scribbles well	• Builds a tower of four cubes	• Shows signs of toilet training readiness

Anatomy of the skin

Anatomy and physiology of the skin

The skin is the largest organ of the human body and has a variety of functions (Darmstadt and Dinulos, 2000). It is the body's first line of defence providing a protective barrier against infection and environmental toxins. It has pigmentation or melanin provided by melanocytes, which absorb some of the potentially dangerous ultraviolet radiation in sunlight. It also has an important role to play in protecting the internal organs, in insulation and thermoregulation of the body. It discharges electrolytes and prevents excessive fluid loss and synthesises vitamins D and B (Lund et al, 1999). The skin also provides tactile perception and is instrumental in the initial bonding attachment phase between a mother and her baby (Marbut and Loan, 1996).

Basic structure of the skin- The skin consists of three layers:

Epidermis (outer layer)

Protective

Barrier

Waterproof



Dermis (underlying connective tissue)

Capillary loops and nerve endings

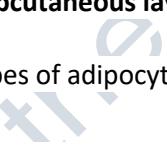
Hair follicles, glands nerves, blood vessels



Subcutaneous layer (basement membrane)

Lobes of adipocytes

Cushion of fat



Newborn and adult skin

There are important differences between the newborn and adult skin. The skin of a term baby is well developed to cope with extra-uterine life. However, there are some differences when comparing it to that of an adult – a baby's skin is more delicate and therefore, more prone to irritant and allergic reactions (Holbrook, 1982; Kuller et al, 2002). The key differences are that the:

Stratum corneum (epidermis) is thinner

Protective lipid film is similar to that of an adult at birth, but changes after a few weeks

Secretion of sebum diminishes to be replaced by lipids of cellular origin

Ratio of skin surface to body weight is highest at birth and declines progressively during infancy.

A newborn baby's skin will undergo a number of changes during the first month of life as it adapts from a uterine environment to that of an extra-uterine environment. During this period, the epidermis and dermis is further developed and there is a noticeable change in the baby's skin pH surface and desquamation of the skin (Hoeger and Enzmann, 2002).

Two systematic reviews identified asked two important research questions. The first was: 'Is the use of soaps or detergents in bath water for the well term newborn associated with the development of dry, cracked, or flaking skin in the perinatal period?' The second was: 'What is the effect of using emollients, lotions, or moisturisers for dry, cracked or flaking skin for well term babies in the perinatal period on skin integrity and pathology in the first postnatal year?' The reviewers found no studies that answered these questions and highlighted that the use of soaps, detergents, emollients and lotions on the full-term baby's skin have not been formally investigated (Walker et al, 2005a).

Nevertheless, a few recommendations have been put forward to guide parents and midwives on methods of cleansing a baby's skin. Following a local audit that reported a reduction in the incidence of erythema neonaturum when evidence-based guidelines were introduced, bathing a baby in water only has been recommended for the first two to four weeks of life and the use of creams and lotions for dry skin should be avoided as it appears to be a natural phenomenon (Trotter, 2004). However, the use of a pH neutral cleanser and emollient application that is specially designed for use with a baby from birth has also been reported to have a good safety profile (Hopkins, 2004)

Physiological and Psychological benefits of baby massage for the baby

- Enhances all the characteristics of bonding with carer, babies thrive on this interaction.
- Strengthened immune system, increasing resistance to disease.
- Stimulates all body systems, e.g. respiratory, circulatory, nervous, digestive-relieving colic and wind.
- Reduces pain and tension by increasing endorphin output.

- Helps to develop body awareness, co-ordination, suppleness and alertness
- There is a faster weight gain therefore low birth-weight babies benefit from massage by an increase in appetite.
- Contentment, improved rest, relaxation and sleep.

Benefits of baby massage for the parent/carer

- Enhanced bonding with the baby
- Increased confidence in handling the baby, thus helping carers to be more proficient and capable in their nurturing abilities.
- Pleasure, joy, relaxation
- Greater understanding of baby's wants and needs, likes and dislikes
- Permission to touch
- Mother benefits from massaging baby as prolactin secretion is enhanced, which is essential for milk production so breast feeding can be more successful.

The person(s) best placed to provide massage for the baby or infant is those closest to the child. Parents or carers responsible for the pastoral care of the child should carry out the techniques NOT the therapist.

However as Therapists we are in a unique position to guide parents and carers, allowing them to develop their innate ability to nurture their child with safe massage techniques, giving them confidence in their ability to massage their child safely and effectively.

Baby and Infant Instructor courses and workshops are ideal venues for parents to do this safely and effectively. They can dispel any fears they may have, any worries or inadequacies they may feel whilst allowing them the opportunity to share with other parents who are experiencing the same emotions.

Contraindications

As with all aspects of Complementary Therapy, there are occasions when Baby and Infant Massage is unadvisable. Contra-indications (reason or reasons not to treat) are important to know and **parents/carers should be made aware of them.**

Refrain from treatment if the baby/Infant has:

High or heightened temperature
Fever or any infectious illness
Broken skin, rash, fracture or bruising
Within 48 hours of immunisation

It is also NOT advisable to massage baby/infant:

Straight after a feed.
If the baby is hungry

And always:

Stop massaging baby if they become upset
Do not wake a sleeping baby for a massage

As baby's/Infants are unable to provide the required information it is advisable to check on the medical history of the child before any massage takes place. This is especially important for children who have any congenital abnormalities e.g. Respiratory, Cardiovascular or Muscular-Skeletal

Massage mediums

Massage with the baby or infant should be a special time dedicated to just that. Setting out the things you need to hand before you start will help the treatment flow uninterrupted.

Oil tends to be the universal medium for massage application. There are various types ALL of which need to be skin (or 'patch') tested before massage. To do this rub a little of the medium on a small area of the child's calf and wait approx 20-30 mins to see if any reaction occurs (reddening of the skin, rash, bumps lumps etc).

Available oils should be natural and refined but with no additives.

Grapeseed Oil is light, pure and easily absorbed

Sweet Almond Oil is slightly more dense

Olive Oil is rich and good for dry skin

Organic Sunflower Oil is fine and recommended for use with premature babies

These natural vegetable oils are readily absorbed through the surface of the skin so you will need to replenish as you massage.

Dispose of any unused oil (don't put it back in the bottle) as it may cause contamination

Timings

When you are preparing to massage it is important to ensure that you are calm and focused – adult clients pick up on distracted therapists, babies do the same with those tending to their needs. If you are distracted choose another time when you are not or the child will not relax. Remember that the child may not respond immediately to this new sensation of massage and may need several sessions before they begin to enjoy it. You may not need to do the whole of the routine first but simply build it up bit by bit – Stop when the baby wants too.

Baby & Infant Massage Routine

How to begin - preparation

Choose your oil/medium –Nut based oils should be avoided due to possible reactions as should mineral based oils such as Baby Oil !

Skin/Patch test the child

Choose a time when there is time. It is important not to hurry or feel hurried and the actual time when the massage is carried out is not important – though just after bath time is usually a good place to start.

Make the room comfortable. Unplug the phone, make sure the room is warm, have the oil and some spare towels nearby as well as a toy for baby to hold and a nappy and wipes in case baby/infant empties their bladder or bowels during the massage.

Make sure that your nails are short, no perfumes are worn and jewellery removed.

Lay baby face up on soft surface (floor is ideal) within a folded towel in their clothes. Observe, stroke and let the child know that you are about to begin a massage. – tell them this.

Warm up your hands first, covering them with your chosen medium.

A child's body has not yet adjusted to the differing temperatures that they may be exposed to. They need to stay warm, avoid drafts and be kept secure.....as basic human needs. As the massage is carried out it is important that these are kept in mind throughout. Undress baby/infant. You can talk or sing to them while you do this if you want to. Begin by coating your hands with oil; you may need to rub them together to make sure they are warm for the child.

And finally before you start massaging.....

Remember that your hands are considerably big in relation to the child as is your strength. Use firm pressures but not hard and keep as much surface contact as possible with the child's skin. This however may mean using anything from one digit to whole hand depending on the size of the child and the area of the body being massaged

Suggested routine – Legs

Introduce your touch to the baby – hold both their feet in either hand and talk gently and calmly to the child, tell them that you are going to massage them and ASK them if this is ok (The tone of your voice is important as are your facial expressions so bear these in mind to set the tone for the treatment)

Uncover the baby/infants legs. Once uncovered, put one hand at the top of baby's right leg and pull through your palms from their thigh downward in a hand over hand movement, all the way down to their foot. REPEAT 4 OR 5 TIMES.

Hold baby's right ankle in one hand and massage their thigh with the other hand. Massage up the front and down the back of their thigh.
REPEAT 4 OR 5 TIMES.

Now gently pull the whole leg again from thigh to foot, hand over hand as before.

Take baby's right foot to tummy and massage the buttock and back of the thigh using the whole of your hand.

Repeat the whole routine on the other leg. Gently shake out both legs to relax.

Cover up the legs

To finish this part of the body gently stroke up the body out over the shoulders and down baby's arms.

Stomach and Chest – Uncover

Stroke up the front of baby's body, out over the shoulders and then back down the sides of the body without taking your hands off move back to top of thighs and repeat this movement several times.

With both hands together at the centre of the chest, stroke out to the sides, following the rib cage, as if you were flattening the pages of a book. Keep your hands in contact with your baby as you move them down, around and up to the starting point. The pressure is from the centre of the chest outwards. The rest is just to keep contact with body.

Place your hand flat on baby's tummy and circle gently in a clockwise circular direction. Place your cupped hand horizontally across your baby's tummy and push gently from side to side in the space between the hips and lower ribs. Never push inwards on the tummy as this could cause pain.

Arms and Hands

Very young babies are not keen on having their arms massaged so this is incorporated in the chest massage.

To massage the hands, support the arm and using your finger(s) gently circle the back of baby's hand and then the palm. Then stroke each finger downwards to the finger tip, one at a time through your forefinger and thumb. Repeat on other hand.

Cover the baby

Back – Uncover

If baby is still happy, turn over onto tummy with their feet towards you. Young babies may not like this position for very long, so you may want to lay them over your knees or upper body and shoulder (as if winding baby) and try gently moving hands up and down back.

To begin you can massage the legs using the same techniques as when baby was on their back. The last move is done by placing baby's heel to buttock and massaging front of thigh.

Now start the back by doing some general stroking. Then cup your hands and using just the weight of your relaxed hand pat the back of the chest, shoulders down to the start of the buttocks. Repeat this percussion technique two or three times. (Babies usually love this !)

Make small circles all around the back with your fingertips. As your baby grows you will feel these muscles develop.

Gently pluck the buttocks and gently pat all over. Then generally stroke the back again.

Finish the back with five cat strokes down over the back from the neck to the bottom with very little pressure.

Cover the baby

Time taken -10 min's approx.

After a massage baby/infant will probably be thirsty so offer a drink.

Child Development – Reflexes

At birth a child is equipped with a set of inborn reactions or reflexes, designed to provide protection. When carrying out massage you may note the following:

The Moro's or startle reflex:

**The moro
reflex**



This is the one reflex that is quite frequent. Moro or startle reflex is brought on with sudden or loud noise, seeing very bright light, or with sensation of falling. This causes a young baby to extend legs, arms, fingers, arch back, draw head back, then draw arms back, and clenching of fists. Moro reflex appears to newly born babies and then it is found to disappear when the baby attains the age of three or four months. To calm the baby if suddenly startled like this, you should apply gentle pressure on any part of their body. For example, keeping your hand on baby's chest and gently pressing it may be reassuring to the baby and may help calm them.

Shooting reflex and sucking reflex:

As you will learn as soon as you start feeding your baby, stroking his cheek or around his mouth makes him root or turn toward the stroking object. This shooting reflex helps him find the breast, and the sucking reflex follows. Touching the inside of his mouth, which is more sensitive than the surrounding area, stimulates this reflex most. A bottle is thus easier to suck than the breast because the bottle touches this area.



Because of this reflex, a newborn often sucks on his fist noisily for long periods (fifteen minutes or so), and he does this so energetically that his whole body tenses and changes colour until he loses his fist and random activity takes over. You need do little to start this hand-to-mouth cycle. Hand-to-mouth activity and finger sucking are probably common in the womb. In fact, paediatricians and obstetricians have seen this right after delivery. A premature newborn struggling to survive can actually clear his air passage by sucking on his fist and swallowing the mucus that chokes him.

Palmar grasping reflex:

When we place a finger in the baby's palms, this reflex is triggered and the baby tries to grasp the finger with their hand. The grasp is very strong and if we put our finger in their

hand we can feel the clench of the baby and its strength. It is quite remarkable and we are just filled with joy when a baby demonstrates this reflex. Palmar grasping reflex is special for parents because it gives us a feeling of our baby wanting us. Indeed a very strong feeling for parents

Babinski's reflex:

Try stroking different parts of your infant's body. If you stroke the palm of his hand he will grasp your finger. Stroking the outside of the infant's sole sets off an reflex called the Babinski. The sign of Babinski's reflex is that the baby's toes will spread and the big toe will shoot up in the air.

Tonic neck reflex:

When we place the baby on his back, the baby would come into sort of a fencing posture. To demonstrate the reflex, turn the head of the baby to one side and you will notice that the arm on that side straightening out while the arm that is on the opposite side will tend to bend. This motion may, at times, be very slight and we may not notice it in its full force.

The walking or stepping reflex:

If held in a standing position such that the sole of one foot mildly presses the surface, the baby will immediately draw up legs successively just like we do while walking. Of course, their muscles do not have that strength to walk but the motion reflex in itself says a lot. This reflex vanishes after a year only to manifest itself as the art and style of walking. So we have the reflex at birth and when we have the strength we put it to use and start walking.

Introducing Babies to Aromatherapy

When planning to introduce aromatherapy to babies, it is important to bear in mind that babies are not like adults whereby a general dose or regimen is used. In pediatrics, every medication used for babies are based on the age and weight of the child. So when considering aromatherapy for your baby, or your child, the specific dosage for that child should be known. This stresses the need to consult an expert first. You wouldn't want to expose your child to harm. So the answer is yes, you can use aromatherapy in babies but care must be observed not to put the baby to danger.

The advantage of aromatherapy for babies is that you can treat their challenges without making them uncomfortable. However, this still should be in certain cases where the child is not showing signs of severe illness.

There are a variety of ways you can use aromatherapy for your baby. Please note that very small babies (neonates) should not be exposed to any of this.

The use of vaporizer or diffuser is an effective method of aromatherapy for babies. Put a few drops of the essential oils in this device. This will then spread into the air where the baby is kept. Oils that are useful in this way include chamomile, lavender, orange, vanilla, and geranium.

Lavender essential oil- 2 drops of this on a tissue should be kept near the baby's bedside while sleeping. The aroma helps to put the baby to sleep.

A few drops of Citrus oil, Lemon, Bergamot or Mandarin oil can be used as a natural cleaning agent for washing children's rooms and school bags and even their clothes. So adding these oils to the water is beneficial.

Crying may be dealt with by using a drop of lavender oil on your shoulder and then rocking the baby to sleep.

Roman Chamomile has calming effect on the babies and can help put them to sleep. A drop of Roman Chamomile on the pillow of the baby at bedtime is enough to assure the baby a good night sleep.

The use of one drop of Eucalyptus Smithi on the corner of the baby's pillow should help the baby breath well by decongestion of the nose.

Baby and Infant Massage Workshop Sample Teaching Plan

Content	Activity/Resources	Allocated Time
Introductions	Ice Breakers, Meet & Greet	15 mins
Current Knowledge of massage	Brainstorm, Q&A, Flip Chart	10 mins
Effects & Benefits Of massage	Talk, Leaflets, Book references	10 mins
Appropriate & Inappropriate use of Massage	Talk, Q & A, Leaflets	10 mins
Baby/Infant Massage techniques	Demonstration/Doll	10 mins
Tea/coffee Break		
Massage Babies	Doll/Practice on babies	40 mins
Evaluation		5 mins
Q & A		10 mins
Goodbyes		

References

Royal college of Midwives www.rcm.org.uk

Hubpages.com

International Association of Baby Massage

NOTES:

the school of fine tuning

the school of fine tuning