Touch therapy in NICU: A review

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Abstract
Touch therapy, first described by Kegler in 1975 as an act of healing or helping that is akin to the ancient practice of laying on hands, is providing to be a useful adjunct to nursing practices. Prematurity continues to be the leading cause of neonatal death and developmental disability. Prematurity and Neonate admission in NICU accounts for the largest number. Touch is as necessary to good health as food, water and rest for preterm babies. Touch therapy in NICU were found to have several positive outcomes. Touch therapy can be continued as providing for growth and development appropriate and family centered care to the Neonates in NICU.

Keywords: Touch, therapy, newborn, premature, NICU.

Introduction
"To touch is to give life".

Touch is the first of a baby's senses to mature. Touching your premature baby will help him feel cared for and supported. Touch can be the beginning of your relationship with your baby and its good way to bond with your baby. Premature babies in the NICU have many people touching them in many different ways. A lot of the time, the touching can be stressful, uncomfortable and upsetting for them—for example, if they are having a heel prick, tubing or being ventilated. Touch: Our first language – In many ways, touch is our first language. Gentle and loving touch can help small babies grow stronger and feels less anxiety.

Definition
Touch is defined as a contact between two objects and stimulation for the body.

Types of touch
The touch in the newborns can be active or passive.
Active touch – A touch intended to stimulate the baby is referred to as massage.
Passive touch – A touch can be delivered as care touch care touch refers to the touch associated with feeding, changing diaper, handling, holding, etc.

Importance of touch therapy
First cuddle to the lasting bond, babies and parents can benefit enormously from learning their “first language” – touch – creating a strong start toward a lifetime of nurturing affection and good health.
- Skin to skin contact.
- Regulate the baby’s temperature, heart rate and breathing.
- Helps cry less.
- Enhance babies awareness of being loved, accepted and safe.
- Improve sleep patterns for babies.
- Reduce fussiness for babies and increase their comfort.
- Improve neurological function.
- Early discharge from hospital.
- Increased weight gain.
- Reduced stress behaviours.
- Late onset sepsis.
- Effect on the immune system.

Time of touch therapy in NICU
Touch is a way of counterbalancing the many and sometimes inevitable, unpleasant experiences which seem to be a result of highly technical neonatal care.
The approach works best if incorporated into the standard accepted care of the neonate. It would be as appropriate to give containment holding when performing a clinical procedure, such as insertion of intravenous line, as when an infant is simply crying alone in the crib or incubator. In contrast especially arousing types of touch such as slight stroke could be done at a specific time when the baby indicates they are ready and the parent is present.

Who should do it?
It is primarily practiced by the parents who are the most appropriate givers of loving touch as they are the most consistent observers of their infant and have the essential emotional investment needed to giving a goal that is rarely achieved and a probability for most newborn infants.

Protocols in NICU for touch therapy
1. After wearing a clean inner gown, the nurse /parents wash her hands and arms thoroughly with antimicrobial agents for 3 minutes.
2. The nurse/parents warms both of their hands using a radiant warmer until the temperature of the palms reaches to 34.8 degree celcius or 98.28 degree farharian.
3. The nurse/parent relaxes both arms and the muscles of both the shoulders for 1 minute and breaths deeply to concentrate energy on their palms.
4. The nurse/parent can provide touch therapy to babies for 15 minutes.

Techniques of touch therapy
During the administration of touch therapy the palms and all fingers of the researcher constantly maintained close contact with the infants up to the limit that infants did not feel pressure.

There are three techniques,
1. Hand resting (5 minutes)
2. Gentle caressing (5 minutes)
3. Hand resting again (5 minutes)

- **Hand resting**: While resting one hand on the chest and abdomen of an infant while supporting the back of the infant with the other hand. At that time, the nurse/parent breaths slowly to maintain a relaxed state.

- **Gentle caressing**: In the same hand position, the researcher repeats caressing and resting for 5 minutes. Caressing (1 minute), Resting (30 seconds), Caressing (1 minute), Resting (30 seconds) and Caressing (2 minute). The nurse/parent caressed the infant’s chest and abdomen clockwise in a 1 cm diameter circulation motion for every 10 seconds.

- **Hand resting**: The nurse/parent follows the same hand resting position.

Conclusion
Touch therapy in NICU were found to have several positive outcomes. Touch therapy is a consistent care giving goal that is rarely achieved. Touch therapy creates a strong start toward a lifetime of nurturing affection and good health. Touch therapy can be continued as providing for growth and development appropriate, family centered care to the neonates in NICU.

References
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