PIII-15: Safety & Efficacy of a Touch and Massage Intervention: NICU-PLAY

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Abstract:
Introduction: Studies have demonstrated that positive human touch and massage are safe for preterm infants. Whether routine use in the Neoanatal Intensive Care Unit (NICU) is warranted is less clear. Although benefits have been reported including improved feeding progression, weight gain and shortened length of stay; and the safety of massage within a human social interaction have been repeatedly documented, the underlying mechanisms of these benefits have not been determined. Therefore, massage associated with parental social interaction remains under-subscribed in the NICU. Thus the purpose of this pilot study was to refine an infant touch and massage protocol that is age-appropriate and cue-based with preterm infants born between 26 and 32 weeks gestation in the NICU.

Method(s): A convenience sample of 10 preterm infants from 26 to 32 weeks gestational age (mean 30.2 weeks) were enrolled in the protocol. The protocol was modified from the work of White-Traut as was age appropriate for the very preterm infant. Intervention began at 7-9 days of
age. A decision tree was used for progression within the protocol through 4 phases of the intervention. Physiologic and behavioral variables were collected continuously and by observation. Salivary cortisol levels were also collected before and after the intervention as well as on days when the intervention was not implemented. TIMP motor scores of infant development were also completed prior to discharge from the NICU.

**Results:** All behavioral and physiologic parameters remained within normal limits throughout the protocol and over time the infants displayed more positive behavioral cues. The cue-based nature of the protocol was well delineated. Salivary Cortisol levels decreased after the intervention and this decrease was more significant over time as the infant adjusted to the handling. Timp scores were within the normal range.

**Discussion & Conclusions:** The protocol was found to be safe and efficacy. Refinement of the protocol is under way for use in further research where families will be taught to deliver the intervention with their preterm infant.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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