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Title

Newborn Abdominal Massage to Prevent Hyperbilirubinemia: A Pilot Randomized Controlled Trial

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UCDAVIS **CHILDREN'S** HEALTH HOSPITAL SCHOOL OF UCDAVIS HEALTH

MEDICINE

Background

- Hyperbilirubinemia is the most common cause for hospital readmission in infants younger than 14 days.
- The American Academy of Pediatrics recommends bilirubin screening in all newborns and treatment with phototherapy.¹
- Hyperbilirubinemia requiring phototherapy affects 5-10% of infants born \geq 35 weeks.^{2,3}
- Phototherapy is often delivered in the \bullet inpatient setting resulting in prolonged hospitalization or readmission in the first week of life.⁴
- Phototherapy treatment can interrupt breastfeeding routines and increase insensible fluid losses
- Newborn abdominal massage is a simple intervention studied in the Middle East and Asia; yet not well investigated in the United States⁵

Objectives

- To determine the acceptability of newborn massage intervention and its feasibility
- To determine the extent to which a structured newborn abdominal massage can affect infant bilirubin excretion and lower bilirubin level away from the AAP hour-specific phototherapy treatment threshold

- with newborn (control)

Inclusion criteria:

- Newborn admitted to the well newborn/postpartum care unit at UCDMC
- < 24 hours of age

Exclusion Criteria:

- Infant has already received phototherapy
- mother incarcerated
- infant unexpected to discharge into mother's care
- inability to speak or read in English

Abdominal Massage



The 5-minute massage includes stroking the infant's abdomen: (1) Up to down on the left side of the abdomen (2) From the upper right-hand corner horizontally across then down to the lower left quadrant (3) Then in a motion starting from the bottom right quadrant, up, across, then down to lower left quadrant), and lastly the infant's legs are lifted up and knees bent. The gentle abdominal massage techniques are repeated for a total of 5 minutes per session.

Newborn Abdominal Massage to Prevent Hyperbilirubinemia: A Pilot Randomized Controlled Trial ¹Department of Pediatrics, University of California, Davis

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Methods

• Randomized controlled trial comparing newborn abdominal massage education to reading

• Pending approval by UC Davis IRB & registration at Clinicaltrials.gov Study cohort: 30 dyads of late preterm/term mothers and their infants



Transcutaneous bilirubin (TcBili) levels and infant stool frequency will be monitored throughout hospitalization per usual hospital care

- 2. RedCap Survey about use of newborn abdominal massage (frequency in both groups), their experience, whether their infant received phototherapy and any adverse outcomes.
- 3. Chart review documenting baby's bilirubin levels, information about their feeding, any re-admission or outpatient visits, etc.

Pending recruitment of 30 mother-infant dyads. Plan for recruitment in place. Randomization envelopes created.

Abdominal massage is feasible and may contribute to satisfactory levels with care. Based on international studies, it has the potential to improve bilirubin excretion and earlier first bowel movement is expected in infants undergoing abdominal massage.



Coordinator.



- 2004;114(1):297-316.
- 3. 2019;133(4):754-761.
- 5. Neonatal Med. 2019;32(2):301-309.

Progress

Expected Results

Acknowledgments

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References

American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics.

Kuzniewicz MW, Greene DN, Walsh EM, McCulloch CE, Newman TB. Association Between Laboratory Calibration of a Serum Bilirubin Assay, Neonatal Bilirubin Levels, and

Phototherapy Use. JAMA Pediatr. 2016;170(6):557-561. Yang S, Duffy JY, Johnston R, Fall C, Fitzmaurice LE. Association of a Delayed Cord-Clamping Protocol With Hyperbilirubinemia in Term Neonates. Obstet Gynecol.

Wickremasinghe AC, Kuzniewicz MW, McCulloch CE, Newman TB. Efficacy of Subthreshold Newborn Phototherapy During the Birth Hospitalization in Preventing Readmission for Phototherapy. JAMA Pediatr. 2018;172(4):378-385.

Garg BD, Kabra NS, Balasubramanian H. Role of massage therapy on reduction of neonatal hyperbilirubinemia in term and preterm neonates: a review of clinical trials. J Matern Fetal



2:1 Intervention and Attention Control



7-14 days after intake

1. Transcutaneous bilirubin (TcBili) levels and infant stool frequency will be monitored throughout hospitalization per usual hospital care 2. RedCap Survey about use of newborn abdominal massage (frequency in both groups), their experience, whether their infant received phototherapy and any adverse outcomes. 3. Chart review documenting baby's bilirubin levels, information about their feeding, any re-admission or outpatient visits, etc.

