

Protocol for Infant Massage in Home Settings

Traditional infant care and child rearing practices are known to be important determinants of child health. While some practices are known to be beneficial or harmful, for some there is less scientific knowledge. Infant oil massage is highly prevalent traditional practice in India [1] and several developing countries [2]. Recent evidence suggests beneficial effects of topical application of vegetable oils in preterm infants in preventing invasive infections [3]. It is often administered in neonatal intensive care units for improved growth, hypothermia prevention and reduced hospital stay. Massage in term infants seems to improve physical and mental health; however, much remains to be known about this [4]. Although considerable variations exist in practice of infant massage at homes, which may affect potential for gain/harm, massage being a cultural practice is 'normalized' and seldom receives professional attention [1].

We recently conducted an e-Delphi study and developed a protocol for massage in healthy infants at homes [5]. The protocol provides a step-by-step guide for home care givers of infants born beyond 37 weeks of gestation. It details aspects such as when should massage be done or not, how to determine that the infant is fit for massage, how to ensure the environment and time is appropriate for massage, who should perform the infant massage, how often should massage be performed, what are the appropriate techniques for infant massage, and what are the recommended substances/appropriate oil for infant massage.

The seventeen experts involved in the three round Delphi study included neonatologists, general pediatricians, developmental pediatricians, pediatric occupational therapist, naturopathy expert, ayurvedic pediatricians and specialists in

Panchakarma (includes massage therapy). The paper not only reports consensus but also non-consensus and stable disagreement that are informative and highlight differences in perspectives [5]. We feel that it would be a useful guide for academicians and clinicians for teaching and patient education, and as a standard protocol for use by researchers.

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First Aid Training to School Students: Should Younger Children Be Trained?

We read with interest the recent article by Mehreen, et al. [1] on the effectiveness of an educational school-based intervention on injury prevention and first aid. The educational intervention significantly increased the knowledge on the prevention of unintentional injuries and first aid among students (mean age 15.9 years) [1]. In order for first-aid to be effective, continuous training, practice and several trainees are required. Research has demonstrated the ability of children to provide first aid after receiving appropriate education [2]. Specialists or certified

teachers are capable of teaching first aid and many countries have introduced first aid training programs in schools [3]. However, most programs including the present study, focus mainly on children aged 10-18 year, while younger ages receive much less attention [4]. We systematically reviewed the literature and found only three studies of first aid programs being delivered to children at preschool. Results showed that the interventions improved preschool students' knowledge and skills of first aid.

It is important to educate children from an early age. Early age training cultivates skills that are retained for almost a lifetime and can be easily retrieved from memory. Furthermore, young children function as multipliers because their knowledge is disseminated in the family and in their friend-circle. Finally, it