

The 'M' Technique for Pregnancy, Labor and Post-partum

by Margaret Bischoff, MSN RNC-NIC and Jane Buckle, PhD RN

Abstract: *Touch is an important tool in healthcare. Many nurses, midwives, doulas and those involved in maternal healthcare have no formal training in touch. As a result, they may be reticent to offer touch to their patients. However, research shows that touch can have beneficial physiological and psychological effects, such as reducing anxiety, lowering blood pressure and altering the perception of pain. The 'M' Technique is a registered method of simple, structured touch that is easy to learn and suitable for all maternal health.*

Keywords: touch, 'M' technique, maternal health, labor, neonatal intensive care

Introduction

The purpose of this paper is to introduce the 'M' Technique to those working in maternal health. The 'M' Technique is a registered method of simple, structured touch that is quick to learn (four hours) and has rapid measurable effects, usually within five minutes (Buckle, 2008a). The paper starts with a very brief history of the 'M' Technique, followed by an overview of fear in labor, how touch reduces fear, the role of the doula, an overview of published articles and research on the 'M' Technique, and concludes with how the 'M' Technique is used in a busy maternal health department in a hospital in New Jersey. The aim is make those working in maternal health aware of a new, simple tool that can benefit patients and staff and improve patient care.

History

The 'M' Technique was created by Dr. Jane Buckle, a British critical care nurse, who wanted to use the comfort of touch to communicate reassurance to her patients, but she had not learned this kind of touch in her nursing training. She took a conventional massage course, but found that much of what she had learned was inappropriate for use in a critical care unit, and for such fragile patients. By watching her patients' heart monitors and experimenting with strokes, she found out what worked, and what did not. The result is a simple system of gentle structured stroking, done at a set pressure in a distinctive, repetitive pattern that never changes. She named it The 'M' Technique where 'M' means manual, to differentiate it from conventional massage. Originally intended for nurses, the 'M' technique is now used by many health professionals (and non-health professionals) wanting a simple method of touch to reassure, soothe, calm or just to 'be' with their patients, clients or loved one. The 'M' technique is different to conventional massage and it is not intended to replace it.

There are three obvious ways that the 'M' is different from conventional massage. The first is that the pressure in the 'M' Technique remains a constant 3 on a scale of 0-10, if 0 was no pressure and 10 was crushing pressure. Conventional massage uses differing pressure, and usually the pressure is much higher than the 'M' (5 upwards). The second difference is that every stroke in the 'M' Technique is repeated a set number of times. The third difference is that there is a set sequence of strokes in the 'M' Technique, so everyone receives exactly the same routine at exactly the same pressure, regardless of age, weight or fragility. In this way, the patient or client quickly recognizes the unique 'M' Technique pattern and is able to switch off and just 'be.' In conventional

continued on next page

The 'M' Technique for Pregnancy, Labor and Post-partum *continued from previous page*

massage, the therapist tailors each massage to what she/he feels the individual needs at that time, and this may change each time. The 'M' Technique has been called physical hypnotherapy and most people relax in a very short period of time (5 minutes). Because the 'M' Technique sequence remains constant, it is simple to learn with no previous skills required, unlike massage that needs hundreds of hours to training. The overall aim of the 'M' Technique is to allow the person to just 'be.' We are after all, human beings. But many of us forget how to 'be' when we are scared or stressed.

In Western countries, about one in five pregnant women experience a considerable fear of childbirth

Stress and Fear in Labor

In Western countries, about one in five pregnant women experience a considerable fear of childbirth (Salomonsson, 2013). Maternal stress and fear of labor is related to the unknown of labor and the unpredictability of the labor process and pain (Broderick, 2014). Anxiety can be heightened by sleep deprivation and fatigue during pregnancy and stories from friends and family members of their own personal labor experience (Talley, 2013). Psychologically, many women perceive labor as a struggle for survival, rather than an enjoyable experience (Rachmawati, 2012).



Some fear can be attributed to external stressors, such as the hospital setting where birth takes place. However, many women fear handing over control to other people (even professionals), especially in a place where everything appears subject to rapid change. It is long acknowledged that fear of childbirth is affected by environment, perception of hospital sickness, pain and/or death, and the lack of privacy (Bak, 2003; Broderick, 2014). A woman's individual response to such elements need to be identified in order to enable the women to give birth with as little fear as possible. Fear can have a negative physiological effect on the birthing process and it is important to reduce fear wherever possible so the mother will have the best overall experience of birth as possible (Bak, 2009).

Touch to Reduce Fear

Hippocrates described the importance of touch in 5th century BC and stated how important touch was for health. Jackson and Latini (2013) describe how important physical touch is in caring. It is an instinctive thing to reach out and touch someone who is stressed, anxious or fearful – a continuation of 'rubbing it better' that we learn as children. Laboring women clearly need as much touch, if not more, than anyone else. Poyser (2013), a British massage therapist, wrote a case-study of an anxious pregnant woman (38 weeks) with high blood pressure, swollen feet and ankles, and began Braxton hicks contractions. Poyser had previously used conventional massage on the woman but, on this occasion, she felt the woman needed something more reassuring and more relaxing. By the time Poyser had completed the 'M' technique sequence on the patient's hands, arms, face and head, the patient was deeply relaxed and the contractions had ceased. The following week, the patient was admitted to hospital with pre-eclampsia. She phoned Poyser and asked her to come and do the 'M' technique on her. The ward was noisy and busy and the woman was clearly frightened and anxious. Poyser repeated the 'M' Technique routine, which was now familiar to the woman. She relaxed after five minutes and after ten minutes was peaceful, despite having been warned she might have to have a Cesarean section. The woman gave birth naturally 2 days later. After the birth, she told Poyser the 'M' technique "allowed me to really relax so I could reconnect with my body so it knew what to do." Poyser said the 'M' Technique was what she felt was needed at that particular time. She chose to do the

continued on next page

The 'M' Technique for Pregnancy, Labor and Post-partum *continued from previous page*

'M' Technique rather than massage because she felt the 'M' was simple enough to do anywhere and she knew it would quickly reduce the woman's fear.

Doulas

The word 'doula' describes someone who is dedicated to providing physical, emotional, and informational support and advocacy for a woman during the pre, peri, and postnatal periods (Kayne, 2001). The role of the doula is to soothe, praise and encourage the laboring woman continuously, thus allowing her to feel more self-assured, confident and less fearful. Many women in the U.S. think hiring a doula is the best way to ensure they have adequate support (Hotelling, 2004). As L & D departments become more and more stretched, some feel the 'broken maternity system' is failing both women and midwives (Stevens, et al 2011). Although the mother is the main focus of the doula she can also provide support to the father during labor (Koumouitzes-Douvia, 2006). Patient satisfaction and perception of care is important to the business of hospitals. Examining women's experiences with a doula support can provide insight to best practices in the hospital setting (Campbell, 2006). In a study by Gruber, Cupito, and Dobson (2013), doula-assisted mothers were four times less likely to have a low birth weight baby and two times less likely to experience birth complications.

Research

The "M" technique was introduced into the United States (USA) over 20 years ago and is now used in many hospitals. It is also used in many hospices in the United Kingdom (UK). There have been several published articles recently on how the 'M' Technique is used on many different kinds of patients and clients. These include children in hospital and children with special needs (Breen Rickerby & Cordell, 2012; Daniels & O'Flaherty, 2010; de Jong, et al., 2011), the elderly with dementia, those at the very end of life, premature babies in NICUs, and healthy people who are just stressed (Clayton, 2014; Hunter, 2012; Roberts & Campbell, 2011; Smith, et al., 2012; Tappin, 2010).

There is also published research on how the 'M' Technique appears to work on the brain. Brain imaging using Single Photon Emission Computed Tomography (SPECT) was used to measure regional cerebral blood flow before



and after the 'M' Technique and compared to brain images before and after conventional massage (Buckle, et al., 2008). The two different forms of touch appeared to have quite different effects on the brain. The areas most affected by the 'M' Technique were those associated with the right caudate and the precuneus. This is interesting as the right caudate was activated in Beauregard and Paquette's (2006) study of Carmelite nuns when they were in a deep meditative state. This could explain why people receiving the 'M' technique talk about time "floating in and out of consciousness" during a treatment. The precuneus is thought to act as a default area of the brain, allowing the resting brain to actively gather information about the external and internal world (Raichle & Snyder, 2007). After ten treatments (either M or massage), the brain imaging appeared to show that the 'M' Technique had an accumulative relaxing affect that was greater than conventional massage.

The 'M' Technique is useful for those not trained in any kind of massage as, due to its simplicity, it is very easy to learn. For example, nurses, doulas, occupational therapists friends, husbands (!) and volunteers can learn and be competent in the Hand and Foot 'M' Technique a very short period of time - four hours.

Interestingly there is little research on the use of the 'M' on laboring women. Perhaps this article will amend that. However, Conrad and Adams (2012) used the 'M' Technique in their randomized, controlled study on 28 post-partum women at high risk for depression and anxiety. The three groups were allocated to receive topically applied essential oils using the 'M' Technique or inhaled essential oils or a control group. The 'M' Technique plus topically applied essential oils demonstrated a "higher statistically significant

continued on next page

The 'M' Technique for Pregnancy, Labor and Post-partum *continued from previous page*

difference from the control group than the aromatherapy inhalation.” This suggests the ‘M’ Technique had its own positive effect in post-partum women. A randomized, controlled study on 68 patients on their second post-partum day was carried out in St. Vincent’s Women’s Hospital (Philpot, Fischer, & Ryan, 2014). The study found the M’ without lavender was just as effective as the ‘M’ technique with lavender in reducing anxiety and stress. The ‘M’ Technique is used in UK, USA, The Netherlands, South Africa, Japan, and Australia (Buckle, 2013) and requires a two-day certification practitioner course / instructional DVDs (see www.rjbuckle.com).

How the M Technique is Used in Maternal Health Department

The ‘M’ technique was introduced into The Valley Hospital in Ridgewood, NJ in 2001. It was the first hospital to accept The ‘M’ technique as part of holistic nursing care and incorporate it into the hospital’s holistic nursing philosophy and policy. Both philosophy and policy still exist today. (The Valley Hospital, Ridgewood, NJ was one of the first hospitals in the U.S to support holistic care and provide patients with holistic modalities throughout its healthcare system). Jean Watson is the nursing theorist that is the basis for holistic nursing at The Valley Hospital. The practice of touch is a skill that Jean Watson places within a ‘caring science’ (Watson, 2008; Watson, 2009). Merenstein(2010) said direct touch should be deliberate, comforting and controlled. Now, some 13 years later, the ‘M’ Technique is accepted as part of holistic nursing care in many hospitals in the US.

Under the organization of the Women’s and Children’s Services, when a mother is admitted to Labor and Delivery, she is offered the ‘M’ Technique. 40% of hospital staff at The



Valley Hospital have trained in the ‘M’ Technique. In Labor and Delivery, the ‘M’ Technique is provided to any patient, but is particularly useful to patients that exhibit or verbalize stress, fear, or anxiety. In addition, the ‘M’ technique is performed on family members that accompany the mother.

The ‘M’ Technique has been performed during:

- Induction of labor
- Early Labor
- Pre or Post op
- Post epidural
- Preterm labor
- Pre-eclampsia
- Anxious patients
- Hyperemesis

At The Valley Hospital, staff found the ‘M’ Technique only takes a few minutes to do, but the outcome and benefits are long-lasting. The benefits are not just physical, but emotional as well. The bedside nurses have noticed a decrease in stress, fear and anxiety in their patients. This is manifested as a decrease in blood pressure, decrease in pain score, and by conversation with the mother. When the patient is relaxed, the nurse is able to focus on the patient and can establish a bond of trust that will have a positive outcome for all concerned.

In addition to being practiced in Labor and Delivery (L&D), the ‘M’ Technique is practiced in the Neonatal Intensive Care Unit (NICU). Touch is the first sense to develop in the womb and the last sense to leave upon death (Browne, 2000). Touch is essential to the health and well-being of a human’s emotional, physical, and mental development. Touch in the care of the neonate has been a problem for healthcare professionals for many years. Because infants can perceive routine care as stressful, they often exhibit signs of stress (tachycardia, tachypnea and decreased oxygen saturation) during periods of touch (Merenstein, 2010). Decreasing any neonatal stress and agitation that can deplete the infant’s energy expenditure, is crucial to enable the infant to thrive. Therefore, healthcare workers often limit the amount of touch to the infants in their care.

The practice of not touching changed when all 64 direct care nurses in the NICU were trained in the infant version of the ‘M Technique - Baby ‘M.’ A small pilot study carried out in the unit showed a decrease in both heart and respiratory rate following Baby ‘M.’ One of the fascinating findings of this study on neonates was the reaction of parents when they saw a healthcare professional really ‘caring’ for their precious

continued on next page

The 'M' Technique for Pregnancy, Labor and Post-partum

continued from previous page

bundle. Most mothers of these NICU infants had experienced the 'M' technique themselves when they were in L&D and they were aware of how calming it had been for them.

Timing of the 'M' Technique needs to be deliberate in this fragile population. *Clutter care* is done every three hours to allow the infant to have long periods of rest. After doing *clutter care* that includes vital signs, diaper change and weight, Baby 'M' is done just before feeding the infant when the infant demonstrates it is able to tolerate it. Parents are taught the Baby 'M' strokes and when to do them. Also all parents get a DVD with discharge instructions and Baby 'M' is demonstrated again for future reference. The power of touch is important to all humans, no matter how young or old. Touch communicates caring and validates that everyone is important. The 'M' Technique is a holistic modality has become embedded in the culture at The Valley Hospital and we are delighted to have it.

The 'M' Technique is a very simple method of gentle structured touch that is easy to learn and has rapid results. Put the 'M' into your maternal health care and see what a difference it can make to your patients, and to you.

References

Bak, C. (2003). The role of fear in the U.S. birthing process. *Midwifery Today*, 67. Retrieved April 8, 2014 from, <http://www.midwiferytoday.com/articles/theroleoffear.asp>.

Bak, C. (2009). The conscious choice to culturally reframe birth. *Midwifery Today Int Midwife*, 9(0):39-41.

Beauregard, M., & Paquette V. (2006). Neural correlates of a mystical experience in Carmelite nuns. *Neuroscience Letters*, 450, 186-190.

Breen Rickerby, K., & Cordell, B. (2012). Application of the M Technique to two severely disabled children in Belarus. *International Journal of Palliative Nursing* 18(7), 355-359.

Broderick, A. (2014). Too afraid to push: Dealing with fear of childbirth. *Practicing Midwife*, 17(3), 15-17.

Browne, J. (2000). Consideration for touch and message in the neonatal intensive care unit. *Neonatal Network*, 19(1), 61-64.

Buckle, J. (2008a). The M Technique Touch for the Critically Ill or Actively Dying. Retrieved April 25, 2014 from <http://www.positivehealth.com/article/bodywork/the-m-technique-touch-for-the-critically-ill-or-actively-dying>.

Buckle, J. (2013b). The 'M' Technique; Touch for Fragile Clients. In *Essence*, 12(2): 14-18.

Buckle, J., Newberg, A., Wintering, N., Hutton, E., Lido, C., & Farrar, J. (2008). Measurement of regional cerebral blood flow associated with the M Technique – light massage therapy: A case series and longitudinal study using SPECT. *Journal of Alternative and Complementary Medicine*, 14(8), 903-910.

Campbell, D., Lake, M., Falk, M., & Backstrand, J. (2006). A randomized controlled trial of continuous support in labor by a lay doula. *Journal of Obstetric Gynecologic and Neonatal Nursing*, 35(4), 456-463.

Clayton, S. (2014). Calming Touch. In *Essence*, 11(3), 14-16.

Conrad, P., & Adams, C. (2012). The effects of clinical aromatherapy for anxiety and depression in the high-risk postpartum woman: A pilot study. *Complementary Therapies in Clinical Practice*, 18(3), 164-168.

Daniels, R., & O'Flaherty, L-A. (2010). Aromatherapy at the Red Cross War Memorial Children's Hospital. *International Journal of Clinical Aromatherapy*, 7(2), 1-4.

De Jong, M., Lucas, C., Bredero, H., von Adrichem, L., Tobboel, D., & van Dijk, M. (2011). Does postoperative 'M' technique massage with or without mandarin oil reduce distress after major craniofacial surgery? *Journal of Advanced Nursing*, 68(8), 1748-1757.

Gruber, K., Cupito, S., & Dobson, C. (2013). Impact of doulas on healthy birth outcomes. *Journal of Perinatal Education*, 22(1), 49-58.

Hotelling, B. A. (2004). Care practices that promote normal birth. *The Journal of Perinatal Education*, 13(2), 16-19.

Hunter, P. (2012). Different strokes. In *Essence*, 11(3), 9-12.

Jackson, C., & Latini, C. (2013). Touch and hand-mediated therapies. In Montgomery Dossey, B. & Keegan, L. (Eds.), *Holistic nursing: Handbook for practice* (pp.417 – 437). Sudbury, MA: Jones and Bartlett Publishers.

Kayne, M. (2001). Doulas: An alternative yet complementary addition to their care during childbirth. *Clinical Obstetrics & Gynecology*, 44(4), 692-703.

Koumouitzes-Douvia, J. C. (2006). Women's perceptions of their doula support. *Journal of Perinatal Education*, 15(4), 34-40.

Merenstein, G. (2010). *Handbook of neonatal intensive care* (7th ed.). St Louis: Mosby, Inc.

Philpot, C., Fischer, M., & Ryan, K. (2014). The effect of *Lavandula angustifolia* and the 'M' Technique on pain and stress of the post-partum patient. Poster presentation for Evidenced Base Practice in Nursing Research, St Vincent Women's Hospital.

Poyser, J. (2013). 'M' Technique case-study for RJ Buckle certification. Unpublished.

Rachmawati, I. (2012, April). Maternal Reflection on labor pain management and influencing factors. *British Journal of Midwifery*, 26(3)-270.

Raichle, M., & Snyder, A. (2007). A default mode of brain function: A brief history of an evolving idea. *Neuroimaging*, 56, 1083-1090.

Roberts, K., & Campbell, H. (2011). Using the M Technique as therapy for patients at the end of life: Two case-studies. *International Journal of Palliative Nursing*, 17(3), 114-118.

Salomonsson, B., Bertero, C., & Alehagen, S. (2013). Self-Efficacy in pregnant women with severe fear of childbirth. *Journal of Obstetrics Gynecological and Neonatal Nursing*, 42(2), 191-202.

Smith, J., Raney, M., Conner, S., Coffelt, P., McGrath, J., Brotton, M., & Inder, T. (2012). Application of the M technique in hospitalized very preterm infants. *Advanced Neonatal Care*, 12(5S), S10-S17.

continued on next page

The 'M' Technique for Pregnancy, Labor and Post-partum continued from previous page

Stevens, J., Dahlen, H., Peters, J., & Jackson, D. (2011). Midwives and doula perspectives of the role of the doula in Australia: A qualitative study. *Midwifery*, 27(4), 509-516.

Talley, L. (2013, January). Stress Management in Pregnancy. *International Journal of Childbirth Education*, 28(1), 43-45. Retrieved April 26, 2014 from <http://www.icea.org/sites/default/files/January%202013.pdf>.

Tappin, P. (2010). My Work. Working with older people. 14(1):34-36. Milford War Memorial Hospital. Pier Professional Ltd.

Watson, J. (2008). *Nursing: The philosophy and science of care*. (Rev. ed.). Boulder, CO: University Press.

Watson, J. (2009). Caring science and human caring theory: Transforming personal/professional practices in nursing and health care. *Journal of Health and Human Services Administration*, 31(4), 466-482.

Margaret Bischoff has 30 years of experience in maternal health and has worked at The Valley Hospital for 9 years. She has led the research into the 'M' Technique in the NICU at The valley Hospital.

Jane Buckle specialized in critical care in UK. She moved to USA and pioneered her own method of touch – the 'M' Technique. The 'M' Technique is a registered method of structured touch that is recognized as part of holistic nursing care. It is used in hospitals and hospices in over five countries. Dr. Buckle feels the 'M' technique could have a valid place in maternal health care, including childbirth.

ICEA Prenatal Fitness Coupon (\$50 Value!)

By use of this form, those interested are entitled to a **\$50 discount** toward ICEA's Prenatal & Postpartum Fitness Certification.

Package Will Include:

- Prenatal/Postnatal Fitdecks
- Postpartum Recovery DVD
- The ICEA Guide to Pregnancy & Birth
- Prenatal Fitness: Exercise During Pregnancy (Patient Handout Booklet)
- Exercising Through Your Pregnancy – Dr. James F. Clapp & Catherine Cram, MS

Plus, completing the program (within 6 months of enrolling) will earn you **16 CONTACT HOURS!** For more information on this program, please visit: <http://www.icea.org/content/prenatal-fitness-educator>

Please print legibly:

Name _____ Date _____
Street Address _____
City _____ Province/State _____
Country _____ Postal/Zipcode _____
Phone _____ / _____ E-mail Address _____

- I am a current ICEA member – **REQUIRED** (Main office will verify upon receipt)
 I am not a current member – Enclose additional **\$95** membership fee
 Prenatal & Postpartum Fitness Educator Certification Program Materials – **\$225** (Regularly \$275!)

Payment Information

\$ _____ **TOTAL AMOUNT ENCLOSED**

(US Funds – Checks Drawn on US Banks Only – All Fees Nonrefundable and Nontransferable)

Charge my: Visa MasterCard

Card # _____

Exp. Date _____ Security Code _____

Signature _____

Please mail this form with payment info to:

ICEA, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

info@icea.org • (919) 863-9487

 ICEA

International Childbirth Education Association