

Touch-based treatments and infantile colic - Parental perceptions of treatment outcomes

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Last Edited 19/05/2025	Condition category Digestive System	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Infantile colic is a common condition affecting many newborns, characterized by excessive crying and discomfort, often without a clear cause. This study aims to evaluate the effectiveness of different touch-based therapies—osteopathy, reflexology, and affective touch—in alleviating colic symptoms in infants.

Who can participate?

The study includes full-term infants aged 10 weeks or younger at the time of recruitment who exhibit symptoms consistent with colic, such as prolonged periods of crying. Parents or legal guardians must provide informed consent for their child's participation.

What does the study involve?

Participating infants were allocated to one of four groups—osteopathy, reflexology, affective touch, or standard care provided by child health clinic nurses—using a non-randomised assignment procedure.

Each intervention consists of multiple sessions over a period of 2–3 weeks. Parents are asked to maintain symptom diaries and complete questionnaires to report on their infant's crying patterns, sleep quality, and overall well-being. Additionally, some parents participate in semi-structured interviews to share their experiences with the assigned therapy.

What are the possible benefits and risks of participating?

Potential benefits include a reduction in colic symptoms, improved sleep patterns for the infant, and decreased parental stress. As the interventions are non-invasive and administered by trained professionals, risks are minimal. However, there may be a possibility that the therapy does not alleviate symptoms for all participants.

Where is the study run from?

The study recruitment is conducted in public child health clinics in Helsinki, the interventions are coordinated from the Metropolia University of Applied Sciences campus (Finland).

When is the study starting and how long is it expected to run for?

January 2020 to October 2022

Who is funding the study?

The study is funded by the Child and Nature Foundation and the Jenny and Antti Wihuri Foundation (Finland)

Who is the main contact?

Tiina Väänänen, tiina.vaananen@tuni.fi

Study website

<https://www.metropolia.fi/fi/tutkimus-kehitys-ja-innovaatiot/hankkeet/vauvan-koliikki-koskettaa>

Contact information

Type(s)

Scientific, Principal Investigator

Contact name

Dr Leena Hannula

Contact details

PL 4000

00079 Metropolia

Helsinki / Finland

Helsinki

Finland

00079

+358 (0)974245000

leena.hannula@metropolia.fi

Type(s)

Public

Contact name

Ms Sandra Rinne

Contact details

Pobox 4000

00079 Metropolia

Helsinki

Finland

00079

+358 (0)401591759

sandra.rinne@metropolia.fi

Type(s)

Scientific

Contact name

Ms Tiina Väänänen

Contact details

Salastintie 66
Ruokolahti
Finland
56210
+358 (0)500764350
tiina.vaananen@tuni.fi

Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

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Study information

Scientific Title

Touch-based treatments and infantile colic - Parental perceptions of treatment outcomes

Study objectives

Our hypotheses were that:

1. Osteopathy and reflexology have a greater effect in reducing parent-reported infant crying hours and increasing the parent-reported infant sleeping hours than conventional care alone (H1a)
2. Affective touch has a greater effect in reducing these parent-reported colic symptoms than conventional care alone (H1b), osteopathy and reflexology are more effective than affective touch (H2)

Our research questions were:

1. What effects do osteopathic treatment and reflexology have on infant colic symptoms, such as crying and sleep, as assessed by parents and practitioners, compared to affective touch or conventional child health clinic care only?
2. How do osteopathy and reflexology, in comparison to affective touch or conventional child health clinic care only, affect parental stress and fatigue, according to parents' self-reported experience?
3. How do parents perceive the benefits and usability of osteopathy and reflexology during and after the colic phase, in comparison to affective touch or conventional child health clinic care only?

Ethics approval required

Ethics approval required

Ethics approval(s)

1. Approved 28/10/2020, HUS ethical committee (HUS Tutkimuseettinen toimikunta PL 705, Helsinki, 000290, Finland; +358 (0)40 359 4618; eettinen.toimikunta@hus.fi), ref: HUS/2351/2020
2. Approved 08/01/2021, City of Helsinki (Pohjoisesplanadi 11-13, Helsinki, 00099, Finland; +358 (0)310 13700; tutkimusluvut.sote@hel.fi), ref: HEL 2020-012399 T 13 02 01
3. Approved 01/11/2021, City of Vantaa (Vantaan kaupungin kirjaamo, PL 1100, Vantaa, 01030, Finland; +358 (0)983911; kirjaamo@vantaa.fi), ref: VD/10228/13.00.00/2021

Study design

Single-centre mixed-methods interventional non-randomized single-blinded study

Primary study design

Interventional

Secondary study design

Non randomised study

Study setting(s)

University/medical school/dental school

Study type(s)

Quality of life, Treatment, Efficacy

Participant information sheet

See study outputs table

Health condition(s) or problem(s) studied

Infantile colic

Interventions

The study compared four intervention groups for infantile colic: (1) osteopathic treatment, (2) reflexology, (3) affective touch, and (4) child health clinic care only provided by child health clinic nurses. Each infant received one type of touch-based intervention, delivered by trained professionals or nurses over a series of sessions. Parents were instructed to observe and report outcomes such as crying, sleep, and overall well-being.

All participating infants received three free-of-charge treatments over a 2- to 3-week period at the treatment centre of Metropolia University. Each appointment for osteopathy, reflexology, and affective touch lasted a full hour, including time for discussion and breaks. The manual procedure itself lasted approximately 20–30 minutes.

Four follow-up questionnaires were sent to the osteopathy, reflexology and affective touch group parents: before the beginning of the experimental treatments (T0), within a day after the first treatment (T1), 1 week after the third treatment (T2) and 4 weeks after final treatment of the intervention (T3). Conventional care group parents were sent questionnaires T0, T2 and T3 at the same time points. The duration for treatment was 2-3 weeks and the follow-up lasted 4 weeks after the treatments, totalling a 7-week period.

Intervention Type

Other

Primary outcome measure

1. Infant crying and sleeping patterns are measured using structured symptom diaries and questionnaires completed by parents at T0, T1, T2, and T3 for intervention groups and at T0, T2, and T3 for the conventional care group
2. Parental stress levels are measured using validated self-report questionnaires at T0, T1, T2, and T3 for intervention groups and at T0, T2, and T3 for the conventional care group
3. Parental fatigue levels are measured using validated self-report questionnaires at T0, T1, T2, and T3 for intervention groups and at T0, T2, and T3 for the conventional care group
4. Infant sleep duration and quality are measured using structured sleep diaries and questionnaires completed by parents at T0, T1, T2, and T3 for intervention groups and at T0, T2, and T3 for the conventional care group
5. Parental perceptions of the benefits and usability of the assigned intervention are measured using post-intervention surveys at T3 for all groups

Secondary outcome measures

1. Infant crying time is measured using parent-reported structured diaries in hours per day at T0, T2, and T3
2. Infant sleeping time is measured using parent-reported structured diaries in hours per day at T0, T2, and T3
3. Parent-perceived effectiveness of the intervention in reducing infant crying and improving sleep quality is measured using parent self-assessment questionnaires at T2 and T3
4. Parental post-natal stress is measured using the Postnatal Stress Questionnaire (Park et al. 2015) at T0, T2, and T3
5. Parenting-related stress is measured using the Parenting Stress Index Short Form (Berry and Jones 1995) at T0, T2, and T3
6. Perceived general stress is measured using the Perceived Stress Scale (Cohen 1983) at T0, T2, and T3
7. Infant colic symptoms are measured using parent-reported symptom diaries and questionnaires covering the preceding 24 hours and preceding week at T0, T2, and T3
8. Parental experiences of therapeutic touch are measured using semi-structured interviews analyzed with thematic analysis at T3

Overall study start date

01/01/2020

Completion date

31/10/2022

Eligibility

Key inclusion criteria

1. Full-term infants (gestational age ≥ 37 weeks)
2. Aged 10 weeks or younger at the time of recruitment
3. Presence of infantile colic symptoms, defined as crying for more than 3 hours per day, at least 3 days per week, consistent with Wessel's criteria.
4. Written informed consent obtained from parent(s) or legal guardian(s)

Participant type(s)

Patient

Age group

Child

Upper age limit

10 Weeks

Sex

Both

Target number of participants

200

Total final enrolment

177

Key exclusion criteria

1. Preterm infants (gestational age <37 weeks)
2. Infants with additional medical diagnoses

Date of first enrolment

15/02/2021

Date of final enrolment

30/10/2022

Locations**Countries of recruitment**

Finland

Study participating centre

Metropolia University of Applied Science

Myllypurontie 1 00920 Helsinki Finland

Helsinki

Finland

00920

Sponsor information**Organisation**

Helsinki Metropolia University of Applied Sciences

Sponsor details

Po Box 4000

00079 Metropolia Campus

Helsinki
Finland
00079
+358 (0)74245000
sandra.rinne@metropolia.fi

Sponsor type

University/education

Website

<https://www.metropolia.fi>

ROR

<https://ror.org/03hdaef25>

Funder(s)

Funder type

Charity

Funder Name

Child and Nature Foundation

Funder Name

Jenny and Antti Wihuri Foundation

Results and Publications

Publication and dissemination plan

The findings from this study have been published in the Finnish nursing science journal *Hoitotiede* (Vol 36, No 2, 2024). The article, titled "Vauvan koliikki koskettaa – koliikkivauvaperheiden kokemuksia saamastaan tuesta ja kosketushoidoista," explores parents' experiences of support and touch therapies for infants with colic. The publication provides valuable insights into how parents perceive the effectiveness of interventions such as osteopathy, reflexology, and affective touch in alleviating colic symptoms.

In addition to this publication we are preparing publications to international scientific journals. Also we plan to, we plan to disseminate the study results through presentations at national and international conferences focusing on pediatric health and complementary therapies. A plain-language summary of the findings will be prepared and shared through the study's website and social media platforms to reach a broader audience, including parents and caregivers.

Furthermore, we intend to collaborate with local child health clinics to distribute informational materials summarizing the study outcomes. In line with open science practices, anonymized individual participant data (IPD) will be made available upon reasonable request, following the completion of the study and publication of the primary results. Requests for data access will be reviewed by the study's principal investigator to ensure compliance with ethical standards and data protection regulations.

Intention to publish date

30/11/2025

Individual participant data (IPD) sharing plan

The research data of the project will be retained by stored on Metropolia University's secure online disk for as long as necessary for the analysis and reporting of the research data and for five years after the end of the study until 2028. Manual data (consent forms and symptom diaries) will be disposed of appropriately in the shredder of the data protection container. After the study has been completed, when identifying information has been removed from the literature and the survey data has been anonymized, the data can be handed over for storage, for example, to the tietoaarkisto.fi (Data Archive) <https://www.fsd.tuni.fi/fi/>.

Data type: De-identified individual participant data (IPD), including parent-reported symptom diaries, questionnaire responses, and relevant demographic information.

Availability: Data will be accessible starting six months after the publication of the final study results and will remain available for a period of five years.

Access criteria: Researchers interested in accessing the data must submit a formal request to the principal investigator, including a brief proposal outlining the intended use of the data.

Mechanism: Upon approval of the request, a data sharing agreement will be established to ensure compliance with ethical standards and data protection regulations.

Consent and anonymization: Participants' legal guardians provided informed consent for the use of de-identified data in future research. All shared data will be anonymized to protect participant confidentiality.

Ethical considerations: Data sharing will adhere to applicable ethical guidelines and legal requirements, ensuring that the rights and privacy of participants are safeguarded.

IPD sharing plan summary

Stored in non-publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 3	14/10/2020	19/05/2025	No	Yes
Participant information sheet		18/09/2020	19/05/2025	No	Yes
Participant information sheet		18/09/2020	19/05/2025	No	Yes
Protocol file	version 3	15/10/2020	19/05/2025	No	No