



Aneurin Bevan University Health Board

Guideline for Aromatherapy use in Maternity care

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1. Introduction/Overview

Interest in using complementary therapies such as Aromatherapy is growing. Essential oils are widely available and women may purchase and apply them with no training or education regarding risks and benefits. The Royal College of Midwives states that midwives should have a basic understanding of alternative therapies benefits and risks and should receive training from recognised training programmes if they are to use them at work (RCM 2014).

Purpose

Aromatherapy in maternity care can lead to reduced use of opiate analgesia, less need for augmentation as well as increased satisfaction in the care received (Abbaspoor & Mohammadkhani. 2013, Lura & Zakaira 2012). Benefits extend not only to service users, but for providers too, as two studies found that recruitment and retention of health staff may be improved where aromatherapy is used (Johnson et al 2017, Burns et al 2000). It is especially useful in the aiding relaxation which may in turn help to promote physiological birth.

Equality and diversity

Aromatherapy use is available to those of all races, ethnic origins, nationalities, cultures, religions or belief systems, sexual orientation or age. Inevitably, direct use of aromatherapy will apply more so to women than men as this guidance relates to its use to all in pregnancy.

2. Policy Statement

There is no national guideline on aromatherapy use in maternity care. Each Health Board or Trust across the UK has its own format for practice guidelines.

3. Aims/Purpose

To promote safe and appropriate use of Aromatherapy within the maternity care setting. To facilitate the options of maternity service users who choose to use Aromatherapy.

4. Objectives

To promote safe and appropriate use of Aromatherapy within the maternity care setting. To facilitate the options of maternity service users who choose to use Aromatherapy.

5. Scope

The document relates to all staff within Maternity Services, under the Family and Therapies division at ABUHB.

6. Roles and Responsibilities

Those, administering aromatherapy for childbirth need to have successfully completed Royal College of Midwives (RCM) accredited training and confirm with a senior midwifery manager that this has been approved. A pre-approved training is *Aromatherapy in Childbirth UK* RCM accredited e-course and RCM accredited face to face course. Recognised training such as this approved by the RCM helps determine good quality training. A qualified, and preferably experienced, aroma-therapist should be directly involved in the training to ensure awareness of appropriate and safe administration. Maternity care assistants and student midwives who have received Health Board approved training may be permitted to prepare and administer aromatherapy for childbirth when working with a midwife who has also received approved aromatherapy training.

The NMC Code (2018) states making sure properly informed consent is gained and documented before taking any action (point 4.2) and that any information or advice given is evidence-based (point 6.1).

Point 6.2 of the code states that midwives must maintain the knowledge and skills needed for safe and effective practice. Regular updates are not at fixed time frames for updating. If those administering aromatherapy for childbirth have any concerns about their confidence and competence to safely administer aromatherapy then they are advised to stop doing so until they have attended further Health Board approved training.

Point 18.3 states ensuring treatment administered is compatible with other care, treatment or medication they are receiving. The essential oils in this guideline all have safety and contraindication information noted throughout.

Aromatherapy must always be practiced within these locally agreed guidelines.

Health professionals using aromatherapy in the maternity setting must access, read, understand and use their professional judgement in the application of this guidance.

Management team to ensure this guideline is reviewed according to recommendations and the guideline is accessible to all relevant staff.

7. Main Body

Definition

Aromatherapy is a way of accessing and applying the therapeutic benefits of plants by using oils called 'essential oils' which are extracted from plants, usually by distillation. These therapeutically potent aspect of plants is used in a more concentrated way via Aromatherapy than in traditional herbal medicine. Methods of application include: baths, compress, vaporisation, showers, inhalation and massage using a carrier oil, such as sunflower.

Consent should always be gained when using essential oils for pregnancy and childbirth and all women should be given written information (see appendix 1)

Inclusion criteria

- Women giving verbal consent to use aromatherapy, in any setting where maternity care is provided.
- Women who have been assessed and have contraindications excluded
- Women who are in labour
- Women whose pregnancy is considered to be 'post-dates'
- Women who are in the week before the date that they would be offered induction of labour for various reasons, including: maternal age, gestational diabetes, IVF pregnancy

Exclusion criteria

- Women who do not give their consent for any reason
- Women with known allergies or sensitivities to essential oils or the plant materials they have been produced from (such as can sometimes be caused by citrus fruits) should not use those oils. Also avoid nut-based oils and wheat germ oil due to nut and gluten allergies
- Women with glucose-6-phosphate dehydrogenase deficiency (G6PD) unless known not to be triggered by it, or those with cardiac fibrillation are to avoid use of peppermint essential oil

Essential oil safety: Contraindications and Precautions

- There is no evidence that applications of any essential oils, as used in aromatherapy, can cause abortion (Tisserand and Young 2014). However, due to the potential reported uterine stimulating effects of Clary sage (*Salvia sclarea*), for the sake of caution, women being cared for by pregnant midwives may be excluded from use of clary sage due to a lack of knowledge about potential effects on midwives of repeated exposure to Clary sage throughout pregnancy.
- Pregnant midwives, along with all women, are advised not to have direct contact with essential oils during the first trimester of pregnancy. Besides use of Clary sage as mentioned above, there is no exclusion to indirect contact, such as via inhalation, fan or sniffy pot. If they are comfortable to do so, midwives in all stages of pregnancy, may prepare massage blends or compresses to be administered by a birth partner or others present.
- Essential oils should be applied EXTERNALLY in childbirth – never eaten or drank
- If also using homeopathic remedies keep them separately and well away from essential oils. It is recommended to have a 30-minute break from using aromatherapy before and after taking homeopathic remedies
- Do not use essential oils on babies
- Do not use essential oils directly on the eyes
- Do not use essential oils when their aroma is unappealing to the client
- Put the lids on the bottles straight away to reduce oxidisation and avoid mixing up the lids
- Be subtle and sensitive with the essential oils one drop used effectively better than too many at once
- Massage is never carried out on broken skin, varicose veins, inflammation, during fever or directly on sites of recent (within 6 months) surgery
- Wash or shower essential oils off before entering the pool if application was fewer than 30 minutes previously

Storage

- Store essential oils in a cool, dark locked cupboard or preferably in a fridge

- Keep in a marked box
- Ensure essential oils are correctly labelled
- Store essential oils away from children

Essential oil contraindications

Lavender (*Lavendula angustifolia*, L. Vera or L. officinalis)

- Rarely associated with dermal sensitization

Clary Sage (*Salvia sclarea*)

- Not indicated if the labour is progressing easily
- Indicated during labour or during the week before induction of labour would be offered
- Do not use with alcohol as it is reputed to induce a narcotic effect

Mint Peppermint: (*Mentha piperita*) Spearmint: (*Mentha spicata*)

- Peppermint (*M. piperita*) oil should be avoided if cardiac fibrillation or G6PD deficiency if it is a trigger
- Only one drop is needed when using a mint oil
- Peppermint is a stimulant so excessive use may disturb sleep patterns

Frankincense (*Boswellia carterii*)

- Old or oxidized oils should be avoided due to potential skin sensitivity

Mandarin (*Citrus reticulata*)

- Old or oxidized oils should be avoided due to potential skin sensitivity. Check the bottle for cloudiness or stickiness and if the oil does not smell fresh then discard it and replenish the stock
- The furocoumarin content of mandarin fruit oil is not sufficient to cause phototoxic reaction (Tisserand & Young 2014)

Carrier Oil of Choice:

Cold pressed sunflower oil *Helianthus annuus* (organic if available)

Methods of application and doses

Simple inhalation

Add 1 drop of chosen essential oil into palm, rub hands together and gently breathe in from cupped hands. Alternatively, place 1-2 drops on a gauze swab, tissue, piece of cloth, piece of cotton wool, onto a fan, taper or piece of cardboard to inhale the aroma.

Sniffy pot

Place cotton wool or gauze into small lidded pot, such as a universal pot and add up to 3 drops of essential oils, if using peppermint oil, then only one drop of it to be used. It can be carried around and the lid can be removed to smell the aroma whenever required.

Footbath

2-3 drops of essential oils mixed with a liquid soap placed into warm water to soak feet.

Bath

- Mix essential oils first with a substance that acts as an emulsifier that enables them to blend throughout the water and not just sit on top, the least scented liquid soap or shampoo available. To blend first in any oil base is not suitable due to increased potential to slip.
- Put your essential oils into the bath just before or after getting in, as they will start to evaporate straight away
- Essential oil of lavender in bath water may help to heal the perineum after childbirth, whether the woman has had stitches or not, to relieve pain, bruising or swelling. Vakilian et al 2011

Adult bath essential oil quantities:

- Use up to 6 drops of essential oils in the bath altogether, emulsified in liquid soap or shampoo as described above
- If more than one essential oil is used make sure that the number of drops does not exceed 6 drops
- Use no more than 1 drop of peppermint essential oil within any blend

Compress

Up to 4 drops of essential oil go into a bowl of hot or cold water, depending on preference. Wring out cloth after soaking in the bowl and apply to areas of discomfort or tension. When the cloth either gains or loses heat back to body temperature then dip it back into the water and reapply. It is very helpful to have 2 cloths so that one is always ready to wring out and use.

- Compress can relieve muscular pain and headaches
- Hot or cold water compresses can be used to increase the action of the essential oils.

Vaporisation

- Diffusers can be used to vaporise essential oils into the air. Oil burners that use candles are not to be used on Trust property

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- Fill the diffuser with water according to the instructions. Place up to 6 drops of essential oils into the water and switch on
 - Use for up to 60 minutes with a rest of the same quantity of time due to the effectiveness of diffusing increasing with intermittent use.
 - Ensure the diffuser is placed safely on a level surface and away from children
 - Use diffusers for single occupancy rooms

Showers

After washing and before getting out of the shower place 1 to 2 drops of essential oil on a flannel and while under running water rub briskly over the body.

Lavender Distilled Floral Water Spritzer (L. angustifolia, L. vera, L. officinalis)

It is very gentle and safe even on the eyes and so can be used in labour as refreshing scented spritzers or as a calming and cooling wipe.

Massage blends

Basic rules of dilution:

- 5ml (a teaspoon) represents 100 drops
- Add 1 drop of essential oil to 5ml give a basic 1% dilution
- Use 1% dilution
- Add the carrier oil and then the drops of essential oil
- No more than 3 essential oils to be used in a blend
- Always label the essential oil blend with the date, ingredients, amounts, dilution and state that it is not to be drunk, for external use only and to be discarded after use

Documentation

- Document in the maternity notes: rationale for offering use of any essential oil; suggested methods of application, and consent having been obtained prior to using aromatherapy
- Complete audit form (Appendix 2) to record: indication for use, percentage blend, and essential oil used, number of drops, amount and type of carrier oil, route of administration and any reported benefits or concerns
- If a woman is self-administering essential oils, this should be documented in the maternity notes

Adverse Reactions to Essential Oils

- A few people do not tolerate the use of essential oils and reactions can include: headaches, nausea and skin reactions
- Immediately stop use of any irritating applications. Wash oils off any oils on skin with soap and water. Document findings
- If someone accidentally gets essential oils in their eyes, wash thoroughly with cold, clean, water for 5 minutes. If the stinging has not subsided after 15 minutes refer for medical review.
- Disposal of unused massage oil containing essential oils
- Pots containing blended essential oils can be soaked up with a tissue and disposed of in a clinical or domestic waste bin.

8. Resources

The essential oils listed in this guideline will be available for use to appropriately trained maternity services staff and stored in a locked cupboard within the alongside birth centre (Grange University Hospital). Midwives using essential oils for childbirth in a community setting will have access to the oils listed in this guideline, within the freestanding birth centres (Nevill Hall, Royal Gwent, Ysbyty Ystrad Fawr, and Ysbyty Aneurin Bevan), for use within birth centres or home birth settings.

9. Training

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Point 18.3 states ensuring treatment administered is compatible with other care, treatment or medication they are receiving. The essential oils in this guideline all have safety and contraindication information noted throughout.

10. Implementation

Implementing the guidelines will be reviewed by notes audits, and through the clinical governance framework.

11. Further Information Clinical Documents

Please see appendices and reference list

12. Health and Care Standards Wales

See above

13. Equality

Aromatherapy use is available to those of all races, ethnic origins, nationalities, cultures, religions or belief systems, sexual orientation or age. Inevitably, direct use of aromatherapy will apply more so to women than men as this guidance relates to its use to all in pregnancy.

14. Environmental Impact

An environmental assessment does not need to be carried out.

15. Audit

The guidelines will be reviewed by notes audits, and through the clinical governance framework.

16. Review

Every three years through the maternity services Clinical Effectiveness Forum

17. References

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- Tisserand R, R Young (2014) (Second edition) Essential Oil Safety: a guide for Health Care Professionals Churchill Livingstone, Elsevier, London
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Aromatherapy use Record and Audit Form

Date _____

Addressograph: Name DOB Hospital Number
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	Application 1	Application 2	Application 3	Application 4
Staff name:				
Time				
Indications for use				
Essential Oil(s) used and number of drops	___ drop(s) _____oil ___ drop(s) _____oil			
Any Contraindications?				
Method of Administration: tick as applied	<input type="checkbox"/> Lavender Spritzer <input type="checkbox"/> Simple inhalation (gauze/tissue/fan) <input type="checkbox"/> Bath <input type="checkbox"/> Compress <input type="checkbox"/> Diffuser <input type="checkbox"/> Shower <input type="checkbox"/> Massage blend <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lavender Spritzer <input type="checkbox"/> Simple inhalation (gauze/tissue/fan) <input type="checkbox"/> Bath <input type="checkbox"/> Compress <input type="checkbox"/> Diffuser <input type="checkbox"/> Shower <input type="checkbox"/> Massage blend <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lavender Spritzer <input type="checkbox"/> Simple inhalation (gauze/tissue/fan) <input type="checkbox"/> Bath <input type="checkbox"/> Compress <input type="checkbox"/> Diffuser <input type="checkbox"/> Shower <input type="checkbox"/> Massage blend <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lavender Spritzer <input type="checkbox"/> Simple inhalation (gauze/tissue/fan) <input type="checkbox"/> Bath <input type="checkbox"/> Compress <input type="checkbox"/> Diffuser <input type="checkbox"/> Shower <input type="checkbox"/> Massage blend <input type="checkbox"/> Other: _____
Percentage - if blend				
Type and amount of any carrier oil used	___ mls of _____			
Effectiveness perception: circle 0 = no effect and 5 = very effective.				
Client rating	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
Staff rating	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
Any Adverse effects				

Any further comments				
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Maternity service user information

What is Aromatherapy?

Aromatherapy uses 'essential oils' which are extracted from plants and used in a variety of ways for therapeutic benefit.

Essential oils can influence thoughts and feeling as well as the physical body

Aromatherapy can help lift mood and promote relaxation.

Challenging symptoms such as nausea, headaches and pain can often be eased by aromatherapy.

Who can use Aromatherapy for Childbirth?

Women are free to self-administer aromatherapy; however, it is advisable to seek advice from an Aromatherapist or a midwife who has received training in using aromatherapy.

Women who have given verbal consent to use aromatherapy, and are cared for by a midwife who has received training to use aromatherapy safely.

How is Aromatherapy Provided?

Lavender Water can be sprayed in the air to calm and cool.

Simply smelling a drop of essential oil placed in your palm, on a fan or on a cloth.

In baths, showers, or footbaths or massage

Compress can be given hot or cold to ease pain and tension.

Vaporisation via a diffuser fills the air with aroma.

Are there any side effects?

Amounts of essential oils used are very small and are unlikely to cause any irritation.

If a reaction did occur, the essential oil would be washed off with soap and water.

Massage can still be provided without essential oils to good effect and essential oils can still be used via non-direct touch methods such as vaporisation.

Safety notes: Avoid direct contact with citrus or any other essential oils if very sensitive or allergic.

Essential oils are not to be taken internally – never eat or drink them.

Ask your midwife if you require further information.