



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 This is to avoid the risk of out of date printed versions of the document.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.

Status: Issue 2
Approved by: Clinical Effectiveness Forum
Aneurin Bevan University Health Board
Title: Guideline for Aromatherapy use in Maternity care
Owner: Maternity Services

Issue date: 25/06/2025
Review by date: 25 June 2028
ABUHB_F&T_1088

Table of Contents:

Introduction	5
Equality and diversity	5
Policy Statement	5
Aims/Purpose	5
Objectives	5
Scope	6
Roles and Responsibilities	6
Main Body	7
Inclusion criteria	7
Exclusion criteria	7
Cautions	8
Pregnant staff members information	9
Storage	9
Essential oil contraindications	10
Methods of application and doses:	10
Documentation	12
Adverse Reactions to Essential Oils	12
Disposal of unused massage oil containing essential oils	13
Resources	13
Training	13
Implementation	14
Further Information Clinical Documents	14
Health and Care Standards Wales	14
Environmental Impact	14
Audit	14
Review	14
References	14
Appendix 1	16
Appendix 2	17
Appendix 3	19

Introduction

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 2024).

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.

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.

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.

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.

Scope

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

Roles and Responsibilities

Those, administering aromatherapy for childbirth need to have successfully completed an approved training and confirm with a senior midwifery manager that this has been approved. A pre-approved training is *Aromatherapy in Childbirth UK* e-course. 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.

Status: Issue 2

Approved by: Clinical Effectiveness Forum

Aneurin Bevan University Health Board

Title: Guideline for Aromatherapy use in Maternity care

Owner: Maternity Services

Issue date: 25/06/2025

Review by date: 25 June 2028

ABUHB_F&T_1088

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.

Inclusion criteria

- Women giving verbal consent to use aromatherapy, in any setting where maternity care is provided.
- Women whose pregnancy is considered to be greater than 37 weeks pregnant
- 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
- Women/birthing people must give informed consent to receive complementary therapies in any setting where maternity care is provided (NMC Code 2018:4.2). Use interpretation services if language difficulties are apparent.
- Antenatally at any gestation with accordance to practitioner training BUT avoid uterotonic essential oils e.g. Clary sage until $\geq 37/40$ weeks
- Normal singleton pregnancy.
- Normally situated and embedded placenta.
- Established labour.
- Postnatal with no medical or obstetric complications.
- Blood pressure within normal limits (Diastolic < 90 mm Hg & systolic < 140 mm Hg)
- No contraindicated medical or obstetric conditions.
- Normal fetus with no intrauterine growth restriction.
- No previous uterine scar including caesarean scar for uterotonic oils eg clary sage.

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 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
- Epileptic women/birthing people and midwives.
- Major cardiac, hepatic or other significant disease.
- Insulin dependent diabetic or unstable gestational diabetes.
- Severe/ uncontrolled asthma or respiratory condition.
- Haematological disorders.
- Thromboembolic or coagulation disorder, DVT, women/birthing people on anticoagulant therapy.
- Infectious conditions, unexplained pyrexia.
- Multiple pregnancies, triplet or higher order multiples
- Transverse, oblique or unstable lie.
- Current APH, Placenta praevia.
- Women/birthing people with raised BP with diastolic above 90; women and birthing people with fulminating PET
- Women/birthing people in pre-term labour.
- Within the first 30-60 minutes following induction/acceleration of labour.
- Severe anaemia
- Caution with previous uterine scar including caesarean scar for uterotonic oils. Do not use Clary Sage for these patients.

Cautions

- Twin pregnancy
- Severe Hypotension or fainting episodes
- Woman/birthing person booked for ELCS not to be used in anaesthetic room
- If aromatherapy oils have been used and the women/birthing person requires an emergency caesarean birth, the skin surfaces should be cleaned prior to surgery.
- Epidural in situ in labour – avoid hypotensive oils e.g. Lavender & Clary sage
- Women/birthing people in labour with a non-cephalic presentation
- Skin allergies to specific essential oils-use oil bas alone or maximum 1% blend
- Polyhydramnios; Oligohydramnios
- Avoid sacral and suprapubic massage in first trimester
- Avoid brisk heel massage in first trimester – reflexology zone for pelvic area
- Avoid acupressure points contraindicated in pregnancy (Gall Bladder 21, Large Intestine 4, Spleen 6, sacral plexus points)
- Avoid abdominal massage if anterior placenta
- Avoid oils which facilitate uterine action when Oxytocin is commenced or for 1 hour following artificial rupture of membranes or administration of Prostin/Propess
- Do not add Aromatherapy oils to the birthing pool
- Avoid abdominal massage after Caesarean section or manual removal of placenta

- Essential oils should be applied EXTERNALLY in childbirth – never eaten or drunk
- 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 woman/ birthing person
- Put the lids on the bottles straight away to reduce oxidation 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
- When dispensing oils- do so in the room the oil will be used.
- When disposing of oils on gauze, please wrap in glove or placenta bag to dispose, to protect potential pregnant members of staff.

Pregnant staff members information

- 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, 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.

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
- Indicted 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 annus* (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	<ul style="list-style-type: none"> • 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 relive pain, bruising or swelling. (Vakilian et al 2011) <p>Adult bath essential oil quantities:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 (diffuser)	<ul style="list-style-type: none"> • Diffusers can be used to vaporise essential oils into the air. Oil burners that use candles are not to be used on Trust property • 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 (<i>L. angustifolia</i> , <i>L. vera</i> , <i>L. officinalis</i>)	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: <ul style="list-style-type: none"> • 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

When aromatherapy in use in a room ALWAYS display an 'aromatherapy in use' sign (appendix 1)

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 BadgerNet documentation using 'Complementary Therapies' form (appendix 2)
- 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 and should be double bagged for disposal.

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 (Ysbyty Ystrad Fawr and Ysbyty Aneurin Bevan), for use within birth centres or home birth settings.

Training

Those, administering aromatherapy for childbirth need to have successfully completed a recognised training programme and confirm with a senior midwifery manager that this has been approved. A pre-approved training is Aromatherapy in Childbirth UK e-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.

Implementation

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

Further Information Clinical Documents

Please see appendices and reference list

Health and Care Standards Wales

See above

Environmental Impact

An environmental assessment does not need to be carried out.

Audit

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

Review

Every three years through the maternity services Clinical Effectiveness Forum

References

Abbaspoor, Z., and Mohammadkhani, S.L., (2013) Lavender aromatherapy massages in reducing labour pain and duration of labor:A randomised control trial. African Journal of Pharmacy and Pharmacology. 7 (8) 426-430

Burns EE; Blamey C; Ersser SJ; et al (2000) An investigation into the use of aromatherapy in intrapartum midwifery practice Journal of Alternative and Complementary Medicine vol 6, no 2, 2000, pp 141-147

Johnson K; West T; Diana S; Todd J; Haynes B; Bernhardt J; Johnson R. (2017) Use of aromatherapy to promote a therapeutic nurse environment. Intensive & Critical Care Nursing. 40:18-25, 2017 Jun

Kheirkhah M, Vali Pour NS, Nisani L, Haghani H. Iran Red Crescent Med J. 2014 Aug 17;16(9):e14455. doi: 10.5812/ircmj.14455. eCollection 2014. Comparing the effects of aromatherapy with rose oils and warm foot bath on anxiety.

Lua PL; Zakaria NS. (2012) Journal of Alternative & Complementary Medicine. 18(6):534-40, 2012 Jun.

Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, London: NMC

RCM (2024) Complementary Therapies https://rcm.org.uk/wp-content/uploads/2024/09/complementary_therapies.pdf

Tisserand R, R Young (2014) (Second edition) Essential Oil Safety: a guide for Health Care Professionals Churchill Livingstone, Elsevier, London

Vakilian K; Atarha M; Bekhradi R; et al (2011) Healing advantages of lavender essential oil during episiotomy recovery: a clinical trial Complementary Therapies in Clinical Practical 17, no 1, February 2011, pp 50-53.

Appendix 1



Appendix 2

Complementary Therapies

Complementary Therapies

Date and Time Performed Gestation 31Weeks, 5Days

Complementary therapies offered and explained	<input type="checkbox"/> (all) <input type="checkbox"/> Acupuncture <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Other	<input type="checkbox"/> Acupressure <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Reflexology
Leaflets provided	<input type="checkbox"/> (all) <input type="checkbox"/> Acupuncture <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Other	<input type="checkbox"/> Acupressure <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Reflexology
Location	<input type="radio"/> Midwifery Led Unit <input type="radio"/> GP Surgery <input type="radio"/> Woman's Home <input type="radio"/> Early Pregnancy Advice Unit <input type="radio"/> Children's Centre <input type="radio"/> Pathology	<input type="radio"/> Antenatal Clinic <input type="radio"/> Antenatal Ward <input type="radio"/> Fetal Assessment Unit <input type="radio"/> Antenatal Day Unit <input type="radio"/> Antenatal Phlebotomy <input type="radio"/> Other
Complementary therapies accepted	<input type="checkbox"/> (all) <input type="checkbox"/> Acupuncture <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Other	<input type="checkbox"/> Acupressure <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Reflexology

Complementary Therapies Not Performed

Complementary therapies not performed	<input type="checkbox"/> (all) <input type="checkbox"/> Acupuncture <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Other	<input type="checkbox"/> Acupressure <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Reflexology
Reason not performed	<input type="checkbox"/> Declined <input type="checkbox"/> Other	<input type="checkbox"/> Clinic Full

Not offered during whole pregnancy

Not offered at any time	<input type="checkbox"/> (all) <input type="checkbox"/> Acupuncture <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Other	<input type="checkbox"/> Acupressure <input type="checkbox"/> Aromatherapy <input type="checkbox"/> Reflexology
-------------------------	--	---

Therapies

Aromatherapy Essential Oils	<input type="checkbox"/> Grapefruit <input type="checkbox"/> Black pepper <input type="checkbox"/> Lavender <input type="checkbox"/> Frankincense	<input type="checkbox"/> Orange <input type="checkbox"/> Ylang ylang <input type="checkbox"/> Peppermint <input type="checkbox"/> Clary Sage
-----------------------------	--	---

Complementary Therapies

Therapies (continued)

Notes

Reflexology Pressue Points Stimulated GB21 LI4
 Spleen 6

Notes

Results

Reflexology Performed 2 days before sweep 2 days after sweep

Leaflets on Leaving What to Expect Evaluation Form

Additional Notes

Appendix 3

	Pain relief	Relaxing/ Relieving Anxiety and Stress/ Emotions	Uterotonic	Nausea	Muscle relaxation	Energy	Skin soothing/ healing	Cooling	P/N Urination (in the bathroom only)	Aids Physiological 3 rd stage (3 drops on gauze placed on abdomen)
Lavender	✓	✓	✓ <small>Not as strong as Clarysage</small>		✓	✓	✓	✓		
Frankincense	✓	✓					✓			
Clarysage		✓	✓	✓	✓					✓
Peppermint <small>Only ever use one drop!</small>	✓			✓	✓	✓		✓	✓	
Spearmint		✓		✓	✓	✓	✓			
Mandarin		✓		✓		✓				

Status: Issue 2

Approved by: Clinical Effectiveness Forum

Aneurin Bevan University Health Board

Title: Guideline for Aromatherapy use in Maternity care

Owner: Maternity Services

Issue date: 25/06/2025

Review by date: 25 June 2028

ABUHB_F&T_1088