

Document Title: <i>Aromatherapy Guideline</i>	1 of 17	Approval Date: 7 Jan 2025
Reference Number: UHBOBS217		Next Review Date: 7 Jan 2028
Version Number: 1		Date of Publication: 21 March 2025
Approved By: MPF		

Reference Number: UHBOBS217	Date of Next Review: 21 May 2027
Version Number: 1	Previous Trust/LHB Reference Number:

Aromatherapy for childbirth

Introduction and Aim

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 state 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 2020).

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

This procedure applies to midwives employed by Cardiff and Vale University Health Board, working in the community or maternity unit who have completed a recognised aromatherapy training course for childbirth accredited by the Royal College of Midwives and approved by senior midwifery team.

Equality Health Impact Assessment	An Equality Health Impact Assessment has not been completed.
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Documents to read alongside this Procedure	
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Approved by	Maternity Professional Forum
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Accountable Executive or Clinical Board Director	Jason Roberts, Executive director of nursing.
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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	7 th June 2024	March 2025	New Document

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Disclaimer

Aromatherapy is intended to be used as an additional service and does not replace any recommended clinical care.

' The words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity'. (RCOG)

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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 state 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 2020). Recognised training approved by RCM helps determine good quality training.

1.1 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. This 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.

1.2 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.

1.3 Policy statement

There is no national guideline on aromatherapy use in maternity Care. Each health board and trust across the UK has its own.

1.4 Scope, roles and responsibilities

This procedure applies to midwives employed by Cardiff and Vale University Health Board, working in the community or maternity unit who have **completed a recognised aromatherapy training course for childbirth accredited by the Royal College of Midwives and approved by senior midwifery team**. Recognised training approved by RCM helps determine good quality 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).

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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.

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

2. Aromatherapy purpose

Aromatherapy in maternity care can increase satisfaction in the care received (Lua & Zakaria 2012). Benefits extend not only to service users but for providers too, as studies have found that recruitment and retention of health staff may be improved where aromatherapy is used (Burns et al., 2000, Johnson et al., 2017). There is some research evidence to support the use of essential oils during pregnancy and labour.

- Provides women with more choices of managing anxiety and minor discomforts in pregnancy and labour
- Provides therapeutic benefits of touch to strengthen the rapport between the mother and the midwife.
- Enables the birth partner to participate and contribute towards the care of the woman.
- It is especially useful in aiding relaxation which may in turn help to promote physiological birth.

2.2 Inclusion criteria:

- Have given verbal consent to use aromatherapy, in any setting where maternity care is provided
- Those who have been assessed and have contraindications excluded
- Women whose pregnancy is considered to be 'post-dates' OR
- 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
- In labour and during the postnatal period

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2.3 Exclusion criteria:

- No consent for any reason
- Do not use for analgesia in latent phase or active phase of labour (do not offer or advise aromatherapy, yoga or acupuncture **for pain relief** during the latent first stage of labour. If a woman wants to use any of these techniques, support her choice. [NICE 2014, amended 2023])
- Allergies or sensitivities to essential oils or the plant materials
- Allergies to nuts or gluten: avoid nut-based oils and wheat germ oils
- Avoid peppermint essential oils in anyone with glucose-6-phosphate dehydrogenase deficiency (G6DP), unless known not to be triggered by peppermint oil
- Avoid peppermint essential oils in anyone with cardiac disease, renal disease, insulin dependent diabetes or unstable gestational diabetes
- Do not use massage if any broken skin, varicose, veins, inflammation, pyrexia or directly on sites of recent (within 6 months) surgery
- Abdominal massage is contraindicated in women who have a history of antepartum haemorrhage or placenta praevia

2.4 Essential oil safety: contraindications and precautions

- There is no evidence that applications of any essential oils can cause abortion (Tisserand and Young 2014, Dosoky et al., 2012) however due to the potential reported uterine stimulating effects of clary sage (*Salvia clarea*) Cardiff and Vale have chosen not to use this essential oil. However, if women bring this oil in to use, pregnant midwives, along with all women, are advised not to have direct contact with essential oils during the first trimester of pregnancy.
- Essential oils should be applied EXTERNALLY in childbirth – never eaten or drunk
- Direct contact with essential oils should not be used in the first trimester of pregnancy.
- There should be a 30 minute gap between the use of aromatherapy and homeopathic remedies
- Do not use essential oils directly on the eyes or on babies
- Citrus oils can cause photosensitivity
- Always label essential oil blends with the date, ingredients, amounts, dilution and state that it is not to be drunk, for external use only and discard after use
- Essential oils should be washed off before entering the birthing pool

2.5 Adverse reactions to essential oils

Do not use if the aroma is unappealing to the client. Some people do not tolerate the use of essential oils and reactions can include: headaches, nausea and other reactions.

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- If someone accidentally gets essential oils in their eyes, wash thoroughly with cold, clean, water or milk (ideally full-fat) for at least 5 minutes. If the stinging has not subsided after 15 minutes refer for a medical review
- Essential oils should only be applied EXTERNALLY in childbirth. Refer for medical review or A&E with accidental ingestion
- Immediately stop use of any irritating applications. Wash oils off if on the skin with soap and water and expose skin to air to encourage evaporation of the essential oil. If the skin irritation appears severe, use a cold compress with water only and refer to a medical practitioner.
- Document reaction treatment and outcome.

2.6 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

2.7 Consent for treatment

Due to the lack of rigorous evidence, ensure that the benefits of aromatherapy are not overstated. Midwives must discuss the following prior to administration of essential oils in order to gain verbal consent (see appendix for further detail):

- The possible benefits of the proposed treatment
- The risk associated with the proposed treatment
- Alternative treatments available and their risks and benefits
- Appropriate essential oils and desired method of use
- Allergy status

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3. Essential oil contraindications

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

- Rarely associated with dermal sensitization

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)

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4. Essential oil applications

Simple inhalation

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

Sniffy pot

Place cotton wool or gauze into a small, lidded pot, such as a universal pot and add up to **3 drops** of essential oils (only 1 drop if using peppermint oil).

Foot bath

2-3 drops of essential oils mixed with liquid soap placed into warm water to soak feet for around 15 minutes. Absorption occurs through the soles of the feet very easily

Bath (not a birthing pool)

Mix up to **6 drops** of essential oils first with a substance that acts as an emulsifier to enable it to blend with the water e.g. Unscented liquid soap or shampoo. Put this into the bath just before or after getting in.

Compress

Up to **4 drops** of essential oil 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. Reapply when cloth loses heat or heats up.

Showers

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

Lavender distilled Floral water spritzer (Lavandula angustifolia, vera or officinalis)

Is very gentle and safe even on the eyes so can be used in labour as refreshing scented spritzers or as a calming and cooling wipe. This is not the same as diluted lavender.

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5. 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

5.1 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 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

6. 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 UHW maternity areas. Midwives using essential oils for childbirth in a community setting will have access to the oils listed in this guideline from the Midwife Led unit, for use within birth centres or home birth settings.

7. Training

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 preapproved training is Aromatherapy in Childbirth UK RCM accredited ecourse and RCM accredited face to face course. Recognised training such as this

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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.

8. Implementation

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

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Essential oil	Summary of reported properties	Contraindications	Shelf life
Lavender (<i>Lavandula angustifolia</i> , <i>L. Vera</i> or <i>L. officianalis</i>)	May reduce: anxiety, coughing, depression, fear, headaches, irritation, muscle spasm May promote: calm, cooling, circulation, skin, healing, sleep, stress management, uterine function Is also: antiseptic, decongestant, deodorant	Rarely associated with dermal sensitisation Avoid if hypotensive Avoid in people if hay fever or asthma is triggered by pollen	Use within 12 months of opening
Mint Peppermint (<i>Mentha piperita</i>) & Spearmint (<i>menthe spicata</i>)	May reduce: confusion, headache, inflammation, muscle spasm, nausea, vomiting, tiredness May promote: cooling, easier and deeper breathing, digestion, fresh ideas, self-confidence, skin healing, stress management, focus and concentration Is also: antiseptic, decongestant, peripheral vasodilator, stimulant	Only one drop is needed Peppermint is a stimulant so excessive use may disturb sleep patterns Possible link to reduction in the production of breast milk Avoid in anyone with G6DP or cardiac fibrillation, epilepsy	Use within 12 months of opening
Frankincense (<i>Boswellia cartieri</i> , <i>B. scara</i>)	May reduce: anxiety, coughing, fear, flatulence, focus and concentration, inflammation May promote: calm, digestion, easier and deeper breathing, emotional healing, skin healing, stress management Is also: antiseptic, decongestant, diuretic		Use within 24 months of opening
Mandarin (<i>Citrus reticulata</i>)	May reduce: anxiety, constipation, flatulence, muscle spasm, nausea and vomiting May promote: calm, digestion, health and circulation, liver function, skin healing, sleep, stress management Is also: antiseptic, diuretic, hypnotic	Avoid in people with citrus allergies	Use within 12 months of opening

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Appendix 1: Information Leaflet

Aromatherapy for Childbirth

What is aromatherapy?

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

Essential oils can have impact on the emotions and psychological wellbeing of a person as well as physically in the way that conventional medicines work. Aromatherapy can help lift mood and promote relaxation which is very helpful in labour.

Challenging symptoms such as nausea and headaches 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.

Women who have been assessed and have contraindications excluded.

How is aromatherapy provided?

- Lavender water can be spritzed in the air to calm and cool.
- Simply inhaling scent of essential oil placed on card used as a fan or on a cloth.
- Baths or footbaths ease tension
- Compress can be given hot or cold to ease tension
- Vaporisation fills the air with aroma
- Essential oils can be used in showers too.

Massage blends can be created by trained midwives to provide therapeutic benefits in the pre-labour and the labour period. These are discussed and made specifically to suit individuals.

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 oil would be washed off with soap and water. In this case massage can be provided without essential oils to good effect and essential oils can still be used via non-direct touch methods such as vaporisation.

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Avoid citrus oils if sensitive or allergic.

Women with heart disease or epilepsy bleeding and premature labour are advised not to use aromatherapy for childbirth.

Clary sage is contraindicated in pregnancy until 37 weeks gestation and not available from Cardiff & vale UHB.

Ask your midwife for further information Safety note:

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

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Appendix 2: Aromatherapy Audit Form

			Addressograph	
	Application 1	Application 2	Application 3	Application 4
Staff name				
Date/time				
Indication for use				
Essential oils used	___ drop(s) _____ oil ___ drop(s) _____ oil	___ drop(s) _____ oil ___ drop(s) _____ oil	___ drop(s) _____ oil ___ drop(s) _____ oil	___ drop(s) _____ oil ___ drop(s) _____ oil
Any contraindications?				
Percentage blend/dilatant	___ mls of _____	___ mls of _____	___ mls of _____	___ mls of _____
Method of administration	<input type="checkbox"/> Lavender Spritzer <input type="checkbox"/> Simple inhalation (gauze/tissue/fan) <input type="checkbox"/> Bath <input type="checkbox"/> Compress <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"/> 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"/> 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"/> Shower <input type="checkbox"/> Massage blend <input type="checkbox"/> Other: _____
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
Adverse effects				
Other comments				

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Appendix 3

Aromatherapy Treatment Checklist

Addressograph

Date

Ward area

Antenatal

Gestation

Labour

Stage

Postnatal

Day

Contraindications

Allergies/sensitive skin/ broken skin/pyrexia Yes/No

Surgery within the last 6 months/DVT/varicose veins Yes/No

Severe asthma/haematological disorder Yes/No

Cardiac or renal disease/diabetes/epilepsy Yes/No

G6PD Yes/No

Previous caesarean section/placenta praevia/APH Yes/No

Reason for application

Consent given (verbal)

Method of application

Feedback/evaluation

Name of trained midwife

Signature

Date