

Guidance for the use of Aromatherapy on the Birthing Unit

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Introduction

There is an increasing demand for the use of complementary therapies within the whole spectrum of the childbearing cycle. The evidence has shown that clients are using aromatherapy on their own initiatives without the relevant knowledge and education to administer essential oils safely.

Purpose

Aromatherapy can provide benefits to clients in the antenatal, intra-partum and postnatal periods. Using specific essential oils to perform various functions can enhance wellbeing in the childbearing cycle.

Aims and Objectives

This guideline will allow the safe administration of essential oils on the Maternity Unit for the clients and staff where criteria is met.

Definitions

Aromatherapy is a science and an art in which highly concentrated essential oils extracted from various parts of different plants are used for their therapeutic properties (Tiran 2000).

The use of aromatherapy in labour will offer another choice for mothers. Aromatherapy offers relaxation and acts as an adjunct to enhance physiological labour. Midwives undertaking aromatherapy will have the required professional skills, knowledge and have completed the agreed training package to support mothers in a safe environment.

Accountabilities and Responsibilities

Healthcare professionals undertaking aromatherapy will have the required professional skills, knowledge and are competent to support mothers in a safe environment. They should have completed either the two day accredited Aromatherapy course or the trust approved training session and competency booklet.

Each midwife is accountable for her or his own practice, and must be able to justify any actions (Tiran and Mack, 2000). A midwife is accountable by understanding and working within locally agreed guidelines. The Midwife is also responsible for 'maintaining and developing that competence through continuous Midwifery education (NMC 2004).

Criteria for using Aromatherapy in Labour

Inclusion Criteria

- Women eligible for care in the birthing unit ([hyperlink birthing unit guideline](#)). Aromatherapy may also be provided on Labour Ward for women meeting these criteria.
- Women who have given verbal consent.

Exclusion Criteria

- Clary sage, rose or jasmine should not be used for women who have had uterine surgery or for women in premature labour if their labour is being suppressed by medication.
- Do not add essential oils to the birthing pool. ([hyperlink to waterbirth guideline](#)).

- Peppermint or eucalyptus should not be given to women who are using homeopathic remedies as these two essential oils negate the effects of the remedies.

Midwives should administer no more than three essential oils per aromatherapy blend.

Contraindications and Precautions

- Avoid massage directly over varicose veins
- Consider allergies when administering essential oils i.e.
- Citrus fruits - avoid citrus oils.
- Nuts - avoid carrier oils produced from nuts. (Grapeseed oil is available on the unit)
- Gluten - avoid wheatgerm oil.
- Hayfever – avoid floral oils
- **Do not use** essential oils on babies
- Use caution when administering essential oils to women with severe asthma/respiratory problems.
- Avoid hypotensive oils if diastolic blood pressure lower than 60 or if mother prone to postural hypotension or fainting in pregnancy.
- Avoid abdominal massage if the placenta is situated on the anterior wall or anyone with a history of antepartum haemorrhage or placenta praevia
- Avoid sedating essential oils like lavender, chamomile, ylang ylang after the administration of pethidine.

List of Essential Oils

- | | |
|-------------------|----------------|
| • Bergamot | • Geranium |
| • Clary Sage | • Ylang Ylang |
| • Frankincense | • Lime |
| • Rose | • Sandalwood |
| • Jasmine | • Neroli |
| • Lavender | • Black Pepper |
| • Roman Chamomile | • Mandarin |
| • Peppermint | • Grapefruit |
| • Lemon | |

See table of individual oils and their uses in Appendix 1.

Carrier Oil of Choice

Grapeseed Oil

Essential oils will be purchased from Absolute Aromas Ltd, 4 Riverwey, Newman Lane, Alton, Hampshire.

Storage

Essential oils will be stored in a fridge, locked and the key will be kept by the birthing unit midwife. The date of opening must be clearly displayed on the essential oil bottle. If refrigerated citrus oils will last 3-6 months.

Methods of Application and doses

Massage - see table below for doses, apply via back, hand or foot massage.

Foot Bath - 2-3 drops of essential oil in 2mls of carrier oil, in water.

Compresses - 2-3 drops of essential oil in 2mls of carrier oil, in water, soak compress or flannel, wring out and apply to skin.

Inhalation - 1 drop on a taper/cloth for the mother to smell.

Direct application on the skin - use with caution as this can cause skin irritation.

Diffusers - **the use of diffusers is not** recommended due to the theoretical effect of the essential oils on pregnant women in the vicinity.

| Percentage blend required | Number of drops to be added per:- | | | |
|---------------------------|-----------------------------------|----------------------|----------------------|----------------------|
| | 5mls of carrier | 10mls of carrier oil | 15mls of carrier oil | 20mls of carrier oil |
| 1% | 1 | 2 | 3 | 4 |
| 1.5% | - | 3 | - | 6 |
| 2% | 2 | 4 | 6 | 8 |
| 3% | 3 | 6 | 9 | 12 |

A maximum of 3 oils may be used in a blend.

Consent

Women should be provided with sufficient knowledge to make an informed decision about the use of aromatherapy (NMC 2002). Midwives offering essential oils are required to document the discussion together with rationale in the Midwifery notes. Discussion should include information about the essential oil(s) suggested and the reason for application and mode(s) of use. Information should also be given on adverse associated symptoms.

Verbal consent is sufficient and women should be aware that they have the opportunity to decline, without it affecting subsequent care as stated in the code of conduct (NMC 2004). Women should be provided an information leaflet (hyperlink leaflet) and given the opportunity to discuss.

Documentation

The audit form (appendix 2) needs to be completed each time essential oils are used and filed in the aromatherapy folder. The form should be completed by the Midwife who administers the essential oil. The midwife also needs to document the use of essential oils in the maternity record. This should include the indication for use, percentage blend, essential oil(s) used, number of drops, amount and type of carrier oil and route of administration. This is the fullest account of essential oils usage and constitutes a legal document (NMC 2004).

For example - "For pain relief in labour I have used a 2 % blend of black pepper (1 drop), grapefruit (1 drop) and lavender (1 drop) in 10mls of carrier oil (grapeseed) administered with consent via a back massage".

Any adverse symptoms associated with the use of essential oils should be documented in the following:

- The Oil Audit Form (see Appendix 2)
- Maternity Notes

In the unlikely event of a serious reaction, an Incident Form should be completed as part of the Risk Management process (NMC 2004).

As part of continuing audit, Midwives are required to enter the use of essential oils on the guardian K2 computer system as one of the care options mothers used during labour and birth.

Essential Oil Safety

General Rules

- **Do not** take essential oils internally.
- Exercise caution if using essential oils directly on skin.
- Avoid contact of essential oils with sensitive areas like nose, eyes, face.
- Wash hands thoroughly after blending oils or giving a massage.
- Keep essential oils away from naked flames.
- Keep essential oils correctly stored in a locked fridge and out of reach of children
- Sunbathing after citrus massage makes sunburn more likely.
- **Do not add essential oils to the birthing pool.**
- When administering essential oils consider the comfort and potential complications to other people in the room.

NB. There is no evidence to suggest that pregnant members of staff using essential oils are at an increased risk of miscarriage: indeed, literature indicates that women attempting abortion using essential oils are unsuccessful (Tisserand and Balacs, 1999).

Dealing with Adverse Reactions

- Wash skin with un-perfumed soap to remove oil.
- Expose skin to the air to encourage evaporation of the oil.
- If undiluted essential oil is splashed into eyes use an eye splash first aid kit.

In the unlikely event of a serious reaction medical review may be indicated and an incident form should be completed as part of the risk management process (NMC 2004).

Disposal of Unused Massage Oil Containing Essential Oils

Paper / plastic pots containing blended oils should be soaked up with a tissue and disposed of in domestic waste bags.

Responsibilities

Healthcare professionals:

- To access, read, understand and follow this guidance
- To use their professional judgement in application of this protocol

Management:

- To ensure the protocol is reviewed as required in line with national recommendations.
- To ensure the protocol is accessible to all relevant staff.

This document has been disseminated to all clinical and administration staff via Datix and is available on the trust web site.

Audit: Monitoring Compliance with this Guidelines

An annual audit of Maternity Notes and Health Records of babies will be completed to include the following: appropriate and correct usage of aromatherapy oils; and patient satisfaction.

Audit results will be presented at the Maternity Outcomes and Maternity Experience meetings and actions taken as necessary. An action plan will be developed if there are any shortfalls identified from the audit to ensure compliance. The Maternity Outcomes Group will continue to monitor the action plan until completion.

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Appendix 1 – Essential Oil Use in Labour

Appendix 1

Essential Oils for Use in Labour

| Name of Oil | Blends with | Physiological effects of Constituents | Benefits in Labour | Contraindications Precautions |
|---|---|--|--|--|
| Bergamot (citrus aurantium) sweet spicy, fruit aroma. Top note. | Clary Sage, Grapefruit, Jasmine, Lavender | Antiseptic, antiviral, antifungal due to alcohols (Schaubelt 1998) Antispasmodic, hypotensive, anticoagulant, sedative, analgesic, antidepressant (Schaubelt 1998) | <ul style="list-style-type: none"> • Pain relief • Relaxation • Calms anxiety • Uplifting | Maternal dislike. Avoid direct exposure to sunlight for up to 12 hours as photosensitive (Kerr 1999) Allergy to citrus fruit |
| Clary Sage (Salvia Sclarea) powerfully heavy aroma, sweet nutty. Top to middle note. | Bergamot, Grapefruit, Jasmine, Lavender | Antiseptic, antibacterial, (Schaubelt 1998) Decongestant and expectant. Calming due to sesquiterpenes and effect of action of brain by releasing serotonin (Holmes 1998, 1999) | <ul style="list-style-type: none"> • Relieves pain, fear and tension • Enhances uterine action; acceleration, retained placenta • Helpful for depression • Thought to reduce hypotension | Maternal dislike Previous LSCS |
| Frankincense (Boswellia Carteri) Middle to base note. | Bergamot, Grapefruit, Clary Sage, Jasmine, Lavender | Antiseptic, antiviral, antifungal (Harris 2003) Analgesic (Pino & Sanchez 2000) Improves lymphatic flow (Baylac and Racine 2003) | <ul style="list-style-type: none"> • Pain relief • Relief of anxiety • Eases fear | Maternal dislike Avoid in asthmatic women |
| Grapefruit (Citrus Paradisi) Light citrus, sweet Top note | Bergamot, Clary Sage, Jasmine, Lavender | | <ul style="list-style-type: none"> • Relief of fear and anxiety • Uplifting aroma to combat heavier aromas such as Jasmine and Clary Sage | Maternal dislike Allergy to citrus fruit Short shelf life due to oxidation of aldehydes. Discard after 3 months, store in refrigerator |
| Jasmine Jasminum Officinale. Rich, warm, tea like, leafy undertone. Middle to base note | Bergamot, Clary Sage, Lavender, Grapefruit | Antispasmodic, reduces anxiety by decreasing the stress response from the hypothalamus analgesic | <ul style="list-style-type: none"> • Pain relief • Enhances contractions • Acceleration of labour • Retained placenta • Antidepressant • Helpful for anxiety | Maternal dislike Aroma may be overpowering and nauseating, consider effects on Midwife and partner |
| Lavender (Lavendula Angustifolia). Top note | Bergamot, Clary Sage, Grapefruit, Jasmine | Anti infective, analgesic, hypotension, smooth muscle relaxant | <ul style="list-style-type: none"> • Pain relief • Enhance contractions • Relaxation • Bach ache • Infected sutures • Aid sleep and relaxation | Maternal dislike Not to be used for hypotensive women. Not to be used for women suffering from hay fever related asthma (Young 2002) |

Summary of Essential Oil Properties

| | |
|--|---|
| <p>Relaxing/Calming</p> <p>Lavender, Roman Chamomile, Ylang Ylang, Lime, Frankincense, Bergamot, Neroli, Rose, Sandalwood</p> | <p>Sedating</p> <p>Roman Chamomile, Ylang ylang, Lavender</p> |
| <p>Stimulating</p> <p>Peppermint, Black pepper, Frankincense, Lemon, Mandarin, Sandalwood</p> | <p>Emmenagoguic (avoid in pregnancy, stimulates blood flow in the pelvic area and uterus)</p> <p>Clary sage (avoid until labour), Jasmine(avoid until term), Lavender , Roman Chamomile, Rose (avoid until 3rd trimester)</p> |
| <p>Uplifting</p> <p>Bergamot, Lemon, Manadrin, Rose, Grapefruit, Lime, Neroli, Geranium</p> | <p>Hypertension</p> <p>?Geranium</p> |
| <p>Antispasmodic</p> <p>Bergamot, Black pepper, Clary sage, Lavender</p> | <p>Hypotensive</p> <p>Bergamot, Ylang Ylang, Clary sage, ?Geranium, Neroli,</p> |
| <p>Analgesic</p> <p>Black Pepper, Roman Chamomile, Geranium, Clary sage, Mandarin, Sandalwood</p> | <p>Laxative</p> <p>Black pepper, Bergamot,</p> |

Appendix 2 – Aromatherapy Audit Form

Aromatherapy Audit form

| |
|-----------|
| Name |
| D.O.B |
| Hosp. No. |

Date:.....

| | Blend 1 | Blend 2 | Blend 3 |
|--|----------------|----------------|----------------|
| Time of administration | | | |
| Indication for use | | | |
| Oil(s) used | | | |
| Percentage Blend | | | |
| Type and amount of carrier oil | | | |
| Method of administration e.g. massage/inhalation | | | |
| Mothers perception of effectiveness (score 1 -5 with 1 being no effect - 5 extremely effective) and comments | | | |
| Any adverse effects? | | | |