

## Aromatherapy in Maternity - Summary Clinical Guideline Service provided at RDH site only

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Aromatherapy draws on the healing power of plants with the use of essential oils to enhance physical, mental and emotional wellbeing. Aromatherapy is used internationally as complementary therapy for women in labour but also in late pregnancy and the postnatal period. A large study carried out in Oxford showed that women in labour consistently rated aromatherapy as helpful by aiding relaxation and reducing stress and anxiety. This study also showed that pain medication in women using aromatherapy went down.

### **Purpose and Outcomes**

To provide a complementary service to our pregnant women and to provide clear guidance to aromatherapy competent staff. To outline the safe usage of essential oils and aromatherapy as well as the benefits and risks. To outline that aromatherapy is not to be used instead of pain relief medication but as an adjunct only to aid relaxation and to reduce stress and anxiety.

### **Documentation and Consent**

The following needs to be documented by the aromatherapy competent midwife in the labour records:

- Confirmation that contra-indications for the selected oils have been checked, including checking for nut allergies where appropriate
- Confirmation that inclusion criteria are met and no exclusion criteria are present
- Documentation of informed verbal consent

The following needs to be documented by the aromatherapy competent midwife on the back of the drugs chart in the PGD/protocol section:

- Oil used
- Method used
- Time started
- Name and signature of administering aromatherapy competent midwife

### **Methods and Safety**

The oils may be massaged into the skin, added to a bath, inhaled or applied via a compress. If more than one method is used, the total number of different oils used simultaneously should not exceed 3. Essential oils used at RDH for pregnancy and childbirth appear safe especially in the dilution and applications advocated. Occasional mild side-effects may be experienced such as vomiting, nausea, headache and minor skin rash. Thorough agitation of water appears to reduce the likelihood of the latter occurring. Be aware of the possible effect of strong smells on severe asthma.

### **Essential Oil Safety**

Aromatherapy may be offered and administered to women by a midwife who has attended the appropriate study day and has completed the competency training package.

Pregnant members of staff should not make up or massage blends of essential oils but can safely look after women who are using them as they are extremely unlikely to inhale a therapeutic dose of essential oils. Essential oils are added in most perfumes, deodorants, bathing and washing products along with many other things with little apparent detrimental effect. Essential oils evaporate extremely quickly.

No essential oil should be continuously used for approximately more than three weeks.

The aromatherapy competent midwife is expected to:

- discuss the choice of oils (see Appendix A for overview) and methods of use with the woman
- check the contra-indications for the selected oils
- check inclusion and exclusion criteria
- check for allergies
- obtain verbal consent
- prescribe selected oils
- use interpreting services if language difficulties are apparent

A sign needs to be placed on the door of a room where Aromatherapy is in use to make staff aware of the oils used prior to entry in case they suffer from any sort of allergy.

### **Inclusion and Exclusion Criteria**

Inclusion criteria:

- $\geq 36$  weeks gestational age including antenatal, latent phase, induction or augmentation of labour, second or third stage labour
- 2<sup>nd</sup> or 3<sup>rd</sup> trimester pregnancy loss
- $< 36$  weeks gestational age once labour is established and inevitable
- Antenatal  $\geq 34$  weeks as support for anxiety and stress. NOTE: limited only to give frankincense, lemon, mandarin or grapefruit
- Prior to an elective or emergency caesarean section as support for anxiety and stress. NOTE: not intended in any way to support with pain relief
- Postnatal

Exclusion criteria:

- Threatened pre-term labour  $< 37$  weeks gestational age
- Known allergies to essential oils
- Known multiple allergies
- In new complications of labour avoid clary sage, jasmine, rose, basil and nutmeg until a plan is in place, then re-assess essential oil use

### **Methods of use**

The effect of treatment needs to be observed and only when the essential oil aroma has reduced should another treatment be considered.

There is a positive effect to using an inhalation and massage oil at the same time.

Essential oils are NOT for oral use.