Royal Berkshire
NHS Foundation Trust

Aromatherapy use in Labour Care (GL1085)

Approval and Authorisation

Approved by	Job Title or Chair of Committee	Date
Maternity & Children's Services Clinical Governance Committee	Chair, Maternity Clinical Governance Committee	4th May 2018

Change History

Version	Date	Author	Reason
1.0	February 2017	Laura Wallbank	Aromatherapy provision reviewed and updated

This replaces Aromatherapy protocol CG476 V3.0 which is now obsolete

CONTENTS

1.0 Purpose

To enable registered midwives who have received the appropriate training from a jointly qualified midwife/aromatherapist, to safely administer nominated aromatherapy oils to women in labour.

2.0 Overview

Aromatherapy is the administration of concentrated essential oils extracted from plants, administered in a variety of ways; massage, inhalation or in water. The chemical constituents of the essential oils work pharmacologically but aromatherapy is also considered to be a holistic form of complementary medicine which works due to the combination of the chemical constituents, the way it is administered and the effect of the aromas on the limbic system which affects mood.

In the UK, there is professional concern within maternity services. There is a need to reduce obstetric interventions to minimise long-term maternal morbidity and reduce costs at a time when there are limited resources. The High Impact Actions for Nursing and Midwifery (NHS Institute 2009) identified “promoting normal birth” as a key issue for change. The emphasis on normality in childbearing and the importance of the midwife’s role in promoting holistic care was highlighted in the Midwifery 2020 report (2010).

Caesarean sections now account for over 30% of births in some areas (Birth Choices UK 2011) and this undoubtedly increases morbidity for mothers. The cost of a Caesarean is almost twice that of a normal birth, increasing precious resources which could be redirected to improving maternity services overall (NHS Institute 2009).

Surveys suggest that as many as 80% of pregnant women self-administer natural remedies or consult independent therapists to relieve pregnancy discomforts, prepare for birth, ease labour pain and adapt to motherhood (Babycentre.co.uk 2011; Bishop et al 2011; Hall et al 2011). Midwives are increasingly frequently asked for advice on natural remedies and many maternity units are now seeking to implement complementary therapies, such as aromatherapy, hypnosis and acupuncture, as a means of facilitating normality in childbirth.

Aromatherapy and massage have been proven to be beneficial in labour to facilitate normal birth, reducing the need for pharmacological or surgical intervention as well as enhancing maternal satisfaction and increasing midwives job satisfaction which affected staff retention and recruitment (Burns et Al 1999).

Results from the above study of 8058 women demonstrated that:

- The uptake of epidural anaesthesia was significantly less for women who used aromatherapy, regardless of parity and labour onset.
- There was an association with a reduction in the use of systemic opioids when aromatherapy was used.
- Less than 1% of women reported any side effects following the use of aromatherapy. The reported sensitivities were headache, nausea, vomiting or a

mild erythemic rash. These symptoms may have been associated with the normal physiology of labour.

Additionally women expressed feelings of empowerment and feeling supported when using aromatherapy. (Burns et al, 2000. Allright et al, 2003. William et al, 2007.)

Aromatherapy aims to enhance women's overall birth experience by increasing choice, a recommendation made by Better Births (2016) and empowerment and by promoting normality and reducing intervention. Aromatherapy therefore has the potential to be a safe, effective and cost effective option for women.

3.0 Professional Accountability

The Nursing and Midwifery Council facilitates the use of aromatherapy and massage providing that midwives:

- "complete the necessary training before carrying out a new role (NMC 2015, 13.5)."
- "make sure that any information or advice given is evidenced based, including information relating to using any healthcare products or services (NMC 2015, 6.1.)"
- "maintain the knowledge and skills you need for safe effective practise (NMC 2015, 6.2.)"
- "make sure that you get properly informed consent and document it before carrying out any action (NMC 2015, 4.2)."
- "keep clear and accurate records (NMC 2015, 10.)"
- "make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice (NMC 2015, 12.1)".

Therefore, midwives wishing to use aromatherapy and massage during their practise whilst employed by Royal Berkshire NHS Foundation Trust must

- be adequately and appropriately trained and must be able to apply the principles of aromatherapy and massage to their midwifery practise.
- keep up to date with changes in aromatherapy and complete yearly updating.
- base their aromatherapy practise on sound principles, available knowledge and skills and where possible contemporary evidence or authoritative debate.
- complete and retain the aromatherapy documentation (Appendix B) which evidences risk assessment, consent, rational for treatment, treatment given and evaluation of treatment given.
- use aromatherapy within the parameters of this protocol to ensure cover by the Trusts vicarious indemnity insurance cover.

4.0 Training and Education

Appropriate training will be provided by midwife/aromatherapists. Midwives will be made aware of their professional accountabilities.

- Midwives interested in aromatherapy will be offered a half day study session to enable them to take responsibility for prescribing, dispensing and administering a small selection of essential oils to women in labour. Prior to the study day a resource pack will be issued with a quiz which must be completed and passed prior to the aromatherapy study session. .
- Midwives using aromatherapy oils in their practise must maintain up to date skills and knowledge and demonstrate their competence to practise, this will be in the form of a yearly update to include 3 short reflections of cases where the midwife has used aromatherapy.
- Maternity care assistants may administer massage with essential oils on the responsibility of an aromatherapy trained midwife who has dispensed the relevant blend of oils to be used.
- Midwives joining the Trust will receive aromatherapy training in their preceptorship/induction period.
- A live register of midwives approved to use aromatherapy will be maintained by the Clinical Skills Facilitator. Midwives who have not used aromatherapy in their clinical practice for more than 1 year will not be able to administer aromatherapy until they have repeated the study session.

5.0 Consent

Women should be provided with sufficient knowledge to make an informed decision about the use of aromatherapy. (NMC, 2006.) *Maternity information leaflet - Aromatherapy during Childbirth*

- Midwives offering aromatherapy should document that they have discussed its use with the woman on the Aromatherapy Administration record, which should be filed with the intrapartum notes.
- The discussion should include information about the essential oils that have been chosen, the reasons for use and information on possible adverse associated symptoms should be given.
- Verbal consent is sufficient. Midwives should respect, support and document a person's right to accept or refuse treatment. (NMC, 2015, 2.5)

6.0 Documentation

Midwives must maintain contemporaneous records on the use of aromatherapy according to The Code (2015) and Trust guidance.

1. The woman's details should be recorded on the "Aromatherapy Record Sheet" in the aromatherapy box to maintain a record of who has received aromatherapy and facilitate audit.
2. The Aromatherapy Administration Sheet (see Appendix B) must be completed each time essential oils are used. This should be filed in the Maternity notes in the intrapartum section. Only 1 Aromatherapy Administration sheet should be used for each woman. This is to ensure that no more than 3 essential oils are

used per woman. Each time a new essential oil or method of administration is used, it should be added to the existing form.

3. To facilitate continuing audit, midwives are requested to enter the use of aromatherapy on CMIS as a pain relief option. (NMC 2015)
4. The aromatherapy aftercare maternity information leaflet should be given.
5. Women receiving aromatherapy should be identified on the report board and the room door.
6. In the unlikely event of a serious reaction to aromatherapy, an Incident Report should be completed as part of the risk management process. (NMC 2006)

7.0 Criteria for women using Aromatherapy

- Women who have been assessed as suitable to receive aromatherapy and have given informed verbal consent.
- Women who are in latent phase or established labour.
- Women with spontaneous, augmented or induced labour.
- Gestation 37/40 or more
- Singleton pregnancy, longitudinal lie, cephalic presentation.
- Normally situated placenta. No third trimester APH.
- Blood pressure within normal limits – diastolic 90 mmHg or below.
- Amniotic fluid volume within normal limits,
- Well fetus, no IUGR, fetal distress or suspected cephalo-pelvic disproportion.
- No medical conditions

8.0 Contraindications

- Women in the antenatal period
- We not given consent.
- Pre-existing medical condition e.g. epilepsy, diabetes, hypertension, HIV IDDM
- Complicated pregnancy e.g. , PET, DVT, gestational diabetes.
- Preterm labour (< 37 weeks gestation).
- Multiple pregnancy triplets or above.
- Transverse, oblique or unstable lie.
- Polyhydramnios or oligohydramnios.
- Pathological anaemia or any thrombo-embolic or coagulation disorder.
- Infectious condition or unexplained pyrexia.
- Severe asthma or other major respiratory condition.
- Current APH.
- Placenta praevia.

- Severe hypotension.
- Multiple allergies.
- Long term medication e.g. anti-hypertensives, anti- coagulants.
- Current reduced fetal movements or reduced fetal growth.

9.0 Use with caution

- Epidural in situ – avoid hypotensive oils – lavender and clary sage.
- Hypotension or fainting episodes – avoid hypotensive oils if diastolic BP below 60.
- Mild asthma – avoid essential oils from flowers if mother suffers hay fever or asthma triggered by pollen.
- Twin pregnancy – do not use uterine stimulating oils
- VBAC – do not use uterine stimulating oils.
- Do not use uterine stimulating oils when using oxytocin or for 1 hour after ARM of administration of Prostin/propess.
- Avoid abdominal massage if placenta anterior or history of APH.
- Do not use essential oils in the bath if membranes have ruptured.
- Do not add essential oils directly into the birthing pool. Small bowls of hot water with essential oils in should be used for inhalation.
- Ensure that the woman is not allergic /sensitive to the essential oil or where it is derived from i.e. citrus fruit and mandarin.

10.0 Safety

10.1 Essential oils

Essential oils have the potential to be toxic, hence the need for education and assessment of midwives competence to use them safely. This education should include possible side effects and contraindications. (Tiran 2004, Burns et al 1999.) It must be stressed however, that Tisserand and Balacs (1999), have considered that the pharmacological interactions between essential oils used for pregnancy and childbirth appear safe, especially in the dilutation and applications advocated. The essential oils used at Royal Berkshire Foundation Trust are chosen for their non-toxic, non-irritating and non-sensitising properties. (Burns et al, 1999). Prolonged use (i.e. over a period of three or more months) will not be an issue so dermal sensitivities are unlikely to be a problem.

10.2 Safe use of Aromatherapy

Tiran (2014) recommends the minimum dose of essential oils necessary for the desired effect. For labour this is a maximum massage blend of 2% i.e. 2 drops of essential oil in 5mls of carrier oil or 6 drops in 15mls.

- A maximum of 3 different essential oils should be used in any one blend. With one exception: Jasmine or Clary Sage can be used, following the birth, when there is a retained placenta with normal blood loss. Even if this is the fourth essential oil to be used.
- A 'quick look' list of oils, uses, cautions and methods of application will be available in the aromatherapy boxes for competent midwives to use as reference. (Tiran 2004) (See Appendix A)
- Do not top-up footbaths/baths use a freshly filled one.
- Do not use aromatherapy treatments in rapid succession. The effect of the treatment should be observed and the aroma be allowed to dissipate before another treatment is offered.
- Be careful that undiluted oils do not come into contact with the skin – especially face, nose and eyes. Wash off and leave exposed to air to encourage evaporation.
- Do not store blended oils following use. Dispose of correctly.
- Consider other people in the room including birth partners when using aromatherapy.
- Communicate to colleagues that aromatherapy is in use by documenting on the report board, informing the co-ordinator and hanging 'aromatherapy in use' sign on the door.
- Ventilate room as best as you can after use of aromatherapy.

10.3 Effects on the Fetus

Essential oils have a low molecular mass and therefore have the potential to cross the placenta to the fetus. (Tiran 2004). However, that does not mean that most essential oils are fetotoxic. It depends on the constituents of the essential oils and the plasma concentrations. (Tisserand and Balacs 1999). The immaturity of the fetal liver means that it is unable to metabolise compounds into more toxic ones (unlike adults) thus giving the fetus a degree of protection from any potentially harmful constituents in some essential oils. (Tiran 2004)

Fetotoxic essential oils will not be used at Royal Berkshire Foundation Trust. The concentration of oils used, which will be for a short period of time, will not allow development of high plasma concentrations in the fetus.

10.4 Implications for Staff

The essential oils used at Royal Berkshire Foundation Trust are chosen for their non-toxic, non-irritating and non-sensitising properties. (Burns et al,1999).

Tisserand and Balacs (1999) suggest that important indicators of toxicity of essential oils are found through dosage levels, frequency of use and method of administration. They continue that massage using essential oils is very unlikely to result in toxicity to staff as the amount of oil used is so small and the absorption rate into the blood stream is low. Midwives will administer oils infrequently and not usually for long periods of time so absorption into the blood stream will be minimal.

The risk of toxicity from inhalation of essential oils is very low even though the rate and depth of breathing influence the speed of absorption of essential oils into the blood stream. (Tisserand and Balacs, 1999).

In the Oxford Study (Burns et al, 1999) found that 24 caregivers (0.3%) reported adverse associated symptoms whilst attending women in labour:

- 19 complained of headache
- 3 suffered nausea
- 2 suffered watery eyes.

Midwives who have a natural tendency to skin or olfactory sensitivities should be cautious when using essential oils initially until they have assessed their personal response to each of the oils. (Tisserand and Balacs, 1999)

Midwives may need to consider the possible effects of the emmenagogic oils – Clary sage, Jasmine and Rose at the times of menstruation.

10.5 Pregnant Staff

There is no evidence to suggest that the essential oils are abortifacient or teratogenic when used appropriately (Tiran, 2014). However, caution is recommended for midwives who are pregnant or who think that they are pregnant when using essential oils and uterine stimulating oils are definitely contraindicated for pregnant midwives. Adequate communication of the use of aromatherapy by the use of signs on doors and informing co-ordinators should be implemented to allow members of the healthcare team to avoid aromatherapy if they require.

10.6 Minimising the risk of sensitivities to midwives

- Neat essential oils should not be used directly on the skin.
- Avoid contact of essential oils with sensitive areas such as nose, eyes and face.
- Gloves can be used when blending, mixing and agitating.

- Mix oils on a flat surface in the room that they are to be used. Take the aromatherapy box into the room.
- Wash hands thoroughly after massaging and/or essential oil treatments.
- Do not store blended oils after use.
- Wash bowls, pots and any other equipment with warm soapy water, rinse and dry and store in the designated place.

10.7 Manual Handling Regulations (1992) (see Trust policy CG079)

Require staff to learn safe practices for moving and handling and take reasonable care to ensure the safety of oneself and others.

- Ensure awareness of correct posture when massaging/lifting bowls of water is included in the Trust aromatherapy study day.
- Ensure staff up to date with manual handling study days

11.0 Dealing with Adverse Reactions

- Remove the taper, tissue, footbath or bowl of water.
- Remove the woman from the bath..
- Wash skin/shower with unperfumed soap to remove oil from skin.
- If appropriate expose skin to the air to encourage evaporation of any residual oil.
- Ventilate the room if possible to facilitate evaporation.
- For splashes into the eyes, irrigate with warm water.
- In the unlikely event of a severe reaction follow the Anaphylaxis Guideline (see Trust guideline GL517)
- Document any sensitivity on the Aromatherapy Administration form.
- Report any serious adverse reactions on the Risk Management Incident Reporting System.

12.0 Ordering, storage and Disposal

Tiran (2000) advises purchase of essential oils from a reputable supplier as allergic reactions may result from additives in poor quality oils. Reputable suppliers will be happy to supply a written analysis of the actual oil being sold.

- Essential oils deteriorate when exposed to sunlight or air. This is oxidation. Oils should be stored in dark bottles and be kept away from direct sunlight to maintain their shelf life. (Tiran 2000)
- Mandarin Oil loses its potency after 3 months and should be discarded 3 months after opening.
- Grapeseed carrier oil goes rancid after 6 months and should be replaced.
- All other oils last 1 year from opening.

12.1 Chemical Hazard Information and Packaging for Supply (CHIPS, 2002)

- Requires that essential oil bottles be correctly labelled with the date of opening and /or expiry date.
- It is therefore recommended that one person take responsibility for this. (Midwife/Aromatherapist)

12.2 Control of Substances Hazardous to Health Regulations (COSHH, 2002)

- Essential oils are flammable liquids.
- Essential oils should be stored in a sealed box in a locked cupboard. Be aware of other children in a home birth environment.
- Waste diluted oils can be disposed of down the sink for footbaths, compresses and bowls of water.
- Waste oils mixed with carrier oil should be disposed of by wiping out the pot with a hand towel and disposing in a yellow bag.
- Equipment used for mixing, blending and treatment should be washed with soap and warm water and then be dried thoroughly.
- Expired, undiluted essential oils should be collected, in the original bottle, in the 'Aromatherapy Waste 'bin that is located in Delivery Suites' sluice. This will then be transferred to pharmacy for safe disposal.

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Appendix A - Aromatherapy Oils, Uses, Cautions, and Methods of Application

Only to be used by Midwives who have attended the Aromatherapy Study Day.

Essential Oil	Indications	Cautions	Application
Lavender	Anxiety Exhaustion Back pain Analgesia	Do not use in women who have hay fever related asthma. Do not use with hypotensive women/ epidurals.	Inhalation Massage Bath Footbath Compress
Chamomile	Anxiety Nervous Tension Back pain Analgesia	Can irritate skin in frequent use. .	As for Lavender
Frankincense	Anxiety Hyperventilation Panic in transition		As for Lavender For panic use 1 drop on a taper, tissue or in the palm of the hand to inhale.
Mandarin	Anxiety Exhaustion Stretch marks	Can be phototoxic avoid direct sunlight after use.	As for Lavender
Clary Sage	Anxiety Delay in 1st, 2nd 3rd stage. To uplift and relax.	Use with care, enhances uterine action. Midwives take care when menstruating. Avoid alcohol after use.	As for Lavender
Jasmine	Anxiety Stress Delay in 1st,2nd,3rd stage Analgesia IUD	Use with care, enhances uterine action. Midwives take care when menstruating.	As for Lavender
Rose	Anxiety Stress IUD Aids uterine action Regulating	Use with care, enhances uterine action. Midwives take care when menstruating.	As for Lavender .
Peppermint	Indigestion Nausea Vomiting Analgesia	Cooling.	Use only on taper or in footbath – can irritate skin.

Methods of Application

Massage	See dosage below
Bath	4 Drops of essential oil in 5mls milk .Do not put oils in the bath if delivery is imminent.
Footbath	2-3 Drops in 5mls milk in bowl of water.
Compress	2-3 Drops of oil in 5mls milk. Soak out excess water and apply to appropriate area. Avoid eyes.
Inhalation	2-3 Drops of oil in small bowl of hot water. 1 drop on a taper

Essential oil dosages

	5mls of Carrier oil	10mls of carrier oil	15mls of carrier oil
1% blend	1 drop	2 drops	3 drops
1.5 % blend	---------	3 drops	---------
2 % blend	2 drops	4 drops	6 drops

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Appendix B - Aromatherapy Administration Record

Please file in Maternity Notes

Patient name
NHS no
Affix patient label here

Date/Time: Gestation:

Type of care: MW / CONS Parity:

Risk assessment *(please circle and give details if Yes)*

Any medical/obstetric History: Yes No
(If any history, see guideline to check if suitable to receive aromatherapy)

Details……

Any allergies/hay fever/asthma? Yes No
(If Yes refer to guideline)

Details……

Does the woman have an epidural? Yes No
(If Yes refer to guideline)

Details……

Consent and Administration *(please circle)*

Has the woman given consent for aromatherapy ? Yes No

Possible side effects have been explained? Yes No

Choice of oils and method of application discussed ? Yes No

Oils used *(please circle)*

Lavender	Chamomile	Frankincense	Mandarin
Clary sage	Jasmine	Rose	Peppermint
Carrier oil	Grape seed	Other……	

Indication for oils used

Oil 1……..

Oil 2……..

Oil 3……..

Method of application *(please circle)*

Taper Bath Footbath Compress Room inhalation

Massage - % blend used:……..……..

- mls of carrier oil……..……..
- no. of drops of each oil…….……

Duration of treatment……..

Frequency of treatment……

Evaluation of treatment *(please evaluate effectiveness)*

Sensitivities/adverse effects?

Yes No *(please circle)*

Details and actions…….……

Aftercare advice leaflet given? *(please circle)*

Yes No

Midwife signature…….....