Ashford and St. Peter's Hospitals NHS
NHS Trust

WOMEN'S HEALTH AND PAEDIATRICS
MATERNITY UNIT

GUIDANCE ON USE OF AROMATHERAPY AND MASSAGE IN LOW RISK PREGNANCY

Amendments			
Date	Page(s)	Comments	Approved by
Jan 2017		New guideline	Divisional Governance meeting

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In Consultation with: Women's Health Guidelines Group, Consultant meeting, Women's Health Incident Group

Date Ratified **March 2017**

Date for Review **M 2020**

Target Audience: **All health professionals working within the Maternity Services**

Impact Assessment Carried Out By: Louise Emmett Clinical midwifery manager

GUIDANCE ON USE OF AROMATHERAPY AND MASSAGE IN LOW RISK PREGNANCY

This guideline aims to provide standardised advice and care to women are categorised as low risk in pregnancy and labour who wish to have massage and / or aromatherapy.

See also: Antenatal Risk Assessment Guideline (2016)
ABC Operational Guideline Sept 2016

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1.0 Overview

There is an increasing demand for the use at 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.

ASPH recognises that many women wish to use complementary therapies such as aromatherapy during childbirth. This clinical guideline applies to midwifery staff wishing to use aromatherapy within their practice whilst employed at ASPH

Purpose

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

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

1.1 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 combined with massage or the use of massage alone will offer another choice for low risk mothers. Labour ward has not been included due to the fact that women who are pre term or high risk would be using rooms next to where aromatherapy is taking place

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.

A pre-agreed set of essential oils will be available to choose from for use on women. Only women who meet the inclusion criteria will be able to have aromatherapy.

Women who not meet the inclusion criteria may have a hand /foot/ back / neck and shoulder massage just using carrier oil to promote relaxation.

1.2 Accountability

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).

2.0 Training - Midwives

Midwives must have attended a course in the use of aromatherapy with specific application to midwifery practice in order to take responsibility for prescribing, dispensing and administering essential oils.

Midwives who are qualified aromatherapists are required to undertake either an approved adaptation course/self learning programme to enable them to apply aromatherapy principles to midwifery practice.

Midwives who have not attended the approved midwifery specific aromatherapy training must attend a one hour in house training session in order to use a limited number of pre-blended oils, dispensed by midwives with approved training

Midwives who have not attended the approved midwifery specific massage training must attend a 30 minute in house training session in order to apply different massage techniques.

A 'live' register of midwives approved to use aromatherapy in their practice will be maintained. Midwives who have not used aromatherapy in their clinical practice for more than six months will not be eligible to administer essential oils until they have repeated a revision session.

2.1 Maternity care assistants

Maternity care assistants after completing the required training may provide a hand /foot/ back / neck and shoulder massage just using carrier oil to promote relaxation

3.0 Criteria for using Aromatherapy in Labour

3.1 Inclusion Criteria

- Women who have been risk assessed and classified as low risk and are eligible for care in the Abbey Birth Centre or homebirth, have any contraindications excluded, and have given verbal consent. Documentation of consent should be recorded in the maternity records.

- Women who are at term with a normal singleton pregnancy and longitudinal lie

- Women should be provided with sufficient information to make an informed decision about the use of aromatherapy oils and massage.

- Midwives administering an essential oil massage are required to document the discussion together with their rationale in the maternity notes

- Verbal consent is sufficient and women should be aware that they have the opportunity to decline without affecting subsequent care.

3.2 Exclusion Criteria

- Women who do not give their consent
- Antenatal women <37 weeks gestation
- Women being cared for by a pregnant midwife who who is less than 36 weeks pregnant
- Women receiving care on Labour Ward
- Known allergy to any of the essential oils or carrier oils

3.3 Contraindications

- 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 supressed by medication.
- Do not add essential oils to the birthing pool.
- 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.

3.4 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 if mother has a history of postnatal depression
- Clary sage should not be used if contractions have diminished due to stress or pain. Use other oils as a first choice
- Avoid clary sage if mother has excessive lochia or retained products of conception

4.0 Indications for use of aromatherapy / massage

- Stress, anxiety, fear, tension
- Tiredness, fatigue, insomnia
- Pain and discomfort
- Facilitation of uterine action
- Retained placenta
- Oedema and mild varicosities
- Gastrointestinal symptoms - nausea, vomiting, heartburn, indigestion, constipation, haemorrhoids
- Musculoskeletal symptoms –backache, sciatica, shoulder and neck pain, carpal tunnel syndrome, pelvic girdle pain
- Recovery from birth
- To minimise postnatal psychological issues

4.1 List of Essential Oils validated for use

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

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

4.2 Carrier Oil of Choice

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

4.3 Storage

Essential oils will be stored in a separate container in the fridge which is locked in the Abbey Birth Centre.

The date of opening any oil must be clearly displayed on the essential oil bottle.
If refrigerated, citrus oils will last 3-6 months.

Essential oil kit for home birth will be kept in the same place and included in the daily home birth kit check.

5.0 Methods of Application and doses

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

Foot Bath -
3-4 drops of essential oil in 2mls of carrier oil/full fat milk, in water. Mix thoroughly

Bath
Add 4-6 drops of essential oil to 2ml carrier oil/ full fat milk as water is running into the bath

Compresses -
3-4 drops of essential oil in 2mls of carrier oil, in 0.5 litres warm or cold water, soak compress or flannel, wring out and apply to relevant body part.

Inhalation -
Neat
1 single drop on a taper/cloth or centre of the mothers palm for the mother to smell. E.g. frankincense for transition stage

Direct application on the skin not normally used as can cause skin irritation.
On a tissue, gauze swab or cotton wool ball. 2 drops to inhale if nauseous in labour or extremely anxious. Discard after one hour

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

Percentage blend required	Number of drops to be added per			
	5mls of carrier oil	10mls of carrier oil	15mls of carrier oil	20mls of carrier oil
1% In pregnancy	1 drop	2 drops	3 drops	4 drops
1.5% In pregnancy		3 drops		6 drops
2% in labour or postnatally	2 drops	4 drops	6 drops	8 drops
3% post dates	3 drops	6 drops	9 drops	12 drops

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

5.1 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.

6.0 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 or sensitivities 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, a Datix should be completed as part of the Risk Management process (NMC 2004).

7.0 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).

7.1 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).

7.2 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.

8.0 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 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 review the following: appropriate and correct usage of aromatherapy oils; and patient satisfaction.

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

9.0 Summary of Essential Oil Properties

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

Condition	Essential oils
Frequent urination	Neroli
Abdominal discomfort	Lavender
Heartburn	Sandalwood, R chamomile
Haemorrhoids	Sandalwood, Peppermint, S orange
Morning sickness	Sweet orange, Mandarin
Stretch marks	Lavender, frankincense, Rose, R Chamomile
Varicose veins	Sandalwood, Sweet orange
Water retention	Geranium

10.0 Aromatherapy Checklist

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Name: D.O,B Hosp No

Date: **Time** **Gestation** **Parity**

Risk assessment: - Low risk or high risk

Any medical/obstetric history which are cautions or contraindications	**Yes**	**No**
Is the woman taking any medication or homeopathic remedies	**Yes**	**No**
Any allergies/hay fever/asthma/	**Yes**	**No**
Does the woman have an effective epidural	**Yes**	**No**

Consent and Administration

Has the woman given consent for aromatherapy	**Yes**	**No**
Possible side effects explained	**Yes**	**No**
Choice of oils and method of application discussed	**Yes**	**No**

Indication for use

Antenatal Post dates Labour latent established Postnatal

Stress, anxiety, fear, tension	Tiredness, fatigue, insomnia	Pain and discomfort
Gastrointestinal symptoms - nausea, vomiting, heartburn, indigestion, constipation, haemorrhoids	Musculoskeletal symptoms – backache, sciatica, shoulder and neck pain,	carpal tunnel syndrome, pelvic girdle pain
Facilitation of uterine action	Retained placenta	Post dates induction
Oedema and mild varicosities	Recovery from birth	To minimise postnatal psychological issues

Aim

Uplifting Relaxing Sedating

Oils used

Lavender	Chamomile	Frankincense	Mandarin	Clary sage	Jasmine
Peppermint	Grapefruit	Black pepper	Sandalwood	Neroli	Rose

	Blend 1	Blend 2	Blend 3
Time			
Indication for use			
Oil (s)used			
Percentage blend			
Amount of carrier oil			
Method of administration			
Mothers score perception of effectiveness			
Any adverse effects			

Admin methods

Foot bath Bath Massage hand/foot/back Compress Neat Inhalation

EQUALITY IMPACT ASSESSMENT TOOL

Name:
Policy/Service:

Background • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
• To ensure consistent and high standards of care within the maternity service. • Maternity Services labour care • Maternity Guideline group
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
• Impact assessment revealed no obvious impact identified • N/A • The multidisciplinary team delivering maternity care had the opportunity to contribute to development of the policy.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
• No impact identified
Conclusion • Provide a summary of the overall conclusions
• No impact
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
• Impact assessment will be reviewed at next policy review

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)

If further assessment is required please see the Integrated Single Equality Scheme.

For advice in respect of answering the above questions, please contact Maria Crosbie, HR Manager, on extension 2552.

PROFORMA FOR RATIFICATION OF POLICIES AND GUIDELINES BY RATIFYING COMMITTEE

Policy/Guidelines Name:	Guidance for use of aromatherapy and massage in low risk pregnancy
Name of Person completing form:	Louise Emmett
Date:	15th January 2017

Author(s) *(Principle contact)*	Maternity Guidelines Group
Name of author or sponsor to attend ratifying committee when policy/guideline is discussed	Maternity Guidelines Group
Date of final draft	15th January 2017
Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?	Yes
By whom:	Women's Health Guidelines Group
Is this a new or revised policy/guideline?	Revised

Describe the development process used to generate this policy/guideline. *Who was involved, which groups met, how often etc.?*
Divisional Governance meeting
Who is the policy/guideline primarily for?
Health Professionals working within the maternity service
Is this policy/guideline relevant across the Trust or in limited areas?
Maternity Services
How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline?
Intranet, newsletters, educational half day, training sessions
Describe the process by which adherence to this policy/guideline will be monitored. *(This needs to be explicit and documented for example audit, survey, questionnaire)*
See *monitoring section of policy*
Is there a NICE or other national guideline relevant to this topic? If so, which one and how does it relate to this policy/guideline?
See *reference section of policy*
What (other) information sources have been used to produce this policy/guideline?
See *reference section of policy*
Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation?
No impact
Other than the authors, which other groups or individuals have been given a draft for comment?*(e.g. staff, unions, human resources, finance dept., external stakeholders and service users)*
All obstetric Consultants, Women's Health Guidelines Group, Labour Ward Forum, Paediatricians
Which groups or individuals submitted written or verbal comments on earlier drafts?
Any comments received considered by Women's Health Guidelines Group
Who considered those comments and to what extent have they been incorporated into the final draft?
All comments considered
Have financial implications been considered?
Yes