1. Introduction and Who Guideline applies to

This Guideline is designed to give guidance and support to Midwives to provide appropriate and optimal care for women, who choose to employ the use of aromatherapy in the antenatal, labour and postnatal period.

**RCM positon statement for Complementary therapies and natural remedies**

All Midwives at the point of registration, should have a basic understanding of the benefits and risks of complementary therapies and natural remedies, even though they may not be directly involved in administering or advising on them.

Complementary and natural remedies should be treated with the same caution and degree of expertise as any other clinical intervention. They should be used in conjunction with conventional midwifery and obstetric care and not viewed by mothers or midwives as a replacement for adequate monitoring and care by appropriately qualified maternity professional.

It is appropriate for midwives to gain competence in new skills, in accordance with NMC requirements, so that they can offer women a wider range of choices during maternity care. However, they must take care not to overstep the boundaries of professional accountability. Midwives who are using these therapies in their practice should have gained the necessary knowledge and skills through recognised training programmes.

The administration of complementary therapies and/or provision of advice on their use must be in the best interests of the mother and baby and midwives must be able to justify their use in terms of currently available evidence. (NMC Code 2018: 4). Currently NICE (2017) states that women should not be offered, or advised to use, aromatherapy for pain relief during the latent stage of labour as there is limited evidence to support this at present, but NICE also adds that if the woman wishes to use this technique, her wishes should be respected.

**What’s new?**

- Scope of guideline changed from low risk women to all if not contraindicated
- Women with raised BP with no PET symptoms and normal bloods now included
- Highlighted the oils that have uterotonic properties
- Added aromatherapy cards to appendix

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Definition

Aromatherapy is an element of herbal medicine in which highly concentrated essential oils from plants are extracted by steam distillation, cold expression, carbon dioxide or solvent extraction to be used for therapeutic purposes. The chemical constituents of the oils work pharmacologically, acting physiologically on different organs in the body and psychologically via the limbic system in the brain. (Tiran 2018)

Evidence

Some women find the use of aromatherapy during labour beneficial as highlighted in Burns et al (2000) original study found. Women described having increased satisfaction with their labour, more control of their bodies and better psychological outcomes.

Aromatherapy and massage intrapartum service impact on use of analgesia and anaesthesia in women in labour; a retrospective case note analysis. Dhany et al 2012
2. Guideline Standards and Procedures

2.1 Minimal qualifications required by Midwife Lead Therapists

- Midwife Lead Therapists should be qualified to a minimum Diploma standard in recognised Aromatherapy course as Lead Practitioners.
- A minimum of 2 trained Aromatherapists should be trained to a recognised Diploma standard. A register of current therapists with evidence of the registration/qualification and which organisation allied to must be maintained.
- Lead therapists must adhere to the policy and provide evidence of method of application, safety and audit service.

2.2 Training required by midwives to be able to provide aromatherapy services

- Midwives should administer aromatherapy treatments only after they have attended a UHL approved Aromatherapy course and successfully completed LCAT assessment, performed by Registered Midwife, LCAT assessor with full Aromatherapy Diploma.
- Each Practitioner is accountable for their own practice, competency and registration with appropriate regulatory body (NMC, 2018).
- Registrants must have successfully undertaken training and be competent to practise the administration of complementary and alternative therapies (NMC, 2018).
- 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, 2018).

2.3 Women who are suitable for aromatherapy

Women must give informed consent to receive complementary therapies (NMC Code 2018:4.2). Use interpreter services if language difficulties are apparent.

- Women who have given informed verbal consent, subject to availability.
- Antenatally at any gestation BUT avoid uterotonic essential oils e.g. Jasmine & Clarysage until ≥37/40 weeks and Rose should not be used prior to 34/40.
- Normal singleton pregnancy.
- Normally situated placenta.
- Women in the latent phase, early or established labour.
- Postnatal women with no medical or obstetric complications.
- Blood pressure within normal limits (Diastolic 90mm Hg or below)
- Women with raised BP with no PET symptoms and normal bloods
- No contraindicated medical or obstetric conditions.
- Normal fetus with no intrauterine growth restriction.
2.4 Contraindications and precautions when considering aromatherapy

- Absolutely contraindicated for Epileptic women and midwives.
- Major cardiac, hepatic or other significant disease.
- Known allergies to essential oils
- If a woman has multiple allergies use, grape seed oil as a massage medium only.
- Insulin dependent Diabetic or unstable gestational diabetes.
- Severe Asthma or Respiratory condition.
- Pathological Anaemia or Haematological disorder.
- Thromboembolic or coagulation disorder, DVT, mothers on Anticoagulant therapy.
- Infectious conditions, unexplained Pyrexia.
- Multiple Pregnancies.
- Transverse, oblique or unstable lie.
- Current APH, Placenta Praevia.
- Women with raised BP with PET symptoms and or abnormal bloods
- Women with threatened Pre-term labour.
- Within the first 60 minutes following induction/acceleration of labour.
- In new complications of labour stop current treatment and reassess essential oil use.
  If in doubt use grapeseed oil only.
- Air the room prior to new admission.
- No Vaporisers to be used.

2.5 Essential oils safety

When using complementary remedies, such as aromatherapy oils or advising on herbal medicines, midwives must adhere to the parameters of The Code (2018) and national and international laws and directives on the administration and management of both conventional medicines and complementary remedies, especially herbal medicines, aromatherapy oils and homeopathic preparations (Tiran 2018;2014).

- Check for known Allergies.
- Full consultation between woman and practitioner who will administer the first treatment.
- Not to be used in the birth pool (can be used in the bath if not expected to deliver in the bath). Can be used postnatally in the bath.
- No oral use.
- No use of vaporisers.
- Avoid massage over varicosities, broken skin or suspected DVT.
- Any Pregnant staff to avoid exposure to Clary Sage, Jasmine and Rose, or personal preference, or meet any of the named exclusion criteria.
- An hour should pass before putting women with a compromised medical / obstetric history into a room recently vacated by a woman using clary sage.
- Do not use oils near the neonate.
- Do not use near pets at a home birth.
- See Appendix 1.
2.6 Responding to adverse reactions

- Air the room, open windows if possible, to facilitate evaporation of essential oils, they evaporate extremely quickly.
- Expose skin to air to encourage evaporation of essential oil.
- Wash off any oils on the skin with warm soapy water.
- Remove any oils used in any medium from the room.
- If skin irritation is severe a cold compress with water only should be used. Document in the notes, discuss with woman and inform medics.
- Technically, if you can still smell the aromas there are still chemicals in the air.
- Follow Anaphylaxis UHL Anaesthetic Guideline
- If a member of staff has a reaction to oils this needs to be documented and an awareness not to use this oil if the member of staff is present (the member of staff needs to communicate this to the team)
- Record on audit form.

2.7 Infection prevention

- Routine universal precautions.
- 5 steps, hand hygiene prior to preparation and administration of Aromatherapy oils and following.
- Prior to epidural please wash backs with warm soapy water, if aromatherapy oils have been used on back.
- Adhere to Expiry dates.
- Do not use oils on broken or irritated skin.
- Wash reusable bowls with warm soapy water, rinse and dry.

2.8 Safe storage of oils

- Unopened bottles of carrier and essential oils to be stored in a locked cupboard.
- Opened bottles of essential oils to be stored in a locked cupboard out of direct sunlight.
- Keep bottles upright in storage container.
- Open carrier oil to be kept in locked cupboard.

2.9 Disposal of unused oils

- Safe disposal of any pre-blended oil left over in clinical waste bin following emptying of any oils into paper hand towels.
- Glass bottles to be disposed in brown paper bags for recycling.

2.10 Documentation

The Midwife must maintain accurate, comprehensive, contemporaneous records on the use of aromatherapy, including any advice given in the course of treatment.

- Document maternal consent to aromatherapy treatment.
- Indication for and justification of the selected essential oils and base oils used.
3. Education and Training

- Midwives must administer aromatherapy treatments only after they have attended a UHL approved Aromatherapy course and successfully completed LCAT assessment.
- Each Practitioner is accountable for their own practice, competency and registration with appropriate regulatory body (NMC, 2008).
- Registrants must have successfully undertaken training and be competent to practise the administration of complementary and alternative therapies (NMC, 2010).
- 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)

4. Monitoring Compliance

<table>
<thead>
<tr>
<th>What will be measured to monitor compliance</th>
<th>How will compliance be monitored</th>
<th>Monitoring Lead</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe use of Aromatherapy oils and compliance with guidelines</td>
<td>Register of Aromatherapy Midwife Practitioners</td>
<td>Lead Aromatherapists</td>
<td>Annual</td>
<td>Database</td>
</tr>
<tr>
<td>Effectiveness of Therapy</td>
<td>Aromatherapy Audit form</td>
<td>Lead Aromatherapists</td>
<td>For each client episode</td>
<td>Clinical Governance</td>
</tr>
<tr>
<td>Patient safety – monitoring and reporting adverse effects.</td>
<td>Aromatherapy Audit form</td>
<td>Lead Aromatherapists</td>
<td>For each client episode</td>
<td>Obstetrician/Anaesthetist</td>
</tr>
</tbody>
</table>

5. Supporting References

Tiran D; Aromatherapy in Midwifery Practice (2018)


www.nmc.org.uk/code 2015 (updated 2018)


6. Key Words
Adverse reactions, Aromatherapy Lead, Blends, Contraindications, Essential oils

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

<table>
<thead>
<tr>
<th>CONTACT AND REVIEW DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guideline Lead (Name and Title)</td>
</tr>
<tr>
<td>Lorna Phillips-Gray – Birth centre manager</td>
</tr>
</tbody>
</table>

Details of Changes made during review:

<table>
<thead>
<tr>
<th>Date</th>
<th>Issue Number</th>
<th>Reviewed By</th>
<th>Description Of Changes (If Any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2019</td>
<td>1</td>
<td>Authors: F Cox - Birth centre manager J Allatson - Midwife M Dymond - Midwife</td>
<td>New guideline to support trained midwives in the use of aromatherapy oils in low risk pregnancy</td>
</tr>
<tr>
<td>September 2021</td>
<td>2</td>
<td>Lorna Phillips-Gray – Birth centre manager Hilary Fields Practice Education Midwife Annabelle Barker Home Birth Team Lead</td>
<td>Removed that the guideline is specifically used for low risk women Added aromatherapy cards</td>
</tr>
</tbody>
</table>
Appendix 1: Guide to dosages in Aromatherapy Administration

The following is a guide to the number of drops of essential oil to be added to the carrier oil to ensure correct dosages. Grapeseed is the recommended carrier oil for midwifery practice. The number of drops is the total, irrespective of how many essential oils are used. Generally, a maximum of 3 essential oils should be used in any 1 blend. Dosages should be as follows:

- Pregnancy = 1 or max 1.5%
- Labour and postnatal = 2%
- An exception to the rule is for induction of labour in post-dates pregnancy, by midwives only = 3%

<table>
<thead>
<tr>
<th>Percentage blend required</th>
<th>Number of drops to be added per-</th>
<th>5mls of carrier oil</th>
<th>10mls of carrier oil</th>
<th>15mls of carrier oil</th>
<th>20mls of carrier oil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>1.5%</td>
<td></td>
<td>x</td>
<td>3</td>
<td>x</td>
<td>6</td>
</tr>
<tr>
<td>2%</td>
<td></td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>3%</td>
<td></td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>
## Appendix 2: Essential oils permitted for use in UHL

### Essential Oils for Use in UHL

<table>
<thead>
<tr>
<th>Name of Oil</th>
<th>Blends with</th>
<th>Physiological effects of constituents</th>
<th>Application to Midwifery Practice</th>
<th>Contraindications and Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bergamot</strong>&lt;br&gt;(Citrus Aurantium/Bergamia)</td>
<td>Black pepper, Chamomile, Clary Sage and all other stated UHL oils</td>
<td>Antiseptic; Antibacterial; antiviral; antifungal; analgesic; anticoagulant (mild); antidepressant; anti-spasmodic; digestive; hypotensive; sedative</td>
<td><strong>Pregnancy</strong>&lt;br&gt;Relaxation, calming, nausea&lt;br&gt;<strong>Labour</strong>&lt;br&gt;Analgesia relief of spasm, uplifting, nausea&lt;br&gt;<strong>Postnatal</strong>&lt;br&gt;Stress, anxiety, nausea</td>
<td>Avoid exposure of skin to direct sunlight for 2 hours: avoid in women allergic to citrus fruit.</td>
</tr>
<tr>
<td><strong>Black Pepper</strong>&lt;br&gt;(Piper Nigrum)</td>
<td>Bergamot, Chamomile, Clary sage, Frankincense, geranium, grapefruit, rose ylang ylang, orange, lavender</td>
<td>Analgesic; Antibacterial; antifungal; Gastric stimulant.</td>
<td><strong>Pregnancy</strong>&lt;br&gt;Muscular Pain, oedema, constipation, heartburn, Indigestion&lt;br&gt;<strong>Labour</strong>&lt;br&gt;1st stage analgesia&lt;br&gt;<strong>Postnatal</strong>&lt;br&gt;Constipation, analgesia</td>
<td>Mild phototoxicity&lt;br&gt;Use sparingly – strong aroma.</td>
</tr>
<tr>
<td><strong>Chamomile Roman</strong>&lt;br&gt;(Chamaemelum Nobile/Anthemis Nobilis)</td>
<td>Bergamot, clary sage, frank, geranium, rose ylang ylang, Orange, pepper Mint</td>
<td>Antibacterial; antiviral; antifungal; analgesic, anti-inflammatory, antispasmodic.</td>
<td><strong>Pregnancy</strong>&lt;br&gt;Constipation, Indigestion, Insomnia, leg cramps&lt;br&gt;<strong>Labour</strong>&lt;br&gt;Stress, anxiety, tension, analgesia&lt;br&gt;<strong>Postnatal</strong>&lt;br&gt;Constipation.</td>
<td>Use in 2nd and 3rd trimester and postnatally ONLY as possible mild uterotonic effect (use in small doses)&lt;br&gt;Skin irritant if used neat.</td>
</tr>
<tr>
<td>Title: Aromatherapy in pregnancy labour and postnatally</td>
<td>V:2 Approved by: Maternity Governance Committee: October 2021</td>
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<td>Next Review: October 2024</td>
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<td>NB: Paper copies of this document may not be most recent version. The definitive version is held on InSite in the Policies and Guidelines Library</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Clary Sage</strong> (Salvia Sclarea)</th>
<th><strong>Bergamot, Frankincense, geranium, rose, jasmine, lavender, neroli, ylang ylang, Orange, black, pepper, grapefruit.</strong></th>
<th><strong>Antibacterial; antiviral; analgesic; emmenagoguic, uteronic, sedative, Anti-depressant</strong></th>
<th><strong>Pregnancy</strong></th>
<th><strong>Do not use until ≥37/40</strong> Hypertonic uterine action, fetal distress, do not use in well-established labour, not to be used for retained products of conception.</th>
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<tbody>
<tr>
<td></td>
<td><strong>Labour</strong></td>
<td><strong>Postnatal</strong></td>
<td><strong>Labour</strong></td>
<td><strong>Postnatal</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Induction, Acceleration, retained Placenta, Pain relief, anxiety, fear.</strong></td>
<td><strong>Sinus congestion, “blues” depression</strong></td>
<td><strong>Analgesia, Oedema, Carpal tunnel, leg cramps, relaxing/calm, Haemorrhoids</strong></td>
<td><strong>Oedema, Carpal tunnel, leg cramps, relaxing/calm, sinus relief</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Pain relief, anxiety, fear.</strong></td>
<td></td>
<td><strong>Stimulating.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cypress</strong> (Cupressus Sempervirans)</td>
<td><strong>Bergamot, Chamomile, Clary sage, Frankincense, geranium, rose, Jasmine, lavender, neroli, ylang ylang, Orange, grapefruit</strong></td>
<td><strong>Antibacterial; antifungal; anti-Spasmodic, calming, Diuretic, phlebotonic, expectorant.</strong></td>
<td><strong>Pregnancy</strong></td>
<td><strong>Caution Hypertensive Women, possible skin sensitisation, Avoid neat application.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Labour</strong></td>
<td><strong>Postnatal</strong></td>
<td><strong>Postnatal</strong></td>
<td><strong>Postnatal</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Analgesia, Oedema, Stimulating.</strong></td>
<td><strong>Sinus relief</strong></td>
<td><strong>Oedema, Carpal tunnel, leg cramps, relaxing/calm, sinus relief</strong></td>
<td><strong>Oedema, Carpal tunnel, leg cramps, relaxing/calm, sinus relief</strong></td>
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<tr>
<td></td>
<td><strong>Oedema, Carpal tunnel, leg cramps, relaxing/calm, sinus relief</strong></td>
<td></td>
<td><strong>Sinus relief</strong></td>
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<tr>
<td></td>
<td><strong>Caution Hypertensive Women, possible skin sensitisation, Avoid neat application.</strong></td>
<td></td>
<td><strong>Sinus relief</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Frankincense</strong> (Boswellia Cateri/ Olibanum)</td>
<td><strong>Bergamot, Black Pepper, Chamomile, Clary sage, geranium, rose Jasmine, lavender, neroli, ylang ylang, Orange, grapefruit, Peppermint.</strong></td>
<td><strong>Antiseptic, Antibacterial, antifungal, Antiviral, decongestant, Expectorant, calming yet mentally stimulating</strong></td>
<td><strong>Pregnancy</strong></td>
<td><strong>Asthmatics, adverse to strong odours</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Labour</strong></td>
<td><strong>Postnatal</strong></td>
<td><strong>Labour</strong></td>
<td><strong>Postnatal</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Analgesia, Anxiety/tension Excellent for transition.</strong></td>
<td><strong>Depression/ p/n blues</strong></td>
<td><strong>Analgesia, Anxiety/tension Excellent for transition.</strong></td>
<td><strong>Depression/ p/n blues</strong></td>
</tr>
</tbody>
</table>
| **Geranium**  
*Pelargonium Graveolens* | Bergamot, Black Pepper, Cypress, geranium, rose, Jasmine, lavender, neroli, ylang ylang, Orange, grapefruit, Peppermint | Antibacterial, antifungal, Uplifting, calming, Analgesic, astringent, Reduces nervous agitation, wound healing, possibly diuretic | **Pregnancy**  
Relaxation, Relieving anxiety, Varicosities in compress, oedema  
**Labour**  
Pain Relief, Calming, Reducing fear  
**Postnatal**  
Wound healing, Postnatal “blues”, oedema | Caution with Hypertensive women due to astringent effect |
| **Grapefruit**  
*Citrus X Paradisi* | Bergamot, black pepper, Chamomile, Clary sage, rose, Cypress, Frankincense, Geranium, Jasmine, Lavender, Neroli, Orange, peppermint, tea tree, ylang ylang | Antibacterial, antiseptic, antifungal, antiviral, Analgesic, Anti-inflammatory, tonic, hypotensive, calming, possibly diuretic, improves lymphatic flow, immune stimulant | **Pregnancy**  
Stress, anxiety, Depression, Nausea & Vomiting, Pica, Constipation, Headaches, Colds/Flu  
**Labour**  
Relief of fear/Anxiety  
**Postnatal**  
Anti-infective, Emotional Calming, Uplifting | Avoid if mother has citrus fruit allergy |
| **Jasmine**  
*Jasminum Officinale* | Bergamot, Chamomile, Clary sage, rose, Frankincense, Geranium, Grapefruit, Jasmine, Lavender, Neroli, Orange, ylang ylang | Possibly emmenagogic due to ketone content – do not use until term, antispasmodic, analgesic, stimulating, antifungal, antiviral, antibacterial | **Pregnancy**  
From 37/40 Calming, Relaxation  
**Labour**  
Reduce anxiety, Pain relief, Enhance uterine action, Induction and Acceleration of Labour, retained placenta  
**Postnatal**  
Afterpains – With care avoid if retained products, depression | Do not use until ≥37/40  
Pregnancy, unknown effect on fetus, aroma may be nauseating, may induce narcosis |
<table>
<thead>
<tr>
<th>Essential Oil</th>
<th>Combinations</th>
<th>Properties</th>
<th>Benefits</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lavendar</strong> <em>(Lavedula Angustifolia/Officinalis)</em></td>
<td>Bergamot, black pepper, Chamomile, Clary sage, cypress, Frankincense, Geranium, Grapefruit, Jasmine, Neroli, Orange rose, tea tree, ylang ylang</td>
<td>Antibacterial, analgesic Relaxing, sedative, Hypotensive, muscle Relaxant, antispasmodic, Anti-inflammatory, Carminative, expectorant</td>
<td>Pregnancy: Stress, anxiety Relaxation, Insomnia, hypertension, Colds, sinus, Congestion, Backache, Constipation Labour: Pain Relief, Anxiety, fear, enhance uterine action, Retained placenta Postnatal: Wound healing Reduce inflammation</td>
<td>Slight risk of skin Irritation, avoid In mothers with Havfever, asthma, caution if supine –postural hypoten- sion with epidural Sedative effect on staff.</td>
</tr>
<tr>
<td><strong>Neroli</strong> <em>(Citrus Aurantum: Neroli Bigarde)</em></td>
<td>Bergamot, black pepper, Chamomile, Clary sage, cypress Frankincense, Geranium, Grapefruit, Lavender, Jasmine, Orange, peppermint, rose, tea tree, ylang ylang</td>
<td>Antibacterial, antiviral, Sedative, anti-spasmodic</td>
<td>Pregnancy: Anxiety, fear, depression, general relaxation, nausea, constipation and diarrhoea, cramps, insomnia Labour: Generally uplifting Reduces anxiety, Relieves nausea, indirectly aids pain relief Postnatal: Prevention of P/N “blues” depression</td>
<td>None known But caution in Women with hayfever &amp; Asthma triggered by flower pollen Citrus fruit allergy</td>
</tr>
<tr>
<td><strong>Orange Sweet</strong> <em>(Citrus Sinensis)</em></td>
<td>Bergamot, black pepper, Chamomile, Clary sage, cypress Frankincense, Geranium, Grapefruit, Jasmine, Lavender, Neroli,</td>
<td>Analgesic, relaxing, Antibacterial, antifungal May aid smooth muscle contraction</td>
<td>Pregnancy: Uplifting, relaxing, Fatigue, insomnia, Skin irritation, oedema, stress, anxiety, fear,</td>
<td>Avoid if sensitive to citrus fruit, Possibility of skin irritation especially in strong sunlight</td>
</tr>
<tr>
<td>Peppermint  (Mentha Piperata)</td>
<td>Bergamot, Chamomile, cypress Frankincense, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange, rose, tea tree, ylang ylang</td>
<td>Anti-emetic, Antibacterial, antifungal Analgesic, decongestant Anti-inflammatory</td>
<td><strong>Pregnancy</strong> Nausea/vomiting Heartburn, Indigestion, Constipation, Muscular aches &amp; pains, headaches, skin Irritation, stress, Anxiety  <strong>Labour</strong> Pain relief, nausea may facilitate uterine action  <strong>Postnatal</strong> Constipation, Recovery from birth, uplifting, pain relief</td>
<td>Avoid with cardiac compromise, Avoid in epileptics, skin Irritation if used neat Hepatotoxic in large doses</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Rose  (Rosa Damascena or Centifolia)</td>
<td>Bergamot, black pepper, Chamomile, clary sage, cypress, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange, Peppermint, rose, tea tree,</td>
<td>Antibacterial, antifungal Analgesic, vasoconstrictive, Astringent, immunostimulant, digestive, relaxing</td>
<td><strong>Pregnancy</strong> Relaxation, Relieving anxiety, fear, tension, pain relief, constipation  <strong>Labour</strong> Pain relief, anxiety</td>
<td>Avoid until 34/40 Slight emmenagoguic action</td>
</tr>
<tr>
<td>Essential Oil</td>
<td>Uses in Pregnancy</td>
<td>Uses in Labour</td>
<td>Uses in Postnatal</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td><strong>Ylang Ylang</strong>&lt;br&gt;(Cananga Odorata)</td>
<td>Bergamot, black pepper, chamomile, Clary sage, cypress, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange, Peppermint, rose, Tea tree</td>
<td>Antidepressant, Sedative, anti-septic, antibacterial, antifungal, hypotensive</td>
<td>Pregnancy&lt;br&gt;Relaxation, stress, fear, anxiety, mild hypotension/Preeclampsia&lt;br&gt;Labour&lt;br&gt;Pain relief, anxiety, stress&lt;br&gt;Postnatal&lt;br&gt;P/N “blues” depression</td>
<td>Aroma may be overpowering</td>
</tr>
<tr>
<td><strong>Tea Tree</strong>&lt;br&gt;(Melaleuca Alternifolia)</td>
<td>Bergamot, cypress, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange, Peppermint, rose, ylang ylang</td>
<td>Strongly antibacterial, antifungal, antiviral, Antimicrobial, anti-septic Anti-inflammatory, Immunostimulant, Decongestant, May be anti-hypertensive effect (Lahlou et al 2000)</td>
<td>Pregnancy&lt;br&gt;Vaginal thrush, Colds &amp; Flu, Suprapubic compresses for relief of cystitis &amp; UTI&lt;br&gt;Labour&lt;br&gt;Nil&lt;br&gt;Postnatal&lt;br&gt;Prevention or Treatment of perineal or abdominal wound infection</td>
<td>Do not use in Labour. Dermatitis is possible with neat or prolonged use on skin</td>
</tr>
</tbody>
</table>

Title: Aromatherapy in pregnancy labour and postnally
V:2 Approved by: Maternity Governance Committee: October 2021
Trust Ref No: C1/2019
NB: Paper copies of this document may not be most recent version. The definitive version is held on InSite in the Policies and Guidelines Library
### Appendix 3: Summary of essential oil properties

<table>
<thead>
<tr>
<th>Summary of Essential Oil Properties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relaxing/Calming</strong></td>
<td><strong>Sedating</strong></td>
</tr>
<tr>
<td>Bergamot, Cypress, Lavender, Rose</td>
<td>Chamomile, Lavender</td>
</tr>
<tr>
<td>Chamomile, Frankincense, Neroli,</td>
<td>Ylang Ylang</td>
</tr>
<tr>
<td>Ylang</td>
<td></td>
</tr>
<tr>
<td><strong>Stimulating</strong></td>
<td><strong>Emmenagoguic</strong></td>
</tr>
<tr>
<td>Black pepper (circulation)</td>
<td>Clary Sage (avoid until term)</td>
</tr>
<tr>
<td>Cypress (circulation, astringent)</td>
<td>Jasmine (avoid until term)</td>
</tr>
<tr>
<td>Frankincense (respiratory)</td>
<td>Rose (avoid until 3rd trimester)</td>
</tr>
<tr>
<td>Orange, Bergamot, Grapefruit (gastro-intestinal)</td>
<td>Avoid Tea tree in labour may relax smooth muscle</td>
</tr>
<tr>
<td>Tea tree (anti-infective)</td>
<td></td>
</tr>
<tr>
<td><strong>Uplifting</strong></td>
<td><strong>Hypotensive</strong></td>
</tr>
<tr>
<td>Bergamot, Grapefruit, Neroli, Orange, Rose, Geranium (may have opposite Effect in some women)</td>
<td>Clary sage</td>
</tr>
<tr>
<td></td>
<td>Lavender</td>
</tr>
<tr>
<td></td>
<td>Ylang Ylang</td>
</tr>
<tr>
<td><strong>Antispasmodic</strong></td>
<td><strong>Laxative</strong></td>
</tr>
<tr>
<td>Bergamot</td>
<td>Black pepper</td>
</tr>
<tr>
<td>Black pepper</td>
<td>Bergamot</td>
</tr>
<tr>
<td>Clary sage</td>
<td>Orange</td>
</tr>
<tr>
<td>Lavender</td>
<td>Grapefruit</td>
</tr>
<tr>
<td>Jasmine</td>
<td></td>
</tr>
<tr>
<td><strong>Analgesic</strong></td>
<td><strong>Hypertension</strong></td>
</tr>
<tr>
<td>Black pepper</td>
<td>Geranium</td>
</tr>
<tr>
<td>Clary sage</td>
<td></td>
</tr>
<tr>
<td>Lavender</td>
<td></td>
</tr>
<tr>
<td><strong>Uterotonic</strong></td>
<td></td>
</tr>
<tr>
<td>Clary sage (avoid until term)</td>
<td></td>
</tr>
<tr>
<td>Jasmine (avoid until term)</td>
<td></td>
</tr>
<tr>
<td>Rose (avoid until 3rd trimester)</td>
<td></td>
</tr>
</tbody>
</table>
| Chamomile Roman – Possible mild uterotonic effect (use in 2nd and 3rd trimester and postnatally) | }
# Appendix 4: Aromatherapy Audit Form

<table>
<thead>
<tr>
<th>Blend 1</th>
<th>Blend 2</th>
<th>Blend 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications for use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil(s) used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Blend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type and amount of carrier oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method of Administration e.g. Massage/inhalation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers perception of effectiveness (score 1-5 with 1 being effective -5 extremely effective and comments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any adverse effects?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5: Aromatherapy Cards

A set of easy to follow cards from which to make blends for specific situations; use as a guide only...be creative and think about what is going on physiologically, emotionally, intellectually and even spiritually.

The cards are in line with UHL Aromatherapy policy, for use with women having straightforward pregnancies, labours and births and in the postnatal period, and for post-dates women who would like this option alongside care.

Midwives are in a unique position to impact on a family’s experience, so using positive language that builds expectation and excitement when using Aromatherapy, helps with the effectiveness of the oils and the experience. The following information is based around the therapeutic effects of the oils we can use in UHL and the situations that might warrant consideration of their use.

Always remember Midwifery skills and common sense first – if you are not sure about using the oils, ask for another opinion and please remember to record everything in the notes for audit purposes as outlined in the policy. A list for further reading is included at the end.
Suggested methods for administration

**Inhalation** – when inhaled, the oil molecules stimulate the olfactory pathways that are closely connected to the Limbic System which plays a major role in emotions and feelings.

**Gather** - chosen oils (up to 3 drops) cotton wool/swab. If using at home, a universal container labelled with woman’s name, date and oils used.

Drop oil(s) onto material for immediate inhalation or send home for use in a labelled universal bottle.

If using in labour, oil can be also dropped onto a wet face flannel or small towel and folded so it doesn’t contact the skin directly, and inhaled, then refreshed as needed, particularly useful when in the pool.

**Situations for use**

Absolutely any situation - fear, anxiety, panic, transition, insomnia, nausea, headache, to feel calm and relaxed and to aid sleep, to stimulate and revive, to elicit feelings of strength and power; Inhaling oils is very helpful in a ‘first aid’ situation where a feeling needs to change quickly.

Using inhalation alongside a massage for example is incredibly powerful and multiplies the therapeutic effect but remember the universal principle of ‘less is always more’ - very small amounts can make a huge difference.

**Oils** – any of the oils can be used (see ‘Therapeutic Properties’ section) always think as a Midwife first and ask yourself “what is going on physiologically, emotionally and perhaps even spiritually”

**Compress** – A compress is a clean, damp, folded cloth that has been infused with water mixed with essential oils, and then applied to an area to
be treated. It can be either cold or warm, depending on its purpose. It is important to mix the oils vigorously into the water to break up the droplets prior to use (gloves can be worn if desired). Alternatively, chosen oils could be added to a little of the water in a universal pot and then shaken prior to adding to the container.

**Gather** – wash bowl/container, face flannels/small towels/washable breast pads, larger towel, chosen oils

**Situations for use**

**In labour** - Soak face cloth or small towel in a bowl of hot water containing 2-3 drops of essential oil, disperse the oil briskly with your hands, wring out cloth and apply to woman’s back as contraction builds to peak. Remove as contraction wanes and re-soak in preparation for next contraction – teach birth partner to continue to do this. Choose oils depending on woman’s demeaner, look at ‘Therapeutic properties’ section.

**After pains** – Using hot water, take care that it’s not too hot, add 2-3 drops of chosen oil and briskly mix with hand. Choose oils that are analgesic, relaxing and anti-inflammatory/anti-spasmodic. Plunge towel into water mix, squeeze out excess and apply to lower abdomen then cover with a large, dry towel. Repeat once cooled and repeat as needed, usually 30 mins or until improvement is felt.

**Breast engorgement** - using hot water, add 2-3 drops of chosen oils, think in physiological terms and choose oils that are decongestant, analgesic and anti-inflammatory.

**Perineal compress** – to alleviate pain and swelling to perineum or haemorrhoids, and to promote healing. Using cold water in a bowl, add up to 3 appropriate oils. Plunge pad-shaped cloth into well mixed solution, then place directly on affected area covered with a clean, dry pad and leave for up to ½ hour – replace with fresh, dry pad. Woman can continue to do this at home 2-3 times a day, keeping leftover solution covered in the fridge – remember to thoroughly mix the oil into the water each new application to disperse the oils. Choose oils that are anti-bacterial, analgesic and immune
boosting such as Lavender, Cypress, Chamomile Frankincense and Geranium (Geranium is fine to use with prophylactic anticoagulation but NOT IF THERAPEUTIC).

**Compress for sore nipples** – using lukewarm water with up to 3 drops of chosen oils added, mix briskly and plunge small flannel or washable breast pad into the mix. Squeeze out excess and place on nipple for up to 15 minutes covered with a dry towel, then air dry. Obviously both nipples can be treated at the same time if necessary. Analgesic, antiseptic, bactericidal and anti-inflammatory oils can be used in this instance.

Dispose of anything left-over down the toilet.

**Massage** – latent/early/active labour/prolonged pregnancy or for general relaxation – oils will absorb through the skin into the circulatory system and will be greatly increased via the principles of therapeutic touch and heat transfer. It is important that whoever is doing the massage feels calm and relaxed themselves because physical contact in this way is also a transferral of energy and intention.

**Gather** – grapeseed oil base, chosen oils, universal pot for mixing and pouring (label pot with woman’s details, date and blend/percentage used and record in notes).

**Situations for use**

Use your judgement or if woman asks for an intervention. Involve partner and show how easy it is! Massage whole back s-l-o-w-l-y from sacrum to nape of neck, around shoulders, ribs and waist using long, firm strokes keeping hands in contact with the skin. Legs, arms, shoulders and neck can also be massaged separately if preferred or clinically easier. The back will need washing with hot, soapy water and dried thoroughly if an epidural is chosen later. Read ‘Therapeutic Properties’ section for suggestions and take cue from woman and situation.
**Bath** – analgesia in early labour/relaxation/postnatal healing (physically or emotionally) – antenatally during the latent or active phase (for women who have not had SROM), postnatally for perineal care and general healing. Absorption is through the skin and by inhalation.

**Gather** – a bath full of water, mix of base oil and up to 3 drops of chosen oils added once bath has run.

**Situations for use**

As a choice, when you feel it would be of benefit or when intervention is asked for by woman - nothing relaxes the body more than a soak in the bath!

In labour and postnatally, it relaxes, soothes and heals on many levels. It is beneficial in perineal care postnatally and can be adjusted by using a wash bowl or bidet instead – pat area dry gently afterwards and apply fresh sanitary pad. A soak in a bath with essential oils can be very healing after a traumatic birth and is something a woman can do once home. Remember, base oil is slippery – there’s no need to use a lot, just enough to emulsify the drops of essential oils that you add.

**Foot bath** – absorption of essential oils via a foot bath is easy to administer and of great value due to the reflex points on the feet which correspond to all the systems and organs of the body. The feet are conveniently placed, and their large surface area readily absorbs the oils. The foot bath method is of value in maternity practically, as it takes up very little space and can be done alongside routine care.

**Gather** – bowl, towel, base oil and up to 3 drops of carefully chosen essential oils – add this mixture to the foot bowl once the warm water has been added and then carefully place woman’s feet into the bowl. Make sure she is comfortably seated in a chair and the bowl is safely positioned so her feet can sit flat in it. She could also inhale a blend at the same time – remember ‘less is more’ principle.
It is important to thoroughly dry her feet afterwards and possibly putting socks on; DON’T let her walk around with slippery, wet feet.

**Specific clinical situations where Aromatherapy can be used.**

**Perineal lavage** – to reduce risk of infection, provide comfort and promote healing after suturing or with signs of cystitis.

**Gather** – jug of warm water, 1 drop each of Lavender and Chamomile oil, sanitary pad. Mix oils well into water, or use universal pot, water and drop of each oil shaken vigorously then added to the jug of water. Immediately following suturing, gently pour mixture over perineum, pat excess with dry swab and apply pad. Solution can be poured whilst sitting on the toilet when passing urine with signs of cystitis. This can be done up to 3 times a day – choose from Geranium, Frankincense or Cypress for subsequent treatments.

**Retained placenta** – aromatherapy can be used in either active or physiological management of 3rd stage when there is suspicion of retained placenta – use your Midwifery judgement.

**Gather** – one drop each of Clary Sage, Lavender and Jasmine straight onto swab/cotton wool ball or pad – encourage inhalation first, this might be enough. A fundal, abdominal compress of the same blend – warm water in a bowl, well-mixed oils (1 drop of each) soaked into a small towel, wrung out and placed on the fundus and covered with a dry towel; encouraging long, relaxed inhalation of the same blend at the same time. Keep refreshing the compress as it cools until placenta is out or clinical indication is otherwise.
Therapeutic and emotional properties of individual oils

**Bergamot** – a type of citrus fruit similar to an orange, bergamot is ideal for uplifting the spirit when there is agitation, depression, stress or fear present.

It is also very useful as a urethral wash, compress or added to a bath for cystitis, UTI and thrush.

Bergamot is a mild analgesic, antidepressant, antibacterial, antiseptic, antiviral, anticoagulant, anti-spasmodic, digestive, hypotensive, sedative and relieves coughs, colds and flu symptoms as well as being helpful for a variety of skin conditions – boils, chicken pox, herpes, cold sores and shingles. It works as a febrifuge to bring down fever and carminative to relieve intestinal gas and bloating.

Emotionally, consider using Bergamot in situations where mood is low e.g. despair, low self-esteem, self-judgement, feeling unlovable and hopeless.

Positive properties emotionally are self-acceptance, optimism, confidence, hopefulness, feeling lovable and good enough.

**Black Pepper** – a type of flowering vine of the piperaceae family, cultivated for its fruit, the peppercorn, which is usually dried and used as a spice for seasoning. It is an excellent analgesic with warming properties and an antifungal, antibacterial, carminative (helps with abdominal gas) and gastric stimulant.

It is useful in the 1st stage of labour as an analgesic and for the relief of backache or OP position where baby is taking the long rotation to anterior. It is an ideal choice for issues of flatulence and constipation.

Consider the use of Black Pepper with someone who is hiding or repressing their emotions or possibly describes themselves as ‘feeling trapped’.
Positive emotional properties of Black Pepper are honesty, authenticity, courageousness, motivation, self-awareness and possessing integrity.

**Chamomile (Roman)** - is a small, stocky, perennial herb that produces tiny, daisy-like white flowers from which the oil is extracted by steam distillation. It has analgesic, anti-anaemic, antiviral, antifungal, anti-inflammatory, anti-spasmodic and antiseptic properties. It is useful for a range of situations including vomiting as it has a calming effect on the stomach. Chamomile is well-known for its soothing, calming and relaxing effects, particularly when drunk as chamomile tea.

Roman Chamomile is very helpful for someone who is feeling frustrated, unsettled, discouraged and purposeless.

On the other hand, the positive emotions derived from the use of this oil can bring about a feeling of peace and relaxation; strength of purpose and fulfilment.

**Clary Sage** – a stout herb with hairy green-purple leaves and small blue flowers, related to common sage used in cooking. An excellent uterine tonic, it is helpful in post-dates pregnancy and during labour and is believed to reduce PND due to its antidepressant properties. It also has analgesic, hypotensive, anti-spasmodic and sedative qualities and is perfectly suited to reproductive health throughout a woman's lifecycle.

Clary sage is beneficial when emotionally there is confusion and a feeling of hopelessness.

It positively enhances clarity and focus, intuition and open-minded imagination – perfectly suited for use in maternity!

**Cypress** – a tall, statuesque evergreen tree, which bears small flowers and brownish-grey cones. It was valued highly in ancient times as a medicine and incense and is still used for purification ceremonies by the Tibetans. It benefits the urinary system and is valuable in heavy fluid loss e.g. perspiration, heavy menstruation and diarrhoea. This oil also has anti-inflammatory, antiseptic, antispasmodic, mucous stimulating, calming and vasoconstrictive properties.
It is worth considering its use when someone is over-controlling, perfectionistic, rigid and emotionally tense.

Positively, it is ultimately grounding - think of the innate strength of a Cypress tree, bringing about trust, adaptability and flexibility and a feeling of life energy flowing freely and easily.

**Frankincense** – this oil is derived from the resin of the Boswellia tree, in this instance ‘Boswellia Carteri’ and has been used since antiquity as an incense. It has anti-inflammatory, antiseptic, antiviral, diuretic, digestive, deeply calming but mentally stimulating and wound-healing properties.

Frankincense is ultimately calming when inhaled during transition and brings about a feeling of ‘calm and focus’.

Emotionally, it is useful in feelings of abandonment, disconnection and feelings of vulnerability.

It positively promotes deep wisdom, connection and feelings of love and protection.

**Geranium** – an aromatic, hairy shrub which has small, pretty, pink flowers. Geranium has similar properties to that of Rose – antibacterial, antifungal, calming and uplifting to the nervous system, analgesic, astringent with wound-healing properties. USE WITH CAUTION IN HYPERTENSIVE WOMEN.

Emotionally, Geranium works in situations of loss, mistrust, grief and heavy-heartedness.

It is a sublime emotional healer, encouraging empathy, trust, belief, forgiveness and open-hearted tolerance.

**Grapefruit** – a member of the citrus family, grapefruit shares similar properties with its other citrus relatives; antiseptic, diuretic and astringent effects, a stimulant for the lymphatic and digestive system and uplifting ‘tonic’ for the mind, body and soul; it also reduces nervous agitation and is particularly useful in the latent phase of labour. Grapefruit also stimulates the appetite.
The emotions that Grapefruit works particularly well with are centred around poor body image, body dysmorphia, eating issues and shame.

Grapefruit oil aids acceptance of, and respect for physical needs, body acceptance and a healthy relationship with food.

**Jasmine** – an evergreen climbing shrub, with tiny, star-shaped very fragrant flowers. Jasmine has been said to ‘warm the womb and facilitate birth’ the oil is analgesic, anti-depressant, anti-inflammatory and anti-spasmodic with uterine tonic properties.

Only to be used at ‘term’.

Emotionally, Jasmine will be of particular benefit in situations where unresolved past sexual trauma or repression are present.

Use of the oil brings about gentle and safe healing, self-acceptance and trust.

**Lavender** – an evergreen, woody shrub with tiny, violet-blue flowers. Lavender Angustifolia has properties of analgesia, sedation and stimulation dependent on the individual situation. As with most essential oils, Lavender is antiseptic, analgesic, sedative, hypotensive, muscle-relaxing, anti-spasmodic and has anti-microbial properties too. It is often described as ‘a good-all-rounder’ useful throughout the childbearing year.

Emotionally, Lavender can be used in situations where an individual is struggling with communication blocks, feeling rejected and tense, fearful of giving away too much of themselves or feeling unloved, unheard or unseen.

The positive attributes of Lavender are emotional honesty, open, expressive communication, self-awareness and peace of mind.

**Neroli** – this oil comes from the orange blossom of an evergreen tree which grows up to ten metres tall, it was named after a princess of Nerolia in Italy who loved to wear the oil as a perfume. Neroli is ultimately calming and has antidepressant, antibacterial, antispasmodic, sedative and fungicidal properties.
Emotionally, Neroli will be effective with individuals who are restless, impatient and frustrated or in situations where someone is aloof, unkind, blaming and just wants to escape. The positive properties of this oil bring about patience and empathy, resilience, cooperation, calm and kindness.

**Orange (sweet)** - another citrus oil, derived from the peel of the sweet orange. As with all citrus oils, sweet orange has uplifting and anti-inflammatory properties. It is also antibacterial, analgesic and fungicidal. It is both uplifting and sedating to the mind and stimulating to the digestion, immune and lymphatic system. It may help with smooth muscle contraction, so is perfect during labour.

Emotionally, orange can relieve worry and feelings of not being good enough.

Positive effects are a lift in mood and spirit, an opening-up of potential and joy within a given situation.

**Peppermint** – is a perennial herb which propagates easily with underground runners. It has long been recognised in the west as helpful for intestinal colic, flatulence and pregnancy nausea; but is also analgesic, antimicrobial, antipruritic and antiviral. Do not use alongside Homeopathic treatment as it will counteract the effects.

Emotionally, Peppermint is particularly beneficial where there is unbearable pain, sadness, pessimism and heavy-hearted despair.

Peppermint ‘lifts’ the heart and brings about feelings of optimism and relief, buoyancy and strength to face emotional pain.

**Rose** – *(Rosa Damask or Centifolia)* a prickly shrub with fragrant blooms. Its sweet, floral oil has been used since antiquity and is still used extensively in the cosmetic industry today. It has antidepressant, antispasmodic, antiviral, astringent, immune-boosting and bactericidal properties and is immensely sedative and calming for the mind, spirit and soul. It can induce bleeding, so avoid prior to 34 weeks of pregnancy.
The negative emotions that benefit from Rose are heart-based; feeling unloved, constricted feelings and lack of compassion, a wounded or broken heart.

Rose will lift low emotion and bring about feelings of love and compassion, healing and empathy – softening and releasing constricted feelings and bringing about authenticity of self.

**Tea-Tree** – a member of the Myrtle or Malaleuca family, a small shrub or tree with needles similar to cypress and yellow or purplish flowers. Used for centuries by Aboriginals to treat infection and inflammation, tea-tree is quite antiseptic smelling and has many general healing and immune-boosting properties, making it effective against all three varieties of infections – bacterial, viral and fungal.

**Do not use in labour – may theoretically reduce contractions.**

Consider using Tea-tree oil in emotional situations where there are unhealthy boundaries and co-dependence issues.

Tea-tree oil use is believed to encourage personal surety and strength when breaking out from unhelpful patterns of behaviour, enabling self-trust and an ability to discern those people who promote our personal growth.

**Ylang-Ylang** – a tropical tree that can grow up to 20 metres in height with large, fragrant pink, mauve or yellow flowers. It is considered aphrodisiac, antidepressant, anti-infectious, hypotensive and a nervous sedative and circulatory stimulant. It is said to be very useful with sexual dysfunction for both men and women.

Emotionally, Ylang-Ylang works powerfully to release inner trauma. In situations such as joylessness, disconnection, negative stress and overly self-analysing.

Ylang-Ylang will bring about feelings of joy, playfulness, freedom to just ‘be’ and emotional connection wherever little or none is present.
Further reading

Information has been gathered from the following sources and adapted for use at University Hospitals of Leicester NHS Trust.


