

Contents

1. Introduction and Who Guideline applies to	1
RCM position statement for Complementary therapies and natural remedies	1
Definition.....	2
Evidence	2
2. Guideline Standards and Procedures.....	3
2.1 Minimal qualifications required by Midwife Lead Therapists	3
2.2 Training required by midwives to be able to provide aromatherapy services	3
2.3 Women who are suitable for aromatherapy	3
2.4 Contraindications	3
2.6 Essential oils safety.....	4
2.7 Responding to adverse reactions	5
2.8 Infection prevention	5
2.9 Safe storage of oils.....	5
2.10 Disposal of unused oils	6
2.11 Documentation	6
3. Education and Training	6
4. Monitoring Compliance	6
5. Supporting References	7
Appendix 1: Guide to dosages in Aromatherapy Administration	8
Appendix 2: Essential oils permitted for use in UHL	10
Appendix 3: Summary of essential oil properties	16
Appendix 4: Aromatherapy Audit Form.....	17

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 and birthing people, who choose to employ the use of aromatherapy in the antenatal, labour and postnatal period.

RCM position statement for Complementary therapies and natural remedies

“The RCM believes that it is appropriate for all midwives, at the point of registration, to have a basic understanding of the broad subject area of complementary therapies pertinent to maternity care and popular with women.

It may be appropriate for some midwives to gain specialist knowledge and skills of one or more complementary therapies, so that they can offer women a wider range of choices, particularly as a means of facilitating physiological birth. However, midwives must ensure that they set their use of complementary therapies firmly in the context of their Nursing and Midwifery Council (NMC) registration. They must adhere to local, national and international laws pertaining to both midwifery and to complementary medicine. They must also be aware of the specific health and safety issues within institutional settings such as maternity units and birth centres, where other women may be exposed to them.

Midwives must be able to justify their use of complementary therapies and/or the provision of advice, and act always in the best interests of mothers and babies (NMC Code 2018: 4) in line with best available evidence (NMC Code 2018:6). Women must give informed consent to receive complementary therapies (NMC Code 2018:4.2). Midwives must take account of the safety of themselves and others (NMC Code 2018:13.4) and reduce any potential for harm associated with their practice (NMC Code 2018:19), if necessary, raising and escalating any concerns (NMC Code 2016:16.1). 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).

Complementary therapies and natural remedies should not be viewed as replacements for adequate monitoring and care by appropriately qualified maternity professionals and should always be used in conjunction with conventional midwifery or obstetric care. It is therefore imperative that midwives have a basic knowledge and appreciation of both the benefits and the risks of these therapies and remedies so that they can provide accurate, comprehensive and safe information to women.” (NMC 2018 [rcm.org.uk/rcm-position-statement-complementary-therapies-and-natural-remedies.pdf](https://www.rcm.org.uk/rcm-position-statement-complementary-therapies-and-natural-remedies.pdf))

Currently NICE (2017) states that women/birthing people 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/birthing person wishes to use this technique, her wishes should be respected.

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

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.
- At UHL a minimum of 2 trained Aromatherapists should be trained to a recognised Diploma (diploma in general aromatherapy in which maternity use is included) 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 practice 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/birthing people must give informed consent to receive complementary therapies (NMC Code 2018:4.2). Use interpretation services if language difficulties are apparent.

- Women/birthing people who have given informed verbal consent, subject to availability.
- Antenatally at any gestation BUT avoid uterotonic essential oils e.g. Jasmine & Clary sage until $\geq 37/40$ weeks and Rose should not be used prior to 34/40.
- Normal singleton pregnancy.
- Normally situated placenta.
- Established labour.
- Postnatal with no medical or obstetric complications.
- Blood pressure within normal limits (Diastolic 90mm Hg or below)
- 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

- Absolutely contraindicated for epileptic women/birthing people and midwives.
- Major cardiac, hepatic or other significant disease.
- Insulin dependent diabetic or unstable gestational diabetes.
- Asthma or respiratory condition.
- Haematological disorder.
- Thromboembolic or coagulation disorder, DVT, women/birthing people on anticoagulant therapy.
- Infectious conditions, unexplained pyrexia.
- Multiple pregnancies, triplet or higher order multiples
- Transverse, oblique or unstable lie.
- Current APH, Placenta praevia.
- Women/birthing people with raised BP with diastolic above 90; women and birthing people with fulminating PET
- Women/birthing people in pre-term labour.
- Within the first 30-60 minutes following induction/acceleration of labour.
- Severe anaemia

2.5 Cautions

- Twin pregnancy
- Severe Hypotension or fainting episodes
- Woman/birthing person booked for ELCS not to be used in anaesthetic room
- If aromatherapy oils have been used and the women/birthing person requires EMLSCS, the skin surfaces should be cleaned prior to surgery.
- Epidural in situ in labour – avoid hypotensive oils e.g. Lavender, Ylang Ylang, Clary sage
- Women/birthing people in labour with a non-cephalic presentation
- Skin allergies to specific essential oils-use oil bas alone or maximum 1% blend
- Polyhydramnios; Oligohydramnios
- Avoid sacral and suprapubic massage in first trimester
- Avoid brisk heel massage in first trimester – reflexology zone for pelvic area
- Avoid acupuncture points contraindicated in pregnancy (Gall Bladder 21, Large Intestine 4, Spleen 6, sacral plexus points)
- Avoid abdominal massage if anterior placenta
- Avoid oils which facilitate uterine action when Oxytocin is commenced or for 1 hour following artificial rupture of membranes or administration of Prostin/Propess
- Do not add Aromatherapy oils to the birthing pool
- Avoid abdominal massage after Caesarean section or manual removal of placenta

2.6 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/birthing person 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 to avoid, or meet any of the named exclusion criteria.
- An hour should pass before putting women/birthing people with a compromised medical / obstetric history into a room recently vacated by a woman/birthing person using clary sage.
- Do not use oils near the neonate.
- Do not use near pets at a home birth.
- See Appendix 1.

2.7 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/birthing person 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.

2.8 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.

2.9 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.
- Once opened, bottles should be labelled with date of opening and expiry date.

2.10 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.

2.11 Documentation

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

- Document maternal consent to aromatherapy treatment.
- Indication for and justification of the selected essential oils and base oils used.
- Blend used to include percentage and number of drops of essential oils and base oil used.
- Method of administration: if applied via massage, type of massage and areas of body, duration and frequency of treatment.
- Aftercare advice given and on-going evaluation.

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 practice 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

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Safe use of Aromatherapy oils and compliance with guidelines	Register of Aromatherapy Midwife Practitioners	Lead Aromatherapists	Annual	Database
Effectiveness of Therapy	Aromatherapy Audit form	Lead Aromatherapists	For each client	Clinical Governance

			episode	
Patient safety – monitoring and reporting adverse effects.	Aromatherapy Audit form	Lead Aromatherapists	For each client episode	Obstetrician/ Anaesthetist

5. Supporting References

Tiran D; Aromatherapy in Midwifery Practice (2018)

Burns E, Blamey C, Ersser SJ, Lloyd AJ, Barnetson L. The use of aromatherapy in intrapartum midwifery practice an observational study. Complement Therapy Nursing Midwifery. 2000 Feb;6(1):33-4.

Dhany A, Mitchell T, Foy C. (2012) Journal of Alternative and Complementary Medicine, Vol 18, No10

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

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

NICE CG190 2017 <https://www.nice.org.uk/guidance/cg190> (accessed 27/09/2021)

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.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Lorna Phillips-Gray – Matron		Executive Lead Chief Nurse	
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
February 2019	1	Authors: F Cox - Birth centre manager J Allatson - Midwife M Dymond - Midwife	New guideline to support trained midwives in the use of aromatherapy oils in low-risk pregnancy

September 2021	2	Lorna Phillips-Gray – Birth centre manager Hilary Fields Practice Education Midwife Annabelle Barker Home Birth Team Lead	Removed that the guideline is specifically used for low-risk women/birthing people Added aromatherapy cards
September 2023	3	Flo Cox – Matron Lorna Phillips-Gray - Matron	Added full RCM position statement. Removed aromatherapy cards Removed retained placenta as an indication for application

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%

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

Appendix 2: Essential oils permitted for use in UHL

<u>Essential Oils for Use in UHL</u>				
<u>Name of Oil</u>	<u>Blends with</u>	<u>Physiological effects of constituents</u>	<u>Application to Midwifery Practice</u>	<u>Contraindications Precautions</u>
Bergamot (Citrus Aurantium/Bergamia)	Black pepper, Chamomile, Clary Sage and all other stated UHL oils	Antiseptic; Antibacterial; antiviral; antifungal; analgesic; anticoagulant (mild); antidepressant; anti-spasmodic; digestive; hypotensive; sedative	Pregnancy Relaxation, calming, nausea Labour Analgesia relief of spasm, uplifting, nausea Postnatal Stress, anxiety, nausea	Avoid exposure of skin to direct sunlight for 2 hours: avoid in women allergic to citrus fruit.
Black Pepper (Piper Nigrum)	Bergamot, Chamomile, Clary sage, Frankincense, geranium, grapefruit, rose ylang ylang, orange, lavender	Analgesic; Antibacterial; antifungal; Gastric stimulant.	Pregnancy Muscular Pain, oedema, constipation, heartburn, Indigestion Labour 1 st stage analgesia Postnatal Constipation, analgesia	Mild phototoxicity Use sparingly – strong aroma.
Chamomile Roman (Chamaemelum Nobile/Anthemis Nobilis)	Bergamot, clary sage, frank, geranium, rose Jasmine, lavender, neroli, ylang ylang, Orange, pepper Mint	Antibacterial; antiviral; antifungal; analgesic, anti-inflammatory, antispasmodic.	Pregnancy Constipation, Indigestion, Insomnia, leg cramps Labour Stress, anxiety, tension, analgesia Postnatal	Use in 2nd and 3rd trimester and postnatally ONLY as possible mild uterotonic effect (use in small doses) Skin irritant if used neat.

			Constipation.	
Clary Sage (Salvia Sclarea)	Bergamot, Frankincense, geranium, rose, jasmine, lavender, neroli, ylang ylang, Orange, black, pepper, grapefruit.	Antibacterial; antiviral; analgesic; emmenagogic, uteronic, sedative, Anti-depressant	Pregnancy Nil do not use until term Labour Induction, Acceleration of labour, Pain relief, anxiety, fear. Postnatal Sinus congestion, “blues” depression	Do not use until ≥37/40 Hypertonic uterine action, fetal distress, do not use in well-established labour, not to be used for retained products of conception.
Cypress (Cupressus Sempervirans)	Bergamot, Chamomile, Clary sage, Frankincense, geranium, rose, Jasmine, lavender, neroli, ylang ylang, Orange, grapefruit	Antibacterial; antifungal; anti-Spasmodic, calming, Diuretic, phlebotonic, expectorant.	Pregnancy Oedema, Carpal tunnel, leg cramps, relaxing/calm, Haemorrhoids Labour Analgesia, Oedema, Stimulating. Postnatal Oedema, Carpal tunnel, leg cramps, relaxing/calm, sinus relief	Caution Hypertensive Women, possible skin sensitisation, Avoid neat application.
Frankincense (Boswellia Cateri/ Olibanum)	Bergamot, Black Pepper, Chamomile, Clary sage, geranium, rose Jasmine, lavender, neroli, ylang ylang, Orange, grapefruit, Peppermint.	Antiseptic, Antibacterial, antifungal, Antiviral, decongestant, Expectorant, calming yet mentally stimulating	Pregnancy Colds, flu, Sinus congestion, Relaxation & Balancing of Emotions. Labour Analgesia, Anxiety/tension Excellent for transition. Postnatal Depression/ p/n blues	Asthmatics, adverse to strong odours

<p>Geranium (Pelargonium Graveolens)</p>	<p>Bergamot, Black Pepper, Cypress, geranium, rose Jasmine, lavender, neroli, ylang ylang, Orange, grapefruit, Peppermint</p>	<p>Antibacterial, antifungal, Uplifting, calming, Analgesic, astringent, Reduces nervous agitation, wound healing, possibly diuretic</p>	<p>Pregnancy Relaxation, Relieving anxiety, Varicosities in compress, oedema Labour Pain Relief, Calming, Reducing fear Postnatal Wound healing, Postnatal “blues”, oedema</p>	<p>Caution with Hypertensive women due to astringent effect</p>
<p>Grapefruit (Citrus X Paradisi)</p>	<p>Bergamot, black pepper, Chamomile, Clary sage, rose, Cypress, Frankincense, Geranium, Jasmine, Lavender, Neroli, Orange, peppermint, tea tree, ylang ylang</p>	<p>Antibacterial, antiseptic, antifungal, antiviral, Analgesic, Anti-inflammatory, tonic, hypotensive, calming, possibly diuretic, improves lymphatic flow, immune stimulant</p>	<p>Pregnancy Stress, anxiety Depression, Nausea & Vomiting, Pica, Constipation, Headaches, Colds/Flu Labour Relief of fear/Anxiety Postnatal Anti-infective, Emotional Calming, Uplifting</p>	<p>Avoid if mother has citrus fruit allergy</p>
<p>Jasmine (Jasminum Officinale)</p>	<p>Bergamot, Chamomile, Clary sage, rose, Frankincense, Geranium, Grapefruit, Jasmine, Lavender, Neroli, Orange, ylang ylang</p>	<p>Possibly emmenagogic due to ketone content – do not use until term, antispasmodic, analgesic, stimulating, antifungal, antiviral, antibacterial</p>	<p>Pregnancy From 37/40 Calming, Relaxation Labour Reduce anxiety, Pain relief, Enhance uterine action, Induction and Acceleration of Labour, Postnatal Afterpains – With care avoid</p>	<p>Do not use until ≥37/40 Pregnancy, unknown effect on fetus, aroma may be nauseating, may induce narcosis</p>

			if retained products, depression	
Lavendar (Lavedula Angustifolia/Officinalis)	Bergamot, black pepper, Chamomile, Clary sage, cypress, Frankincense, Geranium, Grapefruit, Jasmine, Neroli, Orange rose, tea tree, ylang ylang	Antibacterial, analgesic Relaxing, sedative, Hypotensive, muscle Relaxant, antispasmodic, Anti-inflammatory, Carminative, expectorant	Pregnancy Stress, anxiety Relaxation, Insomnia, hypertension, Colds, sinus, Congestion, Backache, Constipation Labour Pain Relief, Anxiety, fear, enhance uterine action, Postnatal Wound healing Reduce inflammation	Slight risk of skin Irritation, avoid In mothers with Hayfever, asthma, caution if supine –postural hypotension with epidural Sedative effect on staff.
Neroli (Citrus Aurantium: Neroli Bigarde)	Bergamot, black pepper, Chamomile, Clary sage, cypress Frankincense, Geranium, Grapefruit, Lavender, Jasmine, Orange, peppermint, rose, tea tree, ylang ylang	Antibacterial, antiviral, Sedative, anti-spasmodic	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	None known But caution in Women with hay fever & Asthma triggered by flower pollen Citrus fruit allergy
Orange Sweet (Citrus Sinensis)	Bergamot, black pepper, Chamomile, Clary sage, cypress Frankincense, Geranium, Grapefruit,	Analgesic, relaxing, Antibacterial, antifungal May aid smooth muscle contraction	Pregnancy Uplifting, relaxing, Fatigue, insomnia, Skin irritation, oedema,	Avoid if sensitive to citrus fruit, Possibility of skin irritation especially in strong sunlight

	Jasmine, Lavender, Neroli, peppermint, rose tea tree, ylang ylang		stress, anxiety, fear, Constipation Labour Mood enhancing, Reduces fear & tension, slight analgesic Postnatal recovery from birth, relaxation Constipation, P/N “blues”	
Peppermint (Mentha Piperata)	Bergamot, Chamomile, cypress Frankincense, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange, rose, tea tree, ylang ylang	Anti-emetic, Antibacterial, antifungal Analgesic, decongestant Anti-inflammatory	Pregnancy Nausea/vomiting Heartburn, Indigestion, Constipation, Muscular aches & pains, headaches, skin Irritation, stress, Anxiety Labour Pain relief, nausea may facilitate uterine action Postnatal Constipation, Recovery from birth, uplifting, pain relief	Avoid with cardiac compromise, Avoid in epileptics, skin Irritation if used neat Hepatotoxic in large doses
Rose (Rosa Damascena or Centifolia)	Bergamot, black pepper, Chamomile, clary sage, cypress, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange,	Antibacterial, antifungal Analgesic, vasoconstrictive, Astringent, immunostimulant, digestive, relaxing	Pregnancy Relaxation, Relieving anxiety, fear, tension, pain relief, constipation Labour	Avoid until 34/40 Slight emmenagoguic action

	Peppermint, rose, tea tree, ylang ylang		Pain relief, anxiety Fear, tension, Uplifting & calming Postnatal P/N “blues” depression, stress Recovery from birth, eczema	
Tea Tree (Melaleuca Alternifolia)	Bergamot, cypress, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange, Peppermint, rose, ylang ylang	Strongly antibacterial, antifungal, antiviral, Antimicrobial, antiseptic Anti-inflammatory, Immunostimulant, Decongestant, May be anti-hypertensive effect (Lahlou et al 2000)	Pregnancy Vaginal thrush, Colds & Flu, Suprapubic compresses for relief of cystitis & UTI Labour Nil Postnatal Prevention or treatment of perineal or abdominal wound infection	Do not use in Labour. Dermatitis is possible with neat or prolonged use on skin
Ylang Ylang (Cananga Odorata)	Bergamot, black pepper, chamomile, Clary sage, cypress, Geranium, Grapefruit, Jasmine, Lavender, Neroli, orange, Peppermint, rose, Tea tree	Antidepressant, Sedative, antiseptic, antibacterial, antifungal, hypotensive	Pregnancy Relaxation, stress, fear, anxiety, mild hypotension/ Pre-eclampsia Labour Pain relief, anxiety, stress Postnatal P/N “blues” depression	Aroma may be overpowering

Appendix 3: Summary of essential oil properties

<u>Summary of Essential Oil Properties</u>	
Relaxing/Calming Bergamot, Cypress, Lavender, Rose Chamomile, Frankincense, Neroli, Ylang ylang	Sedating Chamomile, Lavender Ylang Ylang
Stimulating Black pepper (circulation) Cypress (circulation, astringent) Frankincense (respiratory) Orange, Bergamot, Grapefruit (gastro- Intestinal) Tea tree (anti-infective)	Emmenagogic Clary Sage (avoid until term) Jasmine (avoid until term) Rose (avoid until 3 rd trimester) Avoid Tea tree in labour may relax smooth muscle
Uplifting Bergamot, Grapefruit, Neroli, Orange, Rose, Geranium (may have opposite effect in some women)	Hypotensive Clary sage Lavender Ylang ylang
Antispasmodic Bergamot Black pepper Clary sage Lavender Jasmine	Laxative Black pepper Bergamot Orange Grapefruit
Analgesic Black pepper Clary sage Lavender	Hypertension Geranium
Uterotonic Clary sage (avoid until term) Jasmine (avoid until term) Rose (avoid until 3 rd trimester) Chamomile Roman – Possible mild uterotonic effect (use in 2 nd and 3 rd trimester and postnatally)	

Appendix 4: Aromatherapy Audit Form

Name:
DOB:
Hosp No:

Date: _____

	Blend 1	Blend 2	Blend 3
Time of Administration			
Indications for use			
Oil(s) used			
Percentage Blend			
Type and amount of carrier oil			
Method of Administration e.g. Massage/inhalation			
Womens/birthing persons perception of effectiveness (score 1-5 with 1 being effect -5 extremely effective and comments			
Any adverse effects?			