1. **Aim/Purpose of this Guideline**

1.1. Aromatherapy is the use of essential oils, which can be administered by topical application via massage, inhalation or dispersed in water. It is used to promote relaxation, whilst relieving stress, anxiety and tension (Bastard and Tiran 2016).

1.2. Aromatherapy is occasionally requested by some pregnant women. This guideline is to guide Midwives on its utilisation. Pregnant women should be informed that few complementary therapies have been established as being safe and effective during pregnancy. Women should not assume that such therapies are safe and they should be used as little as possible during pregnancy (NICE 2017).

2. **The Guidance**

2.1. If requested by the woman with medical and/or obstetric conditions then an individual care plan will be agreed with the midwife trained in aromatherapy. Midwives without a recognised qualification wishing to use aromatherapy must first undertake an approved workshop or other recognised workshop specifically designed to train them in aromatherapy application for use on pregnant women (RCN 2007). Evidence of usage for NMC revalidation is essential.

2.2. **Operational Policy**
- A register of midwives practising aromatherapy will be kept within the Division
- The request or assessed need, implementation and evaluation of individual aromatherapy treatment will be documented in the woman’s maternity records and Aromatherapy Client Record Form (See Appendix 3)
- The midwife providing the aromatherapy treatment accepts personal accountability for her practice (NMC 2008)

2.3. **Referral**
- Women are to self-refer

2.4. **Standard**
- A risk assessment must take place prior to use of aromatherapy treatment
- The completed Aromatherapy Client Record Form (including evaluation) should be kept securely within the birth setting for audit purposes.
- The midwife will only practice aromatherapy treatments subject to the availability of time and the needs of the service. Normal midwifery commitments must take priority.

2.5. **Essential Oils to be used**
- Chamomile Roman: Chamaemelum Nobile/ Anthemis Nobilis
- Lavender: Lavendula Angustifolia
- Orange Sweet: Citrus Sinensis
2.6. Storage of Oils
- Essential Oils will be stored in a locked refrigerated cupboard
- Oils brought in by women for their own use may not be used by the Midwife as their purity may not be able to be verified. They may be used by the woman’s individual aromatherapist

PLEASE ALSO SEE AROMATHERAPY FOLDER HELD IN THE SAME LOCATION

2.7. Inclusion Criteria
- Women who are deemed low risk from 37 weeks gestation and suitable for the birth unit

2.8. Exclusion Criteria
- Women who are deemed unsuitable for the alongside birth unit

2.9. Contra-Indications to Aromatherapy Use in Labour
- Allergies – only use Roman Chamomile or carrier oil
- Not using this oil and if using homeopathic remedies aromatherapy should be avoided
- Lavender should be avoided if allergies to pollen
- Epilepsy is an contraindication

2.10. General Contra-indications
- Avoid massage directly over varicose veins
- DO NOT USE essential oil on babies

2.11. Methods of Use

The number of drops of essential oil to be added to carrier oil in aromatherapy administration:

Pregnancy = 1 or max 1.5%
Labour and postnatal = 2%
Induction of labour = 3%

<table>
<thead>
<tr>
<th>Percentage blend required</th>
<th>5ml of carrier</th>
<th>10ml of carrier</th>
<th>15ml of carrier</th>
<th>20ml of carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
2.11.1. Massage
- Follow chart as above
- Maximum of 3 oils to be used in one blend
- Oil can be wiped off after use and does not need to be washed off prior to entering a birthing pool. Any oil droplets that are seen in the pool can be dissipated with a few drops of carrier oil

2.11.2. Bath (NOT for use in birthing pool)
- 4 - 6 drops of essential oil added to 2mls carrier oil add to bath after the bath is filled. Re-run bath but do not top up with water/oils Do not use in bath if rupture of membranes

2.11.3. Compress
- 4 drops of essential oil in 1 litre of water for pain or cold water for swelling
- Soak flannel, wring out and apply to skin
- When flannel is the same temperature as the skin re-soak and reapply to the skin
- Do this as often as required BUT do not add more essential oil if water is topped up

2.11.5. Inhalation
- Vaporisers/ diffusers contraindicated, do not use.
- Inhalation by 2 drops of neat oil onto tissue for immediate use

2.13. Essential Oil Safety
- Do not take essential oils internally
- Most essential oils should not be directly used onto the skin
- Take care that undiluted essential oils do not come into contact with sensitive areas i.e. eyes, nose, face, neck
- Wash hands thoroughly after using oils in massage
- Keep essential oils away from naked flames, they are highly flammable
- Keep essential oils away from children
- All essential oils must be labelled with precise details of the essential oils blend/percentage of the blend/ indication/ method of administration/ date of preparation

2.14. Dealing with Adverse Skin Reactions
- Wash skin with unperfumed soap (located in clean utility room cupboard) to remove oil
- Expose skin to air to encourage evaporation of the oil
- If undiluted essential oil is accidentally splashed into the eyes: Flush the eyes with clean warm water, saline eye wash or milk
For any accident with oils, complete a Datix form
Wash hands thoroughly after using any essential oil

2.15. Disposal of Unused Oil
- Plastic pots containing oils should be soaked up with a tissue which is then disposed of in a yellow clinical waste bag
- Water containing essential oils used for compresses/footbaths should be disposed of down the sluice sink
- Baths/bowls should be thoroughly cleaned with hard surface wipes following the use of essential oils
3. Monitoring compliance and effectiveness

| Element to be monitored | • Use of Aromatherapy  
|                         | • Adverse outcomes |
| Lead                   | • Birth unit manager |
| Tool                   | • Were only the recommended essential oils used  
|                         | • Was consent documented in the notes  
|                         | • Were any adverse reactions noted  
|                         | • What method/s of aromatherapy was used – Massage, compress, inhalation via tissue |
| Frequency              | • Within the year of the introduction of this guideline or earlier if concerns  
|                         | • After each case where aromatherapy was used |
| Reporting arrangements | • Obstetric Risk Management Forum or Clinical Audit Forum |
| Acting on recommendations and Lead(s) |                                |
| Change in practice and lessons to be shared | • Individual feedback to midwife  
|                         | • Risk Management Newsletter  
|                         | • Reported via the Obstetric Risk Management Forum and the Clinical Audit Forum. |

4. Equality and Diversity

4.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

4.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th><strong>Document Title</strong></th>
<th>AROMATHERAPY - CLINICAL GUIDELINE FOR MIDWIVES V2</th>
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<tbody>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>16&lt;sup&gt;th&lt;/sup&gt; January 2018</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>16&lt;sup&gt;th&lt;/sup&gt; January 2018</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>16&lt;sup&gt;th&lt;/sup&gt; January 2021</td>
</tr>
</tbody>
</table>
| **Directorate / Department responsible (author/owner):** | Trudie Roberts, Matron Birth Unit  
Sandra Hogan, Birth Unit Manager |
| **Contact details:** | 01872 252026 |
| **Brief summary of contents** | This guideline gives guidance to Midwives upon the use of Aromatherapy Oils in labour. |
| **Suggested Keywords:** | Aromatherapy, oil, essential, massage, labour, placenta, retained, pain |
| **Target Audience** | RCHT [✓]  
PCH  
CFT  
KCCG |
| **Executive Director responsible for Policy:** | Medical Director |
| **Date revised:** | 4<sup>th</sup> January 2018 |
| **This document replaces (exact title of previous version):** | AROMATHERAPY - CLINICAL GUIDELINE FOR MIDWIVES V1.0 |
| **Approval route (names of committees)/consultation:** | Maternity Guidelines Group  
Obs and Gynae Directorate  
Divisional Board for noting |
| **Divisional Manager confirming approval processes** | David Smith |
| **Name and Post Title of additional signatories** | Not required. |
| **Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings** | {Original Copy Signed}  
Name: Caroline Amukusana |
<p>| <strong>Signature of Executive Director giving approval</strong> | {Original Copy Signed} |
| <strong>Publication Location (refer to Policy)</strong> | Internet &amp; Intranet [✓] Intranet Only |</p>
<table>
<thead>
<tr>
<th>Related Documents:</th>
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<tbody>
<tr>
<td>• Bastard J, Tiran D 2006 Aromatherapy and massage for antenatal anxiety: its effect on the fetus. Complement Therapie Clinical Practice. 12(1) P. 48-54</td>
</tr>
<tr>
<td>• Fowler P, William 1997 COSHH/CHIPS Ensuring the Safety of Aromatherapy</td>
</tr>
<tr>
<td>• House of Lords 2000 Select committee on Science and technology. 6th report. CAM London.</td>
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<tr>
<td>• NICE 2017 Antenatal Care For Uncomplicated Pregnancies [online] <a href="https://www.nice.org.uk/guidance/cg62/resources/antenatal-care-for-">https://www.nice.org.uk/guidance/cg62/resources/antenatal-care-for-</a></td>
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</table>
uncomplicated-pregnancies-975564597445
- NMC 2008 Complementary & Alternative Therapies & Homeopathy. NMC London
- Tiran D 2016 Aromatherapy In Midwifery Practice, Singing Dragon, London

Training Need Identified? Aromatherapy training for core midwives on the Birth Unit

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>17th December 2015</td>
<td>V1.0</td>
<td>New Issue</td>
<td>Angela Whittaker Supervisor of Midwives</td>
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<tr>
<td>4th January 2018</td>
<td>V2</td>
<td>Review and updated by birth unit team and related documents updated</td>
<td>Sandra Hogan, Birth Unit manager</td>
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</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document
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Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy)</th>
<th>(Provide brief description): AROMATHERAPY GUIDELINE - CLINICAL GUIDELINE FOR MIDWIVES</th>
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<tbody>
<tr>
<td>Directorate and service area: Obs &amp; Gynae Directorate</td>
<td>Is this a new or existing Policy? Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment: Sandra Hogan</td>
<td>Telephone: 01872 252026</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   
   Who is the strategy / policy / proposal / service function aimed at?
   
   This guideline gives guidance to Midwives upon the use of Aromatherapy Oils in labour

2. **Policy Objectives***
   
   Safe use of essential oils in established labour

3. **Policy – intended Outcomes***
   
   Improved maternal experience

4. **How will you measure the outcome?**
   
   Compliance monitoring tool

5. **Who is intended to benefit from the policy?**
   
   All pregnant women requesting the use of essential oils in labour

6a Who did you consult with

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Patients</th>
<th>Local groups</th>
<th>External organisations</th>
<th>Other</th>
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<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b). Please identify the groups who have been consulted about this procedure.
   
   Clinical Guideline Group
   Obstetric and Gynaecology Directorate
7. The Impact
Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<tbody>
<tr>
<td>Age</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>x</td>
<td></td>
<td></td>
<td>All pregnant woman</td>
</tr>
</tbody>
</table>

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this **excludes** any **policies** which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

What was the outcome of the consultation? n/a
8. Please indicate if a full equality analysis is recommended. | Yes | No | x

9. If you are **not** recommending a Full Impact assessment please explain why.

No areas indicated

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra Hogan</td>
<td>16th January 2018</td>
</tr>
</tbody>
</table>

| Names and signatures of members carrying out the Screening Assessment | 1. Sandra Hogan  
2. Human Rights, Equality & Inclusion Lead |

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,  
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed Sarah-Jane Pedler

Date 16th January 2018