

# Complementary Therapies in Maternity Care

<b>Classification:</b>		Guideline	
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<b>Authors Division:</b>		Women and Children	
<b>Departments/Group this Document applies to:</b>		Maternity	
<b>Approval Group:</b> Maternity Guideline Review Group Women’s Health CIG		<b>Date of Approval:</b>	03/03/2021
		<b>Last Review:</b>	26/02/2021
		<b>Review Date:</b>	01/03/2024
<b>Unique Identifier:</b> MIDW/GL/153		<b>Status:</b> Approved	<b>Version No:</b> 5
<b>Guideline to be followed by (target staff):</b> Midwives			
<b>To be read in conjunction with the following documents:</b>			
<b>Are there any eCARE implications?</b> No			
<b>CQC Fundamental standards:</b> Regulation 9 – person centered care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 14 – Meeting nutritional and hydration needs Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper			

## Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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## Guideline Statement

Interest in alternative medicine is increasing in midwives and pregnant women (Heidari-Fard, et al., 2018). Women are the main consumers of complementary therapies and alternative medicine, with most choosing to access these services at around reproductive age (Sharp, 2018; Smith, 2010). Studies showed that alternative medicine is used in midwifery including massage therapy, relaxation, and aromatherapy (Abedzadeh Kalahrudi, 2014). Midwives mainly use it for induction, pain management, management of nausea and vomiting of pregnancy, pain during delivery and postpartum depression (Hall, et al., 2012). The use of complimentary therapies including aromatherapy, massage, acupuncture, acupressure and reflex zone therapy enable the birthing person extra choice and facilitates a personalised service in their maternity care (NHS England, 2016).

In recent years, aromatherapy has been considered as a nonpharmacological method in a variety of domains (Heidari-Fard, et al., 2018). In this method, oil extracted from herb is used through the skin or inhalation. Aromatherapy is the use of essential oils obtained from plants for therapeutic effect, and is listed within the Group 2 (Supportive therapies) category of Complementary Alternative Medicines (CAM). The word aromatherapy comes from Latin *aroma* meaning sweet odour, *therapy* meaning curing, healing. The roots of aromatherapy can be traced back more than 3,500 with the history of aromatherapy being inexorably linked to the development of aromatic medicine (Lyth, 2003). Nowadays complementary and alternative therapies are commonly used for pain relief and management across a wide range of disciplines. Essential oils are an easily accessible therapy offering relaxation and therapeutic benefits. The use of aromatherapy provides women with an extra choice and facilitates a more personalised and holistic service in their maternity care (National Maternity Review, 2016).

Acupuncture is a therapy that involves passing fine needles into the body. It is believed to have originated in China around 2000 years ago and remains a key element of the alternative health system of Traditional Chinese Medicine (TCM). Worldwide over the last forty years acupuncture has been the subject of a large volume of biomedical research examining its effectiveness and mechanisms of action. In conventional physiological terms, it appears that acupuncture works through the stimulation of sensory nerves (specifically A-delta fibres) in skeletal muscle and connective tissue. As such it represents a form of somatosensory stimulation, analogous to transcutaneous electrical nerve stimulation (TENS), posterior tibial nerve stimulation (PTNS) and moxibustion (thermal stimulation). Western medical acupuncture (WMA) is defined as “an adaptation of Chinese acupuncture using current knowledge of anatomy, physiology and pathology, and the principles of evidence based medicine. While [WMA] has evolved from Chinese acupuncture, its practitioners no longer adhere to concepts such as Yin/Yang and circulation of “qi” [vital energy] and regard acupuncture as part of conventional medicine rather than a complete “alternative medical system”. (White, 2009). The General Medical Council (GMC) and Nursing and Midwifery Council (NMC) consider acupuncture within the scope of practice of both doctors and midwives. The British Medical Acupuncture Society (BMAS), formed in 1980, trains and accredits regulated health professionals in acupuncture techniques for use within the context of their orthodox medical practice.

Reflex Zone Therapy (RZT) is a specific type of clinical reflexology, using an approach in which physio-pathological changes within the body are reflected in one or more areas of the feet (Tiran, 2000). Manual compression techniques are used to stimulate or sedate specifically identified points, RZT can support and facilitate physiological labour and birth by, for example, promoting onset of labour, supporting progress in labour and aiding delivery of the placenta.

## Executive Summary

- To provide women accessing Maternity services at Milton Keynes University Hospital NHS Foundation Trust additional choice and control over pregnancy, labour and post natal periods.
- Non-pharmacological treatments for the physiological discomforts in maternity.
- To enable suitably trained midwives to administer acupuncture, acupressure, RTZ and aromatherapy oils and utilize within maternity care.
- To provide guidance to midwives who have received appropriate training and assessment of competence in the administration of acupuncture, acupressure, RTZ and aromatherapy oils to women accessing the maternity services at Milton Keynes University Hospital Foundation Trust.

## 1.0 Roles and Responsibilities

Midwives - following completion of the approved training package and having undertaken the required supervised practice and case studies.

Midwives are accountable for their practice and are answerable for their actions and omissions regardless of advice or directions from another professional (NMC 2018).

All midwives must assess, plan and provide care and support in regard to the woman's experience of and response to pain and her need for pain management, using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods (NMC, 2019).

Every midwife wishing to use essential oils in their practice does not need to be a fully qualified aromatherapist (Tiran & Mack, 2000), but midwives must have undertaken approved training and be competent to administer aromatherapy (NMC, 2010). Under Traditional Herbal Medicinal Products Directive THMPD) exemptions, in relation to The Human Medicines Regulation, 2012, practitioners who supply unlicensed herbal remedies have been granted Statutory Regulation. This means that products containing essential oils (accepted as herbal ingredients) and other botanical extracts with medicinal properties can be supplied to clients as unlicensed herbal remedies for minor conditions like local pain relief, treatment of inflammation, minor non-clinical stress/depression, etc. This exemption applies only to typical herbal medicinal products supplied to clients under the terms of the exemption (International Federation of Aromatherapists, 2020).

Every midwife wishing to use acupuncture or acupressure in their practice does not need to be a fully qualified acupuncturist (RCM, 2020), but midwives must have undertaken approved training and be competent to administer acupuncture or acupressure (NMC, 2010).

Every midwife wishing to use massage and RZT in their practice does not need to be a fully qualified therapist (RCM, 2020), but midwives must have undertaken approved training and be competent to administer the therapy (NMC, 2010).

Each midwife must ensure that the specific complimentary therapy is in the best interest of the birthing person and that the birthing person has given informed consent.

## 2.0 Implementation and dissemination of document

This document will be disseminated across the maternity unit, through team meetings, training and circulation to all colleagues. This Guideline is available on the Intranet and has followed the Guideline review process prior to publication.

## 3.0 Processes and procedures

Women using the bath on the antenatal ward or pool on labour ward must always be provided with assistance when getting in and out of the bath/pool to reduce the risk of slips or falls.

### 3.1 Birthing person suitable to receive complimentary therapies

- Birthing person who has been assessed as suitable to receive complimentary therapies and have given written consent (appendix 1 for aromatherapy and RZT, see Acupuncture in Maternity for acupuncture and acupressure)
- All low risk mothers, subject to consent
- Normally situated placenta, no history of third trimester antepartum haemorrhage
- Blood pressure within normal limits
- Amniotic fluid within normal limits
- Normal fetus, Intrauterine Growth Restriction, fetal distress or assumed Cephalopelvic disproportion
- Any birthing person where it has been agreed with the obstetric team as part of her personalised care plan

### 3.2 General contraindications to complimentary therapies

- Birthing person who has not consented to receive complimentary therapies
- Triplets or higher multiples
- Epilepsy
- Insulin dependent diabetes
- Cardiac, renal or hepatic disease
- Transverse, oblique or unstable lie
- Low lying placenta or placenta praevia\*
- Hypertension (Accupuncture, acupressure and RZT contraindicated)
- Pre-eclampsia with renal compromise
- Polyhydramnios prior to labour or IOL
- Oligohydramnios
- Severe asthma or other respiratory condition
- Mothers booked for elective caesarean section\*
- Pathological anaemia, any thromboembolic or coagulation disorders, birthing person on anticoagulants or drugs with similar actions
- Preterm labour\*\*
- Within 60 minutes following medical or surgical induction or acceleration of labour
- Uterine hyperstimulation or hypercontractility
- No history of significant antepartum haemorrhage

\* However, these women may benefit from a drop of Frankincense on the palm of the hand prior to going to theatre

\*\* These women may have the option to utilize oils with properties that reduce stress and anxiety but non uterotonic oils

### 3.3 Antenatal Precautions

- Avoid sacral and supra-pubic massage in the first trimester
- Avoid brisk heel massage in pregnancy (reflex zone for pelvic area)
- Avoid acupuncture/acupressure points contraindicated in pregnancy (Gall Bladder 21, Large Intestine 4, Spleen 6, sacral plexus points) unless using to induce labour as per guideline
- Avoid complimentary therapies which facilitate uterine action for one hour following administration of prostaglandins.
- Avoid abdominal massage if placenta is situated on anterior uterine

(Tiran, 2014)

### 3.4 Intrapartum Precautions

- Birthing person may receive a maximum of 3 different essential oil per blend, using different essential oil blends if appropriate
- Avoid hypotensive oils if epidural in situ
- Avoid complimentary therapies which facilitate uterine action when oxytocin infusion is commenced or for one hour following artificial rupture of membranes (ARM)

(Tiran, 2014)

### 3.5 Postnatal Precautions

- Avoid abdominal massage in mothers who have had a caesarean section or Manual Removal Of Placenta (MROP)

(Tiran, 2014)

### 3.6 Methods of application

#### 3.61 Aromatherapy

- Massage – see dosage guidance (appendix 2)
- Bath – 4 drops essential oil in 5ml milk (Not for use in birthing pool)
- Footbath – 2-3 drops in 5ml milk in bowl of water
- Compress – 2-3 drops of oil in 5ml milk. Soak out excess water and apply to appropriate area avoiding eyes
- Inhalation – 2-3 drops of oil in aromastone/plug in vaporiser or small bowl of water. 1 drop on a taper.

(Tiran, 2014)



### **3.62 Acupuncture and acupressure**

Acupuncture and acupressure to be used on points as intended in the Acupuncture in Maternity Guideline

### **3.63 Reflex Zone Therapy**

RZT to be used on agreed points as intended

## **3.7 Choice of oils**

Carrier oil – Sunflower oil as is suitable for all skin types, balances skin and has no risk of reaction (Tucker, 2012). Quick Look laminated lists of oils and guides for use/selection will be available at each ward area, and within staff handbook.

See Appendix 3 for a complete list of all oils available as well as situational recommendations for use within the Maternity Unit. See Appendix 4 for prescriptive blending charts.

Aromatherapy oils can be used for massage and RZT.

## **3.8 Health & Safety**

Working safely with essential oils demonstrates a commitment to excellence. Guidelines when working safely with essential oils include:

- Wash your hands after each use.
- Use a well-ventilated room.
- Regular breaks
- Keep essential oils out of the reach of children N.B in homes
- Use less rather than more and vary which oils you use.
- Do not purchase essential oils that are in bottles without a dropper insert.
- Do not use essential oils directly on or near the eyes.
- Avoid purchasing essential oils that are poorly identified. (The label should include the Latin binomial, country of origin, method of extraction and any pertinent chemotype or alteration information.) (Aromatherapy Trade Council, 2011)

### 3.9 Adverse effects

#### 3.91 Aromatherapy

##### Irritation

Irritation may manifest as localised inflammation, affecting the skin or mucous membrane. The respiratory tract is particularly susceptible to inflammatory and non-inflammatory irritation from essential oils (experienced as drying, burning, stinging, tingling, tickling).

##### Sensitisation

Sensitisation is a contact hypersensitive or allergic reaction and/or severe irritation that involves the immune system (T-lymphocytes and macrophages). T-lymphocyte cells become sensitised through an adaptive, exaggerated or inappropriate immune response; once sensitised, even a small amount of the potential antagonist substance can cause a reaction. **Sensitisation is not dose dependent and is difficult to predict.** Also, a sensitised reaction may be delayed, symptoms manifesting sometime after application. Symptoms of sensitisation are various and may include skin irritation, rashes, headaches, migraine, anxiety, heart palpitations, feelings of unease, shortness of breath and dry mouth.

**All essential oils are potential sensitisers** and therefore should be applied in moderation, with regular breaks or abstinence from use (two to three weeks use followed by a week's non-use), and periodical rotation of the essential oils applied (substituting one for another appropriate oil), especially if using regularly over a long period of time.

##### Toxicity

Toxicity refers to the strength of a poison and the degree to which a substance can damage or destroy an organism, whether the whole organism, such as a plant or animal, or a substructure of the organism, such as a cell or organ, for example, liver (hepatotoxicity), kidney (nephrotoxicity). Damage may be reversible or irreversible, depending on the level of biological disruption and whether the regeneration capacity of the affected cells has been compromised.

**Toxicity is dose dependent** and is influenced by factors such as the route of administration (skin absorption, ingestion, inhalation), length of time of exposure, frequency of exposure, the genetic makeup of the individual and their general state of health. A toxic reaction instigated by essential oil molecules can manifest at the point of topical application or systemically.

Chemical components within essential oils can become toxic when they oxidise and degrade. Old essential oils are more likely to be toxic than those that are freshly extracted and appropriately stored (this is especially applicable to citrus and pine oils).



## Photo-toxicity

This is an excessive reaction to sunlight (or UV light, including UV light emissions from sun-tanning lamps) Phototoxic substances absorb UV light, which in turn causes the production of abnormally dark pigmentation (brown patches), that may last for years, and reddening and burning of the surrounding skin, which is often slow to heal. A phototoxic reaction only occurs if the sensitising agent is present. Avoid phototoxic essential oils on skin exposed to sunlight or UV light and sun-tanning lamps. Ensure the authenticity and age of your essential oil before applying (once opened, essentials have approximately a 12 month shelf life; citrus oils, usually only 6 months). Store in a cool, dark place away from sunlight. Always ensure lids are replaced immediately after use. Wash any residue essential oil from your fingers to avoid contact with your eyes or other sensitive areas of your body.

(International Federation of Aromatherapists, 2018)

### 3.92 Acupuncture

Women should be reassured that acupuncture is an extremely safe intervention. The largest prospective series to date of over 2.2 million treatments suggests a rate of serious adverse effects of less than 1 in 200,000 (Witt et al., 2009). The most common of these rare complications is pneumothorax (around one per million treatments) as a result of needling over the rib cage – in labour it is never strictly necessary to needle the chest, which consequently negates this risk. There is also a very small risk of injury to major blood vessels at certain points and/or visceral injury, particularly when needling the anterior or lateral abdominal wall muscles - these risks can be negated by appropriate choice of needle location and/or angulation.

General adverse effects, which are common but not usually serious, include:

- Drowsiness or sedation
- Minor bleeding (3% of treatments)
- Pain during treatment (1% of treatments) – although a minimal sharpness is usually experienced when the needle penetrates the skin, significant pain at a deeper level suggests the needle tip is close to or touching a nerve
- Worsening of symptoms (<3% of patients) – (unlikely to be relevant in labour, as pain resolves post delivery)
- Fainting – particularly amongst patients having acupuncture treatment for the first time

Relative contraindications to acupuncture including bleeding disorders and use of anticoagulants, which increase the risk of bleeding complications. Although the overall incidence of infection is very low, conditions which place the patient at substantially increased risk (e.g. immunocompromise or immunosuppressive therapy) or in whom blood-borne infection could be potentially catastrophic (e.g. damaged heart valves) should also be considered as relative contraindications. If considering the use of electrical stimulation of needles (electro-acupuncture) then an enquiry should be made about the presence of electrical implants such as a cardiac pacemaker as this will influence the safe approach to the patient. Acupuncture needles are sharps and should be treated as such, in keeping with Trust wide protocols. Although the risk of transmission of blood-borne viruses is very low, any needlestick injuries should be reported to Occupational Health so that a risk assessment can be completed. In the event of a needlestick injury occurring out-of-hours, the recipient should attend the Accident and Emergency department.

### 3.10 Dealing with adverse reactions

#### 3.10.1 Aromatherapy

- Remove the taper, tissue, footbath or bowl of water
- Remove the birthing person from the bath or pool
- Wash the skin/shower with unperfumed soap to remove oil from skin
- If appropriate expose skin to the air to encourage evaporation of any residual oil
- Ventilate room if possible to facilitate evaporation or move to alternate room if appropriate
- For eye splashes – irrigate with warm water
- In the unlikely event of a severe reaction follow the the *Emergency treatment of anaphylactic reactions: guidelines for healthcare providers* (Resuscitation Council (UK) (2012)).
- Document any sensitivities on the audit form and checklist
- Report any serious adverse reactions on Datix

#### 3.10.2 Acupuncture

- Drowsiness or sedation - if affected, patients should be advised not to drive home following the acupuncture treatment (unlikely to be relevant in labour)
  - Minor bleeding (3% of treatments) – this should be treated with compression and elevation and usually stops immediately
- Pain during treatment (1% of treatments) – can usually be resolved by partial or complete withdrawal of the needle
- Worsening of symptoms (<3% of patients) – this sometimes occurs in pain conditions, is usually temporary and predictive of a favourable therapeutic response
- Fainting – patients should be laid down for the first session and further sessions if persists

#### 3.10.3 Reflex Zone Therapy

- Generally considered safe during pregnancy, however some women may experience some physical and emotional side effects. These normally pass within 24hrs and can be treated with rest and increased fluids. These can include:
- Tiredness and fatigue- if affected, patients should not drive home
- Sensitive feet- patients may experience tingling and increased sensitivity after a RZT session.
- Emotional Reactions-patients may experience relaxation effects, laughing and or crying and so they should make sure they have emotional support if needed.
- Cold or flu like symptoms- some patients may experience a runny nose, congestion.
- Nausea
- Excessive sweating
- Insatiable thirst
- Frequency or urination and or loose bowels.

### 3.11 Ordering storage and disposal

### 3.11.1 Aromatherapy

Ordering oils – Recommended Supplier Penny Price Aromatherapy

All distilled oils can last for many years if stored correctly, but for health and safety reasons a shelf life (once opened) of about 12-18 months is usually recommended

Citrus oils have a shorter shelf life (once opened) of 6 months – 1 year (Manufacturer's recommendation) (Price 2019)

Carrier oils have a shelf life of between 1 year (Manufacturer's recommendation) (Price 2019)

Oils should be kept in a locked cupboard (around 15°C)

Essential Oils should be stored in airtight bottles as air causes them to oxidise

Disposal should be as per COSHH guidelines

### 3.12.2 Acupuncture

Only sterile, single-use disposable needles (e.g. SEIRIN® , Shimizu, Japan) should be used, which should be counted in and out of the patient at the beginning and end of the treatment and immediately placed into a sharps bin.

## 3.12 Classification, Labelling and Packaging of Chemicals (Amendments to Secondary Legislation) Regulations 2015

CLP defines the content of the label and the organisation of the various label elements. The label should be firmly attached to one or more of the packaging's surfaces and has to include the following:

- The name, address and telephone number of the supplier
- The nominal quantity of a substance or mixture in packages made available to the general public (unless this quantity is specified elsewhere on the package)
- Product identifiers
- Where applicable, hazard pictograms, signal words, hazard statements, precautionary statements and supplemental information required by other legislation.

A generic aromatherapy information sheet should be provided to any women supplied with aromatherapy blends for home use in Latent Phase of Labour. (Appendix 4)

The individual midwife is responsible for checking acupuncture needles are intact and in date.

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

- Essential Oils are flammable liquids
- Essential Oils should be stored in a sealed box in a locked cupboard. Be aware of children in a home birth environment
- Waste diluted oils can be disposed of down the sink for footbaths, compresses and bowls of water
- Waste oils with carrier should be disposed of by wiping out the pot with a hand towel and disposing in yellow bag
- Equipment used for mixing, blending and treatment should be washed with soap and warm water and then be dried thoroughly

- Expired undiluted essential oils should be collected in the original bottle and taken to pharmacy for disposal Aromatherapy Waste bin will be in the sluice in ward areas.
- Electrical burners/vaporisers should be checked by Trust electricians yearly

## 4.0 Statement of evidence/references

### References:

Abedzadeh Kalahroudi, M. (2014).: Complementary and alternative medicine in midwifery. *Nursing and Midwifery Studies*; **3**, pp. E19449.

Aromatherapy Trade Council (2011) *Essential Oil Safety*. [Online]. Available from: <https://www.a-t-c.org.uk/safety-matters/essential-oil-safety/> [Accessed 18 October 2020]

Hall H.G., McKenna L.G., Griffiths D.L. (2012).: Midwives' support for complementary and alternative medicine: a literature review. *Women Birth*; **25**: pp. 4-12.

Heidari-Fard, S., et al. (2018) The effect of chamomile odor on contractions of the first stage of delivery in primipara women: A clinical trial. *Complementary Therapies in Clinical Practice* [Online] **32**, pp.61-64. Available from: <https://www.clinicalkey.com/?returnurl=null&referrer=null#!/content/journal/1-s2.0-S1744388118300343> [Accessed 5 October 2020]

International Federation of Aromatherapists (2018) *Ingestion and Neat Application of Essential Oils Guidelines*. [Online]. Available from: [https://ifaroma.org/en\\_GB/home/news/ingestion-and-neat-application-essential-oils-guidelines](https://ifaroma.org/en_GB/home/news/ingestion-and-neat-application-essential-oils-guidelines) [Accessed 18 October 2020]

International Federation of Aromatherapists (2020) *Legislation Affecting Aromatherapists and Product Designers*. [Online]. Available from: [https://ifaroma.org/en\\_GB/home/explore\\_aromatherapy/aromatherapy-legislation](https://ifaroma.org/en_GB/home/explore_aromatherapy/aromatherapy-legislation) [Accessed 18 October 2020]

Lyth, G. (2003). *History of Aromatherapy*. [Online]. Available from: <https://www.quinessence.com/history-of-aromatherapy> [Accessed 18 October 2020]

National Maternity Review (2016) *Better Births: Improving outcomes of maternity services in England. A Five Year Forward View for maternity care*. [Online]. Available from: <https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/> [Accessed 2 October 2020]

Nursing and Midwifery Council (NMC). (2010). *Standards for medicines management*. London: NMC

Nursing and Midwifery Council (2018) *The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates*. [Online]. Available from: <https://www.nmc.org.uk/standards/code/> [Accessed 2 October 2020]

Nursing and Midwifery Council (2019) *Standards of Proficiency for Midwives*. [Online]. Available from: <https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives/> [Accessed 18 October 2020]

Penny Price Aromatherapy (2020) *Safety Data Sheets*. [Online]. Available from: <https://www.penny-price.com/pages/safety-data-sheets> [Accessed 18 October 2019]

Royal Collage of Midwifery (RCM). (2020). *Position Statement Complementary Therapies and Natural Remedies*. London: RCM

Sharp, D., et al. (2018) Complementary medicine use, views, and experiences: a national survey in England. *BJGP Open* [Online] 2(4): bjgpopen18X101614. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6348322/> [Accessed 2 October 2020]

Smith C, Collins C, Crowther C, Levett K. (2011). Acupuncture or acupressure for pain management in labour. *Cochrane Database Syst Rev*. 7: CD009232

*The Classification, Labelling and Packaging of Chemicals (Amendments to Secondary Legislation) Regulations 2015*. SI 2015/21. [Online]. Available from: <https://www.legislation.gov.uk/uksi/2015/21/contents/made> [Accessed 5 October 2020]

*The Control of Substances Hazardous to Health Regulations 2002*. SI 2002/2677. [Online]. Available from: <https://www.legislation.gov.uk/uksi/2002/2677/contents> [Accessed 5 October 2020]

Tiran, D. (2014). *Aromatherapy in Midwifery Practice: A Manual for Clinical Practice (4<sup>th</sup> ed)*. London: Expectancy

Tiran D and Mack S. (2000). *Complementary Therapies for Pregnancy and Childbirth (2nd ed)*. Edinburgh: Balliere Tindall

Tucker, L. (2012). *An Introductory Guide to Aromatherapy (Revised Edition)*. London: EMS Publishing

White A. (2009) Editorial Board of Acupuncture in Medicine. Western medical acupuncture: a definition *Acupuncture in Medicine*. Vol. 27, no. 1, pp 33-35

Witt C, Pach D, Brinkhaus B, Wruck K, Tag B, Mank S, Willich S. (2009). Safety of acupuncture: results of a prospective observational study with 229,230 patients and introduction of a medical information and consent form. *Forschende Komplementärmedizin*. Vol16, pp 91-97



## 5.0 Governance

### 5.1 Record of changes to document

Version number: 4.1		Date: July 2020		
Section Number	Amendment	Deletion	Addition	Reason
3.0	N/A	N/A	Birthing person using the bath on the antenatal ward or pool on labour ward must always be provided with assistance when getting in and out to reduce the risk of slips and falls.	Action from incident
4.0				
5.0	Complete review		Use of acupuncture added to guideline	

### 5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Kirsty Felce	Audit and Risk Midwife	22.1.18	29.1.18	No	Yes
Julie Cooper	Head of Midwifery	22.1.18	29.1.18	Yes	Yes
Mary Plummer	Matron, Maternity Inpatients	22.1.18	29.1.18	No	Yes
Lydia Stratton-Fry	Labour Ward Manager	22.1.18	29.1.18	No	Yes
Nidhi Shandil-Singh	Consultant, Obs and Gynae	22.1.18	29.1.18	No	Yes
Nandini Gupta	Consultant, Obs and Gynae	22.1.18	29.1.18	No	Yes
Bernadetta Sawarzynska-ryszka	Associate Specialist, Anaesthetics	22.1.18	29.1.18	No	Yes
Women and children guideline group	Maternity	26/02/21		Yes	Yes
Maternity CIG	Maternity	03/2021		No	Yes
Melissa Davis	Head of Midwifery	25/11/22	25/11/22	Word changes in PIL from offered to provided as per NICE guidance	Yes

### 5.3 Audit and monitoring

This Guideline outlines the process for document development will be monitored on an ongoing basis. The centralisation of the process for development of documents will enable the Trust to audit more effectively. The centralisation in recording documents onto a Quality Management database will ensure the process is robust.

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
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Record any adverse reactions	Datix	GF	Case by case	Women's Health CIG
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## 5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Maternity	Department	Maternity
Person completing the EqlA	Roxanne Vidal	Contact No.	Ex 86471
Others involved:	Lauren Mitchell	Date of assessment:	03/01/21
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?			
		Yes	
If staff, how many/which groups will be affected?			
		Maternity	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
emails			
How are the changes/amendments to the policies/services communicated?			
emails			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqlA	01/01/2024		

## Appendix 1: Aromatherapy Checklist

### COMPLIMENTARY THERAPY CHECKLIST

Please file in Maternal Records

Date: Time: Risk Assessment completed by

Midwife Name & Signature Role

Gestation: Parity

Type of care: Mw / Cons

Therapy used Aromatherapy ☐ RZT ☐

#### Risk Assessment (please circle)

Any medical/obstetric history? YES NO  
(If any history, see guideline to check if suitable to receive aromatherapy)

Currently taking any medication/homeopathic remedy? YES NO  
(If yes refer to guideline)

Any allergies/hayfever/asthma? YES NO  
(if yes refer to guideline)

Is there an epidural insitu? YES NO  
(if yes refer to guideline)

Normally situated placenta, no history of third trimester antepartum haemorrhage YES NO  
Blood pressure within normal limits YES NO  
Amniotic fluid within normal limits YES NO  
Normal fetus, no IUGR or fetal distress YES NO

#### Consent and Administration (please circle)

Has been assessed as suitable to receive complimentary therapy YES NO  
Has informed consent been gained for complimentary therapy? YES NO  
Possible side effects have been explained? YES NO  
Choice of Oils and method of application discussed YES NO

#### Oils used (please circle)

Lavender	Clary Sage	Frankincense	Grapefruit	Majoram
Orange	Peppermint	Black Peppe	Roman Chamomile	Fennel
Rose	Jasmine	Ylang ylang	Carrier oil	

#### Method of application (please circle)

Taper	Bath	Pool	Footbath	Compress	Room Inhalation
Massage	Reflexology	% blend used			

Any sensitivities/adverse effects? YES NO  
(if yes please detail below)

## Appendix 2: Dosages

### Guide to dosages in aromatherapy

The effect of using blended essential oils on the body is greater than the use of one alone, known as synergy and, it is also thought that the adverse associated effects are minimised by blending. Use the minimum number of essential oils required to produce the desired effect, no more than 3 in one blend. Dosages as follows:

Pregnancy and Postnatal periods - 1% (Aromatherapy Trade Council, 2011)

Intrapartum - 2%

Induction of labour – by midwives only 3%

Percentage blend required	Number of drops to be added per:-			
	5ml of carrier	10ml of carrier	15ml of carrier	20ml of carrier
1%	1	2	3	4
2%	2	4	6	8
3%	3	6	9	12

(Tiran, 2014)

## Appendix 3: Essential Oils Portfolio

Essential Oil	Properties	Cautions	Applications	Compliments
<b>Lavender</b> ( <i>Lavendula Angustifolia</i> )	Hypotensive Relieves palpitations Balances emotions Relieves headaches Strengthens Contractions Analgesia	Do not use in women who have hay fever related asthma. Do not use with hypotensive women/epidurals It is an emmenagogue so avoid in early pregnancy Avoid if pyrexial	Inhalation Massage Bath Footbath Compress	Chamomile, Clary Sage, Jasmine, Mandarin, Orange
<b>Roman Chamomile</b> ( <i>Chamaemelum Nobile</i> )	Anxiety Nervous Tension Analgesia Diuretic	Avoid if pyrexial	Massage Taper Inhalation Compress Footbath	Lavender, Jasmine, Clary Sage, Ylang ylang.
<b>Frankincense</b> ( <i>Boswellia Carteri</i> )	Anxiety Hyperventilation Panic in transition Tones the Uterus		Massage Taper Inhalation Compress Footbath	Black Pepper, Grapefruit, Lavender, Orange
<b>Clary Sage</b> ( <i>Salvia Sclarea</i> )	Anxiety Regulates Uterine contractions Strengthens uterine contractions To uplift and relax	Use with care – enhances uterine action Midwives take care when menstruating Avoid in 1 <sup>st</sup> and 2 <sup>nd</sup> trimester	Massage Taper Inhalation Compress Footbath	Frankincense, Grapefruit, Jasmine, Lavendar,

<b>Jasmine</b> <b>(Jasmine Officinale)</b>	Anxiety & stress Strengthens uterine contractions Stimulates expulsive contractions Analgesia Sedative Increases milk flow	Use with care - enhances uterine action Midwives take care when menstruating Avoid until term pregnancy	Use only for massage	Lavender, Rose, Majoram, Ylang ylang
<b>Rose</b> <b>(Rosa damascena)</b>	Anxiety, stress & grief Strengthens uterine contractions Regulates uterine contractions	Use with care – enhances uterine action Midwives take care when menstruating Avoid if pyrexial	Use only for massage	Chamomile, Clary Sage, Jasmine, Lavender, Orange
<b>Peppermint</b> <b>(Mentha Piperita)</b>	Indigestion Analgesic Relieves nausea & vomiting Improves concentration Combats mental fatigue Calms anger and hysteria Relieves headache Cools	Do not use if women are taking Homeopathic remedies Do not use in cardiac patients Avoid on sensitive skin	Taper Compress Inhalation Footbath	Orange, Chamomile, Lavender
<b>Majoram</b> <b>(Origanum majorana)</b>	Hypotensive Soothes in times of grief, loneliness Aids insomnia Stimulates contractions	Avoid in pregnancy Use sparingly as strong sedative effect	Massage Taper	Chamomile, Lavender, Mandarin, Orange, Ylang Ylang
<b>Black Pepper</b> <b>(Piper Nigrum)</b>	Analgesic, Antiemetic, Antiseptic, Antispasmodic, Carminative, Detoxicant, Digestive, Diuretic, Laxative, Rubefacient, Stimulant, Stomachic, Tonic.	Avoid in renal damage and sensitive skin Use sparingly	Compress Taper Inhalation	Frankincense, Grapefruit, Ylang Ylang.
<b>Ylang ylang</b> <b>(Cananga Odorata)</b>	Antidepressant, Antiseptic, stimulates oxytocin, hypotensive, Sedative	Excessive use may lead to headaches and nausea Avoid in sensitive skin Avoid in systolic BP<90	Massage Compress	Grapefruit, Jasmine, Lavender, Orange, Rose,
<b>Fennel</b> <b>(Foeniculum Vulgare)</b>	Antispasmodic Increases milk flow	Avoid in pregnancy Use sparingly	Massage Taper	Lavender
<b>Grapefruit</b> <b>(Citrus paradisi)</b>	Anti-inflammatory, antiseptic, detoxifying, antidepressant, immune boosting, and mentally rejuvenating	Avoid strong sunlight after use	Massage Taper Inhalation Compress Footbath	Lavender, Frankincense.
<b>Sweet Orange</b> <b>(Citrus Sinensis)</b>	Antidepressant, Antiseptic, Antispasmodic, Carminative, Digestive, Febrifuge, Sedative, Stomachic, Tonic.	Avoid strong sunlight after use	Massage Taper Inhalation Compress Footbath	Frankincense, Jasmine, Lavender, Rose
<b>Carrier oil Sunflower</b>	Massage	Nil	Can be used plain or with essential oils	

## Appendix 4 – Prescriptive Blending

Situation	Useful Essential Oils	Cautions	Applications
Antenatal anxiety + depression	Peppermint, orange, lavender and frankincense	Avoid Lavender in 1 <sup>st</sup> trimester, antepartum haemorrhage and placenta praevias/low lying	Massage Inhalation Footbath Taper
Antenatal Pre eclampsia (PET)/Pregnancy induced hypertension/ Essential hypertension	Orange, lavender, peppermint	Avoid Lavender in 1st trimester, antepartum haemorrhage and placenta praevias/low lying	Massage Compress Footbath Taper
Induction of labour (IOL)	Rose, clary sage, black pepper, chamomile, grapefruit, majoram	Avoid floral oils within 1 hour of prostaglandin administration and during tachysystolic episodes	Massage Compress Footbath Taper
IOL PET	Majoram, clary sage, Lavender, Ylang ylang, orange	Avoid floral oils within 1 hour of prostaglandin administration and during tachysystolic episodes	Massage Compress Footbath Taper
Pre-labour Spontaneous Rupture Of Membranes	Majoram, orange, chamomile, rose		Massage Compress Inhalation Footbath Taper
Long latent phase	Jasmine, pepper, peppermint, clary sage, rose, lavender, grapefruit, chamomile		Massage Compress Inhalation Footbath Taper
Medical augmentation (Syntocinon)	Rose, chamomile, pepper, peppermint	Avoid floral oils within 1 hour of commencing oxytocin and during tachysystolic episodes	Massage Compress
Slow 1st stage Occipito Posterior/Occipito Transverse	Clary sage, peppermint, chamomile, pepper, orange		Massage Compress
Slow 1st stage Occipito Anterior	Majoram, Rose, peppermint, frankincense, grapefruit		Massage Compress
Slow 2nd stage	Jasmine, Clary sage, peppermint		Compress Massage
Retained placenta	Clary sage, jasmine, lavender	DO NOT USE IN EMERGENCY	Compress
Anxiety and stress in labour	Orange, frankincense, rose, peppermint, lavender		Inhalation Massage Taper
Breastfeeding	Sweet fennel, Lavender	Lavender to be used in massage application only	Taper Neck and shoulders massage



## Appendix 5 – Patient Information Leaflet

# Aromatherapy during childbirth

This leaflet outlines the benefits and risks of using essential oils and aromatherapy during labour. If you are using aromatherapy prior to being admitted in labour please inform staff on your arrival. Would you like to use aromatherapy during labour?

Here at Milton Keynes University Hospital we can provide you aromatherapy to help facilitate the normal physiological process of birth. Many of our midwives have been trained by a qualified midwife/aromatherapist to enable them to provide women aromatherapy in labour. Aromatherapy is used nationally as complementary therapy for women in labour. Results from a study of 8,085 women, undertaken at the John Radcliffe Hospital in Oxford, show that women in labour consistently rated aromatherapy as helpful by aiding relaxation and reducing stress and anxiety. The study also showed that women using aromatherapy were less likely to request diamorphine or an epidural for pain relief.

## What is aromatherapy?

It is a complementary therapy using essential oils - concentrated extracts from a wide range of plants. The oils work in two ways: 1. By stimulating the nasal/olfactory senses (smell) and mental responses promoting relaxation. 2. The chemical components of the oils are presumed to work in the same ways as medicines, but are not suitable to be taken by mouth.



## How are the oils applied?

The aromatherapy oils can be applied in a variety of ways, including:

- In the bath.
- By massage.
- In a footbath.
- In a compress.
- By inhalation methods.



## Can anyone use aromatherapy?

If your pregnancy has been uncomplicated and it is expected that your labour will be straightforward, then you may be able to use essential oils during your labour. It will also depend on whether the midwife who is looking after you has been trained to provide aromatherapy. Because of the action of some of the essential oils it is not recommended for aromatherapy to be used in early pregnancy, so some members of the multidisciplinary team may not be able to care for you while using aromatherapy and it may be necessary to move you to a different room if you later require an epidural or assisted vaginal delivery. For this reason if you are using aromatherapy prior to being admitted in labour please inform staff on your arrival.



The essential oils that we use in the Maternity Unit at Milton Keynes University Hospital have been chosen for their safety and effectiveness in childbirth. The midwives will advise you on which essential oils and method of use will benefit you most.

If you are provided with a personalized aromatherapy blend you will be given corresponding safety information sheets for each oil used.

## Side effects and safety

From the large study of 8,085 women performed at the John Radcliffe Hospital it was reported that only a small proportion (1%) of mothers had any side effects from using aromatherapy. These side effects included vomiting and nausea, headache and allergic response (symptoms like hay fever, and watery eyes). These symptoms may have occurred during the course of labour even if the aromatherapy had not been used. In the Maternity Unit at Milton Keynes University Hospital we only use a small selection of good quality oils. The carrier oil that we use blending our essential oils for massage is sunflower oil.



for

## Finding out more

For more information regarding the use of essential oils during pregnancy and labour, it is advisable to seek advice from a qualified aromatherapist with experience in caring for pregnant and labouring women. Essential oils are perfectly safe when used correctly but have the potential to be harmful when used incorrectly. The website [www.expectancy.co.uk](http://www.expectancy.co.uk) provides a list of aromatherapists qualified to provide advice in pregnancy and childbirth.

This document can be made available in other languages and formats upon request. Written by: R Wheeler (midwife) Nov 2004 Reviewed: Dec 2006, Dec 2007, Dec 2008, April 2009, Aug 2009, Aug 2010, Feb 2013, Nov 2014, Nov 2016, March 2018 (L Wallbank). Adapted for use at MKUH by R Vidal (midwife/aromatherapist) Oct 2020 Approved: Maternity Guideline Review Group Women's Health CIG