

Guidelines for Midwives on the Use of Massage and Aromatherapy

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Key Amendments

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Introduction

Massage & aromatherapy during pregnancy, labour can be beneficial to both mother and baby. Massage can aid relaxation and sleep and stimulate circulation and lymphatic drainage. Aromatherapy used separately or in conjunction with massage can add the benefit of pain relief,

stimulation and strengthening of contractions, relief of nausea, anxiety and headaches. Massage can be used alone using carrier oil.

Aromatherapy can be used alone using inhalation methods or topical administration. Massage & aromatherapy can be used together.

The patients covered by this guideline are:

Any women at term in labour or the latent phase of labour (Meadow Birth Centre, Delivery Suite or Home).

Including women undergoing Induction of labour.

Contraindications

Pre term labour Medical complications – cardiac, epilepsy, Pregnant midwife Allergies to any oils particularly citrus oils. Caution with hay fever sufferers Pool labour/birth (except inhalation) Hypotension Infection Skin problems (midwife or woman) Use with caution for women with previous LSCS (only use Lavender or lemon oils)

N.B.Any doubts, then avoid oils and use massage only.

Chamomile Roman	Analgesic –relief of headaches
(Chamaemelum nobile)	Antispasmodic – relief of contraction pain
	Carminative – can help with nausea.
Middle Note	Relaxing, assist in coping with contractions.
	The only essential oil suitable for use by women with multiple allergies.
	Not to be used by pregnant Midwives.
Lavender	Analgesic – relief of headaches and contraction pain
(Lavandula angustifolia)	Antispasmodic – relief of contraction pain
Middle Note	Relaxant – relieves stress and aids relaxation

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	Avoid use on mothers with asthma/hay fever.	
	Not to be used by pregnant Midwives.	
Clary Sage	Antispasmodic - relief of contraction pain. May stimulate contractions	
(Salvia Sclarea)	.Use only 2 drops in 4 hours. Use only for massage or inhalation	
Top/Middle Note	 each taper for inhalation to be used only once. 	
	Not to be used by pregnant Midwives	
Peppermint	Analgesic (mild)- relief of headaches	
(Mentha Piperita)	Antiemetic - can reduce nausea and vomiting.	
Top Note	Antispasmodic- relief of contraction pain.	
	Not to be used during pregnancy.	
	Not to be used by pregnant Midwives.	
Frankincense	Calming - reduces anxiety and tension.	
(Boswellia Carteri)	Not to be used by pregnant Midwives.	
Base Note		
Jasmine	Antispasmodic-relief of contraction pain may strengthen	
(Jasminum Grandiflorum)	contractions.	
Dana Na (a	Not to be used by pregnant Midwives.	
Base Note	Do not use in pre-term labour, previous LSCS.	
Lemon	Febrifuge – relief of fever	
(Citrus Limon)	General coping	
Top Note	Phototoxic – avoid sunlight	
Mandarin	Antispasmodic – relief of contraction pain	
Citrus Reticulata)	Diuretic – relief of fluid retention	
Top Note	Calming - Reduces anxiety and tension.	
	Antiseptic - heals skin. Good for the perineum	
	Antiemetic – can help with nausea.	
Black Pepper	Analgesic – can help with muscular aches and pains, backache	
(Piper nigrum)	and labour pain	
	Carminative – can help with nausea Gastric Stimulant – constipation, heartburn	
Middle note		
Grapefruit	Calming – relief of fear and anxiety	
(Citrus x paradisi)	Carminative – can help with nausea	
Top Note	Uplifting – helps uplift mood and increases alertness	
	Shelf life 3 months	
	Possibly phototoxic – avoid direct sunlight after application to skin	
Grapeseed oil	Available as carrier oil for essential oils for massage. It can be	
-	used alone for any mother at any stage of labour.	
	A maximum of 3 essential oils may be mixed with grapeseed oil for massage.	

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CONTRAINDICATIONS/PRECAUTIONS ARE HIGHLIGHTED IN RED.

Administration

NB: If a woman is self-administering aromatherapy this should be documented on her medical records. Midwives who have not achieved competencies or do not meet requirements for this guideline cannot advise women on the use of essential oils.

Registrants must have successfully undertaken training and be competent to practice the administration of complementary and alternative therapies (NMC Standard 23,NMC 2010)

As a midwife you must ensure that the use of complimentary or alternative therapies is safe and in the best interests of those in your care (NMC Code 37, NMC 2010)

A practicing midwife shall only supply and administer those medicines in respect of which she has received the appropriate training (NMC Rule 7 NMC 2004).

HAND OR FOOT BATH	Useful for women in rocking chairs in early labour or with infusion. 4 Drops of essential oil mixed well in 1/2 bowl of warm water. Absorption occurs through the soles of the feet very easily.
INHALATION	A drop on a strip of absorbent card/taper can be used for any oil but the therapeutic properties are limited. Good for peppermint or eucalyptus.
VAPORISATION	2-3 drops of essential oil in an aroma stream.
TOPICAL APPLICATION	 Droplet on palm - use only for Frankincense. Droplet on forehead - Useful for peppermint, some women may feel a burning sensation. Compress-hot for pain, cold for swelling. Fill ½ bowl of hand hot water or cold water, float flannel, add 4 drops of essential oil and then wring out flannel.
MASSAGE	Dilute essential oil in Grapeseed carrier oil for labour in a 2% blend i.e. 2 drops of essential oil to 5 ml carrier oil. Arms, hands, feet, legs, back, neck, shoulders, face and scalp.

Preparation and Blending

- Choose oils according to woman's need and personal preference.
- When blending essential oils with carrier oil, a dilution of 2% is usually used. This works out as 2 drops of essential oils per 5 mls carrier oil.
- Use measuring pots to ensure accurate amounts.
- Use up to 3 oils per blend but maintain 2% dilution e.g. 2 drops of one oil and 1 drop of two other oils
- A well-balanced blend will contain top, middle and base note oils.
- Oils are categorised into top, middle and base notes according to how volatile they are.

Sending Women Home with Pre-Blended Mixes of Essential Oils

- This guideline covers midwives who have completed the required training to pre-blend appropriate mixes of essential oils to be used by the woman at home after she has had her first treatment within the hospital setting or the community setting at a home birth.
- The oils will be dispensed in a lidded container labelled with the woman's name, hospital number, the date, the carrier oils and the essential oils used. Only to be dispensed by a qualified and trained practitioner.

The Use of Essential Oils in the Community Setting for Home Birth

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- This guideline covers community midwives using essential oils provided by the Trust for use in community settings at home birth. Community midwives should not use essential oils provided by women.
- The oils will be kept in a locked cash box in each community area office. The oils must be dispensed by a midwife who has completed the required training.
- Oils dispensed by the community midwife in early labour can be provided to the woman pre-blended as above.

Safety

It is essential that accountable practitioners and health care workers are aware of the need to:

- Be aware of NMC Standard 23(NMC Medicines 2010), NMC Code 37 (NMC Code 2010), NMC Rule 5 (pt 3)(NMC Standards & Rules 2012).?
- Keep accurate documentation and records.
- Record all oils used on inpatient prescription chart alongside other medicines.
- Store all essential oils in the locked external preparations cupboard in dry cool dark environment.
- Not to use essential oils undiluted over a large area of skin.
- To date essential oils when opened. Citrus oils shelf life is 6 months otherwise 12 months.
- Never take essential oils internally.
- Not to use essential oils undiluted on or near the eyes. If essential oils get into the eyes wash with warm water.
- Not to use citrus oils if allergic to citrus fruits.
- Citrus oils can cause photosensitivity.
- Be cautious of floral oils if hay fever sufferer.
- Understand that excess use, i.e. too high a concentration, may cause headaches or nausea and may lead to the opposite effect to that intended.

After Care

Encourage plenty of fluids to help remove toxins from the body. Avoid bath or shower until after the birth to allow for full absorption and thus benefit of oils.

Documentation

The administration of essential oils should be recorded on K2, in the management plan of the yellow birth notes or on the antenatal admission sheet as appropriate. The data recorded should include the date and time, the reason for administration, the volume of carrier oil, the essential oils used and the number of drops of each, and the method of administration.

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