

Aromatherapy



Target audience	Registered midwives with relevant aromatherapy training
Patient group	Women in pregnancy and labour

Summary

Clinical aromatherapy is the use of essential oils for therapeutic outcomes. It is viewed as a holistic form of complementary medicine, with the oils having psychological and emotional effects. Aromatherapy is the administration of essential oils, extracted from plants which can be administered by topical application via massage, inhalation or dispersed in water. It promotes relaxation, whilst relieving stress, anxiety and tension, pain and nausea. Aromatherapy is also considered to be a holistic form of complementary medicine which works due to the chemical constituents, the way it is administered and the effect of the aromas on the limbic system which affects mood. Research has suggested that women want to be empowered, to take control and explore choices. The Scottish Government Best Start (2017) recommends that Health Boards provide options for pain relief including aromatherapy, to optimise the normal birth process.

The aim of this document is to enable registered midwives who have completed the appropriate training as detailed in this guideline, to safely administer nominated aromatherapy oils to women in labour.

Contents

Summary	1
Professional accountability.....	3
Training and education.....	3
Consent	3
Documentation.....	4
Benefits.....	4
Indications.....	4
Eligibility.....	4
Contraindications	5
Precautions.....	5
Essential oil safety	6
Doses	6
References	7
Appendix 1.....	8
Clinical governance.....	9

Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28

Professional accountability

The Nursing and Midwifery Council (NMC) permits midwives to use complementary therapies in their practice when they have been adequately and appropriately trained to do so. The Midwives standards of proficiency for Midwives (2019) wish midwives to assess, plan and provide care and support in regards to the woman's experience of and response to pain and her need for pain management, using evidence based techniques including comfort measures as identified when using aromatherapy. Prior to commencement of administration of aromatherapy treatment to labouring women, the midwives wishing to use aromatherapy and massage during their practice whilst employed by NHS Lanarkshire (NHSL) must:

- Be adequately and appropriately trained and must be able to apply the principles of aromatherapy and massage to their midwifery practice and demonstrate competence.
- Endeavour to remain up-to-date with current evidence and be able to evidence this as part of revalidation, if they are working with essential oils and massage in practice.
- Base their aromatherapy practice on sound principles, available knowledge and skills.
- Documentation including, assessment of suitability, consent, rationale for treatment, treatment given and evaluation of treatment given.
- Use aromatherapy within the parameters of these instructions to ensure cover by NHS vicarious indemnity insurance.¹

Training and education

- The midwife must complete the RCM (Royal College of Midwives) accredited Aromatherapy in Practice 2-day course.
- The midwife must submit 3 theoretical reflections of care (250 words) within 6 months of course completion to practice development midwife.
- Midwives will undertake a short period of peer support practice where they are asked to document and evaluate their care of a minimum of 3 cases.²

Consent

- Midwives offering aromatherapy should document that they have discussed its use with women on Maternity BadgerNet notes.
- The discussion should include information about the chosen essential oils, reasons for use and contraindications.
- Verbal consent gained.
- Women should be provided with information to make an informed choice.

Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28

Documentation

- Midwives to maintain contemporaneous records on the use of aromatherapy according to NMC standards (2019) and record within BadgerNet notes.
- Women receiving aromatherapy should be identified on the AMU (Alongside Midwifery Unit)/labour ward door whiteboards to take into account the safety of clients, oneself, visitors and other staff.
- Oils should only be administered in a single occupancy room if woman in antenatal ward and identified on door prior to entry.
- Indication for and justification of the selected essential oils and carrier for each treatment.
- Percentage blend; number of drops of essential oil and amount of carrier oil.
- Method of administration: if applied via massage, type of massage and areas of body, duration and frequency of treatment.
- In the unlikely event of a serious reaction to aromatherapy, an incident report should be completed as part of the perinatal review process.

Benefits

- Aids relaxation and well-being.
- Eases physical discomforts and psycho-emotional issues of pregnancy.
- Facilitates physiological birth.
- Aids pain relief and facilitates uterine action in labour.
- Assists recovery from labour and adaptation to parenthood.

Indications

- Stress, anxiety, tension, fear, tiredness, insomnia in pregnancy, labour or the puerperium.
- Physiological discomforts of pregnancy eg. backache, nausea, oedema, constipation.
- Pain and discomfort in labour.
- Facilitation of uterine action, post-dates pregnancy.
- Retained placenta.
- Recovery from birth, adaption to parenthood.
- Breastfeeding problems.
- To prevent or reduce the impact of postnatal depression.

Eligibility

The criteria are largely the same as mothers accepted to birth in midwife-led care environments:

- Normal singleton pregnancy with cephalic presentations.
- Normally-situated placenta. No history of third trimester antepartum haemorrhage.
- Blood pressure within normal parameters.

Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28

- No major obstetric/medical condition.
- No evidence of fetal growth retardation or fetal distress.
- Newly-born mother with no medical/obstetric complications.

Contraindications

- Epilepsy – absolute contraindication.
- Major cardiac, renal, hepatic or other significant disease.
- Insulin dependent diabetes mellitus / unstable gestational diabetes.
- Severe asthma or other respiratory condition.
- Venous thromboembolism or mothers on anticoagulant therapy.
- Infectious conditions, unexplained pyrexia.
- Multiple pregnancy.
- Transverse or unstable lie.
- Current antepartum haemorrhage including symptomatic placenta praevia.
- Hypertension or pre-eclampsia.
- Mothers in preterm labour.
- Women on intravenous oxytocin in labour.
- Within the first 30 – 60 minutes following induction/acceleration of labour (use of prostaglandins).
- Skin allergies.
- Broken/open/weeping skin.
- No massage on burns including sun burn.
- Caution to be used with women with complex mental health conditions eg. bipolar affective disorder, schizophrenia, multiple psychotropic medications, previous psychosis.
- Professional uncertainty.
- NOT TO BE USED FOR NEONATES

Precautions

- Avoid sacral and suprapubic massage in first trimester.
- Avoid brisk heel massage in first trimester – reflexology zone for pelvic area.
- Avoid abdominal massage if anterior placenta/history of antepartum haemorrhage.
- Epidural in labour – avoid hypotensive oils eg. lavender, ylang ylang, clary sage.
- Avoid oils which facilitate uterine when oxytocin is commenced or for one hour following artificial or spontaneous rupture of membranes or administration of prostaglandins.
- Do not add oils to birthing pool.
- Avoid abdominal massage after caesarean birth or manual removal of placenta.
- Avoid uterine contracting oils while lochia discharges present e.g. clary sage.

Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28

Essential oil safety

- Do not ingest essential oils.
- Essential oils should not be directly used undiluted onto the skin (exception of frankincense, peppermint, lavender).
- Keep essential oils away from naked flames, they are highly flammable.
- Keep essential oils away from children and babies.
- All essential oils must be labelled.

Caution is recommended for midwives who are pregnant or who think they may be pregnant when using aromatherapy oils and uterine stimulating oils are definitely contraindicated for pregnant midwives/staff. Adequate communication of the use of aromatherapy by the use of signs on doors and informing co-ordinators should be in place to allow members of the healthcare team to avoid aromatherapy if they require. Gloves should be worn when blending and mixing.

Doses

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 should be used in any one blend.

Example: (A labour blend of 2% should have a volume of aromatherapy oils of 0.3ml in a carrier solution of 15ml)

2% mix of 3 oils in 15ml of carrier oil = 0.1ml of each oil

2% mix of 1 oil in 5ml of carrier oil = 0.1ml of oil

- Pregnancy = 1% or max 1.5%
- Labour and postnatal = 2%

% of blend	5ml carrier	10ml carrier	15ml carrier	20ml carrier
1%	1	2	3	4
1.5%	X	3	x	6
2%	2	4	6	8

Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28

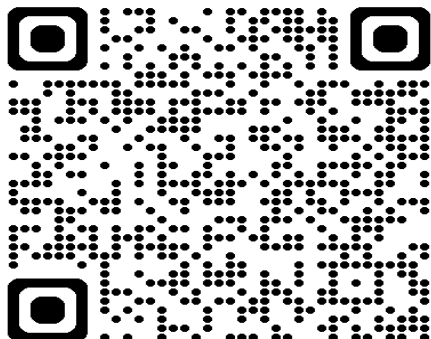
References

1. NMC (2019) Standards of proficiency for midwives London. Nursing and midwifery Council www.nmc.org.uk.
2. Tiran D (2018) Aromatherapy in midwifery practice. A manual for clinical practice. Expectancy.5th edition.
3. The Scottish Government (2017) The Best Start: A five year forward plan for maternity and neonatal services in Scotland. The Scottish Government
4. www.expectancy.co.uk.

Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28

Appendix 1

Expectancy.co.uk
Aromatherapy pregnancy and labour information leaflet



Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28

Clinical governance

Lead author:	M McSherry
Current responsible author:	J Holmes
Endorsing body:	Maternity CEG
Version number:	2
Approval date:	13/8/25
Review date:	13/8/28

Consultation/distribution record	
Contributing authors:	J Holmes, C Patterson
Consultation process:	Maternity CEG
Distribution:	All in maternity

Change record			
Date	Lead author	Change	Version
Jan 2022	M McSherry	Initial document	1
13/8/25	J Holmes	Update into new guideline format	2

Lead author	J Holmes	Date approved	13/8/25
Version	2	Review date	13/8/28