



PREGNANCY GUIDELINES

**Guidelines for Aromatherapists working with pregnant
clients**

International Federation of Professional Aromatherapists
82 Ashby Road
Hinckley
Leicestershire
LE10 1SN

Website: www.ifparoma.org E-mail: admin@ifparoma.org

Reg. Charity No. 1091325
Company No. 4388652
VAT Reg No. 794794065

Aromatherapy and pregnancy guidelines

1. Introduction

Often pregnancy carries the stigma of a no go zone for massage and aromatherapy treatments. On the contrary, a pregnant client can greatly benefit from regular massages throughout the pregnancy period, and essential oils can also help during labour and postnatal care. The key point to remember is that the pregnant client is still a human being and the body is still able to metabolise and excrete the essential oils. Furthermore, pregnant women develop a thicker layer of fat underneath the skin which acts as a safety area between the baby and the essential oil: essential oils dissolve in fat and will be more likely to rest in the fatty layers giving a slow-release treatment rather than an immediate one, as they are released more slowly into the tissues.

The following notes are guidelines on how to work with pregnant clients during the 9 months period.

2. Aims of the Guidelines

The following guidelines are intended for those aromatherapists who have little knowledge or contact on a regular basis with pregnant clients, but who wish to gain a better understanding of how to offer support to those clients who may seek them out, or if one of their regular clients becomes pregnant. The guidelines may be helpful to aromatherapists wishing to work more with pregnant clients. However, they are not intended to be definitive or exclusive, and are to be used as guidance only, and not a replacement for continuing professional development.

The guidelines set out a number of issues to be considered when working around pregnancy and this information is intended to facilitate safety in practice.

3. Safety issues

1. Quality

The issue of safety of essential oils during pregnancy is still open to debate because the quality of many essential oils provided to clients or therapists are doubtful. It is recommended that IFPA qualified therapists seek out and use the highest quality essential oils, carrier oils and other aromatherapy products in order to promote health and well-being to clients. Therapeutic essential oils can present very little hazard in comparison to synthetic oils.

2. Chemical components

Certain essential oils are contraindicated due to the nature of their chemical components, which may be too strong (and unnecessary) for a pregnant client, bearing in mind that the skin is more delicate. Phenols are an example of a component group that is not usually suitable for use during pregnancy unless there is infection present.

3. The Placental Barrier

Essential oils by their very nature, being organic substances, will cross the placental barrier and have the potential to affect the foetus. However, the amount of essential oil that actually accesses the

mother's skin is very tiny and therefore the amount that reaches the placenta is miniscule if proper dilutions are being used. Small amounts of essential oils can be beneficial to the baby and there are no recorded instances of harm being caused to the child through essential oils used in aromatherapy massage

4. **Dilution of the Blend**

The recommended dilution is 1% or less, for all skin applications (via massage or compress). In the bath the pregnant client should add no more than 4 drops of essential oil.

5. **Hyperosmia**

Pregnant clients have a heightened sense of smell throughout the pregnancy, so a 1% blend will be less offensive to the olfactory system.

6. **Medical History and Assessment**

It is essential to carry out a detailed medical history questionnaire with a pregnant client, to find out any past medical and/or obstetric issues which might also influence the choice of oils.

7. **Photosensitivity**

Pregnant women have raised melanin stimulating hormone levels, therefore are more likely to burn in strong sunlight. Therefore the use of undiluted expressed oils is not permitted. If expressed oil has been used as part of a massage blend this is usually safe as the client will be wearing clothing to protect herself when she leaves, but clients made aware of exposure to sun and sunbeds.

8. **Sensitive Skin**

The sensitivity of the skin may vary at different stages of the pregnancy, even on clients who do not have a history of sensitive skin. Camomile and Tea Tree essential oils in particular have been known to create skin irritation or sensitisation. Adjust the concentration accordingly to the reactions of the client, or avoid these oils.

4 Contra indicated essential oils

There very few oils that cannot be used during pregnancy. At one time it was being advocated that Juniper could not be used because it was diuretic and therefore would reduce the amount of amniotic fluid in the body. Lavender was also banned because it was 'emmenagogic' and therefore would make the pregnant client have a period. It is obvious that neither of these statements is true. Therapists use lavender and juniper almost every day but do not have a continuous bleed and dehydrate! Therapists should recognise that the human body is intelligent and that the essential oils (found in everyday food and drink) are no stranger to the human metabolism. The body knows how to break them down and utilise them to balance the human physiology. In addition, the amount of essential oil used in a treatment is usually only about 4 or 5 drops, which equates to less than 0.25 ml, most of which either evaporates or remains in the top layers of the skin. The emotive words such as 'emmenagogue' are not really appropriate to the essential oils and dilutions used in English-style aromatherapy, and since undiluted oils in any great proportion would never be appropriate for pregnancy treatment, this idea of 'forbidden oils' is now outdated.

There are oils that should not be used in aromatherapy at all, regardless of whether the client is pregnant or not. These include sassafras, wormwood, cassia, pennyroyal, mustard, elecampane that are not usually available from any therapeutic supplier. Care should also be taken with oils that contain high levels of phenols, ethers and aromatic aldehydes, as they can sometimes irritate the skin due to their molecular shape. This would mean we would need to take care using the following:

Oregano	<i>Origanum compactum</i>	Phenols
Thyme	<i>Thymus vulgaris</i> ct thymol	Phenols
Savoury	<i>Satureia montana</i>	Phenols
Clove	<i>Syzygium aromaticum</i>	Phenols
Cinnamon	<i>Cinnamomum camphora</i>	Phenols and Aromatic Aldehydes
Cumin	<i>Cumimum cyminum</i>	Aromatic Aldehydes
Aniseed	<i>Pimpinella anisum</i>	Phenyl methyl ethers
Fennel	<i>Foeniculum vulgare</i>	Phenyl methyl ethers
Anise star	<i>Illicium verum</i>	Phenyl methyl ethers
Sweet Birch	<i>Betula lenta</i>	Methyl salicylate
Wintergreen	<i>Gaultheria procumbens</i>	Methyl salicylate

The above is not an exhaustive list but provides guidance as to the type of oils that should not be used during pregnancy. Usually the therapist will choose oils that are common such as lavender, orange, mandarin and similar.

Aromatic ketones may present some hazard if they are used daily for a lengthy period as they can be stored in the body. For this reason the therapist would avoid the following if possible:

Sage	<i>Salvia officinalis</i>
Hyssop	<i>Hyssopus officinalis</i>

NB some suppliers provide hyssop that is very low in aromatic ketones. Spanish sage is an alternative to sage as it is also much lower in this chemical component.

Oils to use with safety during the whole of pregnancy (not a definitive or complete list)

As is evident, most oils are suitable for use during pregnancy; the real danger comes when the dosages are incorrect or irresponsible. Essential oils work with the body, not against it. The body always remains in control with low doses of oils.

The oils below are used commonly in practice and present no hazard. While most pregnant clients will prefer the citrus-smelling oils, there are others that can be introduced:

Benzoin	(<i>Styrax tonkinensis</i>)
Bergamot	(<i>Citrus bergamia</i>)
Black pepper	(<i>Piper nigrum</i>)
Chamomile German	(<i>Chamomilla recutita</i>)
Chamomile Roman	(<i>Chamaemelum nobile</i>)
Clary	(<i>Salvia sclarea</i>)
Cypress	(<i>Cupressus sempervirens</i>)
Eucalyptus	(<i>Eucalyptus smithii</i> .)
Frankincense	(<i>Boswellia carteri</i>)
Geranium	(<i>Pelargonium graveolens</i>)

Ginger	(<i>Zingiber officinale</i>)
Grapefruit	(<i>Citrus paradisi</i>)
Juniper	(<i>Juniperus communis</i>)
Lavender	(<i>Lavandula angustifolia</i>)
Lemon	(<i>Citrus limon</i>)
Mandarin	(<i>Citrus reticulata</i>)
Marjoram Sweet	(<i>Origanum majorana</i>)
Neroli	(<i>Citrus aurantium amara flos</i>)
Petitgrain	(<i>Citrus aurantium var amaraol</i>)
Rose Otto	(<i>Rosa centifolia</i>)
Sandalwood	(<i>Santalum album</i>)
Sweet Orange	(<i>Citrus sinensis</i>)
Tea Tree	(<i>Melaleuca alternifolia</i>)
Ylang Ylang	(<i>Cananga odorata</i>)

5. Discomforts of pregnancy

The main benefits of Aromatherapy use during pregnancy are relief of tension and stress, relaxation, relief from minor ailments and breathing practice for labour. Essential oils and a supportive therapist can also offer emotional support to the client and her family.

Essential oils can be applied through massage, compress and bath.

A useful chart for reference

Please note that although recipes are given below, the IFPA do not advocate using blanket recipes and there should always be face to face consultation that leads to individual choices of oils and carriers for that particular client.

Condition	Essential oils
Frequent urination	Sweet marjoram, cypress, neroli
Abdominal discomfort	Juniper, benzoin, lavender
Heartburn	Sandalwood, R chamomile, petitgrain
Haemorrhoids	Cypress, sandalwood, peppermint, S orange
Morning sickness	Petitgrain, sweet orange, mandarin
Stretch marks	Lavender, frankincense, rose, chamomile R
Varicose veins	Cypress, sandalwood, sweet orange
Water retention	Petitgrain, geranium, bitter orange

6 Massage principles during pregnancy

The therapist must ensure that the client is well supported and there is not a hollow in the back. The client must not lie flat on the bed. The client must not raise her feet higher than her head whilst on the couch. A comfortable position is when the client bends the knees, thus flattening the back and enabling relaxation of the lower back muscles. However, the client should change position regularly so that she does not get cramp or impede the blood flow in any part of the body for too long.

When massaging, the therapist should use extra pillows to ensure the client is comfortable at all times (under the tummy when lying on the side for instance). A pregnant client can usually lie on her stomach until the 4th month of pregnancy. Often a pillow between breasts and navel takes pressure off the lower abdomen and breasts and gives another week or 2 of comfort lying prone.

For the back massage, the therapist can use a 'kneel and sit on' stool, and a pile of pillows on the couch to rest the head and upper body against. In this position the therapist can do an effective back and shoulder massage in a similar method to on site massage.

All massage movements should be carried out with full contact and using effleurage. Friction, petrissage and tappotment are not recommended.

7. Labour

If the client is giving birth at home, there will be more freedom to use the essential oils as needed. If the client is going to give birth in hospital she will have to check what the hospital policies are. Some units are midwife led, or consultant led or some hospitals have both. Due to health and safety regulations it will probably not be possible to use vaporisers, electrical or candle ones. This could be because of the effects of essential oils in a controlled environment and the effects on other patients.

Your client will need to discuss the options with her community/independent midwife and will be able to ask questions when they go on the hospital tour. Another factor that has influenced which oils can be used is if the midwife that attends the birth is also pregnant.

The therapist should ask the client to write down which oils and when they would like to use them in their birth plan so that the midwife and the birth partner will find it easy to follow and administer.

Essential oils not to be used in a birth pool – after delivery, a baby surfaces with his eyes open and therefore the essential oils could be irritant.
Avoid essential oils during an epidural

8. Accountability

Professional aromatherapists are personally accountable for their own practice and should always work in a competent, safe and justifiable manner for the good of the client. Where the therapist works in an organisation they are also accountable to their employer to follow policies and protocols. If the therapist is an employee, the employer will provide indemnity and public liability insurance. If the therapist is an independent therapist, they will need their own personal indemnity and public liability for practice.

It is imperative accurate records are kept for the client, essential oils, dosages and method of administration with every treatment.

When used during labour, explicit details of essential oils used need to be available to midwifery, obstetric staff and the client to enable safe management and an informed choice

9. Consent

Client consent to any aromatherapy treatment is required at all times and this should be written obtained on initial consultation. The therapist should be confident that the client has understood what is involved, and been allowed to ask questions. Some organisations always require written consent and others verbal (by co-operation). It is not always necessary to get written consent

each visit and any changes to treatment offered is usually by verbal consent after discussion with the client.

Working in private practice still requires written consent as a professional and legal requirement.

Working with health professionals is important and should be done within their guidelines.

10. Continuing Professional Development

Accountability and competence to practice with pregnant clients relies on skills and knowledge. Anyone wishing to work more closely with pregnant clients requires additional ongoing knowledge and experience to this document.

11. IFPA Disclaimer for Information given

The IFPA has made every effort to provide accurate and safe information and guidance for the use of aromatherapy with pregnant clients. However the IFPA cannot be held responsible for any actions made, implied or expressed by anyone as a result of this guidance. The therapist is individually accountable for their actions and the IFPA will endeavour to provide professional support should a potential problem arise.

The IFPA has exclusive copyrights on this document.

Contributors

Liz Christie RGN, RM, MIFPA
Sarah Deacon VTCT, IIHHT, MIFR, MIFPA
Sandrine Pickard MIFPA, MBA
Penny Price Cert.Ed., Med, MIFPA