

Guideline for the use of Essential Oils in midwifery clinical practice and labour

Key Points

- This document provides guidance for midwives who want to use aromatherapy during their clinical practice. The aim is to enable midwives to provide safe, appropriate, and evidence based practice, in order to satisfy the increased demand from women wanting to use, and already using, complementary therapies.
- Numerous oils may be beneficial during labour to help relieve stress, promote relaxation, act as a uterine tonic and stimulate circulation. The choice of oils depends on the mother's needs, wishes and preferences but is also dictated by the therapist's decision depending on the best blend possible for the particular scenario
- This guideline gives clear instruction as to what oils can be used appropriately, how to use them safely and who can administer the oils.

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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version Control Sheet

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Related Documents

Document Type	Document Name

Abbreviations

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1. PURPOSE OF THE GUIDELINE

This document provides guidance for midwives who want to use aromatherapy during their clinical practice. The aim is to enable midwives to provide safe, appropriate, and evidence based practice, in order to satisfy the increased demand from women wanting to use, and already using, complementary therapies.

In Britain, the House of Lords Select Committee on Science and Technology (2000) acknowledged that the use of complementary therapy is widespread and increasing.

Studies have shown that the use of complementary therapies has increased over recent years with by far the largest proportion being aromatherapy, often combined with massage and reflexology (Tiran 2000).

Aromatherapy is regulated by the Aromatherapy Council and classified in the Group 2 Therapies by the House of Lords (2000).

2. WHAT IS AROMATHERAPY?

Aromatherapy uses essential oils to enhance human well-being. Essential oils come from plants and are known as the plant's secondary metabolites (primary being the essential metabolites for the plant to live). They have a variety of roles in the plant including reproduction, protection and survival but are also responsible for giving the plant its aroma and flavour and are known to have physiological and psychological effects on people (Clarke 2008).

Aromatherapy oils are most commonly used in the form of massage, bath oils or inhalations. It is reported that aromatherapy leaves one feeling uplifted, stimulated, invigorated, or rejuvenated, depending on the oil used.

Although pregnancy is a normal a physiological event, women experience physical changes as well as social changes adapting to a new role of being a parent. This creates a high level of anxiety. When the mental and physical effects of the essential oils are combined with the warmth, security and pleasure of massage, it can help induce a relaxation response which can be similar to a meditative state and relieve this tension and anxiety (Price 2007).

Burns et al (2000) performed one of the most important pilot studies in aromatherapy in which data on over 8,000 mothers was collected. The findings show that using aromatherapy reduces fear and anxiety by 62%, reduces the use of opioid analgesia, and relieves physical symptoms such as pain and nausea.

3. PROFESSIONAL AND LEGAL ASPECTS

The Midwives Rules and Standards (NMC 2012) in accordance with The Code (NMC 2015), regulates a practicing midwife to ensure they provide safe, effective and lawful care to mothers and babies. These documents facilitate the use of aromatherapy by midwives providing it is in the best interest of the consenting woman (Tiran 2014).

The midwife must ensure s/he provides evidence-based practice and s/he must ensure that women receive all available advice to enable them to make an informed choice (NMC 2007).

The NMC permits midwives to use aromatherapy in their practice on condition they are adequately and appropriately trained and can apply the principles of aromatherapy to midwifery

practice and the physiopathology of individual mothers (Tiran 2014). Training must include how to use essential oils, the dosage, indications, contraindications and methods of administration. Midwives do not need to be fully qualified as aromatherapists (Tiran 2014). Midwives are accountable for their practice by understanding and working within locally agreed guidelines and must maintain and develop their competence through continuous education (NMC 2015).

Essential oils must be treated like any other medication and in accordance with the standards for medical management (NMC 2007).

The use of aromatherapy has not been supported by all professional bodies. NICE guidelines do not sustain the provision of aromatherapy during childbirth by the health care institution, however it supports that clients aiming to use complementary therapies should be supported to do so (NICE 2007).

Tiran (2000) sustained that following the research and studies done on the use of essential oil during pregnancy, the use of aromatherapy in maternity is generally considered safe because there is no documented evidence that says the contrary. All of the oils in this guideline have been chosen carefully because they are classed as not hazardous in pregnancy (Tisserand 2014) but should still be used with caution and understanding.

Tillett and Ames (2010) also recommend that aromatherapy mixtures are appropriate for use in labour and delivery settings because studies and research (although they use small samples and often are combined with other therapies); have not shown them to be harmful.

3.1 PRACTICING AROMATHERAPY IN MIDWIFERY AT FRIMLEY HEALTH

Midwives can extend the scope for their clinical practice by following adequate training, which provides them with a deep understanding of the science and art related to aromatherapy. It is essential that midwives have official professional training by an organisation, which provides continuous development courses (CPD) accredited by the RCM or the NMC (see section 10.1). The scope of the training should be to incorporate the holistic approach of the aromatherapy into the conventional midwifery care by maintaining clear boundaries in between the two practices.

There will be the following groups of staff using aromatherapy:

- **“Super users”** – Staff will have completed a 3 day course or equivalent with ‘Expectancy’. These staff are able to make up pre-mixed blends.
The pre mixed blends will be:
 - **Relaxation Blend** – 2% blend of Black pepper, Ylang Ylang and Frankincense
 - **Revitalising Blend** – 2% blend of Sweet orange, Grapefruit and Chamomile
 - **Contraction Blend** – 2% blend of Clary sage, Jasmine and Lavender
- **“Users”** – staff will have in house training and can only administer from the pre mixed blends.
- Maternity Care Assistants who have completed in house training can only administer from the pre mixed relaxation blend and revitalising blend and this must be under the supervision of the midwife caring for the patient.
- All staff must keep up to date with their aromatherapy competency and this will be reviewed annually. All staff are responsible for maintaining their ability to practice.

4. THE ESSENTIAL OILS

Numerous oils may be beneficial during labour to help relieve stress, promote relaxation, act as a uterine tonic and stimulate circulation. The choice of oils depends on the mother's needs, wishes and preferences but is also dictated by the therapist's decision depending on the best blend possible for the particular scenario. (Tiran 2000: 73)

Lavender (*Lavandula angustifolia*)

Relaxing; balancing; calming; sedating; analgesic; antiseptic

Lavender is effective in reducing anxiety, fear and pain, and increasing maternal coping capacity during childbirth (Burns 1999). Lavender can assist in coping with contractions and aids relaxation in the latent phase. It relieves insomnia, headaches, migraines, and soothes sore skin. Precautions should be taken to avoid side effects such as maternal hypotension and dermal irritation. Lavender should be avoided in mothers with hayfever or asthma triggered by Lavender (Tiran 2014).

Chamomile (*Anthemis nobilis*)

Powerful anti-inflammatory, analgesic; soothing/calming, pain relieving

Chamomile soothes muscular pain; skin conditions such as rashes, pruritus and eczema. Mothers responded positively when chamomile was used in a perineal lavage following the birth. It calms tension anxiety and helps against insomnia.

N.B.

1. Chamomile can have a possible uterotonic effect so to be avoided until the 3rd trimester (Tiran 2014).
2. Possible risk of skin irritation if used neat (Tiran 2014).

Clary Sage (*Salvia sclarea*)

Powerful antispasmodic; uplifting; produces a feeling of optimism; uterine tonic

It is a natural pain killer, helpful in treating muscular aches and pains for the antispasmodic actions. It is very relaxing, and can help with insomnia, balancing hormones and acts as an uplifting nerve tonic. Clary Sage (*Salvia Sclarea*) was also discovered to be effective in relieving pain, tension and fear during labour, as well as reinforcing uterine contractions for induction and acceleration of labour (Burns et al 2000: 141). If Clary Sage is used in large doses it could cause headaches and drowsiness.

N.B.

1. Not to be given to women in threatened premature labour
2. Not to be given to women who have had previous uterine surgery
3. Pregnant midwives may wish to minimise contact.
4. Can have emmenagogic effect (meaning that blood flow can be stimulated in the pelvic area and menstruation can occur).
5. Avoid if labour is well established as can cause hypertonic uterine action. (Tiran 2014)

Frankincense (*Boswellia carteri*)

Anti-inflammatory; powerful relaxant; sedating, antiseptic, excellent for transition.

Burns (2000) reported that frankincense was found to be useful in calming women who suffer from extreme panic and fear, anxiety; hyperventilation and insomnia. It is known for its relaxing properties, and stimulates the respiratory system by slowing down the breathing rate (Clarke 2008), so may even help with asthmatic conditions. However, may need to be avoided in asthmatic women who respond adversely to strong odours. (Tiran 2014).

Jasmine (*Jasminum Grandiflorum*)

Anti-depressant; uplifting; produces a feeling of optimism; uterine tonic, reduces anxiety, analgesic.

Emotionally warming and builds up confidence. Strong scent may remind women of warmer climes or holidays, and it can act as a pleasant distraction. Massage to abdomen/lower back can strengthen contractions and provide some pain relief. It may be useful to help expel the placenta.

N.B.

1. Not to be given to women in threatened premature labour
2. Not to be given to women who have had previous uterine surgery
3. Pregnant midwives may wish to minimise contact.
4. Avoid until term due to possible emmenagogic effect, (meaning that blood flow can be stimulated in the pelvic area and menstruation can occur).
5. Aroma may be overpowering.

Grapefruit (*Citrus x paradise*)

Antiseptic, antibacterial, antiviral, antifungal, analgesic, anti-inflammatory, calming and refreshing

Grapefruit helps to relieve fear and anxiety in labour. It is an uplifting aroma and can help to combat heavier aromas. Avoid if mother has an allergy to citrus fruits. Must be stored in refrigerator due to short shelf life and discarded after 3 months (Tiran 2014)

Sweet Orange (*Citrus sinensis*)

Analgesic, relaxing, antibacterial, antifungal

Orange is mood enhancing and can reduce fear and tension. During pregnancy it is found to be uplifting, relaxing, mood enhancing and can aid with fatigue, insomnia and stress. Orange can act as a slight analgesic.

N.B.

1. Avoid if mother is sensitive to citrus fruits
2. Possibility of skin irritation especially in strong sunlight (Tiran 2014).

Ylang Ylang (*Cananga odorata*)

Antidepressant, antiseptic, antibacterial, hypotensive, analgesic, relieves anxiety and stress.

Ylang Ylang helps to ease and balance the emotional upheaval of labour and impending parenthood. Ylang Ylang is known to help with general relaxation and preparation for labour. Ylang Ylang is hypotensive and cause dizziness so should be avoided for women with low blood pressure.

Black Pepper (*Piper nigrum*)

Analgesia, gastric stimulant, antibacterial, antifungal

Black pepper is an excellent analgesic for the first stage of labour. Black pepper can also be used to relieve muscular aches and pains such as backache, heartburn and indigestion.

N.B.

1. Possible phototoxicity if used with other oils that cause photosensitivity (Tiran 2014).

Grapeseed Carrier Oil

This hypoallergenic oil is safe and versatile and has no recorded contraindications. Carrier oils transport the essential oils into the body and are important when using essential oils in massage because they help lubricate the skin and enhance the absorption of the essential oils through the skin (Clarke 2008).

With maternal consent midwives are encouraged to perform simple tactile support using grapeseed carrier oil during any stage of labour. Grapeseed oil may be used with or without essential oils. Birth partners actively support women in labour through giving massage. See Appendix 1 for summary table of oils.

4.1 DOSAGE, METHOD OF ADMINISTRATION AND BLENDING

Tiran (2014) recommends that for use in labour a maximum concentration of 2% is advised, adding the essential oils to carrier oil. In that manner, the number of drops to be used will be the same as the specific percentage blend stated, using 5 ml of base oil." Hence there should a proportionate amount of essential oil added to carrier oil for a corresponding blend. That means 4 drops of essential oil may be mixed with 10 ml of base oil as required.

In association with back massage, aromatherapy has been defined as effective when aiming to ease backache or facilitate relaxation, by massaging the affected area using selected essential oils (Tiran, 2000). Moreover, a relaxing atmosphere could be achieved by using acceptable blends, enhancing maternal well-being, reducing fear and facilitating normal labour and delivery. The oil can be used for massaging into the feet, abdomen, back, shoulder or can be added to water in the bath or in a foot bath to enhance the pain relief effect and hydration.

The method of dilution and administration of essential oils is as follows:

Footbath	4 drops of essential oil(s) mixed well in half a bowl of warm water. Absorption occurs through the soles of the feet very easily. Particularly useful for women in rocking chairs in early labour to relax or to assist labour when they are in latent phase with ruptured membranes.
One undiluted drop on palm	For Frankincense only. The mother is encouraged to inhale the scent from her palm.
Massage	20mls of grapeseed carrier oil mixed with a total of 4 drops of essential oil(s) in pregnancy. In labour, a 2% blend can be used which would be 8 drops of essential oil in 20mls. Blend a maximum of 3 essential oils together. Recommended for backache, anxiety, insomnia and relieving pruritis. Feet, legs, arms, back, shoulders, and lower abdomen may all be massaged.
Tape or drop on pillow	A drop on a strip of absorbent card can be used for any essential oil. Tape to clothing.
Compress	Fill half a bowl of water, float flannel, add 4 drops and wring out flannel. Apply to area and cover with small towel or heated wheat bag to increase skin absorption. Re-wet flannel when required or when it has reached maternal body temperature.
Inhalation	Run a bowl of hot water. Add 4 drops of essential oil(s). Agitate, Leave on flat surface near mother, or put in front of her to inhale vapours under a towel.
Perineal lavage	For Chamomile and Lavender only. After suturing, add 3 drops of essential oil(s) to a litre sterile jug. Fill jug with warm water. Pour over perineum, with mother over a bedpan.

Blending

Tiran (2000, p71) states that, "Much of the art of blending essential oils comes from an instinctive feel for what is right but could be easier using the "notes" system, or the method of blending oils that originate from the same family and that means they are balanced due to similar chemical content." According to Tiran (2009: 15), "When deciding on a suitable blend, it is vital to aim for a defined therapeutic effect and avoid blending more than five oils at the time, as the probabilities of adverse reactions may be increased, making it more difficult to define the cause of the reaction."

Please see Appendix 3 for oil blending table.

- Midwives should administer no more than **three** essential oils per woman in labour
- Women may have repeated application during labour of the same oil(s) in same or different modes, as desired
- Women may use clary sage, rose and/or jasmine if being augmented in labour by ARM and/or IV oxytocin. However, administer the oil(s) 30 minutes later following an obstetric intervention (such as an ARM or stretch and sweep) to avoid possible rapid labour (Burns *et al* 1999) For an easier access to the practical information, see Appendix 1.

5. CRITERIA

5.1 INCLUSION CRITERIA

- Women who have given verbal consent
- Women who are in latent phase of labour; established labour; second or third stage of labour
- Women with spontaneous or induced labour onset
- Women who are post-delivery whilst still in Labour Ward or Birth Centre

5.2 EXCLUSION CRITERIA

- Women who do not give consent [1] [SEP]
- Antenatal women not in labour [1] [SEP]
- Women outside the intrapartum period [1] [SEP]
- Just prior to having a Caesarean Section [1] [SEP]

5.3 CONTRAINDICATIONS

- Clary sage or jasmine should not be used for women who have had uterine surgery [1] [SEP]
- Clary sage or jasmine should not be used for women in premature labour if their labour is being suppressed by medication
- Immediately following an intervention. (ARM and stretch and sweep have just been performed) delay the use of essential oils by about 30 minutes to avoid possible rapid labour (Burns *et al* 1999)
- Babies

It is prudent to avoid all essential oils for babies in the early postnatal period as their skin is more permeable and more sensitive than adults (Tisserand 2013).

If mothers wish to rub oil into their healthy babies after birth, midwives can encourage them to use carrier oil that is not nut-based. Grapeseed, sunflower or apricot oil are all examples of non nut-based carrier oils which are not known to sensitise.

6. PRACTICAL ISSUES

- The oil cupboard should be kept locked at all times for insurance purposes.
- Oils must be stored in amber glass bottles and preferably in a locked fridge. Citrus oils must be refrigerated due to short shelf life of 3 months.
- Oxidisation of the oils can cause skin sensitivity (Tisserand 2013). This happens when the bottles are opened because oxygen and light can get in. To prevent this, lids must always be replaced as soon as possible.
- Pre mixed blends must be labelled with date, expiry date (one month later), name of oils and percentage/dose of oils added. The blend must be stored in a dark glass bottle and in the locked fridge.
- Unused or outdated essential oils and blends can be soaked in tissue and placed in the bin. Oils must not be washed down the sink.
- Students are not covered for vicarious liability if they are blending oils unsupervised or fetching them from the cupboard for the midwife.
- When essential oils are being used, a sign must be placed on the birthing room door. This ensures staff are aware and can avoid those rooms in the unlikely event that they are sensitive to any oils; and it assists coordinators with the task of assigning the appropriate midwives/students at shift change. Effects on birth partners and relatives must also be considered.
- Candle oil-burners must not be used in hospital due to the proximity to oxygen outlets.
- Should women wish to use their own supply of oils, it should be documented in their notes. However, midwives should encourage the use of the hospital's own supply, as pure essential oils cannot be guaranteed from each supplier, and the actions of the specific oils that are used within the FHFT maternity units are known through evaluation.
- The advice of the midwife coordinator, aromatherapy trained midwife may be sought if midwives are unsure on any matters regarding the use of essential oils.
- Oils should not be put into the water in the birthing pool due to the implications for the baby. If a woman using the birthing pool would like to use essential oils she can do so by inhalation or on skin out of the pool e.g. shoulders.
- Midwives using essential oils are advised not to exceed the dosages stipulated in the guidelines. Tiran and Mack (2000) suggest that 'the lowest possible dose and on the least number of occasions' should be the maximum employed.

7. LEGAL ASPECTS

All the midwives who are active in the live registry of Frimley Health NHS Foundation Trust are covered by the vicarious liability indemnity insurance cover of the trust and they are eligible to practice aromatherapy following the trust guidelines and following the standards drawn by the Code of Conduct for Midwives (NMC, 2015) within the NHS only.

7.1 RECORD KEEPING

Women should be provided with sufficient knowledge to make an informed decision about the use of aromatherapy (NMC, 2007). Midwives offering essential oils are required to document the discussion together with rationale in the maternity notes. Discussion should include information about the essential oil(s) suggested and the reason for application and mode(s) of use. Information should also be given on adverse associated symptoms.

Midwives should be fully aware that essential oils should be treated as medicines, and are expected to enter the use of essential oils on computer as one of the care options mothers used during labour and birth, and handle and document aromatherapy in the same way.

Verbal consent is sufficient and women should be aware that they have the opportunity to decline, without it affecting subsequent care as stated in the code of conduct (NMC, 2015).

8. REFERENCES

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APPENDIX 1: SUMMARY OF OILS, USES, CONTRAINDICATIONS AND SIDE EFFECTS

Oils	Indication	Contra Indication	Possible Side Effects	Blends With
Lavender	Pain relief. Relaxation. Backache. Reduces fear, tension, and anxiety. Enhances uterine action.	Oral administration. Avoid in mothers with hay fever or asthma triggered by pollen.	Hypotensive action. Dermal irritation (may need to patch test).	Chamomile, clary sage, jasmine, frankincense, black pepper, grapefruit, orange, ylang ylang.
Chamomile	Relieves stress, anxiety, and tension. Relieves muscular pain.	Avoid until third trimester.	Skin irritant if used neat.	Clary sage, jasmine, and lavender, frankincense, orange, ylang ylang.
Clary Sage	Relieves anxiety, fear and tension. Relaxing and Calming. Uplifting. Relieves pain. Enhances uterine action, induction and acceleration.	Avoid until term pregnancy. Avoid in women who have had previous uterine surgery. Pregnant staff should avoid contact. Wait at least 30 minutes before using after any intervention, e.g. ARM.	Headache and drowsiness. Mild skin irritation.	Frankincense jasmine, and lavender, black pepper, grapefruit, orange, ylang ylang.
Frankincense	Pain relief anxiety, tension. Balances emotion. Excellent for transition	Women with asthma triggered by strong odours		Clary sage, jasmine, lavender, black pepper, chamomile, grapefruit, orange, ylang ylang.
Jasmine	Reduces anxiety Pain Relief Enhances uterine action, induction and acceleration of labour.	Pregnant midwives should minimise contact. Wait at least 30 min before using after any intervention, e.g. ARM.	Nausea	Chamomile, clary sage, frankincense, lavender, ylang ylang, grapefruit, and orange.

Oils	Indication	Contra Indication	Possible Side Effects	Blends With
Grapefruit	Relief of fear and anxiety Uplifting aroma.	Avoid if mother has an allergy to citrus fruits.		Chamomile, clary sage, frankincense, jasmine, lavender, orange, and ylang ylang.
Orange	Mood enhancing. Reduces fear and tension. Slight analgesic.	Avoid if mother has an allergy to citrus fruits.	Mild skin irritation	Black pepper, chamomile, frankincense, grapefruit, jasmine, lavender, and ylang ylang.
Ylang Ylang	To ease and balance the emotional upheaval of labour and impending parenthood.		Mild skin irritation	Black pepper, chamomile, clary sage, grapefruit, jasmine, lavender and orange.
Black Pepper	Excellent analgesic for the first stage of labour.		Mild phototoxicity	Chamomile, clary sage, frankincense, grapefruit, jasmine, lavender, orange, and ylang ylang.

APPENDIX 2: OIL BLENDING CHART

OILS	Blending
Lavender	Chamomile, clary sage, jasmine, frankincense, black pepper, grapefruit, orange, ylang ylang (Tiran 2014)
Chamomile	Clary sage, jasmine, lavender, frankincense, orange, ylang ylang (Tiran 2014)
Clary Sage	Frankincense, jasmine, lavender, grapefruit, black pepper, orange, ylang ylang (Tiran 2014)
Frankincense	Clary sage, jasmine, lavender, black pepper, chamomile, grapefruit, orange, ylang ylang (Tiran 2014)
Jasmine	Chamomile, clary sage, frankincense, lavender, ylang ylang, grapefruit, orange.
Grapefruit	Chamomile, clary sage, frankincense, jasmine, lavender, ylang ylang, black pepper, orange (Tiran 2014)
Orange	Black pepper, chamomile, frankincense, grapefruit, jasmine, lavender, ylang ylang, clary sage (Tiran 2014)
Ylang Ylang	Chamomile, grapefruit, jasmine, lavender, black pepper, clary sage, orange.
Black Pepper	Clary Sage, frankincense, lavender, orange, ylang ylang, grapefruit, jasmine.