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The role of Aromatherapy in maternity care

this sheet can be accessed by the IFA for further information. The following information is based on the author's own practice and may vary from other areas and information in textbooks.

How Aromatherapy can help

The holistic effects of essential oils can bring about relief of minor disorders in pregnancy, relaxation and pain relief in labour and finally relief of aches and pains after the birth of the baby.

Contraindications to the use of essential oils in pregnancy

Anyone with pre-existing illness, i.e. diabetes, raised blood pressure or a cardiac condition. Multiple pregnancies (twins etc). History of quick labours. Abdominal pain not related to labour. Caution should also be exercised where there is a history of miscarriage or heavy early bleeding.

Essential oils that can be used in pregnancy

Application of essential oils through massage should not be carried out in the first 14/15 weeks. Only use through inhalation on a tissue or with a suitable essential oil diffuser. Those oils marked with an * are best used after the 16th week of pregnancy due to their effects

By law, only midwives can practice midwifery and provide care and deliver babies, with the exception of a doctor trained in obstetrics or in an emergency situation. Women in society today are demanding more control of choices in maternity care. Evaluation and audit of maternity services has encouraged questions into the necessity of many traditional practices, and care has been adapted accordingly.

The introduction of complementary therapies is just one means of enhancing care, by offering women choice, part of what aromatherapy has to offer is a positive, individualized, woman-centred attitude in keeping with the philosophy of the changing childbirth document. (DOH, 1993)

Many midwives have undertaken training in aromatherapy and incorporate it into their sphere of practice, but they are protected and bound by policies, protocols and guidelines pertinent to

each individual unit they practice in. It is important therapists not employed as midwives, whilst seeing/treating pregnant women, have knowledge of pregnancy and the effects it has on the body both visually as well as unseen, the limitations in the amount of essential oils that can be used and that their own insurance covers them for this work.

There is the support of the multidisciplinary group called The Maternity Complementary and Alternative Medicine (CAM) Forum. The author of





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Aromatherapy Trade Council Member, (ATC)
Member of the BUA, Not tested on animals.

- 🕒 **Grapefruit, lemon, orange, ginger and spearmint** For the relief of nausea and vomiting.
- 🕒 **Mandarin, bergamot, neroli and sandalwood** To calm anxiety.
- 🕒 **Spearmint, lavender* and eucalyptus** For the relief of headaches.
- 🕒 **Mandarin, orange, spearmint and ginger** May give some relief from indigestion.
- 🕒 **Mandarin, valerian, sandalwood, ylang ylang, lavender* and roman chamomile*** May help insomnia.
- 🕒 **Lavender*, frankincense*, neroli, and mandarin** May be of help preventing stretch marks.

Essential oils that can be used in labour

Lavender, marjoram, clary sage, mandarin and roman chamomile are all essential oils that can aid pain relief in labour. Each works with the same aim but in different contexts and are as individual to each woman as is her own labour. **Lemon** can be cooling as well as uplifting and it enhances the effect of other essential oils. **Peppermint** is excellent for the relief of nausea in labour and is also cooling, as is **eucalyptus**, which can also help with nasal congestion. **Frankincense** is a useful aid when the going gets tough to help calm and slow down breathing – useful for asthmatic women. **Rose and Jasmine** at the top of the scale are wonderful oils for women in an anxious state or one of depression, as they are both very emotionally warming and also excellent pain relievers and

relaxants. Care should be taken when using **clary sage** or **jasmine** when labour is fast.

N.B. Peppermint and **clary sage** should not be used with women in pre-term labour or applied by pregnant midwives/therapists because of the effect they can have on a pregnant uterus. Always consider any interaction between the essential oils and conventional labour drugs.

Essential oils that can be used after birth

Lavender is the commonest for use with sore, bruised perineum that may or may not have required stitches. **Orange, mandarin, neroli, bergamot, rose and jasmine** are good when met with postnatal blues or fatigue. **Geranium** and **cypress** will help with haemorrhoids – commonly called piles.

Methods of application

In pregnancy it is commonly recommended to use a 1% blend (1 drop of essential oil to 5mls carrier oil) this blend can be used 6/8 weeks after the birth when it may be increased to 2%.

- 🕒 **Bath** Essential oils added with a carrier to a warm bath, not to be used with soaps or other bubble baths and minimum soak time of at least 15 minutes. With this method 4-6 drops of oil can be added to the bath in pregnancy rising to 6-8 drops after birth.
- 🕒 **Footbath** Used as above but only 2-3 drops in pregnancy, 3-4 drops after birth. It is not recommended to use a foot spa in pregnancy.

- 🕒 **Massage** Very gentle massage using carrier oil can have wonderful physical and psychological effects.
- 🕒 **Spray** A small plastic spray bottle can be a very useful tool in labour as it is very hot work! Filled with warm water and add 2-3 drops of essential oils. It can then be shaken and sprayed to cool and refresh. Avoid spraying in the eyes and mouth. Use only on the day of preparation.
- 🕒 **Inhalation** This can be via a tissue or a stone/electric burner or diffuser to give relief to symptoms of nausea or anxiety.
- 🕒 **Creams/lotions** These can be of use during the pregnancy period for skin irritations and some minor ailments.

These notes aim to raise awareness of the effectiveness of pure essential oils and their role in contributing to maternity care. They are not designed to replace advice and treatment by a registered aromatherapy practitioner, midwife, consultant or GP. CHW

© When considering aromatherapy treatment always consult a registered qualified aromatherapist. To locate an IFA therapist in your area, please contact the IFA: www.ifaroma.org

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