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## Taking the first step: a midwife's reflection on experiences as an aromatherapist in midwifery

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Having set up an aromatherapy service in a Midlands maternity unit, I hope I can share my experiences to give others insight into the process. This includes the difficulties and challenges I faced, as well as personal achievements and satisfaction. This is an article of reflection that can hopefully be used as a resource to guide and inform others if they are on this pathway, as well as adding to the evidence base of complementary therapies and their benefits in promoting normal birth.



I have spent some time reflecting on what I do, what I know and where the future will go. I lead a busy and, yes, sometimes stressful life where I combine my work as a community midwife and my business as an aromatherapist. The aromatherapy aspect entered my life approximately 15 years ago; it has been an interesting journey in which my knowledge of the subject has grown and my CV has lengthened — through opportunities to write, teach and give presentations on the subject, particularly in relation to use in pregnancy, not only in the UK but in Europe and South East Asia. To this day I continue to learn and interact with others to exchange ideas and knowledge. Join me on my journey...

### Aromatherapy and midwifery since 1995

I trained and qualified with honours as an aromatherapist in 1995–1996 with an aim and vision to utilise it within my work as a midwife. Demand for greater information and use of aromatherapy was growing at the time, particularly with the advent of the *Changing Childbirth* report (DH 1993) and later in line with the Clinical Governance Framework (Harrison *et al* 2003). Both of these publications empowered women to take ownership of their birth experience and give them more choice. A pilot study into what women wanted to see in relation

to parent education supported such a service as, from a safety perspective, women were increasingly bringing into hospital their own preparations and products, raising questions of interaction with conventional care. With this in mind, I set out to find what information was already in existence and discovered that at that time (1997–1998) there was very little in relation to pregnancy. However, an evaluative study carried out at an Oxford maternity unit by Burns *et al* (1999) provided evidence on the usefulness of aromatherapy in labour and was instrumental in the setting up of a service within the maternity unit in which I was employed.

The study (Burns *et al* 1999) aimed to examine the contribution of aromatherapy in relation to maternal comfort in labour and as a tool for improvement of maternity care. It was based on 8058 women over an 8 year period (1990–1998). Women were offered aromatherapy to aid relief of anxiety, pain and nausea and also with a view to strengthening contractions, in comparison to a group not using aromatherapy. The findings were that it was a popular option with the midwives and mothers and was evaluated positively. It appeared to reduce the need for additional pain relief in a proportion of mothers. The study showed that aromatherapy had the potential to augment contractions in labour and appeared to demonstrate a successful integration between the two approaches, therefore becoming an appropriate basis for future research.

### Setting up my practice

From idea to launch of the service in May 2000 was a journey fraught with obstacles and endless meetings with managers, legal departments, pharmacists and obstetricians. Then there was the sourcing of products and equipment, and the compilation of guidelines and documentation to meet NMC (2004a) and NHS Trust requirements. This was as well as working full time as a midwife which, while not easy, was worthwhile and needed ample amounts of patience on my part.

## Implementing the service

The service was launched initially focusing on the labour period. I was allocated one afternoon a week to see women and their birthing partner on a one-to-one basis from 34 weeks' gestation. The focus was to discuss the use of aromatherapy and to assess women's suitability; they were only excluded if I considered that there was a risk to the mother or baby, liaising with the obstetric team if necessary. The birthing partner was taught some massage techniques and I dispensed a premixed 'labour kit' comprising of a massage oil to use up to and in labour, and a bubble bath blend for use in labour in the bath at home prior to going into hospital, with the aim of keeping women in their own environment for as long as possible to promote relaxation. The 'kit' was supported by written information to ensure correct usage and documentation was put in place to ensure an audit trail (NMC 2004b). I also did in-house sessions for staff members to give them an awareness of what I was doing and to raise the importance of inclusion in their care planning and documentation (NMC 2002). I was invited to give sessions on the use of aromatherapy in pregnancy to student midwives at Coventry University and I still do sessions annually when required. Inevitably, demand grew and I progressed from doing just the one-to-one sessions to monthly aroma massage classes. These included a group discussion about the use of aromatherapy and then the couples were taught the massage techniques. They were then given the labour kits. Feedback from the classes was very positive.

In late 2001, interest in the aromatherapy service grew and it was agreed that I could provide premixed blends for delivery suite and the ward areas for women in early labour. I also introduced a postnatal lavender bath blend based on a study by Dale and Cornwell (1994) for the easing of pain and trauma in the perineal area. Premixed blends were chosen in preference to supplying neat essential oils because the staff did not have the skills to practise aromatherapy. The guidelines included strict criteria for use, and training was introduced to ensure that informed consent was gained before use of any oils and for adherence to the guidelines for administration of medicines (NMC 2002). This also raised awareness of the possible interaction with other medicines and the appropriateness of the therapy. The importance of documentation in the women's care plans and case notes was highlighted in line with record keeping and creation of an audit trail (NMC 2004a).

## Auditing the service

In 2002, I embarked on an audit of the service to produce evidence of efficacy and an evaluation of the service; a detailed account of these has been published elsewhere (Mousley 2005).

The aims of this audit were to:

- provide a profile of patterns of use of aromatherapy

- examine the contribution of aromatherapy to the promotion of maternal well-being during labour in aiding relaxation and alleviating pain
- examine the effects on the length of labour
- evaluate the effects on use of other methods of analgesia
- identify outcomes and types of delivery achieved
- examine the contribution of aromatherapy to postpartum care
- determine training needs of staff
- identify demand for other complementary therapy services.

## Sample

In total there were 80 women in the audit sample who had booked to deliver at the maternity unit over a time period from May 2000 to October 2002. The sample group consisted of 51 primigravid and 29 multigravid women. There was also a staff sample group consisting of 24 midwives. As this was an audit, ethical approval was not required.

## Method

The women were divided into three groups and the midwives became one staff group, giving four groups in total.

Group 1 — Women accessing the service from its inception to May 2001 (1 year) who had received a 'birth kit'. Audit forms had been completed after the birth by the midwives.

Group 2 — Women who accessed the service between June and December 2001 and received a 'birth kit'; these were sent a postal questionnaire.

Group 3 — Early 2002, over a two month period women were randomly selected and given a prospective questionnaire when they accessed the service on admission.

Group 4 — An anonymous retrospective questionnaire was sent to 40 midwives of which 24 (60%) responded. This was to evaluate staff attitudes to the use of aromatherapy and to measure practice and identify training needs.

The patient questionnaires were designed with the help of the audit department, a patient user and a Primary Care Trust member. The results were collated and, with the help of the audit department, the results were presented as graphs and figurative values.

## Results

The findings of the audit were:

- It was a popular service and use of opiates and epidurals amongst this group was relatively low. Pethidine use — primigravidae (n=14, 27.5%), multigravidae (n=2, 7%).

Epidural use – primigravidae (n=16, 31.5%), multigravidae (n=4, 14%).

- A high rate of spontaneous vaginal births compared to instrumental and operative births. Spontaneous vaginal births (n=65, 81%), lower segment caesarean sections (n=7, 9%), instrumental births (n=8, 10%).
- The perceived relaxation effects were higher than the perceived 'pain relief' effects on the maternal scoring system, 0 (no help) to 10 (excellent). Most on the relaxation scale scored >4 out of 52 respondents.
- The majority of women reported that they would choose to use aromatherapy again in subsequent labours as it had facilitated a sense of participation in their care and they would recommend to others.
- Some women perceived an effect on the length of labour, stating that it appeared to quicken labour or made it more efficient.
- It was popular with staff and partners as it gave them more tools and involved them in the process, making them feel they actively participated.
- It did identify further training needs amongst staff with regard to confidence to use aromatherapy autonomously.
- Efficiency in the postpartum period elicited a more positive response than the Dale and Cornwell study (1994), which showed limited physical benefits. (Mousley 2005)

### Personal feelings and reflections

Having never done an audit before, this was a fairly steep learning curve, but the Trust audit department were fantastically helpful. With the support of Denise Tiran and colleagues within the Trust, I submitted a paper for publication in the *Complementary Therapies in Clinical Practice* journal which was published in August 2005 (Mousley 2005), and how proud I was to see it in print and also to have evidence of success. Following on from this I presented my findings at the Trust's audit and research forum.

### Developing the service within the local NHS Trust maternity services

During 2002, I became a baby massage instructor, which helped to further extend my practice. In 2003, within the maternity unit, I led a group of midwives in setting up a holistic midwifery group, mainly as a support system and also to raise awareness and funds to expand services. As part of this, we held staff 'pamper' evenings which not only met our aims but put valuable funds back into the service. Also in this year I wanted to raise awareness further and submitted an application to the Prince's Foundation for Integrated Health (FIH) 'Good Practice Awards' and, although we did not win, we were short listed. We had the opportunity to meet Prince Charles and hear him talk about his interest in complementary therapies and we made sure he also heard what we had to say about our work! The FIH has a vision of integrating complementary and conventional care so that the two

work parallel with each other and are accessible to all (Prince's Foundation for Integrated Health 2003).

### The International Federation of Aromatherapists (IFA)

The IFA is a professional organisation that insures and accredits its members, ensures that they meet high standards in training and practice, and that they stay up to date through a requirement for continuing professional development (CPD). As a member of the International Federation of Aromatherapists (IFA), I was invited to give a talk to Japanese therapists visiting from overseas. This is a growing area in Japan and we were able to develop this further by introducing visits and seminars/tours of the unit when Japanese members were visiting the UK and wanted to see the service operating within the maternity unit. The unit also had a visit from Professor Wagner (an honorary member of the IFA) from the University of Munich.

### Progression and opportunities in 2005

This was a major year for me and the service. The audit was published, gaining exposure for the maternity unit and further outside interest in the UK and overseas. It was decided by our holistic group to re-apply for the FIH's Good Practice Awards, as the maternity unit had become more holistic in its services. The unit was again short listed and this time we reached the final. A team of midwives including myself went to London to present our service. The unit then received a visit from the judges which in itself was nerve-wracking, raising our anxiety over whether we had enough to show and doubting our abilities. Our hospital is not the most attractive from the outside but the judges commented that they saw past that to how we had created something of value within that environment. The team were absolutely delighted when we heard we were joint winners with a project in Bristol and a small group of midwives went to Bristol to receive our award from Prince Charles — more photos and five minutes of fame, plus £2,500 for our fund. It was also in this year that I won the Aromatherapy Council Marguerite Maury Aromatherapist of the Year award. It was presented to me by Daniele Ryman, a protégé of Marguerite Maury who was known as the 'mother of aromatherapy'. Since that time I have developed a wonderful friendship with this lady who is such a valuable font of knowledge and has great passion for aromatherapy.

Although we were on a high this year, in general the NHS was in financial meltdown so services that were seen as 'fringe' activities came under scrutiny. This meant our service was reduced and funding relied on our dwindling charitable fund and the good will of specific staff to keep the classes running in their own time. This was even more frustrating at a time when our service was attracting positive media attention. In 2006, I started to give introductory sessions about aromatherapy to medical students in line with recommendations from the GMC to have this included in their training. This was not an easy task as there were clearly negative attitudes present when I entered the classroom, but I think these were more

positive after the evidence had been presented and discussed. Also in this year I was voted on to the International Federation of Aromatherapists as vice chair of its council, and this has given me a valuable insight into the non-clinical side of aromatherapy. In 2007, the momentum continued when I met at David Tredinnick MP (co-chair of the parliamentary group for complementary therapies) at an aromatherapy event and he later contacted me asking to visit our unit to see our work. Wow!! So I set up the visit and also invited Daniele Ryman to come at the same time. The day was wonderful, I gave a PowerPoint presentation, then led a tour round the maternity unit and had photographs taken. Daniele later said to me: 'Do you realise what you have just done?' I looked bemused and she pointed out that MP David Tredinnick, the Chairman and Chief Executive of the NHS Trust, consultants and press had followed me around the maternity unit! It made me think — this was just me, the midwife, and it's very difficult sometimes to see how others perceive you. I am, though, a midwife with a passion who sees the value of such things and wants to empower women by giving them choices in line with projects such as the RCM Campaign for Normal Birth and their involvement in the *Making normal birth a reality* project (Maternity Care Working Party 2007). This, in particular, advocates including massage and aromatherapy to facilitate coping in labour. To end the events of that very full year, I also spoke at a nursing conference at the George Eliot Hospital about aromatherapy in general and at the reflexologists' conference about continuing professional development.

### Promoting and developing the service in Japan

In 2007, through my contact with the Japanese link, I was invited to teach in Japan as interest in aromatherapy there, particularly in their maternity services, was growing enormously. My host met me in Osaka and I had the opportunity to see the real Japan and experience the culture as well as get an insight into how aromatherapy works in South East Asia; I even learnt some basic Japanese. This stood me in good stead as I returned to Japan in 2008; this has now become an annual contract. I was also invited to attend a conference in Singapore to give a talk on aromatherapy in the NHS and to do a pregnancy workshop for 120 people, which was not only amazing but called on some serious acting abilities! I was asked to contribute to a couple of books; the first was Daniele Ryman's book *Secrets of youth and beauty*, writing the chapter on pregnancy and aromatherapy (Mousley 2007). The other was for another dear friend and mentor Joanna Hoare and her book *The complete aromatherapy tutor* (Hoare 2010) to which I contributed three chapters. These were about aromatherapy in pregnancy, childbirth and beyond, on babies and children and baby massage. In late 2008, I became Chair of the IFA and I am now in my fourth year of office (2010) this is the last year that I can serve. I continued to lecture overseas and in the UK, to contribute to articles and, in 2009, more opportunities opened up which included doing a product launch with Maclaren (who make the pushchairs) and

writing their fact sheet on the importance of touch, highlighting the benefits and importance of good skincare. I have begun to do courses for midwives and feel that my credibility within the NHS is rising where courses for professionals are lacking, but as more women wish to use ever more diverse services, there is a need to plug this gap. On my visit to Japan in 2009, I filmed a DVD on pregnancy massage — incredibly hard work but so exciting — hopefully it will be worth it when it is released this year; it will also be a valuable teaching tool. I will still be the Chair of the IFA this year (2010) as they celebrate their 25<sup>th</sup> anniversary and I will be chairing the conference in Japan; I am so excited and in awe to be leading this event. Enquiries for 'quotes' and advice continue to come in from the media (*Woman's Weekly* and researchers from *Coronation Street* to name but two). I also get invited to address audiences at shows and exhibitions as a PR exercise for the IFA. All this has inevitably meant that I am re-evaluating the hospital service due to time constraints and the escalating pressure on my life. However, I need to ensure my legacy continues through a safe and quality service and so I am always looking for new opportunities to get the message out there about the value of aromatherapy. I never dreamed my life would be filled with opportunities and exciting pathways back in 1995 or that those first steps would lead to such fulfilment.

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