## Use of aromatherapy in labour

| INITIATED BY: | Community midwives.  
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| DATE APPROVED: | 27 May 2014 |
| VERSION: | FINAL |
| OPERATIONAL DATE: | 1<sup>st</sup> April 2014 |
| DATE FOR REVIEW: | 27 May 2017 |
| DISTRIBUTION: | All Hospital and Community Midwifery Clinical Areas. |
| FREEDOM OF INFORMATION STATUS: | Open |
Best Practice Points

- A core of midwives who have attended a 3-day course of aromatherapy and massage for midwives will disseminate a half day training package to interested midwives in order to provide an aromatherapy service for women in labour in.

- A register of midwives competent to use aromatherapy will be maintained. To remain on the register, each midwife must attend at least one of the three peer support group meetings held each year, in which reflective case studies are presented and discussed.

- A midwife who has not practiced aromatherapy within a period of the last year is required to undertake the half-day training or be removed from the register.

- Only women who are eligible according to criteria detailed in this guideline, should be offered aromatherapy.

- Prior to administration, consent should be obtained from the woman. Women have the right to decline aromatherapy.

- The use of aromatherapy should be documented in the woman’s hand-held notes and on the aromatherapy evaluation sheet.

- Consideration must be given to the properties of the essential oils a midwife proposes to use, and any undesired effects they may have on the woman at that particular time.

- Consideration should be given to birth partners and other staff in attendance, particularly pregnant women, in the choice of essential oils.
Background

Expectant mothers increasingly turn to complementary therapies as a means of retaining control over their childbearing experiences and as additional choices for managing antenatal symptoms and intrapartum comfort and progress (Williams and Mitchell 2007; Dooley 2006). An aromatherapy service aims to enhance the overall care of women, through increased choice and empowerment for mothers and for midwives. In line with the recommendations of the National Service Framework for Children, Young People and Maternity Services, an aromatherapy service widens the range of choices for pain relief in labour and promotes normality in childbirth (Dept of Health 2004).

Aromatherapy involves the use of highly concentrated essential oils obtained from plants, administered in a variety of ways, including massage, inhalation and in the bath.

In its review of randomised controlled trials evaluating ‘complementary and alternative therapies for pain management in labour’ the Cochrane group found only one small trial of aromatherapy (n=22) and concluded that there was insufficient evidence for the benefits of aromatherapy in relieving pain in labour (Smith et al 2006). However, in an observational study at the John Radcliffe Hospital in Oxford involving over 8,000 women over an 8-year period, use of aromatherapy was shown to be effective in reducing maternal fear and anxiety in labour (Burns et al 2000 a & b). Anxiety and fear are known to influence the level of pain that mothers experience. Maternal side effects were less than 1%; all were minor, and there were no adverse fetal / neonatal reactions. Aromatherapy was judged to be an inexpensive care option, the total cost of aromatherapy for 1592 women in 1997 being £769.17.

Thus aromatherapy offers a safe, effective and cost-effective option for care in labour.

Nursing and Midwifery Council (NMC) regulations and requirements

The NMC permits suitably trained midwives to administer complementary therapies as part of their normal practice if it is in the best interests of the mother and with her fully informed consent (NMC 2008); the mother also has the right to decline complementary therapies. Midwives are accountable for their own practice, must be able to justify their actions in relation to complementary therapies using all available contemporary evidence, and
should not use the therapies at the expense of normal midwifery care priorities.

**Training of midwives and maintaining competency in aromatherapy**

In accordance with the requirements of the Nursing and Midwifery Council (NMC 2008), midwives must produce documentary evidence of “adequate and appropriate” training and education which prepares them to practise the generic principles of a specific therapy and to apply these to the care of pregnant, labouring and newly-delivered mothers. It is not essential for midwives to be fully qualified practitioners of a therapy, so long as they have undertaken training which relates the use of selected techniques or remedies to midwifery practice.

A core of midwives within Cwm Taf have undergone a 3-day *Aromatherapy and Massage in Midwifery* programme and have developed guidelines, explored health and safety issues and designed patient information literature to underpin the aromatherapy service. A small selection of oils has been chosen, based on their therapeutic properties, for use in midwifery practice within the Trust (See Appendix 1).

A half-day programme has been developed by the core midwives to cascade aromatherapy training to other interested midwives.

A register of midwives competent to use aromatherapy (including those who have attended the half-day programme) will be maintained and updated on a regular basis by the Senior Clinical Midwife. To remain on the register, each midwife must attend at least one of three peer support group meetings held each year, in which reflective case studies will be presented and discussed.

**NB: A midwife who has not actively used aromatherapy within a period of the last year is required to undertake the half-day training or be removed from the register.**

**Maternal consent**

Midwives must provide mothers with adequate information based on all available contemporary research evidence to enable them to make an informed choice about receiving aromatherapy. They will be given a leaflet which includes a rationale for offering aromatherapy, means of administration, possible side effects and potential for effectiveness. Midwives must record
that maternal consent has been given. Mothers also have the right to decline complementary therapy treatment.

Record keeping

Midwives must maintain contemporaneous records on the use of aromatherapy.

The following documentation must be made when providing aromatherapy to mothers:

- Record of the consent, treatment and evaluation in woman’s notes
- Record of consent, indications for treatment, rationale for the choice of oil(s), method of administration, evaluation of treatment and any adverse effects on the Aromatherapy Treatment and Evaluation form (copy to be kept for audit)
- Record on any cardiotocograph trace
- An entry in the Oils Register stored with the oils

Students and other staff trained in complementary therapies

Student midwives who have completed the aromatherapy training must work in conjunction with a midwife/mentor who is also trained. Students may not implement or administer complementary therapies on their own accountability.

Indications for the use of aromatherapy in Labour: (See Background for references)

- Stress, anxiety, fear and tension
- Tiredness and lethargy
- Pain and discomfort
- Facilitation of uterine action
- Nausea, vomiting and heartburn
- Musculoskeletal symptoms including backache, shoulder and neck pain
- Relief of perineal pain and discomfort after birth
Contraindications (Also see Appendix I re contraindications associated with specific oils)

- gestation less than 37 weeks
- major medical conditions such as epilepsy, cardiac disease, thyroid disease, insulin-dependent diabetes mellitus
- HIV positive
- anticoagulant therapy
- significant antepartum haemorrhage or current bleeding
- hypertension or pre-eclampsia
- preterm labour
- fetal growth restriction or compromise
- within the first 30 minutes following medical or surgical induction or acceleration of labour

Precautions

- asthma, hayfever or severe respiratory tract conditions
- multiple pregnancy
- severe hypotension or fainting episodes or epidural in situ
- non-cephalic presentation
- skin allergies or allergies to essential oils

Methods of Administration

See Appendix II

Health and Safety issues

The use of essential oils by midwives is subject to the Health and Safety at Work Act 1974 and COSHH regulations 1989

Storage:

- Keep essential oils stored in a locked cupboard or fridge as appropriate (see Appendix I for details)
- Keep essential oils away from naked flames
Administration:

- Essential oils should not be taken internally
- Neat essential oils should not be used directly on the skin
- Essential oils should not be added to birth pool water
- Avoid contact of essential oils with sensitive areas like nose, eyes, face
- Essential oil blends given to women for use at home must be labelled with the date, the mother’s name, the blend and dosage. Indications and method of administration will be supplied on a separate information sheet.

Personal Safety

- Wash hands thoroughly after blending oils or giving a massage
- Pregnant staff and birth partners in the first trimester should not inhale essential oils
- Oils should be blended away from the labour area to avoid spillage or inappropriate exposure
- In the event of an adverse reaction, wash skin with unperfumed soap to remove oil
- If essential oil is splashed into eyes, flush with clean warm water
- Record any adverse incidents

Disposal:

- Unused essential oils or blends can be soaked up with a tissue and disposed of in an orange bag or washed down the drain with hot soapy water

Methods of Monitoring/Audit

The aromatherapy team will audit the effectiveness of this guideline, initially after six months of the practice being implemented and then every 12 months, by reviewing ten sets of notes for the following auditable standards:-

Auditable Standards

- Every midwife who administers aromatherapy will have attended at least one peer support group meeting in the preceding year and have her name entered in the Register.
• Documentation in the woman’s notes and Treatment and Evaluation form will demonstrate maternal consent, eligibility, rationale for choice of oil(s), method of administration and evaluation of treatment.

The audit results will be presented at appropriate intervals. Where deficiencies are identified, recommendations or an action plan will be developed and will be actioned, implemented and monitored.

References


Dept of Health 2004 National Service Framework for Children, Young People and Maternity Services


NMC 2008 The Code: Standards of conduct, performance and ethics for nurses and midwives. NMC London

Smith CA, Collins CT, Cyna AM & Crowther CA 2006 Complementary and alternative therapies for pain management in labour. Cochrane Database of Systematic Reviews, Issue 4

Tiran D 2004 Implementing Aromatherapy in Maternity Care. A Manual for Midwives and Managers. Expectancy Ltd

Williams J, Mitchell M 2007 Midwifery managers' views about the use of complementary therapies in the maternity services Complement Ther Clin Pract, 13(2):129-3
Thanks is given to Denise Tiran, for permission to use ‘Implementing Complementary Therapies in Midwifery Practice: Draft Clinical Guidelines for NHS Trusts’ (2008), upon which these guidelines are based.

### Appendix I

<table>
<thead>
<tr>
<th>Name of Oil</th>
<th>Blends with</th>
<th>Physiological effects of Constituents</th>
<th>Application to midwifery practice</th>
<th>Contraindications and Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bergamot</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><em>Citrus aurantiam / Bergamia</em></td>
<td></td>
<td>Antiseptic, antiviral, antifungal (Schaubelt, 1998)</td>
<td>Relaxation (Tiran, 2000)</td>
<td>Photosensitive: avoid exposure of skin in contact with bergamot to direct sunlight for up to 12 hours (Kerr 1999)</td>
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<tr>
<td></td>
<td></td>
<td>Antispasmodic Hypotensive (Schaubelt, 1998)</td>
<td>Uplifting</td>
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<td></td>
<td></td>
<td>Anticoagulant, sedative, anticonvulsant (Occhiuto et al, 1995)</td>
<td>Constipation, flatulence</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Analgesic (Bowles, 2002)</td>
<td>Analgesia</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Antidepressant (Schaubelt, 1998)</td>
<td>Relief of spasm</td>
<td></td>
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<tr>
<td>Bergamot</td>
<td>Clary Sage</td>
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<tr>
<td></td>
<td>Grapefruit</td>
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<tr>
<td>Black Pepper</td>
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<tr>
<td><em>Piper nigrum</em></td>
<td></td>
<td>Antalgic due to high level of terpenes (Lis Balchin 2006)</td>
<td></td>
<td>Mild phototoxicity, insignificant when used alone, but possibly exacerbated when used with other oils which cause photosensitivity (Lis Balchin 2006)</td>
</tr>
<tr>
<td></td>
<td>Clark Sage</td>
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<tr>
<td></td>
<td>Geranium</td>
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<tr>
<td></td>
<td>Jasmine</td>
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<td></td>
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<tr>
<td></td>
<td>Lavender</td>
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<tr>
<td></td>
<td>Lime</td>
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<tr>
<td></td>
<td>Mandarin</td>
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<tr>
<td></td>
<td>Neroli</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Orange</td>
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<tr>
<td></td>
<td>Pettigrain</td>
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<td></td>
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<tr>
<td></td>
<td>Rose</td>
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<td></td>
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<tr>
<td></td>
<td>Ylang Ylang</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Aroma: sweet/spicy, fruity.

Top note:

Base Note:

Phototoxicity: insignificant when used alone, but possibly exacerbated when used with other oils which cause photosensitivity (Lis Balchin 2006)
<table>
<thead>
<tr>
<th>Chamomile Roman</th>
<th>Bergamot Clary Sage Geranium Jasmine Lavender Neroli</th>
<th>Antibactereal, antiviral, antifungal due to sesquiterpenes (azulene, farnesene), alcohols (bisabolol, farnesol) and aldehyde (cuminic acid) (Schnaubelt 1998) Anti inflammatory (strong) due to inhibition of leukotrienes by chamazulene (Read 1995, Safayhi et al 1994) Analgesic due to ketones and sesquiterpenes, but some chamomile contain more ketones than others so may have emmenagogic properties.</th>
<th>Pregnancy – constipation, colic, diarrhoea, indigestion Insomnia, weariness Eczma, minor wounds, inflammation Leg cramps and painful joints due to ligament stretching Labour: relieves stress, anxiety, tension, relieves muscular pains Postnatal: constipation Wound healing, including cracked nipples; chamomile teabags in bra useful for relieving pain in nipples.</th>
<th>May be skin irritant if oil is used neat in large doses (Reider et al 2000) Avoid until 3rd trimester, use in small doses in pregnancy and breastfeeding due to possible uterotonic effect (Lis Balchin 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm, strong, sweet, fruity-herbal scent</td>
<td>Middle Note</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clary Sage Salvia Sclarea</td>
<td>Bergamot Grapefruit Jasmine Lavender Frankincense</td>
<td>Antiviral (Schnaubelt, 1998) Antibacterial Analgesic Emmenagogic (liable to induce uterine bleeding such as inter-menstrual bleeding) (Lis-Balchin 1999) Antispasmodic (Lis-Balchin, 1999) Hormone balancing action (Battalgia, 1998) Sedative and antidepressant (Tisserand &amp; Balacs, 1995)</td>
<td>Pain relief Relieves anxiety Relaxing , uplifting, may induce sense of euphoria (Burns, 2000) Enhances uterine action Retained placenta (Burns et al, 2000) Sinus congestion Varicose veins Constipation</td>
<td>Avoid until near term due to potential emmenagogic effects Avoid alcohol- may potentiate sedative properties (Lawless, 2002) Avoid where there is a scar on the uterus Delay administration for 30 minutes after artificial rupture of membranes</td>
</tr>
<tr>
<td>Clary Sage Salvia Sclarea</td>
<td>Bergamot Aroma: powerful, heavy sweet nutty</td>
<td>Top to middle note</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aroma: Floral, fruity, sweet, minty scent</td>
<td>Middle note</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| **Jasmine**  
*Jasminum Officinale.*  
Aroma: rich, warm, tea like, leafy undertone  
Middle to base note | **Bergamot**  
Clary Sage  
Lavender  
Grapefruit  
Frankincense | **Antispasmodic**  
**Analgesic**  
Antibacterial, antifungal, antiviral (Schnaubelt, 1998)  
**Stimulating**  
Possible emmenagogic. | **Calming, relaxation**  
**Boosts self confidence**  
**Pain relief**  
**Enhances uterine action** (Burns, 2002)  
**Acceleration of labour**  
**Retained placenta**  
**After pains**  
**Depression** | Contraindicated in pregnancy due to potential emmenagogic action (Stromkins, 1998)  
Aroma may be overpowering and nauseating - consider effects on midwife and partner | Calming and refreshing | (Price & Price, 2003) |
| **Lavender**  
| *Lavandula Angustifolia*  
| Aroma: strong, distinctive  
| Top note  
| Bergamot  
| Clary Sage  
| Grapefruit  
| Jasmine  
| Frankincense  
| Anti infective (Williams et al, 1998)  
| Analgesic (Ghelardini et al, 1999)  
| Sedative effect through depression of motor cortex (Buchbauer et al, 1991)  
| Hypotensive (Saeki & Shiohara, 2001)  
| Smooth muscle relaxant. (Lis-Balchin & Hart, 1999)  
| Antispasmodic (Kerr, 1998)  
| Anti-inflammatory (Baylac & Racine, 2003)  
| Pain relief  
| Reduces anxiety and fear  
| Enhance contractions  
| Retained placenta (Burns et al, 2000)  
| headaches, migraine, insomnia (Kirk-Smith, 2003a)  
| Backache, sciatica, pelvic girdle pain  
| Constipation  
| Colds and sinus congestion (Mullins 2000)  
| Wound healing, reduces inflammation (Dale & Cornwall, 1994)  
| Caution with women with hypotension and women prone to postural or severe supine hypotension (Tiran, 2000)  
| Caution with women with an epidural due to potential to interact with bupivicaine (Tiran, 2000)  
| Avoid in women suffering from hay fever or asthma triggered by flower pollens (Burns et al, 2000)  
| Caution with mother undergoing induction or acceleration of labour due to possible effect on uterine tone (Tiran, 2000)  
| Beware of sedative effects on midwives and other labour companions, especially community midwives required to drive  
| Can cause nausea and vomiting and headaches (Ernst, 2001)  
| Caution with women with skin sensitivities (Kerr, 1998) |
| **Orange Sweet**  
*Citrus sinensis*  
Aroma familiar citrus aroma, slight bitterness.  
**Top Note**  
Bergamot  
Black Pepper  
Chamomile  
Clary Sage  
Cypress  
Fennel  
Frankincense  
Geranium  
Jasmine  
Lavender  
Lime  
Mandarin  
Neroli  
peppermint  
Pettigrain  
Rose  
Tea tree  
Ylang Ylang | Terpenes aid analgesic and relaxation effects.  
Antibacterial and antifungal (Lis Balchin and Deans 1997)  
May aid smooth muscle contractions due to limonene content (Lis Balchin 2006) | Pregnancy: uplifting, relaxing, mood enhancing, fatigue, insomnia, skin irritation, oedema, stress, anxiety, fear, constipation.  
Labour: Mood enhancing, reduces fear and tension, slight analgesic, may aid uterine action (slight). | Avoid if mother is sensitive to oranges or other citrus fruit  
Avoid if skin itching present |
|---|---|---|---|
| **Peppermint**  
*Menthe piperata.*  
Aroma; grassy-minty, camphorous.  
**Middle note**  
Lavender  
Bergamot  
geranium | Carminative (treating flatulence) and anti-emetic (Mickelfield et al, 2003)  
Antibacterial (particularly gastrointestinal bacteria)  
Antifungal (Pauli, 2001)  
Decongestant (Bowles, 2002)  
Analgesic due to monoterpenol (menthol) which stimulates cold receptors in skin and restricts capillaries causing local anaesthetic effect (Maddocks, 2002)  
Anti-inflammatory (Alexander, 2001)  
Neurotonic effect (Bowles, 2002) | Nausea and vomiting  
Heartburn and indigestion  
Constipation  
Muscular aches and pains.  
Headaches  
Stress and anxiety  
Labour pain and facilitation of uterine action (Burns et al, 2000) | Avoid in women with cardiac compromise as large amounts of menthol may trigger cardiac fibrillation (Tisserand & Balsacs, 1995)  
Avoid in epileptics (Tisserand & Balsacs, 1995)  
Inactivates homeopathic remedies  
May cause skin irritation  
Stimulant effect can trigger sleep disturbance in large or continual doses  
Pregnant and new mothers to be aware that peppermint oil can cause reflex apnoea or laryngospasm in babies and children under 3 years (Schnaubelt, 1998) |
| **Rose**  
*Rosa damascena,*  
*centifolia and gallica*  
Aroma: Strongly floral, Sweet middle note.  
**Bergamot**  
Citrus oils  
Jasmine  
Lavender  
Neroli,  
Sandalwood,  
Ylang Ylang | Antibacterial, antifungal, analgesic, vasoconstrictive, astringent, immunostimulant (due to alcohols)  
Reduces stress, tension, insomnia and depression due to balancing effect on the hypothalamus (Holmes 1994)  
Regulation of female reproductive cycle, helpful for premenstrual tension and dysmenorrhoea due to feraniol and citronellol  
Digestive and hepatic conditions including cholecystitis (Lawless 1992)  
Relaxing, aphrodisiac (Sellar 1992) | Pregnancy: relaxation, relieving anxiety, depression, fear, tension.  
Labour: Analgesia, reduction of fear and anxiety, calming.  
Puerperium: ‘Blues’ depression, stress, eczema. | Should only be used in late pregnancy due to possible emmenagogic actions. |
| **Tea Tree** | **Melaleuca alternifolia** | **Aroma:** Spicy, strong, woody, herbaceous. Medicinal. **Top note** | **Bergamot, Cypress, Grapefruit, Lavender, Nutmeg, Pettigrain.** | **Strong antibacterial, antifungal, antiviral antiseptic due to terpenes, sesquiterpenes and alcohols, thought to activate monocytes. Effective against C Albicans, E Coli, Staphylococcus aureus, MRSA and other pathogens (Banes-Marshall et al. 2001, Budhiraja et al. 1999, Cassella et al. 2002, Carson et al. 1995, Christoph et al. 2000, Satchell et al. 2002, Schnitzler 2001, Williams et al. 1998).** | **Pregnancy:** Vaginal thrush, colds and influenza, acne, supra-pubic compress for relief of symptoms of cystitis and urinary tract infection. **Puerperium:** prevention or treatment of perineal or abdominal wound infection. Inhalation to prevent or treat respiratory tract infection. **Do not use in labour – thought to relax myometrium and may theoretically reduce or stop contractions. Dermatitis is possible especially with neat application.** (Lis Balchin et al. 2000, Tiran 2000) | **Ylang Ylang** | **Cananga odorata** | **Aroma:** sweet, heady, floral. **Top note** | **Bergamot Chamomile Grapefruit Jasmine Lavender Neroli Pettigrain** | **Anti-depressant due to alcohols and sedative. Antiseptic, antibacterial, anti-fungal. Found to be effective against trichomonas. Hypotensive and anti-spasmodic. May enhance transdermal penetration of molecules from drugs.** (Gaydou et al. 1986, Grace 2001, Stromkins 1998, Maudsley and Kerr 1999, Lis Balchin 1999) | **Pregnancy:** General relaxation and calming, preparation for labour, may help women with sexual dysfunction. (Grace 2001) **Labour:** Ease and balance the emotional upheaval of labour. **Postnatal:** Prevention and treatment of blues. | **High doses and prolonged use may be overpowering.** |

Reproduced from Tiran, D (2012) Aromatherapy in Maternity care. A Manual for Practice, with permission from Denise Tiran
## Appendix II

Methods of Administration of Essential Oils in Labour and the Immediate Postnatal Period

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MASSAGE</strong></td>
<td>10 mls of carrier oil mixed with 4 drops of essential oil =2% (dosage in labour)</td>
</tr>
<tr>
<td><strong>PERINEAL LAVAGE</strong></td>
<td>Lavender only-after suturing add 3 drops of essential oil to a litre sterile jug. Fill jug with warm water and pour over perineum.</td>
</tr>
<tr>
<td><strong>FOOTBATH</strong></td>
<td>4 drops of essential oil in ½ washing up size bowl of warm water.</td>
</tr>
<tr>
<td><strong>COMPRESS</strong></td>
<td>4 drops of essential oil in ½ washing up sized bowl of water. Soak flannel or sanitary towel in water and then wring out and apply (esp. good if apply to sacral area and suprapubic area).</td>
</tr>
<tr>
<td><strong>TAPER</strong></td>
<td>1 drop on a strip on taper.</td>
</tr>
<tr>
<td><strong>BATH</strong></td>
<td>Prior to SRM only. 10 mls of carrier oil mixed with 4 drops of essential oil. Disperse in bath prior to immersion.</td>
</tr>
<tr>
<td><strong>DROP ON PALM OF HAND</strong></td>
<td>For frankincense only. 1 drop on the palm of the hand and encourage mother to inhale scent from hand.</td>
</tr>
</tbody>
</table>
