

# Essential Oils and Pregnancy



an online resource  
created to accompany

## *Pre- and Perinatal Massage Therapy:*

*A Comprehensive Guide to Prenatal, Labor  
and Postpartum Practice  
(Third Edition)*

Carole Osborne

Michele Kolakowski

David M Lobenstine

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## Essential Oils and Pregnancy

If you want to incorporate essential oils into your work with pregnant clients, we strongly encourage you to consult a qualified, certified aromatherapist. The chemistry of essential oils, and their potential impact on childbearing, is a complex topic. We should not use these substances without thorough, reputable training, or unless following the specific recommendations of a certified aromatherapist.

This document is not intended to offer specific guidelines for you to follow; none of us authors are certified aromatherapists ourselves. It is only intended to give you a very basic outline of the possibilities for when you might (and when you shouldn't) use essential oils with pregnant clients. Because clients may ask you about essential oils, we hope that this basic summary is useful to stay safe and within your scope of practice.

### A Brief Introduction

Aromatherapy is defined as the therapeutic use of essential oils to balance mind, body and spirit. Essential oils are extracts from isolated cells of flowers, leaves, bark, fruit, roots, seeds, woods and/or peels of a plant using methods such as distillation and expression. Essential oils are concentrated, potent substances that require an understanding of the chemical compounds within the oil, the proper dosage and frequency of use and appropriate method of application to ensure safe and effective results. Essential oils can be used aromatically, topically, or internally.



Below are basic guidelines for the therapeutic use of essential oils (in general – not specifically for pregnancy):

- Use pure plant unadulterated essential oils (organic, if possible) and know the essential oil supplier to ensure the highest quality.
- Purchase by botanical name (e.g., *lavandula angustifolia*).
- Observe contraindications for certain essential oils due to their toxicity.
- Do not use undiluted essential oils “neat” (directly on the skin), because there may be skin irritation (except lavender and tea tree, which can be applied directly) or photosensitizing (especially with citrus essential oils).
- Keep essential oils away from open flames, heat and light as they are highly volatile.
- Store essential oils in dark, air-tight glass bottles in small quantities as they oxidize and evaporate easily.
- Keep essential oils safe from children and animals.
- Keep essential oils away from the eyes. If there is accidental contact to the eyes or other sensitive skin areas, dilute the essential oil with straight vegetable carrier oil, not water, because essential oils are liposolvent (dissolve completely in oil) and hydrophobic (will not mix with water at all, and will float on top of the water, undiluted).
- When using a carrier oil, check to make sure the client does not have any nut allergies before using almond, hazelnut, macadamia, or other nut-derived oils.
- Do not take essential oils orally as safe ingestion requires the advice of a professional with advanced training.
- Vary the use of essential oils as uninterrupted use of some essential oils may expose the liver and kidneys to chemical constituents that may be harmful over time – use an essential oil



for two to three weeks followed by a one-week break before resuming use.

## Essential Oils and Pregnancy

There is conflicting advice about using essential oils during pregnancy, and as with many things related to pregnancy and massage, a lot of uncertainty and faulty assumptions.

Below are some very basic cautions:

- The majority of essential oils are *not* appropriate for use during pregnancy, labor and postpartum. Below you'll find a list of oils that are generally considered safe. But first, let's discuss the precautions.
- Some trained aromatherapists do not use essential oils at all during the first trimester, when the risk of spontaneous miscarriage is greatest.
- In all trimesters, there are a number of oils that are contraindicated because of various safety concerns, including their potential abortive effect, or their potential negative effect on the central nervous system. These oils include: basil, birch, cedarwood, clary sage, cypress, hyssop, jasmine, juniper, marjoram, myrrh, nutmeg, peppermint, rosemary, tarragon, thyme, and wintergreen.
- Keep in mind that you may encounter other essential oils that are recommended for pregnancy, because they are not abortifacient (capable of inducing an abortion) or not emmenagogic (capable of inducing or regulating menstruation). However, these oils may cause other unwanted responses that adversely affect mother and



baby. One example is an essential oil like rosemary, which is not abortifacient but is a hypertensive (increases blood pressure), and thus should not be given to pregnant clients at risk of pregnancy-induced hypertension. Be aware of the systemic effects of all essential oils and understand your clients' individual health concerns.

All that said, there are a number of more gentle oils that may be safely used during pregnancy, and may be helpful with a number of maternity-related conditions such as breast tenderness, stretch marks, preparing the perineum, hemorrhoids, varicose veins, and anxiety. Many of these same essential oils can be integrated into the birthing process, and they may help to strengthen contractions, reduce fatigue and stimulate deep breathing while the woman is in labor.

The following is a list of essential oils are generally considered safe during pregnancy.

**Geranium** (common name)

Pelargonium graveolens, Pelargonium odorantissimum (botanical names)

Geraniaceae (family name)

**Ginger** (common name)

Zingiber officinale (botanical name)

Zingiberaceae (family name)

**Grapefruit** (common name)

Citrus paradisi (botanical name)

Rutaceae (family name)

**Lavender** (common name)

Lavandula angustifolia (botanical name)

Labiatae (family name)

**Lemon** (common name)

Citrus limon burman (botanical name)

Rutaceae (family name)

**Mandarin** (common name)

Citrus nobilis (botanical name)

Rutaceae (family name)

**Neroli** (common name)

Citrus aurantium, Citrus bigaradia (botanical names)

Rutaceae (family name)

**Orange, sweet** (common name)

Citrus sinensis (botanical name)

Rutaceae (family name)





**Lime** (common name)

Citrus aurantifolia (botanical name)

Rutaceae (family name)

**Petitgrain** (common name)

Citrus bigaradia (botanical name)

Rutaceae (family name)

**Sandalwood** (common name)

Santalum album (botanical name)

Santalaceae (family name)

**Tea Tree** (common name)

Melaleuca alternifolia (botanical name)

Myrtaceae (family name)

**Ylang Ylang** (common name)

Cananga odorata (botanical name)

Anonaceae (family name)



## **Additional Resources—Books**

*Clinical Aromatherapy for Pregnancy and Childbirth*

Denise Tiran (second edition) (London: Churchill Livingstone, 2000)

*Aromatherapy: A Complete Guide to the Healing Art*

Mindy Green & Kathi Keville (Freedom, CA: Crossing Press, 1995)

*Complementary Therapies for Pregnancy and Childbirth*

Denise Tiran & Sue Mack (New York: Bailliere Tindall, 2000)

## **Additional Resources—Websites & Organizations**

[“Aromatherapy & Pregnancy”](#)

The School for Aromatic Studies

[“IFPA Pregnancy Guidelines”](#)

International Federation of Professional Aromatherapists

[“The Role of Aromatherapy in Maternity Care”](#)

International Federation of Aromatherapists





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