



Safety of Herbal Remedies in Pregnancy

1 Refuerzo JS et al 2005 Use of over-the-counter medications and herbal remedies in pregnancy Am J Perinatol. 22(6):321-4

Prospective observational study to identify the use of prescription, over-the-counter (OTC) and herbal medicines by pregnant women. 418 newly-delivered mothers completed a questionnaire about their use of these substances during pregnancy: 96.9% took at least one medication, including vitamins / iron supplements; 76.5% took at least one other medication; 62.8% used OTC medications, and 4.1% used herbal and/or alternative remedies. 13.6% took four or more medications.

2 Simpson M et al 2001 Raspberry leaf in pregnancy: its safety & efficacy in labour J Midwifery Womens Health 46(2):51-9

Double-blind randomised placebo-controlled trial involving 192 low risk primigravidae who took raspberry leaf tablets from 32 weeks' gestation to identify the effects on labour and birth outcomes and safety aspects. No adverse effects on either mothers or babies were shown, but neither did raspberry leaf appear to shorten the duration of the first stage of labour. There was a clinically significant reduction in the duration of second stage (mean 9-59 minutes) and a lower rate of instrumental delivery (19.3% in the trial group compared to 30.4% in the control group). Further research is needed to determine an appropriately effective and safe dose of raspberry leaf in pregnancy.

3 Chuang CH et al 2006 Herbal medicines during the first trimester and major congenital malformations: an analysis of the data from a pregnancy cohort study Drug Safety 29(6):537-48

A cross-sectional analysis of data from a prospective pregnancy cohort, with women interviewed to ascertain their herbal medicine use during pregnancy. A total of 14,551 live births were analysed. The eastern herbal remedy, huanglian, taken during the first trimester, was found to be associated with increased risk of congenital malformations of the nervous system; an-Tai-Yin was associated with an increased musculoskeletal and connective tissue malformations. It was not clear whether these malformations were due to direct toxicity from the herbal medicines, or from misuse, contamination or uncontrolled issues. Caution with the use of herbal remedies is advocated and more research is required

4 Hepner DL et al 2002 Herbal medicine use in parturients Anesth Analg 94(3):690-3

The increase in use of herbal medicines amongst presurgical patients has raised concern amongst anaesthetists over the potential for adverse drug-herb reactions and other effects such as perioperative bleeding. A questionnaire survey mothers delivered within the previous 20 weeks, to explore their use of prescription medicines and non-prescription medicines, including herbal remedies, during pregnancy. Of those who returned the questionnaire 7.1% of parturients used herbal remedies, but only 14.6% considered them to be medicines. Interestingly, the age group most likely to use herbal remedies were older women (17.1% of the age range 40-50). Most used them on the advice of health professionals

5 Tiran D 2003 The use of herbs by pregnant and childbearing women: a risk-benefit assessment Complement Ther Nurs Midwifery. 9(4):176-81

This paper reviews some of the evidence in relation to herbal remedies, and considers both their efficacy and safety for pregnant and childbearing women. It concludes with some suggested guidelines for midwifery and obstetric practice.