

Herbal and Traditional Medicines in Pregnancy

The Royal Women's Hospital Fact Sheet / www.thewomens.org.au



the women's
the royal women's hospital
victoria australia

This fact sheet is for women who are concerned about the use of herbal and traditional medicines while pregnant.

What are herbal and traditional medicines?

Herbal and traditional medicines fall under the umbrella of complementary and alternative medicines (CAMs). They are products that are used based on traditional knowledge; this is why there is sometimes less scientific evidence available about their safety and effectiveness.

A survey conducted by the National Prescribing Service revealed that 65 per cent of Australians had used one or more complementary medicine in the previous 12 months.¹

Herbal and traditional medicines are generally bought from shops such as pharmacies, supermarkets and health food stores. While the majority of complementary medicines are used for the relief of symptoms of minor and self-limiting conditions, many are used for maintaining health and well-being, or the promotion or enhancement of health.²

Things to consider before using herbal and traditional medicines

There are several concerns on the use of herbal and traditional medicines especially during pregnancy.

- Information about the safety and efficacy of herbal and traditional medicine use during pregnancy is limited.
- Some herbal and traditional medicines have active ingredients that may cross into the blood stream of the baby.
- Some herbal and traditional medicines are not regulated to ensure consistent quality.
- Although considered natural, no medicine is free of potential side effects.

Use of certain herbal and traditional medicines without prior consultation with a health care professional may be harmful for you and your baby. It is always best to seek medical advice before using any herbal or traditional medicine during pregnancy.

When to avoid herbal and traditional medicines

During the first 12 weeks and the last 12 weeks of pregnancy, it is best to avoid all herbal and traditional medicines.

Before starting any herbal and traditional medicines, please talk to your doctor and pharmacist to ensure that the medicine is appropriate and safe for you to use during your pregnancy.

Common herbal and traditional medicines

Aloe vera

Aloe vera gel is used as a topical treatment for wounds, burns and other skin conditions. Topical use of aloe vera gel is unlikely to cause an increased risk of pregnancy loss or birth defects.

Aloe vera latex is a yellow-coloured liquid that comes from the inner skin of the aloe leaf. It is taken orally in both the dried and liquid form. Avoid taking aloe vera latex as it is a strong laxative and may cause uterine stimulation and pregnancy loss.^{3,4}

Black cohosh

Black cohosh is a herbal medicine mainly used for the treatment of menopausal symptoms, premenstrual syndrome and painful menstruation. It is also traditionally used for starting labour in late pregnancy. The safety information on the use of black cohosh is limited, therefore, it should be avoided in pregnancy because it can affect the uterus and cause early labour.^{3,5}

Chamomile

Chamomile tea or tincture is used to calm an upset stomach and help with sleeping problems. Chamomile can also be found in skin products to treat dermatitis, wounds and other skin conditions. There is very limited safety information available about chamomile use in pregnancy. However, no serious adverse events have been reported in pregnant women who drink chamomile tea.^{3,4}

Cranberry

Cranberry appears to be safe and effective in the prevention of urinary tract infections. There appears to be no direct harm to the mother or baby if cranberry is used during pregnancy at the recommended doses.^{3,6}

Echinacea

Echinacea is commonly used for the treatment of the common cold, sore throats and other upper respiratory tract infections. When used at the recommended dose, echinacea does not appear to have an increased risk of unwanted effects in the baby.^{3,7,8}

Evening Primrose Oil

There is very limited safety information available about evening primrose oil use in pregnancy.^{3,7,9} It is recommended that you avoid taking evening primrose oil while pregnant, unless advised by your doctor.

Fenugreek

Avoid taking large amounts of fenugreek during pregnancy because it may cause uterine contractions, miscarriage or early labour. However, the small amount of fenugreek used in food preparation is likely to be safe in pregnancy.^{3,7}

Fish Oil

The World Health Organisation recommends pregnant women should take at least 2.6 grams of omega-3 essential fatty acids daily. This may be achieved through foods or supplements. There are two different types of fish oil supplements, those made from the liver of the fish, and those made from the body of the fish. Fish oil made from the liver of the fish, such as cod liver oil, contains retinol, which is a form of vitamin A, and should be avoided in pregnancy. However, fish oil not from the liver of the fish contains Docosahexaenoic Acid (DHA) and is important for the baby's developing eyes and brain. The recommended dose of fish oil in pregnancy depends on the strength of the product.^{3,7}

Flaxseed oil

Flaxseed oil is generally safe and well tolerated in pregnancy. It is a rich source of omega-3 fatty acid. Dietary intake of flaxseed oil is unlikely to cause any harmful effects in pregnancy. Avoid taking large amounts of flaxseed oil supplements because it may increase the risk of side effects such as diarrhoea.^{7,10}

Garlic

Fresh garlic or garlic used in cooking appears to be safe in pregnancy. Avoid taking large amounts of garlic supplements because it could possibly increase the risk of bleeding, uterine contraction, pregnancy loss or early labour in pregnant women.^{3,7}

Ginger

Ginger is likely to be safe during pregnancy in the amounts used in food preparation. It has been used to manage nausea and vomiting caused by pregnancy. Taking 1 to 2 grams dried ginger root over the course of a day has been shown to relieve symptoms. Higher doses may cause thinning of the blood, stomach discomfort and heartburn, and should be avoided in pregnancy.^{3,7,11}

Ginkgo

There is very limited information available about the use of ginkgo in pregnancy. Ginkgo should be avoided in pregnancy because it could cause an increase risk in bleeding.^{3,7,11,12}

Ginseng

Ginseng has been used since ancient times as a herbal remedy. The three main types of ginseng are American ginseng, Korean ginseng and Siberian ginseng. Avoid taking ginseng products during pregnancy, especially in the first trimester as it may cause serious adverse events in pregnancy.^{3,7,11}

Glucosamine

Glucosamine is used for the treatment of osteoarthritis. There is very limited information available about the use of glucosamine in pregnancy and until more information is available it should be avoided.^{3,13}

Liquorice

Liquorice has been used as a food, flavouring agent and medicine since ancient times. Avoid taking large amounts of liquorice during pregnancy as it may increase the risk of miscarriage and early labour.^{3,4,7,11}

Lysine

Lysine found in foods is safe in pregnancy. Large amounts of lysine supplements should be avoided because there is very limited information available about the safety of this product in pregnancy. It may also increase the risk of unwanted effects such as diarrhoea and abdominal discomfort.^{3,7}

Raspberry leaf

Traditionally, raspberry leaf has been used in late pregnancy to shorten the duration of labour and reduce complications. Unfortunately, there is not a lot of information about the safety and helpfulness of raspberry leaf in pregnancy. See your doctor or pharmacist for advice before using it in pregnancy.^{3,7,14}

Spirulina

Spirulina should be avoided in pregnancy because there is very limited information about its safety. The spirulina product information indicates that it is suitable to take during pregnancy, but consult your doctor or pharmacist before starting.¹⁵

St John's Wort

St John's Wort has been used in the treatment of depression. There is some evidence that St John's Wort may lower your baby's birth weight. It has also been found to interact with many other medicines. It is highly recommended that you discuss the use of St John's Wort with your doctor before you start using this herbal medicine.^{3,7,16}

Valerian

Valerian is used as a mild sedative to help patients to fall asleep, relieve stress and anxiety. Due to the lack of safety information the use of valerian during pregnancy should be avoided. It is highly recommended that you talk to your doctor before taking valerian during pregnancy.^{3,10,11}

Where to get more information

Medicines Information Service

Pharmacy Department
Level 1, The Royal Women's Hospital
Cnr Grattan Street & Flemington Road
Parkville VIC 3052

Hours: 9am to 5pm Monday to Friday

T: (03) 8345 3190

F: (03) 8345 3195

E: drug.information@thewomens.org.au

Related fact sheets

- Herbal and traditional medicines in breastfeeding
- Medicines in pregnancy
- Medicines in breastfeeding

References:

1. McGuire T, Walters J, Dean A, et al. Review of the Quality of Complementary Medicines Information Resources: Summary Report. In: Service NP, ed. Sydney; 2009.
2. The regulation of complementary medicines in Australia – an overview. 2012. [Accessed 29/06/12, 2012, at <http://www.tga.gov.au/industry/cm-basics-regulation-overview.htm>.]
3. Loke Y, ed. Pregnancy and Breastfeeding Medicines Guide. 1st ed. Melbourne: The Royal Women's Hospital, Pharmacy Department; 2010.
4. Cuzzolin L, Francini-Pesenti F, Verlato G, Joppi M, Baldelli P, Benoni G. Use of herbal products among 392 Italian pregnant women: focus on pregnancy outcome. *Pharmacoepidemiol Drug Saf* 2010;19:1151–8.
5. Dugoua JJ, Seely D, Perri D, Koren G, Mills E. Safety and efficacy of black cohosh (*Cimicifuga racemosa*) during pregnancy and lactation. *Can J Clin Pharmacol* 2006;13:e257–61.
6. Dugoua JJ, Seely D, Perri D, Mills E, Koren G. Safety and efficacy of cranberry (*Vaccinium macrocarpon*) during pregnancy and lactation. *Can J Clin Pharmacol* 2008;15:e80–6.
7. Braun L, Cohen M. Herbs and Natural Supplements. 3 ed; 2010.
8. Perri D, Dugoua JJ, Mills E, Koren G. Safety and efficacy of echinacea (*Echinacea angustifolia*, *e. purpurea* and *e. pallida*) during pregnancy and lactation. *Can J Clin Pharmacol* 2006;13:e277–84.
9. Duley L. Pre-eclampsia, eclampsia, and hypertension. *Clin Evid (Online)* 2008;2008.
10. Micromedex Reprotox. In: Micromedex: Thomas Reuters; 2012.
11. Australian Pharmaceutical Formulary and Handbook. 22 ed. Canberra: Pharmaceutical Society of Australia; 2012.
12. Dugoua JJ, Mills E, Perri D, Koren G. Safety and efficacy of ginkgo (*Ginkgo biloba*) during pregnancy and lactation. *Can J Clin Pharmacol* 2006;13:e277–84.
13. Sivojelezova A, Koren G, Einarson A. Glucosamine use in pregnancy: an evaluation of pregnancy outcome. *J Womens Health (Larchmt)* 2007;16:345–8.
14. Holst L, Haavik S, Nordeng H. Raspberry leaf-should it be recommended to pregnant women? *Complement Ther Clin Pract* 2009;15:204–8.
15. Swiss Ultiboost Spirulina. 2012. [Accessed June 2012, at <http://www.swisse.com/products/superfoods/ultiboost-spirulina>]
16. Dugoua JJ, Mills E, Perri D, Koren G. Safety and efficacy of St. John's wort (*Hypericum*) during pregnancy and lactation. *Can J Clin Pharmacol* 2006;13:e268–76.

Disclaimer The Royal Women's Hospital does not accept any liability to any person for the information or advice (or use of such information or advice) which is provided in this fact sheet or incorporated into it by reference. We provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy. Women are encouraged to discuss their health needs with a health practitioner. If you have concerns about your health, you should seek advice from your health care provider or if you require urgent care you should go to the nearest hospital Emergency Department. © The Royal Women's Hospital, June 2013