

NSW Medications in Pregnancy & Breastfeeding Service



Herbal Medicines in Pregnancy and Breastfeeding

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What are herbal medicines?

Herbal medicines are products made from plants that are used for health reasons¹. It is common for women to use herbal medications for specific pregnancy or breastfeeding issues, health promotion and to treat general conditions such as colds and gynaecological problems².

Issues for pregnancy and breastfeeding

Herbal medicine in Australia is generally not regulated as strictly as conventional medicines (prescription and over the counter medications)³. This means that ingredients listed on the label of herbal medicines, may not always accurately reflect the actual contents of the product⁴. Therefore, if you use any herbal medicine, make sure that your product is from a reputable source. Herbal medicines like conventional medicines, may cross the placenta in pregnancy and transfer into your milk while breastfeeding. In this way herbal medicines may reach your baby's bloodstream and transfer ingredients that may be potentially harmful. Furthermore, even though herbal medicines are derived from plants they may interact with other medicines and have harmful side effects similar to conventional medication.

Unlike many conventional medicines, there is often limited specific safety information for most herbs, particularly regarding use during pregnancy and breastfeeding. Many herbal medicines have been used traditionally and knowledge regarding safety is often based on practitioner experience rather than scientific research¹. There is also no requirement for herbal treatments to be evaluated for their effectiveness. It is important to discuss any herbal medication you are taking with your midwife, GP or obstetrician.

<u>Common herbal medications used during pregnancy or while breastfeeding</u> <u>Ginger</u>

Ginger has been used traditionally to treat nausea and vomiting in pregnancy. Several studies have found ginger to be both effective and safe in doses of approximately 1g daily¹. Significantly higher doses should be avoided due to lack of safety information.

<u>Echinacea</u>

Echinacea is often used in the management of colds. Although it is widely used, there is limited information regarding its safety during pregnancy. One study has been published which found no increased risk of miscarriage or birth defects in children of women who took Echinacea throughout their pregnancy¹. Although this is reassuring, more research is required to confirm its safety. There is little information regarding the safety of Echinacea while breastfeeding.

Raspberry leaf

Raspberry leaf is frequently used in pregnancy as it has traditionally been thought to aid labour. There has been only a small amount of research regarding its use in pregnancy. In general these studies have found raspberry leaf to be safe but also to be ineffective. Thus it cannot be specifically recommended⁵.

St. John's Wort (Hypericum)

St. John's Wort has been used traditionally to treat depression. Several small studies have indicated that it may be safe in pregnancy and breastfeeding. However further research is



NSW Medications in Pregnancy & Breastfeeding Service



required to confirm this. If you are breastfeeding, be aware that St. John's Wort is a long acting medication and any medication your baby would receive through your milk would remain in your baby's circulation for a long time. St John's Wort also has the potential to interact with many other medications (including some antidepressants) so caution is recommended⁶. It is important to see a health professional if you are feeling depressed or anxious.

<u>Cranberry</u>

Cranberry juice has been used traditionally to prevent urinary tract infections. Although there is limited information regarding safety and effectiveness in pregnancy and breastfeeding, it is expected to be safe in recommended amounts⁶. However, inadequately treated urinary tract infections can have serious consequences so it is important to see your doctor if you have urinary symptoms.

<u>Lysine</u>

Lysine is an amino acid normally present in food. It is commonly used as a supplement to treat and prevent herpes simplex infections **although its effectiveness has not been proven**. There is no information regarding safety in pregnancy or breastfeeding, but it is not anticipated to be harmful⁷. However, transmission of herpes simplex to a baby can have serious consequences so it is important to treat herpes effectively.

<u>Fenugreek</u>

Fenugreek has traditionally been used by women to increase their breastmilk supply. Research supports its use in some, but not all studies. In general, babies appear to have few side effects if Fenugreek is taken by their mothers while breastfeeding⁸. However, breastmilk supply is most likely to be improved by general supportive breastfeeding measures rather than medication, so it is advisable to seek help first from a healthcare professional with expertise in breastfeeding or an organisation such as the Australian Breastfeeding Association (see below).

Herbal ingredients not listed above should be treated with caution due to lack of definitive evidence. Nonetheless, it is considered safe to consume herbal teas in moderation.

References

1.Holst L, Wright D, Haavik S, Nordeng H. Safety and efficacy of herbal remedies in obstetrics-review and clinical implications.Midwifery 2011; 27:80-86

2. Kennedy DA, Lupattelli A, Koren G, Nordeng H. Herbal use in pregnancy: a multinational study. BMC Complementary and Alternative Medicine 2013; 13:355.

3. Australian Government Department of Health, Therapeutic Goods Administration. Medicines and TGA classifications. <u>http://www.tga.gov.au/medicines-and-tga-classifications</u>, Accessed December 2014.

4.Blacksell L, Byard RW, Musgrave IF. Forensic problems with the composition and content of herbal medicines.Journal of Forensic and Legal Medicine. 2014;23:19-21.

5..Simpson M. Raspberry Leaf: panacea for pregnancy and labour or problem?.Oand G Magazine 2010;12(4):54-55. 6. Dante G, Bellei G, Neri I and Facchinetti F. Herbal therapies in pregnancy: what works? Cur Opin Obstet Gynecol 2014;26:83-91.

7. Micromedex Healthcare Series. Reprotox. Greenwood Village, CO: Truven Health Analytics, 2014.

http://www.micromedexsolutions.com.acs.hcn.com.au/micromedex2/librarian?acc=36422. Accessed December 2014. 8. Lactmed; Dug and Lactation Database. National Library of Medicine. Available at http://toxnet.nlm.nih.gov/ Accessed December 2014

Additional Information

<u>http://www.mothertobaby.org/files/echinachea.pdf</u> <u>http://www.mothertobaby.org/files/StJohnsWort.pdf</u> Australian breastfeeding Association - <u>www.breastfeeding.asn.au</u> or phone 1800686268 March 2015

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)