

Herbs During Pregnancy

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Often at the first prenatal visit, a newly pregnant woman will have many questions regarding the use of herbs in pregnancy, most often in the form of “herbal infusion,” also known as “herbal tea.” It is important to note that herbs are not the same as tea, in spite of the usage of this term. Nonetheless, herbs are commonly consumed by pregnant women worldwide, possibly because they believe that “natural products” are safer than commercial drugs. However, even though many herbs have been available for hundreds or thousands of years, little is known about their effects on the embryo, fetus, newborn, or nursing baby. Also important to remember is that many modern drugs originally were derived from a plant source, and hence were originally considered an “herb.” So just because a substance is called an “herb” does not necessarily mean it is safe! In addition, herbal products are unregulated by the FDA, and therefore purity, concentration, and presence of contaminants cannot easily be determined.

Which herbs are considered unsafe in pregnancy? How do we know? One of the two key factors that determine the risk of toxicity is dose, and unfortunately this is rarely reported. The other factor is that all herbs contain multiple chemical compounds, few of which have been studied during pregnancy. Therefore, with few exceptions, women who take most herbs in pregnancy should be informed that the exact risk to her developing baby is unknown. That said, there are six herbs considered unsafe in pregnancy. They will be reviewed here today.

The first is Arnica, which is often used topically as an anti-inflammatory. Occasional topical use probably represents a low risk, but absorption may occur when applied to broken skin. The FDA has classified arnica as an unsafe herb because it stimulates uterine contractions and can cause miscarriage. When used orally, it is considered a poison. Nevertheless, it has been promoted for use during labor for internal and external bruising in the mother and newborn. There is no clinical evidence to support this use.

Second on this list is Black seed/kalanji, which has been used for thousands of years as a medicine, food, or spice. Because of this, it is unlikely to cause birth defects. However, its use to stimulate menstruation suggests that it is unsafe in pregnancy.

Third is Blue cohosh, which has been shown to cause birth defects in various animal species. For this reason it should be avoided in the first trimester. This herb is used by some to stimulate labor, however many herbalists believe that the potential toxicity to the baby outweighs any medical benefit.

The fourth herb on this list is Feverfew. In my research for this article, I came across the term “emmenagogic,” which means “capable of provoking menstruation.” Feverfew, along with the Black seed mentioned earlier, is an herb with this

capability. Feverfew also has the ability to decrease fever, and has been known as “medieval aspirin.” It should not be used for this purpose in pregnancy.

Number five is *Salvia divinorum*. This herb has hallucinogenic effects and is used in certain regions of Mexico for healing and divinatory rituals. It is also used as an anti-diarrheal. The herb is either smoked or chewed, or its juices ingested. Persistent psychosis has been observed in people who smoked the herb, so it is contraindicated in pregnancy.

Finally, number six is Valerian. Many different preparations of valerian are available, used primarily as a sleep aid. It is also used to treat anxiety and restlessness. Valerian is toxic to the fetus and causes liver toxicity in the mother, and therefore should be avoided during pregnancy.

Fortunately, these six herbs are not in common usage, except perhaps for valerian as a sleep aid and arnica as a topical anti-inflammatory. I would like to now address some other popular herbs. For these herbs, small and infrequent doses probably cause no harm to the mother and fetus. However, some are best avoided during pregnancy.

Chamomile: When used excessively, this herb is one of those with “emmenagogic” properties. Although controversial, some midwives prescribe it for morning sickness. The herb also contains compounds that cause blood thinning, which is a concern in women with coagulation disorders. However, the herb has been used for thousands of years, so the risk of harm from occasional use must be very rare.

Peppermint is a popular flavoring that appears to be harmless for the mother and developing baby when low, recommended doses are ingested. High oral doses of peppermint oil, however, can cause significant toxicity. During pregnancy, only small doses are recommended.

Raspberry leaf tea is commonly consumed by pregnant women. It has been prescribed to treat nausea and vomiting in pregnancy and used to shorten labor. This is one herb where there has actually been a high quality study conducted to evaluate its effects. In this study, none of the proposed outcomes were different than placebo, and no adverse effects were reported.

Ginseng is a popular herb that often comes in preparations promoting “high energy,” many of which have been contaminated intentionally with caffeine. There is limited human pregnancy data, but one study from 1991 found no benefit but also no harm with regards to various outcomes, including birth weight, preterm delivery, stillborn, and maternal complications.

Echinacea is a popular herb used as an immune stimulant and to enhance wound healing. Its use in pregnancy is limited to one small study that showed no adverse effects.

Evening primrose oil is the most frequently used herbal preparation for the induction of labor by nurse-midwives. No adverse effects have been reported in the fetus or newborn from this use.

Nutmeg is a commonly used spice, but, as with any herb, high doses can produce toxicity. There is a fascinating story of a woman at thirty weeks of pregnancy who misread a recipe and grated a whole nutmeg into cookie dough instead of 1/8 teaspoon. When she ate a cookie, she experienced a racing heart, high blood pressure, and a sensation of impending doom. A type of poisoning was diagnosed but fortunately both mother and baby made a complete recovery. The moral to this story is that small doses of most herbs are generally safe, but high doses may not be.

Other herbs found to be safe in pregnancy include garlic, ginger, and St John's wort.

In summary, pregnant women who regularly take herbal supplements should certainly discuss the specifics with their prenatal provider. However, the exact risk to the pregnancy for many herbs is simply unknown. As with any medication, the potential risks and known benefits are the key variables in this equation, and the lower the dose the safer the profile. When in doubt, the herb in question should be avoided.