



HerbClip™

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Date: December 31, 2002

RE: Use of Herbs in Pregnancy and Childbirth

Westfall RE. Herbal medicine in pregnancy and childbirth. *Advances in Natural Therapy*. 2001; 18(1):47-55.

For centuries pregnant women and new mothers have been concerned about what food and medicines are safe and unsafe while pregnant, delivering and nursing a baby. As American consumers turn more frequently to herbal products, these concerns are a timely issue to address. Anecdotal evidence stems from traditional time-tested use, but greatly lacks a clinical basis found in published trials. In this article, the author discusses tonics, herbs for preventing miscarriage, and herbs used for inducing labor.

Tonics (taken daily for nutritive and other general health value) for pregnant women include herbs which tone the uterus such as raspberry leaf (*Rubus idaeus*), partridge berry (*Mitchella repens*), and stinging nettle (*Urtica dioica*) which are reviewed in the article.

Raspberry leaf and stinging nettle leaf are highly nutritious herbs containing chlorophyll, vitamins A, B complex, and C, calcium, iron, phosphorus, potassium, and magnesium. Raspberry leaf also has vitamin E and sometimes contains manganese, while nettle leaf additionally contains vitamins D and K, sulphur, and all of the essential amino acids. As well as use in preventing malnutrition and anemia, stinging nettle's traditional use extends to the prevention and treatment of postpartum hemorrhage. Fragarine, an alkaloid of raspberry leaf, demonstrated ability to inhibit uterine action in animal studies conducted in 1941. In 1999, a retrospective study of raspberry leaf found a decreased likelihood (although not statistically significant) of premature or overdue labor or medical intervention in labor.

North American indigenous tribes used partridge berry as a uterine tonic. Eclectic Physicians (a medical sect dedicated to reforming medical practice in the 19th century American medical practice) used partridge berry to prevent miscarriage and prepare for labor. The herb is taken in tea or tincture form and is thought to nourish the uterus throughout pregnancy.

The author proposes that two North American plants, black haw (*Viburnum prunifolium*) and false unicorn (*Chamaelirium luteum*) can also be useful in preventing miscarriages.

Black haw and its "cousin," cramp bark (*V. opulus*), are traditionally used interchangeably for preventing miscarriage due to uterine irritability or loose cervix. Black haw is considered more potent, however, and large or frequent doses may lower blood pressure. It contains salicin and scopoletin which may relax and sedate the uterine muscle, according to the author.

False unicorn is more typically prescribed to women who have had a succession of miscarriages as it reportedly can correct uterine prolapse and tighten a loose cervix. In one case report, hourly doses stopped cramping and bleeding during a threatened miscarriage appearing to elevate serum levels of human chorionic gonadotropin.

Blue cohosh (*Caulophyllum thalictroides*) is believed to be one of the most powerful natural inducers of labor due perhaps to the glycosides caulosaponin and caulophyllosaponin. However, the safety of blue cohosh has been questioned by midwives and scientists, and it is therefore advised to be used with considerable discretion. One case report associated maternal use with neonatal congestive heart failure. Black cohosh (*Actaea racemosa* syn. *Cimicifuga racemosa*) is described as an antispasmodic, sedative, vasorelaxant, and hypotensive. It is believed to stabilize the effects of blue cohosh. Herbalists and midwives may recommend a combination of these plants. The author suggests that bethroot (*Trillium erectum*) may be an even safer alternative to induce labor and should be placed in the research limelight with black cohosh. It is clear that these medicinal plants all need research attention. The author believes that herbal medicines may prevent the need for invasive techniques in some cases. A need exists for clinical exploration of these natural remedies, so that they may move from "cautious acceptance" to solid support and integration into the conventional Western healthcare system.

—Carolyn Williams Orlando, MA

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