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FILE: ■ Black Cohosh (*Actaea racemosa* syn. *Cimicifuga racemosa*)

■ **Pregnancy**

■ **Lactation**

HC 120364-331

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RE: Safety and Efficacy of Black Cohosh During Pregnancy and Lactation

Dugoua J, Seely D, Perri D, Koren G, Mills E. Safety and efficacy of black cohosh (*Cimicifuga racemosa*) during pregnancy and lactation. *Can J Clin Pharmacol*. Fall 2006;13(3):e257-e261. November 3, 2006.

Black cohosh (*Actaea racemosa* syn. *Cimicifuga racemosa*) was used by Native Americans to treat a number of conditions, including gynecologic and musculoskeletal complaints. Traditionally, midwives have used it as a uterine stimulant and labor-inducing aid. Today, the use of black cohosh relies on its purported efficacy in the treatment of menopausal symptoms, primarily hot flashes, sleep disturbances, and depression.¹ The German Commission E recommends the use of black cohosh to treat dysmenorrhea. Because the herb is often used by women and because of its potential use during pregnancy, the authors conducted a systemic review of the literature on the efficacy of black cohosh for a number of indications as well as for its safety during pregnancy and lactation. This article is one in a series, with others focusing on the use of ginkgo (*Ginkgo biloba*), St. John's wort (*Hypericum perforatum*), and echinacea (*Echinacea* spp.) during pregnancy and lactation.

Databases searched from inception to June 2005 included AMED, CINAHL, Cochrane CENTRAL, Cochrane Library, MedLine, Natural Database, and Natural Standard. The common and Latin names of the herb were used as keywords, along with pregnancy, lactation, and breastfeeding. The authors also searched the American Botanical Council's Complete German Commission E Monographs.² The nature of the findings and the grade of evidence for efficacy were abstracted and compiled in a final report. The grades for evidence of efficacy and the levels of evidence for harm are presented in the article's accompanying tables. Also included are the herb's constituents, toxicology, pharmacology, and potential drug interactions.

The authors report that "strong scientific evidence" exists for the use of black cohosh to treat menopausal symptoms and that "good scientific evidence" supports the use of black cohosh combined with other herbs to treat arthritis.

The level of evidence on the herb's use during pregnancy is limited to theoretical evidence (a survey of midwives in the United States) and to in vitro evidence. The survey found that 45% of midwives use the herb to induce labor.³

To induce labor, black cohosh is often used alone or in combination with other herbs in formulas referred to as "mother's cordial" or "partus preparatus." Whether the herb has an estrogenic and/or anti-estrogenic effect is unclear, say the authors. One review article recommended that it be avoided during pregnancy and lactation because of its potential hormonal effect.⁴ The authors cite another review article which reported that black cohosh had anovulatory effects in vitro. *The Toxicology of Botanical Medicines* reports that black cohosh stimulates blood flow in the pelvic area and uterus and is contraindicated during pregnancy, especially in the first trimester. Summing up the review articles, the authors state that the concerns with black cohosh during pregnancy are due to its labor-inducing effects, hormonal effects, emmenagogue properties, and anovulatory effects.

"Black cohosh should be used with caution during pregnancy, particularly during the first trimester when the labor-inducing properties could be of greatest harm to the fetus. Despite no reports of malformations in the scientific literature, black cohosh should be used with caution in the third trimester and at delivery when used as a labor-inducing aid, until more rigorous and well-controlled clinical research is conducted," conclude the authors.

—Shari Henson

References

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- ²Blumenthal M, Busse WR, Goldberg A, Gruenwald J, Hall T, Riggins CW, Rister RS, eds. Klein S, Rister RS, trans. *The Complete German Commission E Monographs—Therapeutic Guide to Herbal Medicines*. Austin, TX: American Botanical Council; Boston: Integrative Medicine Communication; 1998.
- ³McFarlin BL, Gibson MH, O'Rear J, Harman P. A national survey of herbal preparation use by nurse-midwives for labor stimulation. Review of the literature and recommendations for practice. *J Nurse-Midwifery.* 1999;44:205-216.
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