What are herbal medicines?
Herbal medicines are produced from plants and fall under the umbrella of complementary and alternative medicines (CAM). CAM are a diverse collection of healthcare approaches and therapies developed outside of conventional medicines. In addition to herbal medicines, they include acupuncture, dietary supplements, massage, aromatherapy, homeopathy and relaxation therapy.

The use of herbal medicines is based on traditional knowledge and as such, there is less scientific information available about their safety and effectiveness. Herbal medicines are usually used to relieve minor symptoms or short-term conditions, for maintaining health and well-being, or the promotion or enhancement of health.

Herbal medicines can come in many forms, such as teas, caplets, infusions, dried extracts and tinctures. They can be purchased from pharmacies, supermarkets and health food stores.

Before using herbal medicines

Talk to your doctor or local pharmacist.
They can give you advice about which medicines are safe to use, for you and your baby, during pregnancy and breastfeeding. They can also give advice about how to use herbal medicines and how effective they are for the condition you wish to treat.

How do herbal medicines compare to prescription or over-the-counter medicines (conventional medicines)?

Herbal medicines are not regulated for effectiveness in the same way that prescription and over-the-counter medicines are.

Herbal medicines may have varying levels of active ingredients depending on the growing and harvesting conditions, plant part used (e.g., root, stem, flower or bark) and the way they are made into supplements. Some herbal medicines may contain contaminants such as metals, pesticides or other chemicals that are not listed on the label. Tinctures and liquid medicines can contain alcohol, which should be avoided during pregnancy and breastfeeding.

Are herbal medicines safe in pregnancy and breastfeeding?

Although described as natural, herbal medicines are not necessarily safe, especially during pregnancy and breastfeeding. Information about their safety is either limited or not available. Herbal medicines may contain high amounts of active ingredients that may be transferred to your baby. Herbal medicines may also cause side effects or interfere with your prescribed medicines.

Should I stop taking herbal medicines if I am planning pregnancy?

Most herbal medicines have not been well studied during pregnancy, so it is not possible to know how they may affect your ability to fall pregnant. If you are planning on getting pregnant consider using alternative therapies which have safety information available; ask your doctor or local pharmacist for advice.
Can herbal product use cause miscarriage?
Possibly. Some medicines have been shown to cause hormone imbalance or uterine contractions which can lead to pregnancy loss. If you are pregnant, consider alternative therapies for which there is more safety information available.

Should I avoid herbal medicines during pregnancy?
There is little information available on the use of herbal medicines in pregnancy. Most studies do not suggest an increased chance for birth defects when used while pregnant. However, some medicines have been shown to cause pregnancy loss, hormone imbalance or uterine contractions. Therefore, it is best to avoid all herbal medicines during the first 12 weeks (first trimester) and the last 12 weeks of pregnancy (third trimester). Their use in first trimester may result in pregnancy loss, and in third trimester may cause early labour.

Can I use herbal medicines while breastfeeding?
There is very little information on the use of herbal medicines during breastfeeding. If you decide to use herbal medicines while breastfeeding, watch your baby for any unusual side effects. If you notice any side effects or have any concerns, talk to your doctor for further advice.

Most research suggests that topical application of herbal medicines, that is, to your skin, is unlikely to affect your baby. However, excess cream or solution should be removed from the nipple area before feeding.

Which herbal medicines are traditionally used to increase breast milk supply?

**Fenugreek**
Fenugreek has been used for centuries to increase breast milk supply. However, there is limited information available to show if it is effective.

Short-term use of fenugreek at the recommended doses (1 to 6 grams daily) is considered safe while breastfeeding. Watch your baby for signs of side effects such as gassiness, diarrhoea, skin rashes and maple syrup smell from the urine.1 See your doctor or pharmacist if this occurs.

**Others**
Other herbal or traditional supplements that have been used to increase breast milk supply include blessed thistle, alfalfa, fennel and hops. There is not enough information to show that any of these supplements are safe or effective to use during breastfeeding.

Which herbal medicines are used for the treatment of cold and flu?

**Echinacea**
Echinacea is commonly used to treat the common cold, sore throat and other upper respiratory tract infections.

Although short-term use of echinacea during pregnancy does not appear to be harmful,2,3 conventional medicines with more safety information are recommended.

There is very limited information available about the use of echinacea during breastfeeding. Short-term use is considered safe. Watch your baby for signs of possible side effects such as rash, vomiting, diarrhoea and constipation.

**Olive leaf extract**
Olive leaf extract is used for viral or bacterial infections including influenza and the common cold. There is no reliable information on the safety of olive leaf extract during pregnancy or breastfeeding, so avoid using high amounts.

**Garlic**
Garlic is used to prevent and treat the common cold and respiratory tract infections. When consumed in amounts commonly found in foods, garlic is likely to be safe in pregnancy and breastfeeding.

Avoid high doses of garlic during pregnancy as it may cause preterm birth or increase the risk of bleeding when used together with anticoagulants (blood thinning medicines).4
There is very limited information available about the use of garlic during breastfeeding. Garlic may change the taste of your breast milk. If you notice your breastfed baby is more irritable or colicky, you may want to avoid garlic.

**Other commonly used herbal medicines during pregnancy and breastfeeding**

**Aloe vera**
When taken orally, aloe vera can be used for asthma, dry skin and constipation. Avoid taking by mouth during pregnancy as it may cause uterine contractions.

When applied topically, aloe vera is used for acne and wound healing. When applied over a small area, aloe vera is safe to use during pregnancy.

If aloe vera is used while breastfeeding, watch your baby for signs of possible side effects such as diarrhoea and vomiting.

**Cranberry**
Cranberry is commonly used for the prevention or treatment of urinary tract infections (UTIs), however research shows it does not appear to be effective in reducing UTIs.

Cranberry is considered safe to use during pregnancy and breastfeeding when consumed in amounts commonly found in foods. However, large quantities of cranberry, especially cranberry juice may cause gastrointestinal side effects such as stomach discomfort and diarrhoea.

**Ginger**
Ginger has been used to manage nausea and vomiting caused by pregnancy.

Short-term use of ginger, at doses not more than 1000mg daily, is safe during pregnancy. Higher doses may cause heartburn, stomach discomfort and thinning of the blood. As such, women with a history of miscarriage or antepartum haemorrhage should avoid high doses of ginger. Ginger is likely to be safe during pregnancy and breastfeeding in amounts commonly found in food.

**Peppermint Oil**
Peppermint oil is used for many conditions including irritable bowel syndrome.

Large amounts of peppermint oil have been associated with an increased risk of miscarriage as it may increase or stimulate menstrual flow. Topical and recommended oral doses of peppermint oil are safe to use during pregnancy and breastfeeding.

**Raspberry Leaf Extract**
Raspberry leaf is used traditionally to prepare the body for labour and to relieve nausea.

It is also used as an ingredient in galactagogue teas (teas claimed to increase milk supply).

Avoid large quantities of raspberry leaf extract in pregnancy due to a lack of safety information, and also because you may get side effects such as diarrhoea.

When consumed in amounts commonly found in foods like tea, it is likely to be safe in pregnancy and breastfeeding.

**St John’s wort**
St John’s Wort is commonly used for the treatment of mild depression.

Limited studies that looked at St John’s wort exposure during pregnancy do not suggest an increased chance for birth defects. Until more information is available about St John’s wort in pregnancy, it is best to talk to your doctor about your symptoms and alternative therapies.

The amount of St John’s wort passed into breast milk is small, and serious side effects have not been reported in breastfed babies. However, minor side effects such as colic, increased drowsiness and lethargy have been reported.

It is important that you talk to your doctor before you stop taking St John’s wort so you can discuss other ways to treat your depression. If you have significant depression, your doctor may recommend an antidepressant which is suitable and safe to use by pregnant and breastfeeding women.
For more information and advice

Medicines Information Service
Pharmacy Department
Level 1, The Royal Women’s Hospital
20 Flemington Road
Parkville VIC 3052

Hours: 9am to 4pm Monday to Friday
T: (03) 8345 3190
E: drug.information@thewomens.org.au

Related fact sheets on the Women’s website
- Medicines in pregnancy
- Medicines in breastfeeding
W: www.thewomens.org.au

If this fact sheet does not answer your questions about a particular medicine or you are still unclear about what you should do, then seek further advice. Your doctor, local pharmacist and the Royal Women’s Hospital Medicines Information Service can assist you in making decisions regarding the safety of medicines during pregnancy and breastfeeding.

The Women’s Medicines Information Service also provides healthcare professionals with tailored advice regarding the safety of medicines to suit the women under their care.

REFERENCES
Information about the references used in the writing of this factsheet are available on request from the Medicines Information Service.