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Natural Remedy Use During Pregnancy, Labor, and Breastfeeding

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Natural Remedy Use During Pregnancy, Labor, and Breastfeeding

When a woman becomes pregnant it is well known that medications that are normally safe can no longer be taken. The woman must take into account the safety of her developing baby with everything she ingests, and many medications can have serious implications on the baby's outcome. Unfortunately most pregnant women encounter unpleasant symptoms that they want to take medications for. Since they know to be careful with medicines the solution of using natural remedies may seem like a safe alternative. Many people assume that natural remedies have no harmful side effects since they are natural, but further education must be done on the effects they can have. Although natural remedies seem like a better option, it is important that pregnant women have more education on what remedies work and which ones to avoid.

During the first trimester of pregnancy some common symptoms the woman may encounter are morning sickness, heartburn, constipation, and many changes in mental health (Mayo Clinic, 2024). Morning sickness is when the woman experiences nausea and vomiting at any time of the day or night and typically lasts the first 3 weeks of pregnancy. This is a very common side effect of pregnancy, and there are multiple known, safe remedies for this. Some simple lifestyle changes can help with this, such as getting plenty of rest and having a plain snack like crackers available to eat when waking up (Gehring, 2020). One common trigger of nausea in pregnancy is strong smells or chemicals, so pregnant women should try to avoid these. Ginger has proven to be a safe natural remedy for nausea, and some herbal teas containing fennel, peppermint, or chamomile could also help. Something important to note is that not all herbal teas are safe in pregnancy. Commercially made herbal teas are made with herbs that are considered safe and follow guidelines placed by the United States Food and Drug Administration (FDA) ("Herbal Tea & pregnancy", 2023). These are generally considered safe for anyone to

consume in reasonable amounts, while teas made non-commercially tend to have too many herbs or herbs that are toxic.

Some common herbs used in pregnancy that are considered safe would be red raspberry leaf, peppermint, ginger, slippery elm bark, oats, and oat straw (“Herbs and pregnancy”, 2022). Red raspberry leaf has a lot of iron in it and can help decrease nausea and labor pains. It may also help decrease complications at birth and improve uterine health. Peppermint can help with nausea and morning sickness along with ginger root and slippery elm bark. Slippery elm can also help in relieving heartburn and vaginal irritation. Oats and oat straw contain calcium and magnesium which helps with anxiety. Many herbal teas contain these, which have all been classified as likely safe or possibly safe by the FDA.

Essential oils are another form of natural remedy that many pregnant women turn to. Typically these oils are used as aromatherapy which can help ease anxiety and depression as well as helping with other physical effects. Peppermint oil is useful for headaches, nausea, congestion, or muscle aches (Sisco, 2024). Lavender and rose oils help with anxiety while the woman is laboring, which can also help decrease pain levels and promote sleep. While using these oils the woman should try to slowly increase the amount used, as a high level of oils in aromatherapy can trigger symptoms like nausea. The woman should also avoid ingesting oils, as there is not enough evidence to show this is safe for the baby.

The main concern with using essential oils while pregnancy is the fact that a lot of plants where the oils are produced from can form a wide variety of chemotypes (Dosoky & Setzer, 2021). Some of these chemotypes can cause abortion since they lead to menstrual bleeding and miscarriage. There is still not enough proof that the oils from these plants have this same effect, however. Plants such as savin, pennyroyal, tansy, and rue can lead to miscarriage, but the oils

have not shown the same effect. Despite this, the safety of the oils remains debated and cannot be overlooked.

Cinnamon oil is used by some countries to stimulate contractions, but if used before term it can lead to preterm birth and miscarriage (Tiran, 2021). Clove oil may also lead to abortion or other serious effects, and its safety during breastfeeding is also unknown. Fennel contains phytoestrogens that can also cause miscarriage or preterm labor through hypertonic uterine action. Although ginger can be used for morning sickness, ginger essential oil may lead to uterine contractions so should be used with caution. Lemongrass can stimulate menstruation and uterine contraction and should not be used while pregnant although using lemongrass sparingly during labor and postpartum appears to be safe (Tiran, 2021). Marjoram and rose have similar effects to lemongrass and also appear to be safe during labor and postpartum. Oregano, Sage, and thyme all have effects that can lead to miscarriage or preterm labor.

Many women suffer from mild mental disorders or symptoms (MDS) during pregnancy, and many of these women turn to herbal medicines to help them (Gantner et al., 2021). The results of a study found that women with MDS were more likely to use herbal medicines than those without MDS, with these women reporting very good effectiveness. The most common herbs used were bryophyllum, lavender, and valerian to help with stress, sleep disorders, and restlessness. While many of these women used natural remedies, synthetic medications for these conditions were rarely used, showing that many pregnant women tend to prefer natural medicines.

Treating mental health disorders in pregnancy is difficult, as many of the synthetic medications used can negatively affect the baby (Spiess et al., 2022). Common synthetic medications used for mental disorders like the selective serotonin reuptake inhibitor citalopram

have been associated with poor birth outcomes and higher risks. Untreated depression has also been associated with similar issues. Benzodiazepines like diazepam are commonly used for sleep disorders and anxiety, but they can cause neonatal withdrawal syndrome or floppy infant syndrome if used close to birth. Due to these issues, looking for a safe herbal alternative for mental disorders could improve birth outcomes for women with MDS.

Some of the possible herbal remedies for MDS are hops, valerian, lavender, California poppies, and St. John's wort (Spiess et al., 2022). Hops and valerian have been used in the past to treat sleeping disorders and it has been found that valerian is one of the most commonly used herbal remedy in pregnant women. There have been no adverse effects during pregnancy or after birth reported from using valerian. The safety of hops during pregnancy does not have any clinical data yet. Lavender essential oil can be used for anxiety and insomnia with similar effects to low-dose lorazepam. California poppy can be used to relieve stress to help with sleeping and St. John's wort can treat mild to moderate depression, anxiety, and insomnia (Spiess et al., 2022). Although many pregnant women use these products on their own and many healthcare professionals also recommend them, there is not enough data to fully establish the safety of these remedies. It is not known how much of the phytochemicals cross the placenta and how they affect the function of the placenta, so their affect on the baby is also unknown.

A study was done on the safety of all these remedies, and it was found that none of their extracts seem to harm the placenta or its function (Spiess et al., 2022). As long as these herbals are consumed at a typical concentration and recommended dosage they appear to be safe. If taken at very high concentrations they may cause decreased cell viability and apoptosis. No genotoxic effects, alterations in metabolic parameters, or cell differentiation were observed, however. Based on this study and the reports of pregnant women using these remedies, it does

not seem like any major adverse effects are caused from using them. The effectiveness for improving mental health has also been studied, and these may be safer alternatives for women with MDS than synthetic medications.

When taking natural remedies it is also important to consider variables such as the timing of consumption, regulations being followed, and the standardization of production (Bernstein et al., 2020). Some remedies may be safe to take at one trimester of pregnancy but unsafe at another trimester. Remedies that are used to stimulate labor in the third trimester would not be safe before term has been reached. Most studies have focused on remedies taken in the first trimester to ease symptoms or in the third trimester to stimulate labor. The safety of remedies throughout an entire pregnancy is not well known, although it commonly occurs.

An issue found while using natural remedies that is not encountered when using typical medications is whether regulations are being followed (Bernstein et al., 2020). Quality control over the ingredients used is not well-regulated, and toxins may be found in some remedies. A similar problem that occurs because of this is a lack of consistency in remedies. The strength of the remedy produced by one company can have variations between batches, changing its effects on the mother and baby. Lastly, there are not many extensive studies done on the safety of natural remedies. Therefore, some remedies that are considered safe may be unsafe while some that are viewed as unsafe could be safe.

One danger when taking natural remedies is the belief many people have that since it is natural it does not have any adverse effects. These natural remedies are active pharmacologically and can interact with other drugs, supplements, or foods that the person is also consuming (U.S. Department of Health and Human Services, 2021b). Green tea can be safely used during pregnancy to help with symptoms such as headaches, nausea, or vomiting and many other

symptoms (Tiran, 2021). It has been found that green tea can reduce the levels of the beta-blocker nadolol, decreasing its effectiveness in lowering blood pressure (U.S. Department of Health and Human Services, 2021a). St. John's wort can also decrease many drugs' effects by speeding up the rate at which they are metabolized. Some of these effected drugs are digoxin, warfarin, or simvastatin. If the pregnant woman is taking any of these medications at the same time as the herbal remedies and does not realize these interactions, she can experience serious health problems as a result. If these drugs happen to have a narrow therapeutic index, the interactions herbal supplements have with them can lead to serious adverse reactions. Examples of drugs with narrow therapeutic indexes would be digoxin or warfarin.

Eventually the pregnant woman will reach the stage of labor where she will undergo a large physical and mental challenge. The method typically used in hospitals for pain relief is synthetic medications, generally either analgesia or anesthesia ("Medications for pain relief", 2022). Systemic analgesia like opioids allow for reduced pain and relaxation while the patient remains conscious. These medications can have some mild side effects such as nausea, but they can also cross the placenta and lower the baby's breathing and heart rate, causing the baby to be drowsy after birth and have issues with breastfeeding at first. Nitrous oxide is another option that brings a feeling of wellbeing that helps the woman deal with pain better ("Medications for pain relief", 2022). The side effects of nitrous oxide are also minor and is safe for the baby.

Local anesthesia can be injected into the nerves going to the vagina, vulva, and perineum to help relive pain right before delivery or before an episiotomy ("Medications for pain relief", 2022). This also has minimal risks for the mother and baby. The most commonly known pain relief measures are the spinal or epidural blocks, where medicine is put through a tube into the lower back causing loss of feeling in the lower body. These methods should not cause loss of

consciousness and the mother should be able to bear down and push the baby out. This can lead to a slowed down process of labor and it also prevents the mother from repositioning herself throughout. General anesthesia is used for emergency situations and can lead to similar effects on the baby as systemic analgesia and also does not allow the mother to remain conscious.

For the mother who wants an unmedicated labor, there are nonpharmacological methods available (Zuarez-Easton et al., 2023). Many mothers practice relaxation techniques they can use during labor. These can range from breathing exercises to yoga and help with relaxation, reducing blood pressure and breathing, and increase a sense of wellbeing. Not only can these techniques be used during labor, some mothers begin practicing them during the third trimester. Studies found that methods such as yoga and music minimally help in reducing pain, but there is not a lot of evidence for these. A study on the use of yoga and meditation with routine care found that pain and fear was effectively reduced while confidence and coping were increased (Zuarez-Easton et al., 2023). In mothers who used Iyengar yoga during the third trimester it was found they had lower labor pain and anxiety.

Another form of nonpharmacological relief comes through manual techniques like massage or ice and heat packs (Zuarez-Easton et al., 2023). In a review of studies it was found that heat and ice packs may help in reducing pain and increasing emotional comfort, though there was not a lot of evidence. Heat packs seemed to have the highest effects on pain during the second stage of labor. There is also some evidence that may show that the length of labor could be reduced when heat packs were used, though more research needs to be done. Based on self-reported pain levels from women in labor the effects of massage on pain relief were effective during the first stage of labor and minimal during the second and third stages.

Transcutaneous electrical nerve stimulation, or a TENS machine, uses two electrodes attached to the skin to send a small electrical current through the body (“Non-medical pain relief”, 2022). This treatment is generally safe for the mother and baby, and though the evidence for its efficacy in reducing pain is not large some mothers have found it useful. Mothers with a pacemaker should avoid using a TENS machine as well as mothers who have not reached 37 weeks gestation. If the mother plans on using water immersion as a relief method she should also avoid using the TENS machine.

Some mothers find a warm bath or shower relaxing and allows them to deal with contractions and back pain better (“Non-medical pain relief”, 2022). This method is not the same as a water birth, which not all hospitals are able to provide. During a water birth the baby is born under water and helps the mother relax and lowers the need for an epidural (“Water birth”, 2022). Mothers can only have a water birth if they have a low-risk pregnancy, they are at 37 weeks gestation, it is a single baby, the mother is not overweight, and the labor is normal. There is not a lot of research on water birth, but there is no evidence that the mother or baby is at higher risk because of it.

Aromatherapy continues to be used from pregnancy into labor to help with pain and anxiety (Tabatabaeichehr & Mortazavi, 2020). In a study researching the effectiveness of various essential oils as aromatherapy during labor, there was evidence of reduced pain and anxiety from using them. Inhalation of lavender significantly decreased labor pain when compared to other techniques like breathing or biofeedback and also helped decrease anxiety. Some other oils that may help with decreasing pain and anxiety are rose, peppermint, chamomile, and sweet orange. When compared to these other oils lavender does seem to be the most effective with the most evidence supporting it.

Similarly to pregnancy it is vital for pregnant women to research what medications they take while breastfeeding. Some drugs can cross into the milk and adversely affect the baby. Because of this, some women may turn to natural remedies and nonpharmacological methods as a safer route. It is still important to remember that natural remedies can also lead to adverse effects. Many breastfeeding women encounter the issue of producing enough milk and look for methods to increase production. Some nonpharmacological techniques would be feeding on demand, ensuring a proper latch when the baby feeds, and pumping milk frequently (Joyce & Tammam, 2023). There is a synthetic medication, domperidone, that can help increase milk supply, but is currently discouraged from use due to its danger to those with heart conditions. Another option for increasing milk production is brewer's yeast, a dietary supplement made from dead yeast cells (Drugs and lactation Database, 2006-). This supplement increases levels of vitamin B and chromium, improving the mother's nutrition. Surveyed mothers reported an increase in milk supply from using brewer's yeast.

Another issue encountered during breastfeeding is engorgement, where the breasts become overfilled with milk, causing pain (Greger, 2022). One popular solution for this is applying cool cabbage leaves directly to the breasts. Although it is likely some of the benefits of this remedy comes from the cool temperature, there are studies where women using the leaves report relief. Even if the cabbage does not have a particular benefit for engorgement, it does provide pain relief and is a cheap and safe method.

Mastitis is a painful inflammation of the breast that can lead to a bacterial infection or engorgement ("Mastitis", 2023). This commonly occurs when too much milk is produced, the breast becomes engorged, and the ducts swell and become inflamed. When treating the pain the mother should not use heat packs, but ice packs are helpful. It could also help to lie on the back

to promote drainage into the lymph nodes as well as performing lymphatic drainage. Reverse pressure softening, where the mother gently massages away from the nipple to move the fluid away, can also help. The mother should not aggressively massage the breast, use a massage device, or soak the breast. One study found that consuming cranberries increases the amount of antioxidants in mother's milk, which could help reduce inflammation in mastitis or prevent mastitis from occurring (Drugs and lactation Database, 2006-).

Thrush, a yeast infection that can grow on the nipple, is another problem some breastfeeding women face (Allam, 2022). This infection can spread to the baby's mouth as the baby feeds, so it is important to treat. Antifungals such as miconazole or nystatin can be used to treat the infection, but mothers must be very aware of how to properly apply these medications. Some nonpharmacological treatments would be frequent hand washing, keeping the nipples dry, and sterilizing all tools used for breastfeeding or in the baby's mouth. Supplements such as garlic may also be helpful for thrush. Garlic has alliin which is metabolized to allicin and contributes to much of garlic's medicinal properties (Drugs and lactation Database, 2006-). When used for thrush mothers should know that it should not be used if the woman has a bleeding disorder or if she is allergic to garlic or members of the lily family. If garlic is applied directly to the skin it could also cause irritation, dermatitis, and burns. Proper education on using garlic is important to prevent adverse side effects for the mother.

Typically people avoid using natural remedies and nonpharmacological treatments as they do not have the same respect as synthetic medications. In the world of pregnant, laboring, and breastfeeding mothers these methods are a lot more common. While many of these natural remedies offer safer alternatives to medications, it is important to teach that they still come with risks and adverse effects. Just because the remedy comes from nature does not mean that it

cannot harm the mother or baby, but with the large variety of information surrounding this topic it can be hard for mothers to know. Improving awareness of the usefulness and the dangers of treatments such as essential oils or herbs can lead to better outcomes for mothers and babies. With further research into safety and efficacy there can be more consistent education about how mothers should approach treating the various symptoms and difficulties throughout pregnancy and childbirth.

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