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# Understanding the factors that influence the consumption of herbals amongst pregnant women

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## Letter to the Editor

### Refers to

Ahmed, S.M., Nordeng, H., Sundby, J., Aragaw, Y.A., de Boer, H.J., 2018. The use of medicinal plants by pregnant women in Africa: A systematic review. *J Ethnopharmacol*, 224:297-313.

Dear Editor,

The World Health Organization (WHO) estimates that up to four billion people (between 65-80% of the world's population in developing countries) depend on medicinal plants for their primary healthcare due to poverty or lack of access to modern medicines. In the European Union (EU), there is an increasing use of herbal substances, preparations and herbal medicinal products ("herbals") as they are often perceived to be "natural" and hence "safe" (Mazzari et al., 2014). Many are not rigorously scientifically evaluated; thus, evidence-based data are limited concerning their pharmacokinetic profiles (absorption, distribution, metabolism and elimination), pharmacodynamics (the action/effect of a drug on the body), active chemical constituents, efficacy, and safety. Randomised controlled trials are not available for most herbal medicinal products, nor are they obligatory, for many regulatory agencies (Tachjian et al., 2010). Pallivalappila et al. (2014) and Nordeng et al. (2011) reported in their studies conducted in Europe that 37% and 56% of the surveyed pregnant women in Scotland and the United Kingdom, respectively, were making use of herbal products during pregnancy. Pallivalapila et al. (2015) also demonstrated that herbal products were the most common type of complementary and alternative medicine used during the third trimester of pregnancy. Healthcare professionals (HCP) are often unable to ascertain the true extent of risk of herbal medicines to the pregnant woman due to her tendency to provide

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