



Original article

Women's Use and Self-Prescription of Herbal Medicine during Pregnancy: An Examination of 1,835 Pregnant Women



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A B S T R A C T

Background: Recent research points to high levels of herbal medicine use during pregnancy. The objectives of this study were to elucidate the prevalence and understand the determinants of both the use and self-prescription of herbal medicine during pregnancy.

Methods: The study sample was obtained via the Australian Longitudinal Study on Women's Health. Women who were pregnant or who had recently given were invited to complete a subsurvey in 2010 about pregnancy, and complementary and alternative medicine use.

Findings: A response rate of 79.2% ($n = 1,835$) was attained and 34.4% ($n = 588$ of 1,835) of the sample were utilizing herbal medicine during pregnancy, of which 77.9% ($n = 458$ of 588) were self-prescribing these products. The women in our study (aged 33–38) were more likely to use herbal medicine if they had anxiety (odds ratio [OR], 1.30; 95% CI, 1.02–1.64; $p = .031$), sleeping problems (OR, 1.55; 95% CI, 1.15–2.11; $p = .005$), or fatigue (OR, 1.32; 95% CI, 1.04–1.68; $p = .025$), but less likely to use herbal medicine if they had nausea (OR, 0.71; 95% CI, 0.56–0.91; $p = .007$). Women were more likely to self-prescribe herbal medicine if they suffered from varicose veins (OR, 2.46; 95% CI, 1.04–5.84; $p = .041$) and less likely to self-prescribe herbal medicine if they suffered from preeclampsia (OR, 0.23; 95% CI, 0.81–0.63; $p = .005$). Women who self-prescribed herbal medicine during pregnancy were also more likely to live in a rural environment (OR, 2.22; 95% CI, 1.32–3.73; $p = .003$).

Conclusions: Many Australian women are consuming herbal medicine during pregnancy. The self-prescription of herbal medicine by pregnant women is of particular concern owing to potential safety issues, and it is important that maternity health care providers have an open and nonjudgmental conversation with women about herbal medicine use during pregnancy.

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High levels of complementary and alternative medicine (CAM) are being utilized by Australian women (Adams, Andrews, Barnes, Broom, & Magin, 2012; Adams, Easthope, & Sibbritt, 2003), with recent research highlighting substantial use during

pregnancy (Adams, Sibbritt, & Lui, 2011b; Frawley et al., 2013; Hope-Allan, Adams, Sibbritt, & Tracy, 2004). Herbal medicine use seems to be particularly popular, with the majority of studies reporting a prevalence of between 18% and 36% during pregnancy (Bercaw, Maheshwari, & Sangi-Haghpeykar, 2010; Bishop, Northstone, Green, & Thompson, 2011; Forster, Denning, Wills, Bolger, & McCarthy, 2006; Frawley et al., 2013; Skouteris et al., 2008). Women seem to be attracted to herbal medicine owing to a desire to use a natural substance coupled with the perception that these medicines are safe, which is considered particularly important during pregnancy (Holst, Wright, Nordeng, & Haavik, 2009b; Low Dog, 2009). However, many herbal products have

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not been adequately tested for their safety, particularly during gestation (Low Dog, 2009; Nordeng & Havnen, 2004). Various forms of risk relating to the use of herbal medicine in pregnancy have been described in the literature, such as malformations to the unborn baby owing to teratogenicity (Dugoua, 2010), miscarriage or preterm delivery owing to effects on uterine activity (Dugoua, 2010), possible adverse outcomes from drug interactions with conventional medication (Louik, Gardiner, Kelley, & Mitchell, 2010), and the concern that the herbal medicine may not adequately resolve a complaint, which in itself may have adverse maternal or infant outcomes (Nordeng & Havnen, 2004).

Women who use herbal medicine during pregnancy may do so following advice from a health care professional, or they may self-prescribe herbal medicine use. Research shows that many women self-prescribe herbal medicine during pregnancy (Forster et al., 2006; Nordeng & Havnen, 2004), often in the belief that they are innocuous (Holst et al., 2009b). Further, Forster et al. (2006) revealed that the proportion of self-prescription varies depending on the particular herbal medicine used, with this 2006 Australian-based study showing 71% of women self-prescribing chamomile, 63% cranberry, 59% Echinacea, 50% garlic, 42% ginger, 33% slippery elm, and 22% raspberry leaf. Although some herbal medicine may be harmless for consumption during pregnancy, some are not safe, and most remain untested for use during gestation (Nordeng & Havnen, 2004). Additionally, issues relating to interactions with other medications and the quality of the herbal extract are unlikely to be competently evaluated by an untrained person (Nordeng & Havnen, 2004). Rates of disclosure to health professionals regarding herbal medicine use during pregnancy also seem to be low (Harrigan, 2011; Holst et al., 2009b; Warriner, Bryan, & Brown, 2013), with Holst, Wright, Haavik, and Nordeng (2009a) finding that 76% of women did not disclose such use to their doctor or midwife. Given that many women are using herbal medicine during pregnancy without seeking professional advice or disclosing this use to maternity health care professionals, it is pertinent to explore and understand the characteristics of this use in order to deliver safe, coordinated maternity care.

Previous research has investigated the use of CAM as a whole during pregnancy (Adams et al., 2011b; Frawley et al., 2013) and the use of CAM practitioners during pregnancy (Steel et al., 2012), but to date there has been no large-scale study investigating the use of herbal medicine for pregnancy-related health conditions and the self-prescription of herbal products. In response, the objectives of this study are to determine the prevalence and determinants of herbal medicine use and self-prescription, drawing from a large, nationally representative sample of pregnant women.

Method

Sample

The study sample was obtained via the Australian Longitudinal Study on Women's Health (ALSWH). The ALSWH is a longitudinal study of women in three age groups ('young' 18-23, 'mid age' 45-50, and 'older' 70-75 years) who were selected randomly from the national Medicare database in 1996 to investigate multiple factors affecting health and well-being of women over time. The present study is based on a sub-study survey of 1,835 women from the 'young' cohort (now aged 33-38 years), administered in 2010. Participants in the substudy were those women identified as pregnant or had recently given

birth in the 2009 ALSWH Survey 5 ($n = 2,316$). Ethics approval for the substudy reported here was gained from the relevant institutional review board.

The Use and Self-Prescription of Herbal Medicine during Pregnancy

Women were asked about their use of herbal medicine for pregnancy-related health complaints. Women were also asked whether they themselves self-prescribed the herbal medicine, or if a health professional prescribed the herbal medicine use for them.

Demographic Measures

Postcode of residence was used to classify residence as urban or nonurban. Women were also asked about their employment status at the time they gave birth to their youngest child and the highest level of educational qualification they had completed.

Pregnancy-Related Health Concerns and Information Sources on CAM

Women were asked questions about their pregnancy-related health concerns, including back pain and other musculoskeletal complaints, vomiting, constipation, headaches and migraines, sleeping problems, anxiety, depression, urinary tract infections, varicosities, fatigue, preeclampsia, anemia, and gestational diabetes. Women who self-prescribed herbal products for pregnancy-related health complaints were also asked to indicate which information sources (i.e., friends and family, media, general practitioner, obstetrician, midwife, alternative health practitioner) they found influential in their decisions about CAM use during pregnancy.

Statistical Analysis

The associations between the characteristics (i.e., the demographic and pregnancy-related health concerns variables) of women and the use of prescribed herbal medicine and/or self-prescribed herbal medicine during their most recent pregnancy were assessed using a χ^2 test. To identify the most pertinent factors associated with the use of herbal medicine, all the demographic and symptom variables listed were entered into a model, and then a stepwise backward elimination process was employed, using a likelihood ratio test, to eventually produce the most parsimonious model. This process was then repeated to determine the characteristics (i.e., the demographic, medical history, and information sources variables) of women who choose to self-prescribe herbal medicine. Statistical significance was set at $p < .05$. All analyses were conducted using statistical program STATA 11.2.

Results

A total of 1,835 women responded to the substudy survey and were included in the analysis (79.2% response rate).

Women's Use of Herbal Medicine during Pregnancy

Overall, 34.4% of Australian women (588/1,835) used herbal medicine during their most recent pregnancy. As seen in Tables 1 and 2, the use of herbal medicine was associated with a

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