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Consumption of the Placenta in the Postpartum Period

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ABSTRACT

Postpartum women are consuming their placentas to achieve claimed health benefits, including improved mood, energy, and lactation. Strong scientific evidence to substantiate these claims is lacking. Self-reported benefits from some women include improved mood and lactation; animal models suggest there may be an analgesic effect. Possible risks include infection, thromboembolism from estrogens in placental tissue, and accumulation of environmental toxins. Women's health care providers should be aware of this practice to help women make informed decisions.

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Placentophagy is the practice of consuming the placenta after birth. A popular method of consumption involves steaming, drying, and preparing the placenta into capsules that are consumed by the new mother. Although the practice is rare, a small but apparently growing minority of women in North America, Europe, and Australia are choosing placenta consumption (Beacock, 2012; Cremers & Low, 2014; Selander, Cantor, Young, & Benyshek, 2013). The practice has not been common worldwide (Ober, 1973, 1979; Young & Benyshek, 2010), although a tradition of use of human placenta as a medicine exists in traditional Chinese medicine (Bensky, Clavey, & Stöger, 2004; Jiao, 2005).

Proponents of placenta consumption claim physical and mental health benefits, including improved mood, prevention of postpartum depression, increased energy, and improved milk supply (Selander, 2015b). Scientific evidence to substantiate many of these reports is lacking, but some women who have consumed their placentas report self-perceived benefits (Selander et al., 2013). Research with rat models suggests an analgesic effect from ingestion of placenta and amniotic fluid (Kristal, DiPirro, & Thompson, 2012), and this same effect may be present in humans. Some argue that placenta consumption replenishes nutrients, such as iron and B vitamins, and hormones to improve symptoms of fatigue and depressed mood (Apari & Rózsa, 2006; Beacock, 2012). However, theoretical risks also exist, including increased risk for thromboembolic events, exposure to environmental toxins that may accumulate in placental tissue, and exposure to infectious agents (LaGanga, 2013; Lauer, 2006; Young, Benyshek, & Lienard, 2012).

Given the possibilities for risks to postpartum women, obstetric nurses and other women's health care providers should be aware of the practice of placentophagy. The purpose of this review was to summarize the literature regarding placentophagy, including evidence of potential benefits and risks; history, prevalence, and common preparation and consumption practices; and government and institutional policies that affect women who choose this practice. This information will help women's health care providers better counsel women so they can make informed decisions about placentophagy within the context of nursing and medicine.

Review of the Literature

A literature search was conducted in December 2014 and June 2015 in the PubMed, Medline, Google Scholar, and CINAHL databases using the terms *placentophagy, placenta consumption, placenta encapsulation, placenta ingestion,* and

eating placenta. Articles were limited to English-language texts in peer-reviewed, academic journals. Because of the limited amount of research on placentophagy, all published qualitative and quantitative studies reporting on human and animal subjects were included. The initial search yielded 18 articles. Based on a review of these studies, additional searches were performed to investigate proposed mechanisms of benefit or harm from placenta consumption and included the terms *placenta*, along with *traditional Chinese medicine, iron, B vitamin, hormones, estrogen, endorphin, metals,* and *contaminants.* These subsequent searches yielded an additional 15 articles. Finally, database searches were supplemented by manual queries of the references cited in initially identified studies, which yielded an additional 21 articles. Therefore, 54 academic articles were identified for this review.

Studies were analyzed individually, and data were extracted and organized based on author and year of study, study purpose and design, study subjects, measurement variables, and data collection techniques. Studies were synthesized according to the following main categories: (a) history of placentophagy in humans and nonhuman mammals, (b) prevalence and demographic characteristics of women who choose placenta consumption, (c) techniques for placenta preparation, (d) proposed benefits of placentophagy, (e) risks of placentophagy, and (f) institutional and governmental policies regarding the practice.

History of Placentophagy in Humans and Nonhuman Mammals

Almost all mammalian species consume their placentas. Exceptions to this rule include humans, marine mammals, and possibly camels (Kristal et al., 2012; Young & Benyshek, 2010). Theories about why mammals consume the placenta include efforts to keep the nest area clean and reduce odors that may attract predators, to replenish nutrients and hormones in the mother, to satiate hunger in the mother after not eating during labor and birth, and because of temporary carnivorous behavior (Kristal et al., 2012).

Although placentophagy is common among nonhuman mammals, the practice has not been common in humans (Kristal et al., 2012). Young and Benyshek (2010) conducted a systematic review of the ethnographic literature of 179 cultures across the globe to document human practices dealing with consumption, disposal rituals and practices, and cultural beliefs associated with the placenta. They identified only one account in which a White woman in the U.S.–Mexico border region consumed her placenta. Additional corroborating accounts in the ethnographic literature are lacking (Young & Benyshek, 2010). Ober (1979) proposed that cultures that practiced human sacrifice may also have practiced placentophagy, but anthropologic evidence of this is lacking.

The human placenta has been used in traditional Chinese medicine as a remedy for a variety of ailments for centuries, although not traditionally for new mothers (Bensky et al., 2004; Jiao, 2005). According to traditional Chinese medicine, human placenta (*zi he che*) acts on the liver and kidneys, treats deficiency of the complementary vital energies *yin* and *yang*, nourishes the blood, and can be used to treat insufficient lactation caused by "exhaustion of qi and blood" (Bensky et al., 2004, pp. 806–808). *He che da zao wan* (placenta great creation pill) is a traditional Chinese medicine formula containing placenta that is said to "boost essence-blood and supplement lung-kidney" (Jiao, 2005, p. 134). Studies in the academic literature highlight the use of human placenta to treat intractable anemia (Hijikata, Kano, & Xi, 2009). Jiao (2005) also reported a case in which human placenta along with other Chinese medicinal herbs was used to treat a woman with aplastic anemia. Human placenta in combination with traditional Chinese herbs has also been used to treat infertility (Zhou & Qu, 2009). These nonmaternal uses of placenta in traditional Chinese medicine contrast with the current trend in which new mothers eat their placentas.

The literature contains rare, isolated accounts from the 1900s that proposed benefits of placentophagy, including decreased risk of infection and anemia and improved lactation (British Medical Journal, 1902; Hammett, 1918; Hammett, 1919; McNeile, 1918; Moir, 1937; Ober, 1968; Soykova-Pachnerová, Brutar, Golová, & Zvolská, 1954). More recently, Ober (1979, p. 591) described "an instance of human consumption of a term placenta following natural childbirth by a member of the counter-culture" in the 1970s. In the 1980s, placentophagy by women in the postpartum period again began to appear in the literature, with an emphasis on its role in the normal process of birth (Field, 1984; Janszen, 1980).