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Use of herbal medicines during pregnancy in a group of Palestinian women



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ABSTRACT

Ethnopharmacological relevance: The use of herbal medicines during pregnancy is common worldwide due to physiological changes that lead to pregnancy related problems.

Objectives: The aims of this study were to measure the prevalence and predictors of herb use among a group of Palestinian pregnant women and the possible influence of herbal consumption on pregnancy outcomes.

Methods: This study was a questionnaire-based cross sectional descriptive study. It was conducted in the maternity ward of a governmental hospital between March and May 2012, a random sample of women who gave birth during the study period were met and asked to answer a face to face questionnaire.

Results: Out of 300 women, 120 women (40.0%) used herbs during pregnancy; most women preferred to use herbs because they thought herbs are safer than medications (82.5%), women based in their choices mainly on advice from family or doctors (36.7%, 33.0%, respectively), 65.8% of them told their doctors that they used herbs, 91.7% considered these therapies beneficial, and 99.2% reported no side effects. The most commonly used herbs were anise (*Pimpinella anisum*) (61.7%), chamomile (*Matricaria recutita*) (53.3%), sage (*Salvia officinalis*) (55%), mixture of herbs (33.3%), and thyme (*Thymus vulgaris*) (29.2%). Most women were using herbs on as needed bases. There were no statistically significant differences between users and non-users of herbs in all socio-demographic variables and pregnancy outcomes.

Conclusions: This study found that the use of herbs during pregnancy is very common among Palestinian women. Infrequent use of herbs during pregnancy seems to be safe and beneficial. To provide the best care to pregnant women who use herbal products, clinicians and pharmacist are recommended to stay up to date with herb use and their safety in pregnancy. Not all women tell their doctors about herbal products use, so the physicians are recommended to ask pregnant women about this to avoid any possible negative outcomes on the mother or the fetus.

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1. Introduction

The physiological changes that occur in pregnant women lead them to self treatment. Women try to turn to natural herbal medicines rather than prescription medications, mainly because they are concerned about the safety of the fetus (Holst et al., 2009). Herbal medicines are defined as plant-derived or preparations perceived to have therapeutic benefits, they include herbs, herbal materials, and finished herbal products that contain parts of plants or other plant materials as active ingredient (World Health Organization, 2013). Use of herbs during pregnancy is a very interesting area. The prevalence of using herbal products during pregnancy varies widely and ranges from 7% to 55%, these percentages depend on the geographic area surveyed and the

surveyed group's socio-cultural aspect and ethnicity (Dugoua, 2010). The physiological changes will lead to pregnancy-related problems, therefore pregnant women try to treat these problems by using over the counter medications (OTC), prescribed medications, herbs or life style modifications. The most common reasons for herb use are related to pregnancy problems as nausea, vomiting, skin problem, constipation, heart burn, and indigestion (Cuzzolin et al., 2010; Holst et al., 2011). Pregnant women like to use herbal products despite a clear evidence of negative effects in some cases and limited data on safety and efficacy (Cuzzolin et al., 2010). The most commonly used herbs among pregnant women according to other studies included ginger, cranberry, chamomile, peppermint, echinacea, and castor oil (Holst et al., 2009, 2011; Cuzzolin et al., 2010). Pregnant women use *Rubus idaeus* L. (raspberry) leaves to relief nausea, increase milk production, and for labor induction. *Mentha piperita* L. (peppermint) is used for nausea, vomiting, flatulence, indigestion and heart burn. The uses of *Matricaria chamomilla* L. (chamomile) include gastrointestinal

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irritation, insomnia, joint pain and relaxation. *Vaccinium oxycoccos* L. (cranberry) is used for urinary tract infections. *Prunus amygdalus* Stokes (almond) oil is used to prevent stretch mark. *Zingiber officinale* Roscoe (ginger) is commonly used for nausea and vomiting. *Caulophyllum thalictroides* (L.) Michx (blue cohosh) is used for labor induction and *Ricinus communis* L. (castor) oil is used to facilitate labor. *Echinacea purpurea* (L.) Moench (echinacea) is thought to be useful for upper respiratory tract infection, cold and flu and to boost immunity. *Hypericum perforatum* L. (St Johns Wort) is used for depression and relaxation while *Urtica dioica* L. (nettle) and *Taraxacum officinale* Webb (dandelion) are used as nutritional supplements (Pinn and Pallet, 2002; Forster et al., 2006; Dugoua, 2010; Holst et al., 2011; Nordeng et al., 2011;). Exposure of pregnant women to chemicals such as medications, herbs, and supplements during pregnancy period could affect their fetuses (Bercaw et al., 2010). Several studies about the prevalence of herbal use among pregnant women in other parts of the World can be found, but little is known about outcomes of this use on pregnancy.

There are limited data on the extent of herbal product use during pregnancy in our country. It is important to know the prevalence of using herbal products and the herbs used so that proper counselling can be provided. It is important to obtain herb use history at any time but particularly in pregnancy. Herbs may have unrecognized effects on pregnancy or labor, have interactions with prescribed medications and have potentially serious complications on the fetus. The aims of this study were to measure the prevalence of herb use during pregnancy, to identify the most frequently consumed herbs, to investigate the impact of socio-demographic factors on the use of herbal products and the possible influence of herbal consumption on pregnancy outcomes among a sample of Palestinian pregnant women.

2. Methods

The study was a questionnaire-based cross sectional study; it was conducted in the maternity ward of Rafedia Governmental Hospital between March 2012 and May 2012, after having the approval from the Institutional Review Board (IRB) at An-Najah National University and the required permission from the Palestinian Ministry of Health. The population of study was all women who delivered at the hospital during the study period. The expected number of women who give birth at the obstetrics and gynecology ward was around 400 women per month based on data from hospital, so within the 3 months it was expected to be around 1200 women. Based on this, Raosoft software was used to calculate a suitable sample size and it was 292, so we decided to include 300 pregnant women. According to the registration records during the time of this study; the average number of delivered women was 387.6 per month with a total of 1168 cases, so this sample size was more than 10% of the population.

A random sample of women who gave birth at the hospital were met by a researcher (2 h per day for 3 months) and asked to answer a face to face questionnaire. Women were interviewed in Arabic after getting their verbal consent only once. Women were interviewed within 3 days of delivery; each interview lasted approximately 7–10 min. The questionnaire was anonymous, pretested by a pilot study of 10% of sample for reliability and to check the validity and clarity of the questionnaire. The World Health Organization definition of herbal medicines was used to define herbs.

Statistical analyses were performed by using Statistical Package for Social Sciences (SPSS version 17.0). Mean \pm standard deviation were computed for continuous data. Frequencies and percentages were calculated for categorical variables. Means were compared using Student's *t*-test. Categorical variables were compared using

Chi-squared and Fisher's exact tests, as applicable. A *p*-value of less than 0.05 was considered to be statistically significant for all analyses.

3. Results

Among 330 women approached, 300 accepted to participate in the study giving a response rate of 90.1%. Women were mainly between 20 and 30 years of age (69.7%), most of them had a high school or university degree (37.3% and 39.0%, respectively). Around two-third of them were multi-para (68.0%) and were from villages (67.3%). Most of them had medical insurance (96.7%), family monthly income of less than 600 Jordanian dinars (92.7%) and were not working (94.3%). During pregnancy 288 women used supplements (96%), 147 women (49.0%) took at least one prescribed medication and 136 (45.3%) women took at least one over the counter (OTC) medication.

Out of 300 women, 120 women (40.0%) used herbs during pregnancy, most of the pregnant women used more than one herb

Table 1

Association between socio-demographic characteristics and the use of herbs during pregnancy.

Variable	User (N=120) (n, %)	Non user (N=180) (n, %)	p-Value
<i>Age</i>			
Less than 20	8 (6.7)	14 (7.8)	0.647
20–30	81 (67.5)	128 (74.1)	
31–40	30 (25.0)	35 (19.4)	
More than 40	1 (0.8)	3 (1.7)	
<i>Educational level</i>			
Primary and illiterate	8 (6.7)	12 (6.7)	0.335
Middle school	15 (12.5)	36 (20.0)	
High school	50 (41.7)	62 (34.4)	
Diploma/University education	47 (39.2)	70 (38.9)	
<i>Living place</i>			
City	26 (21.7)	43 (23.9)	0.902
Village	82 (68.3)	119 (66.7)	
Camp	12 (10.0)	18 (9.4)	
<i>Medical insurance</i>			
Yes	115 (95.8)	175 (97.2)	0.511
No	5 (4.2)	5 (2.8)	
<i>Family monthly income</i>			
≤ 600 JD	115 (95.8)	163 (90.6)	0.086
> 600 JD	5 (4.2)	17 (9.4)	
<i>Work</i>			
Yes	7 (5.8)	10 (5.6)	0.919
No	113 (94.2)	170 (94.4)	
<i>Chronic disease</i>			
Yes	2 (1.7)	3 (1.7)	1.0 (fisher)
No	118 (98.3)	177 (98.3)	
<i>Parity</i>			
First child	36 (30.0)	60 (33.3)	0.544
More than one	84 (70.0)	120 (66.7)	
<i>OTC medication use</i>			
Yes	60 (50.0)	76 (42.2)	0.185
No	60 (50.0)	104 (57.8)	
<i>Prescribed drug use</i>			
Yes	57 (47.5)	90 (50.0)	0.671
No	63 (52.5)	90 (50.0)	
<i>Supplement use</i>			
Yes	117 (97.5)	171 (95.0)	0.374 (Fisher)
No	3 (2.5)	9 (5.0)	

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