

London-based medical herbalist and 'living food educator' **Patricia Ferguson** discusses how raspberry leaves can help pregnancy.

# Turning over a new leaf for pregnancy

**T**here is a long tradition spanning thousands of years on the use of herbal medicine in pregnancy and childbirth. This knowledge gained through experience has been passed down through generations and is relevant even in the present day. Despite the introduction of modern drug therapy, technology and surgical procedures, the World Health Organization reports that the use of herbs still remains the foremost method of medical treatment, with 80% of the world's

population employing herbal medicines as their main or only form of therapeutic treatment (Farnsworth et al, 1985).

Of all the uterine tonics used during pregnancy, the leaves of the raspberry plant have the most impressive reputation for strengthening and toning the tissues of the womb. The use of raspberry leaves in pregnancy is recorded in ancient herbal textbooks written as far back as the 6th century (Palmer, 2000). One group where the use of herbal remedies, especially during childbirth have been well-documented are the North American Indian tribes. Tribes like the Cree and Cherokee used raspberry leaves for their astringency and toning effects on the uterus to ease labour pains and check bleeding of the uterus.

In the UK, since the latter part of the 19th century, the long-held traditions of herbal medicine have been increasingly

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scrutinised. Scientific explanations have been sought to explain the activity of herbs in the body. These active constituents and phytochemicals are now being recognised for the role they play in effecting physiological changes (McIntyre, 1988).

The raspberry plant (*Rubus idaeus*) belongs to the rose family. Red raspberry leaves contain the phytochemical fragarine, which is the active constituent responsible for toning the muscles of the uterus. The leaves also contain organic iron, which is easily absorbed by the body, helping to prevent anaemia (Campion, 1996). The astringency of the leaves is due to the tannin content, which helps prevent haemorrhage, as well as toning and strengthening the tissues of the reproductive organs and preventing bleeding gums, a common feature of pregnancy.

Raspberry leaves as well as the fruit contain many valuable vitamins needed during pregnancy. As well as containing iron, they are rich in vitamins A, C, B, E, calcium, manganese and magnesium. Magnesium particularly contributes to the strengthening of the uterine muscles.

Raspberry leaves can be taken in capsule, tablet or tea form. The preferred method is to make an infusion with dried leaves. Put one teaspoon of the dried herb into a cup with boiling water (or three teaspoons if fresh leaves are used). This is allowed to infuse for 15 minutes before drinking.

Two cups of red raspberry leaf tea daily from the last three months to the last six weeks of pregnancy can assist in the preparation for birth by increasing the strength of the myometrium, facilitating an easier birth. This is especially relevant in cases of straightforward and uncomplicated births, although the use of red raspberry leaves has been reported to shorten labour and to reduce complications and to decrease the incidence of both pre- and post-term births. It has also been noted that the use of red raspberry results in reduced incidences of artificial rupture of the membranes and making the use of caesarean forceps or vacuum births less likely (Mills et al, 2006; Palmer, 2000; Parsons et al, 1999).

In a randomised controlled trial of 192 primigravida women with no complications or associated risks, one group were given raspberry leaf tablets at a dose of 1.2g twice daily for a period of 32 weeks' gestation until labour and the other group received a placebo (Simpson et al, 2001). The


outcome indicated that raspberry leaves caused no adverse effects for either mother or baby. The findings also showed that raspberry leaves shortened the second stage of labour by an average of ten minutes and resulted in a reduced incidence of delivery by forceps. Although the reduced incidence of these interventions did not prove to be statistically significant, the researchers stated that 'these results are clinically significant' (Palmer, 2000).

Tablets are not particularly recommended, as they are compacted and can be difficult to break down in a weak digestive system. However, if preferred two 400mg tablets can be taken with meals up to three times daily during the last trimester.

Some advise against the use of raspberry leaves in cases of planned caesarean sections, multiple or breech births and those suffering from very high blood pressure. Raspberry leaves are also contraindicated when taking metformin and anti-depressants (Mills et al, 2006).

It is also best not to combine it with atropine, codeine, ephedrine and pseudo-ephedrine and aminophylline, due to the reduced absorption of these medications caused by the tannins (Herbs hands healing, 2009).

Herbal medicines should be obtained from a qualified medical herbalist, who will have

access to high-quality medications and can provide practical advice, guidance and information on taking raspberry leaves. 

## Further information

Patricia Ferguson is a consultant medical herbalist and living food educator and runs Greenleaves Herbal Healthcare in London. Please see: [www.greenleavesherbalhealth.co.uk](http://www.greenleavesherbalhealth.co.uk)

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## GUIDELINES ON THE USE OF HERBAL MEDICINES

The RCM respects the rights and choices of women to either self-administer complementary and alternative medicines or to seek the advice, counsel and treatment from complementary and alternative practitioners, medical herbalists being recognised as professionally organised alternative therapists.

Further, midwives who wish to administer alternative and complementary medicines, must be competent to do so, having undertaken an approved course of study in accordance with NMC guidelines (RCM, 2007).

The NMC states that in cases where clients have their own herbal medicines, the midwife must ask to see the product. She/he is also obliged to make a decision about how and when (if appropriate) it will be used, as well as establishing if the medicine is prescribed and whether it meets the criteria for use (NMC, 2008).