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REVIEW ARTICLE

The use of phytotherapy in the pregnancy-puerperal cycle: an integrative review

El uso de la fitoterapia en el ciclo embarazo-puerperal: una revisión integradora

O uso da fitoterapia no ciclo gravídico puerperal: uma revisão integrativa

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Abstract

The aim was to identify herbal remedies used to treat symptoms and complaints during pregnancy and relate them to scientific evidence, contributing to their safe use during this sensitive period and serving as a source of information to support nursing professionals seeking to introduce Integrative and Complementary Health Practices into their care for pregnant women. This integrative literature review was conducted from August to September 2022, using the MEDLINE, LILACS, and BDEnf databases, through the Virtual Health Library portal, in Portuguese. The search yielded 113 articles, of which eight were selected for research. Pregnant and postpartum women use herbal remedies with the certainty that they are less toxic compared to allopathic medications. Due to the scarcity of studies on the subject, both users and healthcare professionals lack reliable guidance on their use and prescription. It is concluded that herbal remedies can provide relief for pregnancy complaints and aid in milk production. However, a lack of knowledge regarding their risks and harms leads to inappropriate use without professional assistance. Training, safe prescriptions, and encouraging research on this topic are extremely important and necessary.

Descriptors: Phytotherapy; Medicinal Plants; Pregnancy; Women's Health; Safety.

Resumén

El objetivo fue identificar los remedios herbales utilizados para tratar los síntomas y molestias durante el embarazo y relacionarlos con la evidencia científica, contribuyendo a su uso seguro durante este período tan delicado y sirviendo como fuente de información para apoyar a los profesionales de enfermería que buscan incorporar prácticas de salud integral y complementaria en la atención a las embarazadas. Esta revisión bibliográfica integradora se realizó entre agosto y septiembre de 2022, utilizando las bases de datos MEDLINE, LILACS y BDEnf, a través del portal de la Biblioteca Virtual de Salud, en portugués. La búsqueda arrojó 113 artículos, de los cuales ocho fueron seleccionados para investigación. Las mujeres embarazadas y en posparto utilizan remedios herbales con la certeza de que son menos tóxicos en comparación con los medicamentos alopáticos. Debido a la escasez de estudios sobre el tema, tanto las usuarias como los profesionales de la salud carecen de una guía fiable sobre su uso y prescripción. Se concluye que los remedios herbales pueden aliviar las molestias del embarazo y favorecer la producción de leche. Sin embargo, la falta de conocimiento sobre sus riesgos y daños conduce a un uso inadecuado sin asistencia profesional. La formación, la prescripción segura y el fomento de la investigación sobre este tema son fundamentales.

Descriptores: Fitoterapia; Plantas Medicinales; Embarazo; Salud Femenina; Seguridad.

Resumo

Objetivou-se identificar os fitoterápicos utilizados nos sintomas e queixas na gestação e relacionar com as evidências científicas, contribuindo para o uso seguro nesse período suscetível e ser uma fonte de informações para respaldar os profissionais de enfermagem que buscam introduzir as Práticas Integrativas e Complementares em Saúde em sua assistência às gestantes. Pesquisa de revisão integrativa de literatura, realizada no período de agosto a setembro de 2022 e foram utilizadas as bases de dados MEDLINE, LILACS e BDEnf, por meio do portal da Biblioteca Virtual de Saúde, em português. A busca resultou em 113 artigos, dos quais foram selecionados oito para a pesquisa. O uso de fitoterápicos é feito pelas gestantes e puérperas na certeza de ser menos tóxico comparado a medicamento alopáticos, devido à escassez de estudos na temática tanto as usuárias quanto os profissionais de saúde não possuem uma orientação fidedigna para utilização e prescrição. Conclui-se que os fitoterápicos são fontes de alívio para queixas gestacionais e auxiliar na produção de leite, porém a falta de conhecimento referente a riscos e malefícios desencadeia o uso inadequado sem auxílio profissional. A capacitação, prescrição segura, incentivo a pesquisas na temática são de extrema importância e necessidade.

Descritores: Fitoterapia; Plantas Medicinais; Gravidez; Saúde da Mulher; Segurança.

Introduction

Integrative and Complementary Health Practices (PICS), according to the Ministry of Health (MS)[1], are therapeutic alternatives that aim to prevent disease and rehabilitate health through qualified listening, integrating the individual into caring for the environment and society. According to a study[2], the current health model in Brazil is biomedical, which is relevant as a solution to various health and disease problems. However, as researchers point out[3], over time, there was a behavioral shift among people who began seeking unconventional forms of therapy instead of conventional medicine, leading to an increase in the supply and demand for PICS.

With the aim of disseminating these alternative therapies in a holistic and integrative way to society, the Ministry of Health created the National Policy for Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS), which has the purpose of providing services and products of homeopathy, traditional Chinese medicine/acupuncture, and phytotherapy[1]. The use of PICS has many benefits for various groups of people, such as pregnant women, who require more specific physical and mental health care during pregnancy. This fosters acceptance of the use of PICS and the benefits it provides for women's well-being[4].

The World Health Organization (WHO) reports that around 80% of the population in developing countries requires traditional medicine for primary health care, and 85% use plants and their derivatives. Phytotherapy is a treatment based on the use of plants, without isolated active substances that exert a therapeutic effect[5].

According to authors[6], Phytotherapy encompasses the use of plants in the form of medicinal plants through popular knowledge, which intensified the inevitability of their industrialization, with herbal medicines as their product. To support better oversight of this therapy in various groups of society and its safe efficacy, some public policies were created, such as the PNPIC by MS Ordinance GM/MS No. 971, of May 3, 2006, and the National Policy on Medicinal Plants and Phytotherapeutics (PNPMF), Decree No. 5,813, of June 22, 2006[7,8].

Most PICS use occurs during pregnancy because this period has a significant impact on women, both physically and mentally, as several changes occur in the female body to adapt the body to the maintenance and normal development of pregnancy. However, the use of prescription medications in a restricted manner is essential for the safety of the pregnant woman and the healthy development of the fetus. This leads many women to seek unconventional treatments, such as the use of medicinal plants, to alleviate the discomforts of this period[9].

Although the understanding of the use of medicinal plants is constantly being perpetuated from generation to generation empirically because they are easily accessible, inexpensive, and appear to be less harmful to health due to their plant origin, they can still have adverse effects, especially in certain more sensitive ethnic groups. As evidenced by the authors[3], pregnant women taking both industrialized and plant-based medications can lead to drug interactions that affect fetal development, potentially leading to complications such as embryotoxicity, abortifacients, or teratogenicity[10].

During pregnancy, complaints such as nausea, vomiting, constipation, and heartburn are very common. This leads to increased consumption of medicinal plants, often based on popular belief and without proper guidance from a healthcare professional, to alleviate the clinical discomforts of this time[11].

In this way, according to the authors[12], It is pointed out that there are several medicinal plants that should be avoided during pregnancy, such as chamomile (Chamomilla recutita L.), widely used as a calming and antispasmodic agent. However, it should not be ingested during pregnancy because it has an abortive effect by relaxing the uterus and, therefore, stimulating bleeding and causing miscarriage[9].

As evidenced by study[12], The vast majority of medicinal plants are sought not for abortive purposes but rather to alleviate the discomforts of pregnancy. Therefore, this study aims to identify the herbal remedies used to treat symptoms and complaints during pregnancy and relate them to scientific evidence, contributing to their safe use during this sensitive period and serving as a source of information to support nursing professionals seeking to introduce PICS into their care for pregnant women.

Methodology

This is an integrative literature review study that, according to the authors[13], The objective of this integrative review is to synthesize, delimit, and analyze the information from the selected materials so that data collection is based on scientific evidence and thus help professionals gain a theoretical basis for the implementation of care, resulting in benefits for the patient. To assist in the development of this methodology, the integrative review was conducted in six phases: 1) Identification of the research question; 2) Establishment of inclusion and exclusion criteria/literature search; 3) Identification of pre-selected studies and data organization; 4) Critical analysis and evaluation of the selected studies; 5) Interpretation and discussion of the results; 6) Presentation of the integrative review/knowledge synthesis[13].

According to researchers[14], an integrative literature review contributes to the development of knowledge in nursing by identifying both well-founded knowledge that supports clinical practice and a lack of evidence on the topic, reinforcing the need for further research. After identifying the topic, the guiding research question was formulated following the PICo strategy (Chart 1), which includes the following elements: Population/Patient/Problem, Interest, and Context[15].

Chart 1. PICo Strategy Description. Rio de Janeiro, RJ, Brazil, 2022

Acronym	Definition	Application
P	Population/Patient/Problem	Pregnant and postpartum women
I	Interest	The use of phytotherapy in the pregnancy-puerperal cycle
Co	Context	Gestational period and puerperium

In the PICo strategy, the description and analysis must be compared. This way, it is easy to identify the principles that guided the research. It is also possible to identify the population that the article involves, its proposal, and the contribution it brings to the scientific community.

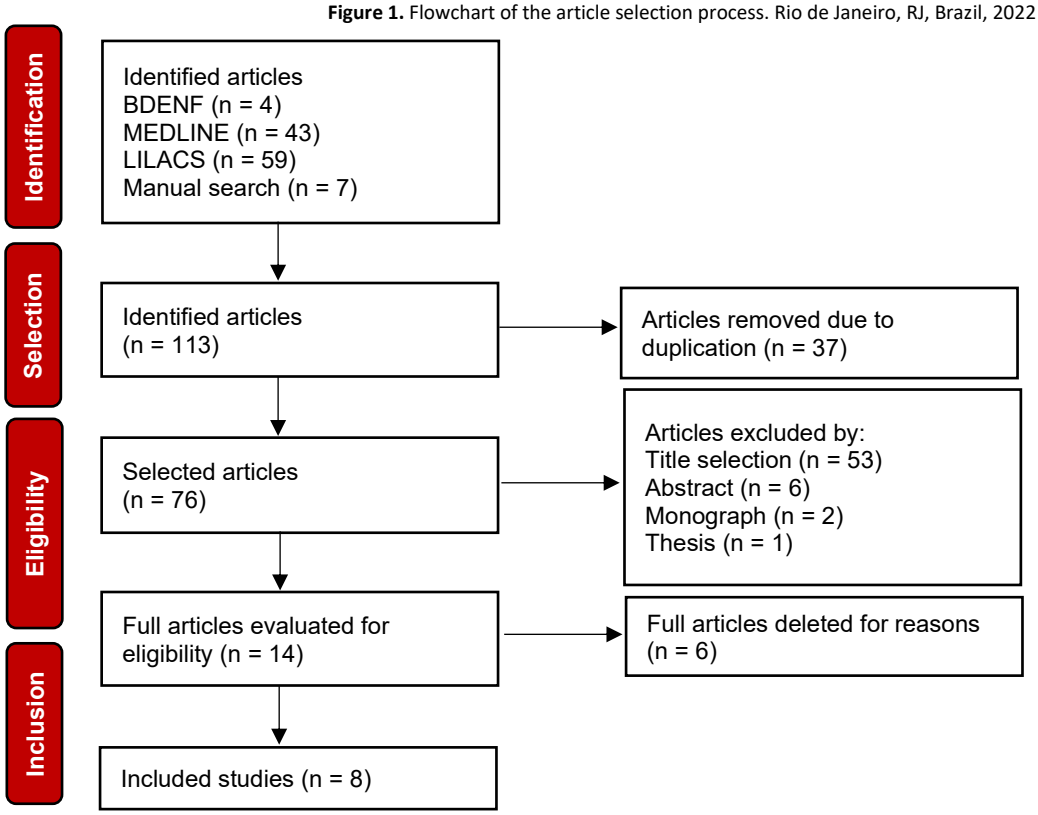
In the second phase, a search for journals related to the proposed theme was initiated in electronic databases. The research was conducted from August to September 2022, using the Medical Literature Search and Analysis System (MEDLINE), the Latin American and Caribbean Literature in Health Sciences (LILACS), and the Nursing Database (BDEnf) databases, all via the Virtual Health Library (VHL) portal. The studies were searched using the following descriptors: "Phytotherapy," "Medicinal Plants," and "Pregnancy" on the Health Sciences Descriptors (DeCS) platform, after defining the guiding question: "What is the use of phytotherapy for the main pregnancy complaints during pregnancy?".

To survey the articles, the following inclusion criteria were used in these topics: publications published between 2011 and 2022, articles in Portuguese, complete scientific articles available online and registered in the databases used, and articles addressing the proposed theme. The exclusion criteria were articles in other languages, articles published outside the period 2011 to 2022, incomplete articles, articles outside the proposed theme, theses, dissertations, and duplicate publications. After selecting the descriptors used for the study, the Boolean search operator AND was applied to perform cross-referencing between the descriptors: "Phytotherapy AND Pregnancy," "Medicinal Plants AND Pregnancy," and "Phytotherapy AND Pregnancy AND Medicinal Plants," as organized in Chart 2.

Chart 2. Article tracking. Rio de Janeiro, RJ, Brazil, 2022

Descriptors	Database	Number of articles found
"Phytotherapy" AND "Pregnancy"	LILACS	3
	BDENF	1
	MEDLINE	1
"Medicinal Plants" AND "Pregnancy"	LILACS	54
	BDENF	3
	MEDLINE	41
"Phytotherapy" AND "Pregnancy" AND "Medicinal Plants"	LILACS	2
	BDENF	0
	MEDLINE	1

Figure 1. Flowchart of the article selection process. Rio de Janeiro, RJ, Brazil, 2022



The method of searching for articles in electronic databases was through the application of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model, which consists of four stages and aims to help authors improve the presentation of systematic reviews and meta-analyses, and as a criterion for evaluating published studies[16].

Results and Discussion

During a comprehensive reading of the included studies, a scarcity of publications focusing on the use of herbal medicine for pregnancy and postpartum complaints was identified. Most studies address the risks of using herbal medicine during pregnancy, and during the postpartum period, they focus on breastfeeding. Therefore, it was necessary to increase the time frame to ten years, and a manual search of studies was conducted to increase the amount of information on the proposed topic.

The results presented in the study include a total of eight articles compatible with the proposed theme, as demonstrated by the PRISMA flowchart presented in Figure 1, summarizing the searches and exclusions during the selection process. Thirty-seven articles were excluded due to duplication, 53 due to title selection, six due to abstract selection, and three due to type (monograph n=0.2) and thesis n=0.1. Fourteen studies were selected for full-text analysis, of which six were excluded because they did not meet the study proposal. Thus, eight articles were included in the integrative review.

Of the selected articles, six are integrative reviews, one is qualitative research, and one is a training workshop. The distribution by year was 2011 (n=1), 2012 (n=1), 2016 (n=2), 2017 (n=2), 2018 (n=1), and 2021 (n=1), and there was no predominance of authors. The descriptor "medicinal plants" is present in most of the selected studies and presents the largest number of publications when cross-referenced with the other descriptors. However, all have the same target audience: pregnant women, and some studies address the postpartum period with a focus on breastfeeding. After selecting the 8 articles, the main results presented by each of the articles that make up this integrative review were organized in Chart 3.

Chart 3. Characterization of the articles studied. Rio de Janeiro, RJ, Brazil, 2022

Title |Authors | Year	Objective | Methodology	Level of Evidence	Results
Percepção de risco e conceitos sobre plantas medicinais, fitoterápicos e medicamentos alopáticos entres gestantes (Pires & Araujo, 2011)	This study analyzes risk perceptions related to the use of herbal remedies, medicinal plants, and allopathic medicines among pregnant women, as well as presents the concepts they define regarding these therapeutic agents. This is a qualitative study using content analysis.	2A	It addresses the subjective experience, both in terms of previous uses and inherited knowledge and its influence on the choice of medications, highlights the motivation for choosing these medications by pregnant women, the fact that they believe they are more harmless during pregnancy than allopathic medications, and points out the current biomedical model for not providing sufficient content for professionals to act on regarding prescription and guidance on contraindications.
Utilização das práticas integrativas e complementares em saúde no pré-natal: revisão integrativa (Roblejo *et al.*, 2021)	Identify the use of integrative and complementary health practices in prenatal care in the literature. Integrative review.	2A	Comparison between practices used by pregnant women and practices recommended by professionals, evaluating incorporation, benefits, and risks.
O uso da fitoterapia durante a gestação: um panorama global (Cardoso & Amaral, 2019)	Integrative literature review on the prevalence of phytotherapy use during pregnancy globally.	1A	A review of studies, most of which used the interview method across several continents, highlights the most used species and proves that the use of phytotherapy by pregnant women is a widespread practice, regardless of socioeconomic and ethnic-cultural background.
Risco das plantas medicinais na gestação: Uma revisão dos dados de acesso livre em língua portuguesa (Gorril *et al.*, 2016)	Investigate, through a literature review in open-access databases and in Portuguese, which species may pose some risk during pregnancy.	2A	The literature available to the general population has shown that several species can pose a risk during pregnancy due to their embryotoxic, teratogenic, and abortifacient potential.
Os riscos do uso de plantas medicinais durante o período gestacional: uma revisão bibliográfica (Abreu & Botelho, 2018)	Identify medicinal plants used by pregnant women that can cause harmful effects on pregnancy, as well as describe the main secondary metabolites responsible for these effects.	2A	Medicinal plants frequently used by women during pregnancy are presented. These plants are believed to be harmless and are used by pregnant women to alleviate the discomforts of this period. However, these plants contain secondary metabolites that are considered toxic and capable of causing embryotoxic, teratogenic, and abortifacient effects when used during pregnancy. It is recommended that the risk/benefit ratio be assessed, and appropriate medical monitoring be performed.
Uso de plantas medicinais na gestação (Anhesi *et al.*, 2016)	Evaluation of the efficacy and safety of medicinal plants, especially during pregnancy.	3B	It was found that for most medicinal plants, there is no data regarding their safety during pregnancy. The existing data are scarce and often contradictory. Therefore, the main

	Through a review without timeframe or publication type.		advice for pregnant women is not to use any medication, whether herbal or not, without prior consultation with their doctor.
O uso de plantas medicinais durante a gravidez e amamentação (Duarte *et al*., 2018)	Conduct a bibliographic survey to present issues related to the use of medicinal plants during pregnancy and breastfeeding.	2A	They discuss plants used for complaints, galactagogue plants and their risks and benefits, and plants contraindicated during pregnancy. They also address the risk of these medications being freely sold without a prescription and used without proper supervision and guidance.
Plantas medicinais para uso na gravidez, parto e durante a amamentação (Antonio, SUS, 2012)	Guidance booklet on risks, active ingredients, prohibited plants, and the importance of monitoring by the healthcare team.	1A	Guidance base for pregnant women and professionals, presenting risks, benefits, contraindications and indications, effects, and phases to be used.

From the selected studies, it is possible to identify that the perception of pregnant women regarding the use of phytotherapy for the relief of pregnancy complaints is positive, as evidenced by the authors[4], whose acceptance is due to cultural factors and family inheritance, as it is an easily accessible, low-cost therapy, and the understanding that, because it is of plant origin, it is less harmful to health than allopathic medicines. This statement is also discussed by the authors[9], reinforcing that the discomforts resulting from pregnancy are the main factor that leads to the search for this therapy.

Despite the growing demand for herbal medicine practices worldwide, the authors' study[3] found that in areas with lower purchasing power, its use is limited by the lack of resources to obtain conventional medicines, leading to the search for alternative medicines. On the other hand, groups with greater purchasing power understand the cultural value of knowledge passed down from previous generations.

According to the authors' study[16], who conducted interviews on the topic and observed that for pregnant women, the use of herbal medicine is linked to the nature of the drug, which provides greater confidence due to its plant origin and the effectiveness that is obtained more quickly through the infusion of medicinal plant teas as opposed to the administration of allopathic medications. Corroborating this evidence, the authors[4] associate tea infusion as the most used form of therapy by pregnant women because it is easy to use, reliable, natural, and has a faster therapeutic effect.

Thus, the authors[4] emphasize that phytotherapy was the only therapy used by both pregnant women and prescribed by health professionals. A woman's health during pregnancy undergoes numerous changes in her body, aiming to adapt to fetal development and maintenance. These changes can be physical, such as weight gain, hormonal changes, or emotional changes. They typically occur in the first weeks of pregnancy and can persist until the end of the gestational period[9].

According to the authors[11], Information regarding the toxicity of medicinal plants is lacking because most reports of poisoning lack reference to the part of the plant used, the quantity, and the botanical identification. Therefore, accurate and safe guidance on these variables requires the supervision of healthcare professionals to educate this population group about the risks and benefits of this therapy and the threats associated with self-medication.

However, the authors[16] show that there are few publications regarding the knowledge of the use of medicinal plants during pregnancy, both by users and health professionals. This may be explained by the fact that the academic training of health professionals is deficient in studies on alternative and complementary medicines, contributing to a fragility in patient care. The authors[11] identify the importance of healthcare professionals knowing plant-based compounds for effective educational measures that strengthen the quality of patient care and the quality of national herbal medicines.

And in this regard, the authors[17] present that pregnant women lack understanding about phytotherapy and its potential adverse effects. Medicinal plants contain active and toxic substances that require scientific studies to prove their efficacy and safety during pregnancy. The inappropriate use of medicinal plants and phytotherapeutics, according to the authors[11], may lead to reactions contrary to seeking treatment, such as teratogenic effects and abortion. Therefore, study[17] added that medicinal plants can also cause embryotoxic effects, as they contain plant toxins that can cross the placental barrier and cause malformations in developing embryos and fetuses.

The authors' study[4] points out that the medicinal plants most used by pregnant women are lemon balm (Melissa officinalis), fennel (Pimpinella anisum), chamomile (Matricaria chamomilla), boldo (Peumus boldus), and mint (Mentha spicata), intending to alleviate the discomforts of pregnancy, such as indigestion, intestinal cramps, and as a calming agent.

According to study[12], it is pointed out that there are several medicinal plants that should be avoided during pregnancy, such as chamomile (Chamomilla recutita L.), widely used as a calming and antispasmodic agent. However, it should not be ingested during pregnancy because it has an abortive effect by relaxing the uterus and thus stimulating bleeding and causing miscarriage[9].

Mint should be avoided during pregnancy because it contains secondary metabolites of flavonoids and terpenoids, especially in the last trimester of pregnancy. This is because its anti-inflammatory action can harm the baby's

heart function and cause uterine relaxation, which can lead to miscarriage[17].

According to study[12], boldo (Peumus boldus Molina) is also described, which is indicated for relieving abdominal discomfort, but should be avoided because it decreases fetal weight and has an abortifacient effect; therefore, it should be consumed after the first trimester of pregnancy. Rue (Ruta graveolens L.) also contains metabolites such as coumarins, phenolic substances with anticoagulant, astringent, anti-inflammatory, antidiarrheal, antiseptic, and antioxidant properties. Their actions affect the synthesis of coagulation factors, thus increasing the risk of bleeding and thromboembolic events. They also have a teratogenic effect in the first trimester of pregnancy, potentially leading to miscarriage[17].

Authors[9] They also add that the use of dried leaves of Chilean boldo (Peumus boldus) can cause uterine contractions and miscarriage, as can loofah (Luffa operculata), which is rich in glycoproteins and has a significant embryotoxic effect, being used as the most abortifacient in Brazil.

According to study[12], the search for medicinal plants, for the most part, is not for the purpose of abortion but rather to alleviate the discomforts of pregnancy. As evidenced by the authors[11], For example, the use of ginger (Zingiber officinale Roscoe, Zingiberaceae) for the symptoms of nausea and vomiting. Its therapeutic action includes anti-inflammatory, antimicrobial, and gastrointestinal disturbances, making it very effective in alleviating these complaints. It is also noted that, regarding toxicity, there was no difference in spontaneous abortion, stillbirths, low birth weight, and premature birth among women who did not use ginger.

For constipation relief, it is common to use plants containing anthraquinones, which should be consumed cautiously, especially in the first trimester of pregnancy, as they can induce uterine contractions, increase blood flow to the uterus, and thus increase the risk of miscarriage. Therefore, species with laxative purposes can be used: senna (Senna alexandrina Mill. Fabaceae), cascara sagrada (Rhamnus purshiana DC. Rhamnaceae), frangula (Rhamnus frangula L., Rhamnaceae), rhubarb (Rheum L., Polygonaceae), and aloe (Aloe L. Asphodelaceae)[11].

To alleviate and prevent anemia, according to studies[3,18], garlic (Allium sativum) is a powerful ally, but it should be consumed from the third trimester onwards to minimize pregnancy risk because it is an emmenagogue and stimulates the uterus. Beetroot (Beta vulgaris L.) juice is also recommended for anemia, as is kale leaf juice (Brassica oleracea). Regular lemon balm use also has no contraindications during pregnancy[12].

Cinnamon tea (Cinnamomum zeylanicum Blume) can help during labor, as it increases contractions and thus facilitates delivery. Raspberry leaf infusion (Rubus idaeus L.) can also help with labor, which should be taken from the 32nd week of pregnancy to help reduce labor and its complications[18].

Regarding the use of phytotherapy in the puerperium, the publications are focused on breastfeeding, as in the authors' study[11], Medicinal plants with galactagogue substances are used to initiate, maintain, or increase milk production. Fenugreek (Trigonella foenum graecum) is used both medicinally and as a food and has hypoglycemic, gastroprotective, antioxidant, hepatoprotective, and galactagogic pharmacological properties. However, it should not be used during pregnancy as it can cause congenital anomalies. Fennel (Foeniculum vulgare) is also a medicinal plant used in both cosmetics and food, as it has antimicrobial, antioxidant, antiviral, anti-inflammatory, antinociceptive, antiallergic, and galactagogic properties. It should not be used by pregnant women because it has teratogenic effects. According to the author[18], Cotton (Gossypium herbaceum L.) and parsley (Petroselinum crispum) are also recommended during breastfeeding due to their galactogogue properties.

Therefore, knowledge about the toxicity of medicinal plants is still little known in society. This leads to the inappropriate use of this alternative therapy by pregnant women, which aims to alleviate discomfort during pregnancy. As pointed out by authors[11], information in the literature is scarce and often contradictory regarding the use of herbal medicines and medicinal plants during pregnancy.

Conclusion

This study shows that women use phytotherapy as an alternative medicine during pregnancy and the postpartum period, in most cases, to alleviate discomfort during pregnancy and to aid in milk production. However, as shown in the study, there is still a distorted view and lack of knowledge about the harm this therapy can cause to fetal development, according to users. This leads to inappropriate use and lack of supervision from healthcare professionals. Therefore, it is extremely important to train professionals on this topic from the undergraduate level and encourage research and studies focused on the use of phytotherapy during pregnancy and postpartum, as there is still a scarcity of publications on this topic.

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