

Raspberry Leaf (*Rubus idaeus*): Uses and Expectations
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Raspberry leaf is the most widely used medicinal herb in pregnancy. Herbalists and Naturopaths consider Raspberry leaf a tonic. A tonic herb means that the herb is generally considered safe to take long term; that it provides nutritional support to the body in some way; and that it tones specific organs or tissues in the body to help support optimal function. Tonics are generally taken as teas, eaten whole, in capsules and sometimes tinctures or glycerites and doses vary on the needs of the individual. Women take Raspberry leaf with the understanding that it may shorten labor or improve uterine muscle tone and thus make labor easier. Labor being not an easy thing no matter how you look at it, rating the effectiveness is difficult to do. An article by Parsons et al published in the Australian College of Midwives Incorporated in 1999, explored the safety and effectiveness of Raspberry leaf in pregnancy and labor. They looked at 108 mothers, roughly half of which used Raspberry leaf while the others did not. The results were analyzed for adverse effects with mother or baby, impact on gestation period and reduction of interventions during labor and birth. The results suggested that the herb was safe and that it did indeed seem to reduce the first stage of labor and reduced the interventions and likelihood of pre-term and post-term labor. It was a small, retroactive study so lots of variables to consider but overall, very suggestive of this herb being a helpful and safe aid to pregnancy and birth. The study was later repeated with 192 subjects and similar results, with some slight variations, published in the Journal of Midwifery & Women's Health in 2001. The analysis still considered it safe and to reduce some interventions and length of labor (although the second study showed a reduction in second stage labor rather than first stage). One important variable to consider when reading the studies is the extract method and dose. Dose varies from person to person so when some side effects occur (such as mild diarrhea in excessive use of Raspberry leaf), one would just advise to reduce the amount. However, you also want to know what the necessary amount to take for the herb to be helpful and that amount has not been determined. The extract method used by most midwives is water extraction (tea). Cold water instead of hot water extracts more minerals but it is unclear if that is better or not. Herbalists and Midwives mostly use a standard tea recommendation – roughly 1 Tablespoon of cut up, dried leaf, per cup of warm water – and this seems to have the general effect we expect. I know that when I was involved with midwifery it was clear from just clinical observation that the women who took their pregnancy tea regularly seemed to have less problems during labor. Getting that to show on a study requires addressing many variables and making sure similar extraction methods are being used and that has not yet been done. Simon Mills and Kerry Bone have categorized it as safe in pregnancy and lactation and give a suggested dose of 12 to 24 grams/day in *The Essential Guide to Herbal Safety*, 2005.

Raspberry leaf during lactation is a whole other issue. There are many breastfeeding sites that actually recommend it for breastfeeding and some that say it could create problems with milk supply. I would argue that it can be beneficial for post-partum uterine recovery and the majority of the time, does not seem to interfere with milk production. However, in my clinical practice, I have seen a number of women who were taking raspberry leaf

find that once they stopped, their milk supply increased. Raspberry leaf is full of tannins which are constituents that bind to proteins and tend to tighten mucus membranes giving an astringent effect. It is not clear if this effect has the ability to also reduce milk supply or not. There is no study that has suggested such an effect but many clinical observations of that reduction in milk supply have been noted. My recommendation is to use it post-partum cautiously. Perhaps it is fine in the first few days for uterine recovery but then I'd suggest taking it out of the routine in favor of some other well-known herbs that increase milk supply such as Fenugreek, Goat's Rue and Blessed Thistle.

Raspberry leaf has also claimed some success in helping with cramping during menses for similar reasons to pregnancy in that it seems improve tone and muscle function. I have heard several anecdotes of women using it daily and having great reductions in pain, cramping and nausea at the beginning of their menstrual cycle. This may be due to the variety of minerals and tannins working together which would be why research has not been able to isolate one particular reason or mechanism to explain its function. I have also used it to treat diarrhea and to stop bleeding with success. Again, the astringent tannins seem to be the main reason it helps in these scenarios (although note that too much Raspberry leaf can cause loose stools or diarrhea so start with small amounts and don't overdo it).

Overall, Raspberry leaf is safe to use during pregnancy and with caution during lactation (keeping an eye on milk supply in those first couple of weeks) and can be combined with many other helpful medicinal and nutritious plants and food to be a part of a good plan for the best possible birth outcome.

Mills, Simon and Kerry Bone. The Essential Guide To Herbal Safety. 2005

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