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Perception of Pregnant Women on the Use of Medicinal Plants and Herbal Medicines: An Integrative Literature Review

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Abstract

This is an integrative review aimed to seek to understand the perception of pregnant women on the use of medicinal plants and herbal medicines. For the selection of the work, they used four databases: Scielo, Medline, PubMed and Google Scholar, making the end of seven publications. The results showed that pregnant women show confidence with the use of plants because they think they are natural, the most cited were to treat themselves symptoms of pregnancy. This practice often is not reported to health professionals who accompany them, they have insecurity in the direction of herbal medicine. In Brazil, policies for the integrative practices in health to stimulate guidance from the professionals to the use of herbal medicines. However, during pregnancy, there are restrictions on its use.

Keywords: Pregnancy; Medicinal plants; Phytotherapy

Introduction

Gestation is marked by deep changes that interfere with the woman's life, such as changes related to the body, its physiology and its metabolism[1]. In addition, socioeconomic and demographic influences during gestation also include emotional variables and physical changes in the woman's life span, which influenced eating habits and choices[2-5].

Among these choices is the use of medicinal plants and a phytotherapeutic therapy during pregnancy. Phytotherapy is a type of culture that uses the measurement of the use of medicinal plants in pharmaceutical forms, but without the identification of active substances. The Consolidated General Rules of Analogy and Certification of Certification of Analogic Analog and Health and Clinical Development (English).

However, women can not be used on medicines without the advice of a health professional. Although they have been used, their efficacy has not yet been scientifically proven, and they have been conditioned for the health of the pregnant woman, such as the possible embryotoxic, abortive or teratogenic factors[6,7]. Thus, a table by Yankowitz and Niebyl[8] classifies the five categories of risks for the use of medications at certain times, should also beuseful for herbal medicines.

The oral use of medicinal plants by pregnant women corresponds to an empirical knowledge, inherited from their sociocultural affiliation[9]. However, investigate

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the perceptions and meanings of pregnancies on pregnancy-relatedphenomena[10,11], as the concerns and meanings of pregnant women about therapy for the woman as a whole.

From these considerations, it becomes important to look at the use of herbal and medicinal plants during gestation, understanding the vision in the pregnant woman, as well as taking into consideration the psychosocial and physical factors of gestation and how they are can interfere or influence practice. Thus, the present study aimed to understand the perception of pregnant women regarding the use of medicinal and phytotherapeutic plants.

Methodology

The present article deals with an integrative review, which is done in six stages, where a first step is a matter of decision or a question of revision. Then select a sample of scientific data to be revisited, followed by the categorization and evaluation of the studies. Interpreting the results of the search or revision of knowledge is an effective process. The dates were deactivated using databases: PubMed, Scientific Eletronic Online Libray (SciELO), Medline and Google academic, through the following keywords: phytotherapy; medicinal plants; gestation; pregnancy; perception; representations.

To guide this review, elaborate a question as follows: “Whatis the acronym of pregnantwomen about the use of medicinal plants and / or herbal products?”, Obeying the following inclusion criteria: a reference on the practice of using medicinal plants and herbal medicines by pregnant women. They were recently indexed in the data bases mentioned above, which were exposed to Portuguese and Portuguese between 2006 and 2016, and that the results were available in full.

Articles with restricted access were excluded. In order to obtain the articles, a research of the titles and summaries of the curricula was carried out, in order to as certain an appropriation of the study with a question raised by the investigation. At the end of the research were found the 12 transfers, which is common and exclusive, it fits the pre-established selection criteria. For the extraction of data from a dossier were analyzed as members of the research, we investigated the identification of the article, characteristics of the literature addressed in the studies, evaluation of methodological rigor, direction studied and results of the studies. The presentation of the data and discussion was made in a descriptive way, using an application in the revision of the information on herbal and medicinal plants (TABLE 1).

Table 1: Information of the articles included in the integrative review according to the guiding question.

Authors	Sample / local description	Objectives	Methodology	Results	Conclusion
Pires & Araújo, (2011).	9 pregnant women, 6 primigravidae, ranging from 15 to 30 years old / Salvador - Ba, Brazil.	To analyze the risk perceptions related to the use of herbal medicines, medicinal plants and allopathic medicines in pregnant women attended at a basic health unit.	Qualitative approach. The techniques used were: focus group and semi-structured interview.	The definitions of allopathic medicine and medicinal plants,the pregnant women who participated in the research, are associated with three aspects: naturechemistry of the drug, the best effect and the experience of use with respect to such therapeutic agents. In the first case, the interviewees gave confidence to the plants because they understood that they have less aggressive or harmless natural substances when compared to allopathic drugs. It is essential that this concept be restructured in the understanding of pregnant women, sensitizing them to recognize the plants as therapeutic agents and, for this reason, should be used under appropriate indication, dosage and preparation.	The deepening of the concept of subjective experience with use of drugs is essential because it influences the way the subject relates to drugs, besides the fact that the experiences with medications that the patient accumulated during his life will influence his future decisions and, therefore, should be considered as aspects of subjective experience with the use of medications.
Pontes et al., (2012).	64 pregnant women, agedbetween 14 and 40 years old / Cuité-Pb.	Investigate which medicinal plantsare used by pregnant women in the municipality ofCuité-PB and correlate its use with the possibilityof abortion.	Qualitative approach. We used questionnaires withsemi-structured interview script.	25% of pregnant women used some type of medicinal plant. All nine plants mentioned were included in the list of contraindications during gestation according to Resolution SES / RJ no. 1757. All the plants mentioned were used in the form of teas, namely: Peumusboldus (boldo), Melissa Cinnamomumzeylanicum (cinnamon), Sambucus nigra (Elderberry), Cymbopogon citratus (holy grass), Syzigiumaromaticum (clove), Punicagranatum (pomegranate), Foeniculum vulgare (sweet herb) and Allium sativum (garlic). Of the pregnant women who had a miscarriage, three used boldo, although they did not associate this use as a causal agent. The main motivations for using them were: controlling constipation, feeding, relieving fever, soothing, reducing pain and anxiety.	It is observed that campaigns or programs are necessary to seek and take information to pregnant women about the risks of using medicinal plants during pregnancy, reducing the chances of abortions and increasing the probability of the birth of a healthy baby.

Macena et al., (2012).	36 pregnant women interviewed, age ranged from 15-40 years old / Tangará da Serra, MG. Brazil.	Verify the use of medicinal plants by pregnant women and describe the risks and adverse effects resulting from this use.	Qualitative approach, with application of a questionnaire involving open and closed questions, which addressed the socioeconomic profile of pregnant women and the use of plants for medical purposes. Discourse issues were analyzed using the Bardin content analysis method.	55.5% of pregnant women reported using medicinal plants. These words and phrases are used to describe the meaning of the word. Regarding the form of use, all said to make use of in the form of "teas". Regarding the mode of preparation, 49% reported the decoction form, 16% infusion and 35% described the maceration. 66.6% said they did not inform the doctor about this practice because they said they were "known plants" and "they do not like it to be used", and only 33.4% reported on their use. The medicinal plants mentioned by the pregnant women were: boldo, lemon grass, spearmint, camomile, rosemary, fennel and poejo. All plants cited were included in the contraindicated list during pregnancy according to Resolution SES / RJ no. 1757.	Through this research, it was possible to identify from the results obtained that the use of medicinal plants is related to a popular knowledge that is passed over time, due to the majority of people believe that being natural has no side effects. The use of teas is a common fact among pregnant women and data have shown that the main problems that pregnant women seek to solve when they start a treatment with products of plant origin are characteristic of the gestation itself. It was noticed that most of the pregnant women make use of medicinal plants without medical follow-up, a worrying fact. Thus, more attention is needed from health professionals about this aspect.
Rangel & Bragança, (2009).	Two groups,being one with 79 pregnant womenand another one with 60 pregnant women not users of medicinal plants / Niterói, RJ. Brazil.	Analyze therepresentations about the use of medicinal plants by pregnant women inoutpatient	Qualitative approach, with research instrument composed of open questions. The use of content analysis in the Bardinian perspective was used.	In all, 39 vegetables were cited, and the most used species were: lemon balm, boldo, fennel and camomile. The attitude dimension, or value judgment of the subject on the object of representation, was predominantly positive in this group of pregnant women. As for the information dimension, it can be seen that the category of plant design includes the reasons for its use, such as: natural remedy, traditional (homemade), effective, healthy, free, reliable, without chemistry, "comes from God", simple and easy to use: Ethnopharmacological knowledge points out, for example, that the more "bitter" the plant, the greater the risk for the concept. Most of the pregnant women reported using it in the form of tea. The main source of knowledge about the medicinal use of plants was the family, whereas only one pregnant woman used phytopharmaceuticals for medical advice; 34% of pregnant plant users during pregnancy showed insecurity	The analyzes of the representations of the group of pregnant women allowed to observe peculiar habits, resulting from the influence of thefamily tradition, in the sense of using teas, prepared with various vegetable species,considered useful and"Harmless" in pregnancy. As for the group of pregnant women who did not use phytopharmaceuticals, it was found especially in their representations that their conception and motives expressed a distrust in plants for medicinal use, consistent with the idea that only drugs prescribed by doctors obstetricians.
Towns & Andel, (2014).	87 individuals, 46 in Benin and41 in Gabon. Benin's informants were:42 women and 4 men. In Gabon: 40 women and1 man. Men were included in the surveyas informants. Health professionals were also interviewed: 18 (6 in Benin and 12 inGabon), including nurses,midwives, doctors and gynecologists. / Bénin and Gabon, West Africa.	Examine the health perspectives of women,knowledge of medicinal plants and the use of medicinal plants on causes of maternal mortality.	Awomen's reproductive and ethnobotanical health questionnaire, also containing open questionson maternal causes of mortality and locally determined health problems. For health professionals, a semi-structured interviewculturally linked disease concepts and open questionsabout the experiences of professionals with the patients whoused medicinal plants before looking forcare and opinions about the benefits and risks of these plants.	As for the pregnancy-related aspects, Beninese women were the most well-informed about medicinal plants for pregnancy-related concerns such as anemia, high blood pressure, and stimulation of breast milk. Plant treatments used were: to strengthen and protect the fetus (26%), to be consumed nutritious foods (17%) (herbal), to prepare the body for childbirth (15%), to promote health in (12%), to treat malaria (6%), and others (fatigue, stomach ache,antibiotics, etc.) (11%). As for delivery, they were mainly reported to facilitate labor, but also to assist in the removal ofplacenta. In Benin, a total of 248 species were cited for the reproductive health of women, of which 36% were for pregnancy. In Gabon, 189 species were mentioned for the health of women, of these 22% for pregnancy. As for health professionals, they brought positive and negative claims for women's health, the information clearly showedthat national policies do not authorize this practice in hospitals. It was mentioned situations that the patients used plants to accelerate uterine contractions, which led to uterine rupture. Professionals in Gabon express concern about the lack of scientific information on the effects of medicinal plants and the lack of standard dosage for use.	More research is needed on the role of plants in women's gynecological health, helping to avoid adverse effects.

Mothupi, (2014).	333 women, who had had a child within a period of9 months / Nairobi, Kenya	Determine the pattern of use of herbal medicine in an urban population, where women have high access to public health.	Qualitative and quantitative data on the use of herbal medicines during their most recent pregnancy were collectedthrough a questionnaire. The data were analyzed in a descriptive way and the chi-square testFisher's exact test were used to analyze the relationships between variables.	12% of women used medicinal plants during their pregnancy. The use of herbs was associated with a lower level of schooling. Only 12.5% of users reported this practice to health professionals, and about 20% used phytotherapy concurrently with other medications. The main reasons for use were: back pain, toothache, indigestion and infectious diseases such as respiratory infections and malaria. Most users took herbal medicine just to increase or maintain health. There were high rates of self-prescription as well as indication of family and friends. Beliefs about safety and efficacy were consistent with patterns of use or non-use, although both users and nonuserswere not sure about the safety and contraindications of this practice during pregnancy.	Phytotherapy often occurs without the knowledge of health professionals. These should address this practice with women, through discussion of contraindications and the interaction of these herbs with other medications. More studies are needed for the use of herbal medicines during pregnancy, childbirth and the postpartum period in different geographic areas.
Michel et al., (2007)	50 individuals (25 men and 25 women) from four rural and urban villages were interviewed, including 5 traditional healers, 5midwives and 40 men andwomen, ranging in age from 18 to 60 years of age / Q'eqchi Maya of-Livingston, Guatemala, Central America.	In order to explore the perceptions, attitudes and choices of herbal treatment to treat women's health, such as diseases related to pregnancy, childbirth, menstruation and menopause.	The following techniques were used: participant observation, open and semi-structured interviews, and also a focus group. Participants were asked to discuss specific health conditions for women, sharingtheir beliefs about the permitted and prohibited activities surrounding pregnancy, childbirth,menstruation and menopause. It was also asked to name the species of plants they used to treat these conditions. An ethnobotanical field study was carried out at the site. At each interview, theplants collected by the participants were collected and analyzed. For each species, detailed documentation of the location, use, preparation and administration and cure were recorded.	Q'eqchis have a number of cultural perceptions about health and well-being that differ from the Western biomedical model of disease etiology and affect health. Livingston's Q'eqchi Maya perceive man as consisting of the following elements: body (Tz'ejwalej), spirit (Musiq'ej), heart (Ch'oolej) and shadow (Muhel). An imbalance in any of these elements can cause unhappiness and / or physical or psychological illness. They further believe that ceremonies are essential to the effectiveness of a medicinal plant. Overall, the Q'eqchis considered that women have a weaker constitution than men due to the debilitating effects of menstruation, pregnancy, and postpartum recovery. There are numerous cultural taboos and restrictions on women's health. A total of 48 plants were mentioned by participants for use in health conditions that address women's health. Regarding laboratory analyzes, the results show that the plants used showed significant in vitro activity in the estrogen and serotonin levels, these data suggest that plants traditionally used for the treatment of Q'eqchi women's health complaintshas a plausible mechanism of action.The use of the plants was used to: expel the placenta, treatment of nervousness and insomnia, rheumatism, menstrual problems, and to relieve labor pain and menstrual cramps, to treat urinary infections, as abortion method and even contraception.	The results of this work provide a scientific basis for supporting traditional plant use, but further research is needed to access the safety and toxicity profile of plants. Due to the popularity of herbal therapies used worldwide for the treatment of women's health related complaints along with the lack of scientifically proven studies, safe and effective treatment options to treat menstrual and menopausal symptoms. Results from the qualitative field have contributed to a better understanding of medical beliefs and cultural concepts around women's health, while experimental laboratory results support their use, emphasizing the need to further investigate these and other herbal treatments and emphasize the need and value of government programs and initiatives that support these efforts.

Results and Discussion

The articles included in the present review were carried out in the following countries: Brazil, Guatemala, Kenya, Benin and Gabon. Table 1 shows the authors of the articles, besides the sample and location, objectives, methodology, results and conclusion.

Regarding the form of use, most of the women referred to the use of medicinal plants in the form of "teas"[12,13]. In the article by Pires and Araújo[14], pregnant women demonstrate confidence in medicinal plants because they understand that they have natural substances and are therefore less aggressive or harmless than medications. The data corroborate with the results of Macena et al.[12] in which the majority of pregnant women believe that, because it is natural, plants do not have side effects. Rangel & Bragança[13] found characteristics indicated by pregnant women as a natural, traditional (homemade), effective, healthy, free, reliable, chemical-free, "come from God", simple and easy to use remedy.

Corroborating with the results found in this review, Almeida et al.[15] in a study investigating how residents of the Federal District use medicines, herbal medicines and vitamins and how they perceive the risk of this use for health, the researchers found that the analgesic was considered one of the safer medicines by the study population, along with vitamins, herbal medicines and syrups. Thus, this perception of safety can lead to inappropriate and often abusive use, increasing the risk of adverse effects associated with these compounds.

The idea that medicinal plants and herbal medicines are innocuous, and that they do not present any toxicity potential because they are common in nature. This fact can lead to serious consequences for the health of the population, such as: side effects, interactions with other medications and even intoxications. It is necessary to implement effective education and information measures that contribute to the rational use of medicinal plants and herbal medicines[16].

As therapeutic agents, however, medicinal plants should be used under appropriate indication, dosage and preparation forms and directed by a health professional. These should address this practice with women through the discussion of contraindications and the possible interaction of these herbs with other medications that the woman is already using during pregnancy[17]. Therefore, government campaigns or programs are necessary to inform pregnant women about the use of medicinal plants during pregnancy[18,19].

In the study by Towns and Andel[20], when referring to the view of health professionals, they brought positive and negative claims to women's health regarding the use of herbal medicines, the information clearly showed that the national policies of the African countries of the study do not authorize this practice in the Cheers. They were cited situations by these professionals in which the patients used plants to accelerate uterine contractions, which led to uterine rupture. Professionals also expressed concern about the lack of scientific information on the effects of medicinal plants and the lack of standard dosage for use.

Based on the vision of health professionals, highlighted in the article of the current review, Oliveira[21] points out that the lack of knowledge of health professionals in the field of herbal medicine and medicinal plants is another factor that deserves attention, so, as they know little, be lower and population orientation will be weaker. In addition, the low investment in research in this area is another aspect that deserves to be considered, further aggravating the knowledge on the part of professionals and scholars in the area.

It is worth mentioning that phytotherapy, together with other Integrative and Complementary Practices (PICs), were incorporated into the Unified Health System (SUS) in Brazil, through Administrative Rule 971, dated May 3, 2006, thus, in addition to the use of medicinal plants, other practices are included, such as: Traditional Chinese Medicine, Acupuncture, Homeopathy, Social Therapy, Chronotherapy and Anthroposophic Medicine[22,23].

The World Health Organization (WHO), through the document "WHO Strategy on Traditional Medicine 2002-2005", also supports and encourages the incorporation of PICs into national health systems, providing standards and technical guidance in order to promote the exchange information and good use of traditional medicine[24].

Thus, the Ministry of Health in its 2009 publication, by publishing the Core Guidelines for Family Health Care (NASF) encourages them to support family health teams (FHS) in valuing other treatment options natural medicine and PICs. However, for the implementation of such practices, it is emphasized the need of the professionals to know what they exist in their territory, respecting the popular knowledge; besides understanding the health-disease process, from the perspective of homeopathy, and to know the productive chain of medicinal and phytotherapeutic plants. Although such practice is encouraged in Brazil, for specific groups, such as pregnant women, care should be taken to guide these women[25,26].

In the study by Macena et al.[12] 66.6% of the women said they did not inform the doctor about the practice of phytotherapy because, according to them, "they are known plants" and "they do not like to use it", and only 33.4% reported on use. Mothupi 17 also found a low percentage of users (12.5%) who had reported this practice to health professionals, and about 20% used phytotherapy concomitantly with other medications.

The article by Pontes et al.[18] points out the main medicinal plants used by pregnant women, which were: boldo, lemon balm, cinnamon, elderberry, clover, clove, pomegranate, sweet herb and garlic. Macena et al.[12] also sought to verify the use of medicinal plants by pregnant women, the ones mentioned by the women were: boldo, cidreira grass, mint, camomile, rosemary, fennel and poejo. Rangel and Bragança[13] pointed out as the most used, plants cited in the two previous studies: lemon balm, boldo, fennel and chamomile. However, all plants cited in all three studies were included in the list of herbs contraindicated during gestation according to Resolution SES / RJ No. 175726.

On the basis of this same Resolution, found in the articles included in this review, Freitas et al.[9] found in their study, five of the plants mentioned in this list of contraindicated plants during gestation were: sweet grass, holy grass, camomile, boldo It is worth noting that the contraindication is due to its toxic potential, teratogenic and abortive. Still in relation to this study, more than half of the pregnant women reported using phytotherapy in pregnancy, other plants, in addition to the five mentioned, and were also mentioned by the women in the study.

In the study by Michel et al.[19], which aimed to explore the perceptions of treatment through medicinal plants to treat women's health (pregnancy, delivery, menstruation and menopause), participants, residents of Guatemala, believe that ceremonies performed are essential for the effectiveness of a medicinal plant. They also considered that women have a weaker constitution than men due to the debilitating effects of menstruation, pregnancy, and postpartum recovery; there are numerous cultural taboos and restrictions on the health of women in this population. This view, in this study, contributes to a better understanding of popular beliefs and cultural concepts about women's health. Thus, actions in this field require more complex practices than simple guidelines to the population.

Understanding the specificities of how cultural groups identify themselves in certain circumstances or health facts does not prevent their participation in the elaborations on their own health being evaluated, then it is necessary that the health services take on this more complex competence when dealing with health of the population. Thus, the exercise of health promotion and the adaptation to the codes and symbologies existing in the different localities or local groups, intends to attend to the notions of health and well-being of each one of these groups, understanding this function of the diverse health practices and the forms of significance that may arise[27,28].

The main motivations of using plants are to treat constipation, to feed (for being nutritious), treat fever, use as a sedative, to combat pain and anxiety. In general, they were cited to treat gestational symptoms[18,20]. Also, the fight against diseases

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such as: anemia, hypertension; in addition to the stimulation of breast milk, to strengthen and protect the fetus, to prepare the body for childbirth, to promote the general health and well-being of the mother. Regarding delivery, they were mainly reported to facilitate labor and to aid in the removal of the placenta 20. Mothupi 17 found that the main reasons for using phytotherapy for women were: back pain, toothache, indigestion and infectious diseases such as respiratory infections, and malaria. In addition, most users practiced herbal medicine only to increase or maintain health. Michel et al.[19] also found the use for menstrual cramps and as abortive and even contraceptive methods.

The article by Pontes et al.[18] also sought to relate the practice of phytotherapy to abortion. Of the women who had a spontaneous abortion, three used boldo, although they did not associate this use as a causal agent. The scarcity of studies relating the practice of phytotherapy with adverse effects during gestation deserves attention and care, many studies reinforce the lack of evidence for the release of its use during pregnancy[28-30].

The literature is still scarce with research relating adverse effects in pregnancy with the use of medicinal plants. Malan and Neuba[28] researched about the use of plants during pregnancy, being a common practice in Africa, as explained earlier, the present review included research in three African countries. In Côte d'Ivoire, despite modern prenatal medical prescriptions, most pregnant women resort to traditional medicine to ensure the development of a healthy fetus and assist in labor. However, there is not enough research on traditional medicine in this country, the plants used by these women need to be better known.

In the study by Rangel and Bragança[13] some pregnant women showed insecurity about the correct use of the plant species, they said that it could harm the fetus because they are dangerous or toxic. Women's knowledge points, for example, that the more "bitter" the plant, the greater the risk for the concept. In the Mothupi study[17], female users and non-users of herbal medicines were not sure about the safety and contraindications of this practice during pregnancy.

Knowledge about the mode of use and indications of medicinal plants was obtained through popular information and through relatives, related to a popular knowledge that is passed over time, few pregnant women use herbal medicines for medical guidance and many would like their doctors prescribe natural medicines[12,13,17]. Thus, emphasizing these data found in the articles of the present review, Arruda[31] points out that the places of sale of medicinal plants generally do not invest in advertising, the disclosure occurs spontaneously, by word of mouth, among consumers themselves, due to the tradition of its use and the indication by loved ones, like family and acquaintances.

Conclusion

Therefore, it is observed that, in general, the pregnant women demonstrate confidence with the use of herbal and herbal products during pregnancy because they think that they are more natural and therefore harmless to the health, although some women show certain insecurity in its use. The most cited plants as used in gestation were to treat symptoms of pregnancy itself. This practice, most of the time, is not informed to the health professionals who accompany them and many pregnant women would like their doctors to prescribe the plants when necessary. Although not investigated in the present review, the positioning of health professionals regarding this use by pregnant women, there is insecurity in the orientation, due to the lack of research in the area aimed at gestation. In addition, the policies of some countries are different regarding the release of herbal medicine for the health of the general population. In Brazil, there are some policies aimed at the integrative practices in health that even stimulate the orientation by the professionals for the use of medicinal plants and herbal medicines. But regarding gestation, there are several restrictions on its use, with published resolutions in the country. In addition, the main plants used by women in the present study were with forbidden herbs in gestation, according to legislation.

References

1. Baiao, M.R., Deslandes, S.F. Feeding in pregnancy and puerperium. (2006) Rev Nutr 19(2): 245-253.
Pubmed | Crossref | Others
2. Bayley, T.M., Dye, L., Jones, S., et al. Food cravings and aversions during pregnancy: relationshipswith nausea and vomiting. (2002) Appetite: Elsevier Science Ltd 38(1): 45-55.
Pubmed | Crossref | Others
3. Junges, C.F., Ressel, L.B., Monticelli, M. Between desires and possibilities: feeding practices of pregnant women in an urban community in southern Brazil. (2014) TextoContextoEnferm 23(2): 382-390.
Pubmed | Crossref | Others
4. Hu, F.B. Dietary pattern analysis: a new direction in nutritional epidemiology. (2002) Curr Opin Lipidol 13(1): 3-9.
Pubmed | Crossref | Others
5. Garcia, R.W.D. Representations on food consumption and its implications in food surveys: a qualitative study on subjects submitted to dietary prescription. (2004) Rev Nutr 17(1): 15-28.
Pubmed | Crossref | Others
6. Anvisa. Consolidado de Normas da Coordenação de Fitoterápicos, Dinamizdos e Notificados - COGID. (2009) Brasília.
Pubmed | Crossref | Others
7. Rodrigues, H.G., Meireles, C.G., Lima, J.T., et al. Embryotoxic, teratogenic and abortive effects of medicinal plants. (2011) Rev Bras Pl Med 13(3): 359-366.
Pubmed | Crossref | Others
8. Yankowitz, J., Niebyl, J.R. Drug therapy in pregnancy. 3th ed. (2001) Philadelphia: Lippincott Williams & Wilkins.
Pubmed | Crossref | Others
9. Freitas, R.M., Assunção, A.K.D., Rocha, R.M.M. Sociodemographic profile and life habits of pregnant women for pharmacotherapeutic follow-up. (2014) Rev Saúde Com 10(1): 16-32.
Pubmed | Crossref | Others
10. Azevedo, D.V., Araujo, A.C., Costa, I.C. An analysis of the meanings of pre-eclampsia for pregnant and postpartum women and health professionals in Rio Grande do Norte, Brazil. (2010) Midwifery 27(6): 182-187.
Pubmed | Crossref | Others

11. Beyea, S.C., NicollL, H. Writing an integrative review. (1998) AORNJ 67(4): 877880.
Pubmed | Crossref | Others
12. Macena, L.M., Nascimento, A.S.S., Krambeck, K., et al. Medicinal plants used by pregnant women attended at the family health unit (usf) of the neighborhood cohabtarumã in the municipality of tangará da serra, matogrosso. (2012) BioFar – Revista de Biologia e Farmácia 7(1): 143-155.
Pubmed | Crossref | Others
13. Rangel, M., Bragança, F.C.R. Representations of pregnant women about the use of medicinal plants. (2009) Rev Bras Pl Med 11(1): 100-109.
Pubmed | Crossref | Others
14. Pires AM, Araujo PS. Perception of risk and concepts about medicinal plants, phytotherapics and allopathic drugs among pregnant women. RevistaBaiana de SaúdePública. 2011; 35 (2): 320-333.
Pubmed | Crossref | Others
15. Almeida, M.R.,Castro, L.L.C., Caldas, E.D. Knowledge, practices and risk perception of drug use in the Federal District. (2011) Rev Cienc Farm Basica Apl 32(1): 225-232.
Pubmed | Crossref | Others
16. Oliveira, F.Q., Gonçalves, L.A. Knowledge about medicinal and phytotherapeutic plants and toxicity potential by users of Belo Horizonte, Minas Gerais. (2006) Revista Eletrônica de Farmácia 3(2): 36-41.
Pubmed | Crossref | Others
17. Mothupi, M.C. Use of herbal medicine during pregnancy among women with access to public healthcare in Nairobi, Kenya: a cross-sectional survey. (2014) BMC Complement Altern Med 432(14): 1 -8.
Pubmed | Crossref | Others
18. Pontes, S.M., Souza, A.P.M., Barreto, B.F., et al. Use of potentially harmful medicinal plants during pregnancy in the city of Cuité-PB. Com. (2012) Ciências Saúde 23(4): 305-311.
Pubmed | Crossref | Others
19. Michel, J., Duarte, R.E., Yao, P., et al. Medical potential of plants used by the Q'eqchi Maya of Livingston, Guatemala for the treatment of women's health Complaints. (2007) J Ethnopharmacol 114(1): 92-101.
Pubmed | Crossref | Others
20. Towns, A.M., Andel, T.V. Comparing local perspectives on women's health with statistics on maternal mortality: an ethnobotanical study in Bénin and Gabon. (2014) Complementary and Alternative Medicine 113(14) : 1-9.
Pubmed | Crossref | Others
21. Oliveira LP. Phytotherapeutic drugs: emphasis on the view of pharmacists in private drugstores in the municipality of Colider / MT. FACIDER Revista Científica. (2015) Colide 8(1): 1-15.
Pubmed | Crossref | Others
22. Brasil. Ministério da Saúde. Politica nacional de medicina natural e praticas complementares. (2005) Brasília, DF.
Pubmed | Crossref | Others
23. Brasil. Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde. Portaria nº 971, de 3 de maio de 2006. (2006) Brasília, DF.
Pubmed | Crossref | Others
24. Borges MR, Madeira LM, Azevedo VMGO. Integrative and complementary practices in women are health care: a humanization strategy for care at the Sofia Feldman Hospital. (2011) Rev Min Enferm15(1): 105-113.
Pubmed | Crossref | Others
25. Brasil. Ministério da Saúde. Série A. Normas e Manuais Técnicos. Cadernos de Atenção Básica, n. 27. Diretrizes do NASF (Núcleo de Apoio a Saúde da Família). (2009) Brasília, DF.
Pubmed | Crossref | Others
26. Brasil. Secretaria de Saúde do Estado do Rio de Janeiro. Diário Oficial do Estado do Rio de Janeiro. Resolução nº 1757, de 18 de fevereiro de 2002. (2002) Brasília, DF.
Pubmed | Crossref | Others
27. Figueiredo, R. Notions of Health, Illness and Cure as Socio-Cultural Constructions. Boletim do Instituto de Saúde nº 41 São Paulo, Instituto de Saúde – SES/SP, abril de 2007. (2007) São Paulo, SP.
Pubmed | Crossref | Others
28. Malan, D.F., Neuba, D.F.R. Traditional Practices and Medicinal Plants Use during Pregnancy by Anyi-Ndenye Women (Eastern Côte d›Ivoire). (2011) African Journal of Reproductive Health 15(1): 85-94.
Pubmed | Crossref | Others
29. Uniyal S.K., Singh, K.N., Jamwal, P., et al. Traditional use of medicinal plants among the tribal communities of ChhotaBhangal, Western Himalaya. (2006) J Ethnobiol Ethnomed 14(2): 1-8.
Pubmed | Crossref | Others
30. Vendruscolo, G.S., Rates, S.M., Mentz, L.A. Chemical and pharmacological data on plants used as medicines by the community of Ponta Grossa, Porto Alegre, Rio Grande do Sul. Revista Brasileira de Farmacognosia Brazilian (2005) J Pharmacognos 4(15): 361-372.
Pubmed | Crossref | Others
31. Arruda, H.M. Consumer profile of medicinal plants in downtown Belém stores. (2011) Perspectiva Amazônica. Santarém 1(1): 41-56.
Pubmed | Crossref | Others