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The Australasian Integrative Medicine Association (AIMA) is a national, voluntary nonprofit organisation and is the peak medical body that promotes the safe integration of holistic and complementary medicine with current mainstream medical practice, in pursuit of complete whole person care.

Complementary medicine for pregnancy complications

For some women, pregnancy can bring a myriad of distressing symptoms. Nausea affects up to 85% of women during early pregnancy and about half of these women also experience vomiting. For some women, it can be very debilitating. Conventional anti-emetics bring with them a risk of potential teratogenic effects during the critical stage of early pregnancy. Women tend to feel more comfortable taking a 'natural' or herbal substance to help manage these issues.

Ginger (*Zingiber officinale*)

One of the most popular remedies for nausea in pregnancy is ginger (*Zingiber officinale*). A Cochrane review¹ assessed the evidence for or against the efficacy and safety of ginger therapy for nausea and vomiting in early pregnancy. The systematic review was a literature search using Medline, Cochrane Library and EMBASE. The criteria selected when looking at efficacy were double blind randomised controlled trials (RCTs). When looking at safety uncontrolled, case reports, observational studies and RCTs were included. Six RCTs met the selection criteria with a total of 675 participants. Four of the 6 trials (n=246) showed superiority of ginger in reducing nausea and vomiting in early pregnancy over the test drug (vitamin B6); the other two trials (n=429) showed equal efficacy. Both the observational study and RCTs (including follow up periods) showed the absence of significant side effects or adverse effects on pregnancy outcomes. There were no spontaneous or case reports of adverse events during ginger treatment in pregnancy.

The conclusion of this study is that ginger may be an effective treatment choice for nausea and vomiting associated with early pregnancy. Further observational studies with larger numbers of women need to be carried out to confirm the promising preliminary data for the safety of this therapy.

Magnesium sulphate

Pre-eclampsia – a reasonably common complication of pregnancy – is characterised by high blood pressure and protein in the urine. Eclampsia, on the other hand is a rare but potentially fatal complication of pregnancy. Eclampsia is more severe and characterised by clotting problems, liver problems and convulsions. The occurrence of eclampsia can have potentially dangerous effects for both mother and baby.

A 2006 Cochrane review² assessed the effectiveness and safety of anticonvulsants used for pre-eclampsia on women and their babies. The selection criteria included all randomised controlled trials comparing anticonvulsants with placebo or no treatment or comparisons involving different anticonvulsants. The search used the Cochrane pregnancy and childbirth group trials and the Cochrane controlled trials register.

Six trials (11 444 women) compared magnesium sulphate with placebo or no anticonvulsant. The results showed that there was more than a halving in the risk of development of eclampsia in the magnesium sulphate group. However, the risk of dying was not significantly reduced for women allocated magnesium sulphate. Side effects were more common with magnesium sulphate compared with placebo; flushing being the main one. Risk of placental abruption was also reduced for women allocated magnesium sulphate. Women allocated magnesium sulphate had a small increase (5%) in the risk of caesarean section. There was no overall difference in the risk of stillbirth or neonatal death.

Magnesium sulphate was better than phenytoin for reducing the risk of eclampsia in two trials involving 2241 women; however there was an increased risk of caesarean section. Magnesium sulphate was also better than nimodipine in another trial.

The Cochrane review results showed that magnesium sulphate helps to prevent eclamptic fits in at risk pregnant women. This effect probably reduces the risk of maternal death. It was superior to some of the commonly used anticonvulsants such as phenytoin. It does not improve the health of the baby. Twenty-five percent of the women in the magnesium sulphate group suffered with flushing as a side effect of the treatment.

Conflict of interest: none declared.

References

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2. Duley L, Gülmezoglu AM, Henderson-Smart DJ. Magnesium sulphate and other anticonvulsants for women with pre-eclampsia. The Cochrane Database of Systematic Reviews 2006; Issue 2.

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