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Herbalists' Approaches to the Use of Herbal Products During Pregnancy: A Qualitative Study

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ABSTRACT

Objective: The aim of this study was to determine herbalists' approaches to the use of herbal products during pregnancy. **Materials and Methods:** A descriptive, phenomenological design, one of the qualitative research methods, was used. The study was conducted with 16 individuals working as herbalists in Samsun province, located in the north of Turkey, between January and June 2023. The experiences of herbalists about herbal product use during pregnancy were examined using the individual in-depth interview technique, and the data analysis was performed using the thematic analysis method. The results obtained from the research were reported in accordance with the SRQR criteria. **Results:** As a result of the analysis, four main themes were identified: (1) presenting complaints of pregnant women; (2) herbal products that pregnant women purchase from herbalists; (3) the person(s) recommending the herbal product; (4) herbalists' approach to herbal products. Pregnant women mostly presented to herbalists to increase breast milk or with nausea-vomiting and constipation complaints. It was determined that they often purchased fennel, ginger, and anise for these complaints and got advice from herbalists about using herbal products. Herbalists mostly recommended rose of Jericho (*Anastatica hierochuntica* L.), linden, and fennel thinking that they were beneficial during pregnancy but they did not recommend yarrow as they thought it was harmful. **Conclusion:** It was concluded that pregnant women received advice from herbalists about herbal products and that some herbalists recommended herbal products that were not normally recommended for use during pregnancy. **Keywords:** Herbalist, Herbal Medicine, Herbal Product, Pregnancy.

Gebelik Döneminde Bitkisel Ürün Kullanımına Yönelik Aktarların Yaklaşımları: Nitel Bir Çalışma

ÖZ

Amaç: Bu çalışmanın amacı, gebelik döneminde bitkisel ürün kullanımına yönelik aktarların yaklaşımını belirlemektir. **Gereç ve Yöntem:** Bu çalışmada, nitel araştırma yöntemlerinden tanımlayıcı fenomenolojik desen kullanıldı. Çalışma, Ocak-Mayıs 2023 tarihleri arasında Türkiye'nin kuzeyinde yer alan Samsun ilinde aktarlarda çalışan 16 bireyle yürütüldü. Aktarda çalışan bireylerin gebelerin bitkisel ürün kullanımı ile ilgili deneyimleri bireysel derinlemesine görüşme tekniği kullanılarak incelendi ve verilerin analizi, tematik analiz yöntemi kullanılarak yapıldı. Araştırmadan elde edilen sonuçlar ise SRQR kriterleri doğrultusunda rapor edildi. **Bulgular:** Analizin sonucunda dört ana tema belirlendi: (I) gebelerin başvurduğu şikayetler; (II) gebelerin aktardan aldığı bitkisel ürünler; (III) bitkisel ürün tavsiye eden kişi/kaynak; (IV) aktarların bitkisel ürün ile ilgili yaklaşımı. Gebelerin daha çok anne sütünü arttırmak, bulantı-kusma ve kabızlık şikayetleri için aktara başvurdukları, bu şikayetler için en fazla rezeneyi, zencefil ve anasonu satın aldıkları, bitkisel ürün kullanımı ile ilgili aktardan da tavsiye aldıkları, aktarlar meryem ana otunu, ıhlamuru ve rezeneyi gebelik döneminde yararlı olduğu düşüncesiyle tavsiye ederken civan perçemini zararlı olduğu düşüncesiyle tavsiye etmediği saptanmıştır. **Sonuç:** Gebelerin bitkisel ürün ile ilgili aktarlardan tavsiye aldığı, bazı aktarların gebelik döneminde kullanılması önerilmeyen bitkisel ürünleri tavsiye ettiği sonucuna varılmıştır.

Anahtar Kelimeler: Aktar, Bitkisel Tıp, Bitkisel Ürün, Gebelik.

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INTRODUCTION

Herbal products are applications to prevent diseases and support treatment implemented using plants with scientifically proven medical effects, their parts containing active ingredients, and pharmaceutically processed forms such as tablets and capsules (World Health Organization, 2019). In a systematic review, the rate of herbal product use during pregnancy was reported as 34% (Xiong et al., 2023). This rate varies between 33% and 48% in developing and underdeveloped countries (Abdollahi et al., 2018; Aljofan and Alkhamaiseh, 2020; Ayhan and Akalim, 2021; KIssal et al., 2017). The rate of these herbal product use varies according to the region of residence, ethnicity, education, and socioeconomic status, and therefore problems arise in their scientific evaluation and management (El Hajj and Holst, 2020; Jahan et al., 2022).

Physiological, psychological, and hormonal changes occur during pregnancy and these changes cause nausea, vomiting, pain, anxiety, or constipation (Anteneh et al., 2022; John and Shantakumari, 2015; KIssal et al., 2017). Pregnant women tend to use herbal products that are easily accessible and do not require a prescription to cope with these problems. This tendency is based on the belief that herbal products are more natural and safer for both the woman and her baby (KIssal et al., 2017; Jahan et al., 2022; John and Shantakumari, 2015; Illamola et al., 2020). However, herbal products used during pregnancy cause serious side effects by interacting with medications and even lead to fetal death, preterm birth, uterine bleeding, abortion, and mental retardation (Eid et al., 2020; Xiong et al., 2023). For these reasons, the United States Food and Drug Agency, the European Medicines Agency, and the German Commission E do not recommend the use of herbal products during pregnancy (John and Shantakumari, 2015).

Herbal products commonly used during pregnancy are sage, raspberry, Aloe Vera, anise, thyme, cranberry, mint, chamomile, garlic, green tea, and ginger (Dafam et al., 2021). Pregnant women receive advice about these products from family, relatives, friends, and social media (such as the Internet, and television) in addition to health personnel (KIssal et al., 2017). It has even been reported that pregnant women who use herbal products by taking advice from non-health personnel hide this information from healthcare professionals (John and Shantakumari, 2015; Nyeko et al., 2016). This situation delays the treatment that the pregnant woman should receive, decreases the effect of the prescription drug used, and endangers the health of the mother and baby (Nyeko et al., 2016).

The World Health Organization emphasizes that those who will recommend or supervise the use of herbal products should have education about them (World Health Organization, 2013). Some studies on the use of herbal products during pregnancy have

indicated that pregnant women receive advice from family, relatives, friends, neighbors, and social media in addition to health personnel (Demirci Kayıran and Kırıcı, 2019; Leke et al., 2022; Jahan et al., 2022). A review of the literature has shown that there is no study on the investigation of pregnant women's status of receiving advice from herbalists about herbal products and herbalists' approaches. This formed the starting point of this study. It is thought that the data to be obtained in the present research will contribute to the legal regulations on traditional and complementary medicine practices, education of herbalists, regulations about starting a business, increasing maternal and fetal health, and health personnel.

This study was conducted to examine herbalists' approaches to the use of herbal products during pregnancy.

MATERIALS AND METHODS

Type of the study

A descriptive phenomenological design, one of the qualitative research approaches, was used, and the results were reported in line with the SRQR criteria.

Setting and time of the study

The research was conducted with individuals working as herbalists in Samsun province, located in the north of Turkey, between January and June 2023.

Population and sample of the study

The population of the research consisted of 16 individuals working in herbalist shops located in the Atakum district of Samsun province. The sample size of the study was determined using the criterion sampling method, one of the purposive sampling methods. According to the literature, the sample size of qualitative studies can be determined according to the saturation point of the responses given to the research questions, and generally, 5-25 people are considered enough (Aksayan and Emiroğlu, 2002; Başkale, 2016). Accordingly, interviews with individuals in the study continued until the data saturation point was reached. Individuals who sold herbal products to pregnant women during the study and agreed to participate were included, and individuals with a total work experience of less than one month were not included in the study.

Data collection tools

Research data were collected with a semi-structured interview form prepared by the researchers following a review of the literature (Anteneh et al., 2022; John and Shantakumari, 2015; KIssal et al., 2017). The semi-structured interview form consisted of questions to determine herbalists' approaches to herbal product use during pregnancy (Table 1). The semi-structured interview form was piloted to two individuals to evaluate its intelligibility and applicability, and these individuals were not included in the study.

Data collection

In this process, the purpose of the research was explained to the individuals, taking into account the

inclusion criteria of the research, they were informed that the interviews would be audio recorded, and their informed consent was obtained. The data were collected by the researchers using the in-depth interview technique. Each interviewee was given a

number. The interviews were held at the participants' convenience and continued until the data saturation point was reached. Each interview lasted about an hour.

Table 1. Interview questions.

<ul style="list-style-type: none"> • What complaints (nausea-vomiting, heartburn, cramps, etc.) do pregnant women usually present to you with? • What herbal products do they prefer for certain complaints? • Could you tell us who or where pregnant women (health personnel, relatives, close circles, social media, etc.) get advice from for herbal products? • Do pregnant women ask you for advice about herbal products? • Could you tell us about herbal products that you think are beneficial during pregnancy? • What herbal products do you think are harmful to use during pregnancy?

Data analysis

The audio recordings of the interviews were transcribed verbatim, and participants were given codes. Study data were thematically analyzed by both researchers using the inductive approach cited by Braun and Clarke (Yıldırım and Şimşek, 2018). The raw data were read line-by-line. Categories and themes were created by open coding in the first stage and typological coding in the second stage. In case of an inconsistency between the researchers' comments, the case was discussed and a consensus was reached. As a result, four themes and sixteen sub-themes were elicited from the data. The reliability of the findings was supported based on four basic criteria: reliability, transferability, reliability, and confirmability. All data were stored on a password-protected computer that only the research team had access to.

Ethical considerations

This research was conducted in accordance with the principles of Helsinki Declaration. The approval of the Ondokuz Mayıs University Social and Human Sciences Ethics Committee (Approval no.: 2022/1143; Date: 30.12.2022) was obtained. Considering the inclusion criteria of the study, individuals were informed about the purpose of the study, and written consent was obtained from those who volunteered to participate.

RESULTS

Seven of the participants in the study were high school graduates, three had an associate degree, and six had an undergraduate degree. Only two of them had attended a phytotherapy course about herbal products, and most of them were willing to receive education on them (Table 2).

Table 2. Participants' descriptive characteristics.

Code name	Age	Sex	Total work experience	Education	Status of liking the profession	Status of having received training on herbal products	Willingness to receive education on herbal products
P1	20	Female	3 months	Associate degree	Yes	No	Yes
P2	18	Female	9 months	High school	Yes	No	Yes
P3	25	Female	1.5 years	High school	Yes	No	Yes
P4	20	Female	2 years	High school	Yes	No	Yes
P5	49	Male	12 years	High school	Yes	Yes	No
P6	42	Male	2 years	Undergraduate degree	Yes	No	No
P7	28	Male	5 years	Undergraduate degree	Yes	No	No
P8	35	Male	20 years	Associate degree	Yes	Yes	Yes
P9	26	Male	6 years	Undergraduate degree	Yes	No	Yes
P10	33	Male	3 years	High school	Yes	No	Yes
P11	28	Male	6 years	Undergraduate degree	Yes	No	Yes
P12	51	Male	2 years	Undergraduate degree	Yes	No	Yes
P13	32	Male	12 years	High school	Yes	No	Yes
P14	24	Female	2 years	Associate degree	Yes	No	Yes
P15	36	Female	8 months	High school	Yes	No	Yes
P16	31	Male	4 years	Undergraduate degree	Yes	No	Yes

Following the data analysis, four themes and sixteen sub-themes were obtained (Table 3).

Theme 1. Presenting complaints of pregnant women

Participants stated that pregnant women often presented with complaints, such as low milk supply, nausea, vomiting, and constipation. Their statements about pregnant women's presenting complaints were as follows.

"Pregnant women come to find out what tea or what other products they can use to reduce nausea and relax." (P1)

"They come to us with complaints of bloating and edema." (P3)

Theme 2. Herbal products that pregnant women purchase from herbalists

Herbal products purchased to increase breast milk

Almost all of the herbalists stated that women came to increase breast milk during pregnancy and they mostly preferred fennel, nettle, and anise. Their statements regarding this theme were as follows:

"Fennel as it makes milk ... so that they can produce more milk." (P1)

"To increase milk, they can consume dates, fennel, cumin, or anise. They can consume the tea form of the products. They can also consume nettle in the form of tea. They can mix and consume all of what I've said. Anise and cumin can be mixed and brewed in the form of tea and consumed." (P2)

"There are products such as nettle and fennel for increasing milk." (P5)

"There are herbal tea products which are blends of several herbs that increase breast milk. They contain allspice, cloves, turmeric, ginger, cinnamon, and fennel." (P6)

"We generally recommend nettle, fennel, anise, or fibrous foods to increase breast milk." (P9)

Herbal products for nausea and vomiting

Some participants stated that pregnant women mostly preferred ginger for nausea and vomiting and that linden, yarrow, mint, and fennel were also preferred. Their statements regarding this topic were as follow.

"We usually give peppermints for nausea and vomiting, and echinacea for coughs." (P6)

"Ginger is purchased for nausea and vomiting; it can be used for nausea. Physicians, too, recommend it." (P8)

"They usually present with nausea and the flu. They mostly prefer ginger and linden." (P9)

"For nausea and vomiting, I only recommend fennel and ginger." (P10)

Herbal products purchased for easy vaginal delivery

Participants stated that pregnant women preferred rose of Jericho as an herbal product for easy vaginal

delivery, and one participant mentioned bay leaf. Their statements on this subject were as follows.

"Rose of Jericho is considered to facilitate childbirth; they put it directly into hot water. They drink its water after brewing for 10 minutes." (P2)

"They purchase rose of Jericho to brew and drink to give birth easily." (P11)

"They make rose of Jericho tea for easy childbirth." (P14)

"For easy childbirth, we give rose of Jericho and bay leaf. They consume the bay leaf tea starting one week before the birth. Half a glass in the morning and evening accelerates and facilitates childbirth." (P16)

Theme 3. The person(s) recommending the herbal product

Participants stated that pregnant women usually received advice from social media (television, the Internet), family, and herbalists apart from health personnel. Their statements on this subject were as follows.

"There are a lot of people who get advice from their relatives, while the number of those who get advice from doctors, midwives, and nurses is less." (P1)

"They come here after they get information from the Internet, their families, and close circles. More than 50% of them come after learning about products from television." (P11)

"They usually come with advice from grandma or mom. There are more and more people who learn about herbal products from the Internet and television." (P16)

"Many pregnant women come to consult us because they do not want to take medication or they are not given medication. After getting a diagnosis from the doctor, they come to consult us before going to the pharmacy. In cases where the physician cannot prescribe medicine, we are the first address." (P16)

Theme 4. Herbalists' approach to herbal products Status of giving advice

More than half of the herbalists stated that they did not recommend herbal products to pregnant women or that they gave them products recommended by physicians. Four of the herbalists stated that they recommended herbal products to pregnant women, and it was determined that these herbalists had not received phytotherapy training. Some of the participants' views on this issue were as follows.

"Since pregnancy is a troublesome process, we cannot recommend herbal products to any pregnant women, even though we have received training on this subject. We recommend that a pregnant woman consult her doctor when she wants to purchase an herbal product." (P3)

Table 3. Themes, sub-themes and meaning units obtained as a result of data analysis.

Themes	Sub-themes	Meaning units
Presenting complaints of pregnant women		Increasing breast milk Cold, and the flu Nausea and vomiting Anemia Constipation Anxiety Easy vaginal delivery Infection Gas pain Weight loss Edema Insomnia
Herbal products that pregnant women purchase from herbalists	Increasing breast milk Nausea and vomiting Constipation Easy vaginal delivery Gas pain Edema Cold and the flu Anemia Anxiety Infection Losing weight Insomnia	Fennel, Nettle, Anise, Cumin, Fenugreek, Chamomile, Ginger, Okra flower, Dill, Clove, Lemon balm, Sugar beet, Cinnamon, Allspice, Green tea, Turmeric Ginger, Linden, Yarrow, Mint, Fennel Alder buckthorn, Senna, Sage Rose of Jericho, Bay leaf Fennel, Anise, Nettle, Cumin Cherry stalks, Corn silk, Avocado, Chamomile, Green tea Sage, Linden, Ginger, Anise, Quince leaf, Echinacea, Chamomile, Fennel Bitter melon, Fennel Sage, Anise, Nettle, Cumin, Lemon balm, Chamomile, Fennel Sage, Dried mulberry, Echinacea, Cherry stalks, Ginger Senna Sage
The person(s) recommending the herbal product		Health personnel Social media (television, the Internet) Family Herbalists Relatives Friends Neighbors
Herbalists' approach to herbal products	Status of recommending herbal products	I would definitely not recommend. I would recommend only using the medicines the physician prescribes. I recommend some herbs when pregnant women ask for them.
	Recommended usage	Herbal products recommended because they are considered beneficial: Rose of Jericho, Linden, Fennel, Anise, Nettle, Cumin, Corn silk, Cherry stalks, Avocado, Sage, Echinacea, Peppermint, Cinnamon, Chamomile, Lemon balm, Ginger, Alder buckthorn
		Herbal products not recommended because they are considered harmful: Yarrow, Sage, Echinacea, Ginger, Mallow, St. John's wort
	Recommendations for the usage of herbal products	Drinking as tea Eating plant powders mixed with milk or honey Mouthwash
Recommendations for the frequency of herbal product consumption	Once a day Twice a day Four times a day	

"We can't recommend pregnant women any products when they have pain or something else. The only thing they can use is linden." (P7)

"They usually come with information from their physician or an authorized person. They are conscious. There is no plant that we can recommend other than specialist advice because pregnancy is a very special period." (P8)

"When asked, I don't usually mention herbal mixtures; I recommend fennel, linden, ginger, and anise, which are known as the least harmless." (P9)

Way of giving advice

Some participants stated that they recommended some herbal products such as rose of Jericho, linden, fennel, anise, nettle, and cumin to pregnant women because they thought that they were beneficial during pregnancy. Some of the views on this issue were as follows;

"Edema complaint is really common; we recommend a mixture of these three plants: corn silk, cherry stalks, and avocado leaf." (P4)

"I usually recommend fennel, linden, ginger, and anise, which are known to be harmless." (P9)

"They come with nausea and vomiting complaints and to increase milk. I only recommend fennel and ginger for nausea and vomiting." (P10)

Only three participants stated that some herbal products, such as sage, yarrow, hibiscus, echinacea, St. John's Wort, and ginger, were harmful during pregnancy. Other participants did not make any comments on this issue. Some of their views on this issue were as follows.

"Sometimes they come with constipation complains; sage is a bit risky in this case. We also have alder buckthorn for constipation, but we do not recommend it to pregnant women as it may be risky." (P6)

"Yarrow relieves nausea in a normal person, but pregnancy is a very different situation. Normally, we can use echinacea, ginger, or hibiscus for the flu, but we cannot give them to pregnant women." (P8)

"For example, we do not give yarrow or St. John's Wort tea because it has blood thinning properties." (P13)

It was determined that participants advised pregnant women to use herbal products in the following ways: making tea; mixing herbal powders with milk or honey; mouthwashing with their juice. Some of their views on this issue were as follows.

"They use it as tea; they put it into boiling water, brew for five minutes, and consume it. It can be consumed in the morning and evening or once a day." (P4)

"They can consume ginger powder mixed with honey. They usually consume linden as tea." (P9)

"Mix ginger with honey for a sore throat or a cold. Use sage with milk for coughs and sore throats." (P13)

It was determined that herbalists mostly advised pregnant women to consume herbal products twice a

day. Some of their views on this issue were as follows;

"It is usually consumed twice a day; morning and evening. Some teas are not recommended more than twice a day because their excessive consumption is harmful and risky." (P6)

"Consume one to two times a day; more than twice a day creates problems." (P9)

"How many times a day each herb will be consumed varies; usually they are consumed twice a day. Herbs such as linden can be consumed four times a day." (P14).

DISCUSSION

In this study, conducted to determine herbalists' approaches to the use of herbal products during pregnancy, it was determined that pregnant women mostly presented to herbalists to increase breast milk and facilitate vaginal childbirth and with nausea, vomiting, and constipation complaints. Similar to our study findings, in a study conducted in Uganda, it was reported that pregnant women used herbal products for initiation of labor, pain, nausea, and vomiting complaints (Nyeko et al., 2016). In a study conducted in Saudi Arabia, it was stated that pregnant women used herbal products to increase breast milk and facilitate vaginal childbirth (Aljofan and Alkhamaiseh, 2020). Contrary to our study findings, some studies in the literature have shown that pregnant women use herbal products to increase energy, eliminate gastrointestinal system-related problems, and reduce cold and flu symptoms (Ibanda et al., 2021; John and Shantakumari, 2015). It was determined in a systematic review that pregnant women used herbal products for pain, anxiety, nausea, and vomiting complaints (Kam et al., 2019). It was also found in our study that pregnant women mostly purchased fennel, ginger, and anise for these complaints. Similar to our study finding, it was reported that pregnant women from Bangladesh, Palestine, and Uganda mostly preferred fennel, nettle, anise, ginger, alder buckthorn, black cumin, chamomile, sage, and thyme (Jahan et al., 2022; Nyeko et al., 2016). Contrary to our findings, it was stated that pregnant women from Australia, Norway, and Tuscany usually preferred raspberry, fennel, and St. John's Wort (John and Shantakumari, 2015). This shows that the complaints that cause the use of herbal products by pregnant women and the herbal products they use for these complaints are different in every culture. Therefore, it can be said that there is a need to determine the complaints that cause the use of herbal products by pregnant women in every society and the herbal products applied for these complaints. Individuals who will recommend or supervise the use of herbal products should have education on them (World Health Organization, 2013). However, some studies in the literature have shown that pregnant women get information about the use of herbal products primarily from their families (Jahan et al.,

2022; Leke et al., 2022). Similarly, in our study, it was determined that pregnant women received advice primarily from social media, family, and herbalists, apart from health personnel, regarding the use of herbal products. Similar to our study finding, in the literature have indicated that pregnant women receive advice from herbalists about herbal products (Leke et al., 2022). These results are important in terms of revealing that pregnant women receive advice from herbalists for the use of herbal products, which shows that legal regulations regarding opening an herbal shop and working in these shops should be put into effect.

Women use ginger, an antiemetic agent, for nausea and vomiting during pregnancy (Kul Uçtu et al., 2018). According to a report published by the American Society of Obstetrics and Gynecology, ginger is effective in reducing nausea during pregnancy but not vomiting (Committee on Practice Bulletins Obstetrics, 2018). Fennel, anise, linden, sage, and nettle have been reported to be effective in stimulating, initiating, and maintaining milk production (Ghasemi et al., 2015; Romm, 2017). Anise is safe to use during pregnancy; it is used to treat genital infections and reduce the risk of preterm birth (Almoayad et al., 2021). Although sage is safe to use after 37 weeks of gestation, high doses may cause miscarriages (Almoayad et al., 2021). In our study, herbalists stated that they recommended rose of Jericho, linden, fennel, anise, nettle, cumin, corn silk, cherry stalks, avocado, sage, echinacea, mint, cinnamon, chamomile, lemon balm, ginger, and alder buckthorn because they thought they were beneficial. Of these herbal products, rose of Jericho, fennel, nettle, cumin, cherry stalks, lemon balm, ginger, and alder buckthorn can be used during pregnancy (Chevallier, 2016). However, anise, corn silk, avocado, sage, echinacea, peppermint, cinnamon, and chamomile are not recommended to be used during pregnancy as they may cause abortion, premature birth, and low birth weight (Chevallier, 2016, Sarecka-Hujar and Szulc-Musiol, 2022). It is thought that herbalists' recommendation of these herbal products to pregnant women may be due to the lack of information about herbal products that can be used during pregnancy.

In our study, herbalists who had education on herbal products stated that they did not recommend yarrow, sage, echinacea, ginger, hibiscus, and St. John's Wort because they thought they were harmful during pregnancy. Of these plants, yarrow, sage, hibiscus, St. John's wort, and echinacea are not recommended during pregnancy as they may cause abortion, stillbirth, and fetal malformations (Chevallier, 2016; Schafer et al., 2021; European Medicines Agency, 2018). High doses of sage may cause abortions (Almoayad et al., 2021). This shows that giving education to herbalists about herbal products will be effective, and it is necessary to increase public health.

Study strengths and limitations

The strengths of this qualitative research were that interviews were conducted by the same person, study data were reported according to the SRQR criteria, and the reliability of the findings was achieved based on four criteria. The limitation of the study was that since the study data were obtained through interviews, they can only represent herbalists who participated in the research.

CONCLUSION

In conclusion, it was determined that pregnant women mostly presented to herbalists with complaints of increasing breast milk, nausea-vomiting, and constipation. They usually purchased fennel, ginger, and anise for these complaints. In addition, they got advice from herbalists about using herbal products. Some herbalists recommended consuming rose of Jericho, linden, and fennel during pregnancy as these were thought to be beneficial. They did not recommend yarrow because it was considered harmful. They also recommended consuming herbal products usually in the form of tea twice a day. In line with these results, it is necessary to enact some regulations on opening an herbalist shop or receiving training on herbal products to work as an herbalist; otherwise, herbal products should only be sold in pharmacies. It may be recommended that pregnant women should be given qualified training on herbal products, especially in prenatal care services. In addition, it may be recommended to carry out quantitative and qualitative studies on the use of herbal products during pregnancy and experimental studies on the examination of their effects on pregnancy.

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Conflict of Interest

No conflict of interest has been declared between the authors.

Author Contributions

Plan, design: YS, EK; **Material, methods and data collection:** YS, EK; **Data analysis and comments:** YS; **Writing and corrections:** YS, EK.

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Ethical Approval

Institution: Ondokuz Mayıs University Social and Human Sciences Ethics Committee

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