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Rhubarb

Revised: December 3, 2018.

CASRN: 90106-29-9

Drug Levels and Effects

Summary of Use during Lactation

Rhubarb (Rheum officinale, Rheum palmatum) root contains anthraquinones (e.g., aloe-emodin, chrysophanol, emodin, rhein), which are laxatives, and tannins, which are astringents. Rhubarb has no specific lactation-related uses. It has been used for a wide variety of conditions, such as constipation, chronic renal failure, and upper gastrointestinal bleeding. It has also been used topically for conditions, such as herpes infections, and gingivitis. Most of these conditions are not supported by well-controlled trials. Other species of rhubarb are used primarily as foods. Chinese and garden rhubarb are "generally recognized as safe" (GRAS) as a food by the U.S. Food and Drug Administration. Two very old studies found that laxative doses of rhubarb given to nursing mothers did not appear to pass into milk or affect their breastfed infants.[1] Nevertheless, most recent reviewers state that rhubarb should not be used during breastfeeding because of possible cathartic effects on the breastfed infants.[2][3] Dietary supplements do not require extensive pre-marketing approval from the U.S. Food and Drug Administration. Manufacturers are responsible to ensure the safety, but do not need to *prove* the safety and effectiveness of dietary supplements before they are marketed. Dietary supplements may contain multiple ingredients, and differences are often found between labeled and actual ingredients or their amounts. A manufacturer may contract with an independent organization to verify the quality of a product or its ingredients, but that does *not* certify the safety or effectiveness of a product. Because of the above issues, clinical testing results on one product may not be applicable to other products. More detailed information about dietary supplements is available elsewhere on the LactMed Web site.

Drug Levels

Maternal Levels. After administration of 9.3 mL of rhubarb syrup to 9 nursing mothers, anthraquinones were undetectable (<220 mg/L of rhubarb using a colorimetric method) in breastmilk collected over 20 hours. The authors also cite a previous study that found no detectable aloes in the milk of mothers given rhubarb using an ultraviolet fluorescent assay. In both studies, laxative principles were detectable in breastmilk after other anthraquinone-containing laxatives were administered to nursing mothers.[1]

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

In an old uncontrolled study, 9 nursing mothers were given 9.2 mL of rhubarb syrup on day 5 postpartum and each successive evening until discharge. Although all of the mothers had a laxative effect from this regimen, none of their breastfed infant had any noticeable laxative effects.[1]

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

Alternate Drugs to Consider

Bisacodyl, Magnesium Hydroxide, Senna

References

1. Tyson RM, Shrader EA, Perlman HH. Drugs transmitted through breast milk. Part I: laxatives. J Pediatr. 1937;11:824-32.
2. Yarnell E. Botanical medicine in pregnancy and lactation. Altern Complement Ther. 1997;3 (April):93-100.
3. Nice F, Coghlan RJ, Birmingham BT. Which herbals are safe to take while breastfeeding? Here's a guide to popular herbs and their potential risk to nurslings. US Pharm. 2000;25.

Substance Identification

Substance Name

Rhubarb

Scientific Name

Rheum officinale Rheum palmatum

CAS Registry Number

90106-29-9

Drug Class

Breast Feeding

Lactation

Complementary Therapies

Food

Phytotherapy

Plants, Medicinal