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NLM Citation: Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Hibiscus. [Updated 2018 Dec 3].
Bookshelf URL: https://www.ncbi.nlm.nih.gov/books/

Hibiscus

Revised: December 3, 2018.

Drug Levels and Effects

Summary of Use during Lactation

Hibiscus (Hibiscus sabdariffa) flowers contain anthocyanins, proanthocyanidins, flavonols, as well as various pigments, oils and acids. Other Hibiscus species are also used medicinally. Hibiscus is purportedly used as a galactogogue in some cultures and is included in some proprietary mixtures promoted to increase milk supply; [1][2] however, no scientifically valid clinical trials support this use. Galactogogues should never replace evaluation and counseling on modifiable factors that affect milk production.[3] No data exist on the excretion of any components of hibiscus into breastmilk or on the safety and efficacy of hibiscus nursing mothers or infants. Hibiscus is "generally recognized as safe" (GRAS) as a food by the U.S. Food and Drug Administration. Hibiscus flowers appear to be generally well tolerated, although allergic reactions are possible, including cross reaction with other members of the Malvaceae family (e.g., ambrette, marshmallow).

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

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

Effects in Breastfed Infants

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

Effects on Lactation and Breastmilk

Sixty-six postpartum mothers (22 in each of 3 groups) with no concurrent illnesses were randomly assigned to receive an herbal tea, placebo, or nothing after delivering healthy, fullterm infants. Mothers in the herbal tea group received at least 3 cups daily of 200 mL of Still Tea (Humana-Istanbul, Turkey; containing hibiscus 2.6 grams, fennel extract 200 mg, fennel oil 20 mg, rooibos 200 mg, verbena [vervain] 200 mg, raspberry leaves 200 mg, fenugreek 100 mg, goat's rue 100 mg, and, vitamin C 500 mg per 100 grams, per manufacturer's web site November 2011). A similar-looking apple tea was used as the placebo. All women were followed by the same nurse and pediatrician who were blinded to what treatment the mothers received. Mothers who received the Still Tea produced more breastmilk with an electric breast pump on the third day postpartum than mothers in the other groups. The infants in the Still Tea group had a lower maximum weight loss, and they regained their birth weights sooner than those in the placebo or no treatment arms. No long-term outcome data were collected. Because many of the ingredients in Still Tea are purported galactogogues, including hibiscus, no single ingredient can be considered solely responsible for the tea's effects, although the authors attributed the action to fenugreek.[4]

An herbal tea containing hibiscus, fenugreek, fennel, rooibos, vervain, raspberry, goat's rue, and vitamin C (Humana Still-Tee, Humana GmbH, Herford, Germany) or water was randomly given to nursing mothers in a dosage of 3 cups daily beginning on the day of delivery. Several markers of antioxidant capacity were measured in breastmilk on day 1 and again after 7 to 10 days. No difference was found in the markers between mothers who received the tea and the water.[5]

References

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Substance Identification

Substance Name

Hibiscus

Scientific Name

Hibiscus sabdariffa

Drug Class

Breast Feeding

Lactation

Complementary Therapies

Food

Phytotherapy

Plants, Medicinal