



Vervain

Revised: February 15, 2021.

Drug Levels and Effects

Summary of Use during Lactation

Vervain (*Verbena officinalis*) contains iridoid glycosides (e.g., verbenalin, hastatoside), verbascoside, and flavonoids. Vervain is a purported galactagogue;[1-3] however, no scientifically valid clinical trials support this use. Galactagogues should never replace evaluation and counseling on modifiable factors that affect milk production.[4,5] No data exist on the excretion of any components of vervain into breastmilk or on the safety and efficacy of vervain in nursing mothers or infants. Vervain is "generally recognized as safe" (GRAS) as a food by the U.S. Food and Drug Administration. It is well tolerated, but gastrointestinal and allergic reactions have been reported.

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.

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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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 vervain, no single ingredient can be considered solely responsible for the tea's effects, although the authors attributed the action to fenugreek. [6]

An herbal tea containing vervain, fenugreek, hibiscus, fennel, rooibos, 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.[7]

References

1. Yarnell E. Botanical medicine in pregnancy and lactation. *Altern Complement Ther.* 1997;3(April):93–100.
2. Hardy ML. Women's health series: Herbs of special interest to women. *J Am Pharm Assoc (Wash).* 2000;40:234–42. PubMed PMID: 10730024.
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4. Brodribb W. ABM Clinical Protocol #9. Use of galactogogues in initiating or augmenting maternal milk production, second revision 2018. *Breastfeed Med.* 2018;13:307–14. PubMed PMID: 29902083.
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7. Kavurt S, Bas AY, Yucel H, et al. The effect of galactagogue herbal tea on oxidant and anti-oxidant status of human milk. *J Matern Fetal Neonatal Med.* 2013;26:1048–51. PubMed PMID: 23363373.

Substance Identification

Substance Name

Vervain

Scientific Name

Verbena officinalis

Drug Class

Breast Feeding

Lactation

Complementary Therapies

Food

Phytotherapy

Plants, Medicinal