Ginger

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to ginger may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

**What is ginger?**

Ginger (*Zingiber officinale*) is an herb that is widely used as a spice and as an herbal remedy. The root (rhizome) is the part of the plant that is eaten or taken. It is used in cooking, teas, and soft drinks. It can also be taken in pill or syrup form.

Herbal supplements, such as ginger in pill form, are not approved by the Food and Drug Administration (FDA) like traditional medications. Ginger as a food product is not thought to increase risks to a pregnancy. However, pills may vary in concentration and the contents of the pill may not be correctly stated on the label. Please see the fact sheet on Herbal Products for more information (https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/pdf/).

**What is ginger used for?**

Ginger is used for a wide variety of treatment options. Ginger has been used for morning sickness, motion sickness, nausea, upset stomach or vomiting. Ginger is also used as a spice (flavor) in cooking.

**Will ginger help my morning sickness?**

A review of twelve studies found that taking ginger was effective for treating nausea in pregnancy. However, most studies found that it did not reduce the number of times a pregnant woman vomited. One small study of women with severe vomiting during pregnancy (hyperemesis gravidarum) found that ginger was preferred for greater relief of their symptoms. It is advised that ginger be taken as recommended. The average amount of ginger used in research studies is 1000 mg/day.

**Are there any women who should not take ginger during pregnancy?**

There can be concerns about taking ginger if you are also taking certain medications, including those that prevent blood clotting or those that lower blood pressure. Depending on the dose, ginger could lower blood sugar and therefore could be a concern for women taking medications for diabetes. If you take a medication, and would like to take ginger for nausea in pregnancy, talk to your healthcare provider.

**Could ginger cause a miscarriage?**

Ginger has not been found to increase the chance of miscarriage or stillbirth in human studies. Herbal treatments can affect or change the reaction of your normal prescription medications. Before you begin any type of herbal treatments, it is important to talk it over with your health care provider.

**Will taking or eating ginger during my pregnancy cause birth defects?**

Several studies, using an average of 1000 mg of ginger per day, did not find that taking ginger increased the chance of birth defects. The number of birth defects that were found in the studies was in the expected range of 3-5%, which is no higher than women in the same studies who did not take ginger during their pregnancy.

**Can I eat ginger, or take a ginger supplement while I breastfeed?**

There is no warning about eating ginger in its natural form for cooking during breastfeeding. When taken as a supplement for nausea or another condition, there are not enough studies. Be sure to talk to your health care provider.
about all your breastfeeding questions.

Is it a problem if the baby’s father consumed a lot of ginger when I became pregnant?

There have been no studies looking at how a man’s use of ginger might affect a partner’s pregnancy. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

Selected References:
- Choi JS, et al. 2015. Assessment of fetal and neonatal outcomes in the offspring of women who had been treated with dried ginger (Zingiberis rhizome siccus) for a variety of illnesses during pregnancy. J Obstet Gynaecol. 35(2): 125-130.

December, 2017