I am by now used to the kind of spin that Internet discussion can put on birth-related stories, and I'm not usually too surprised when, on reading the actual research article which has inspired a headline or discussion, I find that it doesn't bear much relationship to the dialogue that has been knitted from it. So when I went searching for the research paper behind the debates which included an article entitled, 'What to expect when you're expecting to eat your placenta. A new review of the literature finds no evidence that "placentophagy" is good for mothers. It could even be harmful' (Beck 2015), I'd like to think I was pretty open-minded about what it might contain. I wasn't really expecting to find any solid evidence of harm or benefit but, I thought, it's entirely possible that I have missed a significantly sized research study that had been carried out in this area.

The systematic review
That wasn't the case, though. The original article that had inspired the debates was a systematic review, led by a psychiatrist. According to a media story adapted from the researchers' press release (Medical News Today (MNT) 2015), the lead author's interest stemmed from conversations with women who wanted to know if eating their placenta would interfere with antidepressant medication. Reduction of depression is one of the key alleged benefits of placentophagy, along with (and according to the various websites which promote it, rather than solid research evidence) improved hormonal balance, increased breast milk production, faster postpartum recovery, reduction of postnatal bleeding, faster perineal healing and replenishing iron stores. If even half of these alleged benefits were true, this would be the best postpartum tonic ever.

The systematic review included 10 articles; only four of which involved humans, the other six being animal studies. The authors emphasised that placentophagy is an activity undertaken by only a minority of women and they summarised their findings thus:

"Experimental animal research in support of pain reduction has not been applied in humans. Studies investigating placenta consumption for facilitating uterine contraction, resumption of normal cyclic estrogen cycle, and milk production are inconclusive. The health benefits and risks of
placentophagy require further investigation of the retained contents of raw, cooked, and encapsulated placenta and its effects on the postpartum woman” (Coyle et al 2015: 1).

Personal and public views of the placenta

I will not put my cards on the table and admit that I don’t have strong views about the consumption of placentas. Which is slightly strange, as I have strong views on lots of things, but not that. I have strong views that women should be able to engage in placentophagy in the comfort of their own homes and without being hassled if they want to, and strong views about the general fabulousness of the placenta, but as far as consuming it is concerned? Meh, not really bothered either way, sorry. I have cared for women who have consumed, printed, buried, encapsulated and slow cooked their babies’ afterbirths, and I even know of a woman who took a big bite out of her newly born placenta because she instinctively felt that was a good thing to do, and all power to her, but I’ve still never developed a strong view on the question of whether doing so carries special benefits.

But even though I’m somewhat ambivalent on this topic and wary used to the disdain in which many people hold women’s bodies and the reality of birth, I’m still saddened by the level of vehemence that they use to share that, the reality of birth, I’m still saddened by the way that many people hold women’s bodies and which were spent mostly in the USA, women who wanted to consume their placenta tended to sort this out themselves. There were no paid placenta encapsulation services, though there was a bit of trading and sharing of capsule-making machines, expertise and tips amongst women. Those were different days, and the infection control disaster scenarios that some people might imagine when contemplating such ideas just weren’t a part of the mind-set in that area at that time. My role was mainly in helping the family to store their placenta appropriately, especially if they gave birth in a birth centre and needed to borrow a shelf in the clinical fridge while they availed themselves of the bathing or snoozing facilities before going home.

Having cared for women who ate placenta capsules, or fried their afterbirth into a casserole, have I observed any benefits of placentophagy? I truly don’t know. I need to acknowledge that, on the whole, the women who consume their placentas tend already to be on the health-conscious, nutritionally well-informed and well-nourished end of the spectrum; the kind of women who, if they find out they have low iron levels postnatally, will eat brilliantly and send their partner across town to get really good iron supplements, raw organic dark chocolate and good orange juice to mix into their placenta smoothie. So it is hard to separate those elements out from any benefits of placenta consumption, especially when observing a small number of women in practice rather than looking at data gathered via randomised controlled trials.

A part of me would like to think there are benefits to placentophagy, because I do like all that circle of life stuff and I’m rather partial to admiring placentas. But another part of me can see the point of the sceptics who argue that placentophagy is probably more of a cultural trend than a tradition passed down the ages and that the placenta – which is marvellous and beautiful and all that other good stuff – also acts as a barrier and waste recycling facility for the baby. So because of all of those points I cannot completely dismiss the concerns merely as inappropriate and fear-based scaremongering. That doesn’t stop me from wishing that people could express themselves and their views in less misogynistic, patriarchal words and actions, though.

In part two, I will continue pondering placentophagy and consider what options we have when we have no evidence.

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References