

## **ABSTRACT**

**Background:** In most sub-Saharan African countries, herbal medicines are widely used during pregnancy or delivery for various motives despite their unclear pharmacology and potential toxicity. All risky exposures, including use of herbs during pregnancy or delivery should be restricted in order to facilitate achieving the Sustainable Development Goal (SDG) 3: “ensure healthy lives and promote wellbeing for all including reduction of morbidity and mortality among mothers and newborns”. This study assessed use of herbal medicines during pregnancy or delivery and determined factors associated with the practice in Tabora, Tanzania.

**Methods:** This cross-sectional quantitative study gathered information from 340 women who delivered a live-born baby in the preceding two years. Using a two-stage-sampling technique, we selected and interviewed women attending reproductive, maternal and child health clinics in public health facilities in Tabora, central Tanzania. We compared proportions using chi-square test and performed a Poisson regression analysis to determine independent correlates of herbal use.

**Results:** Of 340 recruited women, 208 (61.2 %; 95%CI: 55.4, 66.3%) used herbal medicines during pregnancy or delivery. Major reasons for use included shortening of labour duration, 81 (38.9%) and reducing labour pain, 58 (27.9%). The independent predictors of herbal use were number of antenatal visits and the stance of maternity health care providers on the use of herbs. Women who made less than four visits had 24% higher prevalence ratio of using herbal medicines as compared to those who made at least four visits (aPR:1.24; 95%CI: 1.02, 1.50,  $p=0.03$ ). Furthermore, the adjusted prevalence ratio of using herbs was 35% higher among women who were not discouraged by the health care providers against using herbs versus those who were discouraged (aPR: 1.35; 95%CI: 1.13, 1.60,  $p=0.01$ ).

**Conclusions:** Use of herbal medicines during pregnancy or delivery in Tanzania is high. This calls for comprehensive investigations on the effects of using herbs during pregnancy or delivery as a step towards understanding some of the challenges in achieving SDG 3. Additionally, maternity health care providers ought to strengthen provision of health education messages during antenatal visits on the undesirable effects of using herbs