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## Human placentophagy: a review.

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### **Abstract**

Placentophagy or placentophagia, the postpartum ingestion of the placenta, is widespread among mammals; however, no contemporary human culture incorporates eating placenta postpartum as part of its traditions. At present, there is an increasing interest in placentophagy among postpartum women, especially in the United States. The placenta can be eaten raw, cooked, roasted, dehydrated, or encapsulated or through smoothies and tinctures. The most frequently used preparation appears to be placenta encapsulation after steaming and dehydration. Numerous companies offer to prepare the placenta for consumption, although the evidence for positive effects of human placentophagy is anecdotal and limited to self-reported surveys. Without any scientific evidence, individuals promoting placentophagy, especially in the form of placenta encapsulation, claim that it is associated with certain physical and psychosocial benefits. We found that there is no scientific evidence of any clinical benefit of placentophagy among humans, and no placental nutrients and hormones are retained in sufficient amounts after placenta encapsulation to be potentially helpful to the mother postpartum. In contrast to the belief of clinical benefits associated with human placentophagy, the Centers for Disease Control and Prevention recently issued a warning due to a case in which a newborn infant developed recurrent neonatal group B *Streptococcus* sepsis after the mother ingested contaminated placenta capsules containing *Streptococcus agalactiae*. The Centers for Disease Control and Prevention recommended that the intake of placenta capsules should be avoided owing to inadequate eradication of infectious pathogens during the encapsulation process. Therefore, in response to a woman who expresses an interest in placentophagy, physicians should inform her about the reported risks and the absence of clinical benefits associated with the ingestion. In addition, clinicians should inquire regarding a history of placenta ingestion in cases of postpartum maternal or neonatal infections such as group B *Streptococcus* sepsis. In conclusion, there is no professional responsibility on clinicians to offer placentophagy to pregnant women. Moreover, because placentophagy is potentially harmful with no documented benefit, counseling women should be directive: physicians should discourage this

practice. Health care organizations should develop clear clinical guidelines to implement a scientific and professional approach to human placentophagy.

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**KEYWORDS:** placenta; placenta consumption; placenta encapsulation; placentophagia; placentophagy

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