

Review Article

Human placentophagy: an appraisal of benefits, risks and beliefs

Dhirja*, Varsha Dhama

¹College of Nursing, AIIMS, Jammu, India

²Department of Burns and Plastic, AIIMS, Delhi, India

Received: 24 April 2026

Revised: 29 June 2026

Accepted: 04 July 2026

*Correspondence:

Dhirja,

E-mail: dhirja08@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Placentophagy is the practice of consuming placenta by mothers following childbirth, is a common among nearly all non-human mammals but remains rare and controversial in humans. Recently, it has gained popularity in Western societies as a natural approach to postpartum recovery, though supporting evidence is limited. This review explores the historical, cultural, physiological, and contemporary perspectives of human placentophagy, focusing on its practices, perceived benefits, risks, ethical issues, and public perceptions. Media influence of consumption of placenta in encapsulated form with claimed benefits for mother have shaped public acceptance more than clinical findings. However, scientific evidences are scanty. Human placentophagy is better understood as a modern cultural trend than an evidence-based practice. While perceived as empowering by some mothers, its benefits remain unproven and risks underrecognized. Healthcare providers should offer balanced, evidence-based counseling, and further clinical based research is vital in this area.

Keywords: Human placentophagy, Maternal placentophagy, Postpartum health, Lactation, Maternal nutrition, Postpartum depression, Public perception

INTRODUCTION

Placentophagy is the practice of consuming placenta by mothers following childbirth. It is a commonly seen behaviour in nearly all non-human mammals and it is closely linked with nutritional replenishment, hormonal regulation, behavioral benefits and pain relief in maternal mammals.¹ In contrast, this practice is very uncommon in human population. There are very few and culturally isolated examples that are recorded in traditional medicine.^{2,3} Anthropological data indicate that, until recently, placentophagy in humans was neither prevalent nor there is any organized data available. But some infrequent instances such as its application in 19th-century Chinese medicine or among specific indigenous tribes has been recorded.⁴

However, human placentophagy has gained a fair momentum in western society due to natural birth movement, celebrity endorsement and commercialization of placenta encapsulation services.⁵ Many advocates for its varied benefits ranging from improved mood, prevention of post-partum depression, enhanced lactation and better postpartum recovery irrespective of whether it is consumed raw, cooked, dehydrated into capsule or blended into smoothies.⁶ These assertions are often presented as "natural" postpartum care, as people losing trust on conventional interventions and seeking more natural option.

Yet, scientific data does not show measurable benefits in postpartum iron status or maternal health outcomes.^{7,8} Public health organizations such as US Centers for Disease Control and Prevention (CDC) has issued warning regarding its consumption due to its documented risk

related to bacterial contamination and neonatal infection.⁹ This paradox between passionate advocacy and inconclusive evidences highlights the necessity for a thorough evaluation of this practice.

HISTORICAL AND CULTURAL PERSPECTIVE

Human placentophagy is not a commonly seen practice. In human population placenta is mostly symbolic to some spiritual and ritual value, and its handling is mostly culturally driven. According to anthropological surveys, direct maternal ingestion of the placenta is predominantly absent across cultures.² Many cultural groups have developed complex traditions for the disposal of the placenta, such as burial, burning, or ceremonial preservation, reflecting their beliefs about its role in fertility, protection, or spiritual continuity.¹⁰ For example, the practice of burying placenta beneath the house or tree in regions of Asia, Africa and Pacific islands is linked with an infant's connection to family or ancestors.¹¹

In traditional Chinese Medicine, dried human placenta (zihche) has been utilised for centuries in remedies to alleviate tiredness, infertility, and reduced milk output in mothers.¹² This is one of the notable historical records of the medicinal use of the placenta. However, these placenta preparations were generally consumed by individuals other than mother. According to historical records placentophagy is more of a cultural phenomenon than traditional human behaviour.

The concept of maternal placentophagy emerged in 1970s in western societies. The practice of natural birth and homebirth movement gain momentum in early 2000s through midwives and online communities.⁵ Media influence and celebrity endorsements have further popularized this practice by calling it "natural" means of enhancing postpartum recovery.

METHODS OF CONSUMING PLACENTA

There are several methods of consumption of placenta ranging from direct raw consumption to highly processed preparations. The choice of method of consumption is often influenced by culture and personal preferences. Availability of commercial services for encapsulation of the placenta in western society has also emerged as an option in recent times.

Raw consumption

There are variable practices in consumption of the placenta. Some individuals consume small pieces of raw placenta immediately after birth. It often includes blending of raw pieces of placenta into fruit-based smoothies to make it more delectable.⁵ But this practice had its own drawbacks such as increased risk of microbial contamination.

Cooked consumption

In contrast to raw preparation, many prefer cooking pieces of placenta and incorporating it into soups, stews or cook it same as meat is being prepared.⁵ It is believed that cooking helps in lowering the risk of microbial contamination as many bacteria cannot stand high temperature.

Processed preparations (capsules, tinctures, smoothies)

The most popular and recent method is placenta encapsulation, where placenta is steamed or dehydrated, then ground into fine powder and placed into capsules for oral consumption.¹³ This method is considered as more palatable, hygienic and convenient compared to eating raw or cooked tissues. However, the lack of standardized processing guidelines raises concerns regarding hygiene, safety, and quality control.⁸ Other preparations are tinctures, in which placenta is steeped in alcohol and smoothies, in which placenta is blended with fruits to make it palatable and is often consumed immediately postpartum.²

PROPOSED BENEFITS OF HUMAN PLACENTOPHAGY

The promotion of human placentophagy is largely based on anecdotal reports, testimonials and alternative health narratives rather than strong clinical evidence. People following this practice claims range of physiological, psychological and nutritional benefits to postpartum women.

Prevention of postpartum depression and mood enhancement

One of the most popular belief is that placentophagy helps in stabilizing mood and reduce the risk of postpartum depression. Placenta contains hormones such as oxytocin, estrogen, and progesterone, which may mitigate mood fluctuations during the postpartum period.⁵ However, a randomized controlled trial shows no significant differences in maternal mood outcome who consumed placenta pills versus who received placebo.⁷

Improved lactation

It is believed that women who engage in placentophagy has improved lactation as it stimulates prolactin secretion.¹³ Many argue that as placenta is rich in prolactin, oxytocin and progesterone metabolites, and it's postpartum ingestion can stimulate milk production.⁵ Oxytocin plays a crucial role in milk ejection reflex, and anecdotal evidence indicates that women have better milk output after consuming placenta capsule.

Nutritional replenishment

It is claimed that postpartum ingestion of placenta may help in the prevention of postpartum anaemia and promote recovery from childbirth as it is rich in iron, protein and certain micronutrients.² However, in an RCT done by Gryder et al showed no statistically significant improvement in maternal iron status among placenta capsule consumers compared to placebo.⁷

Improved energy and early recovery

Many mothers report subjective improvements in energy, vitality, and overall postpartum recovery after placentophagy.² These perceptions may be influenced by cultural expectations and ritualistic significance of the practice rather than measurable biological outcomes.⁸

POTENTIAL RISKS AND SAFETY CONCERNS

Although placentophagy is often promoted as a natural and harmless practice, research evidences show potential high risk associated with its consumption. Microbial contamination, hormonal exposure and unregulated preparation methods are some of the primary risks.

Microbial contamination

One of the major risks of processing placenta is bacterial contamination. Encapsulation services lack standardized regulated practices in preparation that put it at high risk of contamination. It can be due to improper handling, storage or preparation of the capsules. A significant case reported by Centers for Disease Control and Prevention (CDC, 2017) showed consumption of contaminated placenta leads to recurrent late-onset Group B Streptococcus infection in newborns. This case highlights that pathogenic bacteria present in placenta can withstand dehydration or steaming process used in encapsulation.

Viral transmission

There is potential risk of transmission of viruses, including hepatitis and HIV if placenta tissues are not properly screened or handled.⁸ Although there is no proven case reported, but it still remains a concern as placenta is a vascular structure and have high potential to harbour infectious agents.

Hormonal and bioactive compound exposure

The placenta contains steroid hormones such as estrogen, progesterone, cortisol and neuropeptides such as oxytocin and CRH, which may still persist even after processing of placenta in encapsulation or cooked form. Consumption of these compounds may raise concerns regarding their unpredictable physiological effects, especially women with pre-existing endocrine or psychiatric conditions.¹³ Some of these compounds can cross through breastmilk to infant while feeding which put them at risk as well.

Lack of regulation and quality control

There are no standardised guidelines available for preparation, storage or labelling of commercial encapsulation services.¹⁴ This makes it highly unsafe for consumption and puts it at high contamination risk. Placental capsules are not tested before dispatch, as is done for other pharmaceutical products.

Psychological and social risks

At times, it has been seen in research evidences that placentophagy give rise to unrealistic expectations of mothers concerning early healing and prevention from postpartum depression. This deferred them from seeking proper medical management for problems when it actually occurs.⁸

ETHICAL AND LEGAL CONSIDERATIONS

Human placentophagy raises many ethical and legal questions, particularly concerning to maternal autonomy, regulatory status of placenta and medical responsibility.

Ownership and consent

Once the placenta is expelled after delivery, it is considered a biomedical waste. This means that the hospital has certain rules regarding its disposal and treatment. However, increasing recognition of maternal autonomy has led many healthcare facilities to allow mothers to keep the placenta.¹⁴ This often requires a written consent and release form. Many a times ethical issue arises when there is a conflict between the maternal wish and hospital policy. This problem arises because there are no written guidelines available regarding this issue.

REGULATION OF PLACENTA PROCESSING

There are no legal regulations over processing, packaging and commercialization of placenta in encapsulated form. Unlike pharmaceuticals, placenta capsules are at a higher safety risk. This lack of regulation raises concerns regarding consumer safety, public health risk and liability to harm.⁸ Some researchers have argued for clear regulatory frameworks. They have demanded either to keep it under food safety standards or dietary supplement guidelines.¹³

Ethical duty of health professionals

Counselling patients regarding placentophagy is an ethical conundrum for medical professionals. At one end, they need to respect autonomy of patient by respecting their choice. While on other end, they should discourage this practice by adhering to the principle of beneficence and non-maleficence due to unproven benefits and potential risk of this practice.⁸ Transparent discussion based on current evidences is recommended to balance these ethical issues.

Cultural and religious considerations

Though the practice of human placentophagy is uncommon but it is symbolic and holds spiritual importance in many cultures. Traditional practices around the placenta are either burial, burning or ritual preservation, depending upon cultural preferences. Ethically, it is important to have respect for different cultures without putting maternal life at stake.

Influence of social media

The normalization of people's attitude towards the practice of modern human placentophagy is strongly influenced by social media, celebrity endorsement and online community. This practice is very well supported in Western countries due to open endorsement by celebrities like January Jones and Kourtney Kardashian. During public interview they shared their experience with placenta encapsulation and supported it as a natural way to improve postpartum experience. Placentophagy is greatly supported by online forums, parent blogs and social media communities. Mothers often share their personal testimonial describing various benefits such as improved mood, energy and lactation. This has a positive influence on others.⁵ Though these anecdotes lack scientific validation and medical guidance. Placentophagy is commonly portrayed in association with natural birthing, emphasizing women empowerment, holistic healing and maternal autonomy.¹³ Women found this practice safe, appealing and beneficial alternative to biomedical interventions.

Public skepticism and medical criticism

Medical organizations and health authorities are skeptical regarding this practice due to absence of scientific evidences and associated potential risks of the practice.⁸ And reports like neonatal infection linked to placenta capsule has added to divided opinion on the practice.

CONCLUSION

Human placentophagy remains a controversial topic lies between crossroads of biology, culture and current trends in maternal health. Placentophagy is a very common practice among non-human mammal but there's lack of evidences supporting its benefits in human population. Proponents' belief that consumption of placenta has various benefits such as improved lactation, better postpartum recovery and mood stabilization but there is lack of research evidences to support these claims.

In recent times, this practice is driven less by empirical evidences and more by social media, personal narratives and celebrity influence. Placentophagy is often considered as a natural practice but it is controversial from ethical point of view. It raises the questions regarding maternal autonomy, institutional policies on placental ownership

and the responsibilities of healthcare professionals in counselling postpartum women.

Overall, the practice highlights bigger concerns in maternal health such as individualised approaches to postpartum care and conflict between personal preference and evidence-based medicine. Further research needs to be done to analyse both potential benefits and risks of human placentophagy. Policies are also needed to regulate the standards of placenta encapsulation. Until then, healthcare professionals must balance respect for individual choice with the responsibility to provide clear, evidence-informed guidance.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Kristal MB, DiPirro JM, Thompson AC. Placentophagia in humans and nonhuman mammals: causes and consequences. *Ecol Food Nutr*. 2012;51:177–97.
2. Young SM, Benyshek DC. In search of human placentophagy: a cross-cultural survey of human placenta consumption, disposal practices, and cultural beliefs. *Ecol Food Nutr*. 2010;49:467–84.
3. Hayes EH. Consumption of the placenta in the postpartum period. *J Obstet Gynecol Neonatal Nurs*. 2016;45:78–89.
4. Ober WB. Notes on placentophagy. *Bull N Y Acad Med*. 1979;55:591–9.
5. Selander J, Cantor A, Young SM, Benyshek DC. Human maternal placentophagy: a survey of self-reported motivations and experiences. *Ecol Food Nutr*. 2013;52:93–115.
6. Buser GL, Reardon JM, Carter RJ. Late-onset infant group B streptococcus infection associated with maternal consumption of capsules containing dehydrated placenta—Oregon, 2016. *MMWR Morb Mortal Wkly Rep*. 2017;66:677–8.
7. Gryder LK, Young SM, Zava D, Norris W, Cross CL, Benyshek DC. Effects of human maternal placentophagy on maternal postpartum iron status: a randomized, double-blind, placebo-controlled pilot study. *J Midwifery Womens Health*. 2017;62:68–79.
8. Farr A, Chervenak FA, McCullough LB, Baergen RN, Grünebaum A. Human placentophagy: a review. *Am J Obstet Gynecol*. 2018;218:401.e1–401.e11.
9. Centers for Disease Control and Prevention. Late-onset infant group B streptococcus infection associated with maternal consumption of capsules containing dehydrated placenta—Oregon, 2016. *MMWR Morb Mortal Wkly Rep*. 2017;66:677–8.
10. Rosenberg KR. The placenta in anthropological perspective. *Am Anthropol*. 2016;118:1–13.
11. Benyshek DC, Young SM. In search of placentophagy: a biocultural approach to maternal placentophagy. *Ecol Food Nutr*. 2013;52:113–4.

12. Shaw J. The medicalization of human placenta consumption. *J Chin Med.* 2010;94:6–12.
13. Coyle CW, Hulse KE, Wisner KL, Driscoll KE, Clark CT. Placentophagy: therapeutic miracle or myth? *Arch Womens Ment Health.* 2015;18:673–80.
14. Benyshek DC, Cheyney M, Brown C. Placentophagy among postpartum women in the United States:

content, rationale, and consequences. *Ecol Food Nutr.* 2015;54:635–50.

Cite this article as: Dhirja, Dhama V. Human placentophagy: an appraisal of benefits, risks and beliefs. *Int J Community Med Public Health* 2026;13:4715-9.