

## Attitudes and Views of Women About Placentophagy: A Qualitative Study *Kadınların Plasentofaji Hakkındaki Tutum ve Görüşleri: Nitel Bir Çalışma*

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### ABSTRACT

**Introduction:** This qualitative study was conducted to evaluate women's views and opinions regarding placentophagy, which refers to the consumption of the placenta.

**Material and Methods:** The criterion sampling method, one of the purposive sampling techniques, was used to determine the study group, and 33 women who agreed to participate were included in the study. Data were collected through a Descriptive Information Form and a Semi-Structured Interview Form. Colaizzi's phenomenological interpretation method was employed for data analysis.

**Results:** As a result of the qualitative data analysis, 3 themes and 6 sub-codes were identified. The average age of the participants was 30.57±7.22. When asked about their knowledge of placentophagy, the majority (n=19) had not heard of it before, while those who had (n=14) cited television news (n=10) and social media (n=6) as their primary sources. Additionally, participants believed the placenta was consumed for purposes such as skincare (n=3), physical rejuvenation (n=5), and improving laboratory values (n=3). Most participants considered the practice religiously/culturally (n=27) and ethically (n=24) inappropriate.

**Conclusion:** Although participants had limited knowledge about placentophagy, 87.8% expressed negative views toward placenta consumption. Moreover, most women found the practice both religiously and ethically unacceptable. It is recommended that healthcare professionals enhance their knowledge on the subject to provide accurate and effective counseling to women.

**Keywords:** Placentophagy, placenta consumption, women's health

### ÖZ

**Giriş:** Nitel desendeki bu araştırma kadınların, plasenta tüketimi olan plasentafajiye yönelik fikir ve görüşlerinin değerlendirilmesi amacıyla yürütülmüştür.

**Materyal ve Metodlar:** Araştırmanın çalışma grubunun belirlemesinde, amaçlı örnekleme yöntemlerinden ölçüt örnekleme yöntemi kullanılmış olup bu bağlamda araştırmaya katılmayı kabul eden 33 kadın dâhil edilmiştir. Veriler, Tanıtıcı Bilgi Formu ve Yarı yapılandırılmış görüşme formuyla elde edilmiştir. Veri analizi yapılırken Colaizzi'nin fenomenolojik yorumlama yöntemi kullanılmıştır.

**Bulgular:** Nitel veri analizinin sonucunda üç tema ve altı alt kod belirlenmiştir. Katılımcıların yaş ortalaması 30,57±7,22'dir. Plasentofaji konusunda bilgi düzeyleri sorgulandığında, katılımcıların çoğunun (n=19) bu kavramı daha önce duymadığı; duyanların (n=14) ise bilgi kaynaklarını çoğunlukla televizyon haberleri (n=10) ve sosyal medya (n=6) olarak ifade ettikleri görülmüştür. Ayrıca katılımcılar, plasenta'nın cilt bakımı (n=3), fiziksel yenilenme (n=5) ve laboratuvar değerlerini iyileştirme (n=3) gibi amaçlarla tüketildiğine inandıklarını belirtmiştir. Katılımcıların büyük bir kısmı uygulamayı dini/kültürel (n=27) ve etik (n=24) açıdan uygun bulmamaktadır.

**Sonuç:** Araştırmaya katılan kadınların plasentafaji hakkındaki fikirlerinin yetersiz olmasıyla birlikte, kadınların %87,8'inin plasenta tüketimine karşı olumsuz görüşte bulundukları tespit edilmiştir. Ayrıca kadınların çoğunluğunun bu yöntemi hem dini hem de etik olarak uygun bulmadıkları saptanmıştır. Sağlık profesyonellerinin bu konu hakkındaki bilgilerinin artırılması, kadınlara doğru ve etkin şekilde danışmanlık vermeleri gerektiği önerilmektedir.

**Anahtar Sözcükler:** Plasentofaji, plasenta tüketimi, kadın sağlığı

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## Introduction

Placentophagy refers to the consumption of the human placenta, either raw or in various forms, at any point after childbirth (1). Maternal placentophagy specifically describes a mother consuming her own placenta postpartum (2). Historically, placentophagy has been commonly observed among herbivorous and primate mammals (3). In humans, the placenta may be consumed raw, dried, steamed, blended in smoothies, cooked in meals, or encapsulated into powder form (4,5). Although nearly all non-human placental mammals consume their placenta during birth, the earliest accounts of maternal placentophagy in humans date back to the 1970 s in North America. While its historical origins in humans are unclear, evidence suggests that placenta consumption was practiced in ancient Egypt and among various pagan cultures (3,4). Although the prevalence of this practice is uncertain, it has been reported in regions of North America, Oceania, Europe, Latin America, the Middle East, and parts of Asia (6). A 2018 study by Benyshek and colleagues of 23,242 women in the US reported that 30.8% of women consumed their own placentas after birth (4). Placenta has long been used as an ingredient in the cosmetics industry, claiming to promote anti-aging, skin rejuvenation, and tissue repair. Creams containing placenta extract have become increasingly popular among skincare products, particularly in Asia, which has increased interest in placentophagy (7).

Despite the claimed benefits of placentophagy, its advantages remain inconclusive. There is a lack of scientific evidence examining its effects in humans, and animal data are not definitive. The literature suggests that placentophagy may improve sleep disorders, reduce inflammation and scarring, support skin and hair rejuvenation, enhance postpartum recovery, and preserve hormones such as estrogen, progesterone, lactogen, iron,  $\beta$ -endorphins, and oxytocin. It is also believed to prevent postpartum depression, promote mother-infant bonding, relieve pain, and increase milk production (1,2,7,8). However, its effects on individuals have not been adequately assessed (7). In a study, it was reported that the placenta is not a sterile organ, as it may contain bacteria or viruses due to intrauterine or postpartum contamination, and that it can accumulate toxic elements such as selenium, cadmium, mercury, and lead during pregnancy, potentially posing risks to both the mother and the breastfed infant (9).

Despite ongoing debates, placenta consumption is increasingly promoted through social media (10). This study aims to evaluate women's opinions and views on placentophagy in Istanbul to identify related biases and explore its cultural context. The findings aim to fill a gap in the existing literature with original contributions.

## Material and Methods

Ethical approval for the study was obtained from the Scientific

Research Ethics Committee of the University of Health Sciences (Date: 18.04.2024, No: 5/33). After informing the women who volunteered to participate in the study about the research, their consent was obtained. Throughout all stages of the study, the principle of confidentiality was strictly observed, and all procedures were conducted in accordance with the principles outlined in the Declaration of Helsinki. In accordance with the confidentiality policy, all personal identifiers (such as names, contact information, and any identifying data) were removed from the dataset before analysis. Participants were assigned unique codes to ensure anonymity, and all data were stored on password-protected computers accessible only to the research team. Thus, participant confidentiality was maintained at every stage of the study.

This qualitative, phenomenological study was conducted between May and July 2024 to determine women's views and opinions regarding placentophagy. The 32-item Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist guided the structure and reporting of the study. The interviews were conducted by 3 female researcher with a background in midwifery and qualitative research experience. No prior relationship existed between the researcher and participants before the study. Participants were informed about the researcher's academic background and the aim of the study before data collection. Field notes were taken during and after the interviews to ensure data accuracy and contextual depth. Data analysis followed Colaizzi's phenomenological analysis approach, and coding was conducted by two independent coders to enhance the reliability and credibility of the findings. Data saturation was discussed and achieved.

**Research Questions:** – What are women's levels of knowledge about placentophagy and their sources of information? – How do women perceive placentophagy, and what are their views regarding this practice? – What cultural, religious, and ethical factors influence women's attitudes toward placentophagy? – What do women think about the possible benefits or risks of placentophagy? – How do women evaluate the practice of placentophagy in relation to their own childbirth experiences? – How are women's views on placentophagy shaped by the information or counseling they receive from healthcare professionals?

## Study Population and Sampling

The study was carried out with women aged 18 and over living in Istanbul. Criterion sampling, a purposive sampling method, was used to select 33 women who met the inclusion criteria and agreed to participate. In addition, the snowball sampling method was utilized to reach participants. The first participant was identified through community contacts, and subsequent participants were recruited through referrals from previous participants who met the inclusion criteria. The number of participants (n=33) was determined according to the principle

of data saturation. Interviews continued until the data began to recur and no new themes emerged, indicating that data saturation had been reached. At this point, additional interviews were considered as opportunities to collect more data and provide new information. Data collection continued until data saturation was achieved.

**Inclusion Criteria** – Women aged 18 and over – Those who can read and write Turkish and understand the questions – Women who volunteer to participate in the study and sign the informed consent form

**Exclusion Criteria** – Individuals under the age of 18 – Those who have difficulty understanding or communicating in Turkish – Women with known serious psychiatric or cognitive disorders

### Data Collection Tools

Before data collection, participants were provided with an informed consent form. Two tools were used: a Demographic Information Form and a Semi-Structured Interview Form.

*Demographic Information Form:* This form, which was developed based on literature by expert researchers including 3 midwifery department lecturers and 1 midwifery department professor, includes questions about sociodemographic characteristics and birth history (10,11).

*Semi-Structured Interview Form:* Developed through literature review and expert consultation (5 faculty members), the form included open-ended questions exploring participants' knowledge and attitudes toward placentophagy. Sample probes included: "What do you mean by that?" and "Can you elaborate?"

Participants were asked to sign a written consent form acknowledging their willingness to participate in the study. Interviews were conducted individually, face-to-face, in their homes or in suitable public spaces and lasted approximately 20–25 minutes. Participants, the researcher, and an observer were present during the interviews. There was no prior relationship between the researcher and the participants before the study commenced. Participants were informed about the purpose of the study, and participation was entirely voluntary. The researcher had no personal or professional connections with any of the women involved.

### Data Analysis

Data analysis was conducted using content analysis and Colaizzi's phenomenological method. Colaizzi's phenomenological method is a qualitative analysis technique that aims to understand the distribution of life across time. The method involves identifying meaningful statements, extracting actions from these statements, and verifying themes through the inclusion of data and the individuals involved (12). Interviews were audio-recorded, transcribed verbatim, and analyzed using MAXQDA 2022

software. Unrelated data were excluded. The transcriptions were read repeatedly and coded according to the research questions. The data were analyzed using Colaizzi's phenomenological approach in seven sequential stages. First, all interviews were transcribed verbatim and read multiple times to gain familiarity with the content. Second, significant statements relevant to the research question were identified. Third, these statements were interpreted to formulate meanings that accurately reflected participants' experiences. Fourth, the formulated meanings were organized into clusters of themes, which were reviewed and discussed among the research team to ensure consistency. Fifth, an exhaustive description integrating all themes was developed to comprehensively represent the phenomenon. Sixth, this description was distilled into a fundamental structure capturing the essence of participants' experiences. Data analysis was conducted by two researchers independently. Both researchers read the transcripts multiple times, developed initial codes, and discussed discrepancies until a consensus was reached. Inter-coder reliability was ensured through continuous comparison and discussion. Finally, the findings were verified through member checking, allowing participants to review and confirm the accuracy of the interpretations. These steps were conducted systematically to ensure the credibility, rigor, and trustworthiness of the analysis.

## Results

An examination of the participants' demographic characteristics revealed that the mean age was  $30,57 \pm 7,22$  (range=19–50). It was found that 33,3% (n=11) of the participants were married, and 48,5% (n=16) reported that their income was equal to their expenses. As presented in Table 1, 48,5% of the participants (n=16) had a bachelor's degree or higher, and 39,4% (n=13) had previously given birth. Although participants had limited knowledge about placentophagy, 87,8% expressed negative views toward placenta consumption.

According to the study findings, three main themes and six sub-themes were determined.

### Theme I: Awareness and Opinions

Analysis of the data revealed that women's awareness and opinions regarding placentophagy emerged as a main theme, with two sub-themes: awareness and opinions.

#### Subthemes: Awareness

The majority of participants (n=19) reported no prior knowledge of placentophagy. Among those who were informed (n=14), the main sources of information were television news (n=10) and social media (n=6). Some women noted that their understanding was limited to the biological function of the placenta, while others expressed unfamiliarity or skepticism. A few participants mentioned encountering the topic through social media trends or celebrity practices.

**Table 1.** Findings regarding the descriptive characteristics of the participants (n=33)

	$\bar{X} \pm SD$	Min.	Max.
Age	30.57±7.22	19	50
		n	%
Marital status	Married	11	33,3
	Single	22	66,7
Income status	Income is less than expenses	11	33,3
	Income equals expense	16	48,5
	Income is more than expense	6	18,2
Living Place	Metropolitan	21	63,6
	District	8	24,2
	Town/village	4	12,1
Educational Status	Primary school	7	21,2
	High School	10	30,3
	Bachelor's degree and above	16	48,5
Giving Birth Status	Yes	13	39,4
	No	20	60,6
Do you support placenta consumption?	Yes	5	12,3
	No	28	87,7

**Table 2.** Theme and subthemes

Theme	Subtheme
Awareness and Opinions	Awareness Opinions
Health and Safety Perceptions	Benefits Risks
Values and Beliefs About Placentophagy	Perception as unnatural Religious and cultural evaluation

*P5: I have neither seen nor heard of such a thing. This information sounds very strange to me.*

*P11: I have heard some things about this topic on social media, but I do not know the details.*

*P12: It is said on social media that placenta consumption has become a trend; I am not sure how true that is, but I find it interesting.*

*P29: I have heard that some women try it, but I cannot decide without learning about its risks and benefits.*

#### **Subthemes: Attitudes**

Regarding opinions, only four participants expressed a positive stance, while most (n=29) held negative views. Our participants consistently indicated a negative attitude toward placentophagy, explicitly stating that the placenta should not be consumed, rather than merely expressing a personal preference. Positive opinions were based on naturalness, bodily origin, or reported benefits. However, hygiene concerns, cultural unfamiliarity, and perceived ineffectiveness led to negative opinions.

*P12: I think it is not hygienically safe, so I am against it.*

*P15: This idea feels very strange to me because it is something completely unfamiliar in our culture.*

*P19: It seems to be a popular trend on social media, but I do not believe it actually works.*

*P28: I am not sure how healthy it would be for a person to eat something that comes from their own body. I think it has become a topic of discussion because celebrities want to attract attention.*

## **Theme II: Perceptions of Health and Safety**

Health-related perceptions emerged as a key theme, with two subcodes: perceived benefits and perceived risks.

#### **Subthemes: Perceived Benefits**

Some participants believed placentophagy was associated with benefits such as skincare (n=3), rejuvenation (n=5), and improvement in blood values (n=3). Participants cited uses in creams, hormone regulation, and postpartum recovery.

*P7: I heard that the placenta can be used not only as food but also as a medicinal product because it rejuvenates the skin. It is said to help rejuvenate the skin, regulate hormones, and treat sleep disorders.*

*P11: I learned that it has positive effects on women's health and may help reduce uterine pain.*

*P14: I heard that it has a beautifying effect on the skin. I read on social media that some people use it as a face cream.*

*P19: I have seen that it can be consumed in powder or capsule form. I heard that it gives strength and helps increase blood levels for women during the postpartum period.*

#### **Subthemes: Perceived Risks**

On the other hand, potential risks included infection (n=7), lack of hygiene (n=6), and toxicity (n=5). Participants expressed concerns about improper processing, exposure to heavy metals, and a lack of medical justification.

*P6: I do not support this practice because I think it may carry a risk of infection.*

*P12: I heard that placenta consumption can cause side effects in some cases, so I would not prefer it.*

*P18: I have serious concerns about whether the placenta is processed in a hygienic way.*

*P25: I read that it can be toxic if not prepared properly, so I find it risky.*



### Theme III: Values and Beliefs Regarding Placentophagy

This theme included two subthemes: Perception as unnatural/disgusting and religious/cultural beliefs.

#### Subthemes: Perception as unnatural

Most participants (n=24) expressed emotional discomfort or aversion toward the idea of placentophagy, often describing it as unnatural or unappealing.

*P17: In conclusion, since the placenta is a part of the female body, I believe that eating or consuming it in any form is ethically inappropriate. As there is no medical necessity, it should not be consumed.*

*P25: Overall, I think placentophagy is not ethically appropriate because the accuracy of the available information is uncertain and lacks scientific validity. If such a practice had been scientifically proven, I believe it would have been approved or regulated by the Ministry of Health or other official institutions. Therefore, I find using the baby's placenta quite unreasonable.*

*P21: I find the idea of eating the placenta quite disgusting. The thought of consuming something that comes out of the human body makes me feel nauseous and uncomfortable.*

#### Subthemes: Religious and Cultural Beliefs

A large number of participants (n=27) believed placentophagy conflicted with religious and cultural norms, associating it with taboo or dietary restrictions in Islam. However, some saw no religious objection, considering it a natural act.

*P8: Since we live in a predominantly Muslim society, I believe that consuming the placenta is not religiously or morally appropriate. In our religion, eating human flesh is forbidden (haram).*

*P20: If something that comes from the human body were truly beneficial, our religion would permit it to be consumed as a whole. Therefore, I think it is not acceptable within our faith.*

*P2: Eating a tissue that belongs to the human body is strictly prohibited by religion and social moral rules. It is not an appropriate practice.*

## Discussion

This study aimed to evaluate the opinions and perceptions of women living in Istanbul toward placentophagy. Findings revealed that women generally had limited knowledge about placentophagy, and those who were aware of the concept (n=14) had mostly heard about it through mass media, such as television news (57.4%) and social media (42.5%). Consistent with previous literature, lack of information on placentophagy is common, and platforms like social media play a role in addressing this gap (2,5). However, these sources often lack

scientific accuracy, leading to the spread of misinformation (7). In another study, participants reported learning about traditional placenta-related practices mostly from family members (83,4%), followed by social media (23,5%) and healthcare professionals (12,4%) (11). Similarly, a UK-based study found that 66% of women were aware of placentophagy (13). Our findings parallel this evidence, indicating that although media sources shape public awareness, they are insufficient in guiding decisions based on scientific knowledge.

Interest in placenta consumption during the postpartum period has increased in recent years (14,15). It is reported that nearly one-third of mothers in the United States consume their placentas, citing benefits such as prevention of postpartum depression (16). A study analyzing UK blog forums found that positive experiences with placentophagy were more commonly shared than negative ones, and many women planned to try placentophagy in subsequent births based on perceived benefits (5). In our study, only 12,1% of participants expressed a positive opinions, while 87,8% held negative views. This discrepancy may be attributed to cultural and religious influences unique to the Turkish context, where the practice is less culturally accepted.

Placenta preparations have long been used in various Asian countries as traditional therapeutic agents (17). These are believed to benefit skin disorders, liver regeneration, menopause symptoms, and chronic fatigue (18). Although much of the evidence is theoretical, studies suggest potential benefits such as increased energy, immune support, reduced postpartum bleeding, enhanced maternal bonding, and prevention of postpartum depression (3,7). In our study, perceived benefits included skin care (9%), physical rejuvenation (15,1%), and improved lab values (9%).

However, the placenta serves as a metabolic interface between mother and fetus and may accumulate harmful substances (19). Consuming contaminated placentas could pose health risks, including infections and toxin exposure (6). Participants in our study expressed concerns about infection (21,2%), lack of hygiene (18,1%), and potential toxicity (15,1%). These findings are consistent with CDC warnings regarding group B streptococcus risks (7).

Ethical and cultural concerns also emerged. In our study, 72.7% of participants viewed placentophagy as ethically inappropriate, and 81.8% deemed it religiously and culturally unacceptable. While some cultures practice placentophagy without cultural or religious constraints it is largely rejected in Muslim societies (20). In contrast, Asian countries use placenta in traditional medicine, reflecting how cultural values strongly influence opinions toward placentophagy (17). Thus, perceptions of placentophagy are shaped not only by individual beliefs but also by broader sociocultural and religious contexts.

According to the findings, individual and societal approaches to placentophagy are shaped by cultural, religious, and ethical factors, while the limited availability of scientific evidence continues to fuel ongoing debates. The literature highlights that healthcare professionals' awareness and opinions toward culturally sensitive practices like placentophagy can significantly influence individuals' health decisions (21).

## Strengths and Limitations

The inclusion of women from diverse age groups and educational backgrounds enhanced the variety of perspectives represented in the study. The reflexive approach of the researcher and adherence to COREQ standards strengthened the study's credibility and transparency. Limitations of our study include that it was conducted in a single city (Istanbul), which may limit the transferability of the findings to other cultural or regional contexts. Because participation was voluntary, women with particularly strong views on placentophagy may have been more likely to participate, potentially leading to self-selection bias.

## Conclusion

Our results show that women's general awareness of placentophagy is low, and those who are knowledgeable mostly obtain this information from popular media sources such as television and social media. The majority of participants displayed negative opinions toward placentophagy, primarily due to health risks, hygiene concerns, and conflicts with cultural and religious norms.

Despite the limited and largely unverified information on its potential benefits, the lack of ethical, religious, and cultural acceptance presents a major barrier to the wider adoption of placentophagy in society.

Therefore, it is essential for healthcare professionals to be equipped with accurate, evidence-based knowledge about the potential risks and benefits of placentophagy to provide appropriate guidance to women. Caution should be exercised in counseling, and available scientific data should be considered. Further high-quality research is needed to assess its effects on human health.

This study makes an original contribution to the literature by highlighting how knowledge, views, and perceptions regarding placentophagy are shaped by cultural and religious factors.

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**Ethical Considerations:** This study was approved by the Health Sciences University Hamidiye Scientific Research Ethics Committee with the decision dated 18.04.2024 and numbered 5/33

**Peer-review:** Externally peer-reviewed.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Consent of Patients:** The participants were informed in detail, and informed consent was obtained.

**Data Availability Statement:** All relevant data are within the paper and they are available from the corresponding author on reasonable request.

**Author Contributions:** Concept – AB, YAK, SA, BH; Supervision – AB, YAK, SA, BH; Materials – AB, YAK, SA, BH, ASM, BA; Data Collection and/or Processing – ASM, BA; Analysis and/or Interpretation – AB, SA, BH; Writing –AB, YAK, SA, BH, ASM, BA

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