The first year of a child's life is fraught with challenges for many parents, but with this in mind, it can also be a very magical time for the families. Unfortunately for some, the expectations and hope invested in an unborn or newborn baby can be lost due to stillbirth or sudden unexpected death in infancy (SUDI). In April I attended a Coroner's inquest for three SUDI cases where all three deaths were from Pacific families. The babies' young parents were obliviously keeping their loved ones safe and warm during the night, right before the babies were found lifeless. The Coroner made it quite clear that TAHA (formerly Pacific SIDS) had its work cut out for them.

While there has been an overall decrease in SUDI and stillbirth over the last two decades, well-recognised risk factors that contribute to SUDI include:
- sleeping a baby on its front (prone) or side
- smoking during pregnancy
- not breastfeeding and
- co-sleeping.

Our Pacific families have either forgotten the key messages or missed them the first time round. In 2002, Paterson et al. reported that, in the Pacific Islands Families (PIF) study, 38.8% of Pacific mothers could not identify a risk factor associated with SIDS. Fifty-three percent identified sleeping baby on their front as a risk factor and only 31.5% identified maternal smoking as a risk factor. Recommendations from this study included (1) the provision of consistent SIDs prevention information, and (2) the provision of adequate antenatal information about co-sleeping and safe sleeping practices. I would add ‘tailored’ and ‘engaging’ to the importance of consistent messages for Pacific families.

Addressing co-sleeping is one of TAHA’s biggest challenges. It is a hotly debated topic in New Zealand due to the tension between research findings linking co-sleeping to SUDI, and co-sleeping as a traditional practice that has other benefits such as increased bonding of baby with its mother. Much more research is required in this area to provide
Ginger

*Zingiber officinale* Roscoe, Zingiberaceae

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**PREPARATIONS:** The powdered or cut rhizome is widely used as a spice to flavour food, tea and drinks. Medicinal dosage forms include powders, capsules, tablets, and hydroethanolic liquid extracts used by herbal practitioners. Ginger is also an ingredient in topical preparations such as creams and ointments.

**ACTIVE CONSTITUENTS:** These vary substantially depending on the origin and type of ginger preparation or extract. Most known pharmacological properties are attributed to pungent homologous phenols known as gingerols in fresh ginger, which dehydrate to become shogaols in dry ginger. The volatile oil is also important.

**MAIN USES:** Ginger has been grown in tropical Asia since ancient times, and revered as a medicine throughout India, China and subsequently Europe, for more than 2000 years. While best known for its use in foods and beverages, a large number of diverse health claims have been associated with its traditional use (a digestive aid) and modern-day applications include for nausea and vomiting, as an anti-inflammatory for arthritic conditions and as a circulatory stimulant. Ginger is also an ingredient in topical preparations such as creams and ointments.

**EVIDENCE FOR EFFICACY:** A meta-analysis of five randomised trials concluded that a fixed dose of at least 1 g of ginger is more effective than placebo for prevention and reduction of postoperative nausea and vomiting. Evidence to date supports effectiveness of ginger to prevent and reduce postoperative nausea and vomiting, and in some women with morning sickness. Despite anti-inflammatory activities in vitro, clinical evidence of efficacy in inflammatory joint conditions is lacking. Animal and in vitro studies suggest possible protective effects against obesity, diabetes, atherosclerosis and cancer.

**Summary Message**

Safety and any predisposition to drug interactions are dose-related. Ginger appears safe when taken at doses of up to 4 or 6 g daily. Above this dosage adverse interactions may occur with antithrombotic drugs, metronidazole and possibly cyclosporine, although human studies are lacking. Different ginger products vary considerably in their pharmaceutical quality, and the implications of this for dosage, efficacy and safety should be considered.

Herbal medicines are a popular health care choice, but few have been tested to contemporary standards. *POTION OR POISON?* summarises the evidence for the potential benefits and possible harms of well-known herbal medicines.