Many women, especially those of childbearing age, are concerned about consuming too much caffeine. From reproductive effects to osteoporosis, scientists worldwide have studied the effects of caffeine on women’s health. Below are some facts about caffeine that address common concerns and misperceptions about caffeine and women’s health. When taken together, the collective research supports moderate consumption of caffeine (up to 300 mg/day or three cups of coffee) for women, including those who are pregnant or breastfeeding.

**Caffeine is safe.**
Caffeine is a naturally occurring substance found in the leaves, seeds or fruits of at least 63 plant species worldwide. In 1958, the U.S. Food and Drug Administration (FDA) classified caffeine as Generally Recognized As Safe (GRAS). In 1987, the FDA reaffirmed its position that moderate caffeine intake produced no increased risk to health. In addition, both the American Medical Association and the American Cancer Society have statements confirming the safety of moderate caffeine consumption.

**Consuming caffeine in moderate amounts during pregnancy is safe.**
Daily consumption of up to 300 mg/day (approximately two to three cups of coffee) has been shown to have no adverse effects on pregnancy. A 2010 review of epidemiologic literature on caffeine and reproductive health published between January 2000 and December 2009 found that the weight of evidence does not support a cause-and-effect relationship between caffeine consumption and adverse reproductive or perinatal outcomes. (Peck, et al., 2010) However, it is wise for pregnant women to monitor their caffeine consumption and talk to their OB/GYN or physician about consuming caffeine during pregnancy as individual sensitivities may vary.

**Moderate caffeine consumption does not affect a woman's chances of getting pregnant.**
A 2003 review of the research on caffeine and fertility showed that consumption of caffeine at or below 300 mg did not reduce fertility.

**For women who are pregnant or trying to become pregnant, consuming moderate amounts of caffeine does not affect chances of miscarriage.**
The nausea commonly seen in pregnancy may create an erroneous association between caffeine consumption and miscarriage. In fact, nausea due to pregnancy leads to coffee aversion by some women, having a self-regulating effect.

Several women’s health organizations agree that moderate caffeine consumption is safe for pregnant women. The Organization of Teratology Information Specialists (OTIS) states in informational resources on their Web site that consuming up to 300 mg/day of caffeine does not affect miscarriage. The March of Dimes recently revised their recommendation for caffeine during pregnancy to 200 mg/day. In addition, in 2010 the American College of Obstetricians and Gynecologists (ACOG) published a position statement which states that moderate caffeine intake (less than 200 milligrams a day or one cup of coffee per day) does not increase a pregnant woman’s risk of miscarriage or preterm birth.

**Maternal caffeine consumption is not associated with increased risk of or birth defects.**
Studies have not found a relationship between caffeine intake and low birthweight. However,
pregnant women are advised to keep caffeine consumption at or below 300 mg/day.

Moderate consumption of caffeine is safe for breastfeeding women.
The American Academy of Pediatrics (AAP) Committee on Drugs has reviewed the research on caffeine and recommends that women who are nursing limit their caffeine consumption to the equivalent of 1 to 3 cups of coffee per day, which would be about 100 to 300 mg caffeine. Dietary caffeine can permeate into breast milk; however nursing mothers can safely consume some caffeine without passing on a significant amount to the baby. Higher amounts could potentially be associated with increased wakefulness and poor feeding in the baby.

Fibrocystic Breast Disease (FBD) is not caused or worsened by caffeine consumption.
Fibrocystic breast disease (FBD) is a condition characterized by multiple cysts that can be felt throughout the breast and are usually associated with pain and tenderness. Approximately 50 to 90 percent of women experience symptoms of FBD.

Both the National Cancer Institute and the American Medical Association's Council on Scientific Affairs have stated there is no association between caffeine intake and FBD. In addition, research has shown that caffeine does not cause or worsen the symptoms of FBD.

There is no association between caffeine consumption and the development of breast or ovarian cancer.
Results of several studies have found no association between caffeine consumption and breast cancer. Interestingly, a 1986 study on breast disease noted that coffee drinkers actually had a slightly lower incidence of breast cancer. Several reviews have also found no evidence of caffeine consumption as a risk factor for ovarian cancer.

Osteoporosis is not caused or worsened by caffeine consumption.
Studies have shown that osteoporosis risk is affected by calcium consumption. Adequate calcium consumption offsets potential negative effects on bone density. According to research, as coffee consumption increases, consumption of milk, a major source of calcium, decreases. However, calcium that might be displaced from consuming one cup of coffee per day can be offset by adding just two tablespoons of milk to the coffee.

For more Information about Caffeine:
IFIC Review: Caffeine and Health: Clarifying the Controversies
(All references contained in this fact sheet can be found in the IFIC review)

Everything You Need to Know About Caffeine


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