

**Original Research Article****MOTHER'S CAFFEINE INGESTION AFFECTS FECUNDITY AND OFFSPRING BIRTH WEIGHT IN MURINE MODELS****Abstract**

Caffeine is the world most popularly consumed legal neurostimulant. It is naturally found in beverage drinks including coffee and tea. It is also artificially added to several soft and energy drinks, as well as medicinal drugs including analgesics. Caffeine itself can be employed for therapeutic purposes. The wide range of caffeine distribution in substances and its popularity in some cultures makes it almost impossible to regulate its consumption. Severally people consume caffeine from one or more sources, daily and almost inadvertently. Yet, caffeine ingestion during pregnancy has been suspected and reported in certain literatures to have observable effects on health of the embryo or foetus in such manners that it can affect parameters of reproduction for the mother and health indices for the embryo, foetus and possibly the offspring at birth. This investigation was carried out to observe the various doses of caffeine on pregnancy and foetus at birth with emphasis on the number of offspring and morphological parameters. Thirty 32 (n=32) adult female pregnant mice (*Mus musculus*) were divided into four groups- Group A as the Control, Group B was administered the low-dose caffeine (10mg/kg body weight), Group C was administered the medium-dose caffeine (50mg/kg body weight) and Group D was administered the high-dose caffeine (120 mg/kg body weight). Anhydrous caffeine was dissolved in distilled water to achieve dosage for each group and animals were administered caffeine daily throughout the period of pregnancy. At birth, the parameters of fecundity were examined especially with respect to the average litter number; total sum of litter weights as well as the average litters' weights across the experimental animal groups. Caffeine significantly affected birth weight of the offspring; treated groups had fewer offspring per birth and lower sum of offspring weights. Caffeine had observable effects on pregnancy and litters in manner that were negative especially at the higher doses.

**Key words**

Caffeine      Pregnancy      Fecundity      Fertility      Birth Weight

**Introduction**

Caffeine is produced commercially majorly as a by-product in making caffeine-free coffee. It can also be synthesized. When caffeine is administered orally, its Median Lethal Dose (LD<sub>50</sub>) is 192 milligrams per kilogram in rats and 150 - 200 milligrams per kilogram of body mass in humans. This amount of caffeine could be found in roughly 80 to 100 cups of coffee for an average human adult. The LD<sub>50</sub> of caffeine in humans is also dependent on individual sensitivity [1]. It is not normal for a person to consume 80 to 100 cups of coffee at time, however this dosage can be achieved with overdose of caffeine pills or solutions of pure anhydrous caffeine powder.

Kuczkowski [2, 3] reported that caffeine ingestion during pregnancy was associated with an increased risk of foetal growth restriction and this association continued throughout pregnancy. It is also reportedly advisable to reduce caffeine intake throughout pregnancy. Furthermore, Fernandez *et al.* [4] found a small, but statistically significant increase in the risk of spontaneous abortion and Low Birth Weight infants in women consuming more than

49 150 mg of caffeine daily. Also, acute foetal arrhythmias secondary to excessive maternal  
50 intake of caffeine have been reported. Therefore, the physiologic effects and common use of  
51 caffeine during pregnancy call for examination of maternal caffeine consumption and risk of  
52 birth defects. Epidemiologic studies have so far yielded mixed results [2, 3].

53 According to Weng *et al.*, [5], an increasing dose of daily caffeine intake during  
54 pregnancy was associated with an increased risk of miscarriage, compared with no caffeine  
55 intake for caffeine intake of <200 mg/day. The same report concluded that high doses of  
56 caffeine intake during pregnancy increased the risk of miscarriage, independent of  
57 pregnancy-related symptoms. While Brent *et al.*, [6] remarked that some scientists have  
58 reported that caffeine consumption during pregnancy does not appear to increase the risk of  
59 congenital malformations, miscarriage or growth retardation even when consumed in  
60 moderate to high amounts. Kuczkowski [2] constructively noted that critically, the data  
61 supporting this conclusion is of poor quality and some suggest limiting caffeine consumption  
62 during pregnancy. The physiologic effects and common use of caffeine during pregnancy call  
63 for examination of maternal caffeine consumption and risk of birth defects.

64 Watkinson and Fried [7] wrote that the most marked effect associated with heavy  
65 caffeine use (over 300 mg daily) in their study were the reduced birth weight and the smaller  
66 head circumference that persisted after statistically controlling for other potentially  
67 contributing factors.

68 The currently available literatures have largely indicated the possibilities of transient  
69 and persistent effects of mothers' caffeine ingestion on their offspring. However, it is  
70 important to determine the influence of dose. It should also be noted that several safe-for-  
71 consumption agents and substances can become harmful to pregnancy and conceptus if they  
72 are abused or consumed at excessively high doses. This investigation also models the  
73 manners in which humans use caffeine in the experimental animals in order to produce data  
74 that can have relevance to human conditions and provide reliable basis for applications and  
75 further investigations, especially in humans.

76 Therefore, the specific aim of this investigation was to assess the effects of prenatal  
77 caffeine exposure resulting from maternal ingestion on fertility and offspring physical health  
78 parameters including litters number and offspring birth weight.

79

## 80 **Materials and Methods**

81 Thirty two( 32) mated and pregnant female mice were used for the investigation after a  
82 monitored mating exercise that was also confirmed with the presence of a vaginal plug. Pure  
83 anhydrous caffeine powder was dissolved in distilled water to achieve the dose for each  
84 group. Effort was made to associate the various dose used with human situations of caffeine  
85 use. The lower dose of 10 mg/kg/day is roughly equivalent to taking about 2-3 normal cups  
86 of coffee/tea per day or 2-3 coffee tablets or chewing 2-3 bar of caffeine-containing chocolate  
87 or equivalent [8]. Thus, 10 mg/kg/day is equivalent to 2–3 cups of coffee/day in humans  
88 based on a metabolic body weight conversion [8]. This represented habitual mild and almost  
89 unconscious yet regular consumption of caffeine in coffee, tea or other sources such as in  
90 caffeinated drinks or in form of pills. This is a pre-caffeinism level of consumption which  
91 may not induce caffeinism or caffeine dependency. The medium caffeine dose represented  
92 caffeine excessive use and abuse while the highest dose represented a caffeine dependent  
93 condition that is abnormal, yet possible. Animals were treated as indicated throughout  
94 pregnancy that lasted 20-21 days. At parturition, the offspring were collected and observed  
95 based on the parameters of interest.

96

97

98 Table 1: Table showing the Experimental Animal Grouping, Dosages and Rationale

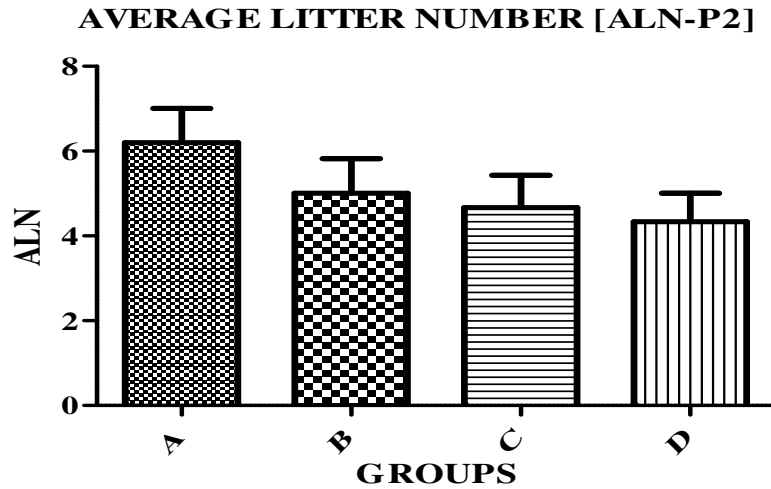
<b>Grouping</b>	<b>Animals</b>	<b>Dosage</b>	<b>Description</b>	<b>Rationale</b>
Group A	8	Control	No caffeine treatment; animals receive a placebo of 5% sucrose solution	
Group B	8	10mg/kg body weight	Lower caffeine dosage is administered to pregnant animals	Lower dose treatment
Group C	8	50 mg/kg body weight	Medium caffeine dosage is administered to pregnant animals	Medium dose treatment
Group D	8	120 mg/kg body weight	High caffeine dosage is administered to pregnant animals	High dose treatment

99

100

101 **Results**

102 **Figure 1:** Bar Chart Showing Average Litters Number Of The Experimental Animal  
 103 [Mothers] Groups A-D. The average numbers of litters per group in the treated groups  
 104 were generally lower than the number for the Control Group. Litter numbers reduced  
 105 as the dosage of caffeine administration increased.  
 106



107

\* Indicates Statistical Significance [ $P \leq 0.05$ ]

108

109

- 110 A: Control Group Animals
- 111 B: Group B Animals Subject to the Low-dose [10mg/kg body weight] Prenatal Caffeine Administration
- 112
- 113 C: Group C Animals Subject to the Medium-dose [50mg/kg body weight] Prenatal Caffeine Administration
- 114
- 115 D: Group D Animals Subject to the High-dose [120mg/kg body weight] Prenatal Caffeine Administration
- 116

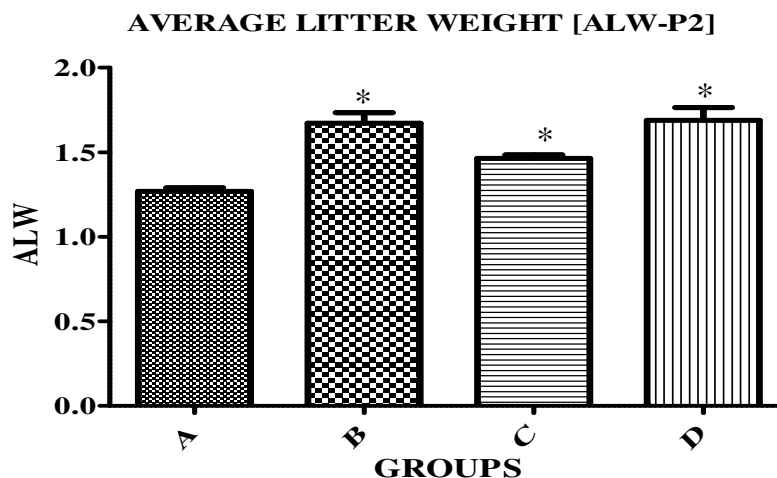
117

118

119

120

121 **Figure 2:** Bar Charts Showing the Average Litters Weight [ALW] of the Experimental  
 122 Animals Groups A-D. The offspring of the treated animals had higher average  
 123 weights at birth. These treated groups however had lower number of litters per animal  
 124 and group.  
 125



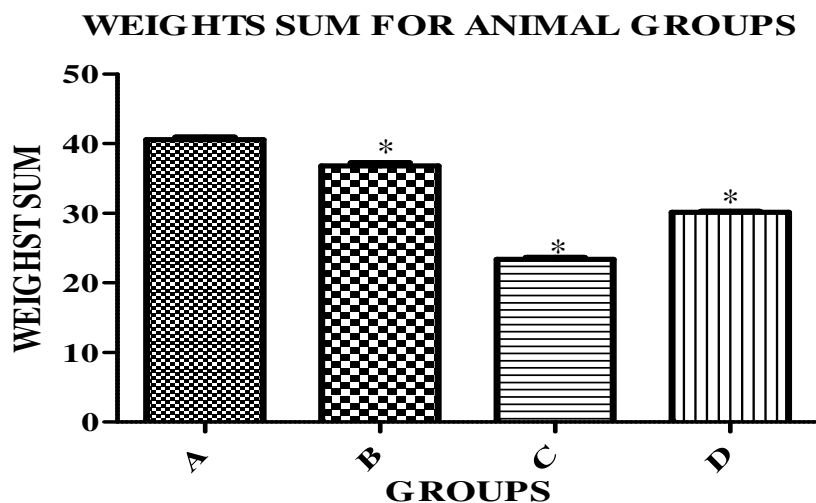
126

127 \* Indicates Statistical Significance [ $P \leq 0.05$ ]

128

- 129 A: Control Group Animals
- 130 B: Group B Animals Subject to the Low-dose [10mg/kg body weight] Prenatal Caffeine Administration
- 131
- 132 C: Group C Animals Subject to the Medium-dose [50mg/kg body weight] Prenatal Caffeine Administration
- 133
- 134 D: Group D Animals Subject to the High-dose [120mg/kg body weight] Prenatal Caffeine Administration
- 135
- 136

137 **Figure 3:** Bar Charts Showing the Sums of Litter Weights Per Group [SLWG]  
 138 The treated groups had lower number of litters per animal cum group; subsequently,  
 139 the sum of litter birth-weights per group [SLWG] was higher in the Group A than the  
 140 treated groups. Group C had the least value of the SLWG followed by Group D.



- 141
- 142 A: Control Group Animals
- 143 B: Group B Animals Subject to the Low-dose [10mg/kg body weight] Prenatal Caffeine
- 144 Administration
- 145 C: Group C Animals Subject to the Medium-dose [50mg/kg body weight] Prenatal
- 146 Caffeine Administration
- 147 D: Group D Animals Subject to the High-dose [120mg/kg body weight] Prenatal
- 148 Caffeine Administration
- 149
- 150

**151 Discussion**

152 The average litter number provides insight into fecundity of the experimental animals.  
153 All the animal groups administered caffeine had less number of litters compared to the  
154 control group. Also, the average litter in the treated groups reduced with increase in the  
155 dosage of caffeine. It therefore implies that the number of litter was inversely proportional to  
156 the dosage of caffeine administered to the animals. This simply suggests that caffeine  
157 affected fertility or fecundity and this relationship is dosage dependent. Caffeine in the  
158 current investigation reduced the average number of litter per mother. This shares similarities  
159 with some previous investigations that have suggested that caffeine has negative effects on  
160 conception and pregnancy in female humans [9, 10]. Caffeine effects also reportedly included  
161 spontaneous abortions and still births in female humans [11, 12, 13]; and such negative  
162 effects have been reported in mice or rodents and mammals generally [14, 15, 16].

163 Noting that the animals were administered caffeine beginning from the day of  
164 copulation (D0); caffeine supposedly had effects that could possibly influence the rate of  
165 viability of the embryos through the process of pregnancy. Though the mechanism(s)  
166 involved in the reduction of litter per birth cannot be specifically established; it is logical to  
167 examine the possibilities from the known processes- especially the critical stages. Caffeine  
168 could not have influenced ovulation and spermatogenesis in this context, but implantation  
169 and embryo implantations and survival till parturition.

170 Variations in the Average [Mean] Litter Weight [ALW] show that the offspring of the  
171 treated animals generally had higher average weights at birth. Values varied between groups  
172 and the pattern was not specifically consistent with trends in dosage variations. Interestingly,  
173 most reports from human reproductive health investigations have suggested that caffeine  
174 consumption by the mother during pregnancy could cause reduction in birth weight of the  
175 offspring [17, 18, 19]. These have been complemented by animal-model investigations as  
176 well [20]. It is however important to relate these values with the average number of litter per  
177 mother as previously presented. The Control Group A had the highest number of average  
178 litter or offspring per birth. Obviously, it is important to note that more offspring would have  
179 resulted in high total sum of litter weight per birth as indicated on the second chart.

180 If both results [average litter weight and total sum of litter weight per birth] are  
181 considered altogether; caffeine did not necessarily have to influence growth and stimulate  
182 either cellular proliferation or tissue hypertrophy to have caused the relative higher average  
183 litter weights in the treated groups. It is logical to observe the variations in the number of  
184 litter per birth in the caffeine-treated groups relative to the Control Group A. Thus, when  
185 summed up, on the average, the caffeine-treated animal Groups B, C and D did not  
186 necessarily have higher total-offspring birth weight. Actually, they had less sums of litter  
187 weights per group. It is therefore important to consider the average litter in relation to the  
188 total number of litter per group and mother to be able to have a useful comparison to the  
189 human situation in which single-birth is prevalent contrary to the predominant multiple births  
190 in the rodents. When taken from both perspectives, caffeine actually reduced birth weight  
191 sums in the treated groups and Group C had the least sum of birth weight. Group D might  
192 have higher sum and average weight per litter than C but the number of litter per mother was  
193 quite relatively low in Group D. Generally, these results are consistent with many previous  
194 findings about caffeine's potential to reduce birth weight [21, 22, 23]. Even the lowest dosage  
195 employed affected litter's weight per animal and the effect increased with dosage.

196

**197 Reference**

198

199 [1] Peters, J. M. and Boyd, E. M. (1967). The influence of a cachexigenic diet on caffeine

- 200 toxicity, *Toxicology and applied pharmacology*, 11 (1): 121–7.
- 201 [2] Kuczkowski KM (2009) Caffeine in pregnancy. *Arch Gynecol Obstet* 280: 695–698
- 202 [3] Kuczkowski KM (2009) Peripartum implications of caffeine intake in pregnancy: is there  
203 cause for concern? *Rev Esp Anesthesiol Reanim* 56: 612–615.KM
- 204 [4] Fernandes O, Sabharwal M, Smiley T, Pastuszak A, Koren G<sup>†</sup>, Einarson T (1998).  
205 Moderate to heavy caffeine consumption during pregnancy and relationship to  
206 spontaneous abortion and abnormal fetal growth: a meta-analysis. *Reproductive*  
207 *Toxicology*. 12 (4): 435–444.
- 208 [5] Weng X , Odouli R , Li D (2008). Maternal Caffeine Consumption During Pregnancy  
209 and the Risk of Miscarriage: A Prospective Cohort Study. *Am J Obstet Gynecol* 198  
210 (3), 279.e1-279.e8.
- 211 [6] Brent, R. L. (2001). The cause and prevention of human birth defects: what have we  
212 learned in the past 50 years? *Congenit Anom (Kyoto)*, 41:3–21.
- 213 [7] Watkinson, B. and Fried, P. A. (1985). Maternal Caffeine Use Before, During and After  
214 Pregnancy and Effects Upon Offspring. *Neurobehavioral Toxicology and*  
215 *Teratology*. 7:9-17.
- 216 [8] Soellner, D. E., Grandys, T., and Nuñez, J. L. (2009). Chronic Prenatal Caffeine Exposure  
217 Impairs Novel Object Recognition and Radial Arm Maze Behaviors in Adult Rats.  
218 *Behav Brain Res*. 205(1): 191–199.
- 219 [9] Jensen, T. K., Henriksen, T. B., Hjollund, N. H., Scheike, T., Kolstad, H., Giwercman, A.,  
220 ... Olsen, J. (1998). Caffeine intake and fecundability: a follow-up study among 430  
221 Danish couples planning their first pregnancy. *Reprod Toxicol*, 12(3):289-95.
- 222 [10] Klonoff-Cohen, H., Bleha, J., and Lam-Kruglick, P. (2002). A prospective study of the  
223 effects of female and male caffeine consumption on the reproductive endpoints of  
224 IVF and gamete intra-Fallopian transfer *Hum. Reprod.* 17 (7):1746-1754.
- 225 [11] Cnattingius, S., Signorello, L. B., Anneren, G., Clausson, B., Ekblom, A., Ljunger, E.,  
226 ... and Rane, A. (2000). Caffeine intake and the risk of first-trimester spontaneous  
227 abortion. *N Engl J Med* , 343:1839-1845.
- 228 [12] Tolstrup, J. S., Kjaer, S. K., Munk, C., Madsen, L. B., Ottesen, B., Bergholt, T., and  
229 Gronbaek, M. (2003). Does caffeine and alcohol intake before pregnancy predict the  
230 occurrence of spontaneous abortion? *Hum Reprod* . 18:2704-2710.
- 231 [13] Greenwood, D. C., Alwan, N., Boylan, S., Cade, J. E., Charvill, J., Chipps K, C., ...  
232 Kassam, S., (2010) Caffeine intake during pregnancy, late miscarriage and stillbirth.  
233 *Eur J Epidemiol* . 25:275-280.
- 234 [14] Maalouf, W., Lee, J. H., and Campbell, K. H. (2005). Effects of caffeine on the  
235 developmental potential of in vitro matured, aged and denuded ovine oocytes. *Hum*  
236 *Fertil.*, 8(2):129-30.
- 237 [15] Dorostghoal, M., Khaksari Mahabadi, M., and Adham, S. (2011). Effects of Maternal  
238 Caffeine Consumption on Ovarian Follicle Development in Wistar Rats Offspring. *J*  
239 *Reprod Infertil.*, 12(1):15-22.
- 240 [16] Sharma, R., Biedenharn, K. R., Fedor, J. M. and Sharma., A. A. (2013). Lifestyle factors  
241 and reproductive health: taking control of your fertility. *Reproductive Biology and*  
242 *Endocrinology*, 11:66; 1-15.
- 243 [17] Mau, G. and Netter, P. (1974). Are coffee and alcohol consumption risk factors in  
244 pregnancy? *Geburtshilfe Frauenneilkd*, 34: 1018-1022.
- 245 [18] Vlajinac, H. D., Petrović, R. R., Marinković, J. M., Šipetić, S. B., and Adanja, B. J.  
246 (1997). Effect of Caffeine Intake During Pregnancy on Birth Weight. *Am. J.*  
247 *Epidemiol.* 145 (4):335-338.
- 248 [19] Sengpiel, V., Elind, E., Bacelis, J., Nilsson, S., Grove, J., Myhre, R., Haugen,  
249 M., Meltzer, H. M., Alexander, J., Jacobsson, B., and Brantsaeter, A. L. (2013).



- 250           Maternal caffeine intake during pregnancy is associated with birth weight but not  
251           with gestational length: results from a large prospective observational cohort study.  
252           *Biomed Central Med.*, 19;11:42. doi: 10.1186/1741-7015-11-42.
- 253   [20] Gilbert, E. F. and Pistey, W. R. (1973). Effect on the Offspring of Repeated Caffeine  
254           Administration to Pregnant Rats. *Journal of Reproduction and Fertility*. 34: 495-499
- 255   [21] Collins, T. F. X. (1979). Review of reproduction and teratology studies of caffeine.  
256           *Washington, DC: GPO*, 1979:352-72. (FDA by-lines no. ).
- 257   [22] Martin, T. R. and Bracken, M. B. (1987). The association between low birth weight and  
258           caffeine consumption during pregnancy. *Am J Epidemiol.*, 126(5):813-21.
- 259   [23] Vik, T., Bakketeig, L. S., Trygg, K. U., and Lund-Larsen, K., and Jacobsen, G. (2003).  
260           High caffeine consumption in the third trimester of pregnancy: genderspecific  
261           effects on fetal growth. *Paediatr Perinat Epidemiol*;17:324-31.