

3
4 **MOTHER'S CAFFEINE INGESTION AFFECTS FECUNDITY AND OFFSPRING**
5 **BIRTH WEIGHT IN MURINE MODELS**
6

7 **Abstract**

8 Caffeine is the world most popularly consumed legal neurostimulant. It is naturally
9 found in beverage drinks including coffee and tea. It is also artificially added to several soft
10 and energy drinks, as well as medicinal drugs including analgesics. Caffeine itself can be
11 employed for therapeutic purposes. The wide range of caffeine distribution in substances and
12 its popularity in some cultures makes it almost impossible to regulate its consumption.
13 Several people consume caffeine from one or more sources, daily and almost inadvertently.
14 Yet, caffeine ingestion during pregnancy has been reported to have observable effects on
15 female fertility as well as on embryo, foetal and child health. This investigation was
16 conducted to analyse the effect of different doses of caffeine on pregnancy and foetus at birth
17 with emphasis on the number of offspring and morphological parameters. Thirty two (n=32)
18 adult female pregnant mice (*Mus musculus*) were divided into four groups- Group A as the
19 Control, Group B was administered the low-dose caffeine (10mg/kg body weight), Group C
20 was administered the medium-dose caffeine (50mg/kg body weight) and Group D was
21 administered the high-dose caffeine (120 mg/kg body weight). Anhydrous caffeine was
22 dissolved in distilled water to achieve the target dosage for each group and animals were
23 administered caffeine daily throughout the period of pregnancy. At birth, the parameters of
24 fecundity were examined especially with respect to the average litter number; total sum of
25 litter weights as well as the average litters' weights across the experimental animal groups.
26 Caffeine significantly affected birth weight of the offspring; treated groups had fewer
27 offspring per birth and lower sum of offspring weights. Caffeine had observable effects on
28 pregnancy and litters in manner that were negative especially at the higher doses.
29

30 **Key words**

31 Caffeine Pregnancy Fecundity Fertility Birth Weight
32

33 **Introduction**

34 Caffeine is produced commercially mainly as a by-product in making caffeine-free
35 coffee. It can also be synthesized. When caffeine is administered orally, its Median Lethal
36 Dose (LD₅₀) is 192 milligrams per kilogram in rats and 150 - 200 milligrams per kilogram of
37 body mass in humans [1]; this amount of caffeine could be found in roughly 80 to 100 cups
38 of coffee for an average human adult. The LD₅₀ of caffeine in humans is also dependent on
39 individual sensitivity [1]. It is not usual for a person to consume 80 to 100 cups of coffee at
40 time, however this dosage can be achieved with overdose of caffeine pills or solutions of pure
41 anhydrous caffeine powder.

42 Kuczkowski [2, 3] reported that caffeine ingestion during pregnancy was associated
43 with an increased risk of foetal growth restriction and this association continued throughout
44 pregnancy. It is also reportedly advisable to reduce caffeine intake throughout pregnancy.
45 Furthermore, Fernandez *et al.* [4] found a small, but statistically significant increase in the
46 risk of spontaneous abortion and Low Birth Weight infants in women consuming more than
47 150 mg of caffeine daily. Also, acute foetal arrhythmias secondary to excessive maternal
48 intake of caffeine have been reported. Therefore, the physiologic effects and common use of

49 caffeine during pregnancy calls for examination of maternal caffeine consumption and risk of
50 birth defects. Epidemiologic studies have rather yielded mixed results [2, 3].

51 According to Weng *et al.*, [5], an increasing dose of daily caffeine intake during
52 pregnancy was associated with an increased risk of miscarriage, compared with no caffeine
53 intake for caffeine intake of <200 mg/day. The same report concluded that high doses of
54 caffeine intake during pregnancy increased the risk of miscarriage, independent of
55 pregnancy-related symptoms. While Brent *et al.*, [6] remarked that some scientists have
56 reported that caffeine consumption during pregnancy did not appear to increase the risk of
57 congenital malformations, miscarriage or growth retardation even when consumed in
58 moderate to high amounts. Kuczkowski [2] constructively noted that critically, the data
59 supporting this conclusion was of poor quality. Other reports have simply suggested limiting
60 caffeine consumption during pregnancy. Watkinson and Fried [7] reported that the most
61 marked effects associated with heavy caffeine use (over 300 mg daily) in included reduced
62 birth weight and smaller head circumference that was statistically significant.

63 The currently available literatures have largely indicated the possibilities of transient
64 and persistent effects of mothers' caffeine ingestion on their offspring [2, 5, 7]. However, it is
65 important to determine the influence of dose intake. It should also be noted that several safe-
66 for-consumption agents and substances can become harmful to pregnancy and conceptus if
67 they are abused or consumed at excessively high doses. This investigation also modelled
68 the manners in which humans use caffeine in the experimental animals in order to produce data
69 that can have relevance to human conditions and provide reliable basis for applications and
70 further investigations, especially in humans.

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

74

75 **Materials and Methods**

76 Thirty two(32) mated and pregnant female mice were used for the investigation after a
77 monitored mating exercise, confirmed with the presence of a vaginal plug. Pure anhydrous
78 caffeine powder was dissolved in distilled water to achieve the dose for each group. Effort
79 was made to associate the various dose used with human situations of caffeine use. The lower
80 dose of 10 mg/kg/day is roughly equivalent to taking about 2-3 normal cups of coffee/tea per
81 day or 2-3 coffee tablets or chewing 2-3 bar of caffeine-containing chocolate or equivalent
82 [8]. Thus, 10 mg/kg/day is equivalent to 2–3 cups of coffee/day in humans based on a
83 metabolic body weight conversion [8]. This represented habitual mild and almost
84 unconscious yet regular consumption of caffeine in coffee, tea or other sources such as in
85 caffeinated drinks or in form of pills. This is a pre-caffeinism level of consumption which
86 may not induce caffeinism or caffeine dependency. The medium caffeine dose represented
87 caffeine excessive use and abuse while the highest dose represented a caffeine dependent
88 condition that is abnormal, yet possible. Animals were treated throughout pregnancy that
89 lasted 20-21 days. Each animal was given the daily dose of caffeine using oral gavages once
90 between the hours of 7:00 and 9:00. At parturition, the offspring were collected and observed
91 based on the parameters of interest.

92

93

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

Grouping	Animals	Dosage	Description	Rationale
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

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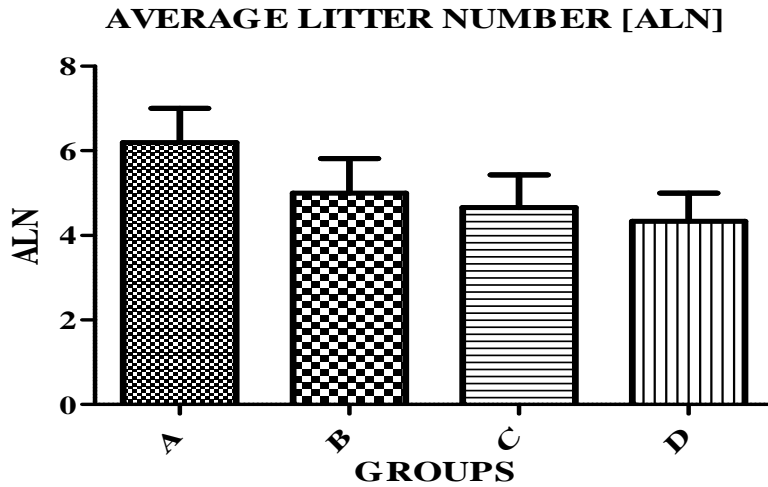
97 **Results**

98 Caffeine negatively affected fecundity and birth weights of the offspring. The effects were
99 observable in the number of offspring weight per mother as well as the total number of
100 offspring per mother. Also, the sum of litters' weight per mother was also affected.
101 Altogether, caffeine ingestion affected fertility and offspring weights; and the effects were
102 dose dependent: birth weight reduced as caffeine dose increased, so also the number of
103 offspring per mother. The figure below provide further details.

104

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

109



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

112

113 A: Control Group Animals

114 B: Group B Animals Subject to the Low-dose [10mg/kg body weight] Prenatal Caffeine
115 Administration

116 C: Group C Animals Subject to the Medium-dose [50mg/kg body weight] Prenatal
117 Caffeine Administration

118 D: Group D Animals Subject to the High-dose [120mg/kg body weight] Prenatal
119 Caffeine Administration

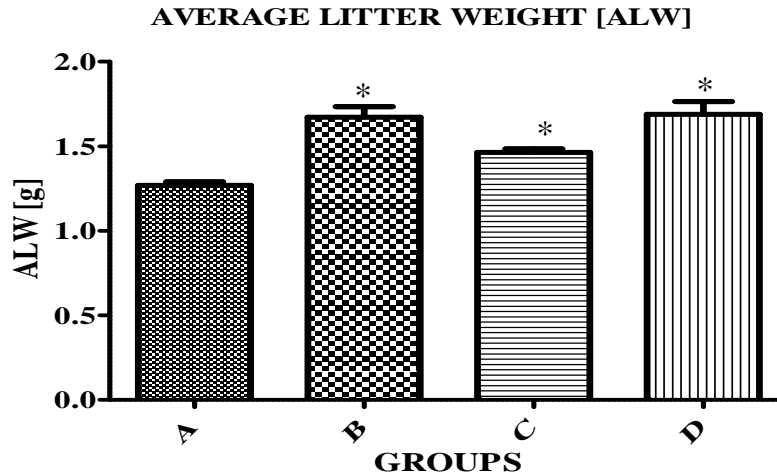
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124 **Figure 2:** Bar Charts Showing the Average Litters Weight [ALW] of the Experimental
 125 Animals Groups A-D. The offspring of the treated animals had higher average
 126 weights at birth. These treated groups however had lower number of litters per animal
 127 and group.
 128



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

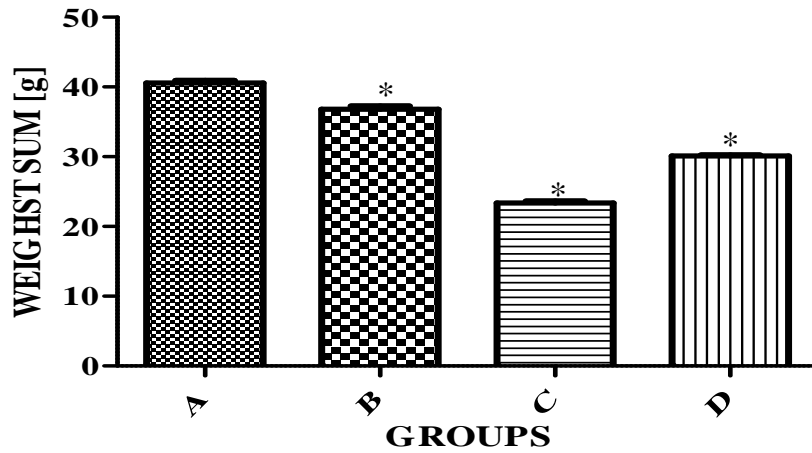
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- 132 A: Control Group Animals
- 133 B: Group B Animals Subject to the Low-dose [10mg/kg body weight] Prenatal Caffeine Administration
- 134
- 135 C: Group C Animals Subject to the Medium-dose [50mg/kg body weight] Prenatal Caffeine Administration
- 136
- 137 D: Group D Animals Subject to the High-dose [120mg/kg body weight] Prenatal Caffeine Administration
- 138

139

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

WEIGHTS SUM FOR ANIMAL GROUPS [g]



144

145 A: Control Group Animals

146 B: Group B Animals Subject to the Low-dose [10mg/kg body weight] Prenatal Caffeine
147 Administration

148 C: Group C Animals Subject to the Medium-dose [50mg/kg body weight] Prenatal
149 Caffeine Administration

150 D: Group D Animals Subject to the High-dose [120mg/kg body weight] Prenatal
151 Caffeine Administration

152

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154 **Discussion**

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

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

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

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

199

200 **Conclusion**

201 The current study investigated the nature of caffeine effects on pregnancy after copulation
202 and fertilisation. It is an attempt to model how caffeine might affect foetal health, birth
203 weight and potentials of multiple births when the pregnant mother ingests caffeine- at various
204 doses. Caffeine had observable negative effect on the birth weights of litters. It also caused
205 reduction in the number of litters. Mother that ingested caffeine also had lower sums of
206 weight litters per birth; this can be likened to low birth weight in human or other mammals
207 with typical single birth. Therefore, it can be concluded from this study that caffeine use,
208 especially at relatively high doses had negative effects of pregnancy, manifested in the
209 weights of the offspring.

210 **Reference**

- 211
- 212 [1] Peters JM, Boyd EM. The influence of a cachexigenic diet on caffeine toxicity,
213 Toxicology and applied pharmacology. 1967; 11 (1): 121–7.
- 214 [2] Kuczkowski KM. Caffeine in pregnancy. Arch Gynecol Obstet. 2009; 280: 695–698
- 215 [3] Kuczkowski KM. Peripartum implications of caffeine intake in pregnancy: is there cause
216 for concern? Rev Esp Anestesiol Reanim. 2009; 56: 612–615.
- 217 [4] Fernandes O, Sabharwal M, Smiley T, Pastuszek A, Koren G[†], Einarson T. Moderate
218 to heavy caffeine consumption during pregnancy and relationship to spontaneous
219 abortion and abnormal fetal growth: a meta-analysis. Reproductive Toxicology.
220 1998; 12 (4): 435–444.
- 221 [5] Weng X , Odouli R , Li D. Maternal Caffeine Consumption During Pregnancy and the
222 Risk of Miscarriage: A Prospective Cohort Study. Am J Obstet Gynecol. 2008; 198
223 (3), 279.e1-279.e8.
- 224 [6] Brent RL. The cause and prevention of human birth defects: what have we learned in the
225 past 50 years? Congenit Anom (Kyoto). 2001; 41:3–21.
- 226 [7] Watkinson B, Fried PA. Maternal Caffeine Use Before, During and After Pregnancy and
227 Effects Upon Offspring. Neurobehavioral Toxicology and Teratology. 1985; 7:9-17.
- 228 [8] Soellner D E, Grandys T, Nuñez JL. Chronic Prenatal Caffeine Exposure Impairs Novel
229 Object Recognition and Radial Arm Maze Behaviors in Adult Rats. Behav Brain
230 Res. 2009; 205(1): 191–199.
- 231 [9] Jensen TK, Henriksen TB, Hjollund NH, Scheike T, Kolstad H, Giwercman A, Olsen J.
232 Caffeine intake and fecundability: a follow-up study among 430 Danish couples
233 planning their first pregnancy. Reprod Toxicol. 1998; 12(3):289-95.
- 234 [10] Klonoff-Cohen H, Bleha J, Lam-Kruglick P. A prospective study of the effects of female
235 and male caffeine consumption on the reproductive endpoints of IVF and gamete
236 intra-Fallopian transfer Hum. Reprod. 2002; 17 (7):1746-1754.
- 237 [11] Cnattingius S, Signorello LB, Anneren G, Clausson B, Ekbom A, Ljunger E, Rane
238 A. Caffeine intake and the risk of first-trimester spontaneous abortion. *N Engl J*
239 *Med.* 2000; 343:1839-1845.
- 240 [12] Tolstrup JS, Kjaer SK, Munk C, Madsen LB, Ottesen B, Bergholt T, Gronbaek M. Does
241 caffeine and alcohol intake before pregnancy predict the occurrence of spontaneous
242 abortion? *Hum Reprod.* 2003; 18:2704-2710.
- 243 [13] Greenwood DC, Alwan N, Boylan S, Cade JE, Charvill J, Chipps KC, ... Kassam
244 S. Caffeine intake during pregnancy, late miscarriage and stillbirth. *Eur J Epidemiol.*
245 2010; 25:275-280.

- 246 [14] Maalouf W, Lee JH, Campbell, KH. Effects of caffeine on the developmental potential
247 of in vitro matured, aged and denuded ovine oocytes. *Hum Fertil.* 2005; 8(2):129-30.
- 248 [15] Dorostghoal M, Khaksari Mahabadi M, Adham S. Effects of Maternal Caffeine
249 Consumption on Ovarian Follicle Development in Wistar Rats Offspring. *J Reprod*
250 *Infertil.* 2011; 12(1):15-22.
- 251 [16] Sharma R., Biedenharn KR, Fedor JM, Sharma AA. Lifestyle factors and reproductive
252 health: taking control of your fertility. *Reproductive Biology and Endocrinology.*
253 2013; 11:66; 1-15.
- 254 [17] Mau G, Netter P. Are coffee and alcohol consumption risk factors in pregnancy?
255 *Geburtshilfe Frauenneilkd.* 1974; 34: 1018-1022.
- 256 [18] Vlajinac HD, Petrović RR, Marinković JM, Šipetić SB, Adanja BJ. Effect of Caffeine
257 Intake During Pregnancy on Birth Weight. *Am. J. Epidemiol.* 1997; 145 (4):335-
258 338.
- 259 [19] Sengpiel V, Elind E, Bacelis J, Nilsson S, Grove J, Myhre R, Haugen M, Meltzer
260 HM, Alexander J, Jacobsson B, Brantsaeter AL. Maternal caffeine intake during
261 pregnancy is associated with birth weight but not with gestational length: results
262 from a large prospective observational cohort study. *Biomed Central Med.*
263 2013; 19;11:42. doi: 10.1186/1741-7015-11-42.
- 264 [20] Gilbert EF, Pistey WR. Effect on the Offspring of Repeated Caffeine Administration to
265 Pregnant Rats. *Journal of Reproduction and Fertility.* 1973; 34: 495-499
- 266 [21] Collins TFX. Review of reproduction and teratology studies of caffeine. Washington,
267 DC: GPO. 1979; 1979:352-72.
- 268 [22] Martin TR, Bracken MB. The association between low birth weight and caffeine
269 consumption during pregnancy. *Am J Epidemiol* 1987; 126(5):813-21.
- 270 [23] Vik T, Bakketeig LS, Trygg KU, Lund-Larsen K, Jacobsen G. High caffeine
271 consumption in the third trimester of pregnancy: genderspecific effects on fetal
272 growth. *Paediatr Perinat Epidemiol.* 2003; 17:324-31.