

[IMAGE]

Brewing Problems?

When a woman becomes pregnant, she needs to avoid some actions that increase health risks for the developing child, namely consuming alcohol, eating certain types of seafood and smoking (if she's a smoker). Exposure to caffeine during pregnancy has also been linked to pregnancy problems, including spontaneous abortion and low infant birth weight. Other lifestyle choices associated with high caffeine consumption, including drinking alcohol and smoking while pregnant, have been implicated as the actual causes for these birth problems. Is caffeine alone dangerous for your baby?

In an eight-year Danish study, almost 20,000 pregnant women visiting a department of obstetrics and gynecology provided information about coffee consumption before and 16 weeks into pregnancy. Coffee consumption was classified as 0, 1-3, 4-7 or 8 or more cups per day. Researchers looked for a possible association between coffee consumption and stillbirth or infant death in the first year in this *British Medical Journal* study.

Pregnant women consuming eight or more cups of coffee daily while pregnant were three times more likely to experience a stillbirth than women drinking no coffee, not considering smoking and alcohol consumption. After adjusting for these and other factors, women drinking eight or more cups daily still remained over two times more likely to have a stillborn child, and women drinking 4-7 cups daily still showed a 40% increase in risk.

The effects of caffeine from other sources, including chocolate, cola and tea consumption, were unknown in this study, because the women involved were noted to consume very little caffeine from these sources. Regardless of pregnancy, drinking eight or more cups of coffee daily is unhealthy for other health reasons. Limit your caffeine intake to one or two cups of coffee or tea per day, especially if you're carrying a child.

Reference:

Wisborg K, Kesmodel U, et al. Maternal consumption of coffee during pregnancy and stillbirth and infant death in first year of life: Prospective study. *British Medical Journal* 2003;326, pp. 420-423.

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