



Caffeine in Pregnancy and Breastfeeding

May 2025

Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect or developmental problem. Breastmilk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.

What is caffeine?

Caffeine is a widely consumed, naturally occurring substance derived from the leaves, seeds and fruits of a range of plants. It is found in varying amounts in coffee, tea, chocolate drinks, cola drinks, energy drinks, guarana and chocolate. It is also found in some prescription and over-the-counter medications. This can include medications for colds, pain relief, travel sickness, migraines and medications for increasing alertness. It can also be an ingredient of some herbal preparations, appetite suppressants and weight loss products. Caffeine is well known to have a stimulant effect; small amounts can increase alertness, but larger quantities are associated with anxiety, restlessness and sleeping difficulties.

Issues for pregnancy

Due to current limitations in scientific research, it is difficult to determine whether a mother's caffeine intake in pregnancy is associated with problems for the baby during and after pregnancy.

What is known, is that the way that the body removes caffeine slows down during pregnancy, especially in the third trimester, which means caffeine will stay in the body longer than in non-pregnant women. Caffeine does pass from mother to baby across the placenta during pregnancy as well as into breastmilk after birth. Unborn and newborn babies are less able to break down caffeine than adults. This means that babies may be exposed to the same stimulant effect as their mother.

Caffeine may also add to the effects of stronger stimulants, such as prescription medications used to treat

ADHD. If you are taking amphetamines and caffeine, it is advisable to even further limit your intake of products containing caffeine.

Overall current data suggests that low to moderate caffeine intake (up to 300 mg per day) does not make it harder to conceive a baby, nor is there evidence that it causes miscarriage at low levels of intake (under 200 mg per day). There is no association between caffeine and birth defects and no evidence for long term effects on children in terms of behaviour and development.

Currently, the risks associated with higher levels of caffeine intake (greater than 300mg per day) are uncertain.^{1,3}

Recommendations for pregnancy

In view of current knowledge, small amounts of caffeine are considered safe in pregnancy. The recommended limit in Australia is a maximum of 200mg caffeine per day. This would be equivalent to 1-2 cups of espresso style coffee, 3 cups of instant coffee, 4 cups of medium strength tea, 4 cups of cocoa or hot chocolate or 4 cans of cola. These amounts are estimates because the amount of caffeine in coffee particularly, varies widely. It is preferable to avoid double shots of espresso coffee and drinks which are marketed as sports and energy drinks as they have high levels of caffeine. If you choose to drink highly caffeinated drinks such as these, you should limit yourself to one drink per day and have no other caffeine intake that day.

Women have increased water requirements during pregnancy and an unwanted effect of caffeine is that it acts as a diuretic (reduces body fluid levels from passing too much urine), possibly resulting in dehydration. This is another reason to recommend drinking water or milk in preference to consuming caffeinated beverages during pregnancy.

If you take medication that contains caffeine, whether it is prescription or over-the-counter (OTC), you should take this into account when considering your total caffeine



intake and the recommended limits. If you are considering taking a herbal remedy that contains caffeine, you should consult with your health care provider or contact MotherSafe before taking.

Breastfeeding

Caffeine readily passes into breast milk. Pre-term and newborn babies until about 4 months of age are less able to breakdown caffeine and it accumulates in their bloodstream. This may make a baby unsettled and irritable. As a result, it is preferable to limit your caffeine intake and consume other fluids in preference such as water and milk, particularly in your baby's first few months of life. 5 Smoking cigarettes adds to the effects of caffeine on a breastfed baby. If you smoke, it is advisable to even further limit your intake of food and drinks containing caffeine. 6

References

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Other resources

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