



Current international guidance from the NHS, Tommy's, WHO and the RCOG is that women can safely consume up to 200mg of caffeine daily.



A recent paper published by the BMJ does not provide new evidence to support his recommendation that this guidance should be changed.



Research evidence shows that there is a link between high caffeine consumption (>300mg a day) and lower birthweight. The UK and international guidance is currently based on this.



Current research evidence finds that there is no link between high caffeine consumption and preterm birth.



There is no current evidence of sufficient strength that low maternal caffeine intake in pregnancy (<200mg) is linked to adverse pregnancy outcomes.



Research evidence is mixed in relation to any relationship between high caffeine consumption (>300mg a day) and other outcomes (these are discussed in more detail below). More research is underway and is needed in these areas to inform guidance.



Midwives should ensure that women are informed in early pregnancy of the risks of high caffeine intake to the fetus. For example, in addition to tea and coffee (75-277mg), caffeine is present in chocolate (+/-50mg), some soft drinks (+/-80mg) and medications (e.g. anadin extra 45mg). It is important that women are aware that their total intake from all dietary sources each day should not exceed 200mg (NHS Choices 2018).



As any new, robust evidence emerges on this topic, this should be considered when reviewing the current guidance.

Useful links

[Tommy's response](#) to the paper by Jack E James, August 2020, including a radio interview from Prof Andrew Shennan:

Miscarriage Association (2013) [Thinking about another pregnancy](#) (Accessed 31 August 2020)

NHS Choices (2018) [Should I limit caffeine during pregnancy?](#) (Accessed: 4 September 2020)

Tommy's (2020) [Check your caffeine intake in pregnancy](#) (Accessed 31 August)