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Caffeine Affects Pregnancy- Even small amounts

By Glenn King, PhD, RD, CN

Pregnant women who consume caffeine - even a cup of coffee daily are at higher risk of giving birth to an underweight baby, says researchers on Monday February 16th, 2009 (London).

The new findings published in the British Medical Journal (BMJ) also linked any source of caffeine, including tea, cola, chocolate and some prescription drugs, to relatively slower fetal growth.

The findings are the latest in mounting evidence

indicating the amount of caffeine a person consumes can directly impact one's health, especially when pregnant.

The source of caffeine does not matter; the risk appears to be the same whether from coffee, tea, sodas and other foods and beverages. Women should be aware of which beverages and foods contain caffeine so they can avoid or limit their intake when pregnant or trying to become pregnant.

Caffeine is a stimulant found in many foods, beverages and some medications. Caffeine is naturally produced by a variety of plants and is added to some foods and beverages. The main source of caffeine for most adults is coffee.

Women who are pregnant or trying

to become pregnant should consume no more than 200 milligrams (mg) of caffeine per day (equal to about one 12-ounce cup of coffee a day), says March of Dimes. Although, a new U.S. study has found that -

Women consuming 200 mg of caffeine or more a day are twice as likely as women who consume no caffeine to have a miscarriage.

An earlier study in Denmark found that pregnant women who drink eight or more cups of coffee daily are more than twice at risk of stillbirth compared to women who do not drink coffee.

The researchers focused on 18,478 pregnant women who booked for delivery at Aarhus University Hospital between 1989 and 1996.

Some prior studies had conflicting findings. Such as an article published January, 2006 said "Good news for pregnant women who can't bear the thought of giving up their daily coffee."

A study examined the issue and found no link between moderate caffeine consumption in "late" pregnancy, pre-term delivery or low birth weight.

This Danish study compared pregnancy outcomes among women who mainly drank decaffeinated instant coffee during the second half of their pregnancy and those who drank at least three cups of caffeinated instant coffee daily.

They reported no significant differences seen in gestation times or birth weights among babies born to the two groups.

Bodil Hammer Bech, MD, PhD, lead researcher, said "I think we can say that moderate caffeine intake does not impact birth weight or pregnancy length."

However, the study did not address the safety of caffeine consumption during the early months of pregnancy or the impact of consuming very large amounts of caffeine. Now we have new studies revealing a very different consensus.

In January, 2009 U.S. researchers found that pregnant women who drink two or more cups of coffee a day are at -

Twice the risk of having a miscarriage as those women who avoid caffeine.

Babies born underweight are more likely to develop a range of health conditions as they grow older, including high blood pressure, diabetes and heart problems.

Women who drank one to two cups of coffee daily (100-199 milligrams) had a 20 percent increased risk of having a baby of low birth weight. This was compared to women who consumed less than 100 mil-

ligrams daily.

Justin Konje (University of Leicester in Britain) and colleagues wrote "Caffeine consumption during pregnancy was associated with an increased risk of fetal growth restriction and this association continued throughout pregnancy. The sensible advice would be to reduce or avoid caffeine intake before conception and throughout pregnancy."

The likelihood of having a low birth weight baby rose to 50 percent for women who consumed between 200 milligrams and 299 milligrams each day (two to three cups of coffee).

The American Academy of Pediatrics stand is - "It is safe for a woman to consume caffeine while breast-feeding. However, a small amount of caffeine does get into breastmilk, so breastfeeding women should limit or avoid their consumption. Breastfed babies of women who drink more than two to three cups of coffee a day have shown to become irritable or have difficulty sleeping.

How does caffeine affect the body?

Caffeine is a stimulant that increases alertness. It slightly increases blood pressure and heart rate, over stimulates the adrenal glands and increases urine production.

Some individuals are more sensitive to caffeine than others. Pregnant women are usually especially sensitive to it because they take longer to clear caffeine from the body than when they are not pregnant. Caffeine may cause some individuals to feel jittery, have indigestion or have trouble sleeping.

During pregnancy, caffeine crosses the placenta and reaches the fetus.

Caffeine may decrease blood flow to the placenta, which may harm the baby.

Studies have shown that just consuming a little chocolate at the beginning of the menstrual cycle may cause more discomfort, swelling and difficulties.

What foods and beverages contain caffeine?

Caffeine is also found in coffee-flavored products, such as yogurt, ice cream, candy, chocolate syrup and hot cocoa.

The amount of caffeine in products varies widely. The brand, how it is prepared, type of beans or leaves, and the style of serving (espresso, latte and others) also affect caffeine content. Generally, brewed coffee contains the highest amounts of caffeine (average of 137 mg per 8-ounce cup). See the table below for specifics (*Source: U.S. Department of Agriculture, 2000*).

Foods and Beverages Milligrams of caffeine (average)
Coffee (8 oz)
Brewed, drip 137 mg
Instant 76 mg
Tea (8 oz)
Brewed 48 mg
Instant 26-36 mg
Caffeinated soft drinks
(like cola - 12 oz) 37 mg
Hot cocoa (12 oz) 8-12 mg
Chocolate milk (8 oz) 5-8 mg
CANDY
Dark chocolate (1.45 oz bar) 30 mg
Milk chocolate (1.55 oz bar) 11 mg
Semi-sweet chocolate chips (1/4 cup) 26-28 mg
Chocolate syrup (1 tbsp) 3 mg
Coffee ice cream/yogurt (1/2 cup) - 2 mg

What medicines contain caffeine?

Some medicines for pain relief, migraines, colds and delaying sleep contain caffeine. The Food and Drug Administration (FDA) requires that medicine labels list the amount of caffeine in medications. Pregnant women generally should avoid medications containing caffeine and should always check with their health care provider before taking any medication (including over-the-counter medicines) during pregnancy.

The FDA does not require herbal products to list how much caffeine they may contain on the label, so amounts can vary greatly. Herbal products, such as ephedra, guarana, cola or kola, xlean, green tea, black tea, white tea, oolong tea, plus many other teas and natural products contain caffeine. Pregnant women should avoid herbal products, without consulting a health professional, because their safety in pregnancy has not been studied by the FDA.

Does caffeine consumption affect fertility?

Small amounts of caffeine may not reduce a woman's chances of becoming pregnant. Most studies have found no effect on fertility when women consume less than 300 mg of caffeine a day. A few studies found

that women who consume more than 300 mg a day are more likely to have trouble conceiving - yet to be proven.

Babies of women who consume large amounts of caffeine (500 mg/day or more) are more likely to have faster breathing and heart rates and to sleep less in the first few days of life.

Even small amounts may prove harmful. Konje says "the best advice is to limit caffeine consumption to below 100 milligrams a day, if you are going to consume caffeine. We can't say that there is a lower limit for which there is no effect." Konje says "You have to be realistic because you can't ask people to stop taking caffeine. So, my advice is if possible to reduce caffeine intake to a minimum."

I say - why? A life is at stake. If the desire of a taste or an unhealthy habit is valued, or has a higher priority, over a life - what have we come to in this age?

A TKM® Testimony

My husband is an engineer like myself and the whole "TKM® thing" is a little more than his brain can currently comprehend logically. He came home late last night and we were just finishing a sequence. I have four children and the older two were working on the younger two with my supervision. We have had a stomach virus going through family, so I thought we should all do a stomach sequence or an immune system

stimulator. But, I felt strongly led to do the #23,25 and on the second step my eight year old son began to cry, almost hysterically. He is a sweet-tempered child living in a house of strong doers. He also represses his emotions and has broken his nose which has caused much congestion. His crying continued throughout the entire sequence.

My five year old daughter, who has lost two grandmothers in the last three years also began to weep and mourn my mother and stepmother.

My husband walked in as we were finishing and got a bit frustrated when our daughter couldn't quit "crying and carrying on." My eight year old son told all of us very matter-of-factly, "I should feel a lot better now that I got all that out!"

As I went to bed, my husband said to me, "Maybe you should do that sequence on me and see if it makes me cry!" So I did, and I can tell he is becoming more and more open to this powerful tool.

Thank you Dr. King for being a great student and sharing what you have learned! I know my family is benefiting greatly. My eight year old son said yesterday, "It's too bad everyone doesn't know about TKM®!"

In Christ, Terri

Recently I've noticed our daughter bursts into laughter immediately after crying, either during a #13 sequence or just on her own now. Terri, She's held in a lot of emotional and mental stress as you said about your son.

I observed Kayla (my daughter) and wondered about the design for weeping. So, I went through my Strong's concordance on the words Weep, Weeping, and Wept. After a few days of writing each verse and pondering on what they taught, I

learned so much and changed what I teach my kids about crying. Verses that support these experiences during TKM® are Luke 6:21, John 17:20-22. I also gained insight on "not crying" from James 4:5 and Luke 7:31-32 (which implies back to Ecc. 3:4).

Kayla's right shoulder is sore (#3 area). When applying a #13 sequence she complains of intense "knife" pain at T5 and T1, She usually cries and laughs through the whole thing. She mentioned that her throat chokes-up like before crying (#3s). Her shoulders are up around her chin by the end of a school day. My plan is to begin addressing the Mediator and 1st MOC in addition to #13, and #15 sequences for this issue. Thank you!

Lynn

Lynn, I would include the Kidney Sequence for the choking sensation Kayla is experienceing. Glenn King.

TKM® Classes

Classes subject to change without notice. For more information on classes or to register, visit the Calendar page at www.kinginstitute.org.

TKM®: Level 1 and 2

Date: Feb. 24 - 28 Location: Carrollton, TX Instructor: Glenn King, PhD, RD, CN Tuition: \$895 Deposit: \$450

TKM®: Level 3 and 4

Date: March 10 - 14 Location: Carrollton, TX Instructor: Glenn King, PhD, RD, CN Tuition: \$895 Deposit: \$450

TKM®: Level 5 and 6

Date: March 24 - 27 Location: Carrollton, TX Instructor: Glenn King, PhD, RD, CN Tuition: \$750 Deposit: \$400

TKM®: Level 1 and 2

Date: March 31- April 4 Location: Sebring, FL Instructor: Dr. Jim Robertson, ND Tuition: \$895 Deposit: \$450

TKM®: Level 7

Date: April 9 - 11
Location: Carrollton, TX
Instructor: Glenn King, PhD, RD, CN
Tuition: \$525 Deposit: \$260
Additional classes are online at:
www.kinginstitute.org
You may also register online.