



ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
April 13-16, 2023 | Washington DC

The Effect of THC/Cannabis Use on Pregnant Women and Young Mothers Clinical Perspectives

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CLINICAL ISSUES



The Science of Cannabis and THC Use in Pregnant Women


The Science of Cannabis and THC Use in Breastfeeding Women

Public Perception About Cannabis and THC Use in Pregnant and Breastfeeding Women

Public Policy and Social Systems Related to Cannabis and THC Use in Pregnant and Breastfeeding Women

Role of the Addiction Physician

Viewpoints of ASAM Colleagues



Cannabis is the most commonly abused drug by pregnant women between the ages of 18 and 44.

**“ Marijuana use during pregnancy
remains a significantly under-recognized
problem that has the potential to cause
long-term harm. ”**

S. C. Jacques

Journal of Perinatology 417





A photograph of two women sitting at a grey folding table in a large, empty room. The woman on the left has curly hair and is wearing a dark long-sleeved top. The woman on the right has her hair in a ponytail and is wearing a black sleeveless top and black high-heeled shoes. They are both looking at something in their hands. On the table in front of them are several items, including a black cup, some papers, and a small white box. In the foreground, a large sign is propped up on a chair. The sign has a gold and white design with wavy patterns on the sides. The text on the sign is in a serif font. The background shows a plain wall and a door.

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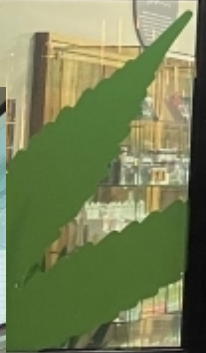
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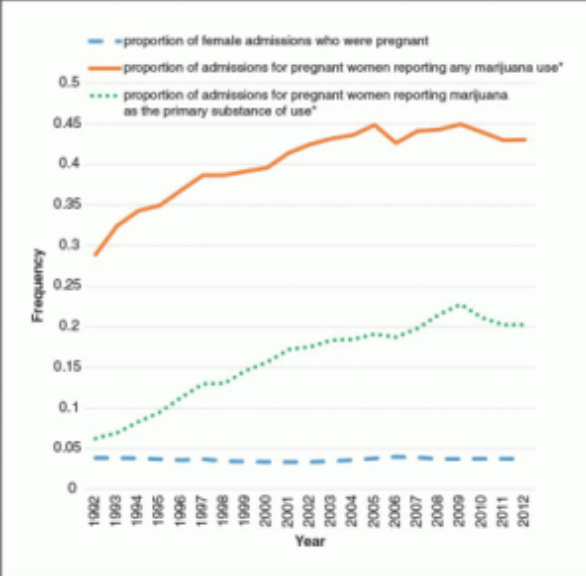
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Pregnancy and Marijuana Use Epidemiology

Data from 2016 reported in the National Survey on Drug Use and Health (NSDUH) revealed that 4.9% of pregnant women 15 through 44 years of age reported use of marijuana* in the past month



From 2002 to 2017, self-reported use Trusted Source of cannabis during pregnancy jumped from 3.4 percent of pregnant women to 7 percent.

Previous research has linked maternal cannabis use to negative health outcomes in the baby.

Fetuses exposed to cannabis are more likely to develop Type 2 diabetes, obesity, and metabolic syndrome later in life.

Development and behavioral issues — including visual problem-solving challenges and decreased attention span — have been recorded in kids exposed to cannabis in utero as well.

Babies of active cannabis users are more likely to have intrauterine growth problems and low birth weight.

“If cannabis is smoked frequently, this may cause lower oxygen levels in the bloodstream which in turn might perturb growth,” Piomelli said, adding that we do not know if this applies to other forms of cannabis use like vaping or edibles.

According to Dr. S. Monty Ghosh, an assistant professor and doctor of internal medicine, disaster medicine, and addiction medicine at the University of Alberta,

More pregnant women turned to cannabis in California amid COVID-19

Rates of cannabis use by women in early pregnancy shot up 25% early in the COVID-19 pandemic,

according to a Kaiser Permanente study of more than 100,000 pregnancies in Northern California.

The study, published yesterday in *JAMA*, analyzed routine urine tests for cannabis at the first (8-week) prenatal visit for 100,005 pregnancies of 95,412 women from Jan 1, 2019, to Dec 31, 2020. Positive test results were compared with those from the 15 months leading up to the pandemic.

Lead author Kelly Young-Wolff, PhD, MPH, said

"Pregnant women are more likely to use cannabis if they are depressed, anxious, or have experienced trauma," Young-Wolff said. "It's very possible that more pregnant women are using cannabis in an attempt to self-medicate these issues during the pandemic."

Clinicians should discuss cannabis use with their pregnant patients, as well as alternative ways to manage issues such as nausea and mood problems early in pregnancy, coauthor Deborah Ansley, MD, said in the release.

A close-up photograph of a pregnant woman's belly. She is holding a lit marijuana cigarette (joint) in her right hand, which has a gold ring on the ring finger. Her left hand is resting on her belly. A dark grey banner with white text is overlaid across the middle of the image.

Effect of Smoking Weed During Pregnancy



The Effects of Smoking Weed While Pregnant

- Impaired Fetal Growth
- Withdrawal Symptoms
- Reduced length of Pregnancy
- Attention Deficits
- State Regulation

Is Cannabis Safe for Pregnant Women? A Cloudy Issue

[TOP TRENDS](#) Author name: Lee Health

More women report using pot to battle morning sickness. A Lee Health expert weighs in. What you need to know

Lee Health pediatric neurologist Dr. Britt Stroud suggests pregnant mothers should avoid using marijuana.

“Although cannabinoids are considered ‘natural,’ their prenatal use can still pose risks,” Dr. Stroud says. “Certainly a natural remedy like cannabis carries great appeal for combatting nausea in pregnancy. But while it may help the mother’s symptoms, it may prove harmful to the baby.”

Dr. Stroud stresses we shouldn’t make sweeping assumptions about the safety of substances just because they are labeled as “natural.”

The American College of Obstetricians and Gynecologists (ACOG) says pregnant moms shouldn’t use pot because of concerns about impaired neurodevelopment as well as maternal and fetal exposure to smoking.

Animal studies have linked high doses early in pregnancy with fetal brain abnormalities – but it’s less clear whether typical use in humans poses similar risks.

Dr. Stroud agrees with ACOG that pregnant women or women contemplating pregnancy should skip marijuana for medicinal or recreational purposes and instead try a therapy that has a proven safety record.

Some treatments for nausea and morning sickness include supplements and ginger as well as











ACOG

American College of Obstetricians and Gynecologists

The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant mothers shouldn't use cannabis because of concerns about impaired neurodevelopment as well as maternal and fetal exposure to smoking.


Marijuana AND Pregnancy

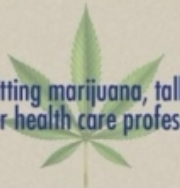
If you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk.

Possible Effects on Your Fetus	Possible Effects on You
 Disruption of brain development before birth	 Permanent lung injury from smoking marijuana
 Smaller size at birth Higher risk of stillbirth	 Dizziness, putting you at risk of falls
 Higher chance of being born too early, especially when a woman uses both marijuana and cigarettes during pregnancy	 Impaired judgment, putting you at risk of injury
 Harm from secondhand marijuana smoke Behavioral problems in childhood and trouble paying attention in school	 Lower levels of oxygen in the body, which can lead to breathing problems

DID YOU KNOW?

- ▶ Medical marijuana is not safer than recreational marijuana. Recreational and medical marijuana may be legal in some states, but both are illegal under federal law.
- ▶ There's no evidence that marijuana helps morning sickness (ask your obstetrician-gynecologist [ob-gyn] about safer treatments).
- ▶ You also should avoid marijuana before pregnancy and while breastfeeding.

Marijuana and pregnancy don't mix. If you're pregnant or thinking about getting pregnant, don't use marijuana. 

If you need help quitting marijuana, talk with your ob-gyn or other health care professional. 

Research is limited on the harms of marijuana use for a pregnant woman and her fetus. Because all of the possible harms are not fully known, the American College of Obstetricians and Gynecologists (ACOG) recommends that women who are pregnant, planning to get pregnant, or breastfeeding not use marijuana. ACOG believes women who have a marijuana use problem should receive medical care and counseling services to help them quit.

American Academy of Pediatrics

Adverse Effects of Marijuana on Pregnancy and on the Neonate, Infant, Child, and Adolescent Outcomes During the Neonatal Period

Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes

Sheryl A. Ryan, MD;
Seth D. Ammerman, MD;
Mary E. O'Connor, MD;
COMMITTEE ON SUBSTANCE USE AND PREVENTION; SECTION ON BREASTFEEDING;

Pediatrics (2018) 142 (3): e20181889.
<https://doi.org/10.1542/peds.2018-1889>

Later Effects During Childhood, Adolescence, and Early Adulthood

Two longitudinal studies (the OPPS and the MHPCD, which have been described in the previous section) have been used to observe cohorts of prenatally exposed individuals from infancy through adolescence and early adulthood, and these provide most of the limited available evidence on the long-term adverse neurodevelopmental effects resulting from prenatal exposure to marijuana.^{30,32} Authors of both studies have assessed long-term outcomes in the areas of executive function, cognition, academic achievement, and behavior.



American Academy of Pediatrics

Breastfeeding has numerous valuable health benefits for the mother and the infant, particularly the preterm infant. **Limited data reveal that THC does transfer into human milk**, and there is no evidence for the safety or harm of marijuana use during lactation. Therefore, women also need to be counseled about what is known about the adverse effects of THC on brain development during early infancy, when brain growth and development are rapid. The importance of the published findings and the emerging research regarding the potential negative effects of marijuana on brain development are a cause for concern despite the limited research and are the basis for the following recommendations:

1. Women who are considering becoming pregnant or who are of reproductive age need to be informed about the lack of definitive research and counseled about the current concerns regarding potential adverse effects of THC use on the woman and on fetal, infant, and child development. Marijuana can be included as part of a discussion about the use of tobacco, alcohol, and other drugs and medications during pregnancy.
2. As part of routine anticipatory guidance and in addition to contraception counseling, it is **important to advise all adolescents and young women that if they become pregnant, marijuana should not be used during pregnancy**.
3. Pregnant women who are using marijuana or other cannabinoid-containing products to treat a medical condition or to treat nausea and vomiting during pregnancy should be counseled about the lack of safety data and the possible adverse effects of THC in these products on the developing fetus and referred to their health care provider for alternative treatments that have better pregnancy-specific safety data.
4. Women of reproductive age who are pregnant or planning to become pregnant and are identified through universal screening as using marijuana should be counseled and, as clinically indicated, receive brief intervention and be referred to treatment.
5. Although marijuana is legal in some states, pregnant women who use marijuana can be subject to child welfare investigations if they have a positive marijuana screen result. **Health care providers should emphasize that the purpose of screening is to allow treatment of the woman's substance use, not to punish or prosecute her**.
6. Present data are insufficient to assess the effects of exposure of infants to maternal marijuana use during breastfeeding. As a result, **maternal marijuana use while breastfeeding is discouraged**. Because the potential risks of infant exposure to marijuana metabolites are unknown, women should be informed of the potential risk of exposure during lactation and encouraged to abstain from using any marijuana products while breastfeeding.
7. Pregnant or breastfeeding women should be cautioned about infant exposure to smoke from marijuana in the environment, given emerging data on the effects of passive marijuana smoke.
8. Women who have become abstinent from previous marijuana use should be encouraged to remain abstinent while pregnant and breastfeeding.
9. Further research regarding the use of and effects of marijuana during pregnancy and breastfeeding is needed.
- 10. Pediatricians are urged to work with their state and/or local health departments if legalization of marijuana is being considered or has occurred in their state to help with constructive, nonpunitive policy and education for families.**

Resources

Additional resources include the AAP Resources on Marijuana (www.aap/marijuana), the AAP Section on Breastfeeding (www.aap.org/breastfeeding), the Academy of Breastfeeding Medicine (www.bfmed.org)

The American Academy of Pediatrics (AAP), the ACOG, and the American Society of Addiction Medicine recommend that all women considering pregnancy, pregnant women throughout their pregnancy, and those attending predelivery pediatric visits

be screened routinely for alcohol and other drug use, including marijuana, by using a validated screening questionnaire.

Screening and brief intervention techniques are recommended to counsel abstinence for individuals using substances and to refer for treatment those individuals meeting criteria for any substance use disorder.

Despite these recommendations, in 1 study, Holland et al found that of the 19% of women reporting current marijuana use (53%) or past marijuana use at their initial prenatal visit, only 52% received any kind of counseling.

In July 2015, the ACOG published a position statement that was specifically used to advise against the “prescribing or suggesting the use of marijuana for medicinal purposes during preconception, pregnancy and lactation.”

Most states that have legalized medicinal marijuana have not specifically limited its dispensing to pregnant women. Oregon is the only state that has legislated specific point-of-sale warnings to dispensaries for women who are pregnant or breastfeeding.⁸³ It is beyond the scope of this report to discuss specific validated questionnaires that are available or various means for objective screening.

Some don't understand risks to offspring

In a [commentary in JAMA Network Open](#) that focuses on a similar study published in that journal in February, Young-Wolff; Lynn Silver, MD, MPH, of Public Health Institute in Oakland, California; and Qiana Brown, PhD, MPH, LCSW, of Rutgers University, said that data on cannabis use in pregnant women are reason for "substantial concern."

They note that the [US Surgeon General](#), the [American College of Obstetricians and Gynecologists](#), and the [American Academy of Pediatrics](#) all recommend that pregnant and breastfeeding women abstain from cannabis use.

"However, pregnant women remain uncertain about the harms of prenatal cannabis use, and

many seek out anecdotal advice from peers and online communities supportive of cannabis when choosing whether to use (or continue to use) cannabis during pregnancy,"

Young-Wolff and colleagues wrote. "Adding to the confusion, many cannabis retailers tout cannabis as a safe, natural, and effective way to manage pregnancy symptoms."

The authors called for

"Beyond state cannabis policies, local governments in many states can further regulate retail cannabis sales, for example, by limiting retailer density, banning retailers altogether, by requiring prominent pictorial warnings on prenatal use in stores or on advertising, or by limiting product types allowed to be sold,"

It is time, according to Young-Wolff and colleagues, to reform policies that criminalize prenatal substance use in favor of protecting the health of mothers and children.

"Improvements in primary prevention and education are vital but also necessary are legal and regulatory policies that protect infants and children, inform women of risks, prohibit health and therapeutic claims for cannabis outside scientific approval processes, and ensure equitable access to supportive and nonpunitive substance use treatment," they concluded.

NIDA Research Report

Cannabis (Marijuana) Research Report

Can marijuana use during and after pregnancy harm the baby?

Cannabis (Marijuana) Research Report

Can marijuana use during and after pregnancy harm the baby?

More research is needed on how marijuana use during pregnancy could impact the health and development of infants, given changing policies about access to marijuana, as well as significant increases over the last decade in the number of pregnant women seeking substance use disorder treatment for marijuana use.⁸³ One study found that about 20% of pregnant women 24-years-old and younger screened positive for marijuana. However, this study also found that women were about twice as likely to screen positive for marijuana use via a drug test than they state in self-reported measures. This suggests that self-reported rates of marijuana use in pregnant females may not be an accurate measure of marijuana use.⁸⁴ Additionally, in one study of dispensaries, nonmedical personnel at marijuana dispensaries were recommending marijuana to pregnant women for nausea, but medical experts warn against it.

There is no human research connecting marijuana use to the chance of miscarriage^{85,86} although animal studies indicate that the risk for miscarriage increases if marijuana is used early in pregnancy.⁸⁷ Some associations have been found between marijuana use during pregnancy and future developmental and hyperactivity disorders in children.⁸⁸⁻⁹¹ Evidence is mixed as to whether marijuana use by pregnant women is associated with low birth weight⁹²⁻⁹⁶ or premature birth,⁹⁵ although long-term use may elevate these risks.⁹⁴

Research has shown that pregnant women who use marijuana have a 2.3 times greater risk of stillbirth.⁹⁷ Given the potential of marijuana to negatively impact the developing brain, the American College of Obstetricians and Gynecologists recommends that obstetrician-gynecologists counsel women against using marijuana while trying to get pregnant, during pregnancy, and while they are breastfeeding.⁹⁸ It is important to note that despite the growing popularity of using marijuana in vaping devices, the Food and Drug Administration recommends that pregnant women should not use any vaping product, regardless of the substance.

Human research has shown that some babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased trembling, and a high-pitched cry,¹⁰³ which could indicate problems with neurological development.¹⁰⁴ In school, marijuana-exposed children are more likely to show gaps in problem-solving skills, memory,¹⁰⁵ and the ability to remain attentive.¹⁰⁶ More research is needed, however, to disentangle marijuana-specific effects from those of other environmental factors that could be associated with a mother's marijuana use, such as an impoverished home environment or the mother's use of other drugs.⁹⁶ Prenatal marijuana exposure is also associated with an increased likelihood of a person using marijuana as a young adult, even when other factors that influence drug use are considered.¹⁰⁷



More information on marijuana use during pregnancy can be found in:
[NIDA's *Substance Use in Women Research Report*](#)

Very little is known about marijuana use and breastfeeding. One study suggests that moderate amounts of THC find their way into breast milk when a nursing mother uses marijuana.¹⁰⁸ Some evidence shows that exposure to THC through breast milk in the first month of life could result in decreased motor development at 1 year of age.¹⁰⁹ There have been no studies to determine if exposure to THC during nursing is linked to effects later in the child's life. With regular use, THC can accumulate in human breast milk to high concentrations.⁹² Because a baby's brain is still forming, THC consumed in breast milk could affect brain development. Given all these uncertainties, nursing mothers are discouraged from using marijuana.^{98,110} New mothers using medical marijuana should be vigilant about coordinating care between the doctor recommending their marijuana use and the pediatrician caring for their baby.

“While we cannot establish that cannabis use caused negative outcomes in this study, these data reinforce the case for caution around using cannabis during pregnancy,” said NIDA Director Nora D. Volkow, M.D. “Careful analysis of data like these is one way we can responsibly study how cannabis use affects the developing child, all while a natural experiment is playing out across our country in places where cannabis is becoming widely available to pregnant consumers.”



Health Effects of Marijuana During Pregnancy

No amount of marijuana has been proven safe to use during pregnancy or while breastfeeding.

In 2018, the American Academy of Pediatrics released its first official [guidelines](#), advising women who are pregnant or nursing to avoid marijuana use because it isn't safe for them or their children.

Whether smoked, eaten in food (edibles), or vaped, marijuana is stronger than ever before, which makes use during pregnancy especially risky for a developing baby's health.

Marijuana contains nearly 500 chemicals, including the mind-altering compound tetrahydrocannabinol (THC).

These chemicals can pass through a woman's placenta to her baby during pregnancy.

Studies show that marijuana use during pregnancy may be harmful to a baby's health and cause a variety of problems, including:

- Fetal growth restriction (when a baby doesn't gain the appropriate amount of weight before birth).
- A greater risk of stillbirth
- Preterm birth (being born before 37 weeks of gestation)
- Low birth weight
- Long-term brain development issues affecting memory, learning, and behavior

•Marijuana in Breast Milk

- Marijuana use while breastfeeding also comes with risk of harms to the baby.
- THC and other chemicals in marijuana can be passed to a baby through breast milk, increasing the baby's risk for problems with brain development.

Need Help?

Talk to your doctor, midwife, or other provider to learn more about the risks of marijuana use during pregnancy and breastfeeding, as well as safe treatment options for morning sickness.

[SAMHSA's National Helpline](#) [1-800-662-HELP](tel:1-800-662-HELP) [1-800-487-4889](tel:1-800-487-4889)

References and Relevant Resources

- [Drug Facts: Marijuana | NIDA](#)
- [National Survey on Drug Use and Health | SAMHSA](#)
- [Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes | American Academy of Pediatrics](#)
- [What You Need to Know About Marijuana Use and Pregnancy | Centers for Disease Control and Prevention](#)
- [Technology Transfer Centers \(TTC\) Program](#)



Yngvild K. Olsen, M.D., M.P.H.
Director Center for Substance Abuse Treatment (CSAT)

Association of Mental Health Burden With Prenatal Cannabis Exposure From Childhood to Early Adolescence

Longitudinal Findings From the

\$290M of new funding for seven years to research institutions around the country, the National Institutes of Health renewed its commitment to the [Adolescent Brain Cognitive DevelopmentSM \(ABCD\) Study](#), the largest long-term study of brain development and child health ever conducted in the United States.

Adolescent Brain Cognitive Development (ABCD) Study

[David A. A. Baranger, PhD¹](#); [Sarah E. Paul, MA¹](#); [Sarah M. C. Colbert, BA²](#); et al [Nicole R. Karcher, PhD²](#); [Emma C. Johnson, PhD²](#); [Alexander S. Hatoum, PhD²](#); [Ryan Bogdan, PhD¹](#)

Author Affiliations

JAMA Pediatr. 2022;176(12):1261-1265. doi:10.1001/jamapediatrics.2022.3191

FullText

Dramatic increases in cannabis use during pregnancy are alarming because of evidence that prenatal exposure may be associated with a host of adverse outcomes.¹ We previously found that prenatal cannabis exposure (PCE) following maternal knowledge of pregnancy is associated with increased psychopathology during middle childhood using baseline data from the Adolescent Brain Cognitive Development (ABCD) study.² Here, leveraging longitudinal ABCD study data (data release 4.0), we examined whether associations with psychopathology persist into early adolescence.

Using cannabis in pregnancy linked to aggression and anxiety in children, a study suggests

By [Katie Hunt](#), CNN

Published 6:47 AM EST, Tue November 16, 2021

CNN —

More and more women are using weed in pregnancy but they may want to think twice.

Researchers have found a link between marijuana use by expectant mothers and autism and childhood psychosis.

Now, a small study has shown how cannabis use can affect the placenta and may be linked to higher levels of anxiety, aggression and hyperactivity in children.

The US researchers looked at 322 mother-child pairs based in New York City who were part of a wider research project on stress in pregnancy. When the children were between 3 and 6 years old, hormone levels were measured from hair samples, electrocardiogram recordings were used to measure heart function, and behavioral and emotional functioning was assessed based on parental surveys.

- **A new study found that children exposed to cannabis in utero may be at higher risk for certain health issues as they age.**
- **These children were at higher risk for having obesity and high blood sugar.**
- **This study adds to a growing amount of evidence linking cannabis use during pregnancy to a variety of developmental and health issues in children.**

Children who were exposed to cannabis in utero may be at risk for obesity and high blood sugar later in life, according to new research.

The [study](#), which was published Thursday in the *Journal of Clinical Endocrinology & Metabolism*, measured cannabis levels in over 100 pregnant women and evaluated the health of their children around five years of age.

Of the children involved in the study, those who had been exposed to cannabis in the womb had a 2.6 percent greater fat mass and higher fasting glucose levels compared to those who weren't exposed to cannabis in the womb.

The study adds to the growing evidence suggesting cannabis use in pregnancy may affect a baby's health and interfere with their development.

Fetal cannabis exposure is linked to low birth weight and obesity in childhood

The study looked at 103 mother-child pairs living in Colorado. The researchers collected urine samples from the pregnant women and found that 15 percent had detectable levels of cannabinoids, including THC and CBD, in their bodies, which suggests the fetuses had been exposed to the cannabinoids.

A follow-up visit was scheduled when the children were nearly five years old, at which point the children underwent blood draws after an overnight fast. The children's fat mass was also measured. The kids who had been exposed to cannabis in the womb were more likely to be at risk for obesity and high blood sugar. It's unclear why fetal exposure to cannabis could have had this effect.

Piomelli says cannabis could interfere with the fetus's endogenous cannabinoid system or cannabis may impact the mother's behavior and physiology, altering the baby's development.



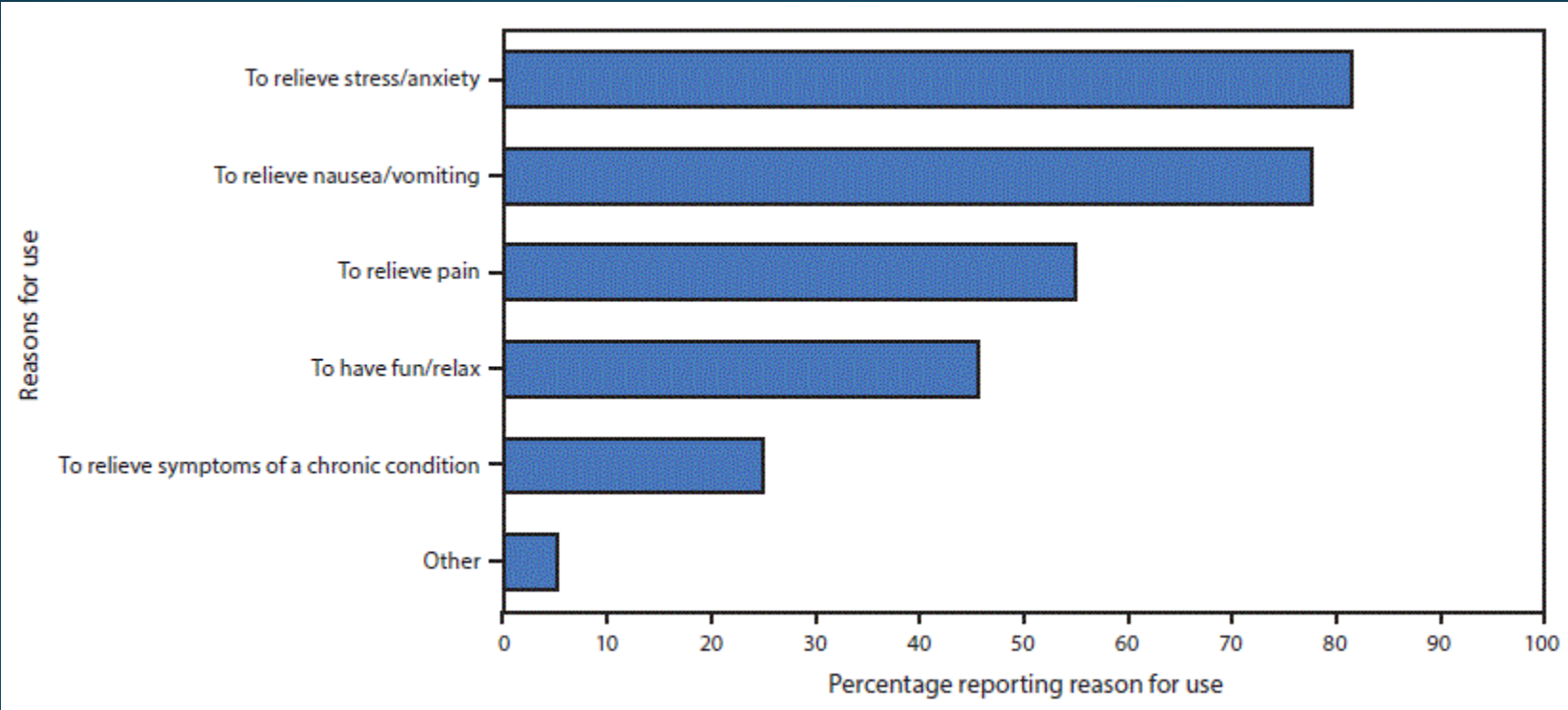
“This new study supports a growing body of evidence that smoking cannabis during pregnancy is associated with adverse outcomes for women and their children,”

Dr. Daghni Rajasingam, consultant obstetrician and spokesperson for the Royal College of Obstetricians and Gynaecologists in the United Kingdom, told the Science Media Centre in London.

“We know from previous studies that using cannabis during pregnancy is linked to impaired fetal brain development, stillbirth, low birth weight, and pre-term birth. This new evidence adds to these existing safety concerns, suggesting that cannabis use in pregnancy could lead to higher anxiety, aggression, hyperactivity, and levels of the stress hormone cortisol in the children,” she said.

“There is only a small sample of women and children used in this study, and we would like to see more research done in this area.”





““ Some women report using marijuana to treat severe nausea associated with their pregnancy; however, there is no research confirming that this is safe. ””

National Institute on Drug Abuse

Nausea During Pregnancy

Causes And Management!



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Morning Sickness

How To Manage It During Pregnancy?



what does pregnancy nausea feel like



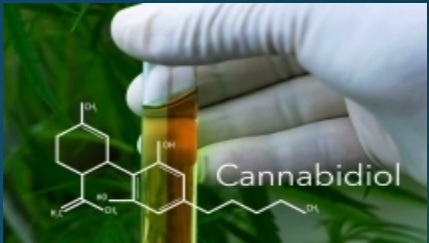
“Most OB/GYNs will tell patients they really shouldn’t use marijuana during pregnancy,” Jennifer Wu, an OB/GYN at Lenox Hill Hospital, told The Post.

“Research has shown that [marijuana] can lead to low birth weight and abnormal neurological development so you do really want to be careful about that.” She said that contrary to some popular wisdom, “It does pass through the placenta and on to the baby. So you could be exposing the baby to these substances. You also want to be careful about second-hand smoke.”

Shawna Newman, director of child and adolescent psychiatry at Lenox Hill Hospital/Northwell Health, told The Post: “There has been sufficient research indicating the deleterious effect of THC [the main psychoactive compound in marijuana that makes people feel high] on the fetus to strongly urge women planning to become pregnant [or who are pregnant already] to stop utilizing this substance.”

For this reason, Junella Chin, an integrative medical cannabis physician in Manhattan prescribes CBD – a trendy chemical found in marijuana that does not contain THC — to pregnant women suffering from severe morning sickness on a “case by case basis” depending on their health condition, saying that for some women suffering from severe nausea, the benefits can outweigh the risks.

“I think CBD is OK in moderation. If you have a smooth pregnancy, and you have terrible morning sickness and you’ve tried all the other types of remedies and it still doesn’t work – then I say it’s OK. You really have to weigh each case carefully,” Chin told The Post.



New therapeutic approach for children born to mothers who used cannabis during pregnancy

• [Download PDF Copy](#)

Reviewed by [Kate Anderton, B.Sc. \(Editor\)](#) Oct 14 2019

As a growing number of U.S. states legalize the medicinal and recreational use of marijuana, an increasing number of American women are using cannabis before becoming pregnant and during early pregnancy often to treat morning sickness, anxiety, and lower back pain. Although emerging evidence indicates that this may have long-term consequences for their babies' brain development, how this occurs remains unclear.

A University of Maryland School of Medicine study using a preclinical animal model suggests that prenatal exposure to THC, the psychoactive component of cannabis, makes the brain's dopamine neurons (an integral component of the reward system) hyperactive and increases sensitivity to the behavioral effects of THC during pre-adolescence.

This may contribute to the increased risk of psychiatric disorders like schizophrenia and other forms of psychosis later in adolescence that previous research has linked to prenatal cannabis use, according to the study published today in journal *Nature Neuroscience*.

The team of researchers, from UMSOM, the University of Cagliari (Italy) and the Hungarian Academy of Sciences (Hungary), found that exposure to THC in the womb increased susceptibility to THC in offspring on several behavioral tasks that mirrors the effects observed in many psychiatric diseases.

These behavioral effects were caused, at least in part, by hyperactivity of dopamine neurons in a brain region called the ventral tegmental area (VTA), which regulates motivated behavior.

Pregnenolone Can Protect the Brain from Cannabis Intoxication

MONIQUE VALLÉE, SERGIO VITIELLO, LUIGI BELLOCCHIO, ETIENNE HÉBERT-CHATELAIN, STÉPHANIE MONLEZUN, ELENA MARTIN-GARCIA, FERNANDO KASANETZ, GEMMA L. BAILLIE, FRANCESCA PANIN, [...], AND PIER VINCENZO PIAZZA +13 AUTHORS [Authors Info & Affiliations](#)

SCIENCE

3 Jan 2014 Vol 343, Issue 6166 pp. 94-98

DOI: [10.1126/science.1243985](https://doi.org/10.1126/science.1243985) **Counteracting Cannabis**

What is the role of steroid hormones in vulnerability to addiction? Working with rodents, Vallée *et al.* (p. 94) found that all major drugs of abuse (morphine, cocaine, alcohol, nicotine) increase neurosteroid levels, with the active ingredient in cannabis (THC) inducing a particularly large increase. THC and other drugs increased levels of pregnenolone, long thought to be an inactive precursor of downstream active steroids. Pregnenolone antagonized most of the known behavioral and somatic effects of THC.

Abstract

Pregnenolone is considered the inactive precursor of all steroid hormones, and its potential functional effects have been largely uninvestigated. The administration of the main active principle of *Cannabis sativa* (marijuana), Δ^9 -tetrahydrocannabinol (THC), substantially increases the synthesis of pregnenolone in the brain via activation of the type-1 cannabinoid (CB_1) receptor. Pregnenolone then, acting as a signaling-specific inhibitor of the CB_1 receptor, reduces several effects of THC. This negative feedback mediated by pregnenolone reveals a previously unknown paracrine/autocrine loop protecting the brain from CB_1 receptor overactivation that could open an unforeseen approach for the treatment of cannabis intoxication and addiction.

This is an exciting finding that suggests a therapeutic approach for children born to mothers who used cannabis during pregnancy. It also raises important questions that need to be addressed such as how does pregnenolone exert its effects and how can we improve its efficacy? Do these detrimental effects persist into adulthood, and if so, could they also be treated in a similar way?"

Joseph Cheer, PhD, Professor of Anatomy & Neurobiology and [Psychiatry](#) at the University of Maryland School of Medicine

The team of researchers, from UMSOM, the University of Cagliari (Italy) and the Hungarian Academy of Sciences (Hungary), found that exposure to THC in the womb increased susceptibility to THC in offspring on several behavioral tasks that mirrors the effects observed in many psychiatric diseases. These behavioral effects were caused, at least in part, by hyperactivity of dopamine neurons in a brain region called the ventral tegmental area (VTA), which regulates motivated behaviors.

Two INSERM research teams led by Pier Vincenzo Piazza and Giovanni Marsicano (INSERM Unit 862 "Neurocentre Magendie" in Bordeaux) recently discovered that pregnenolone, a molecule produced by the brain, acts as a natural defence mechanism against the harmful effects of cannabis in animals. Pregnenolone prevents THC, the main active principle in cannabis, from fully activating its brain receptor, the CB_1 receptor, that when overstimulated by THC causes the intoxicating effects of cannabis. By identifying this mechanism, the INSERM teams are already developing new approaches for the treatment of cannabis addiction.

Am J Addict. Author manuscript; available in PMC 2010 Jun 1.

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doi: [10.1111/j.1521-0391.2009.00027.x](https://doi.org/10.1111/j.1521-0391.2009.00027.x) *N-Acetylcysteine (NAC) in Young Marijuana Users: An Open-Label Pilot Study*

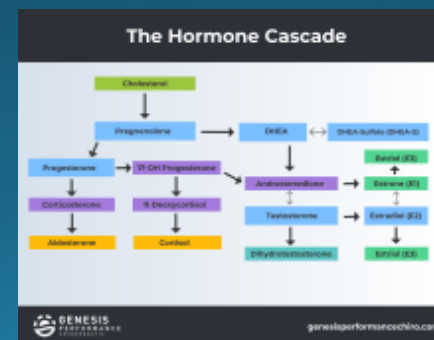
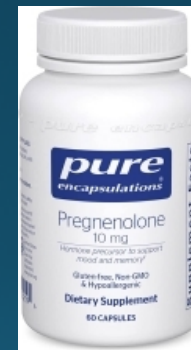
Kevin M. Gray, M.D.,¹ Noreen L. Watson, B.S.,¹ Matthew J. Carpenter, Ph.D.,^{1,2} and Steven D. LaRowe, Ph.D.^{1,3}



Pregnenolone Reduces Stress-Induced Craving, Anxiety, and Autonomic Arousal in Individuals with Cocaine Use Disorder

Biomolecules. 2022 Nov; 12(11): 1593.

Published online 2022 Oct 29. doi: [10.3390/biom12111593](https://doi.org/10.3390/biom12111593)



Enhancing Brain Pregnenolone May Protect Cannabis Intoxication but Should Not Be Considered as an Anti-addiction Therapeutic: Hypothesizing Dopaminergic Blockade and Promoting Anti-Reward

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4545660/>

J Reward Defic Syndr. 2015; 1(1): 20–23.

Published online 2015 Feb 27. doi: [10.17756/jrds.2015-005](https://doi.org/10.17756/jrds.2015-005)

Prenatal THC exposure produces a hyperdopaminergic phenotype rescued by pregnenolone

Nature Neuroscience volume 22, pages1975–1985 (2019)

IS IT SAFE TO SMOKE MARIJUANA WHILE YOU ARE PREGNANT?



Rumors abound that marijuana has no effect on the unborn child, and that it is safe to smoke while pregnant. But research has shown that marijuana use by mom can cause numerous adverse effects on newborns and growing children. Some effects can linger into adulthood.

Birth

3 Years

18 Years

22 Years and Beyond

Newborns:

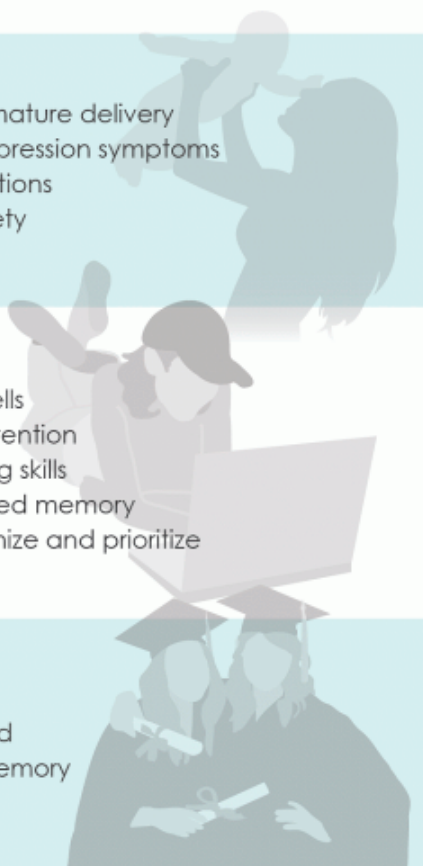
- Low birth weight and premature delivery
- Increased anxiety and depression symptoms
- Increased emotional reactions
- Reduced separation anxiety

The Developmental Years:

- Less branching in nerve cells
- Reduced ability to pay attention
- Diminished problem-solving skills
- Difficulty with detail-oriented memory
- Decreased ability to organize and prioritize

Adulthood:

- Altered brain functions and problems using working memory



No research has shown any safe level of marijuana use while a woman is pregnant.

Hayatbakhsh, M.R., et al. (2011). *Pediatric Research*, 71(2), 215-219.
Trezza, V., et al. (2012). *Frontiers in Behavioral Neuroscience*, 6, 1-12.
Campolongo, P., et al. (2011). *Psychopharmacology*, 214, 5-15.



CANNABIS USE DURING PREGNANCY RESPONSIBLE MESSAGING





MARIJUANA CAN CAUSE PREGNANCY COMPLICATIONS

Studies show that marijuana use is linked to various pregnancy complications, including:

- Premature birth
- Problems with neurological development
- Stillbirth
- Miscarriage
- Learning deficits
- Anencephaly
- Withdrawal symptoms after birth
- Behavioral, social, and memory problems

Marijuana is also passed through breastmilk

 Birth Injury Help Center

CAN I USE MEDICAL MARIJUANA DURING PREGNANCY?

.....

The simple answer is...
NO!

NO DRUG IS WORTH RISKING YOUR BABY'S HEALTH

Using any kind of drug during pregnancy puts your baby at risk.

Medical marijuana can prove to be helpful for many people dealing with health conditions, but a baby should never be exposed to unknown chemicals that could be hazardous to their health.

Providing a drug free environment for your child is the best way to ensure that they do not experience any complications related to usage.

If you don't know what kinds of ingredients or chemicals are used in a substance, stay away from it!



Marijuana in Pregnancy Harms Baby's Brain

- Using marijuana during pregnancy may harm the baby's brain
- Results in behavioral, memory, and learning problems
- Causes damage to nerve connections in the brain

Thinking about using cannabis before or during pregnancy?

Get the current facts about using cannabis for non-medical purposes during pregnancy and the health effects it can cause a growing child.
Talk with your health care provider about information on cannabis for medical purposes.

About cannabis

Cannabis is also known as marijuana, weed and pot. It has more than 700 chemical compounds. Hash and hash oil also come from the cannabis plant.

- Delta-9-tetrahydrocannabinol (THC) is the chemical compound that makes people feel high.
- THC content in cannabis has increased over the past several years.

Cannabidiol (CBD) is another chemical compound known for its therapeutic use for pain, inflammation and anxiety.

- CBD does not make you feel high.
- CBD products may contain THC.

Risks of using cannabis

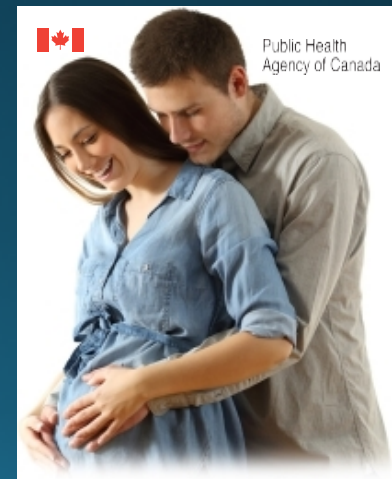
Second-hand cannabis smoke can be harmful. It is safest not to smoke or vapourize cannabis at home or in a car.

Using cannabis daily, or almost daily, may have effects that last for several weeks, years, or never fully go away, even after stopping use.

Some people may have a higher risk of:

- Developing a mental health problem
- Having an existing mental health problem worsen
- Having psychotic episodes

More research is needed to clearly understand all the possible health effects of cannabis use.



Cannabis in foods or drinks can make people feel higher than expected. Because the effects of cannabis are not felt right away but can appear hours later, people may take more cannabis than they had planned.

- ❖ The body has to digest the cannabis before feeling the effects.
- ❖ The signs and symptoms can vary from mild to severe.

Before pregnancy

If thinking about getting pregnant, start prenatal care early. Cannabis use may affect:

- ❖ Ability to get pregnant
- ❖ Menstrual cycle
- ❖ Sperm count and quality

During pregnancy

Cannabis is not recommended to treat morning sickness or for medical purposes during pregnancy.

Ask a health care provider about safer options to feel better. To know more, refer to the web link *Nausea and Vomiting* on page 4.

- ❖ **The more cannabis is taken during pregnancy, the more it affects the baby's developing brain.**
- ❖ Cannabis use may also affect a mother's health during and after pregnancy.



There is no known safe amount of cannabis use during pregnancy.



If using cannabis during pregnancy, a newborn has more risk of:

- ❖ Lower birth weight
- ❖ Lower alertness

These risks can lead to health problems for a growing child.

Although cannabis is a natural plant, it doesn't make it safe during pregnancy.

Risks to a child's brain development

Use of cannabis during pregnancy may affect a child's brain development, behaviour and mental health into adolescence and early adulthood. The effects may be permanent. If a mother uses cannabis daily, some of the risks for the child may be:



Age 0 - 3 years:

- ❖ Difficulty calming down
- ❖ Exaggerated startles
- ❖ Sleep problems



Age 3 - 6 years:

- ❖ Poorer memory
- ❖ More impulsive
- ❖ Less attentive
- ❖ Less able to understand and follow instructions



Age 6 - 10 years:

- ❖ More hyperactive and impulsive
- ❖ More difficulty learning
- ❖ Symptoms of depression and anxiety
- ❖ More difficulty making decisions
- ❖ Less attentive



Age 14 - 18 years:

- ❖ Poorer school performance
- ❖ Delinquency problems
- ❖ May try and/or use cannabis earlier
- ❖ Continue to be hyperactive, impulsive and less attentive



Before baby arrives

Talk to your health care provider about breastfeeding. Cannabis passes into the breast milk. It can be stored in your baby's fat cells and brain for weeks.

- ❖ Breastfeeding is the healthiest choice for your baby.
- ❖ If you need help to reduce or to stop cannabis use, ask your health care provider about support and services in your region.

If you are unable to stop using cannabis completely, try using less, and less often.

Learn about the effects of cannabis as new information becomes available:

- ❖ Cannabis in Canada. Get the facts www.canada.ca/cannabis
- ❖ Thinking of using cannabis while parenting? www.canada.ca/cannabis
- ❖ Are you pregnant or considering pregnancy? www.pregnancyinfo.ca
- ❖ Nausea and vomiting www.pregnancyinfo.ca/nausea-and-vomiting
- ❖ Canada's Lower-Risk Cannabis Use Guidelines www.camh.ca



Agence de la santé
publique du Canada

best start
meilleur départ
Ressources, conseils, soutien et renseignements
let's get health. nexus. united



Acknowledgement: The Public Health Agency of Canada would like to thank Best Start Resource Centre for adapting this resource based on their booklet, "Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting" (2017). We would also like to thank the parents and experts who provided input into the document.

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**Pregnant Rihanna on giving up pot:
'I can't just go and smoke a joint right
now'**

From Prozac to Zoloft to many other dangerous drugs, doctors prescribe pregnant women medicine every day. Could cannabis be a safer alternative?

Again, since cannabis is federally illegal and doctors risk losing their federally approved licenses, there are a limited number of doctors willing to weight in on the pros and cons of consuming cannabis while the pregnant.

We talked to some of the actual patient-parents who had to tangle with the state over the lives of their children just because, as medical marijuana patients, cannabis was part of their health care routine. Still others swear by advice they received that cannabis was not only not harmful, but specifically helpful during pregnancy and delivery.

I want to be Nameless ...

Nameless

Hello! I want to be nameless. But I smoked throughout the whole pregnancy due to hyperemesis. Doctor didn't know, but I told my best friend, who was pregnant with twins the exact time as I was, and who was becoming unhealthy due to all the vomit. She could not keep food down at all. Both of us also had high anxiety.

She finally talked to her doctor about it who referred her to a Jamaican study on children over the course of 5 years whose moms used cannabis during their whole pregnancy and that the kids of the users were better off mentally and socially than those that didn't use! Legally a doctor can't say to use it, but he did advise her not to pair it with tobacco products; and he added that vaping would be the safest way to ingest since edibles wouldn't stay down. Both of our kids are 6 now and my son is in advanced classes. During her second pregnancy she didn't use cannabis because the vomiting wasn't as severe and that child has autism now. So, it leads me to the conclusion that there's absolutely no problem with it. It's a damn herb!

Hannah Desmarais

I smoked while pregnant with both my children, the doctors never said anything to me about it the first time around so I continued and next thing I knew I had DCS in my room a couple hours after having a C-section with my second.

I still smoked, knowing I would most likely have to deal with CPS, but I had been diagnosed with PPD (Post-partum Stress) and I was not trying to take the Zoloft they were trying to shove down my throat. Smoking worked wonders for both my pregnancies, from my depression to my morning sickness and food aversions! Pot saved my pregnancies!

I was willing to take the chance of dealing with CPS again. With my first baby, my social worker was a pain and stuck around for a year, my second they didn't even open a case, just made sure I had everything I needed and sent me on my way! Let me know what else you'd like to know!

You can use my last name. I've already dealt with social services, so I'm not concerned.

<https://www.marijuanadoctors.com/blog/medical-marijuana-use-during-pregnancy-and-breastfeeding/>

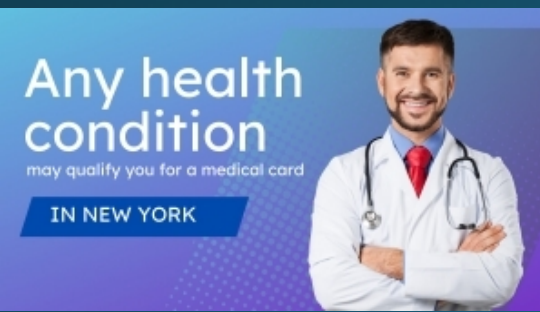
During pregnancy, mothers are encouraged to take steps to keep themselves in optimal health. Obstetricians give expecting moms advice about healthy eating, exercise and things they should avoid during pregnancy to ensure that their baby is as healthy as possible. At the top of the list of what not to do are tobacco, alcohol and marijuana, which are considered big no-no's that can cause considerable harm to a developing fetus. But should cannabis be lumped in with that group?

Many advocates of alternative medicines like medical marijuana say there's not enough research to condone cannabis during pregnancy.

However, even if a mother avoids using medical cannabis during pregnancy, can she use it after her baby is born? Will there be adverse effects on the baby? New mothers who have just had their baby are also told to avoid marijuana-use, as THC and the other cannabinoids in cannabis can be passed along through their milk during breastfeeding. But even those who are ardently opposed to breastfeeding mothers using marijuana admit that there is not enough research to confidently back up their stance.

Using marijuana while pregnant or nursing is a hot-button issue. There are valid reasons why expecting and new mothers desire to continue their medical marijuana use. Some have serious health issues that they treat with cannabis. Others are struggling with severe morning sickness, which is preventing them from keeping food down and giving vital nutrients to the baby.

Ardent voices are on both sides of this issue with research and facts to back up their stances. However, if you're concerned about the health and well-being of your baby, you should take the time to be fully educated on it before deciding one way or the other. Valuable information comes from both camps, and it will give you some food for thought. Here, we'll discuss the use of medical marijuana during pregnancy and while breastfeeding. We'll touch on both sides of the issue in the hope of giving you some clarity.



What to Consider If You Are Expecting

For those who use marijuana medicinally, this is a touchy subject. Of course, you want to do what's right for your child, but you also need to consider your own health and wellbeing. If medical cannabis keeps your symptoms at bay and helps combat the negative aspects of your condition, then you'll want to deliberate whether or not you can do without it during your pregnancy. Marijuana use should be something you weigh, similar to other variables like taking other medications, drinking coffee and eating fatty foods.

Even if you haven't used medical marijuana prior to pregnancy, severe morning sickness or nausea actually induces some expecting mothers to begin treating themselves with cannabis. It's antiemetic properties combat both nausea and vomiting. This potential may be an additional benefit for expecting moms, as it's essential that they're able to retain proper nutrition to assist the rapidly growing fetus. This solution may be especially beneficial for women with hyperemesis gravidarum, a rare form of morning sickness that can lead to persistent vomiting, dehydration, malnutrition and hospitalization for IV fluids.

Because there are more health risks associated with smoking cannabis, it's recommended that pregnant women who want to use medical marijuana consider alternative methods of ingestion. Vaporization, edibles and tinctures can all be employed without burning the cannabis, which causes the mother to inhale smoke that could be harmful to both her and her child.

Although there's evidence on both sides of the issue, both for and against marijuana use during pregnancy, it's difficult to determine the efficacy of these opinions because of a lack of research. Marijuana's status as a schedule I drug puts restraints on the number of studies that can be performed in the U.S. Until further research is conducted, mothers to be will have to use their best judgment based on the evidence available and the advice of their physicians.



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Because there are more health risks associated with smoking cannabis, it's recommended that pregnant women who want to use medical marijuana consider alternative methods of ingestion.

Evidence Suggesting Medical Marijuana Is Unsafe During Pregnancy

The core of the debate about using medical marijuana during pregnancy is its safety. Will taking cannabis medications harm the growing fetus? The most prevalent position is that the use of marijuana during pregnancy will hurt the baby. The fetus, especially during the few months of pregnancy, is prone to outside forces and will be exposed to everything the mother ingests. Those against medical marijuana use for pregnant woman fear that the baby will have an unhealthy reaction to the THC present in cannabis.

It's known that THC, the psychoactive component found in marijuana, can cross the placental border. But what is unclear is the effect this cannabinoid can have on a developing human fetus. Many fear that it could put the mother at risk for complications with her pregnancy, such as anemia, and that it will harm the baby's development.

Just as cannabis affects our endocannabinoid system (ECS), some researchers believe that it also affects the growing child's ECS. The ECS is intrinsic to our body's central nervous system, and as that vital network develops, the ECS is present right along with it. It's believed that the ECS helps form the intricate neural circuitry in early brain growth. Professionals fear that marijuana interferes with this process and can inhibit neural development.

Some of the symptoms in children believed to be associated with prenatal cannabis use include:

- Low birth weight
- Stunted growth
- Impaired executive functions, such as impulse control, attention and visual memory
- Poor verbal and reasoning abilities
- Shorter length of play and poor motor skills
- Risk of childhood cancer

Further studies conducted on mice showed that fetuses exposed to marijuana suffered from birth defects like:

- Brain abnormalities
- Eye deformations
- Facial disfigurements

However, there has been no clear tie to link human birth defects with cannabis use.



Evidence Supporting Medical Marijuana's Safety During Pregnancy

On the opposite end of the spectrum are those who believe that cannabis has no ill effects on babies, either while in utero or after they are born. Marijuana is an all-natural medication, and unlike alcohol and tobacco, it's not laced with harmful chemicals. Those who advocate its safety point to the fact that cannabis has carried a negative stigma for decades, but before that, was used for its medical properties for hundreds of years.

Those who believe in medical marijuana's safety do not contradict the evidence that has arisen from researchers against prenatal cannabis use, but they think that there's more to it than that. Many of the women used for these studies are from low socio-economic backgrounds. A variety of other factors could contribute to the symptoms experienced by the newborns mentioned in these studies, such as:

- Poor healthcare for the mother
- Lack of prenatal care
- Shortage of healthy foods
- Preexisting medical issues

A 1980s study was conducted in rural Jamaica comparing babies whose mothers were known to have used cannabis while pregnant to those who did not. Researchers tested these children on the third day after birth and one month later. It showed that there was no difference between the babies in cognitive function and response to stimuli.

Five years after the initial study was conducted, researchers followed up with the children. There was no difference in ability between those who had been exposed to cannabis in utero and those who had not.

The only differences were found to be from basic school training and the children's home environment.

Evidence Suggesting Medical Marijuana Is Unsafe While Breastfeeding

It has been proven that the THC found in marijuana can get into a mother's breast milk and thus is ingested by nursing infants. Breast milk contains a lot of fat because babies need it to grow and get proper nourishment. THC is a fat-soluble substance, which means it can be stored in fat tissue for quite some time. The more marijuana a nursing mother ingests, the more THC will be found in her breast milk.

The amount of THC transferred to nursing babies is not enough to get them high. However, the urine of these babies will test positive for marijuana for up to three weeks. This fact alone is enough to cause concern among medical professionals. On top of this though, some studies suggest that cannabis may create health concerns for both nursing mothers and their babies.

Mothers who use cannabis may have difficulties producing milk because it lowers levels of prolactin, the hormone needed for lactation. Some studies seem to show that marijuana-laced breast milk can lead to many issues in children, but the research is divided on this topic. Other studies show no effect at all. However, some of the symptoms present in infants that researchers have attributed to cannabis use in breastfeeding mothers include:

- Poor sucking and feeding in the first month
- Lethargy and less feeding
- Slower weight gain
- Reduced movement and coordination
- Increased tremors
- Decreased motor development
- Impact on long-term behavioral development

In addition, smoking, in general, has been linked to sudden infant death syndrome (SIDS). However, it's known that breastfeeding lowers the risk of SIDS.



Evidence Supporting Medical Marijuana's Safety While Breastfeeding

Most of the studies conducted regarding marijuana's effects on nursing infants are dated. There have been very few studies within the past ten years, probably because it's difficult to find pregnant or nursing mothers who will admit to using cannabis. Even though the plant has been legalized for medical use in more than half of U.S. states, they're afraid of the implications their marijuana use will have for them.

If women felt more comfortable to admit to their cannabis use and more research were allowed within the country, the evidence would be able to support one view or another.

As it is, there are contradicting research studies when it comes to the effects of marijuana and THC on nursing babies. While some studies claim it has harmful consequences and can cause potential long-term damage to the developing baby's brain, other reports state the exact opposite.

Numerous studies and anecdotal accounts show that marijuana use has no apparent effects on infants and that every aspect of their development was normal, including:

- Growth
- Age at weaning
- Mental development
- Motor skills

An issue with all these research studies, which substantiate both sides of the matter, is that there was very little follow-up done to see how these babies progressed later on in life. This lack of information means that there are no reports that speak to the child's development past infancy.

Using Medical Marijuana During Pregnancy

Pregnancy is an amazing biological process that comes naturally to women's bodies. But so many environmental factors can impact the health of a fetus, from our habits to how we live our lives from day to day. Researchers are realizing just how crucial these actions that we take for granted are and how they affect both the child growing inside of us and our own bodies. Many things play a role in creating a healthy fetus, including:

- Diet
- Mood
- Air quality
- Medications
- And more

Simple factors like anxiety levels can affect fetal development. If a woman experiences stress while pregnant, the hormones and stress chemicals released can cause a child to be more prone to stress. Examples like this just go to show us how little we understand the intricacies of pregnancy.

No wonder there's no definitive answer when it comes to the use of medical marijuana during pregnancy. That's why most experts say to err on the side of caution and stay away from pot during this time.

However, for some mothers, marijuana is an essential alternative medicine that they use to stay on top of their debilitating condition.

Cannabis is an all-natural alternative to many mainstream medications. Because it works so effectively with our endocannabinoid system to fight symptoms like pain, nausea, seizures and a slew of others, states across America are legalizing it for medical purposes. Millions of citizens are finding relief from a variety of different conditions.

Although further research is required, cannabis may be the key to treating many intractable illnesses that have hitherto gone untreated. Maybe that's why the use of marijuana among pregnant women has grown from 2.4 percent to almost four percent in recent years.

For this reason, it's difficult for a pregnant woman to give up medical marijuana when she finds out she is expecting. However, like all mothers, she wants to do what's best for her baby and not put anything inside her that could harm the fetus. That's why she must weigh all the options to determine what the best course of action is, both for her own health and for that of the child.



Although further research is required, cannabis may be the key to treating many intractable illnesses that have hitherto gone untreated.

Using Medical Marijuana While Breastfeeding

Much like medical marijuana and pregnancy, there's a lack of information about the effects cannabis can have on a nursing infant. The American College of Obstetricians and Gynecologists has recommended that mothers who breastfeed their babies abstain from marijuana use. However, this recommendation is based purely on the fact that there's insufficient evidence about any potential effects it can have on infants. **Should a mother's marijuana use prevent her baby from receiving the vital nutrients supplied through breast milk?**

Breastfeeding is an infant's best method of receiving the essential nutrition they need. It increases the health opportunities for the child, and mothers also receive benefits from breastfeeding their babies. However, some researchers fear that nursing infants will suffer many adverse side effects if the mother is breastfeeding them and ingesting cannabis.

Just like cannabis use during pregnancy, this issue has vocal dissidents on both sides. But the lack of concrete evidence that allows medical professionals to state that marijuana will hurt nursing infants unconditionally is lacking. Again, because cannabis is a schedule I drug in the United States, there haven't been enough studies to reveal the truth one way or another.



Much like medical marijuana and pregnancy, there's a lack of information about the effects cannabis can have on a nursing infant.



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What to Consider If You're a Nursing Mother

All new mothers want what is safest for their baby. The evidence is overwhelming that breastfeeding is the best possible option available for the health and nutrition of newborns. However, you may be concerned that your medical marijuana use is harming your child. Although there's evidence on both sides of the issue, the final decision is up to you and your partner. You should come to a conclusion based on what you feel is best. However, you may want to consider a few things.

If your cannabis use impairs your ability to think clearly or affects your mood, judgment or perception in any way, you should definitely take it into consideration. During this time, your baby is completely dependent on you. If medical marijuana affects your ability to care for them, you may want to reconsider the amount or type of cannabis you're using.

If you do decide to use medical marijuana while breastfeeding, be sure that you're not smoking around your baby, or choose another ingestion method, like tinctures or edibles. Smoking of any kind is linked to increased risk of conditions like SIDS and childhood asthma.

Although most medical professionals will tell new mothers to stop cannabis use altogether if they're planning on breastfeeding their child, **others advocate a more nuanced approach.** Because research has not yet determined the tipping point between harmful and non-harmful marijuana use, these **experts suggest limiting cannabis use while breastfeeding. As opposed to a complete ban, which could be detrimental to some mothers, the use of cannabis could be minimized instead. Also, they should limit an infant's exposure to the plant.**

Before Making a Decision, Speak to Your Doctor

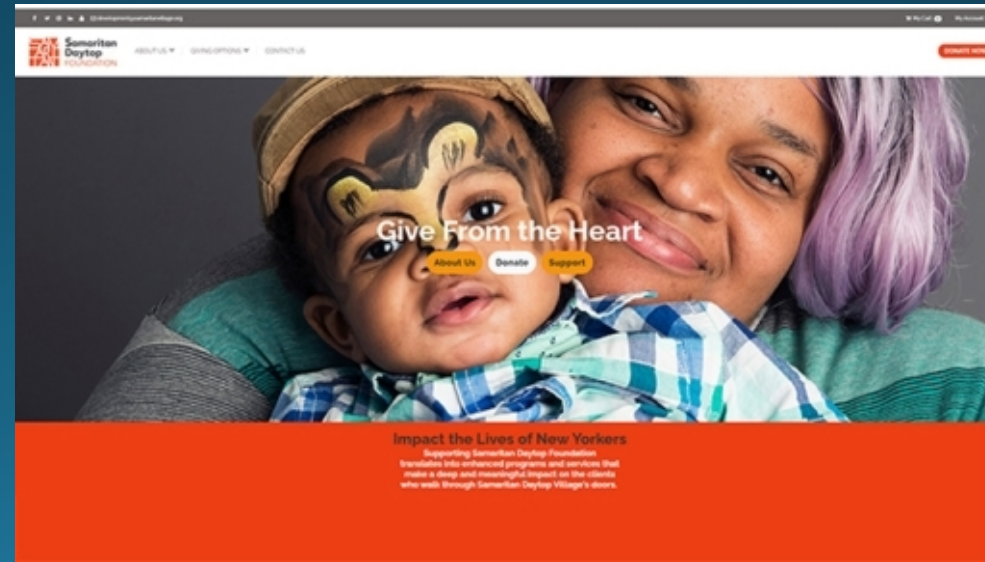
The most important consideration that pregnant and nursing women should make before using medical marijuana is speaking to their doctor. **Although most physicians will advocate for these women to completely stop their marijuana use, a growing understanding of the benefits of cannabis is spreading throughout the medical community. Many doctors in states where medical marijuana use is legalized — and even in those where it's not — have researched this topic and gained a fuller understanding.**

If you're taking medical marijuana for a serious condition, it may be harmful for you to stop cold turkey. You and your doctor should come up with a plan of action. Tell them your concerns, and they can help you make this important decision.

If you would like the advice of a knowledgeable marijuana doctor in your state, search our database of qualified physicians. They're not only professionals with the training to help you make critical medical decisions, but they also have a broader understanding of the intricacies of marijuana use and its effect on the human body.

No Information on MarijuanaDoctors.Com should be used to diagnose, treat, prevent or cure any disease or condition. You can view our [Full Disclaimer](#) here.

Young Mothers Program - Samaritan Daytop Village



Strongly Agree **Somewhat Agree** **Not Sure** **Somewhat Disagree** **Strongly Disagree**

SURVEY QUESTIONS
for YMP women in treatment

1. I believe that using cannabis/THC while pregnant is harmful to a developing fetus.	2	0	2	1	6
2. I believe that using cannabis/THC while breastfeeding is harmful to a developing infant.	2	1	2	1	5
3. I believe that using cannabis/THC while parenting would negatively impact my ability to care for my child.	1	1	0	1	8
4. I believe that blood or urine tests for cannabis/THC should be done for women and newborns at the time of delivery.	3	1	1	3	3
5. I believe that women with blood or urine tests positive for cannabis/THC at the time of delivery should be referred for counseling or treatment.	1	1	1	2	6
6. I believe that ACS or CPS should be informed about cannabis/THC use with women tests positive for cannabis/THC at the time of delivery.	1	1	0	3	6
7. I believe that cannabis/THC use should be treated as seriously as other substance use disorders by ACS/CPS and the court system.	1	0	1	0	9
8. I believe that there should be more educational programs about cannabis/THC use effects on adults and their children in the YMP treatment program.	4	4	2	0	1
9. I believe that there should be more individual and group counseling about cannabis/THC use effects on children in the YMP treatment program.	3	7	0	0	1
10. I believe that cannabis/THC use in the residential YMP treatment program should be permitted for women prescribed medical cannabis.	8	2	0	1	0

Strongly Agree **Somewhat Agree** **Not Sure** **Somewhat Disagree** **Strongly Disagree**



"I get worried that if I say something to a doctor or say it to anybody in that profession that they're gonna call CPS on me. And I just didn't want to take that chance."

Weed and Pregnancy: How Cannabis Laws Are Hurting Mothers

It remains unclear how marijuana use by a pregnant woman could affect her unborn child, but there's one thing for certain: It could mean having her family broken apart

SHAKIRA KENNEDY WAS 27 years old and living in Brooklyn when she found out she was going to have twins. While many [women](#) experience morning sickness in their first trimester, Kennedy's unrelenting cycle of nausea and vomiting was so severe that she ended up in the emergency room multiple times throughout her pregnancy. She was treated for a slew of health issues, including dehydration and an inability to keep food down.

"I must have lost over 30 to 40 pounds in my first trimester," says Kennedy.

Her body was completely depleted, so much so that she even passed out once on the train while taking her six-year-old daughter to school. She cycled through numerous prescription medications and dabbled in all kinds of over-the-counter fixes, but nothing worked. Desperate for relief that would still allow her to function as a parent, Kennedy turned to [cannabis](#).

She had used it recreationally when she was younger and found it helped with various ailments — from lack of appetite to constipation — and hoped it could now be helpful in treating the barrage of symptoms associated with pregnancy. With New York medical [marijuana](#) licenses typically reserved for those with cancer or chronic illnesses, Kennedy sourced her weed through the illegal market. She used it, and it helped.

"It was literally the last resort," she says.

At one of Kennedy's prenatal visits, she admitted having used marijuana to help manage her debilitating symptoms. She was drug-tested and the results came back positive. Kennedy was told the test would be recorded in her medical file, and she thought that would be the extent of the fallout.

Yet when she returned to the hospital to deliver her twins a few months later, her babies were drug-tested for a range of substances, from cocaine to methamphetamine. According to the one-sheet test results reviewed by *Rolling Stone*, both infants came back negative for cannabinoids — as well as every other drug.

"I thought this would be an open and shut case," she says.

In March of this year, though, the New York Administration for Children's Services (ACS) filed a neglect petition against Kennedy in Brooklyn Family Court, alleging that she used marijuana while pregnant with her twins and caring for her daughter. Kennedy was ordered to undergo a substance abuse evaluation and ongoing random drug screens, says Jessica Marcus, an attorney at Brooklyn Defender Services, the firm that represented Kennedy in her case. She's also been subjected to home inspections by ACS, and asked to attend a drug treatment program as well as a parenting class.

According to the legal definition of neglect in New York State, there must be evidence of not just occasional drug use, but drug misuse. In fact, this misuse must [be accompanied by](#), "proof that a person repeatedly misuses a drug ... to the extent that it has or would ordinarily have the effect of producing in the user thereof a substantial state of stupor, unconsciousness, intoxication, hallucination, disorientation, or incompetence, or a substantial impairment of judgment, or a substantial manifestation of irrationality."

While ACS declined to comment on Kennedy's specific case, a spokesperson for the department says it investigates about 60,000 reports of abuse or neglect in New York City every year, including 11,000 cases that involve allegations of substance abuse.

"The law is clear that just one positive test for drugs is not enough," Marcus says. Yet for many pregnant women or new moms, they're finding themselves caught up in the child services system on much less.

LEGAL AND REGULATORY CONSIDERATIONS

Health care providers are mandated to report to child protective services any cases of suspected child abuse or neglect. The 2010 Child Abuse and Prevention and Treatment Act (CAPTA) requires all states to have policies and procedures for reporting newborns and other children who are exposed to illicit substances under the definition of child abuse and/or neglect.

Given legal requirements, it is advisable for all health care providers who see pregnant women to be aware of the specific reporting requirements of their state and the potential adverse legal and social consequences of identifying substance use in their patients. When a legal or medical obligation exists for a health care provider to test a patient, he or she should counsel patients about these potential consequences before ordering drug tests and make a reasonable effort to obtain informed consent.

Of note, in states with requirements for the reporting of newborn infants exposed to drugs, these supersede federal law on confidential protection of patient records when receiving addiction treatment (42 Code of Federal Regulations Part 2).

PUBLIC POLICY STATEMENTS

Substance Use and Substance Use Disorder Among Pregnant and Postpartum People

Adoption Date: October 2, 2022



ASAM strongly supports reforms to reverse the punitive approach taken to substance use and SUD during and after pregnancy and respond to the shared interests of the parent-newborn dyad by providing ethical, equitable, and accessible, evidence-based care.

Equating a positive toxicology test with child abuse or neglect is scientifically inaccurate and inappropriate, and can lead to an unnecessarily punitive approach, which harms clinician-patient trust and persons' engagement with healthcare services
Equating a positive toxicology test with child abuse or neglect is scientifically inaccurate and inappropriate, and can lead to an unnecessarily punitive approach, which harms clinician-patient trust and persons' engagement with healthcare services
Child protection system agencies should not use evidence of substance use to implement sanctions on parents, especially child removal. Such sanctions should only be made when other risk factors or harms have been assessed or identified, and there is objective evidence of abuse, neglect, or other danger to the child.

Public Policy Statement on Cannabis

Adopted by the ASAM Board of Directors October 10, 2020

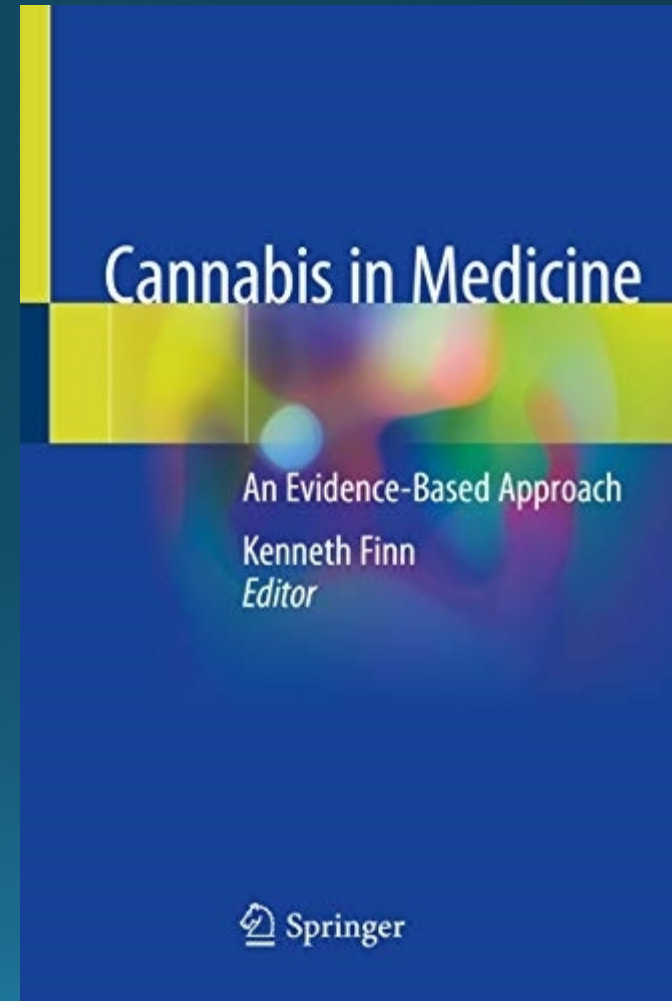
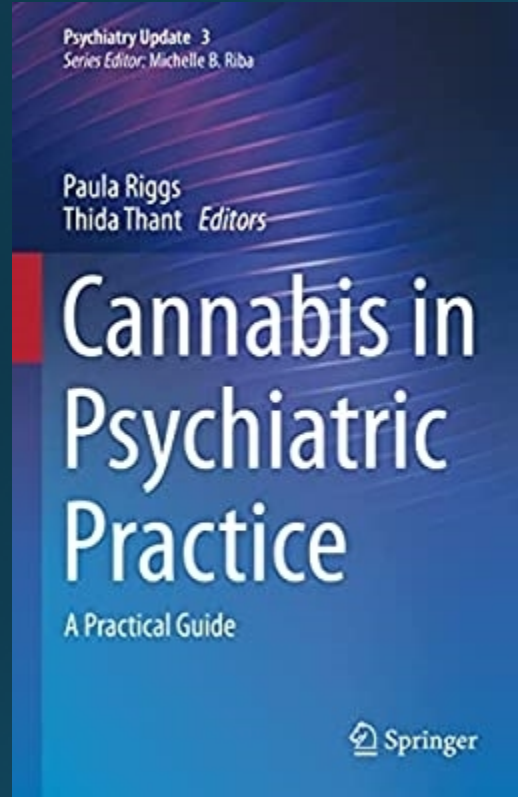
Recommendations: The American Society of Addiction Medicine (ASAM) recommends:

A. Cannabis and Related Products Used for Medical Purposes (11)

B. Cannabis and Related Products Used for Non-Medical Purposes (13)

- 11. Women who are pregnant or contemplating pregnancy should be encouraged to avoid or discontinue cannabis use. Cannabis use during lactation and breastfeeding should also be discouraged as there are insufficient data to evaluate its effect on infants.**

Cannabis in Medicine: An Evidence-Based Approach 1st ed. 2020 Edition
by [Kenneth Finn](#) (Editor)



SURVEY QUESTIONS FOR ASAM PHYSICIANS

1. Do you believe smoking or vaping THC is harmful to pregnant women?
2. Do you believe smoking or vaping THC while breastfeeding is harmful to the infant?
3. Do you believe smoking or vaping THC during pregnancy should be strongly discouraged by addiction physicians?
4. Do you believe smoking or vaping THC during breastfeeding should be strongly discouraged by addiction physicians?
5. Do you think that well funded PSA's about the dangers of cannabis use during pregnancy should be required in states that legalize the commercial sale of cannabis?
6. Do you think that it is good clinical practice to permit patients in a residential addiction treatment program to use medical marijuana if it has been prescribed by an outside mm physician?
7. Do you think that ASAM should develop a more substantial policy statement on cannabis use during pregnancy and breastfeeding?

Strongly Agree

Somewhat Agree

Not Sure

Somewhat Disagree

Strongly Disagree



ASAM
ANNUAL CONFERENCE
Innovations in Addiction Medicine and Science
April 13-16, 2023 | Washington DC

The Effect of THC/Cannabis Use on Pregnant Women and Young Mothers: Clinical Perspectives

SUMMARY OF CLINICAL ISSUES

The Science of Cannabis and THC Use in Pregnant Women

The Science of Cannabis and THC Use in Breastfeeding Women

Public Perception About Cannabis and THC Use in Pregnant and Breastfeeding Women

Public Policy and Social Systems Related to Cannabis and THC Use in Pregnant and Breastfeeding Women

Role of the Addiction Physician

Viewpoints of ASAM Colleagues

