Pregnant and Breastfeeding Women and Cannabis

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The increasing use of cannabis among women who are pregnant or breastfeeding is a significant public health concern. Evidence suggests that prenatal exposure to cannabis may have adverse effects on the fetus and child, including fetal growth restriction and long-term neurodevelopmental and behavioral consequences. While there is insufficient data on the safety or harms of cannabis use during lactation, Δ9-tetrahydrocannabinol (THC) does transfer into maternal breastmilk and may adversely impact brain development during early infancy. It is recommended that pregnant and lactating women and those contemplating pregnancy be advised to avoid cannabis use.

Increasing Cannabis Use and Perceptions of Safety

Cannabis use is increasing among women in and around their pregnancies. Among pregnant women in the U.S., self-reported past-month use of cannabis increased 62% between 2002 and 2014. In its Committee Opinion on Marijuana Use During Pregnancy and Lactation, the American College of Obstetricians and Gynecologists (ACOG) reported that 34% to 60% of marijuana users continued use during pregnancy, with many women believing that it is relatively safe to use during pregnancy. A study from the United States National Survey on Drug Use and Health found that the percent of women who believed that regular marijuana use was of no risk during pregnancy increased from 4.6% in 2005 to 19% in 2015.

In particular, pregnant women may be using cannabis to treat morning sickness. In a large, diverse sample of pregnant women in Northern California undergoing universal marijuana screening (urine toxicity test and self-report) in the first trimester, women with nausea and vomiting of pregnancy (NVP) were 2 to 4 times more likely to have a positive screen for cannabis than pregnant women without NVP. Both social media and cannabis dispensaries may be recommending cannabis as an anti-emetic in pregnancy. A recent study of licensed Colorado dispensaries found that nearly 70% recommended cannabis products to a woman reporting nausea in the first trimester.

Recommendations

Both ACOG and the American Academy of Pediatrics (AAP) have published evidence-based guidelines regarding cannabis use during pregnancy and lactation. The following recommendations are adapted from the ACOG Committee Opinion and AAP Clinical Report.

- Ask women who are pregnant, contemplating pregnancy, or breastfeeding about cannabis use (as well as their use of tobacco, alcohol, and other drugs). If cannabis use is causing the patient problems and she is amenable to treatment, refer her to substance use disorder treatment. (See "Screening and Referral for Cannabis Misuse and Substance Use Disorders" supplement.)

- Women reporting cannabis use should be counseled regarding potential adverse health consequences of continued use during pregnancy and breastfeeding. (See "Counseling Patients").

- Women who are pregnant, contemplating pregnancy, or breastfeeding should be encouraged to discontinue cannabis use. As breastfeeding has many valuable benefits for both the mother and infant, clinicians should encourage mothers to breastfeed and should recommend that cannabis use be discontinued.

- Pregnant women who use cannabis for medicinal purposes should be encouraged to consider alternative therapies for which there are better pregnancy-specific safety data. In particular, as pregnant women with nausea and vomiting may be self-treating with cannabis, clinicians should inquire about cannabis use, counsel about lack of safety data and possible harms, and offer safer alternatives to treat NVP.

Also in this issue:

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The Mother to Baby: Medications and More During Pregnancy and Breastfeeding website provides evidence-based information for clinicians and patients on the safety of medications during pregnancy and while breastfeeding.

Counseling Patients

The following counseling points are adapted from the California Cannabis Health Information Initiative “Pregnant and Breastfeeding Women and Cannabis” fact sheet.

Cannabis Can Harm Your Baby

Consuming cannabis (marijuana, weed, pot, etc.) can affect the health of your baby and is not recommended for women who are pregnant or breastfeeding, or who plan to become pregnant soon.

Research shows that if you use cannabis while you are pregnant or breastfeeding:

- Your baby may be born with a lower birth weight. A low birth weight baby is more likely to have health problems, especially in the first year of life.
- The growth and development of your baby’s brain can be harmed.

How Cannabis Affects Your Baby

No matter how you use cannabis (smoking, dabbing, vaping, eating, or drinking), one of the main active components in cannabis, THC, will reach your baby in three ways:

- Through your bloodstream and into the placenta (the organ that feeds your baby during pregnancy).
- Through your breast milk. "Pumping and Dumping" doesn’t work. THC is stored in fat cells and is slowly released into your breast milk over several weeks.
- Through secondhand smoke that enters your baby’s lungs.

Further Reading

- ACOG Committee Opinion - Marijuana Use During Pregnancy and Lactation

Resources

- California Cannabis Health Information Initiative - Pregnant and Breastfeeding Women and Cannabis Fact Sheet
- Centers for Disease Control and Prevention - What You Need to Know about Marijuana Use and Pregnancy www.cdc.gov/marijuana/factsheets/pregnancy.htm
- Mother to Baby - Medications and More During Pregnancy and Breastfeeding 866-626-6847 https://mothertobaby.org
  A service of the non-profit Organization of Teratology Information Specialists, dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and while breastfeeding. Offers free online live chat and phone support.

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References


