

# Perinatal Cannabis Use

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## What is cannabis?

- Cannabis is the most commonly used drug during pregnancy. Rates vary widely from 2-8 % of pregnant patients, but higher in those age 18-25 yo (up to 15%). Prevalence of use in pregnancy is increasing, and potency of cannabis is increasing.
- Cannabis is a plant that contains more than 80 biologically active chemical compounds. The most commonly known compounds are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

## Perinatal cannabis use

- 30-60% of regular users continue during pregnancy
- Many pregnant patients have strong beliefs about using cannabis and associate its use as inherently safe.
- If providers do not raise the subject of use, many patients assume that it means there is no or low risk.
- Patients may hear conflicting advice regarding safety and use; keep the conversation open and engage in reflective listening
- ACOG, AAP, FDA, CDC, ABM all advise to avoid cannabis use in pregnancy and lactation

Risks of cannabis use in pregnancy: \*

Perinatal Complication Risks	Developmental Outcome Risks
<ul style="list-style-type: none"><li>• Fetal growth restriction</li><li>• Low birth weight</li><li>• Small for gestational age</li><li>• Risk for stillbirth</li><li>• Higher NICU admission rate</li><li>• Neonatal withdrawal symptoms</li></ul>	<ul style="list-style-type: none"><li>• Disruption in brain development</li><li>• Reduction in verbal &amp; visual reasoning</li><li>• Memory and attention deficits</li><li>• Executive function deficits</li><li>• Increased risk for psychopathology</li></ul>

\*Studies are not always well controlled and have limitations. Risks may be dose dependent.

## Perinatal Cannabis Use (Cont.)

Screen all patients for substance use during pregnancy with NIDA quick screen or 4Ps. Recurrent screening should occur with ongoing or new concerns for substance use during pregnancy. Some pregnant people may choose to avoid substances during pregnancy but resume use after delivery, therefore screening must be repeated during the postpartum period.

(See Substance use in pregnancy guide for further information)

NIDA Quick Screen: <https://nida.nih.gov/sites/default/files/pdf/nmassist.pdf>

Ensure all patients are asked: Have you ever used cannabis?

### **If a patient endorses cannabis use:**

Ask open ended questions using non-judgmental language. Use a harm reduction, trauma-informed, and culturally informed approach that is person-centered

- How often are you using and how much at a time?
- How do you use (edibles, smoking, vaping, dabbing, topical)?
- Are you using for recreation or to treat a condition such as:
  - nausea, pain, to improve appetite, anxiety, depression, managing withdrawal from other substances(Acknowledge these are medical conditions that require treatment and support, and explore treating the underlying condition with a more evidence-based alternative)
- Does your partner or other household members use?
- Are you interested in decreasing/stopping use or have you tried in the past? If Yes, see substance use disorders guide in pregnancy for resources and motivational interviewing techniques
- What have you already discussed with other providers?

Assess for possible cannabis use disorder (see below)

### **Cannabis use disorder (CUD)**

Up to **18%** of pregnant patients using cannabis meet criteria for CUD

Screen using the CUDIT-R

<http://www.warecoveryhelpline.org/wp-content/uploads/2018/04/CUDIT.pdf>

For referral to treatment, see Resource Guide: <https://perc.psychiatry.uw.edu/provider-patient-resources/resources-for-providers/perinatal-substance-use-resources/>

Screen and treat for co-morbid disorders (including mood disorders, insomnia, nausea)

Medication treatment: no currently approved medications. Some limited evidence for gabapentin and N-acetylcysteine (NAC)

NAC: no evidence regarding risk for use in pregnancy

Gabapentin: limited data, possible increased risk of cardiac malformations, risk for pre-term birth, SGA, and NICU admission (particularly in late pregnancy). Limited data on use during lactation

## Perinatal Cannabis Use (Cont.)

### **Cannabis and lactation:**

Regardless of method of use, the active ingredients of cannabis pass into breast/chest milk.

- Babies are estimated to ingest 0.4%-8.7% of parental dose via milk
- **Discarding pumped milk does not eliminate risk of THC in milk.** THC remains in fatty tissue from 6 days to greater than 6 weeks, even after discontinuing use.

There are limited quality long-term studies on the safety of cannabis exposure via human milk.

### **Potential risks:**

- adverse effects on neurodevelopment, including delayed motor development
- possible delayed growth

### **CBD (non-psychoactive cannabis component)**

Used for pain, anxiety, insomnia, depression, PTSD, headaches, nausea, seizures disorders and many more conditions (studies are ongoing regarding outcomes and side effects in non-pregnant adults)

Scarce research of pure CBD use during pregnancy and lactation. Research is not conclusive as to safety or harm.

### **Possible risks in pregnancy:**

- Animal research finds disruption in reproductive system of male fetuses
- Human tissue studies find decreased angiogenesis in umbilical cells, that may lead to pregnancy complications (placental insufficiency/pre-eclampsia) and dysregulation in the fetal immune system

If long term use, and experiencing N/V, consider cannabinoid hyperemesis syndrome:

### **Cannabinoid Hyperemesis Syndrome (CHS)**

- Rare disorder with repeated regular use for at least one year
- Symptoms can include repeated episodes of nausea and /or vomiting, belly pain, diarrhea
- Consider in pregnant patients with long term cannabis use with pre-pregnancy nausea symptoms
- Main treatment: to discontinue cannabis use. See cannabis use disorder above.

# Perinatal Cannabis Use Resources

## Resources:

SAMHSA Cannabis in Pregnancy Evidence Based Resource Guide:

<https://store.samhsa.gov/sites/default/files/d7/priv/pep19-pl-guide-2.pdf>

ACOG Cannabis Committee Opinion:

[https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation?utm\\_source=redirect&utm\\_medium=web&utm\\_campaign=otn](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation?utm_source=redirect&utm_medium=web&utm_campaign=otn)

Cannabis and Washington State Law:

<https://doh.wa.gov/sites/default/files/2023-11/MedCannabis-HistoryInWashington.pdf>

## For patients:

Mother To Baby Cannabis Fact Sheet:

<https://mothertobaby.org/fact-sheets/marijuana-pregnancy/>

MGH Center for Women's Health: Cannabis Use and Brain Development

<https://womensmentalhealth.org/posts/essential-reads-emerging-evidence-of-the-long-term-effects-of-cannabis-on-the-developing-brain/>

MGH Center for Women's Health: Cannabis Use and Breastfeeding

<https://womensmentalhealth.org/posts/cannabis-and-breastfeeding/>