

MARIJUANA PREGNANCY AND BREASTFEEDING GUIDANCE FOR HEALTH CARE PROVIDERS

SCREENING QUESTIONS

Marijuana is now legal in Nevada. In addition to asking about alcohol, tobacco and other drug use (including prescription drugs), we recommend asking all teens and women who could become pregnant about marijuana use.

1. Have you used marijuana in the last year?

If no: Go to question 2.

If yes: **When was the last time you used marijuana? How do you use marijuana? What form of marijuana do you use? How often do you use and how much?**

If pregnant: **How has your use of marijuana changed since finding out you are pregnant?**

If concerned about substance abuse: Use the free Cannabis Use Disorder Test (CUDIT) and referral recommendations found in the resource section.

2. Does anyone in your home use marijuana?

If yes or no: **It is important to ensure your home is safe for your child. Make sure any potentially harmful substances are out of reach of your child, including marijuana, alcohol, prescription drugs or household substances.**

If yes: Provide additional education on the avoidance of secondhand smoke and safe storage.

PRENATAL CARE

It is important to reassess substance use at each visit, because many women continue using substances throughout pregnancy or may begin or resume using substances during pregnancy.

Discuss the importance of cessation of marijuana and other potentially harmful substances during pregnancy and breastfeeding.

Discuss the patient's plan for marijuana use after pregnancy: **Tell me about whether you intend to use marijuana after delivering your baby.**

Discuss breastfeeding and marijuana: **Are you planning to breastfeed your child?** If yes, see the breastfeeding section for more information.

Please inform your patient: **Marijuana is now legal for adults over 21. This does not mean it is safe for pregnant women or babies.**

As a prenatal provider, if you are concerned about a patient's substance use, you can recommend testing a mother during prenatal care and/or delivery, or testing the newborn at birth.

Newborn testing information:

- Meconium testing generally identifies maternal marijuana use after 24 weeks gestation.
- Urine testing generally identifies maternal marijuana use after 32 weeks gestation.
- Umbilical cord testing generally identifies maternal marijuana use after 24 weeks gestation.

WELL WOMAN VISITS

Discuss contraception options if the patient wants to continue marijuana, alcohol or other substance use and/or does not desire pregnancy.

If a patient desires a pregnancy, discuss the importance of cessation of marijuana and other potentially harmful substances. Consider use of contraception while the patient is working towards cessation of substances.

AT DELIVERY

- Use marijuana screening questions at delivery.
- Be aware of your facility's guidelines regarding drug testing of mothers and newborns and issues of consent.
- Urine drug screens (maternal or newborn) can be falsely positive. A positive test in the absence of reported maternal drug use should be confirmed by gas chromatography/mass spectrometry (GS/MS) or liquid chromatography/mass spectrometry/mass spectrometry (LC/MS/MS).
- Alternative newborn testing includes meconium or umbilical cord sampling.
- Discuss risks regarding marijuana use after pregnancy and/or during breastfeeding with your patient.

POSTPARTUM SCREENING

Inform your patient: ***Marijuana is now legal in Nevada for adults 21 years and older. In Nevada, we are asking all patients about marijuana use because we want to keep children safe.***

1. ***Before you knew you were pregnant, how much marijuana did you use?***
2. ***How much marijuana did you use during your pregnancy?***
3. ***How much marijuana have you used since the birth of your child?***
4. ***Does anyone in your home use marijuana?***
5. ***Are you currently breastfeeding?***

TALKING TO YOUR PATIENTS ABOUT MARIJUANA

Can you tell me about why you are using marijuana? How does marijuana help you?

If using marijuana to treat a medical issue: ***Talk to your prenatal health care provider about the use of other treatments for medical issues during pregnancy.***

If a patient is using for nausea, anxiety or sleep: ***There are safer options to deal with these issues during pregnancy.***

Address potential alternative treatments, if appropriate, and talk about transitioning to alternative treatments or cessation. ***Do you want to stop using marijuana? How difficult do you think it will be to stop using marijuana? Do you think you can stop? If you need help, it is available. Refer to the resources found at the end of this document.***

Health care providers can use Screening, Brief Intervention, and Referral to Treatment (SBIRT) tools or provide the patient with additional referrals from the resource section, including 2-1-1 and SoberMomsHealthyBabies.org. ***For your health and your baby's health, I will ask you about this at your next appointment.***

TALKING TO PATIENTS: THE EFFECTS OF MARIJUANA

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

Tetrahydrocannabinol (THC) is passed from the mother to the unborn child through the placenta. The unborn child is exposed to THC used by the mother.

THC is the chemical in marijuana which makes people feel "high." Using marijuana while you are pregnant passes THC to your baby.

Use of marijuana during pregnancy is associated with negative effects on exposed children, no matter when it is used during pregnancy. The negative effects include decreased academic ability, decreased cognitive function and decreased attention. These effects may not appear until adolescence.

Using marijuana while pregnant may harm your baby. It may make it hard for your child to pay attention and learn. This also may make it harder for your child to do well in school.

Smoking marijuana has the added risk of harmful smoke exposure to the mother and baby. However, using marijuana in edible or vaporized form still exposes the baby to THC. There is no known safe amount of marijuana use during pregnancy.

Some people think using marijuana in a vape pen or eating marijuana is safer than smoking marijuana. Marijuana in any form may be harmful.

BREASTFEEDING AND MARIJUANA

Marijuana use should be addressed in a discussion of breastfeeding plans, especially if the mother used prior to pregnancy or during pregnancy.

Breastfeeding has many health benefits for both the baby and the mother.

However, any THC consumed by the mother enters her breastmilk and can be passed from the mother's milk to her baby, potentially affecting the baby.

THC in marijuana passes to breastmilk and may affect your baby.

THC is stored in the body in fat, and babies have a high percent of body fat, including their developing brains. THC remains in the body for a long time because it is stored in body fat.

THC is stored in body fat. A baby's brain and body may store THC for a long time, which is why you should not use marijuana while you are breastfeeding.

The American Academy of Pediatrics states marijuana should not be used while breastfeeding.

If a mother wishes to breastfeed, use the referral options outlined in the resources section to help her stop using marijuana.

At this time, there is limited research on breastfeeding and marijuana use, including: the amount of THC in breast milk, the length of time THC remains in breast milk and effects on the infant.

It is unknown when it is safe to resume breastfeeding after use of marijuana or how long THC remains in breast milk after occasional or regular use.

It is unknown how long it takes for THC to clear from the breast milk. Some mothers may be motivated to “pump and dump” their breast milk in order to maintain milk production while waiting for THC to be eliminated from breast milk.

THC stays in your body for long periods, because it is stored in body fat.

Some facilities test a mother’s urine to determine drug use in order to inform breastfeeding advice. The link between THC levels in maternal urine and breast milk is unknown.

PARENTING AND MARIJUANA

Marijuana can affect a person’s ability to care for a baby. It is appropriate to ask about marijuana or other substance use before letting a person care for a baby.

Being “high” while caring for a baby is not safe. Do not let anyone who is under the influence care for your baby. It is not safe for your baby to sleep with you, especially if you have used marijuana.

MYTHS ABOUT MARIJUANA

Myth: **Marijuana is safe to use while pregnant or breastfeeding.** Using marijuana in any form while pregnant or breastfeeding passes THC to your baby and may be harmful. There is no known safe amount of marijuana use in pregnancy or while breastfeeding.

Myth: **Since it is legal, it must be safe.** Not all natural substances or plants are safe. Tobacco and poisonous berries are examples. Marijuana contains THC, which may harm your baby.

Myth: **Since some people use marijuana as a medicine, it must be safe.** Marijuana can be recommended by a doctor in special cases. A doctor decides whether the benefits are greater than the risks. It is unsafe to use any medications while pregnant or breastfeeding which are not recommended by a health care provider. This includes marijuana. Talk to your health care provider about safer choices which will not risk harming your baby.

Myth: **Marijuana can be good for your baby.** Researchers found marijuana may be bad for children whose moms used marijuana during pregnancy. Some children did not do well in school when they were older. It may also make it harder for your child to pay attention and learn.

Myth: **Marijuana-like (cannabinoid) chemicals occur in the body, so it must be safe.** Some cannabinoids, called endocannabinoids, occur naturally in the body and in breast milk. These endocannabinoids help your nerve cells communicate better. However, THC from marijuana is much

stronger than your natural endocannabinoids. THC can upset the natural endocannabinoid system in your body. Pregnant and breastfeeding mothers should not use marijuana to avoid any risks of THC.

Myth: Marijuana is a safe treatment for nausea during pregnancy. THC in marijuana may harm your baby. Talk to your health care provider about safer choices which will not risk harm to your baby.

This publication was adapted from the Colorado Department of Public Health and Environment by the Maternal and Infant Health Program, supported through the Nevada Division of Public and Behavioral Health, Bureau of Child, Family, and Community Wellness, Title V Maternal Child Health Program Grant BO4MC29352 from Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada Division of Public and Behavioral Health.

RESOURCES

- www.SoberMomsHealthyBabies.org
Sober Moms Healthy Babies aims to help pregnant women struggling with substance use (tobacco, alcohol, marijuana, prescription drugs and illegal drugs). This public awareness campaign includes a website with educational and treatment resources for women who are using, concerned friends and family, and providers. The website emphasizes the importance of women identifying they are pregnant when entering Substance Abuse Prevention Treatment Agency (SPATA) funded substance use treatment, as they receive top priority for service.
- Nevada 2-1-1, a program of the Financial Guidance Center, is committed to helping Nevada citizens connect with the services they need by phone, text or website:
 - Call 2-1-1 or 1-866-535-5641
 - Text your zip code to 898211
 - www.nevada211.org
- Cannabis Use Disorder Identification Test (CUDIT-R)
 - <http://www.otago.ac.nz/nationaladdictioncentre/pdfs/cudit-r.pdf>
Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.
- Substance Abuse Hot Line
 - 775-825-4357 or 1-800-450-9530
- Substance Abuse Prevention and Treatment Agency (SAPTA) administers programs and activities providing community-based prevention and treatment.
 - http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA/
 - 775-684-4190
- The Crisis Call Center offers a 24-hour crisis line to provide a safe, non-judgmental source of support for individuals in any type of crisis.
 - 775-784-8090
 - Text "ANSWER" to 839863
- LactMed is an online database to determine medicine compatibility with breastfeeding.
 - <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- National Institute on Drug Abuse (NIDA)
<https://www.drugabuse.gov/drugs-abuse/marijuana>

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