

Mothers & Babies

Marijuana use during pregnancy can be harmful to your baby's health and negatively affect their development. The chemicals in marijuana pass through the mother's system, crossing the placenta and go straight to the baby. Preventing THC exposure can improve sleep patterns, reduce the risk for poor memory, lower intelligence, hyperactive or impulsive behaviors that can be associated with THC exposure.

Center for Disease Control and Prevention <https://www.cdc.gov/marijuana/pdf/marijuana-pregnancy-508.pdf>

Risks

- Fetal growth restrictions (when a baby doesn't gain the appropriate amount of weight before birth)
- Greater risk of stillbirth
- Premature birth (born before 37 weeks of gestation)
- Low birth weight
- Anemia and anencephaly



Breastfeeding

- THC passes into breast milk
- The chemical is stored in fat, which means it may linger in the mother's body long after her last ingestion of any marijuana product
- THC stays in baby's fat and in the baby's brain

Using marijuana while breastfeeding can allow harmful chemicals to pass from the mother to the infant through breast milk or secondhand smoke exposure. To limit potential risk to the infant, breastfeeding mothers who use marijuana should be encouraged to abstain from or significantly reduce marijuana use.

Center for Disease Control and Prevention <https://www.cdc.gov/marijuana/pdf/marijuana-pregnancy-508.pdf>

The American College of Obstetricians and Gynecologists recommends the following:



<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation>

1. Before pregnancy and in early pregnancy, all women should be asked about their use of tobacco, alcohol, and other drugs, including marijuana and other medications used for non-medical reasons.
2. Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy.
3. Women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.
4. Pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data.
5. There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged.
6. The most common motivation for quitting cannabis use in pregnancy was wanting to be a good example (74%); in comparison, only 27% of respondents listed a doctor's recommendation as a motivation to quit.

Source: Mark K, Gryczynski et al. Pregnant women's current and intended cannabis use in relation to their views toward legalization and knowledge of potential harm.