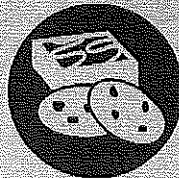


What You Need to Know About Marijuana Use and Pregnancy

2017

Fast Facts

- Using marijuana during pregnancy may increase your baby's risk of developmental problems.¹⁻⁷
- About one in 25 women in the U.S. reports using marijuana while pregnant.⁸
- The chemicals in any form of marijuana may be bad for your baby – this includes edible marijuana products (such as cookies, brownies, or candies).⁹
- If you're using marijuana and are pregnant or are planning to become pregnant, talk to your doctor.



Marijuana use during pregnancy can be harmful to your baby's health. The chemicals in marijuana (in particular, tetrahydrocannabinol or THC) pass through your system to your baby and can negatively affect your baby's development.¹⁻⁷

Although more research is needed to better understand how marijuana may affect you and your baby during pregnancy, the Centers for Disease Control and Prevention (CDC) recommends against using marijuana during your pregnancy.

What are the potential health effects of using marijuana during my pregnancy?

- Some research shows that using marijuana while you are pregnant can cause health problems in newborns—including low birth weight and developmental problems.^{10,11}
- Breathing marijuana smoke can also be bad for you and your baby. Marijuana smoke has many of the same chemicals as tobacco smoke and may increase the chances for developmental problems in your baby.^{12,13}

Can using marijuana during my pregnancy negatively impact my baby after birth?

- Research shows marijuana use during pregnancy may make it hard for your child to pay attention or to learn, these issues may only become noticeable as your child grows older.¹⁻⁷

Does using marijuana affect breastfeeding?

- Chemicals from marijuana can be passed to your baby through breast milk. THC is stored in fat and is slowly released over time, meaning an infant could be exposed for a longer period of time.
- However, data on the effects of marijuana exposure to the infant through breastfeeding are limited and conflicting.
- To limit potential risk to the infant, breastfeeding mothers should reduce or avoid marijuana use.^{11, 14-16}

For more information, visit:

Smoking During Pregnancy: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>

Treating for Two: <https://www.cdc.gov/pregnancy/meds/treatingfortwo/index.html>

Centers for Disease Control and Prevention

Office of Noncommunicable Diseases, Injury, and Environmental Health



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References

1. Mark, K., A. Desai, and M. Terplan, Marijuana use and pregnancy: prevalence, associated characteristics, and birth outcomes. *Arch Womens Ment Health*, 2016. 19(1): p. 105-11.
2. Fried, P.A., B. Watkinson, and R. Gray, Differential effects on cognitive functioning in 9- to 12-year-olds prenatally exposed to cigarettes and marijuana. *Neurotoxicol Teratol*, 1998. 20(3): p. 293-306.
3. Leech, S.L., et al., Prenatal substance exposure: effects on attention and impulsivity of 6-year-olds. *Neurotoxicol Teratol*, 1999. 21(2): p. 109-18.
4. Goldschmidt, L., et al., Prenatal marijuana exposure and intelligence test performance at age 6. *J Am Acad Child Adolesc Psychiatry*, 2008. 47(3): p. 254-63.
5. Campolongo P, Trezza V, Ratano P, Palmery M, Cuomo V. Developmental consequences of perinatal cannabis exposure: behavioral and neuroendocrine effects in adult rodents. *Psychopharmacology (Berl)* 2011;214:5-15.
6. Warner, T.D., D. Roussos-Ross, and M. Behnke, It's not your mother's marijuana: effects on maternal-fetal health and the developing child. *Clin Perinatol*, 2014. 41(4): p. 877-94.
7. Colorado Department of Public Health and Environment. Monitoring Health Concerns Related to Marijuana in Colorado: 2014. 2015 [cited 2016 July 11, 2016].
8. Ko JY, Farr SL, Tong VT, Creanga AA, Callaghan WM. Prevalence and patterns of marijuana use among pregnant and nonpregnant women of reproductive age. *Am J Obstet Gynecol*. 2015; 213(2):201.e1-201.e10.
9. Berger, E., Legal marijuana and pediatric exposure pot edibles implicated in spike in child emergency department visits. *Ann Emerg Med*, 2014. 64(4): p. A19-21.
10. Conner SN1, Bedell V, Lipsey K, Macones GA, Cahill AG, Tuuli MG. Maternal Marijuana Use and Adverse Neonatal Outcomes: A Systematic Review and Meta-analysis. *Obstet Gynecol*. 2016 Oct;128(4):713-23. doi: 10.1097/AOG.0000000000001649.
11. Wang, G.S., G. Roosevelt, and K. Heard, Pediatric marijuana exposures in a medical marijuana state. *JAMA Pediatr*, 2013. 167(7): p. 630-3.
12. Wu, T.C., et al., Pulmonary hazards of smoking marijuana as compared with tobacco. *N Engl J Med*, 1988. 318 (6): p. 347-51
13. Gunn JKL, Rosales CB, Center KE, et al. Prenatal exposure to cannabis and maternal and child health outcomes: a systematic review and meta-analysis. *BMJ Open* 2016;6:e009986.doi:10.1136/bmjopen-2015-009986.
14. Reece-Stremtan S, Marinelli KA. Guidelines for breastfeeding and substance use or substance use disorder, revised 2015. ABM Clinical Protocol #21. Academy of Breastfeeding Medicine. *Breastfeed Med* 2015;10:135-41.
15. Perez-Reyes M, Wall ME (1982) Presence of Δ^9 -tetrahydrocannabinol in human milk. *N Engl J Med* 307:819-820.
16. Monte, A.A., R.D. Zane, and K.J. Heard, The implications of marijuana legalization in Colorado. *JAMA*, 2015. 313(3): p. 241-2.