



Pregnancy and Marijuana Use

The use or abuse of either illegal or prescription drugs during pregnancy can affect health outcomes for both mother and infant. In 2013, 19.8 million individuals reported using marijuana within the last month.¹ With the rise in legalization of recreational and medical marijuana across the United States, there is potential for increased use among pregnant women. The prevalence of marijuana use during pregnancy ranges 2-27% depending on the population and method of detection.¹

Marijuana refers to the dried leaves, flowers, stems, and seeds from the hemp plant, *Cannabis sativa*, and can be smoked, consumed or inhaled as vapor (“dabbing”) to produce a high. Delta-9-tetrahydrocannabinol (THC) is the main active chemical in marijuana. Some evidence has shown that babies who drink breast milk containing THC absorb and metabolize THC.^{1,2} However, there is inconsistent data on the ability of THC to cross the placenta during pregnancy and the specific effects of marijuana use on infants during lactation and breastfeeding.⁴

The March of Dimes recommends that women do not use marijuana during pregnancy or breastfeeding.

There is no known safe amount of marijuana use during pregnancy.³ Some research has found an association between marijuana use during pregnancy and poor birth outcomes including preterm birth, stillbirth, low birthweight and impaired brain development.² However, other studies have not found these associations. The specific effects of marijuana on pregnancy and the developing fetus are uncertain, in part because some individuals use other drugs, including tobacco, alcohol, or illicit drugs that are associated with adverse outcomes.⁴

March of Dimes recommends that women who are pregnant or contemplating pregnancy should not use marijuana. Additional research is needed to further examine how use of marijuana impacts risk for poor outcomes for women and infants.

March of Dimes opposes policies and programs that impose punitive measures on pregnant women who use or abuse drugs.

In some states, policymakers have proposed punitive measures for women who use or abuse drugs during pregnancy. The March of Dimes believes that targeting women for criminal prosecution or forced treatment is inappropriate and will drive women away from prenatal care vital both for them and their children. Health care providers should counsel women about the potential consequences of marijuana use during pregnancy.

References:

1. Metz, T., Stickrath, E. Marijuana use in pregnancy and lactation: a review of the evidence. *American Journal of Obstetrics and Gynecology* 2015;1-18
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3. CDPHE. Marijuana Use During Pregnancy and Breastfeeding Findings Summary. August 2014.
4. Committee on Obstetric Practice. Marijuana Use During Pregnancy and Lactation, Committee Opinion No. 637. *American Journal of Obstetrics and Gynecology*(2015); 126:234-238

Key Points

- Marijuana is the most commonly used recreational drug in the United States.
- Delta-9-tetrahydrocannabinol (THC), the main active chemical in marijuana, has been detected in breast milk.
- There is no known safe amount of marijuana use during pregnancy.
- March of Dimes recommends that women do not use marijuana during pregnancy or while lactating.
- Punitive policies regarding drug use during pregnancy deter women from seeking prenatal care, which can result in unhealthy pregnancies and negative birth outcomes.

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