Perinatal Substance Use and Cannabis Resources

October 2018
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Cannabis/Marijuana Definitions

“Cannabis is a multi-use plant that has been cultivated by humans for thousands of years. Today there are three varieties: C. sativa, C. indica, and hybrid strains. Each causes different psychological and physiological effects, depending on which cannabinoids (chemical compounds) it contains. The two cannabinoids most commonly used for medicinal purposes are tetrahydrocannabinol (THC) and cannabidiol (CBD)” (University of Calgary Health Technology Assessment Unit (2018). Alberta Cannabis Legalization Policy Primer. p. 5).

“Cannabis is a generic term used to denote the several psychoactive preparations of the marijuana (hemp) plant, Cannabis sativa. They include marijuana leaf (in street jargon: grass, pot, dope, weed or reefer), bhang, ganja or hashish (derived from the resin of the flowering heads of the plant), and hashish oil” (World Health Organization (2014). Guidelines for identification and management of substance use and substance use disorders in pregnancy. Geneva, Switzerland: World Health Organization. p. v).

“Cannabis is also known as marijuana, weed and pot. It has more than 700 chemical compounds. Hash and hash oil also come from the cannabis plant. Delta-9-tetrahydrocannabinol (THC) is the chemical compound that makes people feel high. THC content in cannabis has increased over the past several years. Cannabidiol (CBD) is another chemical compound known for its therapeutic use for pain, inflammation and anxiety. CBD does not make you feel high. CBD products may contain THC” (Public Health Agency of Canada, 2018, p.1).

Policy/Position Statements

Marijuana Use during Pregnancy (Society of Obstetricians and Gynaecologists, 2017)

Recommendations:

- Women who are pregnant or contemplating pregnancy should abstain from cannabis use during pregnancy.
- Health professionals discuss the potential adverse health effects of cannabis use during pregnancy with patients who are pregnant or contemplating pregnancy.
- Women who are pregnant or contemplating pregnancy be encouraged to discontinue cannabis use.
- Use of cannabis for medicinal purposes be strongly discouraged during pregnancy, in favor of alternative therapies that have proven to be safe during pregnancy.
- Women be encouraged to abstain from cannabis use during lactation and breastfeeding.
- Further research be undertaken on the effects of cannabis on pregnancy and lactation.
- Public education be funded and made widely available to ensure that those who are pregnant or contemplating pregnancy are aware of the risks posed by cannabis.

Marijuana use during Pregnancy and Lactation
(ACOG, 2017)

Recommendations:

- 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 nonmedical reasons.
- Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy.
- Women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.
- 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.
- 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.


Clinical Practice Guidelines

Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy (World Health Organization, 2014)

Selected Recommendations:

Recommendation #12: Breastfeeding with maternal alcohol and/or substance dependence:

- Mothers with substance use disorders should be encouraged to breastfeed unless the risks clearly outweigh the benefits
- Breastfeeding women using alcohol or drugs should be advised and supported to cease alcohol or drug use; however, substance use is not necessarily a contraindication to breastfeeding.

Recommendations #13

- Skin-to-skin contact is important regardless of feeding choices and needs to be actively encouraged for the mother with a substance use disorder who is able to respond to her baby’s needs.
- Mothers who are stable on opioid maintenance treatment with either methadone or buprenorphine should be encouraged to breastfeed unless the risks clearly outweigh the benefits.

**Substance Use in Pregnancy** (Society of Obstetricians and Gynaecologists, 2011)

The objective of this clinical practice guideline is to improve awareness and knowledge of problematic substance use in pregnancy and to provide evidence-based recommendations for the management of this challenging clinical issue for all health care providers. 11 recommendations are included.


**Simplified Guideline for Prescribing Medical Cannabinoids in Primary Care** (Canadian Family Physicians, 2018)

This simplified medical cannabinoid prescribing guideline provides practical recommendations for the use of medical cannabinoids in primary care. All recommendations are intended to assist with, not dictate, decision making in conjunction with patients.

Recommendations include limiting medical cannabinoid use in general, but also outline potential restricted use in a small subset of medical conditions for which there is some evidence (neuropathic pain, palliative and end-of-life pain, chemotherapy-induced nausea and vomiting, and spasticity due to multiple sclerosis or spinal cord injury). Other important considerations regarding prescribing are reviewed in detail, and content is offered to support shared, informed decision making.

- We strongly recommend against medical cannabinoids for nausea and vomiting in pregnancy or hyperemesis gravidarum owing to the lack of evidence, known harms, and unknown harms (strong recommendation) (p. 112).

Legal Cannabis Doesn’t Mean It’s Safe for Pregnant Women, Why Risk it? (SOGC, 2018, Oct 17)

Cannabis and Pregnancy: Getting Ahead of Policy (Thunder Bay District Health Unit, 2018)

Clearing the Smoke on Cannabis: Maternal Cannabis Use during Pregnancy- An Update (Canadian Centre on Substance Abuse, 2018)

Key Points:

• Cannabis is the illicit drug most commonly used during pregnancy.

• Constituents of cannabis can pass into breast milk during lactation and are absorbed and metabolized by the infant.

• Frequent cannabis use during pregnancy is associated with low birth weight and is part of a cluster of risk-factors correlated with other adverse birth outcomes.

• Prenatal and early exposure to cannabis can alter neurodevelopment leading to adverse effects on cognition and academic achievement.

• There are also effects on behaviour in children and young adults, including attention deficits, increased hyperactivity and impulsivity, and increased likelihood of substance use (see image on p.5).

• Information on the effects of cannabis use during pregnancy is essential to help healthcare providers advise patients about the impact of cannabis use and improve the health and well-being of patients and their children.
Doorways to Conversation (bilingual resource) (Centre of Excellence for Women’s Health, 2018)

The goals of this resource is to:

1) Summarize key findings from the academic and grey literature, the national dialogues sessions, and the consultations with professional organizations.
2) Present and discuss opportunities for improving the capacity of health care and social service providers to discuss alcohol and other substance use with women and their support networks in the preconception and perinatal periods.

This resource includes 50 ideas for starting conversations with girls and women.


Marijuana Pregnancy and Breastfeeding Guidance. For Colorado Health Care Providers Prenatal Visits (Colorado Department of Public Health & Environment, 2017)

Information for Health Care Professionals: Cannabis (marihuana, marijuana) and the Cannabinoids (Health Canada, 2013)
Parent Handouts

Cannabis and Pregnancy Don’t Mix (SOGC, 2018)

8 Things You Need to Know about Cannabis, Pregnancy and Breastfeeding (SOGC, 2018)

Thinking about Using Cannabis Before or During Pregnancy? (Public Health Agency of Canada, 2018)

Thinking about Using Cannabis While Parenting? (Public Health Agency of Canada, 2018)
What you Need to Know about Marijuana Use and Pregnancy (Centres for Disease Control and Prevention, 2017)

Women and Cannabis (Education and Training Council, Alberta FASD Cross Ministry Committee, 2017)


Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting (Best Start Resource Centre, 2017)

Les risques du cannabis sur la fertilité, la grossesse, l’allaitement et le rôle parental (Centre de ressources Meilleur départ, 2017)

Marijuana and Breastfeeding (St. Josephs Healthcare Hamilton, 2015)
Cannabis in Canada – Get the Facts (Health Canada, 2018)

Your Cannabis Questions, Answered. Get the Honest Facts

• If I smoke pot and then breastfeed, will my baby get high?

Consumer information - Cannabis (Marihuana, marijuana) (Health Canada, July 2016) (not specific to pregnant/breastfeeding women)

Key points:
• “Cannabis should not be used if you: ... are pregnant, are planning to get pregnant, or are breast-feeding” (p. 2)

Parent Blogs on BabyCentre

(Note: BabyCentre was listed as one of the top websites that expectant parents in our region consulted when looking for information about newborn care. See the CMNRP Postnatal Hospital Discharge Report)

AAP says avoid marijuana during pregnancy, breastfeeding (Aug 2018)

Don’t take advice from cannabis dispensaries (n.d)

Is marijuana from a dispensary safer than the street drug? (May 2017)

Will using marijuana affect our chances of getting pregnant? (May 2017)

Is it safe to use marijuana during pregnancy? (July 2017)

Is it safe for a breastfeeding mom to use marijuana? (July 2017)

Are edibles or cannabis oil okay to use when I’m pregnancy or breastfeeding? (Nov 2016)
Webinars

**Marijuana Use During Pregnancy and Lactation: Weeding out the Evidence** Dr. Alison Shea, MD, PhD, MSc, FRCSC, NCMP (February, 2018) (34:34 mins)
Download the presentation slides

**Perinatal Cannabis Use - Implications for Pregnancy, Lactation And Parenting** Dr. Alice Ordean, MD, CCFP, MHSc, FCFP, DABAM (July 2017)

This webinar will provide an evidence-based review of the prevalence and factors associated with cannabis use during pregnancy and lactation. Short- and long-term effects of perinatal cannabis use will also be reviewed. Finally, best practices for identification and intervention with pregnant women will be discussed.

Websites

Society of Obstetricians and Gynaecologists of Canada
- [Your Pregnancy- Healthy Pregnancy- Substance Use in Pregnancy](#)
- [Are you pregnant or considering pregnancy? Did you know that use of cannabis may be harmful to your baby?](#)

The MotHERS Program
- [What’s Safe, What’s Not: Marijuana](#)
- [What’s Safe, What’s Not: Drugs](#)

Canadian Centre on Substance Use and Addiction
- [Substance Use during Pregnancy](#)
Public Health Campaigns

Society of Obstetricians and Gynaecologists of Canada - Public Awareness Campaign

The SOGC Urges Canadians to Avoid Cannabis Use during Pregnancy and Breastfeeding (April 20, 2018)

Legal Doesn’t Mean Safe. The SOGC Urges Canadians to Avoid Cannabis during Pregnancy and Breastfeeding (June 25, 2018)

Times Have Changed (1:05 mins)

Not Just an Herb (1:12 mins)

Colorado - Good to Know Campaign - 2015

Colorado Starts Its 'Good to Know' Pot Education Campaign (2015, Newsy) (2:05 mins)

Screen shot #1

(price tag = $5.7 million)

Screen shot #2
Colorado - Campaign for Pregnant and Breastfeeding Women- 2016

Colorado Department of Public Health & Environment: State health department launches marijuana education campaign for pregnant and breastfeeding women (June 13, 2016 press release).

Key Messages:
- There is no known safe amount of marijuana use while pregnant or breastfeeding.
- Tetrahydrocannabinol, or THC, the chemical that creates the marijuana “high”, is passed from mother to baby during pregnancy and breastfeeding whether it is smoked, vaped or eaten.
- Exposure to THC in the womb may affect a baby’s brain development.
- THC stays in the breast milk much longer than alcohol does, so “pumping and dumping” doesn’t work.
- Because THC is stored in body fat, it stays in the mother’s and baby’s bodies for a long time.
- Secondhand marijuana smoke has many of the same chemicals as tobacco smoke and is unhealthy for both mother and baby.

Colorado – Responsibility Grows Here 2018

Responsibility Grows Here

Responsibility Grows Here: Pregnant and Breastfeeding
Policy Resources

Government of Canada: Department of Justice

- Cannabis was legalized on October 17, 2018


- A summary of the Cannabis Evidence Series, a comprehensive research report written for the Alberta government officials who are drafting legalization policies. It contains five steps for understanding legalization, so you can stay informed as policy evolves.

Reports

Survey of Health and Social Service Providers (Canadian Public Health Association, 2018)

The Canadian Public Health Association conducted an online survey to explore providers’ knowledge and perceptions of cannabis consumption. They sought to gain a better understanding of potential knowledge and capacity barriers that may exist and establish if this influences provider capacity to support their client populations in the context of cannabis legalization. A copy of the survey questions are included in the appendix.

Key findings:

- 49.9% of respondents (n=197, N=395) reported that they felt comfortable discussing the harms and benefits of cannabis use as it relates to perinatal health (e.g. pregnancy, nursing).
- Knowledge and access of education and training in the form of professional development by topic related to cannabis (N=501), Cannabis use and perinatal health (e.g. pregnancy, nursing): I am aware and have access 33.2%; I am aware, but do not have access 22.7%; I am not aware and interested in learning more 38.2%; I am not interested in this topics 5.8% (p. 27).

The purpose of this report is to identify, summarize, and critically appraise the available clinical evidence on safety and evidence-based guidelines regarding the use of controlled and illicit substances by breastfeeding parents.