CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

Lactation and Cannabis Use:
A Harm-Reduction Approach

Discussion Guide for Health Care Providers

Updated November 2019

Summary

- At the present time, there is not enough research to determine whether or not cannabis is safe to use during lactation. For this reason, the only recommended safe amount of cannabis to use is **zero**.
- Up-to-date, evidence-based information as well as the gaps and/or limitations of the available evidence should be shared with people who are lactating. In addition to the resources provided in Appendix A on page 16, the following resources are available:
    - From SOGC - https://www.pregnancyinfo.ca/learn-more/
    - From CMNRP - http://www.cmnrp.ca/en/cmnrp/Substance_Use_p4914.html
- A discussion with the pregnant and/or lactating person* is required to individually:
    - Assess the consumption of cannabis and other substances (e.g. alcohol, tobacco, or illicit drugs),
    - Identify possible harms, and
    - Balance the risks and benefits of providing human milk after careful review of the baby's clinical well-being (e.g. gestational age, health status, admission to an NICU/SCN).
- If stopping using cannabis completely is not an option, harm-reduction strategies can be used.
- More research is required.
- Points to consider after reviewing the discussion guide:
    - How does this evidence align with the messages I currently give about cannabis?
    - How can I encourage harm reduction and caution, when the research is limited?
    - What visual aids or resources might I share, when discussing these topics with individuals, their partners, families and support networks?

**The authors of this guide have made every attempt to use gender-inclusive language, recognizing that not every person who is lactating, feeding directly at the breast/chest, or providing expressed milk via another route identifies as "mother", "woman" or "she". In this document, you will see the term "mother", "women/woman" and "she" only when citing research that utilized these terms in the publication(s). It is important that we practice relationally and respectfully with all people, from all backgrounds, genders, and identities so they are not discriminated against, and/or inadvertently harmed by language used by healthcare providers.*

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Cannabis is legal. What's the big deal?

The legalization of cannabis may provide false assurance to Canadians that cannabis is harmless. Legality does not equal safety. Cannabis use can be considered in the same way as alcohol and tobacco, meaning that the use of these substances is not without potential negative health and social effects.[1] Women frequently believe that cannabis is natural and safe[2,3]; a recent integrative review identified that more than a third of women believe that cannabis is harmless.[4] In Ontario, the number of women who self-reported cannabis use in pregnancy has increased from 1.2% in 2012 to 1.8% in 2017, which equates to a relative increase of 61%.[5]

Health care providers (HCPs) have an important role in sharing evidence-based information to assist the childbearing person/families in making informed decisions regarding cannabis use in the perinatal period. In the absence of these conversations, people may inadvertently assume that no discussion means no concern. This concern was identified in a recent study exploring women's perspectives about cannabis use during pregnancy and the postpartum period.[4]

For families, pregnancy and childbirth often present a unique opportunity to make lifestyle changes. HCPs can use this important life event to positively improve the health of childbearing families and their babies. Recognizing that many HCPs do not feel confident in discussing this issue, and may feel uncertain as to the information to share with families specifically around the use of cannabis in breast/chestfeeding* and lactating people, the Champlain Maternal Newborn Regional Program (CMNRP) developed **this discussion guide that is intended to facilitate conversations with perinatal families regarding cannabis use during lactation.** It is our hope that HCPs will feel more prepared to share consistent messages with families in our region.

*See Appendix B for resources related to chestfeeding.

What are the best practices in perinatal substance use counselling?

It has been demonstrated in the literature that people-centred, supportive policies have been more effective than punitive approaches in yielding positive maternal/fetal/newborn outcomes.[6,7] The ideal strategy is to work in partnership with individuals and their families by establishing trust and safety through respectful engagement. [6,7,50]

It is important for HCPs to assess childbearing families' knowledge about cannabis use in the perinatal period, and to share evidence-based information through trauma-informed dialogues.[8]

Knowledge about trauma-informed care and harm reduction strategies are essential in developing a culturally safe, therapeutic relationship with the childbearing person/family.[7,9] **A standard 'one size fits all' approach cannot be applied in all situations but rather each situation should be considered on a case-by-case basis**.[10-13,50]

"From an ethical standpoint, with the current state of evidence, unless the assessed level of risk posed by cannabis (and possibly other substance) use during breastfeeding is unacceptably high; HCPs are generally not in a position to override parental autonomy in making decisions about their use of cannabis during breastfeeding and/or lactation. At the same time, HCPs can strongly counsel patients about potential or suspected risks and discourage substance use. These two positions are not mutually exclusive" (personal communication, M. Kekewich). [49] When HCPs and organizations are developing institutional policies pertaining to cannabis use, they may find it helpful to review resources about resolving ethical issues.[14,15]

What do we know about cannabis and lactation?

There is limited and conflicting evidence regarding the effects of cannabis during lactation. **Lack of data should not be interpreted as endorsement of safety, nor an indication to avoid breastfeeding**.[16-18, 50]

Clinical practice guidelines and professional association statements have consistently identified that **cannabis use during breastfeeding and/or lactation is NOT recommended.** At the present time, this is what we know about cannabis: [18, 19-25, 50]

- Delta-9-tetrahydrocannabinol (THC) is highly lipophilic (fat soluble), which means that it is stored in the brain, and body fat as well as human milk.
- Until the THC is eliminated from the human milk and breast/chest adipose tissue, babies drinking this milk (either directly at the breast/chest or via expressed milk) will likely be exposed to THC.
- The exact amount of cannabis metabolites ingested by the baby has been difficult to quantify in research studies.
- THC has low bioavailability which means that it is not readily absorbed by the baby. However, THC that is absorbed can be stored in baby's fat cells and brain for weeks.
- It is not known how long a period of abstinence is required to eliminate THC from human milk, as it is released slowly over days to weeks, depending on extent of use.
- There is an association between the amount and frequency of cannabis use during breast/ chestfeeding and lactation and the amount that is transferred to the baby.
- The greater the level of exposure, the greater the potential impact, with heavy use being the most concerning. For the purposes of this document, **heavy use is defined as the use of cannabis one or more times per day**.

I'm a busy health care provider. What key messages should I share with clients?

Health care providers are encouraged to screen all clients of reproductive age for cannabis use, and to have discussions during pregnancy as well as after birth.[16]

The following **key messages** can be shared: [24, 26-29]

- There is no known safe amount of cannabis in human milk.
- The safest approach is to not use cannabis.
- No matter how it is used (e.g. smoked, vaped, eaten), the developing baby may be affected.
- **Pumping and dumping is not recommended as it does not remove the THC from the breast**. Expressing milk may provide comfort to the lactating person who uses cannabis infrequently. There is a lack of evidence regarding the time it takes THC levels to decrease in human milk.
- Therapies with established safety should be used in place of cannabis to manage medical concerns.
- If unable to stop using cannabis, harm-reduction strategies should be considered (see p. 9-11).
- Information lines can provide up-to-date evidence to inform decision making (see resources p. 16).

What are the potential harms to the baby exposed to THC?

Research is limited (see next section for more information). Babies who have been exposed to THC through human milk **may have**: [22, 28, 30, 50]

- Reduced muscular tone
- Increased drowsiness
- Poor suckling
- Reduced weight gain.

There is a concern that when a parent is under the influence of cannabis, the parent may be unable to, or less able to, safely care for the baby.[18] This assumption is not well established in the literature.[17] (See p. 11 for more information about parenting and safety).

What are the limitations of the available research?

The available research regarding cannabis use during lactation has many shortcomings.

- There is a paucity of research specifically related to breast/chestfeeding and cannabis use.[18, 23, 50]
- Lactation research has been confounded by cannabis use during pregnancy, and concomitant use with substances such as tobacco, alcohol and/or other substances (this is known as polydrug use which results in cumulative effects).[7,13,16,18,32,50]
- There is little standardization across studies in the amount and frequency of cannabis used.[18, 32]
- Socioeconomic and demographic variables as well as other potential confounding factors have not been adequately considered.[18]
- Most studies have relied on self-reported cannabis use which may result in a significant underestimation of exposure.[18]
- The potency of cannabis has dramatically increased over the decades resulting in a lack of generalizability of older research study findings to the current context.[31,32] There is wide variability in the levels of THC in cannabis being consumed in Canada.[29] There is essentially no information available about non-inhaled cannabis products such as edibles.
- Access to legalized cannabis products has been limited, with many Canadians obtaining cannabis from unregulated sources.[33]

For these reasons, it has been difficult for researchers to definitively determine the effect of cannabis use in the perinatal period. **Researchers and clinicians have concluded that there is insufficient data to evaluate the effects of cannabis use on infants who are exposed to cannabis through human milk. More research is required.**[32,34,50]

Conversely, there is substantial evidence about the **importance of breast/chestfeeding for babies of all gestational ages, as well as for the breast/chestfeeding person**.[10,18,25,36] The Canadian Paediatric Society (CPS) acknowledges that "breastfeeding confers extensive and well-established benefits and is recognized as an extremely effective preventative health measure for both mothers and babies".[35, p. 317] The CPS further emphasizes the importance of human milk:

> "Breast milk is species-specific, offering a unique bioactive matrix of compounds that cannot be replicated by artificial formulas. It contains the live cellular components, immunoreactive substances and hormones, and other nutritional components needed for optimal growth, health and development in the newborn. Breast milk is both the physiological norm and the ideal nutrition for the human infant." [35, p. 317]

The risks, for infants, of not breast/chestfeeding include: gastrointestinal infections (e.g. diarrhea, constipation), bacterial infections (e.g. meningitis, bacteremia), respiratory tract infections, otitis media, and Sudden Infant Death Syndrome (SIDS). Human milk has been associated with decreased risk of obesity and diabetes later in life, as well as enhanced neurocognitive testing.

Benefits for breast/chestfeeding people include reduced risk of ovarian and breast cancers, delayed return of ovulation, greater postpartum weight loss, and reduced risk of type 2 diabetes.[25,35,36] **A reduction in maternal response to stress when breastfeeding has been documented, which enhances maternal-infant bonding and can contribute to a lower risk of child maltreatment**.[37,38]

A discussion about these risks and benefits is necessary to assist the parent in making an informed decision about infant feeding method.[32, 39,40] The American Academy of Pediatrics states "the mother [should] be encouraged to breastfeed while, at the same time, it is strongly encouraged that she abstain completely from using marijuana as well as other drugs, alcohol, and tobacco".[18, p. 9-10]

What if a lactating person is unable to stop using cannabis?

In situations where a person is unable to stop using cannabis, health care providers should discuss the importance of human milk and the potential risks related to cannabis use, based on individual circumstances.[10, 50] Counselling should include a discussion of the potential impact on the baby's growth and development and parenting ability (intoxication may reduce the parent's ability to provide safe baby care and supervision).[50]

Caution is advised when more than one substance is being used (i.e. polydrug use) due to the additive effects of the substances. This is especially important when parents are using drugs that cause sedation such as benzodiazepines, opiates and cannabis.[41,50]

It is recommended for the interprofessional team (including lactation consultants, clinicians and social workers) and the lactating parent to determine the best course of action within the context of continued cannabis use.[41] This must be done on a case-by-case basis.

What harm-reduction strategies can I recommend if my client is unable to stop using cannabis?

Harm-Reduction Strategy	Supporting Evidence
If unable to stop using cannabis completely, try using less, and less often [16,24,42,43]	• The amount of exposure to the infant through human milk is dependent upon the frequency of use and the level of THC in the cannabis product.[25,20] • "Frequency and intensity [of cannabis use] are among the strongest and most consistent predictors of severe and/or long-term cannabis-related health problems".[43] • "Regular cannabis use can result in change in the user's mood and judgment, creating a potentially unsafe environment for an infant or young child".[25, p. 171]
Use a cannabis product with a lower dose of THC [42,43]	• It is believed that of the chemicals and compounds found in cannabis, THC has the most significant negative health impacts. • There is an inverse relationship between THC and cannabidiol (CBD) e.g., the lower the dose of THC, the higher the dose of CBD, and vice versa. Choose a cannabis product that has a higher ratio of CBD to THC. • Note: It is not known whether CBD passes into human milk. However, like THC, CBD is **likely** to accumulate in fatty tissues, such as breast tissue.[30] More research is required. • "Until we have more definitive answers, not using cannabis or CBD during pregnancy or when breastfeeding is the safest option".[29]
Vaping* <u>may</u> be less harmful than smoking [42,43] * In light of recent reports of severe lung and pulmonary illness, and a number of deaths associated with vaping products, public health authorities have advised against vaping.[51-53]	• "Cannabis smoke has many of the same chemicals as tobacco smoke, and exposure may increase the chances of the infant having developmental problems".[27] • Regular inhalation of combusted cannabis adversely affects respiratory health outcomes. • Vaping is not risk-free; the short- and long-term health outcomes have not been studied. More research is required.[51,52] • Health Canada has developed a website that will provide regular updates on vaping.[51] • People who vape are advised to obtain e-cigarettes and/or vaping products from legal and regulated sources, monitor for symptoms of pulmonary illness (e.g. cough, shortness of breath, chest pain), and seek medical attention promptly if concerned about their health.[51,52]

Harm-Reduction Strategy	Supporting Evidence
Avoid second-hand and third-hand cannabis smoke [13,17,24,44]	• "Research has not yet been conducted with human subjects, but the toxins and tar levels known to be present in marijuana smoke raise concerns about exposure among vulnerable populations, such as children…".[31, p. 36] • "Infant exposure to second-hand cannabis smoke is associated with a two-fold possible increased risk of SIDS".[25, p. 171] • Wash hands and change clothing before contact with the baby. This may help to reduce the infant's exposure to cannabis and tobacco residue if smoked.[25,44]
For persons who are not daily users, waiting as long as possible after smoking cannabis to breastfeed or express breastmilk <u>may</u> reduce THC concentrations in milk [19,20,41,45,50]	• Refer to Bertrand et al. figure 1 to see a graph depicting the THC concentration in human milk by hours since last use.[20] • The lactation and human milk policy from The Hospital for Sick Children may provide guidance to organizations wishing to develop a policy.[41] • Note: To date, pharmacokinetic research has been primarily conducted with smoked cannabis. There are many confounding factors which were not controlled in the studies. More research is needed.
Avoid synthetic cannabis products (e.g. K2, Spice) [42]	• The doses of THC in synthetic products widely vary, with many products having very high concentration of THC. • Reviews in the general population have indicated markedly more acute and severe adverse health effects from the use of these products (e.g. psychosis). • Natural cannabis products presumably pose less risk.
Avoid combining cannabis with alcohol, tobacco, prescription and/or non-prescription medications [42]	• Additive effects of using various substances increase the risk of harmful effects to the baby, and decreased safety due to parental intoxication/sedation.
Discuss the risks of consuming edibles	• "No matter how it is used (e.g. smoked, vaped, eaten), the developing baby may be affected by all forms of cannabis taken by pregnant and breastfeeding women".[28] • Edibles have a slower onset but a longer and more intense effect. The delayed effects experienced after eating or drinking cannabis products may result in consuming more than intended. There is a risk of overdose.[31] • Note: There is no research on the use of edibles in the perinatal period.

Harm-Reduction Strategy	Supporting Evidence
Obtain cannabis products from a regulated source	• "Users should know the nature and composition of the cannabis products they consume".[43] • Regulated products must meet strict quality and safety standards. There is less risk of contaminants such as mold, pesticides, fungicides and adulterants. The contents of regulated cannabis must be labelled.[46,47]

What about parenting and cannabis use? What information can I share about safety?

"Using cannabis may reduce a person's ability to pay attention, make decisions or react to emergencies. This can affect how parents respond to a child's needs and keep them safe. Parents can miss:

- Signs of danger
- Need to be comforted
- Cues for hunger
- Desire to play and learn

Using cannabis may affect parent-child interactions and attachment. The effects of cannabis can last for several hours".[24]

Safety can be enhanced by providing anticipatory guidance to parents and caregivers and identifying **strategies to reduce risk**. For example, co-bedding (sharing the same sleep surface) when either parent is under the influence of substances increases the risk for sudden infant death syndrome (SIDS) and unintentional injury, as well as significantly increases the baby's risk for unexpected death.[48] HCPs should discuss safe sleep recommendations with parents and caregivers.

In cases where a person has made an informed decision to continue using cannabis when breast/ chestfeeding, the following questions* can be explored:

- *Where will your baby/children be when you are using cannabis?*
- *Who will be caring for your baby/children when you are using cannabis?*
- *How/where will you safely store the cannabis?*
- *What are the ways that you can avoid exposing your baby/children to second-hand smoke?*
- *Who can you call for a ride if you are under the influence of cannabis and need to go somewhere?* (e.g. your baby needs urgent medical care)

*It is important to reassure families that these questions are asked of all persons who use cannabis.

How do I facilitate shared decision-making with my clients?

1) **Provide reassurance that all families are asked these questions, then initiate an open-ended discussion:**

   - Ask permission: *Is this a good time to talk about cannabis use and [breastfeeding] [chestfeeding] [infant feeding] [nursing]?*

     If no, offer written information if the parent accepts, and bring up the discussion at a future encounter.

   - *What have you heard about cannabis and human milk?*
   - *What questions do you have?*
   - *How does cannabis use fit in your life? What other drugs do you also use?*

2) **Complete an in-depth assessment when cannabis use has been acknowledged:**

   - *Can you tell me about the reasons you are using cannabis?* (e.g. medicinal, recreational, stress relief) *If using for a medical reason (such as chronic pain relief) or stress reduction, what other strategies have you tried? What, if anything, do you use in addition to cannabis?*
   - *What type of cannabis are you using?* (dose of THC vs CBD)
   - *How do you use cannabis*? (e.g. smoked, vaped, oils, edibles, topical, dabbing, other)
   - *How often are you using*? (e.g. # of times/day, # times/week, # of times/month)
   - *How much are you using*? (e.g. # joints if smoked, # of puffs/inhales/draws if vaped, # of doses if eaten)
   - *When are you using cannabis*? (e.g. during the day, in the evening, on weekends)
   - *How long have you used cannabis*? (e.g. # of years)
   - *Where do you get the cannabis*? (e.g. licensed retailer, personal contact, home grown, unknown dealer)
   - *Has there been any change in your cannabis use since you got pregnant*? *Please describe.*
   - *How often have you been exposed to second-hand cannabis smoke?*

3) **Summarize the discussion.**

   For example, "*You have heard mixed messages about cannabis use during pregnancy and lactation. We discussed your cannabis use during pregnancy, and you made the decision to stop. You are now wondering if it is safe to use cannabis when feeding your baby your milk."*

4) **Ask permission to share evidence-based information** (see key messages p. 6-8).

5) **Review relevant harm-reduction strategies if planning to continue using** (see p. 9-11).

6) **Document the discussion in the clinical record.**

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Appendix A - Resources

Where can I find an example of a policy?

Breast Milk Sharing and Breast Milk Use from Lactating Parent with Substance use and/or Infectious Disease, The Hospital for Sick Children (Toronto) – *Property of SickKids and provided for informational purposes only – SickKids does not accept responsibility for use of this maternal by any person/organization not associated with SickKids.)*

Where can I get more information?

CMNRP Substance Use Webpage - List of references and high-quality resources

Le centre IMAGe - Info-Médicaments en Allaitement et Grossesse. 1-514-345-2333.
Information is also available in English

LactMed Website **LactMed App**

Infant Risk Centre – Texas Tech University Health Sciences Centre

What resources can I share with clients?

SOGC, 2019 **Are you pregnant or considering pregnancy?**
Vous êtes enceinte ou envisagez une grossesse? Ou vous allaitez?

SOGC, 2018 **Cannabis and Pregnancy Don't Mix**
Le cannabis et la grossesse ne font pas bon ménage

SOGC, 2018 **8 Things You Need to Know about Cannabis, Pregnancy and Breastfeeding**
8 choses qu'il faut savoir sur le cannabis, la grossesse et l'allaitement

Public Health Agency of Canada, 2018
Thinking about Using Cannabis Before or During Pregnancy?
Pensez-vous consommer du cannabis avant ou pendant la grossesse?

Thinking about Using Cannabis While Parenting?
Pensez-vous consommer du cannabis si vous avez de jeunes enfants?

Best Start by Health Nexus, 2017
Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting
Les risques du cannabis sur la fertilité, la grossesse, l'allaitement et le rôle parental

Health Canada/ Santé Canada, 2018
Cannabis in Canada – Get the Facts
Cannabis and your health: 10 ways to reduce risks when using

Le cannabis au Canada – Renseignez-vous sur les faits
Le cannabis et votre santé : 10 façons de réduire les risques lors de la consommation

Appendix B – Chestfeeding & Transgender Resources

It is important for health care providers to ask clients which term they prefer to use when discussing the act of feeding their baby. Some options include chestfeeding, nursing or breastfeeding. The choice is individual. It is equally important to ask which names and pronouns an individual uses to avoid making assumptions. Feelings of gender dysphoria, depression or anxiety may be triggered or exacerbated when a trans individual is misgendered by others. If a mistake is made, an apology should be offered immediately, and the correct term used going forward.

Professional Statements

Joint Statement on the use of term chestfeeding (2018) La Leche League Canada and La Leche League USA.

Transgender/transsexual/genderfluid Tip Sheet- General Information (n.d.). Prepared by Trevor MacDonald. Posted on La Leche League Canada

Tip sheet- providing care to trans men and all "trans masculine spectrum" clients (n.d.). Prepared by Association of Ontario Midwives. Posted on Rainbow Health Ontario.

Transgender & Non-binary Parents (n.d.) La Leche League International.

Blogs

Transgender parents and chest/breastfeeding (2018). Trevor MacDonald. Posted on KellyMom

Tips for transgender breastfeeders and their lactation educators (2012, Mar 5). Prepared by Trevor MacDonald. Posted on Milk Junkies

Three things HCPs can do to provide LGTBTQ+ affirming care (2019, May 4). Zena Sharman

Research Papers

Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: A qualitative study (2016).

Transgender men and lactation: What nurses need to know (2015).