



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

Perinatal Substance Use and Cannabis Resources

October 2018

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Cannabis/Marijuana Definitions

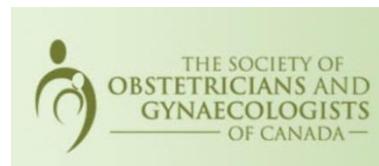
“Cannabis is a multi-use plant that has been cultivated by humans for thousands of years. Today there are three varieties: *C. sativa*, *C. indica*, and hybrid strains. Each causes different psychological and physiological effects, depending on which cannabinoids (chemical compounds) it contains. The 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 reefers), 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.

Society of Obstetricians and Gynaecologists of Canada (2017, May 9). Marijuana use during pregnancy [Position Statement]. Retrieved from <https://sogc.org/files/letSOGCstatementCannabisUse.pdf>

Marijuana use during Pregnancy and Lactation

(ACOG, 2017)

INTERIM UPDATE



ACOG COMMITTEE OPINION

Number 722, October 2017

(Replaces Committee Opinion No. 637, July 2015)

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.

American College of Obstetricians and Gynecologists (July 2015): Marijuana use during pregnancy and lactation [Committee opinion No. 722, replaces No. 637]. *Obstetrics & Gynecology*, 130(4), e205-e209.

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.

World Health Organization (2014). Guidelines for identification and management of substance use and substance use disorders in pregnancy. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/



Guidelines for the identification and management of substance use and substance use disorders in pregnancy



Substance Use in Pregnancy

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.

Wong, S., Ordean, A., Kahan, M., et al and the Society of Obstetricians and Gynaecologists (2011). Substance Use in Pregnancy [Clinical Practice Guideline, No 256]. JOGC, 33(4), 367-384.

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.

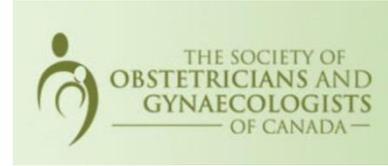
Recommendations include limiting medical cannabinoid use in general, but also outline potential restricted use in a small subset of medical conditions for which there is some evidence (neuropathic pain, palliative and end-of-life pain, chemotherapy-induced nausea and vomiting, and spasticity due to multiple 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).

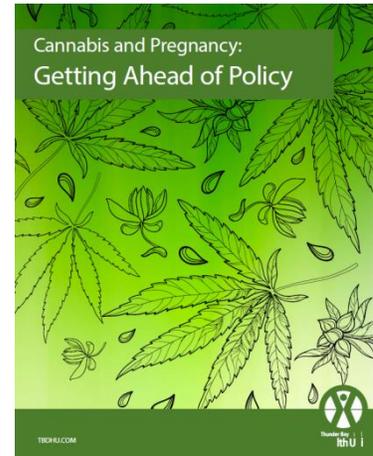
Allan, G. M., Ramji, J., Perry, D., Ton, J., Beahm, N. P., Crisp, N., ... Lindblad, A. J. (2018). Simplified guideline for prescribing medical cannabinoids in primary care. *Canadian Family Physician*, 64(2), p. 111-120. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29449241>

Health Care Professional Resources

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



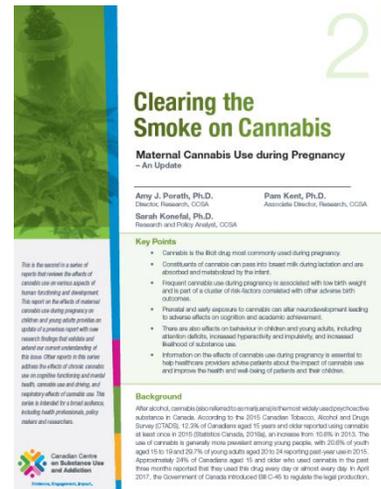
[Cannabis and Pregnancy: Getting Ahead of Policy](#) (Thunder Bay District Health Unit, 2018)



[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.



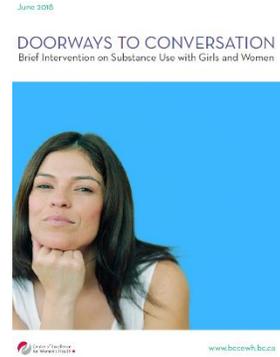
[Doorways to Conversation](#) (bilingual resource) (Centre of Excellence for Women’s Health, 2018)

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.

Nathoo, T., Poole, N., Wolfson, L., Schmidt, R., Hemsing, N., and Gelb, K. (2018). *Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women*. Vancouver, BC: Centre of Excellence for Women’s Health.



[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)



Information for Health Care Professionals

Cannabis (marihuana, marijuana) and the cannabinoids

Parent Handouts

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

CANNABIS AND PREGNANCY DON'T MIX

Cannabis is a commonly used drug among pregnant women (1,2,3). There are over 400 active ingredients in cannabis. The main active chemicals are delta-9 tetrahydrocannabinol (THC) and cannabidiol (CBD). Both THC and CBD are known to cross the placenta during pregnancy (3,4,5). No matter how cannabis is used (e.g., smoked, vaped, eaten), the developing baby may be adversely affected by any amount of cannabis taken by pregnant or breastfeeding women.

There is no known safe amount or time for cannabis use in pregnancy and when breastfeeding (6,7).

LONG-TERM EFFECTS
Long-term use of cannabis may affect the menstrual cycle and lead to a subsequent decrease in ovulation, fertilisation and fertility (8-10).

FERTILITY
Smoking cannabis may increase carbon monoxide levels in the blood, which can decrease the amount of oxygen delivered to the baby (2). Regular use of cannabis during pregnancy may be associated with increased risk for low birth weight, preterm labour, and stillbirth (11,12,13).

IMPACT ON FETUS & BIRTH OUTCOMES

MATERNAL CANNABIS USE
Maternal cannabis use has been linked to adverse effects on children's brain development, including reduced memory function, ability to pay attention, reasoning and problem-solving skills, and is associated with more hyperactive behaviour, an increased risk of depression or anxiety and increased risk for future substance use. Therefore, the effects of cannabis exposure during pregnancy may last a lifetime (14,15,16,17).

CHILDREN'S BRAIN DEVELOPMENT
Children's brains are still in the process of developing and are particularly vulnerable to the effects of cannabis. Cannabis compounds are stored in body fat and can be passed on to the baby through breastfeeding (18). These chemicals are slowly released over time (up to 30 days), which means that 'pumping and dumping' breastmilk does not lower the same way it does with alcohol. Some research reports that babies exposed to cannabis through breastmilk have slower motor development, reduced muscular tone and poor feeding (19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100).

SECOND-HAND SMOKE
Dietary smoke has many of the same chemical constituents as inhaled smoke and may increase the risk of respiratory illness in children (11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100).

While the use of cannabis may relieve certain symptoms of nausea during pregnancy, women should be aware of the potential risks. There are other treatments for morning sickness that are effective and safe to use during pregnancy (11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100).

MORNING SICKNESS

Given what we now know about the short- and long-term effects of cannabis on fetuses and babies, it is safest for women to avoid using cannabis while pregnant and while breastfeeding (32,33). More research is needed, which may provide more specific information about the harms associated with amount, duration and timing of exposure. Information about cannabis and pregnancy and breastfeeding can be found at www.sogc.org/cannabis.

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

8 THINGS YOU NEED TO KNOW ABOUT CANNABIS, PREGNANCY AND BREASTFEEDING

Research shows that cannabis use by pregnant and breastfeeding women can negatively impact the health and brain development of the baby. Here are 8 things you need to know about the effects of cannabis during pregnancy and breastfeeding on you and your developing baby:

- 1. It is safest to avoid cannabis during pregnancy and breastfeeding.**
- 2. There is no safe time to consume cannabis, since the baby's brain develops throughout pregnancy.**
- 3. 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.**
- 4. Smoking cannabis may increase carbon monoxide levels in blood, which, like smoking cigarettes, can decrease the amount of oxygen the developing baby receives.**
- 5. Studies have indicated that the use of cannabis during pregnancy may be associated with increased risk for low birth weight, preterm labour, and stillbirth.**
- 6. Cannabis compounds are stored in body fat and can be passed on to the baby through breastfeeding. These chemicals are slowly released over time (up to 30 days), which means that 'pumping and dumping' breastmilk does not lower the same way it does with alcohol. Some research reports that babies exposed to cannabis through breastmilk have slower motor development, reduced muscular tone and poor feeding.**
- 7. Maternal cannabis use has been linked to adverse effects on children's brain development, including reduced memory function, ability to pay attention, reasoning and problem-solving skills, and is associated with more hyperactive behaviour, an increased risk of depression or anxiety and increased risk for future substance use. Therefore, the effects of cannabis exposure during pregnancy may last a lifetime.**
- 8. Using cannabis during pregnancy may affect your DNA and genes, which can be passed on to future generations, impacting their health.**

Given what we now know about the short- and long-term effects of cannabis on fetuses and babies, it is safest for women to avoid using cannabis while pregnant and while breastfeeding. If you have any questions about cannabis use during pregnancy or breastfeeding, please speak to your health care provider.

Information about cannabis and pregnancy and breastfeeding can be found at www.pregnancy.ca/learn-more/ | SOGC

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

Thinking about using cannabis before or during pregnancy?

Get the current facts about using cannabis for non-medical purposes during pregnancy and the health effects on your growing child. Talk with your health care provider about information on cannabis for medical purposes.

About cannabis

- Canada 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.

Risks of using cannabis

Second-hand cannabis smoke can be harmful if inhaled or if it is used to smoke or vape cannabis all year or in a car.

Using cannabis daily, or almost daily, may have effects that last for several weeks, years, or even fully go away, even after stopping use. Some people may have a higher risk of:

- Developing a mental health problem.
- Having an existing mental health problem worsen.
- Having psychotic episodes.

More research is needed to clearly understand all the possible health effects of cannabis use.

What you need to know about the short- and long-term effects of cannabis, it is safest to avoid using cannabis while pregnant and breastfeeding.

It is safest to avoid using cannabis while pregnant and breastfeeding.



Thinking about Using Cannabis While Parenting? (Public Health Agency of Canada, 2018)

Thinking about using cannabis while parenting?

Get the current facts about using cannabis for non-medical purposes while parenting young children. Talk with your health care provider about information on cannabis for medical purposes.

About cannabis

- Canada 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.

Risks of using cannabis

Second-hand cannabis smoke can be harmful, especially to children. It is safest not to smoke or vape cannabis all year or in a car.

Using cannabis daily, or almost daily, may have effects that last for several weeks, years, or even fully go away, even after stopping use. Some people may have a higher risk of:

- Developing a mental health problem.
- Having an existing mental health problem worsen.
- Having psychotic episodes.

More research is needed to clearly understand all the possible health effects of cannabis use.

Although cannabis is a natural plant, it doesn't make it safe during pregnancy.



[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)

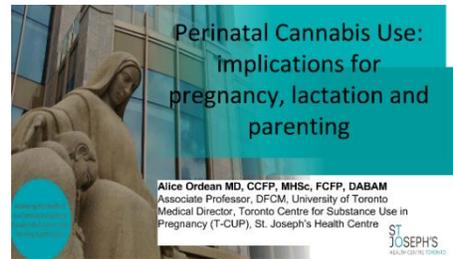


Webinars

- [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 MoHERS 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](#) (1:12mins)



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

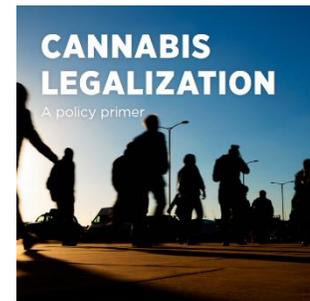
Government of Canada: Department of Justice

- Cannabis was legalized on October 17, 2018



University of Calgary Health Technology Assessment Unit (2018). Alberta Cannabis Legalization Policy Primer [e-book]

- 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).

Canadian Public Health Association (2018). A public health approach to cannabis: Survey of health and social services providers [Report]. Ottawa, ON: Authors. Retrieved from <https://www.cpha.ca/survey-health-and-social-service-providers-report>

[Canadian Agency for Drugs and Technologies in Health](#) (CADTH) (September 13, 2018)

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.

CADTH RAPID RESPONSE REPORT:
SUMMARY WITH CRITICAL APPRAISAL

Substance Use in Breastfeeding Parents: A Review of Safety and Guidelines

Gray, C. & Spry, C. and the Canadian Agency for Drugs and Technologies in Health (2018). Substance use in breastfeeding parents: A review of safety and guidelines. Ottawa, ON: CADTH rapid response report: Summary with critical appraisal. Retrieved from <https://www.cadth.ca/substance-use-breastfeeding-parents-review-safety-and-guidelines>