



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

Perinatal Substance Use and Cannabis Resources

Updated

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Contents

Cannabis/Marijuana Definitions	3
Policy /Position Statements	3
Clinical Practice Guidelines	4
Reports	4
Videos.....	6
Webinars	6
Websites.....	7
Public Health Campaigns.....	8
Parent Handouts	9
Parent Blogs	11
News Reports	11
Selected Health Care Professional Resources.....	12
Policy Resources.....	12

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 and Lactation](#)

(American College of Obstetricians and Gynecologists, 2017)



The American College of
Obstetricians and Gynecologists
www.acog.org

ACOG COMMITTEE OPINION

Number 722, October 2017

Obstetrics Committee Opinion No. 637, July 2013

INTERIM UPDATE

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)

These guidelines aim to provide evidence-based technical advice to health-care providers on identifying and managing substance use and substance use disorders in pregnant women, which enables health-care practitioners to apply the scientific principles of a public health approach in their own countries. An equally important objective is to enable pregnant women to make healthy decisions about alcohol and other substance use in the context of pregnancy and breastfeeding.



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



[Substance Use in Pregnancy](#) (Society of Obstetricians and Gynaecologists, 2017)

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. 14 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).

Reports

[Health effects of cannabis exposure in pregnancy and breastfeeding: Evidence brief](#) (Public Health Ontario, 2018)

This Evidence Brief addresses two questions:

1. What are the child and youth outcomes associated with exposure to maternal cannabis use during preconception, pregnancy or breastfeeding?
2. What are the current clinical recommendations for providers caring for reproductive-age, pregnant or breastfeeding women who may use cannabis?

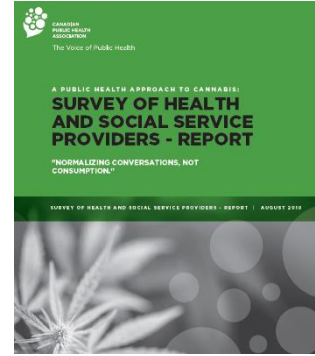
Public Health Ontario | Santé publique Ontario

EVIDENCE BRIEF
Health Effects of Cannabis Exposure in Pregnancy and Breastfeeding



[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:

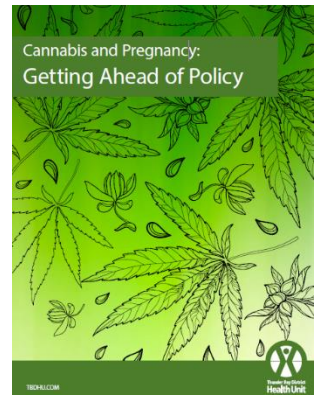
- 49.9 % of respondents (n=197, N=395) reported that they felt comfortable discussing the harms and benefits of cannabis use as it relates to perinatal health (e.g. pregnancy, nursing).
- Knowledge and access of education and training in the form of professional development by topic related to cannabis (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 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.



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



Videos

[CTV interview with Dr. Mark Walker from The Ottawa Hospital re: the Dangers of cannabis use while pregnant](#) (February, 2019) (4:11mins)



[CTV interview with Dr. Jocelyn Cook from the SOGC re: Cannabis in pregnancy and breastfeeding](#) (October, 2018) (4:57 mins)



Webinars

[Weeding through the Evidence: Cannabis and Breastfeeding](#)

Dr. Rebecca Hoban MD, MPH & Jessica Faust, MSW, RSW (March 2019) (64 mins)

[Download the presentation resources](#)

[Download the SickKids Guideline](#)



[Effects of Cannabis during Pregnancy and Breastfeeding](#)

Registered Nurses' Association of Ontario (March 21, 2019)

(available soon)

[What we know about Cannabis in the Reproductive Years](#)

Dr. Nancy Poole (March 2018)

[Download the presentation slides](#)



[Substance Use in Pregnancy and Breastfeeding: Opioids & Marijuana](#) Dr. Kaylin Klie, MD, MA (October, 2018) (65:05 mins)

[Download the presentation slides](#)



[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)



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](#)



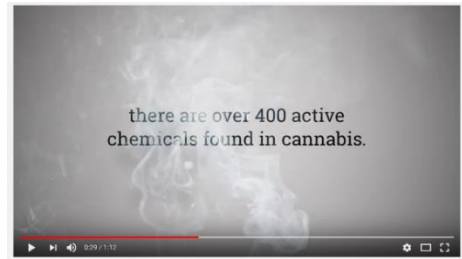
Public Health Campaigns

Society of Obstetricians and Gynaecologists of Canada- Public Awareness Campaign

[Times Have Changed](#) (1:05 mins)



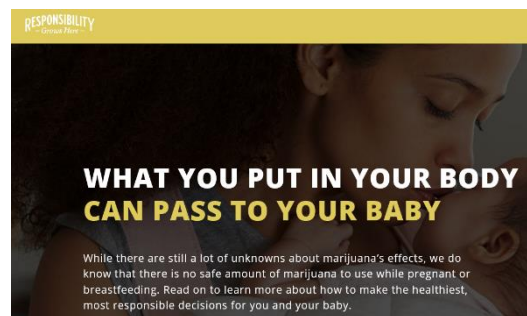
[Not Just an Herb](#) (1:12mins)



Colorado Department of Public Health & Environments
[Colorado Starts Its 'Good to Know' Pot Education Campaign](#)
(2015, Newsy) (2:05 mins)



[Responsibility Grows Here: Pregnant and Breastfeeding](#)



Parent Handouts

Cannabis and Pregnancy Don't Mix

Le cannabis et la grossesse ne font pas bon ménage (SOGC, 2018)

CANNABIS AND PREGNANCY DON'T MIX

- Cannabis is a commonly used drug among pregnant women (22-23).
- There are over 400 active ingredients in cannabis. The main active ingredients are called tetrahydrocannabinol (THC) and cannabidiol (CBD). Both THC and CBD are known to cross the placenta during pregnancy (24).
- The transfer from cannabis to foetus (i.e., in-utero, in-pregnant, in-utero) is thought to be bidirectional, meaning that the amount of cannabis taken by pregnant women may be affected by the amount of cannabis that crosses the placenta (25-27).
- There is no known safe amount or time for cannabis use in pregnancy and when breastfeeding (28-31).

FERTILITY
Smoking cannabis may increase the risk of miscarriage or stillbirth. It may also increase the risk of preterm birth (32-34).
BREASTFEEDING
Cannabis use during pregnancy may reduce the amount of breast milk produced and may affect the quality of breast milk (35-37).
CHILD-TO-TEEN DEVELOPMENTAL EFFECTS
Cannabis use during pregnancy may increase the risk of low birth weight, preterm birth, and stillbirth (38-40).
Cannabis use during pregnancy may also increase the risk of child and adolescent mental health problems (41-43).

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 (SOGC, 2018)

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

1. Recent data that cannabis use is reported at increasingly higher rates suggests that both the health and that of their developing baby, but the health of the developing baby may be affected by the amount of cannabis taken by pregnant women and breastfeeding women.
2. There is no safe time to consume cannabis, about the baby's exposure to cannabis throughout pregnancy, in that breast development, the average period used after age 26, cannabis use during pregnancy may increase the risk of low birth weight, preterm birth, and stillbirth.
3. Smoking cannabis may increase the risk of miscarriage or stillbirth. It may also increase the risk of preterm birth.
4. Cannabis use during pregnancy may reduce the amount of breast milk produced and may affect the quality of breast milk.
5. Cannabis use during pregnancy may increase the risk of child and adolescent mental health problems.
6. Cannabis use during pregnancy may increase the risk of low birth weight, preterm birth, and stillbirth.
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Thinking about Using Cannabis Before or During Pregnancy?

Pensez-vous consommer du cannabis avant ou pendant la grossesse? (Public Health Agency of Canada, 2018)

Thinking about using cannabis before or during pregnancy?

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

About cannabis
Cannabis is a psychoactive medicine used just as often as the 100 strongest prescription drugs and has been used for over 100 years.

- Delta-9-tetrahydrocannabinol (THC) is the chemical compound that causes the "high"
- The content of cannabis has increased over the past several years.
- Cannabidiol (CBD) is another chemical compound found in the cannabis plant. It is used for medical purposes and is not psychoactive.
- CBD does not make you feel high.
- CBD products may contain THC.

Risks of using cannabis
Recent health cannabis products can be harmful to a child's brain or respiratory system if used at home or in a car.

- Using cannabis daily, or almost daily, may have effects that last for several weeks, even in some people who have a higher rate of metabolism.
- Developing a mental health problem.
- Having a mental health problem.
- Having a mental health problem.

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

Still more to know about
The risks of using cannabis during pregnancy and breastfeeding are still being studied. It is unclear if using cannabis while pregnant and breastfeeding.

Thinking about Using Cannabis While Parenting?

Pensez-vous consommer du cannabis si vous avez de jeunes enfants? (Public Health Agency of Canada, 2018)

Thinking about using cannabis while parenting?

Get the latest 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.

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Still more to know about
The risks of using cannabis while parenting are still being studied. It is unclear if using cannabis while parenting.

What You Need to Know About Marijuana Use and Pregnancy
(Centres for Disease Control, 2018)

CDC'S NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Marijuana Fact Sheet

What You Need to Know About Marijuana Use and Pregnancy

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 harm your baby's development.^{1,2} Although more research is needed to better understand how marijuana may affect you and your baby during pregnancy, it is recommended that pregnant women do not use marijuana.^{3,4}

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.^{5,6,7}
- 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.^{1,11}

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

- Some 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.¹²

Fast Facts

- Using marijuana during pregnancy may impact your baby's development.^{1,2}
- About 1 in 20 women in the United States reports using marijuana while pregnant.¹³



What you Need to Know about Marijuana Use and Pregnancy
(Centres for Disease Control and Prevention, 2017)

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.^{1,2}
- About one in 25 women in the U.S. reports using marijuana while pregnant.³
- The chemicals in any form of marijuana may be bad for your baby – this includes edible marijuana products (such as cookies, brownies, or candies).⁴
- If you're using marijuana and are pregnant or are planning to become pregnant, talk to your doctor.

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.^{5,6}

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.



Women and Cannabis

Les femmes et le cannabis

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

Women and Cannabis

Cannabis

- Cannabis (e.g., weed, ganja, hash, hash, pot) contains tetrahydrocannabinol (THC), which is the main psychoactive component in cannabis.
- Cannabis is available in many forms, including dried cannabis, cannabis oil, edibles, and concentrates.
- In Canada, the legal age for purchasing cannabis is 19 in Alberta, Saskatchewan, and Manitoba, and 21 in Ontario, Quebec, and the Atlantic provinces.
- Research shows that using cannabis during pregnancy can be harmful to your baby's health.
- Using cannabis during pregnancy can increase the risk of low birth weight, stillbirth, and miscarriage.
- Cannabis use during pregnancy can also affect your baby's development.
- If you are pregnant or planning to become pregnant, it is recommended that you do not use cannabis.


Cannabis and Pregnancy

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- Research shows that using cannabis during pregnancy can increase the risk of low birth weight, stillbirth, and miscarriage.
- Cannabis use during pregnancy can also affect your baby's development.
- If you are pregnant or planning to become pregnant, it is recommended that you do not use cannabis.

Cannabis and Your Health

- Using cannabis can affect your health in many ways, including:
 - Impaired judgment and coordination.
 - Increased heart rate and blood pressure.
 - Dry mouth and red eyes.
 - Increased appetite.
 - Increased risk of lung disease and cancer.
 - Increased risk of mental health problems.
 - Increased risk of addiction.
 - Increased risk of liver disease.
 - Increased risk of kidney disease.
 - Increased risk of heart disease.
 - Increased risk of stroke.
 - Increased risk of cancer.
 - Increased risk of HIV and hepatitis C.


Until more is known about the short- and long-term effects of cannabis on fetuses, babies and young children, it is safest to avoid using cannabis while pregnant.



Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting

Les risques du cannabis sur la fertilité, la grossesse, l'allaitement et le rôle parental (Best Start Resource Centre/Centre de ressources Meilleur départ, 2017)

Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting



Best Start Meilleur départ

www.beststart.ca

Marijuana and Breastfeeding (St. Josephs Healthcare Hamilton, 2015)

St. Joseph's Healthcare Hamilton

McMaster Children's Hospital

Marijuana and Breastfeeding

Breastmilk is the best food for babies. However, if breastfeeding women use marijuana it passes into their breastmilk, which raises concerns about possible harm to their babies. For this reason, marijuana use while breastfeeding is not recommended.

This handout provides information to help you decide about marijuana use while breastfeeding.

[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

Know what your patients/clients are reading!

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?](#) (November 2016)



News Reports

[Why Some Mothers Keep Using Cannabis during Pregnancy and Breastfeeding](#) (CBC News, November 15, 2018)

[It's Time to Warn Women- Pregnancy and Cannabis Don't Mix](#) (Ottawa Citizen, November 27, 2018)

[Exposure to Cannabis Alters the Genetic Profile of Sperm](#) (Medical Press, December 19, 2018)

Selected Health Care Professional Resources

[Cannabis: Implications for Pregnancy, Fetal Development, and Longer- Term Health Outcomes](#) (Cook & Blake, 2018)

[Is Cannabis Safe During Preconception, Pregnancy and Breastfeeding?](#) (Health Canada, 2018)

[Marijuana Use during Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes](#) (Ryan, Ammerman, O'Connor & the American Academy of Pediatrics, 2018)

[Cannabis Use in the Childbearing Years: An Evidence Summary for Healthcare Providers](#) (Saskatchewan Prevention Institute, 2018)

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

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

[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)

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.

