



The Effects of Marijuana on Mothers and Babies

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The latest reports estimate about 1 in 25 women will use marijuana during pregnancy. The available data on marijuana strongly discourages its use during pregnancy. It is important to be honest and forthright with our patients and present factual evidence-based education in all areas of prenatal education, including the use of marijuana.

Marijuana—also called *weed, pot, grass, dope and reefer, to name just a few*-- is a greenish-gray mixture of the dried flowers of *Cannabis sativa*. The main chemical in marijuana, responsible for most of the mind-altering effects that people seek, is *delta-9-tetrahydrocannabinol (THC)*. It is found in resin produced by the leaves and buds primarily of the female cannabis plant. The plant also contains more than 500 other chemicals, including some carcinogens also found in tobacco. Cannabidiol (CBD) is another major constituent of the plant. There are at least 113 different *cannabinoids* isolated from cannabis, which contribute to the varying effects of the drug.



When marijuana is smoked, THC and other chemicals in the plant pass from the lungs into the bloodstream, which rapidly carries them throughout the body to the brain. The person begins to experience effects almost immediately. The average experience produced is described as a pleasant euphoria with feelings of relaxation. Users also report they may experience heightened sensory perception, laughter, altered perception of time, and increased appetite. Ingesting marijuana slows these effects 30 minutes to an hour.

Although detectable amounts of THC may remain in the body for days or even weeks after use, the noticeable effects of smoked marijuana generally last from 1 to 3 hours, and those of marijuana consumed in food or drink may last for many hours. It can take a month for excretion from heavy users.

Concerning the Fetal Effects

Most research on marijuana has been done on animals and shows disruption of normal fetal brain development and function. Data from humans is confounded by the use of other substances and socioeconomic problems. Human research *has* shown that THC does pass through the placenta to the baby, where it readily accumulates in the developing brain and even increases susceptibility to the adverse effects of ethanol.

Babies born to women who used marijuana during their pregnancies may display: lower birth weight, altered responses to visual stimuli, increased trembling, and a high-pitched cry, which could indicate problems with neurological development. Observations in older children prenatally exposed to marijuana include poorer visual problem-solving and visual-motor coordination, decreased attention span, and behavioral problems.

More research is needed to disentangle marijuana-specific effects from those of other environmental factors that could be

associated with a mother's marijuana use. Home environment, the mother's use of other drugs, tobacco smoking, and alcohol intake (often used along with marijuana) may play a correlational role in outcomes.

Concerning Pregnancy Itself

The evidence is less clear.

Several states have legalized marijuana for medical use. Expectant moms or women wishing to become pregnant may wish to use marijuana for medical purposes, like relieving nausea. However, as stated by the FDA, dose and route are not at all standardized or regulated, the actual amount of drug received is impossible to know, and, thus, no safe use can be prescribed. In contrast, there are many well-studied safe medications for nausea.

The American College of Obstetricians and Gynecologists unequivocally states that women who are pregnant or contemplating pregnancy should be advised against use of marijuana, even if used for medicinal purposes.

Concerning Patient Assessment

Marijuana use can be a sensitive topic. It is important to be kind and to:

- Keep assessments non-judgmental and education factual, without minimizing risks.
- Encourage mom to discuss her marijuana use with her doctor when entering prenatal care, even if she reports only occasional use. Finding out the extent of use is important as your patient may need some help in quitting.
- Offer referral resources as a matter of interest, giving your patient the opportunity to receive information she is not at the moment comfortable talking about or asking for.
- Chart assessment and plan in nursing notes accordingly.

Concerning Patient Education

Referral resources/handouts appropriate for prenatal education include the above information and can be found in the following brochures:

CDC Handouts

<https://www.cdc.gov/marijuana/pdf/marijuana-pregnancy-508.pdf>

<https://www.cdc.gov/marijuana/factsheets/pregnancy.htm>

California, Sonoma County Health Department

<http://www.sonoma-county.org/health/topics/pdf/psep/marijuana.pdf>

Colorado State Department of Health

https://www.colorado.gov/pacific/sites/default/files/MJ_RM_EP_Factsheet-Pregnancy-Breastfeeding.pdf

March of Dimes

<http://www.marchofdimes.org/pregnancy/marijuana.aspx>

For help with quitting marijuana use, see:

National Council on Alcoholism and Drug Dependence

<http://www.ncadd.org/>

(800) 622-2255

Substance Abuse Treatment Facility Locator

<http://findtreatment.samhsa.gov/>

(800) 662-4357

Conclusion

Doctors recommend against using marijuana during pregnancy. Marijuana use has, in many studies, been shown to correlate with increased risk for problems in the fetus and newborn, as well as later on in a baby's life. These problems are of great concern because they are largely neurobehavioral.

Variation in the way the drug is used and the plant sources means that the dose and strength are very unreliable. No safe use of marijuana in pregnancy can be justified.

Assessing drug history, including marijuana use, should be done in a non-judgmental, helpful way. Then there will be an opportunity to provide education that can empower our patients to make good decisions concerning their own health and that of their unborn child.

Resources

The American College of Obstetricians and Gynecologists. Marijuana Use During Pregnancy and Lactation. <https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation>. Accessed September 29, 2017.

The American College of Obstetricians and Gynecologists website. <https://www.acog.org/Search?Keyword=marijuana>. Accessed October 5, 2017.

Blackard C, Tennes K. Human placental transfer of cannabinoids. *N Engl J Med*. 1984 Sep 20;311(12):797. PubMed PMID: 6088979. <https://www.ncbi.nlm.nih.gov/pubmed/6088979>

Centers for Disease Control and Prevention (CDC). What You Need to Know about Marijuana Use and Pregnancy. <https://www.cdc.gov/marijuana/factsheets/pregnancy.htm>. Accessed October 2, 2017.

Mother to Baby. Marijuana and Pregnancy Fact Sheet. <https://mothertobaby.org/fact-sheets/marijuana-pregnancy/>. Accessed October 1, 2017.

NIDA. Marijuana. National Institute on Drug Abuse website. <https://www.drugabuse.gov/publications/research-reports/marijuana>. August 30, 2017. Accessed October 1, 2017.

Medical Insights Partnership

The *Medical Insights Journal* is a collaborative partnership effort between Women's Health Network National (WHNN) and PMC Network (PMCN).

Contact WHNN for more information regarding workflow, patient load, and available product recommendations. WHNN will have an RDMS' or Medical Director contact you.

www.whnnational.com

PMCN is a membership-based organization offering real world education and support for pregnancy medical clinics. PMCN recognizes that PMCs are health care facilities with unique needs, and they assist in securing the future of your organization by helping you meet or exceed federal and state regulations and best practices.

www.pmcnetwork.org

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Karen became a volunteer at Alternatives Women's Center in October of 2000 when she moved to Southern California and wanted to help in the pro-life movement. She joined the staff as Nurse Manager in May 2002. Karen has a Nursing Degree with specialties in Lactation Education and Critical Care Nursing. She has had a heart for the preborn for 35 years, working for various resource centers in Texas and San Diego. She feels it is a blessing to serve mothers in crisis and share with them the truth of life in the womb and in Christ.