NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Substance Use Disorders
Cannabis Use in Pregnancy Media Module
Media Conference
Facilitator's Guide

Contributor
Susan Karabell MD

Session

- **Presentation of media items (10 minutes): Faculty and residents together will review the media item(s)**
- **Review of medical literature (10 minutes): Faculty and residents together will briefly assess the comparable medical literature.**
- **Role-play with case example (15 minutes): Small groups of residents will role-play a psychiatrist/patient discussion**
- **Large group discussion (10 minutes)**
- **Wrap-up and Q+A (5 minutes)**

Learning Objectives

1. Analyze issues related to cannabis exposure in pregnancy, as portrayed in lay media
2. Understand potential implications of legalization.
3. Review and analyze relevant scientific literature related to cannabis use in pregnancy, and identify gaps between lay media and scientific evidence
4. Communicate and provide counseling to a lay audience (i.e. women who are pregnant or planning pregnancy, reproductive-age women using marijuana)

Presentation of Media Items

Main media item:

1) New York Times: "Pregnant women turn to marijuana, perhaps harming infants". February 2, 2017

https://www.nytimes.com/2017/02/02/health/marijuana-and-pregnancy.html

Supplementary media item:

2) New York Times: "A balm when you're expecting: sometimes pot does the trick." February 20, 2017

https://www.nytimes.com/2017/02/20/health/marijuana-pregnancy-mothers.html?module=inline

Critique of Media Coverage

How do these media items influence and potentially bias the lay reader?

- Assumes that marijuana is an effective treatment for anxiety, depression, nausea and pain.
- There is actually a large body of data regarding cannabis exposure in pregnancy. However, the findings have been inconsistent and likely cofounded by co-occurring mental health disorders, socioeconomic and educational factors and postnatal caregiving environment.

- Does not differentiate the different routes of administration. May imply that smoking cannabis may be harmful whereas other forms (e.g. oils, foods) may be "safer".
- The case examples may reinforce the idea that small amounts of use are harmless, and that women can base their decision-making on anecdotal information.
- Suggests that the most harmful aspect of MJ use is the judgment of physicians and the possible loss of custody.
- Accepts the women's viewpoints that MJ is safer than a proven and studied medication like ondansetron.

Read and Review Scientific Literature

Mark and Terplan. Cannabis and pregnancy: maternal child health implications during a period of drug policy liberalization. Preventative medicine 2017. 104: 46-49.

In what ways does the New York Times article accurately reflect the issues pertaining to cannabis use in pregnancy

- The article highlights the uncertainty and nuances that exist in the current evidence base, and some of the challenges that researchers have faced
- Data does not suggest significant harm, but absence of significant harm is not the same as evidence of safety
- Should not equate legal status of a substance with its safety
- There are enough findings to warrant concern about cannabis use in pregnancy

Role-Playing Exercise

Sample clinical case

Nancy M. is a 21-year old single woman, 20 weeks pregnant with her first child, with a history of anxiety, depression, and chronic pain who presents for a psychiatric consultation. She has a history of daily marijuana use since age 15. She says that marijuana improves her mood and anxiety, helps her cope with stress, and reduces pain. She gets her marijuana from a cousin who has a marijuana card. Since finding out she was pregnant, she has cut down to several puffs of a joint every few days due to concern about safety of marijuana in pregnancy. She reports that it has helped with nausea during the pregnancy. She has trouble eating without it, and is worried about the baby not receiving adequate nutrition.

Nancy reports that she has been in psychiatric treatment for depression and anxiety in the past, but is currently not in treatment. She has tried medications including SSRIs, gabapentin, quetiapine, benzodiazepines. She did not think the meds worked but then states that she would often stop the medication and was not consistent with her treatment. She also expresses skepticism about prescription drugs and that they are "not natural the way marijuana is".

She also uses tobacco cigarettes but has cut down to a few cigarettes per day. She has a history of binge drinking but has discontinued use because she was worried about fetal alcohol syndrome.

She is motivated to stop using marijuana due to potential involvement of the state child welfare agency after she delivers. She is also concerned that marijuana could impair her ability to take care of her baby safely.

Sample reproductive psychiatry script

I'd like to share some information with you about what we know about marijuana use in pregnancy. Major professional organizations such as the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend that pregnant or breastfeeding women do not use marijuana.

The main chemical found in marijuana, THC, easily crosses the placenta and is also found in breastmilk. More and more research studies are suggesting that prenatal marijuana exposure may be harmful for the developing fetus and child. Marijuana has been associated with low birthweight, preterm birth, stillbirth, and subtle changes in infant behavior such as disturbed sleep, tremors and irritability. In the longer term, prenatal marijuana exposure has been associated with mild impairment in cognition and memory, as well as aggression and depression in kids. While there are no safe amounts of marijuana use in pregnancy, daily marijuana use is most strongly associated with later adverse behavioral outcomes.

It sounds like using marijuana has made you feel better in some ways. However, scientific studies looking at people who use marijuana for anxiety or depression have not shown that they help these conditions in the long run. In fact, using marijuana regularly may increase the life-long risk for anxiety, depression, and psychotic behavior. While marijuana does come from a plant, it still contains active chemicals, similar to tobacco, which also comes from a plant. There are plenty of other ways to treat anxiety, depression and nausea in pregnancy, including medication and non-medication options that are backed by scientific evidence.

Also, it is important to be aware of your state's child welfare laws. Even if marijuana is legal in your state, you may still be at risk for a child abuse charge and involvement of child protective services.

What are your thoughts about the information I've presented? Would like to receive more information? I'm also happy to provide you with community resources for substance abuse treatment and mental health treatment.

Follow-up questions

What can I do to manage my depression and anxiety in pregnancy?

- Therapy can be a very effective treatment for depression and anxiety **[Link to IPT, CBT psychotherapy module].** SSRIs are a first line pharmacological treatment for moderate to severe depression and anxiety disorders and have a large body of data in pregnancy. **[Link to antidepressant module]**. Mirtazapine, which is an effective treatment for depression, has also been used off-label for nausea with good results, but evidence is limited to case studies and case reports.
- Can you tell me a little more about what is making you depressed and anxious? Maybe we can problem-solve together.

Is it okay to use marijuana that was purchased legally in a dispensary? Are edibles or oils safe?

- Marijuana obtained from a dispensary also contains THC and would confer the same risks described above. Formulations marketed as CBD only are availble but these products are not regulated by the FDA and also lack safety data. It is important to note that many "CBD-only" preparations have been found to contain detectable levels of THC and may lead to positive urine drug screens for THC. Until more is known about short-term and long-term effects of cannabis use, it is safest to avoid cannabis in any form – ingested, smoked or applied topically – while pregnant or breastfeeding**.**

References:

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Metz and Stickrath. Marijuana use in pregnancy and lactation: a review of the evidence. American Journal of Obstetrics and Gynecology 2015.

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