



Substance Use Disorders

Cannabis Use in Pregnancy Media Module

Media Conference

Trainee Guide

Contributor

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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?



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

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?

[\[Link to IPT, CBT psychotherapy module\]](#)

[\[Link to antidepressant module\]](#)

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

References:

SC Jacques et al. Cannabis, the pregnant woman and her child: weeding out the myths. *Journal of Perinatology* 2014. 34:417-424

Chang et al. Beliefs and attitudes regarding prenatal marijuana use: Perspectives of pregnant women who report use. *Drug and Alcohol Dependence* 2019. 196:14-20

Mark and Terplan. Cannabis and pregnancy: maternal child health implications during a period of drug policy liberalization. *Preventative Medicine* 2016. 104:46-49

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

Mark et al. Marijuana use and pregnancy: prevalence, associated characteristics and birth outcomes. *Arch Women's Mental Health* 2016. 19:105-111

Mark et al. Pregnant women's current and intended cannabis use in relation to their views toward legalization and knowledge of potential harm. *J. Addict. Med* 2017. 11, 211-216

Volkow et al. Adverse health effects of marijuana use. *The New England Journal of Medicine* 2014. 370:2219-27.

AC Huizink and EJH Mulder. Maternal smoking, drinking or cannabis use during pregnancy and neurobehavioral and cognitive functioning in human offspring. *Neuroscience and Behavioral Reviews* 2006. 30: 24-41