

# NO AMOUNT OF MARIJUANA HAS BEEN PROVEN SAFE TO USE DURING PREGNANCY.

## THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGY ADVISES AGAINST THE USE OF MARIJUANA DURING PREGNANCY DUE TO THE POTENTIAL ADVERSE EFFECTS TO MOTHER AND FETUS.<sup>1</sup>

Marijuana contains hundreds of components including tetrahydrocannabinol (THC), the psychoactive ingredient in marijuana, that can pass to the baby during pregnancy and harm development.<sup>2</sup>

When marijuana is used, regardless of the method (edibles, smoking, or vaping), **THC travels rapidly to the baby's brain** and fat cells and binds to areas that effect central nervous system development.<sup>3</sup> This means marijuana **can harm the baby's brain development and have long-term effects** on cognition and behavior such as:



- **Newborn:** Fetal growth restriction,<sup>3</sup> low birth weight,<sup>4</sup> preterm birth,<sup>4</sup> increased NICU admission,<sup>4</sup> increased trembling, high-pitched cry, and poor adaptation to visual stimuli<sup>3</sup>



- **Early School Age:** Aggression,<sup>5</sup> attention deficits,<sup>5</sup> hyperactive,<sup>5</sup> impulsive,<sup>5</sup> impaired verbal and visual reasoning,<sup>5</sup> lower short-term memory,<sup>5</sup> lower academic scores<sup>3</sup>



- **Pre-Adolescence (about ages 9 to 12):** Same problems continued from early school age as well as depression, anxiety, autism spectrum disorder, learning disorders, psychotic behaviors<sup>5</sup>



- **Adolescence and Young Adulthood:** Lower academic scores, problem behaviors, depression, psychosis, higher risk of using marijuana, higher risk of developing a substance use disorder<sup>3</sup>







In addition to the preceding risks:

- Smoking marijuana **exposes both mother and baby to carbon monoxide** and other similar poisons found in cigarettes but at much higher concentrations.<sup>3</sup>
- Marijuana use can lead to a decrease in the mother's oxygen levels, resulting in **increased risk for breathing problems** and other harmful effects to the developing baby.<sup>3</sup>
- **Poisons such as pesticides, herbicides, fertilizers, and rodenticides** are typically used to grow marijuana and can potentially affect the fetus and baby.<sup>3</sup>
- Potency of today's marijuana is significantly higher than what was produced even a decade ago. The **full impact of today's high potency products is largely unknown** and could lead to additional negative consequences.<sup>3</sup>

Despite these risks, marijuana use among pregnant women in the U.S. is rising.

- Nationally, the prevalence of marijuana use among pregnant women in their first trimester increased from 6.3% in 2002 to 16% in 2020.<sup>1</sup>
- In Florida, the prevalence of marijuana use among pregnant women increased from 2.1% in 2002-2003 to 15.6% in 2017-2018, the last year where published data is available.<sup>6</sup>

The rising rate is likely attributed to the growing legalization and commercialization of marijuana which has led to a decreased perception of harm. Studies have found that budtenders (staff working in marijuana dispensaries) recommend marijuana to pregnant women for treatment of pregnancy related symptoms as well promote the drug as safe to use.<sup>7</sup>



For more information, visit: <https://www.marijuanaknowthetruth.org/marijuana-and-pregnancy>

## REFERENCES

<sup>1</sup> Hayes, S., Delker, E., & Bandoli, G. (2022). The prevalence of cannabis use reported among pregnant individuals in the United States is increasing, 2002-2020. *Journal of Perinatology*. doi: 10.1038/s41372-022-01550-y <sup>2</sup> Substance Abuse and Mental Health Services Administration. (n.d.). Marijuana and pregnancy. Retrieved October 6, 2022, from <https://www.samhsa.gov/marijuana/marijuana-pregnancy> <sup>3</sup> Ryan, S. A., Ammerman, S. D., & O'Connor, M. E. (2018). Marijuana use during pregnancy and breastfeeding: Implications for neonatal and childhood outcomes. *Pediatrics*, 142(3). <https://doi.org/10.1542/peds.2018-1889> <sup>4</sup> Marchand, G., Masoud, A. T., Govindan, M., Ware, K., King, A., Ruther, S., Brazil, G., Ulibarri, H., Parise, J., Arroyo, A., Coriell, C., Goetz, S., Karrys, A., & Sainz, K. (2022). Birth outcomes of neonates exposed to marijuana in utero: A systematic review and meta-analysis. *JAMA Netw Open*. 2022, 5(1):e2145653. doi:10.1001/jamanetworkopen.2021.45653 <sup>5</sup> Lo, J. O., Hedges, J. C., & Girardi, G. (2022). Impact of cannabinoids on pregnancy, reproductive health, and offspring outcomes. *American Journal of Obstetrics & Gynecology*, 227(4), 571-581. doi: 10.1016/j.ajog.2022.05.056 <sup>6</sup> Florida Alcohol and Drug Abuse Association. (2020). Marijuana use among pregnant women rises steeply in Florida. Retrieved January 20, 2023, from [https://cdn.ymaws.com/www.fadaa.org/resource/resmgr/-files/resource\\_center/FADAA\\_TrendAlert\\_2\\_Feb\\_2020.pdf](https://cdn.ymaws.com/www.fadaa.org/resource/resmgr/-files/resource_center/FADAA_TrendAlert_2_Feb_2020.pdf) <sup>7</sup> Young-Wolff, K. C., Foti, T. R., Green, A., Altschuler, A., Does, M. B., Jackson-Morris, M., Adams, S. R., Ansley, D., Conway, A., Goler, N., Mian, M. N., & Iturralde, E. (2022). Perceptions about cannabis following legalization among pregnant individuals with prenatal cannabis use in California. *JAMA Network Open*, 5(12). doi:10.1001/jamanetworkopen.2022.46912

