



# CANNABIS

## CANNABIS + PREGNANCY

Most information about effects of exposure to cannabis on the fetus or newborn is conflicting and confusing.

For example, some studies find mild negative effects on newborn development while others find mild positive effects. And some find no effects.<sup>12, 13</sup> **Long term outcomes for babies exposed to cannabis appear similar to other children in the same peer group.**

There is no evidence to suggest that cannabis is related to stillbirth, preterm labor, significantly low birth weight, birth defects, cancer, or feeding problems.<sup>14</sup>

**New research alert!** Torres et al. (2020)<sup>15</sup> conducted a systematic review of prenatal cannabis exposure on cognitive functioning, finding that children with cannabis-exposure predominantly fell within the normal range, refuting many significant misunderstandings about cannabis and cognitive functioning. [↗](#)

There is some recent evidence (2019) that shows that cannabis users had higher rates of preterm birth than nonusers (12.0% compared to 6.1%) but like most studies on pregnancy and cannabis, it was unable to control for other factors, including smoking.<sup>16</sup>

Cannabis is a plant that can be smoked, vaped, eaten, or ingested in other forms such as tinctures. It is used for relaxation, pain, anxiety, glaucoma, and many other things. Some of the other names for cannabis are marijuana, weed, herb, mota, and hash. Some other forms are wax, dabs, oils, concentrates, tinctures, and shatter.

## CANNABIS + LACTATION

**Roughly 1% of the cannabis you consumed passes** into your milk.<sup>17, 18</sup>

Infant absorption is poor, so infants only absorb about 1% of that through their digestive system.<sup>18, 19</sup> This means the dose infants get is roughly one thousand times less than the parents' dose. However, even that small of an exposure **can still be enough to cause a positive result on a urine drug screen.**

**Experts agree that the safest choice is to stop recreational use completely while lactating.**<sup>5, 14, 20-22</sup> If you continue using cannabis while breast or chestfeeding, use harm reduction methods like pumping before using or pumping and dumping right after using.<sup>22, 23</sup>



Human milk is made for babies and is better for babies than formula. The benefits of breastfeeding your baby outweigh the risks of them being exposed to cannabis in your milk.

## What treatment options are available for cannabis use disorder?

There is no treatment medication specifically for cannabis use disorders or dependence.

If you were using cannabis to medicate for pain, anxiety, or nausea discuss with your healthcare provider whether or not there is a **safer method for treatment.**

Many people who continue to use cannabis during pregnancy - including those who use it daily - may have a **cannabis use disorder** which might make it **more difficult for them to stop.**

Most people who want to quit cannabis do so without any formal treatment, but others have found **counseling** or **group therapy** to be helpful.



## CANNABIS LAWS IN ILLINOIS

While cannabis products are legal for personal use in Illinois as of January 1, 2020, **there are many rules and restrictions:**

You may only buy cannabis at a licensed dispensary. You cannot buy it from an individual. And you must be 21 years or older.


You can use cannabis in your home, if you own it. If you rent, you need your landlord's permission. People who live in public housing, or get a housing choice voucher, can not use cannabis where they live.

You can not use cannabis in public places (any place you could be observed by others), in any motor vehicle, or near anyone under the age of 21. Employers can fire you for substance use. And for non-U.S. citizens, cannabis use can result in deportation.




## WHEN YOU'RE PREGNANT

While the American College of Obstetricians and Gynecologists (ACOG) says, "Seeking obstetric–gynecologic care should not expose a woman to criminal or civil penalties for marijuana use, such as incarceration, involuntary commitment, loss of custody of her children, or loss of housing" and recognizes that "...patients should also be informed of the potential ramifications of a positive screen result, including any mandatory reporting requirements." Many providers will test your bodily fluids or report your cannabis use - even though it may cause you and your family harm. **Cannabis decriminalization does not protect you from these risks.**

See [Marijuana Use During Pregnancy and Lactation](#) 



## IF YOU'RE A PARENT

You should know that in Illinois, while infant cannabis exposure is not considered maltreatment according to DCFS policy, state statute contradicts this policy. A positive infant screen for THC can trigger the notification of child protective services. In fact, **over 50% of reports involve cannabis** and it is the most common substance leading to family surveillance for white, black and Hispanic families. See [Newborns' exposure to drugs: Discrepancies in mandatory reporting](#) 

## RESOURCES AND TOOLS

### Let's Talk Cannabis

This website created by the Illinois Department of Human Services can give you insights into how you may be counseled by providers if you disclose your cannabis use. It is typical of how many people understand and interpret the evidence about cannabis use while pregnant or parenting.

[www.prevention.org/lets-talk-cannabis/new-moms/](http://www.prevention.org/lets-talk-cannabis/new-moms/)

**Elephant Circle** publications by Heather Thompson, MS, PhD, molecular and cellular biologist, clinical researcher, birthworker, and queer parent:

- [10 Facts to Know about Cannabis and Human Milk](#)
- [Molecules 101: The Molecules involved in Cannabis Ingestion, Metabolism, and Detection](#)
- [Fetal Exposure to Cannabis: A Review of the Literature](#)

[www.elephantcircle.net/dataresearch](http://www.elephantcircle.net/dataresearch)

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