



**COLORADO**

Department of Public  
Health & Environment

# Marijuana Clinical Guidance for Pregnancy and Breastfeeding for Colorado Health Care Providers

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# Marijuana Use during Pregnancy

- National Survey on Drug Use and Health (NSDUH) in 2012-2013 reported 4.9% of pregnant 15-44 year old women used marijuana in the past month
- Roberson et al 2014 analyzed Hawaii PRAMS data from 2009-2011, 2.6% of women reported use of marijuana during their most recent pregnancy, of those 21.2% reported severe nausea in their most recent pregnancy
- Current Colorado regulations require this statement be included on any marijuana product packaging:
  - “There may be additional health risks associated with the consumption of this product for women who are pregnant, breastfeeding, or planning on becoming pregnant.”



# CDPHE: Marijuana and Public Health

- Monitor health effects of marijuana use
  - Questions on marijuana use added to:  
BRFSS, PRAMS, YRBS/Healthy Kids Colorado survey
  - Data collection/analysis, including Colorado ER and hospitalization data
  - Retail Marijuana Public Health Advisory Committee
- Medical Marijuana Registry and Research Grant Program
- Retail Marijuana Education Team
  - Prevention campaign
  - Clinical guidelines
  - Youth prevention



# PRAMS 2014

- During any of the following time periods, did you use marijuana or hashish?
  - 3 months before becoming pregnant
  - First 3 months of pregnancy
  - Last 3 months of pregnancy
  - At any time during most recent pregnancy
  - Since baby was born
- Data expected to be available late 2015



# Retail Marijuana Public Health Advisory Committee

- 13 members representing public health, multiple medical specialties, epidemiology, toxicology
- Review the scientific literature currently available on health effects of marijuana
  - Developed a literature review process including rating quality of each study
  - Translate science into public health messages
  - Recommend public health related policies, surveillance activities and research gaps
- [Monitoring Health Concerns Related to Marijuana in Colorado: 2014](#)



# Findings Summary: Effects on exposed offspring of maternal marijuana use during pregnancy and breastfeeding

Substantial evidence	Moderate evidence	Limited evidence	Insufficient evidence	Mixed evidence
	Decreased growth	Stillbirth	Psychosis symptoms	Preterm delivery
	Decreased IQ scores in young children	SIDS (evidence of no association)	Breastfeeding and SIDS	Low birth weight
	Decreased cognitive function	Increased depression symptoms	Initiation of future marijuana use	Small for gestational age
	Decreased academic ability	Delinquent behavior		Decreased birth weight
	Attention problems	Isolated simple ventricular septal defects		Newborn behavior issues
				Breastfeeding and infant motor development
				Birth defects, including NTD, gastroschisis
				Frequency of use during adolescence



# Examples of Public Health Statements

- There is no known safe amount of marijuana use during pregnancy.
- THC can pass from mother to the unborn child through the placenta.
- The unborn child is exposed to THC used by the mother.
- Maternal use of marijuana during pregnancy is associated with negative effects on exposed offspring, including decreased academic ability, cognitive function and attention. These effects may not appear until adolescence.
- There are negative effects of marijuana use during pregnancy regardless of when it is used during pregnancy.
- THC can be passed from the mother's breast milk, potentially affecting the baby.



# Research Gaps:

- Effect of cannabidiol (CBD) and other cannabinoids
- Effect of consumption of edibles or by vaping
- Contribution of smoking marijuana to its health effects
- Effect on miscarriage
- Pair self-report with biomarker testing in Colorado
- Impact of potency on health effects
- Reasons for use of marijuana during pregnancy/breastfeeding
- Marijuana use and breastfeeding
  - Effect on infants
  - Length of time THC remains in breast milk
  - Replication of presence of THC in breast milk, including comparison of amount of THC in breast milk to maternal blood THC levels
  - Studies to correlate urine THC levels with presence of THC in breast milk



# Marijuana Clinical Guidelines

- SB 14-215: Contract for the creation of clinical guidelines as a resource for health care providers when they recognize that a person is at risk from marijuana use or exposure.
- Incorporate messaging and evidence approved by the Retail Marijuana Public Health Advisory Committee



# Goals

- To develop evidence-based guidance for Colorado health care providers to talk with patients about marijuana exposure
- Challenges: limitation in evidence, avoid overstating the evidence available



# Guidance Development Process

- Review Retail Marijuana Public Health Advisory Committee findings summaries
- Healthcare Provider Survey
- Engaged multiple, diverse stakeholders
- Guidance Development Committee
- Focus group input
- Formatting and pilot testing



# Guidance Document

- Encourages providers to talk with patients about marijuana along with other substance use.
  - Many statements have associated middle school reading level language to use with patients
- It is not intended as a read through document.
  - Ideally, providers will familiarize themselves with the information and use the document as a reference when needed.
  - Providers can choose what information that they want to share with their patient based on the patient type/situation.
- It is also not intended to replace your facility's policies or guidelines.



# MARIJUANA PREGNANCY AND BREASTFEEDING GUIDANCE

## FOR COLORADO HEALTH CARE PROVIDERS



### SCREENING QUESTIONS

In addition to asking about alcohol, tobacco, and other drug use (including prescription drugs), now that marijuana is legal in Colorado, we recommend asking all teens and women who could become pregnant about marijuana use.

**1. Have you used marijuana in the last year?**

*If no:* Go to question 2

*If yes:* When was the last time you used marijuana? How do you use marijuana? What form of marijuana do you use? How often do you use and how much?

*If pregnant:* How has your use of marijuana changed since finding out you are pregnant?

**If concerned about substance abuse:**

Use the Cannabis Use Disorder Identification Test (CUDIT) and referral recommendations found in the resources section.

**2. Does anyone use marijuana in your home?**

*If yes or no:* It is important to ensure that your home is safe for your child. Make sure that any potentially harmful substances are out of reach of your child, including marijuana, alcohol, prescription drugs or household substances.

*If yes:* Provide additional education on avoidance of secondhand smoke and safe storage, more information below.

### TIPS FOR USING THIS GUIDANCE:

All information in italics is scripted talking points to share with your patients, written at about a middle school reading level.



### PRENATAL VISITS

It is important to reassess substance use at each visit, because many women continue using substances throughout the pregnancy or may begin or resume using substances during pregnancy.

Discuss importance of cessation of marijuana and other potentially harmful substances during pregnancy and breastfeeding and offer support if needed, found in the resource section.

Discuss patient's plan for marijuana use after pregnancy. *Tell me about whether you intend to use marijuana after delivering your baby.*

Discuss breastfeeding and marijuana: *Are you planning to breastfeed your child?* If yes, see breastfeeding section for more information.

Please inform your patient: *Marijuana is now legal for adults over 21. But this doesn't mean it is safe for pregnant moms or babies. Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified.*

As a prenatal care provider, if you are concerned about a patient's substance use, you can recommend testing of mother during prenatal care and/or at delivery or testing of the newborn at birth.

Newborn testing information:

- Meconium testing generally identifies maternal marijuana use after 24 weeks gestation.
- Urine testing generally identifies maternal marijuana use after 32 weeks gestation.
- Umbilical cord testing generally identifies maternal marijuana use after 24 weeks gestation.

### WELL WOMAN VISITS:

Discuss contraception options if patient wants to continue recreational or medical marijuana, alcohol or other substance use and/or does not desire pregnancy.

If patient desires a pregnancy, discuss importance of cessation of marijuana and other potentially harmful substances. Consider use of contraception while the patient is working towards cessation of substances.

[bit.ly/CDPHE\\_MJclinicalguidance](https://bit.ly/CDPHE_MJclinicalguidance)



# Pregnancy/Breastfeeding Guidance

- Screening recommendations
- Talking points
- Medical marijuana
- Current relevant laws
- Mandatory reporters
- Secondhand smoke
- Breastfeeding
- Parenting and safety
- Common myths about marijuana
- Resources for health care providers and patients



# Key Points:

- Screen for marijuana use at prenatal visit, delivery and postpartum
- Talk about marijuana use and encourage cessation early in pregnancy
  - Educate patients on potential risks
- Discuss plans for breastfeeding early in pregnancy



# Screening for Marijuana Use

1. Have you used marijuana in the last year?

- *When was the last time you used marijuana?*
- *How do you use marijuana? What form of marijuana do you use? How often do you use and how much?*
- *If pregnant: How has your use of marijuana changed since finding out you are pregnant?*

2. Does anyone use marijuana in your home?



# Talking to your patients:

- If patient is using marijuana to treat a medical issue:
  - *Talk to your prenatal health care provider about the use of other treatments for medical issues during pregnancy.*
- If patient is using for nausea, anxiety or sleep:
  - *There are other options that are safe ways to deal with these issues during pregnancy.*
- Health care providers: Address potential alternative treatments, if appropriate, and talk about transitioning to alternative treatments or cessation.



# Talking to patients: Medical marijuana

Language for patients: *The decision to continue medical marijuana use (as with any medication) during pregnancy and/or breastfeeding is based on whether the benefits of the treatment outweigh the potential risks to the baby. That is something you should discuss with your prenatal health care provider.*

Providers: discuss risks/benefits of marijuana use and potential alternatives, as appropriate.



# Talking to patients: Effects of marijuana

- *There is no known safe amount of marijuana during pregnancy.*
- Use of marijuana during pregnancy is associated with negative effects on exposed children, no matter when it is used during pregnancy. The negative effects include decreased academic ability, cognitive function and attention. These effects may not appear until adolescence.

Language for patients: *Using marijuana while pregnant may harm your baby. It may make it hard for your child to pay attention and learn. This also may make it harder for your child to do well in school.*



# Breastfeeding

- THC is stored in the body in fat, and babies have a high percentage of body fat, including in their developing brains. Because THC is stored in fat, it remains in the body for a long time.
  - Language for patients: *THC is stored in body fat. A baby's brain and body are made with a lot of fat. Since your baby's brain and body may store THC for a long time, you should not use marijuana while you are breastfeeding.*
- *Because of the potential risks to the baby, the American Academy of Pediatrics states that marijuana should not be used while breastfeeding.*
- If a mother wishes to breastfeed, use the referral options outlined in the resources section to help her stop using marijuana.



# Talking to patients: laws

- Current Colorado law defines a baby testing positive at birth for a Schedule I substance (including recreational or medical THC or other drugs) as an instance of child neglect, which requires a report to social services. (C.R.S. § 19-3-102)
- Please inform your patient: *Marijuana is now legal for adults over 21. But this doesn't mean it is safe for pregnant moms or babies. Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified.*



# Mandatory Reporting

- Marijuana is legal for those age 21 and older, just like alcohol, but it is important to be make sure patients with children are aware of responsible use of marijuana and other legal substances.
- If you as a health care provider have a suspicion of abuse or neglect (i.e. that the health or welfare of a child is threatened), it is your duty as a mandatory reporter to report child abuse or neglect.
  - Colorado Child Abuse and Neglect Hotline 1-844-CO-4-KIDS
- In Colorado, reports to social services are handled at a county level. Procedures can be different from county to county. If you have questions about how your county addresses reports, please contact them directly.



# Myths about Marijuana

- Language for providers to use to respond to commonly heard statements about marijuana

## Examples:

- **Myth: Marijuana is safe to use while pregnant or breastfeeding.** You cannot eat or use many foods and medicines while pregnant or breastfeeding. This is because they might harm the baby. This includes marijuana.
- **Myth: Since marijuana is natural, it must be safe.** Not all natural substances or plants are safe. Tobacco and poisonous berries are great examples. Marijuana contains THC, which may harm a baby.



# Other topics:

- Talking points for well women visits
- Postpartum screening questions
- Talking points on the topic of safe parenting, including driving, secondhand smoke, safe storage and what to do in case of accidental marijuana ingestion



# Health Care Provider Resources:

- If concern for substance use disorder:
  - Cannabis Use Disorders Identification Test (CUDIT-R)
  - HealthTeamWorks Screening, Brief Intervention, Referral to Treatment Guidance
- Retail Marijuana Public Health Advisory Committee Report  
[Monitoring Health Concerns Related to Marijuana in Colorado: 2014](#)
- Colorado Mandatory Reporter Training
- For substance use disorder referral information:
  - 1-800-CHILDREN/1-866-LAS FAMILIAS (Spanish Language)
  - [www.linkingcare.org](http://www.linkingcare.org)



# Patient Resources:

- [Colorado.gov/marijuana](https://colorado.gov/marijuana) (includes factsheets and Spanish language information and resources)
- [Goodtoknowcolorado.com](https://goodtoknowcolorado.com)
- 1-800-CHILDREN/1866-LAS FAMILIAS (Spanish Language)
  - Free statewide resources for families, including information on substance use treatment



# Factsheets

- Information for the public/patients about marijuana, health effects, legal issues, safety and available resources
  - Middle school reading level
  - Will be available in Spanish, and other limited English proficiency languages as cost allows
  - For local public health and health care:
    - Blank space on the back page to place your logo and contact information, if desired



# MARIJUANA AND YOUR BABY



March 2, 2015

Marijuana is now legal for adults over 21. But this doesn't mean it is safe for pregnant or breastfeeding moms and babies.

**There is no known safe amount of marijuana use during pregnancy.**

You should not use marijuana while you are pregnant, just like you should

not use alcohol and tobacco.

Tetrahydrocannabinol (THC) is the chemical in marijuana that makes you feel "high."

**Using marijuana while you are pregnant passes THC to your baby.**

## KNOW THE FACTS

### MARIJUANA AND PREGNANCY

Using marijuana while pregnant may harm your baby. Marijuana that passes to your baby during pregnancy may make it hard for your child to pay attention and learn, especially as your child grows older. This would make it harder for your child to do well in school.

Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified. Talk to your doctor early in your pregnancy about any marijuana use.

### MARIJUANA AND BREASTFEEDING

The American Academy of Pediatrics says that mothers who are breastfeeding their babies should not use marijuana.

Breastfeeding has many health benefits for both the baby and the mother. But THC in marijuana gets into breast milk and may affect your baby.

Because THC is stored in body fat, it stays in your body for a long time. A baby's brain and body are made with a lot of fat. Since your baby's brain and body may store THC for a long time, you should not use marijuana while you are pregnant or breastfeeding.

Breast milk also contains a lot of fat. This means that "pumping and dumping" your breast milk may not work the same way it does with alcohol. Alcohol is not stored in fat, so it leaves your body faster.

Talk to your doctor if you are pregnant or breastfeeding and need help to stop using marijuana. Or call 1-800-CHILDREN for help.

### IS SMOKING MARIJUANA BAD FOR MY BABY?

Yes. Breathing marijuana smoke is bad for you and your baby. Marijuana smoke has many of the same chemicals as tobacco smoke. Some of these chemicals can cause cancer. Do not allow anyone to smoke in your home or around your baby.

### WHAT IF I USE MARIJUANA WITHOUT SMOKING IT?

THC in any form of marijuana may be bad for your baby. Some people think that using a vape pen or eating marijuana (like cookies or brownies) is safer than smoking marijuana. Even though these forms do not have harmful smoke, they still contain THC.

### HOW CAN I STORE MARIJUANA SAFELY?

Store all marijuana products in a locked area. Make sure your children cannot see or reach the locked area. Keep marijuana in the child-resistant packaging from the store.

### WHAT HAPPENS IF MY CHILD EATS OR DRINKS MARIJUANA BY ACCIDENT?

Marijuana can make children very sick. Look for problems walking or sitting up, starting to be sleepy or having a hard time breathing.



If you are worried, call the poison control hotline as soon as possible. Calling is free and you will be helped quickly: 1-800-222-1222.

If symptoms seem bad, call 911 or go to an emergency room right away.

### WHAT ELSE SHOULD I KNOW TO KEEP MY BABY SAFE?

Being high or buzzed while doing some activities can be risky.

Being high while caring for a baby is not safe. Do not let anyone who is high take care of your baby.

Some marijuana can make people feel very sleepy when they are high. Marijuana can make you sleep harder. It is not safe for your baby to sleep with you, especially if you are high.

If you plan to use marijuana, make sure there is another person who can safely care for your baby.

It is not safe to drive a car while high. Do not let your baby ride in a car if the driver is high.

### RESOURCES

Be sure you know Colorado's marijuana laws: Go to [GoodToKnowColorado.com](http://GoodToKnowColorado.com).

Go to [Colorado.gov/Marijuana](http://Colorado.gov/Marijuana) to find more information.

Call 1-800-CHILDREN for free to connect to statewide resources for parents with any concerns, including substance use.

Learn how to talk to your kids about substance use at: [SpeakNowColorado.org](http://SpeakNowColorado.org).

### MYTHS ABOUT MARIJUANA

**MYTH:** Marijuana is safe to use while pregnant or breastfeeding.

**FACT:** You cannot eat or use many foods and medicines while pregnant or breastfeeding. This is because they might harm the baby. This includes marijuana.

**MYTH:** Since it is legal, it must be safe.

**FACT:** Using marijuana during pregnancy may harm your baby, just like alcohol or tobacco. Being legal does not make it safe.

**MYTH:** Since it is natural, it must be safe.

**FACT:** Not all natural substances or plants are safe. Tobacco and poisonous berries are great examples. Marijuana contains THC, which may harm a baby.

**MYTH:** Since some people use marijuana as a medicine, it must be safe.

**FACT:** Marijuana can be recommended by a doctor in special cases. A doctor decides whether the benefits are greater than the risks. It is unsafe to use any medicines while pregnant or breastfeeding that are not recommended by a doctor. This includes marijuana. Talk to your doctor about safer choices that do not risk harming your baby.

All information on the health effects of marijuana comes from the *Monitoring Health Concerns Related to Marijuana in Colorado: 2014 Report*.

VISIT: [colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee](http://colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee)



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# Factsheets

- Factsheets available online:
  - Pregnancy/breastfeeding
  - Coming late March 2015
    - Marijuana and Youth in Colorado
    - Retail Marijuana: Tips for Parents
    - Retail Marijuana: Tips for Youth Serving Professionals
- Factsheets in development:
  - Health care providers
  - Methods of use
  - General use/laws
  - Facts about marijuana use



# Additional Guidance

- Pediatric Exposure Prevention Guidance
  - Guidance for providers to talk to parents about safe storage, secondhand smoke exposure, accidental ingestion, driving under the influence and talking to parents and teens about marijuana use
  - Will be available Summer 2015



# CDPHE Retail Marijuana Prevention and Education Campaign

- To ensure all Colorado residents and visitors understand the parameters of safe, legal and responsible use of retail marijuana
- Good to Know campaign will include targeted messaging to youth and pregnant and breastfeeding women later this year



# Resources

- For Guidance documents and Factsheets:  
[bit.ly/CDPHE\\_MJclinicalguidance](https://bit.ly/CDPHE_MJclinicalguidance)
- [Colorado.gov/marijuana](https://colorado.gov/marijuana)
- [Colorado.gov/cdphe/marijuana](https://colorado.gov/cdphe/marijuana)
- [Goodtoknowcolorado.com](https://goodtoknowcolorado.com)



# References

United States Department of, H., et al., National Survey on Drug Use and Health, 2013. 2014, Inter-university Consortium for Political and Social Research (ICPSR) [distributor].

Roberson, E.K., W.K. Patrick, and E.L. Hurwitz, Marijuana use and maternal experiences of severe nausea during pregnancy in Hawai'i. *Hawaii J Med Public Health*, 2014. 73(9): p. 283-7.

Colorado Department of Public Health and Environment: Retail Marijuana Public Health Advisory Committee Report: [Monitoring Health Concerns Related to Marijuana in Colorado: 2014](#).

American Academy of Pediatrics, Policy statement in Pediatrics 2012, Breastfeeding and the Use of Human Milk  
[pediatrics.aappublications.org/content/129/3/e827.full.html](http://pediatrics.aappublications.org/content/129/3/e827.full.html)



Thank you!

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