



CANNABIS USE DURING PREGNANCY: WHAT PROFESSIONALS WORKING WITH PREGNANT PEOPLE NEED TO KNOW



Cannabis use during pregnancy—and its effects on fetal and neonatal health—has received increasing attention from the medical and public health communities. Both the [American Academy of Pediatrics](#) and the [American College of Obstetrics and Gynecologists](#) (ACOG) have released official guidelines advising pregnant and nursing people to avoid marijuana* use.

The National Center on Substance Abuse and Child Welfare ([NCSACW](#)) created this four-part tip sheet series for child welfare, substance use disorder (SUD) treatment, court, and health care professionals to provide an overview of cannabis use, and its effects during the prenatal period, in the home environment, and on adolescent development.

- [Tip Sheet 1—Navigating the Complexities of Cannabis Use Among Parents and Adolescents in Child Welfare Services](#) offers a broad overview for all professionals working with children, parents, and their family members. Details include the shifting legal landscape of cannabis in states, how cannabis use affects families, and practice considerations for professionals.
- [Tip Sheet 2—Cannabis Use During Pregnancy: What Professionals Working with Pregnant People Need to Know](#) provides information about the effects of cannabis use on fetal and neonatal health, how to develop a Plan of Safe Care (POSC), and offers approaches to responding to prenatal use.
- [Tip Sheet 3—Cannabis Use: Considerations for Professionals Working with Children, Adolescents, Parents, and Other Family Members Involved in Child Welfare and the Courts](#) outlines environmental safety and risk concerns for children and adolescents when parents or caregivers use cannabis. Tips include strategies and approaches professionals can use to mitigate risk and build parental capacity.
- [Tip Sheet 4—Cannabis and Youth Involved in the Child Welfare System](#) describes the risk of cannabis use on adolescent development and provides strategies to engage youth who are at risk of or involved with the child welfare system and using cannabis.

NCSACW recommend readers of this series start with Tip Sheet 1, which provides foundational and essential information relevant to the others. After reviewing Tip Sheet 1, readers may go through Tip Sheets 2-4 independently since they focus on specific populations and are designed for professionals working with those populations.

*The term “marijuana” is used if the cited source specifically uses the term. We use the term “cannabis” to refer to all products from the plant *Cannabis sativa*.

Prenatal Cannabis Use



According to the American College of Obstetricians and Gynecologists

2% – 5%
of pregnant people

self-report marijuana use during pregnancy.¹

The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research, from the National Academy of Science, suggests prenatal cannabis use has:

- A strong correlation with low birth weight
- Some evidence to support a link to neonatal intensive care admissions

Recent data on prenatal exposure to Delta-9-Tetrahydrocannabinol (THC)—the psychoactive ingredient in cannabis—indicates that prenatal exposure to THC can cause long-term developmental complications.² The [Centers for Disease Control and Prevention](#) (CDC) states there is emerging evidence to suggest long-term effects of marijuana on developing brains that affects attention, memory, problem-solving skills, and behavior in children.³ Although pregnancy can interrupt a pattern of substance use, relapse postpartum is common⁴ and the CDC cautions against breastfeeding for anyone using marijuana or products containing cannabidiol (CBD) due to the risk of developmental damage.⁵



The Mountain Plains Addiction Technology Transfer Center (ATTC) has produced a [Cannabis Webinar Series: Perinatal Cannabis Use](#). It covers physiological concerns during pregnancy, common reasons for cannabis use, current recommendations regarding cannabis use and lactation, and the effects of legalization.

Plans of Safe Care

The 2016 Comprehensive Addiction and Recovery Act (CARA) amended the [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) specifying states receiving CAPTA funds make an assurance that the state has “...policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder [FASD]...and the development of a [Plan of Safe Care](#) [POSC]...to ensure the safety and well-being of such infant....”⁶

NCSACW’s experience working with child welfare jurisdictions across the country, emphasizes the importance of POSC in identifying the health and substance exposure treatment needs of infants as well as the SUD treatment needs of their parent or caregiver.



[Vermont](#) has adopted an approach specific to working with families affected by prenatal cannabis use. If a parent’s cannabis use is the sole concern—and there are no safety concerns—there is no child welfare intervention. However, hospital staff must make a notification—without any patient identifying information—to the Department for Children and Families. Hospital staff then develop the POSC. If safety or risk concerns do exist, the response is the same as any other child welfare report.

A collaborative cross-system approach to POSC recognizes infants and caregivers have a wide range of needs. Promoting [collaboration](#) among various partners involved in perinatal care, child welfare, SUD treatment, the legal system, and persons with lived expertise remains a critical component for managing: 1) prenatal cannabis use and exposure, and 2) its effect on child safety. Collaboration also provides an opportunity to identify parental protective capacities and protective factors that partners can build upon to promote family wellness.⁷



[Plan of Safe Care Expert Video Series: Partnering with Healthcare Providers for Families Affected by Prenatal Substance Exposure](#) is a four-part series on implementing POSC and Family Wellness Plans, examines the role health care providers play in collaborative initiatives to improve outcomes for infants, parents, and their families affected by parental SUDs.

Practice Considerations for Child Welfare Workers, SUD Treatment Providers, Court Professionals, and Health Care Providers



CHILD WELFARE WORKERS

Child welfare workers promote safety, well-being, and permanency in caregiving relationships for children. They can use a collaborative approach to help assess [parental protective capacities and protective factors](#). POSC development during pregnancy—sometimes called Family Wellness Plans—that promote interagency collaboration is a prevention approach that shows promise in building protective factors, reducing the need for child welfare involvement, and preventing unnecessary family separation.⁸ A POSC is developed at the birth event if it was not developed prenatally. Child welfare workers can support POSC development by: 1) using family team meetings with the family, SUD treatment providers, health care professionals, and other agencies working with the family; 2) creating actions or goals in the plan that meet the needs of each family member; and 3) ensuring releases of information are signed to support cross-system communication.



SUD TREATMENT PROVIDERS

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) program targets pregnant people and people with dependent children as a priority population for timely SUD treatment admission. Providers can support healthy pregnancies and infant well-being by: 1) assessing for cannabis use disorder during clinical assessments, 2) giving options for and ensuring timely and equitable access to treatment and ongoing medical care, and 3) providing information about the effects of prenatal substance use—including cannabis products—on fetal development. [Preventing the Use of Marijuana: Focus on Women and Pregnancy](#) is an evidence-based guide that provides information on risks associated with prenatal marijuana exposure along with resources on the care of pregnant people with a CUD.



COURT PROFESSIONALS

Court professionals—judicial officers, attorneys, Court Appointed Special Advocates (CASA)/ Guardians ad Litem (GAL)—can assist with POSC implementation by participating and providing feedback on state and local POSC policies and procedures, helping partners create an inventory of available and needed services in the community, or providing guidance and feedback on communication and information-sharing protocols. Court professionals also support POSC

implementation by: 1) exploring if a POSC is in place, 2) asking about the services for the infant and their parent or caregiver, 3) encouraging timely access to needed services, and 4) promoting the use of a coordinated approach between systems serving infants and parents. The Quality Improvement Center for Collaborative Community Court Team's [Program Summary Brief](#) and the [Plans of Safe Care: An Issue Brief For Judicial Officers](#) are resources for court professionals overseeing collaborative community court teams and implementing POSC to help ensure compliance with federal and state regulations.



HEALTH CARE PROVIDERS

Obstetricians and other health care professionals working with pregnant people can use [universal screening practices](#) for early identification of people with (or at risk of) CUD, as well as referrals to [treatment](#). Health care professionals can help strengthen families by: 1) connecting with local SUD treatment providers to facilitate rapid access to treatment, 2) providing resources and education on prenatal substance use to patients, 3) staying aware of local POSC procedures and protocols, and 4) partnering with pregnant people to develop a POSC prior to the birth event. Primary care providers can help prevent sudden infant death syndrome (SIDS) by asking questions to help the pregnant person prepare for safe infant sleeping arrangements and providing education and resources on [safe sleep practices](#).

Nevada's Division of Public and Behavioral Health encourages clinicians to incorporate a [marijuana screening questionnaire](#)[†] when screening pregnant people. Questions include: "Have you used marijuana in the last year?" and "How has your use of marijuana changed since finding out you are pregnant?"

Creating a safe and nonjudgmental environment for pregnant people to discuss substance use promotes effective treatment engagement and recovery support. [Disrupting Stigma: A Virtual Conversation](#) describes how stigma affects people with SUD.

Summary

Cross-system collaboration ensures pregnant people, their infants, and family members receive the care they need by offering a comprehensive approach that includes all systems. Professionals can discuss the potential risks of prenatal cannabis use and encourage open dialogue to help pregnant people engage in services.

Please see [Tip Sheet 3—Cannabis Use: Considerations for Professionals Working with Children, Adolescents, Parents, and Other Family Members Involved in Child Welfare and the Courts](#) for more on the safety and risk concerns for children in the home environment.

NCSACW Resources

- [CAPTA Plans of Safe Care](#) webpage provides information to states and communities on CAPTA and implementing POSC to improve the safety and wellbeing of infants and recovery outcomes for caregivers.

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Additional Resources

- [Marijuana and Pregnancy: Learn About Marijuana Risks](#) gives an overview of the risks associated with marijuana use during pregnancy and lactation.
- [Marijuana Use and Pregnancy What You Need to Know](#) provides guidance from the CDC on frequently asked questions about marijuana use during pregnancy.
- [Marijuana Use During Pregnancy and Lactation](#) provides clinical recommendations for treating and assessing pregnant and parenting individuals who use cannabis.
- [Substance Use Disorder in Pregnancy: Improving Outcomes for Families](#) examines policy and practice level initiatives to improve outcomes for pregnant individuals with SUDs.

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