

# What to Know About Breastfeeding

## In the Setting of Cannabis Use for Outpatient Pediatrics

### Colorado Chapter

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As cannabis legalization continues to expand, there is an increased prevalence of use even among pregnant and breastfeeding individuals with a public perception of safety. Due to this rapidly changing environment, it is critically important to explore and discuss cannabis use with parents to limit exposure to infants and children. Included below is a brief overview of current recommendations and evidence-based information regarding perinatal (prenatal and postnatal) cannabis use that can be applied in the outpatient pediatric setting when speaking with parents. Remember, the goal is to educate our families and provide appropriate information for them to make their own informed decisions about cannabis use.

### A Brief Background

There is no known safe amount of cannabis use during pregnancy or lactation. There are many reasons birthing/postpartum individuals may choose to use cannabis (THC or CBD) including nausea/vomiting, stress relief, as a sleep aide, or treating anxiety or depression symptoms.(1) No evidence-based recommendations exist for any form of cannabis use during pregnancy or lactation.(2-5) Despite national recommendations, many providers do not address cannabis use with their patients, leading to missed opportunities for education, guidance and building trust in a shared care partnership.

### Key Facts

- Cannabis use through pregnancy may remain stable, or decrease, **and often increases postpartum**, similar to other substance use in pregnancy.
- A long history of stigmatization with substance use, including cannabis, warrants thoughtful shared decision making between healthcare providers and birthing parents regarding perinatal cannabis use.
- Recognize that some parents struggle with cannabis use disorder (CUD), such that they are unable to stop or meaningfully reduce use despite wanting to do so. Consider a referral to an adult care provider such as an addiction medicine clinician.

**Major medical and public health professional societies (ACOG, AAP, ABM, CDC) recommend abstaining from cannabis use during pregnancy and lactation, or significantly limiting exposure (e.g., occasional/infrequent use). (2-5)**

- THC, the psychoactive component of cannabis, crosses the placenta to the fetus, and is excreted and concentrated 8-10 times in breastmilk relative to plasma. Excretion into breast milk is prolonged after abstinence, up to six weeks.
- Cannabis use in pregnancy is associated with preterm birth, SGA (small for gestational age) infants, NICU admission, and negative effects on cognition, behavior, and attention later in childhood.(6, 7) **Close developmental monitoring is warranted.**

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## How to Explore Cannabis Use with Parents

Surveys show parents often are not approached about the topic of cannabis use but would like to discuss it with their providers. Questions regarding cannabis use may be framed as follows:

- 01 How often have you used cannabis prior to pregnancy? During the pregnancy?
- 02 Can you tell me more about how you use cannabis?
- 03 Does anyone else in your home use cannabis?
- 04 What are your plans for cannabis use after pregnancy and while lactating?
- 05 How long do you predict you will use cannabis?
- 06 If you decided to decrease your cannabis use, how would you go about doing that?
- 07 If other children are present in the home - When has there been a time when your cannabis use affected your ability to parent or watch your children/drive/work (insert appropriate activity)?
- 08 What are the benefits to you in using cannabis? Are there other ways you could achieve those benefits without using cannabis?
- 09 Are there times you are more likely to use cannabis, like situations or around certain people? Do you think this will change while having a new baby at home?
- 10 If you plan to use cannabis now that the baby is born, who could you ask for support to provide sober caregiving for your baby?

## Anticipatory Guidance: for all families/birthing parents, regardless of their interest or ability to abstain from use

- Abstention of cannabis use during pregnancy, postpartum, and lactation is encouraged.
  - Explore and encourage alternative methods/therapies to cannabis use.
- Safe storage of cannabis products out of reach from children in a locked cabinet.
- Ensure that anyone who is parenting/caring for an infant or child is sober and not feeling altered or 'high'.
- Review safe infant sleep practices, especially important for any substance use including cannabis, tobacco, alcohol, etc
  - Separate, flat sleep space for the infant, placing the infant on their back to sleep.
  - Keep the infant sleep space empty except for the baby, one layer of clothing, and one thin swaddle blanket.
  - Do not sleep with infant while impaired.

## Need More Help or Questions?

### Email us:

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<https://chosencollaborative.org>

### Parent resource:

Tough as a Mother Colorado-

<https://www.toughasamother.org>



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*This project is supported by the Centers for Disease Control and Prevention (CDC) Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements OT380000282 and U2DMC32394 with 100 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.*