




# CANNABIS IN PREGNANCY AND BREASTFEEDING

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FMF 2019, Vancouver

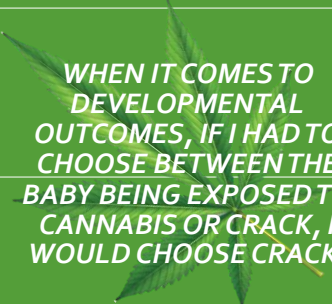
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## Amanda


- 22 year old MSc student, unplanned pregnancy, fairly new but positive relationship
- Referred at 22 weeks
- Anxiety disorder and insomnia, otherwise healthy
- Doesn't smoke or drink but chronic daily user of cannabis since age 17
- Uses 3-5 "poppers" per day via a bong
- Tried to quit many times in past, no luck

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*WHEN IT COMES TO DEVELOPMENTAL OUTCOMES, IF I HAD TO CHOOSE BETWEEN THE BABY BEING EXPOSED TO CANNABIS OR CRACK, I WOULD CHOOSE CRACK.*

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## Conflict of Interest

- None to declare

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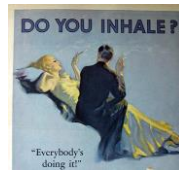
## Objectives



- At the end of the session the participants will be able to
- 1. Counsel on the evidence that exists for fetal, maternal and newborn impacts of cannabis use in pregnancy and breastfeeding.
- 2. Apply recent guidelines and recommendations on cannabis use to their maternity practice
- 3. Access resources and guidance for both providers and patients

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## Usage rates



- 12.3% of women 15-44
- 29.7% of women 20-24
- 5-30% use in pregnancy
- 40-60% of users continue in pregnancy
- 18% of pregnant women who use meet criteria for use disorder or dependence

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## Impact of legalization



- Rates of Use
- Quality
- Social acceptance?
- Disclosure
- Education
- Research

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## You have to ask



- how much
- how often
- what route
- concurrent substances
- don't be shy

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## Understanding what they say



### Cannabasics

<https://www.cpha.ca/cannabasics>

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## Physiology of Cannabis



- endocannabinoid system
- many roles – esp nervous system
- present from 14 weeks gestation

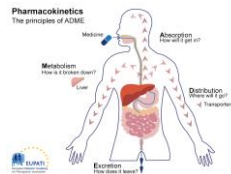


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## Pharmacokinetics in Pregnancy and Breastfeeding.

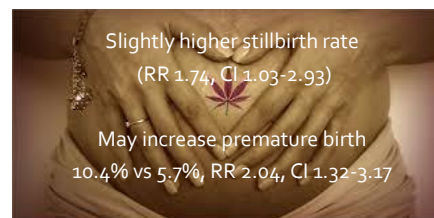


- Highly lipophilic
- Long half-life
- Chronic use = REALLY long half life



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## Pregnancy Outcomes



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### Cannabis and NVP

- Severe nausea linked to increased cannabis use
- 3.7% vs 2.3%; RR=1.63, 95% CI: 1.08-2.44)
- 37 of 40 women who had chosen to use cannabis to treat NVP rated cannabis as 'extremely effective' or 'effective'
- 69% of Colorado dispensaries recommended cannabis for NVP, 36% said it was safe



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### Hyperemesis FROM Cannabis

**Cannabinoid hyperemesis syndrome**



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### Cannabis and low birth weight


- No change for all users
- Increase risk for regular users
- 8.8% vs 6.7%, CI 1.44-2.45
- Possible decrease in length and head circumference



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### Fetal impact - Newborns

- no withdrawal/NAS
- no changes in early newborn period
- No compelling evidence of major congenital abnormalities risk
- No morphologic pattern






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## Neurodevelopmental Impact




- 3 prospective longitudinal studies
- a) Ottawa Prenatal Prospective Study (OPPS)
  - Canadian, started in 1978, mostly white middle-class, followed to early adulthood
- b) Maternal Health Practices and Child Development (MHPCD)
  - Pittsburgh, started 1982, mostly African-American, low socio-economic, followed to adolescence
- c) Generation R
  - Netherlands, started 2001, multi-ethnic, mostly higher socio-economic status, followed into childhood (so far)

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18 Months	3- 6 years
<ul style="list-style-type: none"> <li>• Increased aggressive behaviour<sup>c</sup></li> <li>• Attention deficits (females)<sup>d</sup></li> </ul>	<p>Deficits in :</p> <ul style="list-style-type: none"> <li>• Verbal and perceptual skills<sup>ab</sup></li> <li>• Verbal reasoning<sup>ab</sup></li> <li>• Visual reasoning<sup>ab</sup></li> <li>• Verbal and quantitative reasoning<sup>b</sup></li> <li>• Short-term memory<sup>ab</sup></li> </ul> <p>Increased:</p> <ul style="list-style-type: none"> <li>• Hyperactivity<sup>ab</sup></li> <li>• Attention deficits<sup>ab</sup></li> <li>• Impulsivity<sup>ab</sup></li> <li>• Impaired vigilance<sup>b</sup></li> </ul>

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9-10 years	14-16 years
<p>Deficits in:</p> <ul style="list-style-type: none"> <li>• Abstract and visual reasoning</li> <li>• Executive functioning<sup>ab</sup></li> <li>• Reading<sup>ab</sup></li> <li>• Spelling<sup>ab</sup></li> </ul> <p>Increased:</p> <ul style="list-style-type: none"> <li>• Hyperactivity<sup>ab</sup></li> <li>• Attention deficits<sup>b</sup></li> <li>• Impulsivity<sup>b</sup></li> <li>• Depressive and anxious symptoms<sup>b</sup></li> </ul>	<p>Deficits in:</p> <ul style="list-style-type: none"> <li>• Visual-cognitive functioning<sup>a</sup></li> <li>• Academic achievement</li> <li>• Information processing speed<sup>b</sup></li> <li>• Visual motor coordination</li> </ul> <p>Increased Delinquency<sup>b</sup></p>

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17-22 years
<p>Deficits in:</p> <ul style="list-style-type: none"> <li>• Executive functioning<sup>a</sup></li> <li>• Response inhibition<sup>a</sup></li> <li>• Visuospatial working memory<sup>a</sup></li> </ul> <p>Increased:</p> <ul style="list-style-type: none"> <li>• Smoking<sup>ab</sup></li> <li>• Substance use<sup>ab</sup></li> <li>• Early initiation of substance use<sup>ab</sup></li> </ul>


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### The Jamaica Study

- Published in 1994, studies done in 80s
- 44 babies – 24 cannabis exposed, 20 not
- 3 days, 30 days, 5 years
- 3 days – no difference
- 30 days – cannabis babies are better
- 5 years - \$ and preschool attendance matter more than cannabis



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### Breastfeeding – maternal issues



- Impacts on milk production
- Impaired parenting
- SIDS risk
- Co-sleeping issues

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### Breastfeeding – baby issues

- very limited evidence
- possible poor tone, suck
- possible impact on motor development
- no long-term studies



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## What about CBD?



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## Guidelines

- SOGC
- ACOG
- CPS
- AAP
- CFPC



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## Breastfeeding Recommendations



• AAP, CPS and Motherisk, Academy of Breastfeeding Medicine = just don't do it



- Going to use?
- wait 24-36 hours for occasional use
- up to 30 days for chronic users

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## Child protection implications



- No universal guidance. Not an automatic/mandatory report
- As in all cases, you need to assess whether the mother's use is creating risk for the child
- Local child protect authorities will vary in their level of concern

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## Take Home



- No known safe amount – zero is best
- Dose response – if can't quit decrease
- Mixed with tobacco bad – can she quit one?
- Harm reduction – vape, ingest, smoke free home
- Balance risk benefit in breastfeeding, guidelines suggest don't do it

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## Talking to Patients



- Ask early, ask often, ask non-judgementally
- Emphasize why pregnancy is different
- Address myths
- Relate back to stuff they know and accept (like medications and alcohol)
- Focus on impacts for fetus and child
- Reassure re: child protection, legality

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## Can we help her quit?

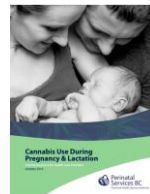


- CBT, counselling, coaching, etc have all been shown to be somewhat helpful
- No medications have shown benefit
- Synthetic THC – no safety data in pregnancy, studies show no benefit in quitting
- Consider treatment for concurrent mental health issues



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## Resources for providers



- New document from Perinatal Services BC
- Reviews risks
- Coaching/counselling prompts
- Harm reduction approach

• <http://www.perinatalervicesbc.ca/about/news-stories/stories/cannabis-in-pregnancy-practice-resource>

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### Resources for Providers



**A Review for Doctors: Approach to the Control of Cannabis Use During Breastfeeding/Lactation: A Discussion Guide for Health Care Providers**  
May 2019

**Perinatal Substance Use and Cannabis Resources**

[http://www.cmnrp.ca/en/cmnrpSubstance\\_Use\\_p4](http://www.cmnrp.ca/en/cmnrpSubstance_Use_p4)

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### Patient Resources




- Canadian resource
- 12 pages, educated consumer level
- covers basics, pregnancy, breastfeeding and parenting implications

**Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting**

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### Patient Resources




- 4 page resource from Health Canada, simplified version of the Best Start Document
- <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/before-during-pregnancy.html>

**Thinking about using cannabis before or during pregnancy?**

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### Resources




The American College of Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PRACTICE

**ACOG COMMITTEE OPINION**  
Number 722, October 2017 (Replaces Committee Opinion No. 637, Jul 2015)

**INTERIM UPDATE**  
**Cannabis Use During Pregnancy and Lactation**

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## Resources



Canadian Centre on Substance Use and Addiction  
Centre canadien sur les dépendances et l'usage de substances  
Balance, Engagement, Impact. Donner, Engagement, Résultats.

### Clearing the smoke on Cannabis – Part 2 Maternal Cannabis Use during Pregnancy, an Update

<https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Cannabis-Maternal-Use-Pregnancy-Report-2018-en.pdf>

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## Member Interest Groups Section



THE COLLEGE OF FAMILY PHYSICIANS OF CANADA / LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

MEMBER INTEREST GROUPS SECTION (MIGS)  
SECTION DES GROUPES D'INTÉRÊT DES MEMBRES (SGIM)

- Introducing the Member Interest Groups Section (MIGS) formerly *Communities of Family Practice in Family Medicine*
- The Member Interest Groups Section links CFPC members across Canada with similar practice interests. It fosters professional peer connections to explore and address issues impacting family medicine.
- The Member Interest Groups Section is designed to support the College of Family Physicians of Canada's (CFPC's) dedication to providing a professional home for family physicians across a diversity of clinical and non-clinical interests and practice types. Currently the Section is comprised of 39 different member interest groups.
- To join, simply indicate your interest(s) in your CFPC member profile or see the MIGS team at the MainPro+ and Practice Support booth and they will make sure you're kept up to date on any future developments!

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## MiGroups

Powered by Members, Connected by TimedRight

- MIGS members are invited to join **MiGroups**, a private, secure online community for family physicians
- MiGroups is used by members to share their experiences with peers, ask clinical questions, promote new practice tools, learn about upcoming events, and more!
- To join, visit <http://cfpc.timedright.com> or scan the QR code. Then, sign up with the email you use to receive CFPC emails




Questions? Contact us at [migs@cfpc.ca](mailto:migs@cfpc.ca)

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# QUESTIONS? COMMENTS?

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