Maternal Cannabis Use in Pregnancy

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Learning Objectives

• To review the epidemiology of cannabis use in pregnancy with particular attention to medical cannabis and cannabis use disorder
• To explore the relationship between cannabis legalization and population health obstetric outcomes
• To understand what a point of care urine drug test captures for cannabis
Cannabis, Gender and Pregnancy

Cannabis Treatments in Obstetrics and Gynecology: A Historical Review
Ethan Russo

SUMMARY. Cannabis has an ancient tradition of usage as a medicine in obstetrics and gynecology. This study presents that history in the literature to the present era, compares it to current ethnobotanical, clinical and epidemiological reports, and examines it in light of modern developments in cannabinoid research.

The author believes that cannabis extracts may represent an efficacious and safe alternative for treatment of a wide range of conditions in women including dysmenorrhea, dysuria, hyperemesis gravidarum, and menopausal symptoms. (Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: gretina@haworthpressinc.com) Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.

FIGURE 1. Carbonized residue from 4th century Judea, containing phytocannabinoid elements, as a presumed obstetrical aid. (Permission Courtesy of the Israel Antiquities Authority.)
The Era of Cannabis Extremism

The Risks of Marijuana Use During Pregnancy

Currently, 28 states and Washington, DC, have passed laws to legalize medical marijuana. Although evidence for the effectiveness of marijuana or its extracts for most medical conditions is limited and in many cases completely lacking, there are a handful of exceptions.

For example, there is increasing evidence for the efficacy of marijuana in treating certain forms of pain and spasticity, and 2 cannabinoid medications (dronabinol and nabiximadol) are approved by the US Food and Drug Administration for alleviating nausea induced by cancer chemotherapy. A systematic review and meta-analysis of Yehuda et al. found evidence, although of low quality, that the effectiveness of cannabinoids was better for treatment. The adverse effects of cannabinoids might include the interaction of THC with type 1 cannabinoid (CB1) receptors in the dorsal vagal complex. Cannabinoids, another cannabinoid in marijuana, exerts anxiolytic properties through other mechanisms. Nabilone is a newly approved medication for marijuana in all states where medical use of this drug has been legalized.

However, some sources on the internet are teaching marijuana as a solution for the nausea that commonly accompanies pregnancy, including the overuse of marijuana. The prevalence of marijuana use by pregnant women is limited, some data suggested that this association is more limited, but the prevalence of marijuana use in pregnancy is very low. The prevalence of marijuana use in pregnancy is very low. (The width of this association is typically again.)

U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain

Background • Use in Pregnancy • Use in Adolescence • Info for Parents • Info for Health Professionals

1. Surgeon General VADM Jerome Adams, an emphasizing the importance of protecting our Nation from the health risks of marijuana use in adolescence and during pregnancy. Recent increases in access to marijuana and its potency, along with misperceptions of safety of marijuana endanger our most precious resource, our nation’s youth.

KNOw the RISKS. TAKE ACTION. PROTECT OUR FUTURE.
False Dichotomy:

Cannabis is Harmful Vs. Cannabis is Healthy

Cannabis Prohibition Vs. Cannabis Promotion
We Need to Differentiate Use from Medical AND Any Use from Use Disorder

- Pregnant people less likely to have recent use
- Pregnant people more likely to report medical use only
- Among those with recent use, pregnant people more likely to meet criteria for cannabis use disorder
- But no more likely to receive treatment

<table>
<thead>
<tr>
<th>NSDUH 2013-2018</th>
<th>Not Pregnant</th>
<th>Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Month Cannabis</td>
<td>11.2%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Past Year Medical Only</td>
<td>7.5%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Cannabis Use Disorder</td>
<td>13.0%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Treatment Receipt</td>
<td>9.1%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

The Bulk of Current Research is on Exposure and Consequence, Not on How to Support People in Quitting/Cutting Back OR Investigating Potential Benefits of Cannabinoids OR (in the very least) Comparing Medical Cannabis to Prescribed Medications
• Endorsed statistical linkage between smoking cannabis and low birth weight
• Evidence regarding other outcomes unclear
• Literature limited by
  – Lack of standardized questions about frequency and duration of use
  – Confounding from other substances, particularly tobacco and alcohol
Cannabis Legalization: A Natural Experiment

There has been neither increase in NICU admission nor decrease in birth weight in CO and WA following legalization.
The Brain and Development

- There is linear development of the brain from fetus through childhood and into young adulthood
- Hence time of exposure in utero <<< potential time of exposure as child
- Development is about more than exposure
Cannabis and Urine Drug Testing: Misinterpretation

Point of Care Drug Test Result

“THC’ is NOT THC
It is THC-COOH – not psychoactive, highly lipophilic, remains in biologic matrix for up to 100 days following last cannabis use
Conclusions

• We were all socialized in racialized and punitive drug policies
• Drugs (and drug hysteria) are a diversion from structural inequities
• Let’s take a step back from cannabis extremism and focus instead on supporting birthing people, their families, and their communities
Thank You

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