

Cannabis Use During Pregnancy

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Effects of Cannabis Use during Pregnancy

The Canadian government plans to legalize cannabis by July 1, 2018. With the impending legalization of cannabis, it is important to note that the legal use of cannabis does not necessarily make it safe. There is no known safe amount of cannabis use during pregnancy.

Currently, there is limited Canadian data about the prevalence of cannabis use during pregnancy. Cannabis use among women in Canada is on the rise, with approximately 11% of women of childbearing age reporting cannabis use in the past year according to Health Canada (2013). Cannabis use is high among young women and men of childbearing age; 29.7% of individuals age 20-24 years report past year use. It is estimated that about 5% of pregnant women use illicit drugs during pregnancy, though it is not known what percentage use cannabis specifically.

Research on cannabis use during pregnancy demonstrates some potential negative outcomes associated with heavy use (one or more joints per day). Cannabis use during pregnancy may:

- Affect the ability to become pregnant as a result of changes in the menstrual cycle for women and lower sperm count and poorer sperm quality in men
- Increase the risk of preterm birth
- Lead to lower birth weight of the baby
- Be associated with longer-term developmental effects in children, adolescents, and adults including decreases in memory function, attention, and reasoning and problem solving skills, and increases in hyperactive behaviour and future substance use

It is important to note that most of the current research evidence presents findings of studies where cannabis use was administered by smoking. Little is known about exposure through other routes of use. Current evidence is also limited by: reliance on self-report, the presence of confounding factors, and small samples of women who use cannabis prenatally. While more research is needed, both in quantity and quality, it is prudent to advise pregnant women and women of childbearing age of the potential long-term adverse developmental and behavioural effects associated with cannabis use during pregnancy.

For more information about cannabis use during pregnancy, please visit: http://www.beststart.org/resources/a1c_reduction/RisksOfCannabis_A30-E.pdf or <https://www.canada.ca/en/health-canada/services/substance-abuse/controlled-illegal-drugs/health-risks-of-marijuana-use.html>

For more information about the Canada FASD Research Network, including other policy documents about FASD and substance use during pregnancy, please visit: www.canfasd.ca



Evidence on the long-term effects of cannabis use during pregnancy largely comes from three prospective, longitudinal cohort studies that evaluated the outcomes of cannabis use during pregnancy on child development and behaviour. These studies include:

- Ottawa Prenatal Prospective Study (OPPS; Fried, 1995, 2002)
- Maternal Health Practices and Child Development (MHPCD) Study (Day, Leech, & Goldschmidt, 2012; Day et al., 1991)
- Generation R Study (El Marroun et al., 2009)

The results of these studies, and their comparisons across groups, need to be interpreted with caution, as the tetrahydrocannabinol (THC) content in cannabis has increased over the past few decades. Furthermore, the available research findings on cannabis use during pregnancy are limited by a number of factors. This research demonstrates an association, but not causality; confounding factors including polysubstance use, and social and economic factors, may influence outcomes. For example, cannabis is often used with other drugs, such as alcohol and tobacco, both of which have negative effects on pregnancy and the health of the fetus. In addition, significant effects were largely associated with heavy, prolonged use. Clearly there is a critical need for further research addressing the potential long-term consequences associated with cannabis use during pregnancy.

While no pattern of congenital anomalies has been linked to cannabis use by pregnant women, cannabis can increase the effects of alcohol use during pregnancy. Developing clinical guidelines for health care professionals on discussing the health effects of cannabis for women and pregnant women will be important, and these need to be linked to discussions on the effects of alcohol, tobacco, opioids, and other substances.