



Reality Check: Telling the Truth About Marijuana & the Impact on Pregnancy

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Disclosure

- I have no financial interest in any of the products or classes of products mentioned in this presentation
- No corporate payments or gifts have been received regarding this presentation
- No Non-FDA approved information will be provided
- Debbie Riscica, BS, OTR, CADAC, WTS, CTTS

Objectives

- Describe what marijuana is
- Identify maternal and fetal risks from marijuana exposure
- Discuss effects of marijuana use when breastfeeding

The Face of Addiction



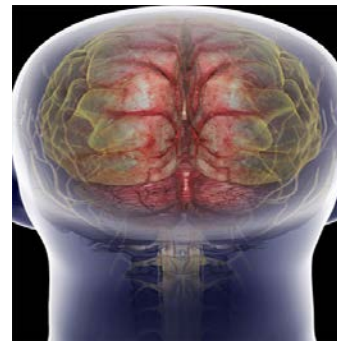
Diagnosis Of Substance Use Disorder

- 3 or more over 12 month period
 - Tolerance
 - Withdrawal
 - Substance taken in larger amounts or over longer period of time than intended
 - Persistent desire or unsuccessful efforts to cut down or control use
 - Great deal of time spent obtaining, using and recovering.
 - Social, occupational, or recreational activities diminished because of use
 - Substance use continues despite knowledge of having persistent physical or psychological problems that are likely caused or exacerbated by substance



What Increases Vulnerability For Substance Use Disorder?

- **Early onset of use**
- Physical changes in brain may cause permanent loss of neurological function
- Developmental growth stops when use begins



Other Risk Factors

- Family history of addiction and/or mental health problems (accounts for 40-60% of vulnerability to addiction)
- Active addiction or other trauma at home
- Severe injury or disease
- Imbalanced brain chemistry – self medication
- Peer pressure
- Environment
- Personality characteristics
- Exposure to substance use in utero



Young Girls And Women At Higher Risk For Substance Abuse

- Weight loss
- Stress relief (often fulfilling multiple roles)
- Boredom
- Mood enhancement
- Reduction of sexual inhibitions
- Self medication for depression and/or anxiety
- Improvement of self esteem and confidence

Additional Risk Factors For Women

- Early puberty
- Mothers who smoked and/or drank alcohol during pregnancy
- Binging, purging, excessive dieting, weight obsession



Protective Factors

- Parental monitoring and support
- Positive relationships
- **Later onset of first use**
- Self-control
- Consequential thinking
- Healthy coping skills with resiliency
- Problem solving and decision making skills
- Education
- Anti-drug use, underage gambling policies
- Strong neighborhood attachment



Profile of Pregnant Women More Prone to Use Substances

- Income below poverty level
- Experienced trauma as a child
- History of depression, anxiety or other mental health problems
- Lack of education
- Single
- Unemployed
- Criminal justice system involvement

The Progression Of Substance Use Disorders In Women

- Quicker onset
- More substance related diseases
- More sensitivity
- Body contains less water
- Body has more fatty tissue
- One drink = two drinks
- Less ability to metabolize

When Substance Use Progresses to Abuse and Dependence

Problems develop with:

- Physical health
- Psychological functioning
- Interpersonal issues
- Impaired social relationships
- Occupational functioning
- Financial problems
- Spiritual bankruptcy
- Criminal involvement



Marijuana Facts

- Dried leaves, flowers, stems and seeds from Cannabis sativa or indica plant
- Contains mind-altering chemical tetrahydrocannabinol (THC)
- Mental and physical addiction
- Most commonly used drug in the USA
- Approximately 22.2 million users each month
- Approximately 1 in 10 users will become addicted
- Use before age 18, 1 in 6 will become addicted
- Most commonly smoked in joints, pipes, vaporizers
- Increased perception of safety, including pregnant women



Marijuana Facts

- Developing brains in babies, children and teens more susceptible to adverse effects
- Affects memory, learning, attention, decision making, coordination, emotions, reaction time
- Long-term, frequent users have increased risk of psychosis, schizophrenia, depression, anxiety, suicidal thoughts
- Physical effects – respiratory problems, increased heart rate, intense nausea, vomiting, dehydration





Marijuana Facts

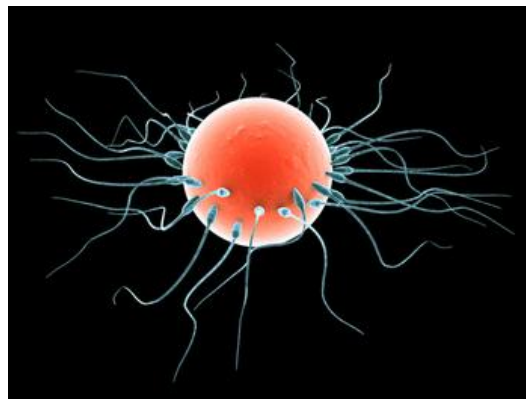


- Marijuana foods and beverages riskier than smoking for blood poisoning
- Marijuana extracts/concentrates - hash or honey oil, wax, kief, rosin, water hash wax, budder, shatter/butane hash oil (BHO), CO2 oil, crumble, erri, honeycomb, moon rock, nectar, etc.
- Using extracts called dabbing
- Extract contains 40 – 90% THC
- Smoking contains around 20% THC



Marijuana and Fertility

- Heavy male and female users higher risk for decreased fertility
- Men – less seminal fluid, lower sperm count, sperm behaves abnormally
- Women – interferes with menstrual cycles and release of eggs



Marijuana and Pregnancy

- Pregnant women consider smoking marijuana much safer than cigarettes
- Pregnancy and substance use disorders stigmatized
- Fear of DCP&P
- Reduced prenatal care
- Not truthful with health care providers
- Treated punitively rather than with support and compassion
- **Need more research** – difficult to separate effects from environmental factors, nutrition, cigarette, alcohol, and other drug use, neglect, abuse, etc.
- Second hand smoke as damaging to heart and blood vessels, and contains harmful and cancer causing chemicals , the same as cigarette second hand smoke



Marijuana

Mom

- Miscarriage
- Early birth
- Forgetfulness
- Lack of energy
- Slowed reaction time
- Prone to injuries
- Toxic to respiratory system and immune system
- Increased heart rate
- Hypotension
- Decreased oxygen flow
- Prolonged or arrested deliveries
- Placental complications



Baby

- Increased risk of infection
- Shorter gestation
- Low birth weight
- Small head and brain
- Developmental disabilities
- Newborns may show increased startle response, tremors, and disturbed sleep patterns
- Increased risk of cognitive and behavioral problems
- Increased risk of addiction/mental health issues
- Increased risk of childhood cancers

Maternal And Paternal Parenting Is It Safe?

- Inattentive
- Neglectful
- Sleeping
- Safety risks
- Poor bonding
- Unhealthy babies when they need so much



Plans of Safe Care Brochure

If you used any of the controlled substances listed in this brochure, you may be referred to the New Jersey Department of Children and Families when your baby is born.

The Department of Children and Families wants to make sure your baby is safe and healthy. We also want to make sure you have the support you need to care for your family.

To help families, Federal and State law requires hospitals to refer all newborns affected by their mother's substance use during pregnancy to the Department of Children and Families when:

- The mother tests positive for a controlled substance (listed on page 1) during pregnancy or at the time of delivery
- The newborn tests positive for a controlled substance (listed on page 1) after birth
- The infant displays symptoms of withdrawal from a controlled substance
- The infant displays the effects of Fetal Alcohol Spectrum Disorder (FASD)

The law applies when pregnant women were:

- Engaged in a Medically Assisted Treatment (MAT) program and receiving methadone or buprenorphine for a substance use disorder
- Taking prescription opioids or other controlled substances for a medical condition
- Using any illegal or legal controlled substances and not engaged in treatment or recovery



Helpful Resources

NJ Family Health Line, 1-800-328-3838

This free hotline operates 24/7 and connects families to trained telephone counselors who provide information and referrals on addiction during pregnancy, postpartum depression, and health screening and treatment.

NJ Department of Health, 1-844-276-2777

This free hotline operates 24/7 and provides information and referrals for pregnant women seeking treatment for addiction and substance use disorders.

Family Helpline, 1-800-THE KIDS (843-5437)

If you're feeling stressed out, call the Family Helpline and work through your frustrations before a crisis occurs. You'll speak with a sensitive, trained volunteer of Parents Inc. who provides empathetic listening about parenting and refers you to resources in your community.

NJ Domestic Violence Hotline, 1-800-572-SAFE (7233)

This 24/7 hotline assists victims of domestic violence and others seeking domestic violence services.

NJ 211, www.nj211.org, Dial 2-1-1 or 1-877-652-1148


Information and referral for basic human needs.

Women's Referral Central Hotline, 1-800-322-8092

This free 24/7 hotline provides comprehensive information, referrals, active listening, and crisis response related to the following concerns: child care, discrimination, displaced homemaker, divorce, employment, housing, legal assistance, single parenting, and social services.

Central Legal Services of New Jersey, 1-908-354-4340 and Legal Services of New Jersey – Domestic Violence Representation Project, 1-888-576-5529

These two programs are funded to provide services to victims of domestic violence who cannot afford the cost of legal advice and/or representation. The legal assistance includes referral, advice, brief assistance, preparation of a letter or routine legal document,



**Supporting
Substance
Affected
Newborns
and their
Families**



What are your hopes and dream for your baby and family?

The New Jersey Department of Children and Families wants to support you in achieving those hopes and dreams.

Family life can be challenging, and all families need support. Families struggling with addiction and substance use disorders need extra support.

We understand addiction and substance use disorder is a disease. It often isn't something you can manage on your own. And we know you want the best for your baby. You deserve our respect, understanding and our best efforts to help you, your baby, and your family.

You also know that any substance use during pregnancy may have serious consequences for you and your child. It can threaten the well-being of your baby. Possible risks to your baby include premature birth, low birth weight, birth defects, withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever).

The good news is that addiction and substance use disorder can be treated. Please call the New Jersey Department of Health at 1-844-276-2777 to learn about treatment for yourself and your baby. With treatment and support, it is possible for your baby to be safe and thrive **in your care**.

If you have a substance use disorder and are pregnant or parenting a newborn, seek out help. We are committed to supporting you and our child, and you will not be penalized for a good faith effort to get help.

Are you pregnant and using any of these substances, legal or illegal, that may affect your baby?

Heroin, fentanyl, or other opioids; cocaine, methamphetamine/amphetamines or other stimulants, PCP, marijuana, hallucinogens, prescription opioids, sedatives, tranquilizers or other depressants, methadone, buprenorphine, or alcohol.

If so, it is critically important that you:

- Begin prenatal care as soon as possible
 - Call NJ Family Health Line at 1-800-328-3838 for information and referrals on addiction during pregnancy, prenatal care, postpartum depression, and health screening and treatment
- Maintain regular prenatal appointments and follow your doctor's orders
- Tell your doctor about the substances you are using
- Obtain treatment for your substance use as early as possible in your pregnancy
 - Call 1-844-276-2777 for help in accessing treatment for addiction and substance use disorder for yourself and your baby
- Be aware that Medication Assisted Treatment (MAT), including methadone or buprenorphine, is the best treatment for you and your baby if you have an opioid use disorder
- Make sure your OB-GYN and treatment provider are aware of, and communicate, with each other so they can coordinate your care
- Sign consents to permit your substance use disorder treatment provider to communicate with your prenatal care provider, the hospital or birthing center where you plan to deliver, and the Division of Child Protection and Permanency
- Work with your substance use disorder treatment provider, prenatal care provider, and support system to create a Plan of Safe Care for you and your baby during your pregnancy

A Plan of Safe Care helps parents access:

- Treatment and recovery for substance disorders, mental health concerns, and domestic violence
- Healthcare for themselves and their newborn
- Child care and/or Early Head Start
- Social services such as housing, income support, food assistance
- Social connections
- Parent education and support
- Early intervention and support for child development
- And other services and support that might be unique to your family

Federal and State law requires that the New Jersey Department of Children and Families partner with you to develop a Plan of Safe Care after the birth of your baby. You can empower yourself and simplify this process by preparing a Plan before you give birth.

PLEASE BE AWARE: If you are pregnant, you can also call the New Jersey Department of Children and Families at 1-877-652-2673 for help in accessing healthcare and social services housing, income supplement, Medicaid as well as treatment for substance use disorder, domestic violence and mental health.

Are you preparing to go to the hospital to deliver your baby?

If so, it is critically important that you:

- Be prepared to share information about your Plan of Safe Care, including contact information for your treatment provider(s)
- Tell the hospital staff exactly what substances you have been taking, how much and when

This information will help the hospital staff keep you and your baby safe during the delivery, and after.

<https://www.state.nj.us/dcf/about/divisions/dcsc/Plans-of-Safe-Care-Brochure.pdf>

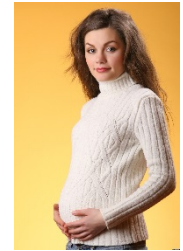
Medicinal Marijuana During Pregnancy

- Perception of safety
- May be used for chronic pain, nausea, and difficulty sleeping
- **Recommendation**
 - Discourage use before, during, and after pregnancy
 - Provide education on potential risks for baby
 - find alternative methods that present less risk



Recommendations

- AAP, ACOG, NIH, CDC advise no use prior and during pregnancy, and after delivery and **more research**
- Educate both partners on dangers of marijuana use
- Screen all women
- Referrals for treatment and/or support groups
- Contact the Perinatal Addiction Prevention Program



Marijuana and Breastfeeding

- Trace amounts in milk
- No noticeable fetal effects
- **Not enough research to determine safety and therefore should be avoided**
- Parenting concerns
- Less milk production
- Sleepy baby, decreased sucking, poor weight gain
- Could last in baby's system 2-3 weeks
- Later development of cognitive and behavioral problems

Marijuana And Breast Feeding

- Risk reduction
 - Less use, avoid 2nd and 3rd hand smoke before, during and after
- ACOG, AAP, NIDA, CDC, and LACTMED advise no use during breast feeding

What To Do

- Screen for use of all legal and illicit drugs
 - Let patient know you screen all your patients
- Open ended questions
 - Tell me about your alcohol, marijuana, etc. use prior to confirmation of pregnancy
 - Let's talk about your present use, and your partner's
- How to respond – empathy, without judgement

Clinician Discomfort with Screening for Substance Use

Concerns

- Uncomfortable
- Insufficient knowledge or experience
- Concern that questions about drinking are offensive

Eliminating Concerns

- Routine use and practice
- Comfortable and non-judgmental in delivery of questions
- Be approachable
- Ask *all* clients

Next Step

Reach out to the DOH funded Perinatal Addiction Prevention Project to assist with educational literature, and referrals for treatment and services

Our job is to make your job easier

*Perinatal Addictions
Prevention Project* 

Central Jersey Family Health Consortium

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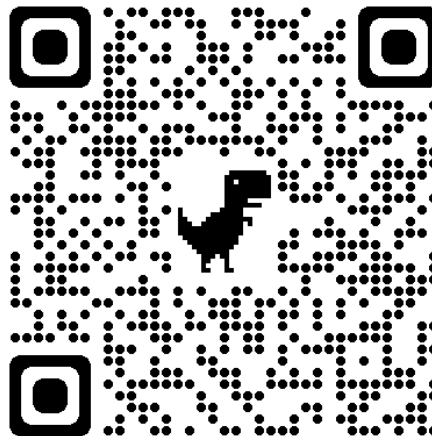
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SURVEY

<https://www.surveymonkey.com/r/89HFVTY>



Screening Forms

- [https://praspect.org/documentation/PRA Training Manual Jan2012.pdf](https://praspect.org/documentation/PRA_Training_Manual_Jan2012.pdf)
- <https://static1.squarespace.com/static/5305a53ee4b0be631aa0cb80/t...>

References

Cannabis and Breastfeeding: <https://sapiensoup.com/cannabis-breastfeeding>

The passage of 14C-delta-9-tetrahydrocannabinol into the milk of lactating squirrel monkeys: <https://www.ncbi.nlm.nih.gov/pubmed/824699>

Presence of delta9-tetrahydrocannabinol in human milk: <https://www.ncbi.nlm.nih.gov/pubmed/6287261>

Human metabolism of THC: <https://sapiensoup.com/human-metabolism-thc#first-pass>

Marijuana use and breast milk: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1472960/>

Current Colorado Study:

<http://www.westword.com/marijuana/breastfeeding-and-cannabis-new-colorado-study-looking-for-participants-8854298>

Amarillo doctors to study marijuana users who breastfeed: <http://www.amarillo.com/news/latest-news/2016-09-03/docs-study-marijuana-users-who-breastfeed>

References

Registration for Dr. Thomas Hale's study on marijuana in breastmilk:

<https://www.infantrisk.com/content/research-study-transfer-marijuana-human-milk>

Five-year follow-up of rural Jamaican children whose mothers used marijuana during pregnancy:

<https://www.ncbi.nlm.nih.gov/pubmed/1957518>

Marijuana: Prenatal and Postnatal Exposure in the Human:

https://archives.drugabuse.gov/sites/default/files/048-060_Tennes.pdf

Maternal marijuana use during lactation and infant development at one year:

<https://www.ncbi.nlm.nih.gov/pubmed/2333069>

Marijuana use in pregnancy and lactation: a review of the evidence:

<https://pdfs.semanticscholar.org/94a7/ec28a81f298983fee5c87a3a2cfd86fe21c9.pdf>

Surveying Lactation Professionals Regarding Marijuana Use and Breastfeeding:

<https://www.ncbi.nlm.nih.gov/pubmed/26252053>

CDC: What You Need to Know About Marijuana Use and Pregnancy 2017 Fact Sheet

<https://www.cdc.gov/marijuana/pdf/marijuana-pregnancy-508.pdf>

References

Marijuana use and pregnancy: prevalence, associated characteristics, and birth outcomes:

<https://www.ncbi.nlm.nih.gov/pubmed/25895138>

Differential effects on cognitive functioning in 9- to 12-year olds prenatally exposed to cigarettes and marijuana: <https://www.ncbi.nlm.nih.gov/pubmed/9638687>

ACOG Committee Opinion on [Marijuana Use During Pregnancy and Lactation](#)

Maternal Marijuana Use and Adverse Neonatal Outcomes: [A Systematic Review and Meta-analysis.](#)

NPR: [Is Smoking Pot While Pregnant Safe For The Baby?](#)

AJOG: [Maternal marijuana use, adverse pregnancy outcomes, and neonatal morbidity](#)

[State Marijuana Laws](#) in 2018 Map

NY Times: [Pregnant Women Turn to Marijuana](#), Perhaps Harming Infants

References

JAMA: [Trends in Marijuana Use Among Pregnant and Nonpregnant Reproductive-Aged Women](#), (1/10/2017)

AJOG: [Maternal marijuana use, adverse pregnancy outcomes, and neonatal morbidity](#)

ScienceDirect: [Effects of prenatal marijuana exposure on child behavior problems at age 10](#)

Pediatrics AAP: [Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus](#)

Taylor & Francis: [Public health messages about perinatal marijuana use in an evolving policy context](#)

National Academies of Science, Engineering and Medicines: [The Health Effects of Cannabis](#)

[Still Face Experiment](#) by Dr. Edward Tronick

[National Estimates of Marijuana Use and Related Indicators — National Survey on Drug Use and Health, United States, 2002–2014](#) (9/2/2016)

References

[Impact of adolescent marijuana use on intelligence: Results from two longitudinal twin studies \(2/2/2016\)](#)

[Prevalence of marijuana use does not differentially increase among youth after states pass medical marijuana laws: Commentary on and reanalysis of US National Survey on Drug Use in Households data 2002–2011 \(1/21/2016\)](#)

[Medical marijuana in the U.S. - Statistics & Facts](#)

[National Institute on Drug Abuse Infographics \(2016\)](#)

<https://toxnet.nlm.nih.gov/cgi-bin/sis/search2/f?./temp/~KGPfPa:1>

<https://www.reuters.com/article/us-health-teens-pregnancy-marijuana-idUSKBN17J1PO>

NIDA. (2019, June 18). Study finds increased cannabis use during pregnancy. Retrieved from <http://www.drugabuse.gov/news-events/news-releases/2019/06/study-finds-increased-cannabis> use during pregnancy

Obstetrics & Gynecology: October 2017-Volume 130 – issue 4 – p e 205-e209

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