Recreational use of cannabis sativa -- commonly known as marijuana, pot, or weed -- is presently legal in Oregon, Washington, Colorado, Alaska and Washington, D.C. Another handful of states are set to vote on Marijuana legalization this fall. Further, while not actually legal, marijuana use has been decriminalized in numerous other states and cards allowing “medicinal” use of marijuana can be obtained in others. Pennsylvania recently became the 24th state to legalize marijuana for medical use.

The US Supreme Court, on March 21, 2016 refused to hear a case brought by Oklahoma and Nebraska, which asked the high Court to hear a challenge to Colorado’s marijuana legalization framework. Oklahoma and Nebraska claimed that Colorado’s marijuana legalization was causing its flow across the borders into their own states, thereby creating law enforcement problems. In refusing to hear the case, the Supreme Court left to each state the decision to allow marijuana use within its borders.

The use of marijuana is proliferating nationally. Yet, in spite of its wide use and legality, it is not without health problems for the public.

An article in the British Medical Journal Open (BMJ), published April 5, 2016, and reported in MedPage Today by Arizona researchers, describes fetal outcomes when pregnant mothers use marijuana. Twenty four studies were included in this review.

Some key findings from the BMJ Open are:

- In 2010, worldwide marijuana was used by 129-190 million people, and approximately 13.1 million people were dependent on marijuana.
- Marijuana users report it as source of pleasure, describing pleasurable effects which include feeling happy, silly, euphoric, relaxed, hedonistic, sensual and foolish.
- Reported negative effects of marijuana use are anxiety, panic and psychotic symptoms.
- Laboratory experiments which varied the dose of tetrahydrocannabinol (THC), the chemical compound responsible for the effects of marijuana, found dose-related deficiencies in attention, reaction time, information processing, perceptual coordination and motor performance. These deficiencies result in increased risk of motor vehicle accidents.
- With regard to pregnancy, there does not appear to be an association between use of marijuana and structural fetal birth defects. However, women who use marijuana during pregnancy have a higher likelihood (compared with non-users) of adverse neonatal outcomes, such as low birth weight, and a greater likelihood of NICU admission.
The American College of Obstetricians and Gynecologists (ACOG) estimates that 2-5% of pregnant women use marijuana and 48-60% of those users, believing it is relatively safe, continue during pregnancy. However, ACOG cites studies suggesting that marijuana use in pregnancy can affect the baby’s future learning abilities, with decreased attention span and behavioral problems.

ACOG’s Committee Opinion released the following recommendations on “Marijuana Use During Pregnancy and Lactation”:

- Before pregnancy and in early pregnancy, all women should be asked about their use of tobacco, alcohol, and other drugs, including marijuana and other medications used for nonmedical reasons.
- Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy.
- Women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.

The ACOG Committee Opinion offers further advisement and research on marijuana use and should be used as a reference in PMCs to educate and advise pregnant mothers. It can be downloaded and printed in pdf format. Note that a challenge with determining the effects of marijuana use, as ACOG acknowledges, is that “[t] is difficult to be certain about the specific effects of marijuana on pregnancy and the developing fetus, in part because those who use it often use other drugs as well, including tobacco, alcohol, or illicit drugs, and in part because of other potential confounding exposures.”

While pregnant mothers are offered abortions when fetal anomalies are found or suspected, this research does offer some encouraging news. Though no one should ever make promises that a baby born to a woman who has used marijuana will not have anomalies, they can present this research showing that structural fetal anomalies are not correlated with marijuana use.

In summary, while marijuana continues to gain social acceptance, its use is not harmless to mothers and their unborn. Even though structural fetal anomalies are not associated with marijuana use, other issues, such as low birth weight, can create significant problems. PMCs are in a position to have a positive influence on pregnant women. PMCs should continue to encourage pregnant women to refrain from marijuana use and provide education on potential adverse effects of the use of it during pregnancy.

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