



Marijuana and Pregnancy

Marijuana use among pregnant women is a growing problem. Roughly one half of women who use marijuana before pregnancy continue to use it during pregnancy. Research is limited on the harms of marijuana use for a pregnant woman and her **fetus**. Since all of the possible harms are not fully known, the American College of Obstetricians and Gynecologists recommends that women who are pregnant, planning to get pregnant, or breastfeeding not use marijuana.

This pamphlet explains

- *facts about marijuana*
- *why to avoid marijuana before and during pregnancy*
- *marijuana's effects during pregnancy and breastfeeding*
- *how to get help for marijuana use disorder*

Facts About Marijuana

What is marijuana?

Marijuana is a plant that contains a chemical called tetrahydrocannabinol (THC). THC can cause relaxation and the typical “high” associated with marijuana use. Marijuana has other chemicals that affect different organs in the body, including the brain, lungs, blood vessels, heart, and liver. Researchers are still learning about the effects of THC on women and their fetuses.

Marijuana can be smoked or added to foods and eaten. This is called edible marijuana. Recreational marijuana use is legal in some states, but it is illegal

under federal law. Some people believe marijuana use does not have health risks, but this is not true (see box “Marijuana Myths”).

What is medical marijuana?

Medical marijuana is the use of marijuana that is prescribed by a doctor. Use of medical marijuana is legal in more than 20 states, but it is illegal under federal law. The U.S. Food and Drug Administration (FDA) has not approved medical marijuana for the treatment of any medical condition.

People may confuse medical marijuana with FDA-approved drugs that contain a form of THC. These

Marijuana Myths

Myth: Smoking marijuana is not harmful for the lungs.

Fact: Marijuana smoke has many of the same toxins as cigarettes. Secondhand marijuana smoke is harmful too.

Myth: Since marijuana is legal in some states, it is safe for anyone to use it.

Fact: Like any drug, using marijuana has side effects and risks, especially for pregnant women.

Myth: Edible marijuana is safer than marijuana that you smoke.

Fact: Eating marijuana has health risks just like smoking marijuana. It is not “safer.” Eating marijuana has a higher risk of overdose than smoking marijuana.

Myth: Marijuana is not addictive.

Fact: One in 10 marijuana users develop an addiction. One in 3 marijuana users develop a use disorder.

Myth: Medical marijuana is safe because a doctor can prescribe it.

Fact: Marijuana is not FDA-approved for the treatment of any health condition and has not been tested for safety.

FDA-approved drugs have a form of THC that does not produce a high. These drugs also require a doctor’s prescription.

Is edible marijuana safer than smoked marijuana?

Edible marijuana is processed differently in the body than marijuana that is smoked. Because edible marijuana is eaten and digested, the effects take longer to be felt. This leads some users to eat more marijuana to feel the effects more quickly. It is not possible to tell how strong the marijuana is before eating it. For these reasons, there is a higher risk of overdose with edible marijuana than with marijuana that is smoked.

Marijuana Use and Pregnancy

Is marijuana safe to use during pregnancy?

After cigarettes and alcohol, marijuana is the most commonly used substance during pregnancy. When marijuana is smoked or eaten, the chemicals reach the fetus by crossing the **placenta**. Research is limited on the harms of marijuana use during pregnancy because in many studies women who used marijuana also used other substances, such as alcohol or tobacco. But there are possible risks of marijuana use, including babies that are smaller at birth and **stillbirth**. Using marijuana also can be harmful to a pregnant woman’s health. The American College of Obstetricians and Gynecologists recommends that pregnant women not use marijuana.

Is marijuana an effective treatment for morning sickness?

Some women use marijuana for morning sickness. It is true that cancer patients often use marijuana to help with nausea. But there is no evidence that marijuana is helpful in managing morning sickness. If you have morning sickness, tell your **obstetrician-gynecologist (ob-gyn)** or other health care professional. Diet and lifestyle changes may help. There also is a drug approved by the FDA to treat the nausea and vomiting of pregnancy.

I use medical marijuana. Should I use it during pregnancy?

No. Medical marijuana is no different than nonmedical marijuana. It is not safer. It has all of the harmful effects of nonmedical marijuana. As with any medication during pregnancy, it is important to let your ob-gyn or

other health care professional know if you are using medical marijuana and to discuss other treatments you can try that are safe to use during pregnancy.

I’m planning to get pregnant. Do I need to stop using marijuana?

Yes, it is recommended that you stop using marijuana before trying to get pregnant. The effects of marijuana on the fetus may occur even during the first **trimester**.

Marijuana’s Effects During Pregnancy

What does current research suggest about the effects of marijuana during pregnancy?

Researchers are still learning about the effects of marijuana during pregnancy. Studies are not always clear, but researchers and doctors think the following:

- Marijuana exposure may disrupt normal brain development of a fetus.
- Babies whose mothers used marijuana during pregnancy may be smaller at birth. This is more common in women who used marijuana at least weekly.
- Research suggests an increased risk of stillbirth. It is not known if this is only because of marijuana use or due to use of other substances, such as cigarettes.
- Some studies suggest that using both marijuana and cigarettes during pregnancy can increase the risk of **preterm** birth.

How Marijuana Affects Pregnancy

Although researchers are still learning about the ways marijuana may affect a pregnant woman and her fetus, and how marijuana may affect children whose mothers used it during pregnancy, current research suggests the following:

Possible Effects on a Pregnant Woman

Permanent lung injury from smoking marijuana

Dizziness, putting a woman at risk of falls

Impaired judgment, putting a woman at risk of injury

Lower levels of *oxygen* in the body, which can lead to breathing problems

Possible Effects on a Fetus

Disruption of brain development before birth

Smaller size at birth

Higher risk of stillbirth

Higher chance of being born too early, especially when a woman uses both marijuana and cigarettes during pregnancy

Harm from secondhand marijuana smoke

Possible Effects on Children

Learning and behavioral problems

Trouble paying attention in school

Research also suggests the following:

- Children whose mothers used marijuana during pregnancy may have learning and behavioral problems later in life.
- Secondhand smoke from marijuana may be as harmful as secondhand smoke from cigarettes, especially for young children.

How can marijuana use affect my own health, especially if I am pregnant?

Marijuana can make people dizzy and fall. Falls can be dangerous for pregnant women. Marijuana also can alter your judgment, putting you at risk of injury. Smoking marijuana lowers your body's level of oxygen, which increases the risk of breathing problems. Smoking marijuana also can damage your lungs.

Marijuana Use and Breastfeeding

How does marijuana affect breastfeeding babies?

Little is known about the effects of marijuana on breastfeeding babies. Because it is not clear how a baby may be affected by a woman's marijuana use, the American College of Obstetricians and Gynecologists recommends that women who are breastfeeding not use marijuana.

Getting Help

Is marijuana addictive?

Yes, marijuana is addictive. Current estimates are that 1 in 10 marijuana users fit the definition of addiction. With addiction, a person has difficulty stopping use of a substance even though it causes problems with relationships, work, or school.

Marijuana users also can develop marijuana use disorder. This disorder can cause withdrawal symptoms when you try to stop using marijuana. Symptoms include irritability, trouble sleeping, cravings, and restlessness. About 1 in 3 users have a marijuana use disorder.

Will my ob-gyn or other health care professional ask if I use marijuana?

Your ob-gyn or other health care professional may ask about your use of substances, including alcohol, tobacco, marijuana, illegal drugs, and prescription drugs used for a nonmedical reason. Doctors ask about these substances to learn if you have any behaviors that could harm you or your fetus. If you are having trouble with substance use, your ob-gyn or other health care professional can offer advice or resources to help you quit. The American College of Obstetricians and Gynecologists believes women who have a substance use problem should receive medical care and counseling services to help them quit.

How can I get help for marijuana use disorder or addiction?

If you want to quit marijuana and need help, you can find resources on the website of the Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov. SAMHSA also has a 24-hour treatment referral line: 800-662-HELP (4357).

Finally...

Marijuana is a drug that may have harmful effects during pregnancy. You can prevent risks associated with marijuana by not using it if you are pregnant, planning to get pregnant, or breastfeeding.

Glossary

Fetus: The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women’s health.

Oxygen: A gas that is necessary to sustain life.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Preterm: Born before 37 weeks of pregnancy.

Stillbirth: Birth of a dead fetus.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women’s health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright May 2018 by the American College of Obstetricians and Gynecologists. All rights reserved.

ISSN 1074-8601

To order print copies of Patient Education Pamphlets, please call 800-762-2264 or order online at sales.acog.org.

American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920