## **Breastfeeding Medicine**

Physicians blogging about breastfeeding

## Marijuana and Breastfeeding

with one comment

Ryan, Ammerman, and O'Connor's Clinical Report on "Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes" was published recently in *Pediatrics*. The report, coauthored by the American Academy of Pediatrics (AAP) Committee on Substance Use and Prevention and the AAP Section on Breastfeeding, summarizes data on the prevalence of marijuana use in women of childbearing age. Overall, rates of marijuana use have increased in recent years, according to the National Survey on Drug Use and Health. Pregnant women use marijuana less frequently than do nonpregnant women in the same age range.

Legalization of marijuana has made both inhaled and edible forms of marijuana more widely available and have decriminalized its use in certain US states. Medical marijuana is available in an even larger number of states. Some women report using marijuana during pregnancy to combat nausea and vomiting, and this has been advocated in certain social media postings. Federal laws in the US still prohibit the use of marijuana.

Women who use marijuana also may be more likely to use tobacco, confounding the ability to determine the impact of each substance. The cannabinoids, which are lipophilic, cross the placenta and are distributed rapidly to the brain. This may impact neurodevelopment of the growing fetus when marijuana is consumed during pregnancy. The <u>American College of Obstetricians and Gynecologists</u> cautions against the use of marijuana during pregnancy.

When breastfeeding women use marijuana, their infants may be exposed to cannabinoids via direct consumption of breast milk containing cannabinoids, as well as through secondhand smoke exposure. Bertrand et al showed that tetrahydrocannabinol can accumulate in breast milk and may be detectable as long as six days after the most recent use, so even occasional use may place growing infants at risk due to the rapid brain growth and development that occurs during this period. There is no established safe threshold for marijuana exposure. In addition, the potency of marijuana products varies widely. In general, currently available marijuana products have higher potency than in past years.

The Academy of Breastfeeding Medicine updated its <u>Guidelines for Breastfeeding and Substance Use of Substance Use Disorder</u> in 2015 and concluded that the "lack of long-term follow-up data on infants exposed to varying amounts of marijuana via human milk, coupled with concerns over negative neurodevelopmental outcomes in children with in utero exposure, should prompt extremely careful consideration of the risks versus benefits of breastfeeding in the setting of moderate or chronic marijuana use. A recommendation of abstaining from any marijuana use is warranted."

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The authors of the current <u>AAP clinical report</u> acknowledge the lack of well-controlled studies and limitations of the data available to date. With these limitations, recommendations are given that both pregnant and breastfeeding women should be educated about the potential adverse effects. Women contemplating pregnancy should be advised that it is preferable to abstain from use of marijuana while pregnant. Likewise, breastfeeding women should be discouraged from using marijuana.

The challenge is whether women who do choose to continue use of marijuana use should be advised to stop breastfeeding. This is a risk-benefit decision. Health care providers counseling breastfeeding mothers should have an informed discussion weighing carefully the risks of cannabinoid exposure and potential impact on neurodevelopment against the benefits of breastfeeding. Current data suggest that the safest choice is no use of marijuana while breastfeeding.

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Written by jymeek

September 6, 2018 at 8:54 am

Posted in ethics, In the news, policy

## One Response

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What are the perceived risks to the fetus or infant? That isn't mentioned anywhere.

## <u>JennP</u>

September 8, 2018 at <u>7:53 am</u>

<u>Reply</u>

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