Partnering with Patients About Ongoing Cannabis Use and Lactation: A Practical Strategies Workshop

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The CHoSEN Collaborative

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SCHOOL OF MEDICINE
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The Dilemma

- Increasing cannabis legalization has led to increasing use among many people, including those who are pregnant.
- Despite national medical organizations' professional guidelines recommending against the use of cannabis during pregnancy and breastfeeding, prevalence of use has continued to increase.
- This has led to challenges in the provider-patient relationship throughout pregnancy, delivery and beyond.

Volkow JAMA 2019

An Opportunity?

An opportunity exists to improve family education beginning with prenatal care, emphasizing early safe breastfeeding counseling, to promote a collaborative experience at delivery in addition to newborn care and lactation.

General Precaution

- There is no safe amount of cannabis use during pregnancy or breastfeeding, and no medical indication for use during the perinatal period.

- The American College of Obstetrics and Gynecology (ACOG), American Academy of Pediatrics (AAP) and the Academy of Breastfeeding Medicine discourage cannabis use in pregnancy or while breastfeeding.

- Harm reduction strategies utilized for other substances (opioids, tobacco, alcohol) may be of assistance in the setting of perinatal cannabis use, with a focus on prevention and positive interventions.

ACOG 2017,
AAP 2012, 2022
ABM 2015

Education and Partnership

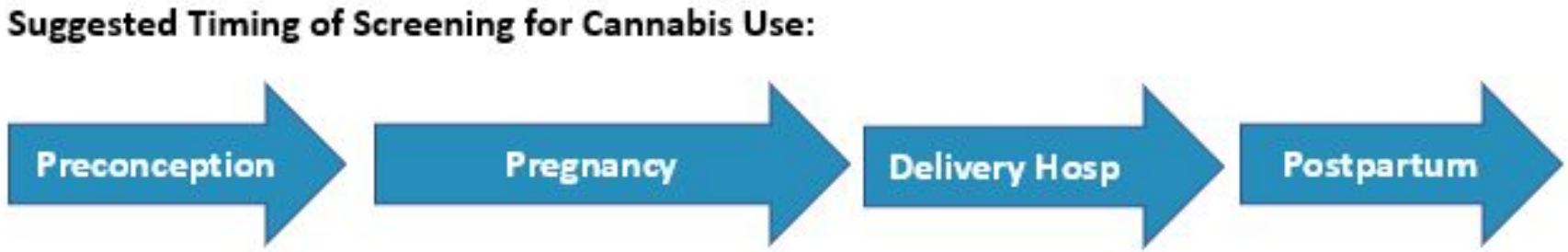
- ACOG recommends universal screening for substance use with a validated tool for reproductive aged and pregnant women for any substance use.
  - Increased screening for anxiety and depression has also been recommended.

- A positive screen provides the opportunity for education, intervention and referrals to treatment if warranted, and a discussion about the patient's plans for breastfeeding.
  - In CO- a positive screen or toxicology test does not warrant report to CPS

- Partnerships between obstetrics, midwifery, lactation specialists and pediatric providers can raise awareness of cannabis use prevalence and provide a consistent approach across disciplines to education and patient care.

Education and Partnership

Delivery hospitals may consider incorporating 'safe breastfeeding counseling' in guidelines or policies when a positive screen for cannabis use occurs. Ideally, education surrounding safe breastfeeding should occur prior to the delivery hospitalization.



Educate patients to anticipate repeated screening questions and assessment of cannabis use at future healthcare visits is recommended, just like screening for mood and anxiety disorders.

Educational Pearls

- THC, the psychoactive component of cannabis, crosses the placenta to the fetus, and is excreted and concentrated in breastmilk.

- There is wide variation in THC concentration in breastmilk, up to 8-10 times more concentrated in milk than plasma, and prolonged excretion up to six weeks after abstention.

- Cannabis use in pregnancy is associated with SGA (small for gestational age) infants, and negative effects on cognition, behavior, and attention later in childhood. Close developmental monitoring is warranted.

- There is no known safe amount of cannabis use during pregnancy/lactation.
  - Legalization ≠ Safety, Insufficient Data ≠ Safety

5 Simple steps for easier communication:

VitalTalk.org

Evidence based tools for improved communication by providers in difficult situations

1. Assess where the patient is at
2. Ask permission to share new information
3. Clear headline- short simple transfer of information
4. Respond to emotion
5. Answer patient-guided questions

Weill *J Surg Educ* 2022
Guttman *Am J Hosp Palliat Care* 2023
Uemura *Am J Hosp Palliat Care* 2024
Kase *Hosp Pediatr* 2023
DeFursco *Am J Hosp Palliat Care* 2023

Two most common ways we waste time communicating less effectively

1. We waste time giving cognitive information when patients/parents are blocked by emotion.

2. We waste time trying to guide people blindfolded. Invest up front in learning where the patient/parent is starting and where they want to go next.

General Principles

- Approach with empathy and compassion, with focus on support and harm reduction.
- Physically sit down with family to discuss.
- Utilize trauma-informed techniques when interacting with families.
- Build rapport by initially discussing general information such as medical care plans for the birthing person or newborn.
- Remember, the goal is to educate our families and provide appropriate information for them to make their own informed decisions about cannabis use.
- Recognize that many patients believe they are doing what is best for their baby by using cannabis (eg, feeling it is the only strategy that has been successful to control mood symptoms), and challenging that belief may be uncomfortable for patients.

Myths & Misconceptions

- Cannabis is legal, so it's safe to use while pregnant/breastfeeding.
- Scientists aren't 100% sure if using cannabis during pregnancy/breastfeeding is harmful, so it's safe to use at this time.
- Cannabis is natural, so it is better/safer than medications for treatment of medical conditions such as nausea, appetite stimulation, depression or anxiety.
- My milk won't have cannabis or its metabolites as soon as I stop using cannabis.
- Cannabis isn't addictive, so it should be easy for me to stop using if I decide to do so.

Sample Questions

- Cannabis use is really common, including among pregnant people. How often have you used cannabis prior to pregnancy? During the pregnancy?
- Can you tell me more about how you use cannabis? What are the benefits to you in using cannabis? Are there other ways you could achieve those benefits without using cannabis?
- Does anyone else in your home use cannabis?
- What are your plans for cannabis use after pregnancy and while breastfeeding?
- If you decided to decrease your cannabis use, how would you go about doing that?
- When has there been a time when your cannabis use affected your ability to parent or watch your children/drive/work (if other children in home)?
- Are there times you are more likely to use cannabis, like situations or around certain people? Do you think this will change while having a new baby at home?
- If you plan to use cannabis after the baby is born, who could you ask for support to provide sober caregiving for your baby?

Harm Reduction Approach

Similar to tobacco harm reduction, providers should advise patients to minimize frequency of cannabis use, never smoke/vape while actively breastfeeding and never smoke/vape inside the home or car (or while driving).

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Harm Reduction Approach

- Strategies are intended to reduce problems associated with substance use while recognizing that for some users, abstinence may be neither realistic nor desirable.

- Primary goal encourages abstinence as a way to avoid harm, while including means for reducing harm among those who continue substance use.

- It may be helpful to provide evidence-based recommendations to reduce the harm of use, despite the perception of condoning use.

Why Do We Care?
Plans of Safe Care!

For Maternal/Obstetric Care:

- **Consider increased risks for perinatal mood and anxiety disorders and screen accordingly.**
- **Consider earlier follow up than the routine 6-week postpartum care for uncomplicated pregnancies and deliveries.**
- **Continue assessment and support for reducing cannabis use if breastfeeding.**

For Pediatric Care:

- **Warm hand-off from the delivery to the outpatient pediatric provider.**
- **Known cannabis use in pregnancy to trigger additional anticipatory guidance:**
  - **Assessment of ongoing cannabis use if breastfeeding**
  - **Screen for perinatal mood/anxiety disorder**
  - **Safe and sober caregivers for infant**
  - **Reinforce safe sleep practices**
  - **Safe storage of cannabis products in the home**

Case 1

5 day old infant transferred from outside hospital due to need for surgery on a congenital benign mass. Mother reported marijuana use in pregnancy and said that both her OB and pediatrician were aware and said it was safe.

She is transferred to hospital NICU. Mother's urine toxicology test was reported positive for cannabis.

Mother wants to breastfeed. Staff are divided about how to manage this case.

Options

A. This is a limited stay and mother will do what she wants when she returns home. This is not a fragile premature infant.

B. We need to be consistent on protecting the infant since we are uncertain about the effects of marijuana on infants. Should assess her knowledge regarding perinatal cannabis use, provide education and lactation support, and offer donor milk in the NICU.

Case 2

During the course of a regular 2-week well child visit during regular secondhand smoke screening, the mother discloses that she smokes cannabis once a day and it is a big help with her sleep problems and anxiety.

With further questioning the parents state that they take turns when using THC so the baby is not alone and not exposed to marijuana smoke.

Questions?

1. How would you approach this frank disclosure?

2. What other questions should you ask?

At the end of the day…

You and the birthing parent must weigh:

- Neurodevelopmental risks to the infant

- Known benefits of breastfeeding (for birthing parent and baby)

- Birthing parent's goals/desires with respect to cannabis use and infant feeding

There is no known safe amount of cannabis use during pregnancy/lactation

Abstinence/cessation would be ideal but is not always feasible/achievable/desired.

For these families, decreasing cannabis use may still be feasible.

Thank you!

Questions? Email Us!

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