Cannabis Use During Pregnancy and Newborns Affected by Prenatal Use of Cannabis in California

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Substance and Addiction Prevention Branch
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Acknowledgements

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At a Glance



Cannabis contains nearly 500 chemicals, including Tetrahydrocannabinol (THC). These chemicals can be passed to the baby during pregnancy and lactation and cause a variety of problems.^{1, 2}



The prevalence of cannabis use during pregnancy has been consistent from 2016 to 2022 in California (fluctuating around 5%).³



Adults in the 20- to 34-year-old age range used cannabis at higher rates while pregnant than adults 35 years and older; however, this difference was not statistically significant.³



Pregnant Californians with the highest family incomes reported using cannabis at lower rates than those with lower family incomes.³



Pregnant Californians with a college degree reported using cannabis at lower rates than those who completed some college or high school/GED.³



Nearly 1 out of 230 live births were affected by prenatal use of cannabis in California.⁴



No amount of cannabis has been proven safe to use during pregnancy or breastfeeding.

Background

Cannabis is the most widely used psychoactive drug during pregnancy in the United States. A growing number of pregnant people view it as a safe, natural way to treat nausea and vomiting, or 'morning sickness.' However, no amount of cannabis use during pregnancy and breastfeeding (also referred to as chestfeeding) has been proven safe and use comes with serious risks.

Health Effects of Cannabis Use During Pregnancy

Cannabis contains nearly 500 chemicals, including the mind-altering compound tetrahydrocannabinol (THC). These chemicals can be passed through the gestational parent's placenta to the baby during pregnancy and cause a variety of problems, including:^{1, 2}

- 1. Growth restriction of the baby in the uterus (baby doesn't grow the appropriate amount before birth)
- 2. Increased risk of stillbirth
- 3. Preterm birth (being born before 37 weeks of gestation)
- 4. Low birthweight
- 5. Problems with attention, memory, problem-solving skills, and behavior in their children later in life.



Health Effects of Cannabis Use During Breastfeeding



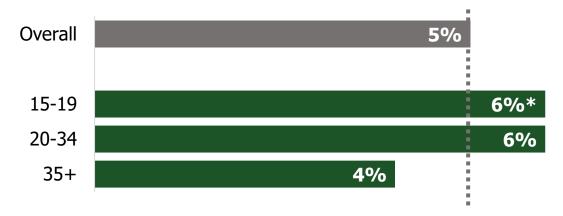
Cannabis use while breastfeeding poses a risk of harm to the baby. THC and chemicals in cannabis can be passed to a baby through breastmilk, which can increase the baby's risk of improper brain development.^{1, 2}

Cannabis Use During Pregnancy in California

According to Maternal and Infant Health Assessment (MIHA) data, the prevalence of cannabis use during pregnancy has been consistent from 2016 to 2022 in California (fluctuating around 5%).³

In 2022, **5%** of Californians with a recent live birth used cannabis while pregnant.³

Figure 1: Cannabis Use During Pregnancy in California by Age Groups in 2022.



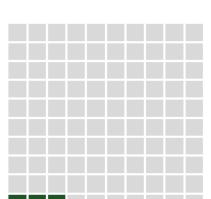
In 2022, adults in the 20- to 34-year-old age range used more cannabis while pregnant than adults 35 years and older; however, this difference was not statistically significant.³

Note: *Estimates for 15- to 19-year-olds should be interpreted with caution (relative standard error is between 30% and 50%).

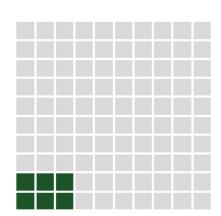
The question asked in the MIHA was: "During your most recent pregnancy, did you use marijuana or weed in any way (like smoking, eating or vaping)?"

Figure 2: Cannabis Use During Pregnancy in California by Family Income in 2022.

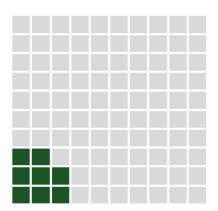
3%of >200% FPG with a recent live birth used cannabis while pregnant.



6% of 101 - 200% FPG with a recent live birth used cannabis while pregnant.



8% of 0 - 100% FPG with a recent live birth used cannabis while pregnant.





In 2022, pregnant Californians with the highest family incomes were less likely to report using cannabis than those with lower family incomes.³

Federal poverty guidelines (FPG) are set by the U.S. Department of Health and Human Services (HHS) and are mostly used to determine eligibility for public programs such as food assistance. FPGs are set based on poverty thresholds. More information can be found on the Office of the Assistant Secretary for Planning and Evaluation website.

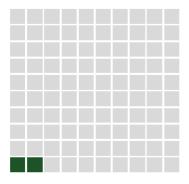
Figure 3: Cannabis Use During Pregnancy in California by Education Level in 2022.

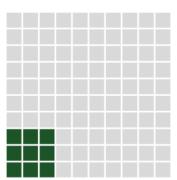
2% of college graduates with a recent live birth used cannabis while pregnant.

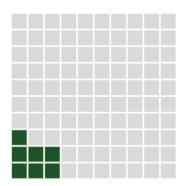
9% of individuals with some college education with a recent live birth used cannabis while pregnant.

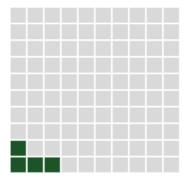
7%
of individuals with
high school/ GED
education with a recent
live birth used cannabis
while pregnant.

4%
of individuals with
less than high school
education with a recent
live birth used cannabis
while pregnant.







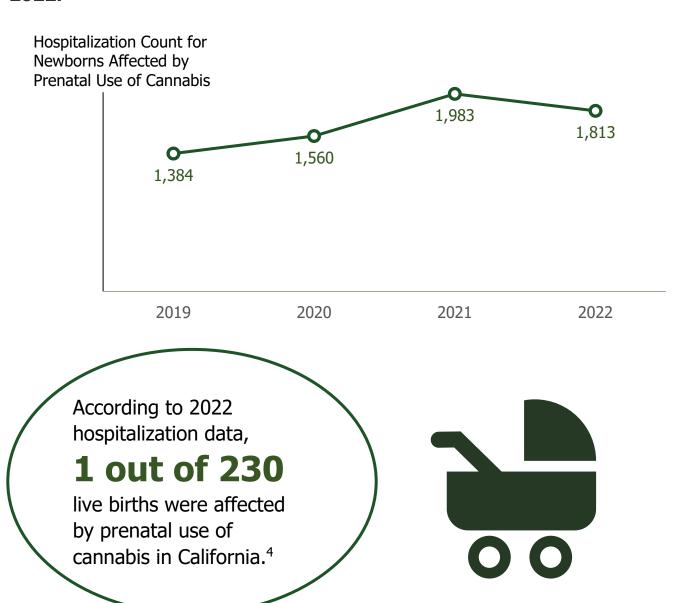




In 2022, pregnant Californians with a college degree reported using cannabis significantly less than those who completed some college or high school/GED.

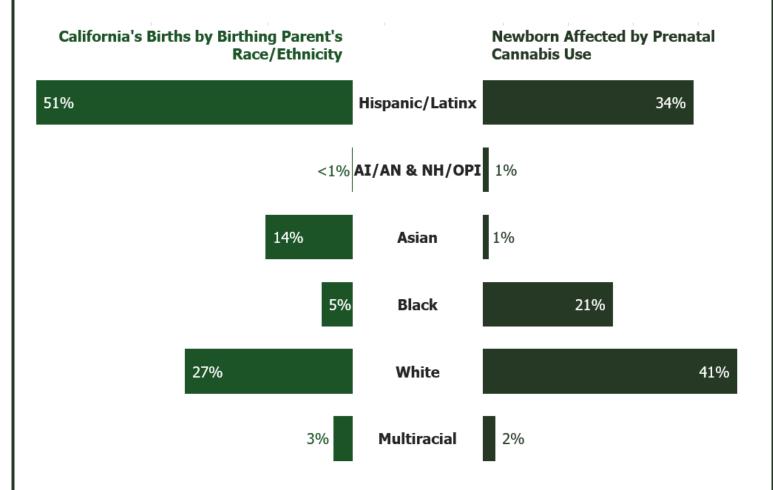
The prevalence of cannabis use among pregnant Californians with some college education and high school/GED education are not significantly different.³

Figure 4: Newborns affected by prenatal use of cannabis from 2019 to 2022.⁴



From 2019 to 2022, the number of newborns affected by prenatal use of cannabis among California residents increased from 1,384 to 1,813 (31% increase).⁴

Figure 5: Racial/ethnic distribution of California's birthing parents and newborns affected by prenatal use of cannabis in California in 2022.^{4, 5}



^{*}AI/AN= American Indian/Alaska Native; NH/OPI=Native Hawaiian/Other Pacific Islander

According to 2022 hospitalization data, Black and White newborns are disproportionately affected by prenatal use of cannabis.⁴ However, discrimination, structural racism and bias in testing may lead to more drug testing of Black newborns, which may result in more diagnoses of Black newborns affected by prenatal use of cannabis.⁶

The percentage of different race/ethnicities among the newborns affected by prenatal use of cannabis has remained about the same from 2019 to 2022 in California.⁴

Technical Notes

- Only Californian newborns were included in the California Department of Health Care Access and Information (HCAI) data analyses.
- ICD-10 code P04.81 was used to identify newborns affected by prenatal (maternal) use of cannabis. This code was included in the ICD-10 CM diagnostic code in October 2018 and 2019 was the first full year of data.
- <u>2022 Statewide Live Birth Profile by CDPH</u> was used as the denominator for rate calculation.

Proactive Public Health Approaches

- Educate pregnant and breastfeeding people about the risks of cannabis use during pregnancy and breastfeeding.
- Improve public education regarding harms to the fetus and newborn when pregnant/breastfeeding people use cannabis.
- Monitor and track cannabis use and related health outcomes among pregnant people and newborns.
- In healthcare settings, improve clinical practice guidelines for cannabis use during pregnancy and lactation. Develop institution- and provider-level practices and policies to identify and rectify racial inequities in screening for cannabis use.

No amount of cannabis has been proven safe to use during pregnancy or breastfeeding.

Conclusion

While there are different risks of cannabis use during pregnancy and breastfeeding, use of any cannabis can result in adverse health effects to the unborn child. For more information about cannabis use during pregnancy please visit:

- CDPH SAPB Cannabis and People Who are Pregnant or Breastfeeding (PDF)
- CDPH SAPB <u>Pregnant and Breastfeeding Webpage</u>
- CDPH MCAH <u>Prenatal Substance Use Dashboard</u>
- CDPH MCAH <u>Substance Use Disorder at Delivery Dashboard</u>
- CDPH's My Family website for WIC families and the department's resource on Marijuana Use During Pregnancy and Breastfeeding (English (PDF) Spanish (PDF)).
- <u>Frequently Asked Questions About Marijuana and Pregnancy</u> (The American College of Obstetricians and Gynecologists)

About the Substance and Addiction Prevention Branch

The Substance and Addiction Prevention Branch (SAPB) aims to reduce individual, social, and environmental harms caused by substance-related and addictive disorders through research-driven prevention, education, and treatment in California. SAPB regularly conducts research on trends in substance misuse and related outcomes to spread awareness about the harms of substance misuse in California.

About the Youth Cannabis Prevention Initiative

The California Department of Public Health (CDPH), Substance and Addiction Prevention Branch's (SAPB) Youth Cannabis Prevention Initiative (YCPI) works to address the negative impacts and consequences of youth cannabis use through health education; public awareness; state and local partnerships; and policy, systems, and environmental change. Visit the CDPH Youth Cannabis Prevention Initiative website to learn more about YCPI.

The YCPI is supported by the Youth Education Prevention, Early Intervention and Treatment Account (YEPEITA), established by the Control, Regulate and Tax Adult Use of Marijuana Act (AUMA). AUMA legalized the recreational sale and use of cannabis to people over the age of 21 and set up the Cannabis Tax Fund, including the YEPEITA.

References

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- **2.** CDC. Marijuana Use and Pregnancy. PDF Available at: https://www.cdc.gov/overdose-resources/pdf/MarijuanaFactSheets-Pregnancy-508.pdf. Accessed 12/30/2024, 2024.
- **3.** MCAH/CDPH: Maternal and Infant Health Assessment (MIHA) Survey Data, 2022. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division.
- **4.** California Department of Health Care Access and Information (HCAI) Patient Discharge Data; 2019-2022.
- **5.** Statewide Live Birth Profiles. California Department of Public Health, Center for Health Statistics and Informatics, Vital Statistics Branch; 2022.
- **6.** Schoneich S, Plegue M, Waidley V, et al. Incidence of Newborn Drug Testing and Variations by Birthing Parent Race and Ethnicity Before and After Recreational Cannabis Legalization. *JAMA Network Open.* 2023;6(3):e232058-e232058.