

Perinatal Marijuana Use

Virginia- PRAMS 2021



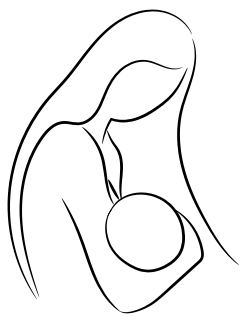
Background

Marijuana, also referred to as cannabis, is used by an estimated 48.2 million people in the United States.¹ Marijuana contains compounds which include tetrahydrocannabinol (THC), which is impairing or mind-altering, as well as other active compounds, such as cannabidiol (CBD).² The chemicals in marijuana (specifically THC) can pass through the mother's system, including through the womb and bloodstream.³ Using marijuana during pregnancy may affect a baby's development and may put mothers at risk for pregnancy complications.^{3,4} Since research on the harm of marijuana during pregnancy is limited, the American College of Obstetricians and Gynecologists recommends that women who are pregnant, planning to get pregnant, or breastfeeding not use marijuana.⁵

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS collects site-specific, population-based data on maternal experiences and behaviors before, during, and shortly after pregnancy. Women are sampled for PRAMS between 2 and 6 months after having a live birth.

Of the **10.6%** reporting marijuana use during pregnancy, **88.7%** of mothers took marijuana products **to relieve stress or anxiety**.



3.9% believe in **waiting to breastfeed until right after they are no longer high** and **7.2%** believe in **waiting to breastfeed 2-3 hours after no longer high**.

Women Who Reported Marijuana Use Before and During Pregnancy

PRAMS Indicator	% (95% CI)¶ 2021
Marijuana use 1 day a month or less while pregnant	9.2 (0.0-25.7)
Marijuana use daily, 3 months before pregnancy	14.8 (7.9-67.8)

◇ Women with a recent live birth

¶ Weighted percent (95% Confidence Interval)

Resources

[Marijuana and Pregnancy: https://www.cdc.gov/marijuana/health-effects/pregnancy.html](https://www.cdc.gov/marijuana/health-effects/pregnancy.html)

Women Who Reported Marijuana Use Before and During Pregnancy, by Characteristics - Virginia, 2021

Characteristics	Any marijuana use 3 months before/during pregnancy % (95% CI) †*	Daily‡ marijuana use 3 months before pregnancy % (95% CI) †
Maternal Race/Ethnicity		
Non-Hispanic White	5.7 (2.0-9.4)	13.8 (0.0-31.9)^
Non-Hispanic Black	3.3 (0.4-6.2)^	23.1 (0.0-50.9)^
Hispanic	0.9 (0.0-2.7)^	0.3 (0.0-1.0)^
Non-Hispanic Asian or Pacific Islander	0	0.0
Non-Hispanic American Indian or Alaska Native	#	#
Non-Hispanic Other	0.6 (0.0-1.6)^	0.6 (0.0-1.5)^
Maternal Age (years)		
≤19	0.1 (0.1-0.2)^	0.0
20-24	2.9 (0.0-5.9)^	10.6(0.0-33.4)^
25-34	5.8 (2.0-9.5)^	11.9 (0.0-42.3)^
≥35	1.8 (0.1-3.6)^	6.5 (0.0-20.5)^
Income		
\$24,000 or less	3.3 (0.0-6.7)^	23.1 (0.0-51.7)^
\$24,001-\$57,000	3.8 (0.4-7.1)^	7.9 (0.0-21.5)^
More than \$57,000	4.9 (1.5-8.4)^	6.9 (0.0-20.3)^



Overall **86.5%** of mothers **believe it is not safe at all to breastfeed after marijuana use**, no matter the wait time after getting high

† * † See footnotes in first table

Data not available

^ < 30 respondents, may not be reliable

*VA PRAMS survey questions asks, "At any time during the 3 months before you got pregnant OR during your most recent pregnancy, did you use marijuana or hash in any form?"

Summary

This fact sheet provides information on marijuana use among women 2 and 6 months after having a live birth. While mothers recognize the risks associated with marijuana use prior to/during pregnancy and while breastfeeding, there is still a percentage of mothers who partake in these behaviors. Large confidence intervals are indicative of small sample size; thus, data inferences should be made with caution.

To learn more about PRAMS methods and to see data availability visit:

<https://www.cdc.gov/prams>

<https://www.vdh.virginia.gov/prams/>



THE BEST SOURCE OF DATA ON MOTHERS AND BABIES

1. Rosenberg EC, Tsien RW, Whalley BJ, Devinsky O. Cannabinoids and epilepsy. *Neurotherapeutics*. 2015;12:747-768.
2. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2020. Retrieved from <https://www.samhsa.gov/data/external/icon>
3. Grotenhermen F. Pharmacokinetics and pharmacodynamics of cannabinoids. *Clin Pharmacokinet*. 2003;42:327-360
4. National Academies of Sciences, Engineering, and Medicine. The health effects of cannabis and cannabinoids: current state of evidence and recommendations for research. Washington, DC: *The National Academies Press*; 2017.
5. <https://www.acog.org/store/products/patient-education/pamphlets/pregnancy/marijuana-and-pregnancy>