

Marijuana is legal, but not healthy for moms, babies

Commentary by Capt. Mallory McCuin, RN, Assistant Clinical Nurse Officer in Charge,
Mountain Post Birthing Center



The recent national trend toward marijuana legalization has led to an increase in recreational marijuana use. Like alcohol, the recreational use of marijuana includes several inherent risks, particularly for women who are pregnant or plan to become pregnant. It is imperative that women understand and are aware of the negative effects of marijuana use during pregnancy and the potential legal ramifications that coincide with it.

Marijuana is a plant that can be inhaled, ingested, or applied topically. It is composed of two main ingredients: Cannabidiol (CBD) and tetrahydrocannabinol (THC) and contains over 600 other chemicals. THC is the ingredient that is responsible for many of the known side effects of marijuana use. In the last 30 years, the content and potency of THC has been steadily increasing. In 1983 THC levels were at 4%, currently levels have been advertised to be as high as 29%. The increase in the level of THC is leading to an increase in many of the risks associated with marijuana use.

During marijuana use, the heart rate speeds up by as much as 20-50 beats per minute and blood vessels dilate which cause the eyes to look red. In the first hour of smoking, the risk of heart attack is 4 times greater than the usual risk. The toxins, chemicals, and carcinogens in marijuana increase the risk for cancer (particularly in the lungs) and there are various negative effects on immune cells. Psychologically, marijuana is believed to have a link with psychosis and worsens schizophrenia.

Marijuana use during pregnancy is believed to have multiple negative effects on the fetus. When a pregnant woman uses marijuana, it readily crosses the placenta and delivers toxic chemicals to the fetus. Similar to alcohol, there is no known safe amount of marijuana. Even low concentrations of THC during pregnancy may have long-lasting consequences for the fetus.

Marijuana exposed newborns are at risk for: stillbirth, premature delivery, low birth weight, birth and heart defects, neurological problems, sudden infant death, breathing problems and developmental delays.

Breastfeeding is also affected by marijuana use. Studies have shown that marijuana is rapidly transmitted into breast milk in moderate amounts and remains there for an extended period of time. Infants may test positive in urine screens for up to 2-3 weeks after breastfeeding. As a result, the American Academy of Pediatrics advises women using marijuana not to breastfeed. Those who elect to use marijuana after pregnancy should discuss alternative methods to breastfeeding with their healthcare providers.

In addition, and a key consideration, marijuana use leads to potential legal ramifications if an infant is born to a mother who has been using marijuana. Healthcare workers are mandated to report any observed conditions that put the newborn at risk for abuse or neglect. This includes maternal substance abuse. If an infant tests positive at birth, the healthcare workers are required to involve child welfare services.

There are multiple resources and support groups available to help those who are dealing with substance abuse issues. The Family Resource Center, <http://www.cofamilycenters.org> is an organization that provides support and education to families dealing with a number of issues to include abuse and substance abuse. 1-800-CHILDREN is also available for those seeking help with substance abuse.