It's Not Your Mother's Marijuana

Effects on Maternal-Fetal Health and the Developing Child

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KEYWORDS

• Pregnancy • Marijuana • Cannabis • Prenatal exposure • Substance use
• Perinatal outcomes • Fetal effects • Developmental effects

KEY POINTS

- Pro-marijuana advocacy may result in an increase in the prevalence of marijuana use during pregnancy, particularly among young adolescents who already report the highest use among all pregnant women.
- Today's marijuana is 6 to 7 times more potent than in the 1970s; average marijuana consumption may be higher owing to growing popularity of blunts compared with joints.
- Adverse fetal outcomes related to marijuana use during pregnancy remain unclear. However, prenatal use has been associated with infertility, placental complications, and fetal growth restriction.
- Long-term effects of prenatal marijuana use on exposed offspring include poorer executive functioning skills and attention, increased conduct and behavior problems, and poorer school achievement.
- Intersecting political forces and medical issues mandate that physicians be knowledgeable marijuana use by their patients and be prepared to counsel their patients about the effects of prenatal marijuana use on fertility, pregnancy, and the exposed offspring.

INTRODUCTION

Societal attitudes toward marijuana use in the United States are undergoing an historical shift. In the 1960s, a generation of young people embraced marijuana for personal

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recreational use. Today, "medical" marijuana (*cannabis sativa*) has been approved for use in 22 states and the District of Columbia either by legislation or by popular vote in statewide referenda or ballot initiatives; 15 of the 22 legal actions were passed in the last decade (since 2004).[1] As of May, 2014, another 7 states have pending legislation or ballot measures to legalize medical marijuana.[2] In addition, 2 states—Colorado and Washington state—have legalized marijuana for recreational use. The attitudinal shift is apparent not just among adults but among teens as well. The most recent annual survey of adolescent drug use indicates that the annual prevalence of marijuana use has been trending upward since 2008 for 8th, 10th, and 12th graders; perhaps more important, the perceived risk of regular marijuana use has declined sharply in recent years, a trend that started in 2005.[3,*]

Epidemiology of Marijuana Use Among Pregnant Women

Marijuana is the most commonly used illicit drug during pregnancy. **Table 1** shows the 2011 through 2012 combined annual prevalence rates based on past-month use for illicit drugs, alcohol, and cigarettes by pregnant women in the United States.[4] The rate for marijuana and hashish was 5.2%, which translates to 115,000 pregnant women using marijuana annually. Still, the prevalence rates for marijuana are significantly lower than the rates for alcohol (8.5%) and cigarette (15.9%) use during pregnancy. **Table 1** also shows the prevalence rates by age and trimester for marijuana, cigarette, and alcohol use by pregnant women. Young adolescents (ages 15–17) have the highest rate of marijuana use during pregnancy (16.5%), which is more than double the rate for 18- to 25-year-olds (7.5%).[4] Marijuana use during pregnancy is highest during the first trimester (10.7%), then declines significantly during the second trimester (2.8%) and third trimester (2.3%).[4] After childbirth, marijuana use rebounds quickly.[5] **Box 1** outlines some of the sociodemographic characteristics that are common among women who use illicit drugs during pregnancy and some that may be unique to women who use marijuana during pregnancy.[6]

Potential Impact of Medical Marijuana

The legal status of medical marijuana is under debate. Marijuana is a Schedule I drug under the Controlled Substance Act, a federal law that preempts actions taken by individual states to legalize its use, cultivation, and distribution.[7] Legal scholars have argued that when used for medicinal purposes, marijuana should be considered a pharmaceutical agent governed by the Food, Drug and Cosmetic Act with regulatory oversight, including evaluation of its safety and efficacy, provided by the Food and Drug Administration.[7]

There is emerging evidence that states with legalized medical marijuana have higher rates of marijuana use, depending on specific aspects of laws and policies.[8] In states that allow home cultivation and legal dispensaries, higher levels of recreational use and higher levels of heavy use are found. By contrast, states that restrict broad access to medical marijuana by requiring annual registration of patients have lower prevalence rates and treatment admissions compared with those that do not.[9]

* As used herein, *marijuana* refers to the crude drug derived from *Cannabis sativa*, specifically dried preparations of the floral and foliar material from outdoor-grown pollinated female plants commonly called *herbal cannabis* in Europe. *Sinsemilla* is used to refer to indoor-grown unfertilized female plants (known as *skunk* in the United Kingdom). Our use of the term *marijuana* excludes *hashish* preparations (*resin* in Europe) and hash oil. *Cannabis* is used as the umbrella term to refer to 2 or more preparations of the plant.

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