

Using cannabis (marijuana, weed, dope) during pregnancy and breastfeeding



the women's
the royal women's hospital

About cannabis

Cannabis is a depressant, which slows the messages going to and from the brain to the body. It can also cause mild hallucinogenic effects.

The most common form of cannabis used in Australia is marijuana. Long term use of cannabis has been linked to anxiety and depression and heavy use can affect your memory and how clearly you think. Heavy use can also increase the risk of paranoia, hallucinations and psychosis.

Effects on pregnancy

Although there is no link between cannabis and birth 'abnormalities', use during pregnancy may harm your baby. Around one third of the cannabis in the adult system passes into the baby through the placenta. There are possible links between cannabis and poorer growth of the baby, learning disabilities, behavioural difficulties and memory problems in later life. There is also a possible link to autism. The more cannabis you smoke in pregnancy the more your baby may be affected.

Using tobacco with cannabis can further affect your baby's health. Tobacco use can reduce the amount of oxygen and nutrition your baby gets through the placenta, which affects baby's growth and development during pregnancy.

Smoking during and after your pregnancy is linked with an increased risk of SUDI (Sudden Unexpected Death in Infancy), asthma and childhood breathing conditions.

Children exposed to smoking in pregnancy are more at risk of behavioural problems such as Attention Deficit Disorder or Hyperactivity. 'Street' cannabis frequently contains toxic compounds.

Counselling in pregnancy

Pregnancy can motivate you to cut down or stop using cannabis in the long term. This is a good time to see a drug and alcohol counsellor for help. A counsellor can support you in the following ways:

- explore personal issues and make positive changes
- learn new ways to manage stress
- recognise situations and triggers, which may increase your cannabis use
- develop strategies to reduce or stop using cannabis and other drugs
- obtain referrals to support services
- get information to reduce the harm to yourself and your baby
- get information about being a parent.

Pregnancy care

Getting information and advice in early pregnancy and attending your pregnancy care appointments will improve your chances of having a healthy baby.

If there is concern about your baby's growth and wellbeing your doctor or midwife will organise regular ultrasounds and monitoring.

Stopping cannabis use in pregnancy is important. If you are not able to do this we will of course still support and try to help you to at least reduce use.

You may experience physical and psychological withdrawal symptoms when you stop using cannabis, but drug and alcohol services can support you to withdraw safely. You may need medication to help with withdrawal symptoms. Your health professional may be able to arrange a 'detoxification' or 'detox' with pregnancy support.

Women often feel cannabis helps nausea in pregnancy but sometimes it may in fact make it worse. Cannabis hyperemesis syndrome can occur in women that smoke cannabis while pregnant. Women with this syndrome may experience severe vomiting and dehydration. Sometimes hot showers are the only way women with this syndrome find some comfort from these symptoms. Treatment includes rehydration with intravenous fluids, medications for vomiting and not returning to cannabis use.

You may need dietary supplements such as iron and calcium during your pregnancy. All women should take folate before getting pregnant and for at least the first three months of their pregnancy.

Nausea, vomiting and constipation are common during pregnancy. Your midwife or doctor can refer you to a dietitian. Eating well during pregnancy and while you are breastfeeding is important for your health and that of your baby.

Parenting

Using cannabis while caring for your baby may mean you cannot always provide safe care. Heavy use can make thinking and problem solving difficult and can make you sleepy and not aware of what your baby is doing.

Driving a car is also not safe if you smoke cannabis.

Sometimes disagreements over drug use can cause family arguments and affect personal relationships, which in turn can impact on children. Furthermore, long term use of cannabis has been linked to depression and lack of motivation in adults. This may also affect your parenting and relationship with your baby.

Cannabis use during pregnancy is associated with learning and behavioural difficulties in some preschool and school age children.

Talk to your midwife, social worker or doctor if you are concerned or have any questions about this.

Breastfeeding

Breastfeeding is the best way to feed your baby. It is also good for your health. To safely breastfeed your baby, it is recommended that you are supported by a health professional to stop or reduce your cannabis use. This is best done during pregnancy before the baby is born.

Cannabis passes freely into breast milk. If you smoke cannabis, the level found in your breast milk can be up to eight times the level in your blood. The active component in cannabis collects in fat stores in the body and can remain there and in your baby's body for several weeks or months.

The strength of cannabis is very strong compared to 20 or 30 years ago so is much more damaging to a baby's brain than previously thought. Many experts feel that if a woman is smoking cannabis daily, it is not safe to breastfeed.

Talk with a doctor or midwife about your particular circumstances.

Your baby's care after the birth

A doctor will check your baby after the birth. Some babies will have signs of withdrawal such as irritability, unsettled behaviour and feeding difficulties. Withdrawal from cannabis can take a week or two to develop in newborns so they are not likely to show symptoms in hospital.

A doctor should see your baby if your baby is not gaining weight or they are irritable, or you have other concerns.

Using cannabis can affect your ability to parent. It can also affect the emotional development of your baby as you may be less aware of their needs.

Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI; includes SIDS) is a sleep related death in the first year of life.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is very dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

1. Sleep baby on their back
2. Keep head and face uncovered
3. Keep baby smoke free before and after birth
4. Safe sleeping environment night and day. No soft surfaces or bulky bedding
5. Sleep baby in safe cot in parents' room
6. Breastfeed baby.

For more information, speak with your midwife or doctor or visit Red Nose website.
rednose.com.au/section/safe-sleeping

For more information

Women's Alcohol and Drug Service

Royal Women's Hospital
8.30am-5.30pm Monday to Friday
(03) 8345 3931
wads@thewomens.org.au

On the Women's website

Pregnancy, drugs & alcohol information
thewomens.org.au/wm-pregnancy-drugs-alcohol

DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven-day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria.

DirectLine is a free, anonymous and confidential service.

1800 888 236

Quit

Visit this website to help you quit smoking or help you find out more about how smoking harms you.
137 848 | quit.org.au

Red Nose

1300 308 307 | rednose.com.au