



# Pregnancy Risk Assessment Monitoring System: Data to Action

## Cannabis Use During the Perinatal Period: Individual Perceptions and Clinician Advising, New York State\*, 2017-2018

September 2021

### Background

According to survey data, cannabis (also known as marijuana, used for recreational or medical purposes) and tobacco are the most commonly used substances during pregnancy.<sup>1</sup> The active ingredient, delta-9-tetrahydrocannabinol (THC), found in cannabis crosses the placenta and is transferred through breastmilk.<sup>2</sup> Although studies are mixed, there is some evidence that the use of cannabis, especially heavy use, in the perinatal period may be associated with fetal growth restriction (small-for-gestational age status) and preterm birth.<sup>3,4</sup>

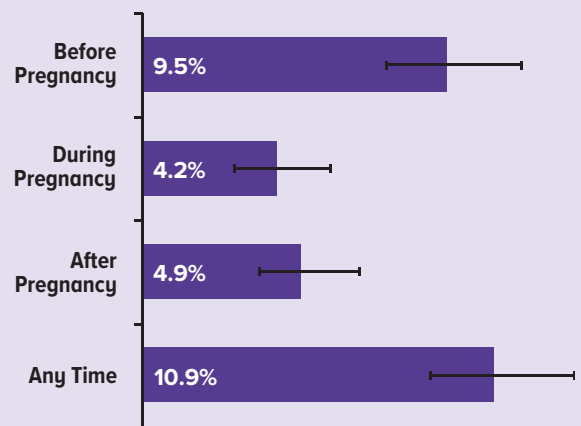
Based upon the potential association between perinatal cannabis use and negative health outcomes, current American College of Obstetricians and Gynecologists (ACOG) clinical guidelines recommend reproductive-aged people not use cannabis before, during, or after pregnancy.<sup>5</sup> Additionally, while evidence of the effects on breastfeeding infants is limited, recommendations also discourage the use of cannabis while breastfeeding.<sup>2,5</sup> Individuals should be counseled to eliminate or reduce their use of cannabis as much as possible during pregnancy and while breastfeeding.

We used data collected from the Pregnancy Risk Assessment Monitoring System (PRAMS) survey of 1,624 individuals who recently gave birth during 2017 and 2018 in New York State (NYS) outside of New York City (NYC). We examined self-reported cannabis use during the perinatal period (before, during or after pregnancy), perceptions about cannabis use while breastfeeding, and interactions with providers regarding cannabis use. All percentages are weighted to represent the underlying population.

### What Does the Data Show Among Individuals Who Have Recently Given Birth?

- 10.9% reported using cannabis at some time before, during or after pregnancy (NYS excluding NYC) (Figure 1)
- 9.5% reported cannabis use before pregnancy
- 4.2% reported cannabis use during pregnancy
- 4.9% reported using cannabis postpartum
- Prevalence in NYS is lower than seven other states that collected information on cannabis use<sup>6</sup>
- The prevalence of cannabis use during and after pregnancy was higher among those who were 20-24 years old (14.8%), Black non-Hispanic (10.5%), unmarried (11.9%), and Medicaid insured (10.2%) (Table 1)

Figure 1: Prevalence of Cannabis Use Around the Time of Pregnancy, NYS\* PRAMS (3/2017-12/2018)



Any time: Any time from 3 months before the most recent pregnancy up until the time surveyed

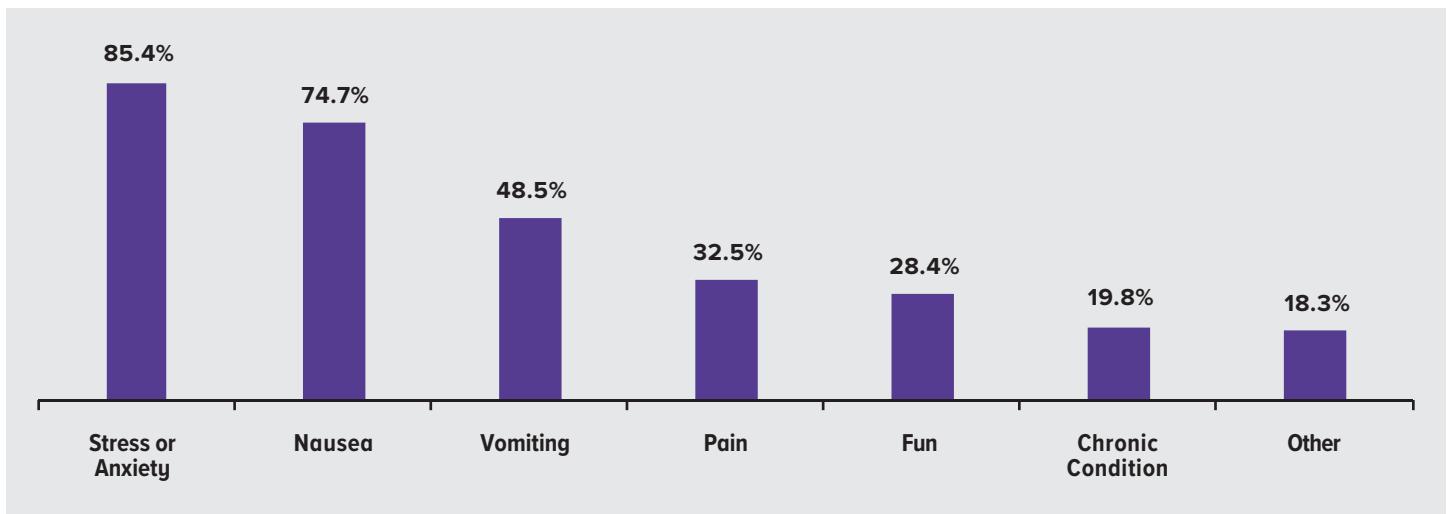
\*Not including New York City (NYC)



### Reasons for Using Cannabis During Pregnancy and Perceptions of Using Cannabis While Breastfeeding

Individuals were asked about reasons for using cannabis during pregnancy and their perceptions of using cannabis while breastfeeding. Relieving stress or anxiety was the most common reason given (85.4%) for using cannabis during pregnancy. Other reasons reported include the management of nausea (74.7%), vomiting (48.5%), pain (32.5%), or a chronic condition (19.8%). In addition, 28.4% used it for fun and 18.3% reported “other” reasons for using cannabis during pregnancy (Figure 2).

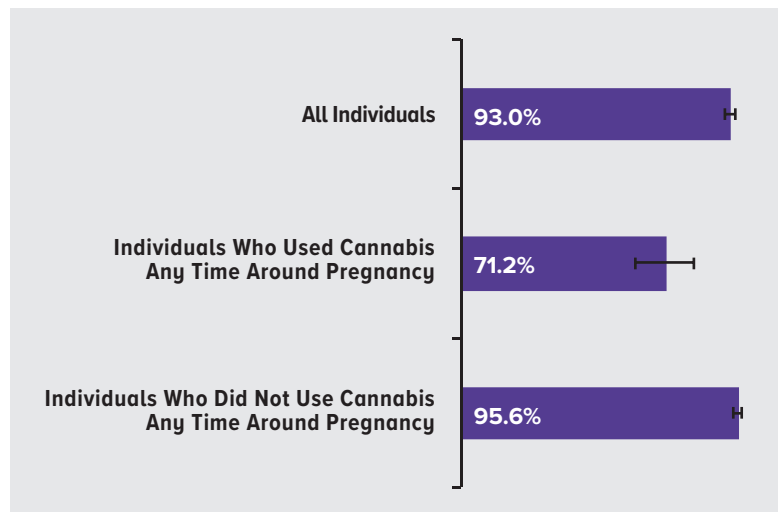
Figure 2. Reasons for Cannabis Use During Pregnancy, NYS\* PRAMS (3/2017-12/2018)



The majority of individuals (93.0%), regardless of cannabis use, thought it was unsafe to use cannabis while breastfeeding. Among those who did not use cannabis before, during, or after pregnancy, 95.6% thought that it was unsafe to use cannabis while breastfeeding.

Fewer (71.2%) individuals, who used cannabis before, during, or after pregnancy thought it was unsafe (Figure 3).

Figure 3. Percentage of Individuals Who Thought It Was Unsafe to Use Cannabis While Breastfeeding, NYS\* PRAMS (3/2017-12/2018)



\*Not including New York City (NYC)

## Healthcare Providers' Screening and Education for Cannabis Use

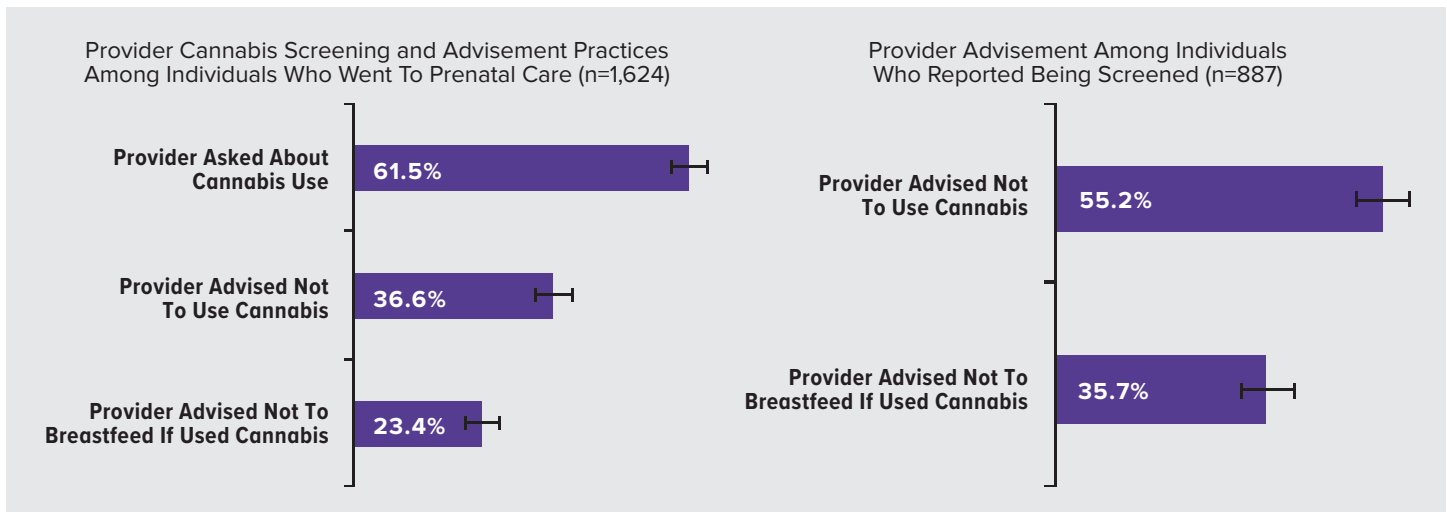
### The American College of Obstetricians and Gynecologists (ACOG) Guidance on Cannabis Use During Pregnancy and Breastfeeding<sup>5</sup>

- Before or during early pregnancy, **all** women should be asked about cannabis and other drug use.
- Women who are pregnant or considering becoming pregnant should:
  - Receive counseling about the potential adverse health effects of cannabis use during pregnancy;
  - Be encouraged to discontinue cannabis use before or during pregnancy;
  - Be encouraged to discontinue cannabis use for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data; and
  - Be discouraged from cannabis use while lactating or breastfeeding.

To understand the application of the ACOG guidance by prenatal health care providers, the PRAMS survey asked individuals if they were screened for cannabis use during pregnancy and if they were advised not to use cannabis during pregnancy or while breastfeeding (Figure 4).

- Overall, 61.5% of individuals in New York State (NYS) excluding New York City (NYC) reported that they were asked about their cannabis use during a prenatal care visit, meaning that nearly 40% of individuals reported they were not screened for cannabis use by their healthcare providers.
- Among individuals who reported being screened for cannabis use, only 55.2% reported that they were advised by their health care provider not to use cannabis during pregnancy, and 35.7% received guidance not to use cannabis while breastfeeding.

**Figure 4. Cannabis Screening and Advisement During Prenatal Care by a Health Care Provider, NYS\* PRAMS (3/2017-12/2018)**



\*Not including New York City (NYC)



## Improving Awareness, Education, and Assessment of Cannabis Use by Prenatal Care Providers

With legal accessibility to cannabis for medical and recreational purposes increasing throughout the nation, it is important for reproductive-aged individuals in NYS and elsewhere to understand the health effects of using cannabis before becoming pregnant, during pregnancy, and while breastfeeding. For clinicians, understanding the prevalence of cannabis use, the evidence of under-reporting of cannabis use during pregnancy, and perceptions of cannabis use among reproductive-aged individuals informs their practice and advances population health. These data highlight the need for broader outreach to health care providers and public health professionals about the importance of assessing cannabis use and educating people of reproductive age about potential risks of cannabis use during pregnancy and while breastfeeding.

## Legalization of Adult-use Cannabis in New York State

On March 31, 2021 the Marijuana Regulation & Taxation Act (MRTA) was passed for legalizing adult-use cannabis in New York State. The legislation creates a new Office of Cannabis Management (OCM) governed by a Cannabis Control Board to oversee and implement the law. This *Data to Action* provides important baseline data on cannabis use in this high-risk population that will be invaluable moving forward with the implementation of the new legislation and underscores the importance and need for screening from prenatal care providers.

## Resources and Recommendations

- With the legalization of adult-use cannabis in New York State, please continue to monitor the Office of Cannabis Management's website for updates and information: <https://cannabis.ny.gov/> .
- Office of Addiction Services and Supports: 1-877-846-7369; [www.oasas.ny.gov](http://www.oasas.ny.gov) .
- New York Regional Poison Control Centers: 1-800-222-1222; [https://www.health.ny.gov/professionals/poison\\_control/centers.htm](https://www.health.ny.gov/professionals/poison_control/centers.htm)
- Centers for Disease Control and Prevention (CDC). What You Need to Know About Marijuana Use and Pregnancy. (2018). <https://www.cdc.gov/marijuana/factsheets/pregnancy.htm>
- American College of Obstetricians and Gynecologists. Marijuana Use During Pregnancy and Lactation. (2017). [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation?utm\\_source=redirect&utm\\_medium=web&utm\\_campaign=otn](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation?utm_source=redirect&utm_medium=web&utm_campaign=otn)
- Food and Drug Administration (FDA). What You Should Know About Using Cannabis, Including CBD, When Pregnant or Breastfeeding. (2019). <https://www.fda.gov/consumers/consumer-updates/what-you-should-know-about-using-cannabis-including-cbd-when-pregnant-or-breastfeeding>



**Table 1. Cannabis Use During and After Pregnancy by Individual Characteristics, NYS\* PRAMS (3/2017-12/2018)**

Individual Characteristic	Respondents	Estimated Number of Affected	Prevalence	95% CI	P Value
Total	1,468	12,777	6.7%	5.1-8.8	
<b>Race/Ethnicity</b>					<b>0.0706</b>
Non-Hispanic White	962	9,658	7.7%	5.7-10.3	
Non-Hispanic Black	174	1,834	10.5%	4.9-21.2	
Non-Hispanic Other	127	713	5.2%+	1.9-13.4	
Hispanic	193	541	1.7%+	0.4-7.5	
<b>Age</b>					<b>0.0001</b>
Less Than 20 Years Old	23	**	**	**	
20-24 Years Old	211	4,759	14.8%	9.4-22.6	
25-34 Years Old	850	5,645	5.2%	3.5-7.7	
35 Years Old or More	384	2,231	4.8%	2.5-9.0	
<b>Education</b>					<b>0.3764</b>
Less Than High School	149	1,790	7.8%	3.5-16.5	
High School Graduate	299	3,763	9.0%	5.4-14.7	
More Than High School	1,006	7,191	5.8%	4.1-8.1	
<b>Marital Status</b>					<b>0.0001</b>
Married	925	4,220	3.6%	2.4-5.4	
Not Married	543	8,557	11.9%	8.4-16.5	
<b>Medicaid Status</b>					<b>0.0022</b>
Not On Medicaid	896	5,173	4.5%	3.0-6.7	
On Medicaid	572	7,604	10.2%	7.1-14.4	
<b>Pregnancy Intention</b>					<b>0.0151</b>
Intended	924	5,731	4.9%	3.3-7.2	
Unintended	303	4,086	10.4%	6.4-16.3	

\*Not including New York City

\*\*Estimates are not presented for categories with less than 30 respondents

+Less than 10 individuals in the numerator therefore prevalence is unstable



## References

- <sup>1</sup>Coleman-Cowger VH, Schauer GL, Peters EN. Marijuana and tobacco co-use among a nationally representative sample of US pregnant and non-pregnant women: 2005–2014 National Survey on Drug Use and Health findings. *Drug and Alcohol Dependence* 2017; 177:130-135.
- <sup>2</sup>Metz TD, Borgelt LM. Marijuana use in pregnancy and while breastfeeding. *Obstet Gynecol* 2018;132(5):1198-1210.
- <sup>3</sup>Shi Y, Zhu B, Liang D. The associations between prenatal cannabis use disorder and neonatal outcomes. *Addiction* 2021; <https://doi.org/10.1111/add.15467>
- <sup>4</sup>Gunn JKL, Rosales CB, Center KE, et al. Prenatal exposure to cannabis and maternal and child health outcomes: a systematic review and meta-analysis. *BMJ Open* 2016; 6:e009986.
- <sup>5</sup>American College of Obstetricians and Gynecologists. Marijuana Use During Pregnancy and Lactation. (2017). Accessed September 2021. [https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation?utm\\_source=redirect&utm\\_medium=web&utm\\_campaign=otn](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation?utm_source=redirect&utm_medium=web&utm_campaign=otn)
- <sup>6</sup>Ko JY, Coy KC, Haight SH, et al. Characteristics of marijuana use during pregnancy – Eight states, Pregnancy Risk Assessment Monitoring System, 2017. *MMWR*; 2020;69 (32).

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*Pregnancy Risk Assessment Monitoring System (PRAMS) – Data to Action: Cannabis use during the perinatal period: Individual perceptions and clinician advising, New York State, 2017-2018. New York State Department of Health, Public Health Information Group, Office of Public Health Practice, and AIDS Institute. September 2021.*

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