Recommendations for Medical Marijuana–Certifying Physicians to Minimize Fetal In-Utero Exposure to Medical Marijuana

Physicians certifying patients for medical marijuana use should assess female patients for pregnancy status and contraceptive method at each visit. Certifying physicians should also counsel both male and female patients of reproductive age on the risks of marijuana on reproduction, pregnancy, and breastfeeding. The committee advises against medical marijuana use during pregnancy and against physicians certifying women for medical marijuana on the basis of nausea and vomiting during pregnancy when safer and better-studied alternatives are available.

There are no data to show that marijuana is safe enough for use during pregnancy or while breastfeeding. Therefore, encourage your patients of reproductive age to stop using marijuana, particularly women who are pregnant or breastfeeding. Men and women who are unable or struggling to stop using marijuana should be provided with and referred to treatment options.


Resources
https://findtreatment.samhsa.gov/
www.drugabuse.gov/nidamed-medical-health-professionals
www.marijuana-anonymous.org

These guidelines are intended to serve as a general resource, not to replace your clinical judgment.
The Impact of Marijuana on Reproduction, Pregnancy, and Breastfeeding Infants

Researchers from the Centers for Disease Control and Prevention estimate that about 10.9% of pregnant women in the United States have used marijuana in the past year, and 4% of pregnant women have used marijuana in the past month, although reported cases are likely underestimated. Therefore, it is important for physicians to regularly screen patients of reproductive age for marijuana use and counsel them on the potential negative impact the drug may have on reproduction, pregnancy, lactation, and breastfeeding, including the following:

- Marijuana use may negatively impact male reproductive potential and is associated with reduced semen quality, volume, and motility, as well as reduced libido, hormone imbalances, and potential erectile dysfunction.\(^3\)

- In women, marijuana has been observed to disturb the menstrual cycle and reduce the number of oocytes or egg cells harvested during in vitro fertilization.\(^3\)

- In some studies, marijuana use during pregnancy and lactation was associated with poor neurodevelopmental outcomes in children, and exposure to marijuana\(^2\) may be detrimental to the viability and health of a developing embryo.\(^4\) The long-term negative impact on children exposed to marijuana in utero includes neuropsychiatric, behavioral, and executive functioning issues over the course of the child’s lifetime.\(^2,5\)

- Marijuana and its metabolites can pass into breast milk. Marijuana may also diminishes the quantity and quality of the breast milk produced.\(^2\)

- Parents who regularly use marijuana should be counseled on the potential negative effects on attentive parenting of an infant or child as well as the detrimental impact of secondhand smoke.\(^2\)

References


