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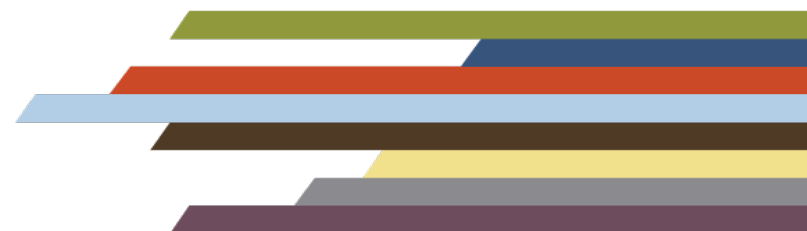
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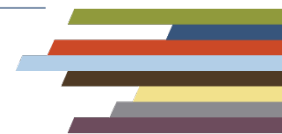
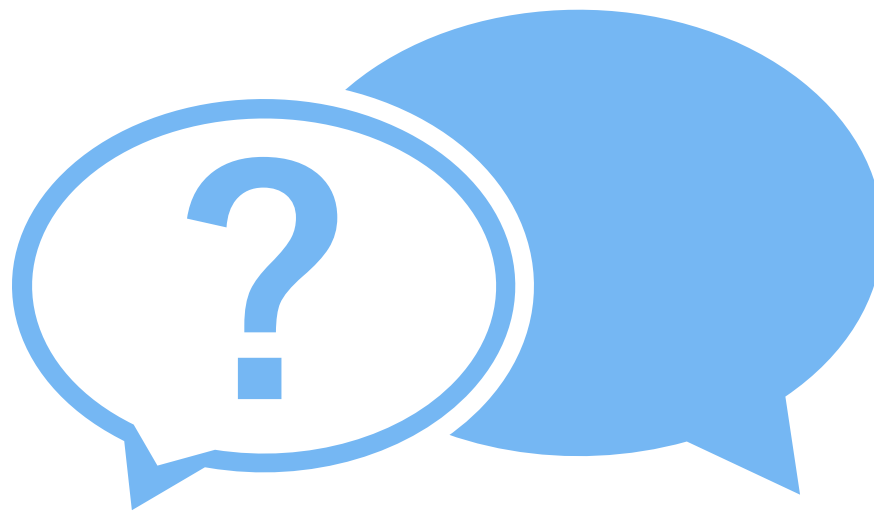
Northwest ATTC presents:  
**Daily Cannabis Use During Pregnancy and Postpartum:  
Patient, Provider, and Budtender Perspectives**

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**Questions? Please type them  
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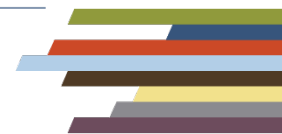
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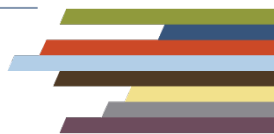
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# Daily Cannabis Use During Pregnancy and Postpartum: Patient, Provider, and Budtender Perspectives

Celestina Barbosa-Leiker, PhD

Vice Chancellor for Research

Washington State University Health Sciences Spokane

Funding provided by Washington State University Alcohol and Drug Abuse Research Program (PI Barbosa-Leiker)



# Land Acknowledgment slide

Please insert language here

“We acknowledge the land on which we sit and occupy today as the traditional home of the Spokane Tribal nation. We take this opportunity to thank the original caretakers of this land.”

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# Cannabis use during pregnancy

- Marijuana use during pregnancy has significantly amplified in the last two decades, increasing 72.5% from 1999 to 2008) and 62% from 2002 to 2014
- Prevalence of self-report marijuana use indicates that 7% of pregnant women used marijuana in the last month and 10.9% used marijuana in the last year
- Past-month daily/near daily marijuana use during pregnancy is increasing
- Guidelines from the American College of Obstetrics and Gynecologists (ACOG) state that women should not use cannabis during preconception, pregnancy, and lactation





# Cannabis use during pregnancy

- Marijuana use is more prevalent in the first trimester (6.44%) and decreases in the second (3.34%) and third (1.82%) trimesters, possibly used to treat nausea and vomiting
- Critically, 70% of pregnant and non-pregnant women believe there is slight or no risk of harm of using cannabis 1-2/week while pregnant
- Overall perception of harm resulting from cannabis use has decreased since legalization



Volkow et al., 2017; Westfall, 2006; Ko et al., 2015; Jarlenski et al., 2017



# Pregnancy to Parenthood: Cannabis use

While recreational or medicinal marijuana use has been legalized in 36 states and the District of Columbia, many of these states have not fully decriminalized possession or use of marijuana

- Burden on child protection agencies
- Strained patient-provider interactions
- Disciplinary or legal interventions that may have adverse psychosocial effects on a new family

Jarlenski et al., 2017; ACOG, 2011; Roberts & Nuru-Jeter, 2010; Roberts and Pies, 2011

**NEED *to* KNOW**  
*for Baby and You*





# Cannabis use during pregnancy

- $\Delta 9$  tetrahydrocannabinol (THC) can cross the placenta during pregnancy and is also passed to the baby during breastfeeding
- In the past 40 years, the potency of THC increased 6- to 7-fold and in the past 12 years the potency in the United States has doubled
- Longitudinal studies from the 70s to 80s may underestimate harmful effects of current cannabis use





# Cannabis use during pregnancy

Self-reported cannabis use during pregnancy has been associated with:

- Low birth weight
- Stillbirth
- Decreased IQ scores, attention problems, decreased cognitive function, decreased academic ability



# WSU research studies

Qualitative descriptive research (interview guide; summarize descriptions of experiences and common themes; reach saturation)

## STUDY 1

Perinatal (pregnant or postpartum) women's perceptions of risks and benefits of perinatal cannabis use

- I-502 passed in 2012, stores opened in 2014
- N=19 perinatal women who reported daily cannabis use in WA State
  - 3x/day; most common consumption method was “smoking joints”
- Most had other children
- Wide range of SES





## ORIGINAL RESEARCH

OPEN

# Daily Cannabis Use During Pregnancy and Postpartum in a State With Legalized Recreational Cannabis

*Celestina Barbosa-Leiker, PhD, Ekaterina Burduli, PhD, Crystal Lederhos Smith, PhD, Olivia Brooks, MS, Michael Orr, BS, BA, and Maria Gartstein, PhD*

**Objective:** To identify perceptions of risks and benefits of cannabis use during pregnancy and postpartum from the patient perspective.

**Methods:** Pregnant and postpartum (up to 3 months) women residing in a state that legalized the sale of recreational cannabis in 2012 were interviewed to determine their perceptions of risks and benefits of cannabis use during pregnancy and postpartum. Qualitative description methodology was used to identify common themes in the data. Nineteen (n = 14 pregnant; n = 5 post-partum) women who used

while also managing expectations based on patient history. A harm reduction approach to decrease cannabis use is vital to help pregnant women who are using cannabis for health management to continuously evaluate their use during pregnancy and postpartum.

**Key Words:** cannabis, marijuana, postpartum, pregnancy, qualitative study

(*J Addict Med* 2020;14: 467–474)





# WSU research studies

## STUDY 2

WA state Healthcare professionals' perceptions of risks and benefits of perinatal cannabis use

- N=10
- Healthcare professionals: 9 nurses (2 public health, 5 NICU, 1 nurse midwife, 1 L&D) and 1 pediatric occupational therapist/neonatal therapist

WA state cannabis retail workers (i.e., budtenders) perceptions of risks and benefits of perinatal cannabis use

- N=10
- 2 were certified medical consultants







## STUDY 1

# Perinatal women's perceptions

***Overarching theme:  
Taking care of mom and baby***

Themes:

1. Continued cannabis use for health management
2. Ongoing evaluative process
3. Mixed messages
4. Wanting more information
5. Legal Considerations





# Theme 1: Continued cannabis use for health management



- Using to manage physical issues:
  - Curb morning sickness/nausea
  - Appropriate weight gain
  - Better sleep
- Using to manage psychological difficulties:
  - Anxiety
  - Stress
  - Trauma
- Using to manage parenting struggles:
  - Stress
  - Physical toll of parenting
  - Communicating on a child's level





“[...] I want to be able to get past the pain so that I can actually be present of who I really am— cause when I’m hurting, it just distracts me from everything.”

"I wouldn't trade anything in the world to be able to eat for my child."



## Theme 2: Ongoing evaluative process

- Perceived to be safer alternative to opioids, NSAIDs, anti-nausea meds, etc.
- Using in moderation during pregnancy, cutting back use, and making informed consumption decisions
  - Compared to: Fast food, caffeine
  - Contrasted to: Cigarettes, alcohol
- Safer methods of use (no butane, etc.)
- Some concern of THC passing through breastmilk, and cannabis use when children are present





“[...] Before cannabis I was taking eight to ten ibuprofen per day, and that was not good for me. But I didn’t really know any different.”

“I feel like if I could stop, I’d prefer not to be smoking, but since I can’t, I’m glad it’s there instead of taking like hard prescription [...] ‘Cause they had me on hydros after the event and stuff, I wanted to not be on those.”

“Alcohol, on the other hand, I will throw that away.”



## Theme 3: Mixed messages



- Healthcare providers gave mixed messages

### **SPECTRUM OF INFORMATION**

“It’s harmful and you should stop”

“Not enough research to know”

”Cut back (harm reduction)”

“I also used it while pregnant”

- Difference in healthcare provider’s information vs. participant’s own personal experiences
- Experienced stigma from healthcare providers



“My doctor, he doesn’t like that I use marijuana at all. [...] And once I was pregnant, he’s like, ‘You’ve got to stop.’”

“[...] I told all my doctors and everything that I was [using cannabis], and they never said anything to me one way or the other.





“I brought it up to some of the midwives. All of them I’ve let know I use cannabis, and all of them are completely fine with it.

“She [primary care provider] said that she smoked while pregnant and smokes, so that made me feel better.”



# Theme 4: Wanting more information

- Frustration over lack of research
- Doing their own literature searches
- Relying on *budtenders* for scientific and medical information

*Budtenders- Staff members who work within a cannabis dispensary or retail store*





“[...] I feel like there’s nowhere you could go where you could safely talk about it and be completely educated on it without stigma or without someone having a bias about it.”

“They [budtenders] are very helpful people. I would never guess that they would know as much as they know. [...]. And they gave me what I – they thought that I needed and would help, and it did.”



## Theme 5: Legal considerations

- Often did not disclose cannabis use to providers
- Stigma
- Feared legal repercussions such as CPS
- Some adjusted use towards end of pregnancy
- Mixed messages about CPS interference due to cannabis legality status





“She got me kinda really scared, talking about CPS and how I need to stop and how it’s not good for the baby, that CPS will come in after I have her to talk to me. And I got really scared, and I talked to my actual doctor. And she said that there were no studies saying it was bad or good. [...] They- CPS- won’t really do anything about it. It’s legal here, so you’ll be fine.”

“I did refrain from use in my last month of pregnancy and then for two months afterwards. [...] I get really frustrated and angry that I feel like I have to, you know, make a choice that could be detrimental to my own well-being, and even the baby’s...”





## STUDY 2

# Healthcare professionals' & Cannabis retail workers' (budtenders) perceptions of risks and benefits of perinatal cannabis use

- Perinatal women report using healthcare professionals and budtenders as resources for information
- We conducted a qualitative study to describe perceived risks and benefits of perinatal cannabis use from these two groups.
- We analyzed data separately and sequentially and then linked themes across the samples— 6 themes were derived





# Healthcare professional and budtender themes

## Themes:

1. Perinatal customers and patients perceive cannabis to be medicinal
2. Supporting perinatal people who use cannabis
3. Spectrum of perceived impacts of perinatal cannabis use
4. Comparison to other substance use during pregnancy
5. Perceived limited knowledge and training about cannabis regulation and product safety
6. Current trends of purchase and use





# Study 3: Development and testing of a health communication risk reduction campaign to decrease cannabis use during pregnancy

- Based on identified themes in existing data, we will create tailored messages that use behavioral modeling and informational messages to reduce marijuana use among pregnant women
  - For those using as health management
  - For those using for other reasons
- We expect that women will find the messages acceptable and recommend modifications to improve the messages
  - Broad impact, nation-wide





# Strategies to inform action policy

- We need to work with patients, healthcare providers, and cannabis retailers to better serve pregnant and postpartum women
- We need more research on ways to decrease use
- We need to rethink patient education
- Harm reduction, not stigmatization





Thank you!

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