Marijuana (Cannabis)

This sheet is about exposure to marijuana in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is marijuana?

Marijuana is made from a mix of dried leaves, seeds, stems, and flowers from the ***Cannabis sativa or Cannabis indica*** plant. Some other names for marijuana are pot, weed, or cannabis. There are several ways to use marijuana, including smoking or vaping (inhaling), eating or drinking products infused with marijuana (edibles), or as a preparation applied to the skin (topical). The main active chemical in marijuana is delta-9-tetrahydrocannabinol (THC), which is what gives people that “high” feeling.

Another major part of marijuana is cannabidiol (CBD). CBD can be found in many products such as coffee, chocolate, supplements, tinctures, cosmetics, lotions, suppositories, and bath salts. CBD products labeled as “THC free” might still contain a measurable amount of THC.

The American Academy of Pediatrics (AAP) recommends that women who are pregnant or breastfeeding avoid marijuana use. The American College of Obstetricians and Gynecologists (ACOG) advise that women who are planning pregnancy, currently pregnant, or breastfeeding avoid using marijuana. The U.S. Food and Drug Administration (FDA) advises against the use of CBD, THC, and marijuana in any form during pregnancy or while breastfeeding.

I am using marijuana, but I would like to stop before getting pregnant. How long could it stay in my body?

The time it takes the body to metabolize (to process) medication is not the same for everyone. The way marijuana is used (inhalation, ingestion, topical application), how often it is used, and how much is used can affect how long its metabolites stay in the body. In healthy non-pregnant adults, it takes up to 14 days, on average, for most of the THC metabolite to be gone from the body.

I use marijuana. Can it make it harder for me to get pregnant?

It is not known if marijuana can make it harder to get pregnant. Some studies suggest that long-term use of marijuana might affect the menstrual cycle (period), which could make it harder to get pregnant.

Does using marijuana increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Based on the studies reviewed, it is not known if using marijuana increases the chance for miscarriage. One study found that women who used marijuana were at an increased risk of having a miscarriage. Other studies have not confirmed this finding.

Does using marijuana increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like marijuana, might increase the chance of birth defects in a pregnancy.

Some studies have suggested an increased chance of gastroschisis (a condition where there is a hole in the belly wall where the intestines can come out) when marijuana is used during pregnancy. Other studies have not found an increased chance of birth defects in pregnancies exposed to marijuana. Many of these studies have limitations regarding amount used and frequency of use, which makes it hard to know whether marijuana can increase the chance of birth defects.

Does using marijuana in pregnancy increase the chance of other pregnancy-related problems?

Some studies have suggested that among women who smoke marijuana regularly, there is an increased chance of pregnancy complications such as preterm delivery (birth before week 37), low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth), small length, small head size, and stillbirth. Some of these studies suggested that the more a woman used marijuana during pregnancy, the higher the chance of these complications happening.

More data is needed to fully understand if these complications are caused by the marijuana use itself, or if the women in these studies had other risk factors (such as smoking cigarettes).

If I use marijuana throughout my entire pregnancy, will it cause withdrawal symptoms in my baby after birth?

There are reports of some newborns who were exposed to marijuana during pregnancy with temporary symptoms, such as jitteriness and irritability. There are also reports of babies who did not have these symptoms. It is important that your healthcare providers know you are taking marijuana so that if symptoms occur your baby can get the care that is best for them.

Does using marijuana in pregnancy affect future behavior or learning for the child?

It is not known if marijuana can increase the chance of behavior or learning issues for the child. Several studies have followed children exposed to marijuana during pregnancy. Some studies suggest these children are at higher risk for problems with the ability to plan, focus, remember, and multi-task (impaired executive functioning). There might also be a higher chance for exposed children to be impulsive, hyperactive, aggressive, and/or to experience depression and anxiety. These children were also more likely to have problems with paying attention, remembering things, and doing well in school. These issues have been reported more often in children of “heavy” marijuana users (users who smoked one or more marijuana cigarettes per day). Other studies do not support these findings.

Breastfeeding while using marijuana:

THC passes into breastmilk. The amount of time THC remains in the milk can range from 6 days to 6 weeks. Available information on use marijuana in breastfeeding has not proven clear health concerns when a woman who is breastfeeding reports smoking marijuana daily. There may be a possible delay in motor development (learning to crawl and walk on time).

In some women, use of marijuana might affect prolactin (a hormone that helps the body make milk). There is a concern that frequent marijuana users may see a negative effect on the quality and amount of milk they produce.

Most professional organizations including AAP, ACOG, and FDA advise that women who are breastfeeding avoid using marijuana. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man uses marijuana, could it affect fertility (ability to get a woman pregnant) or increase the chance of birth defects?

Marijuana might affect a man’s fertility (ability to get a woman pregnant). Marijuana use might impact sperm, including the number of sperm (sperm count), the size and shape of sperm (morphology) and the ability for sperm to reach the egg (motility). These factors could make it harder to conceive a pregnancy. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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