Marijuana and Pregnancy

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What is marijuana?
Marijuana is a plant that contains a chemical called tetrahydrocannabinol (THC). THC can cause relaxation and the typical “high” associated with marijuana use. Marijuana has other chemicals that affect different organs in the body, including the brain, lungs, blood vessels, heart, and liver.

What is medical marijuana?
Medical marijuana is the use of marijuana that is prescribed by a doctor. The U.S. Food and Drug Administration (FDA) has not approved medical marijuana for the treatment of any medical condition.

People may confuse medical marijuana with FDA-approved drugs that contain a form of THC. These FDA-approved drugs have a form of THC that does not produce a high. These drugs also require a doctor’s prescription.

Is marijuana use legal?
Recreational marijuana use is legal in some states, and 20 states have legalized medical marijuana. But both are illegal under federal law.

Is edible marijuana safer than smoked marijuana?
Edible marijuana is processed differently in the body than marijuana that is smoked. Because edible marijuana is eaten and digested, the effects take longer to be felt. This leads some users to eat more marijuana to feel the effects more quickly. It is not possible to tell how strong the marijuana is before eating it. For these reasons, there is a higher risk of overdose with edible marijuana than with marijuana that is smoked.
Is marijuana safe to use during pregnancy?
When marijuana is smoked or eaten, the chemicals reach the fetus by crossing the placenta. Research is limited on the harms of marijuana use during pregnancy. But there are possible risks of marijuana use, including babies that are smaller at birth and stillbirth. Using marijuana also can be harmful to a pregnant woman’s health. The American College of Obstetricians and Gynecologists recommends that pregnant women not use marijuana.

Is marijuana an effective treatment for morning sickness?
There is no evidence that marijuana is helpful in managing morning sickness. If you have morning sickness, tell your obstetrician–gynecologist (ob-gyn) or other health care professional. Diet and lifestyle changes may help. There also is a drug approved by the FDA to treat the nausea and vomiting of pregnancy.

I use medical marijuana. Should I use it during pregnancy?
No. Medical marijuana is no different than nonmedical marijuana. It is not safer. It has all of the harmful effects of nonmedical marijuana. It is important to let your ob-gyn or other health care professional know if you are using medical marijuana and to discuss other treatments you can try that are safe to use during pregnancy.

I’m planning to get pregnant. Do I need to stop using marijuana?
Yes, it is recommended that you stop using marijuana before trying to get pregnant. The effects of marijuana on the fetus may occur even during the first trimester.

What does current research suggest about the effects of marijuana during pregnancy?
Researchers are still learning about the effects of marijuana during pregnancy. Studies are not always clear, but researchers and doctors think the following:

• Marijuana exposure may disrupt normal brain development of a fetus.
• Babies whose mothers used marijuana during pregnancy may be smaller at birth.
• Research suggests an increased risk of stillbirth. It is not known if this is only because of marijuana use or due to use of other substances, such as cigarettes.
• Some studies suggest that using both marijuana and cigarettes during pregnancy can increase the risk of preterm birth.

What does current research suggest about the effects of marijuana on children?
Research suggests the following:

• Children whose mothers used marijuana during pregnancy may have learning and behavioral problems later in life.
• Secondhand smoke from marijuana may be as harmful as secondhand smoke from cigarettes, especially for young children.

How can marijuana use affect my own health, especially if I am pregnant?
Marijuana can make people dizzy and fall. Falls can be dangerous for pregnant women. Marijuana also can alter your judgment, putting you at risk of injury. Smoking marijuana lowers your body’s level of oxygen, which increases the risk of breathing problems. Smoking marijuana also can damage your lungs.

How does marijuana affect breastfeeding babies?
Little is known about the effects of marijuana on breastfeeding babies. Because it is not clear how a baby may be affected by a woman’s marijuana use, the American College of Obstetricians and Gynecologists recommends that women who are breastfeeding not use marijuana.

Is marijuana addictive?
Yes, marijuana is addictive. Current estimates are that 1 in 10 marijuana users fit the definition of addiction. With addiction, a person has difficulty stopping use of a substance even though it causes problems with relationships, work, or school. Marijuana users also can develop marijuana use disorder. This disorder can cause withdrawal symptoms when you try to stop using marijuana. Symptoms include irritability, trouble sleeping, cravings, and restlessness. About 1 in 3 users have a marijuana use disorder.

Will my ob-gyn or other health care professional ask if I use marijuana?
Your ob-gyn or other health care professional may ask about your use of substances, including alcohol, tobacco, marijuana, illegal drugs, and prescription drugs used for a nonmedical reason. Doctors ask about these substances to learn if you have any behaviors that could harm you or your fetus. If you are having trouble with substance use, your ob-gyn or other health care professional can offer advice or resources to help you quit. The American College of Obstetricians and Gynecologists believes women who have a substance use problem should receive medical care and counseling services to help them quit.

How can I get help for marijuana use disorder or addiction?
If you want to quit marijuana and need help, you can find resources on the website of the Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov. SAMHSA also has a 24-hour treatment referral line: 800-662-HELP (4357).
Glossary

**Fetus:** The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

**Obstetrician–Gynecologist (Ob-Gyn):** A physician with special skills, training, and education in women’s health.

**Oxygen:** A gas that is necessary to sustain life.

**Placenta:** Tissue that provides nourishment to and takes waste away from the fetus.

**Preterm:** Born before 37 weeks of pregnancy.

**Stillbirth:** Birth of a dead fetus.

**Trimester:** Any of the three 3-month periods into which pregnancy is divided.

If you have further questions, contact your obstetrician–gynecologist.

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