



# Maternal Marijuana Use PRAMS 2018



## Background

Medical research has confirmed the usefulness of cannabis (marijuana) in alleviating some conditions (e.g., chronic pain, nausea, and symptoms of certain medical conditions). However, there are no indications supporting safe use of marijuana during pregnancy or shortly after delivery. The American College of Obstetricians and Gynecologists (ACOG) notes in its Committee Opinion's publication on *Marijuana Use During Pregnancy and Lactation* (No. 722, October 2017) that, although it is difficult to parse out direct effects of marijuana use during pregnancy on the fetus due to co-occurring use of other drugs and adverse sociodemographic conditions, there is concern that marijuana use during pregnancy impairs fetal neurological development.

The American Academy of Pediatrics' (AAP) clinical report on *Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes* also acknowledged limited independent effects of marijuana use on birth outcomes due to confounding effects of sociodemographic characteristics (e.g., younger age, lower income) and behavioral factors (e.g., tobacco use, use of other drugs) on the evaluation of marijuana use alone. However, ACOG and AAP identified potential risks of marijuana use on the developing fetus and noted concerns about marijuana use by women who breastfeed their infants. Both ACOG and AAP recommend that pregnant and postpartum women discontinue medical or recreational marijuana use to minimize potential negative effects on the fetus and during early infancy. Further, the two institutions discourage prescribing or suggesting marijuana use for medical purposes before or during pregnancy or while breastfeeding.<sup>1, 2</sup>

Illinois enacted the Compassionate Use of Medical Cannabis Pilot Program Act (PA 98-0122) effective January 1, 2014, and the Cannabis Regulation and Tax Act (PA 101-0027), providing for adult recreational cannabis use, beginning January 1, 2020. The legalization of marijuana in Illinois raises the potential for increased marijuana use among women of reproductive age.

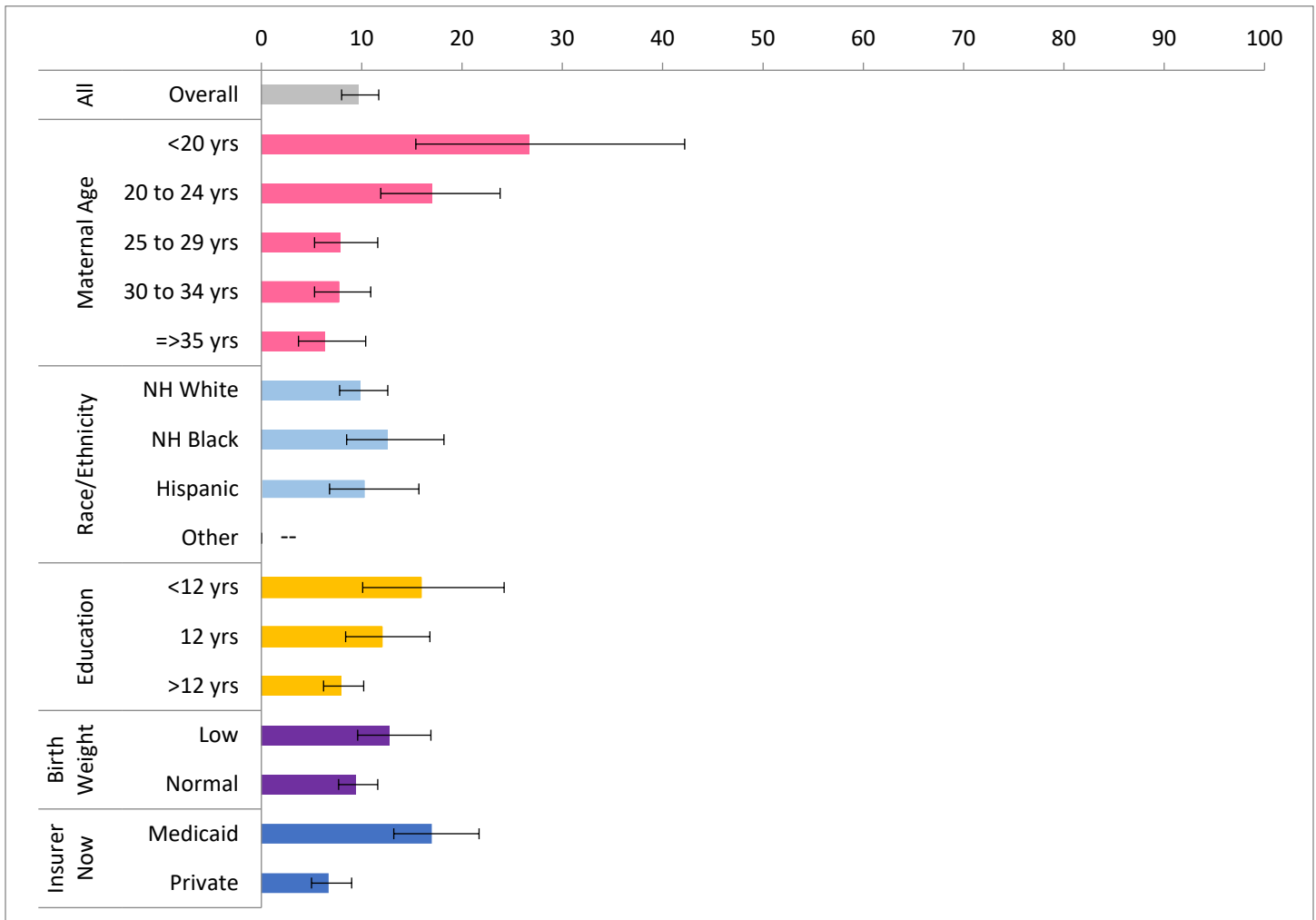
## Pregnancy Risk Assessment Monitoring System (PRAMS)

The Illinois Department of Public Health (IDPH) PRAMS project is an ongoing survey of women who recently delivered live-born infants in Illinois. PRAMS is a grant-funded project conducted in collaboration with the Centers for Disease Control and Prevention (CDC). PRAMS collects state-level, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. From December 2017 through March 2019, a 12-question marijuana and drug use supplement was added to the PRAMS survey. These results are for the calendar year 2018 births. During 2018, a total of 2,175 recent mothers were sampled and 1,306 completed the PRAMS survey (weighted response rate 61%). The following results include point estimates and 95% confidence intervals (CI) for marijuana use questions in the survey supplement. Detailed data tables and charts are available at: <http://dph.illinois.gov/data-statistics/prams/datatables-2018>.

## Marijuana Use Before or During Pregnancy

In 2018, 9.7% (CI 8.0 - 11.7) of recent mothers reported using marijuana or hash (collectively referred to here as marijuana) in the three months before or during their most recent pregnancy. Those aged 20 through 24 years were significantly more likely to use marijuana three months before or during their recent pregnancy (17.0%, CI 11.9 - 23.8), compared to those aged 25 through 29 years (7.9%, CI 5.3 - 11.6), 30 through 34 years (7.7%, CI 5.3-10.9), and 35 years and over (6.3%, CI 3.7 - 10.4). Those covered by Medicaid insurance were significantly more likely to use marijuana three months before or during pregnancy (17.0%, CI 13.2 - 21.7), compared to those with private insurance (6.7%, CI 5.0 - 9.0). There were no significant differences by race/ethnicity, education, or birth weight. Significance is based on non-overlapping 95% confidence intervals of percentages being compared.

**Survey Question:** At any time during the 3 months before you got pregnant or during your most recent pregnancy, did you use marijuana or hash in any form? Response: Yes

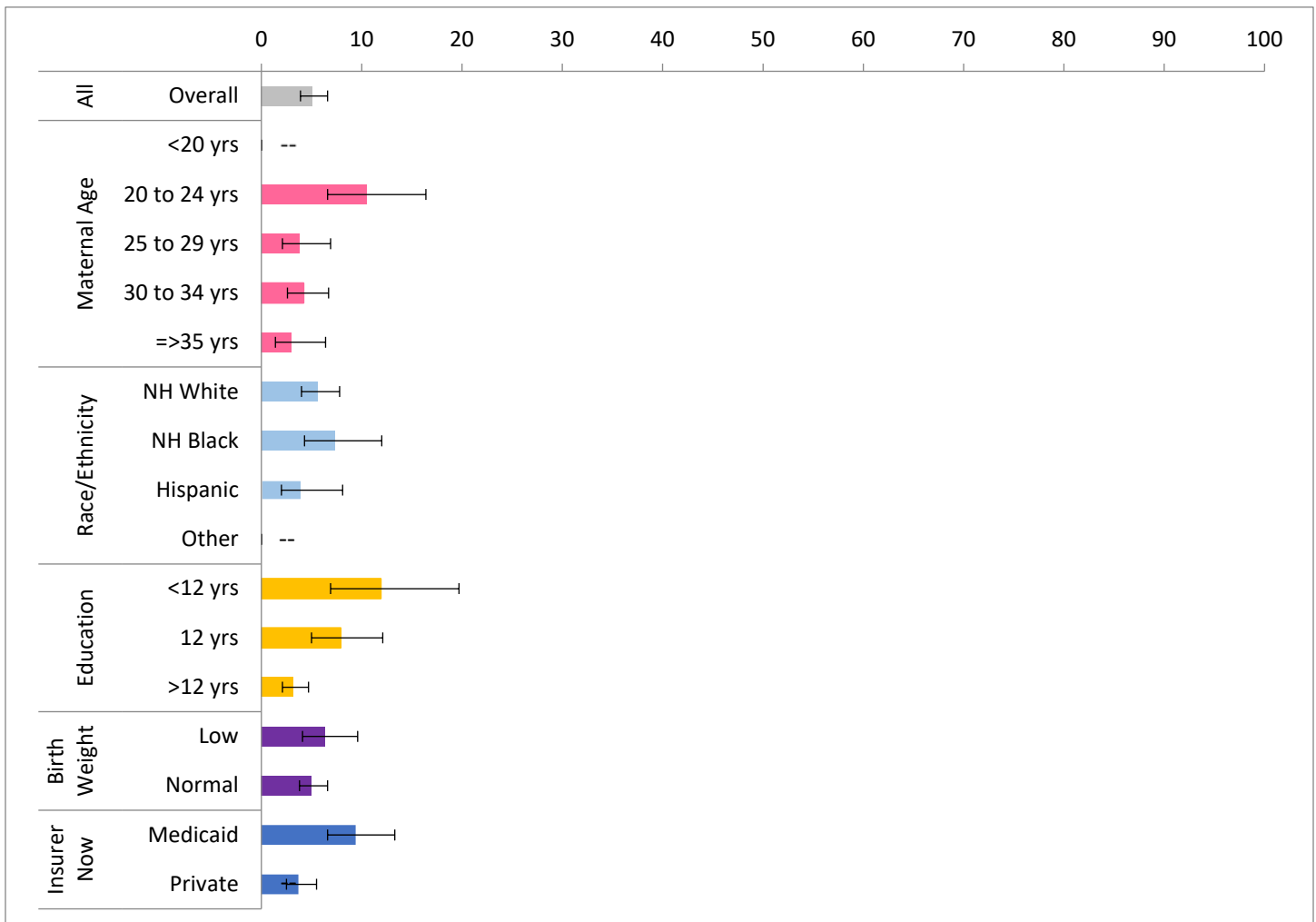


Note: Bars display 95% confidence intervals  
 -- Indicates denominator <30 respondents or numerator <6 respondents

## Marijuana Use After Pregnancy

Among recent mothers, 5.1% (CI 3.9 - 6.6) reported using marijuana since their new baby was born. Those aged 20 through 24 years had a significantly higher rate of marijuana use since delivery (10.5%, CI 6.6 - 16.4), compared to those aged 35 years and over (3.0%, CI 1.4 - 6.4). Those with less than 12 years of education (11.9%, CI 6.9 - 19.7) and those with 12 years of education (7.9%, CI 5.0 – 12.1) were significantly more likely to use marijuana since delivery, compared to those with more than 12 years of education (3.2%, CI 2.1 - 4.7). Those covered by Medicaid insurance were significantly more likely to use marijuana since delivery (9.4%, CI 6.6 - 13.3), compared to those with private insurance (3.7%, CI 2.5 - 5.5).

Survey Question: Since your new baby was born, have you used marijuana or hash in any form? Response: Yes



Note: Bars display 95% confidence intervals

-- Indicates denominator <30 respondents or numerator <6 respondents

## Health Care Provider’s Prenatal Visit Guidance

Among women receiving a prenatal care visit, the majority reported that a health care worker asked if she was using marijuana, 62.8% (CI 59.9 - 65.7), 38.4% (CI 35.6 - 41.4) were advised to not use marijuana, 27.0% (CI 24.4 - 29.7) were advised not to breastfeed if using marijuana, and 1.9% (CI 1.2 - 2.9) were advised by a health care worker to use marijuana.

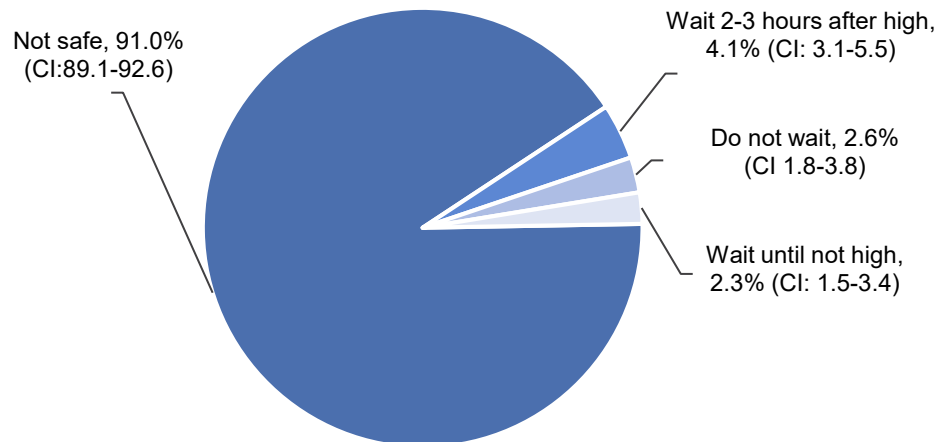
Survey Question: During any of your prenatal care visits, did a doctor, nurse, or other health care worker do any of the following things? Response: Yes

	<b>Percentage</b>	<b>95% CI</b>	
<i>Ask me if I was using marijuana</i>	62.8	59.9	65.7
<i>Advise me not to use marijuana</i>	38.4	35.6	41.4
<i>Advise me not to breastfeed my baby if I was using marijuana</i>	27.0	24.4	29.7
<i>Recommend that I use marijuana for any reason</i>	1.9	1.2	2.9

## Marijuana Use and Breastfeeding Perception of Harm

The majority of women report they do not think it is at all safe for breastfeeding women to use marijuana, 91.0% (CI 89.1 - 92.6), 4.1% (CI 3.1 - 5.5) believe a woman using marijuana should wait 2 to 3 hours after she is no longer high to breastfeed, 2.6% (CI 1.8-3.8) believe a woman using marijuana does not have to wait after using marijuana before breastfeeding, and 2.3% (CI 1.5-3.4) believe it is best for a woman to wait to breastfeed until she is no longer high.

Survey Question: How long do you think it is necessary for a woman to wait after using marijuana to breastfeed her baby?



Note: Chart displays 95% confidence intervals

## Summary

- Nearly 1 in 10 women used marijuana three months before or during pregnancy.
- Marijuana use before or during pregnancy is highest among those aged 20 through 24 years and those covered by Medicaid insurance.
- One in 20 women used marijuana since their new baby was born.
- Marijuana use after delivery is highest among those aged 20 through 24 years, those with 12 years or less of education, and those covered by Medicaid insurance.
- Among women who received a prenatal care visit, nearly 2 in 3 were asked by a health care worker if they were using marijuana. Nearly 2 out of 5 women were advised by a health care worker to not use marijuana. Just over one-quarter of women were advised to not breastfeed if using marijuana.
- About 9 in 10 women report they do not think it is safe for a woman to breastfeed if she is using marijuana.

## Resources

- **CDC Marijuana and Public Health:** <https://www.cdc.gov/marijuana/index.htm>
- **IDPH Cannabis Information:** <http://www.dph.illinois.gov/topics-services/prevention-wellness/cannabis>
- **IDPH PRAMS website:** <http://dph.illinois.gov/data-statistics/prams>

## Key to Interpreting Data

- **Confidence Interval (CI)** – Means one can be 95% confident that the true population rate falls within the ranges around the sample rate (e.g., 9.7% used marijuana three months before or during pregnancy but the true rate could be between 8.0% - 11.7%).<sup>3</sup>
- **Error Bar** – A visual representation of the confidence intervals on a graph.

## References

1. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/10/marijuana-use-during-pregnancy-and-lactation>
2. <https://pediatrics.aappublications.org/content/142/3/e20181889>
3. [https://www.census.gov/content/dam/Census/library/publications/2018/acs/acs\\_general\\_handbook\\_2018\\_ch07.pdf](https://www.census.gov/content/dam/Census/library/publications/2018/acs/acs_general_handbook_2018_ch07.pdf)

To learn more about PRAMS methods and to see data availability by year, visit:

<http://dph.illinois.gov/data-statistics/prams>



**THE BEST SOURCE OF DATA ON MOTHERS AND BABIES**