

# Perinatal Outreach Breastfeeding Newsletter

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## Breastfeeding & Cannabis

By Kara Kaikini

Hello, breastfeeding champions.

Spring is here! That, along with the increasing vaccination rate, is cause for more and more hope at this one-year anniversary of the coronavirus pandemic reaching our state. I hope you are managing a work-life balance at this time that is healthy for you and your family.



Earlier this month I presented a webinar titled “**Can I Use Marijuana While I’m Breastfeeding?**”. If you were unable to attend, you can still view it [here](#) on MaineHealth’s YouTube channel. Other breastfeeding resources and webinars can be found on the Perinatal Outreach page here: [www.mmc.org/perinatal-outreach](http://www.mmc.org/perinatal-outreach)

This newsletter includes some of the information and resources shared in that webinar, including research studies, handouts, as well as a provider pearl from **Christine Haine, RN, BSN, IBCLC** of MMP South Portland Pediatrics.

Marijuana carries with it a legal history and strong, conflicting, and valid belief systems. That, in addition to the need for more data, can make this a controversial topic to discuss with families and colleagues. We work with new families because we care about the health of both parents and infants. Even with a topic as challenging as this, we can continue to support both by providing the evidence-based information we have, be honest about what we don’t know, and provide the recommendations from our guiding organizations (ie. AAP, CDC, etc.). Listening to families, asking them open-ended questions, validating their feelings and experiences, and empathizing with them are all critical steps in helping them make the best informed decisions they can about any topic, especially one as challenging as marijuana use during pregnancy and breastfeeding. Keep doing this incredibly valuable work!



As always, please contact me anytime with any questions,

~Kara Kaikini, MS, IBCLC

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- *n=8, anonymously recruited exclusively breastfeeding, 2-5 mo. postpartum mothers who regularly consumed cannabis*



- After 24 hours without marijuana, each woman was instructed to:
  1. Collect a baseline breast milk sample
  2. Inhale a dose of 0.1 gm of cannabis containing more than 23% THC
    1. Preweighed, analyzed, standardized strain from one preselected dispensary
  3. Collect breast milk samples at 20 min, and 1, 2, and 4hrs
- Exclusively breastfeeding infants ingested an estimated mean of 2.5% of the maternal THC dose (with a range of 0.4–8.7%). Estimated daily infant dose was 8 micrograms per kilogram per day.
- **Conclusion: Mothers should be cautious using cannabis during pregnancy and breastfeeding**

*Baker T, Datta P, Rewers-Felkins K, Thompson H, Kallem RR, Hale TW. Transfer of inhaled cannabis into human breast milk. Obstet Gynecol 2018; 131: 783–788.*

Dr. Thomas Hale summarized this study on his [blog](#), saying:

“What it suggests to us is that THC does transfer into human milk, and it is apparently a function of the daily use in mothers. We think that in occasional users, the level of transfer is minimal (about 2.5% or lower). We also surmise, that in heavy users it could be 3 times this dose. This is probably a function of the filling of the adipose sites with chronic daily use. Once these fat sites are FULL of THC, less is transferred out to fat tissues following smoking...thus leaving more in the plasma compartment to transfer into milk. We strongly urge cannabis using moms to avoid using these products while breastfeeding, as we simply do not know what happens neurobehaviorally to these exposed infants.”

- 50 breastfeeding women, 54 breast milk samples
- THC was detectable in 34 (63%) of the 54 samples **up to ~6 days** after last reported use
- Median concentration of THC was 9.47 ng/mL (range: 1.01–323.00)
- Effects of many factors unknown



- Conclusion: “Although the estimated median daily dose of THC ingested by the infant is low compared with adult doses, **the high variability in breast milk concentrations means that some infants may be exposed to daily amounts of cannabinoids closer to (but still lower than) typical adult amounts.** Furthermore, the extent of oral absorption in breastfeeding infants, metabolism and accumulation patterns, and pharmacologic effects of even low levels of cannabinoids on neurodevelopment in infants are unknown and require further study.”

*Bertrand KA, Hanan NJ, Honerkamp-Smith G, et al. Marijuana Use by Breastfeeding Mothers and Cannabinoid Concentrations in Breast Milk. Pediatrics. 2018;142(3): e20181076*

**Just published:** [New research shows marijuana THC stays in breast milk for six weeks.](#)

*Wymore EM, Palmer C, Wang GS, et al. Persistence of  $\Delta$ -9-Tetrahydrocannabinol in Human Breast Milk. JAMA Pediatr. Published online March 08, 2021. doi:10.1001/jamapediatrics.2020.6098*

# What You Need to Know About Marijuana Use and Pregnancy

2017

## Fast Facts

- Using marijuana during pregnancy may increase your baby's risk of developmental problems.<sup>1-7</sup>
- About one in 25 women in the U.S. reports using marijuana while pregnant.<sup>8</sup>
- The chemicals in any form of marijuana may be bad for your baby – this includes edible marijuana products (such as cookies, brownies, or candies).<sup>9</sup>
- If you're using marijuana and are pregnant or are planning to become pregnant, talk to your doctor.



Marijuana use during pregnancy can be harmful to your baby's health. The chemicals in marijuana (in particular, tetrahydrocannabinol or THC) pass through your system to your baby and can negatively affect your baby's development.<sup>1-7</sup>

Although more research is needed to better understand how marijuana may affect you and your baby during pregnancy, the Centers for Disease Control and Prevention (CDC) recommends against using marijuana during your pregnancy.

## What are the potential health effects of using marijuana during my pregnancy?

- Some research shows that using marijuana while you are pregnant can cause health problems in newborns—including low birth weight and developmental problems.<sup>10,11</sup>
- Breathing marijuana smoke can also be bad for you and your baby. Marijuana smoke has many of the same chemicals as tobacco smoke and may increase the chances for developmental problems in your baby.<sup>12,13</sup>

## Can using marijuana during my pregnancy negatively impact my baby after birth?

- Research shows marijuana use during pregnancy may make it hard for your child to pay attention or to learn, these issues may only become noticeable as your child grows older.<sup>1-7</sup>

## Does using marijuana affect breastfeeding?

- Chemicals from marijuana can be passed to your baby through breast milk. THC is stored in fat and is slowly released over time, meaning an infant could be exposed for a longer period of time.
- However, data on the effects of marijuana exposure to the infant through breastfeeding are limited and conflicting.
- To limit potential risk to the infant, breastfeeding mothers should reduce or avoid marijuana use.<sup>11, 14-16</sup>

## For more information, visit:

**Smoking During Pregnancy:** <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm>

**Treating for Two:** <https://www.cdc.gov/pregnancy/meds/treatingfortwo/index.html>

Centers for Disease Control and Prevention  
Office of Noncommunicable Diseases, Injury, and Environmental Health



<https://www.cdc.gov/marijuana/pdf/marijuana-pregnancy-508.pdf>

# IS IT SAFE TO USE CANNABIS WHILE YOU ARE PREGNANT OR BREASTFEEDING?

The short answer: **No**, using cannabis while you are pregnant or breastfeeding may harm your baby. Please choose not to use.



### THC IS PASSED TO THE BABY

THC, the chemical in cannabis that gives a user the "high" effect, can be passed to your baby if you use cannabis in any form (smoked, edibles, vapes, etc.) during pregnancy or while breastfeeding. Studies have found that **THC can stay in breastmilk for up to six days** after cannabis was consumed.



### NEGATIVE EFFECTS ON THE BABY

A baby that is exposed to cannabis before they are born may have problems with **brain development, lower birth weight, may be born prematurely**, and could develop other **behavioral or learning problems**, especially as they grow older. This could make it harder for a child to do well in school.



### NOT PROVEN TO BE SAFE

To date, no research shows a safe amount of cannabis use while pregnant or breastfeeding. **Although cannabis is natural, that does not make it safe.** Not all natural substances or plants are safe; tobacco and poisonous berries are other examples.



### TALK TO HEALTHCARE PROFESSIONALS

Talk to your healthcare provider about cannabis use during pregnancy or while breastfeeding. There are still many unknowns, but **healthcare providers can help you sort through the research.**

### SMOKE IS SMOKE

Cannabis and tobacco smoke have many of the same toxic chemicals. **Breathing any smoke is bad for you and your baby**, so you should not allow anyone to smoke in your house or around your kids.

### TRY OTHER OPTIONS

Using cannabis to help with morning sickness, backaches, and other health issues is not recommended during pregnancy or while breastfeeding. **Talk to your healthcare provider about other options that are safer for your baby.**

### RESOURCES

Visit these websites for more information and research:

- [GoodToKnowMaine.com](http://GoodToKnowMaine.com)
- US Centers for Disease Control & Prevention: [cdc.gov/marijuana/factsheets/pregnancy.htm#11](http://cdc.gov/marijuana/factsheets/pregnancy.htm#11)

Make the safest choice for your baby. Choose not to use cannabis while pregnant or breastfeeding.



Additional References: NIDA. 2020, June 8. Can marijuana use during and after pregnancy harm the baby?. Retrieved from [drugabuse.gov/publications/research-reports/marijuana/can-marijuana-use-during-pregnancy-harm-baby](http://drugabuse.gov/publications/research-reports/marijuana/can-marijuana-use-during-pregnancy-harm-baby) & Bertrand KA, Hanan NJ, Honerkamp-Smith G, et al. Marijuana Use by Breastfeeding Mothers and Cannabinoid Concentrations in Breast Milk. *Pediatrics*. 2018;142(3):e20181076

Contact Corrie Brown [brownco2@cmhc.org](mailto:brownco2@cmhc.org) for copies

- These apps are available from the Infant Risk Center. You can look up medications and see what research has been published regarding their safety for breastfeeding mothers and babies



- FYI: This LactMed app has been retired, but you can still get information from the LactMed (National Library of Medicine's TOXNET/Toxicology Data) website: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>



### Local Resources

- Good to Know Maine: <https://goodtoknowmaine.com/health-consequences/pregnant-breastfeeding-mothers/>
- CradleME: A Referral System for All Birthing Families in Maine: <http://www.cradleme.org/>
- Maine WIC: <http://wicforme.com>
- MaineFamilies: [www.maineamilies.org](http://www.maineamilies.org)
- Marijuana and Breastfeeding pamphlets: <https://www.maineventionstore.com/collections/marijuana/products/marijuana-is-it-safe-when-breastfeeding>



### Christine Haine, RN, BSN, IBCLC

#### What technique/strategy have you found helpful in counseling or educating women about marijuana and breastfeeding?

I like to have frank and open conversations with patients about marijuana and breast feeding. I want them to feel comfortable asking me questions and I am honest about what we do and don't know as providers.

Patients often have questions but they may not ask them because they don't want their providers to assume they are using or will use. I give every patient the same talk regardless of assumed risk, positive or negative drug screens, or other risk factors. Parents want and deserve information. Marijuana is prevalent everywhere and as the social and legal implications change, families will encounter it and need to feel comfortable and confident about how they will respond to its availability from reliable sources of information.

I hope to be a reliable source of trustworthy information and combat some of the misinformation presented to moms. My technique is to be human, empathetic and relatable. We don't have all the answers about marijuana use in pregnancy and breastfeeding, but our responsibility is to present parents with what we do know and empower them to make the best choices for themselves and their tiny ones!

#### Why do you support breastfeeding?

I support breastfeeding because it is so rad! Infant feeding is such a big part of the first year of life and part of growing a family. My appointments with patients often tie into the biological "cave brain" you grow as new parents. Helping parents to see and learn that they are milk-producing mammals making milk for their baby animals is amazing; it's primal. It's a system designed for species survival. Hopefully, my patients walk out of appointments feeling like empowered lions, tigers, bears or whatever their favorite mammal is. I often tell families that my job shouldn't exist because it should be your mom, sister, neighbor, grandma and friend who help you make breastfeeding adjustments and find and learn how to breastfeed. We are out of touch with how to breastfeed, no one automatically knows how to do it and the pressure we put on ourselves is unreal. You have to learn it and that requires loving care and attention at an extremely vulnerable sleep-deprived time of life.

I also support breastfeeding because it is perfect nutrition, babies love it and you learn a lot about yourself through breastfeeding. I am honored and privileged to be a part of any families' journey in feeding their baby.

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*Christine Haine, RN, BSN, IBCLC works at Maine Medical Partners South Portland Pediatrics as their in-house Lactation Consultant and in Private Practice doing home visit lactation support for Take Care Lactation.*



# COMING UP: Prenatal Breastfeeding Education Webinar



## Perinatal Outreach Presents 2021 Webinar Series

**Prenatal Breastfeeding Education**  
1<sup>st</sup> Wednesday of every odd month

**May 5, 2021 12:00-1:00pm**  
Cue Based Feeding

### Objectives:

1. Review the evidence and recommendations for cue-based feeding in late-preterm and full term infants.
2. Identify engagement and disengagement cues in responsive feeding.
3. Review feeding techniques and feeding assessments.
4. Discuss patient educational strategies for continuing cue-based feeding at home.

**Presenter:** Kara Kaikini, MS, IBCLC and Jill Lydon, RN

[Click here to register for Cue Based Feeding](#)



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1.0 Contact Hours



Joint Provider



If you have any questions, requests for specific education, or something you'd like to include in a future newsletter, please contact us!

Also, if you received this email from a colleague and would like to be added to the distribution list, please contact Kara.

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