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Compassionate, Evidence-Informed Conversations on Cannabis Use During Pregnancy



Jillian Halladay RN PhD



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Objectives

- 1** Explain what cannabis is, reasons for use, and trends over time
- 2** Describe up-to-date evidence on cannabis use during pregnancy and chestfeeding
- 3** Discuss strategies to support compassionate, evidence-informed conversations in practice

Cannabis 101: What is Cannabis?

“Cannabis” is an overarching term

500+ chemicals, 100+ cannabinoids



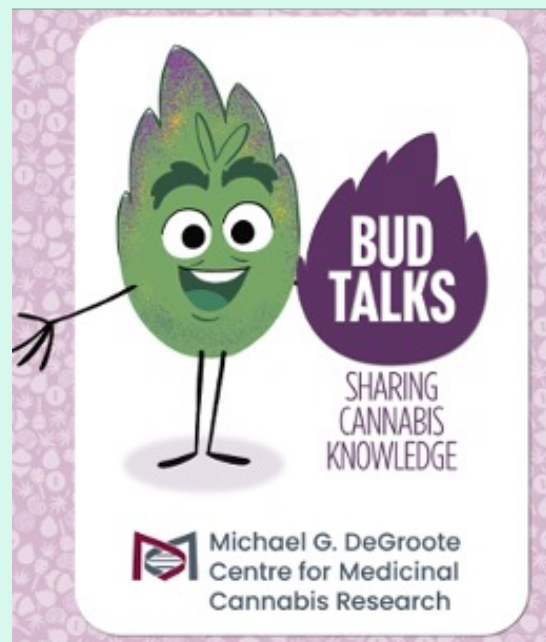
THC

1995 ~5%
2014 ~14%
Today ~20%

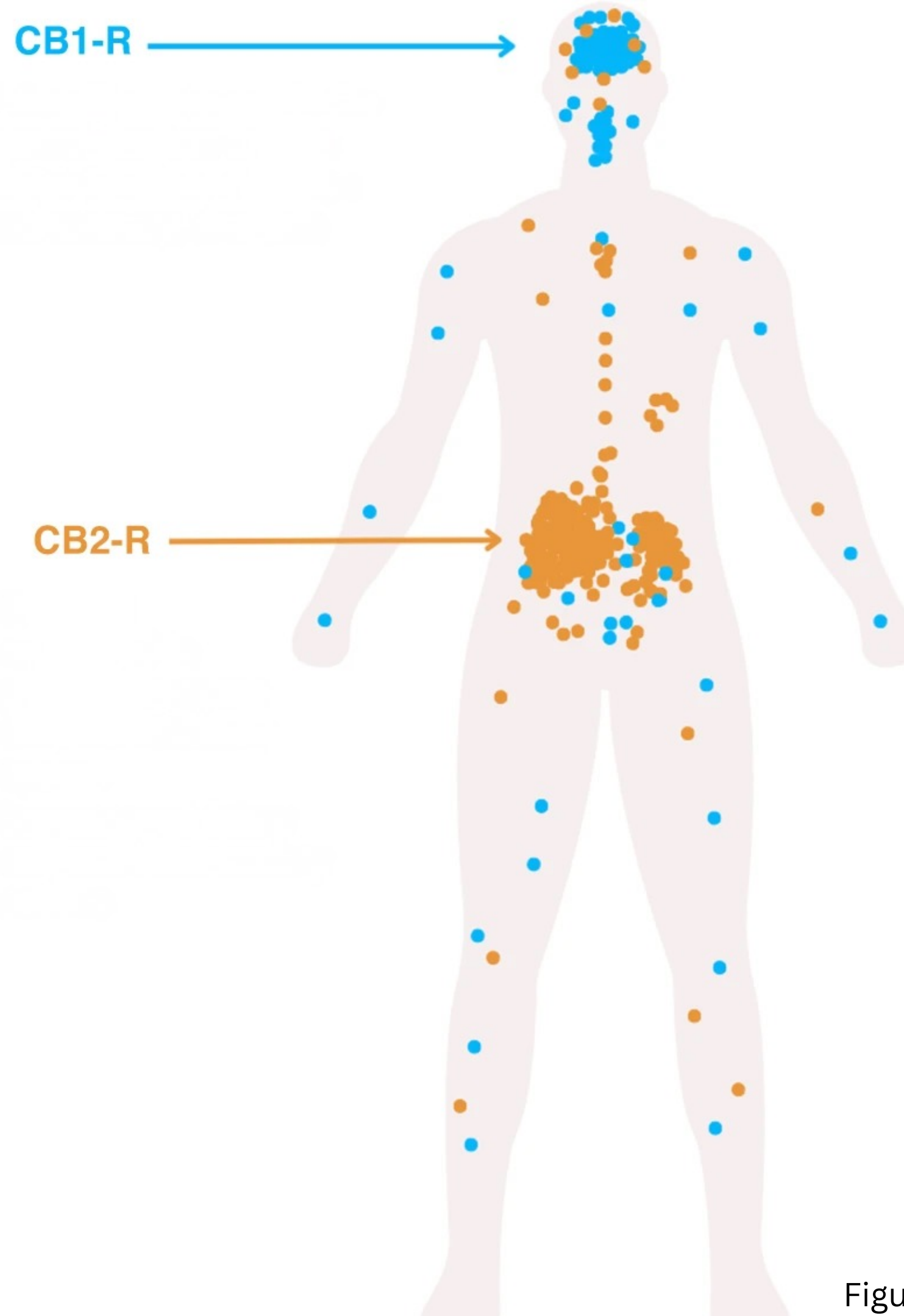
CBD



The High of Cannabis



Where else does cannabis act in the body?

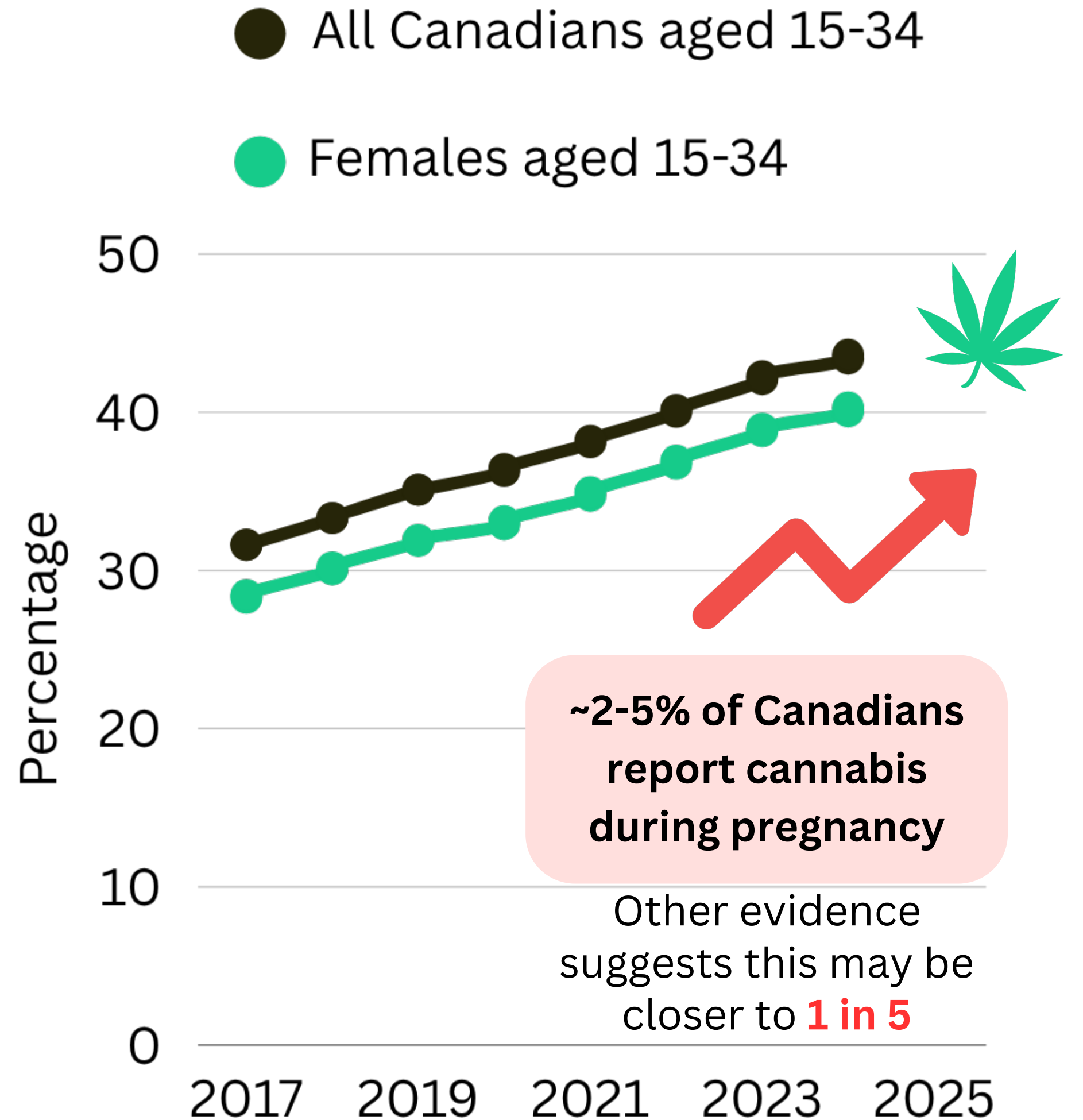


More Canadians are using cannabis today than previously

Bud talks resource

<https://www.ccsa.ca/en/clearing-smoke-cannabis-cannabis-use-during-pregnancy-and-breastfeeding>

<https://csuch.ca/explore-the-data/data-charts/>



Why do people use cannabis?



To feel good

- Enjoyment
- Fun
- Celebration



To feel better

- Relaxation
- Stress
- Anxiety
- Depression
- Sleep
- Physical health



To experiment

- Altered perception
- Availability



Because others are doing it

- Conformity
- Social facilitation

Continuum of Cannabis Use



No Use

Beneficial Use

Non-Problematic

Problematic Use

Potentially Harmful

Cannabis Use Disorder

- Difficulties **controlling** use
- **Compulsive** use
- **Continued** use despite consequences
- **Cravings**

Earlier age of initiation, frequent use, multiple substance use, family history, mental illness, using to cope



School
Mental Health
Ontario

Santé mentale
en milieu scolaire
Ontario

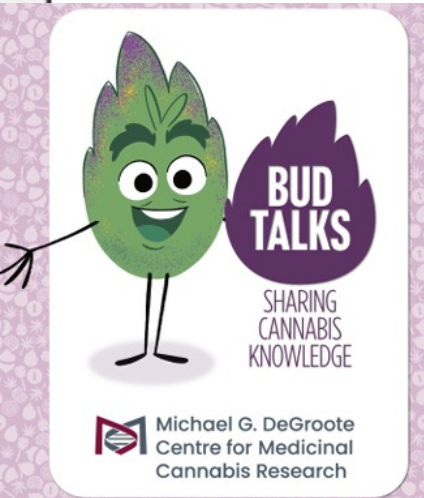
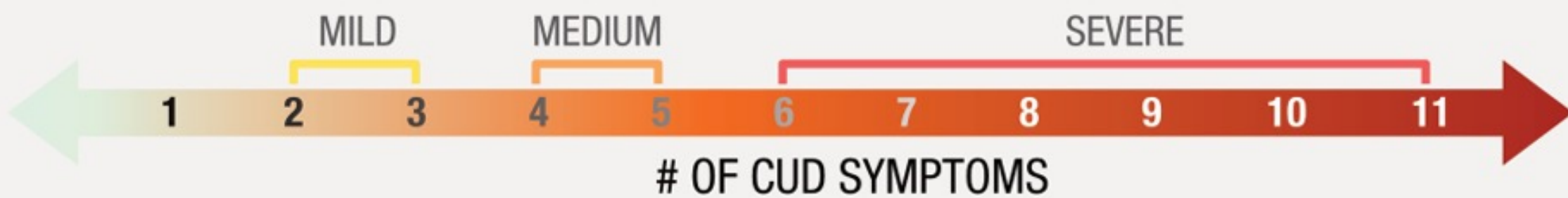
The Ministry of Health and Long-Term Care developed a
Substance Use Prevention and Harm Reduction Guideline (2018)

Connor et al. (2021)

Cannabis Use Disorder

CANNABIS USE DISORDER SYMPTOMS

The more symptoms you have, the more severe the cannabis use disorder you will experience.

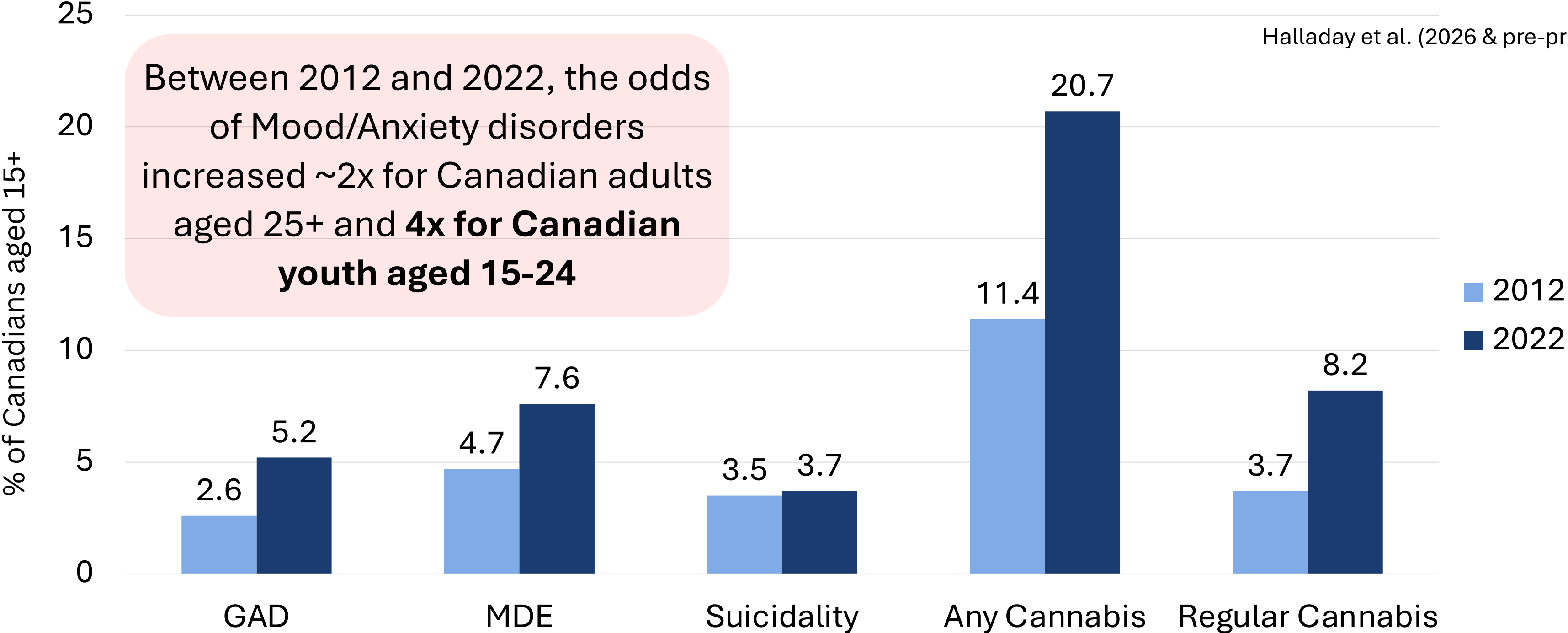


Increasing cannabis use and emotional distress among Canadians



Statistics Canada / Statistique Canada

Halladay et al. (2026 & pre-print)



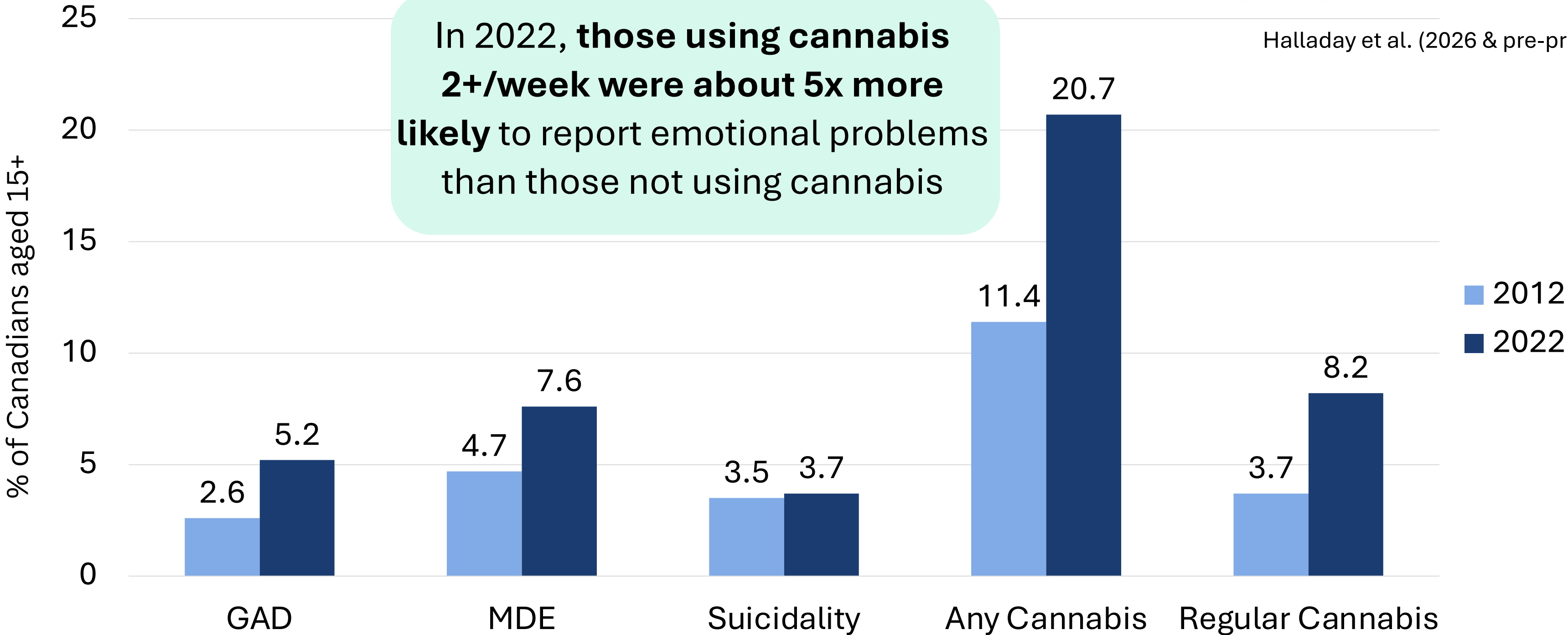
Between 2012 and 2022, the odds of Mood/Anxiety disorders increased ~2x for Canadian adults aged 25+ and **4x for Canadian youth aged 15-24**

Increasing cannabis use and emotional distress among Canadians



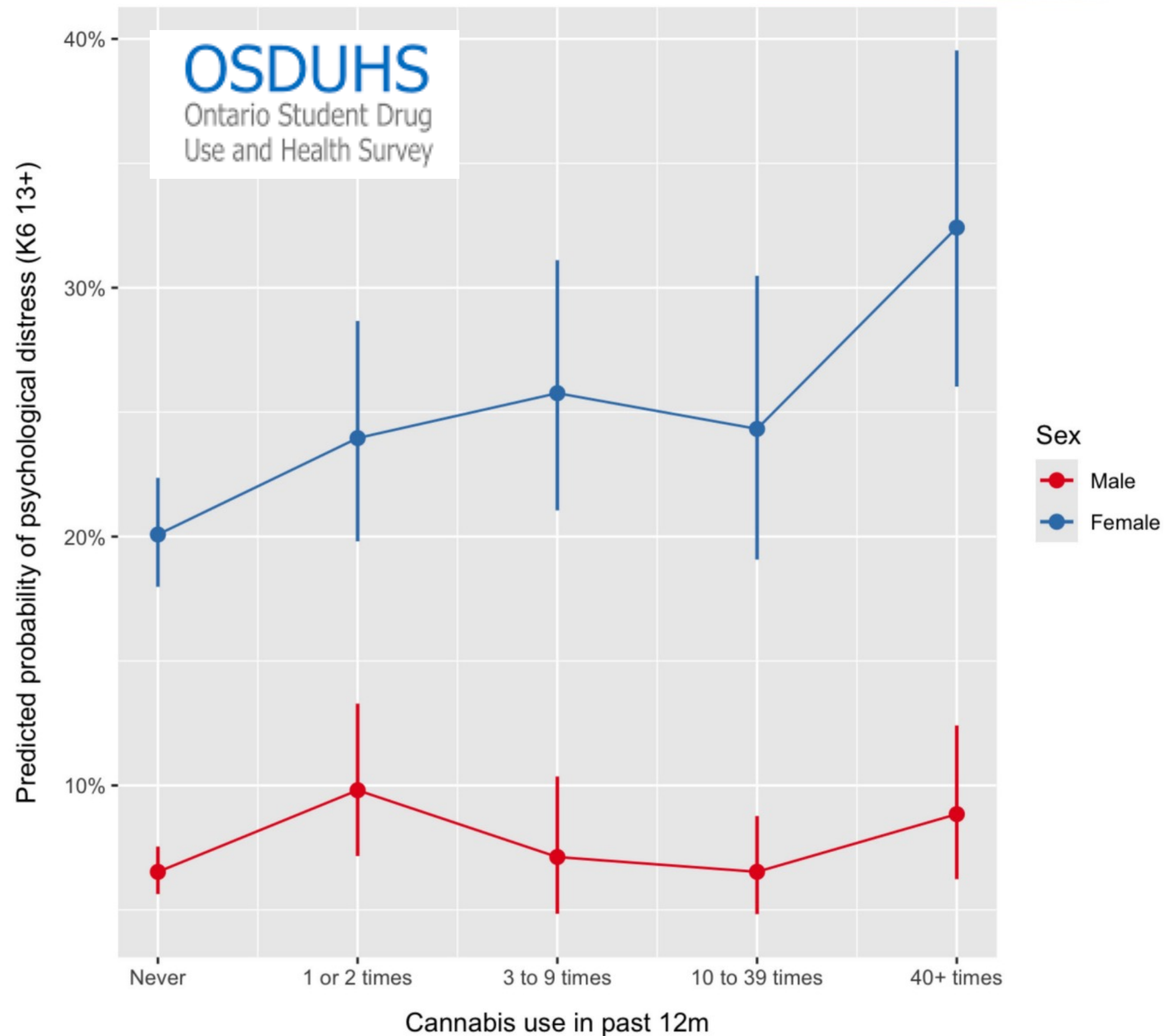
Statistics Canada / Statistique Canada

Halladay et al. (2026 & pre-print)



**These increases
have been
particularly
pronounced for
youth & women**

McDonald et al. (2026)



Why do people use cannabis during pregnancy?

Symptom management & coping



- Relaxation
- Stress
- Anxiety
- Depression
- Sleep
- Physical health

★ **Including for pregnancy-related symptoms like nausea and vomiting or pain**

Sensation seeking



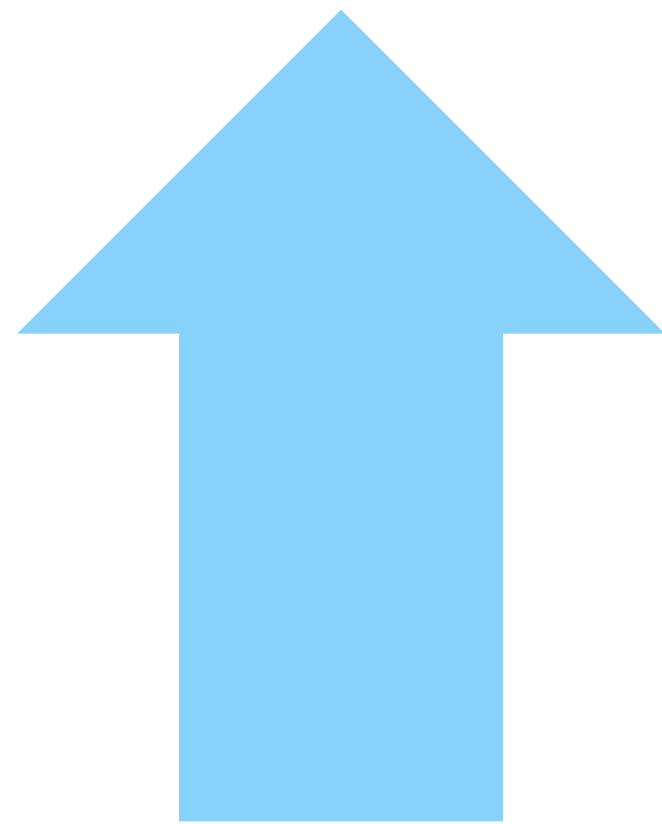
- To feel good (enjoyment, fun, celebration)
- To experiment (altered perceptions)

Why do people use cannabis during pregnancy?

Symptom management
& coping



Perceived low risk & therapeutic benefits

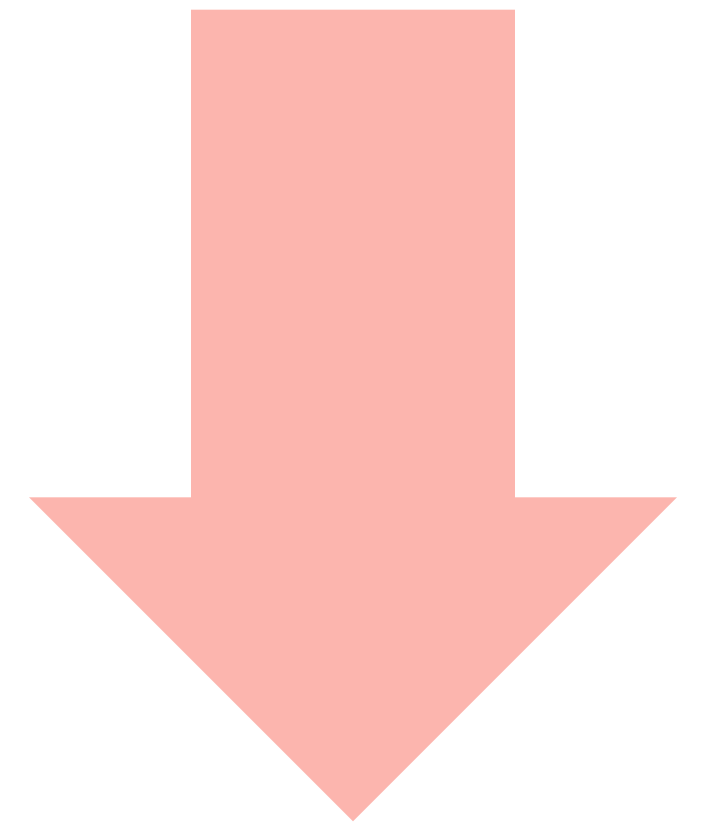


**Social
Acceptability**

**Perceived
Therapeutic
Benefits**



Perceived Risk



~1 in 5 pregnant people perceive no risk of weekly cannabis use

~1 in 10 Canadians perceive it to be okay to use cannabis when pregnant & lactating

Cannabis for medicinal use

often low to very low-quality evidence not exploring inhaled cannabis



Mental Health



limited to no evidence of benefits for most disorders (including depression & anxiety)

Sleep



very low-quality evidence of longer sleep duration for those with insomnia

Pain



low-quality evidence of benefits for non-cancer chronic (not acute) pain

Nausea



mixed quality evidence that prescribed cannabinoids reduce nausea & vomiting

Cannabis Hyperemesis vs. Hyperemesis Gravidarum



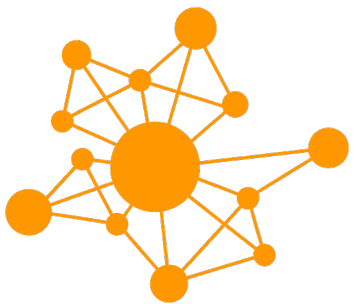
Cannabis Hyperemesis:

- Recurrent nausea, vomiting, and abdominal pain due to long-term heavy cannabis use.
- Hot baths/showers can help in the moment. Only cure is discontinuing cannabis long term.
- Symptoms usually remit within 2 weeks following complete abstinence (though can last months).
- Increasingly common (>potency and daily use).

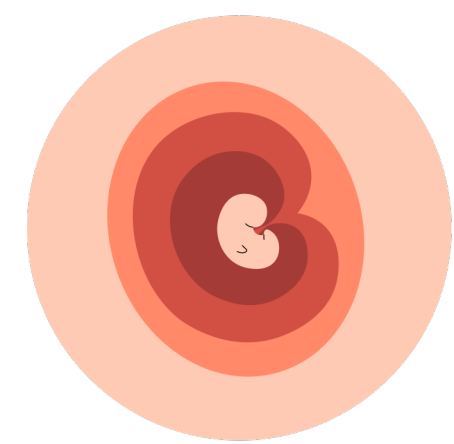


Key points for practice

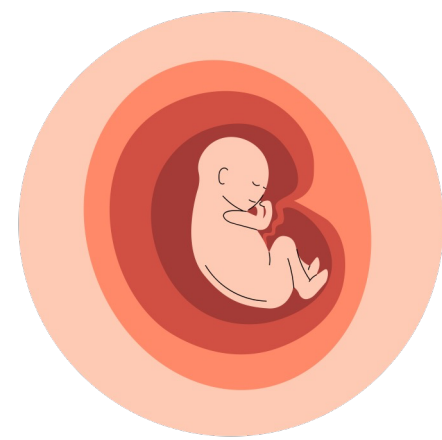
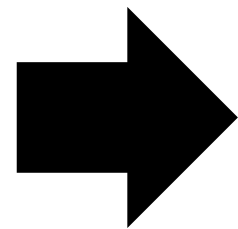
- **Cannabis use during pregnancy is increasing**, with prevalence likely under-estimated. Important to build trust and reduce perceived stigma and fear to promote discussion.
- **Cannabis is seen as helpful for symptom relief during pregnancy**. It is important to explore patient-specific motivations (symptoms, coping, social context) and use a harm reduction approach to support reductions, safer alternatives, or substitutions.
- **Consider the broader context** (mental health, sociocultural factors, access to care, social stressors).
- **Tailor therapeutic discussions to dynamic needs across pregnancy and postpartum**, recognizing resuming pre-pregnancy cannabis use is common postpartum during lactation.



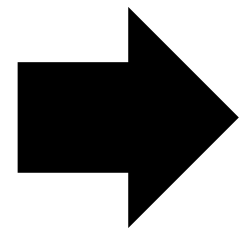
What does the evidence say about the impacts of cannabis use throughout pregnancy?



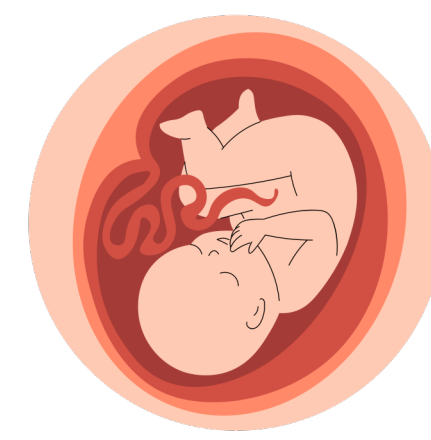
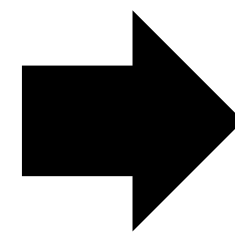
1ST TRIMESTER



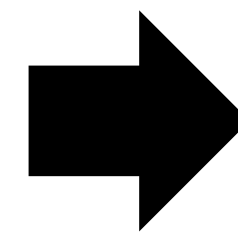
2ND TRIMESTER



3RD TRIMESTER



CHILDBIRTH



POSTPARTUM, LACTATION, & CHILDHOOD



Impacts on the placenta

- Cannabis (THC & CBD) may **disrupt mitochondria** (the energy) in placental cells
- Cannabis may **prevent placental cells from maturing** and fusing together to form the outer layer of the placenta
- Because the placenta cannot properly mature, there may be **lower levels of pregnancy hormones** like hCG
- Cannabis may lead to a **smaller placenta** with an altered structure



Impacts on fetal development: in utero

- **THC is lipophilic and crosses the placenta and enters fetal circulation**
 - It can then bind to endocannabinoid receptors in placental tissue and in major fetal organs
- **The endocannabinoid system plays a role in brain development**
 - Cannabinoid receptors begin to be expressed at ~5-6 weeks gestation



Impacts on fetal development: childbirth

Moderate certainty evidence that cannabis use in pregnancy is associated with increased odds of (Lo et al., 2025):

- **Preterm birth**
- **Small for gestational age**
- **Low birth weight**

+ low certainty evidence that cannabis use in pregnancy is associated with **perinatal mortality**.

Some evidence (not graded) of a greater odds of the **longer hospital stays** (Petrangelo et al., 2019) and of baby being placed in the **NICU** (Gunn et al., 2016; Bailey et al., 2020).



Lactation

- Cannabis may **reduce milk production**, possibly due to lower prolactin
- Cannabis is **found in breast milk (up to 6 days)** and accumulates with higher frequency and concentration of use
- Cannabis use may **reduce milk quality**
 - lowered immune profile
 - reduced ability to synthesize milk proteins and enzymes*
 - fewer healthy fats* **caveat - largely based on mouse models*
- May impact the child through direct exposure to cannabis and altered composition of breastmilk

Childhood

Some evidence that **cannabis use after knowledge of pregnancy** is associated with later childhood (~age 10) psychopathology including:

- Externalizing symptoms * (most consistent)
- Attention problems
- Internalizing symptoms
- Social problems
- Psychotic-like experiences


Childhood



Adolescent Brain Cognitive Development[®]
Teen Brains. Today's Science. Brighter Future.

Disruptions in mental health, functioning, cognition, sleep, and functional and structural changes to the brain continue to be studied



A silhouette of a woman with her hair in a bun, sitting on a bed and looking out a window. The scene is dimly lit, with light coming from the window, creating a contemplative mood.

Postpartum Depression & Anxiety

Limited to no evidence.

A large Australian study found cannabis use in the 15 months prior to pregnancy was associated with an increased risk of postpartum depression (50% to 102% depending on specific cannabis exposure).

More frequent cannabis use and use closer to conception increased risk.

Cao et al. (2021)

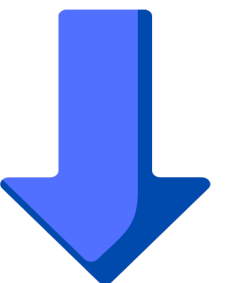
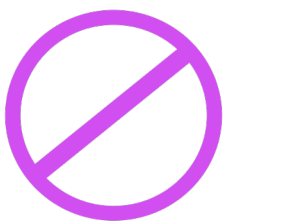
Issues with the evidence



- **Older studies may not be relevant** given steep increase in cannabis potency over the past several decades (e.g., 4% in 1990s up to 20-30% (and 90%+) today).
- **Lack of information on mode of delivery, timing, frequency, potency, or duration of prenatal cannabis use.**
- **Unethical to randomize pregnant people to use cannabis.**
 - Other substances (like alcohol, nicotine, or other drugs)
 - Psychosocial risk factors or chronic stressors
 - Severe nausea and vomiting during pregnancy

Key points for practice

- There are many gaps and **challenges with existing evidence.**
- Cannabis use during pregnancy has been associated with **problems with fetal development** in and out of utero (e.g., impacts on placenta, ECS of baby, lactation)
- **Both THC and CBD may cause harms.**
- The current recommendation is to **avoid cannabis use** leading up to conception and during pregnancy and lactation.
- If choosing to use cannabis, **less exposure is better.**



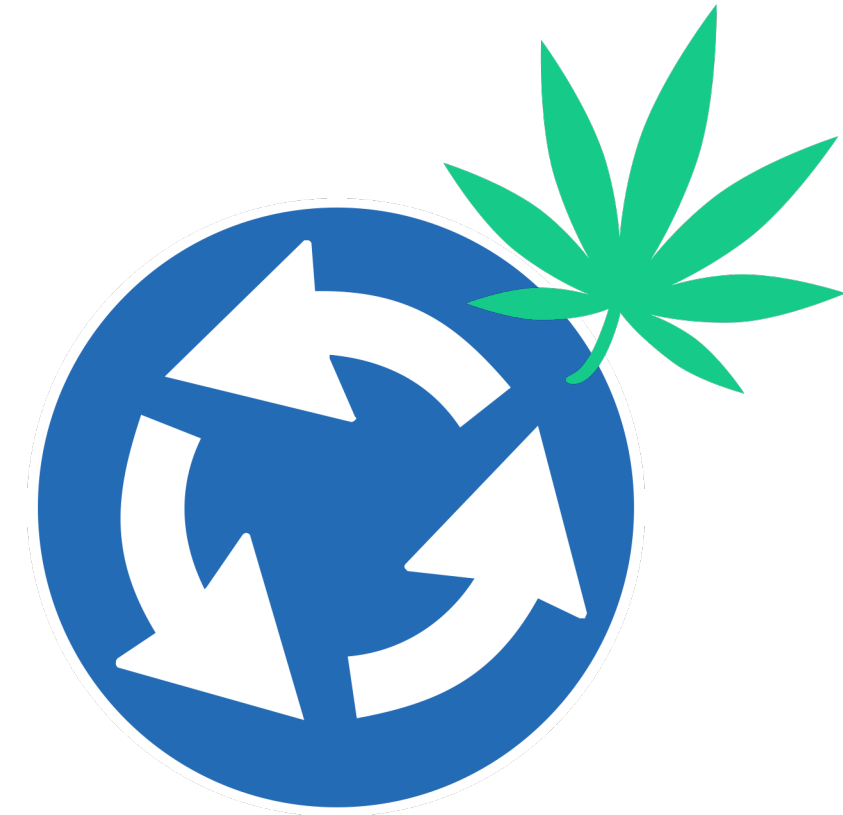
Clinical considerations for supporting pregnant individuals who use cannabis



Clinical considerations for supporting pregnant individuals who use cannabis

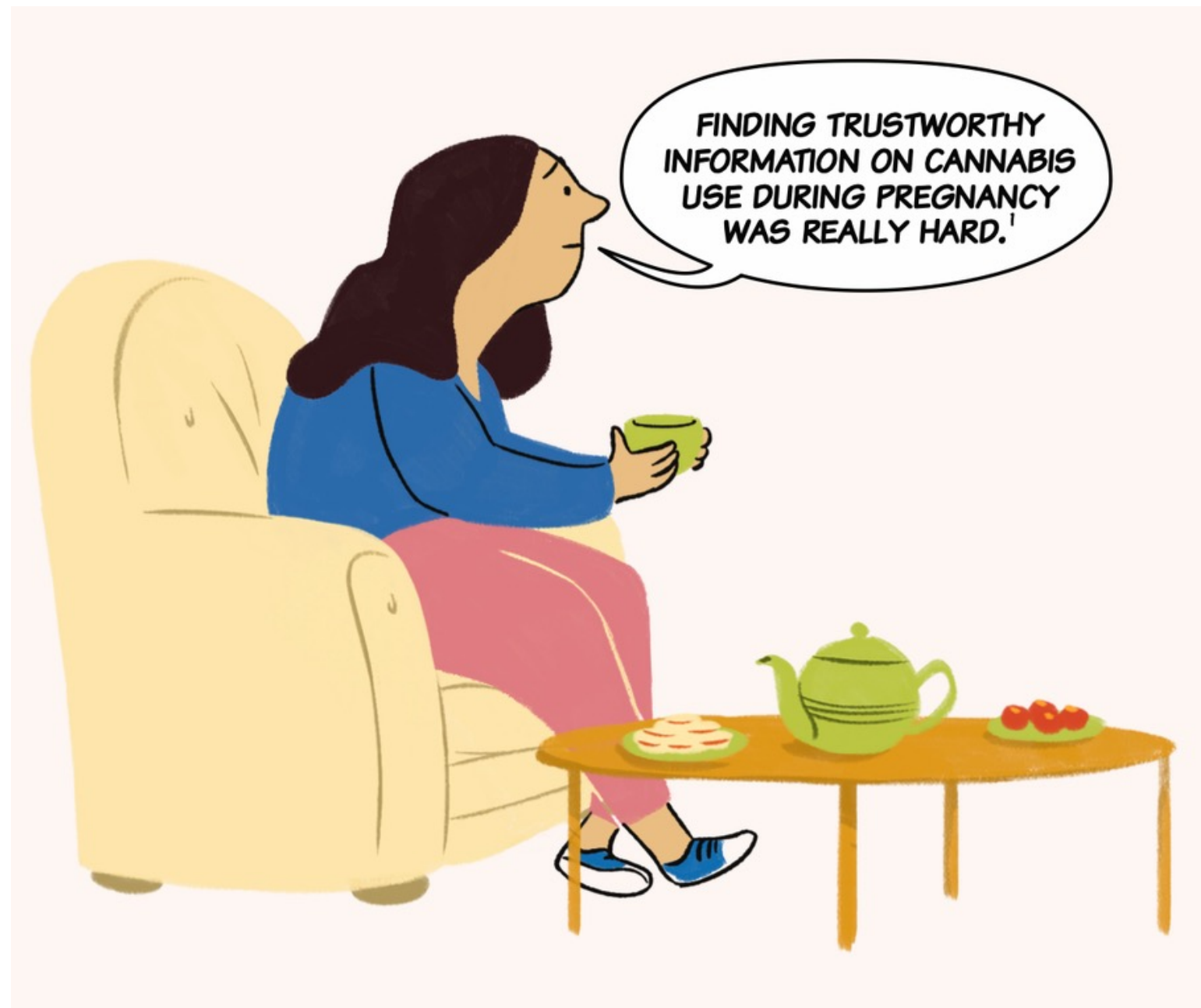


**Assessment and
monitoring**



**Supporting harm
reduction and wellbeing**

Pregnant individuals want clear evidence about the impact of cannabis use during pregnancy & lactation, including strategies for mitigating risks while still achieving the benefits.



Clinicians often feel uncertain, and may avoid conversations about cannabis

“The lack of clear research evidence on safety, adequate substitutions, and strategies to mitigate harm by changing the timing, dose, type, or amount contributed to clinician discomfort in counselling.”

Panday et al., 2021

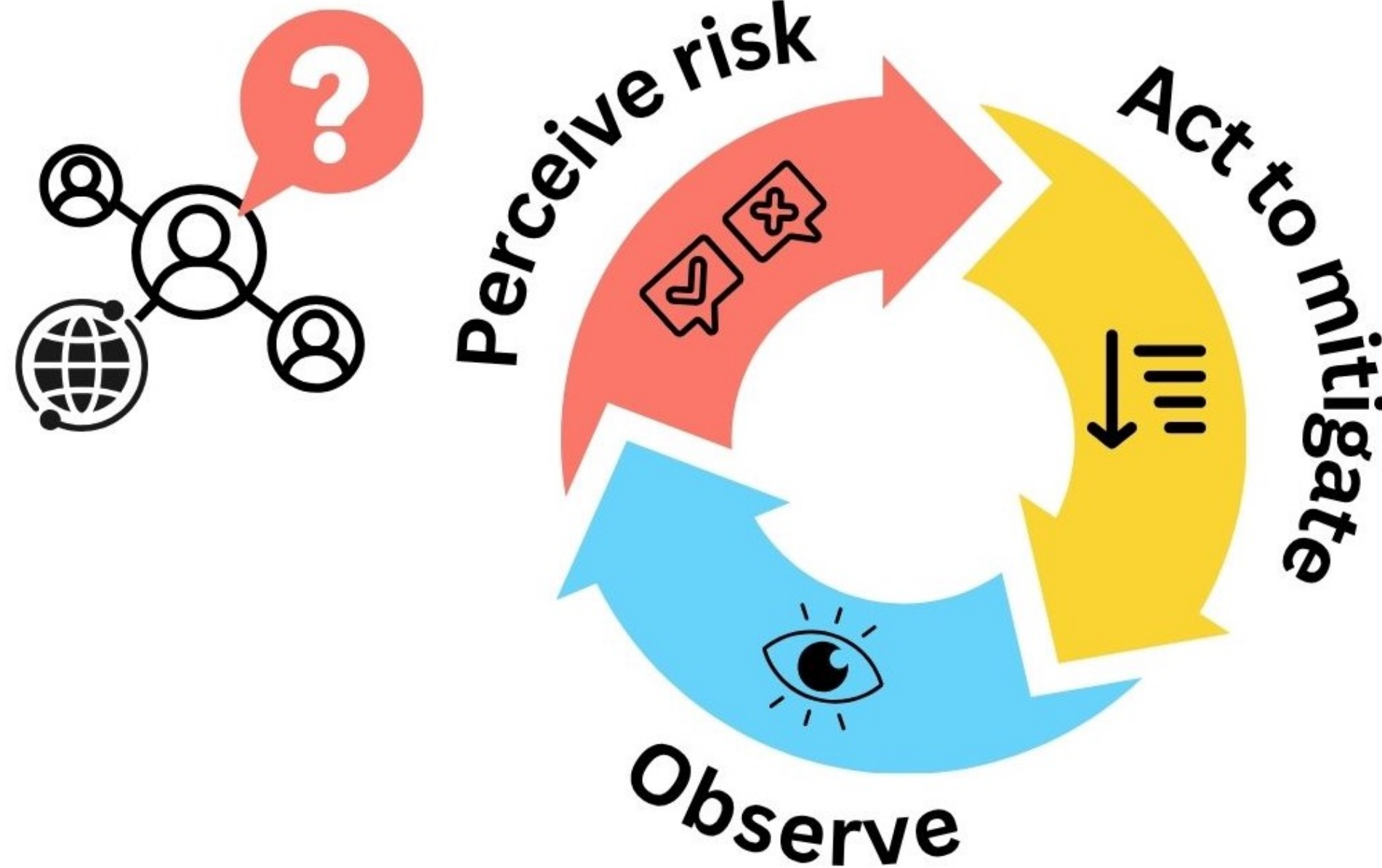
Having non-judgmental and honest conversations about cannabis use is important

How to start the conversations?

- **Setting the tone**
 - Non-judgmental
 - Normalize the conversation
 - Privacy & confidentiality
 - Ask permission
- **Words matter**
- **Use a screening tool**

I ask all individuals I see about substance use. Is it okay with you if I ask you about your substance use? ... Are you using any substances these days? What about alcohol, cannabis, etc...

Strategies used to mitigate risk during pregnancy



Deliberate and thoughtful decision making

Evidence-Informed Resources

McMaster University **Family Medicine** Search

Home About Us Education Research Health Services

Home • Research • Research Programs & Projects • Projects • Cannabis Use in Pregnancy: Encouraging informed decisions

Cannabis Use in Pregnancy: Encouraging informed decisions



Search

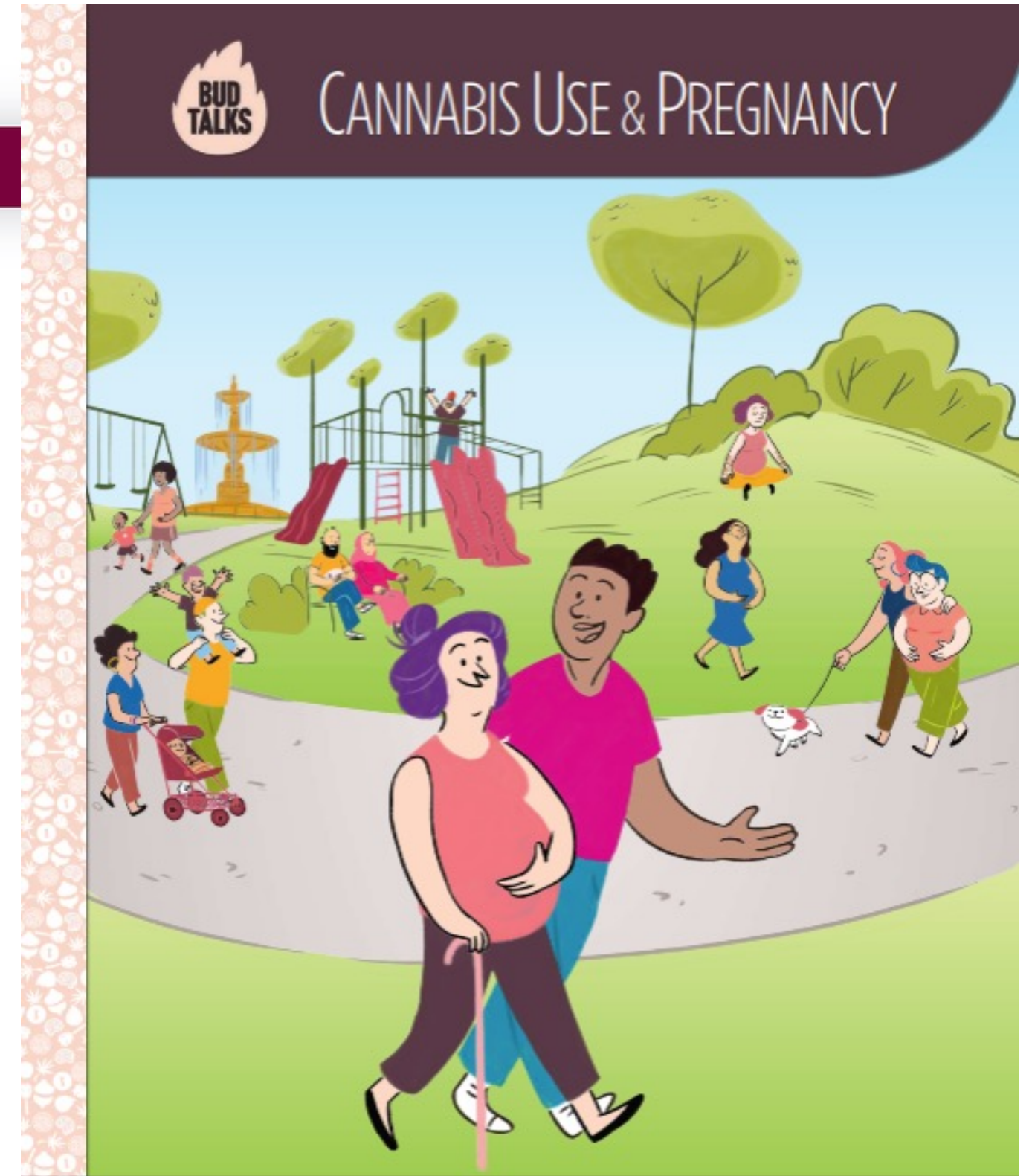


Wading Through the Weeds

Unlisted

Saara Greene [Subscribe](#)

1 Like Comment Share Save



SHARING CANNABIS KNOWLEDGE

Trauma- and violence-informed

- **Emphasize safety, trustworthiness, & transparency**
- **Offer choice, collaboration, & connection**
- **Strengths-based approach (empowerment)**



Harm Reduction

A photograph of a young child wearing a red and yellow life jacket, standing in front of a mountain range under a cloudy sky. The child is looking slightly to the right of the camera.

**WE SHOULD BAN
LIFE JACKETS
& OTHER FLOTATION DEVICES**

**THEY ONLY ENCOURAGE RISKY BEHAVIOR. THE ONLY
100% EFFECTIVE WAY TO PREVENT DROWNING IS
TOTAL ABSTINENCE FROM GOING IN THE WATER.**

care2
<http://bit.ly/ban-floaties>

Clinical Interactions Underpinned by Motivational Interviewing

- **Non-judgmental communication (trauma- and violence-informed & harm-reduction lens)**
- **Enhancing & eliciting motivation to change (focus on intrinsic motivation)**



Approaching Conversations Nonjudgmentally

Principles

RULE

Recognize and resist the urge to correct or inform.

Understand their perspective.

Listen reflectively to their experience of use.

Empower them to explore change.



PHN-PREP
Public Health Nursing Practice,
Research & Education Program

Professional Resource

Foundational Communication Skills: Active Listening

Approaching Conversations Nonjudgmentally

How to do it

OARS

Open ended questions

Affirmations

Reflections

Summaries



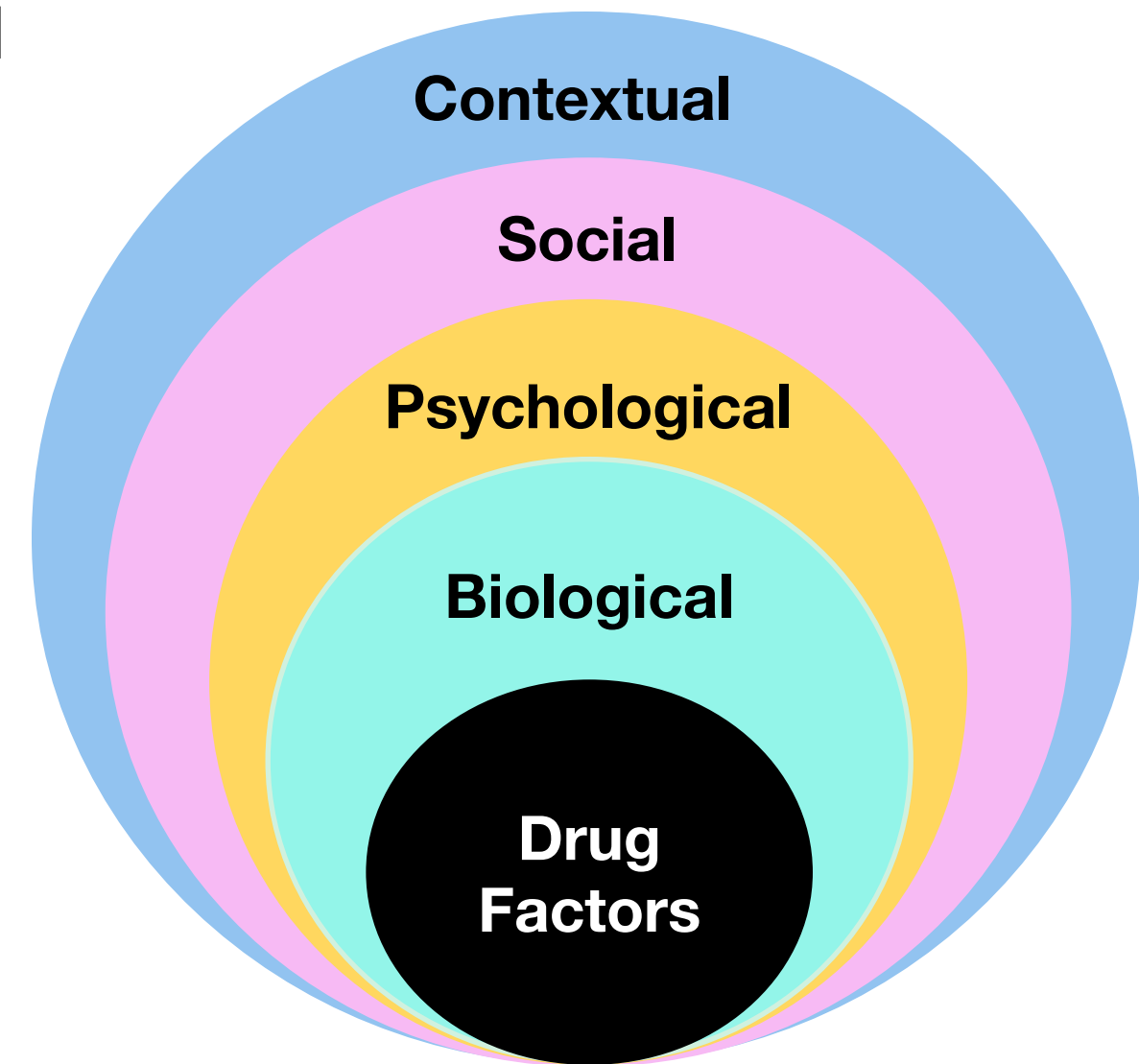
PHN-PREP
Public Health Nursing Practice,
Research & Education Program

Foundational Communication Skills: The OARS Model

(Miller & Rollnick, 2013)

5 P's Case Formulation

- 1. Presenting Problem:** Current behaviours (e.g., quantity, frequency, method of use, potency), symptoms, and medical and psychosocial issues related to use (e.g., changes in functioning related to work, mood, social relationships)
- 2. Predisposing Factors:** Historical factors associated with vulnerability (trauma, genetics, personality)
- 3. Precipitating Factors:** Specific recent events associated with increased use or crisis (pregnancy, job loss, break ups)
- 4. Perpetuating Factors:** Factors that maintain the problem (avoidance, poor symptom control, difficult living environments)
- 5. Protective Factors:** Focus on strengths, resilience, supportive relationships



Set a Cannabis Use Goal

Right now, where are you with your cannabis use? Do you think you want to make any changes, or are you okay with where you are right now?

1. How **often** will you be using?
2. How **much** will you have on using days? In a week/month?
3. How many **cannabis free days** will you have per week/month?
4. What are your **high risk situations** where you'll avoid using?
5. How will you **reduce the risk of harm**?

Make recommendations *with permission



Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)

Revised 2018

Reference

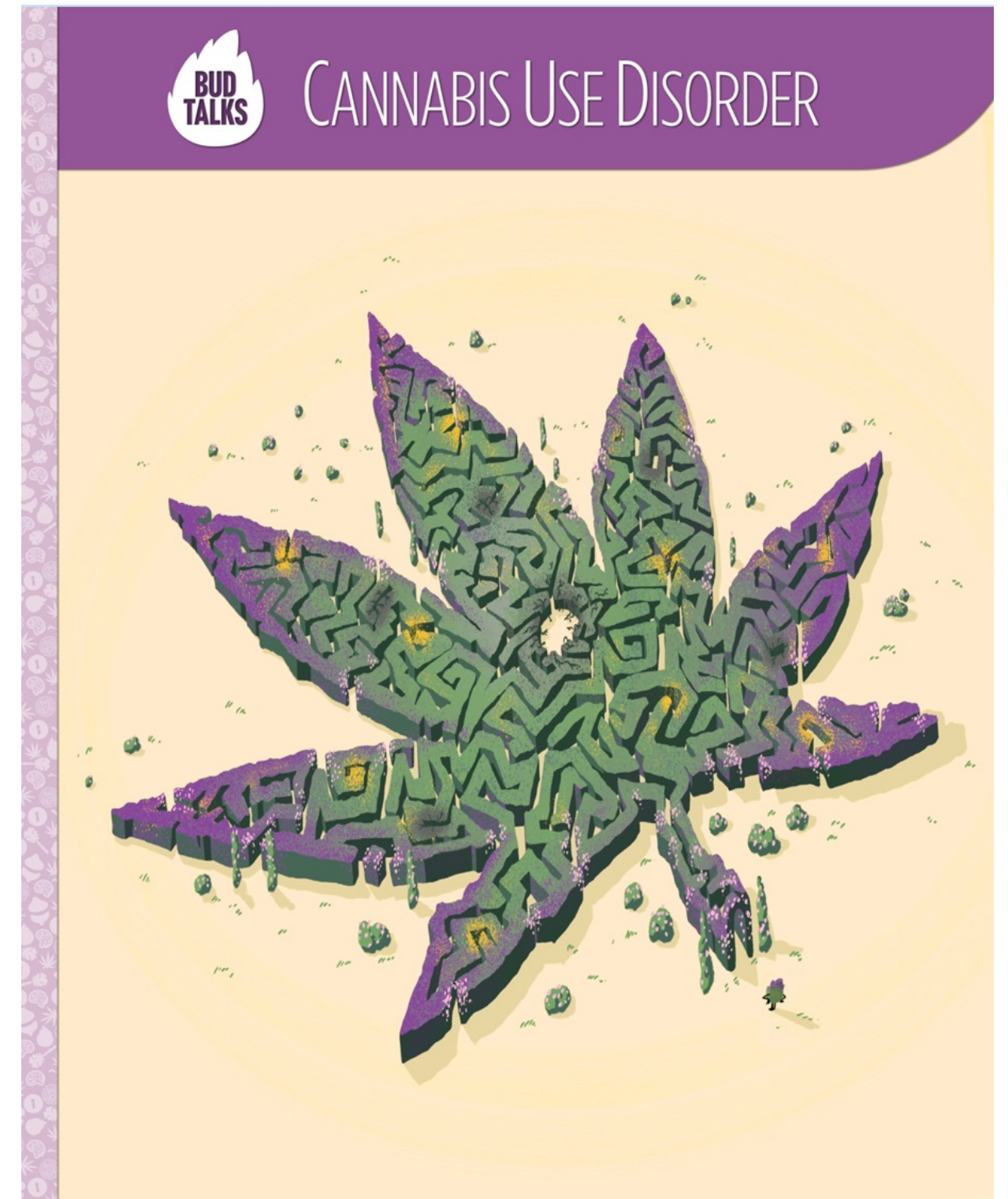
Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health, 107*(8). DOI: 10.2105/AJPH.2017.303818.

camh



CANADIAN RESEARCH
INITIATIVE IN
SUBSTANCE MISUSE

INITIATIVE CANADIENNE
DE RECHERCHE
EN ABUS DE SUBSTANCE



SHARING CANNABIS KNOWLEDGE

Cannabis withdrawal



≥3 of the following within 1 week of abrupt reduction or cessation:

- Irritability, anger, aggression
- Nervousness, anxiety
- Sleep difficulty
- Decreased appetite, weight loss
- Restlessness
- Depressed mood
- At least 1 physical symptom: abdominal pain, shakiness/tremors, sweating, fever, chills, headache

Cognitive Behavioural Therapy (CBT)

Youth Wellness Hubs Ontario
Substance Use Practice Brief
on Cognitive Behavioural Therapy

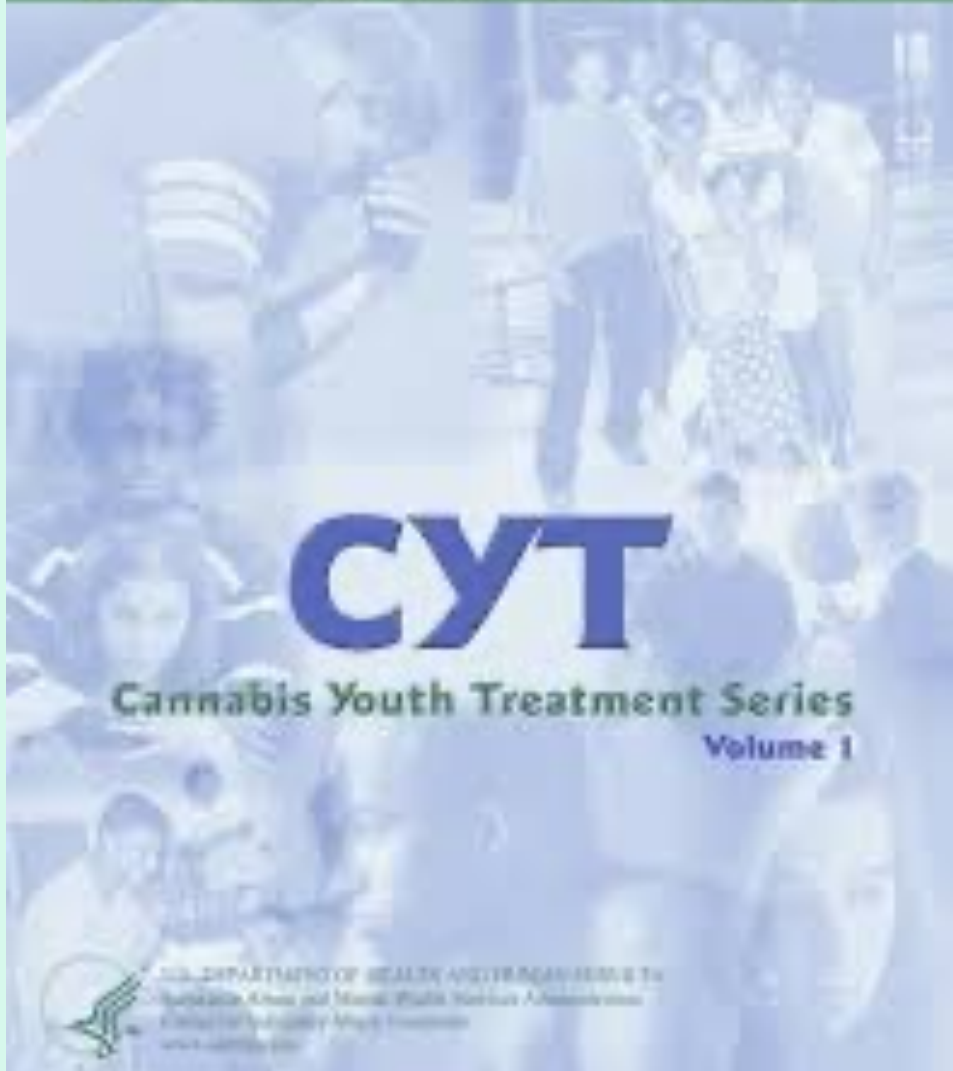


youth wellness hubs
ONTARIO

carrefours bien-être pour les jeunes
DE L'ONTARIO

Last updated: September 2025

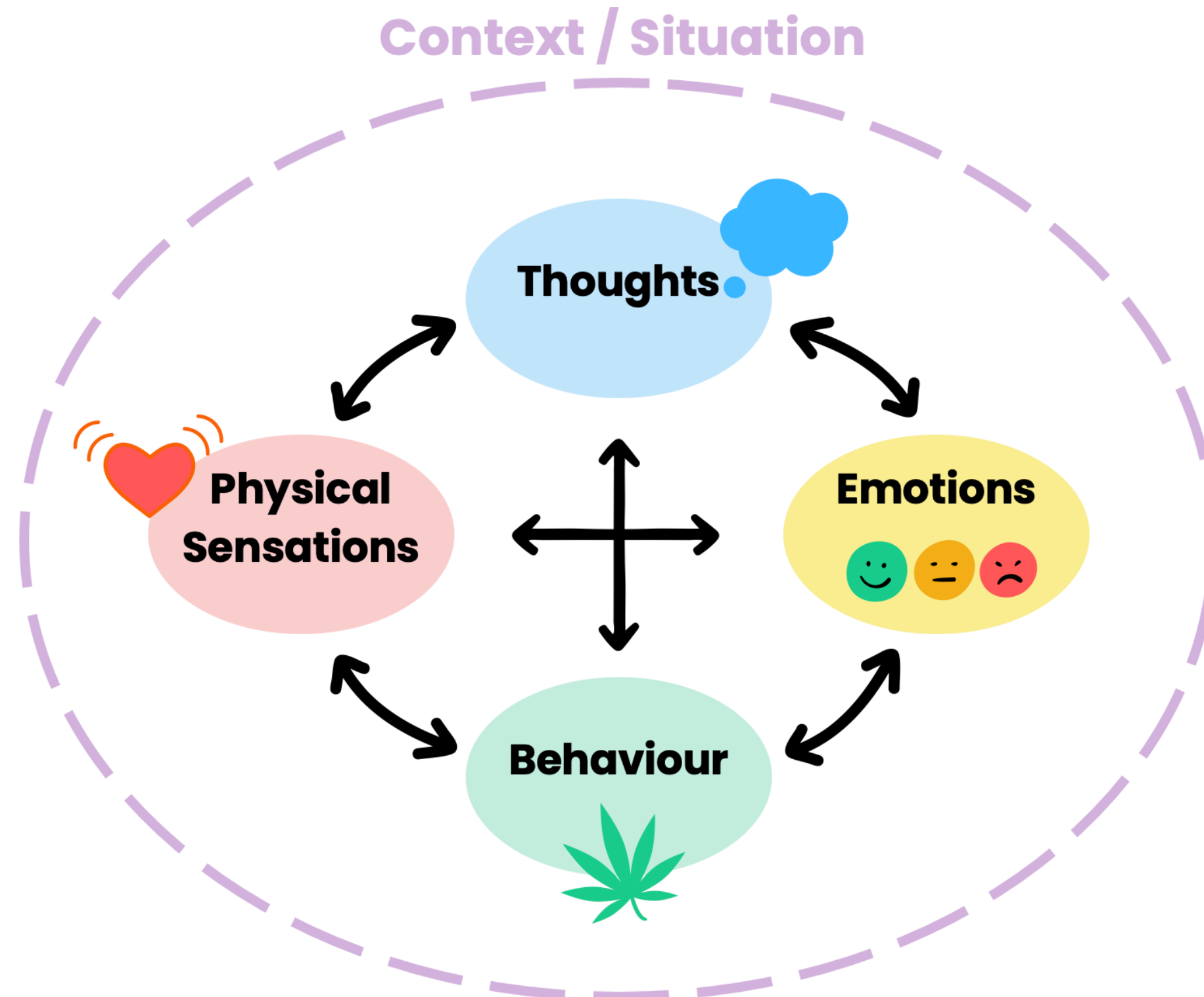
Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions



CYT
Cannabis Youth Treatment Series
Volume 1

ALL DEPARTMENT OF HEALTH AND LONG-TERM CARE
Substance Use and Mental Health Services Administration
Cannabis Youth Treatment Series
www.health.gov.on.ca

CBT Model



Understanding the Function of Substance Use

A

External Antecedents

Who were you with, what were you doing, what time of day/week, where were you?



Internal Antecedents

What were you feeling – physically and emotionally?
What were you thinking?



B



Behaviour

What was used, how much, and how long?

C

Consequences

Positive (often short term):
What keeps this behaviour alive? What do you get from the behaviours?

Negative (often longer-term):
What kind of difficulties come up because of the behaviour?

Learning Skills to Cope with Cravings

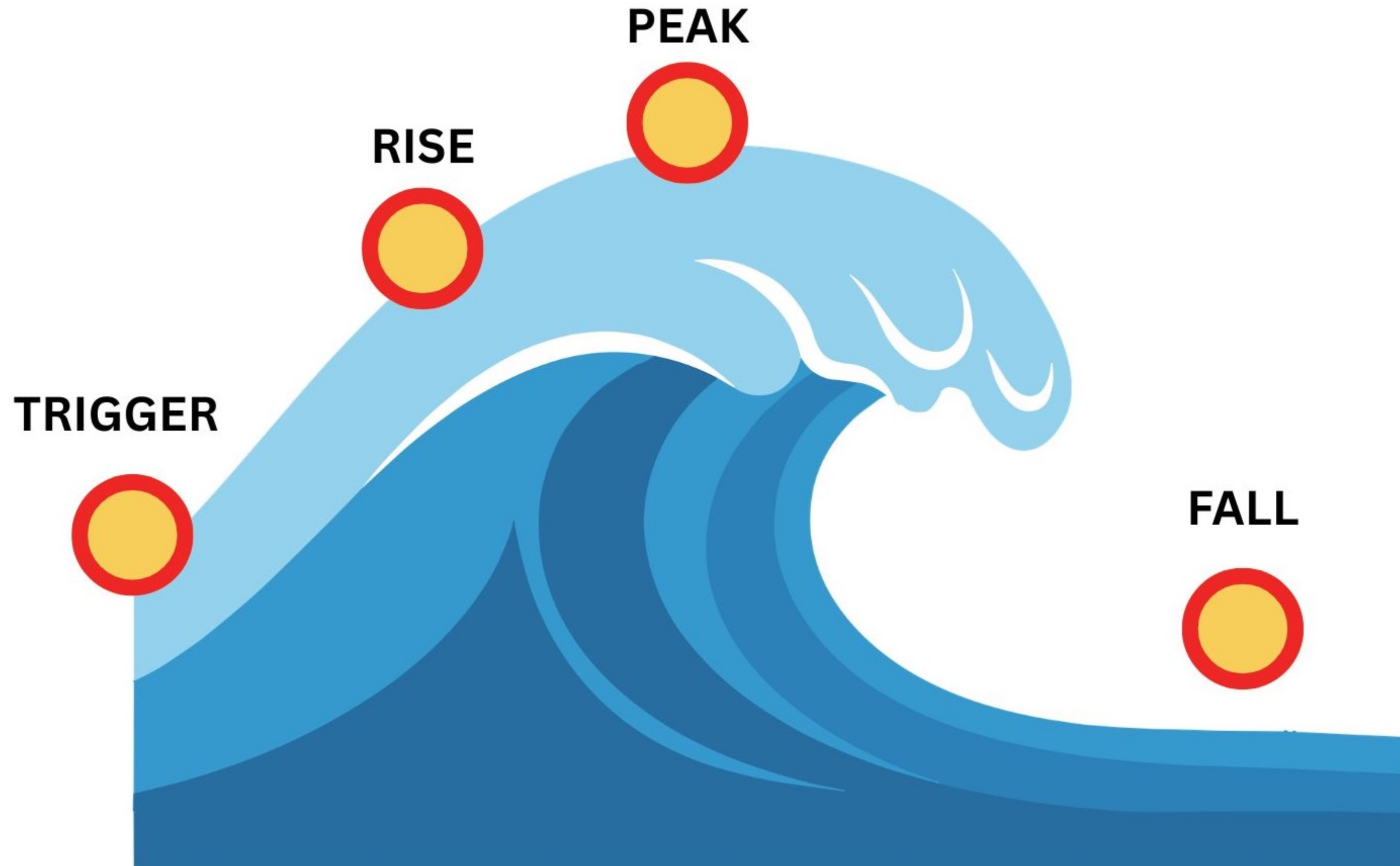


Physical

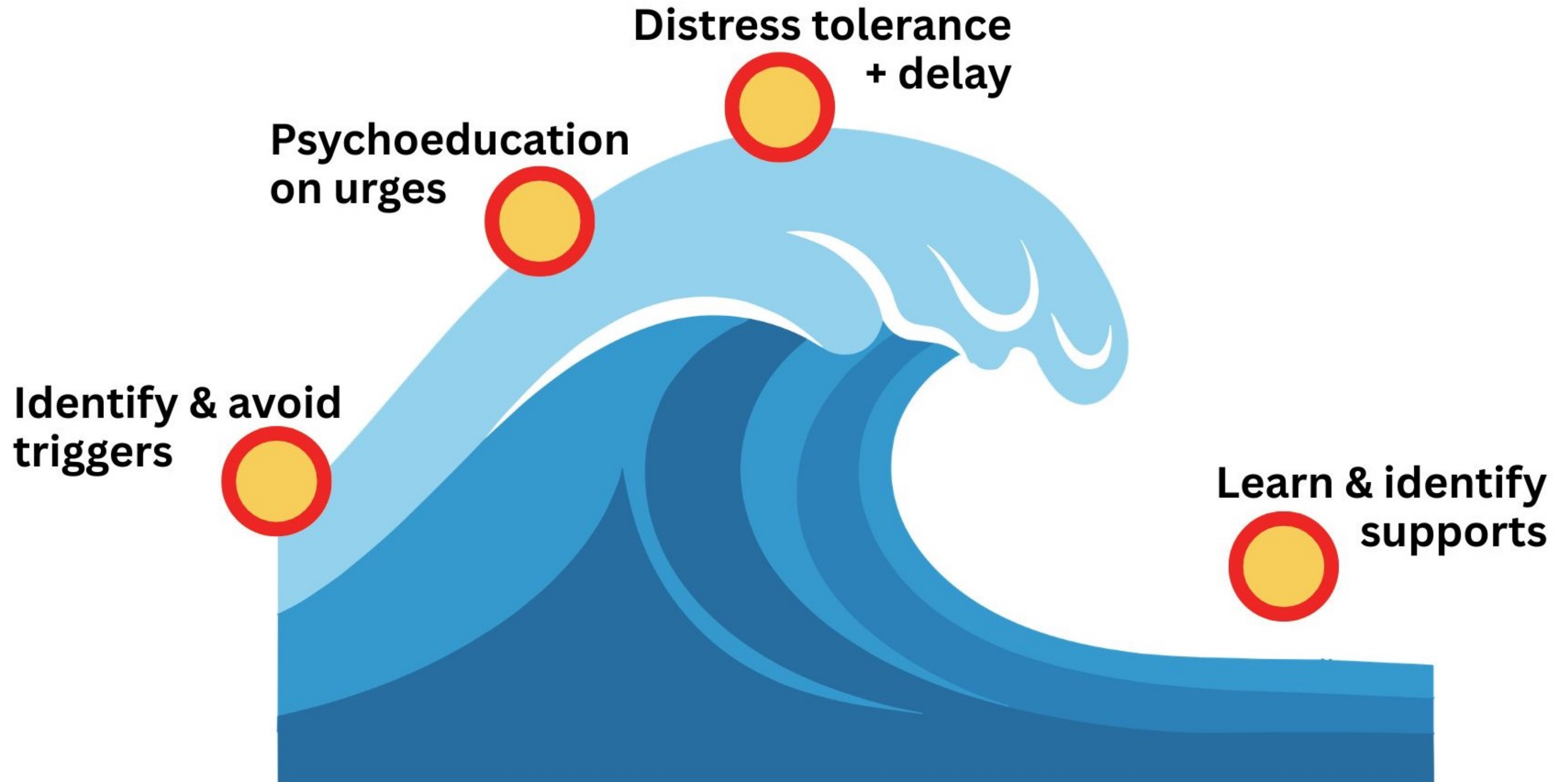


Psychological

Riding the wave / Urge surfing



Riding the wave / Urge surfing



Avoid attaching meaning to the craving

This craving is
just a_____.

[thought, feeling,
physical sensation]

Learning Skills to Cope with Cravings

The 5 Senses



5 things you
see



4 things you
feel



3 things you
hear



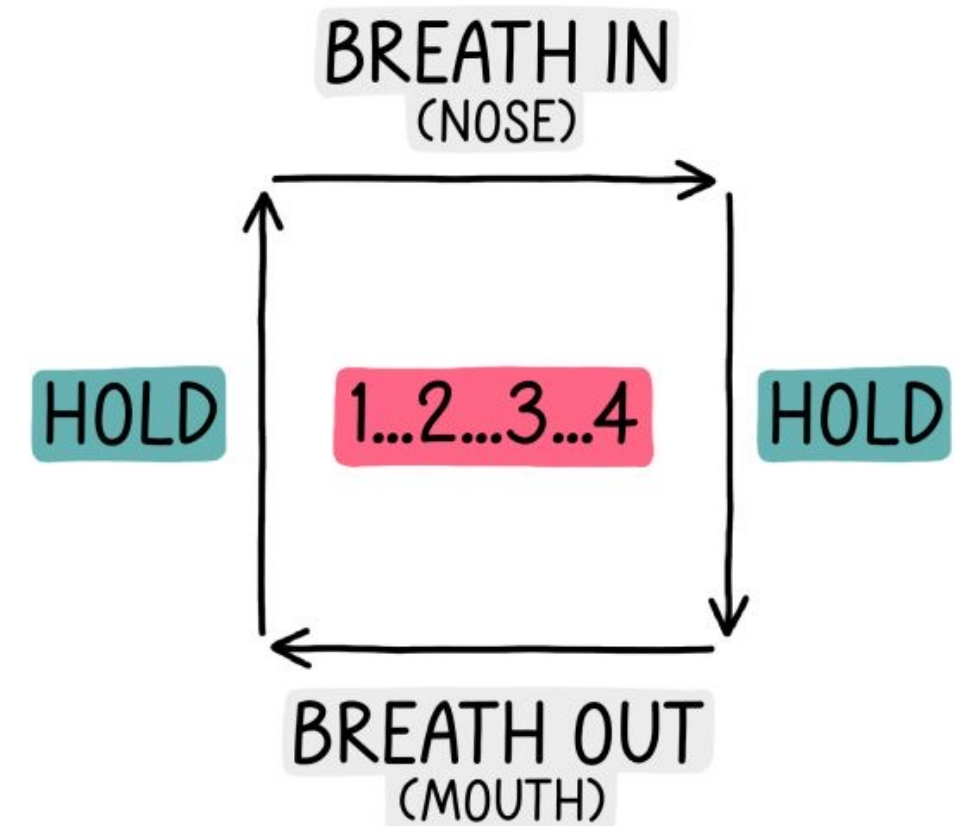
2 things you
smell



1 thing you
taste

BOX BREATHING

MARTINE ELLIS



Key points for practice

- **Ask and discuss cannabis** with all patients
- **Approach conversations nonjudgmentally**, honestly, and with a trauma- and violence-informed and harm-reduction lens
- **Motivational interviewing and cognitive behavioural therapy** and best practice approaches for cannabis use problems
- Support patients in building knowledge and skills to **urge surf** / ride the wave





COMORBIDITY GUIDELINES



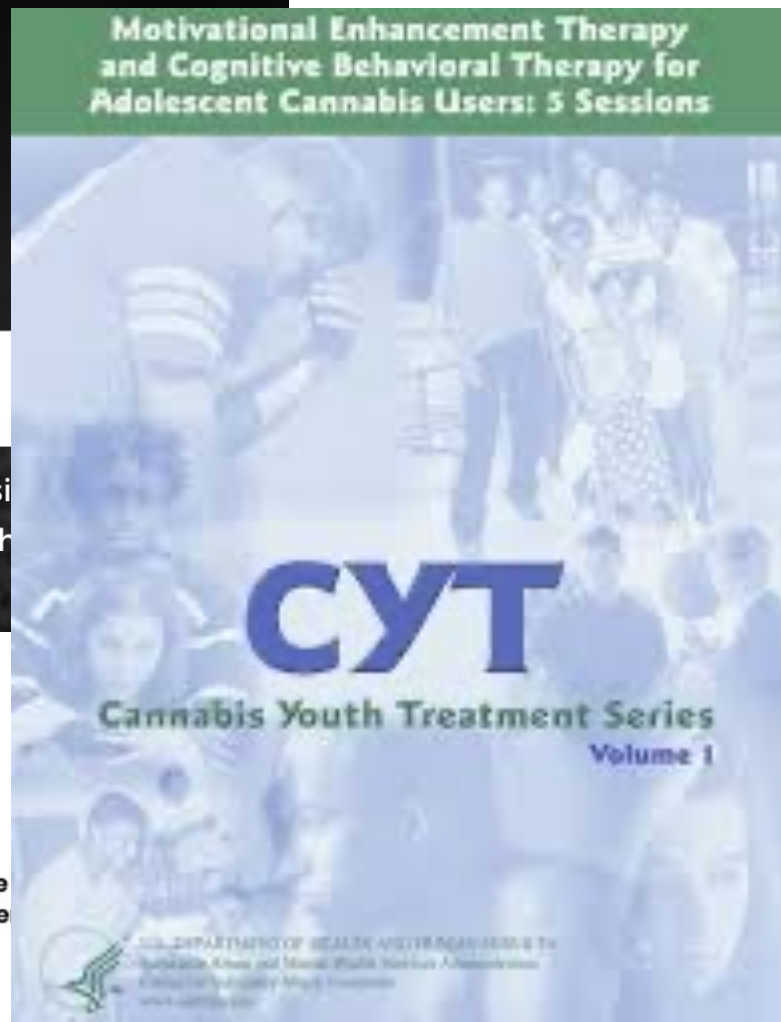
Canadian Centre on Substance Use and Addiction

addiction. the next step

Based on a process developed by the Center for Motivation and Change.

Addiction. The Next Step

Is someone you care about struggling with substance use? This Crisis Guide is here to help. Journey at your own pace through videos, tips, and other resources designed to help you and your loved one.



STIGMA ENDS WITH ME

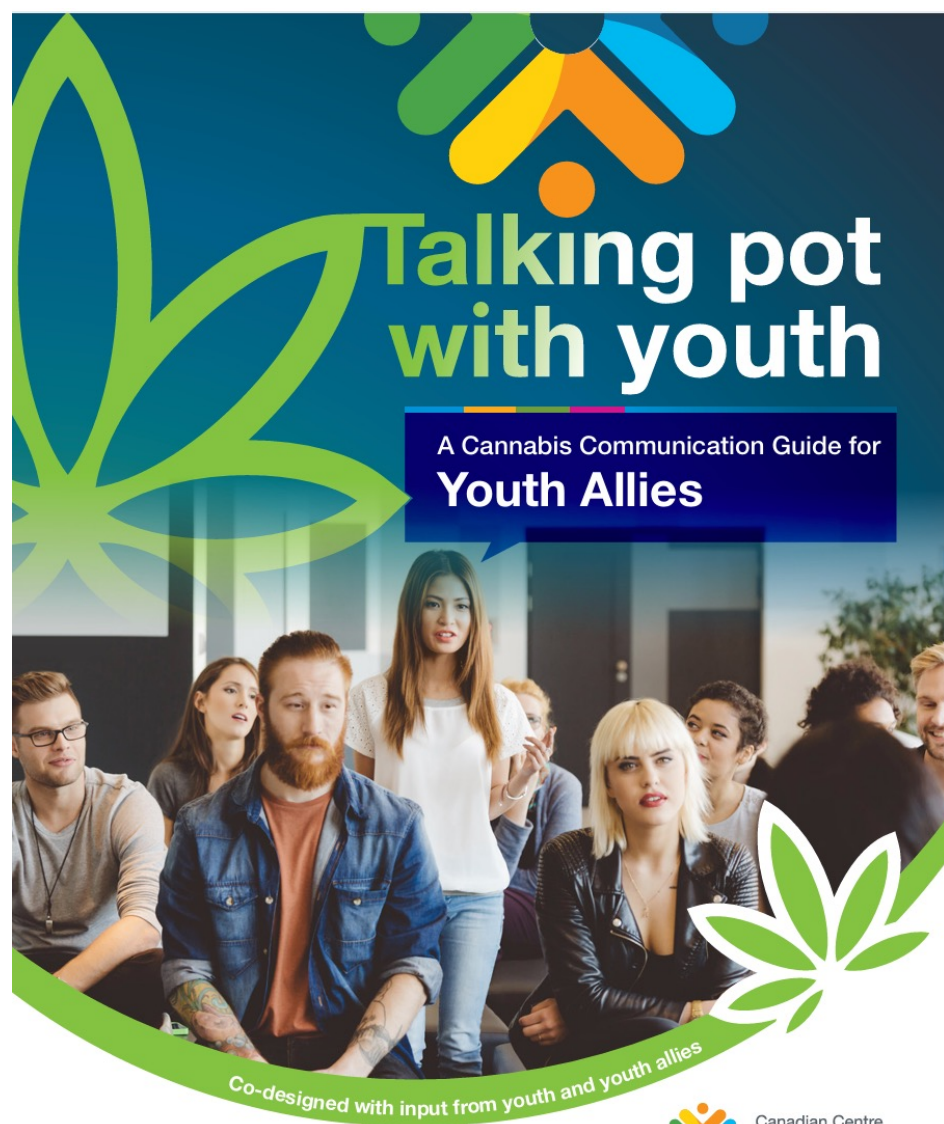
Changing the Conversation About Substance Use



CANNABIS USE DISORDER



SHARING CANNABIS KNOWLEDGE



Canadian Centre on Substance Use and Addiction
Evidence. Engagement. Impact.



CANNABIS TALK KIT
KNOW HOW TO TALK WITH YOUR TEEN
SECOND EDITION

#cannabis



A Practice School Me



School-Based Interventions Related to Student Cannabis Use

School Mental Health Ontario
Santé mentale en milieu scolaire Ontario

Key Take-Aways

- **Cannabis use during pregnancy and lactation is common, and increasing**
- **Many individuals use cannabis to cope with symptoms and stressors of pregnancy and parenting**
- **Evidence is limited and has challenges, though existing research points to harms for both the pregnant person and baby**
- **Discussing cannabis non-judgmentally and with honesty during pregnancy is important**



References

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Resource links

Cannabis use in pregnancy: encouraging informed decisions: <https://fammed.mcmaster.ca/research/research-programs-projects/projects/encouraging-informed-decisions-about-cannabis-use-in-pregnancy-educational-needs-of-women-and-prenatal-care-providers/>

Wading Through the Weeds: <https://youtu.be/Q3lPaalV-d0?si=PYvU5NFv1GuvJ4N9>

Bud Talks Resources: <https://cannabisresearch.mcmaster.ca/bud-talks/>

Youth Wellness Hubs Substance Use Resources <https://youthhubs.ca/taxonomy/term/52>

Lower Risk Cannabis Use Guidelines: General <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/resources/lower-risk-cannabis-use-guidelines.html>

Lower Risk Cannabis Use Guidelines: Youth Version <https://www.camh.ca/en/health-info/guides-and-publications/lrcug-for-youth>

CCSA: Talking pot with youth <https://www.ccsa.ca/en/talking-pot-youth-cannabis-communication-guide-youth-allies>

CCSA: Stigma Ends with Me <https://www.ccsa.ca/module/stigma-learning-module-3-en/#/>

CCSA: Clearing the Smoke on Cannabis: Cannabis Use During Pregnancy and Breastfeeding <https://www.ccsa.ca/en/clearing-smoke-cannabis-cannabis-use-during-pregnancy-and-breastfeeding>

Comorbidity Guidelines: <https://comorbidityguidelines.org.au/>

Drug-Free Kids: Cannabis Talk Kit <https://www.canada.ca/en/health-canada/corporate/transparency/working-for-canadians/health-canada-drug-free-kids-canada-partner-create-cannabis-talk-kit.html>

School Mental Health Ontario – School based interventions for cannabis use: <https://smho-smso.ca/online-resources/practice-guide-for-school-mental-health-professionals-school-based-interventions-related-to-cannabis-use/>

Cannabis Youth Treatment Series: https://www.drugsandalcohol.ie/17832/1/MET_CBT_Supplement_7_sessions_adolescent_cannabis_users.pdf

Canadian Substance Use Costs & Harms: <https://csuch.ca/explore-the-data/data-charts/>

RNAO: Engaging Clients Who Use Substances <https://rnao.ca/bpg/guidelines/engaging-clients-who-use-substances>



**Thank you. Questions,
Comments, Reflections?**

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