

DECEMBER 2021

Breastfeeding and Cannabis

A Harm Reduction Resource
for Health Care and Social
Service Providers

Introduction



Many people make changes to their substance use when expecting a child. Some stop using substances altogether while others use less or change when or how they use substances. After becoming a parent, some people continue with these changes while others resume their substance use.

Cannabis use is one factor that many consider when making decisions about breastfeeding. It may influence how long someone chooses to breastfeed exclusively, whether they choose to combine breastfeeding with formula feeding, whether they pump or express milk on occasion or regularly, or if they breastfeed at all.

This harm reduction resource is for health care and social service providers who work with families during pregnancy and postpartum.

Research about the impact of cannabis on breastfeeding is very limited by small sample sizes, few longitudinal studies, difficulties quantifying exposure and strength, and the challenge of separating the effects of prenatal use from the effects during breastfeeding. In the absence of high-quality evidence, health and social service providers have an important role in sharing concerns about potential health effects of cannabis use with families. Providers can support decision-making for individuals who are planning to continue to use cannabis for medical or recreational reasons or who may have difficulties stopping their cannabis use.



A NOTE ON LANGUAGE

When working with families, it is important to use language that they are comfortable with and to ask them for their preferences. While this resource uses the word “breastfeeding,” some individuals may prefer to use terms such as “lactation,” “nursing,” or “chest-feeding” to describe the physical act of sharing milk with a baby or to signify their gender identity. Some families may use donor milk, use a milk bank, or pump and store milk for future use. Some people live with their baby full-time or care for their baby part-time or parent with the support of foster parents and other caregivers. People who breastfeed can include adoptive parents who lactate or family members who re-lactate. It can include trans men and non-binary people. Some mothers may choose not to breastfeed. It is always important to ask about a person’s situation and goals.

THIS RESOURCE INCLUDES:



Information about what is known about breastfeeding and cannabis use



Perspectives and decision-making experiences of women around vaping cannabis or nicotine in the perinatal period



Examples of how to reduce the potential harm of using cannabis while breastfeeding



Strategies for advocating for families with substance use concerns and child welfare involvement

Evidence on cannabis use in the perinatal period is still new and emerging. More evidence is needed to fully understand the benefits and risks of using cannabis while breastfeeding.



Is it Safe? Breastfeeding and Cannabis Use

What makes a substance safe? When clinical guidelines are created, many factors are considered such as:

- The type of substance, how much people use and how often
- How a substance is used (for example, do people eat or drink it, inhale it, or inject it?)
- What is known about the short- and long-term effects of the substance on a baby
- How the age and weight of a baby might affect their response to different substances
- The overall health of the person who is breastfeeding
- The effect of a substance on the ability to parent safely
- The effect of a substance on the ability to breastfeed
- The effect of other substances, including prescription medications

We don't know if cannabis is safe while breastfeeding or the answers to many of these questions. As a result, guidelines use the "precautionary principle" and focus on safety.

When discussing the benefits or risks of using cannabis while breastfeeding, it can be helpful to share how guidelines are developed and help people make connections between research on specific groups and populations and their particular situation. Some people may find it helpful to hear statistics about the rates of cannabis use while breastfeeding or to receive information about the latest research on cannabis. As much as possible, help people consider how individual factors such as prescribed medications, other substance use, nutrition, and their bodies can affect safety.

Key Messages

This section includes some common questions about the safety of cannabis while breastfeeding and some of the key messages that you can share with breastfeeding women and their families.

Can cannabis be passed onto babies through breast milk?

- Cannabis contains hundreds of ingredients. Tetrahydrocannabinol (THC), the main ingredient in cannabis that makes you “high,” passes into breast milk in small amounts. Cannabidiol (CBD), another ingredient known for its medicinal properties, has also been found in breast milk.
- THC has been found in breast milk anywhere from six days to six weeks after cannabis use.
- THC is fat soluble and is stored in the brain and fat cells of the body. It can take days or weeks for the body to breakdown, depending on how much someone has been using. The potential effect this might have on a baby is unclear.

What are the effects of cannabis in breast milk on babies?

- Some research studies have found no impact of cannabis in breast milk on babies’ long-term development while others have identified an impact on motor development. In animal studies, cannabis use during lactation has been shown to affect brain development.
- Breastfeeding offers many benefits and protective health effects for those who breastfeed and their babies. The risks of cannabis for babies, including

any long-term developmental risks will depend on how much cannabis they are exposed to. The effects are dose-related which means that the impact will be very different for a baby that is exposed to cannabis occasionally compared to a baby that is exposed to cannabis everyday.

Does cannabis affect breast milk production?

- Prolactin is a hormone produced in the female body that promotes milk production.
- In animal studies, cannabis has been shown to decrease prolactin levels. In human samples, cannabis has not been linked to an impact on milk production.
- Prolactin is especially important after birth when milk production is being established. If possible, using cannabis during this time should be avoided.

If someone uses cannabis, should they “pump and dump” their breast milk?

- After drinking alcohol, some women pump or express breast milk and then throw it away. This doesn’t work for cannabis.
- THC is stored in people’s body fat and can stay in breast milk for many days or weeks. This means that “pumping and dumping” does not help remove cannabis from breast milk.



Is it better to vape?

- It doesn't matter how a person uses cannabis while breastfeeding. Whether people inhale, eat, drink or use oils, cannabis will enter the blood stream and then pass into breast milk.
- Vaping is often seen as safer than smoking cannabis as it does not produce smoke for babies to inhale. However, the vapour a person breathes out contains many chemicals that might be unhealthy for their baby. Very little is known about these chemicals.

What do parents need to know about cannabis and parenting?

- Cannabis in breast milk may have an impact on a baby's development.
- Cannabis can affect a parent's reflexes and natural awareness. It is important that parents do not sleep in the same bed as their baby when they've been using cannabis.
- If a parent smokes cannabis, there are steps they can take to help protect their baby from second hand smoke.
- Store cannabis in a safe place where children cannot reach it.

A Harm Reduction Approach

Harm reduction is a pragmatic response to addressing cannabis use while breastfeeding.

- Harm reduction is about providing space to discuss many options and approaches and supporting people to make safer decisions.
- While the safest option is to not use cannabis while breastfeeding, this may not always be possible or desirable for everyone.
- Health care providers and social service providers have an important role in communicating that cannabis use is not necessarily a barrier to breastfeeding.

“ I think it would be cool if health care providers could focus on harm reduction in the sense of saying, ‘Okay, so you’re going to do that whether I agree with it or not so here’s how you can do it safely.’ And to talk about things like, for instance, one of the rules in our house, when I started using cannabis after my baby was born, was that it wouldn’t be when I was alone with my child. That there was always somebody else present in the house if I was going to do that. Those kind of things, that I wish doctors would talk about. ‘Okay, you’re going to do it, so, yeah, here’s how to do it safely’ or ‘here’s maybe the precautions you should take.’ ”

Key Message

The safest option is to not use cannabis while breastfeeding. If that’s not possible, it’s a good idea to discuss harm reduction approaches to using cannabis while breastfeeding.



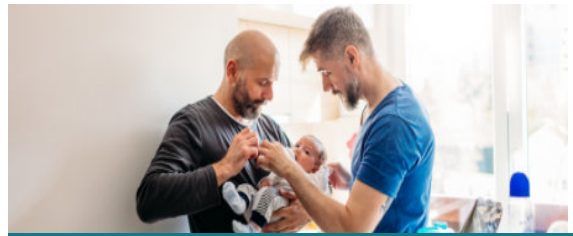
Here are some ideas for having open and supportive discussions about cannabis use and breastfeeding.



Ask Questions

Creating space for discussion and reflection can be more helpful than giving advice. You can ask:

- *How does substance use fit into your life right now?*
- *Do you have any questions for me about cannabis?*
- *What do you think would work for you?*



Be Curious

Choosing to breastfeed or use formula can be a very personal decision. As well, people have many different reasons for using cannabis. You can ask:

- *What are your breastfeeding goals, if any?*
- *Why are you thinking about using cannabis at this time?*
- *Can you tell me more about that?*



Be Trustworthy

Provide balanced and accurate information about the potential risks of cannabis. “Scare tactics” make it harder for people to ask for information or help. It can also influence whether someone chooses to breastfeed or continues to breastfeed. You can say:

- *I appreciate that you’re willing to talk with me about your cannabis use.*
- *What information do you need?*
- *How can I help?*



Be Respectful

Many women and individuals who breastfeed will have already considered the benefits and risks of cannabis use before they come to see you. They may also have looked for information online or through friends and family and be familiar with existing guidelines and research. You can ask:

- *Can you tell me more about what you have been learning?*
- *It can be confusing when there’s so little information out there – what do you think about it?*
- *What options have you already considered?*

HARM REDUCTION STRATEGIES

Some of the harm reduction strategies that you can explore during your discussions include:

- Using smaller amounts of cannabis or using less frequently (the effects of cannabis are dose-related)
- Using cannabis with a lower amount of THC
- Avoiding synthetic cannabis products (such as K2 and Spice) as most are stronger and more dangerous than natural cannabis products
- Knowing where the cannabis you are using comes from so you know what's in it. For example, is it homegrown or from a licensed retailer? How strong is it? Do you need to worry about moulds or pesticides?
- If possible, avoiding being around second-hand cannabis smoke
- Avoiding breastfeeding within one hour of inhaled cannabis use (to avoid the risk of exposure to the highest concentration of THC in breast milk)
- If using cannabis for medical reasons, such as for pain management, explore all available options for care and treatment with your health care provider

RESEARCH EVIDENCE

There are a number of clinical practice guidelines, professional association statements and other resources on cannabis use and breastfeeding that provide updates on the growing evidence in this area.

- *Cannabis Use During Pregnancy and Lactation: Practice Resource for Health Care Providers*, Perinatal Services BC (2020), <http://www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/cannabis-in-pregnancy-practice-resource.pdf>
- *Drugs and Lactation Database (LactMed)*, National Library of Medicine (USA) (2021), <https://www.ncbi.nlm.nih.gov/books/NBK501922/>
- *Sex, Gender & Cannabis Hub*, Centre of Excellence for Women's Health, <https://sexgendercannabishub.ca/reproductive-health/>
- The Society of Obstetricians and Gynecologists, <https://www.pregnancyinfo.ca/learn-more/>
- *Risks of Cannabis on Fertility, Pregnancy, Breastfeeding and Parenting*, Best Start Resource Centre (2019), <https://resources.beststart.org/product/a30e-risks-of-cannabis-booklet/>

“ I haven't made that decision yet. I wanted to get some feedback from my friends that have breastfed, if they smoked or if they did any vaping or using cannabis or nicotine before I do that. But right now, when I look online, I feel like it's half and half. People will personally tell me, 'Oh, you can't smoke during breastfeeding.' So, I'm undecided right now. 'Cause I was told you can have postpartum depression. That's pretty much why I wanted to use cannabis again, during breastfeeding, 'cause I don't wanna have to go on any medications. ”

Cannabis and Parenting

While most information about breastfeeding and cannabis focuses on the potential risks of cannabis in breast milk, health care and social service providers can also address other potential harms related to parenting and cannabis.

PARENTING PLAN

Because cannabis use can affect the way a person thinks and feels and acts, this can have a direct impact on parenting. Explore with people how cannabis can affect their ability to care for their child. For example, cannabis can affect:

- Parents' ability to pay attention to their baby (such as when the baby is hungry or needs to be comforted) or what is happening around them.
- Parents' ability to recognize signs of danger (including people or situations).
- Parents' ability to react and make decisions in emergency situations.

Some people might be interested in co-developing a parenting plan in relation to their cannabis use. You can explore questions such as:

1. Where will your baby be when you are using cannabis?
2. Who will be caring for your baby when you are using cannabis? Do you need to make arrangements for child care?
3. How and where will you store cannabis?
4. How can you avoid exposing your baby to second-hand smoke or cannabis vapour?
5. Who can you call if you need a ride and need to go somewhere in an emergency situation? (You should not drive when "high")

“ Initially I didn't intend to resume smoking weed after my son was born because I had gone a time without it while I was pregnant. I didn't want to do that again. But after a kind of traumatic birth experience and a lot of pain and such afterwards, my son was about a week old, and I didn't have any other effective pain control method.... And I had done some research while I was pregnant about breastfeeding and cannabis and I decided that I thought that....the benefit was greater than the risk. And so that became a very useful tool, even though I initially didn't want it to be one. ”





CO-SLEEPING

Many women who breastfeed sleep with their baby in their bed. In general, co-sleeping should not be discouraged as it helps with breastfeeding and can lead to better sleep for some parents and babies. However, parents should not sleep with their baby if they have been using cannabis or other substances that affect their natural awareness or reflexes.

- Avoid smoking in the car even when your baby is not there (driving while impaired and smoking when children are in the car is illegal).
- Vaping may or may not be less harmful than smoking. While vaping does not produce smoke for others to inhale, the vapour that you breathe out contains many chemicals that can be unhealthy for your baby.

SECOND HAND SMOKE

There are many chemicals in smoke and vapour from cannabis that can be harmful to a baby. Here are some suggestions that you can discuss with families that they can take to reduce possible harm.

- Smoke outside and ask your family and friends to smoke outside.
- Wash your hands and face and brush your teeth or use mouthwash after smoking and before touching your baby.
- Smoke can get on your clothes and your baby can breathe it in. If possible, change your top layer of clothes after you smoke.

SAFE STORAGE

Health care and social service providers can encourage parents who use cannabis to store their products in a safe place where children cannot reach them (cannabis in food products, such as cookies, candies, and brownies, can be especially tempting to curious children). You can let parents know that they should get immediate medical help if their child eats or drinks cannabis. Symptoms can include problems walking or sitting up, difficulty breathing, and becoming sleepy.



Advocating for Families with Substance Use and Child Welfare Concerns

For families involved with child welfare services, breastfeeding can play an important role in supporting parent-child relationships in addition to the other health benefits. Cannabis use alone is not a cause for child welfare involvement.

However, health care and social service providers who work with families where polysubstance use, including cannabis use is a concern have an opportunity to support breastfeeding through education and advocacy about harm reduction approaches. Mothers who use substances, and Indigenous women in particular, have been targeted by punitive child welfare policies. It is important to recognize the challenges for parents and support their access to safe care.

Here are some strategies for supporting new parents:

- Make sure that all new mothers have the opportunity to breastfeed if they want to. Formula or donor milk should not be the default for every substance-exposed baby or when breastfeeding does not initially go well.
- Discourage the use of urine testing and other kinds of screening as this creates an adversarial relationship with families. Instead, focus on supporting the overall recovery of parents.
- If you are working with families during pregnancy, encourage open discussions about substance use after birth and include substance use in future parenting/family support plans.
- Help to problem-solve situations when babies are separated from their breastfeeding parent such as encouraging daily visits, helping with logistics to ensure breast milk reaches the baby, or providing breast pumps.
- Share information about breastfeeding in the context of substance use and harm reduction (e.g., cannabis can be a safer choice than other substances such as heroin, cocaine, or methamphetamines and may play an important role in supporting stabilization and recovery).
- Provide information about substance use and breast milk safety to foster parents and others working in the child welfare system to address any concerns and ensure that they feel comfortable using the breast milk that parents provide.
- Provide emotional support to mothers who do not meet their breastfeeding goals, do not want to breastfeed partially or exclusively, or who have problems with breastfeeding. While breastfeeding may not be possible for some who are using certain substances or who are unable to parent for other reasons, others may experience grief and trauma related to not being able to be present for their baby.
- Respect the choice not to breastfeed by letting women know that they should not feel pressured to breastfeed and are free to make the right decisions for them and their family.

References

The information in this resource is from the following sources:

- Bertrand, K. A., Hanan, N. J., Honerkamp-Smith, G., Best, B. M., & Chambers, C. D. (2018). Marijuana Use by Breastfeeding Mothers and Cannabinoid Concentrations in Breast Milk. *Pediatrics*, 142(3), e20181076. <https://doi.org/10.1542/peds.2018-1076>
- Conroy, K. and Richard, B. (2018). *Promoting Access to Breastfeeding in Child Welfare Matters: a joint special report*. Victoria, BC: Ministry of Children and Family Development. https://rcybc.ca/wp-content/uploads/2020/01/FINAL3-RCY-MCFD_Joint-Special_Report-Aug2018.pdf
- Coy, K. C., Haight, S. C., Anstey, E., Grant, A. M., Ruffo, N., & Ko, J. Y. (2021). Postpartum Marijuana Use, Perceptions of Safety, and Breastfeeding Initiation and Duration: An Analysis of PRAMS Data from Seven States, 2017. *Journal of human lactation: official journal of International Lactation Consultant Association*, 890334421993466. Advance online publication. <https://doi.org/10.1177/0890334421993466>
- Drugs and Lactation Database (LactMed). (2006, updated 21 June 2021). *Cannabis*. National Library of Medicine. Available from <https://www.ncbi.nlm.nih.gov/books/NBK501587>. Accessed on July 21, 2021.
- Hale, T. W. (2019). *Hale's medications & mothers' milk, 2019: A manual of lactational pharmacology*. Springer Publishing Company.
- Marcellus, L., Poole, N., & Hemsing, N. (2018). Beyond abstinence: Harm reduction during pregnancy and early parenting. In W. Peterson & M. Faulkes (Eds.), *Mothers, addiction and recovery*. Bradford, ON: Demeter Press.
- Moss, M. J., Bushlin, I., Kazmierczak, S., Koop, D., Hendrickson, R. G., Zuckerman, K. E., & Grigsby, T. M. (2021). Cannabis use and measurement of cannabinoids in plasma and breast milk of breastfeeding mothers. *Pediatric research*, <https://doi.org/10.1038/s41390-020-01332-2>.
- Mourh, J., & Rowe, H. (2017). Marijuana and Breastfeeding: Applicability of the Current Literature to Clinical Practice. *Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine*, 12(10), 582–596. <https://doi.org/10.1089/bfm.2017.0020>
- Ordean, A., & Kim, G. (2020). Cannabis Use During Lactation: Literature Review and Clinical Recommendations. *Journal of obstetrics and gynaecology Canada*, 42(10), 1248–1253. <https://pubmed.ncbi.nlm.nih.gov/31992503/>
- Reece-Stremtan, S., & Marinelli, K. A. (2015). ABM clinical protocol #21: guidelines for breastfeeding and substance use or substance use disorder, revised 2015. *Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine*, 10(3), 135–141. <https://doi.org/10.1089/bfm.2015.9992>
- Ryan, S. A., Ammerman, S. D., O'Connor, M. E., Committee on Substance Use and Prevention, Section on Breastfeeding. (2018). Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes. *Pediatrics*, 142(3), e20181889. <https://doi.org/10.1542/peds.2018-1889>
- Sachs, H. C., & Committee on Drugs. (2013, reaffirmed 2018). The transfer of drugs and therapeutics into human breast milk: an update on selected topics. *Pediatrics*, 132(3), e796–e809. <https://doi.org/10.1542/peds.2013-1985>
- Scheyer, A. F., Borsoi, M., Pelissier-Alicot, A. L., & Manzoni, O. (2020). Perinatal THC exposure via lactation induces lasting alterations to social behavior and prefrontal cortex function in rats at adulthood. *Neuropsychopharmacology: official publication of the American College of Neuropsychopharmacology*, 45(11), 1826–1833. <https://doi.org/10.1038/s41386-020-0716-x>
- Wymore, E. M., Palmer, C., Wang, G. S., Metz, T. D., Bourne, D., Sempio, C., & Bunik, M. (2021). Persistence of Δ -9-Tetrahydrocannabinol in Human Breast Milk. *JAMA pediatrics*, 175(6), 632–634. <https://pubmed.ncbi.nlm.nih.gov/33683306/>

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