



HB 925 Workgroup on Medical Cannabis Use by Pregnant and Nursing Women
House Health and Government Operations Committee, March 9, 2021

LETTER OF INFORMATION

I am writing to convey concern on the part of the Maryland-DC Society of Addiction Medicine (MDDCSAM) regarding House Bill 925, which proposes to create a workgroup to study and make recommendations regarding medical cannabis use by pregnant and nursing women.

Cannabis use by pregnant and nursing women causes exposure of the fetus or neonate to several pharmacologically active cannabinoids, such as THC. Such exposure is already well known to have **negative effects on pregnancy and the developing child**. In particular, exposure to cannabis in utero has been linked to low birth weight, preterm birth, and being small for gestational age, as well as behavioral and psychological effects in childhood, such as inattention, thinking problems, and social difficulty.^{1,2}

In light of these known risks, the American College of Obstetricians and Gynecologists (ACOG), US Food and Drug Administration (FDA), and US Surgeon General have **all released statements recommending against use of cannabis during pregnancy, whether for recreational or medical purposes**.³⁻⁵ ACOG's practice guideline highlights that medical cannabis has **no FDA-approved indications in pregnancy** and specifically states that **"pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data."**³

Despite these warnings, **cannabis use among pregnant women in the US has more than doubled in the past 20 years**.⁶ Disturbingly, in one study, **70% of cannabis dispensaries recommended treating pregnancy-induced nausea and vomiting with cannabis products**.⁷

However, evidence-based recommendations from ACOG and major US government agencies are clear--cannabis use, whether recreational or medical, should be discouraged during pregnancy. MDDCSAM feels strongly that any legislative or regulatory action taken on medical cannabis use by pregnant and nursing women be guided by these medical recommendations and by scientific evidence, without influence from political, financial, or personal interests. Neither the membership nor the topics of study outlined for the proposed workgroup suggest protection from such interests.

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Furthermore, creating such a workgroup may indirectly encourage pregnant women to use cannabis by creating the false impression that there is doubt as to whether or not they should use cannabis during their pregnancy. **In short, HB 925 risks sending an ambiguous and dangerous message with potential for harm to infants and children in Maryland.**

Respectfully,

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References:

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4. US Food and Drug Administration. What You Should Know About Using Cannabis, Including CBD, When Pregnant or Breastfeeding. Accessed Feb 14, 2021. <https://www.fda.gov/consumers/consumer-updates/what-you-should-know-about-using-cannabis-including-cbd-when-pregnant-or-breastfeeding>
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7. Dickson B et al. Recommendations From Cannabis Dispensaries About First- Trimester Cannabis Use. *Obstetrics & Gynecology.* 2018;131(6):1031-1038.
