

It's Not Your Mother's Weed!

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Disclosure

- The author/presenter has no conflicts of interest and nothing financial to disclose.

Objectives

- Identify the location of the position statement on marijuana by AWHONN, ACOG, & AAP.
- Discuss the potential effects of marijuana on the mother and baby.
- Review the reporting requirements for the pregnant substance use patient in Oregon.

AWHONN Position Statement

AWHONN POSITION STATEMENT

Marijuana Use During Pregnancy

Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports the implementation of legislation, policies, and public health initiatives that help raise awareness, remove stigma, encourage use, and facilitate access to prenatal and maternity care for women who use marijuana during pregnancy. AWHONN also supports ongoing research on the prevalence of use of marijuana during pregnancy and the short- and long-term effects for the woman, fetus, and newborn.

substance-affected newborn. This act was amended in 2003 by the Keeping Children and Families Safe Act of 2003, and as a result, a state's eligibility for federal Child Abuse Prevention and Treatment Act funds became dependent on the adoption of policies and procedures intended to address the needs of substance-impaired infants (Jacob Institute of Violence 11/20th, 2017). However, the act failed to set forth specific standards for assessment, testing, and reporting for these newborns. This left individual states to interpret the legislation, which resulted in variability in how substance-exposed newborns are

AAP Position Statement

Position
August 2018
From the American Academy of Pediatrics
Clinical Report

Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes

Sheryl A. Ryan, Seth D. Zimmerman, Mary E. O'Connor, COMMITTEE ON SUBSTANCE USE AND PREVENTION, SECTION ON BREASTFEEDING

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ACOG Position Statement

INTERIM UPDATE

ACOG COMMITTEE OPINION

Number 722 • October 2017
(Replaces Committee Opinion No. 637, July 2015)

Committee on Obstetric Practice

This document is a summary of the committee's position and is subject to change. The information should not be construed as a final or exclusive view of the committee or as a basis for clinical practice.

KEYWORDS: marijuana; substance use; pregnancy; breastfeeding; neonatal outcomes; maternal outcomes.

Marijuana Use During Pregnancy and Lactation

ABSTRACT: Cannabis sativa (marijuana) is the most commonly used drug during pregnancy. The self-reported prevalence of marijuana use during pregnancy ranges from 2% to 5% in most studies. A growing number of states are legalizing marijuana for medicinal or recreational purposes, and its use by pregnant women could increase even further as a result. Stigma of concern regarding impaired neurodevelopment, as well as maternal and fetal exposure to the adverse effects of smoking, women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use. Obstetrician-gynecologists should be discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during preconception, pregnancy, and lactation. 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. There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged.

2018 Oregon AWHONN Fall Conference

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ACNM Position Statement

June 02, 2018

Quick eNews
Women's Health News from the American College of Nurse-Midwives

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Special eNews
MARIJUANA

The ONLY FDA-approved drug to treat chronic pain, designed with the safety of mother and baby in mind. **Send all your patients about illegal recreational marijuana to learn the latest evidence.**

Marijuana use during pregnancy tied to preterm birth risk
HealthDay News
Smoking marijuana while pregnant may increase the risk of premature delivery, a new study suggests. Women who continue using marijuana up to 20 weeks' gestation have a five times greater increase in the risk of preterm birth, independent of other risk factors, the researchers report. **READ MORE**

Facebook

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TREATING & XENOWOMEN

Pregnant or thinking of getting pregnant?

Talk to all your healthcare providers before starting or stopping any medicine.

3 Things to Discuss
1. All medicines you take, including over-the-counter medicines, herbal and dietary supplements, and vitamins
2. Best ways to keep your health condition under control
3. Your personal goals for managing your health condition during pregnancy

Did you know?
9 in 10 women in the United States take at least one medicine during pregnancy. But not all medicines are safe to take during pregnancy.

For more information about safer medication use during pregnancy, visit www.cdc.gov/treatingpregnancy

The Facts –
medications in general

The Facts...

The National Survey on Drug Use and Health (National Institute on Drug Abuse, 2014):

- 4.4 percent of more than 67,000 people surveyed admitted to any type of drug use in pregnancy
- the rates of illicit drug use during pregnancy were as follows:
 - 16.2 percent for those ages 15 to 17,
 - 7.4 percent for those ages 18 to 25
 - 1.9 percent for those ages 26 to 44.

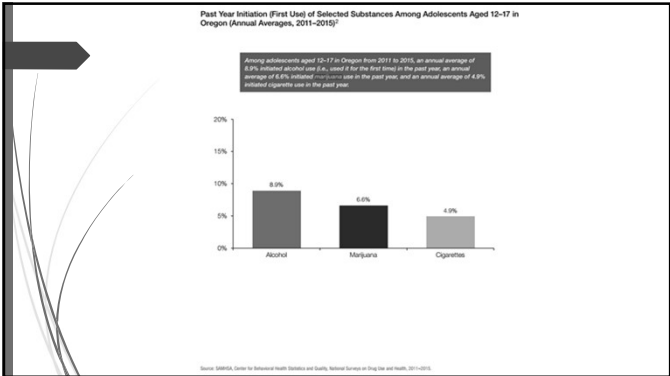
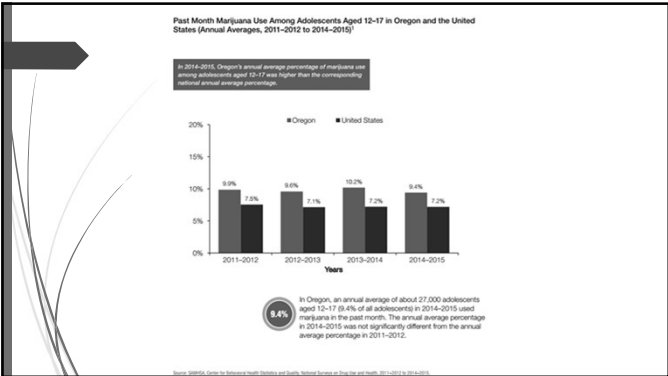
The Facts...Who is at Risk?

- Young woman (especially adolescents), unmarried women, and women with lower educational achievement
- Late initiation of prenatal care
- Multiple missed prenatal visits
- Impaired school or work performance
- A sudden change in behavior
- High-risk sexual behavior or history of sexually transmitted infections.
- Relational problems, unstable home environment
- Past obstetrical history of unexplained adverse events
- Children not living with the mother or involved with child protection agencies
- History of medical problems associated with drug abuse or physical signs of withdrawal
- Poor dentition
- Poor weight gain
- Diagnosis of a mental health disorder
- Family history of substance abuse
- Encounters with law enforcement agencies because of violence or trauma, theft, or prostitution
- Having a partner who is a substance abuser.

Marijuana

Marijuana Legalization Status
■ Medical marijuana broadly legalized
■ Marijuana legalized for recreational use
■ No broad laws legalizing marijuana

<http://www.governing.com/gov-data/state-marijuana-laws-map-medical-recreational.html> (data as of 3/2018)



Resources

- Poison Control: 1-800-222-1222
- Learn about Oregon laws: <http://ehatolapkegonn.com/>
- Call 211 to connect to health and social services.
- Learn how to talk to your kids about marijuana. Visit <http://healthonoregon.org/marijuana>
- Are you looking online for marijuana information? Make sure you are using a reliable source such as a research hospital, university or public health department.

Health
PUBLIC HEALTH DIVISION

You can get this document in other languages, large print, braille or a format you prefer. Call 877-673-0043, TTY 1-800-735-2900. OHA 9002 (12/2016)

Marijuana and Your Baby

Information about marijuana use while pregnant, breastfeeding or caring for children

Health
PUBLIC HEALTH DIVISION

Marijuana and your baby

- Oregon adults can now legally use marijuana. However, marijuana has many chemicals that may negatively affect developing fetuses, babies and young children.
- Are you thinking of becoming pregnant or are you pregnant or breastfeeding? If so, talk with your health care provider if you need help to stop using marijuana.
- You may be using marijuana to treat a medical condition, such as nausea, anxiety or pain. If so, ask your health care provider about other treatments that may be safer for you and your baby.

Marijuana, pregnancy and breastfeeding

There is no known safe level of marijuana use during pregnancy.

- THC is the chemical in marijuana that makes you feel "high." It stays in your body fat for a long time. THC can pass to your baby if you use marijuana while pregnant or breastfeeding.
- THC may negatively affect babies' developing brain and their ability to do well in school later.
- Using marijuana during pregnancy may increase the risk of stillbirth.
- Research into the long-term effects of marijuana on babies is limited.
- Breastfeeding is important to your baby's health. Do not use marijuana while breastfeeding.

Child safety

- If your child eats or drinks marijuana by accident, call the poison control hotline as soon as possible.
- If your child is not responding or seems very sick, call 911 or go to an emergency room right away.

Poison Control: 1-800-222-1222.

Parenting safety

- After having a baby, you may be tired. Using marijuana may make you sleepier and less aware of your child's needs.
- It is not safe:
 - To be high or buzzed while caring for a baby.
 - To sleep with your baby while you are high. You could cause injury if you roll over onto or accidentally push your baby off the bed.
 - To let your baby ride in a car if the driver is high.
 - To allow anyone to smoke or vape in your home or around your baby.

<https://www.whattoexpect.com/forums/ganja-mamas/topic/oregon-drug-testing.html>

Ganja Mamas
33.9K posts 3,398 members

Join the group

Oregon drug testing??
by 3.03.18 at 12:44

EmilyOT wrote:
Hi! Just joined! I'm 41 weeks now and going in for a nit tomorrow afternoon. Early on in pregnancy my midwife called me to sign a consent form for drug testing, explaining that they would drug test anything going wrong with baby. I declined. They have not drug tested me at all this whole time. I quit smoking right after I found out I was pregnant and didn't start again until the end of the second trimester. Mostly co2 vape and light use of cbd flower to treat medical pain. I am a medical patient. Does anyone have knowledge of how it works in Oregon? Should I be concerned with testing? I am on Oregon plan. I haven't been worried about it particularly but seeing all these posts about testing has me concerned!

by 3.03.18 at 12:44

by 3.03.18 at 12:44

by 3.03.18 at 12:44

The Facts...Marijuana

CINAHL: Marijuana & pregnancy: 194 articles, 119 in past ten years

Marijuana is the most common illicit drug used in **pregnancy**.
National Survey on Drug Use and Health.
Availability: <https://www.samhsa.gov/data/data-reports-collection/national-survey-on-drug-use-and-health>

ACOG Committee Opinion 722 (2017): Marijuana Use During Pregnancy and Lactation, includes estimate at 2-5% in most studies, but increases to 15-28% among young, urban, socioeconomically disadvantaged women.

Marijuana formulations are up to 20 times more potent than they were 40 years ago when initial studies were done. Psychayia, D., & Vinod, K. (2012). Marijuana, "spice," "heroin," and early neural development: implications for rescheduling and legalization. *Drug Testing and Analysis*, doi: 10.1002/dta.1390

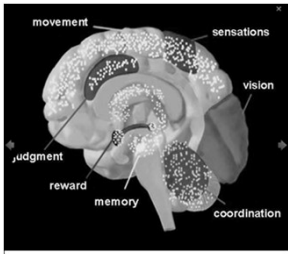
The Facts...

- Effect of legalization of marijuana on admitted usage of marijuana and opioids
 - "Because marijuana is neither regulated nor evaluated by the US FDA, there are not approved indications, contraindications, safety precautions, or recommendations regarding its use during pregnancy and lactation. Likewise, there are not standardized formulations, dosages, or delivery systems. ..Rather, pregnant women of 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." (ACOG)

The Effects of Marijuana on Mother

- Maternal effects
 - Addiction – occurs in ~2.7 million people in the US (9% of users). Compare with 15% addicted to alcohol. National Survey on Drug Use and Health (NSDUH) Survey Report 2014. Available at: <https://www.samhsa.gov/2k14/national-survey-on-drug-use-and-health-nsduh-2014-findings>
 - Mothers who used marijuana were 36 percent more likely than those who didn't to have anemia, but were not more likely to have issues with prenatal care, labor, bleeding, weight gain, or to have longer hospital stays. BJOG: British Medical Journal Open, 2014
 - "High" feeling, may include altered senses, altered sense of time, changes in mood, impaired body movement, difficulty with thinking and problem-solving, or impaired memory. Effects of long term use may be permanent.
 - Use as a teenager may result in loss of up to 8 points in IQ testing.
 - Breathing problems (smoking)
 - Increased heart rate for up to three hours after use.
 - Temporary hallucinations, temporary paranoia, worsening symptoms in patients with schizophrenia. National Institute on Drug Abuse. Marijuana Retrieved from <https://www.drugabuse.gov/publications/drugfacts/marijuana>

The Effects of Marijuana on Mother



The Effects of Marijuana on Mother

- For chronic marijuana users who decide to quit there is also the possibility of withdrawal.
- Cannabis withdrawal syndrome may present 10 hours after cessation and may peak in 48 hours. Symptoms include restlessness, anxiety, dysphoria, irritability, insomnia, anorexia, muscle tremor, increased reflexes, and autonomic effects, including changes in heart rate, blood pressure, sweating and diarrhea.
- People in the acute phase of withdrawal may have a compulsion to take repeated hot showers, which seem to relieve some of the other withdrawal symptomatology. Allen, J. H., de Meo, G. M., Haddad, R., & Twedt, J. S. (2004). Cannabinoid hyperemesis: Cyclical hyperemesis in association with chronic cannabis abuse. *Gen. Hosp. Psychiatry*, 22(3), 154-157. doi:10.1136/gps.2003.024330
- A known antepartum risk is cannabinoid hyperemesis syndrome. Gull, J.A., Sawyers, R.A., & Hasenbergl, F.K. Cannabinoid Hyperemesis Syndrome. *Current Drug Abuse Review*, 2011;4(4):241-247. doi:10.1089/cdar.2010.0001
- A known antepartum risk is cannabinoid hyperemesis syndrome. Brown, H. L., & Graves, C. B. (2013). Smoking and marijuana use during pregnancy. *Clinical Obstetrics and Gynecology*, 1 (54), 107-113. doi:10.1097/CLG.0b013e31829c577d

The Effects of Marijuana on Mother

Intrapartum Considerations:

- Cardiovascular Effects
 - Low and high doses of cannabis have a cardiovascular effect on the autonomic nervous system. The resulting cardiovascular effects do have the ability to potentiate anesthetic drugs during labor resulting in a profound myocardial depression and even potential for ischemia (Brown & Graves, 2013). It's also important to note that acute marijuana abuse and intoxication can result in tachycardia and administration of atropine and epinephrine should be avoided (Brown & Graves, 2013).
- Vital Signs
 - Upon admission, if a woman reports recent or current marijuana use, vital signs should be taken as soon as possible to determine if the woman is stable. After consent, a urine drug screen should also be completed to confirm if marijuana use is recent.

The Effects of Marijuana on Mother

Intrapartum Considerations:

- Synthetic Cannabinoids Known as "Spice"
 - Synthetic cannabinoids such as "Spice" may not show up on a standard urine drug screen and a negative drug screen does not necessarily rule out its use.
 - Pain Management
 - A pain management plan should be discussed with the woman
 - Anesthesia
 - The nurse should alert anesthesia because of isolated incidents of oropharyngitis and uvular edema from cannabis inhalation.
- (Brown & Graves, 2013).

The Effects of Marijuana on Mother

Postpartum Considerations:

- **Postpartum Drug Use**
 - Women who use marijuana are likely to quit once discovering they are pregnant but are likely to return to using at the rate they used prior to pregnancy about 2 years after birth (Alharbi & el-Guebaly, 2014).
- **Interdisciplinary, Nonjudgmental Care**
 - It's important that an interdisciplinary team be involved in the collaboration of care.

The Effects of Marijuana on Baby

- Cross-sectional study on 3,207 respondents from the 2014-2015 Colorado **Pregnancy Risk Assessment Monitoring System** Fetal effects
 - Results: The self-reported prevalence of cannabis use at any time during pregnancy was 5.7 ± 0.5% and the prevalence of early postnatal cannabis use among women who breastfed was 5.0% (95% CI, 4.1%-6.2%).
 - Prenatal cannabis use was associated with a 50% increased likelihood of low birth weight, independent of maternal age, race/ethnicity, level of education, and tobacco use during pregnancy (OR, 1.5; 95% CI, 1.1-2.1; P = .02).
 - Small for gestational age, preterm birth, and neonatal intensive care unit admission were not associated with prenatal cannabis use, independent of prenatal tobacco use.
- Crume, T. L., Juhi, A. L., Brooks-Russell, A., Hall, K. E., Wymore, E., & Borgelt, L. M. (2018). Cannabis Use During the Perinatal Period in a State With Legalized Recreational and Medical Marijuana: The Association Between Maternal Characteristics, Breastfeeding Patterns, and Neonatal Outcomes. *Journal Of Pediatrics*, 19790-96. doi:10.1016/j.jpeds.2018.02.005

The Effects of Marijuana on Baby

- THC can rapidly cross the placenta barrier, resulting in fetal plasma concentrations of THC equivalent or even higher than the maternal concentrations. Alharbi, F. F., & el-Guebaly, N. (2014). Exploring the management of cannabis use among women and during pregnancy. *Addictive Disorders & Their Treatment* 13(2), 93-100. doi:10.1016/j.drugalcot.2014.09.028
- **Fetal effects**
 - Newborn withdrawal
 - Neurological deficits
 - Increased ADHD, autism
- Lower verbal reasoning scores, impaired mental development, hyperactivity, inattention, impulsivity and impairment in executive function (planning, organizing, prioritizing) and memory. Calvignoli, D., Hurd, Y. L., Harkany, T., & Kelmopma, E. (2014). Neuronal substrates and functional consequences of prenatal cannabis exposure. *European Journal of Child and Adolescent Psychiatry* 23, 931-941. doi:10.1007/s00787-014-0550-y

The Effects of Marijuana on Baby

- Comparing tobacco-exposed children with children exposed to both tobacco and cannabis revealed differences in the cortical thickness. El Marroun, H., Tiemeier, H., Franken, I.H.A., Jaddoe, V.W.V., van der Lugt, A., Verhulst, F.D., Lahey, B.B., & White, T. (2015). Prenatal cannabis and tobacco exposure in relation to brain morphology: A prospective neuroimaging study in young children. *Biological Psychiatry*, 77 (12): 971. doi:10.1016/j.biopsych.2015.08.024
- Babies exposed to marijuana in the womb are likely to be born smaller than those not exposed, and more likely to need intensive care after birth. bit.ly/1Vc02mp BMJ Open, online April 5, 2016
- The usage of marijuana during pregnancy perturbs the fetal endogenous cannabinoid signaling. Richardson, K.A., Hester, A.K., & McLemore, G.L. (Online August, 2016). Prenatal cannabis exposure - The "first hit" to the endocannabinoid system. *Neurotoxicology and Teratology*. doi: 10.1016/j.ntt.2016.08.003

The Effects of Marijuana on Baby

- How can using marijuana during pregnancy affect your baby? March of Dimes, 2017. <http://www.marchofdimes.org/pregnancy/marijuana.aspx>
 - When you use marijuana during pregnancy, THC and other chemicals may pass through the placenta to your baby. The placenta grows in your uterus (womb) and supplies your baby with food and oxygen through the umbilical cord. Chemicals from marijuana also may pass to your baby's brain.
 - More research is needed to understand how marijuana may affect you and your baby during pregnancy. Women who use marijuana may smoke cigarettes, drink alcohol or use other street drugs, making it hard to know exactly how marijuana affects pregnancy. Some studies suggest that if you use marijuana during pregnancy, your baby may have problems, including:
 - Premature birth. This is birth that happens too early, before 37 weeks of pregnancy.
 - Fetal growth restriction (also called growth-restricted, small for gestational age and small for date) and low birthweight. Fetal growth restriction is when a baby doesn't gain the weight he should before birth. Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. Your baby also may have short body length or small head size.
 - Anencephaly. This is one of the most severe neural tube defects (also called NTDs). Babies exposed to marijuana during the first month of pregnancy are at increased risk of having anencephaly.
 - Stillbirth. This is when a baby dies in the womb after 20 weeks of pregnancy. If you smoke marijuana during pregnancy, you're about twice as likely to have a stillbirth.
 - Anemia. This is when your baby doesn't have enough healthy red blood cells to carry oxygen to the rest of his body.
 - Problems with brain development
 - Withdrawal symptoms, like tremors (shakes) or long periods of crying after birth. These symptoms usually go away within a few days after birth.
 - Problems with sleep.
 - Problems with brain development, which may affect your baby's behavior, memory, problem-solving skills and ability to pay attention later in life

Neonatal Abstinence Syndrome



Ku, P., Patrick, S.W., Tong, V.T., Patel, R., Lind, J.H., Barfield, W.D.
Incidence of Neonatal Abstinence Syndrome — 28 States, 1999–
2013. *MMWR Morbidity and Mortality Weekly Report*. 65:799–802.
DOI: <http://dx.doi.org/10.15585/mmwr.mm6513a2>.

Source: State-based Data on Neonatal Abstinence Syndrome and Opioid Use
*Add cases per 1,000 hospital discharges.
†Incidence data reported as of 2013, except for four states (Maine, Maryland, Massachusetts, and Rhode Island) for which 2012 data were not available. 2012 data are reported for these states.

Sign	Evaluation of symptoms of disease
Symptoms	Value
Conjunctivitis	
High-pitched cry	2
Continuous high-pitched cry	3
Utricle 3-5 after feeding	2
Utricle 2-4 after feeding	2
Utricle 1-2 after feeding	1
Hypersensitive area effect	2
Markedly hypersensitive areas effect	3
Furrows disturbed	2
Mild furrows undisturbed	1
Moderate/severe furrows undisturbed	4
Increased muscle tone	2
Contracture (spastic) wrist	2
Myoclonic jerks	3
Clonus (clonus) wrist	3
Morbidity symptoms	
Fever	1
Fever 37.0-38.2 °C	1
Fever 37.8-4 °C	2
Finger pointing (abnormal)	2
Abnormal	3
Vaccination symptoms	
Noad infection	1
Finger pointing (abnormal)	2
Respiratory symptoms	
Noad fever	1
Respiratory rate reduction	1
Respiratory rate not in situation	2
Gastrointestinal symptoms	
Occasional sucking	1
Noad feeding	1
Regurgitation	2
Regurgitation	2
Loose stools	2
Wet stools	2
End score (0-44)	

- **Co-usage**
 - use in combination with cigarette smoking was significantly associated with increased risk of multiple adverse perinatal outcomes
 - Maternal pregnancy-related hypertension was not increased in marijuana smokers, or in cigarette smokers. However, co-users had elevated rates of preeclampsia compared to non-users.
Journal of Clinical Hypertension 2014, 16(10):1079-1084. doi:10.1161/JCH.113.002444. [Public version of paper]
 - Anencephaly increased with first month of pregnancy use, could not eliminate lack of folic acid intake as a confounding factor.
 - Spice

- The CRAFFT Substance Abuse Screen for Adolescents and Young Adults
 - C – Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
 - R – Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?
 - A – Do you ever use alcohol or drugs while you are by yourself or ALONE?
 - F – Do you ever FORGET things you did while using alcohol or drugs?
 - F – Do your FAMILY or friends ever tell you that you should cut down on your drinking or drug use?
 - T – Have you ever gotten in TROUBLE while you were using alcohol or drugs?

© 2005 Blackwell Publishing Ltd *Journal of Internal Medicine* 258: 105–112

Use of marijuana during pregnancy is associated with negative effects on exposed children, no matter when it is used in pregnancy. These negative effects include decreased academic ability, cognitive function and attention. These effects may not appear until adulthood.

Language for patients: *Using marijuana while pregnant may harm your baby. It may make it hard for your child to pay attention and learn. This also may make it harder for your child to do well in school.*

Smoking marijuana has the added risk to the mother and baby of harmful smoke exposure. However, using marijuana in edible form does not expose the mother or the baby to THC. There is no known safe amount of marijuana use in pregnancy. The safety of vaporizing marijuana for tobacco replacement is not known.

Language for patients: *Some people think that using a vape pen or eating marijuana is safer than smoking marijuana. However, marijuana in any form may be harmful. THC in marijuana may be bad for your baby.*

Oregon - Rev. Stat. § 163.547

A person having custody or control of a child under age 16 commits the crime of child neglect in the first degree if the person knowingly leaves the child or allows the child to stay:

- In a vehicle where controlled substances are being criminally delivered or manufactured
- In or upon premises and in the immediate proximity where controlled substances are criminally delivered, manufactured for consideration or profit, or where a chemical reaction involving one or more precursor substances:
 - » Is occurring as part of unlawfully manufacturing a controlled substance or grinding, soaking, or otherwise breaking down a precursor substance for the unlawful manufacture of a controlled substance
 - » Has occurred as part of unlawfully manufacturing a controlled substance or grinding, soaking, or otherwise breaking down a precursor substance for the unlawful manufacture of a controlled substance and the premises have not been certified as fit for use under § 453.855
- In or upon premises that have been determined to be not fit for use under §§ 453.855 to 453.912

As used in this subsection, 'vehicle' and 'premises' do not include public places, as defined in § 161.015.

Child neglect in the first degree is a Class B felony.

This section does not apply if the controlled substance is marijuana and is delivered for no consideration.

The Oregon Criminal Justice Commission shall classify child neglect in the first degree as crime category 6 of the sentencing guidelines grid of the commission if the controlled substance being delivered or manufactured is methamphetamine.

Rev. Stat. § 419B.005

'Abuse' means:

- Permitting a person younger than age 18 to enter or remain in or upon premises where methamphetamines are being manufactured
- Unlawful exposure to a controlled substance that subjects a child to a substantial risk of harm to the child's health or safety

Reporting Requirements

In 2014, Tennessee became the first state to pass legislation that criminalizes drug use during pregnancy (Tennessee Senate Bill 1391/ House Bill 1295, 2014).

Reporting Requirements

- State reporting requirements
- Resources: <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>

STATE	SUBSTANCE USE DURING PREGNANCY CONSIDERED		PREGNANT WOMEN EXPOSED TO SUSPECTED STATE REQUIREMENTS		DIRECT TREATMENT FOR PREGNANT WOMEN		
	Child Abuse	Grounds for Civil Commitment	Reporting	Testing	Targeted Program Created	Pregnant Women Have Priority Access to General Programs	Pregnant Women's Participation Discouraged in Family-Focused Programs
Alabama	X						X
Alaska	X		X			X	
Arizona	X		X		X	X	
Arkansas			X				
California							
Colorado				X	X		
Connecticut	X		X	X			
Delaware	X		X		X	X	
District of Columbia	X		X				
Florida	X		X				
Georgia	X		X				
Hawaii	X		X				
Idaho	X		X				
Illinois	X		X				
Indiana	X		X				
Iowa	X		X				
Kansas	X		X				
Kentucky	X		X				
Louisiana	X		X				
Maine	X		X				
Maryland	X		X				
Massachusetts	X		X				
Michigan	X		X				
Minnesota	X		X				
Mississippi	X		X				
Missouri	X		X				
Montana	X		X				
Nebraska	X		X				
Nevada	X		X				
New Hampshire	X		X				
New Jersey	X		X				
New Mexico	X		X				
New York	X		X				
North Carolina	X		X				
North Dakota	X		X				
Ohio	X		X				
Oklahoma	X		X				
Oregon	X		X				
Pennsylvania	X		X				
Rhode Island	X		X				
South Carolina	X		X				
South Dakota	X		X				
Tennessee	X		X				
Texas	X		X				
Utah	X		X				
Vermont	X		X				
Virginia	X		X				
Washington	X		X				
West Virginia	X		X				
Wisconsin	X		X				
Wyoming	X		X				

§ Establishes requirements for health care providers to encourage and facilitate drug counseling.

Reporting Requirements


<https://oig.hhs.gov/oei/reports/oei-03-90-02000.pdf>

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL

PRENATAL SUBSTANCE EXPOSURE: STATE CHILD WELFARE LAWS AND PROCEDURES

Richard P. Kauter
INSPECTOR GENERAL
OIG-03-90-02000

Reporting Requirements



STATE STATUTES
Current Through April 2015

WHAT'S INSIDE

- Prenatal drug exposure
- Children exposed to illegal drug activity

Parental Drug Use as Child Abuse

<https://www.childwelfare.gov/pubPDFs/drugexposed.pdf>

Reporting Requirements

- Consequences of reporting
 - Intended
 - Unintended
- Krenning, C., & Hanson, K. (2018). Marijuana-Perinatal and Legal Issues With Use During Pregnancy. *Journal Of Perinatal & Neonatal Nursing*, 32(1), 43-53. doi:10.1097/JPN.0000000000000303

