

Prenatal THC Exposure is Significantly Higher in States with Medical and/or Recreational Cannabis Laws

Guida Brown




With vital assistance from Joseph Jones,





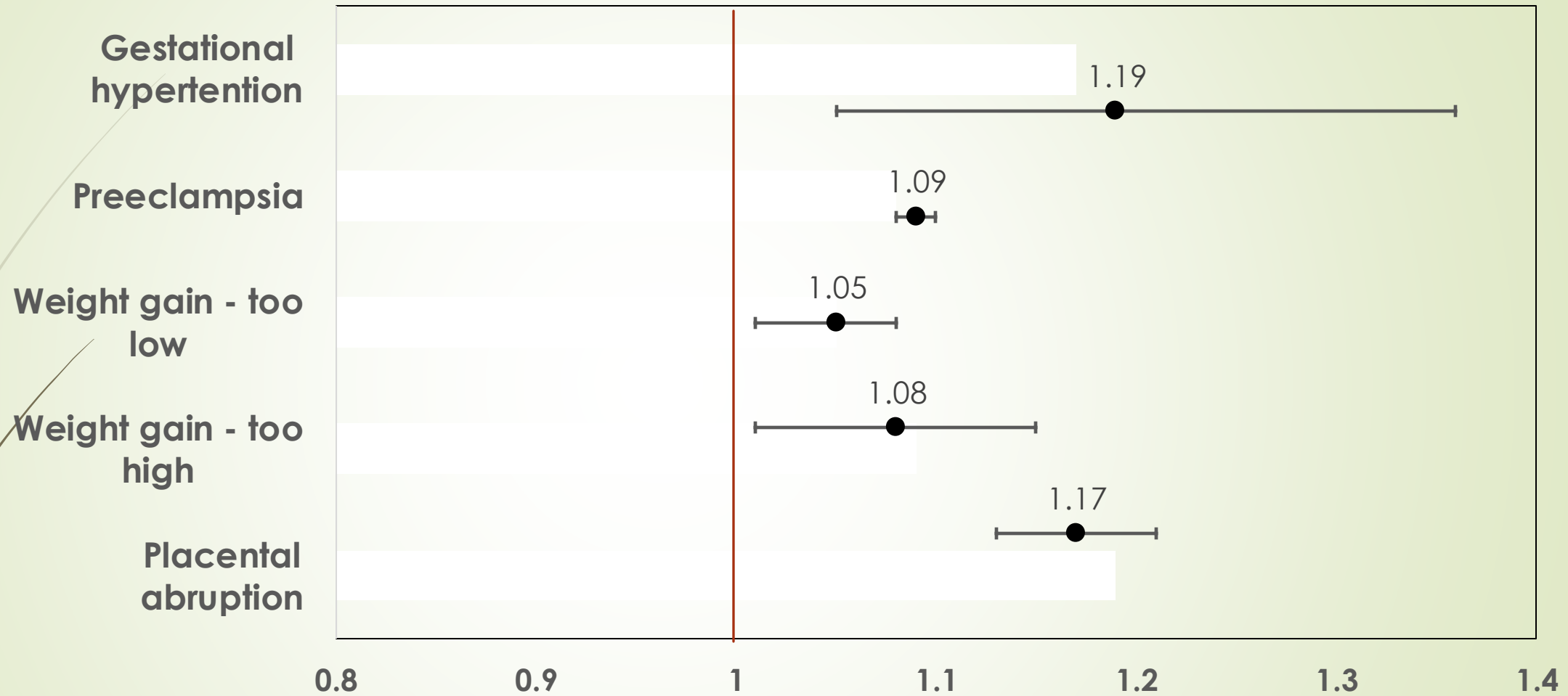
Conflicts

- ▶ I am being paid by USDTL (United States Drug Testing Laboratories) as a Community Relations Consultant to present today.



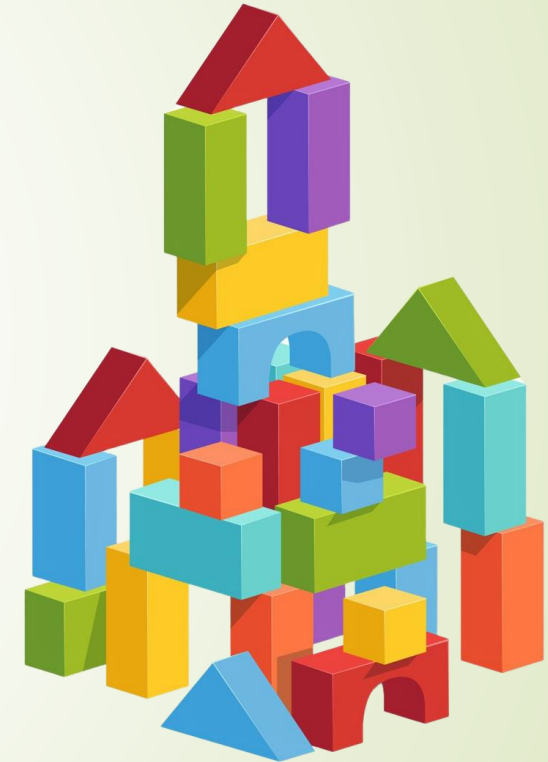
Legal \neq Safe

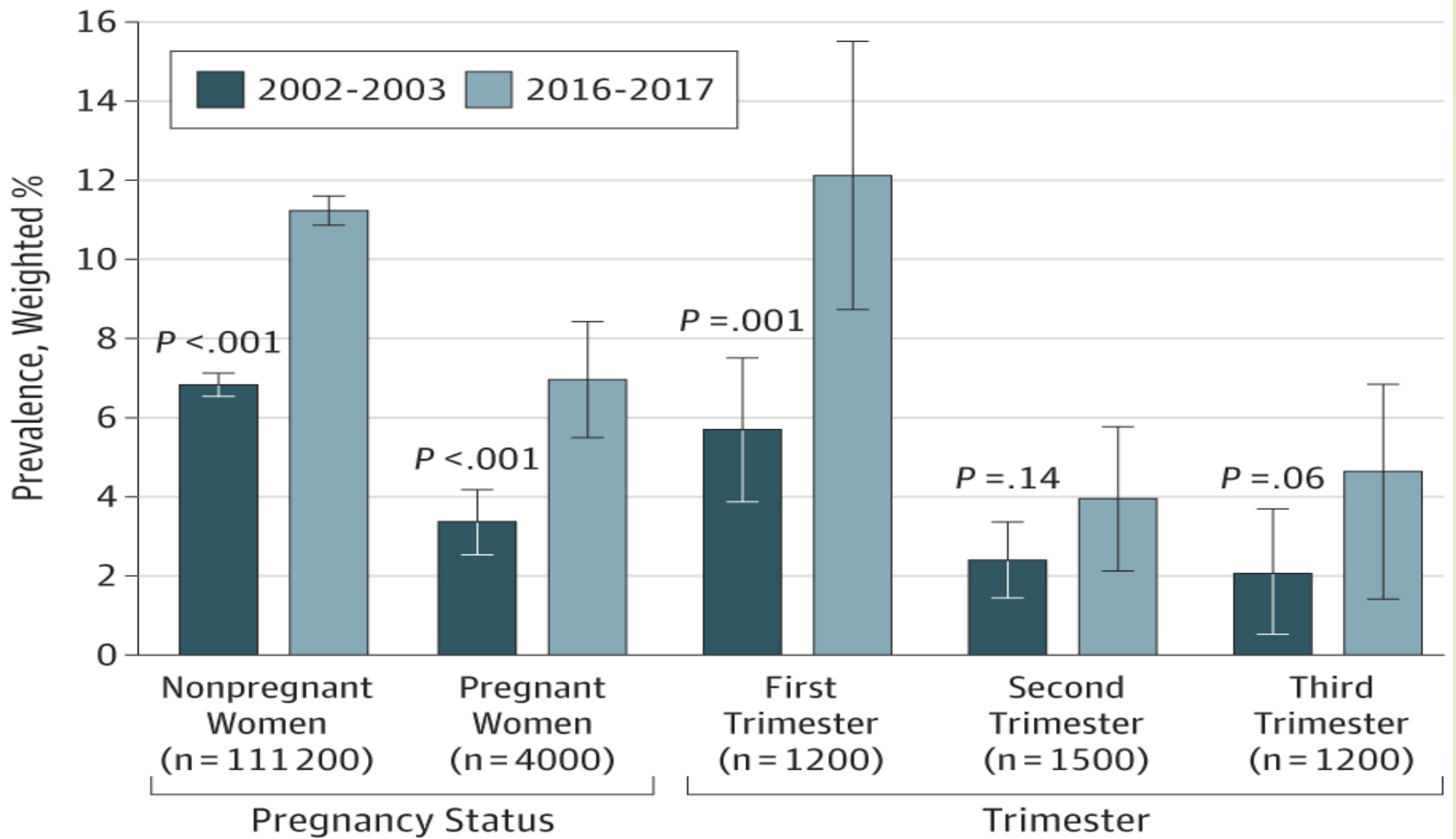
Specific to Cannabis Use



Risks on Child Development Specific to Cannabis use

1. Disturbances in sleep cycling
2. Increased aggression and impulsivity
3. Diminished academic achievement
4. Higher rates of juvenile delinquency
5. Diminished executive functioning skills

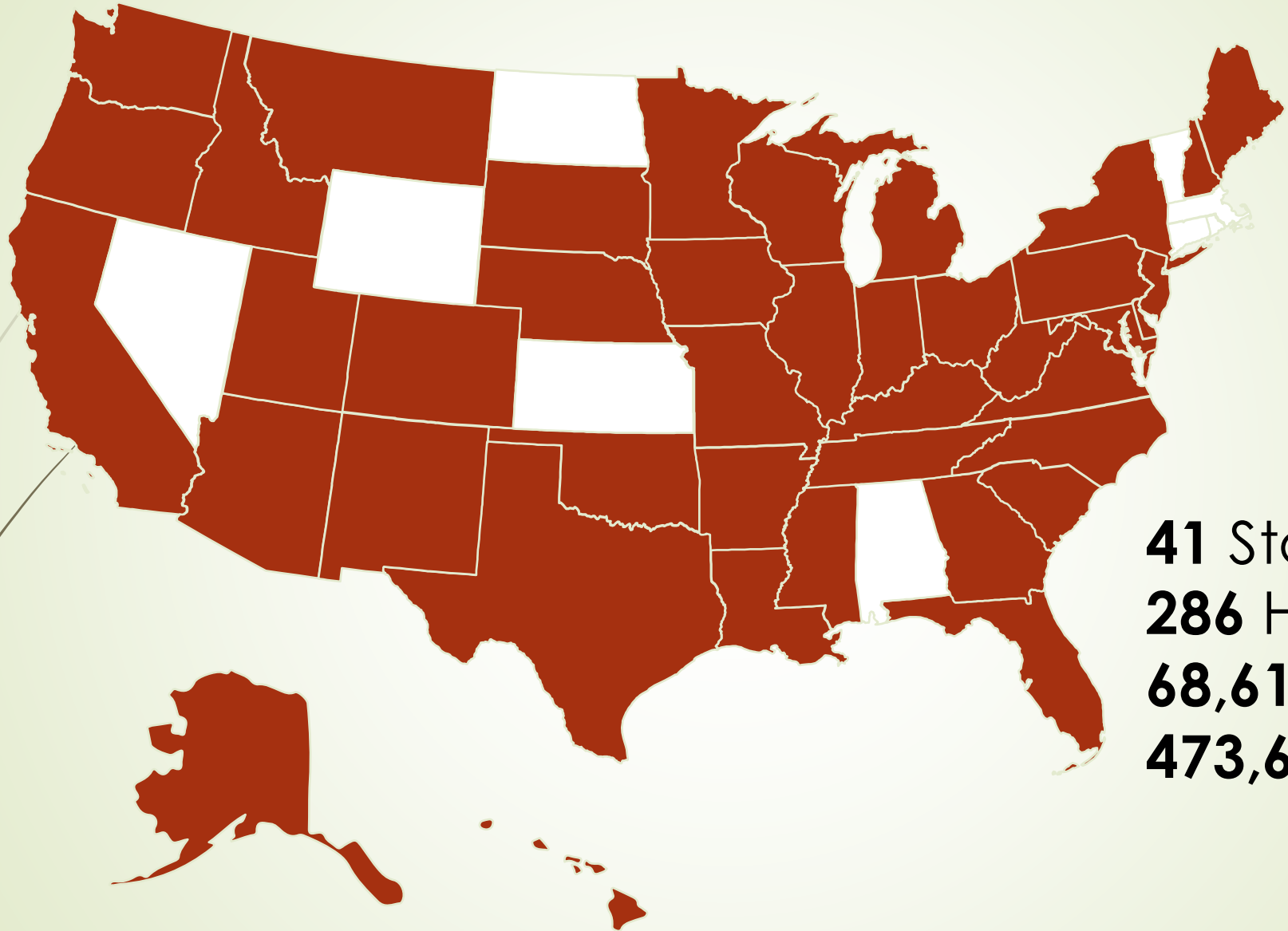






Measures

- Positive THCA, screen and confirmed positive
- Live birth rate 
- State cannabis law categories
 - Illegal
 - CBD only
 - Decriminalized
 - Medical
 - Recreational
- **Allowed** = Medical and Recreational
- **Not Allowed** = Illegal, CBD only, Decriminalized



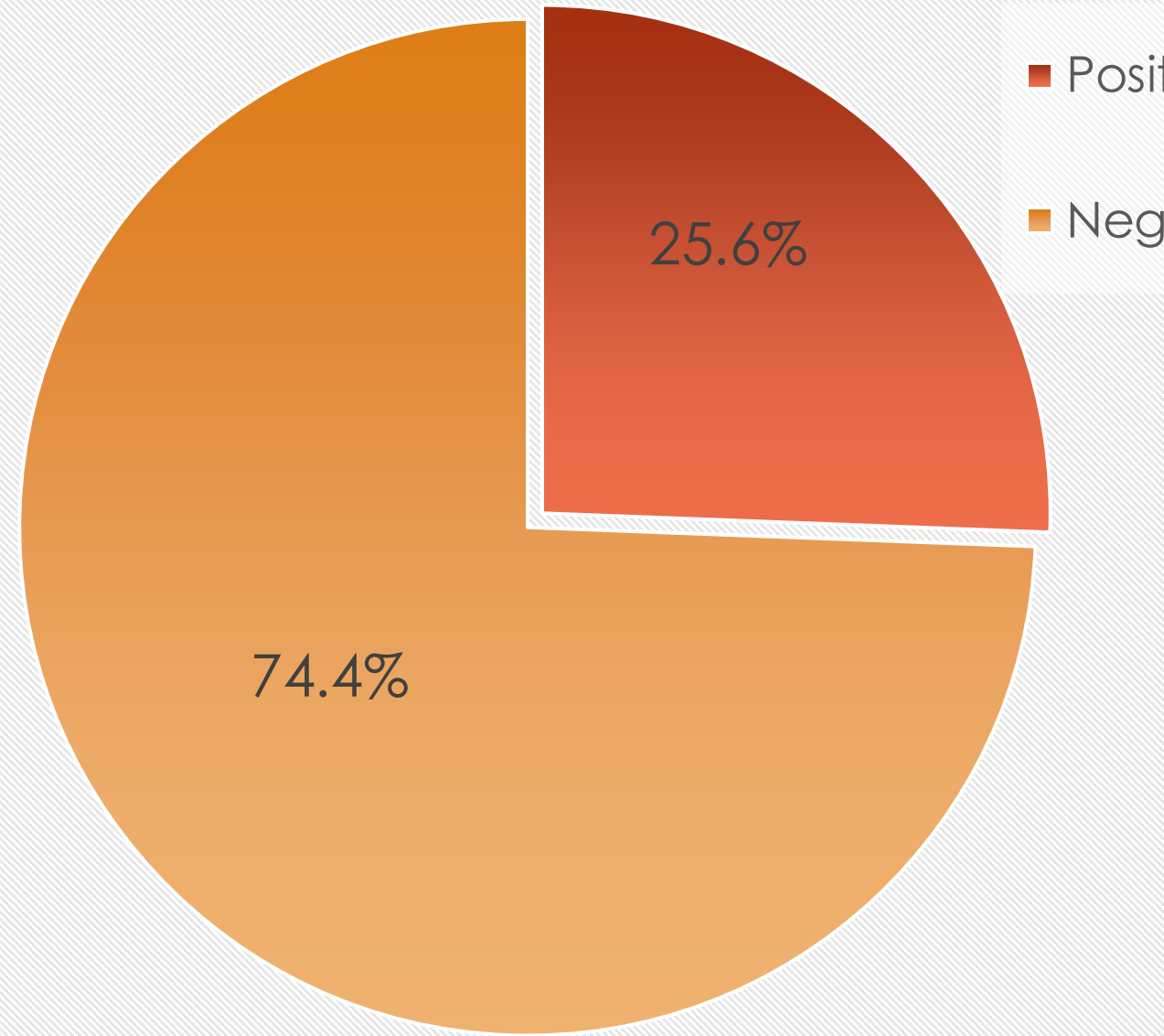
41 States
286 Hospitals
68,616 Specimens
473,694 Live Births

RESULTS

68,616
Specimens

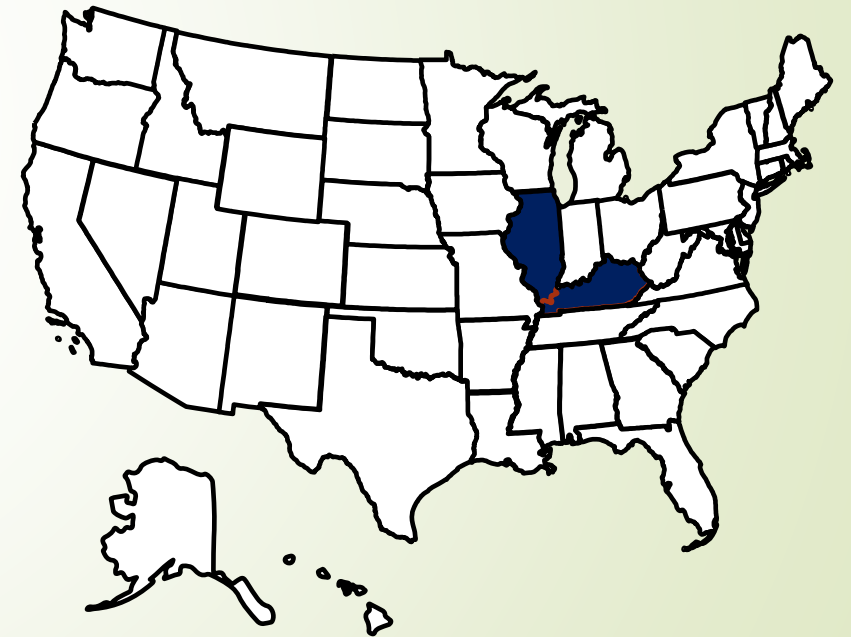
17,541
(25.6%) Positive

37 THCA
per 1000 Live Births

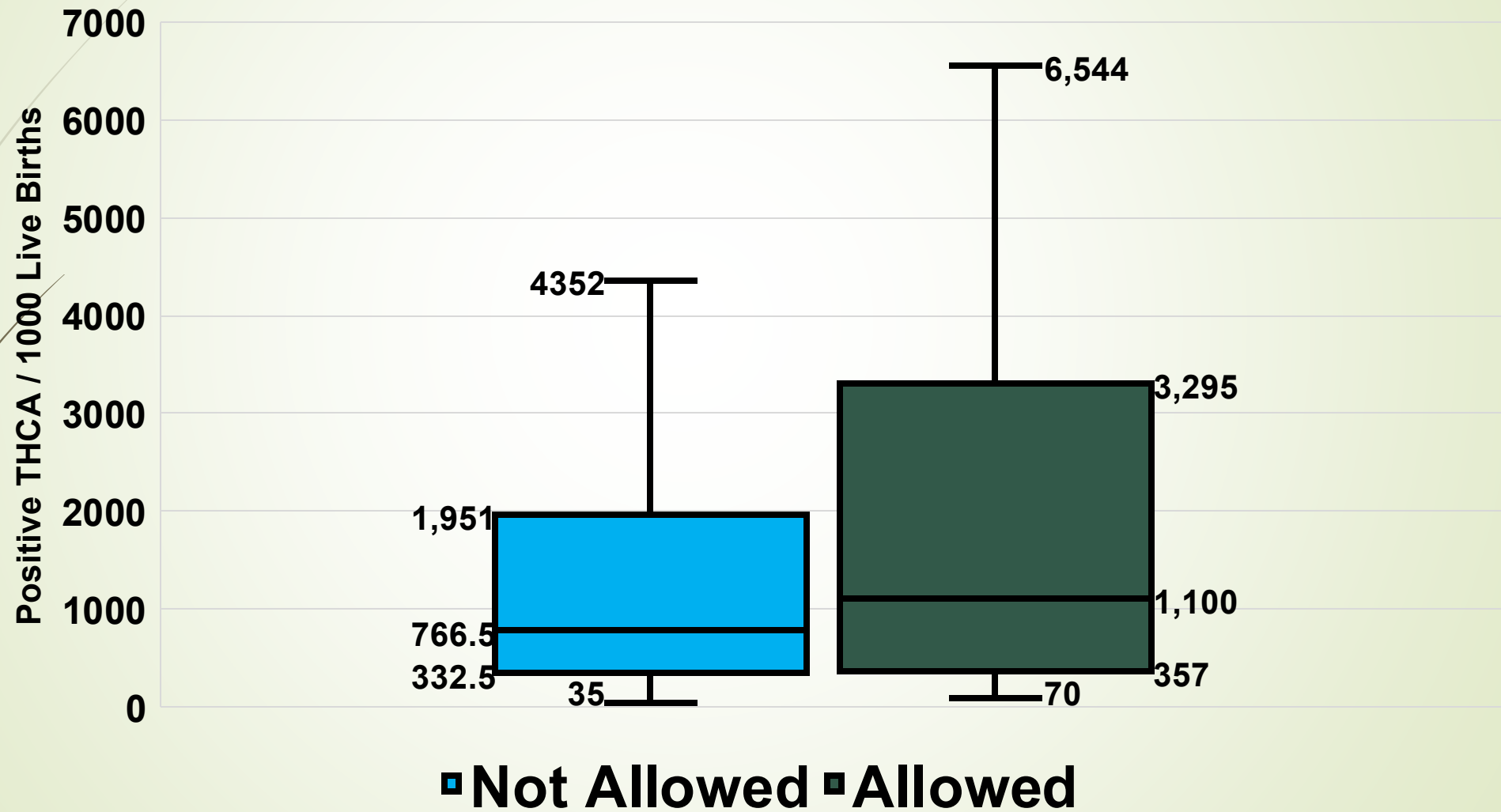


A Tale of Two Towns

- Two hospitals
- One in a state with recreational marijuana
- One in a state that allows CBD only
- Sociodemographic differences



A Tale of Two Towns, cont.



Limitations

- State Laws are not consistent
- No access to medical records
- No control over hospital selection policy
- Retrospective study, not generalizable



Conclusions

Prenatal Cannabis Exposure:

Continues
to
Increase

Is Linked to
Negative Health
Consequences

Prevalence
is Higher

Concentrations
Found
are Higher

States Marijuana is Allowed



ACOG Releases New Recommendations on Cannabis Use in Pregnancy and Lactation

Sept. 19, 2025

► Washington, D.C.

Universal screening for cannabis use during the prepregnancy, pregnancy, and postpartum periods is now recommended by the American College of Obstetricians and Gynecologists, according to new and significantly updated clinical guidance released today.

Despite the fact that cannabis use in pregnancy has been associated with spontaneous preterm birth, low birth weight, NICU admissions, and postnatal neurocognitive and behavioral dysfunction, there is a misperception in the general public that cannabis is safe for use during pregnancy due to its increasing availability, legalization, and social acceptability. The Clinical Consensus [Cannabis Use in Pregnancy and Lactation](#) provides ob-gyns with evidence-based guidelines for counseling, screening, and strategies to reduce the use of cannabis in pre-pregnancy and pregnancy and during lactation.

<https://www.acog.org/news/news-releases/2025/09/acog-releases-new-recommendations-cannabis-use-pregnancy-lactation>



Conclusions

You know what else

- Is legal but unsafe?
- Linked to negative health consequences?



Alcohol Use, Screening, and Brief Intervention Among Pregnant Persons — 24 U.S. Jurisdictions, 2017 and 2019

- In 2017 and 2019, during their most recent health care visit, 80% of pregnant persons reported being asked about their alcohol use; **only 16% of those with past 30-day alcohol consumption were advised by a health care provider to quit or reduce their alcohol use.** Disparities in alcohol screening were observed among pregnant persons with lower educational attainment.

<https://www.cdc.gov/mmwr/volumes/72/wr/mm7203a2.htm>



We Can Do Better

➤ Reduce Stigma

- “To minimize this sort of bias and to provide more equitable care, the authors suggest that toxicology testing decision aids could be incorporated into the electronic medical record, so that providers must indicate specific indications for testing prior to requesting toxicology testing.”

(<https://womensmentalhealth.org/posts/disparities-in-maternal-infant-drug-testing/>)

- Treat addiction as the disease we say we believe it is: get people suffering from the disease treatment, not punishment.
- CAPTA doesn't mandate punishment; it mandates attention.



We Can Do Better

➤ **Universal Collection**

Collection and short-term storage of the umbilical cord on ALL newborns. Umbilical cord is sent to the laboratory if the mother meets the hospital's conditions for determining a potentially exposed newborn or if the newborn shows signs or symptoms of withdrawal. If neither criteria is met, the umbilical cord is discarded.



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