



March 18, 2015

SCREENING QUESTIONS

In addition to asking about alcohol, tobacco, and other drug use (including prescription drugs), now that marijuana is legal in Colorado, we recommend asking all teens and women who could become pregnant about marijuana use.

1. *Have you used marijuana in the last year?*

If no: Go to question 2

If yes: *When was the last time you used marijuana? How do you use marijuana? What form of marijuana do you use? How often do you use and how much?*

If pregnant: *How has your use of marijuana changed since finding out you are pregnant?*

If concerned about substance abuse: Use the Cannabis Use Disorder Identification Test (CUDIT) and referral recommendations found in the resources section.

2. *Does anyone use marijuana in your home?*

If yes or no: *It is important to ensure that your home is safe for your child. Make sure that any potentially harmful substances are out of reach of your child, including marijuana, alcohol, prescription drugs or household substances.*

If yes: Provide additional education on avoidance of secondhand smoke and safe storage, more information below.

TIPS FOR USING THIS GUIDANCE:

All information in italics is scripted talking points to share with your patients, written at about a middle school reading level.



PRENATAL VISITS

It is important to reassess substance use at each visit, because many women continue using substances throughout the pregnancy or may begin or resume using substances during pregnancy.

Discuss importance of cessation of marijuana and other potentially harmful substances during pregnancy and breastfeeding and offer support if needed, found in the resource section.

Discuss patient's plan for marijuana use after pregnancy. ***Tell me about whether you intend to use marijuana after delivering your baby.***

Discuss breastfeeding and marijuana: ***Are you planning to breastfeed your child?*** If yes, see breastfeeding section for more information.

Please inform your patient: ***Marijuana is now legal for adults over 21. But this doesn't mean it is safe for pregnant moms or babies. Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified.***

As a prenatal care provider, if you are concerned about a patient's substance use, you can recommend testing of mother during prenatal care and/or at delivery or testing of the newborn at birth.

Newborn testing information:

- Meconium testing generally identifies maternal marijuana use after 24 weeks gestation.
- Urine testing generally identifies maternal marijuana use after 32 weeks gestation.
- Umbilical cord testing generally identifies maternal marijuana use after 24 weeks gestation.

WELL WOMAN VISITS:

Discuss contraception options if patient wants to continue recreational or medical marijuana, alcohol or other substance use and/or does not desire pregnancy.

If patient desires a pregnancy, discuss importance of cessation of marijuana and other potentially harmful substances. Consider use of contraception while the patient is working towards cessation of substances.

AT DELIVERY:

- Use marijuana screening questions at delivery.
- Be aware of your facility's guidelines regarding drug testing of mothers and newborns and issues of consent.
- Urine drugs screens (maternal or newborn) can be falsely positive. A positive test in the absence of reported maternal drug use should be confirmed by gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/mass spectrometry (LC/MS/MS).
- Alternative newborn testing includes meconium or umbilical cord sampling.
- Discuss risks regarding marijuana use after pregnancy and/or during breastfeeding with your patient.

TALKING TO YOUR PATIENTS:

ABOUT MARIJUANA:

Can you tell me about why you are using marijuana? How does marijuana help you?

If using marijuana to treat a medical issue: **Talk to your prenatal health care provider about the use of other treatments for medical issues during pregnancy.**

If patient is using for nausea, anxiety or sleep: **There are other options that are safe ways to deal with these issues during pregnancy.**

Address potential alternative treatments, if appropriate, and talk about transitioning to alternative treatments or cessation. **Do you want to stop using marijuana? How difficult do you think it will be to stop using marijuana? Do you think you can stop? If you need help, assistance is available.**

Health care providers can use the HealthTeamWorks' Screening, Brief Intervention, Referral to Treatment tool found at healthteamworks.org/guidelines/sbirt.html or provide the patient with additional referrals from the resources section. **For your health and your baby's health, I will ask you about this at your next visit/ appointment.**

ABOUT MEDICAL MARIJUANA:

The decision to continue medical marijuana use (as with any medication) during pregnancy and/or breastfeeding is based on whether the benefits of the treatment outweigh the potential risks to the baby. That is something we should discuss (or you can discuss further with your prenatal health care provider).

Providers: Discuss risks/benefits of marijuana use and potential alternatives, as appropriate.

TALKING TO YOUR PATIENTS: EFFECTS OF MARIJUANA

Language for patients: There is no known safe amount of marijuana use during pregnancy.

Tetrahydrocannabinol (THC) can pass from the mother to the unborn child through the placenta. The unborn child is exposed to THC used by the mother.

Language for patients: THC is the chemical in marijuana that makes you feel "high." Using marijuana while you are pregnant passes THC to your baby.

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

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 or vaporized form still exposes the baby to THC. There is no known safe amount of marijuana use in pregnancy. The safety of vaporizing marijuana (or tobacco) is unknown.

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

TALKING TO YOUR PATIENTS: MYTHS ABOUT MARIJUANA

Myth: Marijuana is safe to use while pregnant or breastfeeding. You cannot eat or use some foods and medicines while pregnant or breastfeeding. This is because they might harm the baby. This includes marijuana.

Myth: Since it is legal, it must be safe. Using marijuana during pregnancy can harm your baby, just like alcohol or tobacco. Being legal does not make it safe.

Myth: Since marijuana is natural, it must be safe. Not all natural substances or plants are safe. Tobacco and poisonous berries are

great examples. Marijuana contains THC, which may harm a baby.

Myth: Since some people use marijuana as a medicine, it must be safe. Marijuana can be recommended by a doctor in special cases. A doctor decides whether the benefits are greater than the risks. It is unsafe to use any medicines while pregnant or breastfeeding that are not recommended by a health care provider. This includes marijuana. Talk to your health care provider about safer choices that do not risk harming your baby.

Myth: Marijuana can be good for your baby. Some researchers found that marijuana may be bad for children whose moms used marijuana during pregnancy. Some children did not do well in school when they were older. It may also make it hard for your child to pay attention and learn.

Myth: Marijuana-like (cannabinoid) chemicals occur in the body, so it must be safe. Some cannabinoids, called endocannabinoids, occur naturally in the body and in breast milk. These endocannabinoids help

your nerve cells communicate better. However, THC from marijuana is much stronger than your natural endocannabinoids. THC can upset the natural endocannabinoid system in your body. Pregnant and breastfeeding mothers should not use marijuana to avoid any risks of THC.

Myth: Marijuana is a safe treatment for nausea during pregnancy. THC in marijuana may harm your baby. Talk to your health care provider about safer choices that do not risk harming your baby.

MANDATORY REPORTERS:

Marijuana is legal for those over age 21, just like alcohol, but it is important to make sure patients with children are aware of responsible use of marijuana and other legal substances.

If you as a health care provider have a suspicion of abuse or neglect (i.e. that the health or welfare of a child is threatened), it is your duty as a mandatory reporter to report child abuse or neglect. You can access the mandatory reporter training at coloradocwts.com/community-training.

Colorado Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS.

In Colorado, reports about child abuse or neglect are handled at the county level. Procedures can be different from county to county. If you have questions about how your county social services department addresses these reports, please contact them directly.

TALKING TO YOUR PATIENTS: LAWS

If pregnant women report their substance use to their prenatal health care provider and/or have a positive drug test during a prenatal care visit, Colorado law prevents that information from being used in criminal prosecution. (C.R.S. § 13-25-136)

Tetrahydrocannabinol (THC), both recreational and medical, is considered a Schedule 1 drug under federal and Colorado law. (C.R.S. § 18-18-203)

Current Colorado law defines a baby testing positive at birth for a Schedule I substance (including recreational or medical THC or other drugs) as an instance of child neglect, which requires a report to social services. (C.R.S. § 19-3-102)

Please inform your patient: Marijuana is now legal for adults over 21. But this doesn't mean it is safe for pregnant moms or babies. Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified.

POSTPARTUM SCREENING

Please inform your patient: *Now that marijuana is legal for adult use (21 years and older) in Colorado, we are asking all parents about marijuana because we want to help keep your kids safe.*

- *Before you knew you were pregnant how much marijuana did you use?*
- *How much marijuana did you use during your pregnancy?*
- *How much marijuana have you used since the birth of your child?*
- *Does anyone use marijuana in your home?*
- *Are you currently breastfeeding?*

BREASTFEEDING AND MARIJUANA

Marijuana use should be addressed in a discussion of breastfeeding plans, especially if the mother used prior to pregnancy or during pregnancy.

Language for patients: *Breastfeeding has many health benefits for both the baby and the mother.*

However, any THC consumed by the mother enters her breast milk and can be passed from the mother's milk to her baby, potentially affecting the baby.

Language for patients: *THC in marijuana gets into breast milk and may affect your baby.*

THC is stored in the body in fat, and babies have a high percentage of body fat, including in their developing brains. Because THC is stored in fat, it remains in the body for a long time.

Language for patients: *THC is stored in body fat. A baby's brain and body are made with a lot of fat. Since your baby's brain and body may store THC for a long time, you should not use marijuana while you are breastfeeding.*

Because of the potential risks to the baby, the American Academy of Pediatrics states that marijuana should not be used while breastfeeding.

If a mother wishes to breastfeed, use the referral options outlined in the resources section to help her stop using marijuana.

At this time, there is limited research on breastfeeding and marijuana use, including: the amount of THC in breast milk, the length of time THC remains in breast milk and effects on the infant.

It is unknown how long after any use of marijuana that it is safe to breastfeed or how long THC remains in breast milk after occasional marijuana use as compared to regular use.

We don't know how long it takes for THC to clear from the breast milk. Some mothers may be motivated to "pump and dump" their breast milk in order to maintain milk production while waiting for THC to be eliminated from breast milk.

Language for patients: *Because THC is stored in body fat, it stays in your body for a long time. This means that "pumping and dumping" your breast milk will not work the same way it does with alcohol. Alcohol is not stored in fat so it leaves the body faster.*

Some facilities test a mother's urine to determine drug use in order to inform breastfeeding advice. The link between THC levels in maternal urine and breast milk is unknown.

PARENTING AND MARIJUANA

Marijuana use can affect a person's ability to care for a baby. It is appropriate to ask about marijuana or other substance use before letting a person care for a baby.

Language for patients: *Being high while caring for a baby is not safe. Do not let anyone who is high take care of your baby. It is not safe for your baby to sleep with you, especially if you are high.*

Language for patients: *Be sure you know Colorado's marijuana laws if you choose to use. Go to GoodToKnowColorado.com.*

SAFE STORAGE

Language for patients: *Many edible marijuana products look similar to candy or baked goods that appeal to children.*

Language for patients: *All marijuana containing products and other potentially harmful substances should be kept in a locked area. Make sure your children cannot see or reach the locked area. Locked up is safest, but substances should be out of reach and out of sight of your child. Keep marijuana in the child-resistant packaging from the store.*

Language for patients: *Child-resistant packaging is designed to be effective for children under age 5 years of age. All marijuana-containing products purchased from a dispensary or store must leave the store in child-resistant packaging. Keep your marijuana-containing products in their original packaging.*

Language for patients: *If you have homemade products, ensure they are labeled or marked to distinguish them from similar products in the home and stored out of reach of children.*

Language for patients: *If there are children present in the home, Colorado law requires that any retail marijuana grow be located in a separate, enclosed and locked area. (C.R.S. §18-18-406(3)(b)). It is recommended that if children are present in the home of a medical marijuana grower, that the grow site be restricted to prevent access by a child.*

SECONDHAND SMOKE

Marijuana is included in the Colorado Clean Indoor Air Act, which requires indoor areas such as workplaces, restaurants, bars and hospitals and common areas of apartment buildings to be smoke-free. (C.R.S. § 25-14-204)

Language for patients: *Second-hand smoke from marijuana has many of the same cancer causing chemicals as smoke from tobacco. A smoke-free environment is safest and healthiest. Do not allow smoking in your home or around your baby.*

DRIVING AND MARIJUANA

Colorado law specifies that drivers with five nanograms/ml of active THC in their whole blood are considered to be driving under the influence (DUI). (C.R.S. § 42-4-1301(6)(a)(IV))

In Colorado, it is illegal to use marijuana in a vehicle, and the open container law applies to marijuana. (C.R.S. § 42-4-1305.5)

Language for patients: *It is not safe to drive a car while high. Do not let your baby ride in a car if the driver is high.*

ACCIDENTAL INGESTION

If a child accidentally ingests a marijuana product and is experiencing symptoms, call the poison control hotline for free, fast, expert help: 1-800-222-1222. If the symptoms are severe, call 911 or go to an emergency room.

Symptoms may include drowsiness, unsteady walking, difficulty sitting up or irregular breathing.



March 18, 2015

FOR HEALTH CARE PROVIDERS

If Concerned about Substance Use Disorder:

SBIRT Colorado Screening, Brief Intervention, Referral to Treatment Guidance
improvinghealthcolorado.org/clinical-guidelines-healthcare-providers/

Cannabis Use Disorders Identification Test (CUDIT-R)
bpac.org.nz/BPJ/2010/June/docs/addiction_CUDIT-R.pdf

Referrals for Substance Use Treatment:

1-800-CHILDREN or 1-866-LAS FAMILIAS (Spanish Language)

linkingcare.org

Other Resources:

Retail Marijuana Public Health Advisory Committee; Monitoring Health Concerns Related to Marijuana in Colorado: 2014
colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee

Colorado mandatory reporter training
coloradocwts.com/community-training

Colorado Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS.

FOR PATIENTS/FAMILIES:

Colorado.gov/marijuana, which includes fact sheets for pregnant and breastfeeding moms and for parents of older children. The website also includes Spanish language information and links to Spanish language resources.

Goodtoknowcolorado.com

1-800-CHILDREN or 1-866-LAS FAMILIAS (Spanish Language)

REFERENCES:

Retail Marijuana Public Health Advisory Committee; Monitoring Health Concerns Related to Marijuana in Colorado: 2014
colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee

American Academy of Pediatrics, Policy statement in Pediatrics 2012, Breastfeeding and the Use of Human Milk Pediatrics:
aappublications.org/content/129/3/e827.full.html