

Iowa Neonatal Quality Collaborative – Position Statement on Marijuana Use During Lactation

If a mother of a newborn has verbally confirmed her use of marijuana during pregnancy, or has a positive toxicology screen for tetrahydrocannabinol (THC), or her newborn has a positive screen for THC in their meconium, umbilical cord, or urine, the Iowa Neonatal Quality Collaborative (INQC) believes it is important for medical providers to discuss with the mother both the benefits of maternal breast milk use for their infant and the potential adverse affects of ongoing marijuana use on their infant if they are going to continue to use their own milk.

The INQC strongly supports the use of mother's own milk and has developed a handout, *The Value of the Human Milk in the NICU*, on it's website (www.iowaneogc.com/breast-milk-qi.html) which can be discussed and provided to newborn's parents on its significant benefits. This handout is applicable not only to infants in the neonatal intensive care unit (NICU) but to late preterm and term infants that appear healthy and do not require NICU admission.

The INQC also agrees with the recent American College of Obstetricians and Gynecologists (ACOG) interim statement of October, 2017 stating that *"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. Breastfeeding women should be informed that the potential risks of exposure to marijuana metabolites are unknown and should be encouraged to discontinue marijuana use."* Possible adverse effects on the infant that have been reported in the medical literature on mothers who use marijuana during lactation include sedation, delayed motor development, and growth delay. If a mother believes she is unable to discontinue marijuana use, the INQC recommends alternative, medically reliable sources of nutrition for their infant, such as pasteurized donor milk from the Mother's Milk Bank of Iowa while in the hospital and/or commercially acceptable formulas while in the hospital and after discharge.

1. ACOG Committee Opinion, Marijuana use during pregnancy and lactation. *Obstet Gynecol* 2017;130(4):e205-9.
2. Metz TD, Stickrath EH. Marijuana use in pregnancy and lactation: a review of the evidence. *AJOG* 2015; 761-78.
3. Garry A, Rigourd V, Amirouche A, et al. Cannabis and breastfeeding. *Journal of Toxicology* 2009; 1-5.