



Let's have a conversation about



CANNABIS DURING PREGNANCY

and beyond



WHETHER YOU SMOKE, VAPE, DRINK OR EAT IT

if you are pregnant, trying to get pregnant or breastfeeding you're encouraged to not use cannabis for the health of you and your baby. The chemical in cannabis called THC that gives you the feeling of being "high" can be transferred to your baby while you are pregnant or breastfeeding. To some, pot being "natural" (and now legal) mean it's safe. But that's not necessarily true. Any time you introduce chemicals (or other toxins that come from how it's manufactured or how you ingest it), they can be harmful to a baby's development. **While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about cannabis use and pregnancy risks and to inform that next conversation with your provider.**

IS ANY AMOUNT SAFE?

There is no known safe amount of cannabis use during pregnancy. Currently, there isn't as much research on the effects of THC during pregnancy as other substances. But that doesn't mean it's safer. Federal classification of Cannabis as a Schedule 1 substance makes research more difficult. But there are some studies that show cannabis use during pregnancy has negative outcomes.

HOW CAN IT AFFECT MY BABY?

Research shows that cannabis can affect a baby's birth weight, making children more prone to health issues—especially in the critical first year of growth. Cannabis use during pregnancy may increase the risk of stillbirth, and THC may also negatively affect a baby's brain development, leading to longer-term behavioral and learning issues. Supporting this, a 2019 study showed a connection between prenatal cannabis use and autism.

I USED CANNABIS BEFORE I KNEW I WAS PREGNANT. WHAT NOW?

Moderate cannabis use before you know you are pregnant is unlikely to cause harm. But, now that you know, it's important to stop. Weeks three through eight are the most sensitive time for causing birth defects.

WHAT ABOUT EDIBLES, VAPING AND OTHER CONCENTRATES?

While edibles, vaping and other concentrates may remove the potentially harmful effects of smoking, THC in your system is still passed from you to your baby. Plus, many of these alternative methods of using cannabis have higher levels of THC, increasing its negative effects.

ISN'T IT A NATURAL SUBSTANCE?

Yes, but so is tobacco. So is opium. And those aren't safe during pregnancy either. Plus, as more states have legalized or decriminalized its use, cannabis has become a big business. With that come newer cultivating methods and higher levels of THC and it isn't clear how these higher strains may increase the negative effects.

WHAT IF I SLIP UP?

It happens. If you do use cannabis while pregnant, the best thing to do is be honest—both with yourself and with your healthcare professional. Together, you can work to understand why and the best course of action to be sure you move forward in the healthiest way possible for both you and your baby.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

Depending on your reason for using cannabis, there are ways to help you help yourself avoid using while pregnant. Exercise—even just taking a walk—releases endorphins to make you feel better and can help you sleep. OTC medications can help with morning sickness. Meditation reduces stress hormones. Talk to your healthcare professional about these and methods for self care.

HOW ABOUT BREASTFEEDING?

Breastfeeding is important to your baby's health and cannabis use is not recommended. THC is present in breast milk and upwards of 3 percent of the what you get can be transferred to your baby. It seems small, but so are they.

HOW LONG IS THC IN MY BREAST MILK?

Tests have shown THC can be present in breast milk within 20 minutes of consumption and is present at least 24 hours after. THC is stored in fat cells, so it can stay in the body longer than other substances, so pump and dump doesn't really work. Your best option to avoid issues is to not use cannabis while breastfeeding.

WHERE CAN I FIND HELP?

Call 2-1-1, visit VTHelpLink.org or 802.565.LINK (5465) or talk to your healthcare professional.

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.



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TOBACCO DURING PREGNANCY

and beyond

PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged not to use tobacco products for their health and the health of their baby. But quitting smoking can be one of the most difficult things a person can do. Despite all the information and all the advertising and social pressures, sometimes it can seem nearly impossible. But if you're pregnant, trying to be, or have just had a baby, you have the strength to do anything. Sometimes you just need a little help, some good information, or someone to talk to to take that important step for the health of you and your baby.

While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about tobacco and pregnancy risks and to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

Almost everyone has heard that there is no known safe amount of tobacco use during pregnancy. Smoking lowers the amount of food and oxygen your baby gets. The less you smoke, the lower the risk of problems for both you and your baby. So while cutting back helps, quitting as soon as possible is always the best way to a healthy pregnancy.

HOW CAN IT AFFECT MY BABY?

People who smoke have a higher risk of miscarriage and ectopic pregnancy (a dangerous complication where the embryo grows outside the uterus). Smoking increases your chances of premature delivery, placental problems, lower birth weight, stillbirth and sudden unexpected infant death (SUIDs). It increases your baby's risk for asthma and respiratory illnesses. Babies born to people who smoke can suffer from nicotine withdrawal. Studies have shown the link between smoking while pregnant and behavioral problems in childhood, like attention deficit hyperactivity disorder (ADHD) and even a higher likelihood of being overweight.

I SMOKED BEFORE I KNEW I WAS PREGNANT. WHAT NOW?

The chances are, if you smoked before you knew you were pregnant, that no harm was done. But the longer you wait to quit, the higher those chances grow—especially during the 3-8 week period where rapid development occurs.

WHAT ABOUT VAPING?

While vaping may expose your baby to fewer toxins than smoking, it is not a safe alternative. Your baby will still be exposed to nicotine, flavorings and other dangerous chemicals found in e-cigarettes.

WHAT ABOUT REPLACEMENT THERAPIES?

Cigarette smoke contains thousands of chemicals, so anything that reduces smoking is better than continuing to smoke. But nicotine, present in all replacement therapies, by itself can harm a baby's development. Some therapies, like the patch, feed a constant stream into the body, so nicotine levels never reduce. Talk to your healthcare professional about nicotine replacement therapies and what may be the best choice for you personally.

HOW ABOUT BREASTFEEDING?

Smoking can reduce the production of breast milk making breastfeeding more difficult. And nicotine and other harmful chemicals from tobacco are found in breast milk, so it's best to not smoke while breastfeeding.

HOW LONG IS NICOTINE IN MY BREAST MILK?

Nicotine remains in breast milk for at least three hours after smoking, and traces may be present much longer. If you must smoke, it's best to do so after breastfeeding and, of course, away from your baby.

WHERE CAN I FIND HELP?

Visit 802quits.org for more information or help quitting, call 1-800-QUIT-NOW (1-800-784-8669) or talk to your healthcare professional.

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.



Let's have a conversation about



ALCOHOL DURING PREGNANCY

and beyond

PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged to not drink alcohol for the health of their baby. But not drinking is sometimes harder than just deciding to quit, and quitting. And when you hear stories about how “my mother drank and I’m fine” and “so and so says a glass of wine is okay” it only gets more confusing. **While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about cannabis use and pregnancy risks and to inform that next conversation with your provider.**

IS ANY AMOUNT SAFE?

There is no known safe amount of alcohol use during pregnancy—no matter what your aunt or friend or anyone says. And a child is developing throughout pregnancy, so any alcohol use—even later in a pregnancy—can cause problems.

HOW CAN IT AFFECT MY BABY?

Drinking during pregnancy can cause miscarriage, stillbirth and lifelong physical, behavioral, or intellectual issues. Among them are difficulty in learning and attention span, hyperactivity, low IQ, speech difficulties, and poor reasoning skills. One of the most serious disorders is called Fetal Alcohol Spectrum Disorder (FASD). A baby born with FASD will have a small head, low weight and distinctive facial features.

I DRANK BEFORE I KNEW I WAS PREGNANT. IS THAT A PROBLEM?

If you drank alcohol in the first month of your pregnancy, it is unlikely any harm was done. It’s important to note that the next few weeks (weeks 3-8) are the most sensitive to causing birth defects. If you did drink before you knew, it’s best to let your healthcare professional know.

WHAT IF I HAVE A DRINK?

The best thing you can do if you do drink is talk about it. Understanding why you drank and finding alternatives can go a long way to being sure it’s a one-time mistake. The more you drink, the greater the risks of doing harm so being honest about the slip up and avoiding another one is the best way to avoid issues.

IF I DRINK WINE AND NOT LIQUOR IS IT OKAY?

Alcohol is alcohol. It’s the same chemical with the same negative effects no matter what form it’s in. One glass of wine is no different than one cocktail or one beer. And none of them are good for a healthy pregnancy.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

If you drink when you know you shouldn’t, alcohol may be a bigger problem than you know. Programs like Alcoholics Anonymous can help you develop the support you need to stop. [VTHelpLink.org](https://vthelp.org) has other treatment options. But your greatest asset is your healthcare professional who can help find a care method that works for you.

HOW ABOUT BREASTFEEDING?

Drinking alcohol can make it more difficult for your body to produce breast milk. Alcohol passes very easily into breast milk, and roughly the same level of alcohol in your blood is present in breast milk. Studies have shown drinking alcohol while breastfeeding can lead to a baby eating less, changes in sleep patterns and problems with motor development.

HOW LONG IS ALCOHOL IN MY BREAST MILK?

It takes between 2 and 2 1/2 hours for a standard drink to clear breast milk and an additional 2-2 1/2 hours for each additional drink. And nothing—not pumping and dumping, not drinking water, not drinking caffeine—can hurry this process.

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OPIOIDS DURING PREGNANCY

and beyond

PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged to not use opioids for the health of their baby. Opioids are often prescribed for pain management and, when not taken as prescribed are highly addictive substances. Before taking opioids, talk to your healthcare professional about the risks, benefits and if you may be or are planning to be pregnant. [While this conversation is critical for anyone taking opioids, it's also good to know some of the facts so you can go in well informed. To help, here are some answers to your most common questions. This way you have the latest information about opioids and pregnancy risks to inform that next conversation with your provider.](#)

IS ANY AMOUNT SAFE?

There is no known safe amount of opioid use during pregnancy. Opioids are strong narcotics and use always carries a risk. However, patients prescribed medication or who may have a substance use disorder should always speak with their healthcare professional for the safest way to manage opioid use during pregnancy.

HOW CAN IT AFFECT MY BABY?

Opioid use during pregnancy can cause miscarriages, premature birth, preeclampsia, respiratory depression, low birth weight and neurobehavioral problems. Newborns can also suffer withdrawal symptoms, including hypersensitivity and hyper irritability, tremors, vomiting, respiratory difficulties, poor sleep, and low-grade fevers. Newborns with this neonatal abstinence syndrome (NAS) often require hospitalization and treatment, including medication (usually morphine) as their bodies adapt to being opioid free.

I USED BEFORE I KNEW I WAS PREGNANT, IS THAT A PROBLEM?

If you used opioids in the first weeks of pregnancy, chances are good that no harm was done. But if you're having trouble not using, you should seek help.

WHAT IF THEY WERE PRESCRIBED?

If your doctor has prescribed opioids for pain maintenance and you follow prescription instructions, you shouldn't just stop taking them when you become pregnant. Talk to your healthcare professional to be sure you still need the prescription and any risks associated with stopping.

ARE MAINTENANCE TREATMENT PROGRAMS SAFER?

When combined with prenatal care and a drug treatment program, Methadone and other maintenance programs can improve many of the negative effects associated with opioid addiction and the chances of a healthy birth.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

With opioids, self care is not recommended. The risks associated with withdrawals is too great for both you and your baby. Seek help from a healthcare professional.

HOW ABOUT BREASTFEEDING?

A person with an opioid substance use disorder who breastfeeds exposes the infant to increased risk to harmful effects, including respiratory depression, lethargy, trouble feeding and withdrawal symptoms such as tremors and high-pitched screaming. However, if medication was prescribed for pain moderation—as in the case of a Caesarian birth or other issue—and is taken exactly as directed, these risks are fairly low. Patients in treatment for opioid use are also encouraged to breastfeed as breastfeeding has shown improved outcomes for infants with NAS.

WILL OPIOIDS BE IN MY BREAST MILK?

Opioids are transferred to a baby through breast milk. This can cause lethargy and respiratory depression. But breastfed infants with NAS have a decreased need for pharmacological treatment and tend to have shorter hospital stays than formula-fed infants with NAS.

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