

What to Know About Cannabis Use During Pregnancy, Postpartum, and Early Childhood

FOR DIRECT SERVICE PROVIDERS

As acceptance of cannabis (also known as marijuana, weed, pot) use grows, many people wonder if it is safe to use while they are pregnant, planning to become pregnant, or breastfeeding (feeding an infant human milk via breast, chest, or pump).

Understanding modern cannabis

Cannabis is used in many forms, including smoking, vaping, or consuming in candy, food, or drinks. Cannabis has changed over the past few decades and many products available today have higher levels of tetrahydrocannabinol (THC), the psychoactive ingredient that causes a “high.” There is also a risk that cannabis could be laced with other substances like fentanyl.

Using cannabis is not recommended while pregnant or breastfeeding. Cannabis can cause slower reactions, dizziness, confusion, and trouble concentrating. Using cannabis in any form during pregnancy and breastfeeding may affect the pregnant person and their baby’s health.

What the research tells us

While the research is still limited, there is a growing body of evidence that demonstrates:

- **THC can pass from the pregnant person to the fetus.** Cannabis can pass through the placenta and may impact the fetus’ brain development and increase the risk of:
 - The infant being born too small or too early.
 - Stillbirth or infant death.
 - Learning, behavioral, or other health problems.
- **THC is stored in a person’s body fat and is slowly released over several weeks.** Therefore, cannabis chemicals can stay in breastmilk even after cannabis usage stops. Pumping and dumping milk is not effective when it comes to cannabis use.
- **Using cannabis during pregnancy may increase risk of complications, including:**
 - Gestational hypertension (high blood pressure)
 - Preeclampsia
 - Weight gain
 - Placental abruption (placenta detaches from the uterine wall)
 - Gestational diabetes

- The more cannabis that is consumed, the more a person increases their health risks, especially if they also smoke cigarettes.

Communicating with pregnant and parenting people

It is important to ask about cannabis use and provide information and referral to treatment if needed. However, pregnant and parenting people who use substances often experience stigma and fear when seeking medical care. Utilizing respectful, nonjudgmental, trauma-informed language can help build trust and encourage people to maintain ongoing prenatal care. It can take time to build trust. Motivational interviewing can be a helpful tool when navigating difficult conversations. Below are some examples to help start the conversation:

- “Would it be okay if we talk about your cannabis use?”
- “How do you feel about your cannabis use?”
- “Would you want to learn more about the health effects of cannabis use during pregnancy?”
- For more resources on motivational interviewing, check out the [Motivational Interviewing Network of Trainers website \(www.motivationalinterviewing.org\)](http://www.motivationalinterviewing.org).

Reduce potential harm

If a pregnant or breastfeeding person has been using cannabis to manage a medical condition or pregnancy symptoms, talk to them about what they are experiencing and provide information on safer treatment options available. Some people may find it difficult to quit cannabis. To reduce potential harm, people should consider the following:

- Reduce the amount and frequency of cannabis use.
- Smoke outdoors as much as possible to prevent a child’s exposure to secondhand smoke.
- Being high while caring for a child is not safe. If cannabis use is planned, parents should arrange for childcare.
- Do not drive after using cannabis. Do not let a child ride in a car if the driver is high.
- Store cannabis products in a locked area where a child cannot see, reach, or access them.

Recommendation from professional organizations

The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend pregnant people stop using cannabis during pregnancy and while breastfeeding.

Support options

Minnesota has resources if people want to reduce or stop their cannabis use.

- [Fast Tracker \(https://fasttrackermn.org\)](https://fasttrackermn.org): Helps people find substance use disorder services near them. Includes Tribal and out-of-state providers.
- [DHS Licensing Information Look-up \(https://licensinglookup.dhs.state.mn.us\)](https://licensinglookup.dhs.state.mn.us): This is a database of all Minnesota Department of Human Services-licensed programs. Select the appropriate substance use disorder license type to find providers. The database also includes licensing review information.
- [Minnesota Health Care Programs Provider Directory \(https://mhcpproviderdirectory.dhs.state.mn.us\)](https://mhcpproviderdirectory.dhs.state.mn.us): This directory lists health care providers that serve Minnesota Health Care Program members (such as Medical Assistance and MinnesotaCare).
- [Findtreatment.gov \(www.findtreatment.gov\)](http://www.findtreatment.gov): Substance Abuse and Mental Health Services Administration (SAMHSA) treatment locator includes Tribally licensed programs, DHS licensed programs, and substance use disorder professionals in private practice.

Minnesota reporting laws

Substance use during pregnancy can be a complicated and scary situation for a pregnant person to navigate. They may be concerned about disclosing substance use and what happens next. If a person is using substances while pregnant, it can be helpful for them to have a support network to help navigate the medical and legal systems. This could include a trusted advocate like a doula, midwife, or peer recovery specialist. The pregnant person can reach out for legal support at any time, including if a child protective services report has been filed.

It is important to be aware of the laws in Minnesota regarding reporting substance use during pregnancy. For more information about these requirements contact:

dcyf.csp.safety@state.mn.us.

During pregnancy

- **If regular prenatal care is being provided, health care providers are not required to report substance use during pregnancy.** If regular prenatal care stops and the health care professional has made attempts to contact the pregnant person, a report to child protective services is required by Minnesota law ([Sec. 260E.31 MN Statutes](#)).

At birth

- If there are medical complications at birth due to possible use of a controlled substance for a nonmedical purpose, the pregnant person and baby must be tested for substances under Minnesota law ([Sec. 626.5562 MN Statutes](#)).
- If there is a positive test, a report to child protective services is required ([Sec. 626.5562 MN Statutes](#)).

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To obtain this information in a different format, call: 651-201-3650.

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