UNIVERSITY OF MIAMI SCHOOL of NURSING & HEALTH STUDIES







healthcare providers.

## **Understanding Cannabis Use During Pregnancy:** Prevalence, Motivations, and Healthcare Provider Communication

Our study found that most women who used cannabis during pregnancy did not disclose their use to their healthcare provider. For those who did, information about alternative options was rarely provided.

Further clinical research is needed to identify the most effective strategies to promote disclosure of cannabis use, provide accurate information about the potential health effects associated with cannabis use during pregnancy, and offer safe options for managing symptoms among pregnant women who use cannabis.

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## **Ethnic Backgrou** White **African Ameri Hispanic/Latin** Asian **Native Americ Pacific Island Mixed/Multipl** Cannabis | **Reason for Ca** 31.36% For fun or to relax Form of Canr Communi Not discussed with Discussed before pregnancy 20.33%





## RESULTS

Participant Demographics ( n=136)	
Age in Years (Mean, SD)	30.32, 5.70
Ethnic Background	
White	94 (66.12%)
African American/Black	6 (4.41%)
Hispanic/Latino	15 (11.03%)
Asian Notivo Americo/Aleokon Notivo	1 (0.74%)
Native America/Alaskan Native	3 (2.21%)
Pacific Islander Mixed/Multiple Ethnic Groups	2 (1.47%) 15 (11.03%)
	13 (11.0370)
Cannabis Use Practices Among Pregnant Women	
Reason for Cannabis Use	
33.05% 31.36%	
Pain For fun or to relax Stress or anxiety Vomitting	5.08% 3.39% 3.39% Other Nausea Symptoms of chronic condition
30.51%	
18.64% 14.41% 13.56%   Oil Smoke-joint Edible Tincture Sr	11.02% 9.32% 2.54% moke-pipe/bowl Ointment, cream, Smoke-blunt
	patch
Communication with Healthcare Providers about Cannabis Use During Pregnancy	
Not discussed with healthcare provider 55.16%	

**Discussed after pregnancy** 24.51% 21.71% 78.29%

Did not discuss alternatives to cannabis **Discssed alternatives to cannabis**