

BROADCAST-OSF-UIC researchers want to reduce cannabis use among pregnant women

New research will help develop messaging to reach women of child-bearing age

There's limited research about the short or long-term impact of cannabis use, but now that it's legal in many states for either recreational, medicinal or both uses, doctors say it's time to take a closer look at the health impact. OSF HealthCare, through its Innovation division, and researchers at the University of Illinois Chicago are using grant money from a joint health equity program to explore what messages could make a difference in getting women of child-bearing age to consider risks of cannabis use.

"One study using hidden shoppers found that cannabis dispensaries were actually giving advice to pregnant women to use cannabis for their nausea and pregnancy. So that type of advice is very much concerning to us." (:16)

Dr. William Bond who directs simulation research [at OSF Jump Simulation](#) says cannabis is also marketed as something that's "natural" and therefore not harmful. Also, he says there's evidence doctors don't have the same conversations with patients about cannabis as they do about alcohol and tobacco.

"We need to come to the point that we realize that cannabis use is every bit as prevalent as alcohol and tobacco, and in fact, in some populations maybe more prevalent, so we need to have that conversation with our pregnant patients as early as possible in pregnancy, if not before pregnancy." (:19)

Dr. Bond says cannabis use is associated with lower fetal growth, preterm birth and neonatal intensive care unit admission. More research is needed, but he says women need to consider the unknown risks.

"Modern cannabis products have a much higher THC concentration than older products so the old research may not be applicable. Also, there may be co-ingestions of tobacco, and so if someone has smoked tobacco, then that also has bad effects on the baby." (:19)

The research will address what information sources women trust. The messages will be structured for women, but providers can use them to help start conversations about the unknown and known risks.

"If use in pregnancy hurts the developing baby or makes a mother less able to care for her just-delivered child, then you create a disadvantage for that child that may follow them for the rest of their life. Thus, there are equity issues in the risk of exposure, in getting the message and believing the message, and then the ability to mitigate the risk through access to counseling." (:25)

Dr. Bond says the research will take about a year to complete.