

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

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

Legalization of cannabis has led to increased use by the general population, in addition to a rise in use by pregnant women. Cannabis is the most used drug during pregnancy in the United States and yet many doctors don't talk about it with their patients who are pregnant or thinking about conceiving.

[One study](#) found about 20% of pregnant women age 24 and under screened positive for cannabis. Dispensaries that sell the drug for recreational, and in some cases medicinal use, promote various strains for mood enhancement, sleep issues, loss of appetite, and in some cases, relief of morning sickness.

"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."

William Bond, MD, is a physician in the emergency department at OSF HealthCare Saint Francis Medical Center and director of simulation research at [Jump Simulation](#) which is a collaborative effort with the University of Illinois College of Medicine Peoria. He is co-lead investigator on a project to recruit approximately 200 women ages 21-40 to create and test media messages about cannabis risk in pregnancy. The women will evaluate each message for believability, persuasiveness and the potential to increase intention not to use cannabis during pregnancy.

Dr. Bond is working with co-lead Erin Berenz, PhD, at the University of Illinois at Chicago (UIC) on a [Community Health Advocacy \(CHA\)](#) grant as part of a joint initiative to address health and wellness challenges in urban communities. Berenz is an associate professor in the UIC Department of Psychology and directs research at the [Chicago Alcohol and Trauma Laboratory](#).

Cannabis laws are changing at a rapid pace across all 50 states and U.S. territories. Dr. Bond says the challenge is that traditional media and social media are saturated with positive messages about recreational or medicinal use of cannabis, and many people think it's safe because it's marketed as being "natural."

There is also evidence that doctors don't have the same conversations about cannabis as they do about alcohol and tobacco.

Dr. Bond points out, "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."

The risks of prenatal cannabis use are not completely understood, but it is associated with lower fetal growth, preterm birth and neonatal intensive care unit admission. Dr. Bond says more research is needed, but 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."

The cognitive impact on infants isn't well known because there are few long-term studies of the development of babies of women who used cannabis while pregnant.

The research team of Dr. Bond, Erin Berenz, and other UIC Psychology faculty members, Mayra Guerrero, PhD, and Robin Mermelstein, PhD, will use focus groups, surveys, and software to extract themes and principles relevant for creating messages and figuring out the best way to deliver them.

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.”

Dr. Bond says the year-long effort is about building healthier individuals and communities and giving patients the best information to make an informed decision.