



HHS Public Access

Author manuscript

Am J Obstet Gynecol. Author manuscript; available in PMC 2016 June 24.

Published in final edited form as:

Am J Obstet Gynecol. 2015 October ; 213(4): 599. doi:10.1016/j.ajog.2015.06.023.

REPLY

Jean Y. Ko, PhD, Van T. Tong, MPH, and William M. Callaghan, MD, MPH

Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Hwy, Atlanta, GA 30345-3717

We thank Stadterman et al for their interest in our paper, and we would like to provide a few points of clarification. Although there is inconclusive evidence of harm regarding the sole use of marijuana during pregnancy and adverse birth and neonatal outcomes, in utero exposure to marijuana may lead to later learning and developmental impairments. Existing research, including our findings, suggests that concurrent use of other substances known to be teratogenic (ie, alcohol, tobacco) is common among marijuana users.

Guidelines from the American College of Obstetricians and Gynecologists recommend universal screening for all maternal substance use, irrespective of whether a substance is legal. Universal screening could be performed by maternal self-report during clinical encounters using validated screening tools as part of a woman's general health history.

The American College of Obstetricians and Gynecologists guidelines acknowledge the complex legal issues regarding universal screening and that punitive measures resulting from substance use screening are not “applied evenly across sex, race, and socioeconomic status.” However, the guidelines state that “in fulfillment of the therapeutic obligation, physicians must make a substantial effort” to “... practice universal screening questions, brief intervention, and referral to treatment in order to provide benefit and do no harm ...” and “protect confidentiality and the integrity of the physician-patient relationship wherever possible within the requirements of legal obligations, and communicate honestly and directly with patients about what information can and cannot be protected.” Thus, effective screening, as well as appropriate provider training and resources for patient education and care, is needed to support pregnant women who may want assistance with cessation.

Finally, we would like to clarify that women were asked in the National Surveys on Drug Use and Health whether they used marijuana in the past month and in the past year. They were then analytically coded as past month users and past 2–12 month users. We described the timing of pregnancy and past 2–12 month use as a limitation of this data source. However, because pregnant women were on average in their second trimester, past-month use is likely reflective of use during pregnancy. Our point estimate of 3.9% is within the range of use during pregnancy reported by individual states (2.6% Hawaii and 7.1% in

FOB1@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The authors report no conflict of interest.

Alaska). In the context of legalization, monitoring use of marijuana in pregnancy, as well as unintended consequences, is needed.

REFERENCES

1. Stadterman JM, Hart CL. Screening women for marijuana use does more harm than good. *Am J Obstet Gynecol.* 2015; 213:598–9. [PubMed: 26071915]
2. Jaques SC, Kingsbury A, Henshcke P, et al. Cannabis, the pregnant woman and her child: weeding out the myths. *J Perinatol.* 2014; 34:417–24. [PubMed: 24457255]
3. American College of Obstetricians and Gynecologists. At-risk drinking and illicit drug use: ethical issues in obstetric and gynecologic practice. ACOG Committee opinion no. 422. *Obstet Gynecol.* 2008; 112:1449–60. [PubMed: 19037056]
4. Roberson EK, Hurwitz EL. Prescription drug use during and immediately before pregnancy in Hawai'i—findings from the Hawai'i Pregnancy Risk Assessment Monitoring System, 2009—2011. *Hawaii J Med Public Health.* 2014; 73:382–6. [PubMed: 25628970]
5. Perham-Hester, K.; Baldwin-Johnson, C. Marijuana use among women delivering live births in Alaska, 2002—2011. *State of Alaska Epidemiology Bulletin.* State of Alaska, Department of Health and Social Services, Division of Public Health, Section of Epidemiology; 2015. Available at: http://www.epi.hss.state.ak.us/bulletins/docs/b2015_05.pdf. [April 10, 2015]