

Welcome!

Cannabis Use in Pregnancy and Lactation in Vermont: Data Review and Care Considerations

Amy Wenger, RN, IBCLC and Michelle Shepard, MD, PhD

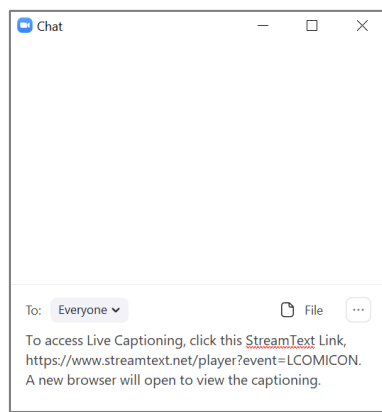
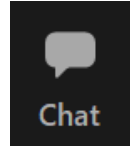
October 19, 2022
12:00pm – 1:00pm



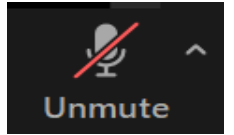
Housekeeping

Use the *Chat* box to ask a question.

To access Live Captioning, click the link provided in the *Chat* box. This will open a new browser to view captioning.



You will automatically be muted when you join the webinar. During the Q&A portion of the presentation, you may wish to *Unmute* to verbally ask your question.



Before leaving the webinar, please complete the evaluation!

A link will be provided in the *Chat* box near the end of the conference.

A screenshot of a survey form titled "PQC-VT Statewide Call Evaluation: Cannabis Use in Pregnancy and Lactation in Vermont". It includes a thank you message and two questions with radio button options. Question 1: "Was the information shared by the presenters helpful for you?" with options "Yes" and "No". Question 2: "Were the learning objectives of this presentation met?" with options "Yes" and "No". Both questions have a red asterisk and "must provide value" text.

If you would like to join our listserv, please send an email to VCHIP.PQCVT@med.uvm.edu.



Cannabis use in Pregnancy and Lactation in Vermont: Data Review and Care Consideration

Amy Wenger, RN, IBCLC

Disclosures

I have no relevant financial relationships to disclose or conflicts of interest to resolve.

Who are You?

Please use the chat box and write:

What is your bias or stigma around Cannabis?

**NOT MUTING
YOUR MIC IS
THE NEW
REPLY ALL**

Why We Need to Have this Conversation.

Most used substance among pregnant people in United States.

We can expect our rates of use and disclosure to increase with birthing people for the next few years

Retail Sales of Cannabis started 10/2022

Clinical and personal ethics

Continues to be a federally classified schedule one substance

World's third most popular recreational drug, after alcohol and tobacco.

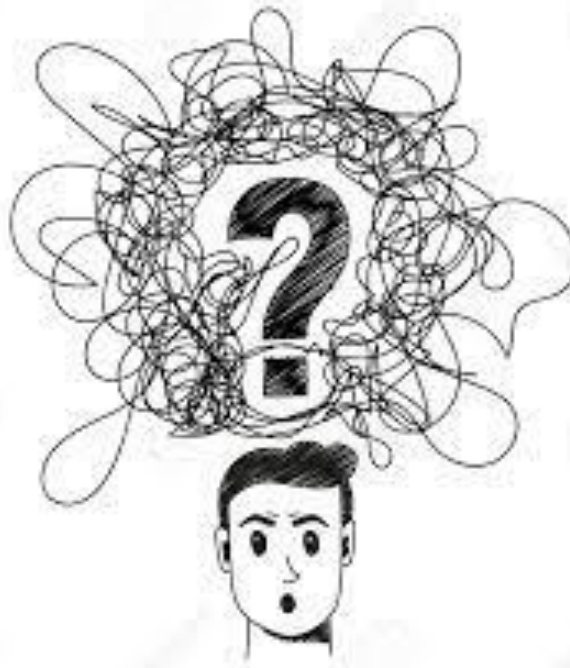
Cannabis has been apart of Vermont culture for a long time.

So many different opinions

Very political issue

So many grey areas, especially during the Perinatal period

Its legal here in Vermont, but what about pregnant and lactating adults???





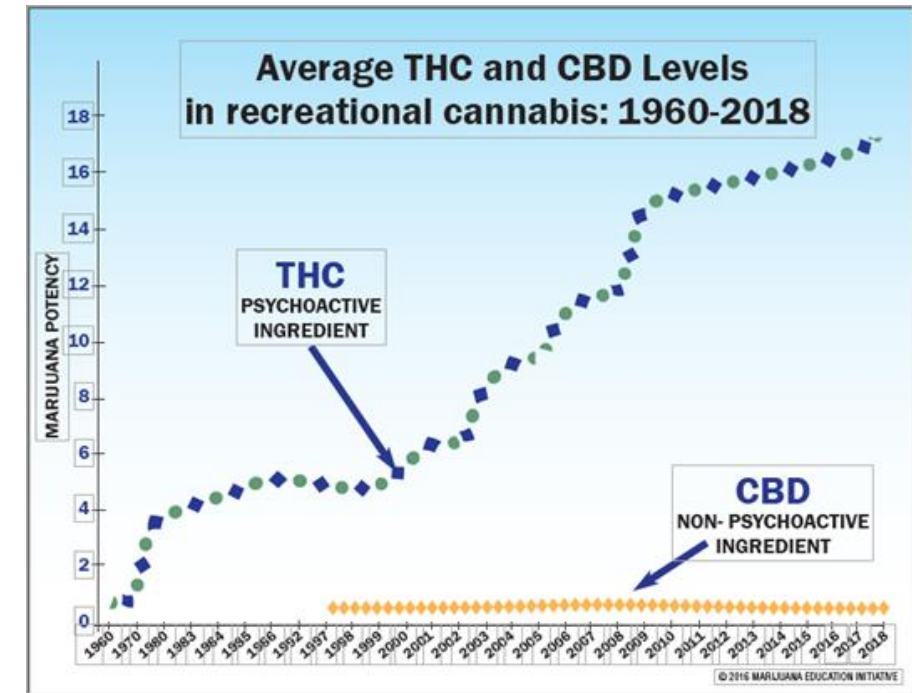
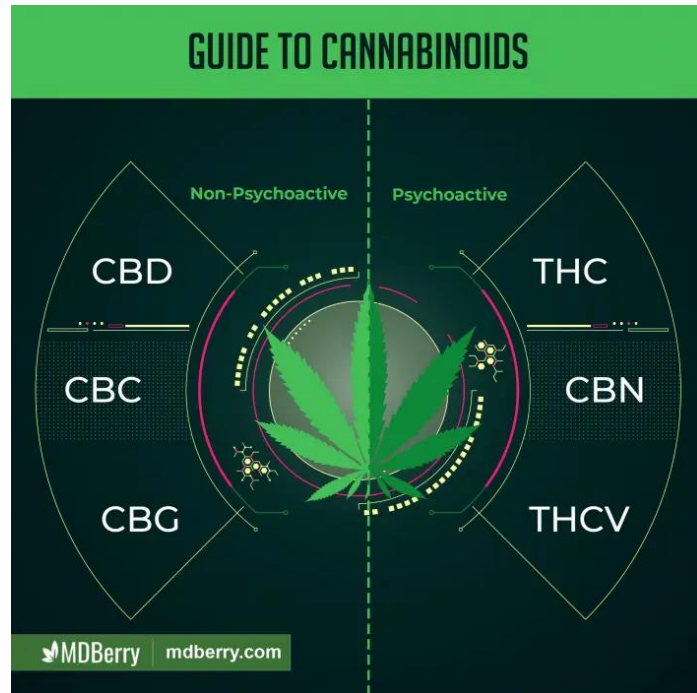
You wouldn't like me
when I'm angry...

Because I always back up
my rage with facts and
documented sources.

-The Credible Hulk

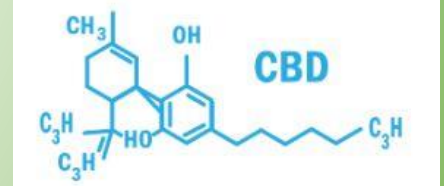
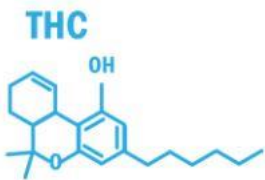




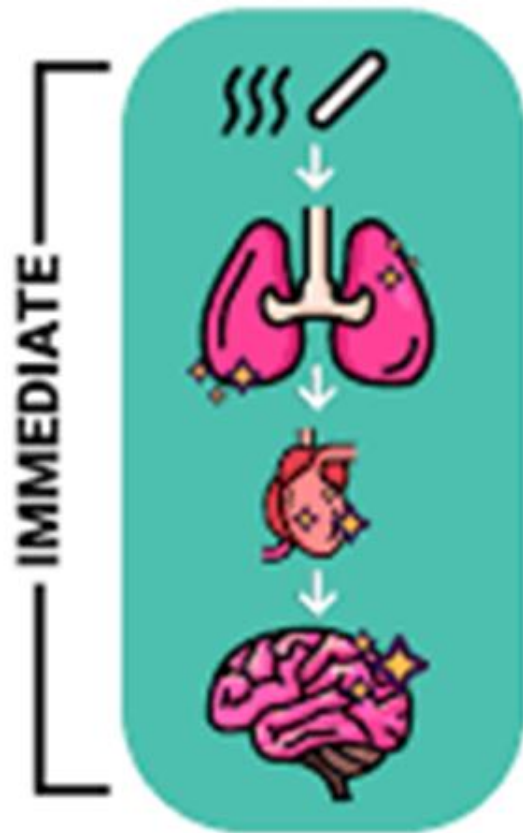


Cannabis
~aka~

Marijuana, Weed, Pot, Ganja, Chronic, Bud,
Mary-Jane, Hash, Reefer....

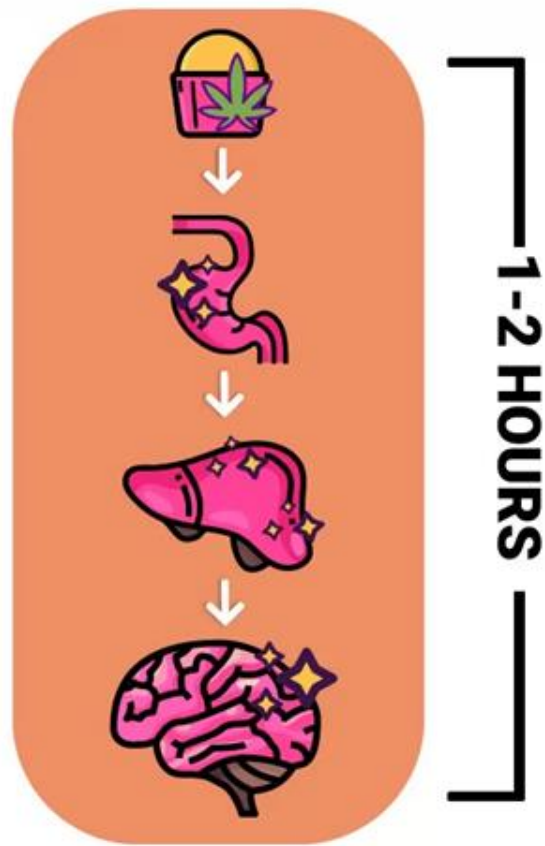


INHALATION

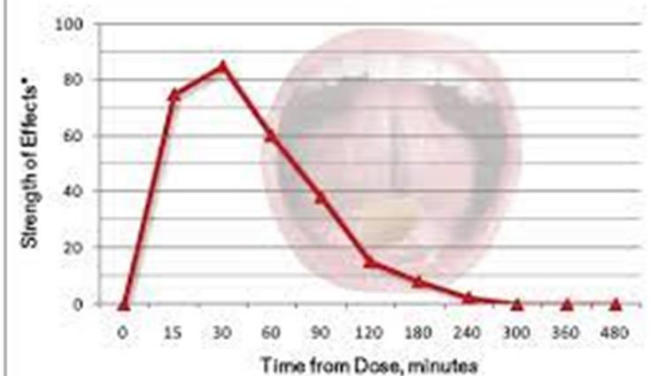


@VETHEAL

INGESTION



Sublingual Cannabis Effects





Is Cannabis legal????



Feds

- Cannabis is still considered a schedule one substance
- A dangerous substance with a high potential for abuse and no valid medical purpose.
- Federal CARA amendment to CAPTA legislation.

Vermont

- 2018 Cannabis was legalized for adult recreational use.
- October of 2022 dispensary licenses to be issued to include adult recreational sales and medical sales to the public.
- The appointed Cannabis Control Board to govern the production, licensing, retail, packaging and labeling, products

Cannabis Warning Labels



CONTAINS THC



*Cannabis has not been analyzed or approved by the Food and Drug Administration (FDA). For use by individuals 21 years of age and older or registered qualifying patient only. **KEEP THIS PRODUCT AWAY FROM CHILDREN AND PETS. DO NOT USE IF PREGNANT OR BREASTFEEDING.** Possession or use of cannabis may carry significant legal penalties in some jurisdictions and under federal law. It may not be transported outside of the state of Vermont. **The effects of edible cannabis may be delayed by two hours or more.** Cannabis may be habit forming and can impair concentration, coordination, and judgment. Persons 25 years and younger may be more likely to experience harm to the developing brain.*

It is against the law to drive or operate machinery when under the influence of this product. National Poison Control Center 1-800-222-1222.

What do the experts say?

American Academy of Pediatrics:

- People who are pregnant, or breastfeeding should avoid Marijuana use.

American College of Obstetricians and Gynecologists:

- Counsel people against using marijuana while trying to get pregnant, during pregnancy, and while they are breastfeeding.

National Institutes of Health:

- Professional guidelines recommend that cannabis should be avoided by nursing parents and nursing parents should be informed of possible adverse effects on infant development from exposure to cannabis compounds in breastmilk.
- Paternal cannabis use also may increase the risk of sudden infant death syndrome.

A photograph of a dog, possibly a Weimaraner, lying on a grassy field. The dog's fur is white with dark speckles, but it is covered in thick, dark mud, particularly on its body and legs. The dog's head is turned towards the camera, and its mouth is slightly open. The background is a blurred green field.

Clear As Mud??

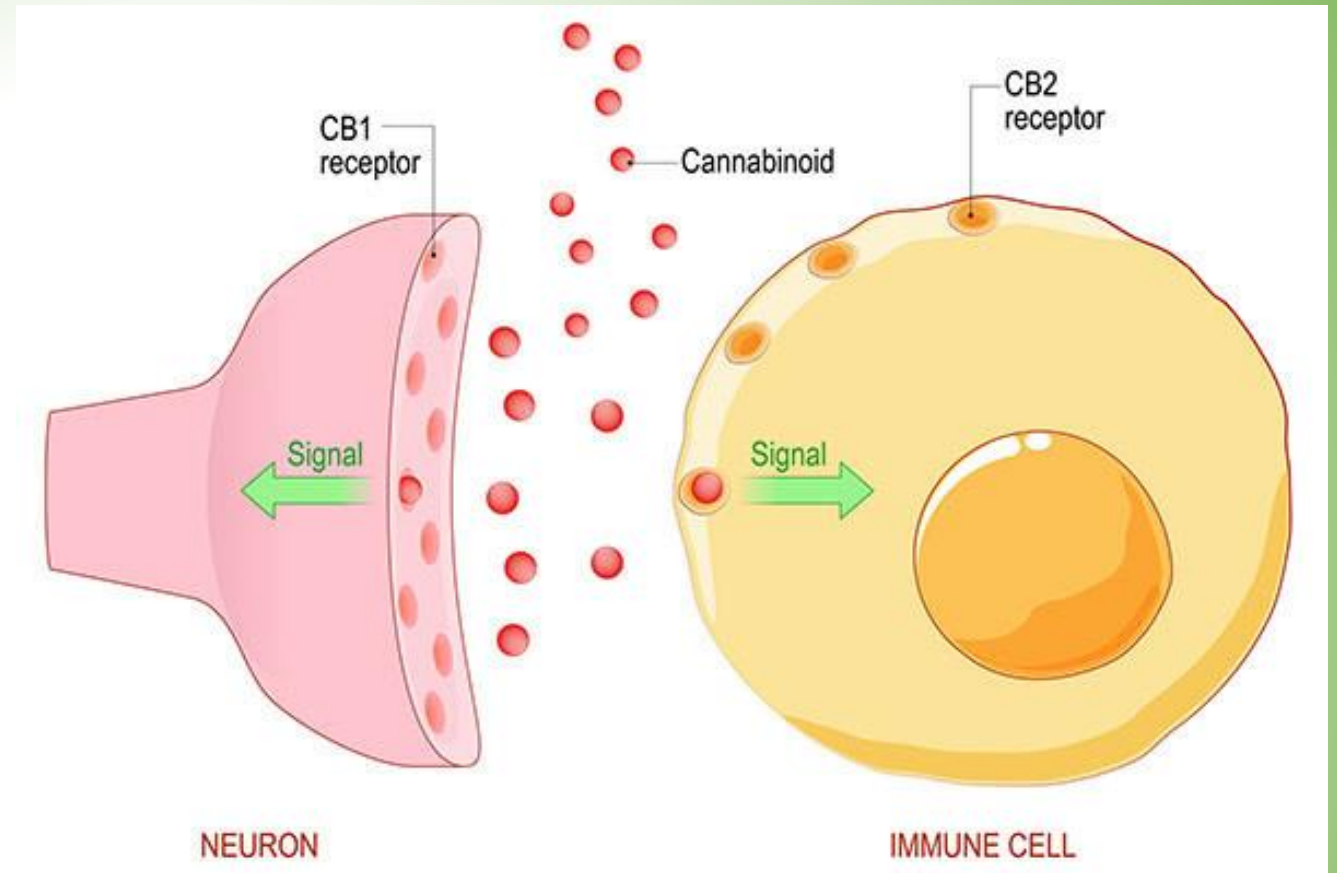
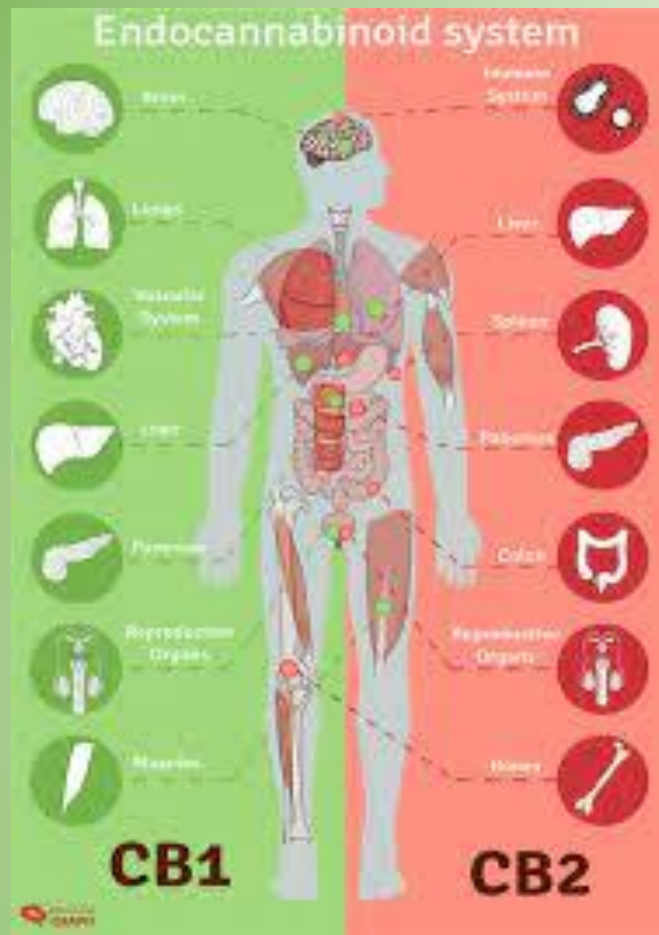




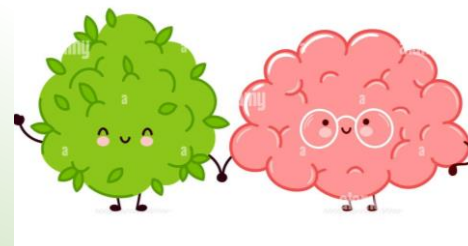
Concentrates = Caution



Knowing the laws and what the experts say, What as a provider makes you anxious or hesitant when advising Jane, who wants to continue using Cannabis during her pregnancy



Meet the Cannabinoids



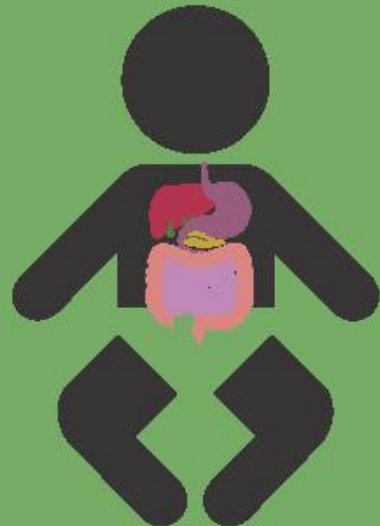
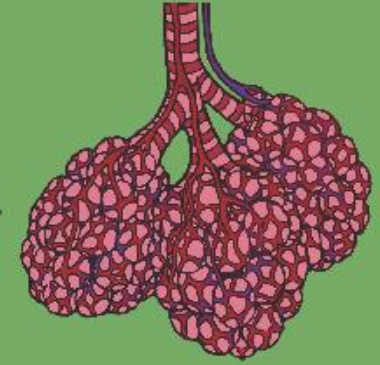
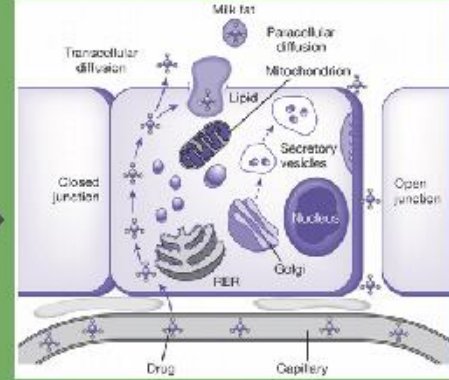
How about that Placenta???

- THC rapidly crosses the placenta. Lower levels than maternal concentrations. (rat studies)
- Cannabis smoking produces as much, if not more carbon monoxide as smoking tobacco. Can affect fetal oxygenation/growth. (ewe studies)
- The more chronic the user, the higher the risk for higher, consistent levels of THC reaching the fetus.



Maternal Dose

1-5% oral 5-56% inhaled



**Average infant
ingestion is
1-2.5% of maternal
dose**

Transfer of Inhaled Cannabis Into Human Breast Milk

Teresa Baker, MD, Palika Datta, PhD, Kathleen Rewers-Felkins, MS, Heather Thompson, PhD, Raja R. Kallem, PhD, and Thomas W. Hale, PhD

Obstetrics & Gynecology: September 2018 - Volume 132 - Issue 3 - p 780-781

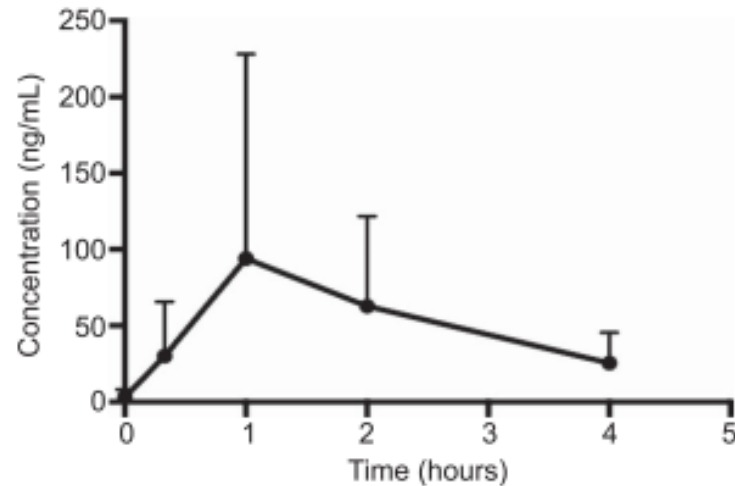


Fig. 2. Mean concentration time profile of delta-9-tetrahydrocannabinol in human breast milk (mean \pm SD, n=8).

Baker. *Inhaled Cannabis in Human Breast Milk*. *Obstet Gynecol* 2018.

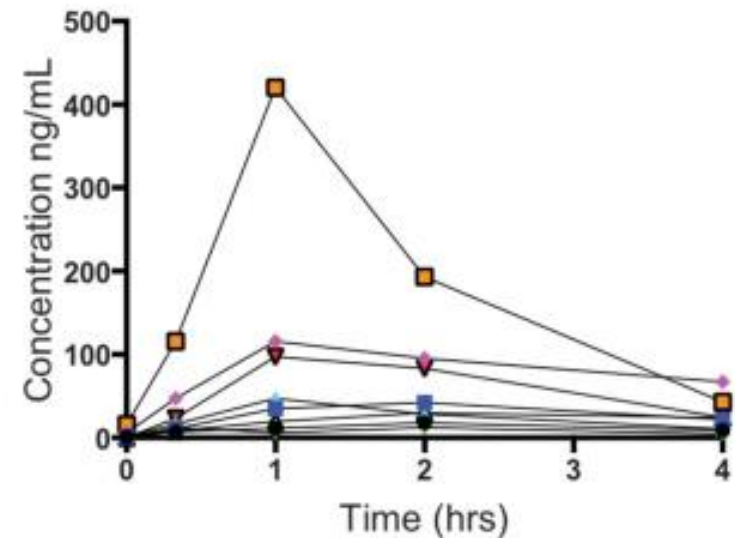
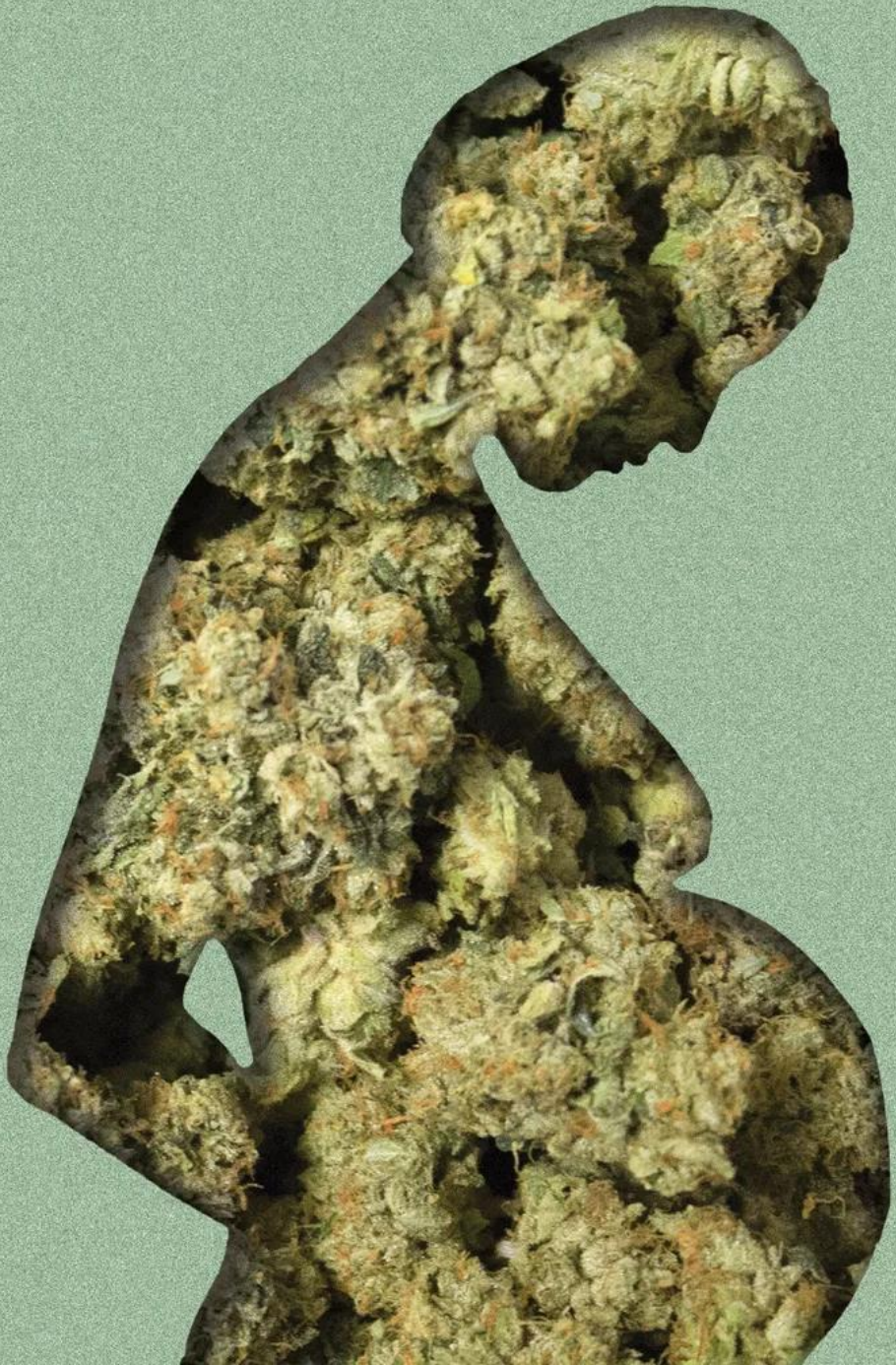


Fig. 3. Illustrated graph of each patient's data points (n=8). Each color represents an individual.

Baker. *Inhaled Cannabis in Human Breast Milk*. *Obstet Gynecol* 2018.



Cannabis, Pregnancy and Lactation.

THERE IS NO KNOWN AMOUNT
OF CANNABIS THAT IS 100% SAFE
TO CONSUME DURING
PREGNANCY OR WHEN HUMAN
MILK FEEDING.

Reasons for Cannabis use During Pregnancy

Even though 71.2% of individuals who used cannabis during pregnancy thought it was unsafe to do so

- Stress or Anxiety~85.4%
- Nausea~74.7%
- Vomitting~48.5%
- Pain~32.5%
- Fun~28.4%
- Chronic condition~19.8%
- Other~18.3%

(NYS 2018~PRAMS data~excluding NYC)



Beliefs and attitudes regarding prenatal marijuana use: Perspectives of pregnant women who report use

Judy C. Chang ^{a, b, c, i} ✉, Jill A. Tarr ^{a, k}, Cynthia L. Holland ^{a, l}, Natacha M. De Genna ^g, Gale A. Richardson ^g, Keri L. Rodriguez ^{c, d}, Jeanelle Sheeder ^e, Kevin L. Kraemer ^{c, f, i}, Nancy L. Day ^g, Doris Rubio ^{c, f, i}, Marian Jarlenski ^j, Robert M. Arnold ^{c, f, h}

Drug and Alcohol Dependence, March 2019

I would have never said I was like addicted to it, like I always thought I could just drop it. But I work two jobs...and I'll come home and want to smoke. I'm trying to quit but, not really meaning to, I just would [smoke]....

...Pot elevates your mood, the other ones [anti-depressant medications], they suppress your mood.... I don't take mood stabilizers or anything ...The chemicals mess with you. It [anti-depressant medication] just throws you off balance.

You have people talking in your ear like, 'Oh I smoked my whole pregnancy, my baby's fine.'....And you got people in your ear all the time who are like, 'Just smoke. It's ok.' No, it's not ok. And then on top of that, people are just like, 'Ah you can feel your baby kicking in slow motion.' That's not funny to me. Because your baby really gets affected.

Perinatal Mood and Anxiety Disorders (PMADS)

- PMADs are a spectrum of emotional distress that includes depression, anxiety, obsessive compulsive disorder, bipolar affective disorder, PTSD, and rarely psychosis.
- Kaiser Permanente Studies
- NORMALIZE, SCREEN, SUPPORT, RESOURCES

DO not take pregnant and lactating people off their therapeutic psychotropic medications without consultation.

Vermont Perinatal Mood and Anxiety Consultation Service

During pregnancy and the first year postpartum, a wide spectrum of emotional complications are possible. Post Partum Depression, a well known term, is just one of the Perinatal Mood and Anxiety Disorders. These disorders can undermine the health and well-being of our mothers, children, and families. As many as one in five women suffer from the symptoms of these disorders, making this one of the most common complications of pregnancy.

GOAL

Prescribing clinicians working with women in this important period may be the first, and possibly the only, providers to see women/families struggling with PMADs. Front-line primary care, obstetric, and pediatric providers often have limited access to mental health resources and supports needed to address mental health in their perinatal patients. This service provides perinatal psychiatric consultation and resources for obstetric, primary care, pediatric, and psychiatric providers.

COMPONENTS:

- Training, Toolkits, Resources
- Perinatal Psychiatric Consultation.
 - Identification of risk factors
 - Screening, Assessment, and Diagnosis
 - Treatments
 - Psychotropic medications
 - Considerations for decision making
 - Start, continue, discontinue, or change a medication before, during, or following pregnancy or in lactation.
 - Recommended Psychotherapeutic models
 - Strategies for prevention, risk reduction

CONSULTATION PROVIDED BY

Sandra Wood CNM, PMHNP
Certified Nurse-Midwife
Psychiatric Nurse Practitioner
Specializing in Perinatal Mental Health

WOMEN'S HEALTH CARE SERVICES

Sandra.wood@UVMHealth.org

PHONE

(802) 847-4758

DISCLAIMER

Consultant will not provide direct treatment only support for providers in managing the care of their patients.

This is not an emergency service

This is a free service provided in collaboration with the Vermont Department of Health.



UVMHealth.org/MedCenter

THE
University of Vermont
MEDICAL CENTER

PMAD Consultation Services

UVMHC:

(802) 847-4758

Sandra.wood@uvmhealth.org

Postpartum Support International (PSI):

Perinatal Psychiatric Consult Line: 1-877-499-4773

Fill out form for consultation.

<https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

Vermont Department of Health/Support Delivered:

<https://www.healthvermont.gov/family/pregnancy/PMADs>

Safety of Medications/Substances in human milk:

Infant Risk Center: 1-806-352-2519 (0800-1700 CST, M-F)

www.infantrisk.com



APP Store

www.halesmeds.com



APP Store

Call a local IBCLC (International Board-Certified Lactation Consultant)

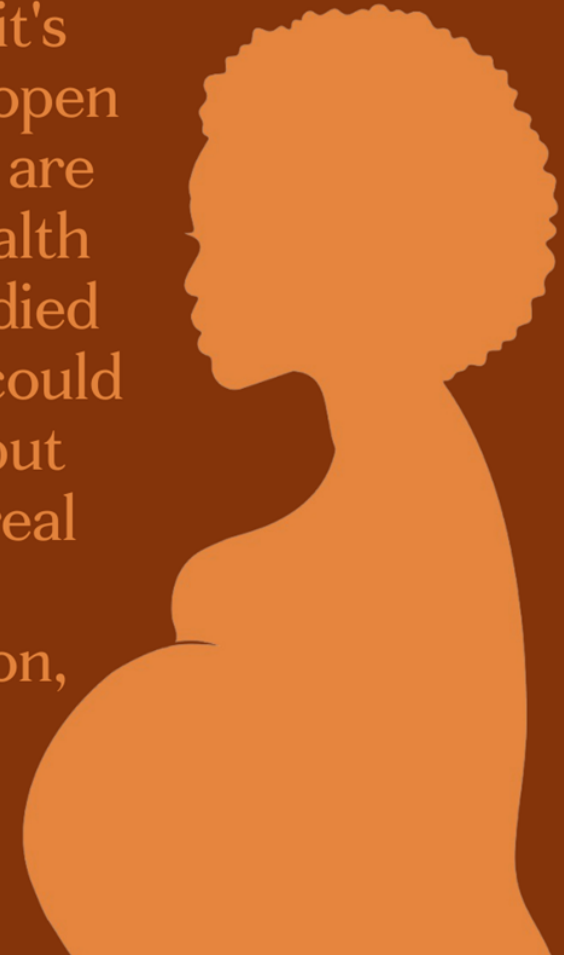
Trends of providers

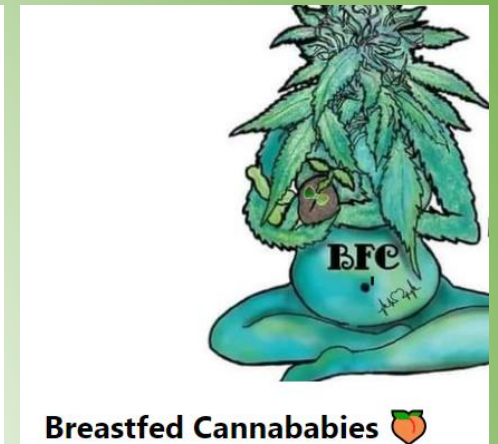
Screening~ 61% of providers asking directly about Cannabis use

- 36% providers advised that Cannabis was not safe to use.
- 23.4% provider advised to not breastfeed if used Cannabis, pump and dump x2 weeks.
 - Most providers focus on legal issues rather than health issues
 - Perception it was not as dangerous as other drugs
 - Unfamiliar with the risks, low confidence in counseling, knowledge deficit

What do
pregnant and
lactating people
think about
disclosing use to
a provider?

"I can talk to friends
and family. [But] it's
another thing to open
up to people who are
actually in the health
field. They've studied
our bodies, they could
actually help us, but
then it becomes real
scary to disclose
certain information,
if we're being
threatened."





High Society Mama



DO NOT MISS THIS GOLDEN OPPORTUNITY.....

‘DISCLOSURE IS A GIFT, NEVER THE GOAL’

- The touchpoint for supportive change is wide open during pregnancy.
- Change the life course of two generations
- Trauma informed Education
- Trauma Informed Support



We must learn how to dance in the grey!

A silhouette of a person in mid-air, jumping over a gap between two dark, jagged rock formations. The background is a dramatic sunset sky with hues of orange, red, and purple. The title "Harm and Risk" is centered over the image.

Harm and Risk

Harm Reduction Patient Centered Care

Acceptance that drug use is part of the world we live in; work to minimize harmful effects

Substance use is complex and multi-dimensional

Cessation of use is not necessary criteria for successful intervention or policies.

Non-judgemental services, non-coercive care

Social inequities affect people's ability to deal effectively with the harm

Does NOT minimize the harm and dangers associate with substance use.

Paternalism is out. Harm Reduction is in!
patient/client centered care.

IMPACT of BIAS

check your bias at the door, please!

Personal feelings related to Cannabis~check it!

Black birthing people are 10x more likely to reported for positive drug screens.

Healthcare, economic disadvantage.

“Well, at least it is not_____”
Provider perception that change is possible .



ASK: Ask about Cannabis use

- Why?
- Frequency and amount
- Open to alternatives: “What else can give you relief”
- Pregnancy is the best time to make big change

AFFIRM:

- Let the parent know they are not alone in their feelings
- Normalize
- Affirm reasons are understood and there are many options if they would like

Counsel: -as appropriate depending on use.

- Depend on need/openness
- Potential risks of use
- Alternatives
- Resources
- Developmental screenings

Motivational Interviewing

Start the Conversation...and keep it going!



What are some harm reduction options for my patient?

- Delay use until pregnancy and/or ceasing lactation.
- Try another therapy that is more compatible with pregnancy and lactation.

If cessation is not an option:

- Reduce the frequency of use to the lowest possible.
- Consider micro dosing (Minimum Effective Dose)
- Use clean Cannabis and clean consumption methods.
- Choose most compatible dosage or form.
- Refer to the Vermont Cannabis Nurse Association (VTCNA) Hotline.
 - “With the expertise and experience of VTCNA, pregnant and lactating families can receive FREE, confidential and evidence-based support.”
- Try something new to reduce stress for patient and baby-walking, yoga or exercise on YouTube, aromatherapy, pregnancy, parenting groups, meditation apps, other resources.

Cannabis is Legal, why is there still the need
for the Plan of Safe Care??

Cannabis Use in Pregnancy & The Vermont Plan of Safe Care

Michelle Shepard MD, PhD,
Assistant Professor of Pediatrics
UVM Larner College of Medicine & UVM Children's Hospital

October 19th, 2022

Cannabis use in pregnant people

Rate in 8 US states based on PRAMS 2017 data:

- 9.8% reported using cannabis before, 4.2% during, and 5.5% after pregnancy

[Characteristics of Marijuana Use During Pregnancy — Eight States, Pregnancy Risk Assessment Monitoring System, 2017 | MMWR \(cdc.gov\)](#)

Vermont rate based on PRAMS 2018 data:

- 10% used during pregnancy

<https://www.healthvermont.gov/sites/default/files/documents/pdf/HS-Stats-PRAMS-Overview-2018.pdf>

Clear communication is key!

- Substance use, including cannabis, in pregnancy is not recommended, decreasing or stopping use should be encouraged
- Know the State's CARA/CAPTA policies regarding when DCF reports are recommended and when a Plan of Safe Care should be developed so that pregnant people can get accurate information and questions answered
- Use available resources for more information for both yourself and your patients

CAPTA/CARA and the Plan of Safe Care

CAPTA: Child Abuse Prevention and Treatment Act

CARA: Comprehensive Addiction and Recovery Act, 2016 amendment

Goal: To address the needs of infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder.  Includes cannabis per federal law

CARA Requirements:

1. Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder
2. Health care providers notify child protective services
3. Develop a Plan of Safe Care (POSC)
4. State child protective services agency report data to Children's Bureau annually

Each state had to develop its own pathway

- The initial VT POSC and notification pathway started in 2018, updated in 2021

Substance use in pregnancy: DCF report vs. notification

DCF Report (identified call to intake hotline)

- Use of illegal substances during 3rd trimester of pregnancy
- Use of non-prescribed or misuse of prescribed prescription meds in 3rd trimester
- Active alcohol use disorder in 3rd trimester or suspected FASD after birth

CAPTA Notification (de-identified tracking form)

- Medications for Opioid Use disorder (MOUD/MAT)
- Prescribed opioids for pain
- Prescribed benzodiazepines
- Use of cannabis during pregnancy (after 1st trimester)

Prenatal reports:

Since January 2007, VT DCF is able to accept a report and open an assessment during pregnancy within 30 days of the estimated delivery date

Prenatal report acceptance criteria:

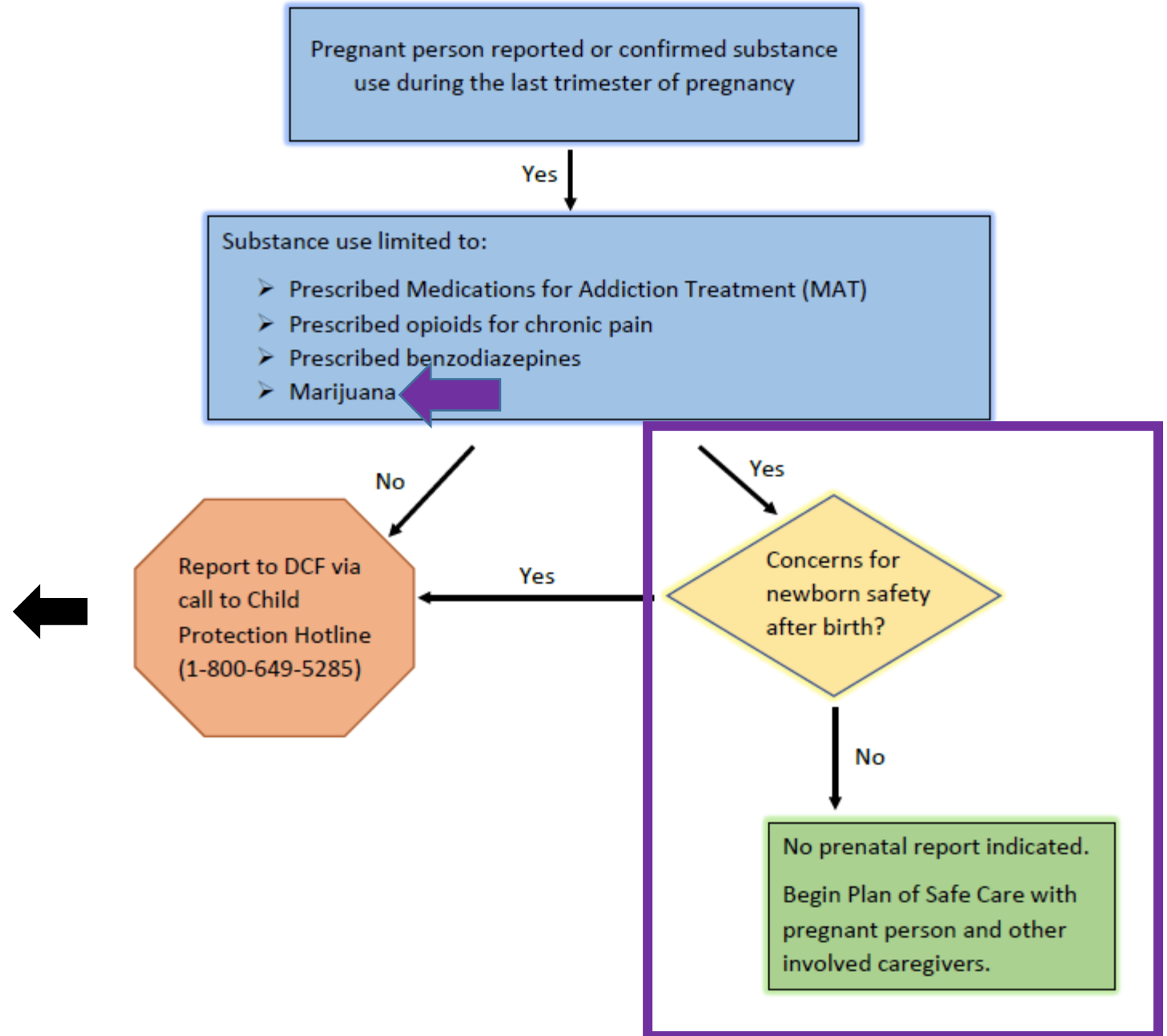
Use of an illegal substance or non-prescribed medication, or misuse of prescription medication during the last trimester of pregnancy.

And/or:

Concern for infant's health or safety related to ANY substance use (with the goal to address the safety concerns prior to birth).

Flowchart available on the DCF POSC Website:

<https://dcf.vermont.gov/fsd/partners/POSC>

Vermont Requirements Related to Substance Use During Pregnancy

Vermont CAPTA Requirements Related to Newborns Exposed to Substances During Pregnancy

DCF policy on marijuana use:

Effective November 1, 2017, if there are no other child safety concerns, marijuana use during pregnancy will not be accepted as a report.

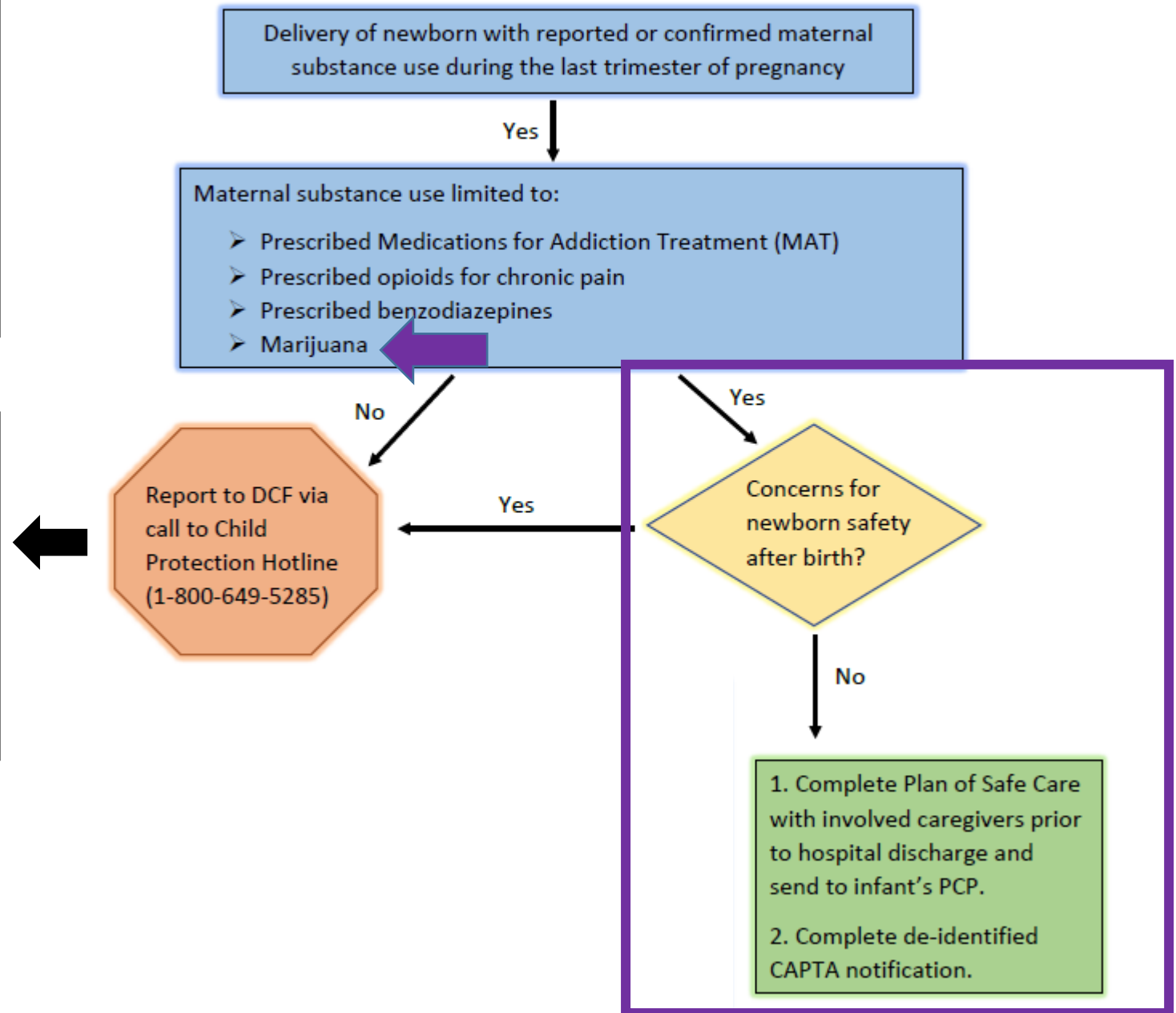
Update 2021: POSC and CAPTA notification for marijuana use after the 1st trimester

Newborn report acceptance criteria:

Positive toxicology screen or diagnosis of Neonatal Abstinence Syndrome related to maternal use of illegal substances or non-prescribed medication.

Diagnosis of Fetal Alcohol Spectrum Disorder.

Flowchart available on the DCF POSC Website:
<https://dcf.vermont.gov/fsd/partners/POSC>



Vermont Newborn Plan of Safe Care (POSC)

INSTRUCTIONS

The Plan of Safe Care should be developed with the pregnant individual and other involved caregivers prenatally and completed after the infant is born. The goal of the POSC is to ensure infants and families are connected to supportive services in their communities. The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be scanned into the infant's medical record and the family should also receive a copy.



POSC INDICATION

☐ MAT ☐ Prescribed Opioids ☐ Prescribed Benzodiazepines ☐ Marijuana use (prescribed or recreational after 1st trimester)

DEMOGRAPHIC INFORMATION

Name of Parent:	Parent's DOB:	EDD:
Name of Infant:	Infant's DOB:	Infant discharge date:
Infant's primary care provider & contact information:		

HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

CURRENT SUPPORTS (include emergency childcare contact and other support people)		
Name	Role	Contact information

STRENGTHS AND GOALS (ex: recovery, housing, parenting, smoking cessation, breastfeeding)

SERVICES, SUPPORTS, and REFERRALS	
Infant Supports	
	Contact information
Nurse home visiting (Home Health & Hospice, VNA, Children's Integrated Services Strong Families Vermont)	
Children's Integrated Services: Early Intervention	
Help Me Grow	Phone: 2-1-1 extension 6 or Online: https://helpmegrowvt.org/form/referral-form
Pediatric specialist referral (NeoMed clinic)	

Vermont POSC (continued)

Caregiver Supports			
	Contact information	Status	
Medications for Addiction Treatment (MAT)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Mental Health Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Substance Use Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Community Empaneled Team (ex. ChARM)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Recovery Supports (ex. Recovery coaching, 12-step group)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Parenting Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Financial Supports (WIC, Fuel, Reach Up)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Childcare Resources (Children's Integrated Services: Specialized Child Care)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Legal Assistance		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable

**confidentiality must be protected, parent/caregiver may choose to disclose contact information or leave blank

Vermont CAPTA Notification

Allows tracking
of substance
exposure(s)



Allows tracking of
POSC completion
and referrals



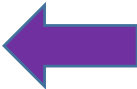
Please check the boxes that apply to the current pregnancy:

The pregnant individual was treated by a healthcare provider with:

- ☐ Medications for Addiction Treatment (MAT): Methadone, Buprenorphine, Subutex, Suboxone, Naloxone
- ☐ Prescribed opioids for chronic pain
- ☐ Prescribed benzodiazepines

The pregnant individual used marijuana during pregnancy (use continued after the first trimester):

- ☐ Recreational THC
- ☐ Prescribed THC



Additional exposures:

- ☐ Alcohol Amount if known: _____
- ☐ Nicotine/Tobacco/E-cigarettes Amount if known: _____
- ☐ Other prescribed medications (ex. SSRIs): _____

Please check if any of the following apply:

- ☐ A Plan of Safe Care was completed and was sent to the infant's primary care provider
- ☐ The pregnant individual was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- ☐ New referrals were made for services for the infant and/or parents/caregivers after birth

Unique Record Identifier: -
(Hospital code followed by last 4 digits of hospital medical record number)

Clear communication is key!

- Substance use, including cannabis, in pregnancy is not recommended, decreasing or stopping use should be encouraged
- Know the State's CARA/CAPTA policies regarding when DCF reports are recommended and when a Plan of Safe Care should be developed so that pregnant people can get accurate information and questions answered
- Use available resources for more information for both yourself and your patients



CANNABIS USE AND BREASTFEEDING



You want what's best for your baby and we do, too.

Breastfeeding has many known benefits. There is no safe amount or known benefit of using cannabis while breastfeeding.



DOES CANNABIS TRANSFER TO BREAST MILK?

THC from smoking, vaping, or eating cannabis can be found in breast milk within 20 minutes of use and is present at least 24 hours after (up to 6 days).



WHAT ARE RISKS TO YOUR BABY'S HEALTH?

Reported effects include:

CAN MAKE
INFANTS SLEEPY
&
NOT FEED WELL



MAY AFFECT
INFANT
DEVELOPMENT



CONCERNED?

Talk to your healthcare provider about safe alternatives to relieve pregnancy symptoms like morning sickness, trouble sleeping, anxiety and depression. Alternatives exist to address symptoms.



FOR MORE INFORMATION, VISIT THESE LOCAL RESOURCES:

www.1moreconversation.com

www.letstalkcannabisvt.com/pregnancy

<https://vthelplink.org/>



Infographic available for download & printing on the VCHIP/ ICON website

[Cannabis Use and Breastfeeding
\(uvm.edu\)](http://uvm.edu)


Visit the NEW POSC page on the DCF Family Services website:

<https://dcf.vermont.gov/fsd/partners/POSC>

2021 Updates

- POSC form for hospitals
- CAPTA notification form
- Frequently Asked Questions:
 - CAPTA notification
 - Vermont POSC
 - THC use in pregnancy
- POSC handout for families

VERMONT OFFICIAL STATE WEBSITE

VERMONT

AGENCY OF HUMAN SERVICES
Department for Children and Families

SEARCH

AHS WEBSITE

HOW DO I? OUR DIVISIONS OUR PARTNERS LINKS FOR PARTNERS QUICK LINKS A TO Z LIST

DEPARTMENT FOR CHILDREN & FAMILIES: COVID-19 PAGE

Home

FSD & COVID19

Administration

Benefit Programs

Child Care - For Parents

Child Care - For Providers

Child Development

Child Safety & Protection

Child Support

Foster Care & Adoption

Resources By Audience

Resources By Topic

Youth in Vermont

VERMONT PLANS OF SAFE CARE

President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law in 2016. It was the first major federal legislation related to addiction in 40 years.

- Since 2003, the [Child Abuse and Prevention Treatment Act \(CAPTA\)](#) required the development of Plans of Safe Care for infants affected by *illegal* substance abuse.
- In 2016, [CARA](#) expanded this requirement to include infants affected by substance abuse withdrawals symptoms or fetal alcohol spectrum disorders.

Guidance Documents

- [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#)
- [DCF Memo to Hospitals](#)

Resources

- [CAPTA Requirements](#) (Flowchart, pdf)
- [Plan of Safe Care for Mothers and Babies](#) (Flyer for mothers, pdf)
- [Vermont CAPTA Notification](#) (Form for hospitals, pdf)
- [Vermont Newborn Plan of Safe Care](#) (Form for hospitals, fillable pdf)
- [Vermont Plan of Safe Care and Notifications](#) (Frequently-Asked Questions, pdf)
- [Vermont Requirements Related to Substance Exposed Newborns](#) (Flowchart pdf)

Links

- [Alcohol & Drug Abuse Programs](#)
- [Children's Integrated Services](#)
- [Help Me Grow VT](#)
- [Substance Use in Pregnancy: Information for Providers](#)
- [WIC](#)

Have Questions?

Send an email to AHS.DCFFSDCAPTA@vermont.gov.

Frequently Asked Questions: Marijuana Use in Pregnancy

Q: When should healthcare providers ask pregnant individuals about marijuana use?

Conversations about substance use including marijuana, alcohol, tobacco, and other drugs should occur at every prenatal visit in an open, non-judgmental fashion.

Q: How should healthcare providers ask about marijuana use?

Prenatal providers should develop a work-flow for universal screening of pregnant individuals for substance use using questionnaires or verbally. Results should be documented to allow follow-up at subsequent visits. For more information and resources, visit the Vermont Department of Health's One More Conversation campaign website: <https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers>

Q: What should I do if a pregnant individual discloses marijuana or other substance use?

First, thank them for their honesty. Then ask about reasons for using and whether they have interest in cutting back or stopping use. Discuss any concerns they have around effects on their baby and provide both verbal and written information about the impact of substance use on development. Consider referring for substance use counseling or treatment if indicated.

Q: How are infants affected by marijuana use during pregnancy and breastfeeding?

Current data suggests marijuana use during pregnancy may impact fetal growth and development. Some studies also show long-term effects on attention and behaviors in school age children exposed to marijuana during pregnancy. Tetrahydrocannabinol (THC), the active ingredient in marijuana is concentrated in fat cells, easily passing into breastmilk and may cause sedation, poor feeding and problems with weight gain of infants who are breastfed.

Q: Marijuana use is legal in Vermont, what about federal laws regarding marijuana use in pregnancy?

Under federal law, each state must provide the Children's Bureau with certain data regarding substance-exposed newborns. In addition, this legislation states a Plan of Safe Care (POSC) should be developed for all infants exposed to substances during pregnancy. Each state created their own process, in Vermont the de-identified Child Abuse Prevention and Treatment Act (CAPTA) notification form was developed. Please see "[Frequently Asked Questions: Vermont Plan of Safe Care](#)" and "[Frequently Asked Questions: Vermont CAPTA Notifications](#)" for more information.

Q: When is a Plan of Safe Care (POSC) and CAPTA notification required?

When there are no child safety concerns, a POSC and CAPTA notification form is required if a pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

Q: What if a pregnant individual stopped using marijuana after discovering they are pregnant?

If a pregnant individual stops using marijuana in the first trimester a POSC and CAPTA notification are not required. If use continues into the second or third trimester of pregnancy a POSC and CAPTA notification should be completed.

FAQs: Marijuana Use in Pregnancy (continued)

Q: In what situations is a DCF report made based on substance use during pregnancy?

The following situations meet Vermont's report acceptance criteria:

- A pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy.
- Concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety (with the goal to address the safety concerns prior to birth).
- A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
- A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to an illegal substance, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- A newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.

Q: Why isn't the use of marijuana during pregnancy a DCF report?

Effective November 1, 2017, DCF no longer accepts reports where the sole concern is regarding marijuana use during pregnancy. While some studies have suggested that prenatal exposure to marijuana may be harmful, there is lack of sufficient evidence to warrant a child protection intervention.

Q: What if hospital staff believe a pregnant individual's use of marijuana is impacting their ability to safely parent their newborn?

A report to DCF should be made via the child protection hotline at 1-800-649-5285 in any situation where there is a concern for infant safety.

Q: Where can prenatal providers go for more information and educational materials on marijuana use during pregnancy?

- The Vermont Department of Health Substance Use in Pregnancy Information for Providers: One More Conversation <https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/marijuana/factsheets/pregnancy.htm>

Q: Where can hospital staff find the POSC and CAPTA notification forms?

The DCF Family Services Division website has the most updated version of these forms and supporting documents. <https://dcf.vermont.gov/fsd/partners/POSC>

Q: Who can hospital staff contact if they have questions?

Questions can be emailed to AHS.DCFSDCAPTA@vermont.gov or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.

Vermont POSC Parent Handout- revised for 2021

Vermont Plan of Safe Care for Families

What is a Plan of Safe Care?

The Plan of Safe Care is a document created with your help listing current supports and strengths your family has and any new community resources or referrals you may need after your baby is born. This plan will help your family and the infant's primary care provider communicate and be sure you have all the supports and services you need.

Who needs a Plan of Safe Care?

In Vermont, a Plan of Safe Care is developed when certain prescription medications or substances are used during pregnancy including:

- Prescribed medications for addiction treatment (MAT)
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines
- Prescribed or recreational marijuana use continuing after the first trimester

What will be in your plan?

- Information about your current supports and services
- Information about new resources or referrals placed after the baby is born.
Examples include: home health/nurse home visiting, parenting and recovery supports, financial or housing supports, and medical or developmental referrals.

Who keeps the plan?

You'll get a copy and one will be sent to your baby's primary care provider. A copy will also be stored in your baby's medical record.

Will the hospital provide information about me or my newborn to DCF?

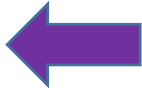
- ❖ The use of prescribed MAT, opioids, or benzodiazepines as directed by a health care provider and/or marijuana use during pregnancy are not reported to DCF when there are no child safety concerns.
- ❖ The federal government requires states to track the number of babies exposed to substances. In Vermont, a de-identified notification form was made. This form has no names, birth dates, or other identifying information and is sent to the Family Services Division for tracking purposes only.
- ❖ A report containing information is made to the Vermont Department for Children and Families (DCF) only if:
 - There are concerns for your infant's safety.
 - There was use of illegal substances, non-prescribed medications, or misuse of prescribed medications during the third trimester of pregnancy (reported, found on screening tests, or infant has withdrawal)
 - Your baby is suspected of having Fetal Alcohol Spectrum Disorder or there was active alcohol use disorder in the third trimester of pregnancy.

Where can I get more information?

Talk to your obstetrical care provider if you have any questions about the Plan of Safe Care.

One More Conversation

Patient educational materials reviewed and revised by healthcare providers on:







- Alcohol
- Cannabis 
- Opioids
- Tobacco

<https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy>



One More Conversation **Can** Make The Difference

PROVIDER TOOL KIT RESOURCES

-  Tips for the 9+ month conversation
-  Vermont PRAMS Report
-  Patient fact sheets
-  Promotional rack cards for intake packets
-  Office waiting room screens
-  Promotional web banners for your website

<https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers>



Let's have a conversation about



CANNABIS DURING PREGNANCY

and beyond



WHETHER YOU SMOKE, VAPE, DRINK OR EAT IT

If you are pregnant, trying to get pregnant or breastfeeding you're encouraged to not use cannabis for the health of you and your baby. The chemical in cannabis called THC that gives you the feeling of being "high" can be transferred to your baby while you are pregnant or breastfeeding. To some, not being "natural" (and now legal) mean it's safe. But that's not necessarily true. Any time you introduce chemicals (or other toxins that come from how it's manufactured or how you ingest it), they can be harmful to a baby's development. **While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about cannabis use and pregnancy risks and to inform that next conversation with your provider.**

IS ANY AMOUNT SAFE?

There is no known safe amount of cannabis use during pregnancy. Currently, there isn't as much research on the effects of THC during pregnancy as other substances. But that doesn't mean it's safer. Federal classification of Cannabis as a Schedule 1 substance makes research more difficult. But there are some studies that show cannabis use during pregnancy has negative outcomes.

HOW CAN IT AFFECT MY BABY?

Research shows that cannabis can affect a baby's birth weight, making children more prone to health issues—especially in the critical first year of growth. Cannabis use during pregnancy may increase the risk of stillbirth, and THC may also negatively affect a baby's brain development, leading to longer-term behavioral and learning issues. Supporting this, a 2019 study showed a connection between prenatal cannabis use and autism.

I USED CANNABIS BEFORE I KNEW I WAS PREGNANT. WHAT NOW?

Moderate cannabis use before you know you are pregnant is unlikely to cause harm. But, now that you know, it's important to stop. Weeks three through eight are the most sensitive time for causing birth defects.

WHAT ABOUT EDIBLES, VAPING AND OTHER CONCENTRATES?

While edibles, vaping and other concentrates may remove the potentially harmful effects of smoking, THC in your system is still passed from you to your baby. Plus, many of these alternative methods of using cannabis have higher levels of THC, increasing its negative effects.

ISN'T IT A NATURAL SUBSTANCE?

Yes, but so is tobacco. So is opium. And those aren't safe during pregnancy either. Plus, as more states have legalized or decriminalized its use, cannabis has become a big business. With that come newer cultivating methods and higher levels of THC and it isn't clear how these higher strains may increase the negative effects.

WHAT IF I SLIP UP?

It happens. If you do use cannabis while pregnant, the best thing to do is be honest—both with yourself and with your healthcare professional. Together, you can work to understand why and the best course of action to be sure you move forward in the healthiest way possible for both you and your baby.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

Depending on your reason for using cannabis, there are ways to help you help yourself avoid using while pregnant. Exercise—even just taking a walk—releases endorphins to make you feel better and can help you sleep. OTC medications can help with morning sickness. Meditation reduces stress hormones. Talk to your healthcare professional about these and methods for self care.

HOW ABOUT BREASTFEEDING?

Breastfeeding is important to your baby's health and cannabis use is not recommended. THC is present in breast milk and upwards of 3 percent of the what you get can be transferred to your baby. It seems small, but so are they.

HOW LONG IS THC IN MY BREAST MILK?

Tests have shown THC can be present in breast milk within 20 minutes of consumption and is present at least 24 hours after. THC is stored in fat cells, so it can stay in the body longer than other substances, so pump and dump doesn't really work. Your best option to avoid issues is to not use cannabis while breastfeeding.

WHERE CAN I FIND HELP?

Call 2-1-1, visit [VTHelpLink.org](https://vthelpink.org) or 802.565.LINK (5465) or talk to your healthcare professional.


For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.



Summary: Vermont POSC

The POSC IS:	The POSC is NOT:
<p>A living document created with the pregnant individual.</p> <p>Document of current supports and strengths, needs, and new referrals.</p> <p>Shared with the infant's primary care provider after birth and given to the caregiver.</p>	<p>A form just for hospitals and providers.</p> <p>Punitive.</p> <p>Shared with DCF unless they are involved for child safety concerns.</p>

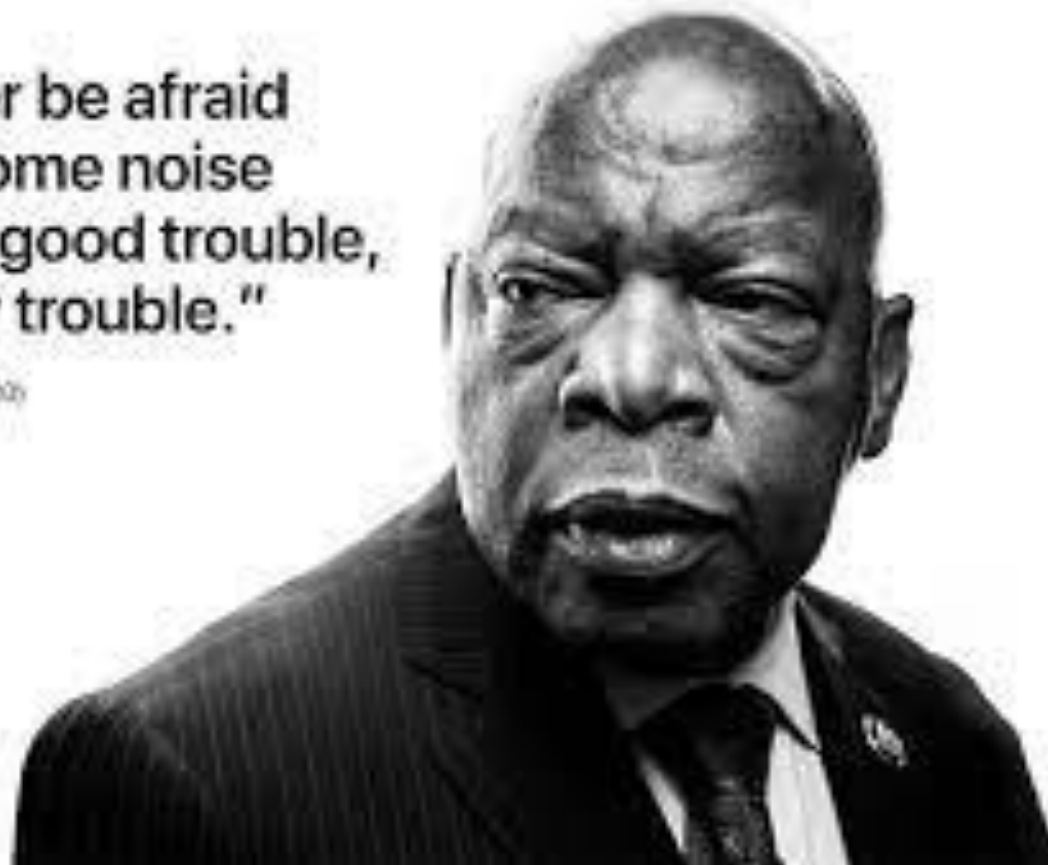
A VT POSC is required (along with a de-identified CAPTA notification) for any pregnant person using cannabis (prescribed or recreational) after the first trimester.



**How would you
discuss and complete
the plan of safe care
with Jane?**

**"Never, ever be afraid
to make some noise
and get in good trouble,
necessary trouble."**

Rep. John Lewis (1940-2020)



Thank You!