



# Cannabis and the Perinatal Period: Connecticut, 2022

MAPOC Women and Children's  
Health Committee meeting  
February 10, 2025

# What is PRAMS?

## **Pregnancy Risk Assessment Monitoring System**

- Surveillance project conducted by state and jurisdictional health departments in partnership with the Centers for Disease Control and Prevention.
- Population-based survey of Connecticut residents who delivered a liveborn infant in-state.
- ID and monitor selected maternal health, experiences, and behaviors occurring before, during, and after pregnancy.

# Connecticut Cannabis Timeline and Context

**May 2021**

Consultant to the Governor's Office identified PRAMS as 1 of 3 key data sources for surveillance in anticipation of cannabis legislation passing.



**June 2021**

SB 1201, An Act Concerning Responsible and Equitable Regulation of Adult-Use Cannabis passed.



**July 2021**

Possession and consumption of cannabis in Connecticut for individuals 21 years old or older legalized.

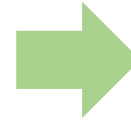
**April 2022**

Data collection begins for 2022 surveillance year starts. PRAMS Cannabis supplement begins.



**January 2023**

Sales became legal.



**June 2023**

Data collection for the 2022 surveillance year ends. PRAMS Cannabis supplement ends.

# Supplement Topics



- CBD use before, during, and after pregnancy
- Cannabis use before, during, and after pregnancy
- Methods of consumption (during pregnancy)
- Reasons for consumption (during pregnancy)
- Prenatal care counseling about cannabis use and pregnancy & breastfeeding
- Perceptions about safety of cannabis use in those who are breastfeeding/pumping
- Perceptions about if cannabis use could be harmful to a baby's health

Cannabis use was highest in the 3 months before pregnancy and decreased substantially during pregnancy and postpartum.

### 3 months before pregnancy

15.3%



- ↑ NH White, NH Black
- ↑ 20-29 years old
- ↑ Medicaid/Husky-insured
- ↑ Had a high school education

### During pregnancy

3.7%



- ↑ NH White, NH Black
- ↑ 20-24 years old
- ↑ Medicaid/Husky-insured
- ↑ Had a high school education

### Since new baby was born

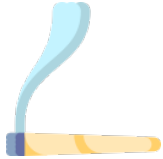
6.7%



- ↑ NH White, NH Other/Multi-race
- ↑ 20-24 years old
- ↑ Medicaid/Husky-insured
- ↑ Had a high school education

**Smoking** was the most commonly reported mode of using marijuana among those who consumed it during pregnancy.

8 in 10



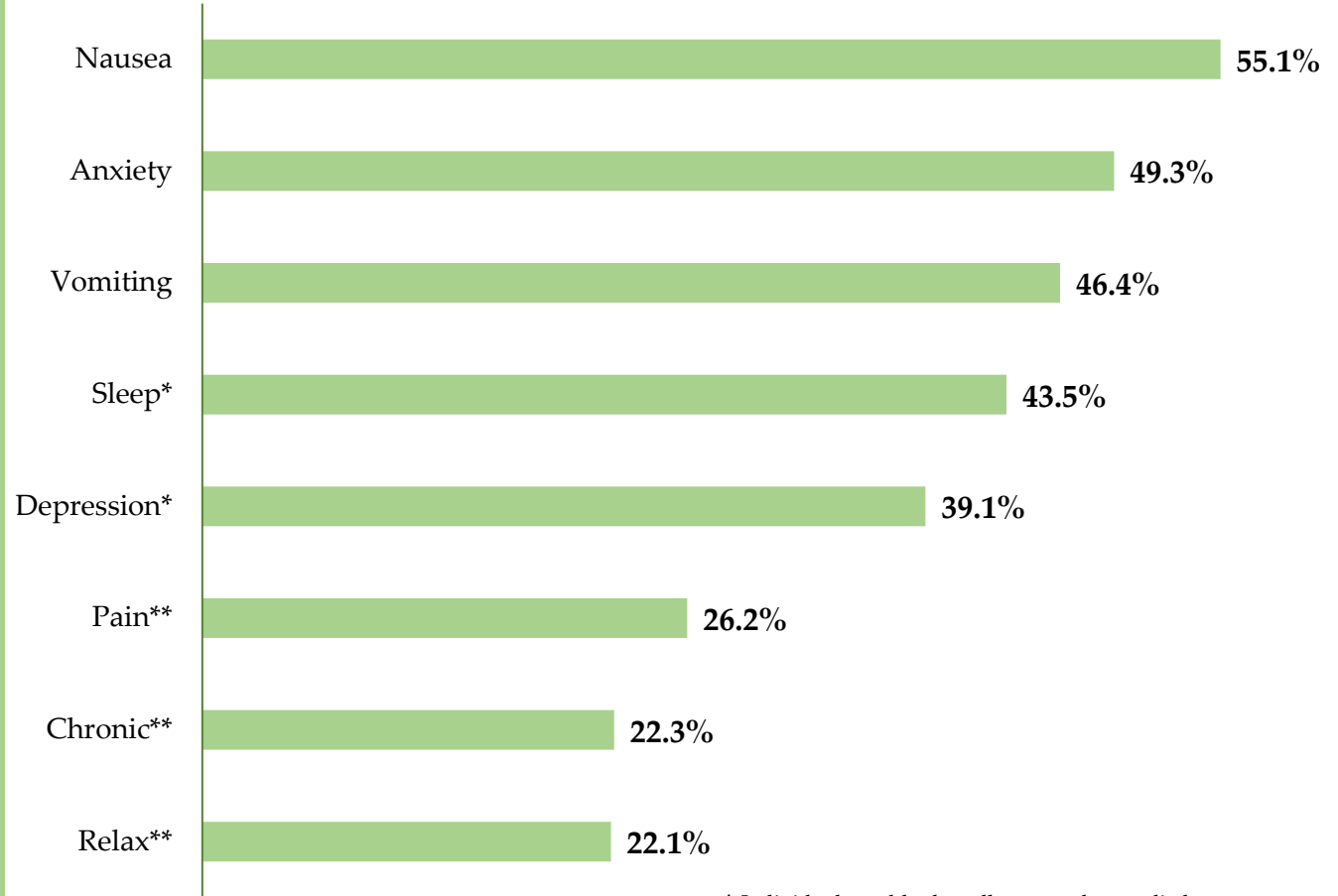
1 in 3



1 in 3



The most commonly reported reasons for using marijuana during pregnancy were for nausea, anxiety, and vomiting.<sup>†</sup>



<sup>†</sup> Individuals could select all reasons that applied.

\* Relative standard error (RSE) between 20- 30%. Interpret with caution.

\*\* Relative standard error (RSE) exceeds 30% - unreliable.

*Cannabis helped with morning sickness.  
After that hump, beautiful pregnancy.*

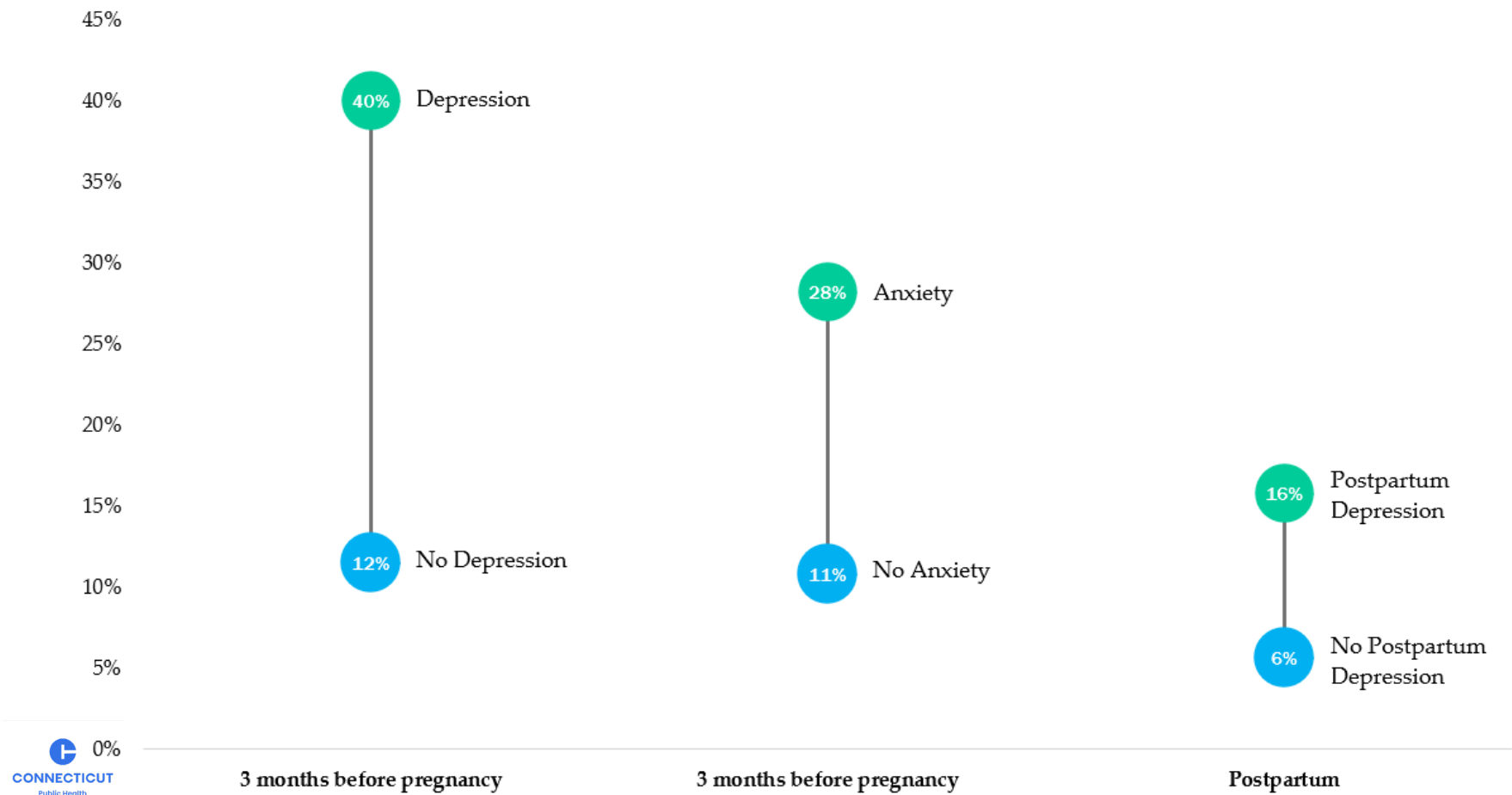
- CT PRAMS mom



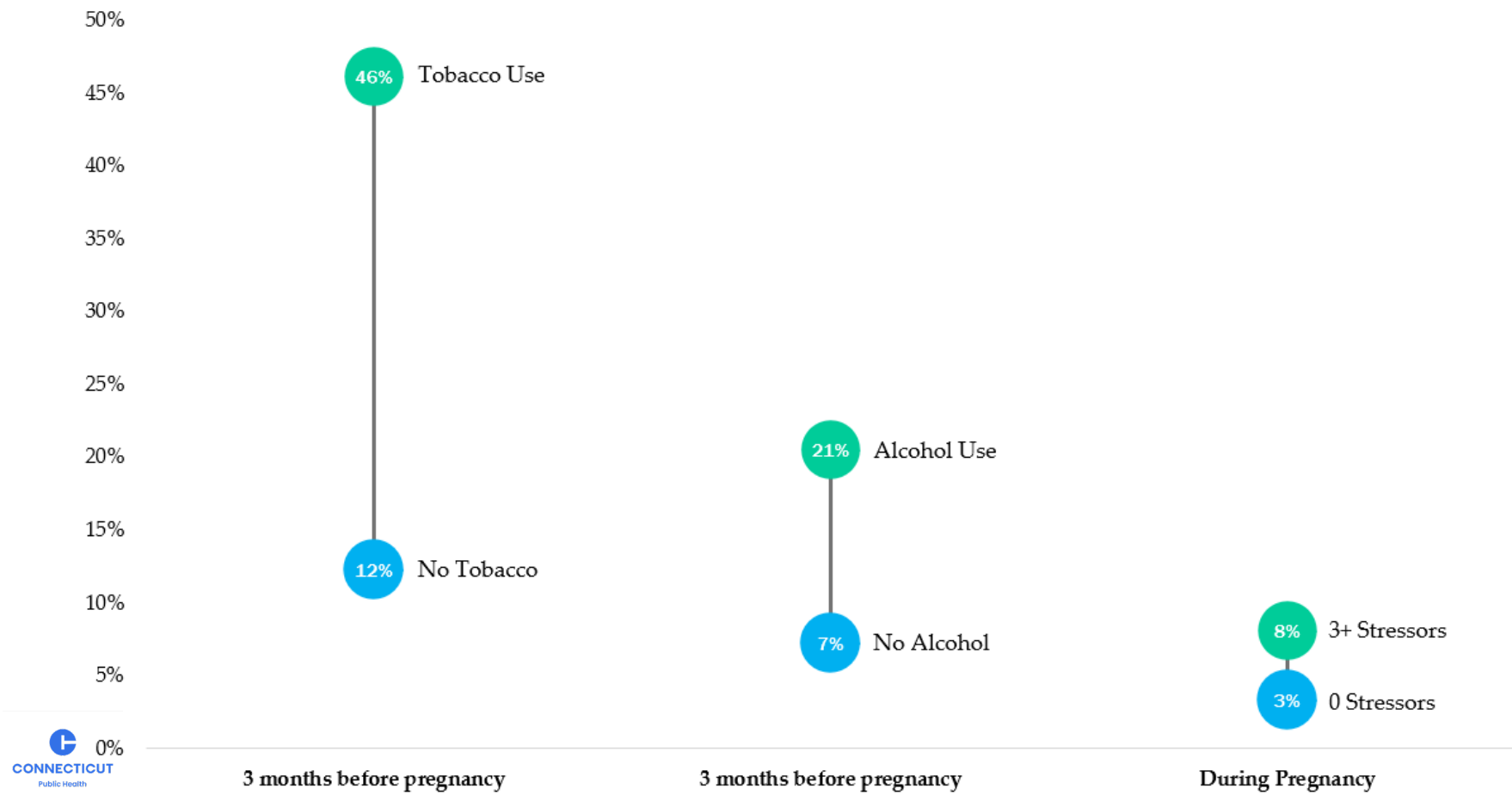
*Marijuana is not harmful and actually helps  
with nausea and keeping up an appetite.*

- CT PRAMS mom

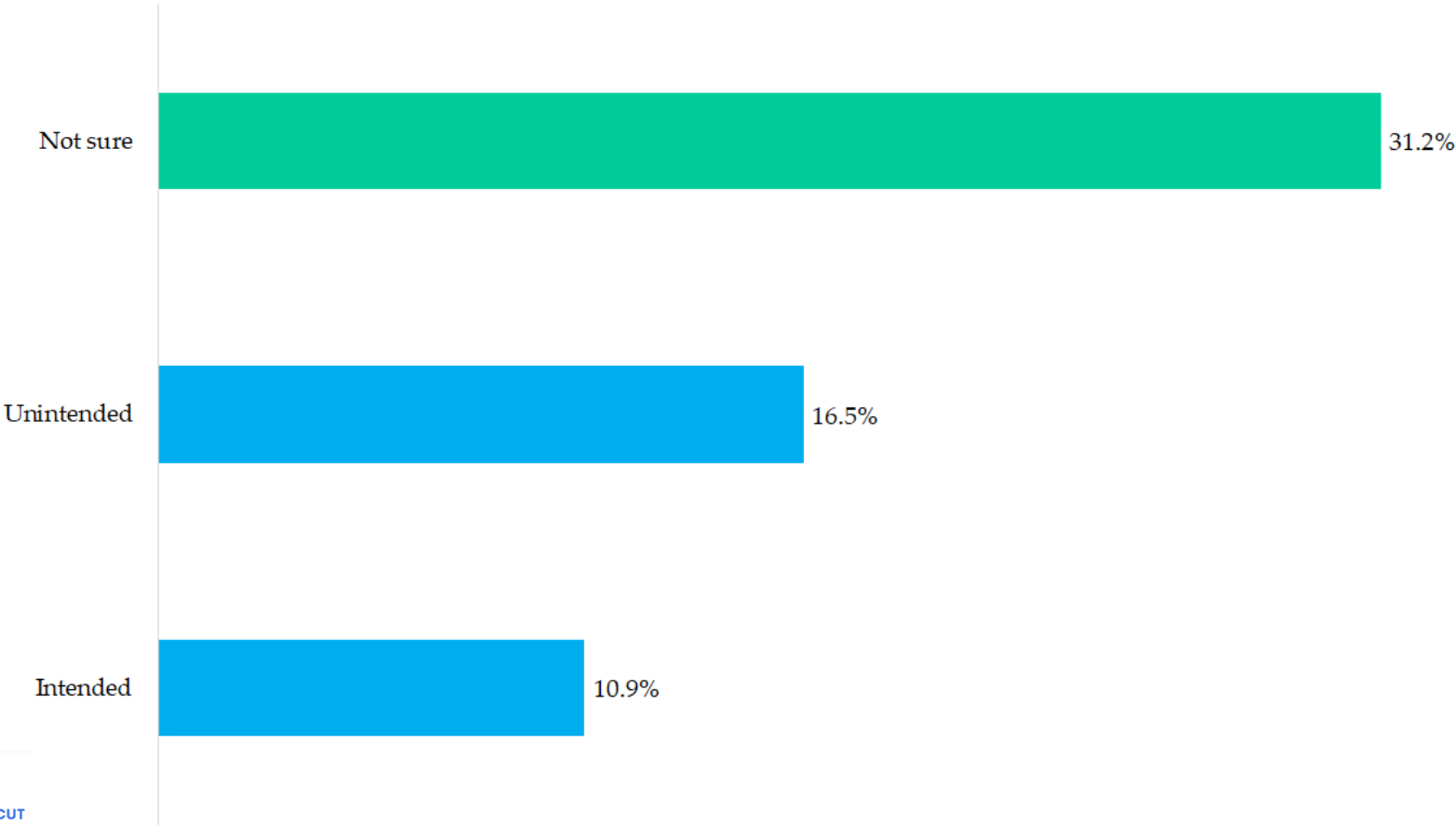
Cannabis use was higher among those who **had depression and/or anxiety** compared to **those who did not**.



Cannabis use was higher among those who smoked tobacco, drank alcohol, and experienced 3+ stressors compared to those who did not.



Cannabis use was higher among those who were **unsure** of their pregnancy intention compared to **those** whose pregnancies were intended or unintended.



# Prenatal Care Counseling

7 in 10



were asked by a health care worker  
if they were using marijuana or  
cannabis

- ↑ NH Black, Hispanic, Hispanic
- ↑ <30 years old
- ↑ Medicaid/Husky-insured
- ↑ Had a high school education or less

1.1%



reported that a health care worker  
recommended that they use  
marijuana or cannabis for any reason.

- ↑ NH White, NH Black
- ↑ 20-24 years old
- ↑ Medicaid/Husky-insured
- ↑ Had a high school education

4 in 10



reported that a health care worker  
advised them not to use marijuana  
or cannabis for any reason.

- NH Black, NH Other/Multi-race
- <25 years old
- Medicaid/Husky-insured
- Had a high school education or less

# Cannabis and Breastfeeding

28.5%



reported that a health care worker advised them not to breastfeed their babies while using marijuana or cannabis.

- ↑ NH White, NH Black
- ↑ 20-24 years old
- ↑ Medicaid/Husky-insured
- ↑ Had a high school education or less

86.6%



felt that it is not safe to use marijuana at all while breastfeeding or pumping breast milk.

- ↑ NH Black, NH Asian, Hispanic
- ↑ 30+ years old
- ↑ Privately-insured
- ↑ Had a high school education or less

**9 in 10**

felt that using marijuana or  
cannabis during pregnancy could  
be harmful to a baby's health.



### More frequently reported among:

- ↑ NH Asian, Hispanic, NH White
- ↑ 25+ years old
- ↑ Privately-insured
- ↑ Had less than or more than a high school education

1 in 8 mothers **thought it was safe** for those breastfeeding to use cannabis after waiting a certain amount of time.





*I absolutely hated the process of being pregnant. After care for me was very slim, I've had one treatment/check up since giving birth. After leaving the hospital I have received no help in terms of breastfeeding & have relied on Google & Facebook groups when I needed help. I do not smoke marijuana any more in fear of how it will affect the baby due to being breastfed. Google gives a timeframe it is safe other sources say it will harm the baby so to be safe I've avoided it.*

- CT PRAMS mom

*This pregnancy was difficult because of my relationship but my baby came out extra healthy...I did smoke a lot of weed and I think it kept me calm. It didn't affect the baby, though. I know you guys need a lot of research on that so that's my experience.*

- CT PRAMS mom

# Main Takeaways

Different perceptions among pregnant and postpartum individuals regarding the safety of cannabis use.

Opportunities exist to improve prenatal counseling and public awareness.

Knowing why people use cannabis can help providers offer safe alternatives to pregnant and postpartum patients.

# Opportunities for Public Health Practice

- Improve public awareness, including addressing misconceptions about the safety of cannabis use during pregnancy and postpartum.
  - Provide facts in a non-judgmental manner and offer people tools to make safe and informed choices.
  - Encourage people to speak to their provider.
- Train and collaborate with various provider types to create a safe space to discuss cannabis use.
  - Reduce stigma and discrimination around cannabis use.
  - Allay people's concerns about disclosure.
  - Better understand why people are using cannabis and what safe alternatives could be offered to patients during pregnancy and postpartum.
- Maximize the impact of mental health resources in CT.

# Limitations

- PRAMS data are based on self-reporting and can be subject to a recall bias or a bias towards a socially-desirable answer.
- Even though CT achieved favorable response rates, certain high-risk populations may be under-represented in the estimates due to non-response or non-coverage bias.
- Only generalizable to CT residents who have delivered a liveborn infant in-state.
- Some analyses of cannabis use was limited by small numbers and/or high relative standard errors.

# THANK YOU!

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[www.ct.gov/dph/ctprams](http://www.ct.gov/dph/ctprams)