

Meeting Summary for Women & Children's Health Committee

Zoom Meeting

Feb 10, 2025 09:18 AM Eastern Time (US and Canada) ID: 910 4441 7987

Quick recap

The meeting focused on a presentation to a group focused on women and children's health, with Jennifer Morin (DPH) presenting data on cannabis use during and after pregnancy. The discussion also covered the need for improved messaging and counseling for pregnant and postpartum individuals regarding cannabis use, and the importance of addressing misconceptions about cannabis safety during pregnancy and breastfeeding. The meeting also touched on the challenges faced by providers in managing anxiety for pregnant and parenting individuals, the importance of public service announcements and guidance from the Department of Public Health, and the work of various agencies in this area.

Next steps

Jennifer to provide a data table with additional breakdowns by insurance type, including Medicaid/HUSKY-specific data.

Co-Chair Representative Keitt to follow up on the status of House Bill 6186 in the Children's Committee and update the group.

Representative Keitt to connect Dr. Ostfeld-Johns with Representative Kai Belton regarding the bill on privacy of prenatal records (HB 6186). [Testimony For Bill Number HB-06186 in the Committee on Children](#)

Co-Chair Amy Gagliardi to organize a comprehensive presentation or workgroup to integrate various resources and presentations on maternal and child health topics.

Eva Forest (DSS) to investigate if there are any questions about marijuana use in the CAHPS survey data for HUSKY members.

Shelly Nolan (DMHAS) to provide her contact information to the group for follow-up questions about the PROUD program and other resources. [PROUD Trainings | Connecticut Hospital Association](#)

shelly.nolan@ct.gov [Home - ACCESS Mental Health for Moms](#)

Jennifer to work on creating an infographic to share the PRAMS cannabis use data and statewide resources.

https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/ABM%20Clinical%20Protocol%2021%20SUD_English.pdf

Summary

Cannabis Use During Pregnancy Presentation

In the meeting, Amy Gagliardi and Jennifer Warren from the Department of Public Health discussed the presentation on cannabis use during and after pregnancy. Jennifer, who has been working with the department for 22 years, presented data from a special cannabis supplement conducted during the 2022 surveillance year. The presentation was part of the Women and Children's Health Subcommittee. Jennifer also provided a brief timeline and context for the supplement, noting that it was a response to the legalization of cannabis in

Connecticut. The presentation was well-received, and Jennifer mentioned that they would continue to collect information on cannabis use over time.

Cannabis Use During Pregnancy Discussed

Jennifer presented data on cannabis use during pregnancy, highlighting that use was highest three months before pregnancy, decreasing substantially during pregnancy and postpartum. The most common mode of consumption was smoking, followed by eating and vaping. The primary reasons for using cannabis during pregnancy were for nausea, anxiety, vomiting, sleep, depression, and pain relief. There was a higher likelihood of cannabis use among those with depression and anxiety. The data also showed that cannabis use was higher among those who used tobacco and alcohol. In prenatal care, only a small percentage of mothers reported being asked about cannabis use, and even fewer were advised to use it or not. Over 90% of mothers felt that using cannabis during breastfeeding or pumping was not safe, but around 13% believed there was a safe amount of time to wait before breastfeeding. The discussion also touched on the need for enhanced prenatal care counseling and information for both providers and patients.

Improving Cannabis Messaging and Counseling

Jennifer discussed the need for improved messaging and counseling for pregnant and postpartum individuals regarding cannabis use. She highlighted the importance of addressing misconceptions about cannabis safety during pregnancy and breastfeeding, and suggested strategies such as providing information, tailoring communication to different groups, and employing trusted messengers. Jennifer also emphasized the need to reduce stigma and discrimination around cannabis use, and to provide ongoing training for healthcare staff. She suggested that healthcare workers should be better equipped to understand patients' needs and offer safe alternatives. Lastly, she stressed the importance of improving mental health resources for pregnant and postpartum individuals, as anxiety and depression were frequently cited reasons for cannabis use.

Cannabis Use Among Postpartum Women

Jennifer presented a report on the use of cannabis among postpartum women in Connecticut, highlighting the limitations of the data and the potential for underrepresentation of certain populations. She also discussed the association between insurance status and cannabis use, noting that Medicaid and HUSKY insured individuals were more likely to report use during pregnancy and postpartum. Amy asked about the differentiation of results by insurance type and the inclusion of anxiety in the study, to which Jennifer responded that they only had measures of postpartum depression and depressive symptomatology, and that they had looked at insurance status. Jennifer also presented data on the relationship between insurance status and healthcare worker advice on cannabis use during breastfeeding.

Mental Health and Lactation Healthcare

Amy discussed the need for a more specialized mental health and lactation healthcare team, acknowledging that not all participants have access to clinical lactation care. Steven Colangelo asked for data comparing HUSKY participants with others, which Jennifer agreed to provide. Amy confirmed that it is ACOG recommended to screen for substance use and depression during pregnancy. Steven noted that maternal depression screening is covered by the department. Shelly Nolan added a link to educational resources on the chat, including a video on cannabis and pregnancy. Latosha Johnson from DCF expressed appreciation for the presentation and sought clarification on the assessments discussed.

Gram Survey and Cannabis Reporting

The meeting focused on the data collection process for the Gram survey, which samples data from 2 to 6 months postpartum. The survey asks about various aspects of pregnancy and postpartum experiences but does not currently include questions about involvement with DCF. There was a discussion about the potential for reporting cannabis use to DCF, with concerns raised about discouraging women from seeking prenatal care. Co-Chair Rep. Sarah Keitt mentioned a bill introduced by Representative Belton to omit reporting cannabis use to DCF, aiming to prevent prosecution or harm to new families. Amy added that the bill's intent is to protect the confidentiality of medical records. The team agreed to further discuss the bill and its implications.

Addressing Marijuana Use and Mental Health

The group discussed the importance of addressing marijuana use and mental health issues during pregnancy and emphasized the need to combat stigma and fear surrounding disclosure of marijuana use and suggestions were made to share resources with hospital systems. Jennifer highlights the prevalence of pre-existing mental health conditions among pregnant individuals, underscoring the importance of preconception care. The conversation then turns to the challenges of managing anxiety during pregnancy, explaining that while patients often view marijuana as a natural and safe option, providers are becoming more comfortable prescribing SSRIs and offering therapy as alternatives. Amy stresses the importance of addressing social determinants of health and ensuring that all pregnant individuals are screened for marijuana use and provided appropriate guidance.

Managing Anxiety in Pregnancy Challenges

The meeting focused on the challenges faced by providers in managing anxiety for pregnant and parenting individuals. The participants discussed the need for more up-to-date scientific information to help weigh the costs and benefits of different treatment avenues. They also highlighted the importance of public service announcements and guidance from the Department of Public Health. The conversation touched on the work of various agencies, including DNHAS and the Proud program, and the need for a comprehensive presentation to bring all these pieces together. The participants also discussed the limitations of research related to cannabis use during pregnancy and breastfeeding, and the need for more comprehensive analyses as more data is collected. The conversation ended with a suggestion to bring in experts from early childhood education to discuss prenatal to 9 frameworks.

Protecting Vulnerable Populations and Benefits

Sarah Keitt, representing the 134th District, shared her background in public health and her focus on protecting vulnerable populations, including women and children, the disabled, elderly, veterans, and immigrants. She serves on several committees, including Public Health, Human Services, Children's, and Commerce. Sarah also co-chairs the State's 2 Gen Initiative, aiming to eliminate intergenerational poverty by empowering families. She discussed a bill in the works to pilot a study on eliminating the benefits cliff, which prevents families from taking promotions or furthering their education due to the loss of benefits. Sarah also mentioned her work with Representative Belton on black maternal health and mortality. The committee members expressed interest in the bill and the potential for public testimony.

Data Sampling and Substance Use Discussion

Jennifer answers questions about the data presented, explaining that they sample approximately 2,400 mothers annually with a response rate close to 60%. She offers to provide a more detailed data table, including Medicaid-specific information as requested by Amy. Jennifer notes limitations in the data, particularly for rare occurrences and substance use

during pregnancy. The discussion touches on cannabis use data, with Jennifer clarifying that only one year of data is available from a 2019 supplement. Sarah provides bill numbers for the benefits cliff pilot program, mentioning HB 6811 and HB 6099. Steven suggests using the department's CAP survey as an additional data source for gathering information on substance use among HUSKY members.