

Introduction

- In 2021 SAMHSA reported that 7.2% of pregnant respondents had used cannabis within the month prior to surveying, making cannabis the most frequently used substance in pregnant people.¹
- Cannabis exposure *in utero* has been implicated in adverse neurodevelopmental outcomes in exposed offspring.^{2,3}
- Presently, the American College of Obstetrics and Gynecology advises against the use of cannabis in pregnancy.

Objective: To observe and compare cannabis use behaviors of non-pregnant patients of reproductive age to those of pregnant patients via a self-reported anonymous survey administered in an OBGYN clinic.

Methods

Study Population

- Patients between the ages of 18 and 55 scheduled for appointments in a University of Florida OBGYN outpatient clinic from October 2022 to January 2023.

Data collection

- Anonymous surveys were conducted electronically via the Research and Electronic Data Capture (REDCap[®]) software, using a convenience sampling approach.
- Individual survey items were adapted from validated instruments of cannabis use behaviors (including the PRAMS⁴ and NM-ASSIST⁵).
- Individual items included multiple choice, multiple selection, and free-text responses.
- Participants were notified through a written statement that their responses would remain anonymous and that completion of the survey indicated consent to participate.

Data Analysis

- All comparisons between pregnant and non-pregnant participant responses were calculated using chi-square analysis.

200 total responses

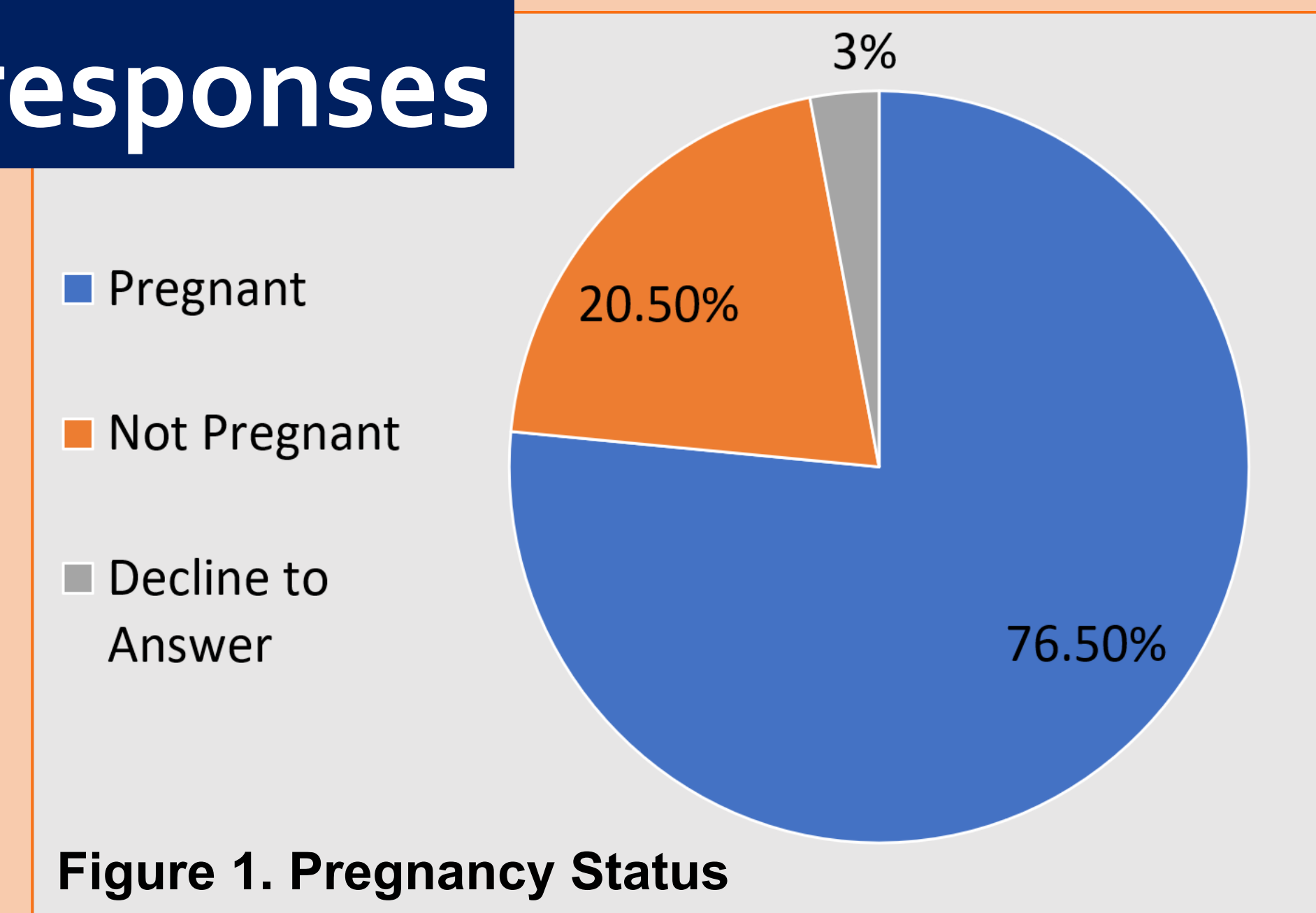


Figure 1. Pregnancy Status

153 pregnant participants:

Race:

- 58.8% White
- 29.4% Black
- 11.8% Other/Multiple

Ethnicity:

- 12.4% Hispanic or Latino
- 86.9% Not Hispanic or Latino
- 0.7% Declined to Answer

Insurance Status:

- 52.3% Medicaid Insured
- 38.6% Privately Insured
- 9.1% Other/Multiple

13.1% of pregnant participants reported cannabis use during pregnancy

Non-pregnant participants report a statistically significant higher frequency of use in each measure when compared to pregnant patients, with the exception of participants who report their last use over 12 months prior.

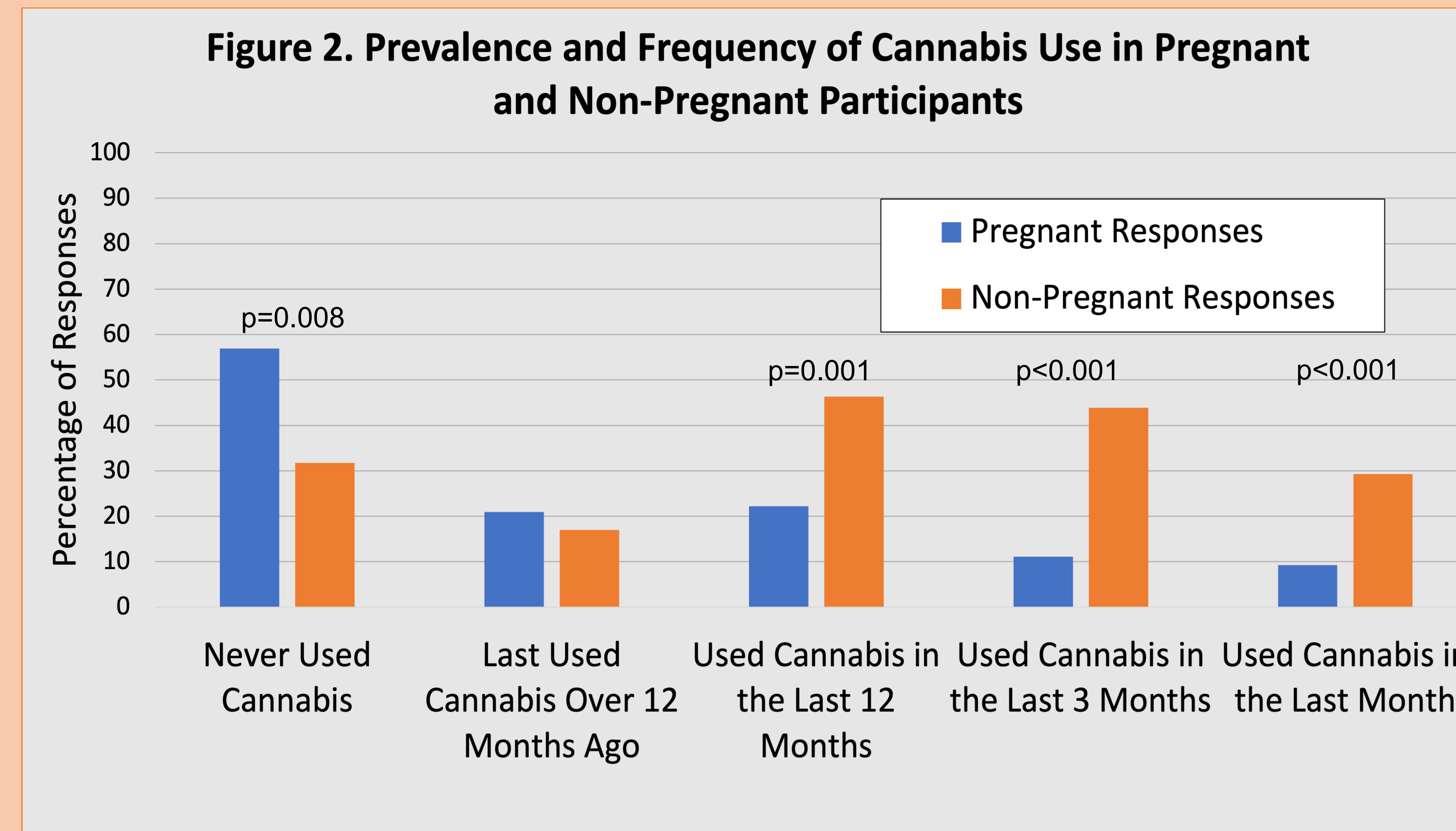


Table 1. Popularly cited reasons for cannabis use in pregnant participants

Medical Use		Recreational Use	
Anxiety	6/16	Anxiety	5/10
Appetite	5/16	Appetite	2/10
Nausea	4/16	Nausea	1/10
Pain	3/16	Productivity	1/10
Seizures	1/16	Seizures	1/10
Headaches	2/16		
Gastrointestinal Health	1/16		

Participants who reported use during pregnancy were presented with the option to report their medical and recreational reasons for cannabis use as a free-text response. Of the 20 participants, 16 listed medical reasons for use, and 10 listed recreational reasons for use.

Discussion

Conclusions

- Data from this survey suggest cannabis use prevalence in this population is higher than the SAMHSA national reported average of use in pregnancy.
- This higher prevalence could be attributed to the low-stakes, anonymous nature of the survey.
- Increasing legalization of cannabis in the United States and the state of Florida may also reduce the stigma and threat associated with sharing use behaviors.

Health Equity

- The racial and ethnic breakdown of the pregnant participants in this survey are comparable to local county data reported in 2021 by the Florida Department of Health for women aged 15-44.⁶
- The insurance status of these participants are similarly comparable to insured births reported in the same 2021 report.
- Because of this, data pulled from this survey can serve to equitably represent local demographic breakdowns, informing future studies in this same population.

Future Directions

- If, as predicted, the prevalence of cannabis use during pregnancy continues to rise, future studies investigating neonatal outcomes associated with cannabis exposure is necessary. This will help better inform patients and physicians of the risks or benefits of use in pregnancy.

References

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