

Marijuana Use During Lactation: Clinical Considerations and Challenges in Breastfeeding Management

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BACKGROUND

Cannabis use among reproductive-age women has increased following legalization in many states. Concurrently, breastfeeding remains the recommended source of infant nutrition due to its well-established benefits. Healthcare providers frequently encounter challenges when counseling breastfeeding mothers who use tetrahydrocannabinol (THC), the primary psychoactive component of cannabis. Limited evidence regarding the long-term effects of THC exposure through breast milk contributes to variability in clinical practice.



PURPOSE

To review current evidence regarding THC transfer into human breast milk, examine potential neonatal effects, and discuss counseling strategies for breastfeeding mothers who use cannabis.

METHODS

A literature review was conducted utilizing current guidelines from professional organizations, including the American Academy of Pediatrics, Academy of Breastfeeding Medicine, and American College of Obstetricians and Gynecologists, along with peer-reviewed studies evaluating cannabis pharmacokinetics during lactation and infant outcomes.

REFERENCES

References Available upon Request

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OBSTETRIC RISKS

- smaller size at birth
- Higher risk of stillbirth
- Preterm birth
- Disruption of brain development before birth



NEONATAL RISKS

- neonatal and infant death
- Increased risk of autism spectrum disorder, disruptive behavior, poor executive functioning, aggression, psychotic-like expressions, and mood disorder
- Behavioral problems in childhood
- Trouble paying attention in school



RESULTS

THC is highly lipophilic and accumulates in breast milk, with detectable levels persisting for days to weeks following maternal use. Available studies demonstrate measurable infant exposure through breastfeeding; however, evidence regarding neurodevelopmental and long-term outcomes remains limited and inconsistent. Professional organizations generally discourage cannabis use during lactation due to concerns regarding potential effects on infant brain development and the absence of established safe exposure thresholds.

DISCUSSION

Healthcare providers must balance breastfeeding promotion with harm-reduction counseling when maternal cannabis use is identified. Nonjudgmental, evidence-based discussions can facilitate informed decision-making, encourage cessation or reduction of cannabis use, and support ongoing maternal-infant care. Standardized institutional approaches may improve consistency in counseling and documentation practices.

CONCLUSIONS

THC transfers into human milk and may expose breastfeeding infants to psychoactive compounds during a critical period of neurodevelopment. While definitive evidence of long-term harm remains limited, current recommendations advise against cannabis use during lactation. Further research is needed to clarify infant outcomes and guide clinical practice.