

# Protecting Pregnancy Through Evidence-Based Cannabis

## Education

# Pregnancy Evidence Advocacy & Cannabis Education



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# Overview

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The PEACE campaign addresses the problematic treatment and communication surrounding medical cannabis use during pregnancy and fertility.

It aims to shift the clinical and societal approach from "abstinence-only" to informed, patient-centered harm reduction.

The goal is to educate patients and providers, protect pregnant individuals, and safeguard healthcare relationships.<sup>1</sup>

# Core Issues

## The Disconnect

A significant disconnect exists between evolving scientific understanding of cannabis use in pregnancy and the often rigid, "abstinence-only" advice given in clinical settings.<sup>1</sup>

## Risk vs. Rhetoric

Common clinical advice frequently overstates certain risks (e.g., long-term cognitive deficits when confounding factors are controlled)<sup>2</sup> while not accurately communicating others (e.g., moderate but consistent risks of adverse birth outcomes like low birth weight and preterm birth).<sup>3</sup>

## Abstinence or Avoidance

Patients, fearing judgment and legal consequences (e.g., Child Protective Services involvement), often hide cannabis use or avoid prenatal care when faced with rigid "abstinence-only" guidelines.<sup>4</sup> This lack of open communication prevents essential harm-reduction discussions and compromises comprehensive care.

## Dangerous Double Standard

Unlike other medications managed with a risk-benefit approach during pregnancy, this "abstinence-only" stance creates a dangerous double standard that compromises patient safety and informed care.

<sup>1</sup>Association of Cannabinoid Specialists, 2022; <sup>2</sup>Torres et al., 2020; <sup>3</sup>Lo et al., 2023; <sup>4</sup>ACOG, 2017

# PEACE Campaign Goals

## **Educate & Empower**

Equip patients and providers with accurate, evidence-based information and harm-reduction tools for tailored, compassionate guidance.

## **Protect & Safeguard**

Establish legal protections for patients and providers to foster a safe, non-judgmental environment encouraging open disclosure without fear of punitive action.

## **Shift Standard of Care**

Advocate for widespread adoption of patient-centered harm-reduction strategies in clinical guidelines, replacing rigid "abstinence-only" messaging.

## **Increase Trust**

Achieve a measurable increase in patient-provider trust, leading to safer cannabis use practices and improved maternal and fetal health outcomes.



# Evidence

<b>Cognitive Impairment</b>	Evidence shows weak/no statistically significant association with cognitive impairments when confounding factors (e.g., tobacco) are controlled. <sup>2</sup> This is the most overstated risk.
<b>Birth Outcomes</b>	More consistent evidence links prenatal cannabis use to increased odds of low birth weight, preterm birth, and small for gestational age (SGA), with "moderate certainty." <sup>3</sup>
<b>Polysubstance Use</b>	Much research is confounded by co-use of other substances (especially tobacco/alcohol) <sup>2, 5</sup>

# Impact

<b>Secrecy &amp; Avoidance</b>	Rigid "abstinence-only" advice leads patients to hide use or avoid prenatal care due to fear of judgment and legal repercussions.
<b>Compromised Care</b>	The "abstinence-only" approach erodes trust and prevents vital harm-reduction strategies. <sup>4</sup>
<b>Patient Dilemma</b>	Discontinuing cannabis can worsen chronic conditions for medical patients, posing risks to mother and fetus.

<sup>2</sup>Torres et al., 2020; <sup>3</sup>Lo et al., 2023; <sup>4</sup>ACOG, 2017; <sup>5</sup>National Academies of Sciences, Engineering, and Medicine, 2017

# PEACE Target Audience & Call To Action

The PEACE campaign is designed to engage and empower various key audiences to shift the narrative and approach to cannabis use during pregnancy.

**01**

## Clinicians & Healthcare Providers

CTA #1 - Seek out evidence-based education on cannabis and pregnancy.

CTA #2 - Adopt a compassionate, non-punitive, harm-reduction approach in patient counseling.

CTA #3 - Engage in open, honest dialogue with patients about cannabis use.

CTA #4 - Advocate within their professional organizations for updated guidelines.

**02**

## Patients/Pregnant Individuals

CTA #1 - Engage in honest conversations with their healthcare providers about cannabis use.

CTA #2 - Seek out evidence-based information to make informed decisions.

CTA #3 - Know their rights and seek support from advocacy groups if facing discrimination.

**03**

## Policymakers/ Legislators

CTA #1 - Support research into cannabis use during pregnancy.

CTA #2 - Advocate for legal protections for patients and providers to ensure non-punitive care.

CTA #3 - Review and update state policies to align with nuanced, evidence-based approaches.

**04**

## General Public

CTA #1 - Challenge stigma surrounding cannabis use in pregnancy

CTA #2 - Support initiatives promoting evidence-based care and patient autonomy

CTA #3 - Share accurate information from the PEACE campaign.

# PEACE

## Potential Partners

01

### **Association for Cannabinoid Specialists (ACS)**

Provides scientific expertise, access to clinical reference library, and can leverage video series to educate clinicians.

02

### **Dr. Goedhart (and other ACS-affiliated experts)**

Serve as expert spokespeople, lend credibility, and can participate in educational presentations or content creation.

03

### **Americans for Safe Access (ASA)**

Patient advocacy, grassroots mobilization, legal and policy reform support; connects with patient stories and advocates for protections.

04

### **Other Potential Partners**

- Medical professional organizations (e.g., ACOG)
- Legal experts
- Academic institutions
- Researchers
- Public health agencies

# Financial Resources

Development and dissemination of educational materials (print, digital)
Website maintenance for campaign hub and resources
Travel for presentations at medical conferences and advocacy events
Potential legal support for drafting model legislation or policy reform efforts
Production of multimedia content (videos, infographics)

# Non-Financial Resources

Current scientific literature, systematic reviews, and meta-analyses
Existing legal precedents and best practices from other regions/states
Access to academic databases for research
Presentation software and communication platforms
Dedicated advocates and supportive medical professionals
Patient testimonials (ethically sourced and protected)

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## References

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