

# Marijuana Use while Breastfeeding

The following information is taken from the “Academy on Breastfeeding Medicine (ABM) Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015”, as well as the “American Academy of Pediatrics (AAP) Marijuana Use during Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes” from 2018.

It is important to carefully weigh the risks of initiation and discontinuation of breastfeeding while using marijuana with the risks of not breastfeeding, while also considering the wide range of occasional, to regular medical, to heavy exposure to marijuana. We know that the main compound in marijuana (THC) is found in human milk at up to eight times the concentration in maternal blood, and metabolites are found in infant feces, indicating that THC is absorbed and metabolized by an infant. It is rapidly distributed to the mother’s brain and stored in fat tissues for weeks to months. It has a long half-life (25-57 hours) and stays positive in the urine for 2-3 weeks.

Evidence regarding the effects of THC exposure on infant development via breastfeeding alone is sparse and conflicting. There is no data evaluating neurodevelopmental outcomes beyond the age of one year in infants who are only exposed after birth. In addition, the potency of marijuana is increasing, so data from past studies may no longer be relevant. Current concerns over marijuana use during breastfeeding include possible inability to safely care for an infant while under the influence of marijuana, however, this remains theoretical and has not been well established in literature.

Because there is evidence that THC exposure during critical periods of brain development can induce subtle and long lasting neurofunctional alterations, and exposure to second hand marijuana smoke by infants has been associated with twice the possible risk of sudden infant death syndrome (SIDS), breastfeeding mothers are strongly advised not to smoke marijuana. However, because breastfeeding reduces the risk of SIDS, this also needs to be considered. The American Academy of Breastfeeding Medicine recommends that **“Breastfeeding mothers should be counseled to reduce or eliminate their use of marijuana to avoid exposing their infants and should be advised of the possible long-term neurobehavioral effects from continued use”**. The AAP states: **“Limited data reveal that THC does transfer into human milk, and there is no evidence for the safety or harm of marijuana use during lactation. Therefore, women also need to be counseled about what is known about the adverse effects of THC on brain development during early infancy, when brain growth and development are rapid.”**

<http://pediatrics.aappublications.org/content/142/3/e20181889>

<https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/21-drug-dependency-protocol-english.pdf>

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