



**PEDIATRIC NEWBORN
MEDICINE CLINICAL
PRACTICE GUIDELINES**

Marijuana Screening,
Testing, and Reporting





Clinical Guideline Name	Marijuana Screening, Testing, and Reporting
Effective Date	August 12, 2019
Approved By	Department of Pediatric Newborn Medicine Clinical Practice Council _____ CWN PPG _____ BWH SPP Steering _____ Nurse Executive Board/CNO _____

All CPGs will rely on the [NICU Nursing Standards of Care](#). All relevant nursing PPGs are listed below.

[WNH B.9 Infant Feeding](#)

[WNH S.5 Identification-Referrals of Obstetric Patients and/or Infants to Social Work](#)

Points of Emphasis

Marijuana use is currently legal in the Commonwealth of Massachusetts for persons 21 years of age and older but there are still significant concerns and uncertainties regarding the impact of maternal cannabis use on the fetus and newborn

A BWH multidisciplinary group including nurses, physicians, and social workers has agreed upon the following approach to screening for prenatal marijuana use, toxin screening in the newborn, and reporting of associated concerns to the Massachusetts Department of Children and Families (DCF). As with all care, these criteria are only meant as general guidance and do not substitute for clinical judgment based on the particular circumstances of an individual case.

1. All mothers are asked about substance use during the pregnancy as part of the history portion of the initial pediatric evaluation of the newborn.

2. Criteria for ordering toxicology screen (with reflex confirmatory testing) to assess impact and exposure in infants with known ongoing maternal marijuana use:

- Known heavy use of marijuana throughout pregnancy (reasonable concern for consequent impaired functioning)
- Positive tox screens for other substances during pregnancy
- Limited prenatal care (< 5 visits)
- Observed and documented concern for patient ability to process information and follow nursing/ and medical recommendations including refusal of crucial interventions for baby or unsafe care practices
- Other children not in mother's custody
- Poor supports and refusal of supportive services as assessed by hospital social worker
- Active safety concerns



3. All positive toxicology testing must be reported to DCF by filing a 51A report.

4. A positive maternal toxin screen for marijuana is not an absolute contraindication to breastfeeding or use of the mother's breast milk. All mothers with a history of marijuana use should be counseled regarding the risks to children of marijuana exposure, including:

- Possible negative impact on development
- Possible concentration of marijuana in breast milk due to its lipophilic nature
- The dangers of impaired judgment if caring for a child while using marijuana
- The dangers of exposure of children to secondhand smoke
- The risks associated with access to marijuana products by children
- For more information, see the BWH Fetal Care Clinic's Cannabis Pregnancy and Breastfeeding counseling sheet: [Pregnancy and Breastfeeding Counseling Sheets](#)

Written informational handouts are available to assist in educating patients

Centers for Disease Control and Prevention resources:

ENGLISH: <https://www.cdc.gov/marijuana/pdf/Marijuana-Pregnancy-H.pdf>

SPANISH: <https://www.cdc.gov/marijuana/spanish/factsheets/embarazo.html#>

Boston Public Health Commission resources:

ENGLISH: <http://www.bphc.org/whatwedo/outreach-education-training/Documents/General%20Information%20for%20Pregnant%20and%20Breastfeeding%20People%20and%20Marijuana%20BPHC%202019.pdf>

SPANISH: <http://www.bphc.org/whatwedo/outreach-education-training/Documents/General%20Information%20for%20Pregnant%20and%20Breastfeeding%20People%20and%20Marijuana%20BPHC%202019%20-%20Spanish.pdf>

Colorado Department of Public Health and Environment resources
(available in English, Spanish, Vietnamese, Korean, Chinese, Somali, and Arabic):

<https://www.colorado.gov/pacific/cdphe/marijuana-fact-sheets>

Reference

1. Ryan SA et al Committee on Substance Use and Prevention, Section on Breastfeeding. Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes. *Pediatrics* 142:3, September 2018:e20181889.

