Compassionate Conversations, Informed Decisions

A provider guide for talking about cannabis use in pregnancy

Why This Matters

Your voice matters. Patients trust you, and research shows that even a brief, compassionate conversation can make a lasting difference.

With cannabis (marijuana) now legal for adults ages 21 and older in Maryland, patients may be more open to talking about their use. This creates an opportunity for providers to engage with honesty and empathy, helping patients make informed choices for themselves and their babies

It is important to remember: **legal does not mean safe.** Like alcohol and tobacco, cannabis exposure during pregnancy may harm a baby.

Why This Matters in Baltimore

For many families in Baltimore, especially families of color, past conversations about substance use have felt punitive or threatening. Some have even been told their children could be taken away. This history has created deep mistrust.

That is why these conversations must focus on **understanding, not judgment**. Your role is to listen, validate, and guide patients toward healthier coping strategies, not to punish or shame.

Coping and Alternatives

Avoid taking away a coping tool without offering another. Patients need safe, practical strategies to manage stress, pain, and anxiety.

- **Mindfulness Practices:** Breathing exercises and meditation techniques
- **Creative Outlets:** Art, music, and creative expression
- **Gentle Movement:** Exercise and physical activity
- **Nature and Community:** Time outdoors and in community spaces
- **Peer Support:** Support groups and community connections
- **Childcare Resources:** local childcare assistance programs, respite care options, family support services

For more tools, tips, and resources, visit the B'more for Healthy Babies Provider Portal: **www.healthybabiesbaltimore.com/provider-portal**

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Brief Interventions

Build trust and support change by using these strategies to guide discussions about cannabis use in pregnancy.

How to Start

Open the door with curiosity and empathy, and affirm honesty

> ***"My patients share many different reasons why they use cannabis. Will you tell me why you use it?"***
>
> ***"Thank you for trusting me with that. I know it is not always easy to talk about."***

What to Share

When it feels right, ask permission:

> ***"Would it be okay if I shared what we know about cannabis use in pregnancy?"***

Any form of cannabis — smoked, vaped, edible, or oils — may be able to harm a baby. No amount has been proven safe during pregnancy or while breastfeeding.

Cannabis use is linked to low birth weight, developmental concerns, and later challenges with attention and behavior.

Keep cannabis products, including edibles that resemble snacks or candy, locked away and out of children's sight and reach. Use child-resistant packaging and avoid consuming around children.

Meeting Patients Where They Are

Patients may not feel ready to stop, and that is okay — you are planting seeds for future change.
Encourage them to make small changes, for example:

> ***"It sounds like cannabis helps you with [nausea, stress, sleep]. At the same time, I hear how much you want your baby to be healthy. How do you see those fitting together?"***
>
> ***If stopping feels too hard, are there smaller changes that feel possible, like cutting back or avoiding use around your baby?"***

Closing with Care

End the visit in partnership and reassurance, not pressure:

> ***"Would it be okay if we revisit this at your next visit? In the meantime, I can connect you with resources that may help."***
>
> ***"You are not alone in this. I am here to support you in making the choices that feel best for you and your baby."***

By approaching patients with empathy, sharing clear information, and offering safe alternatives, you are building trust and supporting families in moments of vulnerability.