Fact Sheet: Marijuana and Fetal Harm

According to a 2013 Academy of Pediatrics report, prenatal exposure to marijuana can cause behavioral, cognitive, and achievement problems in the adolescent. However, detrimental effects could occur much earlier. For example:

- When used during the first month of pregnancy, cannabis could lead to anencephaly (the absence of a major portion of the brain, skull, and scalp) and increased risk of stillbirth.\(^2,3,4,5\)
- Maternal cannabis use during mid- and late pregnancy was associated with growth retardation and lower birth weight, and alters the neurobehavioral performance of term newborn infants of adolescent mothers.\(^6\)
- A significant relationship exists between marijuana exposure and child intellectual development. Heavy marijuana use (one or more cigarettes per day) during the first trimester was associated with lower verbal reasoning scores. Heavy use during the second trimester predicted deficits in the composite, short-term memory, and quantitative scores. Third-trimester heavy use was negatively associated with the quantitative score.\(^10\)
- Prenatal marijuana exposure was significantly related to child behavior problems at age 10 (increased hyperactivity, impulsivity, and inattention symptoms, increased delinquency and externalizing problems.)\(^11\)
- Prenatal exposure to marijuana is associated with deficits in language, attention, cognitive performance and delinquent behavior in adolescence.\(^1,12,13\)
- Adolescents exposed to prenatal marijuana are associated with an earlier onset of marijuana use and use marijuana more frequently compared to adolescents who were not exposed.\(^14\)
- Fetal exposure to cannabis and exposure during adolescence can disrupt neurodevelopment and increase risk and incidence of schizophrenia, depression, and addiction.\(^15\)

References:


Prepared by the Marijuana Science Forum, Oct. 2014