

# Integrated Perinatal Cannabis Care: Tools for Patients & Providers

## Identification & Management of Perinatal Cannabis Use

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A 5A's Framework for Patient-Provider Communication



colorado school of  
**public health**  
Public Health Elevated

**Rocky Mountain  
Prevention Research Center**  
colorado school of public health

**Colorado Cannabis Education, Research & Policy Project**

This project is funded by the Colorado General Assembly, House Bill 21-1317.

# Agenda



## **The Need**

Why this training was developed

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## **Essential Knowledge**

Background on cannabis & perinatal use

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## **The 5A's Framework**

Brief Intervention Model

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## **Step-by-Step Overview**

Ask, Advise, Assess & Assist, Arrange

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## **Patient & Provider Education Tool**

Demo of the 'Healthy Pregnancy AI Assistant'

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## **Q&A**

Address questions & provide contact information

# Learning Objectives

- ✓ Understand potential harms related to perinatal cannabis use.
- ✓ Identify current guidelines for prenatal and postnatal cannabis use.
- ✓ Locate and utilize screening assessment tools.
- ✓ Develop knowledge on available evidence-based treatments.
- ✓ Develop skills to increase self-efficacy to manage this issue.
- ✓ Locate local and national resources.
- ✓ Learn how to utilize an innovative digital patient & provider education tool.

## Goal of Training

Build provider knowledge and confidence to manage perinatal cannabis use and foster trusting patient-provider relationships to improve perinatal health outcomes.



# The Need

## The Provider-Patient Gap



A significant gap exists between patient needs and provider practices. Many providers report feeling unprepared to counsel on this topic.

## Consequences



Patients are often hesitant to disclose use, fearing judgment or legal (CPS) ramifications. This leads to a breakdown in communication and trust.

# Essential Knowledge: Prevalence

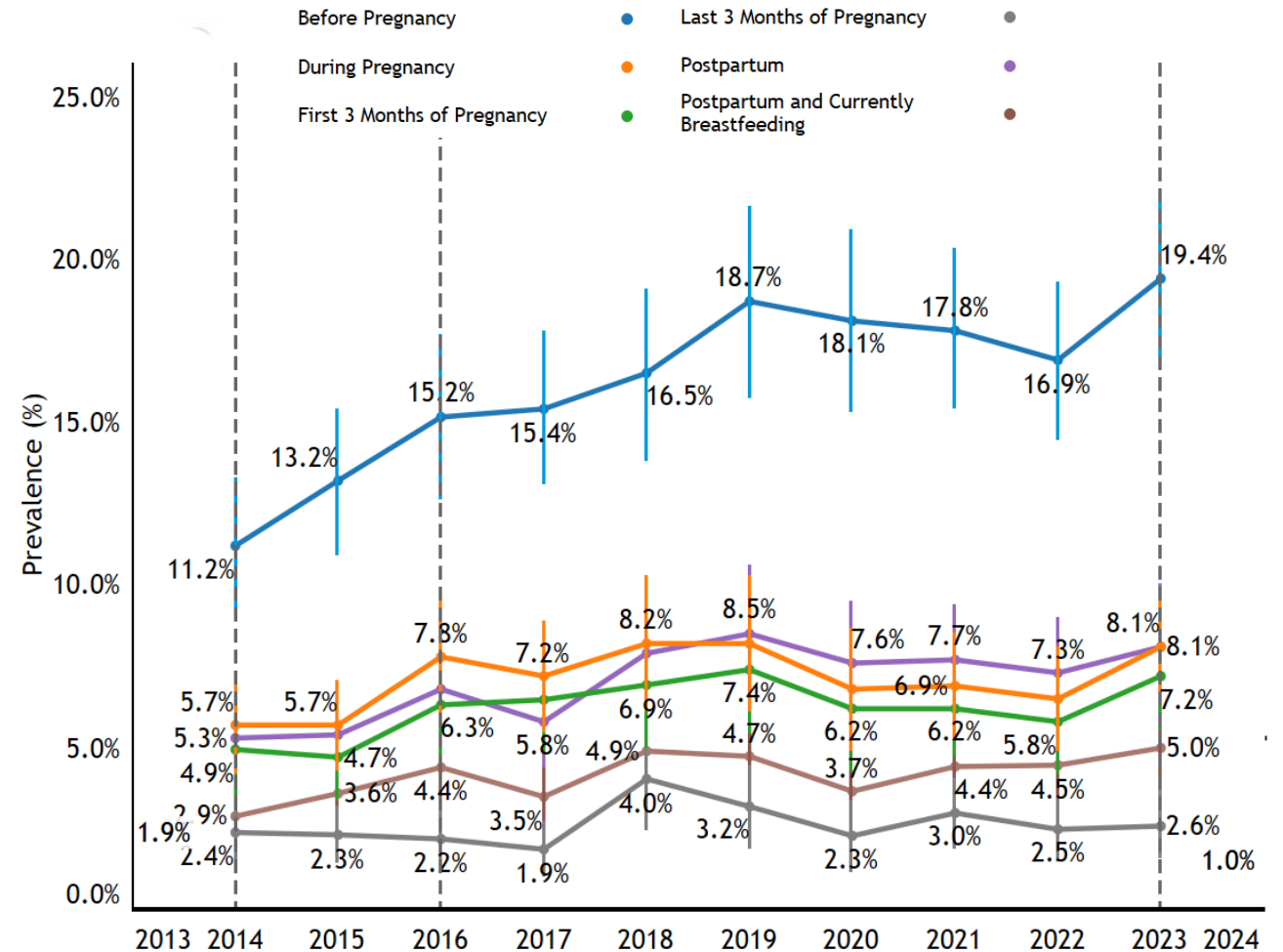
**Cannabis is the most commonly used substance during the perinatal period.**

- Self-report data shows prevalence rates of 2-5% for all perinatal women
- Can increase to 15-28% among women who are younger, live in urban areas, and are socioeconomically disadvantaged

**Data Source:**

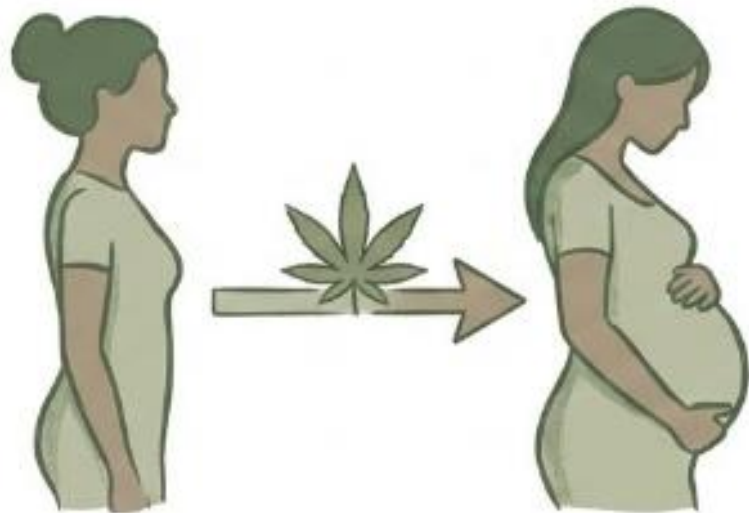
Colorado Pregnancy Risk Assessment Monitoring System, CDPHE

**Prevalence of Marijuana Use throughout Pregnancy among New Moms Colorado 2014 to 2023**



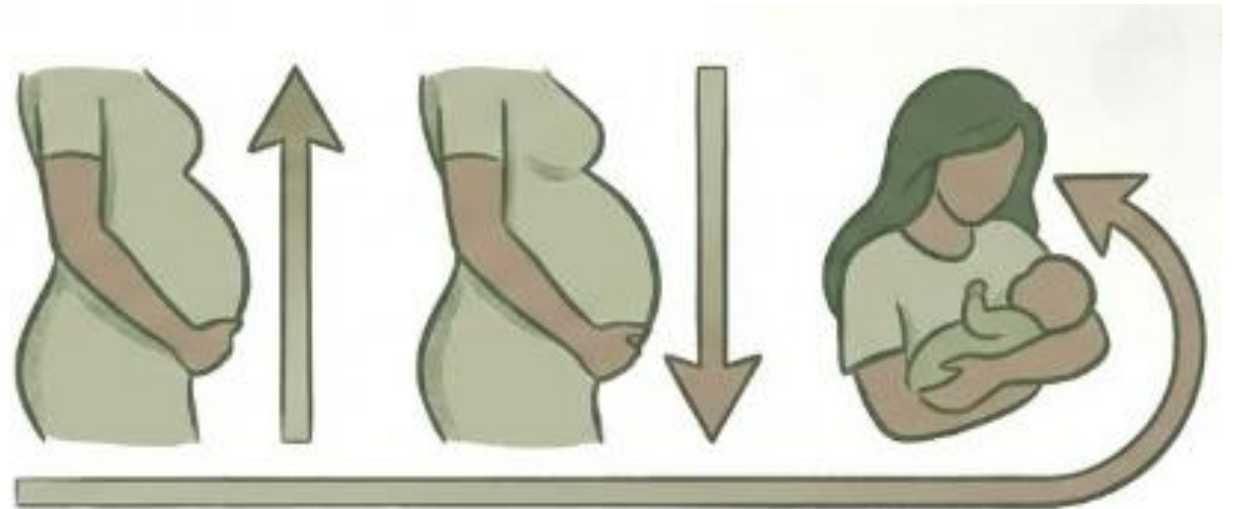
# Essential Knowledge: Trends

## Continued Use



Up to **half** of women who use before pregnancy continue use during pregnancy.

## Trimester Patterns



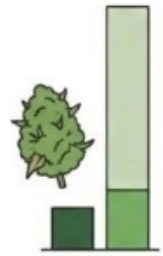
Highest rates in **1st Trimester.**

Decreases in **2nd/3rd.**

Return to use during **Postpartum.**

# Essential Knowledge: A Different Drug

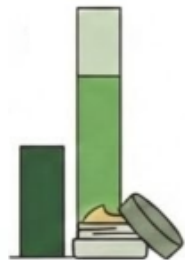
## High Concentration Concern



Potency is significantly higher than 5-10 years ago.

### Flower

Rose from <15% to 20%+



### Concentrates

Rose from 40% to 70%+



Today, concentrates can reach

**50-95% THC**

### Key Point

Greater concentration = greater likelihood of adverse health affects.

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Colorado Data (2014-2020)

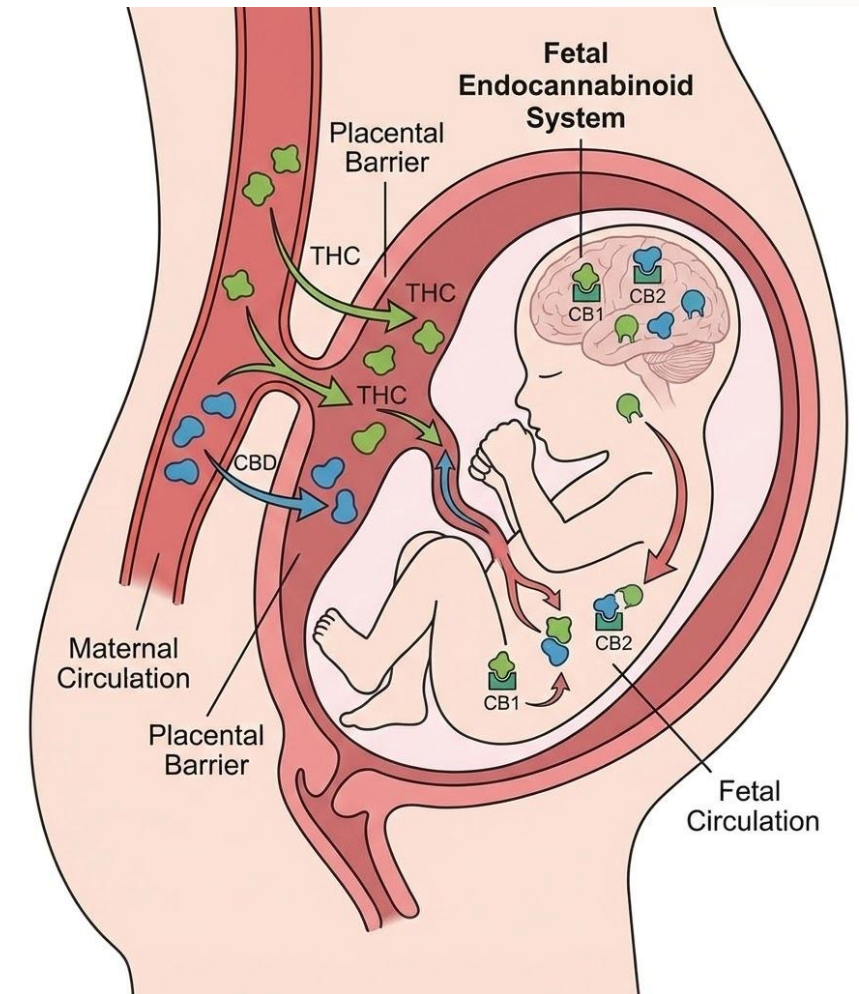
# Essential Knowledge: ECS & Pharmacology

## Biological Impact

- THC is fat-soluble and easily crosses the placenta, getting distributed to the fetus's brain and fat tissues
- CBD crosses the placenta, increasing its permeability to other substances and interfering with critical placental and embryonic development
- THC accumulates in breast milk (6-8x maternal blood levels), persisting for up to six weeks
- THC interferes with **the fetal Endocannabinoid System (ECS)**, which is critical for regulating fetal brain development.

## Medical Recommendation

Leading bodies (ACOG, AAP) recommend **abstaining** from all cannabis use during pregnancy and lactation.



# Essential Knowledge: Why Patients Use

## Common Misconceptions



Many women perceive cannabis use as having **minimal to no harmful effects** on themselves or baby.



Seen as a **“natural,” safer, and less expensive alternative** to other substances and many prescription medications.

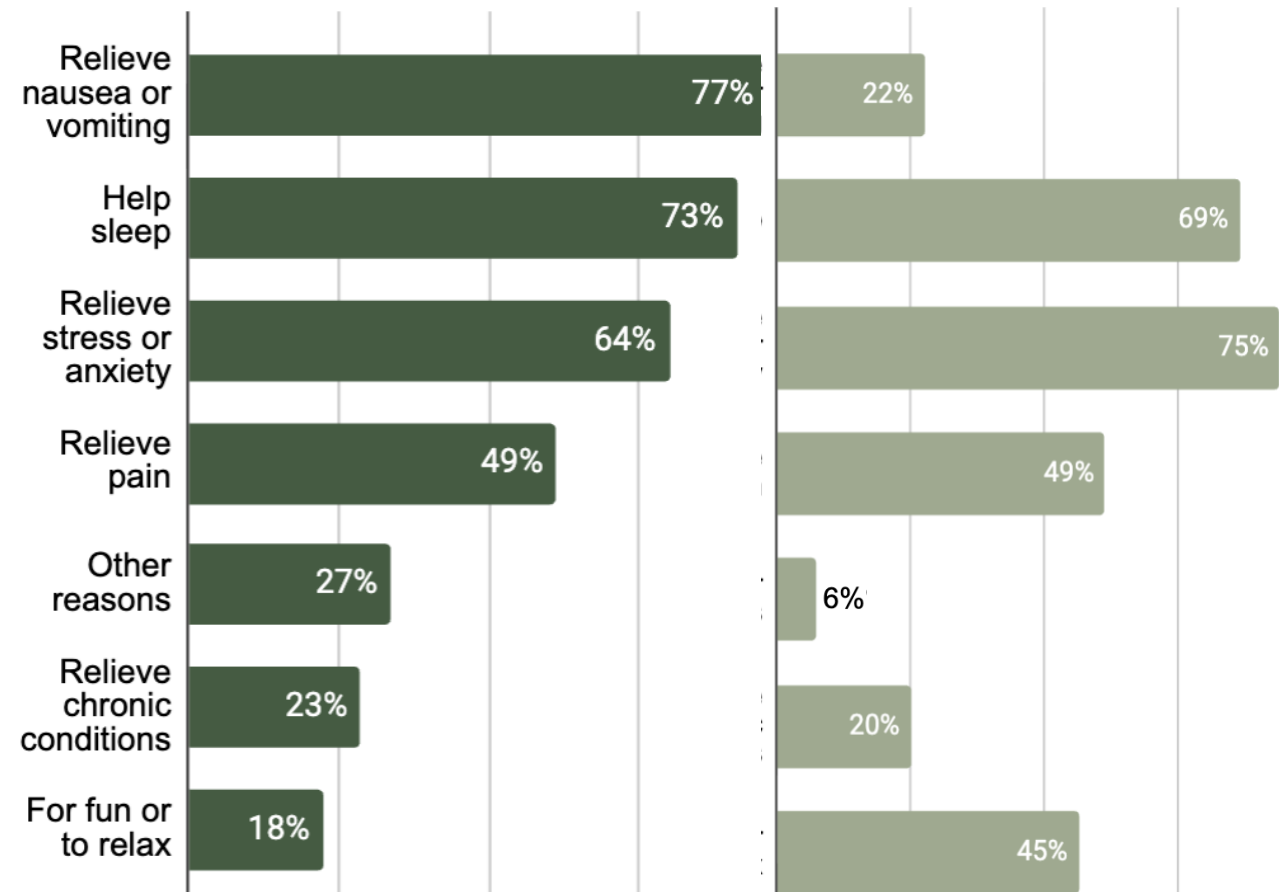


Use is driven by symptom management: **nausea, pain, sleep, stress, and mental health conditions.**

## Reasons for Marijuana Use

### During Pregnancy

### 12 months postpartum



Source: Postpartum Behavioral Health in Colorado (2021), CDPHE

# The 5A's Framework

## Patient-Provider Communication – Perinatal Cannabis Use

### Step 1 **ASK**



Ask patient about cannabis use status using validated screening tool at initial visit and repeat as needed

### Step 2 **ADVISE**



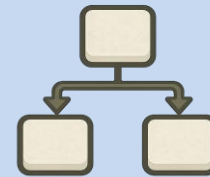
Clearly and empathetically communicate risks and advise change

### Step 3 & 4 **ASSESS & ASSIST**



Assess patient's willingness to change behavior; Assist in addressing common barriers & discuss available treatment plans

### Step 5 **ARRANGE**



Arrange for follow-up support through referrals & assessments

# The 5A's Framework Patient Flow Chart

For All Patients Who are Pregnant or Postpartum

## Build a Therapeutic Relationship

Build trust by fostering a nonjudgmental environment using a trauma-informed approach to care

## Step 1: Ask

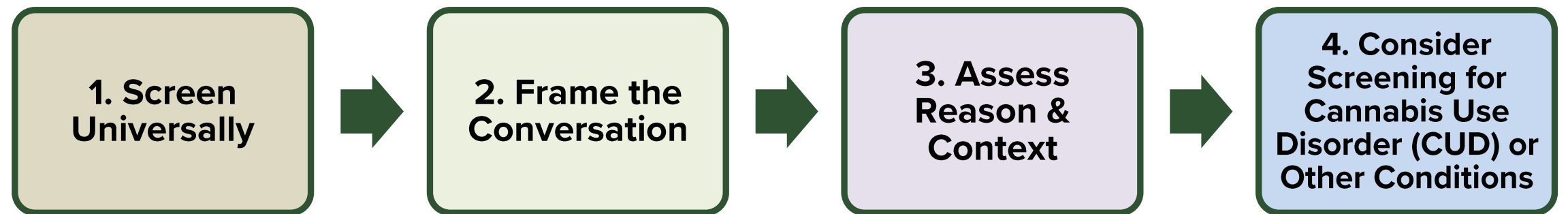
Perform universal screening by interview, self-report, or validated screening tools



# Step 1: Ask

## Goal

To universally and respectfully **ask** all patients about cannabis and other substance use using a trauma informed and evidence-based framework that focuses on building trust and understanding reasons/context associated with use.



“Before pregnancy and in early pregnancy, all women should be asked about their use of tobacco, alcohol, and other drugs, including marijuana and other medications used for nonmedical reasons.”

- American College of Obstetricians and Gynecologists (ACOG)

# Step 1: Ask



## 1. Screen Universally:

Ask all patients about cannabis use at first prenatal visit and postpartum. Use validated tools (The 5P's, The 4P's Plus, CRAFFT, SURP-P).

## Common Screening Tools

- **The 5P's:** An adaptation of the 4P's to a 5-item measure with questions referring to substance use in Parents, Peers, Partner, Pregnancy, and Past.
- **CRAFFT:** A mnemonic representing each question in the 6-item instrument: car, relax, alone, forget, friends, and trouble.
- **SURP-P:** Consists of 3-items that assess lifetime cannabis use, alcohol use 1 month before pregnancy, and problematic use.



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“Routine screening for substance use disorder can be accomplished by way of validated questionnaires or conversations with patients.” - ACOG



# Step 1: Ask



## 2. Frame the Conversation:

State clearly that screening is routine, confidential, and focused on providing the best care for mother and baby (trauma-informed). Distinguish screening from toxicology testing.

- ACOG, AAP, ACNM, ASAM and AAFP stress that universal *toxicology testing* **is not recommended** and that maternal consent is required for any drug testing, except in specific life-threatening situations.



“Routine screening for substance use disorder should be applied equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status.”

“Obstetrician–gynecologists should become familiar with the trauma-informed model of care and strive to universally implement a trauma-informed approach across all levels of their practice with close attention to avoiding stigmatization and prioritizing resilience.”

- ACOG



# Step 1: Ask



## 3. Assess Reasons & Context:

If positive, explore why the patient is using (e.g., nausea, stress, pain) and gather details (frequency, method).

- **Understand reasons for use:**  
Discussed on slide 9
- **Cannabis use details:** Type(s) of cannabis product(s) used (including THC concentration levels), amount consumed, usage patterns, intentions for future use and any concurrent use by partners, friends or family



## 4. Consider Screening for CUD/Conditions:

Use DSM-5 criteria or CUDIT-R to check for CUD and assess for related mental health conditions.

- **CUD:** Consider assessing for CUD if patient screens as high risk, CUDIT-R contains 8 items to assess cannabis consumption, abuse, dependence, and psychological features over the past 6 months
- **Other Mental Health Conditions:** Cannabis is often used to manage symptoms of anxiety, depression or trauma, assessing for these conditions is highly recommended

# Next Steps

For All Patients Who are Pregnant or Postpartum

## Build a Therapeutic Relationship

Build trust by fostering a nonjudgmental environment using a trauma-informed approach to care

## Step 1: Ask

Perform universal screening by interview, self-report, or validated screening tools

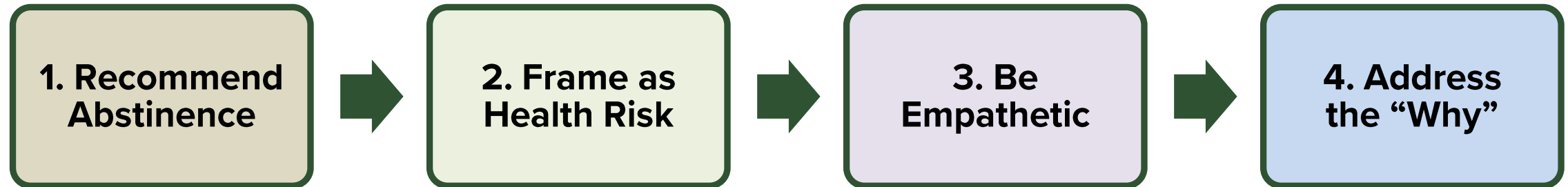
## Step 2: Advise

Encourage questions, provide education on the risks of perinatal cannabis use and advise abstinence



# Step 2: Advise

**Goal** To clearly communicate the risks of perinatal cannabis use and **advise** change.



“Pregnant women who are using marijuana or other cannabinoid-containing products to treat a medical condition or to treat nausea and vomiting during pregnancy should be counseled about the lack of safety data and the possible adverse effects of THC in these products on the developing fetus and referred to their health care provider for alternative treatments that have better pregnancy-specific safety data.”

- the American Academy of Pediatrics (AAP)

# Step 2: Advise



## 1. Recommend Abstinence:

Advise the patient to discontinue use during pregnancy and lactation, citing leading medical organization's guidance.

“Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy. Women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.”

- ACOG ”

- W** – Welcome questions about cannabis use
- E** – Explore alternatives to cannabis for common pregnancy ailments, such as anxiety and nausea
- E** – Explain the potential risks of cannabis use
- D** – Deliver a harm-reduction message by recommending a decrease in the dose and frequency for patients who are not able or willing to remain abstinent during pregnancy

– **American Academy of Family Physicians (AAFP)**

# Step 2: Advise

## 2. Frame as Health Risk:

Focus advice on biological impacts (i.e., placenta/breast milk) and health risks (i.e., low birth weight, neurodevelopment).

Synthesized from systematic reviews, meta-analyses, longitudinal outcome studies, and peer reviewed studies from leading medical organizations.

Maternal Outcomes	Neonatal Outcomes	Infant Outcomes*	Child Outcomes*	Adolescence Outcomes*
<ul style="list-style-type: none"><li>• Impaired judgement &amp; coordination</li><li>• Impaired breathing &amp; lung function</li><li>• Experiencing or exacerbating mental health issues such as anxiety, paranoia, psychosis, schizophrenia, depression, and suicide</li></ul>	<p>Studies show an increased risk for:</p> <ul style="list-style-type: none"><li>• Low birth weight</li><li>• Small for gestation age</li><li>• Preterm birth</li><li>• Admission to the Neonatal Intensive Care Unit (NICU)</li></ul>	<ul style="list-style-type: none"><li>• Poor sleep</li><li>• Poor self-regulation</li><li>• Hyperarousal</li></ul>	<p><b>Preschool (3 yrs)</b></p> <ul style="list-style-type: none"><li>• Deficits in memory, reasoning, and motor skills</li></ul> <p><b>School Aged (6-10 yrs)</b></p> <ul style="list-style-type: none"><li>• Deficits in reading, visual analysis, verbal and abstract reasoning, impulse control</li><li>• Inattention, hyperactivity</li><li>• Poor academic achievement</li><li>• Conduct disorder</li><li>• Delinquency</li><li>• Onset of depression</li></ul>	<p><b>14+ years</b></p> <ul style="list-style-type: none"><li>• Deficits in attention, visual analysis, verbal and abstract reasoning, executive functioning</li><li>• Inattention, hyperactivity</li><li>• Poor academic achievement</li><li>• Conduct disorder/problems</li><li>• Delinquency</li><li>• Early-onset cannabis use</li><li>• Depression, anxiety</li></ul>

\*These effects are based on longitudinal outcomes studies.

Table is adapted from Wymore et al. (2025) *High Stakes: Exploring the Impact of Cannabis Use in Pregnancy and Lactation*

# Step 2: Advise



## 3. Be Empathetic:

Use “I” statements to express concern, phrasing advice from a personal, clinical perspective can reduce feelings of judgement.

*“Based on what we know, I am concerned about how cannabis use can affect your pregnancy and your baby's development. For the health of you both, I strongly recommend that all my pregnant patients stop using cannabis.”*



## 4. Address the “Why”:

Immediately pivot to discuss safer, evidence-based alternatives for the reason they are using.

*“I hear that you've been using cannabis to manage severe nausea. That sounds incredibly difficult. While some people feel it helps, major medical organizations recommend we find an alternative with a better-known safety profile during pregnancy. Let's talk about other evidence-based options to help you manage nausea.”*

# Next Steps



For All Patients Who are Pregnant or Postpartum

## Build a Therapeutic Relationship

Build trust by fostering a nonjudgmental environment using a trauma-informed approach to care

### Step 1: Ask

Perform universal screening by interview, self-report, or validated screening tools

### Step 2: Advise

Encourage questions, provide education on the risks of perinatal cannabis use and advise abstinence

Patients with a Negative Screen for Cannabis Use

Patients with a Positive Screen for Cannabis Use

### STOP with 5A's

Continue with steps 1 & 2 at each visit needed

### Step 3 & 4: Assess & Assist

Assess patient's readiness to change cannabis use, assist with developing an action plan and connect them to needed resources

# Step 3: Assess

## Goal

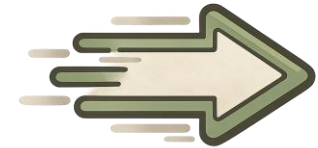
To equip providers with time-efficient tools to **assess** a patient's readiness to change their cannabis use.



1. Gauge Motivation



2. Use Readiness Rulers



3. Promote Forward Movement

- The focus is not to force change but to understand the patient's perspective and support them in taking the next step that is right for them.

# Step 3: Assess

## 1. Gauge Motivation:

Use open-ended questions to assess the patient's perspective. Recognize where they fall within the Stages of Change model.

“Given what we talked about, how are you feeling about your cannabis use?”

“What are your thoughts on where you would like to go from here?”

## THE STAGES OF CHANGE MODEL

### Precontemplation

**Not Ready.** The patient doesn't see their cannabis use as a problem.

- Validate lack of readiness
- Build trust and gently raise awareness
- Use the 5R's of Motivational Interviewing



### Contemplation

**Getting ready.** The patient is ambivalent, weighing the pros and cons or reducing/quitting.

- Assess readiness
- Discuss pros and cons
- Promote positive outcomes



### Preparation

**Ready.** The patient is committed to reduce/quit and is planning their next steps.

- Reinforce steps towards change
- Help create a concrete action plan
- Problem solve to reduce barriers



### Relapse

**Normal part of the process.** The patient has returned to/increased use after a period of abstinence.

- Frame as a learning opportunity
- Re-engage in the process



### Maintenance

**Stick with it.** The patient has sustained their behavior change for a selected amount of time.

- Plan for follow up support
- Reinforce success
- Prepare for situations leading to relapse



### Action

**Making change.** The patient is actively reducing/not using and is learning new coping skills.

- Provide support
- Affirm success
- Emphasize long term benefits



# Step 3: Assess Readiness

## 2. Use Readiness Rulers:

Ask the patient to rate (1-10) their **Importance** and **Confidence** in making a change.

**Ask:** On a scale of 1 to 10, with 10 being the most **IMPORTANT**, how important is it for you to reduce or quit cannabis use?



**Ask:** On a scale of 1 to 10, with 10 being the most **CONFIDENT**, how confident are you in your ability to reduce or quit cannabis use?



## 3. Promote Forward Movement:

Discuss the score to guide the conversation. If low on *Confidence*, focus on achievable steps (Harm Reduction). If low on *Importance*, review health risks.

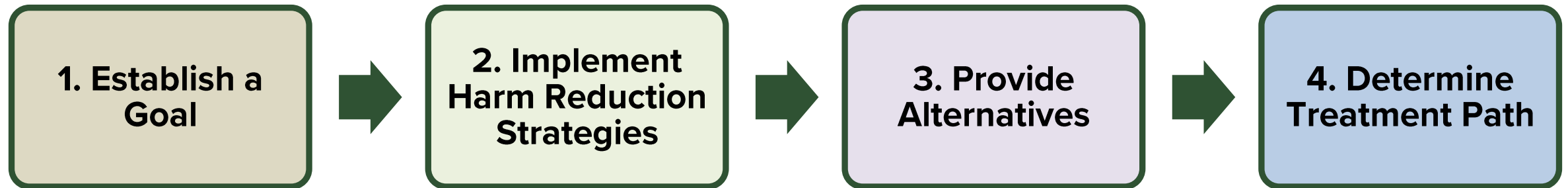
### **Follow up:**

- Why are you a [insert # reported], and not a lower number?
- What would it take to get from [insert # reported] to the next highest number].
- What past success have you had in reducing or quitting cannabis use?
- What are some of the good things about using cannabis right now?
- What are some drawbacks or concerns using cannabis right now?

# Step 4: Assist

## Goal

To **assist** providers with creating a patient-centered action plan that addresses common barriers and connects patients with needed resources or referrals.



- Use **shared decision-making** methods, where providers work collaboratively with the patient to explore the available options, assess the benefits and harms of each, listen to the patient's needs (location, time, price, etc.) and preferences (treatment type, language, cultural content, etc.) and together select the best course of action.

# Step 4: Assist with a Plan



## 1. Establish a Goal:

Use shared decision-making to set a realistic, immediate goal (abstinence or harm reduction).

If the patient is ready to:

### Quit Cannabis Use

- Discuss setting a quit date

### Reduce Cannabis Use or Remains Ambivalent

- Explore harm reduction strategies
- Suggest a few strategies and decide collaboratively

## Set SMART Goals to Define a Clear Next Step

- **S**pecific: Is the goal clear and easy to understand?
- **M**easurable: Can the goal be tracked?
- **A**chievable: Is the goal realistic for the patient?
- **R**elevant: Does the goal align with their values or desire for a healthy pregnancy?
- **T**ime-bound: Is there a timeframe for completion?

# Step 4: Assist with a Plan



## 2. Implement Harm Reduction Strategies:

If abstinence is not feasible, recommend safer behaviors to help reduce risk.

### **Harm Reduction Strategies include:**

- Reduce frequency & quantity of use
- Use lower concentration THC products
- Change method of use & suggest avoiding smoking/vaping due to respiratory risks
- Buy from licensed dispensaries
- Ensure safe storage of cannabis products
- Avoid using other substances
- Create a plan to have a sober caregiver
- Encourage safe sleep habits
- Support patients with safer practices for breastfeeding

# Step 4: Assist with a Plan



## **3. Provide Alternatives:**

Offer specific, healthy coping skills or alternative treatments to address barriers based on their reasons for use and described challenges.

### **Simple evidence-based healthy coping skills for stress management include:**

- **Sleep Hygiene:** Discuss creating a calming bedtime routine and strategies for improving sleep.
- **Exercise:** Encourage the patient to get outside each day and discuss how they can develop an exercise routine during pregnancy or postpartum.
- **Mindfulness:** Suggest using relaxation techniques such as deep breathing exercises or a body scan meditation to use when stress is high.
- **Social Support:** Ask them who they have around them that is able to support them in this goal. Emphasize that having one person to help and support them can buffer against the feelings of stress. If they do not have someone at home to help them, suggest that they join a pregnancy or postpartum support group or find a therapist.

# Step 4: Assist with a Plan



## **4. Determine Treatment Path:**

*Low/Moderate Risk:* Brief Intervention (BI) with referral.

*High Risk/CUD:* Referral to Treatment (RT).

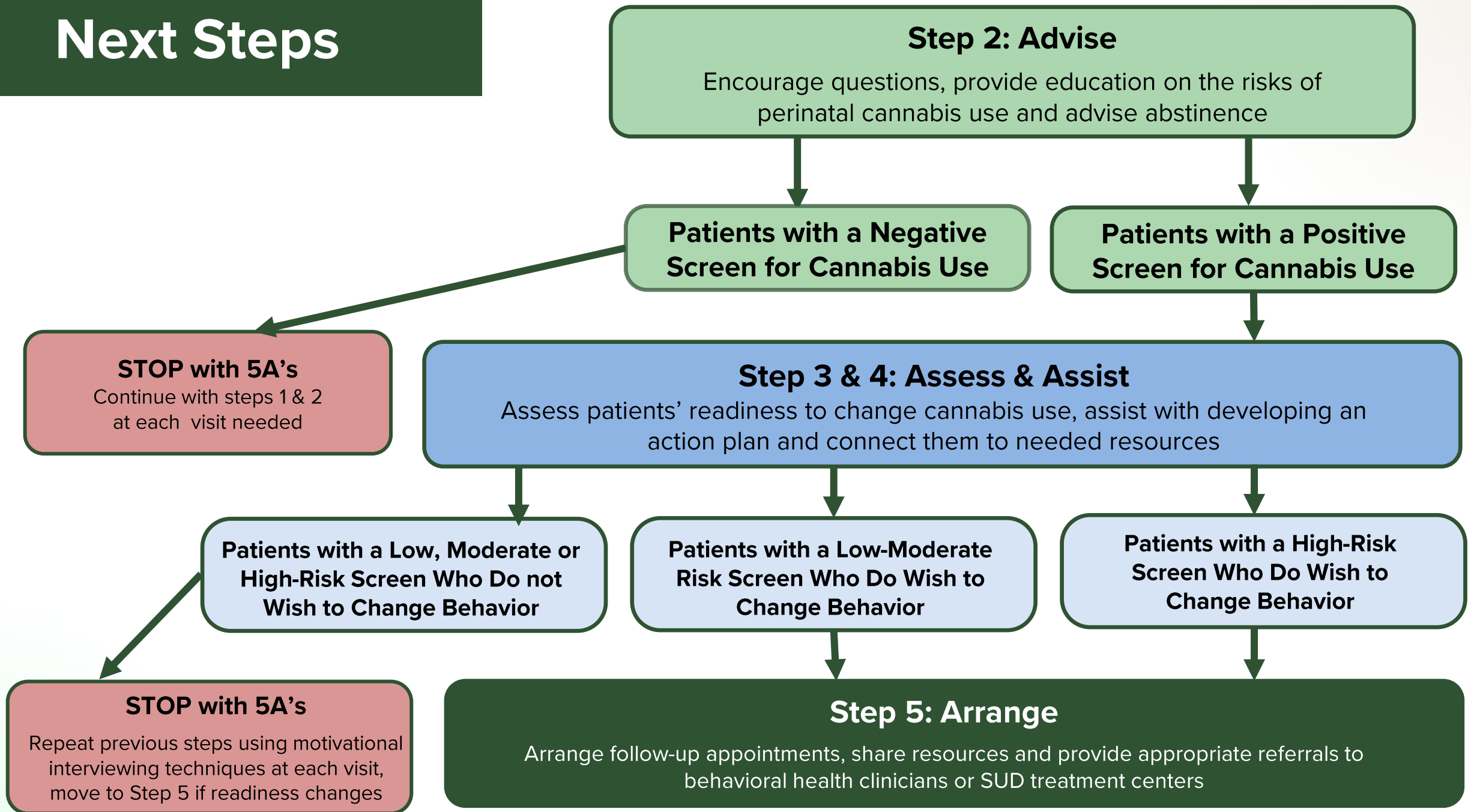
### **Positive screen for Low to Moderate Risk:**

- Brief Intervention (BI) includes a conversation following a Motivation Interviewing (MI) approach (i.e., 5A's)
- As needed, a referral to a behavioral health clinician that specializes in effective interventions (i.e., MI, Cognitive Behavioral Therapy)

### **Positive screen for High Risk/CUD:**

- Referral to Treatment (RT) includes connecting the patient with a behavioral health clinician, addiction medicine specialist, perinatal psychiatrists, or a perinatal specific SUD treatment program
- There are currently no FDA-approved medications for the treatment of Cannabis Use Disorder

# Next Steps



# Step 5: Arrange

## Goal

To ensure patients have a clear plan for ongoing support by **arranging** follow-up appointments, referrals that meet the patient's needs and preferences, and providing accessible resources.

1. Consider Patient Needs

2. Perform a "Warm Handoff"

3. Establish Follow-up

4. Collaborate

5. Build a Strong Referral Network

- Pregnant and postpartum women face significant stigma regarding cannabis use, leading to fear (e.g., losing a child), shame, and isolation which deters patients from seeking or continuing care.
- To counteract this, providers should use a trauma-informed approach focused on building trust, enhancing self-efficacy, and strengthening patient skills for optimal health.

# Step 5: Arrange Support

## **1. Consider Patient Needs:**

When making a referral, factor in cultural preferences, language, location, access, and cost to ensure it is appropriate.

## **2. Perform a “Warm Handoff”:**

Try to avoid giving a cold referral. Actively connect the patient to the resource (e.g., call the referral source with the patient) to dramatically increase follow-through.

## **3. Establish Follow-up:**

Schedule a follow-up appointment to revisit the action plan and check on referral attendance as needed.

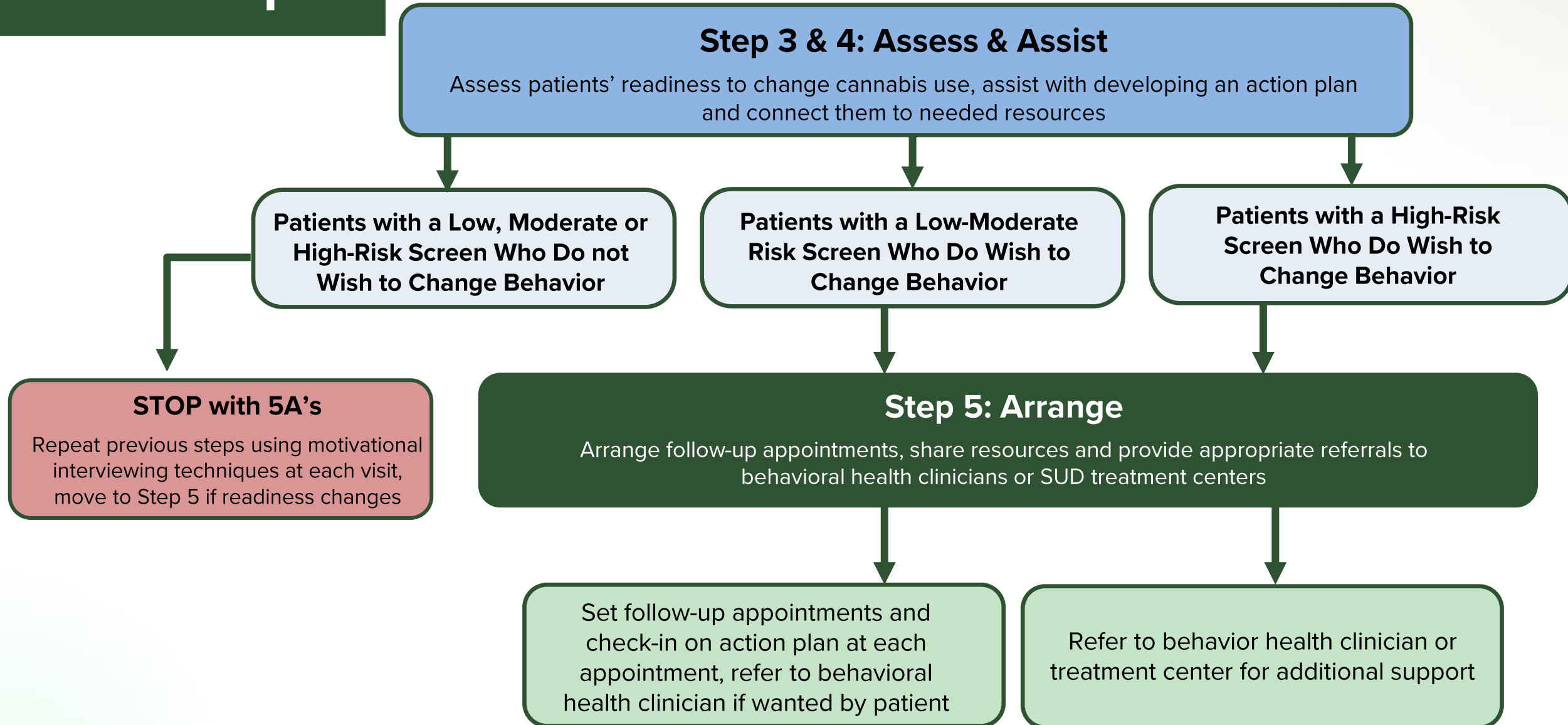
## **4. Collaborate:**

Maintain communication with behavioral health partners (with consent) to ensure continuity.

## **5. Build a Strong Referral Network:**

Networking with other providers and improving referral processes ensures patients access essential care.

# Next Steps



# Access CME Training

Scan the QR code to access the website for the full 'Identification & Management of Perinatal Cannabis Use' Training



## CME Information:

- **Time to Complete:** This training is estimated to take approximately 2 hours to complete.
- **Credit Designation:** The Colorado Medical Society designates this enduring material for a maximum of 2 AMA PRA Category 1 Credits™.
- **Requirements for Credit:** Participants must complete the following steps in order:
  1. Complete the Pre-Test to assess your baseline knowledge of perinatal cannabis management.
  2. Review the full training.
  3. Achieve a minimum passing score of 80% on the Post-Test and complete the activity evaluation.

# Patient & Provider Education Tool



## The Healthy Pregnancy AI Chatbot

### What is it?

*An AI-driven chatbot designed to prevent perinatal cannabis use and promote perinatal wellbeing by providing 24/7 automated SMS support.*

## Development of the chatbot consisted of two phases:

### 1. Evidence–Based Content Creation

- **Theoretical Framework:** Messaging was grounded in Social Cognitive Theory, Self-Determination Theory, and the Integrated Theory of mHealth to maximize user motivation and behavioral impact.
- **Research Integration:** We synthesized the latest data from the leading governing bodies (i.e., CDC, SAMHSA, ACOG, AAP, AAFP, etc.), along with evidence from peer reviewed articles to create a comprehensive content outline covering topics such as the health consequences of cannabis, harm reduction, and effective coping mechanisms.
- **Expert Review:** Content was vetted by healthcare providers and subject matter experts to ensure clinical accuracy before being translated into a conversational format by Clinic Chat™.

# Patient & Provider Education Tool

## 2. Multi-Phase Beta-Testing & Feedback Integration

- **Round 1: Needs Assessment:** Surveyed 33 participants to identify primary stressors (financial, physical, parenting) and preferred coping skills (social support, exercise), which informed the core "essential messages" of the chatbot.
- **Round 2: Prototype Feasibility:** Eleven users engaged with a 7-day prototype. While 82% found it useful, feedback led to reducing "overwhelming" text volume and improving response specificity for user questions.
- **Round 3: Program Refinement:** Testing expanded to a 4-week program length. Participants reported high usability (100% found it easy to use) but noted a need for more diverse content beyond substance use, such as advanced physical activities and tailored follow-up prompts.



# The Healthy Pregnancy AI Assistant



## How it Works:

- Gives trimester-specific guidance regarding perinatal health, stress management, and care seeking
- Sends automated SMS reminders to schedule appointments
- Has secure self-screening options
- Offers a provider dashboard for real-time insights

## Security & Clinical Safety:

- Fully HIPAA and SOC 2 Compliant
- Encrypted data transfers & restricted PHI exposure
- Full HL7 integration with EPIC available upon request
- Deterministic chatbot which prevents “hallucinations” by following strict clinical decision trees & escalates complex queries to a human

## Provider Impact:

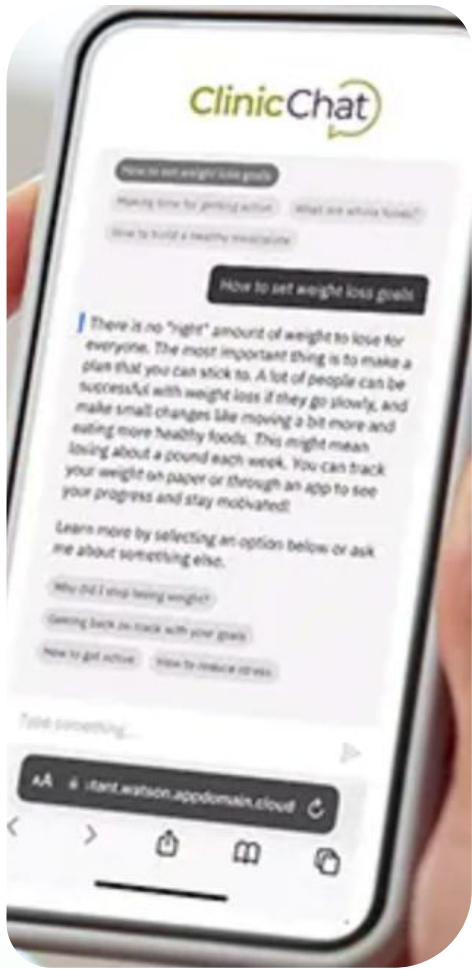
- Can reduce no-show rates for patients and reclaim staff hours
- Used as an early risk mitigation strategy which can reduce downstream costs and complications associated with prenatal and postnatal care
- Can increase direct billing revenue by facilitating separate-fee-for-service billing for MH screenings

# Examples from the Healthy Pregnancy AI Chatbot

## Meet Anna,

- 28-year-old
- Pregnant, first trimester
- Using cannabis to control nausea
- Concerned about whether it is safe
- Engages with the Health Pregnancy AI Chatbot





+1 (720) 445-6529

Text Message • SMS  
Today 8:13 AM

Is it safe for me to use cannabis when I'm pregnant?

You might have heard mixed messages about using cannabis while pregnant. Let's set the record straight- health experts have found that using cannabis during pregnancy is bad for both the mom and baby. Mom's- using cannabis can impair your coordination and judgment, affect your lungs and mental health, and even lead to legal issues. It's important to understand that this can also affect your baby! When you use cannabis during pregnancy, the risk of preterm birth, low birth weight, and even stillbirth increases. You can keep both you and baby safe by giving cannabis up during pregnancy!

Ask me something else! Type the number of a topic here or write in your own question: (1) What impact does cannabis use have on a fetus? (2) What impact does cannabis have on newborns? (3) What if I don't want to quit using?



Text Message • SMS



+1 (720) 445-6529

1

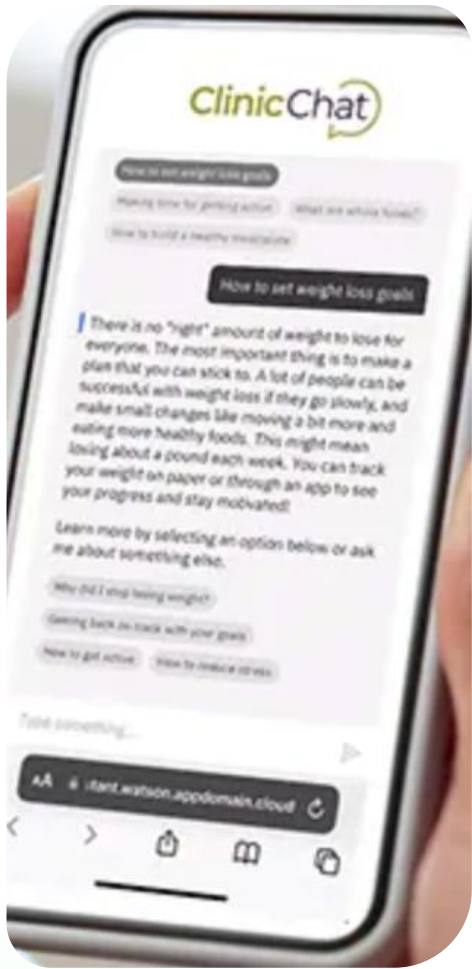
Answer: Using cannabis during pregnancy can harm the baby in various ways. It might cause your baby to be born prematurely and weigh less than usual. Additionally, it could result in your baby having trouble learning later in life. Let's ensure your baby stays safe and healthy right from the beginning! Talk to your provider for more information on the impact of using cannabis during pregnancy and ways for you to stay healthy too. Ask me something else! Type the number of a topic here or write in your own question: (1) How does high concentration cannabis use during pregnancy impact health of children after birth? (2) What is the impact of high concentration cannabis use while breastfeeding? (3) What other options do I have to manage nausea?

3

Here are some things to try right away: **Ginger, 250 mg 4X daily:** Real ginger (tea, lozenges, or...



Text Message • SMS



10:48



+1 (720) 445-6529

Choose high-protein (like nuts or Greek yogurt) to keep your stomach, eat small frequent meals to keep your stomach from getting completely empty, which often triggers nausea, and stick to Applesauce, and Toast. Ask me something else! Type the number of a topic here or write in your own question: (1) How can I cut back on using cannabis? (2) What are some strategies I can use to reduce stress during pregnancy without turning to alcohol or drugs, including cannabis? (3) How can I learn more about health impacts of cannabis for pregnant women?

2

Pregnancy and life as a parent of a newborn can be some of the best times of your life, but they can also be very challenging times! Many pregnant women and new moms recognize that they struggle with stressors that are related to their changing bodies, challenges in sleeping, and in being able to do their best to care for an infant--this may be true for you, and it is very common! There are healthy strategies out there to turn to when you are feeling stressed, like getting more exercise, sleeping well, yoga, meditation, social support and getting creative with art or music. I can help you learn more about any of these!



Text Message • SMS



Cannabis use disorder (CUD) is a

9:30



+1 (720) 445-6529

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Could I be addicted to pot?

Cannabis use disorder (CUD) is a real challenge, and if you're pregnant and you think you may have CUD, you deserve to get care and support to successfully overcome it. Think of it like any other substance use disorder--treatments are available that are very effective, and pregnancy is an ideal time to get help. I can ask you some questions about CUD to see if it might be an issue for you. Just type "CUD" and I'll ask them.

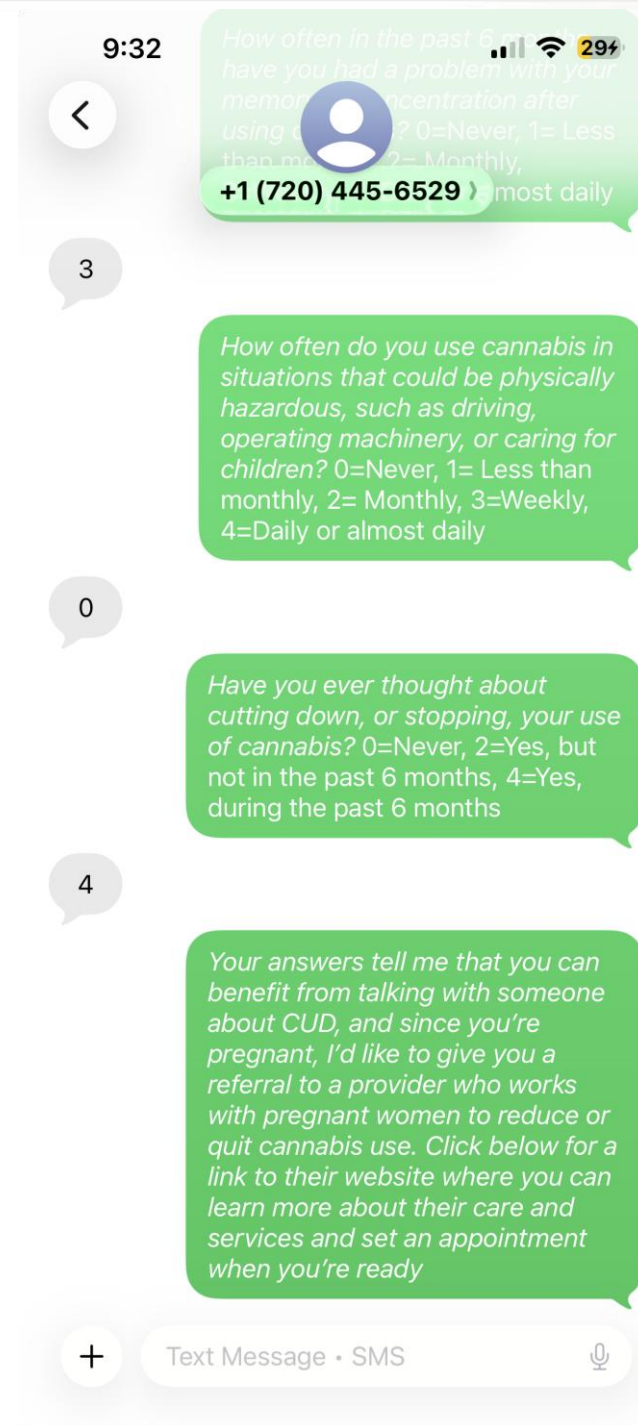
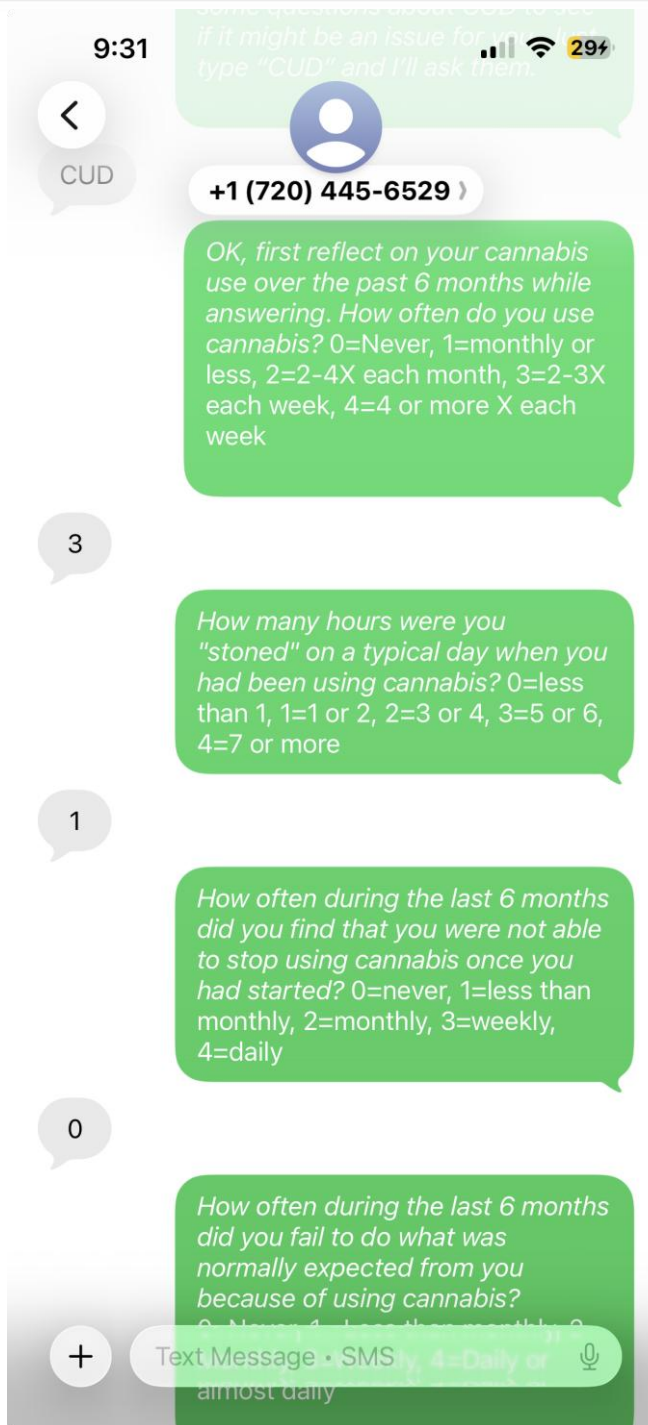
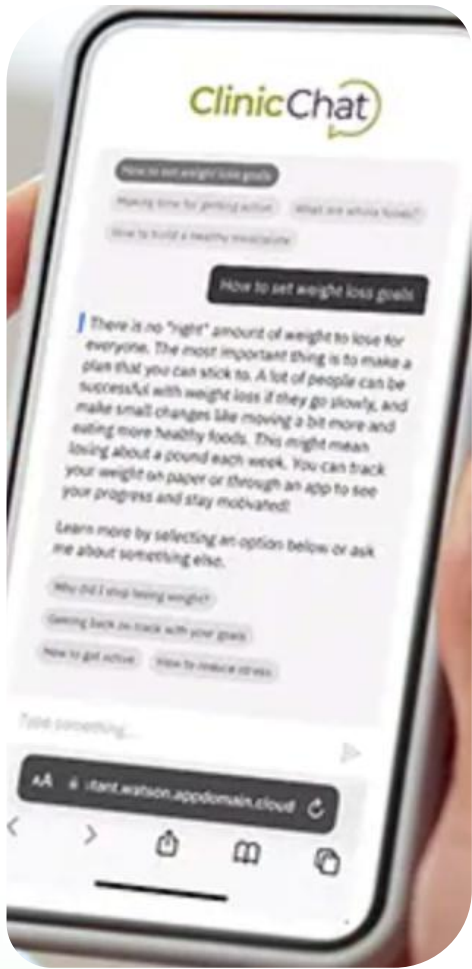
CUD



Text Message • SMS



How often do you use cannabis in your life over the past 6 months while answering. How often do you use



# Common Use Cases

## Pregnant Women:

- Feels anxious about parenting and upcoming life events
- Seeks guidance on how to manage stress

## Postpartum Mom:

- Experiencing sleep loss and anxiety related to parenting
- Seeks information on postpartum depression, coping and strategies to reduce stress

## Breastfeeding Mom:

- Wants to go back to using cannabis post-partum
- Seeks information on the long-term impacts of cannabis use during lactation on the baby's health and development

## Community Health Worker:

- Has a large prenatal case load
- Seeks information to share with clients in response to questions about safety of cannabis use

# Questions?

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 @RMPRC

RMPRC Website



Demo for Perinatal bot



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