

Mistrust and Miscommunication; Experiences of Health Providers and Black and Latina Patients in Using Cannabis During Pregnancy

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Introduction

- Rates of cannabis use are increasing among pregnant individuals, especially in legalized states
- Pregnant individuals see cannabis as safe and use it for pregnancy symptoms, but healthcare organizations advise against use
- Data shows that patients with marginalized identities face more consequences for disclosing cannabis use to providers
- We set out to understand perceptions of cannabis use during pregnancy for pregnant individuals and maternal health providers

Methods

- Semi-structured, remote interviews with 7 people who used cannabis during pregnancy and 10 maternal healthcare providers
- Transcribed interviews were analyzed by the team
- Constructivist grounded theory methodology was used to identify themes

Discussion

- **More data is needed on patient and provider self-education;** both are lacking information, but providers can do harm to patients (via increased CPS reporting and termination of parental custody) due to their **authority status** within healthcare.
- Both groups need **accurate, socioculturally sensitive information** about maternal cannabis use via a **harm reduction lens**.
- Healthcare institutions and health communicators should **expand focus to both maternal and fetal well-being** for improved maternal engagement

Patients and providers seek differing and incomplete sources of perinatal cannabis use information and experience miscommunication, mistrust, and judgment within care.

Result 1: Providers experienced caregiving challenges with patients due to historical and ongoing medical judgment exacerbated by cannabis use

“[Patients are] not going to tell their doctor they’re using cannabis... because we can occasionally be judgmental, or we have a history of being judgmental.” *Meadow*, Provider*

“[I]t's definitely a bias among the other providers that women with money don't have these issues and they don’t have these struggles. And so when I was at the low income clinic... they would just run a drug panel on everybody in every pregnancy... in private practice, the doctors just figure that oh women with money know better, so they don't do it.” *Paisley, Provider*

Result 2: Patients and providers described a disconnect between how cannabis is viewed and which sources of information to trust (fetus-focused science vs self-identified maternal needs)

“[W]e have our unseen patient, which is our baby, that we're responsible for. The mom can be responsible for herself, but we are responsible for that baby... I'm not there to judge. It's not really for me to judge. It's really for me to educate. And I follow the science.” *Lark, Provider*

“ [Providers should] listen to their patients about why they use it while they're pregnant. I know they're concerned about the baby... but if it helps them in the first weeks of their pregnancy, as to morning sickness or they can't sleep... they should be allowed to use it at a certain point.” *Lucky, Patient*

Result 3: Both patients and providers felt the need to seek out information about maternal cannabis use, either online or via interpersonal networks

“My home girls told me..., ‘Hey, I used it. Don't trip, it’s fine. I know the doctor will try to scare you, but my mom’s done it.” *River, Patient*

“[S]omebody will quote a study ... so I've gone and searched for that. But then at the same time, there's another study that says [the opposite] ... point me into directions and I'll look it up, but it hasn't really changed anything, just because there's not a lot of great data out there.” *Ziggy, Provider*

**all names are pseudonyms to protect participant anonymity*

Participant Characteristics (Patients)	Mean (SD) / Frequency (%)	
Age	27.24 (3.39)	
Nativity		
Non-Hispanic	3 (42.86%)	
US-Born Hispanic	3 (42.86%)	
Foreign-Born Hispanic	1 (14.29%)	
Education		
Completed grade 12 (high school)	2 (28.57%)	
Some college or technical school	3 (42.86%)	
Completed 4 years of college	2 (28.57%)	
Income		
Don't know	2 (28.57%)	
Less than \$15,000	1 (14.29%)	
\$15,000 to \$29,999	2 (28.57%)	
\$30,000 to \$49,999	2 (28.57%)	
Preferred Language		
English	7 (100%)	
Hispanic Ethnicity		
No	3 (42.86%)	
Yes	4 (57.14%)	
NIH Race Categories / Ethnicity		
Black, non-Hispanic	3 (42.86%)	
Hispanic	4 (57.14%)	
Participant Characteristics (Providers)	n	(n%)
Cares for:		
People who use cannabis during pregnancy	10	100%
People who use alcohol or other substances during pregnancy	9	90%
People who use cannabis after pregnancy	10	100%
Maternal Health Role:		
Doula/Lactation Consultant	1	10%
Certified Nurse Midwife	1	10%
Physician	8	80%
Specialty:		
OB/GYN	9	90%
labor and delivery	2	20%
postpartum	2	20%
community health	1	10%
midwifery	1	10%
Doula	1	10%
Lactation Consultant	1	10%
Maternal Health Provider's Racial Identity		
Black or African American	2	20%
White	7	70%
Mixed Race	1	10%
Maternal Health Provider's Pronouns		
he/him	2	20%
she/her	7	70%
declined to disclose	1	10%
Maternal Health Provider's Age		
under 30	2	20%
30-39	3	30%
40-49	3	30%
50-59	2	20%



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