

# Cannabis Use Motives Across the Reproductive Continuum: An Integrative Literature Review

*Cannabis*

2026

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researchmj.org

10.26828/cannabis/2026/000363

Volume 9, Issue 2

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## ABSTRACT

**Objective:** Cannabis is one of the most used substances in pregnancy, with an estimated 10% of U.S. pregnancies affected by cannabis use. Although research has linked fetal cannabis exposure to potential risks, many pregnant women continue to use cannabis for diverse medical and nonmedical reasons. Motives for substance use are modifiable targets for intervention that can be leveraged for tailored intervention and prevention strategies, yet little work has been done to integrate women's motives for cannabis use across the reproductive continuum. **Method:** To address this gap, this integrative review examines literature on cannabis motives across reproductive time periods using the Whittemore and Knafl approach, to map the range of motives reported across studies, synthesize distinct motives into meaningful categories, and examine how motives are related to cannabis use behavior—including frequency, initiation and persistence. **Results:** Overall, 33 studies met inclusion criteria with 27 focused on the prenatal period and no studies exclusively on preconception, for a total of 45 period-specific observations. Across the reproductive continuum, medical/therapeutic motives were frequently reported (97%) and were linked to persistent and frequent use. Coping motives were also linked to use behavior and were more prominent during postpartum compared to preconception or prenatal periods (100% vs. 80% vs. 79%, respectively). Recreational and social motives appeared more often preconception. **Conclusions:** Altogether, motives for cannabis use were varied and dynamic, but medical motives were the most consistent across the reproductive continuum. Motives can provide a framework for non-stigmatizing intervention that distinguishes symptom driven use, bridges provider communication barriers, and acknowledges patient reported benefits.

**Key words:** = cannabis; substance use motives; reproductive health; pregnancy; integrative review

Cannabis is one of the most used substances in pregnancy (England, 2020). Over the last two decades, prevalence has increased (Hayes et al., 2023; King et al., 2020; Ko et al., 2018), with current estimates indicating that about 10% of U.S. pregnancies may be affected by cannabis use (Brown et al., 2023; Kobernik et al., 2024). In high-income countries, prenatal cannabis use ranges from 1-22% (Singh et al., 2020) highlighting the importance of understanding

drivers of use. Fetal cannabis exposure is linked to fetal growth restriction, low birth weight, and small-for-gestational-age newborns (Bruno et al., 2022; El Marroun et al., 2009; Metz et al., 2024). Long-term outcomes have also been documented, including childhood neurocognitive impacts (Cioffredi et al., 2022), adolescent substance use initiation (Porath & Fried, 2005; Sonon et al., 2015) and psychosis susceptibility in young adulthood (Day et al., 2015). Considering these

risks, many pregnant women continue to use cannabis for diverse medical and nonmedical reasons, yet use is rarely restricted to the prenatal period.

Prenatal cannabis use often overlaps with preconception and postpartum use because women do not systematically initiate and discontinue use as they become pregnant (Vanstone et al., 2021). Instead, women's cannabis use before and after pregnancy (especially if planning future pregnancies) likely influences exposure patterns and risks and are relevant for prenatal harm reduction. Preconception health is an important indicator of maternal-fetal health but is often overlooked in substance use research, especially regarding cannabis use (Skelton & Young-Wolff, 2022). Similarly, the early postpartum period provides a foundation for reproductive health in subsequent pregnancies (Lewey et al., 2024) as women continue or resume cannabis use postpartum, which also overlaps with breastfeeding, infant bonding, and parenting. Thus, understanding women's cannabis motives in these multiple periods may help to explain use behaviors in pregnancy as well as identify opportunities to intervene prior to prenatal exposure.

Motivational models of substance use contend that underlying motives—or specific reasons for using substances—impact substance behavior, including frequency and persistency of use (Cooper, 1994). Multiple measurement frameworks exist for capturing cannabis motives such as coping, enjoyment, social and expansion (Lee et al., 2009; Simons et al., 1998), and have been expanded to include health related subscales (Bonn-Miller et al., 2014; Lankenau et al., 2018). Like all health behaviors, substance use occurs within a complex system influenced by several personal, social and environmental factors (Alunni-Menichini et al., 2025; Flay & Petraitis, 1994). Importantly however, motives represent modifiable targets for intervention that can be leveraged for tailored counseling and prevention strategies. In fact, prior research shows that addressing underlying motives (e.g., decreasing maladaptive coping) can effectively reduce substance use frequency (Banes et al., 2014; Blevins et al., 2016). Although motives have been examined in general populations and pregnancy, less is known about how motives present across preconception, prenatal, and postpartum periods.

### *Summary and Aims*

Despite the potential risks, cannabis use prevalence in pregnancy continues to increase (Hayes et al., 2023), highlighting a need to understand drivers of use. A reproductive continuum perspective (i.e., the preconception, prenatal, and postpartum periods) can expand the focus from substance risks and behavior in pregnancy to understanding women's cannabis use patterns holistically, potentially leading to stronger interventions to reduce cannabis exposed pregnancy. Motives have been identified as key, modifiable factors influencing cannabis use behavior, but little work integrates motives across the reproductive continuum. To address this gap, the current review examines literature on cannabis motives across reproductive time periods in adult women to 1) map the range of motives reported across studies, 2) synthesize distinct motives into meaningful categories, and 3) examine how motives are related to cannabis use behavior, including frequency, initiation and persistence of use.

## **METHODS**

The integrative review method synthesizes a broad range of work including both empirical and non-empirical research in order to identify knowledge gaps, generate research questions and develop new frameworks, perspectives, and insights (Russell, 2005). This integrative review was conducted using the revised approach described by Whittemore and Knafl (2005) which consists of problem identification, literature search, data evaluation, data analysis, and presentation, and is reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement.

### *Problem Identification*

In alignment with Stage 1 of Whittemore and Knafl's approach, motives for cannabis use are identified as the principal phenomenon of interest. Motives for cannabis use are defined as specific and unique reasons for cannabis use (Kosiba et al., 2019), and may be explicitly self-reported by the participant, inferred from participant behavior, or theoretically proposed by

the study author(s). Although multiple measurement frameworks exist for classifying motives, this review builds on the existing frameworks to identify and characterize cannabis motives across reproductive time periods. Two research questions guided this review:

- What are adult women's motives for cannabis use before, during and after pregnancy?
- How do cannabis motives shape use behavior during adult women's childbearing years?

To answer these questions, a literature search was conducted.

### *Literature Search*

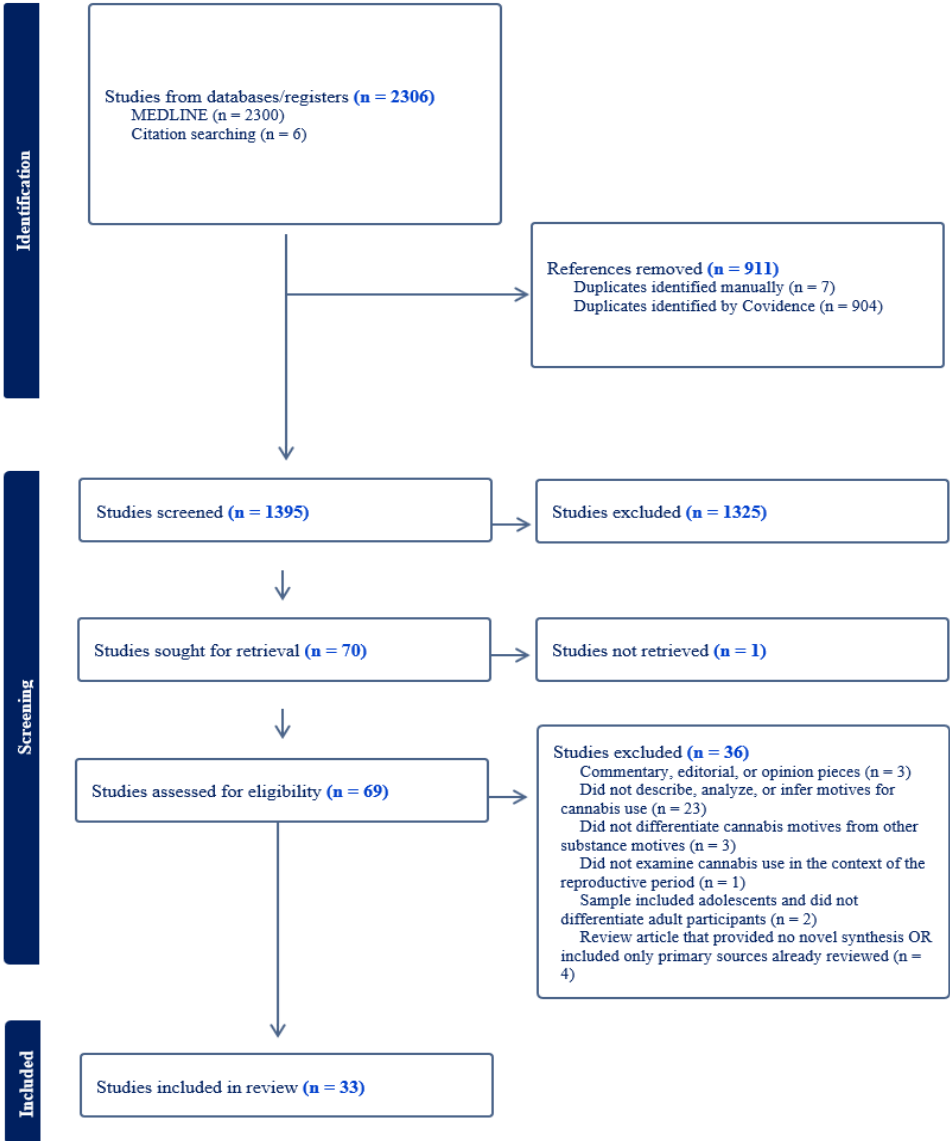
A literature search was developed in consultation with a medical librarian and applied using the Ovid MEDLINE platform. A detailed search string is available in Appendix A. The search strategy combined Medical Subject Headings (MeSH) and keyword terms related to cannabis (e.g., Cannabis, Marijuana Use, Medical Marijuana, Marijuana Abuse, and free-text terms such as cannabi\$, marijuana\$, hashish\$, ganja\$, bhang\$) with terms related to pregnancy and the reproductive timeline (e.g., Pregnancy, Pregnancy Complications, Pregnant Women, Maternal Health Services, and keywords such as prenatal, antenatal, perinatal, postnatal, preconception, and postpartum). Animal-only studies were excluded using both database limits and

additional keyword filters (e.g., mouse, mice, rat, rodent). Two searches limited to English-language were conducted: the initial search was conducted in March 2025 and was limited to publications between 2020 and the search date; the second search in June 2025 expanded the date range to 2016. Search results were uploaded to Covidence management software for data extraction and analysis.

Studies were included if they (a) were empirical or theoretical research; (b) included study samples consisting of reproductive-aged, preconception, pregnant, or postpartum adult women; and (c) described or inferred cannabis use motives. Studies were excluded if they (a) did not include the population of interest; (b) included children or adolescents without differentiating from adults; (c) were editorials, commentaries, or gray literature; (d) did not describe or differentiate cannabis use motives; (e) were review articles that offered no novel synthesis or only summarized primary studies already included in this review.

Altogether, both searches yielded 1,389 articles after the removal of duplicates. Six additional articles were located via citation searching, resulting in 1,395 articles available for screening. Titles and abstract were screened, and 1,325 articles were excluded for irrelevance. Of 70 articles sought for retrieval, 36 articles were excluded based on ineligibility and 1 article was not retrieved. Ultimately, 33 articles were included in this review (see Figure 1).

Figure 1. PRISMA Flowchart



Data Evaluation

The 33 articles included in this review consisted of 14 cross-sectional studies, 14 qualitative studies, along with one case series, one conceptual typology, one systematic review, one cohort study, and one mixed methods analysis (see Table 1). An author-adapted tiered approach was

used to synthesize cannabis motives evidence rather than interventional outcomes. In line with evidenced-based approaches to research evaluation (Prasad, 2024) and Whittemore & Knaff’s guidelines, studies were categorized into three tiers based on participant-reported evidence, relevance to the research question, and study quality (see Table 2).



**Table 1.** *Characteristics of Included Studies*

| First Author<br>(Year)/ Country | Design                 | Sample                                                                                                                                                                                            | Reproductive<br>period(s)                 | Level of<br>Evidence |
|---------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------|
| Mark (2017)                     | Cross-sectional        | 306 pregnant women                                                                                                                                                                                | Prenatal                                  | 2                    |
| Chang (2019)                    | Qualitative            | 25 pregnant women                                                                                                                                                                                 | Prenatal                                  | 2                    |
| Barbosa-Leiker<br>(2020)        | Qualitative            | 19 pregnant (14) and<br>postpartum (5) women                                                                                                                                                      | Prenatal;<br>Postpartum                   | 2                    |
| Ko (2020)                       | Cross-sectional        | 7,688 women with live births                                                                                                                                                                      | Prenatal                                  | 1                    |
| Koren<br>(2020)/Israel          | Case series            | 4 pregnant women with<br>hyperemesis gravidarum                                                                                                                                                   | Prenatal                                  | 3                    |
| Skelton (2020)                  | Cross-sectional        | 1147 women who delivered live-<br>born infants                                                                                                                                                    | Preconception;<br>Prenatal;<br>Postpartum | 1                    |
| Greyson (2021)                  | Conceptual<br>typology | NA                                                                                                                                                                                                | Prenatal                                  | 3                    |
| Kaarid<br>(2021)/Canada         | Cross-sectional        | 478 pregnant patients<br>attending family practice,<br>midwifery, and low-risk and high-<br>risk obstetrics clinics                                                                               | Prenatal                                  | 2                    |
| Vanstone<br>(2021)/Canada       | Qualitative            | 52 Canadian residents who<br>were at least 19 years old, had been<br>pregnant or lactating in the past<br>year, and had used cannabis during<br>this time or in the 3 months before<br>pregnancy. | Preconception;<br>Prenatal;<br>Postpartum | 1                    |
| First (2022)                    | Cross-sectional        | 550 respondents who were or<br>had been pregnant recruited from<br>HG social media                                                                                                                | Prenatal                                  | 2                    |
| Garner (2022)                   | Cross-sectional        | 1,327 mothers who used<br>cannabis while breastfeeding                                                                                                                                            | Postpartum                                | 1                    |
| Macario (2022)                  | Qualitative            | 95 women 18 to 44 years of age                                                                                                                                                                    | Prenatal;<br>Postpartum                   | 1                    |
| Satti (2022)                    | Cross-sectional        | 284 pregnant women                                                                                                                                                                                | Prenatal                                  | 2                    |
| Sood (2022)                     | Cross-sectional        | 6428 women with live births,<br>surveyed 2–6 months postpartum                                                                                                                                    | Prenatal                                  | 1                    |
| Vanstone<br>(2022)/Canada       | Systematic<br>review   | 23 studies                                                                                                                                                                                        | Prenatal                                  | 2                    |
| Besse (2023)                    | Cross-sectional        | 105 pregnant individuals from<br>a single prenatal care site who<br>screened positive for cannabis use.                                                                                           | Preconception;<br>Prenatal                | 1                    |
| Daniels<br>(2023)/Canada        | Cross-sectional        | 103 women who reported a<br>current or past pregnancy                                                                                                                                             | Prenatal                                  | 1                    |
| Foti (2023)                     | Qualitative            | 53 pregnant individuals who<br>self-reported cannabis use at<br>prenatal care entry                                                                                                               | Prenatal                                  | 1                    |
| Kiel (2023)                     | Qualitative            | 15 women aged 21–45 reporting<br>past-year cannabis use, with<br>documented pregnancies and<br>deliveries                                                                                         | Prenatal;<br>Postpartum                   | 2                    |
| Young-Wolff<br>(2023)           | Qualitative            | 53 pregnant individuals aged<br>18+                                                                                                                                                               | Prenatal                                  | 2                    |
| Boerner (2024)                  | Cross-sectional        | 1,516 breastfeeding mothers<br>who used cannabis, with a subset of<br>413 providing open-text responses.                                                                                          | Postpartum                                | 2                    |

|                                     |                               |                                                                                                                                         |                                     |   |
|-------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---|
| Constantino-Pettit (2024)           | Cohort study                  | 504 individuals at an obstetric clinic                                                                                                  | Prenatal                            | 1 |
| Eitel (2024)                        | Cross-sectional               | 47 individuals who used cannabis during the peripartum period                                                                           | Preconception; Prenatal; Postpartum | 1 |
| Gould (2024)                        | Qualitative                   | 7 pregnant women who used cannabis and 10 maternal healthcare providers                                                                 | Prenatal                            | 3 |
| Gunn (2024)                         | Qualitative thematic analysis | 113 discussion threads posted on the pregnancy and parenting cannabis use subforum “Ganja Mamas” on WhattoExpect.com.                   | Preconception Prenatal              | 1 |
| Mercer 2024                         | Qualitative                   | 17 pregnant individuals (9 cannabis users, 8 medication users).                                                                         | Prenatal                            | 3 |
| Skelton (2024)                      | Qualitative                   | 16 women who gave birth in a U.S. hospital within the past three months.                                                                | Prenatal                            | 2 |
| Smith (2024)                        | Mixed methods                 | 20 breastfeeding women ≥21, <180 days postpartum with a full-term infant, and who were currently using cannabis at least once per week. | Postpartum                          | 1 |
| Withanarachchie (2024)/ New Zealand | Qualitative                   | 15 mothers aged 30+ who used medical cannabis (legal or illegal) in the past 12 months.                                                 | Postpartum                          | 2 |
| Young-Wolff (2024)                  | Qualitative                   | 53 pregnant adults who self-reported prenatal cannabis use during early pregnancy.                                                      | Postpartum                          | 2 |
| Zaugg (2024)                        | Cross-sectional               | 3,571 pregnant and recently pregnant people                                                                                             | Prenatal                            | 1 |
| Kendall-Tackett (2025)              | Cross-sectional               | 1,343 women aged 18 or older who used cannabis during pregnancy or breastfeeding                                                        | Prenatal; Postpartum                | 2 |
| Ogden (2025)                        | Qualitative                   | 17 postpartum individuals who reported frequent cannabis use during early pregnancy                                                     | Postpartum                          | 1 |

*Note.* Studies are presented in chronological order, by year of publication. Country is U.S. unless otherwise noted. All motive measures were author created and based on prior literature.

**Table 2.** *Levels of Evidence*

| Initial Credibility:<br>Participant Reported<br>Motives                                                    | Additional Factors                                                                              |                                                                        | Final Credibility                                                                           |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
|                                                                                                            | Relevance to Review                                                                             | Quality Appraisal                                                      |                                                                                             |
| <u>High credibility:</u><br>Motives are directly reported by participants (e.g., survey or interview data) | <u>High relevance:</u> Directly addresses motives for cannabis use during reproductive periods. | <u>High Quality:</u> Meets > 4 MMAT, > 10 SANRA, or > 10 JBI criteria. | <u>Tier 1:</u> Initial credibility is high; relevance is high; quality is moderate or high. |
|                                                                                                            | <u>Moderate relevance:</u> Study addresses related                                              | <u>Moderate Quality:</u> Meets 2-3 criteria MMAT,                      |                                                                                             |

|                                                                                                               |                                                                                                                                                                                    |                                                                                                                  |                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Low credibility:</u><br>Motives are inferred by authors or reviewers without direct participant statements | topics (e.g., cannabis use patterns, beliefs or perceptions), but motives are secondary.<br><br><u>Low Relevance:</u> Study is loosely related and requires substantial inference. | 5-9 SANRA, or 5-9 JBI criteria.<br><br><u>Low Quality:</u> Meets 0-1 criteria MMAT, < 4 SANRA, < 4 JBI criteria. | <u>Tier 2:</u> One domain is high, and one is moderate, but credibility is high and there are no lows.<br><br><u>Tier 3:</u> Credibility is low, or quality or relevance is low. |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Note.* MMAT - Mixed Methods Appraisal Tool; SANRA - Scale for the Quality Assessment of Narrative Reviews; Joanna Briggs Institute Critical Appraisal Tool – JBI.

First, initial credibility ratings were based on patient-reported evidence, which considered if motives were directly reported by participants (e.g., survey or interview data; i.e., high credibility) or inferred by authors without direct participant input (i.e., low credibility). Next, studies were evaluated to determine relevance to the research question. A study was considered highly relevant if motives for cannabis use were directly addressed, moderate relevance if the study examined a related topic, and low relevance for a loosely related concept. Then, study quality was evaluated with an appropriate quality assessment tool for each study design, including the Mixed Methods Appraisal Tool (Hong et al., 2018), the Scale for the Quality Assessment of Narrative Reviews (Baethge et al., 2019), and the Joanna Briggs Institute critical appraisal tools (Aromataris et al., 2015). No studies were excluded based on quality. This systematic evaluation approach allowed for the narrative synthesis of well-constructed quantitative and qualitative contributions (i.e., higher levels of evidence,  $n = 29$ ) while also considering findings from lower-ranked studies with inferred data or less rigor ( $n = 4$ ). Final credibility tier ratings in Table 1.

*Data Analysis*

Following the recommendations described by Whittemore and Knafl, data analysis was conducted by constant comparison. Initial data reduction included the extraction of the study

purpose, design, sample, findings, country, reproductive period that cannabis motives were assessed or described, cannabis motives (directly quoted/paraphrased), type of motive evidence (e.g., participant direct report), and motive measure, if applicable. A data display table was used to organize extracted data into a large matrix by sub-motive, reproductive period (preconception, prenatal, postpartum), and study ID to enable side-by-side comparison. Sub-motives were collapsed into broad motive categories based on previous literature and cannabis motive instruments (Bonn-Miller et al., 2014; Ko et al., 2020; Lankenau et al., 2018; Lee et al., 2009; Simons et al., 1998) and included: 1) medical or therapeutic, 2) coping, 3) enhancement or enjoyment, 4) expansion or altered state, 5) social, 6) substitution, and 7) other (see Table 3). When studies contributed multiple sub-motives to a broad motive category, each study was only counted once to avoid duplication. For example, many studies reported several medical motives (e.g., nausea, depression, pain) but were classified under the medical/therapeutic category only a single time. Additionally, as several studies examined more than one reproductive period, summaries by reproductive period reflect period-specific counts rather than unique studies. Motive patterns were also integrated with study quality ratings to assess the strength and consistency of evidence and were synthesized narratively. The synthesized data were reviewed with primary studies to confirm the consistency of author interpretations

**Table 3.** *Definition of Motive Categories and Example Motives*

| Motive Category           | Motive Definition                                                                                | Reported Sub-Motives Across Studies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical/Therapeutic       | Addresses a health-related symptom or condition (relief or improvement of symptoms or function). | Nausea; vomiting; morning sickness or nausea and vomiting of pregnancy; hyperemesis gravidarum; gastrointestinal symptoms; appetite; weight gain; labor pain; pain; chronic pain; gynecologic pain; spasms/cramps; headache; chronic conditions; sleep; depression; mental health symptoms; bipolar; PTSD or trauma; panic attacks; ADHD; PMDD; psychiatric disorder; anemia; <i>Helicobacter pylori</i> ; osteoarthritis; fibromyalgia; seizures or epilepsy; autoimmune or inflammatory disorders; multiple sclerosis; general medical use; symptom management |
| Coping                    | Addresses reducing stress, negative affect, or managing emotional distress.                      | Stress; parenting stress and coping; postpartum stress; labor stress; anxiety or nerves; mood; anger; coping; isolation/boredom                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Enhancement/ Enjoyment    | Addresses pleasure-seeking, positive affect, or fun.                                             | Fun; relax; enjoyment; sexual satisfaction or drive; sensation-seeking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Expansion / Altered State | Addresses seeking alterations, insights, or perspective.                                         | Get high; creativity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Social                    | Addresses social facilitation or belonging.                                                      | Social or use with a partner or friend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Substitution              | Addresses substituting cannabis for other substances or reducing cannabis related harms.         | Substitution; other substance use disorder.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Other                     | Anything else that does not fit in another category                                              | Quality of life; energy; concentration; cannabis use disorder or habit; other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## RESULTS

### *Study Characteristics*

Thirty-three studies met inclusion criteria, with nineteen focused on the prenatal period (Chang et al., 2019; Constantino-Pettit et al., 2024; Daniels et al., 2023; First et al., 2022; Foti et al., 2023; Gould et al., 2024; Greyson et al., 2021; Gunn et al., 2024; Kaarid et al., 2021; Ko et al., 2020; Koren & Cohen, 2020; Mark et al., 2017; Mercer et al., 2024; Satti et al., 2022; Skelton et

al., 2024; Sood et al., 2022; Vanstone et al., 2022; Young-Wolff et al., 2023; Zaugg et al., 2024), six on the postpartum period (Boerner et al., 2024; Garner et al., 2022; Ogden et al., 2025; Smith et al., 2024; Withanarachchie et al., 2025; Young-Wolff et al., 2024), and eight on multiple periods (Barbosa-Leiker et al., 2020; Besse et al., 2023; Eitel et al., 2024; Kendall-Tackett et al., 2025; Kiel et al., 2023; Macario & Thomas, 2022; Skelton et al., 2020; Vanstone et al., 2021). No studies examined the preconception period only. Due to multiple period studies, a total of 45 period-specific observations were identified, with

5 (11%) reporting on preconception, 27 (60%) on prenatal and 13 (29%) on postpartum (see Table 4).

**Table 4.** *Percentage of Motive Domain by Reproductive Period*

| Motive Category           | n (%)                             |                  |                    |
|---------------------------|-----------------------------------|------------------|--------------------|
|                           | Preconception <sup>a</sup><br>(5) | Prenatal<br>(27) | Postpartum<br>(13) |
| Medical/Therapeutic       | 5 (100%)                          | 27 (100%)        | 12 (92%)           |
| Coping                    | 4 (80%)                           | 21 (79%)         | 13 (100%)          |
| Enhancement/ Enjoyment    | 4 (80%)                           | 9 (32%)          | 6 (46%)            |
| Expansion / Altered State | 1 (20%)                           | 2 (7%)           | 1 (8%)             |
| Social                    | 2 (40%)                           | 2 (7%)           | 1(8%)              |
| Substitution              | 0 (0%)                            | 9 (32%)          | 4 (31%)            |
| Other                     | 1 (20%)                           | 7 (25%)          | 2 (15%)            |

*Note.* N = 33 unique studies, representing 45 period-sepcific observations. Period-specific observation totals are included in parantheses under each column heading. Percentages are rounded to the nearest whole number.  
<sup>a</sup>Preconception or reproductive aged.

Publication years included 2017-2025, with most studies—18 out of 33—published after 2022. Twenty-seven articles were published in the U.S., four in Canada, one in New Zealand, and one in Israel (see Table 1). Fifty-six sub-motives were

identified which were classified into the seven broad motive categories (see Appendix B). The prevalence and patterns of motives varied across reproductive stages and by study type (see Table 5) and are described below.

**Table 5.** *Broad Motive Domain References and Study Designs*

| Broad Motive Category     | Reference                                                                                                                                                                                                                                                                                                                                                                      | Qualitative/<br>Quantitative/<br>Other |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|                           |                                                                                                                                                                                                                                                                                                                                                                                | n (%)                                  |
| Medical/<br>Therapeutic   | Mark 2017‡; Chang 2019‡; Barbosa-Leiker 2020‡§; Ko 2020‡; Koren 2020‡; Skelton 2020†‡§; Greyson 2021‡; Kaarid 2021‡; Vanstone 2021†‡§;                                                                                                                                                                                                                                         | 14 (42%)/                              |
|                           | First 2022‡; Garner 2022§; Macario 2022‡§; Satti 2022‡; Sood 2022‡;                                                                                                                                                                                                                                                                                                            | 14 (42%)/                              |
|                           | Vanstone 2022‡; Besse 2023†‡; Daniels 2023‡; Foti 2023‡; Kiel 2023‡; Young-Wolff 2023‡; Constantino-Pettit 2024‡; Eitel 2024†‡§; Gould 2024‡; Gunn 2024†‡; Mercer 2024‡; Skelton 2024‡; Smith 2024§; Withanarachchie 2024§; Young-Wolff 2024§; Zaugg 2024‡; Boerner 2024§; Kendall-Tackett 2025‡§; Ogden 2025§                                                                 | 5 (15%)                                |
| Coping                    | Chang 2019‡; Barbosa-Leiker 2020‡§; Ko 2020‡; Skelton 2020†‡§;                                                                                                                                                                                                                                                                                                                 | 11 (41%)/                              |
|                           | Greyson 2021‡; Kaarid 2021‡; Vanstone 2021†‡§; Garner 2022§; Macario 2022‡§; Satti 2022‡; Sood 2022‡§; Vanstone 2022‡§; Besse 2023†‡; Daniels 2023‡; Foti 2023‡; Young-Wolff 2023‡; Constantino-Pettit 2024‡; Eitel 2024†‡§; Gunn 2024‡; Skelton 2024‡; Smith 2024§; Withanarachchie 2024§; Young-Wolff 2024§; Zaugg 2024‡; Boerner 2024§; Kendall-Tackett 2025‡§; Ogden 2025§ | 12 (44%)/                              |
|                           |                                                                                                                                                                                                                                                                                                                                                                                | 4 (15%)                                |
| Enhancement/<br>Enjoyment | Skelton 2020†‡§; Ko 2020‡; Vanstone 2021†‡§; Sood 2022‡; Besse 2023†‡;                                                                                                                                                                                                                                                                                                         | 4 (33%)/                               |
|                           | Constantino-Pettit 2024‡; Eitel 2024†‡§; Gunn 2024‡; Smith 2024§;                                                                                                                                                                                                                                                                                                              | 6 (50%)/                               |
|                           | Withanarachchie 2024§; Zaugg 2024‡; Ogden 2025§                                                                                                                                                                                                                                                                                                                                | 2 (17%)                                |

|                              |                                                                                                                                                                       |                                |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Expansion /<br>Altered State | Garner 2022§; Besse 2023‡; Zaugg 2024‡                                                                                                                                | 0 (0%)/<br>3 (100%)/<br>0 (0%) |
| Social                       | Greyson 2021‡; Besse 2023‡; Eitel 2024‡§; Zaugg 2024‡                                                                                                                 | 0 (0%)/<br>3 (75%)/<br>1 (25%) |
| Substitution                 | Chang 2019‡; Barbosa-Leiker 2020§; Greyson 2021‡; Macario 2022‡§;<br>Daniels 2023‡; Foti 2023‡; Kiel 2023‡; Gunn 2024‡; Vanstone 2022‡;<br>Boerner 2024§; Ogden 2025§ | 7(64%)/<br>2 (18%)/<br>2 (18%) |
| Other                        | Ko 2020‡; Sood 2022‡; Vanstone 2022‡; Besse 2023‡; Foti 2023‡;<br>Constantino-Pettit 2024‡; Skelton 2024‡; Smith 2024§; Boerner 2024§                                 | 2(22%)/<br>4(44%)/<br>3(33%)   |

*Note.* †Preconception, ‡Pregnancy, §Postpartum. Studies contributing to more than one time period is indicated by multiple symbols.

Motives Across the Reproductive Continuum

Medical motives were the most frequently reported motive domain, appearing in 97% of observations across reproductive periods. Medical motives included use for GI concerns (e.g., nausea, vomiting), pain (e.g., labor pain, chronic pain), mental health symptoms (e.g., depression, PTSD), chronic conditions (e.g., fibromyalgia, epilepsy) and sleep. Medical use was typically described as self-treatment or self-guided use rather than clinically guided use, with only one study reporting clinically supported use in a small pregnant sample (Withanarachchie et al., 2025). Sleep (Besse et al., 2023; Boerner et al., 2024; Daniels et al., 2023; Garner et al., 2022; Kaarid et al., 2021; Zaugg et al., 2024) and appetite management (Besse et al., 2023; Boerner et al., 2024; Constantino-Pettit et al., 2024; Daniels et al., 2023; Garner et al., 2022) were consistently reported as common medical sub-motives across all periods.

Coping motives were also highly prevalent, identified in 84% of observations. Coping motivated cannabis use was described in relation to multiple constructs, including stress, affect and anxiety. This domain reflected multidimensional coping such as contextual issues (e.g., parenting stress) and emotion and affect regulation (e.g., boredom, anxiety). Stress (Eitel et al., 2024; Ko et al., 2020; Skelton et al., 2020; Sood et al., 2022; Zaugg et al., 2024) and anxiety (Besse et al., 2023; Eitel et al., 2024; Ko et al., 2020; Skelton et al., 2020; Zaugg et al., 2024) were commonly reported coping sub-motives across all three periods with

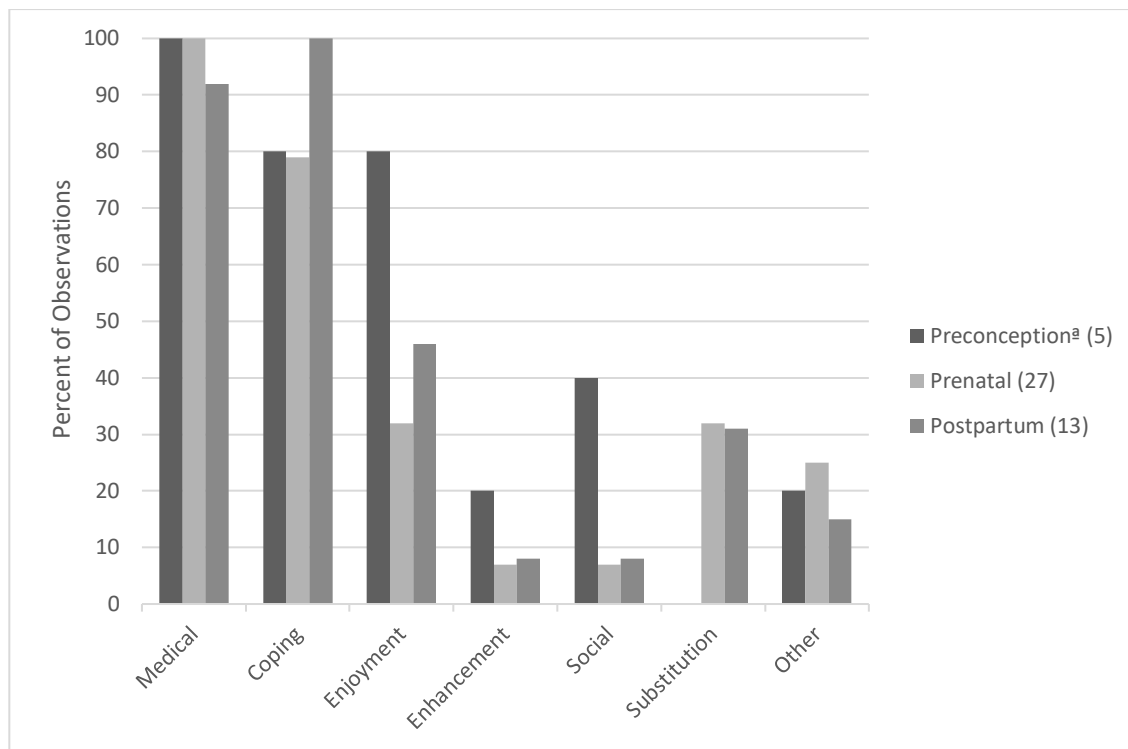
somewhat greater prominence in the preconception period.

Multiple Motives

Several studies described multiple motives for use. Often, women reported use to manage more than one health symptom (Boerner et al., 2024; Garner et al., 2022; Kaarid et al., 2021; Kendall-Tackett et al., 2025; Sood et al., 2022), and medical and nonmedical use also overlapped (Besse et al., 2023; Garner et al., 2022; Greyson et al., 2021; Vanstone et al., 2021; Zaugg et al., 2024). For example, some women described using cannabis for symptom relief (e.g., sleep, pain, depression) while also endorsing recreational motives such as relaxation or enjoyment (Vanstone et al., 2021). In other studies allowing multiple responses, participants often endorsed several motives simultaneously (Eitel et al., 2024), highlighting the complexity of use across the reproductive continuum.

Period-Specific Differences

*Preconception.* Preconception was characterized by the highest prevalence of nonmedical motives. Enhancement/enjoyment (80%), expansion/altered state (20%), and social motives (40%) were substantially more common in this period compared to prenatal and postpartum periods (see Figure 2). Coping motives were also prevalent (80%), with stress and anxiety particularly pronounced. Substitution motives were not identified in this period.

**Figure 2.** *Percentage of Period-Specific Observations of Motive Domains Across the Reproductive Continuum*

*Note.*  $N = 33$  unique studies, representing 45 period-specific observations. Period-specific observation totals are included in parentheses in the legend. Percentages are rounded to the nearest whole number. <sup>a</sup>Preconception or reproductive aged.

**Prenatal.** Prenatal cannabis use was strongly centered on medical/therapeutic and coping motives, both of which were highly prevalent (100% and 80%, respectively). In contrast, nonmedical motives were less commonly reported, with enhancement/enjoyment (32%), and expansion/altered state and social motives each reported in  $\leq 8\%$  of observations. Substitution motives emerged in this period (32%).

**Postpartum.** Overall, postpartum motives reflected a continuation of medical/therapeutic (92%) and coping motives (100%), with a notable emphasis on stress management, especially regarding parenting experiences (Barbosa-Leiker et al., 2020; Boerner et al., 2024; Ogden et al., 2025; Smith et al., 2024; Vanstone et al., 2022; Withanarachchie et al., 2025; Young-Wolff et al., 2024). Enhancement/enjoyment motives increased relative to the prenatal period (46%) but remained lower than preconception levels. Expansion/altered state and social motives remained infrequent ( $\leq 8\%$ ). Substitution motives were reported at similar levels to the prenatal period (31%).

### *Cannabis Use Behavior*

Sixteen studies reported on cannabis behaviors, including persistent use, initiation during pregnancy and frequency (Barbosa-Leiker et al., 2020; Besse et al., 2023; Constantino-Pettit et al., 2024; Eitel et al., 2024; First et al., 2022; Foti et al., 2023; Garner et al., 2022; Gunn et al., 2024; Kendall-Tackett et al., 2025; Kiel et al., 2023; Mark et al., 2017; Ogden et al., 2025; Skelton et al., 2020; Smith et al., 2024; Vanstone et al., 2021; Young-Wolff et al., 2023; Zaugg et al., 2024).

**Initiation and reinitiation.** Initiation of cannabis use—specifically during pregnancy—was driven by medical symptom management, including nausea, vomiting (First et al., 2022) and sleep difficulties (Gunn et al., 2024). Contrastly, recreational motives increased the likelihood of reinitiation in postpartum (Eitel et al., 2024).

**Frequency.** Medical motives were prominent drivers of higher use across the prenatal and postpartum periods, including daily use (Barbosa-Leiker et al., 2020; Gunn et al., 2024; Kiel et al., 2023), and increased frequency (Garner et al.,

2022; Kendall-Tackett et al., 2025). Multiple studies described a dose-response relationship, with use frequency increasing as the number of health problems increased (Garner et al., 2022; Kendall-Tackett et al., 2025). On the contrary, one author found that when pregnant women used for only health reasons, use was relatively divided (Zaugg et al., 2024), and another found no difference in frequency between medical and nonmedical use postpartum (Smith et al., 2024). Recreational motives predicted both increased frequency in postpartum and decreased frequency in pregnancy (Garner et al., 2022; Skelton et al., 2020).

The relationship between mental health, and coping motives and frequency of use was mixed. Mental health motives such as anxiety, depression, and PTSD were generally linked to increased frequency of cannabis use in pregnancy (Gunn et al., 2024; Young-Wolff et al., 2023). Stress and coping motives were described more variably, with some studies linking them to increased frequency (Young-Wolff et al., 2023), and others to more occasional use in prenatal and postpartum periods (Gunn et al., 2024; Kiel et al., 2023).

**Persistence.** Persistent use—defined as a continuation of cannabis use from preconception into pregnancy and maintained over time—was consistently linked to medical motives in quantitative and qualitative study designs (Besse et al., 2023; Kiel et al., 2023; Skelton et al., 2020; Vanstone et al., 2021). Women who characterized their pre-pregnancy use as medical or mixed were significantly more likely to continue use into pregnancy, with one study reporting a fourfold increase compared to recreational only (Besse et al., 2023). Qualitative findings support this pattern, with nearly all women who continued use describing symptom management as their primary motive (Vanstone et al., 2021). Nausea and vomiting management was one of the most commonly cited medical drivers of persistent use (Mark et al., 2017; Skelton et al., 2020; Vanstone et al., 2021) including continued use in early pregnancy even among those who discontinued use in later pregnancy (Mark et al., 2017). Intra-pregnancy motives were less studied but depression and stress coping significantly predicted persistent use from the 1<sup>st</sup> to 2<sup>nd</sup> trimesters in one study (Constantino-Pettit et al., 2024). Finally, substitution was the only other

motive domain linked to persistent use with women citing beliefs about cannabis' relative safety compared to pharmaceuticals as reasons to continue use in pregnancy (Foti et al., 2023; Gunn et al., 2024).

### *Risk Perceptions*

Cannabis was frequently perceived as a natural and lower risk substance compared with alcohol, tobacco, or pharmaceuticals, reinforcing medical, coping, and substitution motives during pregnancy and breastfeeding (Barbosa-Leiker et al., 2020; Boerner et al., 2024; Gunn et al., 2024; Kendall-Tackett et al., 2025; Macario & Thomas, 2022; Mercer et al., 2024; Ogden et al., 2025). Women believed that moderate use was safe or safer than alternatives and was associated with persistent use, substitution for medications, or plans to resume in the postpartum period (Macario & Thomas, 2022; Mark et al., 2017; Satti et al., 2022; Vanstone et al., 2022; Young-Wolff et al., 2024). However, concerns about fetal or infant harm also led many women to reduce or discontinue cannabis use during pregnancy (Daniels et al., 2023; Eitel et al., 2024; Foti et al., 2023; Mark et al., 2017; Vanstone et al., 2021). Notably, across pregnancy, postpartum, and breastfeeding, women commonly reported limited, uncertain, or inconsistent knowledge about perinatal cannabis risks, often interpreting the absence of definitive scientific evidence as indicative of cannabis' relative safety (Chang et al., 2019; Foti et al., 2023; Macario & Thomas, 2022; Ogden et al., 2025; Skelton et al., 2024).

## DISCUSSION

In this review, motives for cannabis use are synthesized across preconception, prenatal, and postpartum periods and examined in relation to use behavior. Thirty-three studies met inclusion criteria and the majority focused on the prenatal period. Medical and coping motives were consistently reported across reproductive periods, while recreational motives varied by reproductive stage. Motives were linked to initiation, persistence, and frequency of use, particularly for health management, highlighting the significance of motives for understanding cannabis use trends across the reproductive continuum.

### *Integrative Summary*

The preconception period remains the least studied stage of the reproductive continuum, yet available evidence suggests distinct motive patterns. Women who use cannabis during this period endorse recreational motives such as enhancement, enjoyment and social motives at higher proportions than prenatal and postpartum periods. Women likely perceive greater autonomy and fewer constraints on use compared to pregnancy, similar to normative adult use patterns. In non-reproductive samples, frequent use is linked to recreational motives—such as social, enhancement and expansion—along with coping motives (Bonar et al., 2017; Bresin & Mekawi, 2019). The lack of preconception-focused studies limits our understanding of how motives and cannabis use trajectories evolve across the full spectrum of reproduction.

Although most women who use cannabis during preconception seldom continue use while pregnant (Pike et al., 2021; Satti et al., 2022), prenatal use in this review was characterized by a clear dominance of medical and coping motives as women experienced heightened symptoms due to physiological pregnancy changes. These motives were linked to persistent use, initiation and frequent use. Many pregnant women may be experiencing higher risk awareness, leading most to discontinue or reduce their pre-pregnancy cannabis use and others to rationalize continued use as medically necessary, providing one potential explanation for the emergence of substitution motives in pregnancy.

In the postpartum period, both a change and a continuity in motives were observed. Medical and coping motives remained prominent with a partial resurgence of recreational use, which was linked to higher frequency. Postpartum women utilized cannabis to primarily manage mental health issues and cope with stress related to parenting. Inherent increases in demands and stress during the maternal role transition may heighten the risk of postpartum cannabis reinitiation (Forray et al., 2015; Young-Wolff et al., 2024), or reflect structural gaps in postpartum care and social support. For example, many women in the U.S. have limited and often unpaid leave after birth (Jou et al., 2018), variable access to childcare and social support networks (McArthur et al., 2024), and may be lacking comprehensive and extended

postpartum mental-health follow-up care (Abrams et al., 2009) leading women to rely on cannabis to cope when alternatives are not accessible.

In sum, cannabis was used to manage physical and psychological states—including nausea, anxiety, sleep, and pain—with motives changing systematically from preconception to postpartum, likely in response to evolving biological and caregiving demands and undergirded by women's beliefs about cannabis safety. Women also endorsed multiple reasons for use, underscoring that use is not driven by any single discrete reason, but shows how multiple needs are addressed concurrently. Importantly, cannabis use, and associated motives for use, do not exist in isolation but are shaped by the social and structural conditions of women's lives, including legalization status and healthcare contexts (Barbosa-Leiker et al., 2020; Skelton et al., 2020), and influences perceived safety, access to information (Macario & Thomas, 2022; Satti et al., 2022), and willingness to disclose use (Daniels et al., 2023; Skelton et al., 2024).

### *A Motive-Based Framework for the Reproductive Continuum*

As legalization continues to expand (U.S. Department of Justice, Office of Public Affairs, 2024), healthcare providers will increasingly care for cannabis using individuals, including during reproduction. Broader structural influences, such as expansive legalization, work to normalize cannabis use and increase its perceived safety, which in turn shapes normative social contexts and personal beliefs and attitudes regarding substance use (Alunni-Menichini et al., 2025; Flay & Petraitis, 1994). This normalization extends into healthcare environments, where some medical providers view cannabis as a less risky substance during pregnancy compared to other illicit drugs (Ceasar et al., 2023; Holland et al., 2016).

A motives-based framework can be integrated into perinatal care to shift the current clinical focus from surveillance (Ceasar et al., 2023; Skelton et al., 2024) to a more functional understanding of use. By identifying specific motives, care providers can better distinguish recreational use and use driven by the management of symptoms, such as preconception

chronic pain, pregnancy-related nausea, or postpartum anxiety and allow for more tailored interventions, rather than focus on counselling for blanket abstinence. For example, when use is recognized as a self-treatment strategy, healthcare interventions can transition from punitive warnings to collaborative health planning. This approach acknowledges that use is often embedded in personal and environmental situations and requires health teams to address the underlying physical or psychological distress rather than just the substance use itself.

Further, a motives framework can serve as a bridge in health communication interactions to improve information exchange and trust. Providers are sometimes reluctant to initiate counseling due to their own knowledge gaps of cannabis' effects or for fear of eroding patient trust (Panday et al., 2022; Weisbeck et al., 2020). Patients perceive their provider's lack in knowledge regarding specific perinatal risks and may stop seeking professional guidance, choosing instead to rely on their social networks (Gunn et al., 2024; Mercer et al., 2024; Vanstone et al., 2021). In some healthcare encounters, providers either fail to adequately respond to disclosures or resort to warnings about legal consequences and mandatory toxicology testing when perinatal women disclose use, which can decrease trust (Holland et al., 2016; Mercer et al., 2024; Weisbeck et al., 2020). Instead, by centering the conversation on *why* a patient is using—whether to cope with environmental stressors or to improve physical well-being—providers can use motives to guide standardized, specific counseling. This may work to replace healthcare biases with a nuanced dialogue that can address medical risks through the lens of the patient's lived experience from preconception through parenthood. Finally, a motives-based approach can work to authentically validate patient-reported benefits, which is vital in maintaining therapeutic relationships and encouraging honest disclosure (Daniels et al., 2023; Foti et al., 2023).

A critical finding of this review is the dominance of self-directed therapeutic use; few of the studies in this review included language to suggest provider involvement, with many women believing cannabis to be more effective or safer than other options (Foti et al., 2023; Vanstone et al., 2022). However, when providers share vague advice or ignore disclosures, patients often

interpret the silence as an indication that risks are minimal (Panday et al., 2022; Weisbeck et al., 2020). By explicitly acknowledging that cannabis is effective for the patient's perceived needs, the provider can create a safer space for disclosure without necessarily endorsing the use. This transparency is one way to reduce stigma and ensure that patients do not feel the need to hide their use and the personal motives driving it to protect their privacy, dignity, or safety.

### *Future Directions*

Despite growing literature on perinatal cannabis use, important gaps remain in understanding cannabis use across the reproductive continuum. First, this review demonstrates a stark overemphasis on the prenatal period with more than twice as many examinations of the prenatal period compared to preconception or postpartum. As some preconception motives predicted persistent pregnancy use (Besse et al., 2023; Kiel et al., 2023; Vanstone et al., 2021), and reinitiation and frequency of use during postpartum (Eitel et al., 2024), understanding the preconception group is particularly critical for identifying early behavioral patterns that precede pregnancy and shape perinatal cannabis use trajectories. Moreover, studies were mostly cross-sectional and qualitative designs; longitudinal research is needed to examine nuanced transitional states (e.g., across trimesters). Second, this review highlights the need for better measurement tools in this unique population as no studies used validated measures to capture cannabis motives in reproductive periods. Finally, at the policy level, decriminalizing prenatal substance use is crucial to enable patients and providers to openly discuss cannabis use without fear of punishments, mandatory reporting, or legal repercussions.

### *Strengths and Limitations*

Together, this review integrates evidence on cannabis use motives across the reproductive continuum and has several strengths. First, a librarian mediated database search along with forward and backward citing was used to ensure a wide evidence base. Results were synthesized for diverse designs (e.g., quantitative and qualitative findings) across 33 studies spanning

the reproductive continuum. The use of Whittemore & Knaff's integrative review method and a structured coding process enhanced transparency and reproducibility of this review. Still, several limitations should be acknowledged. Only one database was searched for this review, and results were restricted to inclusion of English-language publications potentially excluding relevant studies. In addition, to maintain a conceptual focus on cannabis motives across reproductive periods, studies with undifferentiated adolescent samples were excluded and may limit the interpretation of findings across the full reproductive continuum. While adolescents may also use cannabis for distinct motives across reproduction, their developmental context differs substantially from that of reproductive adults. Notably, only two studies were excluded due to this criterion, and motives were secondary aims in both papers (Volkow et al., 2019; Wicken et al., 2022).

Sample differences, measurement adaptations, and varied frequency outcome measures complicated comparisons and may have contributed to contradictory findings, especially related to the impact of motives on use behavior. Additionally, all studies were included that met criteria, despite final credibility ratings, which may have affected findings. Lower tier studies contributed to the proportion of studies describing motives in the prenatal period, the formation of broad motive categories, and cannabis use behavior links—including prenatal cannabis initiation and the endorsement of multiple motives.

Finally, all phases of screening, data extraction and synthesis were conducted by a sole author and may limit the interpretation of the review. This important limitation was addressed through a strong emphasis on transparency—comprehensive tables, clearly documented decision rules and detailed methodological descriptions were used to enhance reproducibility and allow for independent evaluation of the findings. Despite these limitations, this review adds valuable insights into women's cannabis use motives across reproduction and identifies potential targets for support and harm reduction.

### Conclusion

Cannabis motives may be best understood as individual processes that reflect women's intentions, rather than purely descriptive constructs. Across reproduction, motives are complex, dynamic, and linked to behavioral outcomes. Many women use cannabis therapeutically during the childbearing years and report its effectiveness for symptom management. Although cannabis exposure is linked to some risks, social and structural barriers—like punitive practices and stigma, may reduce reproductive health equity. Motives can provide a framework for non-stigmatizing intervention that distinguishes symptom driven use, bridges communication barriers, and acknowledges patient reported benefits.

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**Funding and Acknowledgements:** This review was conducted as part of the author's doctoral dissertation and received no external funding. The author has no conflicts of interest to disclose.

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Issue Date: July 15, 2026

Citation: Roland, A. (2026). Cannabis use motives across the reproductive continuum: An integrative literature review. *Cannabis*, 9(2), 200–220. <https://doi.org/10.26828/cannabis/2026/000363>

