## Appendix 1: Interview Guide

## Cannabis use during pregnancy LISTENING SESSION GUIDE (11.20.23)

### SETUP

- Our discussion will be about 45-60 minutes.
- We may interrupt you to be mindful of your time + get to all of our questions we'd appreciate your opinions on.
- My colleagues are here as well + may jump in + follow-up questions for you in last 15 minutes of our discussion.
- No right / wrong answers; we just want to get your perspective. Assume I'm naïve!
- E-Consent: Recording audio and video for documentation purposes via Zoom + confidential + de-identified.
- How data used: We will talk to 20 others + survey + raw data in transcript shared, identifiers removed + results of analysis will be shared (talks, articles)
- Positionality: Lead/co-lead + pronouns + positionality / privilege / social positions + two-way street (what can we offer, public speaking, research?)
- **Ground rules:**
  - We're in this discussion together: two-way street
  - Protection of what you share:
    - Sitting, no one else in room with you + headphones
    - Rename your Zoom name to a color
    - Lock the room, 10 min

### GUIDING QUESTION

- When Latinx people use cannabis during pregnancy, what historic and systematic inequities do they face + where are these happening + why?
- When Latinx people use cannabis during pregnancy, what respiratory health concerns do they have? (understand nicotine-vaping-cannabis trajectories)

### PURPOSE / INTENT

- What challenges occur when Latina people use cannabis during pregnancy, including general concerns about health and pregnancy-related issues, such as respiratory health?
- We're particularly interested in Latina people's experiences, including discrimination and access challenges to prenatal care.

### RESEARCH QUESTION

- We hypothesize that Latina people who use cannabis during pregnancy will experience additional burdens and inequities during pregnancy and postpartum, both physical and emotional (e.g., respiratory health challenges, stigma, variations in care).
- We also hypothesize that people may be using cannabis as a harm reduction tool to limit their vaping / cigarette use.

**Appendix 2: Codebook**

**PRIDE CODEBOOK**

Format:
**Code Name**: Definition
*Examples: data-driven instances/experiences from transcript*

Global Codes – use these codes alongside other codes to specify how/why/when those codes relate to global code categories

- **Good Quote Code**
- **Hispanic/Latine/Race/Cultural-Specific Experiences**
- **Generational/Age**
- **Partner—experiences + discussions + decision making with partner and cannabis use during pregnancy**
- **Family/Friends**
- **Provider**
- **Parenting –** any discussion of parenting
- **Lactation**
- **Respiratory Health**
- **Chronic Health conditions**
- **Religion**
- **Domestic Violence** – any discussion of DV, IPV, child abuse

1. Maternal Cannabis Use Motivations

1. **Cannabis as a facilitator of good parenting:** Wanting to be a better parent; to remain kind and calm when parenting; rationalizations of ways that maternal cannabis use benefits children

   *Examples: 'He is a lot and it can get really, really crazy. And so instead of you kind of feeling too overwhelmed and like, I want to say kind of lashing out in a way it's a really good way of just you know what I mean looking at it in like kind of a kid's point of view. And it's a really easy to connect with them.' ID2015*

2. **Using cannabis to manage pregnancy and postpartum physical health symptoms:** Self-managing pregnancy related symptoms such as nausea and vomiting, hyperemesis, pain, etc. with cannabis; using cannabis to manage chronic pain; using cannabis to manage postpartum pain

   *Example: "I had morning sickness really, really bad. I literally lived on like salads and cold cuts for like four months. So if I didn't use like edibles I wouldn't be able to eat anything at all; whatever I ate just came up." ID 2001 'I wasn't hungry a lot, so I was losing weight more than I was gaining it. And so I started smoking.[…] pain and discomfort as well. I would smoke because I carried really low. So my hips and my back were always aching and I can't take pain medicine and I didn't want to just be miserable. So I would smoke and I smoked every day through my pregnancy. A lot. Up until I gave birth.' ID2012 ' both of my pregnancies, I had a lot of back pains.' ID2016 'That's how I found out I was pregnant. I*

*was throwing up, right when I woke up in the morning, I was vomiting. If I didn't smoke, I continued to vomit throughout the day.' ID2017*

3. **Using cannabis to manage pregnancy and postpartum mental health symptoms:** anxiety, depression, trauma, mental health diagnoses, mood, emotions, stress, sleep issues

*Examples: Self-managing mental health conditions; managing interpersonal stress; 'it helped me a lot with my anxiety.' ID2012 ; 'It helps me sleep. It helps me relax. It helps just with my moods I feel like in general. Cause if you're not able to get that relaxation time, it's like you're over stimulated constantly.' ID2015*

## 2.Maternal Cannabis Use Perceptions

4. **Decision-making rooted in perceived harm reduction:** making decisions related to substance use based on the perceived least harm to fetal development

*Examples: avoiding prescribed medications/not using other substances during pregnancy due to evidence-based harms on fetal development or anecdotal information, "I do know like tobacco does like effect, well, what is it, fetal development, so that's why I would rather stay away from that while I'm pregnant." ID 2002;* using one route of administration over another (edibles vs smoking cannabis), *"I just thought maybe smoking was a lot worse than eating it and just, I don't know, and just to my thoughts since I'm not smoking, since smoking is considered bad like even smoking a cigarette is considered bad. So I thought, okay, it's gonna be worse because there's smoke going into my lungs. And then the, the cannabis is going through my body. So I was, my thought was cannabis was the safer, safer solution." ID 2004 '[Cannabis is] Something I have to do. … I would rather eat than not eat, cause that was, that was more worrisome for me. Not being able to eat. Or like take my prenatals or anything… I needed all those nutrients and vitamins.' ID2013 'The effects it gives you by keeping you cool and not depressed and stuff like that has way better benefits than it does not taking it if you really need it.' ID2016 'I do feel like it's a better decision for my child to quit. I know it's hard. For some people. But in the long run, I do think it's gonna be better. I feel like. It's gonna be safer and maybe this time not gonna have as many problems as I did with the 2 other pregnancies previously.' ID2018*

5. **Obtaining information / evidence for decision-making:** Seeking out information (including anecdotal) to learn about and make decisions regarding cannabis use during pregnancy including online resources (e.g., websites, forums), providers, friends/family members, or past pregnancy experiences

*Example:"I just googled what effects you can have […] I remember reading that it could have effects, but it's not like a for sure thing that it would affect the baby." ID2015; "Well, they also had hyperemesis, too, and for me to see that they have healthy children, I think made me just go, okay, it is possible. You still can use, you know, and still create a happy, healthy baby, you know. So it was like an example." ID 2003 'I don't think weed would affect the baby because cause I talked to enough women that used it and they say their babies are fine.' ID2013 'I asked a lot of people's experience, like how their kids were doing after they gave birth and a lot of them said the same thing, that their kids were really really intelligent meeting all their markers. So I maybe took that at face value and was like, okay, it's gonna be fine if I use it.' ID2012 '*

6. **Feeling guilty for or having anxiety about cannabis use:** self-reflection and feelings of guilt/shame due to using cannabis during pregnancy; fear of using cannabis after miscarriage:
*Examples: 'I remember thinking like, what if I smoked too much? I did something to her.' ID2012 'I remember reading that It could have effects, but it's not like a for sure thing that it would affect the baby.* […] *I started feeling very guilty. Honestly, I didn't know what to expect when I had my baby. But then when I did have my baby she came out very healthy and everything was good.' ID2015 'It makes me kind of feel guilty the fact that I'm going in there and purchasing things that could harmfully be toxic to the baby or to myself.' ID2018; 'sometimes if the nausea was worse, I had to take a few more hits than usual. I would feel really bad. I just felt like a like a bad mom, you know.' ID2013*

7. **Concealing Maternal Cannabis Use:** not disclosing cannabis use to family, friends, provider for fear of stigma/judgment or differential treatment.
*Examples: 'I wouldn't be out there pregnant and just pull out my bong and hit it in front of a bunch of people. I wouldn't disclose that. but if I were it would definitely be someone that I trusted or that I felt like safe with that information.' ID2012 'They would probably, they probably would call the cops on me or they probably would have tried to get and so taken away from me.' ID2011*

8. **Being open about cannabis use:** disclosing cannabis use to provider, family, friends.
*Examples:'If I didn't tell her, I didn't want there to be any surprises later down the road type of thing. I have that mentality, so That's why I chose to be open.' ID2012*
*"Yes, I've always been honest about that with my providers. Yeah, No, I never wanna get sick in life, so you know, God forbid something come up because I lied.' ID2019*

## 3. Maternal Cannabis Use Patterns

9. **Changing cannabis use patterns over the course of pregnancy/postpartum period:** increasing or decreasing use during one pregnancy/postpartum period; changing the types of cannabis used; tailoring cannabis used to symptoms over the course of pregnancy/postpartum; reducing use due to lack of research; resuming cannabis use during postpartum/lactation; use patterns during lactation; quitting cannabis at the beginning of pregnancy and restarting due to symptoms; quitting cannabis in the third trimester so that the newborn will test clean;
*Examples: 'they would smoke up until 90 days before they were due because then they would test clean.' ID2012 "When my baby was born, I didn't continue because I didn't wanna get sleepy. I didn't want to not be able to like be attentive. So I stopped. A few weeks ago or so that I did it again because my back pain again. At the same time I'm not doing it as much just because of the fact that I have my baby right now […] his needs come first.' ID2015 'Cannabis for me, postpartum. I use it. I started using it maybe around 2 months after. My son was born.' ID2017*

10. **Rationalizing mode and cannabis product of use:** what type of cannabis products people are using and why; Edibles are cleaner, no cough; Edibles are less addictive; Edibles are easier to hide from kids; Flower is best, everything else is too strong; Smoking is bad, edibles are better; Dr. said both are bad, but smoking is worse, so I use edibles; CBD vs. THC;

*Examples: 'CBD did help me relax. But it didn't help me eat or it didn't make me less nauseous. I did try that. And yeah, it seems like the THC, it's the only thing that that kept me from throwing up my food.' ID2013 'we knew smoking was bad so, once, I want to say once I hit about 15 weeks, I stopped smoking and we started doing edibles.' ID2014 'So I prefer smoking. If I'm not pregnant, I'll smoke. But if I am pregnant, I would change to edibles because the smoke is even worse.' ID2014 'I've taken edibles before they were like really strong. And then I would, also this thing called dabbing and smoking the vapor. Like those are very, very strong. They'reconcentrated. So that's why I decided to just stick with flower.' 2015 'I switched over to edibles in my first pregnancy that did end up working out super well for me. I can't do this my whole life like smoking like that. Like it's So harsh on your lungs and I don't want my kids to see that and stuff like that, you know what I mean? And then when I take an edible, it's kinda like you could put some eye drops in and you know. They don't know. And then when they get a little bit older too, it's like you could still, you know, be like, well, I don't smoke.' ID2015 'I would. Use, edibles sometimes. And I would also use, like the. Like this dizzy products that the What are they called? The like electric ones So I wouldn't really like smoke the actual. Joints or anything. Mainly edibles.' ID2017*

## 4. Healthcare challenges while using cannabis during pregnancy

11. **Fearing or receiving differential pregnancy care b/c I use cannabis:** getting diff or worse care, diff standards of care b/c of cannabis use

*Examples: provider not providing quality care, stopping care, being short with them on responses bc they use cannabis; provider care changed once tested positive for cannabis use, provider just saying "no" without providing reasoning or resources, "he didn't take me seriously whatsoever. I don't know if it's cause I'm a young mom and at the time I tested positive for cannabis or whatnot, you know?" ID2014; '[The doctor] was not talking to me in the way she was. She just sat there and she talked to me. She wanted to understand me where I was coming from. And before that she didn't really give me the chance. In and out the doctor's room. She didn't really care what I had to say. And so that time. When I was open with her, she gave me the time of day to talk pretty much.' ID2015*

12. **Fearing or receiving differential pregnancy care, tx, b/c of who I am [not connected to cannabis]:** being treated differently by provider b/c of who they are, such as SES, race/ethnicity [can double code with global codes]

*Examples: thinking patient-provider background differences prompted assumptions* provider not understanding my culture; impact of race/ethnicity/age; trusting providers less because they are different than me; provider assuming patient is Spanish-speaking; materials in English are not accessible to some patients; racial microaggressions from provider; discussion of male providers as their gender relates to patient care; a Latina provider would understand me better; bad experience with male doctor, prefers female doctors; having a preference for a white or Asian doctor because they are perceived as smarter *Examples: 'He's a family doctor, he's like really old, he must be like, 80 or something…I don't think I don't even think she should be practicing anymore… I'm not sexist or anything. But I don't feel comfortable around men.' ID2013 'I might be a little bit racist about [preferring a White or Asian doctor]… I feel like they're a little bit smarter…I*

*want the best.' ID2013 'I think when you have people that look like you and that are from the same community as you, they've grown up in the same…it's just that They're not so uptight about things. They're more understanding or they have that ability to look into something more to be more understanding instead of being so closed off.' ID2012 'I believe… that certain providers would think that Caucasians wouldn't [use cannabis during pregnancy] but Hispanic and African- black people would do that. […] Although my one of my friends uses cannabis, she's Caucasian' ID2011 'my son, I seen a female doctor. And this male doctor during experience with my daughters, he was, he told me to shut the fuck up while I'm in labor. He was cussing me out. Screaming at me I was like oh my god, but my it was a life or death situation.' ID2014 'They automatically thought I was Spanish speaking. They'll give me flyers in Spanish, […] they didn't look like me. […] I do understand Spanish. I do read it. It's just I just didn't like that they just assumed like I did it understand English.' ID2015 'he didn't take me seriously whatsoever. I don't know if it's cause I'm a young mom and at the time I tested positive for cannabis or whatnot, you know?' ID2014*

13. **Lacking effective alternatives for symptom management:** instances where cannabis is used to manage symptoms over other prescription or holistic/alternative remedies due to accessibility, perceived effectiveness, or preference; lack of effective options from health provider

*Examples: 'I started having symptoms…doctors didn't want to diagnose me or offer treatment…I realized that weed helped' ID2013 - , I've asked for help most of my life with a bunch of problems and they just they just always brush it off' ID2013 'I said, you think there's some exercises I could do, anything natural, what do you what do you guys think I can take for pain They just said, I don't know… they seem really uninterested.' ID2013 I said, you think there's some exercises I could do, anything natural, what do you what do you guys think I can take for pain They just said, I don't know… they seem really uninterested.' ID2013*

14. **Tracking, metrics and surveillance bc use of cannabis use:** tracking of medical records, urine testing, and drug testing of baby b/c of cannabis use; feeling monitored by staff (i.e., social worker referrals, home nurse visits, etc.)urine sampling; Being ok with urine testing; Urine sampling, but provider never brings up positive cannabis results; provider weaponizing urine sample results; believing that she was being drug tested without disclosure/consent; monitoring tobacco via urine screen but not cannabis; providing urine tests ; fearing provider testing; Explaining positive cannabis test results; Not being urine/blood tested for cannabis during pregnancy; Being urine/dug tested during miscarriage

*Examples: feeling irritation of frequency of urine testing without proper explanation to why, omitting letting know; Fearing disclosure of cannabis use following pt throughout care - similar to other instances in health record'I had to have a random pee test … and it came out positive for marijuana. And then she just kind of got like rude with me. And after I didn't tell her they were pee testing me every time I came in.' ID2012 'I asked him, like, why do I need to pee every time? [..] oh because you you tested positive.' ID2012 'at my other doctor's office, I believe they were drug testing us. Or drug testing me.' ID2014 'By my understanding, none of my pregnancies have ever been drug tested. When I had a miscarriage, they did drug test me and I came up positive during the miscarriage, but they never drug tested me during the actual pregnancies.' ID2018*

15. **Inaccessibility of pregnancy/postpartum healthcare contributing to cannabis use:** Experiencing barriers to care due to financial and/or insurance status or due to institutional policies/restrictions; appointment scheduling - the clinic is busy, so it takes a long time to be seen; limited access to good doctors that are easily accessible, not judgmental

*Examples: 'The appointments are far out and I don't think that's right it doesn't make sense to me, how it should be a monthly appointment, but sometimes it's like a month and a half or 2.' ID2015 inability to obtain an appointment; difficulty paying for prescription medication for hyperemesis; "[Prescription nausea medication] like really helps but it's really expensive too…And I have private insurance and I have a private insurance with a prescription plan, also, that is covered and that's how expensive it was [$90]…I think I believe that the pharmacist closest to me wasn't available, so I would have to go like ten, fifteen… let's say like twenty minutes driving to go to the next pharmacy because that was the closest that had it, and I'm like, hmm, no, sounds like a lot of work when you're already nauseous; you don't even wanna drive and I had to take my son in the car and like do all these… it's just easier to just go to my garage" ID 2003*

16. **Trusting or Distrusting provider opinion/recommendations:** Not trusting/following information/guidance from healthcare provider; not feeling like provider had research/solid reasons for recommendations; mistrust of medical providers b/c she doesn't feel heard

*Examples: "Well, number one, when she suggested I like stop using edibles and start smoking, I don't feel like as a medical provider you should be kind of advising your patient to smoke. I mean I know… like in my mind, and I know that I have no idea what's better than the other, but weed is weed, THC is THC; I don't feel like it matters what form it comes in. It doesn't matter how it gets into your body, it's being in your body is the actual issue, not how you ingest it. So to say that you should smoke it and not eat didn't make sense to me." ID 2001; "And I feel like that's logical, but I feel like medical professionals aren't always logical; they're strictly just by the book. So maybe I just wish they'd relax a little bit, not be so straight-lined." 2001; "Well, she hasn't really given me any advice or any resources; she just like basically gave me like a folder telling me information about the baby's growth. That was basically it. She like talked to me about the different prenatal tests, but I was already familiar with them because when I had my middle daughter I was thirty, so I was already familiar pretty much with all the tests that she was telling me about. But other than that, there's nothing that she gave me advice about or talked about." ID 2001*

17. **Wish-listing for optimal pregnancy and postpartum care:** Desiring a healthcare provider who has non-judgmental views of cannabis use during pregnancy; seeing different providers at every visit, wanting to see a more consistent provider; desiring a more natural/alternative/plant-based approach

*Examples: 'f they would just tell me that they support my decision, it would be great…give me more options of like other natural remedies I can use for any bad symptoms. It was not like I was trying to run to weed like right away I did.' ID2013 'you don't have one OBGYN and you see whoever is available…that was annoying being asked over and over again [about a positive cannabis test] by different people.' ID2012 'all these other people that know your business and stuff that are asking you questions or you know different Not each one of them are gonna get to know you.' ID2012; 'more natural herbs, you know, from all around the world like things that our ancestors used.' ID2013 I wish they were a little bit more alternative I guess, but I have to see whoever my insurance covers. I would probably pick a holistic doctor if I could.' ID2013*

## 5. Interpersonal Relationships & Maternal Cannabis Use

18. **Receiving endorsement for/normalization of cannabis use during pregnancy:** Suggestion for or approval/lack of disapproval from partner, immediate social network (friends/family), cannabis retail workers, etc. for using cannabis during pregnancy; having family or friends offer cannabis as a solution for pregnancy symptoms; promoting "cleaner" forms of cannabis use; support for cannabis use due to effects on symptoms; others buying cannabis for the participant;

*Example: 'Friends and my sister […]would tell me to, smoke a little weed. And I would feel better.' ID2015 'My dad would give me cannabis like when I had morning sickness. He would give it to me, handed to me like here. Go smoke and eat, basically.' ID2017 'For my first pregnancy I was scared but also I talked to other people the used cannabis as well and so they would actually tell me it's fine Nothing's gonna happen, it's natural.' ID2020 'he was okay with it. I mean, he went into the shop for me.' ID2013 '[my symptoms] was like to the point where I couldn't get out of bed, care for my other child, [so my partner] thought it was best that I that I continue using it.' ID2017 'I honestly had my husband do most of the research on it. And from what I remember, he didn't even find anything really that was bad about it like drinking alcohol.' ID2016*

19. **Negotiating acceptance of cannabis use:** discussing cannabis benefits and harms and coming to an agreement about maternal cannabis use with others

*Examples: I won't say they condone it, but it's not like shunned upon, so I feel like, you know, me and my doctor had to come to like a meeting of the minds because I was like I can't give it up right now, I'm too sick, I just can't.* ID2001 'Y*eah, well, I do feel like I have to convince her because I feel like she… they don't approve'* ID2001

20. **Fearing or experiencing stigma/discrimination/opposition:** Instances where substance use and/or identity resulted in feelings of being judged/stigmatized or instances of being treated differently/poorly by provider/partner/friends/family/etc.; fear of these things happening if use is known

*Examples: racism; differential care due to sexual orientation; changing treatment after disclosure of cannabis use; "I think if I wasn't a woman of color my care would be different, I definitely will say that. I don't feel like she's racist, but I also don't think that she has some of the same concerns that women of color do." ID 2001 ' I just didn't feel comfortable [going into dispensaries] and then sometimes I'll get where it looks like. Like what? Isn't she pregnant? Why, why is she in here?' ID2017 'He will look at me weird sometimes. Even though he was okay with it, I feel like he would give me a weird look. Even though we did the research on it … I still feel like we do still have a stigma about it. Like it's like an internal stigma.' ID2013; 'It would have been like My mom probably saying things like, you're not caring for your kids or, Like you're not prioritizing them. That probably would have been maybe everybody in my family. Considering I have a cousin who's very open about using [cannabis] and she has kids as well. I know how much she is judged so I knew that would have [been] me too.' ID2017 'My mom probably saying things like, you're not caring for your kids or, Like you're not prioritizing them. That probably would have been maybe everybody in my family. Considering I have a cousin who's very open about using [cannabis] and she has kids as well. I know how much she is judged so I knew that would have [been] me too.' ID2017 'a paper about weed. I had to sign a thing too saying that I received it. I just felt like. I don't know, It made me feel like*

*I was like on like heroin or something. I couldn't imagine being somebody on harder drugs, [what] they would have treated them like.' ID2012 'I felt like some dumb little kid giving birth' ID2012 'I stopped. The next couple of appointments. They would always ask me, so are you sure you quit using cannabis, blah, blah, blah. I would tell them, yeah. But it's like they're asking because they don't believe me in a way.' ID2014*

## 6. Social (Community, Environmental, Institutional) Factors

21. **Direct exposure to others' cannabis use:** living with a heavy smoker, being around people who use cannabis

Examples: *"what I will say is with my first… my second daughter, I wasn't smoking cannabis, but I was around someone who was, heavily. And so because I tested positive I was taken into a room and told like a social worker would meet with me when the baby was born if I still tested positive for cannabis, so that was a little traumatizing." ID2001*

22. **Fearing or experiencing legal ramifications:** Descriptions of concern and/or actual experiences of legal (i.e. CPS) involvement due to cannabis use during pregnancy; being referred to home health nurse after baby tests positive and perceiving home health visits as a sanction for cannabis use; fearing CPS involvement; experiencing CPS involvement;

*Examples: 'they were telling me that they could come and do home visits and help check on the baby and it's good for first time mom. […] But I'm almost positive that [it was because I tested positive for cannabis.] Because my friends that have gone to the same hospital, they didn't have the same experience.' ID2014 'Having mental health issues is also one of the reasons I get scared that the doctors are gonna say I'm too crazy. […] and then on top of that she's addicted to marijuana.'ID2014 'the main reason why I stopped using, after the first trimester was because I was scared that during the end they would you know turn it back on me you know CPS and all of that can get involved. So I think that was the main reason.' ID2017 'I don't know the legality of having doing drugs while you're pregnant. I know it's legal recreationally, but that doesn't mean it's legal. So I don't know, I was just like, what if I tell her something and she reports me? Cause they are mandatory reporters.' ID2018*

Appendix 3: SRQR

| No | Topic | Item |
|---|---|---|
| | | **Title and abstract** |
| | Title | "It wasn't like I was trying to run to weed right away, I wanted other options": A Qualitative Study of Prenatal Healthcare Experiences Among Latina Birthing People Using Cannabis in California |
| | Abstract | **Background:** Cannabis is the most used illicit substance during pregnancy. Negative health and social outcomes associated with cannabis use disproportionately affect birthing people of color, particularly Latinas. Latina birthing people face compounding barriers to prenatal care, including discrimination, immigration-related fears, and distrust of healthcare systems rooted in histories of obstetric racism. This study examines the perspectives and experiences of Latina birthing people in California as they navigate prenatal care while using cannabis.<br><br>**Methods:** We conducted qualitative, semi-structured interviews with 20 Latina birthing people. Eligible participants reported current or previous pregnancy within the last year concurrent with cannabis use, identified as Latina, lived in California, were 21 years or older, and spoke English and/or Spanish. We used constructivist grounded theory methods to analyze the data.<br><br>**Results:** We found that Latina birthing people who use cannabis: 1) Perceived their intersectional identities (race/ethnicity, age, partnership status) as potential vulnerabilities to poor prenatal care, particularly around cannabis use disclosure, 2) Sought more supportive clinicians based on these intersectional identities, though financial and insurance barriers prevented them from accessing preferred clinicians, and 3) Proposed solutions to improve their care, such as identifying clinicians who looked like them or adopting a whole-person approach that contextualized their cannabis use within their lived experiences.<br><br>**Discussion**: Discrimination, stigma, and racial profiling of Latina birthing people who use cannabis contribute to unsafe prenatal care environments. Open communication about the motivations and implications of cannabis use is needed to improve prenatal experiences and outcomes for Latinas, who may be using cannabis as a form of self-medication in the context of inadequate care access.<br><br>**Conclusion/Implications:** Given that Latina birthing people who use cannabis experience discrimination, stigma, and racial profiling in prenatal care settings, it is critical to build structurally competent clinical environments that foster open, nonjudgmental counseling where discussions around cannabis use can occur safely. Systems-level interventions are needed, including clinician training on cannabis use counseling and bias, expanded and diversified clinical workforces, and community-based care options, such as doula integration. |
| | | **Introduction** |
| | Problem formulation | Despite increasing rates of perinatal cannabis use across myriad races/ ethnicities, Latina perspectives on motivations for cannabis use and the unique risks they face in their interactions with prenatal care providers while using cannabis are limited. |
| | Purpose or research question | This paper aimed to understand the how the intersectional identities of Latina PPWUC affect the ways in which they navigate prenatal care spaces. |

| Methods | | |
|---|---|---|
| | Qualitative approach and research paradigm | Constructivist grounded theory methods were used for data collection and analysis to study the contexts that contribute to barriers in navigating the healthcare system. |
| | Researcher characteristics and reflexivity | E.E.G. has an MPH<br>S.S.G. has a PhD<br>M.D. has a BA<br>J.L. has a BA<br>R.C.C. has a PhD<br><br>All authors are affiliated with the University of Southern California.<br><br>R.C.C. is a faculty member. E.E.G. is a full-time staff member. S.S.G. is doing a post doctorate. M.D. is a medical student. J.L. is a PhD student.<br><br>There was no prior relationship with participants. |
| | Context | Interviews were conducted via HIPAA-compliant Zoom video calls between September 2023 and March 2024. |
| | Sampling strategy | We used a purposive, non-probability sampling strategy. We recruited participants via User Interviews (an online research platform) and social media advertisements. Recruitment relied on voluntary self-selection and completion of a screening survey. Eligibility was restricted to individuals who met study criteria (current or previous pregnancy within the last year concurrent with cannabis use, Latina identity, living in California, 21 years of age or older, and English/ Spanish fluency). |
| | Ethical issues pertaining to human subjects | Research was approved by USC IRB (Study ID: UP-21-00282)<br><br>We obtained written informed consent before data collection. |
| | Data collection methods | Qualitative, semi-structured, one-on-one interviews were conducted from September 2023 and March 2024. |
| | Data collections instruments and technology | Interviews were conducted remotely using HIPAA-compliant Zoom video calls and were recorded for later transcription. We developed a semi-structured interview guide for data collection efforts. |
| | Units of study | We recruited and interviewed 20 PPWUC. |
| | Data processing | Transcriptions of interviews were done via an external transcriber who manually anonymized by removing identifying information about participants including names, cities, etc. Data integrity was verified by comparing audio from the interview to the transcription. The team edited inconsistencies accordingly. |
| | Data analysis | We used constructivist grounded theory methods to analyze the data. |
| | Techniques to enhance trustworthiness | We engaged in discussions of how codes were being interpreted by researchers to generate memos and compare observations, deviations, and track emerging ideas that would facilitate the development of theoretical concepts. These weekly analytic meetings |

| | | |
|---|---|---|
| | | spanned 2-3 hours per week for over 6 months and allowed us to engage in reflexive discussions, triangulate ideas between researchers, and construct the theories we were reporting. |
| **Results/findings** | | |
| | Synthesis and interpretation | Participants reflected on and engaged with their intersectional identities (race/ ethnicity, age, partnership status) and determined that these were potential vulnerabilities for poor medical treatment in healthcare spaces due to the processes of racialization and stigmatization. This led to seeking clinicians who were younger or also had intersectional identities. However, even after they had identified clinicians they felt supported by financial and insurance barriers prevented accessing this care. |
| | Links to empirical data | This work uses participant quotes to link findings to the data. The following quotes are findings from participants in this dataset:<br>• *"I wish I could openly and freely talk to my doctor without feeling like there's judgment [about using cannabis during pregnancy]. I don't necessarily care as much that somebody would judge me, I feel more of a concern [because I've heard of] experiences with family friends where it's a safety concern [for them] where they [clinicians] don't want you to go home [with the baby after birth] or they were even making comments about CPS where they almost [became] concerned she's a drug addict... I don't care about judgment as much as I would say I'm concerned there would be a step further than that, that somebody would be feeling [unconfident] in me being able to take care of my child in a safe way."* (Gabriela)<br>• *"[If I saw a Latina clinician] maybe they'd be more understanding or not so heavy on the judgment [towards cannabis use]...when you see someone [like that] there's a part of me that's like, they're going to get it, or that they're going to understand you ... I think when you have people that look like you and that are from the same community as you, they've grown up in the same [circumstances]... they're not so uptight about things. They're more understanding instead of being so closed off."* (Aria)<br>• *"**It wasn't [possible to have [above] type of care].** None of it's covered, so wherever you're going, you're paying out of pocket for every single appointment. Say your copay is $20 to $30 under insurance to go see a normal doctor in comparison to every appointment for a holistic doctor is $100. Especially when you're going frequently and like I said, I've had past miscarriages and my son, I was having a little more frequent appointments at the beginning, just because I've had that before. So that's a lot of money to fork out and I have PCOS, too. So I have cysts on my ovaries. **They were keeping an eye on that too so I did have more frequent appointments. So that would have been a lot of money**."* (Gabriela) |
| **Discussion** | | |
| | Integration with prior work, implications, transferability, and contributions to the field | This research yields important information about structurally competent care and its importance in developing supportive patient-clinician relationships for PPWUC. Applying this concept to create safer clinical environments may foster open communication about the drivers and implications of cannabis use to enhance perinatal outcomes for Latina individuals. Future research may examine systemic barriers such as insurance coverage and clinician availability. |

| | | |
|---|---|---|
| | Limitations | Findings may not be generalizable to other locations, as many participants had Medi-Cal insurance, which is not generalizable to insurance systems in other states. Additionally, the distinctions between different clinicians were not explored. |
| **Other** | | |
| | Conflicts of interest | The authors do not have any conflicts of interest to report. |
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**Appendix 4: Table 1**

Table 1. Sociodemographic characteristics of Latina birthing people who use cannabis in California

| Participant Characteristics | Mean (SD)/Frequency (%) |
|---|---|
| **Age** | 31.9 (5.42) |
| **Race/Ethnicity** | |
| Latina | 19 (95%) |
| Mixed Race | 1 (5%) |
| **Gender** | |
| Female | 20 (100%) |
| **Education** | |
| Did not complete High School | 1 (5%) |
| High School | 3 (15%) |
| Some college | 9 (45%) |
| Associate Degree | 1 (5%) |
| Undergraduate Degree | 6 (30%) |
| **Income** | $69,505 ($44,500.75) |
| **Employment status** | |
| Full-time employed | 6 (30%) |
| Part-time employed | 1 (5%) |
| Full-time student | 2 (10%) |
| Part-time student | 2 (10%) |
| Homemaker | 5 (25%) |
| Unemployed | 3 (15%) |
| Retired | 1 (5%) |