

Cannabis Special Issue: Perinatal Cannabis Use

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Widespread cannabis legalization and decriminalization have fundamentally altered the context in which pregnant and postpartum individuals encounter cannabis and perceive its relative risks. Retail access has expanded, product potency is increasing, and the social stigma historically attached to cannabis use has diminished in many communities. In line with the broader population, cannabis is now the most commonly used federally illicit substance during pregnancy in the United States, with some data suggesting that cannabis use during pregnancy has more than doubled over the past two decades.

Individuals who use cannabis during pregnancy and the postpartum period do so within complex social contexts that shape both their decisions and the consequences of those decisions. Motivations for use are varied and are often intertwined with trauma history, mental health challenges, and limited access to other forms of symptom management. Poverty, housing instability, racialized surveillance, and unequal access to healthcare also create differential exposures to both the potential harms of cannabis use itself and punitive policy responses.

Additional research is needed to understand the social, interpersonal, and healthcare correlates and impacts of perinatal cannabis use. Pregnant people are faced with incomplete, contradictory, and complex information from varied sources regarding the relative safety of cannabis use while trying to manage nausea, anxiety, pain, and sleep during a significant life transition. In addition, clinicians report feeling inadequately informed and uncertain about how to counsel patients on the topic. The result of this rapidly changing and understudied area is a widening gap between the realities of perinatal cannabis use and the frameworks and individuals available to address it.

A note on the challenge of building evidence in this area is warranted. Research on perinatal cannabis exposure confronts significant methodological challenges, such as difficulty isolating cannabis effects from those of co-used substances (e.g., alcohol, tobacco/nicotine), confounding social determinants of health, and rapid changes in cannabis products and potency that complicate comparisons across studies. Equally important is the ethical dimension of this research domain. Studies of perinatal cannabis use inevitably intersect with questions of mandated reporting, stigma, and criminalization. Research methods, sampling strategies, and publication choices all carry potential consequences for the populations under study, particularly those who are already marginalized by race, class, immigration status, or history with substance use or addiction.

In an effort to narrow the gap, this special issue of *Cannabis* brings together original qualitative and quantitative research, in addition to literature reviews addressing the topic of perinatal cannabis use from a sociocultural lens. The contributions compiled in this special issue reflect the multidisciplinary orientation that this topic demands. Psychologists, public health scholars, and clinicians contributing to this issue each bring distinct tools and frameworks to bear on perinatal cannabis use. A distinct value of this special issue lies in creating space for these perspectives to speak to one another.

We hope this collection serves as a resource for researchers, clinicians, and policymakers grappling with a complex topic. We extend our gratitude to the authors who chose *Cannabis* as an outlet, to the reviewers whose engagement made this special issue possible, and to the editorial team at *Cannabis* for their support. We extend gratitude to the funders who supported

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