



# Progeny Newsletter

December 2020

## Marijuana Use During Pregnancy

Marijuana, or cannabis, is the most commonly used illicit substance in the United States. On August 29, 2019, the US Surgeon General released an [advisory](#) entitled, *Marijuana Use and the Developing Brain*. The advisory is intended to raise awareness of the known and potentially harmful effects of marijuana on brain development in infants, children and adolescents. Marijuana contains varying levels of delta-9-tetrahydrocannabinol (THC), the component responsible for euphoria and intoxication, and cannabidiol (CBD). CBD is not intoxicating and does not lead to addiction, however the long-term effects of CBD use are largely unknown.

During pregnancy, THC from the maternal bloodstream may enter the fetal brain and disrupt the endocannabinoid system. This impacts the formation of brain pathways important for decision making, mood and response to stress. Adverse effects for children exposed to marijuana prenatally may include hyperactivity, poor cognitive function, and other long-term neurologic consequences ([Metz & Stickrath, 2015](#)). Marijuana products today are much more potent than they were in years past; the amount of THC cultivated in marijuana plants has increased three-fold from 1995 to 2014. In this recent advisory, the US Surgeon General warns that: ***“No amount of marijuana use during pregnancy or adolescence is known to be safe. Until and unless more is known about the long-term impact, the safest choice for pregnant women and adolescents is not to***

In 2018, Canada became the second country in the world to legalize marijuana (cannabis) on a national level. A [recent study](#) from Canada that found that children exposed to marijuana in utero had a moderately elevated risk of developing autism spectrum disorder. Canadian researchers have published several studies that link marijuana use during pregnancy and long term neurodevelopmental sequelae in children. The Canadian Institute of Human Development, Child & Youth Health (IHDCYH) has produced an [educational video](#) for the public that discourages women from using marijuana while they are pregnant.

*For more information and additional resources on marijuana use during pregnancy, please contact: Penny Smith, BSN, RNC-NIC, Neonatal Nurse Specialist, Iowa’s Statewide Perinatal Care Program. Email: [penny-smith@uiowa.edu](mailto:penny-smith@uiowa.edu).*

## Iowa Becomes an AIM State

On September 21, 2020, the Iowa Department of Public Health [announced](#) Iowa’s enrollment in the Alliance for Innovation on Maternal Health (AIM) Program. AIM is a national data-driven maternal safety and quality improvement initiative based on interdisciplinary consensus-based practices for improving maternal safety and outcomes. The program provides implementation and data support for the adoption of evidence-based patient safety bundles. AIM works through state teams and health systems to align national, state, and hospital level engagement efforts to improve overall maternal health outcomes.

## Upcoming Education

### 46th Annual Iowa Conference on Perinatal Medicine GOING VIRTUAL!

Pre-conference sessions:  
Monday, April 12, 2021

Main conference:  
Tuesday & Wednesday,  
April 13-14, 2021

\*Registration details coming soon

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[StatewidePerinatal@uiowa.edu](mailto:StatewidePerinatal@uiowa.edu)



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## IMQCC's Iowa AIM Kick-Off Conference

On **January 28 & 29, 2021**, IMQCC will host a statewide AIM kick-off meeting. This conference will be the official kick-off for the program in Iowa and will focus on our first state-wide initiative: Safe Prevention of the First Cesarean Section and Support of Vaginal Birth. The conference agenda will include discussion of the current state of the state with regards to Cesarean birth, best practices to support vaginal birth as outlined in the AIM bundle, and Quality Improvement strategies to make implementing best practices more efficient and effective at your institution. We hope that representation from each of Iowa's birthing hospitals will join us, along with public health professionals, stakeholder organizations, and patient and community representatives. Hospital teams are encouraged to have at least three participants to optimize participation in the break-out sessions.

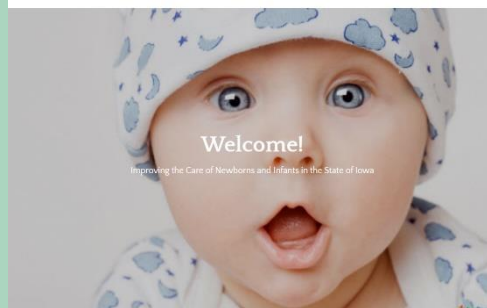


[REGISTER HERE](#) for **IMQCC's Iowa AIM Kick-Off Conference**. There is no cost to attend.

For more information regarding the upcoming AIM kick-off and IMQCC, please contact: Amy Dunbar, RNC-OB, C-EFM, [amy-brandt@uiowa.edu](mailto:amy-brandt@uiowa.edu), Stephanie Radke, MD, [stephanie-radke@uiowa.edu](mailto:stephanie-radke@uiowa.edu), Stephanie Trusty, RN, [Stephanie.Trusty@idph.iowa.gov](mailto:Stephanie.Trusty@idph.iowa.gov), or Jill Henkle, RNC-OB, [jill-henkle@uiowa.edu](mailto:jill-henkle@uiowa.edu).

### Iowa Neonatal Quality Collaborative

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## Updates from INQC

The collaborative is currently focusing QI efforts on the care of newborns with Neonatal Abstinence Syndrome (NAS). The incidence of reported NAS has increased from 0.3 per 1000 live births in Iowa in 1999 to 3 per 1000 live births in 2017. Although NAS was initially used to describe infants solely

withdrawing from opiates used by mothers during pregnancy, we now realize that newborns can have signs and symptoms of withdrawal from many other drugs, prescribed or illicit, that induce dependence during pregnancy. Tools to assess NAS such as the Finnegan or modified Finnegan scoring system are complicated with poor inter-observer reliability. Infants with NAS are often managed at a higher level of neonatal care which results in increased parent-infant separation, more pharmacological intervention, prolonged hospital stays and increased costs.

The mission of INQC is to create a guideline which includes potentially better practices for management of infants with NAS. The goal of the guideline will be to simplify the evaluation process and potentiate the use of nonpharmacologic interventions for early care. Hospital teams will partner with parents to help decrease the incidence of separation of newborns from their families and to decrease transfers to a higher level of care. Participating hospitals will begin data collection for the NAS QI project in January 2021 using the REDCap platform.

If your hospital is not currently engaged in the collaborative and you would like more information, please contact Penny Smith, RNC-NIC, [penny-smith@uiowa.edu](mailto:penny-smith@uiowa.edu) or Dennis Rosenblum, MD, [dennis.rosenblum@unitypoint.org](mailto:dennis.rosenblum@unitypoint.org). Visit INQC website [HERE](#).