

Why women vape during pregnancy & postpartum



CONVERSATION
STARTERS FOR
YOUR PRACTICE

2023



IN THIS RESOURCE

- >> About vaping
 - >> 6 reasons why women vape during pregnancy or postpartum and ideas for conversation starters
 - >> Postpartum conversations and harm reduction
 - >> Client handouts: Finding your support system to reduce or stop vaping
 - >> Client handouts: Tips and tools to managing use and reducing harm
- 

In this resource, we provide some context on vaping, and explore why women vape during pregnancy and postpartum and how you might start conversations with women around vaping and harm reduction.



There are a number of reasons why women vape during pregnancy and postpartum. The reasons for use can differ depending upon whether women are vaping nicotine or cannabis (two common substances that are vaped), trying to quit smoking cigarettes, or if they are pregnant or postpartum.

About Vaping

There is still not enough research on vaping; sex and gender related factors affecting vaping; or vaping cannabis and/or nicotine during pregnancy and postpartum.

The substance being vaped, and the device used to vape both matter.

Nicotine, whether vaped or smoked is a highly addictive substance [1] and affects the mother and fetus. Nicotine is a teratogenic substance (it can cause birth defects) [2] in addition to risks for women's health. Nicotine use during pregnancy is risky. However, we do not yet know if vaping nicotine is safer than smoking cigarettes during pregnancy, as health advice and research is divided, with some studies showing negative effects for babies [3-9] and mothers [2, 10] from vaping nicotine.

There are many forms of cannabis, including dried flower, cannabis concentrates or e-liquids, that can be vaped. We do not yet know the effects of cannabis use during pregnancy, on the fetus or infant outcomes. However, there is evidence that prenatal cannabis exposure increases the risk of low birth weight [11-14], with heavier use increasing the risk [15, 16].

There are many different vaping devices, and 'e-liquids' or oils used in vapes that can contain many chemicals, flavourants, metals and other ingredients [17]. Vaping device carrier compounds, product materials and heating capacity can all affect health, reflecting the chemicals and additives that are used, or how hot the device gets [17, 18].

Little is known about the health impacts of the vapour that is exhaled during vaping [19]. As vaping devices are relatively new, and long term health impacts have yet to be discovered.

Nevertheless, some pregnant women do vape, and it is important to acknowledge the reasons why, and the personal and structural influences that underlie their perceptions of benefits and harms. This understanding can help create constructive, safe, and trusting conversations about their health.

In addition to being risky, substance use during pregnancy is highly stigmatized. Women are judged and penalized and run the risk of losing custody of their children. This makes it very difficult for women to open up to healthcare providers about their use. As a result, many women turn to others, including family, friends, online resources, and cannabis retailers for information.

Taking the initiative to start conversations with women about vaping can prevent the spread of misinformation and misconceptions. Providing clear well researched evidence, especially regarding the harms of nicotine and cannabis during pregnancy and postpartum, including what we don't yet know about vaping, is an important first step. Equally important, affirming and recognizing what women are already doing to reduce harms can foster engagement and help start non-judgemental conversations.

Not a lot has been recorded about why women vape during pregnancy and postpartum, and what their concerns and motivations are. So, we conducted a study to understand why women vape during pregnancy by surveying and interviewing pregnant and postpartum women who vape(d) during pregnancy. We heard from 111 women in the survey, of which 22 participated in an interview. Approximately half (51.4%) vaped nicotine, 27.9% vaped cannabis, and 20.7% vaped both. Women offered various reasons for vaping during pregnancy and postpartum. In this resource we share 6 common reasons, and some ideas for having discussions with women about their reasons for use.

Explore this resource to learn more about why women vape and the context in which they vape, as well as examples of how this information can be used to start conversations with women around harm reduction.



6 reasons women vape during pregnancy or postpartum and ideas for conversation starters

01. To relax, help with sleep, and to manage depression, anxiety and other mental health and wellness factors.

Women experience multiple stressors from day-to-day life and can feel isolated or lonely as a result of their pregnancy.

Some women may vape to manage stress and mental health issues.

Some pregnant women prefer to vape cannabis instead of using prescription medications for mental health issues.

Tips

- Trauma-informed mindfulness and grounding activities can help women relax, feel safe, reduce anxiety, and help manage cravings.
- For women with mental health issues who may benefit from medication, providing clear information on the risks and benefits of both is important.

Starting a conversation

Affirm: Thank you for being willing to have this conversation with me.

How are you feeling mentally (emotionally) during your pregnancy?

What are you already doing to take care of yourself? (to manage stress, etc.)

Would you be interested in learning about stress reducing activities such as mindfulness and grounding activities?

Resources to consider sharing

Grounding Activities and Trauma-Informed Practice (Centre of Excellence for Women's Health)

Some alternatives to using cannabis to cope with stress (Centre of Excellence for Women's Health)

02. To manage pregnancy-related symptoms

Women report that vaping cannabis helps with typical morning sickness, although research has not found consistent evidence to support this. There are some case reports of treating hyperemesis gravidarum successfully with cannabis [20].

Women also report that vaping cannabis helps increase their appetite and is effective in pain management.

Starting a conversation

Affirm: You are doing the best you can to manage the constant changes in your body.

Would you be interested in learning about some alternatives to using cannabis for managing pregnancy-related symptoms?

Background resources

Why Women Use Cannabis (Centre of Excellence for Women's Health)

Sex, Gender & Cannabis: Pain and its Management (Centre of Excellence for Women's Health) (English) (French)



03. Enjoyment

Vaping may feel empowering, or as a part of one's self-care.

The marketing of cannabis, nicotine, and vape products often targets women, promoting concepts of liberation or how it's "cool" to be a "canna mom".

While pregnant women often report vaping alone to avoid judgement, it can also be a social activity that brings feelings of belongingness and enjoyment

Tips

It is important to acknowledge both the benefits and harms and encourage women to weigh both.

Starting a conversation

Affirm: You know yourself well and have an understanding of both the costs and benefits of using nicotine and/or cannabis.

Given this, why might you consider making a change?

In what ways does vaping during pregnancy concern you, if at all?

What are some of the benefits you see in making a change in vaping? What are some of the drawbacks?

What are some other ways to achieve the benefits of vaping you experience that could be substituted?

Resource to consider sharing

Some women have found it helpful to learn about resisting sexist marketing:

[The Stanford Research into the Impact of Tobacco Advertising: Women Targeting of E-Cigarettes](#)

Background resources:

(Open Access) Flannigan, K., Odell, B., Rizvi, I., Murphy, L., and Pei, J., [Complementary therapies in substance use recovery with pregnant women and girls. Substance Use and Pregnancy, 2022. 18: p. 1-11.](#)

[Brief Intervention on Substance Use with Girls and Women: 50 Ideas for Dialogue, Skill Building, and Empowerment \(Centre of Excellence for Women's Health\) \(English\) \(French\)](#)

04. Addiction

Risks of addiction will differ depending on whether women are vaping nicotine, cannabis, or both.

No amount of nicotine is without risk of addiction or dependence. Approximately 10% of cannabis users develop Cannabis Use Disorder [21].

The fetus or infant can also experience addiction, and withdrawal after birth.

In addition, some find vaping itself addictive.

Starting a conversation

Affirm: It takes courage to start this conversation.

Partnership/Autonomy: My role is to support you in the way that makes the most sense to YOU.

Sometimes people reach a point in their substance use and start to realize they have lost control. What once was fun or comforting, is now necessary. Tell me what your experience has been in terms of controlling your vaping?

Are you interested in learning about possible ways to reduce use and manage cravings, or tapering or withdrawing?

Resources to consider sharing

Talking about Vaping (Nicotine Dependence Clinic)
She Recovers Foundation
Smokefree Women (National Institutes of Health)
Addiction to Cannabis (Health Canada)

Background resource:

(Open Access) Greaves, L., Poole, N., and Hemsing, N. **Tailored Intervention for Smoking Reduction and Cessation for Young and Socially Disadvantaged Women During Pregnancy.** *J Obstet Gynecol Neonatal Nurs*, 2019. 48(1): p. 90–98.

Liberation! Helping Women Quit Smoking: A Brief Tobacco-Intervention Guide (Centre of Excellence for Women's Health) (English) (French)



05A. Reducing harms to themselves and their fetus or baby: Cannabis

Some women vape cannabis in the belief that it is more natural and therefore safer for them and their fetus compared to other substances and medications. But the way cannabis is consumed matters, and the long-term health effects of cannabis use and vaping are not yet known.

Starting a conversation

Affirm efforts/intentions: You are trying to reduce the risk to yourself and baby.

What do you know (have you heard) about cannabis and harm reduction overall?
(asking what have you heard can be a little less threatening)

What are you doing to reduce harms now that you are pregnant?

What other ideas do you have, other than vaping, to reduce harms, that could supplement or be substitutes for vaping cannabis?

What are some additional ways (other than vaping) to enhance safety for yourself and your fetus/baby?

Resources to consider sharing

- **Knowing your Limits with Cannabis: A practical guide to assessing your cannabis use** (Canadian Centre on Substance Use and Addiction)
- **Canada's lower-risk cannabis use guidelines** (Government of Canada)
- **Let's Talk About Ujarak: Cannabis Harm Reduction Toolkit** (Pauktuutit Inuit Women of Canada)
- **The Ways Women Use Cannabis** (Centre of Excellence for Women's Health)

Background resources:

- **Sex, Gender & Vaping** (Centre of Excellence for Women's Health)
- **Clearing the Smoke on Cannabis: Cannabis Use During Pregnancy and Breastfeeding – An Update** (Canadian Centre on Substance Use and Addiction)

05B. Reducing harms to themselves and their fetus or baby: Nicotine

Many women know that nicotine is a teratogenic substance and addictive. Some women vape nicotine as a way to stop or reduce smoking cigarettes while they are pregnant in the belief that vaping is less harmful and will help them quit.

However, research is mixed on the effectiveness of vaping as a cessation tool [22, 23]. While vaping is recommended for smokers trying to quit, dual use and use during pregnancy are not encouraged.

Some vapes contain very high concentrations of nicotine and some labels do not reflect accurate nicotine levels.

Tips

It is important to acknowledge that women may be using vaping as a cessation tool and way to reduce harms despite the mixed evidence.

Starting a conversation

Affirm: You have already taken steps to try to make changes to your smoking.

I understand you are vaping to reduce or quit your cigarette use. What other cessation, reduction, or replacement methods have you tried?

What has/has not worked for you in the past?

Are you interested in hearing about what we know about the benefits of and methods for cessation/reduction/replacement in pregnancy?

Background resources:

- [Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age and Their Communities \(Registered Nurses Association of Ontario\)](#)
- (Open Access) Klein, M.D., N.A. Sokol, and L.R. Stroud, [Electronic Cigarettes: Common Questions and Answers](#). *American Family Physician*, 2019. 100(4): p. 227–235.
- (Open Access) Anonymous, [Tobacco and Nicotine Cessation During Pregnancy: ACOG Committee Opinion Summary, Number 807](#). *Obstetrics & Gynecology*, 2020. 135(5): p. 1244–1246.
- [Women and Tobacco Use Video](#) (Centre of Excellence for Women’s Health & Taking Texas Tobacco Free)

06. To be discreet and avoid judgement

Women who use substances – and particularly pregnant and breastfeeding women – experience judgement and stigma.

Vaping is seen as more discreet and less visible and can be done alone.

There is a long history of punitive, rather than supportive, responses to substance use. Stigma and judgement can come from family, friends, strangers, and healthcare providers. Many women have internalized stigmatizing messages.

This judgement and stigma can affect willingness to disclose substance use with a healthcare provider and can be reduced with needed support.

Background resources:

- **Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women (Centre of Excellence for Women's Health) (English) (French)**
- **Mothering and Opioids: Addressing Stigma – Acting Collaboratively (Centre of Excellence for Women's Health) (English) (French)**
- **Talking About Substance Use During Pregnancy: Collaborative Approaches for Health Providers (Centre of Excellence for Women's Health)**
- **Daniels, S., et al., Physician Communication and Perceived Stigma in Prenatal Cannabis Use. J Psychoactive Drugs, 2022: p. 1-9.**
- **Action Framework for Building an Inclusive Health System (Public Health Agency of Canada)**

Tips:

Consider how to create a safe and open dialogue about what is less harmful for women and their babies.

Starting a conversation

Affirm: It takes a lot of courage to have this conversation.

Normalize: Many women experience judgement and stigma for using substances when pregnant.

What has your experience been?

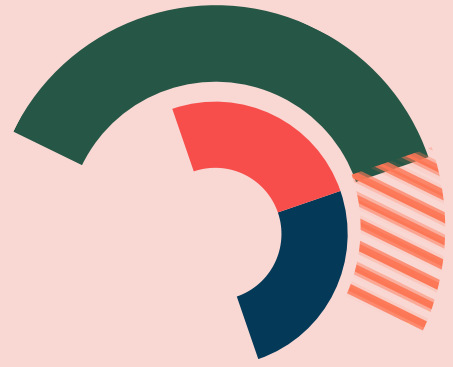
What can I do to help you navigate the situation? (if a woman cannot answer, it would be important to have some ideas to offer, for example, "Some women have found it helpful to have someone they can talk with, others have found it helpful for me to...(write a letter of support, talk with someone, share information, etc.)"

Postpartum Conversations

Some women vape or return to vaping postpartum and while breastfeeding. Many are interested in information on the health effects of vaping in the postpartum period. Discussions throughout pregnancy and postpartum offers opportunities to check-in on changes women are making, what information they need and ongoing support for reducing harms.

Encourage quitting both cannabis and nicotine, or continuing to abstain, building on women's successes during pregnancy. This is a positive step for women to improve and maintain their health, save money, and avoid addiction. This also helps improve infant development and child health, as it lessens exposure to second hand smoke and vapour, reduces the risk of Sudden Infant Death Syndrome [24, 25], and prevents transmission of nicotine or cannabis through breastmilk.

If women are continuing to vape, or returning to vaping nicotine and/or cannabis, it is important to continue the conversation about these substances and harm reduction.



Resources to consider sharing

- **Taking Care: A short guide to breastfeeding and substance use** (Centre of Excellence for Women's Health) (English) (French)
- **Second Hand Smoke** (Nicotine Dependence Clinic)
- **Atii! Reduce Second-Hand Smoke** (Pauktuutit Inuit Women of Canada)

Background resource:

Breastfeeding and Cannabis: A Harm Reduction Resource for Health Care and Social Service Providers (Centre of Excellence for Women's Health) (English) (French)

Harm Reduction Measures

Conversations with pregnant and postpartum women who vape cannabis can include discussion of these steps to reduce harm:

- Use of dried flower is safer than cannabis oil and less likely to have harmful additives [1, 3].
- Choosing vaping devices with lower temperature settings can help reduce harms, as higher temperatures produce more chemicals [1, 19].

Some suggestions which can be offered postpartum include:

- Vape outside or as far away from your baby as possible (and ask friends and family to do the same) and avoid vaping in the car even when your baby is not there [24, 26, 27].
- Wait several hours to breastfeed your baby after smoking or vaping cannabis or nicotine. Nicotine levels drop by half after 90 minutes [26], and THC concentrations are highest within the first hour after cannabis use [28, 29].
- Wash your hands and face and brush your teeth or use mouthwash after smoking or vaping and before touching your baby [27, 30].

Harm reduction can also include broader approaches that increase women's health and wellbeing, such as improving nutrition, increasing housing stability, and reducing the risk of violence.



Disclaimer: The information here is not a substitute for accessing up-to-date medical guidelines.

Client Handout

Finding your support system to reduce or stop vaping

It can be very difficult to quit, or cut back on vaping. People in our lives can not only influence our use, but they can support us when we are ready to practice new approaches at cutting back. Who is in your circle of support?

PARTNERS

While some partners can be supportive in reducing and quitting use, others can enable or stigmatize vaping or exercise coercive control over vaping. Sometimes partners engage in substance use together as a habit or ritual, in which case finding support may be more difficult, or take discussion and negotiation.

What are some new rituals you and your partner could engage in? What are some of the supports (practices, words) that they could do to help reduce your vaping in pregnancy and while breastfeeding?

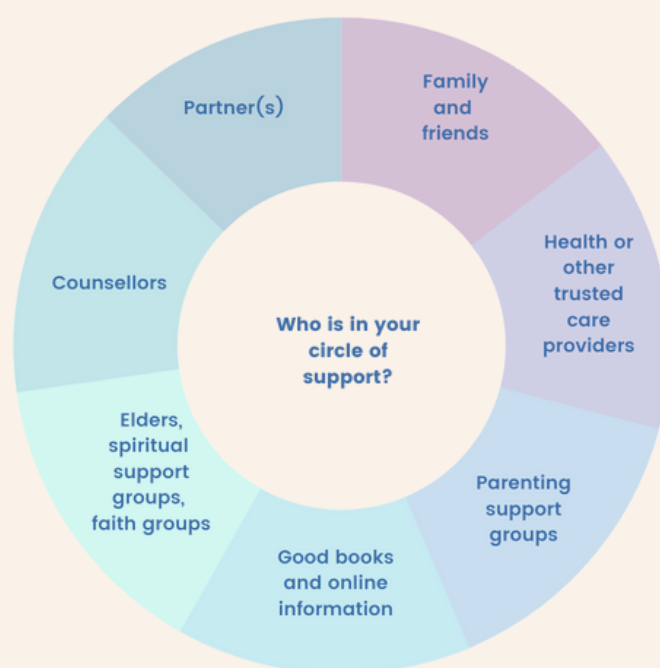


Image adapted from Centre of Excellence for Women's Health and the Sex, Gender & Cannabis Hub.

FRIENDS & SOCIAL SETTINGS

Social settings are often where we pick up vaping, restart, or increase use. This can sometimes be out of social anxiety, boredom, or stress. Friends can sometimes be judgemental when it comes to vaping which can contribute to these feelings. On the other hand, they also can be supportive and understanding, particularly if they have had similar experiences to you and know where you are coming from. Some online mom communities can be another source of support.

Are there certain social settings or friends that trigger cravings and use? Which settings/friends do you feel safest/most supported by? Are you connected to any social settings/groups/friends that are also looking to reduce or quit their use?



FAMILY

Family histories and dynamics can affect your vaping and other substance use. But some family members can be a source of loving support for reducing harms, and some may have had similar experiences to yours.

Are there certain family gatherings, family members, or dynamics that trigger cravings and vaping? Are there boundaries you think could be helpful to avoid these triggers? Have any of your family members reduced and stopped their use either currently or in the past, and may have helpful tips?

SERVICE PROVIDERS

Many of us have very different experiences with health and social service providers during pregnancy, depending on: personal compatibility, the type of provider you are working with (i.e., midwife, doctor, nurse, Indigenous Knowledge Keeper, social worker), and your personal experiences during pregnancy. If you have a provider who you trust and feel safe with, it can be helpful to discuss vaping with them.

Does your care provider(s) ask questions about your health, in addition to the health of the baby? Does your care provider make you feel judged, or do they create a welcoming environment where you feel able to ask them questions? Would you feel comfortable asking your care provider about vaping?

ELDERS/SPIRITUAL/COMMUNITY LEADERS:

Sometimes family, friends, partners, and service providers can feel too involved in your pregnancy for you to feel comfortable to share and open up about your vaping. [Elders](#) and community leaders can be another source of support to turn to when seeking support to reduce or quit vaping.

Are there leaders in your community you feel safe to turn to for guidance and support? Even if you don't want to discuss vaping directly, are there certain practices, tips, or routines they may be able to share that support a healthy pregnancy?

Client Handout

Tips and tools to managing use and reducing harm

What are some of the benefits and drawbacks you experience from vaping? Do you think any of the following ideas could be a helpful place to start trying to reduce harms and manage cravings?

Grounding and mindfulness activities

01.

- Taking a mindful moment or trying a grounding activity when you are feeling the urge to vape can help to allow the moment to pass without acting on it.
- [This sheet on grounding activities](#) offers some ideas.
- [Pregnancy and sleep](#)
- [Sleep support](#) through mindfulness
- [Some alternative to using cannabis to manage stress](#)

Social Support

02.

It can be helpful to identify who is in your [circle of support](#) and bring them into your efforts to quit or reduce vaping.

Counselling Resources

03.

- If you are vaping to manage mental health, physical health, or to support smoking cessation, finding a counsellor that you trust can be helpful and supportive.
- [Wellness Together Canada](#) for free mental health and substance use support.
- [Healing in Colour Directory](#) for therapists committed to anti-racist approaches.

Physical activity and healthy eating

04.

- [The Canada Food Guide](#) can be a great place to start.
- [Going for a walk or practicing yoga](#) can be great ways to get your body moving while also nurturing mental wellness.
- Exercise and Pregnancy Helpline: 1-866-937-7678

Reminders of the benefits of not vaping

05.

Creating a list of the benefits you experience when you don't vape can be helpful in reminding you of your goals.

Connecting to Indigenous culture

06.

Connecting to culture can support a sense of purpose and belonging, helping us turn to our communities for support rather than using substances to cope.

- Learn about [traditional midwifery](#) practices in Inuit communities
- Pauktuutit Inuit Women of Canada's [Cannabis Self-Assessment Tool](#)
- [Respecting Tobacco](#)

REFERENCES

1. Canadian Paediatric Society. Protecting children and adolescents against the risks of vaping. 2021; Available from: <https://cps.ca/en/documents/position/protecting-children-and-adolescents-against-the-risks-of-vaping>.
2. Klein, M.D., N.A. Sokol, and L.R. Stroud, Electronic Cigarettes: Common Questions and Answers. *American Family Physician*, 2019. 100(4): p. 227-235.
3. Cardenas, V.M., et al., Dual use of cigarettes and electronic nicotine delivery systems during pregnancy and the risk of small for gestational age neonates. *Annals of Epidemiology*, 2020. 52: p. 86-92.e2.
4. Kim, S. and S.C. Oancea, Electronic cigarettes may not be a "safer alternative" of conventional cigarettes during pregnancy: evidence from the nationally representative PRAMS data. *BMC Pregnancy & Childbirth*, 2020. 20(1): p. N.PAG-N.PAG.
5. Cardenas, V.M., et al., Use of Electronic Nicotine Delivery Systems (ENDS) by pregnant women I: Risk of small-for-gestational-age birth. *Tobacco Induced Diseases*, 2019. 17: p. 44.
6. Froggatt, S., N. Reissland, and J. Covey, The effects of prenatal cigarette and e-cigarette exposure on infant neurobehaviour: A comparison to a control group. *EClinicalMedicine*, 2020. 28: p. 100602.
7. Sifat, A.E., et al., Prenatal electronic cigarette exposure decreases brain glucose utilization and worsens outcome in offspring hypoxic-ischemic brain injury. *Journal of Neurochemistry*, 2020. 153(1): p. 63-79.
8. Noel, A., et al., In utero exposures to electronic-cigarette aerosols impair the Wnt signaling during mouse lung development. *American Journal of Physiology - Lung Cellular & Molecular Physiology*, 2020. 318(4): p. L705-L722.
9. McDonnell, B.P., P. Dicker, and C.L. Regan, Electronic cigarettes and obstetric outcomes: a prospective observational study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 2020. 127(6): p. 750-756.
10. Chen, H., et al., Maternal E-Cigarette Exposure in Mice Alters DNA Methylation and Lung Cytokine Expression in Offspring. *American Journal of Respiratory Cell & Molecular Biology*, 2018. 58(3): p. 366-377.
11. Joseph-Lemon, L.T., H.; Verostick, L.; Shizuka Oura, H.; Jolles, D. R., Outcomes of Cannabis Use During Pregnancy Within the American Association of Birth Centers Perinatal Data Registry 2007-2020: Opportunities Within Midwifery-Led Care. *Journal of Perinatal & Neonatal Nursing*, 2022. 36(3): p. 264-273.
12. Howard, D.S., et al., Cannabis Use Based on Urine Drug Screens in Pregnancy and Its Association With Infant Birth Weight. *J Addict Med*, 2019. 13(6): p. 436-441.
13. Campbell, E.E., et al., Socioeconomic Status and Adverse Birth Outcomes: A Population-Based Canadian Sample. *J Biosoc Sci*, 2018. 50(1): p. 102-113.
14. Clearing the Smoke on Cannabis: Cannabis Use During Pregnancy and Breastfeeding. 2022, Canadian Centre on Substance Use and Addiction (CCSA).
15. Grzeskowiak, L.E., et al., The deleterious effects of cannabis during pregnancy on neonatal outcomes. *Medical journal of Australia*, 2020. 212(11): p. 519-524.
16. Nguyen, V.H. and K.G. Harley, Prenatal Cannabis Use and Infant Birth Outcomes in the Pregnancy Risk Assessment Monitoring System. *J Pediatr*, 2022. 240: p. 87-93.
17. Risks of Vaping. 2023, Health Canada. Available from: <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html>
18. Centre of Excellence for Womens Health. Sex, Gender and Cannabis: Nicotine Vaping in Youth. 2019; Available from: <https://sexgendercannabishub.ca/wp-content/uploads/2021/03/Sex-Gender-and-Cannabis-Nicotine-Vaping-in-Youth.pdf>.
19. Nathoo, T., Stinson, J., Poole, N., & and L. Wolfson. Taking Care: A short guide to breastfeeding and substance use. 2021; Available from: https://sexgendercannabishub.ca/wp-content/uploads/2022/02/Taking-care-English_WEB.pdf.
20. Koren, G. and R. Cohen, The use of cannabis for Hyperemesis Gravidarum (HG). *J Cannabis Res*, 2020. 2(1): p. 4.
21. Connor, J.P., et al., Cannabis use and cannabis use disorder. *Nat Rev Dis Primers*, 2021. 7(1): p. 16.
22. Systematic reviews and meta-analyses of electronic cigarettes for smoking cessation published since 2020. 2023, Physicians for a Smoke-Free Canada. Available from: <https://smoke-free.ca/SUAP/2023/E-cigarettes%20for%20cessation.%20Systematic%20reviews%20and%20meta-analyses.pdf>
23. Banks, E., et al., Electronic cigarettes and health outcomes: umbrella and systematic review of the global evidence. *Med J Aust*, 2023. 218(6): p. 267-275.
24. Badowski, S. and G. Smith, Cannabis use during pregnancy and postpartum. *Canadian Family Physician | Le Médecin de famille canadien* 2020. 66(2): p. 98-103.
25. Napierala, M., et al., Tobacco smoking and breastfeeding: Effect on the lactation process, breast milk composition and infant development. A critical review. *Environ Res*, 2016. 151: p. 321-338.
26. Smoking and Breastfeeding.[cited 2023 April 24]; Available from: <https://lllii.org/breastfeeding-info/smoking-and-breastfeeding/>.
27. Breastfeeding: Tobacco and E-Cigarettes. Breastfeeding and Special Circumstances February 16, 2021 [cited 2023 April 24]; Available from: <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/tobacco-and-e-cigarettes.html#print>.
28. Ordean, A. and G. Kim, Cannabis Use During Lactation: Literature Review and Clinical Recommendations. *J Obstet Gynaecol Can*, 2020. 42(10): p. 1248-1253.
29. Drugs and Lactation Database (LactMed). National Library of Medicine (USA) 2022 [cited 2023 April 12]; Available from: <https://www.ncbi.nlm.nih.gov/books/NBK501587/>.
30. Public Health Sudbury & Districts. Cannabis: Preconception, pregnancy, and breastfeeding. N.D.; Available from: <https://www.phsd.ca/health-topics-programs/cannabis/cannabis-preconception-pregnancy-and-breastfeeding/>

The reasons featured here are derived from the Cannabis and Nicotine Vaping in Pregnancy and Postpartum project and reflect the experiences of the women we surveyed and interviewed. We are very grateful to all of the women who helped contribute to this work.

Financial contribution provided by the Canadian Institutes for Health Research (CIHR).

Visit the Centre of Excellence for Women's Health website for more information: www.cewh.ca as well as our Sex, Gender & Cannabis hub: www.sexgendercannabishub.ca



The Centre of Excellence for Women's Health respectfully acknowledges the First Nations, Inuit, and Métis peoples as the first inhabitants and traditional custodians of the lands where we live, learn, and work.