

Genetic counselors' perceptions of and experience with prenatal counseling for marijuana use as compared to counseling for alcohol, tobacco, opioid, and caffeine use

Naomi E. Wagner, Lillian T. Sosa, Lisa Demers

Boston University School of Medicine, Boston, Massachusetts

The use of marijuana in the United States is on the rise, both in the general population and among pregnant women. This comes at a time when laws and policies regarding medical and recreational use of the drug are softening in the United States. Given the changing trends in marijuana use and regulation, it is imperative for healthcare providers to be able to talk about marijuana use with their patients. In particular, pregnancy is an important time for providers to address substance use, due to potential risks to the mother's health as well as potential teratogenic risks to fetuses. To date, little is known about counseling practices with regard to prenatal marijuana use, although it has been suggested that providers lack comfort, confidence, and appropriate training on this topic. In addition, it is unclear how prenatal counseling for marijuana use compares to counseling for other legal or illegal substances. The present study explored the experiences and perceptions of prenatal genetic counselors (GCs) with regard to counseling for marijuana use as compared to counseling for alcohol, tobacco, opioid, and caffeine use during pregnancy. An anonymous, web-based survey was distributed to members of the National Society of Genetic Counselors (NSGC), and 135 (8.9%) eligible participants completed the survey. Our results indicate that a majority of prenatal GCs do not regularly ask about marijuana in prenatal settings, although they discuss the risks and provide counseling if marijuana use is reported. Only 5.2% of respondents felt extremely concerned about prenatal marijuana use, as compared to 74.8% who felt extreme concern for alcohol use, 26.6% who felt extreme concern for tobacco use, and 62.2% who felt extreme concern for opioid use. Over a third of respondents felt that there had been some or much more patient-reported use of marijuana and opioids since they began practicing, a trend that was not seen with alcohol, tobacco, or caffeine. For both marijuana and opioids, less than half of the respondents reported feeling completely knowledgeable about the risks of using the substance during pregnancy. In general, GCs were comfortable initiating conversations about prenatal substance use, although some GCs felt that teratogen counseling should be the domain of physicians. These data also suggested a trend of lower knowledge and comfort with prenatal marijuana counseling among GCs under 30 years old or with less than 5 years of experience. As drug use and policies evolve, it will be important to address gaps in GC knowledge, evaluate the role of GCs in teratogen counseling, and update counseling standards for substance use during pregnancy.