"1, 2, 3, Release": Cannabis Consumption and Mental Health and Well-Being During Pregnancy, Lactation and Parenthood

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ABSTRACT

Objective: This paper presents rich and in-depth insights emerging from "Wading through the Weeds" (WttW), a participatory arts-based research study that used the Photovoice method to centre the lived experience of 23 mothers throughout Canada who consumed cannabis during pregnancy, lactation and motherhood. **Method:** Specifically, this paper examines and elucidates the ways that the mothers in our study used cannabis to address mental health challenges during the perinatal period and beyond. **Results:** A significant theme emerging from our research findings was the connection between the mothers' decision to consume cannabis to cope with and/or overcome mental health challenges and a strong belief that cannabis supported them with their perinatal and maternal health and well-being. This included multiple stressors such as financial and interpersonal concerns, experiences of anxiety and depression, histories of addiction, trauma, and abuse, and managing of symptoms associated with Post Traumatic Stress Disorder (PTSD) that impacted their everyday lives. **Conclusions:** Our inquiry suggests that there is a dire need for public health decision-makers, clinicians, and social workers to understand and respond to the historical context, current realities, and intersecting identities of pregnant, lactating and parenting people who consume cannabis. Responses that run counter to the current context, where stigma and fear prevent parents from accessing cannabis information and support, have the potential to more effectively support the mental health and wellbeing of these parents during the perinatal period.

Key words: = cannabis; perinatal health; mental health; harm reduction; key words

In October 2018, Canada became the second country in the world to legalize cannabis sale, possession, and non-medical use by adults (Department of Justice, 2018). Cannabis for medical purposes has been legal in Canada since 1999, however, when cannabis for nonmedical purposes was legalized in 2018, the Access to Cannabis for Medical Purposes Regulation became part of the new *Cannabis Act* and its regulations. Today in Canada, cannabis continues to be a strictly regulated substance that is consumed for both therapeutic and recreational purposes through the Cannabis Act directives. Since legalizing recreational cannabis use in Canada, data on the prevalence of and reasons for cannabis consumption among women of childbearing age has garnered increased attention. Data from the 2019 Canadian Alcohol and Drugs Survey, showed that 5% of women of childbearing age reported using cannabis during

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their last pregnancy, and 6% while breastfeeding (Health Canada, 2021). It is worth noting, however, that studies among pregnant women that utilized self-report measurements may have underestimated their use of cannabis due to stigma and possible legal consequences (Ryan et al., 2018, Greene et al, 2023), suggesting that consumption rates could be higher. Research has also shown that increases in cannabis use are primarily in younger women and those of lower socioeconomic status (Corsi et al., 2019), and that women who report having mental health challenges, who are young, have low income, and who use multiple substances are more likely to consume cannabis while pregnant (Ko et al., 2015, Mark et al., 2016, Oh et al., 2017). In addition, the impact of colonization among Indigenous peoples, anti-black racism, and experiences with the child welfare system are important contextual factors to consider when exploring experiences of perinatal cannabis consumption, as these factors have also been shown to contribute to mental health challenges (Aston et al., 2021, Boyd et al., 2022, Matheson et al., 2022).

Much of the research in the United States and Canada shows that the use of cannabis to cope with mental health challenges during the perinatal period may exacerbate mental health symptoms (al'Absi et al., 2021). However, qualitative research with pregnant and lactating individuals has also highlighted the positive effects of cannabis on participants' mood in comparison to the negative effect of mood suppression when using antidepressants (Chang et al., 2019, Kvillemo et al., 2022). Other reasons for cannabis use during pregnancy include the relief of stress, depression and anxiety, and to cope with other mental health symptoms (Barbosa-Leiker et al., 2020, Ko et al., 2020, Vanstone et al., 2021). People who use cannabis report that it is consumed to cope with the mental health challenges associated with histories of trauma and abuse (Young-Wolff et al., 2020) and has ameliorated thoughts of self-harm and suicide (Micalizzi et al., 2024). More recently, a qualitative study of 15 mothers showed that cannabis use alleviated stress associated with parenting and/or improved child-parent relationships by enabling these mothers to be more present for their children (Withanarachchie et al., 2025). It is therefore not surprising that many individuals from a diversity of backgrounds and experiences report cannabis use to cope with mental health conditions during pregnancy and postpartum (Short et al., 2022, Brown et al., 2023). This echoes our own research with a diverse group of mothers who have experiences of marginalization and who illuminated how their cannabis consumption connects to their experiences of mental health challenges.

Cannabis has also been identified in the literature as a harm reduction tool. Importantly, some researchers have argued for more integration of harm reduction measures into "high level policy debates" and for developing "an evidence framework for reducing drug related harms" (Pratschke, 2025, p. 388). This has raised interest about the role of cannabis for the purpose of decreasing one's consumption of other substances that may be more harmful (Kruger et al., 2026; Mok et al., 2023). Important questions are also being asked about cannabis as a harm reduction tool during pregnancy to decrease consumption of substances that may be more harmful to the mother and/or infant (Kozak et al., 2022). Harm reduction from this perspective recognizes the individual's autonomy in making choices that support their desire to minimize the effects of substances rather than imposing an abstinence-based approach to drug use (Karoll, 2010). Cannabis as a harm reduction tool is also visible in research conducted by Chang and colleagues (2019). Qualitative interviews with 25 women who consumed cannabis during pregnancy illuminated decisions to use cannabis as a way to avoid what participants perceived to be harmful side effects of some pain and other psychiatric medications (Chang et al., 2019). Despite the documented use of cannabis by pregnant and parenting individuals, many pregnant people are hesitant to disclose their cannabis use with healthcare professionals due to fear of surveillance, judgement and/or legal and child welfare implications (Greene et al, 2023, Gauvin et al., 2021, LeBron, 2022). Greene et al (2023) and LeBron (2022) specifically point to the deeply expressed concerns on the part of their study participants about how cannabis consumption would be perceived and addressed by child protective services. Echoing Gunn et al., (2024), there is a clear need for reduced stigma and open communication between pregnant people and healthcare practitioners. The purpose of Wading through the Weeds (WttW) is to illuminate, from

the perspectives of the mothers who participated in the study, the ways that cannabis is used to address mental health challenges during the perinatal period and beyond. Subsequently, this will increase our understanding of the unique experiences of pregnant and parenting mothers who face marginalization along multiple axes of identity.

METHODS

We came to this project as a team of people with intersecting identities inclusive of but not limited to Black, Indigenous, settler and gender expansive identities, with experiences as academic and community-based researchers, and people with lived experience of consuming cannabis during the perinatal period. Given our team's intersecting identities and our commitments to community-engaged, participatory research, we employed intersectional theoretical perspectives across our research process. Crenshaw (1989) suggests that an intersectional lens is necessary for acknowledging how race, ability, class and other social positions impact and differentiate women's experiences. Intersectionality, with its roots in Black feminist thought, moves beyond considering how sociodemographic characteristics (e.g. gender, race, etc.) of individuals overlap to also consider how particular identities and conditions for groups are located within and influenced by structural forces, unequal social relationships and power imbalances (Caiola et al., 2014). An intersectional approach to understanding mothers' experiences of cannabis consumption during the perinatal period provides the intellectual tools required for examining the injustices experienced by women who are marginalized among multiple axes of social positioning, and for confronting the power and privilege of stakeholders when challenging social injustices (Caiola et al., 2014; Guidroz & Berger, 2009). Echoing Rice et al., (2019), "intersectionality enables researchers to account for the multiplicity and situatedness of identity" (p. 418), which was of critical importance to our research with and for pregnant, lactating, and parenting people who consume cannabis.

A community co-researcher and academic researcher co-facilitated four 10-week virtual Photovoice workshops between fall 2020 and spring 2022. Workshops were conducted with Black mothers (N= 5), Indigenous mothers (First Nations, Métis and Inuit, N= 7), mothers who use cannabis as a form of harm reduction (N= 5), and younger mothers between the ages of 19-30 (inclusive of Black and Indigenous participants, N = 6). The workshops with Black, Indigenous and younger mothers were co-facilitated by a community or academic researcher that identified racially and/or culturally with the participants. All participants identified as mothers, and all identified as women except for one participant who identified as non-binary. Importantly, the mothers who participated in this study shared how their intersecting identities shaped their experiences as mothers who consume cannabis. This included but was not limited to sharing experiences of racism, impacts of colonization, intergenerational trauma, mental health and addiction challenges, HIV status, and child welfare involvement. Inclusion criteria were pregnant, lactating and/or parenting people who used cannabis during pregnancy and/or lactation, and who identified with the identities (Indigenous, Black, younger, drug use) indicated on the workshop recruitment posters. Participants were recruited by distributing a poster and information letter about the study through community-based and professional networks throughout Ontario, Manitoba, Saskatchewan and Alberta, as well as on social media. Mothers who were interested in the study were provided with a phone number and email of the study coordinator. The coordinator also received oral consent to participate in the study from the participant. Participants without access to technology were provided an electronic tablet capable of digital photography and accessing virtual workshops. All participants who provided informed oral consent and participated in the workshops were given an honorarium. All names used throughout the paper are pseudonyms.

Data Collection and Analysis

Community-engaged and participatory arts-based research approach: Photovoice. Photovoice is a participatory arts-based research method in which participants are provided with cameras and asked to take photographs as a means of documenting and reflecting on everyday experiences as they respond to research questions (Wang & Burris, 1994). Photovoice, reflected our community-engaged and participatory arts-based research approach, which aimed to draw upon

participants' creative intelligence, develop knowledge through artistically expressive forms, and generate the kind of empathy, curiosity, and attention that renders action possible (Clover, 2011; Finley, 2008). In addition, Photovoice "has participants use photography, and stories about their photos to identify and represent issues of importance to them, which enables researchers to have a greater understanding of the issue under study" (Nykiforuk et al., 2011, p. 104), which was a critical objective of our community engaged research process. Subsequently, we moved away from a prescriptive approach to Photovoice to ensure that participants engaged with the method in ways that worked best for them. For example, in addition to taking photographs of places or things around their community, some participants chose to photograph their own artwork or poetry to document their everyday lives. Photovoice also builds capacity among research participants and creates a natural opportunity for knowledge mobilization and advocacy. We subscribed to the goals of photovoice, which are to (1) enable participants to record strengths and concerns in their community, (2) facilitate dialogue about community issues, and (3) make research visible to policymakers (Wang, 1999). While inclusion of our knowledge mobilization and community advocacy activities goes beyond the scope of this paper, this component of Photovoice has been an integral part of our process and involved our community-engaged research team, community advisors and research participants. With the onset of COVID-19 public health guidelines, we adapted Photovoice to a virtual format (Zoom). We received ethics clearance from McMaster University Research Ethics Board (MREB #5159).

Workshops were co-facilitated by members of the research team and included co-researchers who identified with the lived experiences of the participants within each workshop. Guiding Photovoice workshop questions included: Drawing on your experiences as a Black/Indigenous/young mother, and/or as a mother who has had a history of drug use, what are your thoughts/experiences about consuming cannabis during pregnancy and breastfeeding? Where, if anywhere, did or do you receive information about cannabis consumption during pregnancy and breastfeeding? What message do you have for health and social care providers about pregnancy and cannabis consumption? All sessions were recorded and transcribed verbatim. The mothers also participated in an individual interview where they shared in-depth reflections on their photographs. In the penultimate workshop session, we used the SHOWeD method (Gant et al., 2009) whereby participants were asked to reflect on their photographs and share: What they SEE; what is HAPPENING; How this relate[s] to OUR lives; WHY this problem, concern, or strength EXISTS? And what they/others can DO about it (Wang & Burris, 1994). The SHOWeD method supported our participatory analysis by engaging co-facilitators and participants from each workshop in a process of pulling out the themes and interpretations from their conversations and photographs (Amos et al., 2012). This process ensured that the participants were equitably involved in clearly defining the most important themes related to their experiences and needs, and that were reflected in the photos that they took. During the final workshop, participants were also engaged in developing social action goals, and considering how they wanted to remain connected to the activist aims of the research project.

Thematic analysis of the interview transcripts was led by the principal investigator and the six workshop co-facilitators. This process included defining and naming themes; refining the themes that the participants identified as part of SHOWeD method, and that effectively addressed the research question (Braun and Clarke, 2006). Themes related to mental health were further refined and underwent investigator triangulation (Rothbauer et al., 2008), for enhanced credibility and deeper understanding of how the participants made decisions regarding their cannabis use during pregnancy, lactation and parenting.

RESULTS

Framing Mental Health and Cannabis Consumption during Pregnancy, Lactation, and Motherhood

Twenty-three mothers who participated in the Photovoice workshops used photographs as an entry point to illuminate the choices they made regarding their cannabis consumption during pregnancy, lactation and motherhood.

Throughout the Photovoice process, the mothers referred to the ways that their identities interfaced with their perinatal and parenting mental health needs and reasons for consuming cannabis. What follows is a presentation of the participants' voices and imagery as it related to these experiences and needs.

"The Flower Brings Me Solace"

All the participants in our research shared the view that, at one point before or during the perinatal and motherhood trajectory, cannabis was experienced as a support for mental health and wellbeing. For example, Lola, who had a history of sexual violence, homelessness, and mental health and addiction challenges, shared her experience of cannabis as a form of harm reduction:

"The flower brings me solace, peace, strength and contentment, at least for a little bit". (Lola)



The Flower Brings me Solace

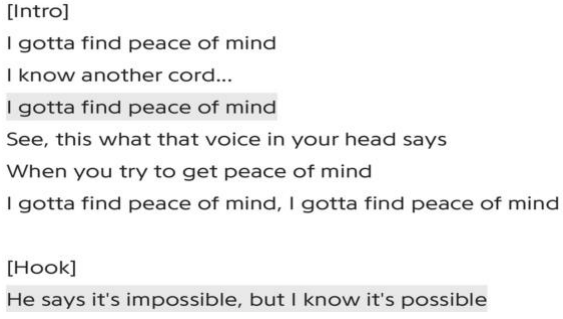
For Lola, consuming cannabis to manage her addiction challenges were imperative to her mental health before and during pregnancy and while she was breastfeeding. Given her history of addiction, using cannabis supported her harm reduction approach to abstaining from using other drugs while at the same time, bringing her the 'solace, peace, strength and contentment' needed to maintain her mental health and wellbeing. This representation of cannabis as a pathway to contentment was echoed by Cindy, a participant in the Young Mothers workshop who had a history of child welfare involvement. For Cindy, the act of consuming cannabis was experienced as a way to "take a moment" for herself during her pregnancy and immediately following the birth of her child:

"I was able to smoke from the second trimester all the way through the third. And then it helped me a lot with everything. And I actually left the hospital two hours after I gave birth to go and smoke in the parking lot just to deal with everything, to process everything. I took her [her baby] to the nursery, and I was able to just step away and just take a moment for myself". (young mom group)

This sentiment was shared by Morganne, a mother in the Harm Reduction workshop. Morganne, who had history of living in poverty and with mental health and addiction challenges, was supporting a child with a psychiatric diagnosis. Subsequently, cannabis became a critical element of supporting her ongoing mental health concerns amidst the "chaos" of her everyday life:

"…in the moment after a quick puff, it just really helps me center myself around them [the children]. With all the chaos going on around outside of our home but still related to our home, like is a necessity for my mental health". (Morganne)

For many of the mothers, the stressors associated with everyday life exacerbated their mental health concerns during the perinatal period. For example, once she stopped breastfeeding, Janelle, who participated in the Black mothers workshop, chose to resume using cannabis as a way to create "calmness" and shared a photo of song lyrics to convey her experience:


[Intro]
I gotta find peace of mind
I know another cord...
I gotta find peace of mind
See, this what that voice in your head says
When you try to get peace of mind
I gotta find peace of mind, I gotta find peace of mind

[Hook]
He says it's impossible, but I know it's possible

Peace of Mind

Revealing why she chose to take a photo of these song lyrics, Janelle shared:

"In those lyrics it's talking about peace of mind. And my identification with smoking weed is it gives me ease, it brings me calmness, it allows me to unwind and relax. And ultimately something that I continuously think that I'm striving to obtain in life is peace of mind. I don't want to deal with confusion and chaos or emotions that might stir up my anxiety… I trust myself enough to do what I need to do to make sure I can maintain a wellness in myself."

As a Black mother who experienced racism, Janelle shared her fears of disclosing her cannabis use to her healthcare team and stated that she "*had an idea of where the conversation would go, and I would feel judged…and for me to be accepted and not alienated or judged or put into a category of how my life might potentially end."* Thus, trusting herself was essential for Janelle's decision making process given her concerns about sharing or asking her midwife, doula or doctor about anything related to consuming cannabis to support her mental health.

Bea, a mother living with HIV, and who participated in the Harm Reduction workshop, provided an illuminating photograph of a drawing she made that was accompanied by a poem she wrote and photographed that reflected her experience of consuming cannabis in the midst of her everyday stressors:

"So, this is supposed to be me. And I'm smoking a joint, holding up a huge boulder right by a cliff. And it represents me between a rock and a hard place, basically, and how I manage in between those places. So, I wrote a poem which is next to go with this picture. So, it's called Between a Rock and a Hard Place. I have to hold this rock up so that I don't fall off a cliff. This metaphor repeats daily. I compare it to a riff. The rock is the anxiety, stress and responsibilities that I hold up on my shoulder. Adding its weight constantly, at times it feels like a boulder. Marijuana is my saving grace. It keeps me from letting go. It helps me to focus on the important things in life, like watching my children grow. It's my coping mechanism to deal with this heaviness of life. It helps me in the different hats that I wear - a friend, mother and wife."



Between a Rock and a Hard Place

I have to hold this rock up so that I don't fall off a Cliff.
This metaphor repeats daily, I'd compare it to a riff.
The rock is the anxiety, stress and responsibilities that I hold up on my shoulder.
Adding it's weight constantly, at times it feels like a boulder.
Marijuana is my saving grace, it keeps me from letting go.
It helps me to focus on the important things in life, like watching my children grow.
It's my coping mechanism to deal with this heaviness of life.
It helps me in the different hats that I wear a friend, mother and wife.
This way of coping for me happened through a process of elimination.
It is truly my medicine and not just a recreational temptation.
Due to lack of support, I prescribed this medicine on my own.
The systemic barriers and fear has made me feel alone.
And so I've had to figure out how to embrace and face,
How to get through my life every day
between a rock and a hard place

Bea's experience was echoed by Midge, another participant in the Harm Reduction workshop. Midge articulated how cannabis resulted in grounding her, both physiologically and emotionally, which resulted in an increased ability to be present to her children:

"When I am feeling overwhelmed or stressed, and the deep breathing of oxygen is not working, I light up, inhale, hold it – 1, 2, 3, release…I watch the cloud of puff disappear one more time. Inhale,

1, 2, 3, release. And do it one more time. My heart rate slows down, and then it's just a light puff. The deep breath of air, and then my mind is now grounded…And when I get my two-to-five-minute breather, I am then ready to understand my children and calmly ask them to slow down and help mommy understand what it is that you need or what is that you would like. And that's what cannabis does for me." (Midge)



1, 2, 3 Release

While these participants highlighted the ways that cannabis was used as an immediate tool to cope with an acute need to feel centered, as we delved deeper into the participants' experiences, we learned that cannabis was playing a significant role in addressing historical and current day mental health challenges. This included experiences of perinatal and post-partum depression, histories of trauma, living with Post Traumatic Stress Disorder (PTSD), and other stressors that were both chronic and acute.

"Weed Makes Me Feel More Like Myself": Perinatal and Post-Partum Depression

Several stories described how consuming cannabis decreased negative mental health symptoms, specifically as it related to perinatal depression. For example, following the birth of her child, Keisha, a young Black mother who had a history of child welfare involvement, shared that her initial thought after giving birth to her son was *"oh my god; what did I do?"* Keisha then detailed the ways that cannabis helped her to cope with the birth of her baby, and the physical and mental health challenges she experienced throughout pregnancy and post-partum:

"I smoked throughout my entire pregnancy. It was my saviour for everything. It cured my insomnia, it cured my nausea, it cured my anxiety… Where it really came in handy and where I really feel like it saved me was after I had my son. I had pretty bad postpartum. I did not know how to function. Basically, I popped him out, and I was like oh, my God, what did I do? I didn't share like the experience of a lot of people that I've heard speak about having this like magical thing and falling in love at first sight. I was instantly filled with like fear and regret and doubt in myself…So smoking really, really helped me get through that period of time."

Similar experiences were shared by several participants including descriptions of coping with a low mood and feelings of being disconnected from their body. For example, Rachael, another participant in the Young Mothers workshop, disclosed experiences of sexual and intergenerational trauma and how consuming cannabis made her feel more like themselves during pregnancy:

"So personally, I hate being pregnant. I don't know why everyone thinks it's like this magical time. I hate being pregnant. I hate breastfeeding. Like I hate all that stuff. And weed for me just makes me feel more like myself. Like if I'm not smoking weed, I don't feel like me. So, I need to smoke weed to feel like me, to be able to handle...Like pregnancy feels like an out of body experience. And I feel like weed kind of brings me back into my body"

The image of the 'magical' experience of pregnancy and motherhood expressed by Keisha and Rachael evokes an ideal that for them was unattainable and not reflective of their bodily realities. Instead, pregnancy was an 'out of body' experience, and this was particularly salient in the context of their experiences of racism and intergenerational trauma. Subsequently, cannabis was experienced as a tool to cope with these bodily realities and as a pathway to feeling more like themselves.

Given the intersections of the mothers' histories of sexual and colonial violence, racism and child welfare involvement, it was not surprising that many participants shared that their mental health challenges were because of

past and current day experiences of trauma. Importantly, the mothers stated that they thought deeply about their decision to consume cannabis to cope with what they perceived to be PTSD symptoms and moments where they felt triggered. As Vanessa, a participant in the Indigenous mothers workshop shared:

"I'm unsure how I'm going to still consume marijuana and breastfeed at the same time because I do want to breastfeed. But at the same time, I do still want to consume marijuana. It really, really helped with my PTSD. So, I'm thinking what if it helps with my postpartum depression? I really feel like that might be something that I might experience due to my past with mental health."

Echoing others, Lucy, who also participated in the Indigenous mothers workshop shared her experience of intergenerational trauma and the role that cannabis has played in helping her to cope with her anxiety. For Lucy, the decision to consume cannabis throughout the perinatal period helped her to live with what she perceived to be symptoms associated with PTSD:

"…Because I have PTSD, I have extreme anxiety, especially in like social settings. So, yeah, I just… I feel like it's helped me a lot being like a better parent."

Tessa, who also attended the Indigenous mothers workshop, referred to an unfinished drawing she made of a weeping willow tree. For Tessa, this represented her *"struggles with anxiety and depression"* because of her PTSD and a preferred alternative to other pharmaceutical drugs:

"It's supposed to kind of be like me in a way. Like how… And I chose a weeping willow because like as sad as it is like in suffering with depression, it's still…I'm still a beautiful mother. Like I still am very nurturing, and I provide my children with the care they need. And so, it was kind of like a little bit of a taste on that, too. Like because I think that like cannabis has… I honestly feel like cannabis helps me a lot more that my like prescription medication does with… Because I take a prescription, and then I still feel like those anxieties or like depressions often. And so… But when I smoke, I don't feel that way."

Similarly, Lisa, a participant in the young mothers workshop, shared her experiences of domestic violence and child welfare involvement, which resulted in feeling lonely, anxious, depressed and suicidal. Living in a socially and economically disadvantaged neighbourhood added to Lisa's feelings of distress. Although Lisa was worried about the stigma of consuming cannabis and the fear that her cannabis would be a reason for child welfare involvement, she ultimately felt that cannabis supported her in coping with anxiety and depression. In referring to a photo of children running toward a park, she stated:

"And with cannabis, I feel like it really does help me become like a better mom in that sense. Like I'm able to like focus on them better, compared to when I have anxiety and my depression hit."



Happiness and Wellbeing

Hence, the participants had a variety of reasons for consuming cannabis to manage what they understood to be PTSD symptoms because of histories of trauma. These included getting them through moments when they felt 'triggered', when they felt anxious and depressed, and as an alternative to other drugs including prescription medications. Importantly, both Tessa's photograph of the weeping willow and Lisa's photograph of children running to play in the park underscores a key theme that is weaved throughout the mothers' interviews and photographs; that these mothers care deeply

about their children and that this is reflected in how they parent in the context of their intersecting identities and experiences.

"Cannabis is Huge for Harm Reduction"

Cannabis consumption was identified as a method of harm reduction when coping with mental health challenges during the perinatal period and beyond. Harm reduction was understood to decrease the harms of associated with using other drugs and/or prescribed psychiatric medications during pregnancy and lactation in addition to the harms they associated with not being able to be the best parent they want to be for their children. For example, Leah, a participant from the Indigenous mothers workshop who strongly identified with her *"spiritual connection"* to her Indigenous ancestors, shared her history of using *"harder substances"*, which led to child welfare involvement and losing custody of her children. In looking toward cannabis as a form of harm reduction and as a way to decrease her anxiety, Leah expressed:

"So really like where cannabis came into my life, actually reunited me with my children by harm reduction and also helping me to become more stable and be able to like focus more and have less anxiety, and be able to like go out of my house to get to counselling. Because people don't sometimes even realize that like that can be a challenge - just going out of your house when you have that much anxiety."

Interestingly, all the mothers who participated in the Harm Reduction workshop stated that they consumed cannabis as an alternative to seeking prescription medication to support them with their mental health challenges, albeit for various reasons. For example, Shauna experienced a fear of taking prescription medication for her depression during the perinatal period. This resulted in a turning toward self-medicating with cannabis during pregnancy:

"I already had like issues that I might miscarry, and just so much going on in my mind and in my life. And I needed relief. Like I needed relief from those things. And in my experience with antidepressants and whatever - lorazepam and all those things - it was very negative. And so, I had to take matters kind of into my own hands because my doctor wasn't listening to me. And I…. You know, I kind of medicated myself on my own terms. And it works, though. It works."

This was echoed by Bea, who had been experiencing barriers to receiving support for her mental health symptoms:

"This way of coping for me happened through a process of elimination. It is truly my medicine and not just a recreational temptation. Due to the lack of supports, I prescribed this medicine on my own. The systemic barrier and fear has made me feel alone."

Decisions to self-medicate with cannabis as an alternative to using prescription medications emerged as a common theme throughout all the workshops. The participants reflected upon cannabis as a tool for harm reduction to minimize the use of other substances and to mitigate perceived harms of other forms of treatment, specifically pharmaceutical medication that was prescribed for their mental health. Perhaps most significant, was the need on the part of some of the mothers to "take matters into their own hands", highlighting barriers to, and lack of, safe spaces to bring forward questions about cannabis during the perinatal period with healthcare providers.

DISCUSSION

The findings from WttW suggest that it is necessary for healthcare providers to recognize how intersecting identities coupled with historical and current day experiences of racism, colonial and sexual violence, homelessness, poverty, mental health and addiction challenges and child welfare involvement play into the decision to consume cannabis. For many of the mothers, cannabis was viewed as a form of harm reduction both in terms of managing anxiety, depression, and PTSD, and in their attempts to be the best parent they can be (Greene et al, 2023, Gunn et al., 2024). While researchers may not have explicitly used the term 'harm reduction' in their publications, we believe that what has been expressed in numerous studies reflects the

fundamental ideals that the mothers in our study expressed about their use of cannabis as a form of harm reduction. Individuals have often reported disclosing thoughts of self-harm and suicide being ameliorated by cannabis use, a decrease in physical symptoms such as lack of sleep, pain, and nausea (Micalizzi et al., 2024), the alleviation of stress, the improvement of child-parent relationships (Withanarachchie et al., 2025), and the assistance of cannabis in decreasing consumption of other substances that may be more harmful to mothers (Kruger et al., 2026; Mok et al., 2023). Our study findings advance this research by demonstrating the influence of cannabis on managing, soothing, and coping with daily mental health challenges.

Our study also builds upon recent scholarship that illuminates how harm reduction is understood and practiced in the lives of pregnant people and parents who consume cannabis. Our study findings echo Gagnon and Hobbs' (2025) analysis that there are structural and operational elements of harm reduction operating alongside the ways cannabis is ameliorating challenging mental health symptoms at the individual level. The mothers who participated in our study discussed how they engage in structural harm reduction in recognizing the risk environment that permeates healthcare, perinatal care, and child welfare spheres. Thus, cannabis consumption operates independently of systems and care contexts that have been unhelpful, silencing, and undermining. The operational dimension of harm reduction (Gagnon & Hobbs, 2025) was also highlighted whereby cannabis was viewed as an accessible form of relief and calm from daily and frequent symptoms and stressors, and participants yearned for a form of mental health relief that was compassionate and supportive. Cannabis was a tool that achieved that goal for many participants. What is particularly salient to this discussion are the reasons why and the process through which the mothers identified cannabis as a tool they could use for themselves. Protecting themselves from the weight of their mental health symptoms and the worries they carried about the impact this would have on their children was palpable.

Although there continues to be more focused attention on harm reduction for perinatal cannabis use, there is a need to increase our understanding of how to implement harm reduction practices during the perinatal period and to expand and/or more clearly articulate the relationship between harm reduction principles and approaches and cannabis use during the perinatal period (Albanese et al., 2024). One significant challenge facing the mothers in our study, is the continued concern regarding the stigma they anticipate or experience when consuming cannabis during the perinatal period. This is not surprising given their fears of stigma, judgement, and surveillance as it related to their intersecting identities and experiences of racism, violence, poverty, mental health and addiction, and child welfare involvement. Nearly 5% of pregnant women in the United States are reported to use cannabis, however, many of them do not engage in discussions about cannabis use with healthcare providers due to stigma and legal ramifications (Lebron et al., 2022). During instances where women have discussions with healthcare providers about their cannabis use, many report that discourse is centered around harm to the infant, which could lead to the implementation of restrictions on maternal support and bonding, such as withholding lactation support and prohibiting breastfeeding (Gross et al., 2022). Rather than centering the impact of cannabis use on the woman's health, some healthcare providers have expressed concern regarding the mother's capacity to parent and the potential for involving child protective services (Gross et al., 2022; Lebron et al., 2022). The dehumanizing nature of these interactions speaks to longstanding traditions of social surveillance and regulation of pregnant and mothering bodies as public property (Johnson, 2000). Hence, it is not surprising given that public attitudes toward cannabis users contribute to many facets of disapproval, marginalization, and discrimination embedded in health and mental healthcare systems, which are further exacerbated along lines of identity such as race, gender, economic status, and sexuality (Bottorff et al., 2013). Ergo, using cannabis while pregnant significantly increases an individual's risk of stigmatization, leading to experiences of social isolation (Bottorff et al., 2013).

Societal pressures and issues of discrimination are heightened significantly for Black, Brown, and Indigenous women and mothers who experience mental health challenges, and/or low economic status

(Withanarachchie et al., 2025). Due to historical and contemporary punitive, abstinence-oriented drug policies in Canada, economically disadvantaged and racialized women are subject to state sanctioned surveillance (Kozak et al., 2022). Additionally, punitive child welfare policies affect racialized mothers at a disproportionate rate, resulting in the increased likelihood of being reported to child protective services and loss of custody over their children (Schiff et al., 2024). Lower rates of child reunification following loss of custody are reported amongst Black mothers suspected of substance use, contributing to cyclical systemic racism, trauma, and adverse health outcomes (Schiff et al., 2024). Our participants are managing and soothing their mental health symptoms despite this broader context of surveillance and societal pressures – both related to cannabis and what it means to be a "good parent". Their experiences and perspectives in doing so are important and provide new insights into the relevance, significance, and possibilities for cannabis in mental healthcare and support for pregnant and parenting individuals. Additionally, how one's social, cultural, and spiritual practices, rituals, and norms within their own communities and geographical contexts intersect with cannabis consumption should be considered (Kozak, 2022). There is a critical need to legitimize and recognize the wisdom of women who consume cannabis during the perinatal period. This wisdom is integral to develop harm reduction policies and programs to reflect the needs and experiences of this population.

Due to the current conflict surrounding cannabis use during pregnancy, expectant mothers are often left seeking information for themselves outside of healthcare environments such as online forums and virtual communities, highlighting a dire need for better resources and improved communication with their healthcare providers (Lebron et al., 2022). Mothers' decision to use cannabis during pregnancy is not made uncritically or without concern (Smith et al., 2024). Individuals who are expressing that they plan to or are already consuming cannabis should be granted a conversation surrounding the risks and benefits of medications versus cannabis use (Regalado et al., 2023). As Bottorff et al., (2013) argued over ten years ago, "physicians, in particular, have the obligation and duty to provide safe, competent, and ethical care to all individuals in accordance with current and accepted standards of practice" (p. 8/10). Promoting public health and perinatal mental health practices that are situated in intersectional and harm reduction philosophies and participatory action frameworks would contribute to centering the perinatal mental health experiences of people who consume cannabis. This could potentially result in shaping cannabis policy development in the arena of perinatal mental healthcare.

REFERENCES

al'Absi, M. and Allen, A. M (2021). Impact of acute and chronic cannabis use on stress response regulation: Challenging the belief that cannabis is an effective method for coping. *Frontiers in Psychology*. *12*, 687106. https://doi.org/10.3389/fpsyg.2021.687106

Albanese, A. M., Littlewood, A., Creamer, A., Rogers, B., & Elwy, A. R. (2024). Harm reduction for perinatal cannabis use: Protocol for a scoping review of clinical practices. *BMJ Open*, *14*(12), e090453. https://doi.org/10.1136/bmjopen-2024-090453

Amos, S. K. R., Cobb, M., & Pabani, N. (2012). *Facilitating a photovoice project: What you need to know*. The Nova Scotia participatory food costing project, of the Nova Scotia Food Security Network.

Aston, M., Price, S., Paynter, M., Sim, M., Monaghan, J., Jefferies, K., & Ollivier, R. (2021). Mothers' Experiences with Child Protection Services: Using Qualitative Feminist Poststructuralism. *Nursing Reports*, *11*(4), 913–928. https://doi.org/10.3390/nursrep11040084

Barbosa-Leiker C, Burduli E, Smith CL, Brooks O, Orr M, Gartstein M. (2020). Daily cannabis use during pregnancy and postpartum in a state with legalized recreational cannabis (2020). *Journal of Addiction Medicine. 14*(6), 467474. https://doi.org/10.1097/ADM.0000000000000625.

Bottorff, J. L., Bissell, L. J., Balneaves, L. G., Oliffe, J. L., Capler, N. R., & Buxton, J. (2013). Perceptions of cannabis as a stigmatized medicine: A qualitative descriptive study. *Harm Reduction Journal*, *10*(1), 2. https://doi.org/10.1186/1477-7517-10-2

Boyd, J., Maher, L., Austin, T., Lavalley, J., Kerr, T., & McNeil, R. (2022). Mothers who use drugs: Closing the gaps in harm reduction response amidst the dual epidemics of overdose and violence in a Canadian urban setting. *American Journal of Public Health*, 112(S2), S191–S198. https://doi.org/10.2105/AJPH.2022.306776

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, Q. L., Shmulewitz, D., Sarvet, A. L., Young-Wolff, K. C., Howard, T., & Hasin, D. S. (2023). Cannabis use, cannabis use disorder and mental health disorders among pregnant and postpartum women in the US: A nationally representative study. *Drug and Alcohol Dependence*, *248*, 109940. https://doi.org/10.1016/j.drugalcdep.2023.109940

Caiola, C., Docherty, S.L., Relf, M., Barroso, J. (2014). Using an intersectional approach to study the impact of social determinants of health for African American mothers living with HIV. *Advances in Nursing Science*, 37(4), 287–298. https://doi.org/10.1097/ANS.0000000000000046

Chang, J. C., Tarr, J. A., Holland, C. L., De Genna, N. M., Richardson, G. A., Rodriguez, K. L., ... & Arnold, R. M. (2019). Beliefs and attitudes regarding prenatal marijuana use: perspectives of pregnant women who report use. *Drug and Alcohol Dependence*, *196*, 14–20. https://doi.org/10.1016/j.drugalcdep.2018.11.028.

Clover, D. (2011). Successes and challenges of feminist arts-based participatory methodologies with homeless/street- involved women in Victoria. *Action Research*, *9*(1), 12-26. https://doiorg./10.1177/1476750310396950

Corsi, D. J., Hsu, H., Weiss, D., Fell, D. B., & Walker, M. (2019). Trends and correlates of cannabis use in pregnancy: A population-based study in Ontario, Canada from 2012 to 2017. *Canadian Journal of Public Health*, 110(1), 76– 84. https://doi.org/10.17269/s41997-018-0148-0

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: a Black feminist critique of anti-discrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, pp. 139–167. Available at: https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Department of Justice. (2018). *Cannabis legalization and regulation*. Government of Canada. https://www.justice.gc.ca/eng/cj-jp/cannabis/

Finley, S. (2008). Chapter 6: Arts-based research. In J. Gary Knowles, Ardra L. Cole (Eds.), *Handbook of the arts in qualitative research* (pp. 71–81). Thousand Oaks, CA: Sage Publications Inc.

Gant, L. M., Shimshock, K., Allen-Meares, P., Smith, L., Miller, P., Hollingsworth, L. A., & Shanks, T.. (2009). Effects of photovoice: Civic engagement among older youth in urban communities. *Journal of Community Practice*, *17*(4), 358–376. https://doi.org/10.1080/10705420903300074

Gagnon, M., & Hobbs, H. (2025). Conceptualizing 'cannabis harm reduction': Lessons learned from cannabis compassion clubs and medical dispensaries in British Columbia (Canada). *Harm Reduction Journal*, 22(1), 70. https://doi.org/10.1186/s12954-025-01199-8

Gauvin, F.P., Ion, A., and Wilson, M. G. (17-18 May, 2021). Evidence brief: Supporting pregnant, lactating and parenting people who consume cannabis in Ontario. *Hamilton: McMaster Health Forum / Forum+.* https://www.mcmasterforum.org/docs/default-source/product-documents/evidence-briefs/mothers-cannabis-eb.pdf?sfvrsn=7ceebd60_7

Greene, S., Vaccaro, M., Bernier, A., Griffith, G., Ion, A., Maurice, R., Gabel, C., & Blake, M. (2023). "Digging in": Stigma and surveillance in the lives of pregnant and breastfeeding mothers who consume cannabis. *Critical Public Health, 33*(5), 687–708. https://doi.org/10.1080/09581596.2023.2262739

Gross, M., Le Neveu, M. Milliken, K.A., and Beach, M.C. (2022). Patient caught breastfeeding and instructed to stop: An empirical ethics study on marijuana and

lactation. *Journal of Cannabis Research*, 4(20), 1–11. https://doi.org/10.1186/s42238-022-00127y.

Guidroz, K., & Berger, M. T. (2009). A conversation with founding scholars of intersectionality: Kimberlé Crenshaw, Nira Yuval-Davis, and Michelle Fine. *The intersectional approach: Transforming the academy through race, class, and gender*, 61–78.

Gunn, R. L., Aston, E. R., Artis, L., Nesi, J., Pedersen, E. R., & Micalizzi, L. (2024). Use of cannabis to manage symptoms of mental and physical health conditions during pregnancy: analysis of a pro-cannabis pregnancy forum. *Frontiers in Psychiatry*, *15*, 1478505. https://doi.org/10.3389/fpsyt.2024.1478505

Health Canada (2021). *Canadian alcohol and drugs survey (CADS): Summary of results for 2019*. Ottawa. https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html

Johnson, A. (2000). Selfhood and embodiment: Reflecting on pregnancy and its implications. *The Humanistic Psychologist*, 28(1-3), 167–180. https://doi-org /10.1080/08873267.2000.9976989

Karoll, B. R. (2010). Applying social work approaches, harm reduction, and practice wisdom to better serve those with alcohol and drug use disorders. *Journal of Social Work*, 10(3), 263–81. https://doi-org /10.1177/1468017310363635

Ko, J. Y., Farr, S. L., Tong, V. T., Creanga, A. A., & Callaghan, W. M. (2015). Prevalence and patterns of marijuana use among pregnant and non-pregnant women of reproductive age. *American Journal of Obstetrics and Gynecology*, 213(2). https://doi.org/10.1016/j.ajog.2015.03.021

Ko, J. Y., Coy, K. C., Haight, S. C., Haegerich, T. M., Williams, L., Cox, S., Njai, R., & Grant, A. M. (2020). Characteristics of marijuana use during pregnancy - Eight States, Pregnancy Risk Assessment Monitoring System, 2017. *MMWR. Morbidity and Mortality Weekly Report*, *69*(32), 1058–1063. https://doi.org/10.15585/mmwr.mm6932a2

Kozak, T., Ion, A., & Greene, S. (2022). Reimagining research with pregnant women and parents who consume cannabis in the era of legalization: the value of integrating intersectional feminist and participatory action approaches. *Cannabis & Cannabinoid Research*, *7*(1), 11–15. https://doi.org/10.1089/can.2020.0086

Kruger, J. S., Felicione, N., & Kruger, D. J. (2026). The exploration of cannabis beverage substitution for alcohol: A novel harm reduction strategy. *Journal of Psychoactive Drugs*, 1–7. https://doi.org/10.1080/02791072.2026.2614506

Kvillemo, P., Strandberg, A. K., & Gripenberg, J. (2022). Attitudes to cannabis use and public prevention information among young adults: A qualitative interview study with implications for prevention practice. *Frontiers in Public Health*, *10*, 830201. https://doi.org/10.3389/fpubh.2022.830201

Lebron C. N., Morales V., Saenz S., Vidot D. C. (2022). "Ganja mamas": Online discussions about cannabis use in pregnancy. *Drug and Alcohol Dependence*. *241*, 109689. https://10.1016/j.drugalcdep.2022.109689.

Matheson, K., Seymour, A., Landry, J., Ventura, K., Arsenault, E., & Anisman, H. (2022). Canada's colonial genocide of Indigenous peoples: A review of the psychosocial and neurobiological processes linking trauma and intergenerational outcomes. *International Journal of Environmental Research and Public Health*, *19*(11), 6455. https://doi.org/10.3390/ijerph19116455

Mark, K., Desai, A., & Terplan, M. (2016). Marijuana use and pregnancy: prevalence, associated characteristics, and birth outcomes. *Archive of Women's Mental Health 19*, 105–111. https://doi.org/10.1007/s00737-015-0529-9

Micalizzi, L., Aston, E. R., Nesi, J., Price, D., & Gunn, R. L. (2024). A descriptive analysis of a popular pregnancy forum: comments on the developmental consequences of cannabis use on offspring. *Journal of Studies on Alcohol and Drugs*, *85*(2), 210–217. https://doi.org/10.15288/jsad.23-00019

Mok, J., Milloy, M. J., Grant, C., Lake, S., DeBeck, K., Hayashi, K., ... & Socías, M. E. (2023). Use of cannabis as a harm reduction strategy among people who use drugs: A cohort study. *Cannabis and Cannabinoid Research*, *8*(4),

670–678. https://doi-org./10.1089/can.2021.0229

Nykiforuk, C. I., Vallianatos, H., & Nieuwendyk, L. M. (2011). Photovoice as a Method for Revealing Community Perceptions of the Built and Social Environment. *International Journal of Qualitative Methods*, *10*(2), 103–124. https://doi.org/10.1177/160940691101000201

Pratschke J. (2025). Harm reduction strategies for cannabis-related problems: A literature review and typology. *European Archives of Psychiatry and Clinical Neuroscience*, *275*(2), 379–388. https://doi.org/10.1007/s00406-024-01839-3

Regalado. D., Connolly, M., F., Krutsch, K., Starks, A., Kendall-Tackett, K., & Garner, C. D. (2023). Psychiatric medication use among pregnant and breastfeeding mothers who used cannabis for mental health concerns: A cross-sectional survey study. *Women's Health, 19*, 1–12. https://doi.org/10.1177/17455057231199391

Rice, C., Harrison, E., & Friedman, M. (2019). Doing justice to intersectionality in research. *Cultural Studies ↔ Critical Methodologies, 19*(6), 409–420. https://doi.org/10.1177/1532708619829779

Rothbauer, P., Moran-Ellis, J., Alexander, V., Cronin, A., Dickinson, M., Fielding, J., & Sleney, J. (2008). Triangulation. In *The SAGE encyclopedia of qualitative research methods* https://doi.org/10.4135/9781412963909.n468

Schiff, D. M., Walt, G., Kane, M., Maitland, M., Liu, G., Wakeman, S. E., & Gray, J. R. (2024). Development of a clinical decision-making framework to address parental substance use and child safety. *Parenting*, 1–21. https://doi.org/10.1080/15295192.2024.2422872

Short, N. A., Evans, M. K, Raudales, A. M., Shapiro, M., Weiss, N.H., & Schmidt, N. B. (2022). Anxiety sensitivity and cannabis use motives among trauma-exposed young adult cannabis users. *The American Journal on Addiction*s, *31*(3), 242–250. doi:10.1111/ajad.13285

Smith, C. B., Schmidt, J., Holdsworth, E. A., Caffé, B., Brooks, O., Williams, J. E., ... & Meehan, C. L. (2024). Cannabis use, decision making, and perceptions of risk among breastfeeding individuals: the Lactation and Cannabis (LAC) Study. *Journal of Cannabis Research*, *6*(1), 6. https://doi.org/10.1186/s42238-023-00212-w

Vanstone, M., Taneja, S., Popoola, A., Panday, J., Greyson, D., Lennox, R., & McDonald, S. D. (2021). Reasons for cannabis use during pregnancy and lactation: A qualitative study. *Canadian Medical Association journal = Journal de l'Association medicale canadienne*, *193*(50), E1906–E1914. https://doi.org/10.1503/cmaj.211236

Wang C. C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health*, *8*(2), 185–192. https://doi.org/10.1089/jwh.1999.8.185

Wang, C., and Burris, M. (1994). Empowerment through photo novella: portraits of participation. *Qualitative Health Education*, 21, 171–84. https://doi.org/10.1177/109019819402100204

Withanarachchie V, Rychert M, Wilkins C. Moth erhood and medicinal cannabis. (2025). *Drug and Alcohol Review 44*(4), 1024–1035. https://doi.org/10.1111/dar.14027

Young-Wolff, K. C., Sarovar, V., Tucker, L. Y., Goler, N. C., Alexeeff, S. E., Ridout, K. K., & Avalos, L. A. (2020). Association of depression, anxiety, and trauma with cannabis use during pregnancy. *JAMA Network Open*, *3*(2), e1921333. doi:10.1001/jamanetworkopen.2019.21333

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