

# Mindful Continuing Education

## Marijuana Use Prevention Among Pregnant and Postpartum Women

### Preventing the Use of Marijuana: Focus on Women and Pregnancy

**1. Marijuana may cause problems with a newborn's brain development and may result in adverse consequences, including hyperactivity and:**

- A. Vision and hearing problems
  - B. Sleep problems
  - C. Poor function
  - D. Cognition deficits
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### Risk Factors for Marijuana Use

**2. Research on risk factors specific to marijuana use during pregnancy and the postpartum period is limited, but evidence from broader young adult populations may be relevant for understanding and preventing substance misuse among pregnant and postpartum women, including each of the following EXCEPT:**

- A. Factors that can contribute to marijuana use in young adults include use by peers, family members, accessibility, and beliefs about whether or not marijuana is harmful
  - B. Additional factors contributing to cannabis use disorder in young adults also may be related to social struggles, undue stress, or health problems
  - C. Other influences driving use can include fluctuations in family structure, maternal substance use, poor academic performance, sexual or physical trauma, early initiation of smoking and alcohol consumption, and aggression and delinquency
  - D. Risk factors such as early initiation, beliefs about risks and benefits, and access to or availability of marijuana are particularly relevant to pregnant and postpartum women
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**3. While some women seek to treat pregnancy-related nausea and vomiting by self-medicating with marijuana or cannabis products, there is no evidence to show that marijuana helps manage morning sickness or that it is safe to use during pregnancy.**

- A. True
  - B. False
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### Chapter 2: Effective Practices to Prevent Substance Use During Pregnancy

**4. Women who use marijuana during pregnancy may also use other substances, such as tobacco, alcohol, or illicit drugs, and sometimes these women have also experienced poverty, poor diet, interpersonal violence, or intergenerational trauma, any of which can influence pregnancy outcomes.**

- A. True
  - B. False
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## **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

**5. Which of the following is NOT one the outcomes associated with screening, brief intervention, and referral to treatment (SBIRT) for women whose screening results indicate that they have substance use disorder?**

- A. Decreases in alcohol consumption during pregnancy, decreases in alcohol-exposed pregnancies, and decreases in preterm labor rates
  - B. Decreases in neonatal intensive care admission and increases in infant birthweight
  - C. Decreases in number of infants exposed to maternal illicit drug use and decreases in number of heavy drinking days during postpartum period
  - D. Decreases in adverse outcomes related to maternal and child health, newborn care, and mother-infant attachment
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## **Integrated Clinics for Pregnant and Parenting Women**

**6. Integrated clinics may use a person-centered medical home model which incorporates a qualitative risk assessment to identify a woman's needs, a focus on third trimester and post-delivery care, and personalized care pathways to target common risk factors.**

- A. True
  - B. False
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## **Contingency Management for Reducing Use**

**7. Contingency management is one of the most effective approaches to treating SUDs, and it relies on providing rewards to individuals based on their level of behavioral change, which is known as:**

- A. Constructive affirmation
  - B. Social compensation
  - C. Operant conditioning
  - D. Positive reinforcement
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## **Chapter 3: Examples of Effective Prevention Programs- Kaiser Permanente Early Start**

**8. The Early Start Program provides pregnant women with a range of benefits to help them have a healthy pregnancy and a healthy baby, including facilitating universal screening and early identification of pregnant women misusing substances, integrating SUD services into routine prenatal care, and:**

- A. Incorporating parenting education and vocational training and support groups
  - B. Providing specialist counseling services on-site at the primary care clinic
  - C. Offering obstetric and pediatric care and pharmacological tools
  - D. Integrating therapy, counseling, relapse prevention and aftercare programs
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### **University of New Mexico Milagro Program**

**9. The University of New Mexico (UNM) Milagro Program, for pregnant women with an alcohol and substance use history or who are currently using substances, provides services that include high-risk prenatal care, SUD treatment and counseling, case management, parenting classes, domestic violence support groups, trauma counseling, and:**

- A. Anger management counseling and relapse prevention planning
  - B. Opportunities for positive change and care coordination
  - C. Maternal mental health needs and polysubstance abuse assessment
  - D. Steps to maximize maternal and fetal health
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## **Chapter 4: Implementing Evidence-Based Substance Use Prevention Practices for Pregnant and Postpartum Women**

**10. Steps in implementation of the Getting to Outcomes Model for Preventing Marijuana Use Among Pregnant and Postpartum Women include focusing, targeting, adopting, adapting, resource access, planning, monitoring, evaluating, and:**

- A. Theorizing and adjusting
  - B. Searching and appraising
  - C. Integrating and disseminating
  - D. Improving and sustaining
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### **Challenges to Implementing Marijuana Use Prevention Programs Among Pregnant and Postpartum Women**

**11. Implementing programs to prevent marijuana use among pregnant and postpartum women can be challenging because barriers are faced, including discrimination and stigma that keep women from disclosing their substance use, evolving changes in local, state, or federal policies around the legality and use of marijuana, and:**

- A. Lack of clinician time and training
  - B. Poor coordination of substance abuse services with mental health and medical care
  - C. Inadequate consumer adequacy and support
  - D. Fear of social isolation and residual repercussions
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## **Failure of Many Protocols and Procedures in Healthcare Settings to Accommodate Prevention Programs**

**12. In order to address healthcare settings' inability to accommodate prevention, experts recommend integrating regular screening for marijuana use into routine workflows and becoming educated about health insurance and other payment strategies for funding prevention efforts.**

- A. True
  - B. False
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## **Chapter 5: Marijuana Use Prevention Resources for Implementation, Quality Improvement, and Evaluation of Programs-Implementation Planning**

**13. Developing and implementing prevention programs involves several steps, including access points to reach women, their families, and their communities, and the formulation of a plan that considers:**

- A. Overall mission and goals
  - B. Effective strategies and practice
  - C. How to adequately train staff
  - D. Planning and conducting systematic program observations to assess quality and make needed changes
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## **Quality Improvement**

**14. Quality improvement involves comprehensive and recurrent actions that lead to the measurable review of program components and critical activities in healthcare services.**

- A. True
  - B. False
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