- March 2022 -

Wading Through The Weeds

A Public Health Response to Supporting Pregnant and Breast/Chestfeeding People who Consume Cannabis

Native Women's Association of Canada
L'Association des femmes autochtones du Canada
Canadian Centre on Substance Use and Addiction
McMaster University

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SECTION 1: KEY FINDINGS

1. Centring Lived Experience:

Currently the majority of research around the intersection of pregnancy, breastfeeding and parenting is from the perspective of public health and health based researchers. The experiences of people who consume cannabis and who occupy marginalized identities are particularly absent from the research.

There is a need for supporting research that centres lived experience throughout the research process. This research must be grounded in anti-oppressive values that acknowledge the histories of racism, colonialism and poverty.

2. Moving Beyond Discourses of Risk vs. Discourses of Resilience:

When research is done around perinatal experiences and cannabis consumption is positioned within discourses of risk, both in terms of public health and social care. What is absent from the current discourse are the perceived and actual benefits of cannabis consumption particularly in the context of mental health and wellbeing.

3. Stigma and Surveillance:

Although cannabis has been legalized in Canada since 2018, people who consume cannabis face stigma, specifically those who have been historically surveilled in health and social care contexts (ie. Black, Indigenous and Poor Women, those Living with HIV and living with mental health concerns).

Discourses of risk perpetuate the stigma and surveillance of marginalized pregnant, breastfeeding and parenting individuals. This occurs in health and social care contexts where these individuals face a high level of surveillance and monitoring of their cannabis consumption.

This leaves people feeling criminalized and in many cases live in fear of having their children apprehended because of cannabis related concerns.

4. Access to Care and Information on Cannabis During Pregnancy, Breastfeeding and Parenting:

The conditions outlined above make it high risk for mothers/parents(insert footnote) to seek out information, education and support from their health and social care providers about cannabis.

Consequently, parents make decisions that are not based on evidence. This is due to a lack of accessible information or availability of partial information, and morally based recommendations made by health and social care professionals; and partially because the consequences associated with reaching out can be punitive.

Participants seek out cannabis and pregnancy information through engaging in self-research, peer connection and virtual communities, and ancestral and traditional knowledge. While these sources of support are important, cannabis related information received can be contradictory and result in raising more questions than answers.

5. Supporting Mothers (and Birthing People) Who Consume in Ways That Work:

The Wading through the Weeds Project centres the perspectives and experiences of people who consume cannabis during the perinatal and postpartum period. Supporting mothers who consume cannabis during pregnancy, breastfeeding and postpartum through a public health response must be grounded in anti-racist, de-colonial and harm reduction-based philosophies.

1. Identity, experience and culture must be considered when designing responsive frameworks

2. Develop non-punitive support, information and health and social care services with/for people who are pregnant, breastfeeding and/or mothering and consuming cannabis

3. Draw on what is already working including person-centred health-care frameworks (midwifery models of care), peer support and virtual community and culturally grounded approaches to care, information and support.

Footnote: All the participants in this study identify as mothers, however, we are including the term parents to ensure inclusivity of all genders who parent, experience pregnancy and infant feeding.

SECTION 2: GENERAL INFORMATION

2.1 PROJECT TITLE & RESEARCH TEAM

Project Title:

Wading Through The Weeds:
A Public Health Response to Supporting Pregnant and Breast Chestfeeding People who Consume Cannabis

Research Team:

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2.2 BACKGROUND INFORMATION

In 2018, Canada legalized recreational cannabis. This has had significant shifts on the landscape of health and social policy and had implications for health and social care providers. As legalization becomes more entrenched, cannabis related surveillance, stigma and punishment still looms large for marginalized communities. Our project builds on a small body of critical health and social science research that focuses on cannabis use during pregnancy, breastfeeding and the postpartum period.

Cannabis is one of the most widely used substances during pregnancy across Canada (Corsi et al., 2019a; Corsi et al., 2019b; Krenig & Hanson, 2018; Mets & Stickrath, 2015). Some Canadian studies document up to 5% of pregnant women self-reporting cannabis use (Ryan et al., 2018; Young-Wolff et al., 2019)., Kaarid and colleagues (2021) recent research on the prevalence of cannabis consumption for pregnant women living in urban cities in Canada, found that among the 478 respondents, 54 (11%) reported consuming cannabis at some point during their pregnancy. And yet, studies such as these, that rely on self-reported data are likely to under represent the current reality (Ryan et al., 2018).

Cannabis related stigma and surveillance is shaped and further exacerbated by intersecting identities along axes of Indigeneity, race, socio-economic status, disability, criminalization, child welfare involvement and HIV status. People who face existing injustice in health and social care settings have concerns about approaching health and social care providers for information, support and education about cannabis consumption during pregnancy, breast/chestfeeding and postpartum.

During the time of cannabis prohibition, Black, Indigenous, and racialized communities have been subjected to greater surveillance and have faced harsher penalties for cannabis consumption and possession (Schlussel, 2017; Vitiello, 2019). Despite legalization, Black and Indigenous mothers continue to experience increased surveillance and unjust consequences because of cannabis use (Boyd, 2019).

The Wading through the Weeds Project seeks to respond to the anti-Black racism that continues to exist in Canadian health and public health policies and practices, and the Truth and Reconciliation Commission: Calls to Action (2015, p. 2-3) to “address gaps in the health, public health policy and healthcare practices between Indigenous and non-Indigenous peoples.”

Research from a gendered and intersectional theoretical lens on cannabis consumption is limited. Furthermore, research demonstrating positive health outcomes or perceived improvements in women's quality of life in relation to cannabis consumption are often not included in the body of "evidence" used to derive guidelines and inform clinical practices (Kozak, Ion & Greene, 2022).

Currently, multiple public health, obstetric, and pediatric organizations advise against cannabis consumption while pregnant and breastfeeding (Committee on Obstetric Practice, 2017; Health Canada, 2018; Ryan et al., 2018). And yet, there continues to be a lack of conclusive evidence regarding possible adverse effects of cannabis consumption during the perinatal period (Barlett et al., 2020; Jarlenski et al., 2016).

It is acknowledged by researchers that pregnant women who consume cannabis are more likely to be affected by the social determinants known to impact health including racism, colonialism, poverty, mental health challenges, trauma, and other concurrent environmental and social factors (Bartlett et al., 2020; Greene et al., 2016; Ion et al., 2017; Jarlenski et al., 2016).

We echo previous scholars who have noted that cultural, economic, and social factors can shape birth outcomes more broadly and call for an intersectional approach to understanding cannabis consumption during pregnancy, breast/chestfeeding and the postpartum period (Dreher et al., 1994; Nugent, 1994).

There has been a call for increased knowledge at the intersections of gender and cannabis consumption and a need for more research that elucidates how gender roles and relations and identities, intersect with the health and social consequences of cannabis use to "inform more responsible health promotion, effective harm reduction and precise treatment approaches for all genders" (Greaves & Hemsing, 2020, p.11). The Wading through the Weeds Project offers a critical response to this call by using a participatory arts-based approach to researching with pregnant and breast/chest feeding individuals who consume cannabis across Canada.

2.3 RESEARCH QUESTIONS & OBJECTIVES

Wading through the Weeds aimed to translate and mobilize new knowledge to improve public health approaches to supporting Black, Indigenous and other unjustly marginalized individuals who consume cannabis during pregnancy and breast/chest feeding.

The two primary objectives of the **Wading Through The Weeds** Project are:

a) garner the experiences of Black, Indigenous, and other unjustly marginalized pregnant and breast/chestfeeding individuals to identify and shape how public health policies and practices can effectively respond to their lived realities; and

b) generate new knowledge to strengthen public health and allied health care policies and practices that will increase access to perinatal and parenting information and support for pregnant and breast/chestfeeding individuals who consume cannabis.

Our work was guided by three overarching research questions.

1. Where do pregnant and breast/chest feeding individuals who consume cannabis access public health information before, throughout and following the perinatal period?

2. How do pregnant and breast/chestfeeding individuals interface with current cannabis, policies, practices and regulations?

3. How do pregnant and breast/chest feeding individuals who consume cannabis envision health and public health cannabis policies and practices that are accessible and supportive?

SECTION 3: METHODOLOGY

3.1 METHODS

Our research team shared a commitment to gather the knowledge and perspectives of participants who have typically been excluded and disengaged from cannabis related research. WttW supported the involvement of pregnant and breast/chestfeeding individuals who consume cannabis at all stages of the research in their roles as co-investigators, collaborators, and community research associates (CRAs) and as project participants.

As a framework for research, Feminist Participatory Art/Action Research (FPAR) was chosen for its potential to draw upon participants creative intelligences, develop knowledge through artistically expressive forms and generate the kind of empathy, curiosity and attention that renders action possible (Clover, 2011; Frisby et al., 2009; Ponic et al., 2010).

Ethics, Virtual Research & COVID-19 Guidelines:

This study received ethical clearance from McMaster University Research Ethics Board (MREB). Adhering to public health and McMaster University guidelines regarding physical distancing in the context of research, this project used the virtual platform of Zoom and digital photography to engage participants in virtual Community Engagement Sessions, Photovoice workshops and an individual interview.

Recruitment:

Participants were recruited through widely distributing information about the Wading through the Weeds project through the extensive and varied networks of research project team members and allied community and social service organizations. This included recruitment through virtual platforms such as social media and in community spaces mothers access.

Community Engagement Sessions:

Prior to beginning the Photovoice Workshops, participants attended a virtual group Community Engagement Session with the research team. These sessions lasted approximately 2 hours in length and were organized around an educational component

and an opportunity for collective dialogue. Community Engagement Sessions were co-developed and co-led by a Community Research Associate, Indigenous Elder/ or community leader and an academic researcher. These sessions were audio-recorded and transcribed.

Photovoice Workshops:

Photovoice was used as an participatory arts-based research method that aligns with our broader commitments to FPAR, decolonizing, and Indigenous research frameworks. As a process for engaging in research, the Photovoice workshops involve participants creating photographs as a means of documenting and reflecting upon everyday experiences, knowledge, and perceptions (Wang & Burris, 1994; Wang et al., 1996).

All workshops took place over 10 weeks to include an Individual interview. All sessions were audio recorded and transcribed. Select photography was uploaded to a secure drive by the participant and shared to be used in knowledge dissemination.

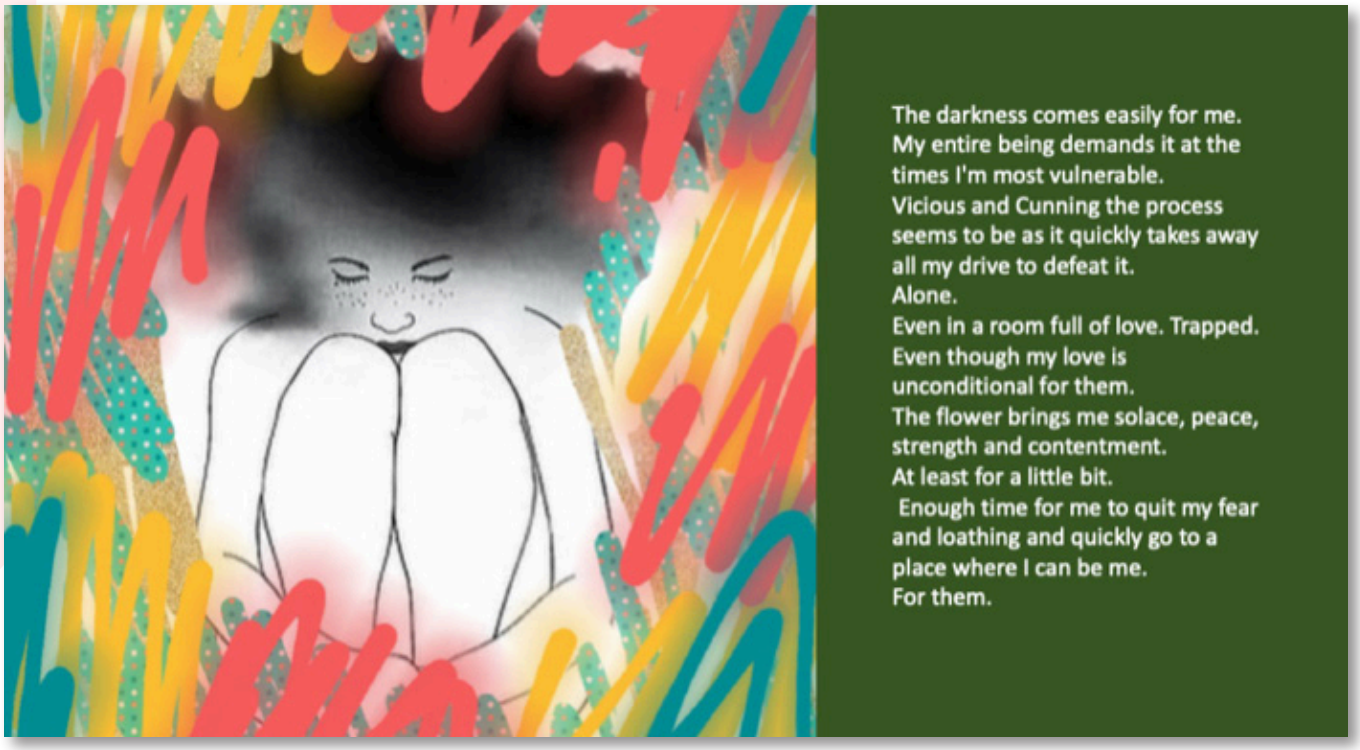
SECTION 4: RESEARCH FINDINGS

4.1 RESEARCH FINDINGS

Participants:

Twenty-Three Mothers (approx 6 per workshop) participated in the workshops and included people from Ontario, Alberta, Saskatchewan, Manitoba and New Brunswick.

The Flower Brings Me Solace



A common theme that emerged across all the Photovoice workshops and in response to all of the Photovoice questions was the relationship between the mothers' stories of cannabis consumption and their mental health. Importantly, consuming cannabis during pregnancy, breastfeeding and mothering was a conscious decision that relied on personal histories, experiences, research and identity.

For many of the mothers who participated in the workshops, cannabis was used as a method of decreasing anxiety. This was voiced at different moments along the antenatal journey including pregnancy, breastfeeding and mothering. For example, AL, a young mother from Alberta shared how consuming cannabis during her pregnancy helped to her to "calm down":

> *"My mental health wasn't very well. I felt like I wasn't in my own body. It was an out of body experience - pregnancy itself. And I was probably worried about things. And then with cannabis, I just felt like I was able to grow and I was able to calm down."*

Importantly, pregnancy can be an alienating bodily experience for people who have experiences of trauma. For AL, cannabis supported her to feel more connected and comfortable in her body during this mentally challenging time in her life.

These feelings can continue after the baby is born. As one of the young mothers, K, expressed, although she believed that breastfeeding was important and necessary, it also resulted in feelings of anxiety. At times, breastfeeding resulted in triggering a traumatic history and in turn anxiety about the act of breastfeeding itself:

> *"I like nursing. I feel the bonding. But it's also like because of what I dealt with my history. Sometimes when my anxiety is acting up, I don't like the nursing, like I feel... I get the aversions feeling. So when I smoke, it really does help calm me down so I can better handle it"*

Hence, K turned to cannabis as a calming factor that enabled her to breastfeed, something she felt was an important element of mothering. Reflecting on her choice to consume cannabis while breastfeeding, T an Indigenous mother who had a history of PTSD wondered about the potential of cannabis in helping her to prevent her fear of postpartum depression:

> *"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?"*

Regardless of whether or not the mothers chose to consume cannabis while breastfeeding, it was an ever present consideration, particularly for those mothers who continue to experience the effect of past traumas.

During one photovoice workshop one of the Indigenous mothers began sketching a willow tree to demonstrate the positive impact that cannabis has had on her to feel "rooted and grounded":

> *"It's a picture.... I haven't finished drawing it, but I just... It randomly came to me and I couldn't stop drawing. It's a picture of like a willow tree, and like the trunk is kind of like a woman, like a figure of a woman, kind of like to represent me. And I think that like one thing that I would want to tell social workers is that smoking cannabis has actually made me become more stable and more rooted and grounded in being a parent."*

Here, S echoes others in describing how cannabis was viewed and experienced as a tool that enabled them to feel more present and focused in their mothering and as M shared, “a necessity for mental health”. Moreover, many of the mothers in this project were mothering under systemically constraining conditions such as intergenerational trauma, poverty, gender-based violence and parenting in the context of Covid. As shared in both imagery and narrative by one young mother, B:

> *“So for me, the rainbow in the middle of the grey sky is a metaphor for the role that weed played in my pregnancy and postpartum experience. I felt like everything was very dark and cloudy around me. And when I was able to indulge, I felt a sense of relief and hope, that I could see the beauty through all the bullshit. Weed gave me time to breathe past my physical, mental and emotional hardship.”*

We want to tell our stories, but we are so afraid of the consequences

Racism, impacts of colonization, poverty, age and histories of mental health and addiction have resulted in the experiences of stigma and surveillance in all aspects of their lives including their perinatal and mothering journeys. The stigma and surveillance they bump up against in health and social care settings creates barriers to safe spaces where people can ask questions or discuss their cannabis consumption.

As one Indigenous mother shared:

> *"I'm in a bad place, I'm afraid to call crisis response or to call for help because then automatically... You have kids so they're going to start opening a CAS thing... like that's why I painted my black hand over my face, because it's almost like we want to tell our stories and we want to say our point of view, but like we are so afraid of the consequences of that, that we don't ask questions, we don't find answers, we don't tell our stories. We keep everything inside because we're so afraid of the consequences."*

Despite the legalization of cannabis, the participants were acutely aware of the surveillance associated with disclosing their cannabis consumption to health and social care providers. As one young mother stated:

> *"There are a lot of people who are now digging into different parts of your life simply because you are using cannabis."*

Consequently, most participants chose not to share this information. As one Black young mother, J, stated:

> *"I don't even think I've ever even expressed to my doctor or midwives or doula. Like even though it was something that I was experiencing on my own, I never felt comfortable to talk about that. Because I already had an idea of where the conversation would go, and I would feel judged."*

The mothers were subjected to judgment at various times throughout their pregnancies, while breastfeeding and mothering. For example, when L disclosed to her OBGYN that she was using CBD for nausea, the environment shifted from one of support to one of surveillance:

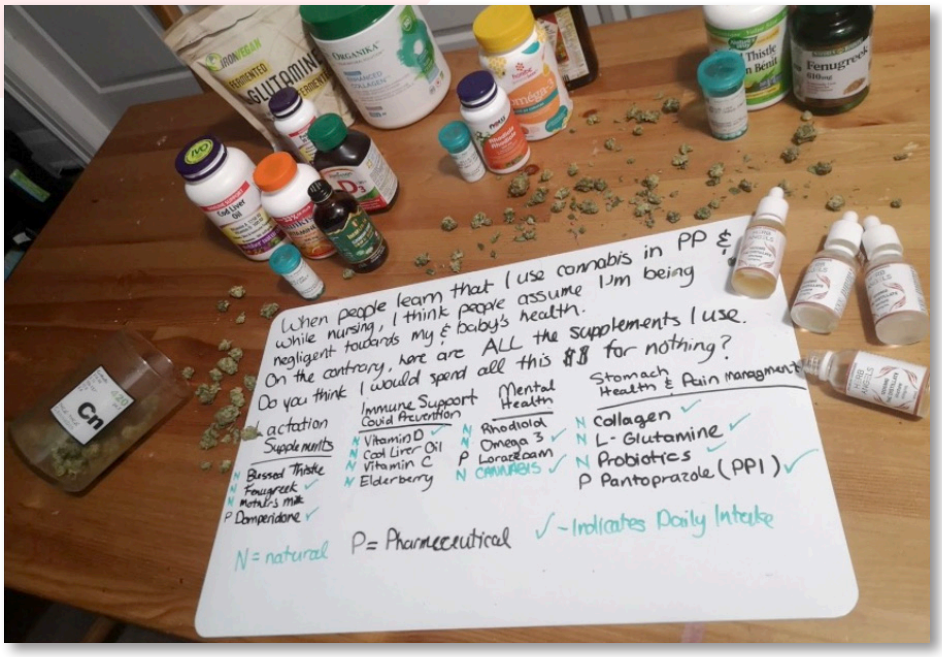
> *"Once she found out I was using CBD for nausea, she like had a pharmacist call me. And she also tried to push Cipralex on me because I said I have an anxiety and stuff. And I was like, "You're not even a psychiatrist. Like I have a psychiatrist. And you're not her. So like maybe just stick to my vagina and the baby."*

Cannabis related surveillance also operated in the child welfare space. Importantly, mothers who had previous child welfare involvement in their lives or who witnessed the impact of child welfare involvement in the lives of others, expressed fear of what would happen if their cannabis consumption became known. This was exemplified by S, a young mother when she was sharing her experience of having a social worker over for a home visit:

> *"The woman comes to my house. I had to hide my cannabis plant because I'm like I don't know how she's going to feel about that. And one of her first questions to me was, do you consume cannabis?"*

As a response to the stigma and surveillance associated with consuming cannabis during pregnancy and breastfeeding one young mother stated:

> *"When people learn that I use cannabis in PP and while nursing, I think people assume I'm being negligent towards my baby's health. On the contrary, here are ALL the supplements I use. Do you think I would spend all this $$ for nothing?"*

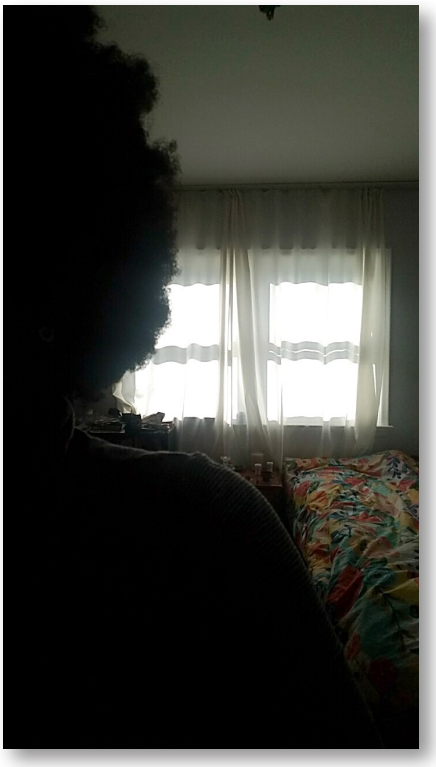


This mother, echoing all mothers in this study, consistently finds herself in a position of having to defend her choices and position herself as a responsible mother as if she is committing a criminal offense. In the child welfare context, there has recently been a discourse that states that cannabis is not a reason for child welfare involvement. However, as this study has shown, this is not the case and in fact, participants from across the country report an initiation of a child welfare investigation as a result of their cannabis use during pregnancy and breastfeeding.

It is not surprising given the over-representation of Black and Indigenous children in care that the Black and Indigenous identified mothers in this study were deeply aware of the connection between racism and cannabis surveillance in their lives. As one Black mother articulated:

> *"This group is a group of like black parents, too, right. And it's like because the criminalization of cannabis disproportionately affected the black community. I think that would be really powerful in how we talk about cannabis and how it relates to our lives as parents, right. And I'm just like really excited for this, to be honest, because like I see there's parents, there's one that's expecting, right, there's another one that's breastfeeding. … But like you can see like the vastness of like how parenting, and how we use and how we see cannabis as medicine. How we see it as something that helps us mentally, helps us physically, right. Like even spiritually. Like I think is great, right. I think the information needs to be accessible, right. And I think it would change… I think it could even change the stigma attached to it as well. Even though I'm sure that most of our relatives were smoking cannabis or using cannabis while their children were young. They just didn't have a space to talk about."*

Broken Telephone



As shared by A, a Black mother, cannabis information is not accessible because of the stigma associated with cannabis us. Worries about the perceived and real consequences of stigma and surveillance of their cannabis consumption resulted in barriers to information on and about cannabis during pregnancy and breastfeeding.

> *"I'm literally facing the opposite towards information that should be accessible, that is not accessible, and no one feels really safe to communicate with because of the stigma tied to the use of cannabis."*

For those who participated in the photovoice workshops, this resulted in doing their own research to help them to make decisions about how and when to consume cannabis. Navigating the internet and connecting with virtual communities was the predominant mode of accessing information on the impact of cannabis on pregnancy and breastfeeding. However, the mothers were often met with little to no valuable information. One Indigenous mother described this experience as going down a blackhole:

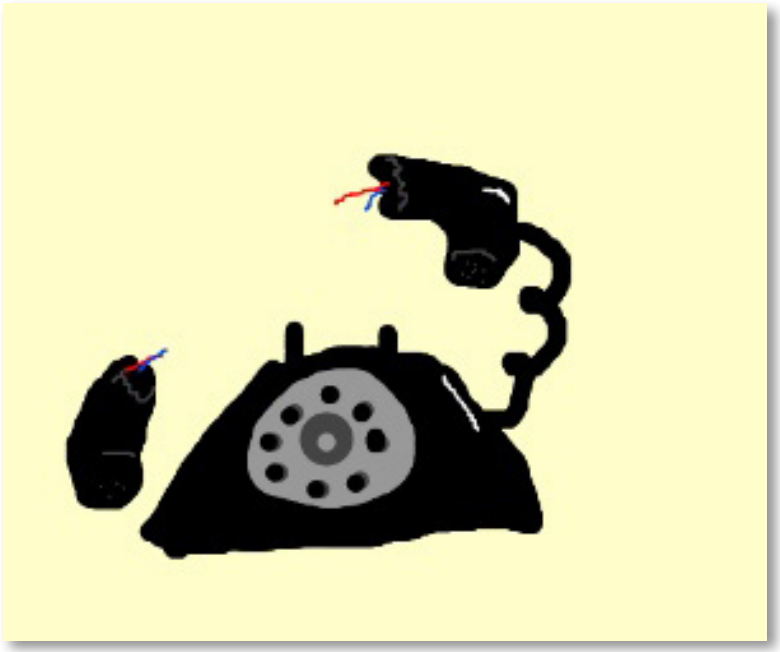
> *"Yeah, so I drew a picture of basically like a black hole, like a void spiraling into a question mark. And that was basically how I felt about finding information and reputable, like you know, peer reviewed information on cannabis use and pregnancy and during breastfeeding, etc. It was very hard to find credible sources of information"*

This was echoed by L shared who shared:

> *"When I typed in 'is it okay to smoke weed before breastfeeding?', absolutely zero information came up predictively... To me that means it's one of those very little researched topics. That's something that's very little talked about as well, and there's a very lack of information on it. And the research that we do find, I found very misinformed".*

The worries of being misinformed was a predominant worry that arose out of the absence of a trusted professional to ask questions about cannabis, pregnancy and breastfeeding. When. J, a Black mother from Ontario shared a photo of a broken telephone to accompany her narrative that had a double meaning - the absence of having a health or social care professional to talk to and the experience of receiving “mixed messages and mixed stories”:

The worries of being misinformed was a predominant worry that arose out of the absence of a trusted professional to ask questions about cannabis, pregnancy and breastfeeding. When. J, a Black mother from Ontario shared a photo of a broken telephone to accompany her narrative that had a double meaning - the absence of having a health or social care professional to talk to and the experience of receiving “mixed messages and mixed stories”:



“There’s mixed messages and mixed stories. And again, people are honing in on their personal experiences with things. So one person might share her experience of like, “Yeah, I smoked weed pregnant, nursing, while parenting. Nothing. I see no issues.” Another person might say, “I noticed some issues while I was pregnant, but I didn’t notice issues while I was nursing.” Another person might say, “I didn’t do it nursing or while pregnant, but now as a parent I smoke weed, and I’m not noticing issues.” So I think the message of this photo to me is regardless, like people might share their experiences but that’s what that is. It’s just their experiences. And we don’t have to take those as the end all, be all. We can interpret it how we want to. And we could choose to like dabble in whatever we want to do when it comes to this…The broken telephone to me signifies not speaking about cannabis use at all.”

The trending toward subjective interpretation was also an important theme. With most of the information on cannabis, pregnancy, breastfeeding and parenting coming from the internet, people were left with little choice but to make their own sense of the information available online. At the same time, this was a concern because there was also the acknowledgement that the information was not coming from reliable sources. As D, an Indigenous participant from Northern Ontario shared:

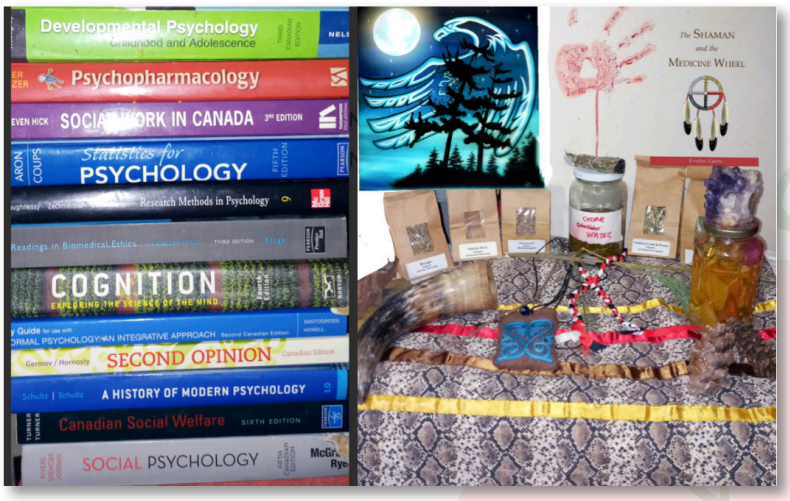
> *"You can find pros and cons for anything, and you can kind of make your own judgment about things. Which can be bad because people... A lot of people get their news from Facebook and their information from Facebook. And it can be bad. But you can kind of get like a hint of something, and then you start your own research. And so that's what I do quite often"*

Hence, while peer support felt non-stigmatizing and going online enabled a safe space to seek information, what women really wanted/needed was 'evidence.' As B shared:

> *"What we need is hard core facts, information, scientific studies. We just want to know so we can make our educated choices. And then we don't have to feel guilty about it."*

This was a point that resonated across all mothers in the study. Having reliable information from credible sources would enable them to make educated decisions that took into account a range of issues to include mental health and well-being in addition to the health of their children.

At the same time, some of the mothers felt confident about their ability to educate themselves and to make decisions based on their culture, identity and education. For example, K shared an image that demonstrated the importance of bridging western education with ancestral knowledge:



More Care For Mothers

The stories shared by mothers who consume cannabis during Photovoice workshops have important implications for health and social care providers. Supporting mothers in ways that work means moving away from stigmatizing and punitive approaches to cannabis use and moving towards care that integrates harm reduction approaches, centres lived experience and values peer-based models of support.

Our findings can be used to inform a series of recommendations to gender-specific reproductive and public health approaches, particularly relating to cannabis consumption during the perinatal period.

J a mother living with disabilities reflects on her experience of finding support while mothering and shares:

> *"There is a level of like care around motherhood and parenting that is missing right now anyway. Like it's very fragmented. And mothers are like not taken care of, and we're not...we're often very alone anyway. So to try to find like other cannabis moms without the stigma is really hard."*

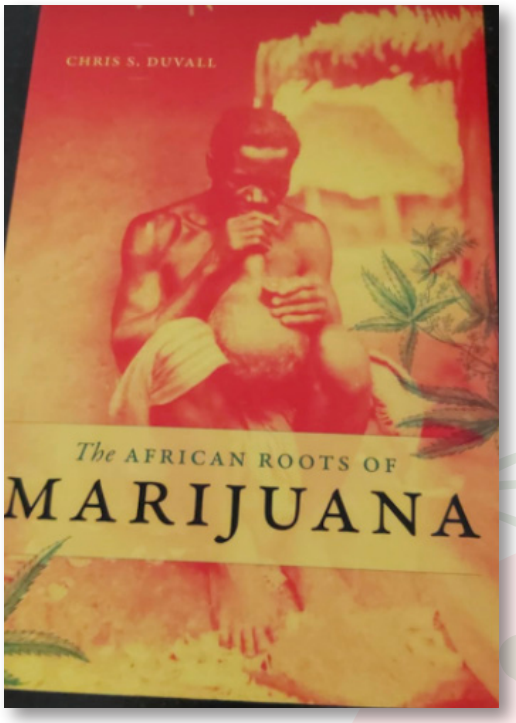
Listening to Black Women

Support for mothers must be grounded in their intersecting identities, cultures and experiences. D, a young black woman who was pregnant during the time of our study shares:

> *"Where do we start? It has to start with health care workers listening to black women. It has to start with black women being heard everywhere. Like it has to... There has to be equality there."*

In many of our workshops, mothers shared about the cultural significance of cannabis. For example, R a Black mother talks about gathering knowledge from a birth worker who writes on her understanding the African roots of cannabis and bringing it back to the ancestral connection.

> *"I feel like it brings back to the ancestral connection. Like this book is going to talk about the African roots of the herb. This is a birth worker and her personal experience with the herb. Like our knowledge, the way we cultivate and share our stories. Yeah, at least this is where I'm getting my knowledge."*



If the Mother is Healthy Then the Baby in Turn Will Be Healthy

Mothers emphasized models of care that focused on relationship building, informed choice and caring throughout the prenatal, intrapartum and postpartum period. Midwifery care emerged as an approach to care that was favoured by many of the participants.

For example, A, an Indigenous woman living in Northern Ontario reflects on her experience of having a midwife as her care provider for her third pregnancy:

> *"I had a midwife with my third pregnancy. They are more focused on the mother. I guess they realize more that if the mother is healthy then the baby in turn will be healthy. Whereas like I feel like doctors are more just like the baby inside you is the only thing that matters, and they don't really care what the mother's going through."*

There were some examples whereby midwives worked in collaboration with mothers to develop cannabis plans of care, grounded in a harm reduction approach. For example L describes:

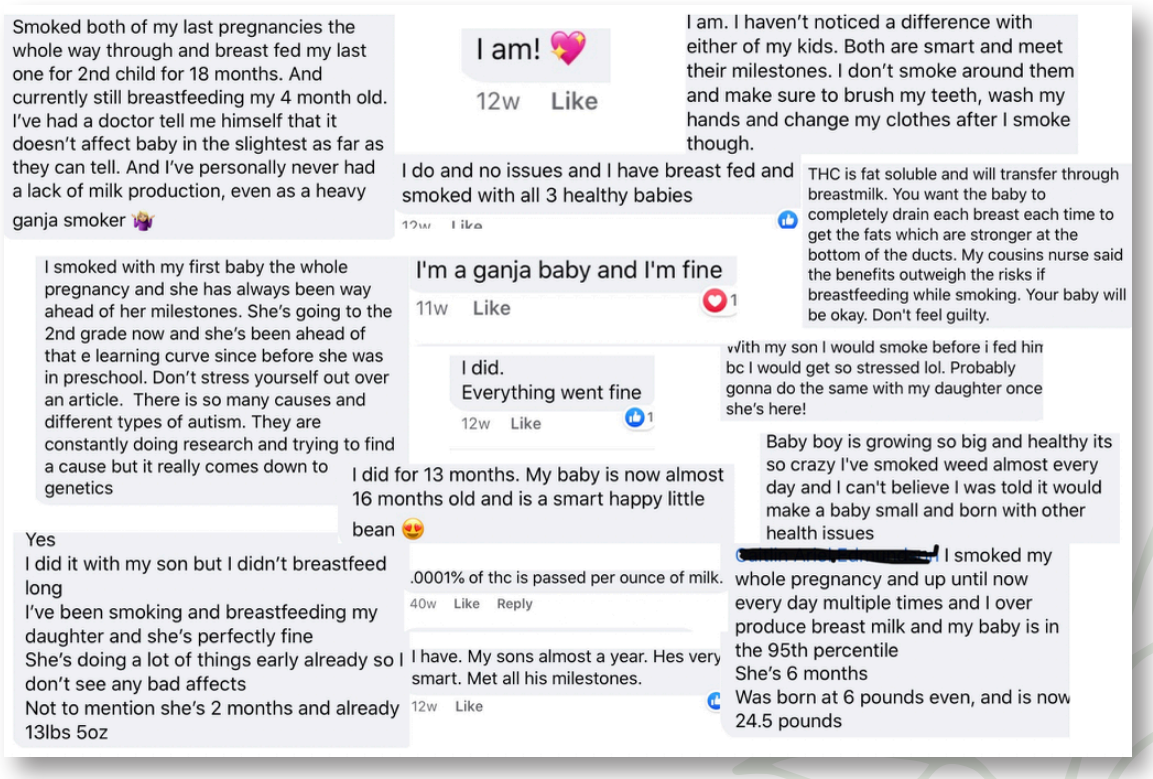
> *"It was actually my midwife and I who had come up with a cannabis plan for me to keep me off of drugs and alcohol during my pregnancy. And then we actually formulated a plan after to keep me sober throughout. Because we don't consider smoking weed not being sober. It's a medicine. It's always been a medicine in our home."*

Experience and Connection and Community is Everything

Peer support and community emerged as an important kind of emotional and practical support for mothers in this project. This kind of care centres lived experience as an important source of knowledge and builds support around similar and shared experience.

For example, I, a Black mother describes what would work for her and expresses:

> *"I'd rather just take advice and, you know, have conversations and connect with other parents who've actually gone through this experience when it comes to consuming cannabis as a pregnant person or a parent. And that was what this photo was to display - just everyone's experience. I think experience and connection and community is everything."*



The Turtle in Sharing Circles Represents the Truth

The theme of trust emerged in several ways, particularly in relation to what mothers needed from their care providers.

M, an Indigenous mother, uses the image of a turtle, which represents truth, to express what she needs from her health care providers. For M, truth is a two way street and by being truthful with her physician about her cannabis use she has been able to receive the kinds of support needed.

> *"I see the word truth. And the turtle in sharing circles represents truth. And then just being truthful with the medical team, and letting them know that you want them to be truthful with you as well, and that it's a two way street... My doctor is a great support for me, and she's supportive in my cannabis use and encourages it."*

The importance of trust in interactions with health and social care providers emerged as an important foundational theme that paved the way for good interactions with health and social care providers relating to cannabis consumption.

We Don't Want to Wade Through the Weeds for Actual Factual Information

Throughout all of the Photovoice Workshops, there was a shared sense that people need more information relating to cannabis consumption during pregnancy, breastfeeding and the postpartum period.

A, a young mother living in Calgary, designed this photo to express her desire for factual information relating to cannabis, pregnancy, breastfeeding and postpartum:

A Breath of Fresh Air

By: Breklyn Bertozzi

At the end of the day I need a little fresh air.
Some green flowers are my way of self care.

A moment to myself to reflect, meditate and breathe.
It helps me to continue on, I believe.

Some time away from responsibilities,
Motherhood and work.
A little something to lift me up and give me a perk.

It takes the pain, stress and anxiety away.
A little break from the worry of the day.

It keeps me going and helps me to cope.
That's okay with you I hope..?

4.2 ANALYSIS

We used a participatory approach to visual and narrative data analysis to understand emerging themes in the data. Participatory analysis was built into the Photovoice Workshops during Weeks Six to Nine. This allowed for all of the participants to engage in a process of narrowing down photographic choices, identifying key research themes and making connections between research findings and recommendations for policy and practice.

In addition to this process, the Wading through the Weeds research team engaged in a participatory analysis process of the visual and narrative data drawing on Rose (2016) approach for visual data analysis. This work is ongoing and will continue to inform knowledge mobilization activities.

4.3 STUDY LIMITATIONS

The Wading through the Weeds Project did not have any COVID or ethics related delays. One of the ways our project shifted was that we originally anticipated recruiting 36 participants over six Photovoice Workshops. Our research approach was labour and time intensive, involving a Community Engagement Session, ten weekly Photovoice group meetings and an individual interview. As our project progressed, we decided to facilitate four Photovoice Workshops with 23 participants.

4.4 MITIGATION STRATEGIES

The Wading through the Weeds Project designed a virtual research process in accordance with the public health guidelines of COVID-19 at the time. Building this into the project's proposal in the planning stage supported our team to avoid pandemic related limitations and delays.

SECTION 5: CONCLUSIONS & IMPLICATIONS

5.1 INTERPRETATION OF FINDINGS

The Wading through the Weeds Study emphasizes the importance of centering the lived experiences of mothers/parents in cannabis research in order to develop a client centered approach in the development of public health policies, practices and strategies.

Of central importance, our study highlighted the need for de-stigmatizing and harm reduction approaches at the intersection of cannabis education and perinatal care. Developing such models of education, care and support would address barriers that pregnant people and parents experience in connection to decisions they make regarding cannabis consumption. This was underscored by the participant's resounding agreement for the need for more research on cannabis consumption during pregnancy, infant feeding and parenting.

5.2 IMPACT OF FINDINGS

Our project reiterated that participants from marginalized identities including Black and Indigenous parents and parents living with visible and invisible disabilities faced more cannabis related stigma and surveillance. Stigma and surveillance were particularly noted in participants' interactions with the child welfare system and the health care system.

Fears associated with the above in the context of cannabis consumption during the perinatal period and beyond result isolation and silence. This prevents parents from seeking out health or social care support and having honest conversations about cannabis use during pregnancy and infant feeding with their care providers.

Participants in this study identified the need for more information and education relating to cannabis consumption during the prenatal period to inform their decision making. There is a concern then that current public health strategies (including available information and resources) do not reflect the everyday realities of people who desire or need to consume cannabis during pregnancy, infant feeding and parenthood.

5.3 POLICY IMPACT

1. Further Develop Harm Reduction-Based Supports During Pregnancy and Postpartum For People Who Consume Cannabis

Our findings brought attention to the lack of perinatal care that is grounded in the histories (political, economic, social and personal) and every-day lived experiences of mothers/ parents who consume cannabis during pregnancy, infant feeding and parenting.

We strongly urge further developing models of public health and social support for people during pregnancy and the postpartum period that is grounded in a harm reduction approach.

2. Co-create Information and Resources Relating to Cannabis and the Perinatal Period

Participants in our study called attention to a lack of accessible information on cannabis consumption during pregnancy and infant feeding.

We encourage the development of new types of educational tools and resources (virtual, arts-based) that provide information on cannabis and pregnancy/infant feeding. We suggest researchers work collaboratively with mothers and parents who use cannabis when designing new resources to ensure resources address the needs identified by mothers who consume cannabis and are widely accessible.

3. Enhance Capacity of Health, Social Care and Child Welfare Workers Who Support People Who Consume Cannabis During Pregnancy and Postpartum

Stigmatizing interactions with health and social care providers emerged throughout the Wading through the Weeds project.

We call for the development of enhanced training and capacity building opportunities for health and social care providers relating to cannabis, pregnancy and parenting grounded in the context of legalization. There is a particular need for education, training and support for child welfare workers who work with people who consume cannabis during pregnancy and parenting.

Training needs to focus on working towards less stigma, surveillance and punitive interactions based on cannabis consumption. Findings from this project and other research that centres lived experience offers important content that could be used as the basis of a training.

4. Support and Care That Works

Participants in our study offered considerable information about what they need to be well supported in relation to cannabis consumption during pregnancy and postpartum.

This includes connection to culture, communities of care for mothers, peer-based support, and trustworthy and reliable care providers. Our findings show that from a public health perspective, there is a lot to be learned from midwifery models of care, centring choice, relational-based support, and trauma-informed approaches.

We encourage the development of new community-based public health and social programs for people who consume cannabis during pregnancy, infant feeding and postpartum.

SECTION 6: DISSEMINATION OF DATA

6.1 PUBLICATIONS & PRESENTATIONS

We are anticipating publishing a journal article in the Journal of Motherhood Initiative and an oral presentation at the Art and Society International Conference (July 2022). We will pursue other public health and social work related conferences and publications.

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 and cannabinoid research, 7(1), 11–15. https://doi.org/10.1089/can.2020.0086

6.2 KNOWLEDGE MOBILIZATION PRODUCTS

Wading Through The Weeds Report: We will publish a report on the findings that will be widely shared with key stakeholders and health and social care providers.

Stakeholder Symposium: We will host a virtual symposium bringing together stakeholders and allied health and social care providers who work with parents who consume cannabis to learn about the project findings.

Digital Zine: We are creating a digital zine to share the Photovoice findings. This will be an online web tool and an accessible way of sharing our findings.

Virtual Presentation: We have developed a presentation that provides an overview of the Wading through the Weeds Project and our findings. It is our intention to use this presentation during the stakeholder symposium and to share it widely with stakeholders and allied health and social care providers interested in learning more about our work. You can access the presentation ***here***!

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