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Cannabis Hyperemesis Syndrome (CHS) and Pregnancy

Using cannabis to treat nausea or vomiting during pregnancy may worsen symptoms and can lead to cannabinoid hyperemesis syndrome (CHS).[1,2,3]

What is CHS?

CHS is a serious health condition characterized by severe nausea, repeated vomiting, and abdominal pain.[1,2,3,4,5,6] CHS is associated with frequent cannabis use, particularly daily or near-daily use.[3,5,6,7]

Higher-potency cannabis products may contribute to more frequent use, although THC concentration has not been directly linked to CHS.[4] Emerging evidence suggests symptoms can develop within the first year of use.[4]

Cannabis affects the body's endocannabinoid system. With repeated or heavy use, this system may become dysregulated, contributing to cycles of severe nausea and vomiting.[2,6] While cannabis may be thought to relieve nausea, frequent or high-dose use can have the opposite effect and trigger or worsen vomiting.[2,6]

CHS can lead to serious health complications such as electrolyte imbalances, kidney injury, erosion of tooth enamel, and damage to the esophagus. In rare cases, serious complications such as heart rhythm problems, seizures, and death have been reported.[5,6]

Why is CHS a Concern During Pregnancy?

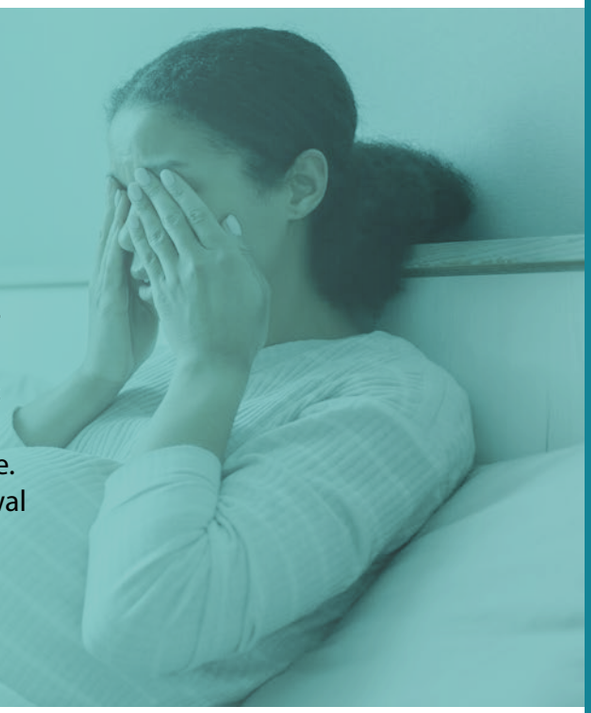
During pregnancy, severe vomiting can result in dehydration, weight loss, nutritional deficiencies, and an increased risk of complications such as preterm birth.[3]

CHS is often misdiagnosed, especially during pregnancy, leading to repeated emergency room visits, delayed treatment, and increased healthcare costs.[1,3,6,8]

From January 2023 through May 2026, the Centers for Disease Control and Prevention (CDC) identified 199,565 emergency department visits involving CHS in the United States.[4]

CHS should be considered in patients with recurrent nausea, vomiting, and abdominal pain, particularly when there is a history of frequent cannabis use.[4]

How is CHS Treated?



The only proven way to resolve CHS is to stop cannabis use.[3,5,6,8] More than 95% of individuals with CHS can achieve complete symptom resolution with cannabis cessation.[7]

As CHS is associated with frequent cannabis use, it is important to understand that frequent use can lead to cannabis use disorder (CUD). Stopping cannabis use can help resolve CHS symptoms; however, people with CUD may experience withdrawal symptoms such as mood changes, anxiety, sleep problems, and cravings, which may make cessation more difficult and contribute to relapse. Medical support is available to help manage nausea and withdrawal symptoms and support recovery.[2,6,7]

For help stopping cannabis use,
visit FindTreatment.gov or call 1-800-662-HELP (4357).

Cannabis Use During Pregnancy

The American College of Obstetricians and Gynecologists (ACOG) advises against cannabis use during pregnancy as there are no medical indications for its use during pregnancy. THC crosses the placenta and reaches the developing fetus.[7]

Cannabis use during pregnancy has been associated with adverse outcomes including low birth weight, small for gestational age, neonatal intensive care unit (NICU) admission, and perinatal mortality. Studies also suggest potential long-term effects on child development, including difficulties with attention, memory, learning, behavior, and executive functioning, as well as an increased risk of substance use and mental health disorders later in life.[7]

For more information related to cannabis use during pregnancy and parenthood, visit https://www.marijuanaknowthetruth.org/marijuana-and-pregnancy/.

References

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