In general, medical cannabis is not recommended while breastfeeding. Cannabis compounds, particularly THC, can pass into breast milk. The possible effects on a baby are not fully understood, so clinicians and many UK medical cannabis clinics take a cautious approach. Some clinics' exclusion criteria mean that people who are breastfeeding cannot be prescribed cannabis-based products for medicinal use (CBPMs).

If you are breastfeeding and living with pain or other difficult symptoms, speak to your GP, midwife, health visitor or specialist before starting, stopping or changing any treatment. Do not assume that a product is safe because it is prescribed, described as "medical", or contains CBD rather than THC. A safety discussion with a doctor can help you consider options that take both your health and your baby's wellbeing into account.

Why is medical cannabis a concern during breastfeeding?

THC is fat-soluble, which means it can collect in fatty tissues and may be released over time. Studies have found cannabis compounds in breast milk, but there is not enough reliable evidence to say what amount, if any, is safe for a breastfeeding baby. The duration for which THC may remain in breast milk can vary, and simply waiting a short time after using cannabis may not prevent a baby's exposure.

This reminds me of something that happened learned this lesson the hard way.. Babies' brains and nervous systems are developing rapidly. Researchers have raised concerns that exposure could affect development, alertness or feeding, although the evidence is limited and does not allow a precise prediction of risk for an individual baby. This uncertainty is one reason health professionals advise caution.

CBD products should not be treated as a proven safe alternative. There is little evidence about CBD use during breastfeeding, and products sold outside regulated medical prescribing may not contain exactly what the label claims. They may also contain THC or other substances. Ask a healthcare professional before using any cannabis-derived product, including oils, edibles, vapes or products bought online.

What if I already use cannabis or have a prescription?

If you are already using cannabis, or have been prescribed a CBPM, contact the prescribing clinician and your GP, midwife or health visitor promptly. Be open about what you take, how much and how often. This helps them give advice based on your circumstances rather than making assumptions.

Do not stop a prescribed medicine suddenly without discussing it with the clinician who prescribed it. Depending on the product and why you take it, a clinician may talk through alternatives, a gradual change, or how to manage symptoms while breastfeeding. If you use non-prescribed cannabis, ask for confidential medical advice too. A clinician can help you plan safer next steps without judging you.

If you think your baby may have been exposed and they seem unusually sleepy, are difficult to wake, are feeding poorly or seem unwell, contact your GP, midwife or NHS 111 for advice. If your baby is seriously unwell or having difficulty breathing, call 999.

Does being prescribed cannabis make it suitable for breastfeeding?

Not necessarily. In the UK, cannabis-based products for medicinal use are prescribed in limited circumstances, usually by a specialist doctor. A prescription does not mean a product has been shown to be

safe during breastfeeding. The prescriber should consider the evidence, the reason for treatment, other options and the possible risks to you and your baby.

Private medical cannabis clinics also have their own assessment processes and **clinic exclusion criteria**. These may include pregnancy or breastfeeding, as well as other medical or medication-related factors. Rules can vary between clinics and can change, so check directly with the provider. An **online eligibility check** can be a useful first step to see whether a clinic may assess your condition, but it is not a diagnosis, a prescription or confirmation that treatment is safe while breastfeeding.

If you are considering a **private video consultation**, tell the clinic that you are breastfeeding before booking. Ask whether breastfeeding is an exclusion criterion and whether the clinician can discuss evidence-based alternatives. Do not pay for an assessment on the assumption that you will be eligible for cannabis treatment.

What can I do about pain while breastfeeding?

Women are affected by a range of long-term pain conditions, including migraine, endometriosis, pelvic pain and fibromyalgia. Pain can interfere with sleep, work, caring responsibilities and mental health. It can also be hard to seek help when symptoms are dismissed or thought to be a normal part of periods, pregnancy or ageing. You deserve a proper assessment and a plan that reflects how symptoms affect your life.

For many types of pain, NHS care starts by looking for the cause and choosing treatment according to your health, symptoms and feeding plans. A GP or pharmacist can advise which medicines are suitable for you while breastfeeding. Do not rely on a general online list: suitability can depend on the medicine, dose, your baby's age and health, and any other treatment you take.



Depending on the cause, NHS support may include suitable pain relief, physiotherapy, advice on activity and pacing, or treatment for a specific condition. If pain is affecting your mood or sleep, mention that too. These are relevant parts of your health, not distractions from the pain itself.

Endometriosis: delays, impact and routes to help

Think about it: endometriosis is a condition in which tissue similar to the lining of the womb grows elsewhere in the body. It may cause severe period pain, pelvic pain, pain during or after sex, bowel or bladder symptoms, fatigue and difficulty getting pregnant. Symptoms vary, and not everyone has the same pattern.

Many people experience delays before endometriosis is recognised. Symptoms can overlap with other conditions, and a diagnosis may require further assessment. The impact can extend beyond pain: it may affect relationships, education, work, sleep and emotional wellbeing. If your symptoms are disrupting daily life, keep a record of when they happen, how severe they are and what helps, and share it with your GP.

Your GP can discuss initial management and whether referral to gynaecology is appropriate. But it's not a one-size-fits-all solution. Depending on symptoms and local pathways, assessment may include an examination, imaging or other investigations. A normal scan does not always rule out endometriosis. If symptoms continue, worsen or are not responding to treatment, ask what the next step is and whether specialist assessment is needed.

Hormonal treatments and pain relief may be considered, but the right option depends on your health and whether you are breastfeeding, trying to conceive or planning a pregnancy. A specialist can discuss further treatment where needed. If you feel your concerns have not been addressed, you can ask for the reasoning behind the plan, request a follow-up appointment or seek a second opinion through the NHS pathway.

Menopause symptoms are not only hot flushes

Menopause can bring symptoms beyond hot flushes and night sweats. Some people experience joint or muscle aches, headaches, sleep problems, low mood, anxiety, difficulty concentrating, vaginal or urinary symptoms, reduced sexual desire or changes in periods. Symptoms differ from person to person, and they can affect everyday life.

If you are breastfeeding after having a baby, some symptoms may overlap with postnatal changes, tiredness or other health issues. It is worth discussing persistent or worrying symptoms with a GP rather than assuming they are caused by hormones or trying cannabis without medical advice.

NHS care may include a discussion of lifestyle measures, non-hormonal options or hormone replacement therapy (HRT), depending on symptoms and personal circumstances. HRT is not suitable for everyone, and the type and route need individual consideration. A GP can assess your symptoms and explain the benefits and risks. If symptoms are complex, severe or not improving, ask whether referral to a menopause specialist or another service is appropriate.



Questions to ask your doctor or clinic

- Could this treatment or product pass into breast milk, and what is known about possible effects on my baby?
- Are there medicines or non-medicine treatments that may be more suitable while I am breastfeeding?
- Could my symptoms be caused by endometriosis, menopause or another condition that needs assessment?
- What is the next step if the first treatment does not help?
- Does your clinic's eligibility policy exclude people who are breastfeeding?
- If I already use cannabis or a prescribed CBPM, how should I manage this safely?

Situation A sensible next step You are breastfeeding and considering medical cannabis Speak to a GP or relevant specialist first; do not start it without medical advice. You already have a CBPM prescription Contact your prescriber and maternity or primary care team to discuss breastfeeding and alternatives. You are considering a private clinic Check its breastfeeding exclusion criteria before booking or paying for an assessment. Pain, period symptoms or menopause symptoms are affecting daily life Ask your GP for an assessment and discuss NHS treatment and referral options.

The bottom line

Because cannabis perimenopause insomnia compounds can pass into breast milk and the the effects on babies are uncertain, medical cannabis is generally not recommended during breastfeeding. Some clinics specifically exclude breastfeeding from their eligibility criteria. An online eligibility check or private video consultation may help you understand a clinic's process, but neither replaces a clinical safety discussion with a doctor.

You do not have to manage chronic pain, endometriosis symptoms or menopause-related problems alone. Tell your healthcare team that you are breastfeeding and describe how your symptoms affect you. They can discuss appropriate NHS treatments, investigate possible causes and explain whether referral is needed.

This article offers general information and is not a substitute for personalised medical advice. Recommendations can depend on your health, your baby's age and needs, and the treatments involved.