Evidence on the long-term effects of cannabis use during pregnancy largely comes from three prospective, longitudinal cohort studies that evaluated the outcomes of cannabis use during pregnancy on child development and behaviour. These studies include:

- Ottawa Prenatal Prospective Study (OPPS; Fried, 1995, 2002)
- Maternal Health Practices and Child Development (MHPCD) Study (Day, Leech, & Goldschmidt, 2012; Day et al., 1991)
- Generation R Study (El Marroun et al., 2009)

The results of these studies, and their comparisons across groups, need to be interpreted with caution, as the tetrahydrocannabinol (THC) content in cannabis has increased over the past few decades. Furthermore, the available research findings on cannabis use during pregnancy are limited by a number of factors. This research demonstrates an association, but not causality; confounding factors including polysubstance use, and social and economic factors, may influence outcomes. For example, cannabis is often used with other drugs, such as alcohol and tobacco, both of which have negative effects on pregnancy and the health of the fetus. In addition, significant effects were largely associated with heavy, prolonged use. Clearly there is a critical need for further research addressing the potential long-term consequences associated with cannabis use during pregnancy.

While no pattern of congenital anomalies has been linked to cannabis use by pregnant women, cannabis can increase the effects of alcohol use during pregnancy. Developing clinical guidelines for health care professionals on discussing the health effects of cannabis for women and pregnant women will be important, and these need to be linked to discussions on the effects of alcohol, tobacco, opioids, and other substances.