

# Exposure to exogenous cannabinoids in prenatal periods and early childhood: Importance of identifying critical windows for brain influences

**Aim 1:** To quantify urinary concentrations of  $\Delta 9$ -THC and its metabolites in banked samples from mother-child pairs.

**Hypothesis 1.**  $\triangle 9$ -THC and its metabolites are detectable in urine samples of pregnant women who did and did not report prenatal marijuana use and their children.

**Aim 2:** To characterize intra- and inter-individual patterns in urinary concentrations of  $\Delta 9$ -THC and its metabolites across pregnancy trimesters and in early childhood.

**Hypothesis 2.**  $\Delta 9$ -THC and its metabolites are most often detected in early-pregnancy urine samples compared with those later in pregnancy. Maternal prenatal concentrations exhibit fair-to-moderate correlations with child urinary levels.

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#### **Methods**

## Results

0.1

#### Cannabis metabolites detection in mother/child pairs (n)

Figure. Study design



<18 wks









>18 wks







birth

12 months

### **Biomarkers of interest**

- 11-nor-9-carboxy-∆9-tetrahydrocannabinol (COOH-THC): Longer t  $\frac{1}{2}$  and inactive  $\rightarrow$ Sensitive measure for intermittent use
- Δ9-THC, 11-hydroxy-THC: Rapidly metabolize → psychoactive and short t ½ → recent exposure
- Cannabidiol (CBD), Cannabinol: Inactive and short t  $\frac{1}{2}$   $\rightarrow$  recent exposure



