**1 – State of the art** (Max. 7.000 characters, spaces included)

**2 – Aims/Objectives** (Max 3.000 characters, spaces included)

**2 – Methodologies** (Max. 15.000 characters)

**4 – Results that the project aims to achieve (***and its interest for the advancement of knowledge)*(Max. 5.000 characters)

**5** **– References**

Marijuana use is rising (Compton, W. M., Han, B., Jones, C. M., Blanco, C. & Hughes, A. Marijuana use and use disorders in adults in the USA, 2002–14: analysis of annual cross-sectional surveys. Lancet Psychiatry 3, 954–964, https://doi.org/10.1016/S2215-0366(16)30208-5 (2016)) , and about 4% of pregnancies are marijuana-exposed (Brown, Q. L. et al. Trends in Marijuana Use Among Pregnant and Nonpregnant Reproductive-Aged Women, 2002–2014. Jama 317,

207–209, https://doi.org/10.1001/jama.2016.17383 (2017)) , through either recreational use or as an anti-nausea self-medication. However, some subgroups of pregnancies have considerably more exposure6,7 and nearly 20% of a cohort of pregnant women in California, aged 18–24, report marijuana use8 . As marijuana and other cannabinoids (CBs), such as cannabidiol (CBD), become increasingly legalized for medical or recreational purposes, and they remain perceived as low-risk substances9 safe to use during pregnancy, the incidence of CB-exposed pregnancies will rise even further. A recent study of births in Colorado found that the incidence of several birth defects has risen in the state during the period of marijuana legalization10