مرکز خدمات ترجمه تخصصی ترجمه بازار

نام مشتری

نمونه ترجمه مقاله رشته ---

شماره پروژه ترجمه

نمونه ترجمه

ترجمه مقاله ☒

ترجمه کتاب ☐

مصرف ماریجوانا در زمان بارداری

پس‌زمینه:

ماده مخدر ماری جوانا از گیاه شاهدانه sativa گرفته شده است. برگها و جوانه های گیاه ماده حاوی دلتا ۹-تتراهیدروکانابینول (THC) ، یک ماده شیمیایی روانگردان است (Mehmedic و همکاران ، ۲۰۱۰). THC در صورت کشیدن یا بلعیدن به سرعت در مغز و چربی خون جریان می یابد و گیرنده های کانابینوئید را در مغز و بدن تحت تأثیر قرار می دهد. این ماده شیمیایی خلق و خو و ادراک را تغییر می دهد ، به طور غیر مستقیم ترشح دوپامین را افزایش می دهد و با عملکرد به عنوان یک انتقال دهنده عصبی ، اثرات روانگردانی ایجاد می کند (موسسه ملی سو مصرف مواد مخدر ، ۲۰۱۸). صد سال پیش ، تولید و استفاده از ماری جوانا در ایالات متحده قانونی نشده بود. با این حال ، در دهه ۱۹۳۰ ، استفاده از آن با جرم ، خشونت و رفتارات انحرافی اجتماعی همراه شد. با تصویب قانون مالیات ماریحوانا از سال ۱۹۳۷، واردات، کشت، مالکیت و یا توزیع ماریجوانا تنظیم شد (U.S. Customs and Border Protection, 2015). تا سال ۱۹۷۰، ماریجوانا (یا کانابیس) توسط دولت فدرال به‌عنوان ماده درجه یک: ماده‌ی خطرناک با توانایی زیاد سوء مصرف و بدون هدف پزشکی ارزشمند، طبقه بندی می‌گردید(Comprehensive Drug Abuse Prevention and Control Act of 1970, 1970; U.S. Drug Enforcement Administration, n.d.).

متن اصلی (انگلیسی) در صفحه بعدی آمده است ...

بهترین وب سایت جشنواره وب ایران به انتخاب مردم
مرکز خدمات ترجمه تخصصی ترجمه بازار

Marijuana Use During Pregnancy

Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports the implementation of legislation, policies, and public health initiatives that help raise awareness, remove stigma, discourage use, and facilitate access to prenatal and maternity care for women who use marijuana during pregnancy. AWHONN also supports ongoing research on the prevalence of use of marijuana during pregnancy and the short- and long-term effects for the woman, fetus, and newborn.

Background

The drug marijuana is derived from the cannabis sativa plant. The leaves and buds of the female plant contain delta 9-tetrahydrocannabinol (THC), a psychoactive chemical (Mehmedic et al., 2010). THC is distributed rapidly to the brain and fat when smoked or ingested and affects the cannabinoid receptors in the brain and body. This chemical alters mood and cognition, indirectly increases dopamine release, and produces psychoactive effects by functioning as a neurotransmitter (National Institute on Drug Abuse,

substance-affected newborn. This act was amended in 2003 by the Keeping Children and Families Safe Act of 2003, and as a result, a state's eligibility for federal Child Abuse Prevention and Treatment Act funds became dependent the adoption of policies and procedures intended to address the needs of substance-exposed infants (Jacobs Institute of Women's Health, 2017). However, the act failed to set forth specific standards for assessment, testing, and reporting for these newborns. This left individual states to interpret the legislation, which resulted in variability in how substance-exposed newborns are identified and what actions are required of health care professionals after identification (Jacobs Institute of Women's Health, 2017). Because of this variability, all health care professionals must be familiar with policies for their states, especially the legal definition of child abuse and mandatory reporting laws concerning child abuse or neglect.

Updates to clinical guidelines and protocols for mandated reporting, screening of newborns, and testing and education for mothers have not kept pace with the movement toward the legalization of marijuana (Krening & Hanson, 2018). State

pregnancy was 5.7%, and prenatal cannabis use was found to result in a 50% increased likelihood of low birth weight (Crume et al., 2018). The following factors have been significantly associated with marijuana use during pregnancy: younger age, lower level of education, race/ethnicity, Medicaid as the primary source of insurance, poverty, and nonmarried status (Crume et al., 2018). Pregnant marijuana users were also less likely to have used folic acid before conception and more likely to have used alcohol and tobacco than nonusers (van Gelder et al., 2010). Use by women during pregnancy may become more prevalent as additional states legalize marijuana for medical and recreational use.

In a recent, comprehensive report on the current state of the evidence of the health effects of cannabis and cannabinoids, the Committee on the Health Effects of Marijuana (National Academies of Sciences, Engineering, and Medicine, 2017) reported that "overall, there is substantial evidence of a statistical association between cannabis smoke and lower birth weight, but there is only limited, insufficient, or no evidence in support of any other health endpoint related to prenatal, perinatal, or neonatal outcomes" (p. 261). The committee noted the limitations of the existing studies, including reliance on self-report, small sample sizes, and the presence of other confounding variables such as alcohol and tobacco.

labor, which may be viewed as punitive. The benefits of breastfeeding are well documented, and women who use marijuana should be encouraged to discontinue use in order to breastfeed.

Laws that criminalize drug use during pregnancy have the potential to deter women from seeking prenatal and maternity care that can provide access to appropriate counseling, referral, and monitoring. Seeking health care for marijuana use during pregnancy should not expose a woman to criminal or civil penalties such as incarceration, involuntary commitment, loss of custody of her children, or loss of housing (Association of Women's Health, Obstetric and Neonatal Nurses, 2015).

AWHONN supports the implementation of legislation, policies, and public health initiatives that help raise awareness, remove stigma, facilitate access to prenatal and maternity care, and expand research related to marijuana use during pregnancy. Such initiatives include the following:

- Culturally specific public health campaigns that help women and their families to better understand potential effects of marijuana use on the woman, fetus, and newborn.
- Increased access to interventions for use of all substances, including marijuana, that are high-quality, affordable, and logistically feasible, including in the home or integrated