

Introduction: How Should Child Welfare Respond to Substance Use in Pregnancy?

Kenneth Feder, PhD

Substance use in pregnancy can be harmful to the health of a mother and a developing fetus. However, should it be treated as child abuse? This is a complicated issue, and one we hear radically differing points of view on in this point-counterpoint.

Alcohol use in pregnancy, particularly binge drinking, is harmful and can lead to growth, academic, and behavior problems in childhood and across the life course—there is no known safe level of alcohol consumption in pregnancy. Tobacco use during pregnancy increases the risk of stillbirth, low birth weight, sudden infant death syndrome (SIDS), and later health problems.

Health professionals have also raised concerns about other drugs like opioids, cocaine, amphetamines, and marijuana. Concerns include that children may be born dependent on these drugs and need to be weaned off at birth, and that drug use can lead to complications of pregnancy and later health problems. However, scientists have struggled to determine the extent to which these drugs cause harm, as opposed to other health risks—like poor nutrition, lack of prenatal care, domestic violence, and alcohol or tobacco use—that pregnant women are often also exposed to when they use these drugs (Konijnenberg, 2015).

What is clear is that the healthiest choice for pregnant women is to abstain from substance use, other than prescribed medications, during pregnancy. What is much less clear is how society should respond when

pregnant women do use potentially harmful drugs.

[According to Guttmacher Institute](#), 23 states and the District of Columbia consider substance use in pregnancy to be child abuse under civil child welfare statutes (2018). Proponents may argue that this designation appropriately acknowledges the harms of drug use, and helps involve the child welfare system in the affairs of high-risk children. On the other hand, treating substance use in pregnancy as child abuse raises a host of complex practical, legal, and ethical issues. Critics charge these laws may actually harm children and pregnant women. This could happen if laws deter women from seeking prenatal care or lead to unnecessary foster care placements. Critics also argue these laws raise civil rights concerns—they may disproportionately target low income and minority women, and may infringe on women’s rights and autonomy.

The United States’ opioid epidemic has created a growing urgency to figure out the best societal response to substance use in pregnancy. Opioid use during pregnancy and related health problems [have increased](#) over the past decades (Patrick & Schiff, 2017), and there is evidence that the opioid epidemic is driving an [increasing number of children](#) into contact with the child protection and foster care systems (Ghertner, Baldwin, Crouse, Radel, & Waters, 2018).

In this point-counterpoint, attorneys and physicians with expertise in child welfare, child abuse prevention, family law, and women’s rights debate these complex issues.

About the Guest Editor

Kenneth Feder, PhD, is a recent graduate of the Johns Hopkins Bloomberg School of Public Health. He studies how public policies and programs can best meet the needs of children growing up in families struggling with substance use problems. Much of his research focuses on the United States' opioid epidemic.

References

Introduction: How Should Child Welfare Respond to Substance Use in Pregnancy?

Ghertner, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). The relationship between substance use indicators and child welfare caseloads. *ASPE*. Retrieved from <https://aspe.hhs.gov/system/files/pdf/258831/SubstanceUseCWCaseloads.pdf>

Guttmacher Institute. (2018). *Substance Use During Pregnancy*. Retrieved from <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy>

Konijnenberg, C. (2015). Methodological issues in assessing the impact of prenatal drug exposure. *Substance Abuse: Research and Treatment*, 9(Suppl. 2), 39–44. <https://doi.org/10.4137/SART.S23544>

Patrick, S. W., & Schiff, D. M. (2017). A public health response to opioid use in pregnancy. *Pediatrics*, e20164070.

