



The impact of CPS reporting laws for prenatal substance exposure on maternal and child outcomes: a scoping review

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Introduction

Scope of the Issue

In the United States, nearly one-third of children entering foster care are under one year of age, and prenatal substance use disorder (SUD) is cited as the primary reason for removal in almost 40% of cases.¹

- Infants with prenatal substance exposure (PSE) are reported to Child Protective Services (CPS) at rates five times higher than infants without PSE.
- They are also over ten times more likely to enter foster care during their first year of life.²

Reporting Policies

These trends raise concerns about policies that require obstetric practitioners to serve as both healthcare providers and enforcers of CPS reporting.

- In some U.S. states, reporting of prenatal SUD can result in custody removal or criminal prosecution of the birthing parent.
- While common in many institutions, mounting evidence indicates that criminalizing SUD during or after pregnancy is ineffective for supporting parental recovery and can have deleterious effects on the health of the mother-infant dyad.

Equity and Ethical Concerns

- Screening practices are often inconsistent, and decisions about who to test are subject to bias, disproportionately affecting low-income parents and people of color.³
- These practices erode trust in healthcare providers, undermine appropriate SUD treatment, and contribute to family separation.
- In 2022, the American College of Obstetricians and Gynecologists (ACOG) denounced reporting policies in an Opposition Statement, advocating instead for drug screening based on informed consent or self-reporting.⁴

Despite ACOG's opposition to CPS reporting, institutional and state policies often continue to enforce it. While some studies have explored impacts on parental recovery, far less is known about consequences for child development and well-being. This review synthesizes current evidence on how CPS involvement in prenatal and early-life SUD affects maternal and child outcomes, aiming to inform practices that support family preservation and the health of the mother-infant dyad.

Objectives

To investigate the extent and nature of published literature examining the impact of CPS involvement on birthing parents with SUD and their young children. The research questions are as follows:

- What are the short and long-term effects of CPS involvement on infant and early childhood (under 3 years) development and mental health?
- Does reporting of prenatal SUD affect maternal mental health and sustained recovery?
- How do CPS reporting laws influence healthcare engagement and trust among birthing parents with SUD?
- What gaps exist in the evidence that could inform future research and policy at the intersection of PSE, CPS involvement, and family health outcomes?

Methods

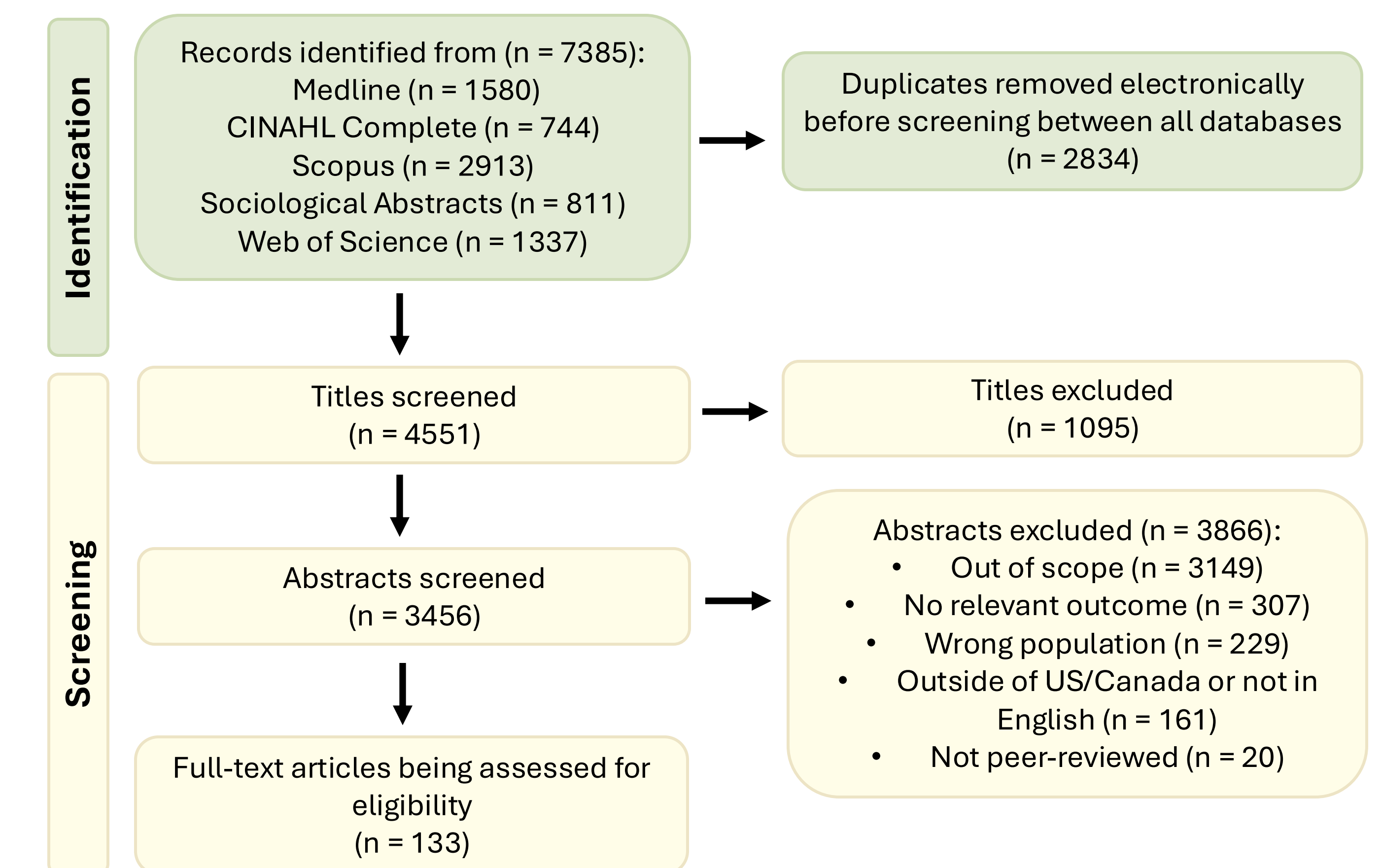
This review follows Arksey and O'Malley's (2005) scoping review framework, which includes selecting the research question, identifying and selecting studies, charting data, summarizing findings, and consulting stakeholders.⁵ Enhancements from Daudt et al. (2013) include piloting data collection, assessing study quality, and expert consultation, and the review will be reported according to PRISMA-ScR.⁶

An initial Google Scholar search informed keyword development, and a comprehensive strategy was developed with a Dartmouth College librarian, piloted in MEDLINE, and adapted for Web of Science, CINAHL, Scopus, and Sociological Abstracts, limited to peer-reviewed, English-language studies. References were managed in EndNote for de-duplication and screened in Rayyan, with two independent reviewers assessing titles/abstracts and full texts against inclusion criteria following a pilot test.

Inclusion	Exclusion
Study population includes birthing parents with diagnosed or suspected prenatal substance use disorder (SUD) and/or children under age 3	Study population does not include birthing parents or children under age 3, or there is no mention of prenatal substance use or SUD
Study involves Child Protective Services (CPS) intervention specifically triggered by reporting from a healthcare provider during pregnancy or at birth	No description of CPS involvement, or CPS involvement results only from voluntary reporting
Study reports at least one relevant outcome: maternal mental health, substance use or relapse, healthcare engagement or trust, CPS involvement or custody outcomes, child developmental or mental health outcomes	Study does not report any relevant outcomes (e.g., no maternal/child health or development)
Study is conducted in the United States or Canada	Conducted outside the United States or Canada
Source is peer-reviewed, published in English, and includes sufficient methodological detail	Source is not peer-reviewed, is a blog, opinion piece, or news article, involves non-human (animal) research, or is not published in English

Outcomes of Interest

- Maternal non-prescribed substance use during pregnancy and post-partum (self-report or toxicology results)
- Obstetric care utilization, defined as the number of obstetric/prenatal visits
- Engagement in SUD treatment during pregnancy and postpartum (i.e., adherence, length of participation)
- Postpartum care utilization
- Infant custody at discharge from birth hospitalization and during the first 3 years of life
- Maternal mental health outcomes (i.e., depression, anxiety, PTSD, self-reported distress)
- Participation in recovery support, defined as enrollment in a treatment program, peer recovery support, and/or substance counseling
- Trust in healthcare providers and/or the healthcare system
- Child developmental outcomes (i.e., cognitive development, motor development, language and communication milestones)
- Child mental health outcomes (i.e., behavioral/emotional development, early screening results)



Expected Outcomes

Based on our preliminary Google Scholar search for keyword development and abstract screening, we anticipate that full-text screening will yield a small pool of studies meeting our inclusion criteria. We expect the existing evidence to be concentrated on the effects of SUD on infant outcomes and maternal recovery, with fewer studies examining the impact of CPS involvement resulting from reporting on infant development, mother-infant health, and family preservation. Overall, we anticipate our findings will highlight the need for more comprehensive research on the consequences of CPS reporting and involvement on SUD recovery and infant health.

References

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Discussion

Although full-text screening and data extraction are ongoing, we anticipate that this review will highlight the complex and often unintended consequences of reporting and CPS involvement for birthing parents with SUD and their children. Background reading conducted in preparation for this review suggests that CPS reporting is an ineffective tool for engaging pregnant people in SUD treatment. Instead, these policies increase stress, disproportionately target marginalized communities, erode trust in the healthcare system, and create barriers to appropriate treatment. For infants, CPS involvement is associated with higher rates of foster placement, even though the impacts on early bonding, development, mental health, and long-term health remain under-studied. We anticipate that this review will reveal critical gaps in evidence and underscore the importance of filling those gaps to support policies that are evidence-based, rather than those historically implemented without supporting data, and often in the face of contrary evidence.