Does prenatal substance exposure impact involvement with child protective services during the first year of life?


What can we learn from this study?
Infants have the highest rates of substantiated reports of maltreatment and entry into foster care. This study provides information on the prevalence of prenatal substance exposure at birth, describes the distribution of diagnoses of substance exposure among infants from varied socioeconomic backgrounds and pregnancy characteristics, and explores the relationship between substance type and degree of CPS involvement during the first year of life.

Study details:
• Population: 551,232 infants, of which 1.5% (7,994) were diagnosed with prenatal substance exposure at birth
• Data source: Linked birth, hospital discharge, and CPS records from California
• Methodology: Tracking of linked data file to determine prevalence of CPS involvement in the first year of life
• Dates: All babies born in 2006

What are the critical findings?
• Substance exposure was significantly associated with higher rates of CPS involvement in the first year of life. 61.2% of infants diagnosed as substance-exposed at birth were reported to CPS before age 1, compared to 4.5% of non-substance-exposed infants.
• Children with prenatal substance exposure were 11 times more likely to be placed in foster care during infancy than children with similar health factors and socio-demographic backgrounds (e.g., race/ethnicity, insurance type, prenatal care) who did not have a substance exposure diagnosis.
• Medically diagnosed prenatal substance exposure was strongly associated with an infant’s likelihood of being reported to CPS, yet significant variation in the likelihood and level of CPS involvement was observed by substance type. Infants exposed to amphetamine, cocaine, or opioids were more likely to be reported than those exposed to marijuana or alcohol.

Why is this important for our work?
The findings highlight the importance of interdisciplinary, interagency collaboration between CPS, medical professionals, substance abuse treatment providers, developmental specialists, and other service providers to offer prevention and targeted intervention services. Most infants involved in the study were born to mothers who received some prenatal care (86%), supporting research indicating that medical professionals providing prenatal services are in a unique position to educate women about in utero drug exposure, identify prenatal substance use, and engage substance-using pregnant women in treatment services.

This summary synthesizes the findings of a single research study. To learn more, please review additional resources on substance use disorder and child welfare, including: What is the impact of substance abuse on child welfare? and What are some of the strategies being used to reunite families with substance use disorders?

For additional information, see the abstract or email KMResources@casey.org.