

Alcohol and pregnancy policies: Birth outcomes and prenatal care use by race

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In the U.S. state policies pertaining to alcohol use during pregnancy have been in effect for more than 40 years.

These policies include:

- Mandatory warning signs
- Priority access to substance abuse treatment for pregnant women
- Requirements to report evidence of alcohol use during pregnancy to [law enforcement](#) or child welfare agencies— or to a health authority for the purposes of data gathering and treatment
- Laws that define alcohol use during pregnancy as child abuse/child neglect
- Laws that limit toxicological tests as evidence in criminal prosecutions of fetal or child harm
- Involuntary commitment of pregnant women to treatment or to protective custody.

Previous research has found that some of these policies increase adverse birth outcomes and decrease prenatal care use.

This research examines whether effects of alcohol/pregnancy policies vary by race.

The authors examine 1972-2015 Vital Statistics data and policy data. The dataset includes more than 150 million singleton births. Outcomes are preterm birth (PTB), low birthweight (LBW), and prenatal care use.

Results show that the effect of alcohol/pregnancy policies varied by race for [preterm birth](#), varied in a few cases for low birthweight, and generally did not vary for prenatal care use.

For White women, most policies had adverse effects on PTB and/or LBW including policies intended to support pregnant women who use or abuse alcohol such as mandatory warning signs laws, priority access to [substance abuse treatment](#) for pregnant women and for pregnant women with children, laws that limit toxicological tests as evidence of fetal or child harm, reporting requirements for data gathering and treatment purposes and prohibitions against criminal prosecution. One policy that is punitive toward [pregnant women](#)—[child abuse](#)/neglect laws—was also associated with [adverse effects](#).

For Black women, four policies had beneficial effects for PTB including policies supportive of women: mandatory warning signs laws and reporting requirements for data and treatment purposes. Additionally, two policies that are punitive—civil commitment laws and reporting requirements to child protective service laws—were associated with [beneficial effects](#) on PTB.

The authors conclude that the effect of alcohol/pregnancy policies on birth outcomes varies by race. Future research should explore why some policies appear to have opposite effects for White and Black women.

More information: Sarah C.M. Roberts et al, Racial differences in the relationship between alcohol/pregnancy policies and birth outcomes and prenatal care utilization: A legal epidemiology study, *Drug and Alcohol Dependence* (2019). [DOI: 10.1016/j.drugalcdep.2019.04.020](https://doi.org/10.1016/j.drugalcdep.2019.04.020)

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