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Abstract

Punitive policy approaches to perinatal substance use have increased in the setting of the opioid overdose epidemic. This study aims to systematically describe research evaluating the impact of mandated reporting of perinatal substance use.

A systematic review was performed including policy statements and original clinical research articles examining perinatal substance use and mandated reporting and its associated outcomes (PubMed, PsycINFO, Cochrane, and Cumulative Index to Nursing and Allied Health Literature [CINAHL]). The exclusion criteria were: case studies, reviews, editorials, and basic science papers. Overall, 5449 articles were screened, 190 full texts reviewed, and data were extracted from 127 articles by 2 individuals with consensus for disparate responses by a third person.

Primary themes were determined via consensus meetings with multiple raters. From the 127 extracted articles, cross-sectional studies (N = 15), cohort studies (N = 35), RCT (N = 6), prevalence/epidemiological studies (N = 21), policy statements/national organization consensus statements (N = 8), qualitative studies (N = 26), and 16 other studies. Fifty articles addressed harm reduction initiatives, whereas 26 addressed unintended consequences of mandated reporting. Inequities (N = 29) and, relatedly, factors associated with testing (N = 11) were addressed as well. Prenatal outcomes in dyads experiencing perinatal mandated reporting were reported on in 34 articles. Associations between abuse or neglect (N = 19) or family separation/reunification outcomes (N = 32) were addressed. Racial and socioeconomic disparities were strongly

supported in mandated reporting processes, child welfare involvement, and treatment access. Articles considered the summative effect of mandated reporting and stigmatization in fostering mistrust within the medical care system and, more specifically, the patient-provider relationship.

This review supports the need for distinguishing substance use itself from abuse or neglect, programs which focus on supporting familial preservation, and research that examines short-and long-term outcomes for familial engagement and integrated high-quality substance use treatment. Unfortunately, unintended consequences of mandated reporting may result in decreased engagement in substance use treatment and prenatal care.