3. Plain Language Summary for the Community Advisory Board

a) Background and history.

In 2006, Dr. Sarah Roberts (PI) began working in maternal and child health services at a Bay Area health department and participating in the county Perinatal Substance Abuse Partnership (PSAP) coalition. Dr. Roberts began developing a community awareness campaign to promote prenatal care among pregnant women who use alcohol and drugs. With the help of a grant from the March of Dimes, Dr. Roberts conducted interviews and focus groups with pregnant and parenting women with current alcohol and drug use or a history of substance abuse about barriers to prenatal care and about their ideas for developing the awareness campaign. During the interviews and focus groups, women talked about how they had been scared to go to the doctor while using drugs. The main reason they reported being scared was that they expected the doctor would find out they were using drugs and that the doctor would report them to Child Protective Services (CPS). Fear of CPS was the main reason women physically avoided and emotionally disengaged from prenatal care.

Dr. Roberts then led a group of PSAP members to take action about the issues we had learned about. Under Dr. Roberts's leadership, this group created a community awareness campaign, including getting community input on it and releasing it in locations community members had suggested. We also obtained additional funding from the March of Dimes and from the local First 5 to create a systems change intervention to address some of the issues the study participants had mentioned. The objectives for this systems change intervention included: 1) health care providers have clear guidelines of CPS reporting requirements; 2) ensure providers know where to refer women for support, including substance abuse treatment; and 3) assist women who use drugs and alcohol during pregnancy to know what to expect from prenatal care. The process we used to create this change is described here (http://centerforchildwelfare.fmhi.usf.edu/kb/subabuse/PregWomenW-SubAbuse2010.pdf, p. 7-11) and the materials we created are here (http://cchealth.org/psap/bridges.php).

In addition to addressing barriers to prenatal care for women using alcohol and drugs, PSAP was also focused on strategies to reduce racial disparities in reporting to CPS related to maternal drug use. As a way to figure out whether some of the strategies PSAP was pursuing actually did reduce disparities, Dr. Roberts also conducted a series of studies to investigate the racial disparities in reporting to CPS related to maternal drug use in Northern California counties. As part of her research, Dr. Roberts found that Black newborns are between four and five times as likely to be reported to CPS related to maternal drug use than White newborns (2, 3). She also found that activities – such as making screening universal in prenatal care or establishing protocols to guide hospital decision-making about when to report to CPS – did little, if anything, to reduce the disparities (2, 3). Since then, Dr. Roberts has continued to research factors that may contribute to or be results of racial disparities in CPS reporting related to maternal drug use during pregnancy.

b) Project summary

This community-informed research has influenced the development of a larger study – the Alcohol and Pregnancy Policy Study (APPS). APPS seeks to understand the effects on preterm birth, alcohol use, and prenatal care utilization of state-level policies targeting alcohol use during pregnancy, as well as racial disparities in these effects. APPS allows us to test the effects of policies targeting alcohol use during pregnancy and whether the policies reduce or exacerbate racial disparities in birth outcomes, such as preterm birth, and ,whether they drive women to avoid prenatal care. The study we are proposing here (the Drug and Pregnancy Policy Study – D-APPS) seeks to build on the infrastructure we created for APPS and add policies related to drug use during pregnancy to explore whether they affect preterm birth and prenatal care utilization. The policies we would examine as part of D-APPS are listed in Box #2. D-APPS, if funded, would allow us to extend APPS by allowing us to 1) conduct additional legal research to code state-level policies targeting drug use during pregnancy and 2) conduct additional analyses to specifically examine the effects on preterm birth and prenatal care utilization of policies targeting drug use during pregnancy.

Box #1: Drug use includes drugs of abuse as defined by NIDA (e.g. heroin, cocaine, methamphetamine, marijuana, misuse of prescription opioids) (1)

Studying policies related to drug use during pregnancy is important because most states have enacted one or more such policies. These include punitive policies, e.g. allowing civil commitment of pregnant women for drug use and mandating reporting to CPS, i.e. the types of policies that women who use alcohol and drugs reported were barriers to prenatal care. States have also enacted supportive policies, e.g. giving pregnant women priority in entering substance abuse treatment. These policies could influence preterm birth. Punitive

policies, such as mandating CPS reporting related to maternal drug use, could also have unintended consequences, such as deterring women from prenatal care. If women are deterred from care, there are fewer opportunities to provide other health-promoting interventions, such as prenatal care-based interventions to prevent preterm birth. While APPS will allow us to assess the effects of the policies targeting alcohol use during pregnancy – including whether effects vary by race/ethnicity – APPS does not currently include policies related to drug use during pregnancy. D-APPS would allow us to assess the effects of policies related to drug use during pregnancy. We note that the lack of information about effects of these policies hinders public health and medical decision-making about which policies to support and which to counter.

Box #2: Types of state-level policies related to drug use during pregnancy	
Policy type	**Description**
Mandatory warning signs	Require that notices be posted in settings, such as licensed premises, where drugs, such as marijuana, are sold. Warning language warns of risks associated with use during pregnancy
Priority treatment	Mandate priority access to substance abuse treatment for pregnant and postpartum women.
Prohibitions against criminal prosecution	Prohibit use of results of medical tests as evidence in the criminal prosecutions of women who may have caused harm to a fetus or a child.
Mandatory reporting	Mandate reporting suspicion of or evidence of drug use or abuse by women during pregnancy to either CPS or to a health authority.
Child abuse/child neglect	Addresses the legal significance of a woman's conduct prior to birth of a child and of damage caused in utero and, in some cases, define drug use during pregnancy as child abuse/neglect.
Civil commitment	Mandatory involuntary commitment of a pregnant woman to treatment or mandatory involuntary placement of a pregnant woman in protective custody of the state for the protection of a fetus from prenatal exposure to drugs.

This study will build on the infrastructure created and supported by a current NIH grant that examines the effects of policies related to alcohol use during pregnancy (APPS). For D-APPS, we seek to extend APPS by 1) gathering and coding data about state-policies targeting drug use during pregnancy, 2) adding these policies to a dataset that includes data on more than148 million births to U.S. women from 1972-2013 for all 50 states plus Washington D.C. and 3) conducting data analysis to examine effects of individual drug use during pregnancy policies on preterm birth, prenatal care utilization, and racial disparities in these outcomes.

c) Community engagement and impact

Research findings from D-APPS will contribute to understanding about whether state-level policies reduce preterm birth and racial disparities in preterm birth. The research findings from D-APPS will also provide rigorous quantitative data to answer questions that originally arose from community-based research in a Bay Area county, i.e. whether policies mandating CPS reporting related to maternal drug use during pregnancy lead women to avoid prenatal care and whether there are racial inequities in these effects. The answer to this question is especially important in the context of the PTBi, because it is imperative to understand policy barriers that would make it so the benefits of any new PTBi discoveries are distributed equitably across racial/ethnic groups. If punitive policies – such as mandating CPS reporting related to maternal drug use – are driving women from prenatal care, public health and medical groups involved in PTBi will need to advocate for changes in these policies to ensure equitable distribution of benefits.

We are committed to sharing our research findings with people who can use them to inform action and advocacy. Dr. Roberts has previously shared similar research findings with Bay Area health departments, health departments throughout California (through Maternal and Child Health Action education days), national organizations (ACOG and CityMatCH). Dr. Roberts also has strong relationships with lawyers and advocates working on these issues and has been invited to share her research findings with local audiences and national audiences throughout the country. Dr. Roberts will build on her previous dissemination experiences on this topic to ensure that the D-APPS research results reach a wide audience.