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# **Medical and Public Health Group Statements Opposing Prosecution and Punishment of Pregnant People**

## **American Medical Association**

“Our AMA acknowledges the health benefits of identifying substance use during pregnancy and opposes any efforts, including mandatory reporting laws, that imply a positive verbal substance use screen, a positive toxicology test, or the diagnosis of substance use disorder during pregnancy automatically represents child abuse or neglect . . . Our AMA opposes the filing of a child protective services report or the removal of infants from their parent(s) solely based on a prenatal drug screen and/or biological test(s) for substance use without appropriate evaluation.” American Medical Association, Policy Statement H-420.950, *Substance Use Disorders During Pregnancy* (last modified 2024).

“Transplacental drug transfer should not be subject to criminal sanctions or civil liability. . . In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant and breastfeeding women wherever possible . . . Pregnant and breastfeeding patients with substance use disorders should be provided with physician-led, team-based care that is evidence-based and offers the ancillary and supportive services that are necessary to support rehabilitation.” American Medical Association, Policy Statement H-420.962, *Perinatal Addiction – Issues in Care and Prevention* (last modified 2024).

“Our AMA will continue to advocate for funding programs that address perinatal and postpartum depression, anxiety and psychosis, and substance use disorder through research, public awareness, and support programs.” American Medical Association, Policy Statement H-420.953, *Improving Mental Health Services During Pregnancy and Postpartum* (last modified 2024).

“Our AMA opposes the separation of infants from incarcerated pregnant individuals postpartum. Our AMA supports solutions, such as community-based programs, which allow infants and incarcerated postpartum individuals to remain together.” American Medical Association, Policy Statement H-420.948, *Classification and Surveillance of Maternal*

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*Mortality* (last modified 2022).

“Our AMA: (1) opposes the criminalization of self-managed abortion and the criminalization of patients who access abortions as it increases patients’ medical risks and deters patients from seeking medically necessary services; and (2) will advocate against any legislative efforts to criminalize self-managed abortion and the criminalization of patients who access abortions; and (3) will oppose efforts to enforce criminal and civil penalties or other retaliatory efforts against these patients and requirements that physicians function as agents of law enforcement – gathering evidence for prosecution rather than as a provider of treatment.” American Medical Association, Policy Statement H-5.980, *Oppose the Criminalization of Self-Managed Abortion* (last modified 2022).

“Our AMA recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right . . . [and] opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services.” American Medical Association, Policy Statement D-5.999, *Preserving Access to Reproductive Health Services* (last modified 2022).

“It is the policy of the AMA to reconfirm its position that drug addiction is a disease amenable to treatment rather than a criminal activity . . . and there is a pressing need for adequate maternal drug treatment and family supportive child protective services; to oppose legislation which criminalizes maternal drug addiction or requires physicians to function as agents of law enforcement - gathering evidence for prosecution rather than provider of treatment; and to provide concentrated lobbying efforts to encourage legislature funding for maternal drug addiction treatment rather than prosecution, and to encourage state and specialty medical societies to do the same.” American Medical Association, Policy Statement H-420.970, *Treatment Versus Criminalization – Physician Role in Drug Addiction During Pregnancy* (last modified 2020).

“Judicial intervention is inappropriate when a woman has made an informed refusal of a medical treatment designed to benefit her fetus. If an exceptional circumstance could be found in which a medical treatment poses an insignificant or no health risk to the woman, entails a minimal invasion of her bodily integrity, and would clearly prevent substantial and irreversible harm to her fetus, it might be appropriate for a physician to seek judicial intervention. However, the fundamental principle against compelled

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medical procedures should control in all cases which do not present such exceptional circumstances. The physician's duty is to provide appropriate information, such that the pregnant woman may make an informed and thoughtful decision, not to dictate the woman's decision. . . . Criminal sanctions or civil liability for harmful behavior by the pregnant woman toward her fetus are inappropriate. Pregnant substance abusers should be provided with rehabilitative treatment appropriate to their specific physiological and psychological needs.” American Medical Association, Policy Statement H-420.969, *Legal Interventions During Pregnancy* (last modified 2018).

## **American College of Obstetricians and Gynecologists**

“ACOG opposes laws that ban or criminalize evidence-based care, that rely on medically unsupported theories and misinformation, that require physicians to give, or withhold, specific information when counseling patients, or that mandate which tests, procedures, treatment alternatives or medicines physicians can perform, prescribe, or administer. Laws limiting access to and criminalizing evidence-based care including abortion, contraception, fertility care and treatments including in vitro fertilization, and gender affirming care are dangerous for physicians and patients alike.” American College of Obstetricians and Gynecologists, Statement of Policy, *Legislative Interference with Patient Care, Medical Decisions, and the Patient-Physician Relationship* (2013; revised and approved 2025).

“In addition to creating situations in which patients may fear legal prosecution for seeking care for early pregnancy loss and obstetric complications, legal restrictions hinder clinicians’ ability to make timely decisions in patient care. When clinicians have to consult lawyers and institutional boards, delaying needed care, the management of early pregnancy loss, ectopic pregnancy, and induced abortions required to save the life of the pregnant person all become more dangerous for the patient. The harms caused by abortion bans cannot be separated from the harms caused across the spectrum of reproductive care.” American College of Obstetricians and Gynecologists, Position Statement, *Abortion Training and Education in a Post-Dobbs Landscape* (2025).

“The American College of Obstetricians and Gynecologists (ACOG) opposes any policies or practices that seek to criminalize individuals for conduct alleged to be harmful to their pregnancy or based on pregnancy outcomes . . . Criminalization of pregnant people for actions allegedly aimed at harming their fetus poses serious threats to people’s health and the health system itself. Threatening patients with criminal punishment erodes trust

in the medical system, making people less likely to seek help when they need it. Criminalization makes people less safe and harms the confidential patient–practitioner relationship by creating uncertainty as to whether law enforcement will become involved. In the worst circumstances, this leads people to be treated as suspects instead of patients, subject to bedside interrogations and legal scrutiny.” American College of Obstetricians and Gynecologists, Statement of Policy, *Opposition to Criminalization of Individuals During Pregnancy and the Postpartum Period* (2020, amended and reaffirmed 2024).

“The American College of Obstetricians and Gynecologists (ACOG) opposes any proposals, laws, or policies that attempt to confer ‘personhood’ to a fertilized egg, embryo, or fetus. . . . The decision in *Dobbs v. Jackson Women’s Health Organization* in 2022 opened the door for a resurgence of such proposals and increased the threat that this type of designation will be leveraged to penalize and target pregnant women and people. ACOG opposes so-called ‘personhood’ laws and their many iterations and other statutes that attach criminal liability to the conduct of pregnant people with respect to their own health.” American College of Obstetricians and Gynecologists, Position Statement, *ACOG Statement on “Personhood” Measures* (2022).

“The American College of Obstetricians and Gynecologists (ACOG) opposes the prosecution of a pregnant woman for conduct alleged to have harmed her fetus, including the criminalization of self-managed abortion. ACOG also opposes administrative policies that interfere with the legal and ethical requirements to protect private medical information by mandating that clinicians report those they suspect have attempted self-managed abortion to law enforcement...Such actions compromise the integrity of the patient-clinician relationship and disproportionately harm communities who are historically marginalized from care and are more likely to be reported and criminalized for their pregnancy outcomes due to bias and discrimination. It is essential that obstetrician-gynecologists and other clinicians protect patient autonomy, confidentiality, and the integrity of the patient-clinician relationship and advocate against mandated reporting related to self-managed abortion.” American College of Obstetricians and Gynecologists, Position Statement, *Opposition to the Criminalization of Self-Managed Abortion* (2022).

“Seeking obstetric–gynecologic care should not expose a woman to criminal or civil penalties, such as incarceration, involuntary commitment, loss of custody of her children, or loss of housing. These approaches treat addiction as a moral failing. Addiction is a

chronic, relapsing biological and behavioral disorder with genetic components. The disease of substance addiction is subject to medical and behavioral management in the same fashion as hypertension and diabetes. . . The use of the legal system to address perinatal alcohol and substance abuse is inappropriate. Obstetrician–gynecologists should be aware of the reporting requirements related to alcohol and drug abuse within their states. In states that mandate reporting, policy makers, legislators, and physicians should work together to retract punitive legislation and identify and implement evidence-based strategies outside the legal system to address the needs of women with addictions.” American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women, Committee Opinion 473, *Substance Abuse Reporting and Pregnancy: The Role of the Obstetrician-Gynecologist* (2011, reaffirmed 2022).

“[I]t is important to advocate for this often-marginalized group of patients, particularly in terms of working to improve availability of treatment and to ensure that pregnant women with opioid use disorder who seek prenatal care are not criminalized.” American College of Obstetricians and Gynecologists Committee on Obstetric Practice, Committee Opinion 711, *Opioid Use and Opioid Use Disorder in Pregnancy* (2017, reaffirmed 2021).

“Pregnancy is not an exception to the principle that a decisionally capable patient has the right to refuse treatment, even treatment needed to maintain life. Therefore, a decisionally capable pregnant woman’s decision to refuse recommended medical or surgical interventions should be respected. ... The College opposes the use of coerced medical interventions for pregnant women, including the use of the courts to mandate medical interventions for unwilling patients. ... The College strongly discourages medical institutions from pursuing court-ordered interventions or taking action against obstetrician–gynecologists who refuse to perform them.” American College of Obstetricians and Gynecologists Committee on Ethics, Committee Opinion 664, *Refusal of Medically Recommended Treatment During Pregnancy* (2016; reaffirmed 2019).

## **National Perinatal Association**

“The National Perinatal Association stands for freedom of choice in all realms of an individual’s reproductive life, from contemplation and contraception, to fertilization, carrying a pregnancy or choosing termination. The right to privacy is paramount to patient care. The National Perinatal Association affirms the value of lived experiences and need for medical expertise and therefore rejects undue governmental intrusion into the private, complicated decisions made between patients and their healthcare providers.”



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National Perinatal Association, Position Statement, *Abortion Care is Health Care* (2022).

“[T]he standard of care for treating pregnant women with substance use disorder is often medication-assisted treatment (MAT). Voluntary treatment leads to better pregnancy outcomes and shorter hospital stays for newborns. Pregnant women should not fear telling their health care providers about drug use, so they can best prepare for the treatment that will help both the mother and the newborn.” National Perinatal Association, Position Statement, *Perinatal Health Care Access and Disparities* (2019).

“Treating this personal and public health issue (perinatal substance use) as a criminal issue – or a deficiency in parenting that warrants child welfare intervention – results in pregnant and parenting people avoiding prenatal and obstetric care and putting the health of themselves and their infants at increased risk. . . . The threats of discrimination, incarceration, loss of parental rights, and loss of personal autonomy are powerful deterrents to seeking appropriate prenatal care. Perinatal providers promote better practices when they adopt language, attitudes, and behaviors that reduce stigma and promote honest and open communication about perinatal substance use. . . . The National Perinatal Association opposes any legal measures that involve the criminal justice system for drug use during pregnancy. Any statute which criminalizes substance use during pregnancy is inherently discriminatory in addition to being counterproductive to the goal of improving maternal and neonatal outcomes. Criminalization and incarceration are ineffective and harmful to the health of the pregnant person and their infant . . . As clinicians, mental health, and community care providers, it is imperative that we understand the nature of perinatal substance use disorders and provide interventions and care that preserve the parent-infant dyad, promote parenting potential, and support

the baby’s health and development.” National Perinatal Association, Position Statement, *Perinatal Substance Use* (2017).

“The National Perinatal Association opposes legislation that defines personhood as beginning at or after viability. . . . The NPA encourages its members to oppose any legislation defining fetal personhood at conception and encourages its members to support legislators in favor of leaving this discussion to the medical sphere.” National Perinatal Association, Position Statement, *Supporting the Legal Autonomy of Pregnant Women* (2013).

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## American Academy of Family Physicians

“A confidential relationship between patient and physician is essential for the free exchange of information necessary for sound medical care. Only in a setting of trust can a patient share the private feelings and medical, social and family histories that enable the physician to properly counsel, prevent, diagnose, and treat. The AAFP opposes legislation that infringes on the content or breadth of information exchanged within the patient physician relationship because of the potential harm it can cause to the health of the individual, family and community.” American Academy of Family Physicians, Policy, *Infringement on Patient Physician Relationship* (2011, 2022 COD).

“[T]he AAFP supports public and individual education about the risks of any substance use during pregnancy. The AAFP opposes imprisonment or other criminal sanctions of pregnant woman solely for substance abuse during pregnancy, but encourages facilitated access to an established drug and alcohol rehabilitation program for such women.” American Academy of Family Physicians, Policy, Substance Abuse and Addiction, section entitled “*Pregnant Women, Substance Use and Abuse by*” (2003, 2019 COD).

## American Society of Addiction Medicine

“ASAM strongly supports reforms to reverse the punitive approach taken to substance use and substance use disorder (SUD) during and after pregnancy and respond to the shared interests of the parent-newborn dyad by providing ethical, equitable, and accessible evidence-based care. Federal and state systems, healthcare institutions, and clinicians too often conflate substance use with SUD and stigmatize and equate a person with SUD as ‘unfit to parent’ or ‘criminal.’ As a result of the punitive approach that has permeated American public policy and practices, people who use substances while pregnant are deterred or delayed from seeking care because of fear of detection, prosecution, and punishment . . . Child protection system agencies should not use evidence of substance use to implement sanctions on parents, especially child removal. Such sanctions should only be made when other risk factors or harms have been assessed or identified, and there is objective evidence of abuse, neglect, or other danger

to the child.” American Society of Addiction Medicine, *Public Policy Statement: Substance Use and Substance Use Disorder Among Pregnant and Postpartum People* (2022).

“Obstetric care providers have an ethical responsibility to their pregnant and parenting patients with substance use disorder to discourage the separation of parents from their children solely based on substance use disorder, either suspected or confirmed.”

American Society of Addiction Medicine, *Public Policy Statement on Opioid Use and Opioid Use Disorder in Pregnancy: A Joint Opinion of the American College of Obstetricians and Gynecologists; Committee on Obstetric Practice and the American Society of Addiction Medicine* (2017).

## **American Public Health Association**

“APHA calls on elected officials to repeal all laws that criminalize any form of self-managed abortion and pregnancy loss, including laws criminalizing feticide, improper disposal of fetal remains, and concealing a birth. Lawmakers must reform any laws criminalizing harm to fetuses and ensure they do not apply to acts or omissions with respect to pregnancies.” American Public Health Association, Policy Statement No. 20217, *Decriminalization of and Support for Self-Managed Abortion* (2021).

“Any personhood initiative that allows the state or other actors to claim rights of the fetus as independent of pregnant women has the potential to deprive women of access to comprehensive reproductive health care—including abortion services, assisted reproductive technologies, and autonomy in pregnancy and childbirth decisions—as well as their rights to life, liberty, and privacy. . . . [T]his policy urges federal and state legislatures, law enforcement and judiciary bodies, election commissions, and health care providers to renounce any and all personhood claims or misapplications of child welfare laws that recognize fetuses as persons and infringe on women’s reproductive, constitutional, and human rights. . . . Extension of rights to a fetus through such personhood bills would affect not only women who seek to terminate a pregnancy but also women who wish to carry a pregnancy to term. . . . [A]ny codified personhood effort would inexorably contribute to negative public health outcomes for women. . . .”

American Public Health Association, Policy Statement No. 20139, *Renouncing the Adoption or Misapplication of Laws to Recognize Fetuses as Independent of Pregnant Women* (2013).



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## **American Nurses Association**

“ANA opposes laws that may result in punitive legal actions and result in incarceration of pregnant women because of substance use disorder. . . ANA supports the fact that substance use disorders are diseases that require treatment, not incarceration . . . Criminalization of pregnant women with substance use disorder often results in more harm than good. The threat of criminal prosecution prevents many pregnant women from seeking prenatal care and treatment for their substance problems. Prisons are not prepared to provide for the specialized needs of pregnant women . . . Contrary to claims that prosecution and incarceration will deter pregnant women from substance use, the greater result is that fear of detection and punishment poses a significant barrier to treatment.” American Nurses Association, Position Statement, *Non-Punitive Treatment for Pregnant and Breast-feeding Women with Substance Use Disorders* (2017).

## **Association of Women’s Health, Obstetric and Neonatal Nurses**

“The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) opposes laws and other reporting requirements that result in incarceration or other punitive legal actions against women because of a substance use disorder (SUD) in pregnancy and the postpartum period.” Association of Women’s Health, Obstetric and Neonatal Nurses, Position Statement, *Optimizing Outcomes for Women with Substance Use Disorders in the Pregnancy and the Postpartum Period* (2019).

“Laws that criminalize drug use during pregnancy have the potential to deter women from seeking prenatal and maternity care that can provide access to appropriate counseling, referral, and monitoring. Seeking health care for marijuana use during pregnancy should not expose a woman to criminal or civil penalties such as incarceration, involuntary commitment, loss of custody of her children, or loss of housing.” Association of Women’s Health, Obstetric and Neonatal Nurses, Position Statement, *Marijuana Use During Pregnancy* (2018).

## **American College of Nurse Midwives**

“As part of informed consent and shared decision-making, individuals should receive accurate, evidence-based, unbiased, and complete information regarding the risks, benefits, and potential harms of both vaginal and cesarean birth within the respectful, compassionate relationship which encompasses midwifery care. Ultimately, birthing

people have the right to self-determination regarding decisions about mode of birth.” American College of Nurse Midwives, Position Statement, *Primary Cesarean Birth by Request* (revised 2023).

“ACNM supports a health care system in which individuals with SUD in pregnancy are treated with compassion, not punishment. Patients should not be deterred from seeking care during pregnancy due to fear of prosecution. Optimal care for patients with addiction occurs within a multidisciplinary environment in which holistic care is provided that considers the context of social environment and unique health risks. In the health policy and legislative arena, efforts should be directed toward comprehensive approaches to promoting addiction recovery.” American College of Nurse-Midwives, Position Statement, *Substance Use Disorders in Pregnancy* (revised 2018).

## **American Academy of Pediatrics**

“The American Academy of Pediatrics (AAP) first published recommendations on substance-exposed infants in 1990 and reaffirmed its position in 1995 that ‘punitive measures taken toward pregnant women, such as criminal prosecution and incarceration, have no proven benefits for infant health’ and argued that ‘the public must be assured of nonpunitive access to comprehensive care that meets the needs of the substance-abusing pregnant woman and her infant.’ . . . The AAP reaffirms its position that punitive measures taken toward pregnant women are not in the best interest of the health of the mother-infant dyad. . . . The existing literature supports the position that punitive approaches to substance use in pregnancy are ineffective and may have detrimental effects on both maternal and child health. . . . [T]he AAP supports an approach toward substance use in pregnancy that focuses on a public health approach of primary prevention, improving access to treatment, and promoting the provider-patient relationship rather than punitive measures through the criminal justice system.” American Academy of Pediatrics, Committee on Substance Use and Prevention, Policy Statement, *A Public Health Response to Opioid Use in Pregnancy* (2017).

## **March of Dimes**

“The March of Dimes opposes policies and programs that impose punitive measures on pregnant women who use or abuse drugs. . . . The March of Dimes believes that targeting women who used or abused drugs during pregnancy for criminal prosecution or forced treatment is inappropriate and will drive women away from treatment vital both for them

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and the child.” March of Dimes, Fact Sheet, *Policies and Programs to Address Drug-Exposed Newborns* (2014).

## **American Psychological Association**

“Punitive approaches result in women being significantly less likely to seek substance use treatment and prenatal care due to fear of prosecution and fear of the removal of children from their custody. This places both the mother and her children at greater risk of harm. . . . Legislatures should decriminalize substance use during pregnancy and support more funding and programs that offer specialized substance use treatment to pregnant women and girls.” American Psychological Association, *Pregnant and Postpartum Adolescent Girls and Women with Substance-Related Disorders* (revised 2020).

“[T]he American Psychological Association affirms that substance-related disorders manifest as behavioral and biomedical health problems, and recommends providing rehabilitative services rather than criminalizing pregnant women and girls’ substance use and prioritizing substance use treatment services for pregnant women. . . . [T]he American Psychological Association opposes mandatory or nonconsensual drug testing of infants, adolescent girls, and women in the course or the provision of perinatal and

supportive services . . . .” American Psychological Association, *Resolution on Pregnant and Postpartum Adolescent Girls and Women with Substance-Related Disorders* (2018).

## **American Psychiatric Association**

“The APA opposes the criminalization of addiction, a chronic medical condition, as a primary tool to address perinatal alcohol, tobacco, and other substance use disorders. Substance use during pregnancy should be addressed as a treatable medical condition. Addiction should not be considered child abuse or neglect nor should it be a sufficient basis for civil or criminal charges . . . The APA opposes mandatory reporting of substance use and/or a positive drug screen alone in pregnant and newly-delivered women, absent additional facts and/or factors that would constitute a basis for child abuse or neglect reporting.” American Psychiatric Association, Position Statement, *Assuring the Appropriate Care of Pregnant and Newly-Delivered Women with Substance Use Disorders* (revised 2025).

“The stigma associated with substance use and fear of legal repercussions may prevent patients with substance use or substance use disorders from seeking care early in pregnancy. Thus, advocating for policies that do not criminalize drug use in the perinatal period is critically important. . . Because substance use disorders is a systemic issue, implementing systemic strategies that address unconscious bias and antidiscrimination practices for pregnant patients with mental and substance use disorders and incorporating family-focused policies and practices into agencies and organizations may yield better results.” American Psychiatric Association, White Paper, *Perinatal Mental and Substance Use Disorders* (2023).

“The American Psychiatric Association opposes all constitutional amendments, legislation, and regulations curtailing family planning and abortion services to any segment of the population. The American Psychiatric Association (APA) supports the following: (1) Abortion is a medical procedure for which physicians should respect the patient’s right to freedom of choice . . . (2) Freedom to act to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications.” American Psychiatric Association, Position Statement, *Abortion and Women’s Reproductive Health Care Rights* (revised 2023).

“It is the position of the APA that elective and medically necessary abortions should be accessible as part of standard healthcare. These measures are grounded in evidence-based practice, and decisions about them should be made by the patient and their physician. Governmental restrictions on abortion and family planning intrude into the privacy of the patient-physician relationship, compromise the rights of both patients and physicians, and endanger the patient’s physical and mental well-being.” American Psychiatric Association, Position Statement, *Abortion, Family Planning, Legislative Intrusion, and Reproductive Decisions* (revised 2023).

“The use of the legal system to address perinatal alcohol, tobacco, and other substance use disorders is inappropriate. APA opposes civil charges and criminal prosecution of pregnant and postpartum women based on substance use during pregnancy. Substance use during pregnancy should not be considered child abuse or neglect leading to civil charges. Legislation that mandates reporting of substance use by pregnant or newly delivered women by healthcare providers must be repealed.” American Psychiatric Association, Position Statement, *Assuring the Appropriate Care of Pregnant and Newly-Delivered Women with Substance Use Disorders* (2019).

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## **The Society for Maternal-Fetal Medicine**

“The Society for Maternal-Fetal Medicine strongly opposes any policies or practices that are aimed toward or result in the punishment or criminalization of substance use in pregnancy, including punitive legislation, routine biologic toxicology testing, and mandated reporting to the family regulation system . . . The Society for Maternal-Fetal Medicine acknowledges and aims to eliminate the racial and ethnic disparities in which people of color are disproportionately subject to substance use screening and testing, reporting to the family regulation system, and the effects of punitive legislation . . . Policies that criminalize perinatal substance use infringe on reproductive freedom and individual rights. Approaches that respect human rights and promote healthy pregnancies, equitable care, and reproductive liberty are urgently needed.” The Society for Maternal-Fetal Medicine, Position Statement, *Decriminalization of substance use disorder in pregnancy* (2025).

“Abortion is one of the most regulated medical procedures in the United States. Restrictive regulations and legislation at both the state and federal levels have made access to reproductive health services increasingly difficult. When unnecessary policies and regulations are placed on abortion care and health care providers, there are adverse effects on those who need access to abortion services. These regulations and policies compromise the patient and health care provider relationship and interfere with individual reproductive decision-making, restricting access to medically accurate practices and procedures.” The Society for Maternal-Fetal Medicine, Position Statement, *Access to Abortion Services* (2020).

## **FASD United: The National Voice on Fetal Alcohol Spectrum Disorder**

“FASD United opposes any law or policy that would impose a criminal penalty on a pregnant woman suffering with an addiction to alcohol or drugs. . . . Incarceration is not a solution to their underlying healthcare need. This so-called “crackdown” may result in pregnant women choosing not to discuss their alcohol or drug use, even with medical providers, out of fear of criminal sanction. As a result, women with an alcohol or substance use disorder could go unidentified and untreated. This could have the unintended result of increasing the exposure and severity of substance use by pregnant women.” FASD United, Position Statement, *FASD United Opposes New Policy to Prosecute Expectant Mothers for Using Alcohol or Drugs* (2018).



“FASD United opposes any law or policy that would impose a criminal penalty on pregnant women for drinking alcohol. Alcohol use during pregnancy is a serious problem, yet criminalization is not a solution. Criminalizing alcohol use during pregnancy interferes with the private patient/doctor relationship and intrudes on the rights of women. Such laws could result in pregnant women choosing not to disclose their alcohol use to medical and allied health providers out of fear of criminal sanction. As a result, women with alcohol dependence or an alcohol use disorder could go unidentified and untreated. Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors and should be treated accordingly.” FASD United, Position Statement, *FASD United Opposes Criminalizing Alcohol Use by Pregnant Women* (2014).