

Does prenatal cannabis exposure pose a risk of subsequent child maltreatment?

RYAN, J., OSHMAN, L., FRANK, C., PERRON, B., VICTOR, B., & SANKARAN, V. (2024). [PRENATAL CANNIBIS EXPOSURE AND THE RISK OF SUBSEQUENT MALTREATMENT](#).

What can we learn from this study?

Research on substance-exposed newborns and the associated risk of child maltreatment has largely centered on opioids, cocaine, alcohol, and methamphetamines. Although cannabis now is legal for medical and/or recreational use in 41 states, few research studies have evaluated specifically the risks cannabis exposure may pose as it relates to child maltreatment. This study takes into account a policy change that eliminated the classification of THC-positive newborn tests as evidence of physical abuse, providing a rare and valuable opportunity to examine cannabis exposure on its own terms.

Study details

- **Population:** 35,437 live births at the University of Michigan Health System
- **Data sources:** University of Michigan Health System records of births; Michigan Department Health and Human Services; child protective services reports; 2018 policy change that no longer automatically classifies THC-positive newborn tests as physical abuse
- **Methodology:** Retrospective cohort study; regression analyses
- **Dates:** June 1, 2014, to January 31, 2023

What are the critical findings?

- Of the 35,437 live births, 49.5% occurred prior to the policy change, 50.5% occurred after.
- Pre-policy change, newborns with positive THC-only exposure were significantly more likely to be associated with a subsequent substantiated maltreatment report. Post-policy change, however, **THC-positive newborns were no more likely to experience confirmed maltreatment** than babies who either tested negative or were not tested at all.
- **The race of the birth parents increased the likelihood of prenatal and newborn drug testing**, with Black (14.3%) and multiracial (10.9%) parents facing significantly higher rates of testing compared to white parents (5.5%).
- Referrals would decrease by 5.5% for Black children and 1.5% for white children **if mandated reporters did not report THC-only exposure** to child protective services.

Why is this important to our work?

In many jurisdictions, cannabis use is legal, and both recreational and medical cannabis use during pregnancy are on the rise. This evolving trend highlights the need for evidence-based policies and practices that balance child safety with the reduction in unwarranted child welfare system involvement. In the absence of clear, standardized guidelines for determining which families are selected for drug testing, these decisions often are left to individual discretion, creating room for inconsistency and bias, particularly along racial lines. The data presented in this study reinforces the argument to end routine child protective investigations solely for cannabis use and eliminate drug testing policies that disproportionately target families based on race.

To learn more, see: [Are decisions to substantiate impacted by caseworkers' perceptions of domestic violence or parental substance misuse?](#) and [How do investigation, removal, and placement cause trauma for families?](#)

This summary synthesizes the findings from a single research study. For additional information, [access the article directly](#) or email KMResources@casey.org