

FACT SHEET



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Support Mom/Baby in Pregnancy with Substance Exposure

Problem: *Fear of a child protective services referral means Virginia moms do not seek prenatal care. This is a bill to encourage moms to enter prenatal care.¹ Early entry into prenatal care improves outcomes.*

Virginia's law currently implies child abuse when an infant is born affected by substance use or experiencing withdrawal symptoms. The language automatically links prenatal substance exposure with child abuse or neglect, even when the mother is engaged in medicated assisted treatment (MAT), or when the substance involved, such as cannabis, has been decriminalized. This punitive section of code refers solely to the child, ignoring the best practice method of supporting the mother/baby dyad. Substance use in the Virginia code does not have a uniform definition, which results in inconsistent implementation of this law. For example, community members report blanket cord-blood testing without informed consent, presumably due to the false belief that cord-blood testing is required to ensure compliance with the law. University of Virginia report on Charlottesville's Child Welfare System found that Black and multiracial children were overrepresented among referrals to CPS relative to the population².

The abuse/neglect classification discourages pregnant individuals from seeking prenatal care; treatment engagement reduces risk. Organizations like the American College of Obstetrics and Gynecology (ACOG) and the Centers for Disease Control (CDC) recommend avoiding labeling prenatal exposure as abuse/neglect by default and emphasize treatment access and family preservation. Public health experts and federal guidance (CAPTA) recommend a Plan of

Safe Care approach, focusing on treatment and family support rather than punitive action.

Policy solution: Pass a bill that removes the automatic "abuse/neglect" label for all cases of prenatal substance exposure, requires full-informed consent for cord-blood testing, and considers the needs of the mother in addition to the child.

Costs: None. This code change should bring consistency to current implementation and end punitive referrals to CPS. Federal funding exists to support family-based care. Virginia should consider using Opiate Abatement funding to increase support for these services.

Who benefits: Amending this code section moves us closer to a code that reflects the worth and dignity of all persons. The absence of the mother in this code discounts the research that supporting the mother/baby dyad is evidence-based and best practice. When we explicitly work to support healthy moms and babies, we all benefit.

¹ <https://www.pregnancyjusticeus.org/wp-content/uploads/2020/11/Understanding-CAPTA-and-State-Obligations-2020.pdf>

² Charlottesville Child Welfare Study, 2018, Accessed Nov 2025
<https://www.charlottesville.gov/DocumentCenter/View/817/Child-Welfare-Study-PDF>
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