

Pregnancy-specific alcohol policies may not work

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Most pregnancy-specific alcohol policies are not associated with

decreased odds of infant injuries or morbidities, according to a study published online Aug. 3 in *JAMA Network Open*.

Sarah C.M. Roberts, Dr.P.H., from the University of California in San Francisco, and colleagues examined the association between state-level pregnancy-specific alcohol policies and infant morbidities and maltreatment. The analysis included data from 1.4 million U.S. birthing person (aged 25 to 50 years) and infant pairs (singleton birth between 2006 and 2019).

The researchers found that the policies of Reporting Requirements for Assessment/Treatment and Mandatory Warning Signs were associated with increased odds of infant injuries but not morbidities. The only policy to lower the risk for infant injuries was Priority Treatment for Pregnant Women Only.

There was an association seen between Civil Commitment and increased odds of infant injuries but decreased odds of infant morbidities. For Priority Treatment for Pregnant Women and Women With Children, increased odds were observed of both infant injuries and infant morbidities. The investigators found no association between Reporting Requirements for Child Protective Services, Reporting Requirements for Data, Child Abuse/Neglect, and Limits on Criminal Prosecution with infant injuries or morbidities.

"Policy makers should not assume that pregnancy-specific alcohol policies improve infant health," the authors write.

More information: Sarah C. M. Roberts et al, Association of Pregnancy-Specific Alcohol Policies With Infant Morbidities and Maltreatment, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.27138](https://doi.org/10.1001/jamanetworkopen.2023.27138)

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