



## Standardized Toxicology Testing Policies to Ensure Ethical and Effective Perinatal Care

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The prevalence of substance use by pregnant women during the perinatal period has risen dramatically in the United States, with an estimated **5% of pregnant women using one or more addictive substances**. Despite birthing people's heightened vulnerability, they have historically been left out of conversations surrounding drug overdoses and substance use. This oversight not only neglects their unique challenges, but also fails to acknowledge the compounded risks that substance use during pregnancy can pose to both the birthing person and the developing fetus. Medications such as methadone and buprenorphine are recognized as the gold standard of care for pregnant individuals with opioid use disorder. However, research has shown that access to these medications remains limited due to restrictive policies, stigma, and systemic barriers.

The exclusion of birthing people from conversations about substance use disorder treatment, combined with restrictive policies limiting their access to medication, increases the potential for adverse health outcomes. These negative outcomes include increased risk of preterm birth, neonatal abstinence syndrome, and maternal mortality. In addition to these immediate health risks, substance use during pregnancy can lead to complications that extend into the postpartum period. These outcomes not only affect the well-being of the child, but can substantially increase healthcare costs and place a heavy burden on healthcare systems.

### Barriers to Care for Birthing People

Historically, toxicology testing in pregnancy has been used both as a medical tool and as a mechanism for legal or child welfare interventions. Some states have laws that mandate healthcare providers report positive drug test results to child protective services, which can deter individuals from seeking prenatal care due to fear of punitive consequences like the loss of custody. These legal and policy frameworks disproportionately impact marginalized populations, particularly Black, Indigenous, and low-income individuals, widening existing healthcare disparities.

The social stigma attached to substance use during pregnancy further exacerbates the issue, as many women may feel ashamed or fearful of the potential consequences if they seek help. This stigma often drives feelings of isolation and reluctance to reach out for support. The fear of judgment and potential legal ramifications, such as having the child taken away at birth, can prevent birthing people from accessing the care and resources they need to address their struggles, obstructing barriers to treatment and further deepening the cycle of addiction and avoidance.

The lack of comprehensive research on substance use during the perinatal period complicates challenges to understand and expand upon effective risk-mitigation strategies, equitable healthcare practices, and preventative and interventive care options. This gap in knowledge undermines policymakers' ability to

establish well-informed guidelines and treatments for substance use during pregnancy, leaving healthcare providers with limited tools to address the specific needs of this population. While local and statewide efforts have been made to combat the opioid epidemic and the illegal distribution of drugs, inconsistency in testing practices remains a major concern. The absence of standardized testing protocols contributes to disparities in care, leading to unequal treatment of patients based on factors like geography, socioeconomic status, or even personal bias. This inconsistency not only affects the quality of healthcare birthing people receive, but it also raises potential ethical issues related to informed consent, privacy, and discrimination.

These discrepancies in care are compounded by deeply ingrained structural and systemic biases that disproportionately affect marginalized communities, particularly Black and Indigenous individuals. These populations often face additional obstacles in accessing quality care, including a history of medical mistreatment, racial and ethnic discrimination, and socioeconomic inequities. Standardizing testing practices and healthcare protocols across regions and institutions is crucial to ensure that all pregnant people receive equitable, nonjudgmental, and culturally competent care. By addressing these systemic issues and creating uniform standards, the healthcare system can better protect the rights of patients, improve public health outcomes, and reduce the disparities that persist in maternal healthcare, ultimately fostering a more inclusive, respectful, and supportive environment for all birthing people.

## Recommendations

Ensuring mothers' and newborns' health and well-being is a fundamental value. Ethical practices in toxicology testing during the perinatal period are essential to safeguarding patient rights, improving health outcomes, and fostering trust between patients and healthcare providers, and policy should reflect this. Some recommendations to consider are as follows:

- **Develop Clear Institutional Guidelines for Toxicology Testing:** By establishing standardized criteria for conducting toxicology tests based on clinical indications, healthcare providers can ensure testing is medically necessary. Following guidelines from reputable health organizations such as the American College of Obstetricians and Gynecologists (ACOG), institutional policies should outline when and why testing is performed, ensure informed consent procedures are in place, and prevent discriminatory or punitive applications of testing results. In conjunction with robust written consent procedures, these practices align with ethical standards, clinical efficiency, and help protect patient autonomy.
- **Enhance Training for Healthcare Providers:** Training healthcare professionals on the ethical and legal aspects of toxicology testing and effective communication strategies can reduce unnecessary testing procedures. This in turn ensures sensitive and respectful interactions with patients from diverse backgrounds. This streamlines support recovery and reduces adverse outcomes for both the mother and child. Eventually, more healthcare providers will have the capacity to link patients who test positive for substances with appropriate support services, including counseling and treatment programs.
- **Ensure Confidentiality and Non-Discrimination:** Strengthening policies to protect the confidentiality of toxicology test results will encourage more women to get tested. Implementing non-discrimination policies to ensure patients are not penalized based on their test results helps guarantee equitable access to healthcare services, and reassures women who may be experiencing social stigma or isolation from their substance use that only authorized personnel dedicated to helping will be notified of results.

In light of these considerations, policies should be carefully crafted to reflect and promote these values, balancing the need for medical intervention with respect for patient autonomy, confidentiality, and dignity. By

adopting these recommendations, policymakers can work towards ensuring that perinatal toxicology testing is conducted ethically, legally, and effectively across the nation, ultimately benefiting the health and well-being of mothers and their children.

**Read more in Sugy Choi, David Rosenbloom, Michael D. Stein, Julia Raifman, and Jack A. Clark, "Differential gateways, facilitators, and barriers to substance use disorder treatment for pregnant women and mothers: a scoping systematic review." *Journal of Addiction Medicine* 16, no. 3 (2022): e185-e196.**