

Professional Medical and Public Health Organizations Oppose Pregnancy Criminalization and Punitive Responses to Pregnancy

Policy consensus. Leading medical and public health organizations oppose criminal punishment, coercive surveillance, and other punitive responses to substance use, abortion, and other conduct or outcomes during pregnancy. Although they do not always use the term “pregnancy criminalization,” their policies consistently emphasize health care rather than punishment, protection of the patient-clinician relationship, clinically justified testing, and avoidance of policies that deter people from seeking care.

American College of Obstetricians and Gynecologists (ACOG). Opposes criminalization during pregnancy and the postpartum period. ACOG states that criminalization and incarceration for substance use disorder are ineffective deterrents and can harm pregnant people and infants; it also opposes prosecution for conduct alleged to harm a fetus, including self-managed abortion.^{[1][2]} Society for Maternal-Fetal Medicine (SMFM). Opposes policies and practices that punish or criminalize substance use in pregnancy. Its 2025 statement identifies punitive laws, routine biologic toxicology testing, and mandated reporting to child welfare as practices that can produce punishment or criminalization, and highlights racial and ethnic disparities in these practices.^[3] American Society of Addiction Medicine (ASAM). Recommends eliminating laws that define prenatal substance exposure as child abuse or neglect; removing reporting mandates based solely on substance use or substance use disorder; and avoiding child removal based on substance use alone without objective evidence of abuse, neglect, or danger.^[4] American Academy of Family Physicians (AAFP). Opposes imprisonment or other criminal sanctions solely for substance use during pregnancy and supports timely access to treatment. AAFP also opposes drug or laboratory testing of pregnant or postpartum people without explicit informed consent except in emergency medical circumstances.^[5]	American Medical Association (AMA). Opposes criminalization of self-managed abortion and patients who obtain abortions, and opposes policies that turn physicians into agents of law enforcement by requiring evidence gathering for prosecution rather than patient care.^[6] Society of Family Planning (SFP). Identifies unnecessary clinician reports to law enforcement as a pathway to criminalization of people who self-manage abortion. Its recommendations emphasize confidentiality, protection of privacy, and limiting collection and documentation to information relevant to medical care.^[7] American Public Health Association (APHA). Opposes criminalization of self-managed abortion and calls on elected officials, clinicians, and public health professionals to denounce criminalization. APHA warns that the threat of prosecution, including reporting by health professionals, undermines trust and can deter people from seeking care.^[8]
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Implications for policymakers

- Do not impose criminal penalties based solely on substance use or other conduct during pregnancy.
- Do not define prenatal substance exposure alone as child abuse or neglect, or require child welfare reports solely because of substance use or a positive toxicology result.
- Protect informed consent, confidentiality, and clinically justified toxicology testing; clinical information should not be collected primarily for surveillance or evidence gathering.
- Address substance use disorder through voluntary, evidence-based treatment and family supports rather than punishment or automatic family separation.
- Protect people seeking abortion, miscarriage, and other pregnancy-related care from criminal investigation or prosecution arising from their medical care.

Bottom line. Pregnancy should not transform a health condition, medical decision, health behavior, or pregnancy outcome into a basis for punishment. Policies that deter care, convert clinical information into evidence for punishment, or substitute surveillance for treatment conflict with the recommendations of leading medical and public health organizations.

References

1. American College of Obstetricians and Gynecologists. Opposition to Criminalization of Individuals During Pregnancy and the Postpartum Period. Statement of Policy. 2020. [Source](#)
2. American College of Obstetricians and Gynecologists. Opposition to the Criminalization of Self-Managed Abortion. Position Statement. 2022. [Source](#)
3. Society for Maternal-Fetal Medicine. Position Statement: Decriminalization of Substance Use Disorder in Pregnancy. 2025. [Source](#)
4. American Society of Addiction Medicine. Public Policy Statement on Substance Use and Substance Use Disorder Among Pregnant and Postpartum People. 2022. [Source](#)
5. American Academy of Family Physicians. Substance Use Disorders: Substance Use During Pregnancy. AAFP Policy. [Source](#)
6. American Medical Association. Oppose the Criminalization of Self-Managed Abortion. Policy H-5.980. [Source](#)
7. Society of Family Planning. Interim Clinical Recommendations: Self-Managed Abortion. 2022; editorial update 2025. [Source](#)
8. American Public Health Association. Decriminalization of and Support for Self-Managed Abortion. Policy Statement. 2021. [Source](#)