CYSHCN Definition Framework

Supporting Document

This supplemental document describes the categories used in the CYSHCN Population Definition Framework graphic by providing definitions, examples, and key supporting literature. It is intended as an informational resource and should not be used to determine eligibility for any programs, services, or benefits.

Defining the Categories

Have a Condition

Children and youth who already have a diagnosed chronic physical, developmental, behavioral, or emotional condition. These conditions require ongoing health care or related supports beyond what is needed by the general pediatric population.

"Behavioral" and "Emotional" conditions are used to align with the Health Resources and Services Administration (HRSA) definition. Clinicians and other professionals may categorize these conditions differently. Some conditions may apply to multiple categories (i.e. neurodevelopmental disorders (NDD), Intellectual and Developmental Disabilities (IDD).

At Increased Risk for a Condition

Underlying factors that influence health and may increase the likelihood that children and youth develop chronic physical, developmental, behavioral, or emotional conditions or require ongoing health care and related services. These factors span biological, environmental, social, and systemic influences.

Groups At Increased Risk

Specific populations or subgroups who, due to systemic, structural, or situational factors, are more likely to develop chronic conditions or face barriers to care. These groups may not have a condition or risk factor themselves but are exposed to circumstances that increase their vulnerability.

Supporting Literature by Category

Have a Condition

- Bethell, C. D., et al. (2002). Identifying children with special health care needs: Development and evaluation of a short screening instrument. *Ambulatory Pediatrics*, 2(1), 38–47. https://cahmi.org/docs/default-source/default-document-library/cshcnscreener-print-version.pdf

- Child and Adolescent Health Measurement Initiative. (2024). 2024 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health, supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org

- Health Resources and Services Administration. (2025). Children and Youth with Special Health Care Needs (CYSHCN). Retrieved from https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn

- Health Resources and Services Administration, Maternal and Child Health Bureau. (2026). National survey of children's health (NSCH). https://mchb.hrsa.gov/data-research/national-survey-childrens-health

- *Home*. Ages and Stages. (2025). https://agesandstages.com/

At Increased Risk for a Condition

Childhood Trauma

Childhood trauma can make it more likely for children to experience difficulties with thinking and learning (cognitive functioning), difficulties regulating emotions (emotional issues functioning), and mental health conditions such as anxiety or depression. When children experience trauma, such as abuse, neglect, or witnessing violence, it can affect how their brains grow and develop, making it more difficult to pay attention, manage their emotions, and build healthy relationships.

- Ciciolla, L., Shreffler, K. M., & Tiemeyer, S. (2021). Maternal childhood adversity as a risk for perinatal complications and NICU hospitalization. *Journal of Pediatric Psychology*, 46(7), 801–813. https://doi.org/10.1093/jpepsy/jsab027

- Cross, D., Fani, N., Powers, A., & Bradley, B. (2017). Neurobiological Development in the Context of Childhood Trauma. *Clinical psychology: a publication of the Division of Clinical Psychology of the American Psychological Association*, *24*(2), 111–124. https://doi.org/10.1111/cpsp.12198

- De Bellis, M. D., & Zisk, A. (2014). The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America*, *23*(2), 185–vii. https://doi.org/10.1016/j.chc.2014.01.002

- Lillvis, D. F., Sheehan, K. M., Yu, J., Noyes, K., Bass, K. D., & Kuo, D. Z. (2022). Characterizing physical trauma in children and youth with special health care needs. *The Journal of Trauma and Acute Care Surgery*, *93*(3), 299–306. https://doi.org/10.1097/TA.0000000000003608

Biological Risks

Biological risks such as genetic differences, prematurity, very low birth weight, and metabolic or neurological vulnerabilities can disrupt typical growth, development, and health, increasing the likelihood of chronic physical, developmental, behavioral, or emotional conditions. These risks often have long-term effects and may result in ongoing needs for medical care, monitoring, and specialized supports.

- Genetic Alliance, & Family Voices. (2013). Children and youth with special healthcare needs in Healthy People 2020: A consumer perspective (Chap. 3, Who is at risk?). Genetic Alliance. https://www.ncbi.nlm.nih.gov/books/NBK132166/

- Harden, K. P., & Mann, F. D. (2015). Biological Risk for the Development of Problem Behavior in Adolescence: Integrating Insights from Behavioral Genetics and Neuroscience. *Child development perspectives*, *9*(4), 211–216. https://doi.org/10.1111/cdep.12135

- Vatrál, M., Jurík, J., Katrenčíková, B., Muchová, J., Ďuračková, Z., & Trebatická, J. (2026). Biological Risk Factors for Suicidal Behavior in Children and Adolescents: A Narrative Review. *Children (Basel, Switzerland)*, *13*(3), 356. https://doi.org/10.3390/children13030356

Environmental Risks

Children's health and development are influenced by the environments in which they live, learn, and play. Exposure to harmful environmental conditions, such as poor air quality, secondhand smoke, environmental toxins, or limited social supports can trigger or worsen existing conditions, contribute to developmental delays, and increase the need for ongoing monitoring or specialized services.

- Asfaw, S. M., Vijayawada, S. M., Sharifian, Y., Choudhry, F., Khattar, P., Cavalie, P. C., & Malasevskaia, I. (2024). Protecting Young Lives: A Systematic Review of the Impact of Secondhand Smoke Exposure and Legislative Measures on Children's Health. *Cureus*, *16*(10), e72548. https://doi.org/10.7759/cureus.72548

- McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P. W., Perrin, J. M., Shonkoff, J. P., & Strickland, B. (1998). A new definition of children with special health care needs. *Pediatrics, 102*(1), 137–139. https://doi.org/10.1542/peds.102.1.137

Systemic and Structural Barriers

Systemic and structural barriers can contribute to unmet health care needs by limiting access to timely, high-quality, and equitable health care, supports, and resources. Factors such as racism and discrimination, inadequate culturally and linguistically appropriate services, under-resourced communities, and inconsistent or insufficient insurance coverage can delay diagnosis, disrupt continuity of care, and worsen existing conditions or unmet needs.

- Ames, S. G., Patterson, E., Verdelis, G., Zigler, C. K., Gerber, D. M., Houtrow, A. J., Gatewood, A. K., Wright, S. M., Meeks, H. D., & Coller, R. J. (2026). Discrimination in health care against children with medical complexity and caregiver mental health. *Hospital Pediatrics*, *16*(5), 435–445. https://doi.org/10.1542/hpeds.2025-008876

- Amjad, S., Tromburg, C., Adesunkanmi, M., Mawa, J., Mahbub, N., Campbell, S., Chari, R., Rowe, B. H., & Ospina, M. B. (2024). Social Determinants of Health and Pediatric Emergency Department Outcomes: A Systematic Review and Meta-Analysis of Observational Studies. *Annals of emergency medicine*, *83*(4), 291–313. https://doi.org/10.1016/j.annemergmed.2023.10.010

- Black, L. I., Ghandour, R. M., Brosco, J. P., Payne, S. I., Houtrow, A., Kogan, M. D., & Bethell, C. D. (2024). An expanded approach to the ascertainment of children and youth with special health care needs. *Pediatrics*, *153*(6), e2023065131. https://doi.org/10.1542/peds.2023-065131

- Simmons, P., Sump, C., Kenyon, C., Riddell, T., & Vasan, A. (2024). Bridging the Distance: Improving Support for Rural Children with Special Health Care Needs. *Hospital pediatrics*, *14*(11), e500–e502. https://doi.org/10.1542/hpeds.2024-007835

Groups At Increased Risk

Justice-Involved Youth

Justice-involved youth experience disproportionately high rates of physical, behavioral, developmental, and mental health conditions. Many also have unrecognized or unaddressed special education needs or disabilities that may be overlooked or inadequately addressed within juvenile justice settings. As a result, the combination of complex health needs and fragmented service systems places justice-involved youth at elevated risk for poor health and developmental outcomes.

- Chisolm D. J. (2017). Justice-Involved Youth: The Newest Target for Health Equity Approaches? *Pediatrics*, *140*(5), e20172800. https://doi.org/10.1542/peds.2017-2800
- Holland, L., Reid, N., & Smirnov, A. (2023). Neurodevelopmental disorders in youth justice: A systematic review of screening, assessment, and interventions. *Journal of Experimental Criminology*, *19*, 31–70. https://doi.org/10.1007/s11292-021-09475-w
- McMickens, C. L., Jackson, N., Williams, K., Reese, L., Hardeman, L. S., & Vinson, S. Y. (2024). Justice-Involved Youth: Support for Community and Family Interventions. *Child and adolescent psychiatric clinics of North America*, *33*(4), 557–571. https://doi.org/10.1016/j.chc.2024.02.005
- Medicaid and CHIP Payment and Access Commission. (2021). Access in brief: Health care needs and use of services by adolescents involved with the juvenile justice system. https://www.macpac.gov/publication/access-in-brief-health-care-needs-and-use-of-services-by-adolescents-involved-with-the-juvenile-justice-system/
- Middleton, T. (2025). Justice-Involved Children with Special Educational Needs and Disability: What Are the Implications for Access to Identification and Support Through an Education, Health and Care Plan? A Thought Piece. *Social Sciences*, *14*(5), 273. https://doi.org/10.3390/socsci14050273

- Udell, W. A., & Mohammed, S. (2018). The prevalence of physical health problems among youth in the juvenile justice system: A systematic review. *Journal of Health Disparities Research and Practice*, 12(3), Article 6. https://oasis.library.unlv.edu/jhdrp/vol12/iss3/6

Child Welfare System-Involved Children and Youth

Children and youth involved in the child welfare system experience disproportionately high rates of physical, developmental, behavioral, and emotional conditions. Many of which go unidentified or untreated due to fragmented records, frequent placement changes, and inconsistent access to care. Exposure to trauma, neglect, and placement instability further contributes to poor health, developmental, and mental health outcomes, often resulting in ongoing health care needs and coordinated services and supports.

- Chung, J., Pecora, P. J., Sinha, A., Prichett, L., Lin, F.-Y., & Seltzer, R. R. (2024). A gap in the data: Defining, identifying, and tracking children with medical complexity in the child welfare system. *Child Abuse & Neglect, 147*, 106600. https://doi.org/10.1016/j.chiabu.2023.106600

- Lee, J. Y., Kirsch, J., Presley, S., Beal, S. J., Xu, Y., Radney, A., & Denby, R. (2024). Racial and Ethnic Disparities in the Physical Health Outcomes of Children in Foster Care: A Systematic Review. *Trauma, violence & abuse*, *25*(1), 197–214. https://doi.org/10.1177/15248380221145911

- Rosenberg, R., & Muñoz, K. S. (2026). More than 1 in 4 children and youth in foster care have a special health care need. *Child Trends*. https://www.childtrends.org/publications/children-youth-foster-care-special-health-care-need

LGBTQIA+

LGBTQIA+ children and youth experience higher rates of behavioral and emotional health conditions than their non-LGBTQIA+ peers, largely because of minority stress, stigma, discrimination, and, for some, family rejection. These experiences can increase the need for behavioral health services, affirming health care, care coordination, and other specialized supports beyond those required by children and youth generally.

- Rafferty, J., Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, & Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, *142*(4), e20182162. https://doi.org/10.1542/peds.2018-2162

- Substance Abuse and Mental Health Services Administration. (2023). Moving beyond change efforts: Evidence and action to support and affirm LGBTQI+ youth (SAMHSA Publication No. PEP22-03-12-001). Center for Substance Abuse Prevention. https://e1.nmcdn.io/assets/cmhn/wp-content/uploads/2023/06/Moving-Beyond-Change-Efforts.pdf

Neonatal Intensive Care Unit (NICU)/ Infants that experienced birth trauma

Infants who experience severe birth complications or require care in a Neonatal Intensive Care Unit (NICU) are at an increased risk for chronic physical, developmental, neurological, and behavioral conditions. Many require specialized, multi-system tracking and early intervention services beyond those needed for healthy newborns. Infants who experience birth trauma often qualify as CYSHCN because they require specialized medical, developmental, and emotional support beyond typical infant care. In addition, parents of NICU infants experience higher rates of postpartum depression, anxiety, and post-traumatic stress symptoms, which can affect caregiver well-being, parent-infant attachment, and family functioning. Together, these factors may increase the need for coordinated, family-centered care and ongoing supports throughout early childhood.

- Collins, K. A., & Popek, E. (2018). Birth Injury: Birth Asphyxia and Birth Trauma. *Academic forensic pathology*, *8*(4), 788–864. https://doi.org/10.1177/1925362118821468
- Connors, J., Havranek, T., & Campbell, D. (2021). Discharge of Medically Complex Infants and Developmental Follow-up. *Pediatrics in review*, *42*(6), 316–328. https://doi.org/10.1542/pir.2020-000638
- Dumpa, V., & Kamity, R. (2023). Birth trauma. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK539831
- Klawetter, S., Cetin, N., Ilea, P., McEvoy, C., Dukhovny, D., Saxton, S. N., Rincon, M., Rodriguez-JenKins, J., & Nicolaidis, C. (2022). "All these people saved her life, but she needs me too": Understanding and responding to parental mental health in the NICU. *Journal of perinatology: official journal of the California Perinatal Association*, *42*(11), 1496–1503. https://doi.org/10.1038/s41372-022-01426-1
- Kuo, D. Z., Lyle, R. E., Casey, P. H., & Stille, C. J. (2017). Care system redesign for preterm children after discharge from the NICU. *Pediatrics*, *139*(4). https://doi.org/10.1542/peds.2016-2969

- Malouf, R., Harrison, S., Burton, H. A. L., Gale, C., Stein, A., Franck, L. S., & Alderdice, F. (2021). Prevalence of anxiety and post-traumatic stress (PTS) among the parents of babies admitted to neonatal units: A systematic review and meta-analysis. *EClinicalMedicine*, *43*, 101233. https://doi.org/10.1016/j.eclinm.2021.101233

Homeless and Unaccompanied Youth

Homeless and unaccompanied youth experience disproportionately high rates of chronic physical, developmental, behavioral, and emotional conditions. Housing instability, exposure to violence, food insecurity, and inconsistent access to health care contribute to poorer health and developmental outcomes while creating barriers to preventive, behavioral health, and specialty care. Together, these factors contribute to ongoing health care needs and the need for coordinated services and supports beyond those required by children and youth generally.

- Children Now. (2024). Youth & young adult homelessness in California: Data overview. Retrieved from https://www.childrennow.org/wp-content/uploads/2024/05/a.-cich-yya-homelessness-in-ca-data-overview-5.3.24-sh-final.pdf

- Grattan, R. E., Tryon, V. L., Lara, N., Gabrielian, S. E., Melnikow, J., & Niendam, T. A. (2022). Risk and Resilience Factors for Youth Homelessness in Western Countries: A Systematic Review. *Psychiatric services (Washington, D.C.)*, *73*(4), 425–438. https://doi.org/10.1176/appi.ps.202000133

- Kushel, M. with Perry, E., Craig, R., Schneidermann, M., and Duke, M. (2025). Health and Homelessness in the California Statewide Study of People Experiencing Homelessness. *UCSF Benioff Homelessness and Housing Initiative*. https://homelessness.ucsf.edu/sites/default/files/2025-11/11.14_FINAL_BHHI_Report_Physical_Health.pdf

- Rose-Jacobs, R., Ettinger de Cuba, S., Bovell-Ammon, A., et al. (2019). Housing instability among families with young children with special health care needs. *Pediatrics*, 144(2), e20181704. https://doi.org/10.1542/peds.2018-1704

- Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S. M., Frank, D. A., Chilton, M., Black, M., Heeren, T., Pasquariello, J., Casey, P., Ochoa, E., & Cutts, D. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*, *141*(2), e20172199. https://doi.org/10.1542/peds.2017-2199

Pediatric Intensive Care Unit (PICU)

Children admitted to the PICU often have underlying chronic illnesses, medical complexity, or technology dependence. Others may develop ongoing health care needs following critical illness or injury. Many require continued specialty care, rehabilitation, care coordination, and other related supports after discharge because of persistent medical, developmental, or functional needs.

- Murphy Salem, S., & Graham, R. J. (2021). Chronic Illness in Pediatric Critical Care. *Frontiers in pediatrics*, *9*, 686206. https://doi.org/10.3389/fped.2021.686206
- Pilarz, M. S., Bleed, E., Rodriguez, V. A., Daniels, L. A., Jackson, K. L., Sanchez-Pinto, L. N., & Foster, C. C. (2024). Medical Complexity, Language Use, and Outcomes in the Pediatric ICU. *Pediatrics*, *153*(6), e2023063359. https://doi.org/10.1542/peds.2023-063359

Parenting and Pregnant Youth

Pregnant and parenting youth experience higher rates of perinatal depression, trauma exposure, chronic stress, and unmet mental health needs. They also face increased challenges related to medical complications, unstable housing, limited social support, and barriers to consistent prenatal, postpartum, and behavioral health care. Together, these factors can contribute to ongoing physical, behavioral, and emotional health care needs, increasing the need for coordinated services and supports during pregnancy, the postpartum period, and early parenthood.

- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, *133*(1), 114–122. https://doi.org/10.1542/peds.2013-0927
- Lesinskienė, S., Andruškevič, J., & Butvilaitė, A. (2025). Adolescent Pregnancies and Perinatal Mental Health-Needs and Complex Support Options: A Literature Review. *Journal of clinical medicine*, *14*(7), 2334. https://doi.org/10.3390/jcm14072334

- Villagrana, K. M., Ogbonnaya, I. N., Denby, R., Stott, T., Holley, L. C., Carver, A. T., & Ferguson, K. M. (2025). Child Welfare and/or Legal System Involved Pregnant/Parenting Youth Intervention: A Pretest–Posttest Study*. *Research on Social Work Practice*, *35*(8), 942-954. https://doi.org/10.1177/10497315251316241

Exploited Youth

Children and youth who have experienced exploitation are disproportionately affected by chronic physical, developmental, behavioral, and emotional health conditions. They experience higher rates of post-traumatic stress disorder (PTSD), depression, substance use disorders, traumatic brain injury, and developmental delays than their peers. Chronic exposure to violence, coercion, deprivation, and instability can further worsen health outcomes while disrupting access to routine medical, behavioral health, educational, and supportive services. Together, these factors may contribute to ongoing health care needs and the need for coordinated services and supports.

- Greenbaum, J., Kaplan, D., Bodrick, N., Council on Child Abuse and Neglect, & Section on Global Health (2025). Human Trafficking and Exploitation of Children and Adolescents: Policy Statement. *Pediatrics*, *156*(1), e2025072214. https://doi.org/10.1542/peds.2025-072214

- Health Partners on IPV + Exploitation. (2025). Youth with disability: Educational brief. https://healthpartnersipve.org/wp-content/uploads/2025/10/Youth-With-Disability_Educational-Brief_Final.pdf

- Le, P. D., Ryan, N., Rosenstock, Y., & Goldmann, E. (2018). Health Issues Associated with Commercial Sexual Exploitation and Sex Trafficking of Children in the United States: A Systematic Review. *Behavioral medicine (Washington, D.C.)*, *44*(3), 219–233. https://doi.org/10.1080/08964289.2018.1432554

- Rothman, E. F., Cusano, J., Wagner, A., Lockwood, S., Cuevas, C. A., & Farrell, A. (2024). Prevalence of Neurodevelopmental, Mental, and Behavioral Disorders in a Sample of U.S. Commercially Sexually Exploited Youth, and Associations with Health and Health Care Access. *CrimRxiv*. https://doi.org/10.21428/cb6ab371.1776f905

Transition Aged Youth

Transition-age youth with special health care needs often have pediatric-onset chronic physical, developmental, behavioral, or emotional conditions that require ongoing health care and related

services as they transition to adulthood. This period can present significant challenges, as inadequate transition planning, loss of pediatric supports, gaps in insurance coverage, and limited availability of adult providers with expertise in childhood-onset conditions can disrupt continuity of care. These barriers are associated with poorer health outcomes, unmet health care needs, and increased reliance on coordinated transition planning and ongoing supports.

- Okumura, M. J., Kuo, D. Z., Ware, A. N., Cyr, M. H., & White, P. H. (2022). Improving Health Care Transitions for Children and Youth With Special Health Care Needs. *Academic pediatrics*, *22*(2S), S7–S13. https://doi.org/10.1016/j.acap.2021.03.014

- Toulany, A., Gorter, J. W., & Harrison, M. (2022). A call for action: Recommendations to improve transition to adult care for youth with complex health care needs. *Paediatrics & Child Health*, 27(5), 297–302. https://doi.org/10.1093/pch/pxac047

Social Determinants of Health (SDOH)

Social determinants of health are the conditions in the environments where people are born, grow, live, learn, work, play, worship, and age that influence health and well-being. These conditions include factors such as safe and stable housing, economic stability, education, access to health care, nutritious food, transportation, social support, neighborhood safety, and the quality of the physical environment. SDOH can influence the development and management of chronic conditions, access to care, and overall health outcomes, contributing to ongoing health care needs for some children and youth.

- Health Resources and Services Administration. Maternal and Child Health Bureau. (2022). National Survey of Children's Health data brief: Material hardship. https://mchb.hrsa.gov/sites/default/files/mchb/data-research/nsch-data-brief-2022-material-hardship.pdf

- Let's Get Healthy California. Social Determinants of Health. https://letsgethealthy.ca.gov/sdoh/

- Van Cleave, J., Taft, K., Ware, A., & Stille, C. (2022). Assessing and Addressing Social Determinants of Health Among Children and Youth With Special Health Care Needs. *Academic Pediatrics*, *22*(2), S28–S33. https://doi.org/10.1016/j.acap.2021.07.006

Parents with a Disability who are caregivers of children with special health care needs

Parents and caregivers with disabilities may have their own ongoing health care needs while also facing systemic barriers, limited access to supports, and health care inequities. Together, these challenges can make it more difficult to navigate complex care systems, coordinate services, and access timely interventions for their children. Parents with disabilities also face disproportionately high rates of child welfare involvement and loss of parental rights because of persistent discrimination, inaccessible services, and a lack of appropriate accommodations.

- Hunt, X., Laurenzi, C., Skeen, S., Swartz, L., Sundin, P., Weiss, R. E., & Tomlinson, M. (2021). Family disability, poverty and parenting stress: Analysis of a cross-sectional study in Kenya. *African journal of disability*, *10*, 744. https://doi.org/10.4102/ajod.v10i0.744

- Li, H., Parish, S. L., Mitra, M., & Nicholson, J. (2017). Health of US parents with and without disabilities. *Disability and health journal*, *10*(2), 303–307. https://doi.org/10.1016/j.dhjo.2016.12.007

- National Council on Disability. (2012). Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children. https://www.ncd.gov/2012/09/27/ncd-issues-groundbreaking-report-rocking-the-cradle-ensuring-the-rights-of-parents-with-disabilities-and-their-children/

Infants born to mothers who use substances during pregnancy/ Alcohol and Other Drugs (AOD)

Infants with prenatal substance exposure are at increased risk for prematurity, low birth weight, neonatal abstinence syndrome (NAS), birth defects, and disruptions in brain development, all of which can lead to chronic physical, developmental, behavioral, or emotional conditions. Prenatal substance exposure—whether alcohol, opioids, stimulants, or other substances has been associated with long-term developmental, behavioral, emotional, and learning challenges. Many of these infants require ongoing medical care, developmental surveillance, early intervention, behavioral health services, and other related supports beyond those needed by children generally.

- Balalian, A. A., Graeve, R., Richter, M., Fink, A., Kielstein, H., Martins, S. S., Philbin, M. M., & Factor-Litvak, P. (2023). Prenatal exposure to opioids and neurodevelopment in infancy and childhood: A systematic review. *Frontiers in pediatrics*, *11*, 1071889. https://doi.org/10.3389/fped.2023.1071889
- National Institute on Drug Abuse. (2026). Substance use while pregnant and breastfeeding. Retrieved from https://nida.nih.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding
- Sandtorv, L. B., Hysing, M., Rognlid, M., Nilsen, S. A., & Elgen, I. B. (2017). Mental Health in School-Aged Children Prenatally Exposed to Alcohol and Other Substances. *Substance abuse: research and treatment*, *11*, 1178221817718160. https://doi.org/10.1177/1178221817718160