

Background

- Maternal substance use may harm child health and development through exposure during gestation and impacts on parenting, family functioning, and the home environment during early life.1 - 3
- To plan prevention responses for mothers and children, data on the burden of maternal substance use at the population level are needed.
- Quantify the prevalence of maternal substance use from conception to the child's second birthday (first 1000 days of life), using six linked mother and child data sources.
- Profile the socioeconomic and health profile of children with a record of maternal substance use, compared to those without.
- This study used birth registrations and the Perinatal Data
 Collection (PDC) to identify all children born in NSW 2008 2017. We analysed six population level administrative data
 collections including hospital inpatient; opioid treatment
 register; cause of death; emergency department presentations;
 publicly funded mental health outpatients, and child protection
 (CP) data. ^a
- Outcome: Maternal substance use, including substance use related conditions and treatment recorded in 1 of the six data sources during the first 1000 days, prenatal period (conception to until 27 days of age), and early - life (28 days to 2 years of age).
- We calculated the number and percent of children with outcomes recorded in: each data source; any data source; any health/death data source (Fig 1); and the 34 most common data source combinations (Fig 2).
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• 18,672 children had records of maternal/carer a substance use from child protection data alone (Fig 2). The next highest numbers of children with maternal substance use were ascertained from mother (3,283), then child hospital records (3,057).



