

# Starting Sooner: Should Cash Payments Begin During Pregnancy?

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Since the pandemic, there has been increasing interest in regular cash payments as an approach to help families meet their expenses and achieve their goals for themselves and their children. The 2021 expansion of the federal Child Tax Credit (CTC)—which increased benefit levels, included families with low and moderate incomes historically left out, and introduced monthly payment delivery—helped reduce child poverty to a historic low, reduced food insufficiency and financial hardship, and helped achieve other positive outcomes.<sup>1</sup> As policymakers consider a permanent federal expansion, many states have taken action to enhance or establish their own state-level Child Tax Credits, often drawing on features from the 2021 federal expansion.<sup>2</sup>

These cash payments to families often begin after the birth of a child. But should cash payments begin sooner? This brief reviews the research on the potential impact of cash delivered *during pregnancy* on birth and longer-term outcomes. This research suggests that beginning cash payments during pregnancy can yield important benefits. Given that many other nations target cash resources to families during pregnancy, policymakers hoping to improve children's long-term outcomes in the United States should consider whether targeting resources to families *prior* to a birth would be a wise investment.

## Key Points

- Research shows that pregnancy is an important period when contextual and environmental factors can impact children's short- and long-term well-being.
- Evidence also indicates that cash payments that arrive during pregnancy have causal impacts on short- and long-run outcomes throughout infancy, childhood, and adulthood.
- The United States remains an outlier in the lack of cash support to families during pregnancy, despite these payments being common across other nations.

## **Pregnancy as a critical window for long-term child health and development**

The idea that pregnancy is an important period that has both immediate and long-run impacts on infants' and children's health, development, and well-being is well-established. A vast literature in the natural and social sciences has established the far-reaching importance of what is termed 'fetal origins', i.e., the physical, economic, and social environment during pregnancy.<sup>3</sup> This literature, which includes robust findings across numerous disciplines and aspects of the prenatal environment, began with seminal research on the study of fetal nutrition and its impacts on children's short- and long-term health outcomes (from infancy well into adulthood). In particular, groundbreaking research examined the outcomes of those born just after the Dutch Hunger Winter, which occurred in 1944 when Germany limited rations in the occupied Netherlands.<sup>4</sup> This blockade caused sudden, widespread deficits in nutritional intake for the Dutch, including for those who were pregnant. Because greater prosperity both existed before the blockade and ensued after the war, the famine provided researchers a 'natural experiment' for isolating the effects of nutritional deficits during pregnancy on a host of long-term health and other outcomes for children well into adulthood, which hundreds of studies have used. For example, a 2015 study found that prenatal exposure to the famine led to worse labor market outcomes fully 53 years later, as well as to increased long-term health complications and hospitalizations.<sup>5</sup> Much of the research on this period has been foundational to developing the larger idea that circumstances while in utero have lifelong consequences for health and well-being.

Research on fetal origins has expanded greatly over recent decades and the importance of the period before birth for children's subsequent development is now well-established. In addition to nutritional deprivation, which has also been shown to matter in current contexts, severe stress, such as from violent crime,<sup>6</sup> natural disasters,<sup>7</sup> or xenophobia,<sup>8</sup> have been shown to harm birth outcomes. Adverse birth outcomes, in turn, have been shown to translate into worse outcomes for children throughout the life course,<sup>9</sup> although the magnitude of these effects is debated.<sup>10</sup>

## **Why income might matter during pregnancy**

Given that pregnancy is a critical window during which environmental and contextual inputs matter, it stands to reason that increased income may be one such input. Why might income during pregnancy matter?

First, income can provide expectant parents the *resources to invest* in healthy, stable pregnancies. This is essentially the 'what money can buy' pathway. More income can help expectant parents purchase vitamins, better nutrition, or more regular or adequate medical care, for example. More income can also help secure housing that is more stable or in a safer or healthier location. And more income can help parents purchase necessary goods, such as clothing, cribs, and other essential items, setting the stage for a healthier, less turbulent period following birth.

Second, income can *reduce the stressors* that may compromise healthy births and therefore infant (and later child and adult) well-being and development. Chronically low or unstable income during pregnancy can be enormously stressful, as expectant parents worry about not only making ends meet in the moment but also securing adequate goods and circumstances for their babies after birth. As a result, the presence (or absence) of more (or less) income in the pregnancy period may enhance (or jeopardize) birth and infant outcomes. And these resources and deficits can impact health, development, and well-being throughout the life course.

### **Effects of income during pregnancy: The evidence base**

The evidence that pregnancy is an important period setting the stage for infant, child, and eventual adult well-being raises the question of whether enhanced income (or, inversely, income deprivation) has a causal effect on outcomes for children at birth or afterward. If income does have causal effects during pregnancy, this would imply that greater economic and social benefit could be gained by cash assistance policies that start before rather than after birth.

Families with more or less income vary in all sorts of ways that may also predict infants' and children's later outcomes. We cannot therefore infer that short- or long-term differences in children's outcomes by family income are the result of that income. Research must therefore identify plausibly *causal* effects of increased or decreased income on children's outcomes. Fortunately, there are now a number of such high-quality studies that harness variation in income induced by random or near-random policy variation that changes families' income during pregnancy. We describe some of these studies here. Our goal is not to identify all relevant studies or to provide a comprehensive review across all studied outcomes or research designs, but rather to summarize different sets of studies that all arrive at a similar conclusion: that resources provided during pregnancy *cause* improvements in infant, child, and adult outcomes that matter for economic and social well-being.

A first set of studies examine the short- and long-term effects of in-kind nutritional assistance, provided during pregnancy through either the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Both of these programs provide in-kind or near-cash assistance that can be used to purchase food. In several studies, researchers have harnessed quasi-random county-level variation in the timing of the rollout of these programs decades ago to understand whether expectant parents in counties where rollout happened during pregnancy had children who did better at birth and throughout life than did children born at the same time whose parents resided in counties where the rollout did not occur until after their birth. It turns out that children in counties where the rollout happened before they were born did better in both programs; specifically, they had reduced incidence of low birthweight and of being small for gestational age in infancy.<sup>11</sup> Research using a similar design also shows that exposure to the rollout of Food Stamps before birth leads to better outcomes on long-term health measures including reduced obesity, high blood pressure, and heart disease, as well as more economic success in adulthood.<sup>12</sup>

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A second set of studies harnesses variation in refundable tax credits, including both the federal and state Earned Income Tax Credits (EITC). These once-a-year tax credits supplement low wages, often with increased benefits for workers with children. There are now a large number of studies that use variation in the size of benefits that families with children are eligible for across states and time to test whether exposure to larger income gains from the EITC before birth lead to better outcomes in infancy. Though the exact methods and data sources vary, many of these studies show that greater EITC generosity is associated with better birth outcomes, including reduced incidence of low birthweight, less smoking during pregnancy, and other increased positive infant health outcomes.<sup>13</sup>

A third set of studies utilize more recent developments in the provision of cash benefits to expectant families in international settings. For example, a 2022 study found that the introduction of a generous new cash transfer program in Spain led to reductions in low birthweight.<sup>14</sup> A 2023 study found that a universal cash transfer program in response to COVID-19 in Korea led to an offset of newborns' weight loss during the pandemic.<sup>15</sup> And a study released a few years just prior to the pandemic found that a targeted cash transfer program in Uruguay led to reduced incidence of low birthweight.<sup>16</sup> All of these studies harness differences across time (and, in Uruguay's case, also across eligibility) to document policy-induced variation in income during pregnancy and this income's effects on birth outcomes.\*

Only some of these studies are able to follow children over the long term. Doing so requires high-quality data over decades, and by necessity policy variation that occurred somewhat long ago. But we separately know that healthy birth outcomes have a causal relationship with a host of long-term beneficial outcomes for children throughout childhood and into adulthood.<sup>18</sup> Taken together, the studies identified here suggest that providing income support not only after the birth of a child but during pregnancy can have lasting and meaningful consequences. None of this is to suggest that income after a birth is inconsequential or that experiences during pregnancy determine a child's destiny; indeed, research indicates that income received throughout childhood can generate positive effects for individuals and society over the long term.<sup>19</sup> But this evidence does suggest that if we want policy to be designed to maximize the effects of income support on children's outcomes in infancy, childhood, and even into adulthood, starting this support during pregnancy can have large payoffs.

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\*There is also a large literature documenting the beneficial effects of parental leave on short- and longer-term outcomes for children (see Bartel et al., 2023, [Impacts of paid family and medical leave](#) for a review).<sup>17</sup> Although it is difficult to separate the benefits that occur because of resources received during pregnancy versus those received after the birth, several studies have found benefits in terms of birthweight and infant health (see [Stearns, 2015](#); [Rossin, 2011](#); [Tanaka, 2005](#); though [Ruhm, 2000](#) finds little evidence of effects on birthweight), which clearly reflect impacts occurring during pregnancy.

## **The United States is an outlier in failing to provide cash payments to families during pregnancy**

A [handful of states](#) provide cash support during pregnancy through their Temporary Assistance for Need Families (TANF) block grants, and examples are emerging of localities and pilots with similar efforts. For example, the [Bridge Project](#) is providing cash payments beginning in pregnancy and continuing through the first three years of children's lives in New York City, New York State, and soon in other communities. And in Flint, Michigan, "RxKids" will begin providing a cash grant of \$1,500 during pregnancy, followed by regular cash payments of \$500 after the birth of a child. But the United States as a whole currently provides little explicit support for families during this critical window. This puts the United States out of line with the many countries that do.

Some countries, for example, provide direct cash payments during the pregnancy period, either as one-off or stand alone payments or as part of a more general child or family allowance package. Portugal, for example, has a child benefit during pregnancy that begins in the thirteenth week and is paid for six months. Italy allows its child allowance policy to begin at the 7th month of pregnancy. And France has a one-time cash payment called an early childhood benefit that can be taken after the 6th month of pregnancy.

Many countries also have established paid leave policies that can start during pregnancy rather than after. Chile, Germany, Japan, the Netherlands, New Zealand, and Poland, for example, all allow leave to begin six weeks prior to the child's due date, with other countries having shorter or longer windows prior to birth. The monetary values of these benefits vary quite a bit across countries, and are often tied to prior earnings or salary levels.

[Appendix Table A1](#) shows the presence and selected characteristics of cash support policies during pregnancy across Organisation for Economic Co-operation and Development (OECD) countries, which highlights the fact that cash payments that begin during pregnancy are quite common internationally. The United States is thus out of step with many other nations that prioritize providing some income support to families during the pregnancy period. As such, it is missing out on important opportunities to invest in children and families and thus support important short-and long-term gains in the future.

## **Conclusion**

Research shows that experiences in pregnancy can impact eventual infant, child, and adult health and well-being. The evidence indicates that it is also a period in which family resources matter and that cash payments that arrive during pregnancy, in addition to cash support available throughout childhood, can have positive long-term effects. Many countries provide income support during pregnancy, in addition to later providing cash throughout childhood. The United States has long been an outlier both in terms of delivering cash during pregnancy and throughout childhood, but starting cash during pregnancy is a common policy approach internationally and one that the evidence indicates can deliver both short- and long-term benefits.

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## Appendix A

Table A1. Cash support policies during pregnancy across Organisation for Economic Co-operation and Development (OECD) countries

	Pregnancy cash benefits	Leave policies during pregnancy			Other benefits
		Weeks of leave prior to birth	Paid at or above 66% of prior earnings	Paid less than 66% of prior earnings or at flat rate	
Australia		6 wks		✓	'No safe job' leave is paid during pregnancy for hazardous work with no alternative work.
Austria		8 wks	✓*		An extension of the child allowance is available to parents of a pregnant child, to age 25.
Belgium		6 wks	✓		
Canada					
Chile		6 wks	✓		
Colombia		1 wk	✓*		
Costa Rica		4.3 wk	✓*		
Czech Republic		6 to 8 wks	✓		A compensatory benefit pays the difference in earnings if people are moved to different jobs due to pregnancy
Denmark		4 wks	✓		

\* Indicates that no limit on the insured earnings replacement is applied

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	Pregnancy cash benefits	Leave policies during pregnancy			Other benefits
		Weeks of leave prior to birth	Paid at or above 66% of prior earnings	Paid less than 66% of prior earnings or at flat rate	
Estonia		10 wks	✓*		A spouse can take 30 days of leave in the prenatal period.
Finland		2 to 5 wks	✓*		
France	The early childhood benefit is paid on the last day of the 6th month of pregnancy.	2 to 16 wks	✓		
Germany		6 wks	✓*		
Greece		8 wks		✓	
Hungary		4 wks	✓*		A family tax and contribution allowance is available during pregnancy with an additional benefit for co-habiting spouses.
Iceland		4.4	✓		
Ireland		Min of 2 wks		✓	
Israel		Up to 6 wks	✓		
Italy	The family allowance pays from the 7th month of pregnancy.	4 wks	✓*		Spouse can take ten days of leave starting 2 months before birth.
Japan		6 wks	✓*		
Korea		6.4 wks	✓		

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	Pregnancy cash benefits	Leave policies during pregnancy			Other benefits
		Weeks of leave prior to birth	Paid at or above 66% of prior earnings	Paid less than 66% of prior earnings or at flat rate	
Latvia		8 wks	✓*		
Lithuania		10 wks	✓*		Cash childcare benefits are available for those taking academic leave for pregnancy.
Luxembourg		8 wks	✓		
Mexico		2 to 6 wks	✓*		
Netherlands		4 to 6 wks	✓		
New Zealand		6 wks		✓	Spouses can take up to 2 weeks of leave before birth.
Norway		3 wks	✓		12 weeks of paid hazardous job-related leave during pregnancy.
Poland		6 wks	✓*		
Portugal	A prenatal child benefit is paid from the 13th week of pregnancy for 6 months.				
Slovakia	A pregnancy benefit is paid at a rate of between 15 and 10 percent of daily earnings.	6 to 8 wks	✓		An earnings equalisation benefit is paid to those who change their work due to risks during pregnancy.
Slovenia		4 wks	✓		

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	Pregnancy cash benefits	Leave policies during pregnancy			Other benefits
		Weeks of leave prior to birth	Paid at or above 66% of prior earnings	Paid less than 66% of prior earnings or at flat rate	
Spain		4 wks	✓		
Sweden	Pregnancy allowance is paid for 50 days from the 60th day before childbirth.	2 wks	✓		
Switzerland					
Türkiye		3 to 8 wks	✓*		
United Kingdom		11 wks	✓		
United States					

Notes: Data are included for national or federal policies only, and do not reflect regional variations or additional/alternative entitlements provided by states/provinces or local governments in some countries (e.g. Québec in Canada, or California in the United States).

Greek data in the table refers to leave for private sector employees only. For data on Greece’s public sector policy see [Blum et al.](#)

Prior earnings refers to the concept of “insured earnings,” which is typically earnings net of taxes and contributions. The 66% is a threshold commonly reported internationally (see [Blum et al.](#)). This threshold should be interpreted with caution as a measure of adequacy, especially for low-income families where earnings may already be insufficient to meet basic needs.

Source Notes: Blum, Sonja, Ivana Dobrotić, Gayle Kaufman, Alison Koslowski, and Peter Moss. 2023. [19th international review of leave policies and related research 2023](#); Social Security Administration and the International Social Security Association. 2020. [Social security programs throughout the world: the Americas, 2019](#), SSA Publication No. 13-11804.

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