

Cash transfers during pregnancy produce *heavier,* *healthier newborns*

What the evidence documents, the mechanisms that carry the effect, and the two design elements that determine whether a program realizes it.



9_g / month

Birthweight gain per additional month
of prenatal cash exposure

LEAP 1000 • GHANA

83%

Relative reduction in very low
birthweight among poorer households

MATERNITY SUBSIDY • SPAIN

2–3%

Decline in low birthweight per \$1,000
of income received

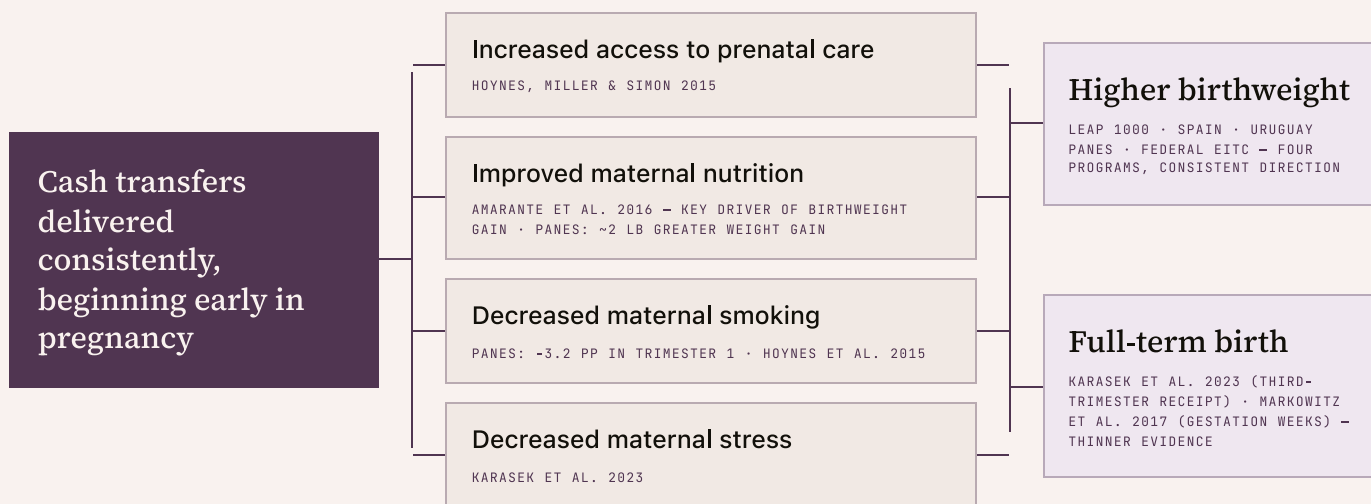
FEDERAL EITC • UNITED STATES

DOCUMENTED IMPACTS ON BIRTH OUTCOMES

OUTCOME	MEASURED EFFECT	REF.
Birthweight	+9 g per additional month of prenatal exposure	01
Birthweight	Higher mean birthweight; 2%–3% decline in low birthweight per \$1,000 of treatment-on-the-treated income	04
Low birthweight (<2,500 g)	7% reduced odds per additional month of prenatal exposure	01
Low birthweight (<2,500 g)	Sizable reduction in incidence, attributed to faster intrauterine growth rather than longer gestation	03
Very low birthweight (<1,500 g)	0.7 pp decline in poorer households — an 83% relative reduction — over the five years following receipt	02
Birthweight & gestation	Small improvements with state EITC generosity; largest in states with refundable credits	05
Preterm birth	–0.43 pp (6.3% relative) for third-trimester refund receipt vs. preconception; no difference for first or second trimester	06
Maternal nutrition & smoking	3.2 pp drop in first-trimester smoking; ~2 lb greater weight gain by the final prenatal visit	03

REFERENCE NUMBERS CORRESPOND TO THE SOURCE LIST ON PAGE 3

FIGURE 01 • MECHANISMS LINKING PERINATAL CASH TO BIRTH OUTCOMES



READING THE FRAMEWORK

As demonstrated in Figure 1 above, perinatal cash transfers don't improve birth outcomes simply by virtue of their existence, they improve key drivers of infant and maternal health that compound to result in higher birthweights and full-term births.

RECOMMENDED DESIGN ELEMENTS FOR PERINATAL CASH TRANSFER PROGRAMS TARGETING BIRTH OUTCOMES

01 Repeat payments across the pregnancy, not a single lump sum

The programs with measured birth-outcome gains paid families repeatedly while they were pregnant. Where researchers could count exposure, the effect scaled with the number of payments received before delivery — which makes payment frequency, not just total dollars, a design variable.

Bi-monthly unconditional payments; each additional month of pre-delivery exposure was worth +9 g of birthweight and 7% lower odds of low birthweight.

Sustained monthly transfers produced ~2 lb greater maternal weight gain by the final prenatal visit — a nutrition gain that accumulates across repeated payments.

02 Start as early in pregnancy as enrollment allows

For birthweight and low birthweight, the effect is a function of how long the transfer has been arriving. Trimester 1 enrollment allows up to nine months of exposure, and since most critical development happens early on in the pregnancy, by the time mom reaches her third trimester, the ability to impact the health of the pregnancy is quite limited. Dose-response is linear in months of exposure, so an earlier start mechanically buys a larger effect at the same monthly amount.

REFERENCES

Every figure in this brief traces to one of the six studies below.

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