Mother & Infant
Cash Coalition

What the U.S. Evidence Shows About *Cash for Moms and Babies*.

Fifty-three U.S.-focused peer-reviewed studies, working papers, and reviews, published between 2010 and 2025, examine what happens when money reaches pregnant people and families with young children. They span federal and state tax credits, universal dividends, guaranteed-income pilots, and randomized cash experiments.

Across birth outcomes, maternal mental health, child maltreatment, food and housing security, health-care use, and children's outcomes in adulthood, the direction of the evidence is consistent: money delivered in the perinatal period and early childhood improves measurable outcomes, and withdrawing it reverses them. Timing and refundability shape how much a transfer accomplishes.

EVIDENCE SYNTHESIS · SPRING 2026
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What the evidence shows, at a glance.

The bibliography spans *JAMA*, *JAMA Pediatrics*, *Pediatrics*, the *American Economic Review*, the *Quarterly Journal of Economics*, the *American Journal of Public Health*, and other peer-reviewed journals. Most studies measure income reaching mothers or a household's primary caregiver; tax-credit and dividend studies measure household income and cannot isolate payments earmarked to mothers. Several entries examine in-kind or conditional sup suc

−5%

PER $1,000 REFUND

Child-maltreatment reports fall within a week of the money arriving.

A $1,000 per-child tax refund is associated with a 5 percent decline in state-level maltreatment reports, one week and four weeks after receipt, across 48 states and DC. The most precisely dated finding in this literature, and the strongest evidence that what the child-welfare system records is partly poverty itself.[15]

KOVSKI, HILL, MOONEY, RIVARA & ROWHANI-RAHBAR · PEDIATRICS 2022

BIRTH & INFANT HEALTH

2–3% ↓ LBW

Per $1,000 of EITC treatment-on-the-treated income, with gestational age the common thread. Replicated for state EITC laws, pandemic-era transfers, and the Alaska dividend.

REFS 1–7

MATERNAL MENTAL HEALTH

anxiety ↓ · depression ↓

The 2021 monthly Child Tax Credit improved depression and anxiety symptoms, most markedly for low-SES parents. Earlier EITC expansions cut self-reported stress and stress biomarkers in the same group.

REFS 10–12

CHILD MALTREATMENT & CPS

−5% reports

Refundable EITC generosity reduces neglect reports. Alaska dividend receipt in a child's first months reduced CPS referral and mortality through age 5, and raised the chance the child lives with their mother at 3.

REFS 15–22

FOOD, HOUSING & ENERGY

hardship ↓

The 2021 CTC expansion improved food security and reduced energy insecurity; both reversed when it expired. Improved TANF access is associated with lower family homelessness.

REFS 23–29

HEALTH-CARE USE

↓ ED visits

A randomized cash-benefit trial reduced emergency-department visits and hospital admissions while increasing use of outpatient specialty care, including fewer visits associated with substance use.

REFS 30–32

LONG-RUN CHILD OUTCOMES

+1–2% earnings

EITC received in infancy raises young-adult earnings by at least 1–2%, alongside improved math and reading scores and higher likelihood of high-school graduation.

REFS 40–46

PATTERN ACROSS THE U.S. LITERATURE

Effects concentrate in low-income and low-SES households and scale with the size and duration of the transfer. Refundability and timing matter: the same credit produces different results depending on when in pregnancy or childhood it arrives. **No study in this bibliography finds that cash reduces parental work —** the randomized evidence finds no decrease in household earnings or hours worked, and no delay in returning to work.[33,34] Nulls are reported on page 09.

THE PROBLEM THIS EVIDENCE SPEAKS TO

Income is the variable running through every outcome in this brief.

Read together, these studies describe one mechanism operating across unrelated systems. Poverty during pregnancy and early childhood shows up in birth records, in maternal mental-health screens, in child-protective-services caseloads, in emergency departments, in utility shut-off notices, in school-readiness measures, and in tax returns filed thirty years later. Two findings make the point in reverse.

HEALTH AFFAIRS, 2022

Restricting cash assistance produces more neglect findings

Ginther and Johnson-Motoyama compare state TANF restrictions against child-neglect victims and foster-care placements. **Tighter restrictions are associated with additional neglect victims** and additional foster-care placements.[21]

SOCIAL FORCES, 2020

The decline of cash aid tracks hunger and homelessness

Shaefer, Edin, Fusaro, and Wu find the long-run decline in **cash assistance to poor households with children associated with increased food insecurity and increased student homelessness.**[25]

DURING PREGNANCY

Food insecurity in pregnancy is associated with higher risk of gestational diabetes, preeclampsia, preterm birth, and NICU admission.[13]

IN EARLY CHILDHOOD

Income and nutrition supports in early childhood are associated with school readiness and cognitive development.[38,39]

INTO ADULTHOOD

Childhood EITC exposure is associated with higher self-reported adult health and lower adult obesity.[45]

AMERICAN JOURNAL OF PUBLIC HEALTH, 2025 · THE NATURAL EXPERIMENT OF EXPIRATION

When the monthly advance Child Tax Credit payments ended in December 2021, Yama and colleagues tracked households' ability to pay their energy bills. The expanded credit had **reduced energy insecurity** for middle-income families with children; on expiration, those families saw a significant increase in inability to pay energy bills.[26]

Cash during pregnancy improves birth outcomes, most consistently through gestational age.

LOW BIRTH WEIGHT

2–3% ↓

Per $1,000 of EITC treatment-on-the-treated income[1]

BIRTH WEIGHT, ALASKA PFD

17.7g

A third to a half of the gain comes from longer gestation[6]

PRETERM BIRTH

6% ↓

When the refund arrives in the third trimester[7]

Six studies, using federal tax-credit reforms, state-level EITC variation, pandemic-era transfers, and a universal dividend, report improvements in birth weight, gestational age, or preterm birth. The size of the effect varies with the program, the amount, and when in pregnancy the money arrives.

Hoynes, Miller, and Simon, in *AEJ: Economic Policy*, use federal EITC reforms across 1983–1999 births and find that **a $1,000 treatment-on-the-treated EITC increase produces a 2 to 3 percent decline in low birth weight**. They also document increased prenatal-care access, on both overall and Kessner-index adequacy measures, and a 1.2 percentage-point reduction in smoking. Both channels are stronger when exposure falls earlier in pregnancy.[1]

Ruffini, examining the 2021 CTC expansion with pandemic economic impact payments, finds that **$1,000 received before birth decreases both low birth weight and preterm birth**, with reduced third-trimester smoking and increased prenatal care.[2]

Hamad and Rehkopf, using survey data to identify EITC exposure, find **increased likelihood of full-term birth, increased birth weight, and increased likelihood of breastfeeding**.[3] Markowitz and colleagues, comparing state-level EITC laws, find support for birth weight and gestational age.[4]

Chung, Ha, and Kim, studying the Alaska Permanent Fund Dividend, find **an association with a 17.7 gram increase in birth weight** and attribute 34 to 57 percent of that gain to longer gestation.[6]

Karasek and colleagues, using California EITC-eligible births, find that **receipt in the third trimester is associated with a 6 percent reduction in preterm birth** relative to receipt before conception, and that receipt before conception is associated with lower risk of gestational hypertension and preeclampsia.[7] Timing is a design variable, not a detail.

THE PATHWAYS: CONSTRAINTS THAT MONEY RELIEVES

Poor birth outcomes in the United States track income, insurance coverage, food access, housing, and racism in care delivery. What these studies identify is cash acting on that structure. Where studies disagree about a pathway, both sides are shown.

01 Access to prenatal care

Hoynes and colleagues find increased prenatal-care access, stronger with earlier exposure, and attribute part of the birth-weight gain to it. Ruffini finds the same under the CTC. Hamad and Rehkopf and Markowitz and colleagues do not, so the pathway is supported but not unanimous.[1,2,3,4]

02 Relief from financial stress

Strully, Rehkopf, and Xuan find **state EITC accounts for reduced maternal smoking during pregnancy**, which partially accounts for the birth-weight change. Hoynes measures a 1.2-point reduction; Ruffini finds decreased third-trimester smoking. Two studies find no strong behavioral effect.[1,2,3,4,5]

03 Food security during pregnancy

Chehab and colleagues find food insecurity in pregnancy associated with higher risk of gestational diabetes, preeclampsia, preterm birth, and NICU admission, with food assistance protective against all but preeclampsia.[13,23,24]

04 Cardiometabolic risk before conception

Karasek and colleagues find receipt before conception associated with lower risk of gestational hypertension and preeclampsia. Bustos and colleagues, following childhood dividend exposure, find higher age at childbearing and lower pre-pregnancy BMI. Neither finds an association for gestational diabetes.[7,8]

05 Meeting breastfeeding intentions

Hamad and Rehkopf find increased likelihood of breastfeeding under EITC exposure. In Baby's First Years, Stilwell and colleagues find mothers receiving the high cash gift **more likely to meet their own breastfeeding intentions**, whether those intentions were to breastfeed or not.[3,34]

06 Time and paid leave after birth

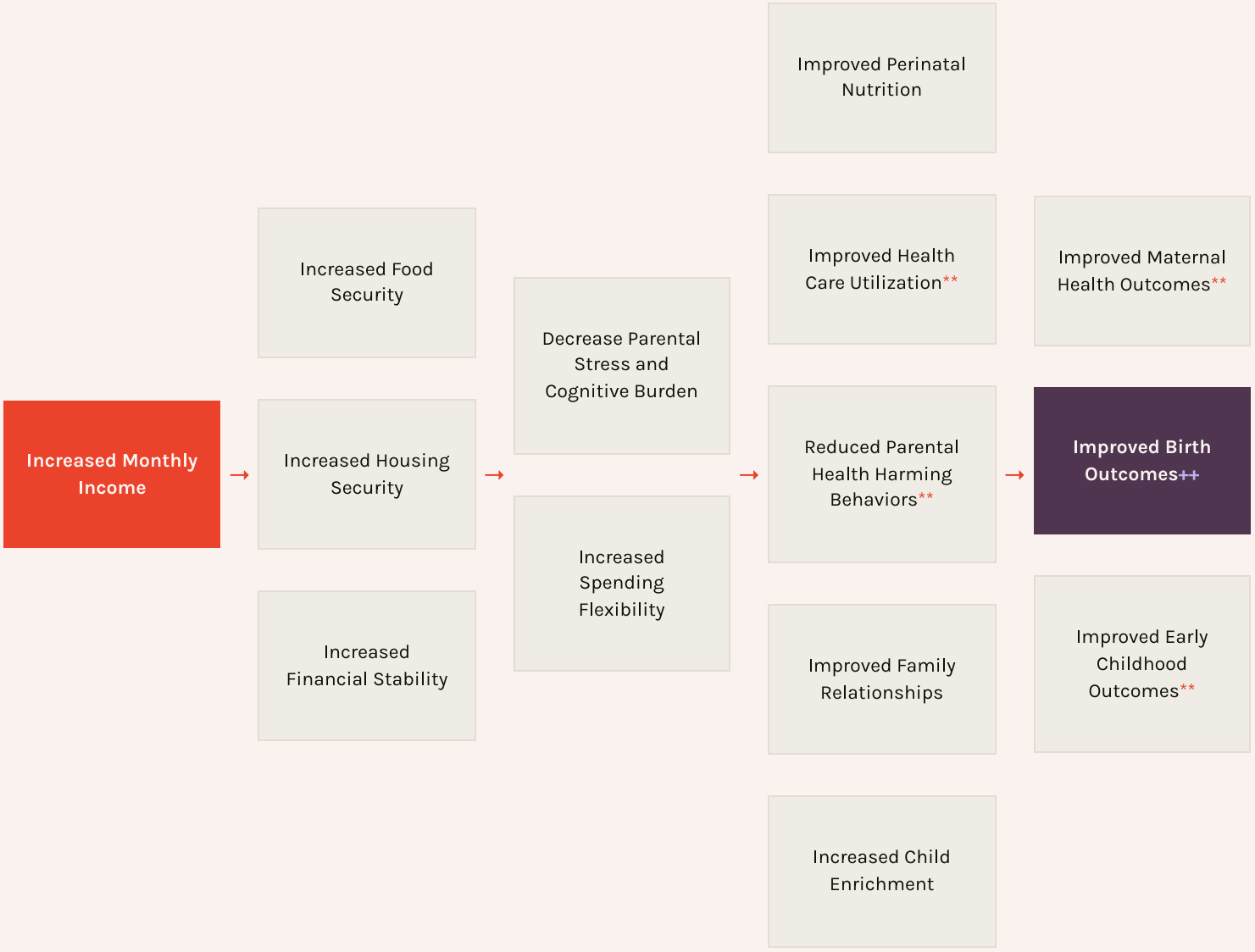
Jou and colleagues find paid family leave **associated with lower likelihood of re-hospitalization for mother and infant**, better health behaviors, and improved use of maternal mental-health care. Cash does not substitute for leave, but it buys some of the same time.[9]

The behavioral pathways are the least settled part of this literature: smoking and prenatal-care findings replicate in some designs and disappear in others, which is what one expects when the binding constraint is material rather than motivational. The birth-outcome results are more stable than any single mechanism proposed to explain them.

MECHANISTIC FRAMEWORK

How increased monthly income reaches a birth outcome.

The framework maps the pathways the literature describes, from the arrival of money through the material and psychological conditions it changes, to the clinical outcomes measured at the end of the chain. Reading it left to right is reading a causal argument: each column is a precondition for the next.



The framework separates two things this literature often conflates. The middle columns are conditions cash changes directly and quickly — food, housing, spending flexibility, the cognitive load of financial precarity. The right-hand columns are clinical and developmental outcomes that follow, measured months or years later. Where the evidence base is thinnest, it is thinnest in the middle: the mediation analyses that would establish which condition carries which outcome.

++ Areas with strongest evidence

** Areas for further research

FRAMEWORK CREATED BY
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Adapted from Taylor, He & Malawa, *Pediatrics*, 2025[53]

Cash improves maternal mental health, and the effect is visible in biomarkers as well as self-reports.

MALTREATMENT REPORTS

5% ↓

Within a week of a $1,000 per-child refund arriving[15]

ABUSE-RELATED ED VISITS

4 days

Visits fall in the days following each monthly CTC payment[17]

STOCKTON GUARANTEED INCOME

$500/mo

Reduced psychological distress and income volatility[12]

Kovski, Pilkauskas, Michelmore, and Shaefer, in *SSM-Population Health*, study the 2021 expanded Child Tax Credit and find **the credit associated with improved depression and anxiety symptoms, most salient for low-SES parents.**[10]

Evans and Garthwaite, in *AEJ: Economic Policy*, find higher EITC payments associated with **decreased maternal self-reports of stress, together with a reduction in stress biomarkers in the same group**. That corroboration is what distinguishes this finding from survey evidence alone.[11]

West and Castro, reporting the Stockton randomized guaranteed-income trial of $500 per month over two years, **find improved income volatility and reduced psychological distress.**[12] Perinatal depression and anxiety are among the most common complications of pregnancy in the United States and contribute substantially to maternal morbidity.

CHILD MALTREATMENT & CPS: THE CLEAREST FISCAL CASE

Eight studies, most using administrative child-welfare data, form the most consistent body of evidence in this literature, covering state EITC generosity, federal refund timing, the 2021 CTC, the Alaska dividend, and TANF restriction.

Kovski and colleagues, in *Pediatrics*, use 2015–2018 tax returns across 48 states and DC and find **$1,000 in per-child refunds associated with a 5 percent decline in maltreatment reports one week and four weeks after the refund.**[15]

The same team, in *Child Maltreatment*, compares state-level EITC variation from 2004 to 2017 and finds **increased generosity of a refundable EITC associated with decreased neglect reports.** Physical and emotional abuse also declined, though not significantly.[16]

Bullinger and Boy, in *JAMA Network Open*, find the 2021 expanded CTC associated with **a decrease in abuse- and neglect-related emergency-department visits in the four days following each payment.**[17]

Bullinger, Packham, and Raissian study Alaska dividend payments arriving in a child's first months and find **$1,000 reduces the likelihood of CPS referral and reduces child mortality through age 5**, while raising the likelihood the child is living with their mother at age 3.[18]

Klevens and colleagues find refundable state EITCs associated with **fewer hospital admissions for abusive head trauma in children under 2** than non-refundable credits.[19] Berger, Font, Slack, and Waldfogel examine income and maltreatment in unmarried families.[20] The relationship also runs the other way: Ginther and Johnson-Motoyama and Spencer and colleagues both find that restricting TANF is associated with more maltreatment, not less.[21,22]

> Neglect is the most common maltreatment finding in the United States and the category most closely tied to material deprivation rather than parental conduct. When a refund moves neglect reports within a week, and restricting assistance moves them the other way, what is partly being measured is poverty itself. Foster-care placement is also among the most expensive interventions a state can make.[15,16,21]

Food on the table, the lights on, a stable address.

Seven studies measure the household hardships cash relieves first. Two of them measure what happens when the money stops, which is the closest thing this literature has to a reversal test.

Pilkauskas, Michelmore, Kovski, and Shaefer, in the *Journal of Population Economics*, examine the 2021 CTC expansion and **find improved food security, with weaker evidence of improvement in medical hardship**.[23]

Batra and Hamad associate the timing of EITC refund distribution with survey data and **find improvements in food security following receipt**.[24] Shaefer, Edin, Fusaro, and Wu find the **long decline in cash assistance associated with increased food insecurity and increased student homelessness**.[25]

On housing, Calhoun and colleagues systematically review cash benefits for people experiencing homelessness and report that **every study examining housing outcomes found improvements**, including housing stability, protection against homelessness, and housing autonomy.[27]

Parolin, comparing nationwide student-homelessness data against access to TANF, SNAP, and the EITC, **finds improved TANF access associated with lower family homelessness** and fewer families doubling up or sheltering in hotels and motels, with a more pronounced effect in districts with higher shares of Black and Native American students.[28] Gennetian and colleagues report three-year follow-up findings from Baby's First Years on food security, spending, and consumption.[29]

AMERICAN JOURNAL OF PUBLIC HEALTH, 2025

When the monthly Child Tax Credit payments ended, families lost the ability to pay their energy bills.

Yama, Rook, Wisk, Dudovitz, Hernández, Eisenman, and Leifheit studied households' ability to pay energy bills before and after the monthly advance CTC payments ended in December 2021. The expanded credit had reduced energy insecurity for middle-income families with children; **on expiration, those families saw a significant increase in inability to pay energy bills**.[26]

Energy insecurity is a useful outcome to watch because it is dated precisely, recorded independently of the family, and consequential: unpaid utility bills lead to shut-offs, unsafe indoor temperatures, and, in the child-welfare context, findings of neglect. The Yama study also locates an effect in *middle-income* households, which bears on eligibility-threshold design.[26]

Care shifts to the clinic, spending shifts toward children, and the gains persist into adulthood.

YOUNG-ADULT EARNINGS
+1–2%
From EITC received in infancy, alongside higher graduation rates[40]

EMERGENCY VISITS, RCT
↓ ED
Fewer visits and admissions; more outpatient specialty care[30]

CHILDHOOD EITC EXPOSURE
$100
Associated with higher self-reported health and lower obesity in adulthood[45]

HEALTH-CARE USE

Agarwal, Cook, and Liebman, in *JAMA*, report a randomized trial of cash benefits and **find reduced emergency-department visits and hospital admissions alongside increased use of outpatient specialty care**. The decline includes visits associated with substance use.[30]

Baughman and Duchovny find state EITCs associated with an increase in private insurance coverage and a corresponding decrease in public coverage.[31]

WHAT FAMILIES BUY

Gennetian and colleagues, reporting Baby's First Years expenditures, find families receiving the high cash gift **increased spending on child-specific goods such as books and toys**, and increased time reading and telling stories, with no single dominant expenditure.[33]

The same trial found no decrease in household earnings or working time.[33]

Produce consumption rises

Sperber and colleagues, in Baby's First Years, **find a positive effect on produce consumption** in maternal reports of children's nutrition, with no effect on sleep or overall health.[35]

Nutrition programs support readiness

Hong and Henly find **SNAP in early childhood supports school readiness**; Jackson finds prenatal and early-childhood WIC exposure associated with improved cognitive development.[38,39]

Infant brain activity

Troller-Renfree and colleagues, in *PNAS*, measure infant EEG activity at one year and **find higher activity in the high-cash group**.[37]

No effect on early language measures

Hart and colleagues **find no significant impact of the high cash gift** on maternal reports of children's early language and socioemotional development.[36]

LONG-RUN OUTCOMES

Two natural experiments carry most of the long-horizon evidence: EITC receipt in infancy tracked through tax records, and the Eastern Band of Cherokee Indians casino dividend tracked through a longitudinal cohort.

Barr, Eggleston, and Smith, in the *Quarterly Journal of Economics*, find that cash transferred via the EITC in infancy **increases young-adult earnings by at least 1 to 2 percent**, and also improves math and reading scores and raises the likelihood of high-school graduation.[40]

Akee, Copeland, Keeler, Angold, and Costello find the dividend **associated with increased educational attainment and decreased likelihood of committing a minor crime**, and hypothesize a parenting mechanism.[41] Akee, Copeland, Costello, and Simeonova find **the dividend improved emotional and behavioral disorder outcomes** among children in recipient households.[42]

Copeland and colleagues, in *JAMA Pediatrics*, find childhood receipt **associated in adulthood with decreased anxiety, depressive symptoms, cannabis use, risky and illegal behaviors, and better reported physical health**.[43] Moe and colleagues examine cumulative childhood EITC against adolescent criminal conviction.[44] Braga, Blavin, and Gangopadhyaya find $100 of childhood EITC exposure **associated with higher self-reported health and lower obesity in adulthood**.[45]

THE FISCAL READING

Earnings and attainment gains of this size mean part of the transfer returns to public budgets through recipients' own adult tax payments and reduced program use, alongside the near-term savings from avoided foster-care placements and emergency-department visits. On this evidence, cash delivered during pregnancy and early childhood is an investment with a measurable return.[18,30,40,41]

What the evidence does *not* show.

No study in this bibliography finds that giving families cash reduces their workforce participation.

The randomized evidence is the most direct: in Baby's First Years, families receiving the high monthly cash gift showed no decrease in household earnings or working time, were no more likely to use child care earlier, and did not delay returning to work.[33,34] The most common political objection to unconditional cash is the claim the literature simply does not support.

METHODS · EVIDENCE SELECTION

Inclusion criteria

This brief synthesizes 53 studies from MICC's curated working bibliography of U.S. cash-transfer research. Entries were included if they appeared in a peer-reviewed journal, in the NBER or SSRN working-paper series, or as a preprint under review; examined income or benefit receipt among U.S. recipients — federal and state EITC, the 2021 federal Child Tax Credit, Alaska Permanent Fund Dividend, EBCI casino dividends, TANF, SNAP, WIC, paid leave, guaranteed-income pilots, or RCT-administered cash gifts; and reported outcomes for mothers, infants, children, or the households they live in.

International studies were excluded by design, with the exception of one review article comparing worldwide evidence. Not every entry examines unconditional cash: studies of TANF, SNAP, WIC, and paid leave are included because they identify the same income mechanism, and are named by program in the text.

Reporting conventions

Effect sizes are drawn from the cited studies as published, reported individually rather than pooled to preserve heterogeneity across populations, programs, and identification strategies; the figures here are not meta-analytic estimates. Designs include randomized controlled trials, quasi-experiments exploiting policy variation, difference-in-differences and time-series analyses, longitudinal cohorts, and systematic reviews. Where a finding rests on a single study, the text says so; where studies disagree, both results are reported.

Most studies measure income reaching mothers or a household's primary caregiver. Tax-credit and dividend studies measure household income and cannot isolate payments earmarked to mothers; those findings are described at the household level. The full bibliography, with study notes, is available from MICC's research team.

The evidence base, in full.

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MOTHER & INFANT CASH COALITION

Cash, delivered directly to American mothers, shows up in birth weight, in mental-health scores, in CPS rolls, in the electricity bill, and in children's lifetime earnings.