HEALTHY AND EQUITABLE BIRTHS

Children are born healthy to healthy parents, and pregnancy experiences and birth outcomes are equitable.

Examples of Impact

Effective state policies and strategies to impact Healthy and Equitable Births

EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance

- Medicaid expansion led to 52.6 fewer infant deaths per 1,000 live births among Hispanic infants (V)
- Medicaid expansion led to 16.3 fewer maternal deaths per 100,000 live births among Black mothers (6.7 per 100,000 fewer overall) (J)

State Minimum Wage

- A 10% increase in the minimum wage reduced infant mortality by 3.2% (H)
- A \$1 increase in the minimum wage reduced births to adolescents by 2% (B)
- A \$1 minimum wage increase led to a 1% decrease in low birthweight (Q)

State Earned Income Tax Credit

- State EITC led to increases in birthweight of between 16 to 104 grams, depending on the generosity level (B, CC)
- In states with generous, refundable credits, Black mothers saw the greatest reductions in low birthweight (up to 3,760 fewer babies born low birthweight annually) (II)
- Increasing the maximum state and federal EITC by \$1,000 during childhood decreased the likelihood of giving birth before age 20 by 2% (BB)

EFFECTIVE STRATEGIES

Group Prenatal Care • Group prenatal care had both positive and null impacts on the rate of preterm (G, F) and low birthweight births (A. O)

Note: The letters in parentheses in the table above correspond to the findings from strong causal studies included in the comprehensive evidence reviews of the policies and strategies. Each strong causal study reviewed has been assigned a letter. A complete list of causal studies, as well as more details about our standards of evidence and review method, can be found in the Prenatal-to-3 Policy Clearinghouse at pn3policy.org.

