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## State Policies to Promote Equity in Healthy Perinatal Outcomes: A Summary of the Evidence

The United States lags its peer countries in overall health and wellbeing for children, their families, and caregivers. Widespread barriers to health care before, during, and after pregnancy; varying access to high-quality health insurance; and limited access to postpartum care and parental leave all work together to leave families and children vulnerable during the perinatal period. These barriers can shape life outcomes, particularly for children from historically marginalized social, racial, and ethnic groups.

Most adverse perinatal health outcomes disproportionately affect families of color, namely those who are Black, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. Compared to White and Hispanic infants and mothers, Black infants are approximately twice as likely to be born low birthweight, and Black mothers are more than twice as likely to die in childbirth or experience severe maternal morbidity—even when considering variation in education level or socioeconomic status. Other birth outcomes, such as teen births, that may pose a risk to infants' health and development disproportionately affect Black and Hispanic communities relative to their White counterparts.

Systemic racism, combined with discrimination within hospital and health care delivery systems, drives poorer-quality prenatal care and adverse birth outcomes for women of color.<sup>1</sup> Rigorous research highlights the potential for state policy to be an effective tool for reducing disparities in access to prenatal care services and healthy perinatal birth outcomes for children and their families.

### Policies with Proven Impacts on Birth Equity

The [Prenatal-to-3 State Policy Roadmap](#) identifies 12 effective policies that improve outcomes for children and their families during the prenatal-to-3 period.<sup>2</sup> Three of these evidence-based policies—expanded income eligibility for Medicaid, higher state minimum wages, and refundable state earned income tax credits (EITCs)—promote birth equity among different racial and ethnic groups.

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<sup>1</sup> Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (2019, May 2). Eliminating racial disparities in maternal and infant mortality. A comprehensive blueprint. Center for American Progress. <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racialdisparities-maternal-infant-mortality/>

<sup>2</sup> For details on measures of prenatal-to-3 wellbeing and states' adoption and implementation of effective policies and strategies see the [Prenatal-to-3 State Policy Roadmap](#).

## Rigorous research<sup>3</sup> finds that:



### Expanding Medicaid access reduces disparities in healthy birth outcomes, narrowing gaps in low birthweight, preterm birth, infant mortality, and maternal mortality.

- Medicaid expansion states saw greater declines in rates of very low birthweight, very preterm birth, and preterm birth for Black infants relative to White infants compared to nonexpansion states (0.1 percentage points for very low birthweight and very preterm birth, 0.4 percentage points for preterm birth). No significant changes in disparities between Hispanic and White infants were found.
- Expanded income eligibility for Medicaid led to 0.53 significantly fewer infant deaths per 1,000 live births among Hispanic infants, but no significant impact was found among White or Black infants.
- Medicaid expansion led to 16.3 fewer Black maternal deaths per 100,000 live births and 6 fewer Hispanic maternal deaths per 100,000 live births, relative to Black and Hispanic maternal deaths in nonexpansion states.



### A higher state minimum wage has the potential to reduce disparities in teen births.

- A \$1.00 increase in a state's hourly minimum wage led to a reduction of 0.5 fewer births per 1,000 among Hispanic teens.



### More generous state EITCs can close gaps in rates of low birthweight and preterm birth between Black and White infants.

- States with generous, refundable EITCs of at least 10% of the federal credit demonstrated improvements in birthweight larger in magnitude for Black mothers (37.2 grams) compared to the effects for White mothers (28.4 grams).
- More generous EITC benefits led to a lower prevalence of preterm birth for both Black and White, non-Hispanic infants, but the magnitude of this effect was much larger among Black, non-Hispanic infants than among White, non-Hispanic infants.

<sup>3</sup> For additional detail on and citations for the above referenced studies see the [Prenatal-to-3 Policy Clearinghouse](#).

## More Research is Needed on Policies That Impact Healthy Perinatal Outcomes

Other policy solutions, including community-based doulas, paid family and medical leave, and group prenatal care have some evidence of effectiveness on healthy birth outcomes, but limited evidence of their effectiveness to promote birth equity specifically. Researchers must continue to study the differential impact of policies across racial and ethnic groups, including conducting causal studies, those focused on policy implementation, and the lived experiences of families participating in programs.

- To date, rigorous research has found that community-based doulas positively impact birth outcomes for women of color, which suggests that community-based doulas may be effective at reducing racial disparities. But no strong causal studies have directly assessed the effectiveness of community-based doulas to reduce racial disparities in perinatal outcomes.
- Access to paid family and medical leave (PFML) for families with a new child leads to better outcomes for women of color for postpartum psychological distress and receipt of postpartum care, but research to date has not identified an impact of PFML on reducing racial disparities in adverse birth outcomes.
- Some rigorous evidence on participation in group prenatal care (GPNC) programs points to the benefits of GPNC for Black mothers. However, existing rigorous research on GPNC does not allow for clear conclusions about reductions in disparities for adverse birth outcomes, including low birthweight and NICU admissions.

## State Policy Choices Matter

The current evidence highlights the potential for state policy to be an effective tool for reducing disparities in access to prenatal care services and healthy perinatal outcomes for children and their families. By implementing evidence-based policies and strategies, state leaders can make significant progress toward improving health for the individuals they serve. More research analyzing data disaggregated by racial and ethnic groups is needed to fully assess the potential of policies and strategies to reduce systemic inequities and promote equitable birthing outcomes.

Learn more! Explore our Prenatal-to-3 Policy Clearinghouse:

