

Unconditional Cash Transfer Programs as a Promising Reproductive and Racial Justice Policy Intervention

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There is growing recognition that economic justice policies that help pregnant, postpartum, and newly parenting people are a key ingredient to improving health outcomes and supporting people's ability to build families and have those young families thrive. Researchers, policymakers, and policy agendas increasingly look to solutions such as child tax credits, paid family leave, paid sick days, the Family and Medical Leave Act, and expanding Medicaid coverage during pregnancy and during a long post-birth period as important avenues to improve maternal and infant health and to reduce troubling racial disparities in those health outcomes.

Less attention, however, has been paid to the promise of unconditional cash transfer programs (UCTs)¹ for pregnant and newly parenting people with low incomes as a reproductive justice and racial justice policy approach.² Unconditional cash transfers are a no-strings-attached government benefit aimed at addressing the negative effects of income, gender, and racial inequality. UCT programs aimed at pregnant and newly parenting people have the potential to address economic, racial, and gender-based disparities in health and well-being outcomes in the short-term and structural health and wealth gaps in the long-term. Given their growing momentum throughout the country, this issue brief aims to highlight UCT programs as an important focal point for those dedicated to reproductive and racial justice.

¹These programs go by different names, such as unconditional cash transfers, unconditional cash, direct cash, and guaranteed income. Throughout this paper, we use the term unconditional cash transfer programs. These programs are distinct from tax credit programs, which are sometimes also referred to as cash transfer programs but operate differently and are based in tax law and policy. We recognize that the phrase "unconditional cash" is frequently used to describe child tax credits. However, in the context of this paper, unconditional cash transfer programs describe non-tax based direct cash payment programs and potentially touch a larger subset of the population than tax credits because many of the programs we refer to reach individuals and families who may not necessarily be paying taxes for a variety of reasons.

² *Reproductive Justice*, Sistersong.

WHAT ARE UNCONDITIONAL CASH TRANSFER PROGRAMS?

Cash transfers are an unconditional cash benefit from the government designed to reduce economic, racial, and gender inequality, promote social mobility, and improve health outcomes.³ Unlike traditional social welfare programs that often include onerous eligibility criteria, work requirements, and strict limits on how funds can be spent, cash transfers are a no-strings-attached benefit that supplements the existing social safety net. UCT programs offer a defined amount of immediate cash each month or at a regular time interval. Some UCT programs are targeted specifically to help people during their pregnancy and the first year of their child's life. By allowing recipients to use funds based on their unique needs, unconditional cash is meant to offer more flexibility and autonomy to recipients. These flexible, additional funds come at a time when people are experiencing enormous new healthcare and caregiving costs; a time that disproportionately throws people with low-incomes into medical debt and further financial instability. UCT programs are meant to alleviate systemic barriers to economic security, mitigate the underutilization of healthcare during pregnancy and post-partum, address well-documented race and class disparities in maternal and infant mortality and morbidity, and mitigate the increased household and caregiving costs when a child is born.⁴ These programs, as new experiments, may also come with less of the stigma that research has shown deters many people from participating in traditional welfare programs.

"It has helped us with a home, a car, food, and more. It has made me feel like a parent that can provide, [and] the things that I've done with it will reflect in my life."

Growing Momentum for Unconditional Cash Transfer Programs for Pregnant and Newly Parenting People in the United States in Varied Political Environments

There are over 150 general UCT pilots or programs in the United States.⁵ Approximately 39 focus on providing unconditional cash assistance to pregnant people and people with babies.⁶ Being pregnant, giving birth, and raising a family is expensive.⁷ These programs provide unconditional cash payments to pregnant people and/or people with children under one year of age, to help parents and babies

³ Marinescu, Ioana, *No Strings Attached: The Behavioral Effects of U.S. Unconditional Cash Transfer Programs*, Roosevelt Institute (2017).

⁴ While this is a positive development, it's important to keep in mind that the concept of cash transfers is not new and traces its roots to the civil rights and women's rights movements in the United States. For example, in an article published in 1972, Johnnie Tillmon, the first chair of the National Welfare Rights Organization, detailed the racist and sexist stereotypes faced by welfare recipients and argued for a "Guaranteed Adequate Income" that would pay people according to their needs and family size. Tillmon, Johnnie, *Welfare Is a Women's Issue*, Ms. Magazine (1972).

⁵ Carrazana, Chabeli, *The Results of the Biggest Study on Guaranteed Income are Finally in*, The 19th News (2024).

⁶ This number counts individual programs; some of these programs are administered by one entity. We are counting each distinct program in each distinct geographic location separately even if administered by an entity with multiple programs.

⁷ Lino, Mark, et al., *Expenditures on Children by Families, 2015*, United States Department of Agriculture, (2017); Welch, Morgan, et al., *Future Estimated Annual Expenditures of Raising a Child, Assuming a Higher Inflation Rate of 4 Percent After 2020*, the Brookings Institute (2022).

during a time that presents new and significant financial expenses, health, and caregiving needs. UCT programs exist in counties and cities of varying sizes and political contexts. Funding models for the programs also range from private funding, private-public partnerships, and a growing number are funded by government entities. In some communities, they are also slowly growing in scope to become statewide.⁸

There is a growing, vibrant coalition of these UCT programs for pregnant people and babies: the [Mother Infant Cash Coalition \(MICC\)](#). MICC brings together a variety of organizations from across the country that offer UCT programs, the researchers studying them, and the advocates working to establish and expand them. Its mission is to educate the public about UCT programs while producing evidence-based research that illustrates the benefits of such programs.

Unconditional cash payments are growing more popular across different political climates.⁹ For example, the Alaska Permanent Fund, a UCT program that has distributed unconditional annual dividends from oil profits to every Alaskan resident since 1982, remains an immensely popular program.¹⁰ Polling conducted about the Alaska Permanent Fund in 2017— 35 years after the first payment was made to Alaskans — shows that over 80 percent of Alaskans say the extra money improves their quality of life and helps the Alaskan economy.¹¹ Recent polling also shows that California voters overwhelmingly support UCT programs, with more than 7-in-10 likely voters in California saying they support the federal government putting in place a UCT program.¹² Voters also said that they respond strongly to messaging that underscores the role that unconditional cash plays in “helping families be resilient in the face of financially stressful life events.”¹³

⁸ The Bridge Project in Connecticut, New York State’s Birth Allowance for Beginning Year Benefit Program, and Healthy Women, Healthy Babies in Washington, DC all operate statewide UCT programs.

⁹ Lowrey, Annie, [The Case for Spending Way More on Babies](#), The Atlantic (2024).

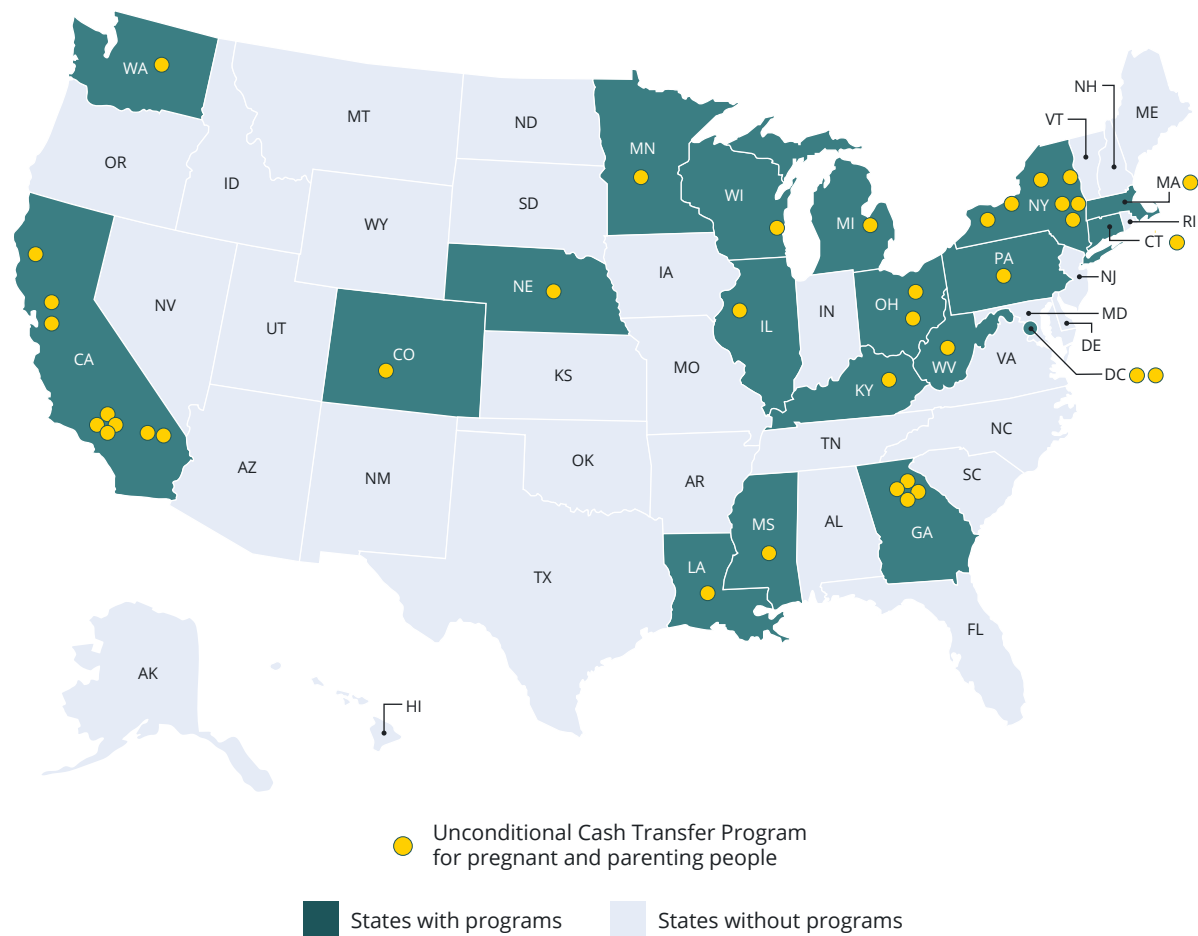
¹⁰ Isenberg, Taylor Jo, [What a New Survey from Alaska Can Teach Us About Public Support for Basic Income](#), Medium (2017).

¹¹ *Id.*

¹² Gotoff, Daniel, et al., [Key Findings from California Statewide Survey](#), Lake Research Partners (2024).

¹³ *Id.*

Unconditional Cash Transfer Programs for Pregnant and Parenting People in the United States



List of operating Unconditional Cash Transfer Programs in United States

State	Program	Location
California	Abundant Birth Project	Alameda County
		Contra Costa County
		Los Angeles County
		Riverside County
	First 5 LA	Los Angeles County
	First 5 San Mateo	San Mateo
	Inland United Way	Riverside County
	Mckinleyville Family Resource Center	Mickinleyville
	NJCW LA	Los Angeles County
Colorado	Healthy Beginnings	Denver
Connecticut	The Bridge Project	Statewide program

State	Program	Location
Delaware	Healthy Women, Healthy Babies	Statewide program
Georgia	GRO Fund/In Her Hands	Atlanta
		Clay-Randolph-Terry County Cluster
		City of College Park
	March of Dimes Pilot	Atlanta
Illinois	New Moms	Chicago
Kentucky	The Bridge Project	Appalachian Region
Louisiana	Baby's First Years	New Orleans
Massachusetts	Family Health Project	Manchester and Roxbury
Michigan	RxKids	Flint
Minnesota	Baby's First Years	Minneapolis/St. Paul
Mississippi	Magnolia Mother's Trust	Jackson
Nebraska	Baby's First Years	Omaha
New York	Baby's First Years	New York City
	Birth Allowance for Beginning Year	Statewide Program
	The Bridge Project	New York City
		Rochester
		Buffalo
	Growing Strong	New York City
	United Way Greater Capital Region	Albany
Ohio	The Bridge Project	Appalachian Region
	Ohio Mothers Trust	Statewide program
Pennsylvania	Philly Joy Bank	Philadelphia
Washington	Hummingbird	Seattle
Washington D.C.	Mother Up	
	Strong Families, Strong Futures	
West Virginia	The Bridge Project	Statewide Program
Wisconsin	The Bridge Project	Milwaukee

Why Unconditional Cash Transfer Programs Should be a Part of Reproductive and Racial Justice Policy Agendas

SisterSong defines reproductive justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children one has in safe and sustainable communities.¹⁴ The belief that pregnant and parenting people should be trusted to use unconditional cash assistance to address their diverse economic needs fits comfortably within a reproductive justice framework because it's rooted in the belief that people should have the power to make economic decisions about what is best for their bodies, families, and communities.

UCT programs can directly help people make meaningful decisions about family building. These programs also can provide people with more financial means to have healthy pregnancies and greater economic stability and autonomy to make the financial decisions that are best for themselves and their families. UCT Programs are designed to help give people real autonomy and financial stability when they decide to become parents. They are not meant to and do not operate in a way to coerce people into having children or to choose to continue pregnancies over other options. Unlike the documented tactics of anti-abortion (or “crisis pregnancy”) centers that offer pregnant people resources like prenatal vitamins or diapers alongside unsolicited, high-pressure, often religious or deceptive counseling to not have abortions, UCT programs offer a non-biased source of financial freedom to individuals who have already decided independently that they wish to have a child.¹⁵ In a post-*Dobbs* era when reproductive justice work often demands urgent and reactive solutions to pregnancy criminalization and attacks on health care access and personal decision-making, cash transfers for pregnant and parenting people offer an opportunity to present a bold, affirmative vision for reproductive justice and bodily autonomy.

Systemic racism compounds the barriers women of color (generally and those who are pregnant) face in accessing adequate healthcare, food, shelter, and other necessities.¹⁶ This is particularly true for Black, Indigenous, and Latina low-income pregnant people. Pregnancy, caring for, and supporting a child brings additional financial and health-related burdens. Pay inequities in the workforce that lead women of color to receive lower wages than men and white women in similar positions also hinder them from building a financial safety net.¹⁷ Trans and non-binary pregnant people also face unique barriers to accessing competent healthcare and ensuring a healthy pregnancy and postpartum.¹⁸

¹⁴ *Reproductive Justice*, SisterSong.

¹⁵ *Issue Brief: Crisis Pregnancy Centers*, American College of Obstetricians and Gynecologists; Ono, Mika, *Study of Crisis Pregnancy Centers Reveals Misleading and Dangerous Claims*, UC San Diego Today (2024).

¹⁶ Akee, Randall et al., *Race Matters: Income Shares, Income Inequality, and Income Mobility for all U.S. Races*, Demography (2019).

¹⁷ *Women of Color and the Wage Gap* Center for American Progress (2021).

¹⁸ Greenfield, Mari, et al., *Trans and Non-Binary Pregnancy, Traumatic Birth, and Perinatal Mental Health: A Scoping Review*, International Journal of Transgender Health (2021).

LGBT people experience higher rates of poverty than non-LGBT people.¹⁹ Trans individuals specifically experience the greatest risk of poverty when compared to straight cisgender populations.²⁰ This highlights the importance of ensuring cash transfers programs also reach trans and non-binary pregnant people. Cash transfers can improve the health and well-being of families from historically marginalized communities who are disproportionately low-income by trusting them to address their child's needs and unique family circumstances.

“When I first found out about [the UCT program] I thought the program was too good to be true so I was skeptical. Now that I [am] apart of it I feel really grateful. This pregnancy is my second one but the first one to go to term and all support from [the program] has helped so much. The money gift helps tremendously but also being able to talk to someone, have some type of support, resources etc has been so helpful for me...Because of [the UCT program], I’ve been less stressed and more hopeful about my future as a mom.”

Cash transfers can help families who are financially burdened by the cost associated with pregnancy by giving them power to make meaningful economic decisions related to family building and family health and well-being.

The decision to have a child is deeply personal and can impact a person's education, earnings and overall economic security. Being pregnant, giving birth, and raising a family is also expensive and can include anything from the high costs of health care during pregnancy to formula and diapers to childcare. An estimated 60% of women struggle financially in the peripartum period.²¹ In fact, women who have given birth in the past year are twice as likely to experience medical debt than those who have not.²² Women who have preexisting conditions such as diabetes or asthma face even higher rates of financial insecurity after birth.²³ Those who are in medical debt due to pregnancy are often faced with the difficult decision to cut their spending on other essential items such as food and medicine.²⁴

Once a child is born, it's estimated that a family will need to spend at least \$17,000 annually per child—with over a third of that cost shouldered by food and childcare expenses alone.²⁵ The seminal Turnaway Study found that women who were denied an abortion and had to carry a pregnancy to

¹⁹ Wilson, Bianca D.M., et al., *LGBT Poverty in the United States*, The Williams Institute (2023).

²⁰ *The Complexity of LGBT Poverty in the United States*, Institute for Research on Poverty (2021).

²¹ Cahn, Jordan, et al., *The Association of Childbirth with Medical Debt in the USA, 2019-2020*, Journal of General Internal Medicine (2023).

²² *Id.*

²³ *Id.*

²⁴ Levey, N. N., *Diagnosis: Debt — 100 Million Americans Face Hidden Medical Debt*, KFF Health News (2022).

²⁵ Welch, Morgan, et al., *Future Estimated Annual Expenditures of Raising a Child, Assuming a Higher Inflation Rate of 4 Percent After 2020*, the Brookings Institute (2022).

term were four times more likely to live in poverty.²⁶ UCT Programs aim to alleviate some of the economic burden associated with expecting a child. Like economic policies such as refundable tax credits, food assistance, and housing subsidies that have been associated with lower maternal stress, healthier birth weights, and higher childhood nutrition, UCT programs have promise to support positive health outcomes for pregnant people and provide greater financial stability to pregnant people and those with new children.

UCT programs for pregnant and newly parenting people can also help address the growing maternal and infant health crisis across the country, a crisis that is disproportionately bad for low-income pregnant people, and even worse for Black and Indigenous women and women of color generally.

The United States currently has the highest infant and maternal mortality rates of any high-income nation in the world.²⁷ And, according to recent research, the rates are getting worse in states that are banning abortion and undermining policies intended to address maternal mortality.²⁸ Maternal mortality is greatest among people with the lowest-incomes.²⁹ Infants in lower-income families also experience higher mortality rates in the first year of their lives.³⁰ Studies have found that rates of maternal and infant mortality in the United States are driven by income and education, as well as race as discussed below.³¹ Poverty has been linked to increased maternal mortality and poor maternal health outcomes associated with increased risk for birth complications.³² In a study that linked California birth records with IRS tax records, researchers found that the relationship between maternal and infant mortality and income in the United States cannot be explained by access to quality hospital care alone.³³ A report issued by a National Academy of Sciences panel on child poverty also showed that, “the weight of causal evidence does indeed indicate that income poverty itself causes negative child outcomes.”³⁴ Experiencing financial hardships has been linked to increased economic strain, reduced financial mobility out of poverty, and higher rates of post-partum blues and post-partum depression.³⁵

²⁶ *The Harms of Denying a Woman a Wanted Abortion: Findings from the Turnaway Study*, Advancing New Standards in Reproductive Health UCSF.

²⁷ Declercq, Eugene, et al., *Maternal Mortality in the United States: A Primer*, The Commonwealth Fund (2020).

²⁸ See, e.g. Edwards, Erika, et al., *A Dramatic Rise in Pregnant Women Dying in Texas After Abortion Ban*, NBC News (2024); Kitchener, Caroline, *Texas Committee Won’t Examine Maternal Deaths in First Years After Abortion Ban*, The Washington Post (2024). This deeply troubling trend highlights the value of testing additional policy interventions to support people during pregnancy, childbirth, and postpartum.

²⁹ Kennedy-Moulton, Kate, et al., *Maternal and Infant Health Inequality: New Evidence from Linked Administrative Data*, National Bureau of Economic Research (2023).

³⁰ *Id.*

³¹ Aizer, Anna, et al., *The Intergenerational Transmission of Inequality: Maternal Disadvantage and Health at Birth*, National Library of Medicine (2014); Fishman, Samuel H., et al., *Race/Ethnicity, Maternal Educational Attainment, and Infant Mortality in the United States*, National Library of Medicine (2020).

³² Nagahawatte, N. Tanya, et al., *Poverty, Maternal Health, and Adverse Pregnancy Outcomes*, New York Academy of Sciences (2008).

³³ Kennedy-Moulton, Kate, et al., *Maternal and Infant Health Inequality: New Evidence from Linked Administrative Data*, National Bureau of Economic Research (2023).

³⁴ Duncan, Greg J., et al., *A Roadmap to Reducing Child Poverty*, National Academies of Sciences, Engineering, and Medicine (2019).

³⁵ Manjunath, Narasimhaiah G, et al., *Postpartum Blue is Common in Socially and Economically Insecure Mothers*, Indian Journal of

Race is, unfortunately, an even stronger predictor of maternal mortality than income. Racial disparities in infant and maternal health are significantly wider than disparities by income or education.³⁶ Specifically, Black women and American Indian and Alaska Native (AIAN) women are particularly at risk of pregnancy-related mortality.³⁷ American Indian or Alaska Native (AIAN) women see the highest rates of maternal mortality at 63.4 per 100,000 births as opposed to 18.1 for white women.³⁸ The lingering impacts of colonization, including inadequate healthcare in rural communities, systemic racism, and the intergenerational trauma of family separations at the hands of the U.S. government contribute to these numbers.³⁹ Black women are 3.3 times more likely to die from pregnancy-related causes than their non-Hispanic white counterparts.⁴⁰ Put another way, a Black mother with a college education is at 60 percent greater risk for a maternal death than a white or Hispanic woman with less than a high school education.⁴¹ Black newborns also experience the highest rate of infant mortality, a rate that is twice as high as their white counterparts.⁴² Indeed, in new maternal mortality data released just last week, maternal mortality rates decreased for women in all racial groups for which data was collected except for Black women where the rate rose.⁴³

Additionally, Black women, Latinas, and AIAN women are also disproportionately represented among women living in poverty.⁴⁴ These groups of women also historically have been prevented from accessing key economic security programs like refundable tax credits and paid family leave that are shown to improve maternal and infant health outcomes.⁴⁵ UCT programs could thus help support pregnant and expecting people who, because of race and/or income, face greater threats of maternal mortality.

Community Medicine (2011).; Marti-Castaner, Maria, et al., *Poverty After Birth: How Mothers Experience and Navigate U.S. Safety Net Programs to Address Family Needs*, Journal of Child and Family Studies (2022).

³⁶ Braveman Paula, et al., *Explaining the Black-White Disparity in Pre-Term Birth: A Consensus Statement From a Multi-Disciplinary Scientific Work Group Convened by the March of Dimes*, Frontiers in Reproductive Health (2021); Braveman, Paula, *The Black-White Disparity in Preterm Birth: Race or Racism?*, The Milbank Quarterly (2023); Karasek, Deborah, et al., *Designing the First Pregnancy Guaranteed Income Program in the United States: Qualitative Needs Assessment and Human-Centered Design to Develop the Abundant Birth Project*, JMIR Formative Research (2025).

³⁷ Hill, Latoya, et al., *Racial Disparities in Maternal and Infant Health: Current Status and How to Address Them*, KFF (2024).

³⁸ Fleszar, Laura G. et al., *Trends in State-Level Maternal Mortality by Racial and Ethnic Group in the United States*, JAMA Network (2023); Hill, Latoya, et al. *Racial Disparities in Maternal and Infant Health: Current Status and How to Address Them*, KFF (2024).

³⁹ Burns, Ailish, et al., *The Maternal Health of American Indian and Alaska Native People: A Scoping Review*, Social Science and Medicine (2023).

⁴⁰ Petersen, Emily E, et al., *Race/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016*, Morbidity and Mortality Weekly Report (2019).

⁴¹ Declercq, Eugene, et al., *Maternal Mortality in the United States: A Primer*, The Commonwealth Fund (2020).

⁴² *Reimagining Policy: in Pursuit of Black Reproductive Justice*, National Black Women's Reproductive Justice Agenda (2023).

⁴³ Hoyert, Donna L., *Maternal Mortality Rates in the United States, 2023*, National Center for Health Statistics (2025).

⁴⁴ Bleiweis, Robin, et al., *The Basic Facts About Women in Poverty*, the Center on American Progress (2020).

⁴⁵ Romig, Kathleen, et al., *A National Paid Leave Program Would Help Workers*, Families, Center on Budget and Policy Priorities (2021); Waxman, Samantha, et al., *Income Support Associated With Improved Health Outcomes for Children, Many Studies Show*, Center on Budget and Policy Priorities (2021).

Unconditional cash transfer programs can help change the narrative on government aid.

In addition to offering tangible financial help to pregnant people and new parents, flexible unconditional cash assistance programs have the potential to shift the conversation around who “deserves” government aid. Historically, the decision to means-test access to government benefits by imposing restrictions and work requirements has been rooted in paternalistic and racist conceptions about who can be trusted to receive government benefits.⁴⁶ For example, stereotypes and false narratives about Black women and single mothers were used to justify the Welfare Reform Act of 1996 which required single mothers to find work within two years of receiving benefits and prohibited teenage mothers and immigrants from seeking any benefits.⁴⁷ Our current work-based social safety net imposes many regulations and requirements and leaves out those who don’t earn an income through the formal economy, creating many barriers for families to access them. By cutting the onerous red tape, UCT programs present an opportunity to provide monetary assistance with a more inclusive approach that can reach more pregnant people and families in need. Stigma also deters people from using benefits.⁴⁸ A 2022 study, for example, found that Black women and Latinas who reported experiencing higher levels of stigma surrounding welfare were more likely to self-report poor health, both physical and mental.⁴⁹ UCTs alone are not a cure for the systemic and institutional racism and classism that contributes to poor maternal and child health outcomes for families of color and the negative narrative about who relies upon government aid programs, but it may provide one catalyst for change.

“I feel like I can make choices of, okay, I’m going to pay this bill. I’m going to go grocery shopping. I’m going to get the kids a toy today. I’m going to be able to do things without feeling guilty about spending that money or having to come out and be like, hey, I spent money today.”

Unconditional cash transfer programs may help keep families together.

Unconditional cash transfers may hold promise to prevent another significant reproductive and racial justice problem, which is the enormous number of government-imposed family separations that result from neglect proceedings. The vast majority of “state investigations and proceedings that tear children out of a family home in this country are initiated on allegations of neglect, not violence or abuse.”⁵⁰ Neglect frequently includes children who are removed from their homes because their family is living in poverty or facing economic struggles – such as a lack of housing, food, clothing or other basic needs.⁵¹

⁴⁶ Floyd, Ife, et al., *TANF Policies Reflect Racist Legacy of Cash Assistance*, Center on Budget and Policy Priorities (2021).

⁴⁷ Carten, Alma, *The Racist Roots of Welfare Reform*, The New Republic (2016).

⁴⁸ Lapham, Jessica, et al., *The Intersection of Welfare Stigma, State Contexts and Health Among Mothers Receiving Public Assistance Benefits*, SSM – Population Health (2022).

⁴⁹ Lapham, Jessica, et al., *The Intersection of Welfare Stigma, State Contexts and Health Among Mothers Receiving Public Assistance Benefits*, SSM – Population Health (2022).

⁵⁰ *2023 State of America’s Children Report*, Children’s Defense Fund (2023) (“In 2021, three-quarters (76%) of child maltreatment reports were cases of neglect” compared to abuse.”)

⁵¹ *Id.*

These family policing system separations disproportionately impact Black and Indigenous parents, as well as other families of color.⁵² These stark disparities are prevalent at every stage of family separation: families of color are more likely to be investigated and more likely to experience mistreatment while being placed in homes, as well as during their placements.⁵³ As researchers learn more about the positive impacts of UCT programs, we may find that this policy intervention helps prevent economic neglect-based family separation for families with new children by providing families the very resources they need to address the issue.⁵⁴

Early Evidence Shows Unconditional Cash Transfer Programs are Working and Show Great Promise as an Intervention to Scale Up

While still relatively new, the initial data on unconditional cash pilot programs is promising, suggesting positive effects.⁵⁵ Emerging evidence indicates that cash payments that arrive during pregnancy and throughout childhood can positively impact pregnancy and infant health, including reduced incidence of low birthweight, less smoking during pregnancy, and other increased positive infant health outcomes.⁵⁶ Early outcome evidence from UCT programs specifically for pregnant and newly parenting people is showing positive impacts on stress levels, mental health, health care access and utilization, housing security, food security, being able to afford outside childcare, being able to buy household essentials, paying down debt, and beginning to save.⁵⁷

“For me, it means like covering all your basic needs, but also having enough in savings that if you have something blow up like your washing machine or your car, that you don’t have to like... you don’t have to panic you know and go, okay where am I cutting from?”

The largest study on UCT programs conducted thus far also found that people who received monthly \$1,000 payments over two years saw large (albeit short-lived) improvements in stress, greater use of hospital and emergency department care, and increased medical spending of about \$20 per month.⁵⁸ Early findings from the Stockton Economic Empowerment Demonstration, which gave participants

⁵² *Child Welfare Practice to Address Racial Disproportionality and Disparity*, Children’s Bureau (2021).

⁵³ *2023 State of America’s Children Report*, Children’s Defense Fund (2023).

⁵⁴ Loudenback, Jeremy, *Former Foster Youth Included in L.A. Guaranteed Income Project*, The Imprint (2023).; Abrams, Amanda, *Impact of Direct Cash Benefits to Low-Income Families Can be Far Reaching*, The Imprint (2023).

⁵⁵ Marinescu, Ioana, *No Strings Attached: The Behavioral Effects of U.S. Unconditional Cash Transfer Programs*, Roosevelt Institute (2017).; West, Stacia, et al., *Preliminary Analysis: SEED’s First Year*, Stockton Economic Empowerment Demonstration.

⁵⁶ Wilmer, Christopher, et al., *Starting Sooner: Should Cash Payments Begin During Pregnancy?*, Center on Poverty and Social Policy, Columbia University (2023).

⁵⁷ See, e.g. *Improving Child Poverty Through Unconditional Cash Allowances*, The Bridge Project (2024); *Results from the Rx Kids Participant Survey & Maternal Wellbeing Research Study*, RxKids (2024); Onifade, Eytayo et al., *Guaranteed Income: Experiences of African American Mothers in the Magnolia Mother’s Trust Project*, Journal of Community Practice (2023).

⁵⁸ *Unconditional Cash Study*, OpenResearch.

\$500 a month for two years, showed that recipients of unconditional cash were healthier and experienced less depression and anxiety.⁵⁹ The findings also showed a causal connection between unconditional cash and financial stability.⁶⁰ Participants reported that making rent payments, covering childcare, and taking care of medical needs became more bearable with an extra \$500 a month.⁶¹

These results confirm what proponents of UCT programs believe: that unconditional cash aid gives people and families the necessary autonomy to make meaningful financial decisions for the good of their families and communities.

CONCLUSION

More information regarding the efficacy of UCT programs will continue to emerge as programs expand throughout the country. In addition to supporting existing and new UCT pilots in various states, MICC also strives to capture each program's impact through research and data analysis. By documenting the outcomes of the programs, MICC hopes to illustrate the positive impact UCT programs can have in a diverse array of communities. The Center on Reproductive Health, Law, and Policy at UCLA Law is supporting MICC's research efforts, specifically to help conduct a cross-program site analysis of UCT programs for pregnant people and people with infants, to create a more comprehensive evidence base of outcomes.

As new data emerges and additional programs are rolled out, MICC and CRHLP will continue to chart the programs' progress throughout the country.

For more information on MICC, visit the organization's website here: www.motherinfantcash.com

⁵⁹ West, Stacia, et al., *Preliminary Analysis: SEED's First Year*, Stockton Economic Empowerment Demonstration.

⁶⁰ *Id.*

⁶¹ *Id.*

ABOUT THE CENTER ON REPRODUCTIVE HEALTH, LAW, AND POLICY (CRHLP)

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