# LIGHTENING THE LOAD: HOW FOUR UNCONDITIONAL CASH PROGRAMS SERVED 900+ PREGNANT AND POSTPARTUM PEOPLE

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Pregnancy and childbirth are costly. Household income drops ~10% after a child is born, and poverty is concentrated in households with young children. This burden falls disproportionately on Black and Brown parents, who are more likely to enter poverty post-birth despite working more.[1,2]

Medicaid reduces costs but doesn't eliminate them. Low-income parents still worry about delivery costs nearly a year after birth. Those without public insurance face an average of $3,000 in additional out-of-pocket expenses, with higher burdens for Black and Hispanic parents.[3] Poverty is linked to maternal mortality, chronic disease, and poor mental health — outcomes concentrated among Black parents.[4] Economic support during the perinatal period is therefore powerfully protective for both parents and children.

Unconditional cash transfers reduce economic stress and promote family health.[4] A growing number of programs demonstrate how perinatal financial support can offset financial insecurity during this critical window.

In this brief we surveyed four "no strings attached" cash programs across the country that are part of the Mother+Infant Cash Coalition (MICC). Participants in these programs are representative of a range of U.S. parents (N = 977).

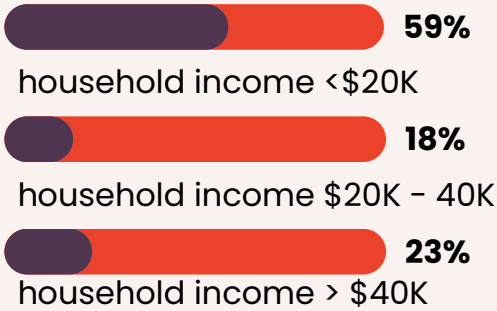
Programs directed their recruitment efforts toward marginalized individuals, particularly people in groups that have been historically disadvantaged and at the highest risk for poor birth outcomes. Education and age distributions represented in the sample are similar to those of people of reproductive age nationwide.

## DEMOGRAPHICS OF PARTICIPANTS ACROSS PROGRAMS

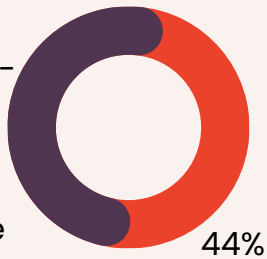
**77%** had Medicaid insurance.

**23%** were first time parents.

**27%** were in long-term relationships.




56%, which includes full-time caregivers, were working at the baseline survey



44% were not working

Non-working participants described diverse responsibilities while pregnant or postpartum:

- 22% were students
- 71% were looking for work

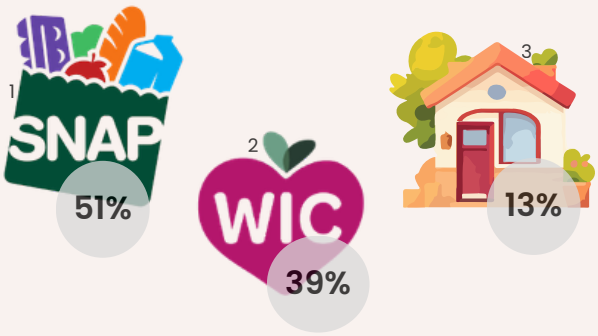
**PROGRAMS DISTRIBUTED AN AVERAGE OF $920/MONTH TO PROGRAM PARTICIPANTS.**

# CASH BRIDGES GAPS IN THE SOCIAL SAFETY NET

Across programs, **78%** of participants utilized at least *one* form of public assistance.

Existing financial assistance safety-net programs were underutilized across sites.

Very few participants accessed *all* of the assistance programs for which they were eligible.




Utilization of specific programs among participants:
1. Supplemental Nutrition Assistance Programs
2. Special Supplemental Nutrition Program for Women, Infants, and Children
3. Housing assistance such as Section 8.

Almost all individuals surveyed in these data were covered by state-sponsored parental leave.

Yet, paid leave use was *low*, only **32%** of participants reported utilization or intentions to utilize paid leave.

**PARTICIPANTS REPORTED ADMINISTRATIVE BURDEN, DIFFICULTY ACQUIRING OR SUBMITTING DOCUMENTATION, AND CONCERNS AROUND INCOME-BASED INELIGIBILITY AS COMMON ACCESS BARRIERS.**

# HOW DID CASH HELP?

**CASH HELPED WITH PERINATAL AFFORDABILITY:** "I was carrying the weight of everything *alone*– rent bills, preparing for my baby, and simply trying to create a safe and stable home. As a single mom, every dollar mattered, and the uncertainty of how I would manage tomorrow was always heavy on my shoulders… it wasn't just about receiving cash. It was about finally having breathing room."
- *Bridge Project participant*

**CASH FILLED GAPS IN PAID LEAVE**: "The funding has helped me in a major way, actually. I was denied leave by [the Employment Development Department, a state department that manages Paid Family Leave disbursements]. So this money has been getting me by. Without it, I probably would have had to go back to work very, very early after [pregnancy] complications."
- *Abundant Birth Project participant*

**CASH HELPED AFTER MEDICAL EMERGENCY:** "I was constantly exhausted working nonstop 56 hours a week, going to school, and taking care of my children just to make ends meet. When I went into preterm labor with my twins, I was under *sooo much stress*, both emotionally and financially. [The cash program] allowed me to feel stress-free during that difficult time, especially while my twins were in the NICU. I didn't have to worry about picking up extra shifts or sacrificing time with my kids just to pay bills."
- *Bridge Project participant*

# CASH DURING THE PERINATAL PERIOD IS VITAL

Economic stability is especially vulnerable during the perinatal period. Financial distress from pregnancy and postpartum costs is linked to poor physical and mental health outcomes. Cash support reduces stress and helps parents thrive, offsetting rising costs, gaps in paid leave, and medical emergencies, particularly when existing government programs fall short. Averting perinatal poverty matters. Direct cash assistance is a proven, viable tool for countering the persistent, generational harms of poverty and racism on pregnant people and their families.

THE CALIFORNIA Abundant BIRTH PROJECT
BRIDGE PROJECT
INCOME MOVEMENT
Hummingbird INDIGENOUS FAMILY SERVICES
UCLA School of Law Center on Reproductive Health, Law & Policy

# METHODOLOGY AND REFERENCES

**PARTICIPATING DIRECT CASH SITES:**
Four organizations participated in a pilot cross-site analysis of perinatal guaranteed income programs. Each delivered unconditional cash assistance and accompanying support and resources to pregnant people and new parents.

**Abundant Birth Project** first began with a pilot program based in San Francisco in 2021. ABP has since expanded to Alameda, Contra Costa, Los Angeles, and Riverside in California. **The Bridge Project** has delivered over 21 sites across 10+ Eastern and Midwestern states. This report covers participants in Milwaukee, Wisconsin. **Healthy Beginnings** is the perinatal cash program launched by Impact Charitable and Income Movement, operated in Denver, Cortez, and Dolores, Colorado. **The Nest** is a perinatal and postpartum program offering support up to three years after birth of a child, based in King or Pierce counties, or the Tulalip Reservation, in Washington.

**PROGRAM ENROLLMENT AND EVALUATION PERIODS:** Across the four programs, the earliest study began in 2021. Program evaluation lengths ranged from 13 months to 3 years, with some sites still dispersing cash as of May 2026. Recruitment and enrollment of participants began in August 2021, August 2023, November 2023, and May 2024.

**ANALYSIS SAMPLE:** These results reflect responses from participant evaluation surveys conducted prior to the main cash intervention. However, two of the five sites had a control arm in which participants did not receive the main intervention during the perinatal period, but participated in other accompanying programs and the evaluation.

**ANALYSES:** Descriptive analyses offer summary demographic information for 977 individuals. Missingness in the variables ranged from 0.1% in the Hispanic/Latinx variable to 15.6% in the first-time parent variable.

**DATA AGGREGATION:** Analysts from the UCLA Center on Reproductive Health, Law, and Policy (CRHLP) managed this project. All program sites and CRHLP analysts agreed to data use protocols and shared anonymized summary analyses. Anonymized quotes were shared from qualitative interviews and focus groups conducted by researchers at each site. Analysts at each cash program managed all individual-level qualitative and quantitative data internally. Data sharing and cross-site analyses were performed between Fall 2025 and Spring 2026.

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