

## New Policy Brief

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



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.<sup>1,2</sup>

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.<sup>3</sup> Poverty is linked to maternal mortality, chronic disease, and poor mental health — outcomes concentrated among Black parents.<sup>4</sup> 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.<sup>4</sup> 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.

A new [policy brief](#) from CRHLP and the [Mother Infant Cash Coalition](#) examines the baseline demographics of 977 participants across four unconditional direct cash assistance programs serving pregnant and postpartum people nationwide. The analysis led by Graduate Researcher Monika Nayak, Research Analyst Leslie Serrano, MPH and CRHLP Research Director Subasri Narasimhan, PhD, MPH found that participants received an average of \$920 per month in direct cash support, helping families manage the financial strain associated with pregnancy, childbirth, and the postpartum period.

Participants described using cash assistance to cover basic expenses, bridge the gaps in paid leave, and to weather medical emergencies. Despite some participation in public assistance programs, participants reported barriers to accessing the public assistance they qualified for, including administrative burdens, documentation requirements, and income eligibility restrictions, highlighting that cash assistance filled in where public benefits sometimes fell short.

The [report](#) concludes that direct cash assistance can reduce financial and emotional stress during the perinatal period. Direct cash serves as an important tool for addressing the health and economic inequities that disproportionately affect low-income families

and Black and brown parents. Our work on unconditional cash is part of the Center's priorities to promote new innovations to tackle persistent maternal health disparities and to make family-building more accessible.

## Q&A

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This week, we're excited to highlight one of our summer fellows, Raven Bedewyi, who recently joined the Center. A second-year law student at UCLA Law and an Equal Justice America Fellow, Raven previously interned with the ACLU of Southern California. We sat down with Raven to learn more about what drew her to the Center, her goals for the summer, and what's inspiring her as she enters this new role.

**Q:** Can you please tell us a bit about yourself and what initially drew you to apply for a summer fellowship with the Center?

**A:** I originally moved to attend UCLA for undergrad and am now about to start my third year at UCLA Law. In undergrad, I majored in Human Biology and Society, which is an interdisciplinary program that encompasses both the technical aspects of the sciences and how they interact with society. I first became interested in reproductive health through these classes, and the ability to create change through policy and legal work was what ultimately drew me to law school. I applied for a summer fellowship with the Center because of my interest in reproductive health and my desire to work on these issues in the future. I was also drawn to the Center's interdisciplinary approach because it reflected my own academic background, and I was excited by the opportunity to see how that kind of work plays out in legal advocacy and policy work in practice. I had been following the Center's work for a long time, so it was especially exciting to join the team this summer!

**Q:** How do you hope to use what you will learn here in your future work or studies?

**A:** I plan to pursue a career in health law and policy, so one of the things I hope to take away from this experience is a better understanding of what that work can look like in practice. One of the most valuable lessons I have gained from my time at the Center is seeing how legal research can support broader advocacy efforts and serve as a resource for other organizations, advocates, and communities. Seeing how the Center uses reports, amicus briefs, and resources like its trackers to support reproductive healthcare access has helped me better understand the different ways legal work can create change. One of the reasons I was originally drawn to law was the opportunity to use specialized knowledge to help others, and this experience has felt like an excellent example of that.

**Q:** What's been the most surprising or impactful part of your fellowship experience so far?

**A:** I think one of the most impactful parts of my experience has been finding a sense of community within the Center. Public interest work often involves difficult issues, and progress can sometimes feel slow. Seeing how collaborative and supportive everyone at the Center is has reinforced for me how important that sense of community is in this kind of work. It has also been incredibly valuable to see how people from different disciplines and professional backgrounds come together around a shared commitment to reproductive healthcare access. Experiencing that collaboration has shown me that effective advocacy relies on many different perspectives and areas of expertise.

## Event Recaps

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On June 11, CRHLP joined the Los Angeles Guild for Reproductive Health for *Community & Conversation: Reproductive Health in America*, an evening of discussion and community building focused on the state of reproductive health care in the United States. Staff Attorney Cathren Cohen joined Dr. Kim Bader and moderator Amanda Smith for a conversation about the challenges and opportunities facing reproductive health access at both the local and national levels.

## Policy News

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[The Williams Institute at UCLA School of Law](#) has released a new report, [Current Challenges for Transgender Parents in an Increasingly Anti-Transgender Sociopolitical Climate](#). The report provides valuable data and insight into how the current anti-trans policy landscape and the *Dobbs* decision is shaping family formation and parenting decisions for transgender and nonbinary parents. Researchers collected data in 2025 from a community sample of 108 transgender and nonbinary parents to

examine the routes and barriers to becoming parents and the impact of an increasingly anti-transgender landscape on their parenting plans. The report finds that over half of surveyed transgender parents with minor children cited an increasingly hostile anti-LGBTQ legislative and social climate as a barrier to future parenting. Over half also indicated that the U.S. Supreme Court's decision in *Dobbs* has affected their future parenting plans, with nearly 40% reporting that the decision led them to have fewer children than they originally intended.

Read the full report [here](#).



Photo credit: AP News

The FDA is [moving forward](#) with a review of mifepristone, one of the two medications used in abortions in the United States, reportedly a retrospective study re-examining hundreds of thousands of cases. According to agency officials, interim results could be released as early as July. The review comes amid ongoing efforts by the Trump administration and anti-abortion advocates to impose additional restrictions on mifepristone.

As outlined in the [amicus brief](#) CRHLP submitted with colleagues from ANSIRH and O'Melveny & Myers on behalf of 360 reproductive health researchers, the scientific evidence conclusively demonstrates that mifepristone is extremely safe and effective, including when provided through telehealth. While the FDA [has](#) not indicated it is contemplating revoking mifepristone's approval altogether, experts worry a politicized review could be used to justify new restrictions on access, including limits on telehealth prescribing, mailing of the medication, or who may prescribe it.

To learn more about efforts to protect or restrict access to mifepristone, use our [Mifepristone Litigation and Federal Action Tracker](#).

## Legal News

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Photo credit: NBC News

A unanimous [decision](#) from Nevada's Supreme Court has blocked enforcement of a decades-old law that would have required parental notification or a judicial bypass before a minor can obtain an abortion. The law was initially blocked and held unconstitutional by a federal court in 1985. After the Dobbs decision, two Nevada district attorneys filed a federal lawsuit to vacate the injunction, successfully arguing that the change in law meant there was no longer a valid basis for the court's judgment. To stop the law from going back into effect, a Planned Parenthood clinic and doctor in Nevada filed a new challenge under the state constitution. In the state court case, they argue that the law lacks clear standards for providers attempting to comply with its requirements and fails to provide adequate procedural protections for young people seeking abortion care. The state high court has held that the law is likely unconstitutionally vague and found that allowing it to remain in effect would risk arbitrary and discriminatory enforcement. While further proceedings are [expected](#), the decision preserves access to abortion care for minors in Nevada while the litigation continues.



The New Mexico Supreme Court has [declined to block](#) a new state policy directive requiring child welfare officials to take immediate custody of newborns diagnosed with fetal alcohol syndrome or substance exposure. The policy, implemented by the state's Children, Youth and Families Department in 2025, has been criticized by advocates and lawmakers as inconsistent with state law and harmful to families seeking medical care and support. Those challenging the law [argue](#) that the policy creates a blanket removal requirement that fails to account for individual circumstances and undermines the rights of parents and children to be together. In support of the challenge, [Pregnancy Justice filed an amicus brief](#) arguing that the directive violates New Mexico's 2023 reproductive and gender-affirming health care freedom law as well as state constitutional protections for bodily autonomy and family integrity. The court's decision leaves the policy in place as litigation continues.

## Food for Thought

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With so much going on in the world of reproductive health, law, and policy, every week we'll share articles, books, and media you might have missed.

[Working While Menopausal](#)

[Illinois' Law Protects Abortion. She Says She Still Couldn't Get Treatment For Her Ectopic Pregnancy.](#)

[These Republican Lawmakers Challenged Abortion Bans. Then They Faced Backlash.](#)

[Ableism Still Saturates The Abortion Rights Debate. It's A Problem For Reproductive Justice.](#)



Reimagining the future of reproductive health, law, and policy.

UCLA Center on Reproductive Health, Law, and Policy is a think tank and research center created to develop long-term, lasting solutions that advance all aspects of reproductive justice, and address the current national crisis of abortion access.

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