Can Expanding Contraceptive Access Reduce Adverse

Infant Health Outcomes?

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Abstract

This paper investigates how expanding access to Long-Acting Reversible Contraceptives (LARCs) leads to positive selection in the health of the cohorts of children being born.  I exploit the staggered timing of three privately funded programs which widely distributed LARCs at no cost to mostly lower income women in Colorado, Iowa and St. Louis as a source of plausibly exogenous variation in LARC access. I implement an event-study design which compares trends in treated counties with other U.S. counties which had similar family planning clinics offering LARCs but which did not receive additional funding to widely distribute them at no cost to the patient. I find that expanded LARC access led to reductions of approximately 1.0 `extremely preterm’ births and 1.1 infant deaths per 1,000 live births.  I find significant reductions in infant mortalities due to birth defects, maternal pregnancy complications, Sudden Infant Death Syndrome (SIDS), and homicide. These effects only appear in counties with Title X clinics through which the programs were implemented, ruling out the possibility that statewide changes in Iowa and Colorado could be behind them.  These results suggest that giving lower income women the autonomy to choose when and if to have children has the potential to reduce adverse infant health outcomes and could decrease the infant mortality gap between the US and other leading economies.

JEL codes: J13, I18, I12

Keywords: Contraceptive access; Infant mortality; Preterm birth; Family planning