

ABIGAIL DOW

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EDUCATION

Ph.D. Economics, Boston University (2021 –)
M.Sc. Economics, University College London (Distinction) (2018-2019)
B.A. Economics & Management, The University of Oxford (2.1) (2013-2016)

EMPLOYMENT

Harvard T.H. Chan School of Public Health
Research Assistant to Prof. Margaret McConnell (2022-2024)

University College London
Research Assistant to Prof. Gabriella Conti (2019-2021)

U.K. Government Economic Service
Assistant Economist, Dept. for Business, Energy & Industrial Strategy
Labour Markets (2019-2020)
Strategic and International Energy Analysis (2018)
Consumer and Competition Policy (2017-2018)
Regulatory Policy Committee Secretariat (2016-2017)

WORKING PAPERS

- “The Price of Parenthood: Childcare Costs and Fertility”
- “Does More Prenatal Care Improve Health Outcomes? Evidence from Paid Sick Leave Mandates”
- “Intensive Nurse Home Visiting and Perinatal Mental Health in Low-Income Mothers”
Abigail Dow, Dea Oviedo, Michelle Woodford Martin, Mary Ann Bates, Katherine Baicker, Alecia McGregor, and Margaret McConnell

WORK IN PROGRESS

- “Disbelieved and Unrelieved? Gender in Doctor Patient Relationships”
- “Urban Parks and Health”
Abigail Dow, Jessie Lu, and Graeme Peterson

PRE-DOCTORAL RESEARCH AND POLICY BRIEFS

- Conti, Gabriella and Dow, Abigail. 2020. “The Impacts of COVID-19 on Health Visiting Services in England: FOI Evidence for the First Wave”
Featured in the Institute of Government’s “The Week in Public Services”. Referenced in BBC News coverage of the EEF report on the damage of lockdown to child speech and language skills.

- Conti, Gabriella and Dow, Abigail. 2020. “The Impacts of COVID-19 on Health Visiting in England ” *Featured in BBC Radio 4 File on 4, The Guardian, Medical Xpress, Nursery World, UCL News, The Institute of Health Visiting, Nursing Times, Children and Young People Now. Included as written evidence for the UK Public Services Committee inquiry Children in Crisis: The Role of Public Services in Overcoming Child Vulnerability.*
- Conti, Gabriella and Dow, Abigail. 2020. “Rebuilding the Health Visiting Workforce: Costing Policy Proposals ”

AWARDS & FELLOWSHIPS

- 2024 ASHEcon Program Chair Award for Maternal, Sexual, and Reproductive Health
- 2024 Boston University GSO Conference Grant
- 2024 Berkeley/Sloan Summer School in Environmental and Energy Economics Grant

CONFERENCES & WORKSHOPS

2026: ASSA (*upcoming*)

2025: BU Applied Micro Dissertation Workshop, ASHEcon, SEHO, APPAM (*upcoming*), Harvard Health Econ PhD Workshop (*upcoming*)

2024: ASHEcon, APPAM, Harvard Health Econ PhD Workshop

2023: BU Applied Micro Dissertation Workshop

2021: Wellcome Trust Longitudinal Studies Conference

TEACHING

- **Boston University, Dept. of Economics**
Introductory Microeconomic Analysis, Undergraduate level (*2022 –*)
Head Teaching Assistant (*2023, 2025 –*)

SERVICE

- BU Graduate Economic Association Officer (*2023-2024*)
- U.K. Civil Service Women in Economics Network Committee (*2017-2020*)
- Gender in the U.K. Government Economic Service Initiative (*2017-2018*)

SKILLS

R, Stata, Qualtrics, SQL (proficient); Python, Matlab (basic)

CITIZENSHIP

United Kingdom, Hungary

REFERENCES

Prof. Kevin Lang
Boston University
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Prof. Patricia Cortés
Boston University
Phone: (617) 353-3646
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Prof. Tal Gross
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Prof. Anna Sinaiko
Harvard University
Phone: (617) 432-6472
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PAPER ABSTRACTS

The Price of Parenthood: Childcare Costs and Fertility (Job Market Paper)

Across the developed world, fertility rates have fallen below replacement level, raising concerns over shrinking workforces and ageing populations. U.S. birthrates have reached historic lows, and high childcare costs pose a financial barrier to parenthood. This paper studies how childcare prices shape fertility decisions - whether to have children, when to have them, and how many to have. Using an instrumental variables approach that exploits state-level childcare regulations that effectively shift the price of childcare, I find that higher prices reduce birth rates, delay first births, and lengthen the interval between first and second births. A 10% increase in the price of childcare leads to a 5.7% decrease in the birth rate (4 births per 1000 women). Reduced form results show that changes in the regulations directly impact birthrates. Declines are largest amongst women aged 30 and above. I propose a theoretical model to explain this age gradient: older women earning higher wages face a greater opportunity cost of their time and thus outsource childcare, making them more sensitive to its price. Consistent with the model's predictions, older parents spend more on formal childcare, and more educated women (with higher incomes) exhibit greater price sensitivity. Additionally, older mothers are more likely to be considering higher order births, which I find to be more price sensitive.

Does More Prenatal Care Improve Health Outcomes? Evidence from Paid Sick Leave Mandates

High rates of maternal and infant mortality rates in the U.S. have generated significant concern amongst policymakers. Prenatal healthcare use can protect mothers and infants against health complications, but the inability to take time off work can be a barrier to care-seeking. I analyse the effects of U.S. state-level sick pay mandates on maternal healthcare utilisation and find that prenatal care use increases by 8%. I then evaluate the effectiveness of prenatal care on health outcomes. I find that more prenatal care has no statistically significant effect on severe and rare outcomes but reduces postnatal depression diagnoses by 7%.

Intensive Nurse Home Visiting and Perinatal Mental Health in Low-Income Mothers

Abigail Dow, Dea Oviedo, Michelle Woodford Martin, Mary Ann Bates, Katherine Baicker, Alecia McGregor, and Margaret McConnell

Depression during and after pregnancy is more common for low-income women, with nearly a quarter experiencing depression across the perinatal period. Intensive supplemental programs, such as nurse home visiting, have been proposed as a way to improve mental health outcomes for low-income women and address racial disparities originating from social determinants of health. These racial disparities are evident in mental health outcomes; Black women are less likely to have their depression diagnosed or treated. We evaluate the impact of the Nurse Family Partnership (NFP) on mental health outcomes and racial disparities using a large-scale RCT in South Carolina. We find that NFP had no statistically significant impacts on mental health diagnoses and treatment overall. Results show that NFP did not reduce racial disparities in outcomes; NFP participation lowered depression treatment rates for Black mothers but increased rates for White mothers, though differences were not robust to multiple inference adjustment.