

# I Wish I Were Born in Another Time: Unintended Consequences of Immigration Enforcement on Birth Outcomes\*

Hoa Vu<sup>†</sup>

January 20, 2023

## Abstract

This paper studies the effects of Secure Communities (SC), a wide-ranging immigration enforcement program, on infant health outcomes in the United States. Using administrative birth certificate data together with event study and triple-difference designs, I find that SC increases the incidence of very low birth weight by 20% for infants of foreign-born Hispanic mothers, who were most likely to be affected by immigration enforcement. There is suggestive evidence that the results are consistent with (i) changes in maternal stress induced by deportation fear and (ii) inadequate prenatal nutrition. A back-of-the-envelope calculation suggests that the unintended social cost of immigration enforcement approaches \$1.5 billion annually.

**Keywords:** Secure Communities, immigration enforcement, infant health.

**JEL Classification:** I10, I12, I14, I18, K00, K37

---

\*I am grateful to David Slusky for continuous guidance and encouragement and to Crystal Yang, Delia Furtado, Ludovica Gazze, Donna Ginther, Sarah Miller, Dan Millimet, Van Pham, Tsvetan Tsvetanov, and Carly Urban for their valuable comments and suggestions. I thank Charlie Brown, Mike Muller-Smith, Jim Sullivan, and seminar participants at the University of Kansas, Kansas State University, the Kansas Health Economics Conference 2020, H2D2 Research Day 2020, EMCON 2020, APPAM 2020, SEA 2020, V Workshop on Immigration, Health and Wellbeing 2021, NBER Health Care Program Meeting Fall 2021, and ASHEcon 2022 for helpful comments and discussions. I also thank the staff at the National Vital Statistics System who provided me with both data and general guidance. All errors are my own.

<sup>†</sup>Department of Population Health Sciences, University of Wisconsin-Madison, 610 Walnut St, Madison, WI 53726. Email: [hoa.vu@wisc.edu](mailto:hoa.vu@wisc.edu).

# 1 Introduction

Immigration enforcement has been a contentious issue in recent years, with significant changes in policy and increased enforcement efforts. However, little research has been done to understand the impact of these policies on the health of infants in immigrant communities. This is an important area of study as the health and well-being of infants can have a long-lasting impact on their development and future success (Almond et al., 2018). Therefore, it is essential to investigate the effects of immigration enforcement on infant health to understand the potential consequences of these policies and inform policy decisions that can improve the health and well-being of these vulnerable populations.

In this paper, I evaluate the impact of the most restrictive national immigration policy in the U.S. on birth outcomes of U.S.-born Hispanic infants. In particular, I examine the impact of the Secure Communities (SC) program, which was implemented between 2008 and 2014, and resulted in the deportation of nearly 450,000 immigrants.<sup>1</sup> The SC program was a federal immigration enforcement program that aimed to identify and deport non-citizens with criminal records. It was implemented in many jurisdictions across the country and was widely criticized for leading to the deportation of many individuals who did not have serious criminal records.

To identify the potential unintended consequences of SC on Hispanic infants' birth outcomes, I exploit a quasi-experimental staggered rollout of SC across counties due to various technological constraints. Specifically, I collect the data on the SC activation date at the county level and merge these data with administrative birth certificate data from 2005–2016. Doing this allows me to estimate a triple-difference model comparing birth outcomes of Hispanic infants to non-Hispanic infants, in counties that activated SC relative to counties that had not yet activated.

I show that SC has adverse consequences on the incidence of VLBW and LBW of Hispanic

---

<sup>1</sup>See <https://trac.syr.edu/phptools/immigration/secure/>.

infants. On relative conservative estimates, infants of likely undocumented mothers<sup>2</sup> are 20% more likely to be born VLBW and are 10.6% more likely to be born LBW, compared to non-Hispanic infants. Compared to other traumatic experiences affecting birth weights, exposure to SC is as large as the effect of losing a family member (Persson and Rossin-Slater, 2018).

I examine the validity of my identification strategy using two placebo tests. First, I reproduce the analysis, but instead of focusing on infants of foreign-born Hispanic mothers as the potential treated group, I focus on a population group that I know *ex ante* should not be affected by immigration enforcement: infants of non-Hispanic white citizens.<sup>3</sup> I find no effects on this population: all estimated coefficients are indistinguishable from zero and are statistically insignificant.

The second test consists of another placebo analysis that involves estimating the same regressions for a placebo characteristic, whether an infant was born on “odd days”, which should not be affected by heightened immigration enforcement.<sup>4</sup> As expected, I find that the chance of infants being born on “odd days” was similar between Hispanics and non-Hispanics. Specifically, all event study coefficients are close to zero and statistically insignificant, patterns that are consistent with the parallel trends assumption holding. My results are also robust to a variety of modeling and specification choices, and to implementing a version of Sun and Abraham (2021)’s approach to address potential biases that can occur in two-way fixed effects specifications in staggered rollout designs.

There are many possible ways exposure to immigration enforcement can affect birth outcomes. I discuss evidence in favor of two possible mechanisms: (i) maternal stress due to fear induced by immigration enforcement and (ii) worse prenatal nutrition due to lower

---

<sup>2</sup>I follow the literature defining likely undocumented immigrants as Hispanic non-citizen high school dropouts. This is not a perfect proxy but is the standard method on estimating undocumented population in the U.S. (see Warren, 2014; Capps et al., 2018; Passel and Cohn, 2018, for a discussion). Indeed, around 80% of unauthorized immigrants are from Latin America in 2016 according to the Pew Research Center’s estimation (Passel and Cohn, 2018).

<sup>3</sup>Specifically, I estimate a difference-in-differences specification for a sample of infants of white citizen mothers, before versus after SC activation, between treatment and control counties.

<sup>4</sup>Odd days are Sunday, Tuesday, Thursday, and Saturday.

participation in safety net programs and lower rates of employment among undocumented immigrants. I also rule out some important potential channels including changes to migration and engagement in adverse maternal behavior such as smoking.

This paper contributes to three strands of literature. The first is a growing literature on the direct effects of SC on immigrants and its spillover effects on citizens. Evidence shows that SC does not have any impact on crime rates ([Miles and Cox, 2014](#)), increases the poverty risk and the likelihood of being in foster care for Hispanic youth ([Amuedo-Dorantes et al., 2018](#); [Amuedo-Dorantes and Arenas-Arroyo, 2018](#)), decreases safety net program participation of non-citizens ([Watson, 2014](#); [Padraza and Zhu, 2014](#); [Vargas and Pirog, 2016](#)) and Hispanic citizens ([Alsan and Yang, 2019](#)). SC also reduces rates of employment among low-skilled non-citizen males ([East et al., 2019](#)) and high-skilled citizen mothers ([East and Velasquez, 2020](#)), and worsens the mental health of Hispanic immigrants ([Wang and Kaushal, 2019](#)). In a concurrent and complementary analysis, [Amuedo-Dorantes et al. \(2022\)](#) shows that intensified enforcement increases the likelihood of low birth weight.

This paper advances this literature in two ways. First, I provide causal evidence on the effects of immigration enforcement on birth outcomes of U.S.-born Hispanic infants. Second, I discuss evidence about two possible mechanisms whereby SC could affect infants' health: (i) maternal stress due to deportation fear and (ii) inadequate nutrition during pregnancy. Given that SC was reactivated in 2017, knowing the spillover impact of local immigrant enforcement on future citizens' health would allow policymakers to make more informed decisions or design and create different types of policies.

The second strand is the literature on understanding why inequality persists ([Piketty and Saez, 2003](#); [Nolan et al., 2012](#)). I contribute to this literature by providing novel evidence that anti-immigration policies may be a crucial and understudied mechanism through which early life health disparities perpetuate persistent economic inequality between different groups of people.

The third strand is a large literature on both the short- and long-term effects of fetal stress exposure on birth and adult outcomes, recently reviewed by [Almond and Currie \(2011\)](#). The stressors can come from impacts on (i) physical health such as malnutrition ([Almond and Mazumder, 2011](#); [Almond et al., 2011](#); [Hoynes et al., 2011](#); [Rossin-Slater, 2013](#); [Hoynes et al., 2016](#)), intimate partner violence ([Currie et al., 2019](#)), pollution ([Almond et al., 2009](#); [Sanders, 2012](#); [Isen et al., 2017](#)), diseases ([Almond, 2006](#); [Barreca, 2010](#)), and famine ([Almond et al., 2010](#); [Scholte et al., 2015](#)); or from (ii) impacts on both mental and physical health such as the loss of a loved one ([Black et al., 2016](#); [Persson and Rossin-Slater, 2018](#)), terrorist attacks ([Berkowitz et al., 2003](#); [Lauderdale, 2006](#); [Camacho, 2008](#)), and natural disasters ([Tan et al., 2009](#); [Simeonova, 2011](#); [Torche, 2011](#); [Currie and Rossin-Slater, 2013](#)). I add to this literature by providing novel evidence on using in utero exposure to an anti-immigration policy to identify the effects of maternal stress on birth outcomes.

The rest of the paper proceeds as follows. I provide further detail regarding the literature and the background of SC in Section 2. Section 3 and Section 4 discuss data and empirical framework. I discuss results on birth outcomes, placebo tests, mechanisms, and robustness checks in Section 5, and Section 6 concludes.

## 2 Background and Literature

### 2.1 Policy Background

Secure Communities (SC) is one of the largest deportation programs in the U.S. history.<sup>5</sup> The program was started in October 2008 and was temporarily suspended in October 2014 but was reactivated in January 2017. To build deportation capacity, SC relies on partnership between U.S. Immigration and Customs Enforcement (ICE), the Federal Bureau of Investigation (FBI), and local law enforcement agencies. The program objective is to help ICE

---

<sup>5</sup>For comprehensive reviews of SC, see [Cox and Miles \(2013\)](#) and [Alsan and Yang \(2019\)](#).

arrest and remove individuals who violate federal immigration laws, including those who are convicted of serious criminal offenses. From 2008 to 2014, ICE deported over 450,000 immigrants under SC.

The deportations of people with minor offenses or no offense creates fear among immigrant groups. Ordinarily, the fingerprints of county and state arrestees are only submitted to the FBI; however under SC, the prints go to ICE as well. Fingerprint matching databases have made it much easier to determine whether an arrested individual is, for instance, unlawfully present in the country. Technically, any arrested non-citizens can be subject to deportation (including legal immigrants and green card holders). For undocumented immigrants, even minor offenses can trigger deportations. Indeed, nearly half of the deportees under SC had only minor offenses (such as public drunkenness or jaywalking) or no offense at all.<sup>6</sup> This has been argued to increase fear and decrease participation in public benefit programs.<sup>7</sup>

## 2.2 Immigration Enforcement and Birth Outcomes

The existing evidence on the birth outcome effects of fetal stress exposure to immigration enforcement is limited. Only a few recent studies appear to examine the impacts of immigration enforcement policies on birth outcomes of U.S.-born infants. [Novak et al. \(2017\)](#) use birth certificate data for all births in Iowa from 2006 to 2010 to study the impact of a 2008 federal immigration raid in Postville, Iowa on birth outcomes. Using a modified Poisson regression, the authors find that the raid was associated with a 24% increase in risk of LBW for infants born to Hispanic mothers compared with the same period one year earlier. While this study was primarily descriptive, it is the first evidence on adverse consequences of an immigration raid on infant health. [Torche and Sirois \(2018\)](#) examine the effects of the passage of a restrictive immigration bill - Arizona's Senate Bill 1070 on birth

---

<sup>6</sup>See <https://trac.syr.edu/phptools/immigration/secure/> for more information.

<sup>7</sup>See [DHS Community Resilience Task Force Report](#), [Watson \(2014\)](#), [Padraza and Zhu \(2014\)](#), and [Vargas and Pirog \(2016\)](#).

outcomes of Latina women in Arizona. Using a difference-in-differences model, the authors find that exposure to Arizona’s SB 1070 increased the low birth weight incidence among Latina immigrant women. [Tome et al. \(2021\)](#) explore the effect of Section 287(g)<sup>8</sup> of the Immigration and Nationality Act on birth outcomes in Mecklenburg County, North Carolina. Using long-form birth certificate data from the North Carolina Detailed Birth Records, the authors use two identification strategies: difference-in-differences and triple-difference case control regression analysis. They find that 287(g) was associated with a 3.5 percentage point increase in the incidence of LBW infants. These are case studies of a particular state (Arizona), county (Mecklenburg, North Carolina), or city (Postville, Iowa), therefore, the results obtained from these policies are not generalizable nationally or to SC - a national immigration enforcement program.

In addition to these studies, in a contemporaneous study, [Amuedo-Dorantes et al. \(2022\)](#) finds that intensified enforcement increases the likelihood of low birth weight among likely undocumented mothers. The current study complements [Amuedo-Dorantes et al. \(2022\)](#) by identifying the impacts of a single immigration enforcement policy (SC) while [Amuedo-Dorantes et al. \(2022\)](#) estimate the pooled effects of several policies at both federal and local level (287(g) agreements, SC, E-Verify, and omnibus immigration laws). The pooled effects might not apply to and underestimate the effects of SC, one of the largest deportation programs in U.S. history ([Cox and Miles, 2013](#)). Understanding the precise unintended consequences of SC is crucial for future immigration regularization proposals.

---

<sup>8</sup>Both SC and 287(g) identify and deport undocumented immigrants who have been arrested by local officers and deputies. The difference between SC and 287(g) is that SC is an automated fingerprint matching system that screens criminal aliens for removal that is run by ICE. While under 287(g), aliens who have been arrested are screened by *local* officers in that jurisdiction.

### 3 Data

This paper uses several data sources to measure birth outcomes and maternal outcomes as well as information about the activation of SC.

*SC rollout data:* I have obtained information about the SC rollout dates as well as the monthly number of detainees, or “immigration holds”<sup>9</sup>, and the monthly number of removals under SC from ICE public records and Transactional Records Access Clearinghouse (TRAC) Immigration.<sup>10</sup> Figure 1 shows the rollout of SC across counties in the U.S. The figure shows there are crucial variations in the SC activation, both across counties and through time, which I exploit in identifying the effects of SC on birth outcomes.

One relevant question is whether SC was associated with the number of removals. Figure A.1 shows the total number of detainees per year. There is an abrupt increase in the number of detainees immediately following SC activation in 2008. This serves as evidence that SC was associated with the increasing number of removals.

*Vital Statistics Natality data:* To measure birth outcomes, I use restricted access 2005–2016 natality data from the National Center for Health Statistics. The natality data are the largest and most complete data source on births to U.S.- and foreign-born women. Data on the month, year, and county of birth allow me to link the birth data to SC activation dates in a given county. The data include infants’ characteristics such as birth weight, gender, plurality, and gestational length. There are also demographic variables, including age, race, education, marital status, and birthplace of mothers.

*County population data:* I use the Surveillance, Epidemiology, and End Results (SEER) population data to construct a fertility rate that is defined as the number of births per 1,000 women ages 15–44. First, the SEER population data are used to estimate the population

---

<sup>9</sup>An ICE detainer is a written request that a local jail or other law enforcement agency detain an individual for an additional 48 hours to provide ICE agents extra time to decide whether to take the individual into federal custody for removal purposes.

<sup>10</sup>TRAC is a data gathering, data research, and data distribution organization at Syracuse University. See <https://trac.syr.edu/aboutTRACgeneral.html> for more details.



of women ages 15–44 by county-race-year. These population counts are then combined with births by county-race-month-year to construct the fertility rate, which is the number of births per 1,000 women age 15 to 44.

## 4 Empirical Framework

To examine the causal effect of SC on birth outcomes of likely undocumented immigrants, I use the SC program’s staggered rollout across the counties. My main specification is a triple-difference model comparing Hispanic infants to non-Hispanic groups (first difference), before versus after the SC activation (second difference), in treated versus control counties (third difference). Specifically, I estimate the model with county, state, month, and year of birth fixed effects as follows:

$$Y_{icsmy} = \alpha + \beta_1(SC_{cmy} \times HISP_i) + \beta_2 SC_{cmy} + \beta_3 HISP_i + \gamma_1 X_i + \gamma_2 Z_{sy} + \gamma_3 Z_{csy} + \delta_s \cdot t + \mu_c + \theta_m + \lambda_y + \epsilon_{icsmy} \quad (1)$$

for each individual  $i$  in county  $c$ , state  $s$ , for birth month  $m$ , and birth year  $y$ .  $Y_{icsmy}$  is the outcome of interest.  $SC_{cmy}$  is the SC activation treatment variable and equals one if  $i$ ’s conception date is after the SC activation and zero otherwise.  $HISP_i$  is an indicator for Hispanic ethnicity.  $X_i$  is a vector of individual control variables for maternal and infant characteristics, including four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, and a dummy for male birth.  $Z_{st}$  contains annual state-level controls including unemployment rate and percentage of population who are Hispanic, black, white, and female ages 15–44.  $Z_{cst}$  includes race-by-county unemployment changes during the Great Recession to account for differential impacts of the recession by race. The term  $(\delta_s \cdot t)$  is a state-specific time trend where  $t = \text{year} - 2005$ .

County ( $\mu_c$ ) and year ( $\lambda_t$ ) fixed effects are included to capture national shocks and time-invariant unobserved heterogeneity that might affect birth outcomes. Month of birth ( $\theta_m$ ) fixed effects are included in my preferred specification to adjust for monthly shocks that affect birth outcomes such as changes in weather conditions. The coefficient  $\beta_1$  provides an estimate of the triple difference, which describes the effect of SC on birth outcomes of Hispanic infants relative to all non-Hispanic infants (both black and white), compared to counties that have not yet activated SC.

In all specifications, I follow [Alsan and Yang \(2019\)](#) and [East et al. \(2019\)](#) in excluding border counties since SC programs were activated in those counties early and this selection in activation could bias my results.<sup>11</sup> I also follow [Alsan and Yang \(2019\)](#) in excluding Illinois, Massachusetts, and New York, as governors in these states attempted to opt out by ending their memorandum of agreement with the Department of Homeland Security regarding SC activation in the spring of 2011. I require counties to have at least 30 births per year to prevent estimation problems associated with thinness in the data. The results are not sensitive to this sample selection, and standard errors are clustered at the county level ([Bertrand et al., 2004](#)).

To measure the spillover effect of SC on birth outcomes of U.S.-born Hispanic infants, I would ideally like to directly examine birth outcomes of infants of undocumented mothers. However, there are no available data that allow for precise identification of undocumented mothers at the individual level. Therefore, I follow the literature defining likely undocumented immigrants as Hispanic non-citizen high school dropouts.<sup>12</sup> This is an important

---

<sup>11</sup>The border counties I exclude from all analyses are as follows: San Diego County, CA; Imperial County, CA; Yuma County, AZ; Pima County, AZ; Santa Cruz County, AZ; Cochise County, AZ; Hidalgo County, NM; Luna County, NM; Dona Ana County, NM; El Paso County, TX; Hudspeth County, TX; Jeff Davis County, TX; Presidio County, TX; Brewster County, TX; Terrell County, TX; Val Verde County, TX; Kinney County, TX; Maverick County, TX; Webb County, TX; Zapata County, TX; Starr County, TX; Hidalgo County, TX; and Cameron County, TX.

<sup>12</sup>This is the standard method on estimating undocumented population in the U.S. (see [Warren \(2014\)](#); [Capps et al. \(2018\)](#); [Passel and Cohn \(2018\)](#) for a discussion). Indeed, around 80% of unauthorized immigrants are from Latin America in 2016 according to the Pew Research Center's estimation ([Passel and Cohn,](#)

limitation and may not accurately reflect immigration status for some members in my sample. For example, a mother who was born outside of the U.S. but was granted citizenship through naturalization causes me to misclassify that individual was undocumented. In general, I expect that this misclassification will bias my estimates toward zero.

I supplement the triple-difference model with an event study style model to see if there is a systematic difference in birth outcomes for Hispanic infants before the SC activation across counties. This also allows me to evaluate the dynamics impacts of SC. The event study specification is the following:

$$Y_{icsmy} = \alpha + \sum_{\substack{r=-5 \\ r \neq -1}}^4 \beta_1^r \cdot \mathbf{1}[r = t] \cdot HISP_i + \sum_{\substack{r=-5 \\ r \neq -1}}^4 \beta_2^r \cdot \mathbf{1}[r = t] + \gamma_1 X_i \\ + \gamma_2 Z_{sy} + \gamma_3 Z_{csy} + \delta_s \cdot t + \mu_c + \theta_m + \lambda_y + \epsilon_{icsmy}, \quad (2)$$

where  $\mathbf{1}[r = t]$  is an indicator for each period (the year prior to SC activation,  $r = -1$ , is omitted). The coefficients of interest,  $\beta_1^r$ , describe the effects of SC on birth outcomes of Hispanic infants in the year before and after SC activation relative to non-Hispanic infants after adjusting for model covariates. These estimates are intention-to-treat effects of SC on infant health relative to the year before SC began ( $r = -1$ ). All the controls and fixed effects are the same as in Equation (1).

## 4.1 Identifying Assumption

My identification relies on a key assumption that “the event” (in this case, SC activation) is uncorrelated with other determinants of changes infant health. I verify the validity of this identification assumption in two ways. First, I implement a variant of Fisher’s permutation or randomization inference test (Fisher, 1935).<sup>13</sup> To implement this exercise, I estimate

---

2018).

<sup>13</sup>This test has been suggested and used by Conley and Taber (2011), Agarwal et al. (2014), Cohen and Schpero (2018), Alsan and Yang (2019), Grossman and Slusky (2019), and Kuka et al. (2020).

Equation (1) 1,000 times by randomly assigning a placebo SC activation year for each county. Figure 4 plots the histogram of placebo estimates along with vertical solid lines representing my actual triple-difference estimates. The dashed lines are the 5th and 95th percentile of the placebo estimates. The permutation tests show that there are no mechanical reasons why my event study framework would generate significant effects.

I then test whether predicted birth outcomes are correlated with SC activation. Using pre-period data, I regress birth outcomes on a large set of observable characteristics and use the estimated coefficients to predict birth outcomes for each infant in the sample.<sup>14</sup> Figure A.2 corresponds to the event study estimates of Equation (2) for the *predicted* likelihood of VLBW and LBW births. In contrast to the main event study estimates in Figure 3(a) and 3(c), the coefficients are insignificant and show no trend breaks in the predicted birth outcomes.

## 5 Results

### 5.1 Effects on Birth Outcomes

Before presenting the formal regression results, I start the examination of changes in the likelihood of VLBW (birth weight < 1,500 grams) and LBW (birth weight < 1,500 grams) for infants of citizen mothers and likely undocumented mothers using a graphical approach. Figure 2 displays the likelihood of VLBW and LBW by year of birth. The likelihood of VLBW trended similarly for infants of citizen mothers and likely undocumented mothers prior to 2010, the year when many counties started to activate SC. Yet, there is a clearly increase in the probability of VLBW and LBW for infants of likely undocumented mothers after 2010.

---

<sup>14</sup>The set of characteristics include gender, year, month, week of birth, indicators for maternal age dummies, indicators for mother being married, maternal race dummies, and maternal education dummies.

Figures 3(a) and 3(c) correspond to the event study estimates described in Equation (2). These figures present the effects of SC on Hispanic infants relative to non-Hispanic infants in each of the five years leading up to a SC activation and four years after the SC activation. The year before the event ( $t = -1$ ) corresponds to an omitted category and is thus normalized to zero by construction.

Figures 3(a) and 3(c) show that in the five years prior to the activation, there is no difference of either the likelihood of a VLBW birth or a LBW birth between Hispanic infants and non-Hispanic infants. On the contrary, these likelihoods start to diverge a few years after the activation: relative to non-Hispanic infants, the risk of VLBW and LBW of Hispanic infants are larger. Specifically, by four years after the SC activation, Hispanic infants have a 20% higher probability of VLBW and a 10.6% higher probability of LBW, compared to non-Hispanic infants.

Table 1 presents the triple-difference results on SC's effects on indicators for VLBW, LBW, premature birth, average birth weight, and average gestation length. In line with the event studies, I find that SC led to statistically significant increases in the likelihood of a VLBW birth and a LBW birth. The magnitudes of the coefficients imply that SC is associated with a 19.8% increase in VLBW (column 1) and a 10.6% increase in LBW (column 2). Compared to other traumatic experiences affecting birth weights, exposure to SC is as large as the effect of losing a family member as estimated in Persson and Rossin-Slater (2018).

My estimates also suggest that in utero exposure to immigration enforcement leads to a negative effect on average birth weight of 12 grams (column 4 of Table 1). However, much of this effect is driven by impacts at births that are already at risk or more vulnerable (Figure A.3).<sup>15</sup> This finding is consistent with Persson and Rossin-Slater's (2018) study on stress

---

<sup>15</sup>Following Almond et al. (2011), figure A.3 further examines the impacts of exposure to immigration enforcement on the distribution of birth weight. Each dot on the solid line is the percentage impact (coefficient/mean) of SC activation to the probability that birth weight is below a given threshold: 1,500, 2,000,

due to family bereavement on birth outcomes. Due to the smaller findings for the average birth weight, average gestation length, and prematurity, I continue to focus only on VLBW and LBW for the remainder of the analysis.

## 5.2 Placebo Tests

I examine the validity of my identification strategy using two placebo tests. First, I reproduce the analysis, but instead of focusing on infants of foreign-born Hispanic mothers as the potential treated group, I focus on a population group that I know *ex ante* should be immune from deportation and SC activation: infants of non-Hispanic white *citizens*. Figures 3(b) and 3(d) correspond to difference-in-differences estimates for a subsample of infants of white citizen mothers, before versus after SC activation, between treatment and control counties.<sup>16</sup> Figures 3(b) and 3(d) show that all effects are close to zero and statistically insignificant. For infants of white citizen mothers, the likelihood of VLBW or LBW in the five years prior and four years after SC activation follows the same trajectories.

The second placebo test involves estimating the same regressions for a placebo characteristic: whether an infant was born on “odd days”, which should not be affected by heightened immigration enforcement.<sup>17</sup> That is, a treatment effect on the likelihood an infant was born on “odd days” indicates that there is some unobservable difference across the treated and control groups that creates a treatment effect where none should exist. Figure A.4 reports the results using “odd days” as the dependent variable. The results indicate that the chance of infants being born on “odd days” was similar between Hispanics and non-Hispanics. The event study coefficients were stable prior to the event and remained at the same level after

---

2,500, 3,000, 3,250, 3,500, 3,750, 4,000, and 4,500 (grams). These percentage impacts are around zero until the birth weight threshold 3,000 and start increasing below threshold 3,000. All percentage impacts are significantly different from zero after threshold 2,500. This figure shows that the effects on birth weight are larger for births at the lower end of the birth weight distribution.

<sup>16</sup>Note that this is a separate difference-in-differences on a subsample of non-Hispanic white citizens, not the  $\beta_2$  coefficients of Equation (1).

<sup>17</sup>Odd days are Sunday, Tuesday, Thursday, and Saturday.

the SC activation.

In sum, both placebo tests reveal precise null effects, confirming that the negative impacts of immigration enforcement do not simply seem to arise by chance.

### 5.3 Mechanisms

In this section, I discuss some potential mechanisms that may explain SC's effects on birth outcomes of infants of Hispanic immigrant mothers documented in the previous section.

*Maternal stress due to deportation fear:* A growing body of evidence suggests that uncertainty about the future and fear surrounding intensified immigration enforcement are associated with poorer self-reported health and mental health, chronic stressors, cardiovascular risk, and inflammation (Vargas et al., 2017; Torres et al., 2018; Martínez et al., 2018), which in turn could increase the risk for VLBW and LBW births. Biological pathways for this influence is that stress increases cortisol, norepinephrine, and inflammation, which affect the fetal environment (see Field et al., 2004; Kinsella and Monk, 2009, for recent reviews). Specifically, maternal stress has been shown to be associated with higher fetal heart rate, higher fetal activity, higher fetal movement, and lower fetal sleep (DiPietro et al., 1996; Allister et al., 2001; Dieter et al., 2008).

I build on these works of public health and medical scholars to test the hypothesis that deportation fear is an important channel driving the infant health results. First, SC has been shown to have negative impacts on mental health of Hispanic immigrants (Wang and Kaushal, 2019). This in turn could affect mothers-to-be and their infants who are particularly vulnerable. To shed light on this mechanism, I examine the relationship between sanctuary county policies and birth outcomes. Sanctuary counties are counties that limit their cooperation with federal immigration enforcement officials. Thus, I expect SC would have weaker effects on Hispanic infants in the sanctuary counties. Following Alsan and Yang (2019), I exploit data on a list of sanctuary counties, obtained via a Freedom of Information

Act request filed by the Immigrant Legal Resource Center.<sup>18</sup> Consistent with the maternal stress mechanism, I find evidence that the likelihood of VLBW and LBW are lower in sanctuary counties compared to the baseline results (columns 2 and 5 in Table 2).

The next test of the maternal stress induced by deportation fear channel exploits heterogeneity of exposure to SC activation. Mothers in counties with a higher deportation rate are more likely to be exposed to immigration enforcement. Hence, one might expect the effects of SC during pregnancy to be larger in these counties. In particular, I determine the deportation rate for each county by dividing the number of deportations recorded in Transactional Records Access Clearinghouse (TRAC) Immigration data by the number of Hispanic non-citizen high school dropouts in that county, as reported by the American Community Survey. I then estimate Equation 1 for counties that have a high rate of deportations (determined as being above the median value). The results are presented in columns 3 and 6 of Table 2. Given my proposed channel, I expect  $\beta_1$  to be increasing in magnitude as the deportation rate increases. Indeed, I find that the effects are more pronounced among infants born in counties with a higher rate of deportation.

Lastly, using the Google Trends data on deportation-related search terms, [Alsan and Yang \(2019\)](#) estimated a difference-in-differences model of SC effects on deportation-related searches such as: deportation, deportacion, immigration, inmigracion, immigration lawyer, abogados de inmigracion. They found a statistically significant increase in these deportation-related searches. This further suggests that maternal stress due to fear of deportation is a potential explanatory factor.

*Poor prenatal nutrition:* While maternal stress is a viable mechanism, lower participation in safety net programs and employment likelihood may also be a critical mechanism due to worse prenatal nutrition. Indeed, a growing literature on the impacts of SC finds that the program reduces non-citizens participating in safety net programs such as Medicaid

---

<sup>18</sup>See [https://www.ice.gov/doclib/ddor/ddor2017\\_02-04to02-10.pdf](https://www.ice.gov/doclib/ddor/ddor2017_02-04to02-10.pdf) for a list of sanctuary counties.



and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Watson, 2014; Vargas and Pirog, 2016) and decreases the likelihood of low-skilled non-citizens being employed (East et al., 2019). These findings suggest that inadequate nutrition during pregnancy could possibly explain the negative effects of SC on birth outcomes of Hispanic infants.

*Maternal behavior changes:* Thus far, I have argued that prenatal stress induced by SC has significant effects on birth outcomes of infants of foreign-born Hispanic mothers. These effects may also occur indirectly through the effects of prenatal stress on maternal behaviors and well-being that in turn affect fetal development. For example, stress may cause mothers to develop hypertension or start smoking, which may then adversely affect the fetus in utero.

Table 3 presents estimates on whether SC activation is associated with the number of prenatal visits; an indicator for WIC (Women, Infants, and Children) take-up; hypertension development; diabetes; and reported tobacco use during pregnancy. I find no statistically significant effects of in utero exposure to immigration enforcement on these maternal risk factors or behaviors, except for a marginally significant impact on diabetes. Overall, I find little effect of pregnancy behavior changes, and these findings support the idea that the estimated effects on birth outcomes are due to stress.<sup>19</sup> I do see some evidence that SC activation is associated with increases in the use of prenatal care during pregnancy. If anything, this would lead me to expect better infant health outcomes and suggests that immigration enforcement effects would be larger in the absence of this association.

*Migration:* It may be the case that undocumented families migrate in response to immigration enforcement. I test this channel using data from the American Community Survey Integrated Public Use Microdata Series data (Ruggles et al., 2019) and show the results in Table 4.<sup>20</sup> The results suggest that SC is not associated with migration rates of Hispanic

---

<sup>19</sup>I do, however, find a negative (albeit insignificant) coefficient on WIC take-up, suggesting that at least part of my estimated impact on birth outcomes may operate through nutrition channels.

<sup>20</sup>The “smallest” geography available in the public use data is the Public Use Microdata Areas (PUMA).

families relative to non-Hispanic families. This is consistent with [Alsan and Yang \(2019\)](#) and [East et al. \(2019\)](#) who find there were not big migration changes as a result of SC. Thus, I believe that migration changes are unlikely driving my results on birth outcomes.

## 5.4 Sensitivity Checks

*Multiple hypothesis testing:* To address the multiple hypothesis testing issue, I follow [Kling et al. \(2007\)](#); [Currie et al. \(2019\)](#) and group my outcomes into a birth outcomes index. The birth outcomes index consists of the following measures: VLBW ( $< 1,500$  grams), LBW ( $< 2,500$  grams), premature birth ( $< 37$  weeks of gestation), continuous birth weight in grams, gestation in weeks, very premature birth ( $< 34$  weeks of gestation), low one-minute Apgar score ( $< 7$ ), NICU admission, any abnormal conditions (six indicators: assisted ventilation, assisted ventilation  $> 6$  hours, admission to NICU, surfactant, antibiotics, and seizures).

This index is created so that a higher value represents a better outcome.<sup>21</sup> Table A.1 presents the results from my main specifications using the index as a dependent variable. The estimates for the effects of in utero exposure to immigration enforcement on birth outcomes are robust to this exercise. Moreover, the estimates suggest that the effects are stronger when the intensity of deportation increases, which support the maternal stress induced by deportation mechanism.

*Compositional/Selection Effects:* The event study results for predicted birth outcomes in Figure A.2, together with the estimates in Columns (2)-(5) Table 4, suggest that compositional/selection effects are not driving the results. In particular, these results show that SC is not correlated with changes in employment rate, poverty rate, and percent immigrants of

---

Because data on the SC activation dates are at the county level, I use crosswalks provided by the Missouri Census Data Center to calculate the population-weighted average of the county values from the PUMA values.

<sup>21</sup>Specifically, I reorient each outcome so that a higher value represents a better outcome. Then, for each ordered outcome, I subtract the mean and divide by the standard deviation. The birth index is defined to be the equally weighted average of the standardized outcomes. See [Kling et al. \(2007\)](#) and [Currie et al. \(2019\)](#) for more detailed information on how the index is constructed.

Hispanics relative to non-Hispanics. I further test the robustness of my estimates to compositional changes in Table A.2 by using maternal characteristics as dependent variables in the exact baseline specification that is used to generate the main results. I do not find a significant association between SC implementation and changes in maternal characteristics such as age and marital status.

*The Great Recession:* The Great Recession had a significant economic impact on the United States. Although the timing of the recession and the SC activation were similar, I am confident that my results are not confounded by the recession for several reasons. First, I estimate Equation (1) including race-by-state unemployment changes during the Great Recession to account for differential impacts of the recession by race as mentioned above. Second, as shown in Figure 2, the upward trends in the likelihood of VLBW and LBW for Hispanic infants happened after 2011, a year after the recession ended.<sup>22</sup> Third, I only find the effects on birth outcomes among infants of likely undocumented mothers and no effects on non-Hispanic whites (Figure 3) who were unaffected by the SC activation by design.

*Effects on fertility:* One might have the concern that immigration enforcement may lead to changes in fertility among likely undocumented women. This factor, through endogenous sample selection, could bias the estimates. In particular, if SC activation causes *increases* in fertility in the likely undocumented population, this could cause an *upward* bias on the estimates (given the finding that SC increases the incidences of VLBW and LBW for infants of likely undocumented mothers in Section 5.1). On the other hand, if the SC activation causes *decreases* in fertility, this could cause a *downward* bias on the estimates.

I consider this possibility by evaluating whether SC activation is associated with any change in the fertility rate in Table A.3. The dependent variables are (i) fertility rate, which is the number of births per 1,000 women age 15 to 44; (ii) birth rate, which is the number

---

<sup>22</sup>According to the Federal Reserve History, the Great Recession officially began in the U.S. in December 2007 and lasted until June 2009.  
Source: [https://www.federalreservehistory.org/essays/great\\_recession\\_of\\_200709](https://www.federalreservehistory.org/essays/great_recession_of_200709).

of births per 1,000 population; and (iii) probability of a male birth.<sup>23</sup> The SC activation treatment variable equals one if  $i$ 's birth date is nine months after SC activation (to proxy for conception) and is zero otherwise. I find a negative and statistically significant impact of SC on the fertility rate and birth rate. As stated above, I expect that this finding would bias my estimates toward zero.

*Staggered rollout of SC:* To address potential concerns about the robustness of the difference-in-differences (DD) with variation in treatment timing (de Chaisemartin and D'Haultfoeulle, 2020; Sun and Abraham, 2021; Goodman-Bacon, 2021; Callaway and Sant'Anna, 2021), I follow an estimation strategy proposed by Sun and Abraham (2021). Specifically, I compute an interaction-weighted estimator by taking a weighted average of all the possible two-group/two-period DD estimators in the data. Figure A.5 plots the event study estimates for VLBW and LBW using Sun and Abraham (2021)'s approach. This empirical exercise supports the main findings.

Finally, a variety of robustness checks support my main results in Figure 5. First, following Alsan and Yang (2019), I include interactions of county fixed effects with an indicator for the "2011 Morton Memo" to account for unobserved county-level characteristics that affect the birth outcomes differently before and after the 2011 Morton Memo.<sup>24</sup> Second, my estimates are robust to control for an array of other policies aimed at the undocumented immigrant population, including 287(g) Agreements and E-Verify. Third, since one concern is that Hispanic infants in SC-activated counties are different than Hispanic infants in not-yet-activated counties, I include county-by-Hispanic fixed effects and find that my results are robust to this specification. Fourth, my results are robust to excluding Texas, where health facility closures affected health care for women in 2011–2012 (Lu and Slusky, 2016).

---

<sup>23</sup>The probability of a male birth is to proxy for miscarriages as male fetuses are more vulnerable to side effects of maternal stress in utero; a reduction in male births may indicate an increase in miscarriages (?).

<sup>24</sup>The 2011 Morton Memo announced that county participation in SC is mandatory.

## 6 Conclusion

Between 2008 and 2014, the U.S. activated one of the largest immigration enforcement programs, Secure Communities, which deported over 450,000 immigrants. I propose that because of heightened fear from deportation, prenatal exposure to the immigration enforcement can adversely affect the birth outcomes U.S.-born Hispanic infants. Using administrative birth certificate data and multiple identification strategies, I present evidence that tougher immigration enforcement causes an increase of 20% in the likelihood of very low birth weight for infants of foreign-born Hispanic mothers. I discuss evidence that some, although probably not all, of these effects operated through (i) maternal stress induced by deportation fear and (ii) undernutrition during pregnancy.

My findings provide evidence of unintended consequences of the SC program, which is designed to affect only undocumented immigrants, on future U.S. citizen birth outcomes. What is the unintended social cost of immigration enforcement? I conduct a back-of-the-envelope calculation to estimate the social cost of immigration enforcement, focusing on the estimates of the effect of immigration enforcement on VLBW births. The calculation suggests an annual social cost around \$1.50 billion ( $= \$2,457,114 \times 609$ ) in 2018 dollars based on the best available estimates on the cost of VLBW \$2,457,114 (Currie et al., 2019) and an increase of 609<sup>25</sup> VLBW infants born to undocumented mothers.<sup>26</sup>

The results in this paper imply that immigration enforcement can have unintended consequences not just for undocumented immigrants but also for the next generation who are future citizens and for society as a whole. It is an open question of whether prenatal exposure to immigration enforcement has any long-term consequences on child health and development as well as on maternal well-being.

---

<sup>25</sup>The average number of VLBW infants born to undocumented women prior to SC is 3,072 infants per year (source: author's calculation using Natality data). A 19.82% increase is 609 ( $= 3072 \times 0.1982$ ).

<sup>26</sup>These numbers likely underestimate the full social cost of immigration enforcement on pregnant women for at least two reasons: (i) the effects of SC on VLBW is biased downward due to measurement error in likely undocumented status as mentioned above, and (ii) the effects on maternal well-being was not measured.

## References

- Agarwal, S., Chomsisengphet, S., Mahoney, N., and Stroebe, J. (2014). Regulating Consumer Financial Products: Evidence from Credit Cards. *The Quarterly Journal of Economics*, 130(1):111–164.
- Allister, L., Lester, B. M., Carr, S., and Liu, J. (2001). The Effects of Maternal Depression on Fetal Heart Rate Response to Vibroacoustic Stimulation. *Developmental Neuropsychology*, 20(3):639–651.
- Almond, D. (2006). Is the 1918 Influenza Pandemic Over? Long-Term Effects of In Utero Influenza Exposure in the Post-1940 U.S. Population. *Journal of Political Economy*, 114(4):672–712.
- Almond, D. and Currie, J. (2011). Killing Me Softly: The Fetal Origins Hypothesis. *Journal of Economic Perspectives*, 25(3):153–172.
- Almond, D., Currie, J., and Duque, V. (2018). Childhood Circumstances and Adult Outcomes: Act II. *Journal of Economic Literature*, 56(4):1360–1446.
- Almond, D., Edlund, L., Li, H., and Zhang, J. (2010). Long-term effects of early-life development: Evidence from the 1959 to 1961 china famine. In *The Economic Consequences of Demographic Change in East Asia*, pages 321–345. National Bureau of Economic Research, Inc.
- Almond, D., Edlund, L., and Palme, M. (2009). Chernobyl’s Subclinical Legacy: Prenatal Exposure to Radioactive Fallout and School Outcomes in Sweden. *The Quarterly Journal of Economics*, 124(4):1729–1772.
- Almond, D., Hoynes, H. W., and Schanzenbach, D. W. (2011). Inside the War on Poverty: The Impact of Food Stamps on Birth Outcomes. *The Review of Economics and Statistics*, 93(2):387–403.
- Almond, D. and Mazumder, B. (2011). Health Capital and the Prenatal Environment: The

- Effect of Ramadan Observance during Pregnancy. *American Economic Journal: Applied Economics*, 3(4):56–85.
- Alsan, M. and Yang, C. (2019). Fear and the Safety Net: Evidence from Secure Communities. Working Paper 24731, National Bureau of Economic Research.
- Amuedo-Dorantes, C. and Arenas-Arroyo, E. (2018). Split Families and the Future of Children: Immigration Enforcement and Foster Care Placements. *AEA Papers and Proceedings*, 108:368–372.
- Amuedo-Dorantes, C., Arenas-Arroyo, E., and Sevilla, A. (2018). Immigration Enforcement and Economic Resources of Children with Likely Unauthorized Parents. *Journal of Public Economics*, 158:63 – 78.
- Amuedo-Dorantes, C., Churchill, B., and Song, Y. (2022). Immigration enforcement and infant health. *American Journal of Health Economics*, 8(3):323–358.
- Barreca, A. I. (2010). The Long-Term Economic Impact of In Utero and Postnatal Exposure to Malaria. *The Journal of Human Resources*, 45(4):865–892.
- Berkowitz, G. S., Wolff, M. S., Janevic, T. M., Holzman, I. R., Yehuda, R., and Landrigan, P. J. (2003). The World Trade Center Disaster and Intrauterine Growth Restriction. *JAMA*, 290(5):595–596.
- Bertrand, M., Duflo, E., and Mullainathan, S. (2004). How Much Should We Trust Differences-In-Differences Estimates? *The Quarterly Journal of Economics*, 119(1):249–275.
- Black, S. E., Devereux, P. J., and Salvanes, K. G. (2016). Does Grief Transfer across Generations? Bereavements during Pregnancy and Child Outcomes. *American Economic Journal: Applied Economics*, 8(1):193–223.
- Borra, C., González, L., and Sevilla, A. (2019). The Impact of Scheduling Birth Early on Infant Health. *Journal of the European Economic Association*, 17(1):30–78.
- Callaway, B. and Sant’Anna, P. H. (2021). Difference-in-differences with multiple time peri-

- ods. *Journal of Econometrics*, 225(2):200–230. Themed Issue: Treatment Effect 1.
- Camacho, A. (2008). Stress and Birth Weight: Evidence from Terrorist Attacks. *American Economic Review*, 98(2):511–515.
- Capps, R., Gelatt, J., Van Hook, J., and Fix, M. (2018). Commentary on “The Number of Undocumented Immigrants in the United States: Estimates Based on Demographic Modeling with Data from 1990–2016”. *PLOS ONE*, 13(9):1–10.
- Cohen, M. S. and Schpero, W. L. (2018). Household Immigration Status Had Differential Impact on Medicaid Enrollment in Expansion and Nonexpansion States. *Health Affairs*, 37(3):394–402.
- Conley, T. G. and Taber, C. R. (2011). Inference with “Difference in Differences” with a Small Number of Policy Changes. *The Review of Economics and Statistics*, 93(1):113–125.
- Cox, A. B. and Miles, T. J. (2013). Policing Immigration. *University of Chicago Law Review*, 80(1):87–136.
- Cullen, Z. B. and Perez-Truglia, R. (2019). The Old Boys’ Club: Schmoozing and the Gender Gap. Working Paper 26530, National Bureau of Economic Research.
- Currie, J. (2011). Inequality at Birth: Some Causes and Consequences. *American Economic Review*, 101(3):1–22.
- Currie, J., Mueller-Smith, M., and Rossin-Slater, M. (2019). Violence while in Utero: The Impact of Assaults during Pregnancy on Birth Outcomes. Working Paper 24802, National Bureau of Economic Research.
- Currie, J. and Rossin-Slater, M. (2013). Weathering the Storm: Hurricanes and Birth Outcomes. *Journal of Health Economics*, 32(3):487 – 503.
- de Chaisemartin, C. and D’Haultfœuille, X. (2020). Two-Way Fixed Effects Estimators with Heterogeneous Treatment Effects. *American Economic Review*, 110(9):2964–96.
- Dieter, J. N., Emory, E. K., Johnson, K. C., and Raynor, B. D. (2008). Maternal Depression and Anxiety Effects on the Human Fetus: Preliminary Findings and Clinical Implications.



- Infant Mental Health Journal*, 29(5):420–441.
- DiPietro, J. A., Hodgson, D. M., Costigan, K. A., and Johnson, T. R. B. (1996). Fetal Antecedents of Infant Temperament. *Child Development*, 67(5):2568–2583.
- East, C. N., Hines, A. L., Luck, P., Mansour, H., and Velasquez, A. (2019). The Labor Market Effects of Immigration Enforcement. Working paper.
- East, C. N. and Velasquez, A. (2020). Unintended Consequences of Immigration Enforcement: Household Services and High-Skilled Women’s Work. Working paper.
- Field, T., Diego, M., Dieter, J., Hernandez-Reif, M., Schanberg, S., Kuhn, C., Yando, R., and Bendell, D. (2004). Prenatal depression effects on the fetus and the newborn. *Infant Behavior and Development*, 27(2):216–229.
- Fisher, R. A. (1935). *The Design of Experiments*. Edinburgh: Oliver and Boyd.
- Gemmill, A., Catalano, R., Casey, J. A., Karasek, D., Alcalá, H. E., Elser, H., and Torres, J. M. (2019). Association of Preterm Births among US Latina Women with the 2016 Presidential Election. *JAMA Network Open*, 2(7):e197084–e197084.
- Goodman-Bacon, A. (2021). Difference-in-differences with variation in treatment timing. *Journal of Econometrics*, 225(2):254–277. Themed Issue: Treatment Effect 1.
- Grossman, D. S. and Slusky, D. J. (2019). The Impact of the Flint Water Crisis on Fertility. *Demography*, 56:2005–2031.
- Heinrich, C. J. (2018). Presidential Address: “A Thousand Petty Fortresses”: Administrative Burden in U.S. Immigration Policies and Its Consequences. *Journal of Policy Analysis and Management*, 37(2):211–239.
- Hoynes, H., Page, M., and Stevens, A. H. (2011). Can Targeted Transfers Improve Birth Outcomes?: Evidence from the Introduction of the WIC Program. *Journal of Public Economics*, 95(7):813 – 827.
- Hoynes, H., Schanzenbach, D. W., and Almond, D. (2016). Long-Run Impacts of Childhood Access to the Safety Net. *American Economic Review*, 106(4):903–34.

- Isen, A., Rossin-Slater, M., and Walker, W. R. (2017). Every Breath You Take—Every Dollar You’ll Make: The Long-Term Consequences of the Clean Air Act of 1970. *Journal of Political Economy*, 125(3):848–902.
- Kinsella, M. T. and Monk, C. (2009). Impact of Maternal Stress, Depression and Anxiety on Fetal Neurobehavioral Development. *Clinical Obstetrics and Gynecology*, 52(3):425–440.
- Kling, J. R., Liebman, J. B., and Katz, L. F. (2007). Experimental Analysis of Neighborhood Effects. *Econometrica*, 75(1):83–119.
- Kreiner, C. T. and Sievertsen, H. H. (2020). Neonatal Health of Parents and Cognitive Development of Children. *Journal of Health Economics*, 69:102247.
- Kuka, E., Shenhav, N., and Shih, K. (2020). Do Human Capital Decisions Respond to the Returns to Education? Evidence from DACA. *American Economic Journal: Economic Policy*, 12(1):293–324.
- Lauderdale, D. S. (2006). Birth Outcomes for Arabic-Named Women in California before and after September 11. *Demography*, 43:185–201.
- Lu, Y. and Slusky, D. J. G. (2016). The Impact of Women’s Health Clinic Closures on Preventive Care. *American Economic Journal: Applied Economics*, 8(3):100–124.
- Martinson, M. L. and Reichman, N. E. (2016). Socioeconomic Inequalities in Low Birth Weight in the United States, the United Kingdom, Canada, and Australia. *American Journal of Public Health*, 106(4):748–754.
- Martínez, A. D., Ruelas, L., and Granger, D. A. (2018). Household Fear of Deportation in Relation to Chronic Stressors and Salivary Proinflammatory Cytokines in Mexican-Origin Families Post-SB 1070. *SSM - Population Health*, 5:188–200.
- Miles, T. J. and Cox, A. B. (2014). Does Immigration Enforcement Reduce Crime? Evidence from Secure Communities. *The Journal of Law and Economics*, 57(4):937–973.
- Nolan, B., Salverda, W., and Smeeding, T. M. (2012). *The Oxford Handbook of Economic Inequality*. Oxford University Press.

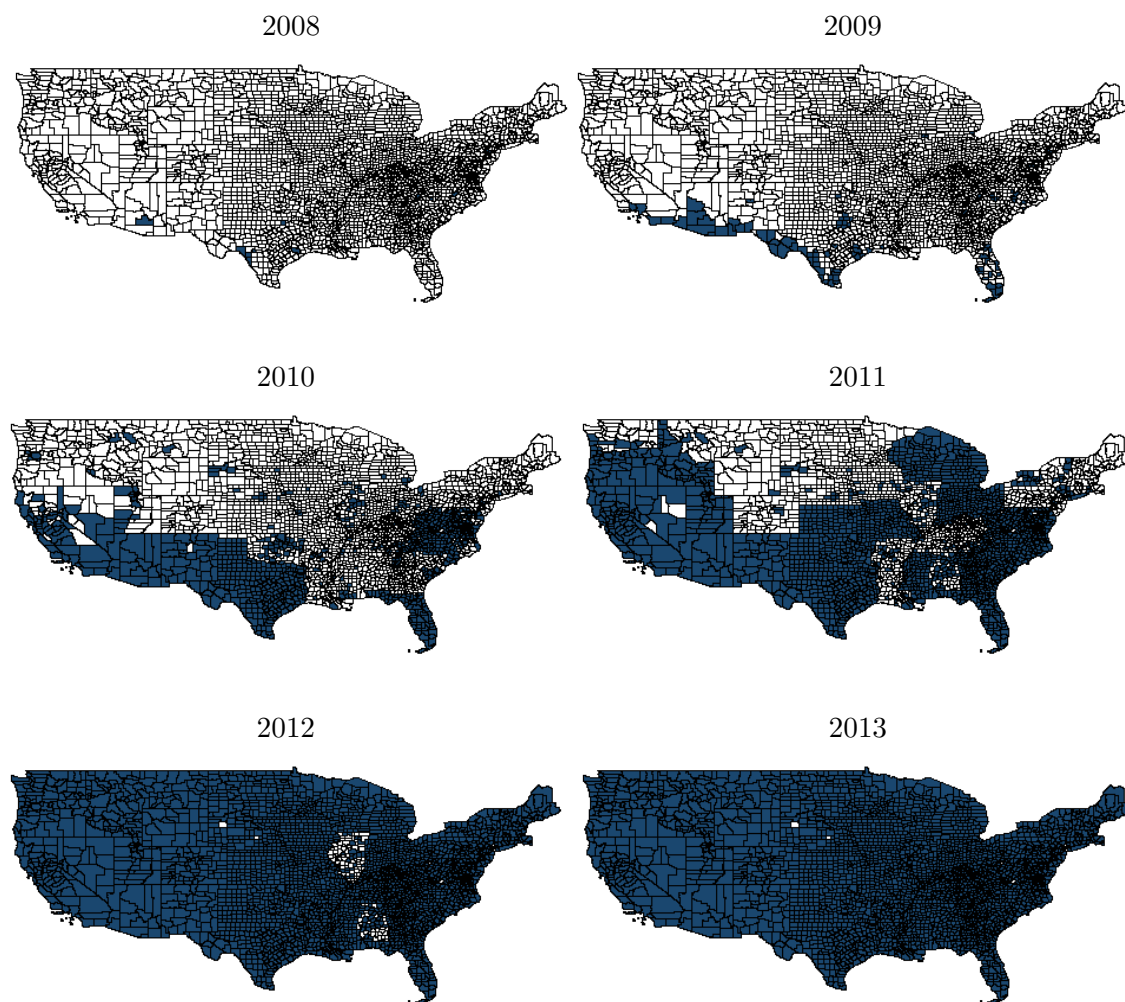
- Novak, N. L., Geronimus, A. T., and Martinez-Cardoso, A. M. (2017). Change in Birth Outcomes Among Infants Born to Latina Mothers after a Major Immigration Raid. *International Journal of Epidemiology*, 46(3):839–849.
- Padraza, F. I. and Zhu, L. (2014). Immigration Enforcement and the “Chilling Effect” on Latino Medicaid Enrollment. Working paper.
- Passel, J. S. and Cohn, D. (2018). U.S. Unauthorized Immigrant Total Dips to Lowest Level in a Decade. Technical report, D.C. Pew Hispanic Center.
- Persson, P. and Rossin-Slater, M. (2018). Family Ruptures, Stress, and the Mental Health of the Next Generation. *American Economic Review*, 108(4-5):1214–1252.
- Piketty, T. and Saez, E. (2003). Income Inequality in the United States, 1913–1998. *The Quarterly Journal of Economics*, 118(1):1–41.
- Radford, J. and Noe-Bustamante, L. (2017). Facts on U.S. Immigrants, 2017: Statistical Portrait of the Foreign-Born Population in the United States. Technical report, D.C. Pew Research Center.
- Rossin, M. (2011). The Effects of Maternity Leave on Children’s Birth and Infant Health Outcomes in the United States. *Journal of Health Economics*, 30(2):221–239.
- Rossin-Slater, M. (2013). WIC in Your Neighborhood: New Evidence on the Impacts of Geographic Access to Clinics. *Journal of Public Economics*, 102:51–69.
- Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. (2019). IPUMS USA: Version 9.0 [dataset].
- Sanders, N. J. (2012). What Doesn’t Kill You Makes You Weaker: Prenatal Pollution Exposure and Educational Outcomes. *Journal of Human Resources*, 47(3):826–850.
- Scholte, R. S., [van den Berg], G. J., and Lindeboom, M. (2015). Long-Run Effects of Gestation during the Dutch Hunger Winter Famine on Labor Market and Hospitalization Outcomes. *Journal of Health Economics*, 39:17–30.
- Simeonova, E. (2011). Out of Sight, Out of Mind? Natural Disasters and Pregnancy Out-

- comes in the USA. *CESifo Economic Studies*, 57(3):403–431.
- Sood, G. (2016). Geographic Information on Designated Media Markets, Harvard Dataverse: Version 8 [dataset].
- Sun, L. and Abraham, S. (2021). Estimating dynamic treatment effects in event studies with heterogeneous treatment effects. *Journal of Econometrics*, 225(2):175–199. Themed Issue: Treatment Effect 1.
- Tan, C. E., Li, H. J., Zhang, X. G., Zhang, H., Han, P. Y., An, Q., Ding, W. J., and Wang, M. Q. (2009). The impact of the wenchuan earthquake on birth outcomes. *PLOS ONE*, 4:1–5.
- Tome, R., Rangel, M. A., Gibson-Davis, C. M., and Bellows, L. (2021). Heightened immigration enforcement impacts us citizens’ birth outcomes: Evidence from early ice interventions in north carolina. *PLOS ONE*, 16(2):1–15.
- Torche, F. (2011). The Effect of Maternal Stress on Birth Outcomes: Exploiting a Natural Experiment. *Demography*, 48:1473–1491.
- Torche, F. and Sirois, C. (2018). Restrictive Immigration Law and Birth Outcomes of Immigrant Women. *American Journal of Epidemiology*, 188(1):24–33.
- Torres, J. M., Deardorff, J., Gunier, R. B., Harley, K. G., Alkon, A., Kogut, K., and Eskenazi, B. (2018). Worry About Deportation and Cardiovascular Disease Risk Factors among Adult Women: The Center for the Health Assessment of Mothers and Children of Salinas Study. *Annals of Behavioral Medicine*, 52(2):186–193.
- Vargas, E. D. and Pirog, M. A. (2016). Mixed-Status Families and WIC Uptake: The Effects of Risk of Deportation on Program Use. *Social Science Quarterly*, 97(3):555–572.
- Vargas, E. D., Sanchez, G. R., and Juárez, M. (2017). Fear by Association: Perceptions of Anti-Immigrant Policy and Health Outcomes. *Journal of Health Politics, Policy and Law*, 42(3):459–483.
- Vargas, E. D. and Ybarra, V. D. (2017). U.S. Citizen Children of Undocumented Parents:

- The Link Between State Immigration Policy and the Health of Latino Children. *Journal of Immigrant and Minority Health*, 19(4):913–920.
- Wang, J. S.-H. and Kaushal, N. (2019). Health and Mental Health Effects of Local Immigration Enforcement. *International Migration Review*, 53(4):970–1001.
- Warren, R. (2014). Democratizing Data about Unauthorized Residents in the United States: Estimates and Public-Use Data, 2010 to 2013. *Journal on Migration and Human Security*, 2(4):305–328.
- Watson, T. (2014). Inside the Refrigerator: Immigration Enforcement and Chilling Effects in Medicaid Participation. *American Economic Journal: Economic Policy*, 6(3):313–338.

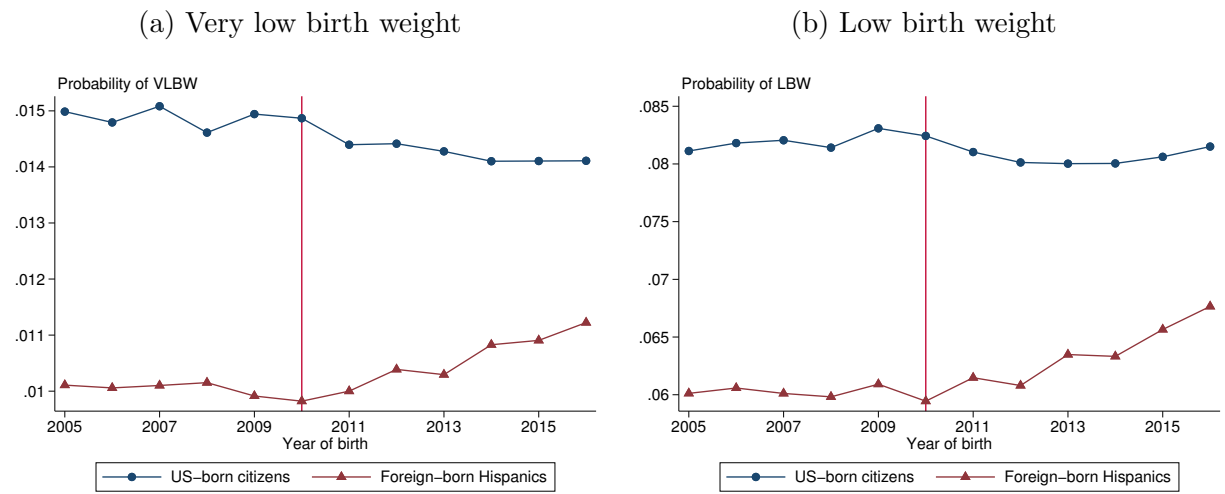
## 7 Figures

Figure 1: Secure Communities Rollout



Notes: Data are from U.S. ICE. Counties that had adopted Secure Communities are shaded.

Figure 2: Trends in the Likelihood of VLBW and LBW by Year of Birth

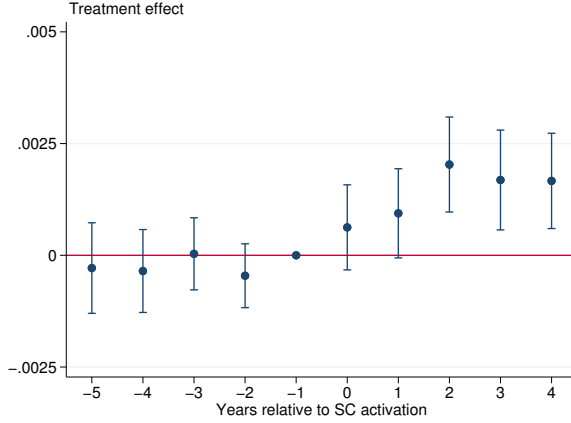


Notes: The plots show changes in the likelihood of very low birth weight and low birth weight for infants of citizens and likely undocumented immigrants. The vertical line shows 2010, the year when many counties started to activate Secure Communities. Data are from the Vital Statistics Natality 2005-2016.

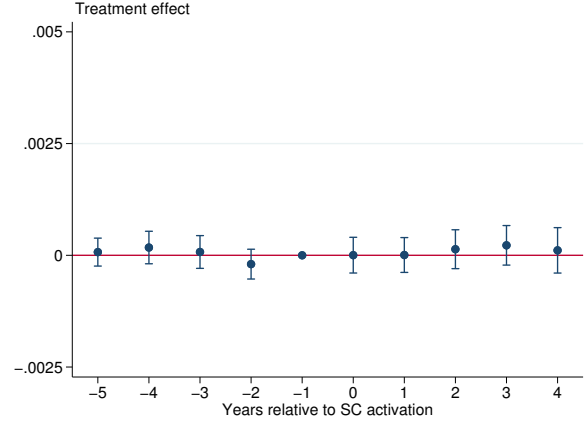
Figure 3: Effect of Secure Communities on Birth Outcomes

Panel A. Effects of SC on the likelihood of very low-birth-weight birth

(a) Hispanics

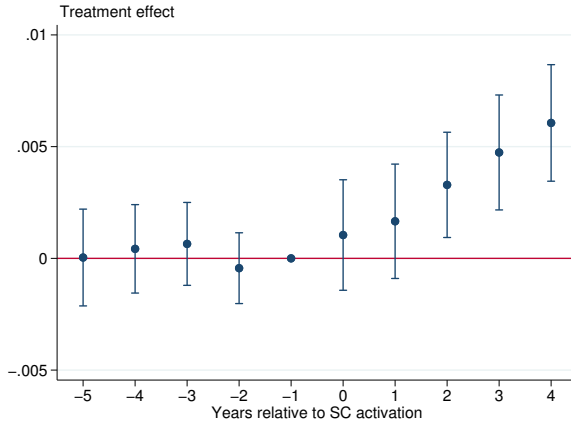


(b) Non-Hispanic whites

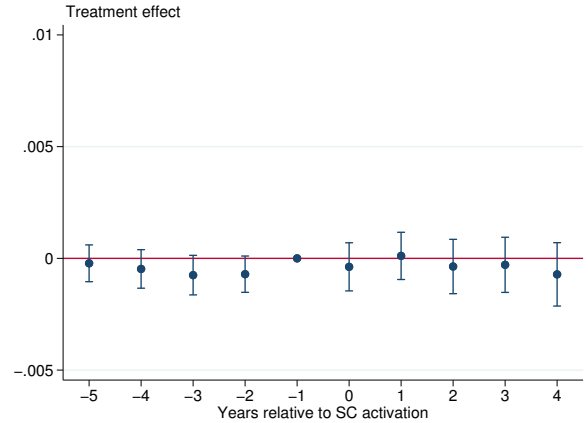


Panel B. Effects of SC on the likelihood of low-birth-weight birth

(c) Hispanics



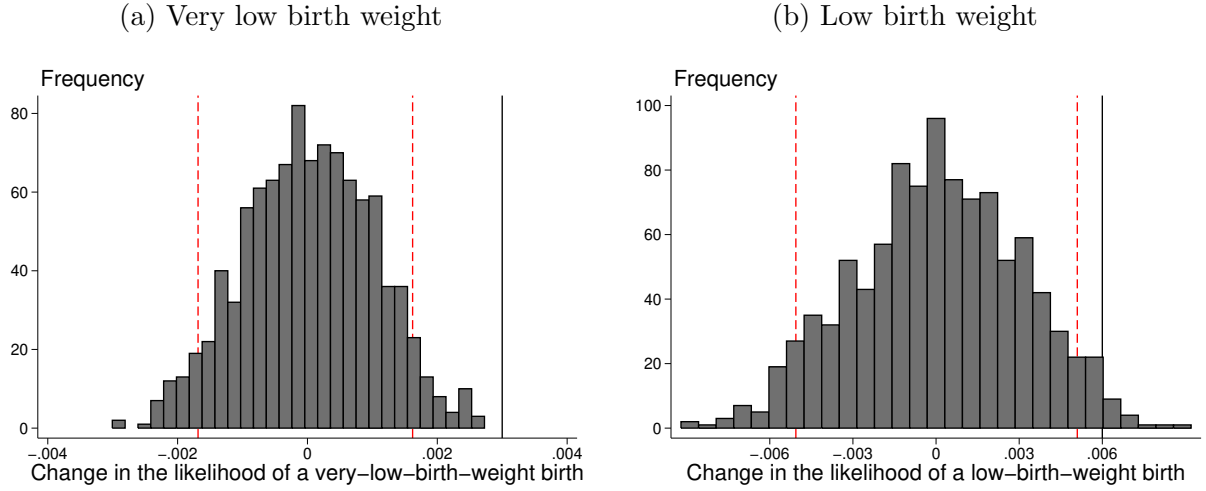
(d) Non-Hispanic whites



Notes: The coefficients plotted in Figure 3(a) and Figure 3(c) are triple-difference estimates ( $\beta_1$ ) of Equation (2), where the coefficients show SC's effects on birth outcomes of Hispanic infants in the year before and after SC activation relative to non-Hispanic infants. The coefficients plotted in Figure 3(a) and Figure 3(c) are difference-in-differences estimates for a subsample of infants of non-Hispanic white citizen mothers. Data are from Vital Statistics Natality 2005–2016. All specifications include four dummies for mother's age, three dummies for mother's education, three dummies for mother's race, a dummy for mother's marital status, a dummy for male birth, and state-level controls: unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44. Robust standard errors are clustered at the county level. Whiskers show the 95% confidence interval.

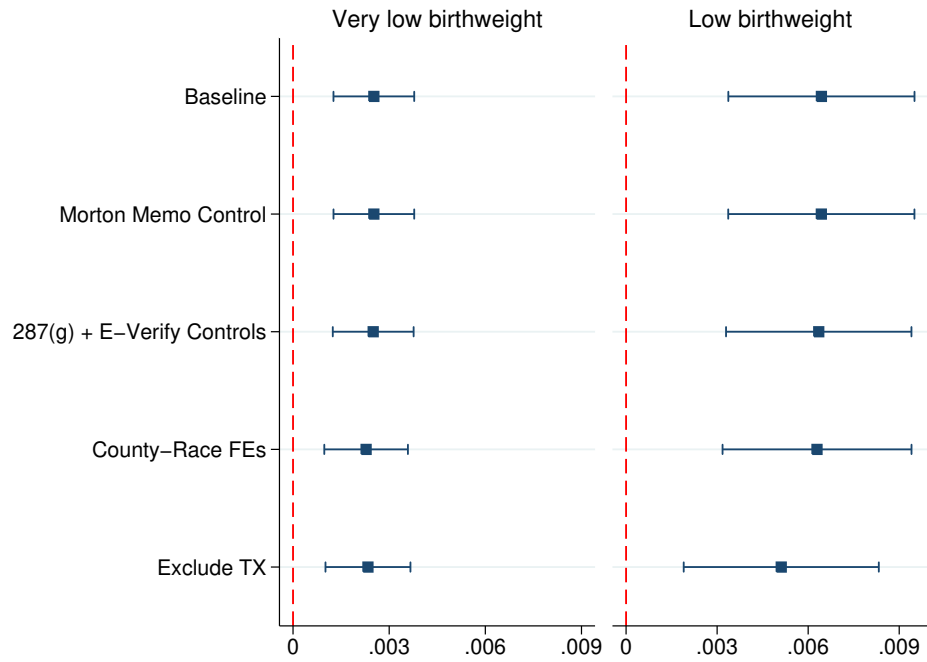


Figure 4: Permutation Tests on Effects of SC on Birth Outcomes



Notes: These figures shows the histogram of placebo estimates of Equation (1) 1,000 times by randomly assigning six years as “treated,” allowing the remaining six years as the pre-period. The vertical solid lines represent my actual triple-difference estimates. The dashed lines are 5th and 95th percentile of the placebo estimates. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of all foreign-born mothers with a high school degree or less.

Figure 5: Robustness Checks of Secure Communities Effects on Birth Outcomes



Notes: This figure plots coefficient estimates and standard errors for robustness checks discussed in Section 5.4. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of all foreign-born mothers with a high school degree or less.

## 8 Tables

Table 1: Effects of Secure Communities on Birth Outcomes

<i>Outcomes</i>	<i>Very low bwt</i> (1)	<i>Low bwt</i> (2)	<i>Premature</i> (3)	<i>Birth weight</i> (4)	<i>Gestation weeks</i> (5)
SC $\times$ Hispanic	0.002*** (0.001)	0.007*** (0.002)	0.005*** (0.002)	-10.716*** (3.449)	-0.082*** (0.016)
% Impact (coef/mean)	19.82%	10.60%	4.64%	-0.32%	-0.21%
Mean of dep. var.	0.01	0.06	0.12	3,303.30	38.67
Observations	2,727,530	2,727,530	2,727,530	2,727,530	2,716,565
Baseline controls	X	X	X	X	X
Year of birth fixed effects	X	X	X	X	X
Month of birth fixed effects	X	X	X	X	X
State fixed effects	X	X	X	X	X
County fixed effects	X	X	X	X	X
State $\times$ linear time	X	X	X	X	X

Notes: The table shows estimates of  $\beta_1$  from Equation (1), a triple-difference model of Hispanic infants compared to non-Hispanic infants, before versus after the SC activation, in treated versus control counties. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with less than high school degree. Baseline controls include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, unemployment rate at county level, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors clustered at the county level are reported in parentheses. \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

Table 2: Effects of Secure Communities on Birth Outcomes, Intensity of Treatment

<i>Outcomes</i>	<i>Very low bwt</i>			<i>Low bwt</i>		
	Baseline	Sanctuary	High deportation	Baseline	Sanctuary	High deportation
	(1)	counties (2)	rate counties (3)	(4)	counties (5)	rate counties (6)
SC $\times$ Hispanic	0.002*** (0.001)	0.001 (0.002)	0.003** (0.001)	0.007*** (0.002)	0.003 (0.003)	0.009*** (0.003)
% Impact (coef/mean)	19.82%	13.50%	27.62%	10.60%	4.72%	14.18%
Mean of dep. var.	0.01	0.01	0.01	0.06	0.06	0.06
Observations	2,727,530	906,836	1,139,813	2,727,530	906,836	1,139,813
Baseline controls	X	X	X	X	X	X
Year of birth fixed effects	X	X	X	X	X	X
Month of birth fixed effects	X	X	X	X	X	X
State fixed effects	X	X	X	X	X	X
County fixed effects	X	X	X	X	X	X
State $\times$ linear time	X	X	X	X	X	X

Notes: This table reports coefficient estimates for heterogeneity of exposure to SC activation discussed in Section 5.3. Each parameter is from a separate regression. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with less than a high school degree. Baseline controls include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, unemployment rate at county level, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors clustered at the county level are reported in parentheses.

\*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

Table 3: Effects of Secure Communities on Maternal Behavior and Well-Being

	<i>Number of prenatal visits</i> (1)	<i>Any prenatal care</i> (2)	<i>Take up WIC</i> (3)	<i>Gestational hypertension</i> (4)	<i>Diabetes</i> (5)	<i>Mother smoked during pregnancy</i> (6)
SC $\times$ Hispanic	0.415*** (0.075)	0.009*** (0.003)	-0.005 (0.009)	0.002 (0.001)	0.005** (0.002)	0.003 (0.003)
% Impact (coef/mean)	4.07%	0.97%	-0.59%	7.45%	7.68%	0.86%
Mean of dep. var.	10.21	0.97	0.83	0.03	0.06	0.31
Observations	2,636,221	2,727,530	1,432,873	2,220,502	2,220,502	2,727,530
Baseline controls	X	X	X	X	X	X
Year of birth fixed effects	X	X	X	X	X	X
Month of birth fixed effects	X	X	X	X	X	X
State fixed effects	X	X	X	X	X	X
County fixed effects	X	X	X	X	X	X
State $\times$ linear time	X	X	X	X	X	X

Notes: Each parameter is from a separate regression. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with less than a high school degree. Baseline controls include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, unemployment rate at county level, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors clustered at the county level are reported in parentheses. \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

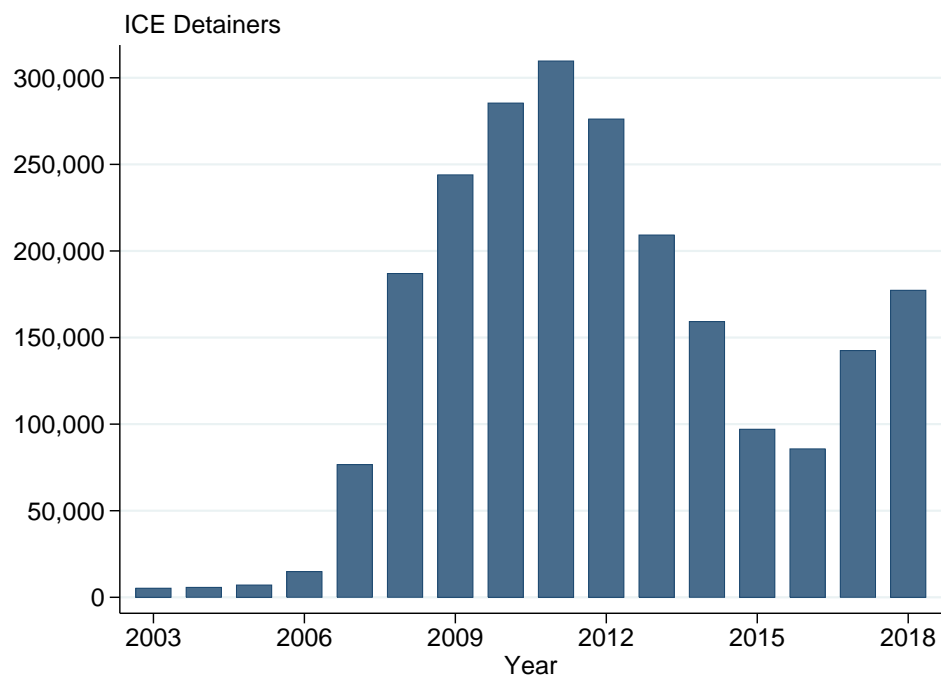
Table 4: Effects of Secure Communities on Migration, Employment, and Household Structure

<i>Outcomes</i>	<i>% Migrated</i> (1)	<i>HH weight</i> (2)	<i>% Employed</i> (3)	<i>Poverty</i> (4)	<i>% Immigrant</i> (5)
SC $\times$ Hispanic	-0.001 (0.005)	-6.498 (4.073)	-0.000*** (0.000)	-0.000*** (0.000)	0.004 (0.006)
% Impact (coef/mean)	-3.96%	-5.00%	-0.00%	-0.00%	0.44%
Mean of dep. var.	0.03	130.04	0.41	4.38	0.91
Observations	83,007	83,007	83,007	83,007	83,007
Baseline controls	X	X	X	X	X
State by year fixed effects	X	X	X	X	X
State by race fixed effects	X	X	X	X	X
Race by year fixed effects	X	X	X	X	X

Notes: Each parameter is from a separate regression. Data are from the American Community Survey 2005–2016. The sample is limited to non-citizen heads of household with less than a high school degree. Baseline controls include percent employed, log of poverty, number of children in the household, percent immigrants, employment changes during the Great Recession, state-by-year fixed effects, state-by-race fixed effects, race-by-year fixed effects, and county fixed effects. All results are estimated using county population weights. Robust standard errors clustered at the county level are reported in parentheses. \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

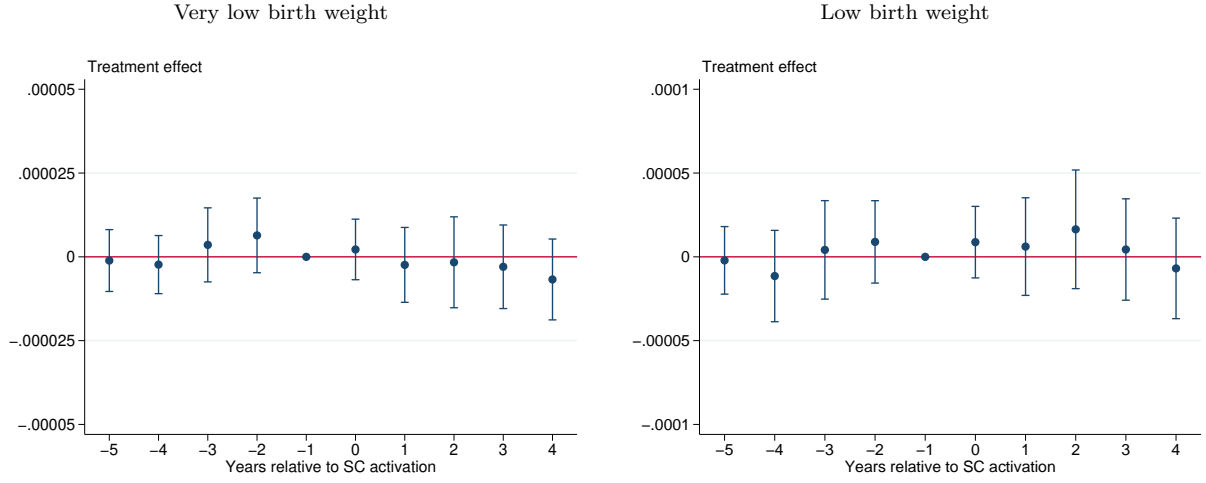
## A Appendix: Supplementary Figures and Tables

Figure A.1: Number of Detainers by Year



Notes: Data are from TRAC Immigration 2003–2018.

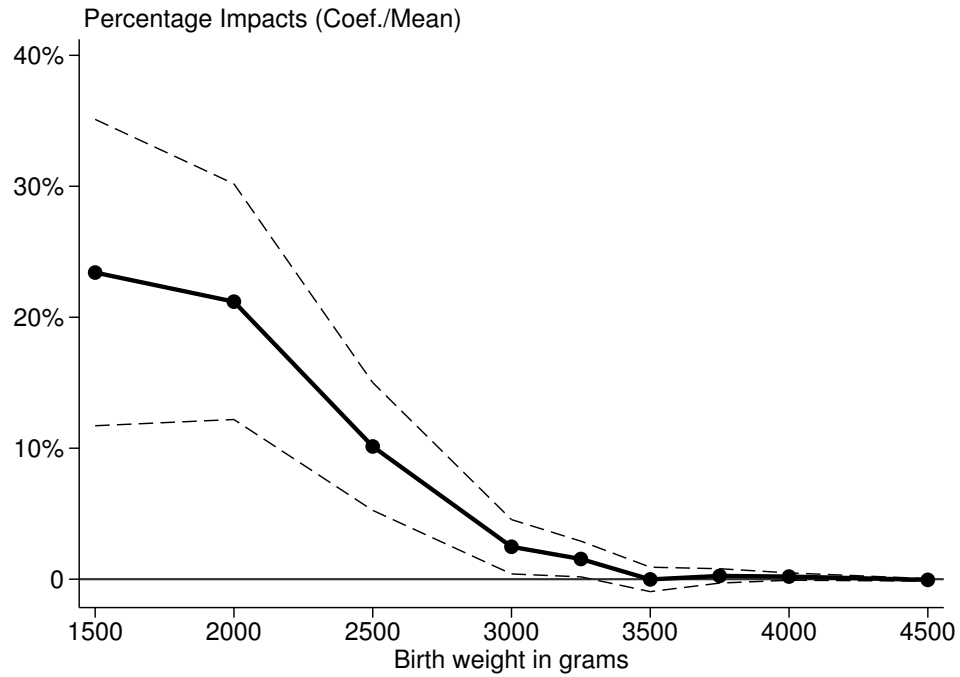
Figure A.2: Effects of Secure Communities on Predicted Birth Outcomes Using Pre-Treatment Data



Notes: The coefficients plotted above are triple-difference estimates of Equation (2), where the coefficients show SC's effects on birth outcomes of Hispanic infants in the year before and after SC activation relative to non-Hispanic infants. The outcomes are the fitted values of likelihood of low-birth-weight and very low-birth-weight birth, obtained from regressions of the birth outcomes on a set of characteristics including gender, year, month, week of birth, indicators for maternal age dummies, indicator for mother being married, maternal race dummies, and maternal education dummies *using pre-treatment data*. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with a high school degree or less.

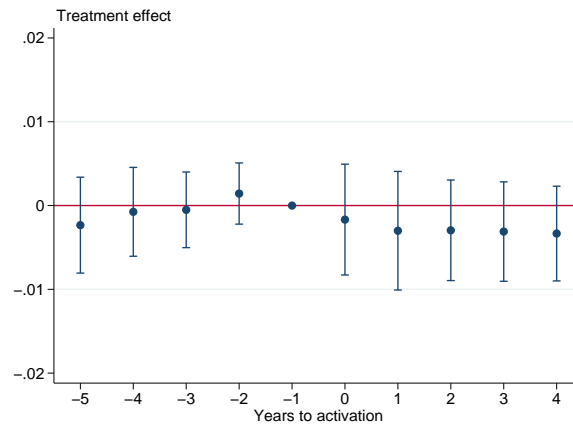


Figure A.3: Effects of Secure Communities on Birth Weight Distribution



Notes: This figure shows estimates and 95% confidence intervals for the estimate of the effects of immigration enforcement exposure on the fraction of births that is below each specified number of grams. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with a high school degree or less. All specifications include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors are clustered at the county level.

Figure A.4: Effects of Secure Communities on a Placebo Outcome: Whether an Infant Was Born on Odd Days



Notes: This figure shows event study estimates where outcome is whether an infant was born on “odd days.” Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with a high school degree or less. All specifications include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors are clustered at the county level. Whiskers show the 95% confidence interval.

Figure A.5: Robustness to staggered rollout treatment effects, [Sun and Abraham \(2021\)](#)'s approach

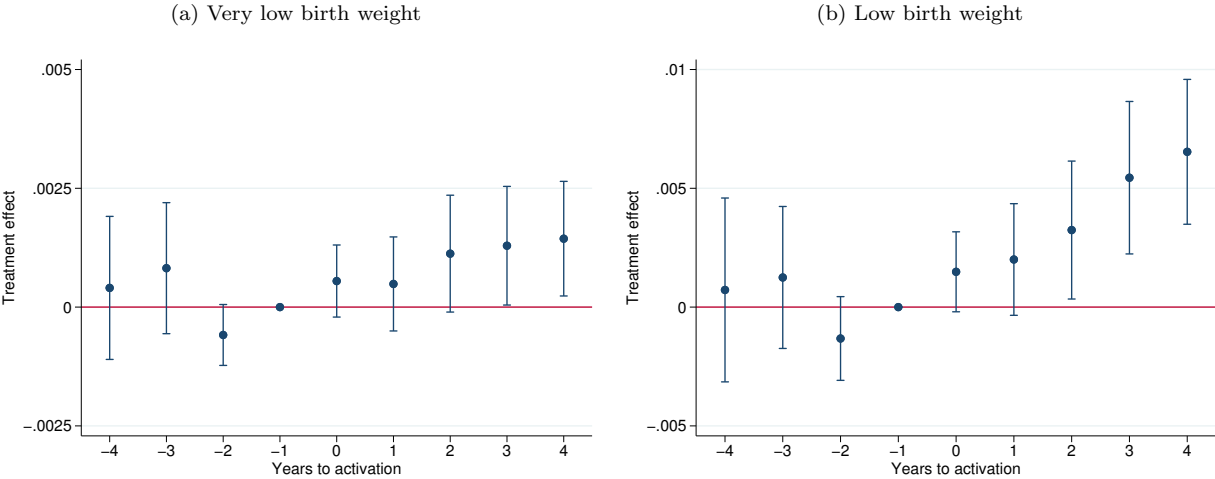
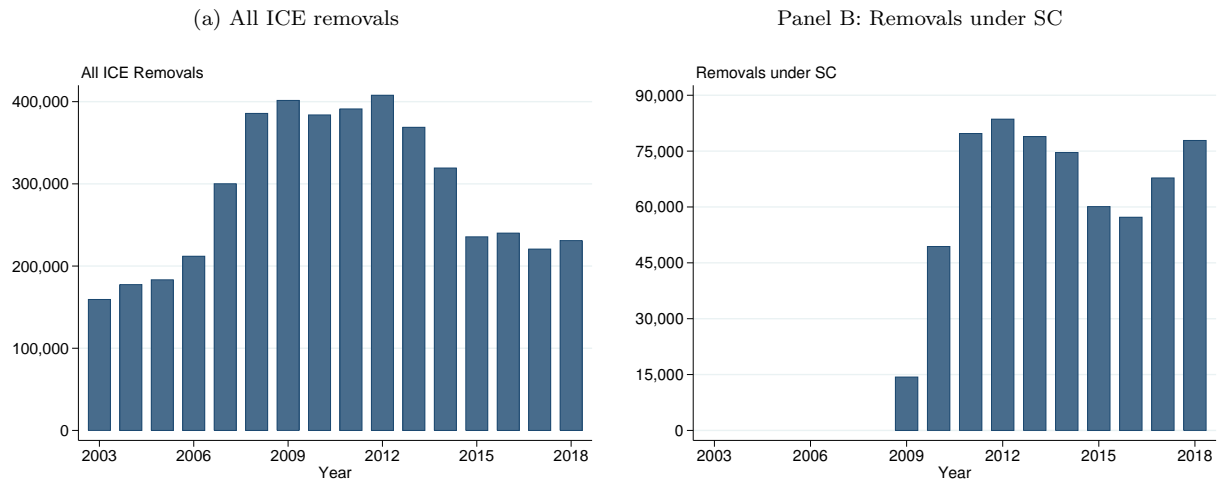


Figure A.6: Number of Removals by Year



Notes: Data are from TRAC Immigration 2003–2018.

Table A.1: Effects of Secure Communities on Birth Outcomes Index

<i>Outcome</i>	<i>Birth outcome index</i>		
	Baseline	High deportation rate counties	Sanctuary counties
	(1)	(2)	(3)
SC $\times$ Hispanic	-0.012*** (0.004)	-0.023*** (0.008)	-0.004 (0.007)
Observations	2,727,531	1,139,814	906,836
Baseline controls	X	X	X
Year of birth fixed effects	X	X	X
Month of birth fixed effects	X	X	X
State fixed effects	X	X	X
County fixed effects	X	X	X
State $\times$ linear time	X	X	X

Notes: Data are from Vital Statistics Natality 2005–2016. The birth outcomes index includes the following measures: VLBW ( $< 1,500$  grams), low birth weight ( $< 2,500$  grams), premature birth ( $< 37$  weeks of gestation), continuous birth weight in grams, gestation in weeks, very premature birth ( $< 34$  weeks of gestation), low 1-minute Apgar score ( $< 7$ ), NICU admission, any abnormal conditions (six indicators: assisted ventilation, assisted ventilation  $> 6$  hours, admission to NICU, surfactant, antibiotics, and seizures). The sample is limited to infants of foreign-born mothers with less than a high school degree. Baseline controls include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors clustered at the county level are reported in parentheses. \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

Table A.2: Effects of Secure Communities on Maternal Characteristics

<i>Outcomes</i>	<i>Mother age &lt; 20</i> (1)	<i>Mother age 20-24</i> (2)	<i>Mother age 25-34</i> (3)	<i>Mother age 35-44</i> (4)	<i>Mother married</i> (5)
SC $\times$ Hispanic	0.00054 (0.00044)	0.00019 (0.00044)	0.00054 (0.00045)	0.00107* (0.00066)	-0.08332 (0.06391)
Mean of dep. var.	0.11	0.23	0.50	0.16	0.47
Observations	2,727,531	2,727,531	2,727,531	2,727,531	2,727,531
Baseline controls	X	X	X	X	X
Year of birth fixed effects	X	X	X	X	X
Month of birth fixed effects	X	X	X	X	X
State fixed effects	X	X	X	X	X
County fixed effects	X	X	X	X	X
State $\times$ linear time	X	X	X	X	X

Notes: Each parameter is from a separate regression. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with less than a high school degree. Robust standard errors clustered at the county level are reported in parentheses. \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

Table A.3: Effects of Secure Communities on Fertility

<i>Outcomes</i>	<i>Fertility rate</i> (1)	<i>Birth rate</i> (2)	<i>Male birth</i> (3)
SC $\times$ Hispanic	-0.708*** (0.129)	-0.138*** (0.025)	-0.000 (0.000)
Mean of dep. var.	7.29	1.54	0.51
Observations	487,024	487,048	487,048
Baseline controls	X	X	X
Year of birth fixed effects	X	X	X
Month of birth fixed effects	X	X	X
State fixed effects	X	X	X
County fixed effects	X	X	X
State $\times$ linear time	X	X	X

Notes: Each parameter is from a separate regression of the outcome variable: fertility rate, birth rate, and mean of male birth by county-race-month-year. Fertility rate is defined as number of births per 1,000 women ages 15–44. Birth rate is defined as number of births per 1,000 population. Note that these are monthly rates, so to compare to published statistics, one would have to multiply by 12. Data are from Vital Statistics Natality and SEER 2005–2016. Baseline controls include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors clustered at the county level are reported in parentheses. \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

Table A.4: Effects of Secure Communities on Birth Outcomes, Robustness to Donut-DDD Estimates

	Excluding $\pm 1$ month		Excluding $\pm 2$ months		Excluding $\pm 3$ months	
	VLBW (1)	LBW (2)	VLBW (3)	LBW (4)	VLBW (5)	LBW (6)
SC $\times$ Hispanic	0.002*** (0.001)	0.006*** (0.002)	0.002*** (0.001)	0.006*** (0.002)	0.003*** (0.001)	0.007*** (0.002)
% Impact (coef/mean)	23.15%	10.18%	21.69%	10.06%	23.38%	10.77%
Mean of dep. var.	0.01	0.06	0.01	0.06	0.01	0.06
Observations	2,673,265	2,673,265	2,637,438	2,637,438	2,601,131	2,601,131
Baseline controls	X	X	X	X	X	X
Year of birth fixed effects	X	X	X	X	X	X
Month of birth fixed effects	X	X	X	X	X	X
State fixed effects	X	X	X	X	X	X
County fixed effects	X	X	X	X	X	X
State $\times$ linear time	X	X	X	X	X	X

Notes: This table show the robustness of results to excluding infants whose birth dates are within  $\pm 1$  month up to  $\pm 3$  months of the SC activation date. Data are from Vital Statistics Natality 2005–2016. The sample is limited to infants of foreign-born mothers with less than a high school degree. Baseline controls include four dummies for mother’s age, three dummies for mother’s education, three dummies for mother’s race, a dummy for mother’s marital status, a dummy for male birth, and state-level controls (unemployment rate, percentage of population who are Hispanic, black, white, and female ages 15–44). Robust standard errors clustered at the county level are reported in parentheses. \*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .