

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

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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 23% 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 \$2 billion annually.

Keywords: Secure Communities, immigration enforcement, infant health.

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

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1 Introduction

In the United States, about 1.4% of infants are born with very low birth weight (VLBW, less than 1,500 grams) and 8.3% are born with low birth weight (LBW, less than 2,500 grams).¹ These numbers are exacerbated for vulnerable populations, especially among people at the bottom of income quintiles (Martinson and Reichman, 2016). Hispanic immigrants are more likely to have lower education attainment, lower income, more life stressors, and more administrative burden (Radford and Noe-Bustamante, 2017; Heinrich, 2018). LBW in turn has adverse effects on future outcomes such as adult health, schooling attainment, and wages (see Almond and Currie, 2011; Almond et al., 2018, for recent reviews).²

Immigration enforcement could have negative effects on children who are citizens, hinting at very long-term effects that perpetuate inequality. While others have found negative impacts of immigration enforcement on other outcomes,³ little is known about the effects of immigration enforcement on infant health outcomes. LBW is likely to have more serious consequences on people’s long-term health and development as mentioned above, and because children of immigrants are U.S. citizens by birth, they are likely to live in the U.S. all of their lives. Thus, they will need more health care and more services in schools.

In this paper, I evaluate the impact of the most restrictive national immigration policy in the U.S. on birth outcomes. In particular, I examine the impact of the Secure Communities (SC) program, which ran from 2008 to 2014 and led to the deportation of nearly 450,000 immigrants,⁴ on birth outcomes of U.S.-born Hispanic infants.

To identify the potential unintended consequences of SC on Hispanic infants’ birth out-

¹Source: National Vital Statistics Reports, vol. 68, no. 13: Births: Final Data for 2018.

²Birth endowments also predict the cognitive development of the next generation (Kreiner and Sievertsen, 2020).

³Growing evidence indicates that immigration enforcement adversely affects immigrant families. In particular, past research suggests that local enforcement increased stress and anxiety among immigrants (including pregnant women) and deterred them from seeking safety net programs and health services (Watson, 2014; Vargas and Pirog, 2016; Vargas and Ybarra, 2017; Amuedo-Dorantes et al., 2018; Wang and Kaushal, 2019; Alsan and Yang, 2019).

⁴See <https://trac.syr.edu/phptools/immigration/secure/>.

comes, 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 infants. On relative conservative estimates, infants of likely undocumented mothers⁵ are 23% more likely to be born VLBW and are 10% 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.⁶ 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.⁷ 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.

⁵I 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).

⁶Specifically, 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.

⁷Odd days are Sunday, Tuesday, Thursday, and Saturday.

There are many possible ways exposure to immigration enforcement can affect birth outcomes. I provide 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 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. (2020) 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 provide 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.⁸ The program was started in October 2008 and was temporarily suspended in October 2014

⁸For comprehensive reviews of SC, see [Cox and Miles \(2013\)](#) and [Alsan and Yang \(2019\)](#).

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 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.⁹ This has been argued to increase fear and decrease participation in public benefit programs.¹⁰

2.2 Immigration Enforcement and Birth Outcomes

The existing evidence on the birth outcome effects of fetal stress exposure to immigration enforcement is extremely limited. Only two studies appear to examine the impacts of immigration enforcement policies on birth outcomes of U.S.-born infants. Each is a case study of a particular county or city policy. Additionally, no previous studies have examined the causal impacts of SC on birth outcomes.

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.

⁹See <https://trac.syr.edu/phptools/immigration/secure/> for more information.

¹⁰See DHS Community Resilience Task Force Report, Watson (2014), Padraza and Zhu (2014), and Vargas and Pirog (2016).

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.

Tome et al. (2021) explore the effect of Section 287(g)¹¹ 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.

The current study makes two contributions to this literature. First, I exploit more policy variation than was available to prior scholars to generate more generalizable estimates of the effects of immigration enforcement laws. Second, I explore potential explanations for why infants of Hispanic immigrant mothers have higher incidences of VLBW and LBW births relative to other immigrant groups in the face of immigration enforcement.

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”¹², and the monthly number of removals

¹¹Both 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.

¹²An 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.

under SC from ICE public records and Transactional Records Access Clearinghouse (TRAC) Immigration.¹³ 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.

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

¹³TRAC is a data gathering, data research, and data distribution organization at Syracuse University. See <https://trac.syr.edu/aboutTRACgeneral.html> for more details.

birth fixed effects as follows:

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

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 (μ_c) and year (λ_t) fixed effects are included to capture national shocks and time-invariant unobserved heterogeneity that might affect birth outcomes. Month of birth (θ_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 β_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.¹⁴ I also follow [Alsan and Yang \(2019\)](#) in excluding

¹⁴The border counties I exclude from all analyses are as follows: San Diego County, CA; Imperial County,

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.¹⁵ This is an important 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 as 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

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.

¹⁵This 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](#)).

study specification is the following:

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

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, β_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).¹⁶ To implement this exercise, I estimate 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

¹⁶This 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).

the estimated coefficients to predict birth outcomes for each infant in the sample.¹⁷ 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.

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

¹⁷The 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.

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 23% higher probability of VLBW and a 10% 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, and average birth weight. 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 23% increase in VLBW (column 1) and a 10% 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 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).¹⁸ This finding is consistent with [Persson and Rossin-Slater's \(2018\)](#) study on stress due to family bereavement on birth outcomes. Due to the smaller findings for the average birth weight and prematurity, I continue to focus only on VLBW and LBW for the remainder of the analysis.

¹⁸Following [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, 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.

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.¹⁹ 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.²⁰ 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 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.

¹⁹Note that this is a separate difference-in-differences on a subsample of non-Hispanic white citizens, not the β_2 coefficients of Equation (1).

²⁰Odd days are Sunday, Tuesday, Thursday, and Saturday.

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.²¹ 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).

²¹See https://www.ice.gov/doclib/ddor/ddor2017_02-04to02-10.pdf for a list of sanctuary counties.

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 share of Hispanic immigrants 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. Following [Alsan and Yang \(2019\)](#), I use the American Community Survey data to calculate the percentage of Hispanic non-citizens and Hispanic non-citizen *high school dropouts* in each county. I then estimate Equation 1 for counties with a high share of Hispanic non-citizens.²² The results are presented in columns 3 and 6 of Table 2. Given my proposed channel, I expect β_1 to be increasing in magnitude as the concentration of the Hispanic population increases. Indeed, I find that the effects are more pronounced among infants born in counties with a higher share of Hispanic non-citizens.

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 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

²²Counties that have share of Hispanic non-citizens greater than the mean share of Hispanic non-citizens across counties.

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.²³ 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 4.²⁴ The results suggest that SC is not associated with migration rates of Hispanic 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.

²³I 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.

²⁴The “smallest” geography available in the public use data is the Public Use Microdata Areas (PUMA). 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.

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 > six hours, admission to NICU, surfactant, antibiotics, and seizures).

This index is created so that a higher value represents a better outcome.²⁵ Table A.2 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.

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.²⁶ Third, I only find the effects on birth outcomes among infants of likely undocumented mothers and no effects

²⁵Specifically, 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.

²⁶According 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.

on non-Hispanic whites (Figure 3) who were unaffected by the SC activation by design.

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.²⁷ 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).

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 enforce-

²⁷The 2011 Morton Memo announced that county participation in SC is mandatory.

ment 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 23% in the likelihood of very low birth weight for infants of foreign-born Hispanic mothers. I provide 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 \$1.77 billion ($= \$2,457,114 \times 721$) 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 721²⁸ VLBW infants born to undocumented mothers.²⁹

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.

²⁸The 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 23.47% increase is 721 ($= 3072 \times 0.2347$).

²⁹These 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.

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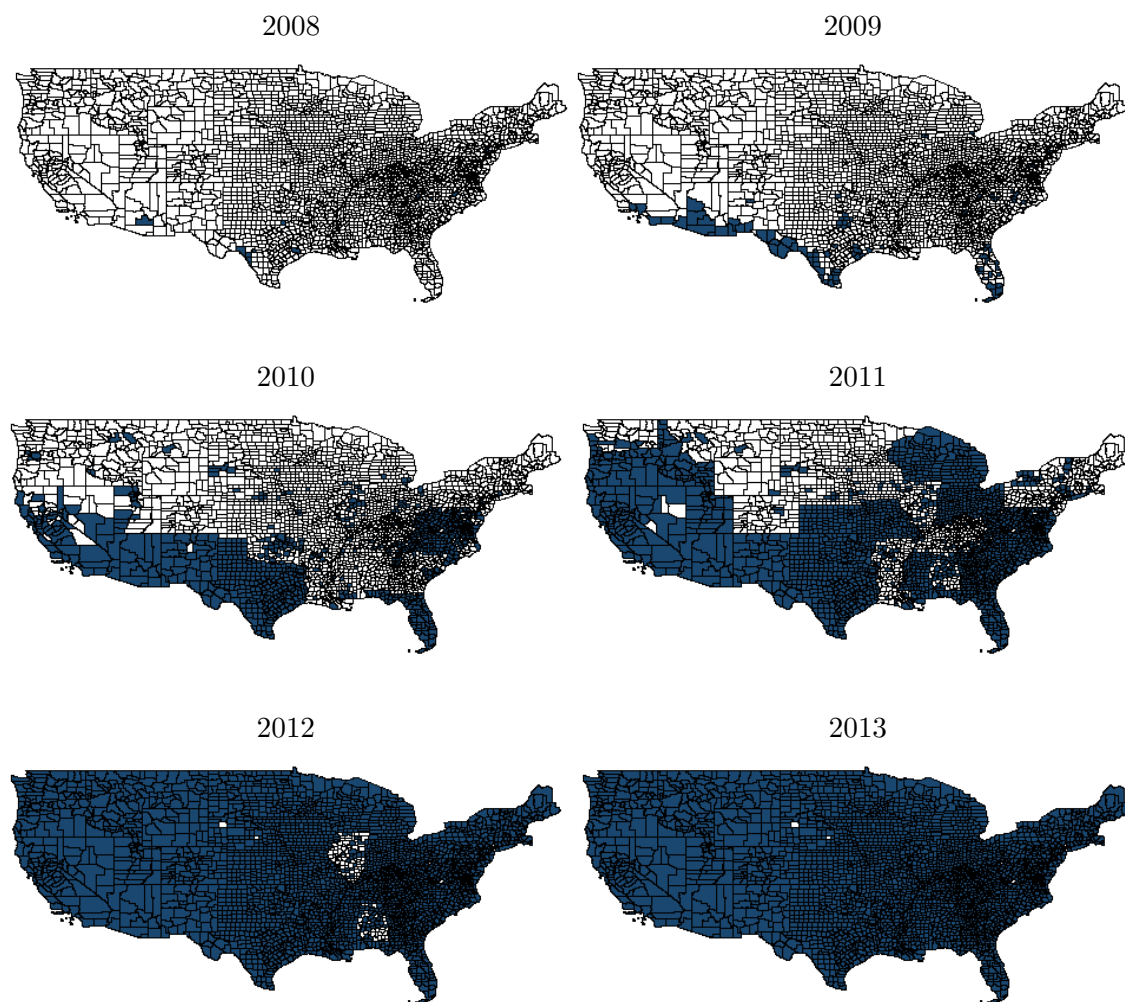
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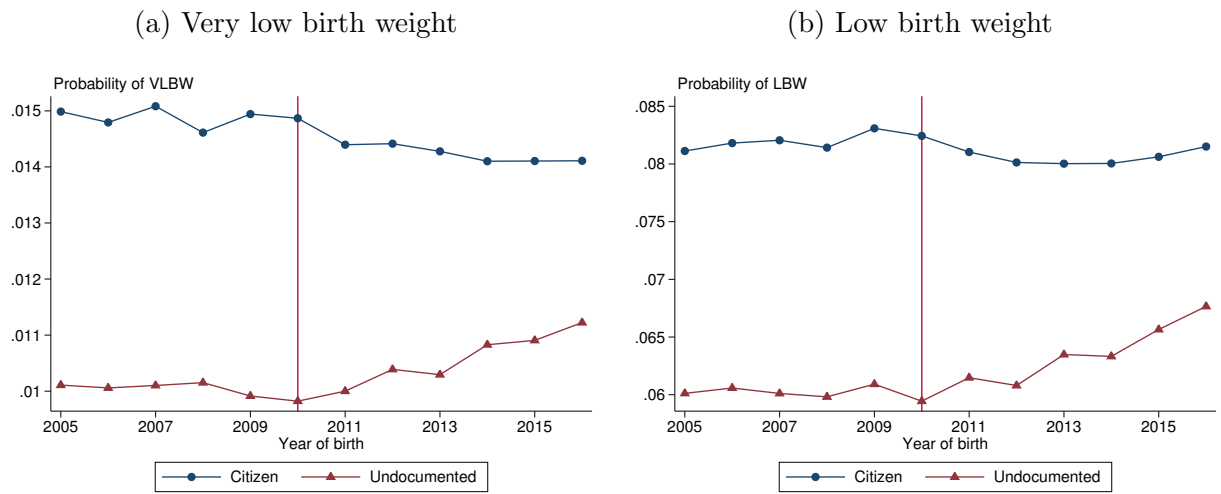
7 Figures

Figure 1: Secure Communities Rollout



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

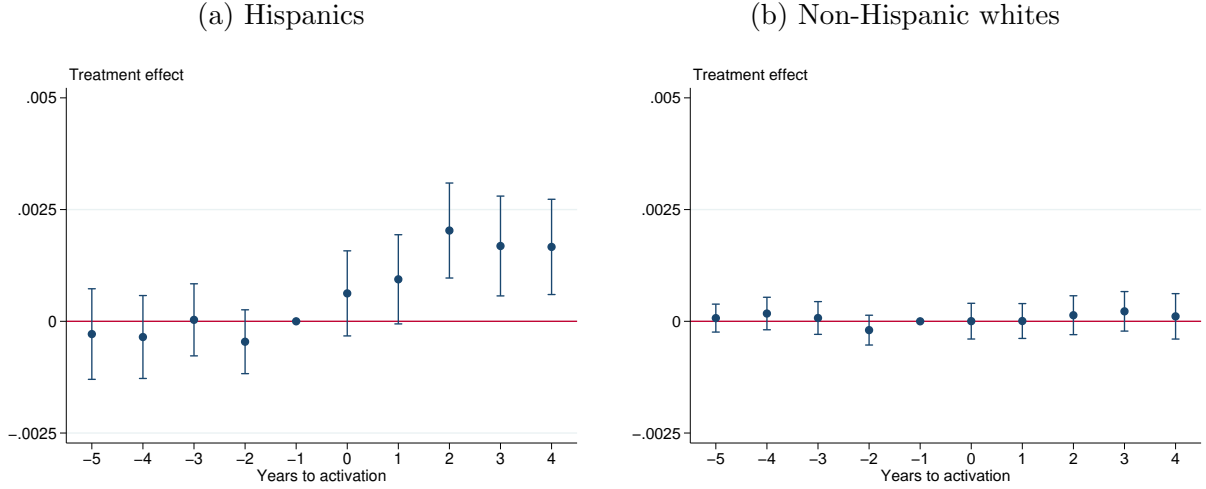
Figure 2: Trends in the Likelihood of VLBW and LBW by Year of Birth



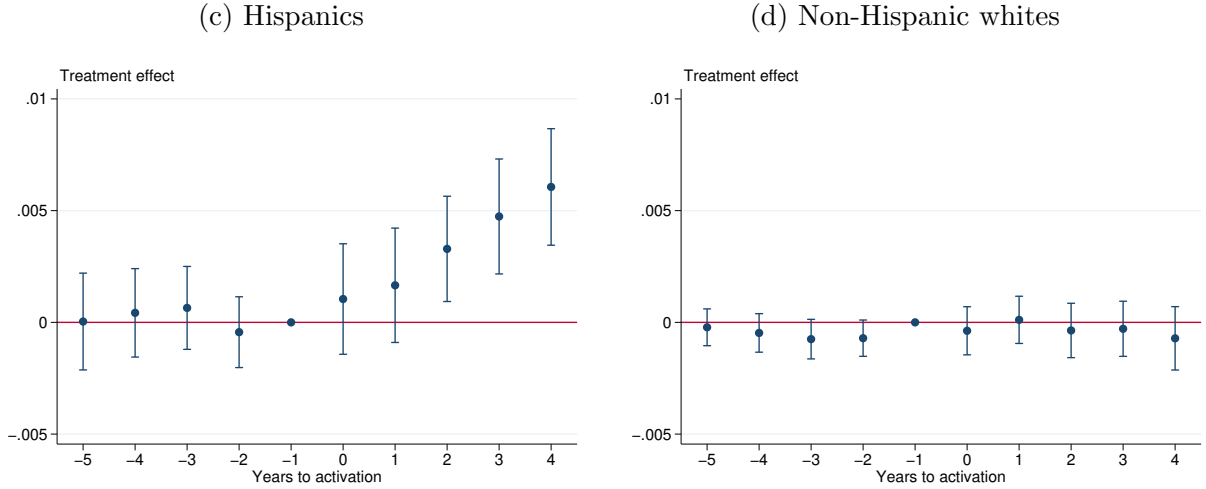
Notes: The plots show changes in the likelihood of very low birth weight and low birth weight for infants of citizens and likely undocumented immigrants. The vertical line shows 2010, the year when many counties started to activate Secure Communities. Data are from the Vital Statistics Natality 2005-2016.

Figure 3: Effect of Secure Communities on Birth Outcomes

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

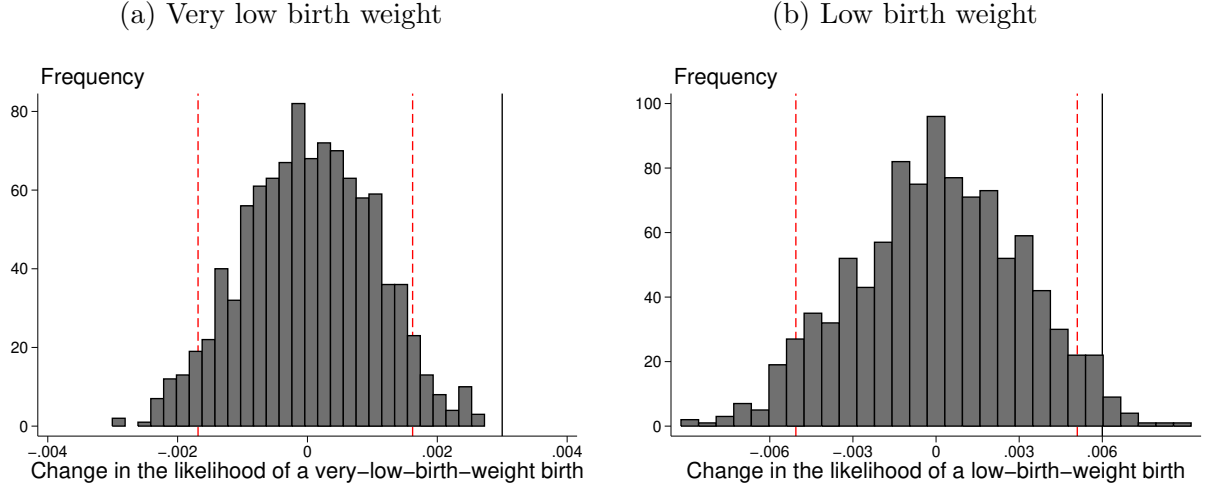


Panel B. Effects of SC on the likelihood of low-birth-weight birth



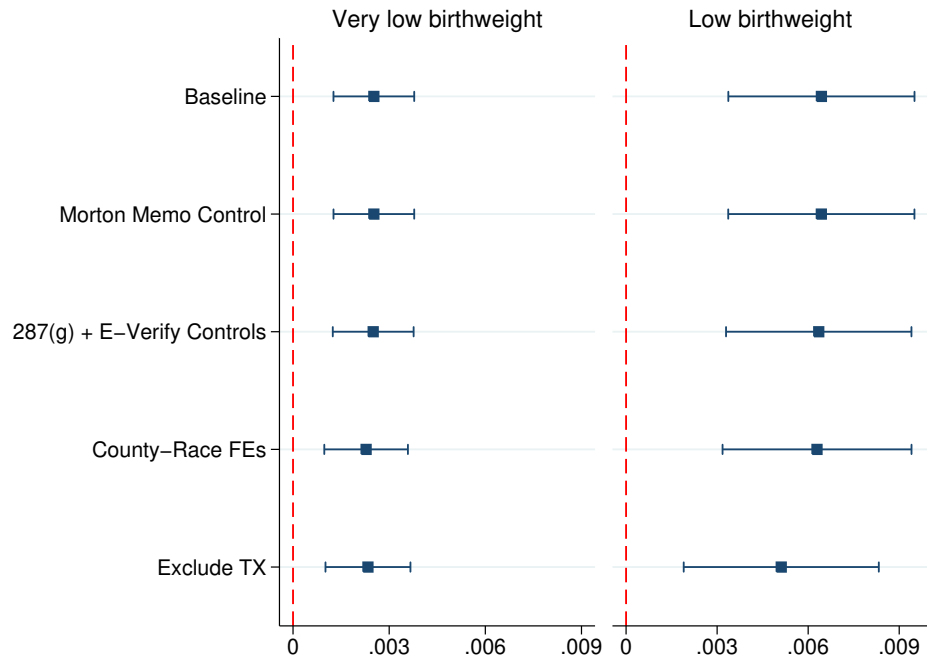
Notes: The coefficients plotted in Figure 3(a) and Figure 3(c) are triple-difference estimates (β_1) of Equation (2), where the coefficients show SC's effects on birth outcomes of Hispanic infants in the year before and after SC activation relative to non-Hispanic infants. The coefficients plotted in 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)
SC \times Hispanic	0.002*** (0.001)	0.007*** (0.002)	0.005*** (0.002)	-10.716*** (3.449)
% Impact (coef/mean)	19.82%	10.60%	4.64%	-0.32%
Mean of dep. var.	0.01	0.06	0.12	3,303.30
Observations	2,727,530	2,727,530	2,727,530	2,727,530
Baseline controls	X	X	X	X
Year of birth fixed effects	X	X	X	X
Month of birth fixed effects	X	X	X	X
State fixed effects	X	X	X	X
County fixed effects	X	X	X	X
State \times linear time	X	X	X	X

Notes: The table shows estimates of β_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 counties	High share of NC Hisp.	Baseline	Sanctuary counties	High share of NC Hisp.
	(1)	(2)	(3)	(4)	(5)	(6)
SC \times Hispanic	0.003*** (0.001)	0.001 (0.002)	0.004*** (0.001)	0.006*** (0.002)	0.002 (0.003)	0.010*** (0.003)
% Impact (coef/mean)	23.47%	10.13%	36.62%	10.17%	3.43%	15.45%
Mean of dep. var.	0.01	0.01	0.01	0.06	0.06	0.06
Observations	2,727,531	906,836	1,139,814	2,727,531	906,836	1,139,814
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. NC = non-citizen. 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	0.450*** (0.070)	0.009*** (0.003)	-0.005 (0.009)	0.002 (0.002)	0.005** (0.002)	0.000 (0.003)
% Impact (coef/mean)	4.41%	0.94%	-0.63%	4.90%	7.83%	0.08%
Mean of dep. var.	10.21	0.97	0.83	0.03	0.06	0.31
Observations	2,636,222	2,727,531	1,432,873	2,220,502	2,220,502	2,727,531
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. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

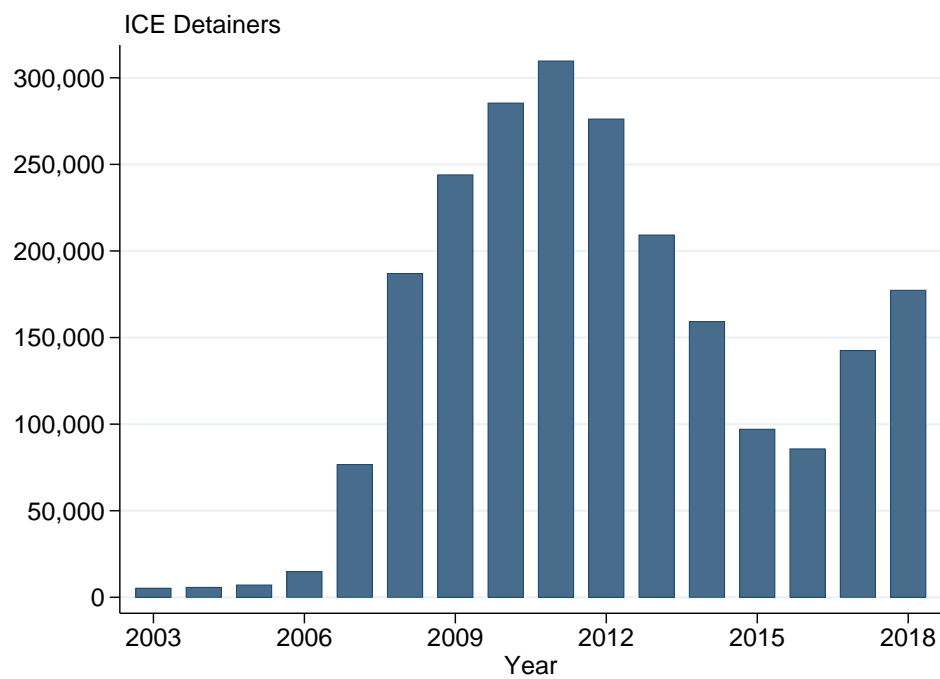
Table 4: Effects of Secure Communities on Migration, Employment, and Household Structure

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

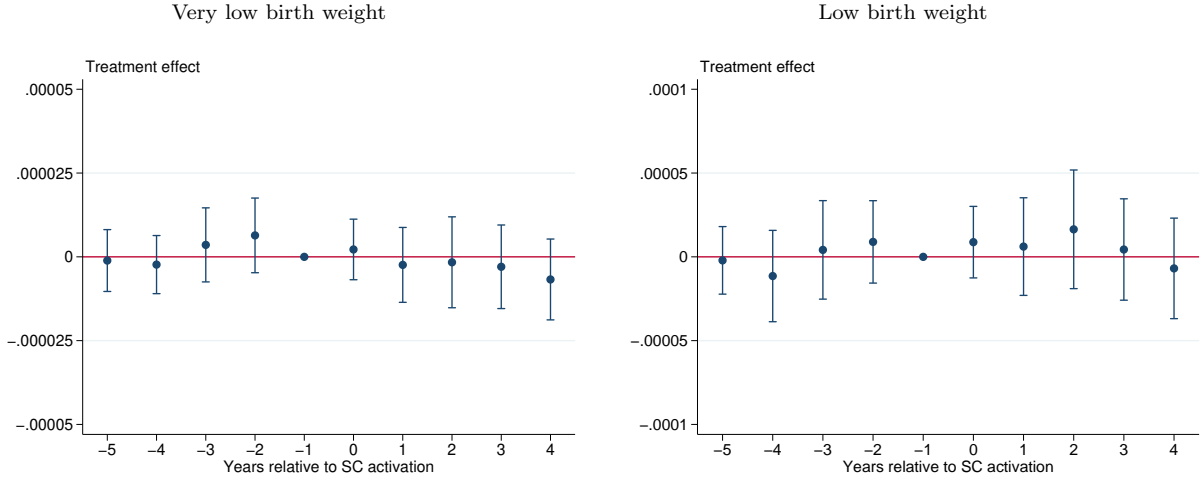
A Appendix: Supplementary Figures and Tables

Figure A.1: Number of Detainers by Year



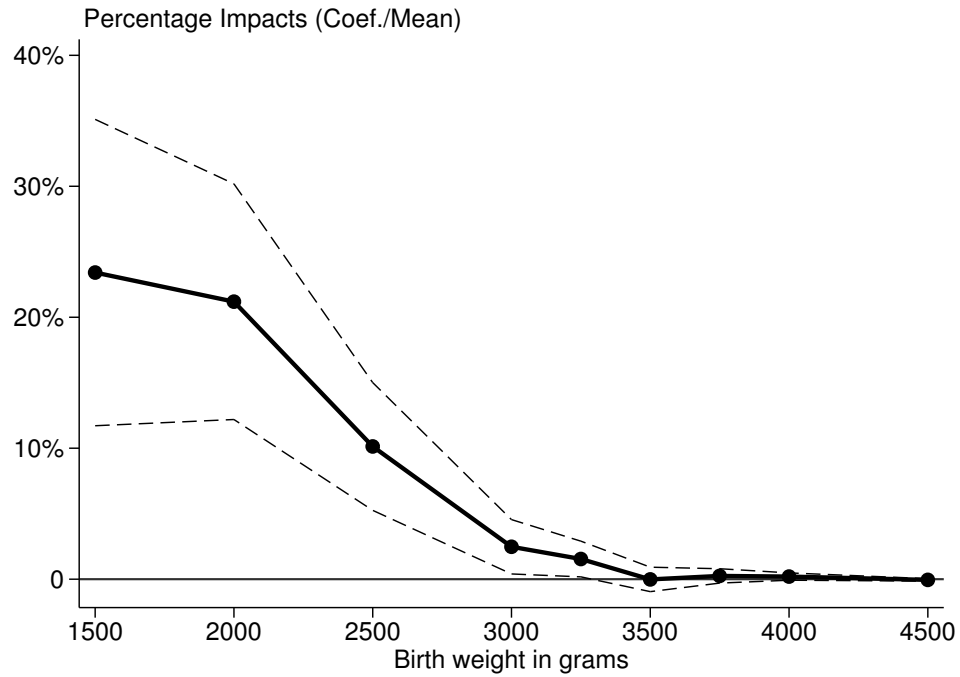
Notes: Data are from TRAC Immigration 2003–2018.

Figure A.2: Effects of Secure Communities on Predicted Birth Outcomes



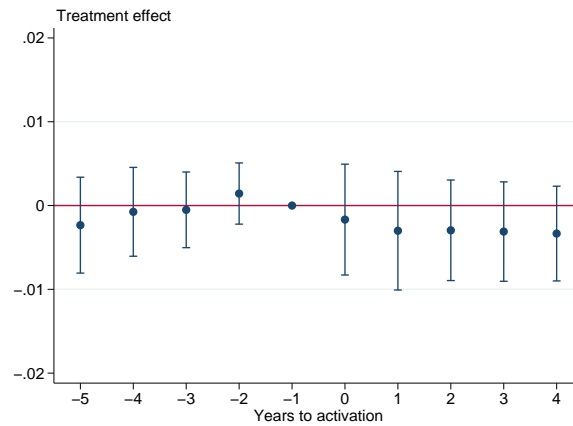
Notes: The coefficients plotted above are triple-difference estimates of Equation (2), where the coefficients show SC's effects on birth outcomes of Hispanic infants in the year before and after SC activation relative to non-Hispanic infants. The outcomes are the fitted values of likelihood of low-birth-weight 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-period 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

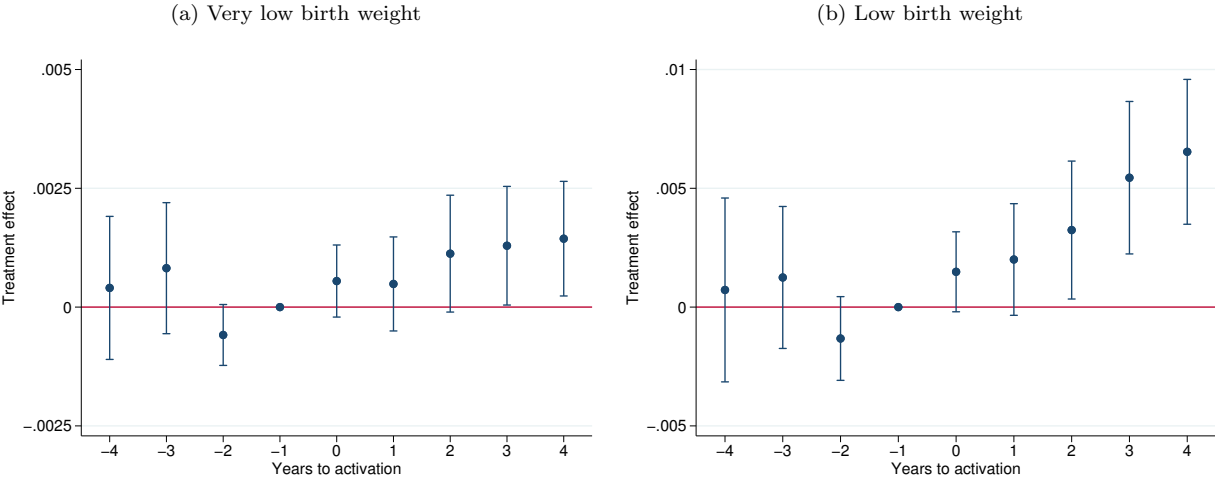
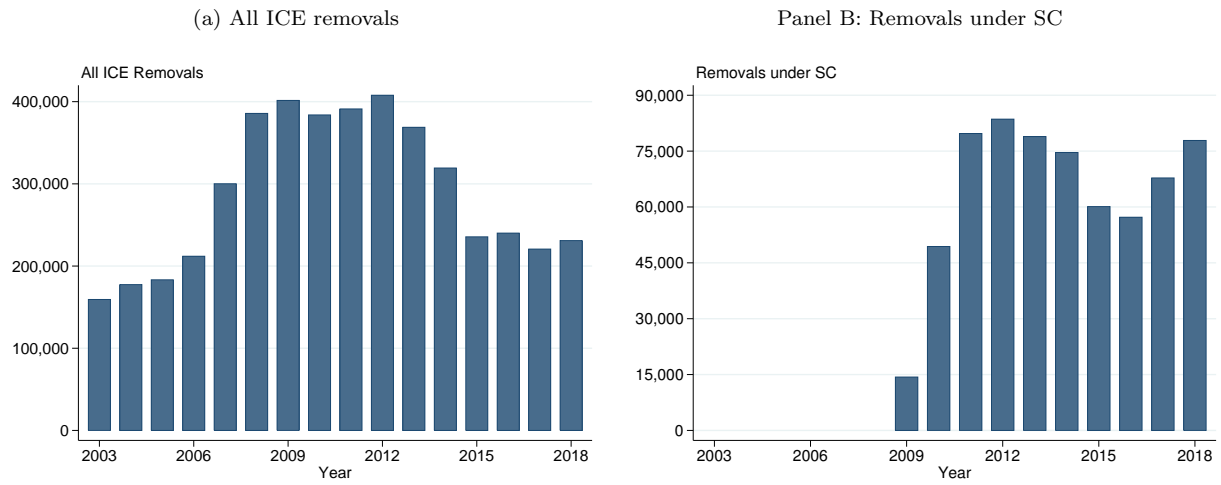


Figure A.6: Number of Removals by Year



Notes: Data are from TRAC Immigration 2003–2018.

Table A.1: Effects of Secure Communities on Birth Outcomes, Robustness to Donut-DDD Estimates

	Excluding ± 1 month		Excluding ± 2 months		Excluding ± 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 ± 1 month up to ± 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. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table A.2: Effects of Secure Communities on Birth Outcomes Index

<i>Outcome</i>	<i>Birth outcome index</i>		
	Baseline	High share of NC Hisp.	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. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.