Infant mortality rates in the U.S. are more than twenty times higher for low birth weight infants than those of normal birth weight, and two-thirds of all infant deaths in 2016 occurred to infants who were born premature (National Center for Health Statistics, 2018). In addition to imminent health risks, a number of studies have shown that poor infant health persists into adulthood and adversely contributes to behavioral and labor market outcomes. Perhaps not surprisingly, these large private and social costs of health at birth have attracted considerable attention among policymakers and researchers, and maternal education has long been a focal point. From a theoretical perspective, maternal education is believed to affect child quality through a variety of channels, ranging from improved financial resources to healthier behavior, from ability to acquire and process information to positive assortative matching. Despite this belief, empirical evidence regarding the intergenerational transmission of education on child health is mixed.

This talk takes a novel approach and exploits changes in the U.S. high school curriculum, which shift the allocation of existing time in school, to analyze the relationship between intergenerational transmission of education and infant health (measured by birth weight and gestational age). The results suggest that curriculum reforms significantly reduced the incidence of low birth weight and prematurity for black mothers. For white mothers, the estimated effects are small and generally insignificant. Further examination of the potential channels reveals that curriculum reforms are associated with improvements in maternal health behaviors (reduced smoking during pregnancy) and economic outcomes. Total social gain induced by favorable infant health outcomes can be more than two billion dollars.