

## Propositions

1. Using area-level measures of income (as opposed to individual-level tax records) leads to substantial underestimation of income-related inequalities in birth outcomes. (Chapter 2)
2. Increasing compensation for midwives working in socio-economically deprived areas reduces the gaps in health at birth between deprived and non-deprived areas, at least in the short term. (Chapter 3)
3. Male fetuses are more vulnerable than female ones at any point of a pregnancy. Because of this, improving obstetric care often leads to larger health gains among males. (Chapters 3 and 4)
4. The enforcement of strict guidelines in high-stakes medical settings can reduce socio-economic disparities in health. (Chapter 4)
5. The development of a strong export-oriented manufacturing industry influences the effectiveness of conditional cash transfer programmes. (Chapter 5)
6. Integrating parental views into the guidelines which advise end-of-life decisions on preterm infants is an ambitious challenge and may increase socio-economic inequalities in infant health.
7. Appraising the interactions between different economic policies helps reconcile the (often) heterogeneous effects of educational programmes across different settings.
8. Just like human capital formation depends on early childhood experiences, the success of research ideas relies on early discussion with others.
9. Despite the increasing demand for causal evidence in economic research, descriptive studies can and should play a relevant role in both policy and academia.
10. Collaborative work with interdisciplinary researchers improves the quality of economic research, particularly when the research questions transcend the more traditional scope of the discipline.
11. "You miss one hundred percent of the shots you don't take", Wayne Gretzky – and Michael Scott.