

Do protective factors reduce the risk of hospitalization in infants of teenage mothers?

Date:

Jan 2001

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OBJECTIVE: To determine the risk of hospitalization associated with prenatal care use and indicators of socioeconomic status and social support among infants of teenage mothers.

DESIGN: Population-based case-control study.

SETTING: Nonfederal hospitals in Washington State.

PARTICIPANTS: Infants born from 1987 to 1995 to mothers younger than 20 years were identified using linked birth certificate-state hospital discharge data. Cases consisted of 8052 infants who were hospitalized during the first year of life at least 2 days after birth hospitalization discharge. An equal number of controls, frequency matched on birth year and maternal age group, were randomly sampled from among nonhospitalized infants.

MAIN OUTCOME MEASURE: Hospitalization in the first year of life.

RESULTS: Infants with a father listed on the birth certificate or whose mothers had commercial health insurance had a decreased risk of hospitalization (adjusted odds ratios, 0.91 and 0.78, respectively; 95% confidence intervals, 0.83-0.99 and 0.71-0.85, respectively). Participation in state-funded pregnancy programs, adequacy of prenatal care, or marital status did not affect the risk of hospitalization, except among infants whose mothers received more than adequate prenatal care (adjusted odds ratio, 1.15; 95% confidence interval, 1.03-1.29).

CONCLUSION: Our results suggest that teenaged mothers who list a father on the birth certificate or who have insurance, indicative of higher socioeconomic status, may have a reduced risk of hospitalization for their infants. Teenaged mothers who receive more than adequate prenatal care may have pregnancy complications that place their infants at increased risk of hospitalization. The effect of these protective factors should be clarified in future studies.

Journal:

[JAMA Pediatrics](#)

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