weight delivery, and the effects among those younger than 15 and aged 15–17 are greatly reduced.

The pattern is different for black women, for whom maternal age has no significant impact on the likelihood of low birth weight in the unadjusted and partially adjusted analyses. Once the full set of socioeconomic variables is added, however, black 15–19-year-olds are significantly less likely than 25–29-year-olds to deliver a low-birth-weight baby. Thus, black teenage mothers appear to have a birth-weight advantage over black women in their 20s that is masked by the socioeconomic risks they face. And, like white women in their 30s, once confounding variables are controlled for, black women in their 30s have a higher risk of low-birth-weight delivery than those aged 25–29.

The multivariate results for low birth weight differed somewhat from the descriptive results. For example, while the descriptive analysis showed that whites in each adolescent age-group were at significantly increased risk for low birth weight compared with white 25–29-year-olds, 18–19-year-olds were no longer at an increased risk once the full set of controls was introduced. Further, while the descriptive analysis indicated that white women in their 30s were not at an increased risk relative to 25–29-year-olds, their risk did increase with the introduction of controls. For black women, the increased risk for low birth weight among teenagers younger than 15 found in the descriptive analysis was no longer significant in the multivariate analysis.

According to the fully adjusted model displayed in Table 4, infants born to all teenagers except those younger than 15 had lower hospital costs than those born to 25–29-year-olds, regardless of race. In contrast, infants born to women aged 30 and older had progressively higher hospitalization costs than did those born to 25–29-year-olds. Moreover, newborn hospitalization costs were highest for the babies of the oldest mothers (aged 40 and older).

While this age pattern was the same among blacks both before and after controls were introduced, the age effects among whites were more sensitive to adjustment. For example, among whites, observed risk factors other than very young age must have affected newborn hospitalization costs, since costs for infants born to those younger than 15 were no longer statistically different from those for infants born to 25–29-year-olds once all medical, behavioral and socioeconomic risk factors were controlled for; there was no similar change in significance after adjustment among blacks.

For the risk of infant mortality, the data in Table 2 indicated that the risk of an infant death decreased with maternal age among white women but was largely constant among blacks (except for the youngest teenagers). This pattern persisted in the multivariate analyses among blacks (Table 3 page 272), except that the babies of women younger than 15 appeared to be no longer at a significantly increased risk compared with those born to 25–29-year-olds. Among white women, the unadjusted and partially adjusted analyses indicated that mothers aged 15–24 were at an increased risk, but this association lost almost all statistical significance once the full set of socioeconomic factors was introduced. These results must be interpreted cautiously, however, because infant deaths are rare, even in a population-based study covering two years. For the results to be reliable, analyses of infant mortality would need to be replicated with a larger sample.

**Discussion and Conclusion**

Our results demonstrate that definitions of age categories, comparison groups, specific birth outcomes and mediating factors complicate the relationship between maternal age and birth outcomes. Among whites, the descriptive results are consistent with the commonly held perception that babies born to teenage mothers are at higher health risk and have higher hospitalization costs than do babies born to women in their 20s. However, once white teenage mothers are compared with white mothers of all ages (including those in their 30s and those aged 40 and older), teenagers are no longer the sole group at risk of poor birth outcomes and high costs.

The results from the multivariate regressions among whites indicate that teenagers younger than 15 have the highest risk of delivering a low-birth-weight infant.