According to our multivariate analysis, many teenage mothers appear not to be at any increased risk for adverse birth outcomes above and beyond that posed by the observed factors that we included as controls. Unobserved determinants of low birth weight, infant mortality and hospitalization costs, however, might be correlated with prenatal care, smoking or alcohol usage. To the extent that this is the case, the coefficients for these variables would be biased. However, when we ran these analyses and excluded prenatal care, smoking and alcohol (not shown), the results changed very little for blacks and not at all for whites. We decided to include these variables in the birth outcome models, since they represent behaviors that are potentially modifiable through public policy; however, more research is needed to assess the validity of these estimates.

Although teenagers generally initiate prenatal care later than do older mothers, older adolescents (18–19-year-olds), regardless of race, are at no significantly increased risk for low birth weight or infant mortality relative to 25–29-year-olds of the same race. Black teenage mothers aged 15–19 have a significantly reduced risk of delivering a low-birth-weight baby relative to 25–29-year-olds. The multivariate analysis indicated that for both blacks and whites, babies born to 15–19-year-olds have lower newborn hospitalization costs than those born to older mothers of the same race. Black teenagers have less of a risk of delivering a low-birth-weight baby than do older black women with the same medical, behavioral and socioeconomic characteristics. A similar pattern of increasing risk of infant mortality with maternal age was attributed to the general worsening of black women’s health over their reproductive years. This research suggested that black women’s health may deteriorate more quickly than whites’, resulting in distinctly different patterns in infant mortality by maternal age.

Although black teenagers in our sample had a lower risk of delivering a low-birth-weight baby than did 25–29-year-old blacks, rates of low birth weight among 25–29-year-olds were more than three times higher among blacks than whites. Outcomes were dramatically worse for blacks than for whites among all age groups.

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