The follow-up time after a live birth is the unit of observation, and several births to the same woman are treated as independent units of observation (although a multiple birth initiates one follow-up period). The follow-up period starts with a live birth (we refer to this as the index birth) and ends with the occurrence of a conception leading to an induced abortion (28,119 events) or a delivery* (266,117), or is censored at one of the following events: a conception leading to a miscarriage (29,408), sterilization (47,908), the woman’s 45th birthday (18,908) or the end of the observation period in February 1998† (294,462).

The number of pregnancies that ended in an induced abortion or a birth within two years after the index birth is presented in Table 1 (page 85).

To calculate the month of the next conception, we subtracted the recorded duration of the pregnancy from the recorded month of the abortion or birth. In the case of miscarriages, we assumed that the duration was two months. Records of women with any inconsistency in the linked pregnancy-history record or with missing information on the month of occurrence of any of the events were removed from the data (0.5% of index births).

We also present some information on the distribution of abortion patients by the contraceptive method that they used before conception and the time that had elapsed since the index birth (which we obtained from the abortion register). These data describe only the distribution of women whose contraceptive method failed (if they used any), and thus they cannot measure the use of all methods postpartum. However, if we assume that each method’s failure rate remains constant by the time elapsed since delivery, the change in this distribution should reflect the direction of change in contraceptive use over the time since the index birth.

We used GLIM software to fit hazard (intensity) regression models for estimating the abortion risk of women after a live birth, and to fit logistic regression models for estimating the ratio of pregnancies that end in induced abortion to pregnancies that end in delivery (the abortion ratio). In this article, the word risk connotes the hazard rate of an event—either the start of a pregnancy that ends in abortion (abortion risk) or the start of any pregnancy (conception risk). In hazard regression models, the time elapsed since the previous birth is the baseline time variable, and the baseline hazard was defined as piecewise constant. Explanatory variables included marital status, parity (the woman’s number of live births) and calendar year, all of which were obtained from the record of the index birth. However, the time elapsed since the index birth and the woman’s age were updated in the course of follow-up.

The hazard regression model parameters are presented as relative risks, and the logistic regression model parameters are given as odds ratios; the likelihood ratio test at the 5% level was used to test the significance of a variable. We calculated the age-standardized curves of the conception.

*Pregnancies that ended in a stillbirth were included among the deliveries. Pregnancies that resulted in a multiple birth counted as one event.
†Although we have data on the entire year 1998, the follow-up is truncated in February because pregnancies that started later may have ended in a birth in 1999, which we could not have observed.