was significantly related to preterm birth among immigrant Latinas, but not among white, black or U.S.-born Latina women. These findings both conflict with and support previous studies that found that the association between unintended pregnancy and other maternal and infant health outcomes disappeared after adequate adjustment for socioeconomic factors.3–6 The unique pattern observed among immigrant Latinas suggests that the socioeconomic factors we measured may play different roles in relation to pregnancy intention and preterm birth for different groups of women. This finding is consistent with the poorly understood but widely observed paradox of good birth outcomes among Latinas, despite high levels of socioeconomic disadvantage.43–47

Limitations

Several limitations of this study should be noted. First, our study is cross-sectional, limiting our ability to make causal inferences about the relationship between unintended pregnancy or socioeconomic factors and preterm birth. Another limitation, noted earlier, is the retrospective measurement of unintended pregnancy, which can be resolved only with a longitudinal study design. Similarly, although our measure of preterm birth came from birth certificates, it was based in part on the mother’s report of her last menstrual period, which may be subject to reporting error.48,49 Further, despite the large sample size overall, we had insufficient numbers of Native American and U.S.-born Asian women for analysis, and our sample of Asian immigrants may not have been representative of this population statewide. Also, we focused on socioeconomic factors that might confound the relationship between unintended pregnancy and preterm birth; other, unmeasured determinants of preterm birth may also vary by racial or ethnic group.

In interpreting this study’s findings, it is important to keep in mind that we analyzed data only on pregnancies ending in live births (as did the studies of preterm birth discussed previously). In a setting where abortion is legal and largely accessible, as it is here in the United States, one could argue that women with truly unwanted pregnancies obtain abortions.50 To the extent that abortion is safe and accessible, analyses of live births involve only a subset of unintended pregnancies—those on the “more desirable” end of the spectrum. Abortions that are denied to women, however, can have the most serious consequences for mother and child. In fact, longitudinal European studies of women who had abortion requests denied have found severe negative effects on the children’s long-term psychosocial development.51,52

Where abortion is illegal and unsafe, unintended pregnancy is a major contributor to maternal morbidity and