Correspondence

“Hispanic Paradox” and Irish Preterm Birth Data

The 2013 study by Calhoun et al.\(^1\) provides very credible evidence that Ireland’s low induced abortion (IA) rate contributes to Ireland’s low preterm birth rate. This likely has implications for other countries. In the United States for more than two decades it has remained a mystery (termed the “Hispanic Paradox”) why recent immigrants from Mexico have a lower, not higher, preterm delivery rate than native U.S. women.\(^2\) Immigrant Latino women have a lower socio-economic status, on average, than non-Latino Caucasians, and on this basis, Latino immigrants should have an above-average prematurity delivery rate.

In most of Mexico, induced abortion is not legal, and thus it is reasonable to believe that young Latino immigrant women in the U.S. have a lower IA prevalence on average than native U.S. women.

The Los Angeles population studied by Ross et al. in 1986\(^3\) was 84 percent Latino-American. Ross et al. considered more than 20 possible premature birth risks, and reported the statistically significant result that women with prior IAs have 1.3 times the odds of a preterm delivery compared to women with no prior IAs.

Two systematic reviews with meta-analysis support the abortion-premature birth risk, and there are no such analyses showing that IAs do not elevate this risk.\(^1\) There are 13 statistically significant studies reporting that women with prior IAs have higher risk of extremely preterm delivery (<28 weeks’ gestation) compared to women with no prior IAs.\(^4\) There are no studies showing the contrary.

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Authors’ Reply: We thank Brent Rooney for his interest in our recent article.\(^5\) He makes a cogent and valid point regarding preterm birth and abortion. Both the 1986 study by Ross et al.\(^3\) and the 2013 study by Wommack et al.\(^2\) highlight the relationship between preterm birth and abortion. These studies help explain why Hispanic women with significant risk factors including those listed in the Ross study and a lower socioeconomic status still have low preterm birth rates. Further substantiation of this phenomenon was recently published by Klemetti et al. in 2012\(^5\) utilizing the national Finnish database from 1996–2008, including more than 300,000 first-time births. They once again found that, “After adjustment, perinatal deaths and very preterm birth (< 28 gestational weeks) suggested worse outcomes after IA. Increased odds for very preterm birth were seen in all the subgroups and exhibited a dose-response relationship: 1.19 [95% confidence interval (CI) 0.98–1.44] after one IA, 1.69 (1.14–2.51) after two, and 2.78 (1.48–5.24) after three IAs.”\(^5\) So, yes, we would agree that this one plausible possibility that merits further consideration. Certainly the abortion history is an important confounder that needs to be controlled for in future analyses.

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References


