Journal of American Physicians and Surgeons Mission Statement

The Journal of American Physicians and Surgeons, the official peer-reviewed journal of the Association of American Physicians and Surgeons (AAPS), is committed to publishing scholarly articles related to the practice of medicine and to promoting open debate and scientific integrity.

Subscriptions and Advertising aaps@aapsonline.org

Subscription Rates:

AAPS Members (included in annual dues) Non-members \$75 per year Institutions \$125 per year Students/Residents \$15 per year Foreign \$200 per year (US currency only)



Copy Editor Stuart Faxon

Cover Design Rachel Eck

Typesetting and Printing

Skyline Printing Co., Inc. Tucson, AZ

Website

www.jpands.org

Webmaster

Jeremy Snavely

The articles published in the Journal of American Physicians and Surgeons represent the opinions of the authors and do not necessarily reflect the official policy of the Association of American Physicians and Surgeons, Inc., or the Journal.

Publication of an advertisement is not to be considered an endosement or approval of the product or service involved by either the Association of American Physicians and Surgeons, Inc., or the Journal.

> POSTMASTER: Send address changes to:

1601 N. Tucson Blvd, Suite 9 Tucson, AZ 85716

Journal of American Physicians and Surgeons (ISSN 1543-4826) is published quarterly. Copyright ©2013 by the Association of American Physicians and Surgeons, Inc.

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 premature 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 1986³ 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 metaanalysis 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.

Brent Rooney, M.Sc. Vancouver, B.C.

Authors' Reply: We thank Brent Rooney for his interest in our recent article. 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 2012⁵ utilizing the national Finnish database from 1996-2008, including more than 300,000 firsttime 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.

Byron C. Calhoun, M.D. Charleston, W.V.

- Calhoun BC, Thorp JM, Carroll PS. Maternal and neonatal health and abortion: 40-year trends in Great Britain and Ireland. J Am Phys Surg 2013;18:42-46.
- Wommack JC, Ruiz CJ, Marti N, et al. Interleukin-10 predicts preterm birth in acculturated Hispanics. Biol Res Nurs 2013;15(1):78-85. Available at: http://brn. sagepub.com/content/15/1/78.abstract. Accessed Jun 27, 2013.
- Ross MG, Hobel CJ, Bragenier JR, Bear MB, Bemis RL. A simplified risk-scoring system for prematurity. Am J Perinatol 1986;3:339-344.
- Chapter 4: 140+ Significant studies + B.R. credits. Justice for Kids, Jul 25, 2013. Available at: http://justiceforkids.webs.com/ chapter4140studies.htm. Accessed Aug 18, 2013
- Klemetti R, Gissler M, Niinimaki M, Hemminki E. Birth outcomes after induced abortion: a nationwide register-based study of first births in Finland. Hum Reprod, Aug 29, 2012. doi:10.1093/ humrep/des294. Epub 2012 Aug 29.