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Original Contribution

Children Born After Unplanned Pregnancies and Cognitive Development at 3 Years: Social Differentials in the United Kingdom Millennium Cohort

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Children born after an unplanned pregnancy have poorer developmental scores. This could arise from less favorable parenting but also could reflect confounding from the socioeconomic circumstances. In a large representative sample in the United Kingdom, the Millennium Cohort Study (2001–2005), cognitive delay at 3 years was explored with the Bracken Assessment. Its association with unplanned pregnancy was studied in logistic models controlling for demographic and socioeconomic characteristics of the family, the child's characteristics, and parenting behavior. Stratification by the mother's educational level (grouped into 3 categories) was explored. Of 12,182 children included in the analysis, 41% were born after a pregnancy reported by the mother to have been a "surprise." Such unplanned pregnancies were associated in univariate analysis with more cognitive delay. Among mothers with a low or middle level of education, this association vanished when socioeconomic circumstances were controlled. Among mothers with a high level of education, the risk of cognitive delay remained significantly and unexplainedly raised after unplanned pregnancies, despite controlling for socioeconomic characteristics and parental behavior. In conclusion, for socially disadvantaged children, having resulted from an unplanned pregnancy does not seem to increase their already disproportionate risk of cognitive delay. Births after unplanned conceptions are mainly a symptom rather than a source of disadvantage.

child development; follow-up studies; parenting; socioeconomic factors; United Kingdom; unwanted child

Factors operating as early as the prenatal period can have long-term consequences for child development (1, 2). Whether the pregnancy was planned or not is one of the factors that could have long-term consequences for the child. Despite widespread use of contraception and abortion in developed countries (3, 4), the proportion of live births resulting from an unplanned pregnancy (i.e., either a pregnancy that never would have been wanted or a pregnancy that was not wanted at that particular time) remains high, with rates as elevated as 43% in the United States (5), 34% in the United Kingdom (6), and "only" 18% in France (7). Unplanned pregnancies leading to the birth of a child are strongly associated with socially and economically disadvantaged parents (8, 9). The scale of births after an unplanned pregnancy (20%–40% of children in developed countries) warrants an investigation of the consequences for the child.

Some studies have already claimed that births after an unplanned pregnancy could be associated with an increased risk of impaired child development, low verbal ability, and low educational attainment (10–12). In more than 6,971 families followed in a representative cohort of children in the United

States, mistimed and unwanted pregnancies were associated with lower development at 3 years on the Denver Developmental Score, which measures personal-social, fine-motor, language, and gross-motor skills (13). To explain such an association, it had been suggested that unplanned pregnancies could be accompanied by parenting behaviors less favorable to child development (14). Research has found associations of births after unplanned pregnancies with poorer prenatal and postnatal behaviors, such as later and fewer antenatal care visits and less frequent breastfeeding (15, 16), an impaired mother-child relationship (10, 17), a more authoritarian parenting style (10, 18, 19), and fewer opportunities for skill development during childhood—that is to say, a less effective home learning environment (10). Thus, parenting behavior seems to be a possible mediator in the pathway between unplanned pregnancies and child development. Unplanned pregnancy could have an impact not only during childhood but also later in life, as suggested by increased mental health problems and lower self-esteem among teenagers and young adults whose births were not planned (20–22).

To understand whether the association of an unplanned pregnancy with child development represents a causal pathway, it is necessary to allow for the possible spurious confounding impact of the family's social and economic characteristics (12, 13, 23). Family socioeconomic disadvantage is a well-known risk factor both for impaired child development (24–26) and for unplanned births (8, 9). Moreover, the consequences of having a birth after an unplanned pregnancy appear to vary with socioeconomic differences in the importance of planning in other aspects of a woman's life, such as qualifications, career, and housing (27, 28). This suggests the hypothesis of a differential impact of unplanned pregnancies on child development in different social contexts. For example, an unplanned birth could be particularly disruptive for women with a high educational level who wish to develop a career and could consequently have a stronger impact on the development of children of socially advantaged women.

Our aim is to explore the association between birth after an unplanned pregnancy and child cognitive delay at 3 years in a large cohort from the United Kingdom, the Millennium Cohort Study, by taking into account family socioeconomic circumstances and parental behavior and practices considered as potential mediators (including quality of the mother-child relationship, the home learning environment, and disciplinary practices). Moreover, in an extension to the literature, we stratified analyses by the mother's level of education to explore, for the first time, the differential impacts of unplanned pregnancy in different social contexts.

MATERIALS AND METHODS

The Millennium Cohort Study

The Millennium Cohort Study is an ongoing nationally representative longitudinal study of children born in the United Kingdom in 2000–2002 (29). The sample is stratified by United Kingdom countries and is clustered, with overrepresentation of electoral wards that have high child poverty rates and concentrations of ethnic minorities. At the first survey, when the child was 9 months of age, 18,552 families were interviewed, with a response rate of 72% (30). Of those, 14,898 (80%) were interviewed when the child was 3 years of age. Each survey involved home visits by trained interviewers. The Millennium Cohort Study gained approval from National Health Service Multi-Centre Research Ethics Committees (South Multi-Centre Research Ethics Committee, MREC/01/6/19, and London Multi-Centre Research Ethics Committee, MREC/03/03/22, for the first and second surveys respectively). All questionnaires and detailed information on the survey are available online (www.cls.ioe.ac.uk/mcs).

Unplanned pregnancies

During the survey performed when the child was 9 months old, the mother was asked about the pregnancy of the cohort child: "Were you planning to get pregnant at that time or was it a surprise?" Henceforth, "surprise" is deemed "unplanned" in this article. The intendedness of a pregnancy is measured here simply by the planned/unplanned dichotomy, with no attempt to recognize any degrees of ambivalence.

Child's cognitive assessment

During the survey performed when the child was 3 years old, cognitive development was measured by the Revised Bracken Basic Concept Scale (31). Six subtests were administered to Millennium Cohort Study children (colors, letters, numbers and counting, sizes, comparisons, and shapes). The raw Bracken score was adjusted by age at assessment. According to the Bracken norms for the United States, children with an adjusted score <85 were classified as "delayed" (representing scores that are >1 standard deviation below the mean) (31).

Socioeconomic circumstances, child's characteristics, and parenting behavior

Three groups of other variables were considered, as described in Tables 1 and 2. The first group was socioeconomic circumstances. It included 9 variables (mother's age at the child's birth, number of older siblings, mother's level of education, mother's occupation, child's ethnic group, language spoken at home, family income, perceived financial situation, natural parents' separation by age 3 years), of which all but the last were based on the survey performed at 9 months. Information on the father was not included because the information was missing if the father did not live with the mother or did not respond. Where known, the father's education was correlated with the mother's. This raised the issue of co-linearity in multivariate models. The second group of variables contained child characteristics. It included 2 variables collected at 9 months (sex and health at birth according to prematurity and low birth weight). The third group was a set of possible mediators on parenting behavior. It included 4 variables collected at 9 months (maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, breastfeeding, maternal depressive symptoms on a short version of the Malaise Inventory). Alcohol and smoking consumption during pregnancy were thus collected retrospectively, and underreporting cannot be ruled out. Nine parenting behavior variables were collected when the child was 3 years old (frequency of mother reading to the child, Home Learning Environment Index (32), regular bedtime, child's television watching, frequency of punishment, strictly enforced rules, child-mother closeness, child-mother conflict, mother's perception of herself as a mother). The impact of parental intelligence quotient could not be explored because this information was not collected in the Millennium Cohort Study.

Methods

We selected all families participating at both the 9 months and 3 years surveys, where the natural mother lived in the household and was the main respondent, and for which information on all aforementioned variables were complete. In cases of multiple births, only 1 randomly chosen child was included. All percentages and odds ratios were weighted to reflect the original sampling probabilities. Variances were estimated with the correction for a finite population.

Association between pregnancy planning and cognition was explored through logistic regressions. Nested models were considered: "Model 1" includes only pregnancy planning;

Table 1. Distribution in the Study Population, Percentage of Unplanned Pregnancies,^a and Risk of Delayed Cognitive Development by Socioeconomic Circumstances and Child's Characteristics ($n = 12,182$), United Kingdom Millennium Cohort, 2001–2005

	Distribution in the Study Population ^b		Unplanned Pregnancy, ^{b,c} %	Cognitive Delay, ^{b,d} %
	No.	%		
Mother's age at the child's birth, years				
≤19	900	7	84	22
20–24	2,048	16	59	17
25–29	3,372	28	36	12
30–34	3,815	32	30	9
35–39	1,779	15	32	9
≥40	268	2	50	8
Number of older siblings				
≥2	2,740	21	57	20
1	4,353	37	31	11
0	5,089	42	42	9
Mother's level of education ^e				
Low	2,689	21	60	25
Middle	5,469	45	43	11
High	4,024	34	27	5
Mother's occupation				
Does not work	785	5	69	35
Semiroutine or routine	4,323	35	53	19
Lower supervisory, technical	689	5	50	15
Small business employer	453	4	32	8
Intermediate	2,227	19	37	7
Managerial and professional	3,705	32	26	4
Natural parents' separation				
Never lived together	9,985	82	83	23
Together only at 9 months	769	7	57	18
Lived together at 3 years	1,428	11	34	10

Table continues

“Model 2” introduces the 9 socioeconomic variables; “Model 3” adds the 2 child characteristics; and “Model 4” also includes the 13 parenting behavior variables. The possibility of collinearity was explored by testing the stability of results with different subgroups of variables (results not shown).

Differential impacts of unplanned pregnancy were explored with consideration of the social context. Social context was proxied by mother's level of education, which represents a major axis of socioeconomic advantage. Roughly, the “high” educational level group was “college educated”—that is, those with degrees, bachelors or higher, or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). “Middle” educational level covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification Levels 2 and 3. The “low” educational level group had minimal (Level 1 or other overseas)

or no qualifications. A first approach was to simply test an interaction between pregnancy intendedness and mother's level of education (results not shown). The second was to perform a stratified analysis by mother's level of education to allow for more complex and pervasive social interactions. Empirically, stratification proved the more appropriate strategy. Data analyses were carried out in Stata/SE version 11.1 (StataCorp LP, College Station, Texas).

RESULTS

Of the 14,898 families who participated in the first 2 surveys, 12,182 (82%) were entered in this analysis. Reasons for exclusion included the following: Main respondent was not the natural mother ($n = 411$); values on pregnancy planning were missing ($n = 19$); Bracken Assessment was not fully completed ($n = 1,518$); or values on at least 1 other variable

Table 1. Continued

	Distribution in the Study Population ^b		Unplanned Pregnancy, ^{b,c} %	Cognitive Delay, ^{b,d} %
	No.	%		
Child's ethnic group				
Other than white	1,433	10	52	24
White	10,749	90	40	11
Language spoken at home				
Other than English (and English eventually)	1,244	7	43	24
English only	10,938	93	41	11
Family income				
Missing data	845	6	39	16
<£10,400	2,601	20	72	24
£10,400–£20,800	3,698	30	43	13
>£20,800	5,038	44	26	5
Perceived financial situation				
Difficult	1,143	10	59	18
Just	3,240	26	51	16
Good	7,799	64	34	9
Sex of the child				
Male	6,109	50	41	15
Female	6,073	50	41	9
Health at birth, according to prematurity (<37 weeks) and low birth weight (≤2,500 g)				
Good	11,037	91	41	12
Premature or low birth weight	1,145	9	47	16

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed “unplanned”).

^b Percentages are weighted, whereas numbers are not weighted.

^c *P* values for χ^2 test comparing proportion of unplanned pregnancy for each variable were always <0.001, except for 2 variables: language spoken at home (*P* = 0.26) and sex of the child (*P* = 0.86).

^d *P* values for χ^2 test comparing proportion of cognitive delay for each variable were always <0.001.

^e The “high” educational level group was “college educated”: those with degrees, bachelor’s or higher, or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). “Middle” educational level covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification Levels 2 and 3. The “low” educational level group had minimal (Level 1 or other overseas) or no qualifications.

included in the analysis were missing (*n* = 768). In the study population of 12,182 families, 81% were from England. Sixty percent of the mothers were between 25 and 34 years of age at the child’s birth. Mother’s level of education was high for 34%, middle for 45%, and low for 21%. Most (82%) of the natural parents of the cohort child lived together at both surveys; 58% of the children had older siblings.

In the study sample, 41% of the births followed an unplanned pregnancy (Table 3). There was a strong social gradient on the proportion of unplanned pregnancies, from <30% among mothers with a high educational level to 60% among mothers with a low educational level. Of unplanned pregnancies, 60% occurred among mothers who were teenagers, already had at least 2 children, or did not live with the father. These circumstances varied widely by mother’s educational level (Table 3). Births after an unplanned pregnancy were associated with

socioeconomic hardship, less favorable parenting behavior, and poorer health characteristics at birth (Tables 1 and 2).

The risk of delayed cognitive development was 12% in the whole analysis sample. This risk was twice as high when the birth followed an unplanned pregnancy (17%) as when the pregnancy was planned (8%) (Table 4). The risk of the child’s cognitive delay varied even more by mother’s level of education: from 5% to 25% (Table 1). As in the proportion of unplanned pregnancies, the risk of cognitive delay was associated with socioeconomic hardship, less favorable parenting behavior, and poorer health characteristics at birth (Tables 1 and 2). In each of the 3 subsamples of mother’s level of education, the risk of cognitive delay was much higher when the pregnancy was unplanned than when it was planned (Table 4). Among mothers with a high educational level, the risk of cognitive delay was twice as high when the pregnancy

Table 2. Distribution in the Study Population, Percentage of Unplanned Pregnancies,^a and Risk of Delayed Cognitive Development by Parenting Behavior ($n = 12,182$), United Kingdom Millennium Cohort, 2001–2005

	Distribution in the Study Population ^b		Unplanned Pregnancy, ^{b,c} %	Cognitive Delay, ^{b,d} %
	No.	%		
Maternal alcohol consumption during pregnancy ^e				
Never	8,323	66	43	14
Light	2,956	27	35	8
Moderate	647	5	48	11
Heavy/binge	256	2	52	15
Maternal smoking during pregnancy				
Smoked during pregnancy	2,813	22	62	19
Stopped smoking during first trimester	1,349	12	50	11
No smoking during pregnancy	8,020	66	33	10
Breastfeeding				
Never tried	3,935	30	53	18
Tried briefly or for ≤ 2 weeks	2,109	16	41	12
Breastfed for 2 weeks to 3 months	2,267	20	38	10
Breastfed for >3 months or 13 weeks	3,871	34	32	7
Maternal depressive symptoms at 9 months				
Depressive symptoms	1,701	13	55	17
No depressive symptoms	10,481	87	39	11
Frequency of mother reading to the child				
Not at all	238	2	67	47
Less often	222	2	65	35
Once or twice a month	310	2	49	24
Once or twice a week	1,831	14	52	20
Several time a week	2,358	19	43	12
Every day	7,223	61	36	8
HLE index				
1st HLE quintile (lowest HLE)	2,438	19	46	19
2nd HLE quintile	2,441	20	41	15
3rd HLE quintile	2,463	20	41	11
4th HLE quintile	2,474	21	40	8
5th HLE quintile (highest HLE)	2,366	20	38	6
Regular bedtime				
Never	910	7	55	21
Sometimes	1,594	12	55	18
Usually	4,615	38	40	11
Always	5,063	43	36	9

Table continues

was unplanned than when it was planned, but this corresponded to an increase in the risk of only 4%. Among mothers with a low educational level, the risk of cognitive delay was only 1.4 times higher when the pregnancy was unplanned than when it was planned. However, the increase in the risk was 8%. In the univariate logistic analysis (Table 5, Model 1), an unplanned pregnancy was significantly associated with cognitive delay in the whole sample and in each subsample

by mother's level of education. When the Bracken cognitive score was used as a continuous instead of a binary variable (Web Figure 1, available at <http://aje.oxfordjournals.org/>), a negative and linear relation was observed with the proportion of unplanned pregnancy for mothers with middle and low educational levels. Among mothers with a high educational level, the negative slope did not extend downward over the whole range of scores (Web Figure 1B). Complementary

Table 2. Continued

	Distribution in the Study Population ^b		Unplanned Pregnancy, ^{b,c} %	Cognitive Delay, ^{b,d} %
	No.	%		
Child's television watching, hours				
>3	2,109	17	54	18
1–3	7,243	60	40	10
0–1	2,830	23	35	12
Frequency of punishment				
Missing data	2,026	15	49	19
Daily on ≥2 items	2,364	20	45	14
Daily on 1 item	2,156	18	35	10
Less than daily	5,636	47	39	9
Strictly enforced rules				
Not strictly enforced	3,060	24	48	17
Varies	3,432	27	40	12
Strictly enforced	5,690	49	38	10
Child-mother closeness				
Missing data	1,455	11	54	28
Low	3,379	28	46	16
Normal or high	7,348	61	37	8
Child-mother conflict				
Missing data	1,266	9	53	25
High	2,904	25	44	14
Normal or low	8,012	66	38	9
Mother's perception of herself as a mother				
Missing data	1,028	7	47	24
Not very good or in trouble	340	3	61	15
An average parent	4,208	36	43	13
Better than average	2,909	25	34	7
A very good parent	3,697	29	41	11

Abbreviation: HLE, Home Learning Environment.

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed “unplanned”).

^b Percentages are weighted, whereas numbers are not weighted.

^c *P* values for χ^2 test comparing proportion of unplanned pregnancy for each parenting behavior variable were always <0.001.

^d *P* values for χ^2 test comparing proportion of cognitive delay for each parenting behavior variable were always <0.001.

^e Maternal alcohol consumption during pregnancy was defined on the basis of the criteria outlined by the United Kingdom National Alcohol Strategy, presented in detail in Kelly et al. (41). The apparently unexpected patterns of unplanned pregnancies and cognitive delay by level of maternal alcohol consumption during pregnancy are explained by the social differentials in alcohol consumption.

analyses explored the continuous Bracken score in linear regression models (see Web Figure 1, footnote b) and advanced cognitive development (Bracken score >115) in logistic regressions (Web Tables 1 and 2). These showed that factors affecting delayed and advanced child development are different.

In the sample as a whole, the association between an unplanned pregnancy and cognitive delay declined to insignificance as soon as the socioeconomic variables were included (Table 5). Different patterns emerged in the 3 subsamples of mother's level of education. Among mothers with low and

middle educational levels, the association between an unplanned pregnancy and the risk of cognitive delay vanished as soon as the socioeconomic variables were included (Models 2, 3, and 4). Among mothers with a high educational level, the association decreased but remained significant (*P* = 0.01) when the socioeconomic variables were included (Model 2). When the parenting behavior variables were included (Model 4), the association between an unplanned pregnancy and the risk of cognitive delay decreased (compared with Models 2 and 3) but still remained significant (odds ratio = 1.48, *P* = 0.03).

Table 3. Distributions of Pregnancy Intendedness,^a Happiness, and Birth Circumstances by Mother's Level of Education, United Kingdom Millennium Cohort, 2001–2005^b

	Whole Sample (n = 12,182)	Mother's Level of Education ^c		
		High (n = 4,024)	Middle (n = 5,469)	Low (n = 2,689)
Pregnancy intendedness, %				
Planned	59	73	57	40
Unplanned	41	27	43	60
Happiness about the prospect of having the baby when the mother first knew about the pregnancy				
Among planned pregnancies, %				
(Very) happy	98	99	98	98
Not bothered either way	1	0	1	1
(Very) unhappy	1	1	1	1
Among unplanned pregnancies, %				
(Very) happy	64	73	62	59
Not bothered either way	13	9	13	17
(Very) unhappy	23	18	25	24
Birth circumstances ^d				
Among planned pregnancies, %				
Teenage mother (≤ 19 years)	2	0	2	8
≥ 2 older siblings	15	11	16	25
No father in the household	6	4	7	10
None of the above	77	85	75	57
Among unplanned pregnancies, %				
Teenage mother (≤ 19 years)	15	1	16	23
≥ 2 older siblings	29	26	25	37
No father in the household	16	12	19	16
None of the above	40	61	40	24

^a The mother was asked whether the pregnancy had been planned or "was a surprise" (deemed "unplanned").

^b Percentages are weighted, whereas numbers are not weighted.

^c The "high" educational level group was "college educated": those with degrees, bachelor's or higher, or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). "Middle" educational level covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification Levels 2 and 3. The "low" educational level group had minimal (Level 1 or other overseas) or no qualifications.

^d Only 1 circumstance was considered, in the following priority order: teenage mother, ≥ 2 older siblings, or the natural father not living in the household when the child was 9 months of age.

DISCUSSION

Among a large United Kingdom sample, the proportion of unplanned pregnancies was as high as 41%. Information on the planned/unplanned status of the pregnancy was collected in the Millennium Cohort Study when the child was 9 months old. Even if reassuring results have been exhibited on the validity of retrospective assessments of pregnancy intention (33), it cannot be ruled out that mothers might rationalize an unplanned pregnancy as planned after the birth of the child (34, 35), which could lead to an undercounting of unplanned pregnancies. However, the already very high level of unplanned pregnancies observed here, 41%, suggest that mothers did not "rationalize" very much, perhaps because of

the neutral wording of the question ("Were you planning to get pregnant at that time or was it a surprise?"). Moreover, a sensitivity analysis showed that the estimated impact of unplanned pregnancy on child development did not seem very sensitive to misclassification bias under the hypothesis that children from misclassified pregnancies (declared as planned instead of unplanned) have the same risk of cognitive delay as children from declared unplanned pregnancies (Web Figure 2). The proportion of unplanned pregnancies was strongly associated in this study with family socioeconomic disadvantages, in accordance with the literature (8, 9).

The impressive proportion of unplanned pregnancies should be tempered by the fact that 64% of mothers with an unplanned pregnancy recalled that, when they first knew

Table 4. Unplanned Pregnancy^a and Risk of Delayed Cognitive Development at 3 Years (Percentages), United Kingdom Millennium Cohort, 2001–2005^b

	Subjects With Cognitive Delay, %	
	Among Planned Pregnancies	Among Unplanned Pregnancies
Among the whole sample (<i>n</i> = 12,182)	8	17
Among mothers with high educational level ^c (<i>n</i> = 4,024)	4	8
Among mothers with middle educational level ^c (<i>n</i> = 5,469)	9	14
Among mothers with low educational level ^c (<i>n</i> = 2,689)	20	28

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed “unplanned”).

^b Percentages are weighted, whereas numbers are not weighted.

^c The “high” educational level group was “college educated”: those with degrees, bachelor’s or higher, or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). “Middle” educational level covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification Levels 2 and 3. The “low” educational level group had minimal (Level 1 or other overseas) or no qualifications.

about the pregnancy, they were in fact happy about the prospect of having that baby (Table 3). This high rate of reported happiness could reflect the fact that in developed countries, women with unplanned pregnancies about which they are unhappy often terminate them and thus are not included in birth samples. Such selection could be socially differentiated, with a higher probability of abortion among advantaged women (27). Less happy mothers also might be more likely to refuse to participate in a cohort study on their children, which would lead to an underrepresentation of less-intended pregnancies in such cohorts. The high level of happiness about an unplanned pregnancy has been discussed in the literature as reflecting women’s ambivalence about pregnancy and the unconscious wish to become pregnant (36).

On the basis of the Bracken test, a validated intellectual screening instrument (37, 38), 12% of the sample was classified as having delayed cognitive development. This risk was quite close to the rate in the normative sample from the United States, 16% (31). However, it is possible that some more-delayed children had been excluded from this analysis, among those 1,518 children who had not attempted or finished the Bracken. These children were significantly different from the children of the analysis sample, having less favorable characteristics in terms of their socioeconomic environment and parental behavior (Web Tables 3 and 4) and having generally lower cognitive scores at age 5 years (Web Table 5). This confirms the suspicion that children with no Bracken score at age 3 years were disproportionately cognitively delayed as well as socially disadvantaged. However, the proportion of unplanned pregnancy was not signifi-

cantly different for children who did not complete the Bracken compared with the study population, once mother’s level of education was controlled (Web Table 6). Therefore, the measured relation between delayed development at age 3 years and pregnancy intendedness could be exaggerated in the analysis sample by the omission of noncompleting children (Web Tables 7 and 8).

The risk of cognitive delay varied strongly with planning status: from 8% among planned pregnancies to 17% among unplanned pregnancies. A few studies have concluded that unwanted pregnancies could have stronger impact than mistimed pregnancies on maternal health behavior during the pregnancy (23, 39, 40). In the present study, we were not able to distinguish between mistimed and unwanted pregnancies. However, possible differences among unplanned pregnancies were explored between those where the mother declared she was happy about the prospect of having that baby and those where she was not (Web Table 9). In multivariate analyses (Model 4), the 2 unplanned groups presented very similar results.

The well-established risk of impaired child development among less-advantaged families (24–26) was evident in this analysis (5%–25%, by maternal educational level). Within the 3 social groups, the risk of cognitive delay increased when the pregnancy was unplanned. When the mother had a low or middle level of education, the association between unplanned pregnancy and child cognitive delay seemed to be explained entirely by its correlation with family socioeconomic circumstances.

Of the 34% of mothers with a high educational level (whose children had a low risk, 5%, of cognitive delay), the association between unplanned pregnancies and cognitive delay was more complex. For these children, the association was due only partly to confounding with socioeconomic circumstances. When parenting behavior variables were introduced, the odds ratio diminished only moderately (from 1.57 in Model 3 to 1.48 in Model 4). Thus, parenting behavior mediated only very partially the relation between unplanned pregnancy and child cognitive development among mothers with a high educational level. Indeed, the mediation of parenting behavior seemed much more limited in these results than had been hypothesized in the introduction. To our knowledge, this is the first investigation of differentials by mother’s level of education in the link between unplanned pregnancies and child cognitive development. This association remained unexplained, in as much as the introduction of 13 parenting behavior variables did not explain fully the relation between unplanned pregnancy and child cognitive delay in the most advantaged group. This significant relation was observed only for delayed and not for advanced cognitive development (data not shown), which suggests a nonlinear relation over the whole spectrum of child development. As mentioned previously, it cannot be ruled out that the association was overestimated because of the exclusion of children who did not complete the Bracken Assessment. Under the hypothesis that children who did not complete the Bracken were actually all delayed, the odds ratio for mothers with a high educational level was significant in Models 1 to 3 but was not significant in Model 4 (with a borderline result: odds ratio = 1.24, 95% confidence interval: 0.99, 1.54; *P* = 0.06) (Web Table 7).

Table 5. Unplanned Pregnancy^a and Risk of Delayed Cognitive Development at 3 Years (Logistic Regressions), United Kingdom Millennium Cohort, 2001–2005^b

	Model 1 Unplanned Pregnancy			Model 2 Model 1 + Socioeconomic Circumstances ^c			Model 3 Model 2 + Child's Characteristics ^d			Model 4 ^e Model 3 + Parenting Behaviour ^f		
	OR ^g	95% CI	P Value	OR ^g	95% CI	P Value	OR ^g	95% CI	P Value	OR ^g	95% CI	P Value
Among the whole sample (<i>n</i> = 12,182)	2.23	1.96, 2.55	<0.001	1.15	0.99, 1.34	0.06	1.15	0.99, 1.33	0.07	1.11	0.95, 1.29	0.21
Among mothers with high educational level ^h (<i>n</i> = 4,024)	2.27	1.67, 3.08	<0.001	1.58	1.14, 2.20	0.01	1.57	1.13, 2.19	0.01	1.48	1.05, 2.08	0.03
Among mothers with middle educational level ^h (<i>n</i> = 5,469)	1.66	1.35, 2.03	<0.001	1.06	0.85, 1.34	0.59	1.05	0.84, 1.32	0.66	1.01	0.80, 1.28	0.94
Among mothers with low educational level ^h (<i>n</i> = 2,689)	1.56	1.28, 1.91	<0.001	1.08	0.87, 1.36	0.48	1.08	0.86, 1.36	0.48	1.05	0.82, 1.34	0.72

Abbreviations: CI, confidence interval; OR, odds ratio.

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed “unplanned”).

^b Odds ratios are weighted, whereas numbers are not weighted.

^c Including 9 socioeconomic circumstances variables: mother's age at the child's birth, number of older siblings, mother's level of education, mother's occupation, child's ethnic group, language spoken at home, family income, perceived financial situation, and natural parents' separation by age 3.

^d Including 2 child characteristic variables: sex and health at birth according to prematurity and low birth weight.

^e Full Model 4 is presented in Web Table 10.

^f Including 13 parenting behavior variables: maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, breastfeeding, maternal depressive symptoms on a short version of the Malaise Inventory, frequency of mother reading to the child, Home Learning Environment Index (32), regular bedtime, child's television watching, frequency of punishment, strictly enforced rules, child-mother closeness, child-mother conflict, and mother's perception of herself as a mother.

^g Odds ratio for the risk of an unplanned birth versus a planned birth (reference category).

^h The “high” educational level group was “college educated”: those with degrees, bachelor's or higher, or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). “Middle” educational level covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification Levels 2 and 3. The “low” educational level group had minimal (Level 1 or other overseas) or no qualifications.

The significant association among mothers with a high educational level could reflect stronger adverse consequences of family building not going to plan in more educated milieu. Further research would be needed to explore the precise pathway for any such association. One hypothesis for the raised odds ratios among the highly educated could involve the well-being and mental health of the mother in the long term (and not only in the postnatal period). Another hypothesis could involve the conflicts between the child and the mother, which appeared to be an important factor for risk of child cognitive delay among mothers with a high educational level but not among mothers with low and middle educational levels (Web Table 10). Moreover, it would be important to confirm these results when the child grows beyond early childhood, into school age.

To conclude, birth after an unplanned pregnancy and child cognitive delay are both phenomena highly marked by socio-economic inequalities, with greater risks when the mother has a low level of education. Nevertheless, for children whose mother has a low or middle level of education, no observable impact of having been unplanned can be shown. It cannot be ruled out that the impact of unplanned pregnancy was in fact “masked” by the very strong negative impact of family

social and demographic circumstances. However, in the present social context of mothers with low and middle levels of education, births after unplanned conceptions are a facet or symptom rather than a source of disadvantage. On the other hand, among children of mothers with a high educational level, being unplanned was a disadvantage even though the risk of cognitive delay remained low (8%) compared with the risk for planned children of mothers with low educational level (20%). These results do not suggest that public health policies should focus specifically on children born after unplanned pregnancies. They do reinforce the need to focus on social inequalities as the most important factor in child cognitive differentials and as an important element in unplanned pregnancies.

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REFERENCES

- Elder GH. The life course as developmental theory. *Child Dev.* 1998;69(1):1–12.
- Kohli M. The institutionalization of the life course: looking back to look ahead. *Res Hum Dev.* 2007;4(3–4):253–271.
- Leridon H. Demographic effects of the introduction of steroid contraception in developed countries. *Hum Reprod Update.* 2006;12(5):603–616.
- Gissler M, Fronteira I, Jahn A, et al. Terminations of pregnancy in the European Union. *BJOG.* 2012;119(3):324–332.
- Guzman L, Wildsmith E, Manlove J, et al. Unintended births: patterns by race and ethnicity and relationship type. *Perspect Sex Reprod Health.* 2010;42(3):176–185.
- Lakha F, Glasier A. Unintended pregnancy and use of emergency contraception among a large cohort of women attending for antenatal care or abortion in Scotland. *Lancet.* 2006;368(9549):1782–1787.
- Régnier-Loilier A, Leridon H. Four decades of legalized contraception in France: an unfinished revolution? *Popul Soc (Paris).* 2007;439:1–4.
- Dehlendorf C, Rodriguez MI, Levy K, et al. Disparities in family planning. *Am J Obstet Gynecol.* 2010;202(3):214–220.
- Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health.* 2006;38(2):90–96.
- Baydar N. Consequences for children of their birth planning status. *Fam Plann Perspect.* 1995;27(6):228–234, 245.
- Myhrman A, Olsen P, Rantakallio P, et al. Does the wantedness of a pregnancy predict a child's educational attainment? *Fam Plann Perspect.* 1995;27(3):116–119.
- Carson C, Kelly Y, Kurinczuk JJ, et al. Effect of pregnancy planning and fertility treatment on cognitive outcomes in children at ages 3 and 5: longitudinal cohort study. *BMJ.* 2011;343:d4473.
- Hummer RA, Hack KA, Raley RK. Retrospective reports of pregnancy wantedness and child well-being in the United States. *J Fam Issues.* 2004;25(3):404–428.
- Kelly Y, Sacker A, Del Bono E, et al. What role for the home learning environment and parenting in reducing the socioeconomic gradient in child development? Findings from the Millennium Cohort Study. *Arch Dis Child.* 2011;96(9):832–837.
- Cheng D, Schwarz EB, Douglas E, et al. Unintended pregnancy and associated maternal preconception, prenatal and postpartum behaviors. *Contraception.* 2009;79(3):194–198.
- Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child, and parental health: a review of the literature. *Stud Fam Plann.* 2008;39(1):18–38.
- Barber JS, Axinn WG, Thornton A. Unwanted childbearing, health, and mother-child relationships. *J Health Soc Behav.* 1999;40(3):231–257.
- Zuravin SJ. Unplanned childbearing and family size: their relationship to child neglect and abuse. *Fam Plann Perspect.* 1991;23(4):155–161.
- Sidebotham P, Heron J. Child maltreatment in the “children of the nineties”: the role of the child. *Child Abuse Negl.* 2003;27(3):337–352.
- Axinn WG, Barber JS, Thornton A. The long-term impact of parents' childbearing decisions on children's self-esteem. *Demography.* 1998;35(4):435–443.
- Hayatbakhsh MR, Najman JM, Khatun M, et al. A longitudinal study of child mental health and problem behaviours at 14 years of age following unplanned pregnancy. *Psychiatry Res.* 2011;185(1–2):200–204.
- David HP. Born unwanted, 35 years later: the Prague study. *Reprod Health Matters.* 2006;14(27):181–190.
- Joyce TJ, Kaestner R, Korenman S. The effect of pregnancy intention on child development. *Demography.* 2000;37(1):83–94.
- Ermisch J. Origins of social immobility and inequality: parenting and early childhood development. *Natl Inst Econ Rev.* 2008;205(1):62–71.
- Kiernan KE, Huerta MC. Economic deprivation, maternal depression, parenting and children's cognitive and emotional development in early childhood. *Br J Sociol.* 2008;59(4):783–806.
- Dearden L, Sibieta L, Sylva K. The socio-economic gradient in early child outcomes: evidence from the Millennium Cohort Study. *Longit Life Course Stud.* 2011;2(1):19–40.
- Coleman L, Cater S. “Planned” teenage pregnancy: perspectives of young women from disadvantaged backgrounds in England. *J Youth Stud.* 2006;9(5):593–614.
- Turner KM. Young women's views on teenage motherhood: a possible explanation for the relationship between socio-economic background and teenage pregnancy outcome? *J Youth Stud.* 2004;7(2):221–238.
- Smith C, Joshi H. The Millennium Cohort Study. *Popul Trends.* 2002;(107):30–34.
- Plewis I. Non-response in a birth cohort study: the case of the Millennium Cohort Study. *Int J Soc Res Methodol.* 2007;10(5):325–334.
- Bracken BA. *Bracken Basic Concept Scale—Revised, Examiner's Manual.* San Antonio, TX: The Psychological Corporation Harcourt Brace & Company; 1998.
- Melhuish EC, Sylva K, Sammons P, et al. Effect of home learning environment and preschool center experience upon literacy and numeracy development in early primary school. *J Soc Issues.* 2008;64(1):157–188.
- Joyce T, Kaestner R, Korenman S. On the validity of retrospective assessments of pregnancy intention. *Demography.* 2002;39(1):199–213.
- Rosenzweig MR, Wolpin KI. Maternal expectations and ex post rationalizations: the usefulness of survey information on the wantedness of children. *J Hum Resour.* 1993;28(2):205–229.
- Ryder NB, Westoff CF. Fertility planning status: United States, 1965. *Demography.* 1969;6(4):435–444.

36. Sable MR. Pregnancy intentions may not be a useful measure for research on maternal and child health outcomes. *Fam Plann Perspect.* 1999;31(5):249–250.
37. Laughlin T. The school readiness composite of the Bracken Basic Concept scale as an intellectual screening instrument. *J Psychoeduc Assess.* 1995;13(3):294–302.
38. Panter JE, Bracken BA. Validity of the Bracken School Readiness Assessment for predicting first grade readiness. *Psychol Sch.* 2009;46(5):397–409.
39. D'Angelo DV, Gilbert BC, Rochat RW, et al. Differences between mistimed and unwanted pregnancies among women who have live births. *Perspect Sex Reprod Health.* 2004;36(5):192–197.
40. Kost K, Landry DJ, Darroch JE. The effects of pregnancy planning status on birth outcomes and infant care. *Fam Plann Perspect.* 1998;30(5):223–230.
41. Kelly Y, Sacker A, Gray R, et al. Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age? *Int J Epidemiol.* 2009;38(1):129–140.

Web Material

- Web Table 1.** Risk of Advanced Cognitive Development at 3 Years and Unplanned Pregnancy (Percentages and Logistic Regressions), United Kingdom Millennium Cohort 2001-2005
- Web Table 2.** In the Whole Sample (n=12,182), Risk of Child's Delayed and Advanced Cognitive Development at 3 Years by Unplanned Pregnancy Status, Socio-Economic Circumstances, Child's Characteristics and Parenting Behaviours (Logistic Regressions, Model 4), United Kingdom Millennium Cohort 2001-2005
- Web Table 3.** Distribution of Socio-Economic Circumstances and Child's Characteristics in the Study Population (n=12,182) and in the Population of Children Excluded as they did not Complete the Bracken (n=1,353), United Kingdom Millennium Cohort 2001-2005
- Web Table 4.** Distribution of Parenting Behaviour Variables in the Study Population (n=12,182) and in the Population of Children Excluded as they did not Complete the Bracken (n=1,353), United Kingdom Millennium Cohort 2001-2005
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Web Figure 1. Proportion of Unplanned Pregnancies by Cognitive Score at 3 Years in the Whole Sample and in Each Group by Mother Level of Education, United Kingdom Millennium Cohort 2001-2005

Web Figure 2. Simulation of the Odds Ratio of Delayed Cognitive Development as a Function of the Level of Missclassified Pregnancy Intendedness Among Low, Middle and High Educated Mothers, United Kingdom Millennium Cohort 2001-2005

References cited in Web Tables

Web Table 1. Risk of Advanced Cognitive Development at 3 Years and Unplanned Pregnancy^a (Percentages and Logistic Regressions)^b, United Kingdom Millennium Cohort 2001-2005

	Whole sample n=12,182	Mother's level of education ^c		
		High n=4,024	Middle n=5,469	Low n=2,689
Percentages of Cognitive Advance				
Planned pregnancies	31%	43%	25%	14%
Unplanned pregnancies	21%	37%	20%	11%
Model 1 = Unplanned pregnancy				
OR unplanned / planned birth	0.60	0.77	0.75	0.80
95%CI	0.54, 0.66	0.66, 0.91	0.65, 0.86	0.61, 1.05
P Value	<0.001	0.002	<0.001	0.11
Model 2 = Model 1 + socio-economic circumstances^d				
OR unplanned / planned birth	1.05	0.95	1.07	1.31
95%CI	0.93, 1.18	0.80, 1.13	0.91, 1.26	0.95, 1.79
P Value	0.44	0.57	0.40	0.10
Model 3 = Model 2 + child's characteristics^e				
OR unplanned / planned birth	1.05	0.95	1.08	1.31
95%CI	0.93, 1.18	0.79, 1.13	0.92, 1.27	0.95, 1.79
P Value	0.41	0.54	0.34	0.10
Model 4 = Model 3 + parenting behaviour^f				
OR unplanned / planned birth	1.08	1.01	1.08	1.38
95%CI	0.96, 1.22	0.84, 1.22	0.91, 1.29	0.99, 1.91
P Value	0.19	0.88	0.36	0.052

Abbreviations: CI, confidence interval; OR, odds ratio.

Notes:

^a The mother was asked whether the pregnancy had been planned or "was a surprise" (deemed 'unplanned').

^b Weighted percentages and OR whereas numbers are not weighted.

^c The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^d Including 9 socio-economic circumstances variables: mother's age at the child's birth, number of older siblings, mother's level of education, her occupation, child's ethnic group, language spoken at home, family income, perceived financial situation, natural parents' separation by age 3.

^e Including 2 child's characteristics variables: gender and health at birth based on prematurity and low birth weight.

^f Including 13 parenting behaviour variables: maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, breastfeeding, depressive symptoms on a short version of the Malaise Inventory, frequency of mother reading to the child, Home Learning Environment Index (1), regular bed time, child's television watching, frequency of punishment, strictly enforced rules, child-mother closeness, child-mother conflict, mother's perception of herself as a mother.

Web Table 2. In the Whole Sample (n=12,182), Risk of Child's Delayed and Advanced Cognitive Development at 3 Years by Unplanned Pregnancy Status, Socio-Economic Circumstances, Child's Characteristics and Parenting Behaviours (Logistic Regressions, Model 4), United Kingdom Millennium Cohort 2001-2005

	Cognitive delay			Cognitive advance		
	OR	P Value	95%CI	OR	P Value	95%CI
Pregnancy intendedness^a						
Planned	1.00			1.00		
Unplanned	1.11	0.21	0.95 - 1.29	1.08	0.19	0.96 - 1.22
Socio-Economic Circumstances						
Mother's age at the child's birth						
≤ 19 years	1.23	0.13	0.94 - 1.62	0.52	0.00	0.37 - 0.71
20-24 years	1.15	0.13	0.96 - 1.39	0.78	0.01	0.66 - 0.93
25-29 years	1.00			1.00		
30-34 years	0.88	0.21	0.72 - 1.07	1.18	0.01	1.04 - 1.35
35-39 years	0.96	0.76	0.75 - 1.23	1.33	0.00	1.13 - 1.58
≥ 40 years	0.70	0.21	0.40 - 1.23	1.22	0.26	0.86 - 1.74
Number of older siblings						
0	1.00			1.00		
1	1.36	0.00	1.15 - 1.60	0.56	0.00	0.50 - 0.64
≥ 2	2.21	0.00	1.79 - 2.72	0.35	0.00	0.30 - 0.41
Mother's level of education^b						
Low	1.30	0.04	1.02 - 1.67	0.60	0.00	0.50 - 0.73
Middle	1.12	0.30	0.90 - 1.40	0.70	0.00	0.63 - 0.78
High	1.00			1.00		
Mother's occupation						
Managerial & professional	1.00			1.00		
Intermediate	1.09	0.57	0.82 - 1.44	0.98	0.80	0.84 - 1.14
Small business employer	1.22	0.40	0.76 - 1.96	1.01	0.97	0.77 - 1.30
Lower supervisory, technical	1.93	0.00	1.34 - 2.77	0.76	0.05	0.59 - 1.00
Semi-routine, routine	1.98	0.00	1.52 - 2.59	0.79	0.01	0.65 - 0.95
Doesn't work	2.33	0.00	1.60 - 3.39	0.77	0.22	0.51 - 1.17
Natural parents' separation						
Lived together at 3 years	1.00			1.00		
Together only at 9 months	1.26	0.10	0.95 - 1.65	0.79	0.06	0.62 - 1.01
Never lived together	1.20	0.14	0.94 - 1.52	0.86	0.23	0.67 - 1.10

<i>continued Web Table 2</i>	Cognitive delay			Cognitive advance		
	OR	P Value	95%CI	OR	P Value	95%CI
Child's ethnic group						
White	1.00			1.00		
Other than white	1.63	0.00	1.25 - 2.12	0.97	0.81	0.76 - 1.24
Language spoken at home						
English only	1.00			1.00		
Other than English (& English eventually)	1.21	0.19	0.91 - 1.60	0.79	0.07	0.61 - 1.02
Family income						
< £10,400	1.85	0.00	1.47 - 2.32	0.78	0.02	0.64 - 0.97
£10,400 - £20,800	1.37	0.00	1.13 - 1.66	0.91	0.23	0.79 - 1.06
> £20,800	1.00			1.00		
Missing	1.59	0.00	1.18 - 2.14	0.96	0.70	0.76 - 1.21
Perceived financial situation						
Good	1.00			1.00		
Just	1.11	0.21	0.94 - 1.31	0.90	0.11	0.79 - 1.02
Difficult	1.11	0.41	0.87 - 1.41	1.01	0.91	0.83 - 1.23
Child's Characteristics						
Gender of the child						
Female	1.00			1.00		
Male	1.89	0.00	1.64 - 2.17	0.74	0.00	0.67 - 0.82
Health at birth based on prematurity (<37 weeks) and low birth weight (≤2kg500)						
Good	1.00			1.00		
Premature or low birth weight	1.33	0.01	1.08 - 1.65	0.84	0.05	0.71 - 1.00
Parenting Behaviour						
Maternal alcohol consumption during pregnancy^c						
Never	1.00			1.00		
Light	0.89	0.22	0.73 - 1.07	1.07	0.26	0.95 - 1.20
Moderate	0.80	0.20	0.57 - 1.13	1.29	0.03	1.02 - 1.63
Heavy/binge	1.03	0.90	0.69 - 1.52	1.29	0.16	0.91 - 1.84

<i>continued Web Table 2</i>	Cognitive delay			Cognitive advance		
	OR	P Value	95%CI	OR	P Value	95%CI
Maternal smoking during pregnancy						
No smoking during pregnancy	1.00			1.00		
Stop during first trimester	1.05	0.71	0.82 - 1.34	0.98	0.79	0.82 - 1.16
Smoke during pregnancy	1.02	0.83	0.86 - 1.20	0.95	0.55	0.80 - 1.13
Breastfeeding						
Never tried	1.37	0.00	1.11 - 1.69	0.78	0.00	0.68 - 0.90
Tried briefly or ≤ 2 weeks	1.23	0.07	0.98 - 1.55	0.81	0.01	0.69 - 0.95
2 weeks to 3 months	1.07	0.57	0.85 - 1.34	0.90	0.14	0.78 - 1.04
> 3 months or 13 weeks	1.00			1.00		
Depressive symptoms at 9 months						
No depressive symptoms	1.00			1.00		
Depressive symptoms	0.96	0.66	0.79 - 1.16	1.13	0.18	0.95 - 1.34
Frequency of mother reading to the child						
Every day	1.00			1.00		
Once or twice a week	0.95	0.62	0.78 - 1.16	0.71	0.00	0.62 - 0.82
Read 1 or 2 Week	1.15	0.17	0.94 - 1.40	0.78	0.01	0.64 - 0.94
Once or twice a month	1.25	0.28	0.83 - 1.88	0.56	0.03	0.34 - 0.93
Less often	1.76	0.02	1.12 - 2.77	0.59	0.09	0.33 - 1.07
Not at all	2.36	0.00	1.60 - 3.48	0.24	0.00	0.10 - 0.58
Home learning environment index						
1st HLE quintile (lowest HLE)	1.57	0.00	1.19 - 2.07	0.47	0.00	0.38 - 0.57
2 nd HLE quintile	1.89	0.00	1.44 - 2.48	0.53	0.00	0.45 - 0.62
3 th HLE quintile	1.45	0.01	1.10 - 1.90	0.65	0.00	0.56 - 0.77
4 th HLE quintile	1.18	0.25	0.89 - 1.58	0.76	0.00	0.66 - 0.88
5 th HLE quintile (highest HLE)	1.00			1.00		
Regular bed time						
Never	1.31	0.03	1.02 - 1.66	0.62	0.00	0.48 - 0.82
Sometimes	1.18	0.13	0.95 - 1.47	0.69	0.00	0.55 - 0.85
Usually	1.24	0.01	1.05 - 1.47	0.92	0.16	0.83 - 1.03
Always	1.00			1.00		
Child's television watching						
0 to 1 hour	1.00			1.00		
1 to 3 hours	0.80	0.01	0.68 - 0.94	1.07	0.24	0.95 - 1.21
> 3 hours	0.87	0.16	0.71 - 1.06	1.07	0.47	0.89 - 1.27

<i>continued Web Table 2</i>	Cognitive delay			Cognitive advance		
	OR	P Value	95%CI	OR	P Value	95%CI
Frequency of punishment						
Less than daily	1.00			1.00		
Daily on 1 item	1.12	0.26	0.92 - 1.36	0.94	0.34	0.82 - 1.07
Daily on ≥2 items	1.06	0.57	0.87 - 1.29	0.83	0.02	0.71 - 0.97
Missing	1.04	0.76	0.81 - 1.34	0.88	0.26	0.69 - 0.26
Strictly enforced rules						
Strictly enforced	1.00			1.00		
Varies	1.07	0.41	0.91 - 1.26	1.03	0.61	0.91 - 1.17
Not strictly enforced	1.18	0.05	1.00 - 1.39	0.88	0.06	0.76 - 1.00
Child-mother closeness						
Normal or high	1.00			1.00		
Low	1.48	0.00	1.26 - 1.72	0.83	0.00	0.74 - 0.93
Missing	2.28	0.00	1.70 - 3.06	0.61	0.00	0.45 - 0.83
Child-mother conflict						
Normal or low	1.00			1.00		
High	1.11	0.24	0.94 - 1.31	0.88	0.06	0.77 - 1.00
Missing	0.76	0.11	0.55 - 1.06	1.25	0.16	0.91 - 1.72
Mother's perception of herself as a mother						
Not very good or in trouble	0.87	0.49	0.59 - 1.29	0.94	0.73	0.67 - 1.33
An average parent	1.06	0.55	0.88 - 1.26	0.97	0.64	0.84 - 1.11
Better than average	0.87	0.20	0.70 - 1.07	1.11	0.13	0.97 - 1.26
A very good parent	1.00			1.00		
Missing	1.03	0.88	0.70 - 1.52	1.00	0.98	0.70 - 1.42

Abbreviations: CI, confidence interval; OR, odds ratio.

Notes:

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed ‘unplanned’).

^b The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^c Maternal alcohol consumption during pregnancy was defined following the criteria outlined by the UK National Alcohol Strategy and presented in details in (2).

Web Table 3. Distribution of Socio-Economic Circumstances and Child's Characteristics in the Study Population (n=12,182) and in the Population of Children Excluded as they did not Complete the Bracken (n=1,353)^a, United Kingdom Millennium Cohort 2001-2005^b

	Study population n (%) ^b	Excluded as they did not complete the Bracken n (%) ^b	P ^c
Mother's age at the child's birth			<i>P=0.06</i>
≤ 19 years	900 (7%)	90 (6%)	
20-24 years	2,048 (16%)	280 (19%)	
25-29 years	3,372 (28%)	382 (29%)	
30-34 years	3,815 (32%)	365 (28%)	
35-39 years	1,779 (15%)	201 (15%)	
≥ 40 years	268 (2%)	35 (3%)	
Number of older siblings			<i>P=0.13</i>
≥ 2	2,740 (21%)	350 (24%)	
1	4,353 (37%)	446 (35%)	
0	5,089 (42%)	557 (41%)	
Mother's level of education^e			<i>P<0.001</i>
Low	2,689 (21%)	448 (29%)	
Middle	5,469 (45%)	549 (42%)	
High	4,024 (34%)	356 (29%)	
Mother's occupation^e			<i>P<0.001</i>
Doesn't work	785 (5%)	228 (12%)	
Semi-routine, routine	4,323 (35%)	475 (35%)	
Lower supervisory, technical	689 (5%)	73 (6%)	
Small business employer	453 (4%)	45 (4%)	
Intermediate	2,227 (19%)	232 (18%)	
Managerial & professional	3,705 (32%)	300 (25%)	
Natural parents' separation			<i>P=0.16</i>
Never lived together	9,985 (82%)	1,085 (80%)	
Together only at 9 months	769 (7%)	93 (7%)	
Lived together at 3 years	1,428 (11%)	175 (13%)	
Child's ethnic group			<i>P<0.001</i>
Other than white	1,433 (10%)	418 (25%)	
White	10,749 (90%)	935 (75%)	
Language spoken at home			<i>P<0.001</i>
Other than English (& English eventually)	1,244 (7%)	377 (20%)	
English only	10,938 (93%)	976 (80%)	
Family income			<i>P<0.001</i>
Missing	845 (6%)	141 (9%)	
< £10,400	2,601 (20%)	381 (26%)	
£10,400 - £20,800	3,698 (30%)	393 (28%)	
> £20,800	5,038 (44%)	438 (37%)	

<i>continued Web Table 3</i>	Study population n (%)^b	Excluded as they did not complete the Bracken n (%)^b	P^c
Perceived financial situation			<i>P</i> <0.01
Difficult	1,143 (10%)	173 (12%)	
Just	3,240 (26%)	399 (29%)	
Good	7,799 (64%)	781 (59%)	
Gender of the child			<i>P</i> <0.001
Male	6,109 (50%)	800 (60%)	
Female	6,073 (50%)	553 (40%)	
Health at birth based on prematurity (<37 weeks) and low birth weight (≤ 2kg500)			<i>P</i> <0.01
Good	11,037 (91%)	1,176 (88%)	
Premature or low birth weight	1,145 (9%)	177 (12%)	

Note:

^a In total, n=1,518 children were excluded from the study population because they did not fully complete the Bracken. Among them, n=165 had missing values on at least one other variable included in the analysis and would have been excluded of the study population even if the Bracken had been completed. This table includes the n=1,353 children who would have been included in the analysis if the Bracken had been completed.

^b Weighted percentages whereas numbers are not weighted.

^c *P* Values for χ^2 test comparing the observed distributions between the study population (n=12,182) and the population of children that had been excluded as they did not complete the Bracken (n=1,353).

^d The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed ‘unplanned’).

^e The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

Web Table 4. Distribution of Parenting Behaviour Variables in the Study Population (n=12,182) and in the Population of Children Excluded as they did not Complete the Bracken (n=1,353)^a, United Kingdom Millennium Cohort 2001-2005

	Study population n (%) ^b	Excluded as they did not complete the Bracken n (%) ^b	<i>P</i> ^c
Maternal alcohol consumption during pregnancy^d			<i>P</i> =0.06
Never	8,323 (66%)	1,014 (72%)	
Light	2,956 (27%)	260 (22%)	
Moderate	647 (5%)	57 (5%)	
Heavy/binge	256 (2%)	22 (1%)	
Maternal smoking during pregnancy			<i>P</i> =0.29
Smoke during pregnancy	2,813 (22%)	297 (23%)	
Stop during first trimester	1,349 (12%)	129 (10%)	
No smoking during pregnancy	8,020 (66%)	927 (67%)	
Breastfeeding			<i>P</i> =0.39
Never tried	3,935 (30%)	403 (30%)	
Tried briefly or ≤ 2 weeks	2,109 (16%)	259 (18%)	
2 weeks to 3 months	2,267 (20%)	289 (21%)	
> 3 months or 13 weeks	3,871 (34%)	402 (31%)	
Depressive symptoms at 9 months			<i>P</i> =0.30
Depressive symptoms	1,701 (13%)	212 (14%)	
No depressive symptoms	10,481 (87%)	1,141 (86%)	
Frequency of mother reading to the child			<i>P</i> <0.001
Not at all	238 (2%)	91 (5%)	
Less often	222 (2%)	35 (2%)	
Once or twice a month	310 (2%)	45 (3%)	
Once or twice a week	1,831 (14%)	228 (16%)	
Several time a week	2,358 (19%)	269 (20%)	
Every day	7,223 (61%)	685 (54%)	
Home learning environment index			<i>P</i> <0.001
1st HLE quintile (lowest HLE)	2,438 (19%)	434 (29%)	
2 nd HLE quintile	2,441 (20%)	283 (22%)	
3 th HLE quintile	2,463 (20%)	250 (19%)	
4 th HLE quintile	2,474 (21%)	210 (16%)	
5 th HLE quintile (highest HLE)	2,366 (20%)	176 (14%)	
Regular bed time			<i>P</i> =0.02
Never	910 (7%)	108 (8%)	
Sometimes	1,594 (12%)	229 (15%)	
Usually	4,615 (38%)	520 (40%)	
Always	5,063 (43%)	496 (37%)	

<i>continued Web Table 4</i>	Study population n (%)^b	Excluded as they did not complete the Bracken n (%)^b	<i>P</i>^c
Child's television watching			<i>P</i> =0.09
> 3 hours	2,109 (17%)	282 (19%)	
1 to 3 hours	7,243 (60%)	749 (58%)	
0 to 1 hour	2,830 (23%)	322 (23%)	
Frequency of punishment			<i>P</i> <0.001
Missing	2,026 (15%)	419 (26%)	
Daily on ≥2 items	2,364 (20%)	217 (16%)	
Daily on 1 item	2,156 (18%)	189 (16%)	
Less than daily	5,636(47%)	528 (42%)	
Strictly enforced rules			<i>P</i> =0.13
Not strictly enforced	3,060 (24%)	416 (28%)	
Varies	3,432 (27%)	364 (26%)	
Strictly enforced	5,690 (49%)	573 (46%)	
Child-mother closeness			<i>P</i> <0.001
Missing	1,455 (11%)	420 (26%)	
Low	3,379(28%)	367 (28%)	
Normal or high	7,348 (61%)	566 (47%)	
Child-mother conflict			<i>P</i> <0.001
Missing	1,266 (9%)	374 (22%)	
High	2,904 (25%)	314 (24%)	
Normal or low	8,012 (66%)	665 (54%)	
Mother's perception of herself as a mother			<i>P</i> <0.001
Missing	1,028 (7%)	316 (19%)	
Not very good or in trouble	340 (3%)	41 (4%)	
An average parent	4,208 (36%)	392 (31%)	
Better than average	2,909 (25%)	244 (19%)	
A very good parent	3,697 (29%)	360 (27%)	

Abbreviations: HLE, home learning environment.

Note:

^a In total, n=1,518 children were excluded from the study population because they did not fully complete the Bracken. Among them, n=165 had missing values on at least one other variable included in the analysis and would have been excluded of the study population even if the Bracken had been completed. This table includes the n=1,353 children who would have been included in the analysis if the Bracken had been completed.

^b Weighted percentages whereas numbers are not weighted.

^c *P* Values for χ^2 test comparing the observed distributions between the study population (n=12,182) and the population of children that had been excluded as they did not complete the Bracken (n=1,353).

^d Maternal alcohol consumption during pregnancy was defined following the criteria outlined by the UK National Alcohol Strategy and presented in details in (2). The apparently unexpected patterns of unplanned pregnancies and cognitive delay by level of maternal alcohol consumption during pregnancy is explained by the social differentials in alcohol consumption.

Web Table 5. Having not completed the Bracken at 3 years and Risk of Low Score^a on the British Ability Scales at 5 Years (Percentages and Logistic Regressions), United Kingdom Millennium Cohort 2001-2007^b

	Whole sample n=11,529	Mother's level of education ^d		
		High n=3,960	Middle n=5,146	Low n=2,423
Percentages who did not complete the Bracken at age 3				
Completed the Bracken	91%	92%	92%	88%
Did not complete the Bracken	9%	8%	8%	12%
Part A. Outcome is the naming vocabulary scale of the British Ability Scales				
Model 1 = Did not complete the Bracken at age 3				
OR not completed / completed	4.28	2.73	3.80	4.47
95%CI	3.17, 5.77	1.34, 5.57	2.53, 5.71	3.14, 6.37
P Value	<0.001	<0.01	<0.001	<0.001
Model 2 = Model 1 + socio-economic circumstances^e				
OR not completed / completed	2.83	1.66	3.00	2.94
95%CI	2.12, 3.78	0.72, 3.81	2.06, 4.38	2.03, 4.25
P Value	<0.001	0.23	<0.001	<0.001
Model 3 = Model 2 + pregnancy intendedness + child's characteristics + parenting behaviour^f				
OR not completed / completed	2.49	1.54	2.71	2.58
95%CI	1.88, 3.31	0.59, 4.01	1.82, 4.04	1.77, 3.75
P Value	<0.001	0.37	<0.001	<0.001
Part B. Outcome is the picture similarities scale of the British Ability Scales				
Model 1 = Did not completed the Bracken at age 3				
OR not completed / completed	2.57	2.40	2.09	2.78
95%CI	1.72, 3.83	1.01, 5.74	1.21, 3.61	1.58, 4.90
P Value	<0.001	0.049	<0.01	<0.001
Model 2 = Model 1 + socio-economic circumstances^e				
OR not completed / completed	2.39	2.68	1.99	2.79
95%CI	1.55, 3.68	1.16, 6.20	1.12, 3.54	1.41, 5.53
P Value	<0.001	0.02	0.02	<0.01
Model 3 = Model 2 + pregnancy intendedness + child's characteristics + parenting behaviour^f				
OR not completed / completed	2.13	2.78	1.71	2.63
95%CI	1.40, 3.25	1.14, 6.74	0.98, 2.99	1.29, 5.36
P Value	<0.001	0.02	0.06	<0.01
Part C. Outcome is the pattern construction scale of the British Ability Scales				
Model 1 = Did not completed the Bracken at age 3				
OR not completed / completed	2.08	2.04	2.48	1.44
95%CI	1.57, 2.76	1.11, 3.74	1.67, 3.68	0.98, 2.13
P Value	<0.001	0.02	<0.001	0.09

<i>continued Web Table 5</i>	Whole sample n=11,529	Mother's level of education ^d		
		High n=3,960	Middle n=5,146	Low n=2,423
Model 2 = Model 1 + socio-economic circumstances^e				
OR not completed / completed	1.88	1.87	2.51	1.39
95%CI	1.40, 2.51	0.97, 3.59	1.68, 3.75	0.90, 2.14
P Value	<0.001	0.06	<0.001	0.14
Model 3 = Model 2 + pregnancy intendedness + child's characteristics + parenting behaviour^f				
OR not completed / completed	1.75	1.72	2.29	1.27
95%CI	1.32, 2.33	0.87, 3.42	1.54, 3.41	0.81, 2.00
P Value	<0.001	0.12	<0.001	0.30

Abbreviations: CI, confidence interval; OR, odds ratio.

Notes:

^a A low score was defined as having a t-score corresponding to the bottom 10th of the distribution of the reference sample.

^b Weighted percentages and OR whereas numbers are not weighted.

^c The analysis included 11,529 children: (1) n=10,507 children from the study population that completed the British Ability Scales at age 5, and (2) n=1,022 children who did not complete the Bracken, had no missing values on other variable included in the analysis and completed the British Ability Scales at age 5.

^d The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^e Including 9 socio-economic circumstances variables: mother's age at the child's birth, number of older siblings, mother's level of education, her occupation, child's ethnic group, language spoken at home, family income, perceived financial situation, natural parents' separation by age 3. In the part B of the table (analysis of the picture similarities), one modification had been made among high educated mothers on the definition of the variable "mother's occupation": the categories "doesn't work" and "semi-routine, routine" had been merged. . In the part B of the table (analysis of the picture similarities), modifications had been made among low educated mothers on the definition of the variable "mother's occupation": the categories "doesn't work" and "semi-routine, routine" had been merged; the categories "Lower supervisory, technical" and "Small business employer" had been merged; and the categories "Intermediate" and "Managerial & professional" had been merged.

^f Including 2 child's characteristics variables: gender and health at birth based on prematurity and low birth weight; and including 13 parenting behaviour variables: maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, breastfeeding, depressive symptoms on a short version of the Malaise Inventory, frequency of mother reading to the child, Home Learning Environment Index (1), regular bed time, child's television watching, frequency of punishment, strictly enforced rules, child-mother closeness, child-mother conflict, mother's perception of herself as a mother. In the part A of the table (analysis of the naming vocabulary), two modifications had been made on the definition of the variables among high educated mothers to be able to estimate the model: (1) for "mother's perception of herself as a mother", the categories "not very good or in trouble" and "an average parent" had been merged, (2) for "frequency of mother reading to the child", the categories "not at all" and "less often" had been merged. In the part B of the table (analysis of the picture similarities), two modifications had been made on the definition of the variables among high educated mothers to be able to estimate the model: (1) for "maternal alcohol consumption during pregnancy", the categories "moderate" and "heavy/binge" had been merged, (2) for "frequency of mother reading to the child", the categories "not at all" and "less often" had been merged. In the part C of the table (analysis of the pattern construction), one modification had been made on the definition of the variable "frequency of mother reading to the child", the categories "not at all" and "less often" had been merged.

Web Table 6. Distribution of Unplanned Pregnancies^a in the whole sample and by mother's level of education^b, in the study population (n=12,182) and in the population of children excluded as they did not complete the Bracken (n=1,353)^c, United Kingdom Millennium Cohort 2001-2005

	Study population n (%) ^d	Excluded as they did not complete the Bracken n (%) ^d	<i>P</i> ^e
Whole sample			<i>P</i> <0.01
Planned	6,953 (59%)	733 (54%)	
Unplanned	5,229 (41%)	620 (46%)	
Among high educated mothers			<i>P</i> =0.13
Planned	2,888 (73%)	256 (69%)	
Unplanned	1,136 (27%)	100 (31%)	
Among middle educated mothers			<i>P</i> =0.06
Planned	3,007 (57%)	283 (52%)	
Unplanned	2,462 (43%)	266 (48%)	
Among low educated mothers			<i>P</i> =0.55
Planned	1,058 (40%)	194 (42%)	
Unplanned	1,631 (60%)	254 (58%)	

Note:

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed ‘unplanned’).

^b The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^c In total, n=1,518 children were excluded from the study population because they did not fully complete the Bracken. Among them, n=165 had missing values on at least one other variable included in the analysis and would have been excluded of the study population even if the Bracken had been completed. This table includes the n=1,353 children who would have been included in the analysis if the Bracken had been completed.

^d Weighted percentages whereas numbers are not weighted.

^e *P* Values for χ^2 test comparing the observed distributions between the study population (n=12,182) and the population of children that had been excluded as they did not complete the Bracken (n=1,353).

Web Table 7. Unplanned Pregnancy^a and Risk of Delayed Cognitive Development at 3 Years (Percentages and Logistic Regressions) on the Hypothesis that all Children who did not do the Bracken at 3 Years were Delayed, United Kingdom Millennium Cohort 2001-2005^b

	Whole sample n=13,533 ^d	Mother's level of education ^c		
		High n=4,380	Middle n=6,018	Low n=3,137
Percentages of Cognitive Delay				
Planned pregnancies	17%	11%	17%	31%
Unplanned pregnancies	26%	17%	23%	37%
Model 1 = Unplanned pregnancy				
OR unplanned / planned birth	1.75	1.58	1.46	1.33
95%CI	1.58, 1.93	1.30, 1.92	1.26, 1.68	1.11, 1.59
P Value	<0.001	<0.001	<0.001	<0.01
Model 2 = Model 1 + socio-economic circumstances^e				
OR unplanned / planned birth	1.11	1.30	1.08	1.04
95%CI	1.00, 1.24	1.05, 1.61	0.91, 1.27	0.85, 1.26
P Value	0.049	0.02	0.37	0.72
Model 3 = Model 2 + child's characteristics^f				
OR unplanned / planned birth	1.11	1.31	1.05	1.04
95%CI	0.99, 1.24	1.05, 1.63	0.89, 1.24	0.85, 1.27
P Value	0.06	0.02	0.53	0.70
Model 4 = Model 3 + parenting behaviour^g				
OR unplanned / planned birth	1.07	1.24	1.03	1.00
95%CI	0.96, 1.20	0.99, 1.54	0.87, 1.21	0.81, 1.23
P Value	0.22	0.06	0.75	0.99

Abbreviations: CI, confidence interval; OR, odds ratio.

Notes:

^a The mother was asked whether the pregnancy had been planned or "was a surprise" (deemed 'unplanned').

^b Weighted percentages and OR whereas numbers are not weighted.

^c The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^d The analysis included 13,535 children: (1) n=12,182 children from the study population, and (2) n=1,353 children who did not complete the Bracken and had no missing values on other variable included in the analysis.

^e Including 9 socio-economic circumstances variables: mother's age at the child's birth, number of older siblings, mother's level of education, her occupation, child's ethnic group, language spoken at home, family income, perceived financial situation, natural parents' separation by age 3.

^f Including 2 child's characteristics variables: gender and health at birth based on prematurity and low birth weight.

^g Including 13 parenting behaviour variables: maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, breastfeeding, depressive symptoms on a short version of the Malaise Inventory, frequency of mother reading to the child, Home Learning Environment Index (1), regular bed time, child's television watching, frequency of punishment, strictly enforced rules, child-mother closeness, child-mother conflict, mother's perception of herself as a mother.

Web Table 8. Unplanned Pregnancy^a and Risk of Delayed Cognitive Development at 3 Years (Percentages and Logistic Regressions) on the Hypothesis that no Child who did not do the Bracken at 3 Years was Delayed, United Kingdom Millennium Cohort 2001-2005^b

	Whole sample n=13,533 ^d	Mother's level of education ^c		
		High n=4,380	Middle n=6,018	Low n=3,137
Percentages of Cognitive Delay				
Planned pregnancies	8%	4%	8%	17%
Unplanned pregnancies	15%	7%	13%	24%
Model 1 = Unplanned pregnancy				
OR unplanned / planned birth	2.16	2.22	1.62	1.56
95%CI	1.89, 2.47	1.63, 3.02	1.32, 1.98	1.28, 1.89
P Value	<0.001	<0.001	<0.001	<0.001
Model 2 = Model 1 + socio-economic circumstances^e				
OR unplanned / planned birth	1.15	1.54	1.04	1.11
95%CI	0.99, 1.32	1.11, 2.14	0.83, 1.30	0.90, 1.39
P Value	0.07	0.01	0.74	0.33
Model 3 = Model 2 + child's characteristics^f				
OR unplanned / planned birth	1.14	1.53	1.02	1.11
95%CI	0.98, 1.32	1.10, 2.14	0.82, 1.28	0.90, 1.39
P Value	0.08	0.01	0.84	0.32
Model 4 = Model 3 + parenting behaviour^g				
OR unplanned / planned birth	1.10	1.44	1.00	1.08
95%CI	0.94, 1.28	1.01, 2.03	0.79, 1.26	0.86, 1.36
P Value	0.23	0.04	0.97	0.50

Abbreviations: CI, confidence interval; OR, odds ratio.

Notes:

^a The mother was asked whether the pregnancy had been planned or "was a surprise" (deemed 'unplanned').

^b Weighted percentages and OR whereas numbers are not weighted.

^c The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^d The analysis included 13,535 children: (1) n=12,182 children from the study population, and (2) n=1,353 children who did not complete the Bracken and had no missing values on other variable included in the analysis.

^e Including 9 socio-economic circumstances variables: mother's age at the child's birth, number of older siblings, mother's level of education, her occupation, child's ethnic group, language spoken at home, family income, perceived financial situation, natural parents' separation by age 3.

^f Including 2 child's characteristics variables: gender and health at birth based on prematurity and low birth weight.

^g Including 13 parenting behaviour variables: maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, breastfeeding, depressive symptoms on a short version of the Malaise Inventory, frequency of mother reading to the child, Home Learning Environment Index (1), regular bed time, child's television watching, frequency of punishment, strictly enforced rules, child-mother closeness, child-mother conflict, mother's perception of herself as a mother.

Web Table 9. Pregnancy Intendedness^a (in Three Categories) and Risk of Delayed Cognitive Development at 3 Years (Percentages and Logistic Regressions), United Kingdom Millennium Cohort 2001-2005^b

	Whole sample n=12,182	Mother's level of education ^c		
		High n=4,024	Middle n=5,469	Low n=2,689
Percentages with Cognitive Delay				
Planned pregnancies	8%	4%	9%	20%
Unplanned and happy	16%	7%	13%	28%
Unplanned and not happy	20%	11%	16%	28%
Model 1 = Pregnancy intendedness				
Unplanned and happy / Planned and happy				
OR	2.00	1.91	1.48	1.54
95%CI	1.75, 2.29	1.34, 2.74	1.19, 1.84	1.25, 1.90
P Value	<0.001	<0.001	<0.001	<0.001
Unplanned and not happy / Planned and happy				
OR not happy unplanned	2.66	3.28	1.95	1.60
95%CI	2.23, 3.17	2.13, 5.04	1.50, 2.55	1.23, 2.08
P Value	<0.001	<0.001	<0.001	<0.001
Model 2 = Model 1 + socio-economic circumstances^d				
Unplanned and happy / Planned and happy				
OR	1.16	1.50	1.04	1.13
95%CI	0.99, 1.35	1.05, 2.16	0.82, 1.32	0.89, 1.44
P Value	0.06	0.03	0.74	0.31
Unplanned and not happy / Planned and happy				
OR	1.15	1.80	1.10	1.01
95%CI	0.95, 1.39	1.11, 2.94	0.82, 1.49	0.76, 1.34
P Value	0.15	0.02	0.52	0.96
Model 3 = Model 2 + child's characteristics^e				
Unplanned and happy / Planned and happy				
OR	1.16	1.49	1.03	1.14
95%CI	0.99, 1.35	1.03, 2.15	0.81, 1.31	0.89, 1.45
P Value	0.07	0.04	0.79	0.30
Unplanned and not happy / Planned and happy				
OR	1.14	1.80	1.09	1.00
95%CI	0.94, 1.37	1.10, 2.95	0.81, 1.46	0.75, 1.34
P Value	0.19	0.02	0.58	0.99
Model 4 = Model 3 + parenting behaviour^f				
Unplanned and happy / Planned and happy				
OR	1.14	1.47	1.03	1.10
95%CI	0.97, 1.35	1.01, 2.14	0.80, 1.32	0.85, 1.42
P Value	0.11	0.04	0.83	0.47
Unplanned and not happy / Planned and happy				
OR	1.04	1.50	0.98	0.96
95%CI	0.85, 1.27	0.90, 2.52	0.72, 1.33	0.70, 1.30
P Value	0.70	0.12	0.89	0.77

Abbreviations: CI, confidence interval; OR, odds ratio.

Notes of Web Table 9:

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed ‘unplanned’). She further was asked how she felt about the prospect of having this baby the first time she knew about the pregnancy.

^b Weighted percentages and OR whereas numbers are not weighted.

^c The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^d Including 9 socio-economic circumstances variables: mother’s age at the child’s birth, number of older siblings, mother’s level of education, her occupation, child’s ethnic group, language spoken at home, family income, perceived financial situation, natural parents’ separation by age 3.

^e Including 2 child’s characteristics variables: gender and health at birth based on prematurity and low birth weight.

^f Including 13 parenting behaviour variables: maternal alcohol consumption during pregnancy, maternal smoking during pregnancy, breastfeeding, depressive symptoms on a short version of the Malaise Inventory, frequency of mother reading to the child, Home Learning Environment Index (1), regular bed time, child’s television watching, frequency of punishment, strictly enforced rules, child-mother closeness, child-mother conflict, mother’s perception of herself as a mother.

Web Table 10. Unplanned Pregnancy Status, Socio-Economic Circumstances, Child's Characteristics and Parenting Behaviours Factors Associated with Risk of Delayed Cognitive Development at 3 Years (Logistic Regressions, Model 4), United Kingdom Millennium Cohort 2001-2005^a

	Whole sample n=12,182			Mother's level of education ^b								
				High n=4,024			Middle n=5,469			Low n=2,689		
	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI
Pregnancy intendedness^c												
Planned	1.00			1.00			1.00			1.00		
Unplanned	1.11	0.21	0.95 - 1.29	1.48	0.03	1.05 - 2.08	1.01	0.94	0.80 - 1.28	1.05	0.72	0.82 - 1.34
Socio-Economic Circumstances												
Mother's age at the child's birth												
≤ 19 years	1.23	0.13	0.94 - 1.62	2.26	0.21	0.63 - 8.10	1.27	0.22	0.86 - 1.88	1.13	0.57	0.73 - 1.76
20-24 years	1.15	0.13	0.96 - 1.39	0.94	0.84	0.51 - 1.74	1.22	0.17	0.92 - 1.63	1.06	0.72	0.77 - 1.47
25-29 years	1.00			1.00			1.00			1.00		
30-34 years	0.88	0.21	0.72 - 1.07	1.01	0.94	0.67 - 1.53	0.81	0.13	0.61 - 1.07	0.84	0.40	0.57 - 1.25
35-39 years	0.96	0.76	0.75 - 1.23	0.97	0.90	0.60 - 1.57	0.76	0.14	0.52 - 1.10	1.17	0.48	0.75 - 1.82
≥ 40 years	0.70	0.21	0.40 - 1.23	1.33	0.58	0.49 - 3.63	0.59	0.20	0.26 - 1.32	0.32	0.03	0.11 - 0.91
Number of older siblings												
0	1.00			1.00			1.00			1.00		
1	1.36	0.00	1.15 - 1.60	1.27	0.22	0.87 - 1.86	1.44	0.01	1.10 - 1.88	1.34	0.06	0.99 - 1.80
≥ 2	2.21	0.00	1.79 - 2.72	2.28	0.00	1.31 - 3.97	2.49	0.00	1.86 - 3.34	1.98	0.00	1.39 - 2.82

<i>continued Web Table 10</i>	Whole sample n=12,182			Mother's level of education ^b								
				High n=4,024			Middle n=5,469			Low n=2,689		
	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI
Mother's level of education												
Low	1.30	0.04	1.02 - 1.67									
Middle	1.12	0.30	0.90 - 1.40									
High	1.00											
Mother's occupation												
Managerial & professional	1.00			1.00			1.00			1.00		
Intermediate	1.09	0.57	0.82 - 1.44	1.56	0.08	0.94 - 2.59	1.18	0.43	0.78 - 1.79	0.36	0.03	0.14 - 0.92
Small business employer	1.22	0.40	0.76 - 1.96	2.07	0.04	1.05 - 4.09	1.43	0.28	0.75 - 2.72	0.25	0.04	0.07 - 0.93
Lower supervisory, technical	1.93	0.00	1.34 - 2.77	1.83	0.14	0.82 - 4.06	1.63	0.05	1.00 - 2.66	1.93	0.15	0.78 - 4.79
Semi-routine, routine	1.98	0.00	1.52 - 2.59	1.31	0.28	0.80 - 2.16	1.98	0.00	1.31 - 3.01	1.52	0.25	0.74 - 3.11
Doesn't work	2.33	0.00	1.60 - 3.39	2.68	0.01	1.25 - 5.73	1.65	0.11	0.89 - 3.08	2.09	0.09	0.90 - 4.82
Natural parents' separation												
Lived together at 3 years	1.00			1.00			1.00			1.00		
Together only at 9 months	1.26	0.10	0.95 - 1.65	1.18	0.70	0.52 - 2.69	1.34	0.15	0.90 - 2.01	1.21	0.30	0.84 - 1.74
Never lived together	1.20	0.14	0.94 - 1.52	1.12	0.79	0.50 - 2.49	1.03	0.87	0.72 - 1.48	1.34	0.06	0.99 - 1.81
Child's ethnic group												
White	1.00			1.00			1.00			1.00		
Other than white	1.63	0.00	1.25 - 2.12	1.26	0.47	0.68 - 2.32	2.22	0.00	1.50 - 3.28	1.52	0.06	0.99 - 2.33

<i>continued Web Table 10</i>	Whole sample n=12,182			Mother's level of education ^b								
				High n=4,024			Middle n=5,469			Low n=2,689		
	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI
Language spoken at home												
English only	1.00			1.00			1.00			1.00		
Other than English (& English eventually)	1.21	0.19	0.91 - 1.60	2.34	0.01	1.27 - 4.30	0.94	0.79	0.60 - 1.48	0.94	0.79	0.61 - 1.46
Family income												
< £10,400	1.85	0.00	1.47 - 2.32	1.65	0.11	0.89 - 3.05	2.42	0.00	1.70 - 3.45	1.53	0.05	1.01 - 2.31
£10,400 - £20,800	1.37	0.00	1.13 - 1.66	1.17	0.48	0.76 - 1.81	1.51	0.01	1.13 - 2.01	1.31	0.20	0.87 - 1.97
> £20,800	1.00			1.00			1.00			1.00		
Missing	1.59	0.00	1.18 - 2.14	0.90	0.72	0.49 - 1.64	1.95	0.00	1.27 - 3.00	1.39	0.22	0.82 - 2.35
Perceived financial situation												
Good	1.00			1.00			1.00			1.00		
Just	1.11	0.21	0.94 - 1.31	0.79	0.29	0.52 - 1.21	1.19	0.14	0.94 - 1.51	1.06	0.65	0.81 - 1.39
Difficult	1.11	0.41	0.87 - 1.41	1.98	0.02	1.14 - 3.44	1.15	0.44	0.81 - 1.64	0.86	0.40	0.60 - 1.23
Child's Characteristics												
Gender of the child												
Female	1.00			1.00			1.00			1.00		
Male	1.89	0.00	1.64 - 2.17	2.21	0.00	1.57 - 3.11	2.17	0.00	1.77 - 2.65	1.57	0.00	1.23 - 2.02

<i>continued Web Table 10</i>	Whole sample n=12,182			Mother's level of education ^b								
				High n=4,024			Middle n=5,469			Low n=2,689		
	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI
Health at birth based on prematurity (<37 weeks) and low birth weight (≤ 2kg500)												
Good	1.00			1.00			1.00			1.00		
Premature or low birth weight	1.33	0.01	1.08 - 1.65	1.91	0.01	1.16 - 3.14	1.26	0.14	0.92 - 1.72	1.24	0.27	0.85 - 1.81
Parenting Behaviour												
Maternal alcohol consumption during pregnancy^d												
Never	1.00			1.00			1.00			1.00		
Light	0.89	0.22	0.73 - 1.07	0.54	0.01	0.34 - 0.87	0.99	0.93	0.76 - 1.28	1.08	0.64	0.78 - 1.49
Moderate	0.80	0.20	0.57 - 1.13	0.76	0.49	0.35 - 1.64	1.00	1.00	0.61 - 1.64	0.66	0.09	0.41 - 1.07
Heavy/binge	1.03	0.90	0.69 - 1.52	0.91	0.88	0.26 - 3.15	1.07	0.85	0.54 - 2.11	1.07	0.83	0.57 - 2.00
Maternal smoking during pregnancy												
No smoking during pregnancy	1.00			1.00			1.00			1.00		
Stop during first trimester	1.05	0.71	0.82 - 1.34	1.49	0.15	0.87 - 2.56	0.84	0.32	0.59 - 1.19	1.19	0.36	0.82 - 1.73
Smoke during pregnancy	1.02	0.83	0.86 - 1.20	0.87	0.67	0.45 - 1.66	0.92	0.51	0.73 - 1.17	1.11	0.48	0.83 - 1.50
Breastfeeding												
Never tried	1.37	0.00	1.11 - 1.69	1.51	0.12	0.90 - 2.54	1.26	0.13	0.94 - 1.69	1.36	0.08	0.97 - 1.91
Tried briefly or ≤ 2 weeks	1.23	0.07	0.98 - 1.55	1.68	0.03	1.04 - 2.73	1.29	0.13	0.93 - 1.80	0.93	0.70	0.63 - 1.36
2 weeks to 3 months	1.07	0.57	0.85 - 1.34	0.95	0.87	0.54 - 1.67	0.93	0.64	0.67 - 1.28	1.19	0.41	0.79 - 1.78
> 3 months or 13 weeks	1.00			1.00			1.00			1.00		

<i>continued Web Table 10</i>	Whole sample n=12,182			Mother's level of education ^b								
				High n=4,024			Middle n=5,469			Low n=2,689		
	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI
Depressive symptoms at 9 months												
No depressive symptoms	1.00			1.00			1.00			1.00		
Depressive symptoms	0.96	0.66	0.79 - 1.16	0.81	0.42	0.48 - 1.36	0.98	0.90	0.72 - 1.33	1.00	0.98	0.76 - 1.32
Frequency of mother reading to the child												
Every day	1.00			1.00			1.00			1.00		
Once or twice a week	0.95	0.62	0.78 - 1.16	1.04	0.87	0.66 - 1.63	0.92	0.54	0.70 - 1.21	0.90	0.53	0.64 - 1.26
Read 1 or 2 Week	1.15	0.17	0.94 - 1.40	1.57	0.11	0.90 - 2.75	1.21	0.18	0.92 - 1.59	0.95	0.75	0.68 - 1.32
Once or twice a month	1.25	0.28	0.83 - 1.88	1.70	0.39	0.51 - 5.62	1.24	0.45	0.71 - 2.19	1.19	0.54	0.68 - 2.09
Less often	1.76	0.02	1.12 - 2.77	1.55	0.71	0.15 - 15.60	2.74	0.00	1.56 - 4.82	1.23	0.55	0.62 - 2.41
Not at all	2.36	0.00	1.60 - 3.48	0.16	0.12	0.02 - 1.65	3.55	0.00	1.71 - 7.36	2.15	0.00	1.33 - 3.46
Home learning environment index												
1st HLE quintile (lowest HLE)	1.57	0.00	1.19 - 2.07	1.72	0.09	0.92 - 3.22	1.74	0.01	1.14 - 2.64	1.28	0.27	0.82 - 1.98
2 nd HLE quintile	1.89	0.00	1.44 - 2.48	2.19	0.01	1.18 - 4.05	2.37	0.00	1.60 - 3.50	1.29	0.25	0.83 - 2.01
3 th HLE quintile	1.45	0.01	1.10 - 1.90	1.80	0.05	1.00 - 3.26	1.60	0.03	1.06 - 2.43	1.17	0.44	0.78 - 1.76
4 th HLE quintile	1.18	0.25	0.89 - 1.58	1.07	0.83	0.59 - 1.94	1.60	0.03	1.05 - 2.43	0.80	0.35	0.49 - 1.28
5 th HLE quintile (highest HLE)	1.00			1.00			1.00			1.00		

<i>continued Web Table 10</i>	Whole sample n=12,182			Mother's level of education ^b								
				High n=4,024			Middle n=5,469			Low n=2,689		
	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI
Regular bed time												
Never	1.31	0.03	1.02 - 1.66	2.66	0.01	1.25 - 5.64	1.99	0.00	1.43 - 2.77	0.77	0.22	0.51 - 1.16
Sometimes	1.18	0.13	0.95 - 1.47	1.43	0.21	0.82 - 2.51	1.48	0.02	1.05 - 2.07	0.94	0.70	0.69 - 1.29
Usually	1.24	0.01	1.05 - 1.47	1.66	0.02	1.10 - 2.51	1.35	0.01	1.08 - 1.70	1.02	0.89	0.76 - 1.37
Always	1.00			1.00			1.00			1.00		
Child's television watching												
0 to 1 hour	1.00			1.00			1.00			1.00		
1 to 3 hours	0.80	0.01	0.68 - 0.94	0.98	0.91	0.66 - 1.45	0.92	0.54	0.71 - 1.20	0.57	0.00	0.43 - 0.76
> 3 hours	0.87	0.16	0.71 - 1.06	1.21	0.49	0.70 - 2.11	0.85	0.36	0.61 - 1.20	0.67	0.01	0.49 - 0.90
Frequency of punishment												
Less than daily	1.00			1.00			1.00			1.00		
Daily on 1 item	1.12	0.26	0.92 - 1.36	1.25	0.34	0.80 - 1.95	1.08	0.61	0.80 - 1.46	1.08	0.67	0.74 - 1.58
Daily on ≥2 items	1.06	0.57	0.87 - 1.29	1.04	0.84	0.70 - 1.54	1.00	1.00	0.75 - 1.33	1.06	0.74	0.76 - 1.46
Missing	1.04	0.76	0.81 - 1.34	0.92	0.79	0.49 - 1.72	1.17	0.42	0.80 - 1.71	0.94	0.76	0.63 - 1.40
Strictly enforced rules												
Strictly enforced	1.00			1.00			1.00			1.00		
Varies	1.07	0.41	0.91 - 1.26	1.09	0.67	0.74 - 1.61	1.01	0.93	0.80 - 1.28	1.03	0.84	0.76 - 1.40
Not strictly enforced	1.18	0.05	1.00 - 1.39	0.92	0.71	0.60 - 1.42	1.26	0.07	0.98 - 1.61	1.22	0.16	0.93 - 1.61

continued Web Table 10

	Whole sample n=12,182			Mother's level of education ^b								
				High n=4,024			Middle n=5,469			Low n=2,689		
	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI	OR	P Value	95%CI
Child-mother closeness												
Normal or high	1.00			1.00			1.00			1.00		
Low	1.48	0.00	1.26 - 1.72	1.28	0.27	0.82 - 2.00	1.33	0.01	1.07 - 1.65	1.75	0.00	1.31 - 2.33
Missing	2.28	0.00	1.70 - 3.06	1.91	0.20	0.70 - 5.16	2.28	0.00	1.42 - 3.66	2.40	0.00	1.59 - 3.61
Child-mother conflict												
Normal or low	1.00			1.00			1.00			1.00		
High	1.11	0.24	0.94 - 1.31	1.78	0.01	1.18 - 2.66	1.08	0.58	0.83 - 1.39	0.89	0.52	0.64 - 1.26
Missing	0.76	0.11	0.55 - 1.06	0.58	0.49	0.12 - 2.78	0.80	0.41	0.46 - 1.37	0.72	0.19	0.44 - 1.18
Mother's perception of herself as a mother												
Not very good or in trouble	0.87	0.49	0.59 - 1.29	2.30	0.03	1.07 - 4.96	0.71	0.32	0.37 - 1.38	0.83	0.54	0.45 - 1.51
An average parent	1.06	0.55	0.88 - 1.26	1.73	0.02	1.11 - 2.68	1.29	0.04	1.01 - 1.66	0.71	0.01	0.54 - 0.93
Better than average	0.87	0.20	0.70 - 1.07	1.03	0.90	0.63 - 1.69	0.97	0.84	0.72 - 1.31	0.79	0.21	0.55 - 1.14
A very good parent	1.00			1.00			1.00			1.00		
Missing	1.03	0.88	0.70 - 1.52	1.28	0.75	0.29 - 5.63	0.87	0.69	0.45 - 1.69	1.18	0.49	0.73 - 1.91

Abbreviations: CI, confidence interval; OR, odds ratio.

Notes

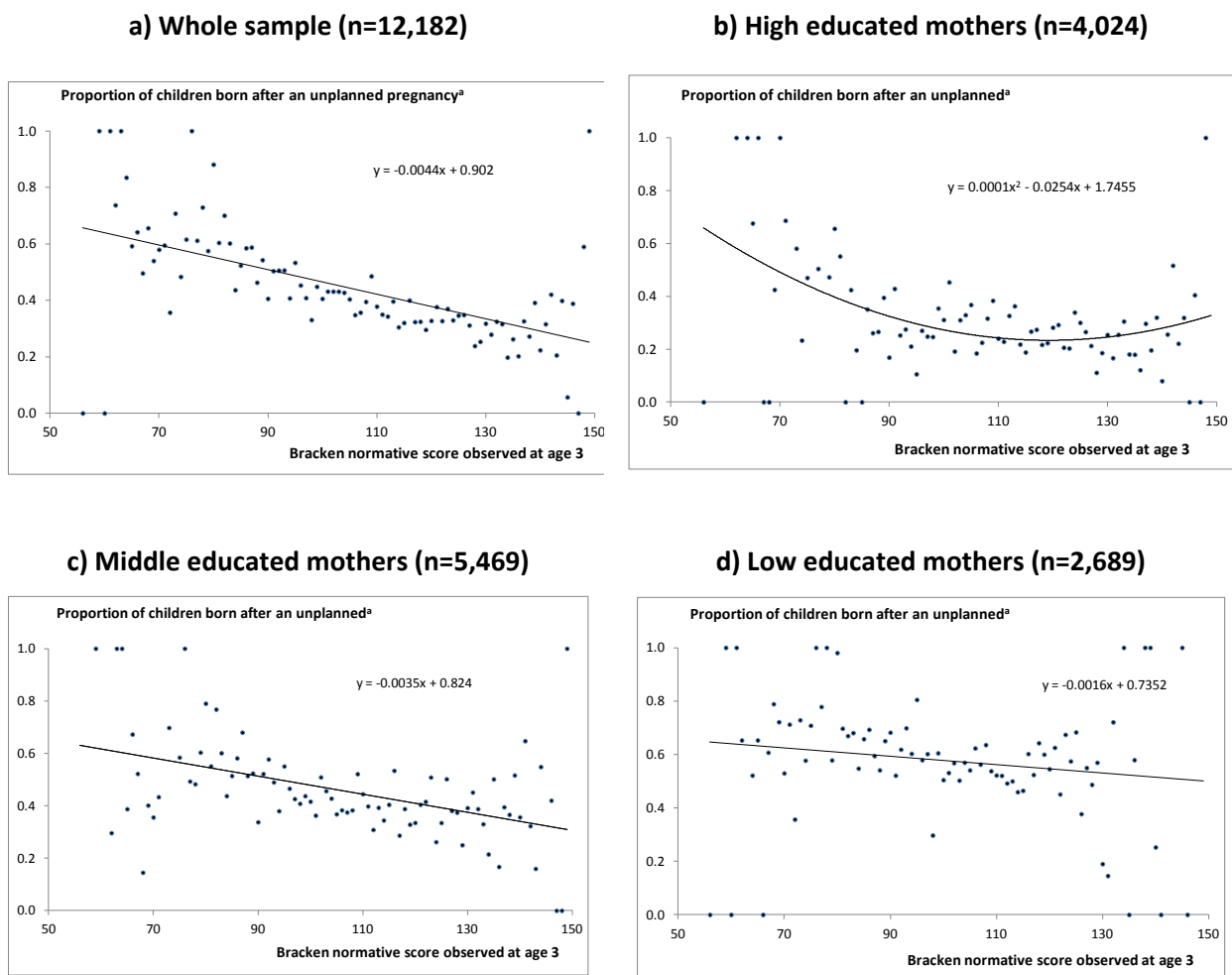
^a Weighted percentages and OR whereas numbers are not weighted.

^b The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^c The mother was asked whether the pregnancy had been planned or "was a surprise" (deemed 'unplanned').

^d Maternal alcohol consumption during pregnancy was defined following the criteria outlined by the UK National Alcohol Strategy and presented in details in (2).

Web Figure 1. Proportion^a of Unplanned Pregnancies by Cognitive Score^b at 3 Years in the Whole Sample and by Mother Level of Education^c, United Kingdom Millennium Cohort 2001-2005



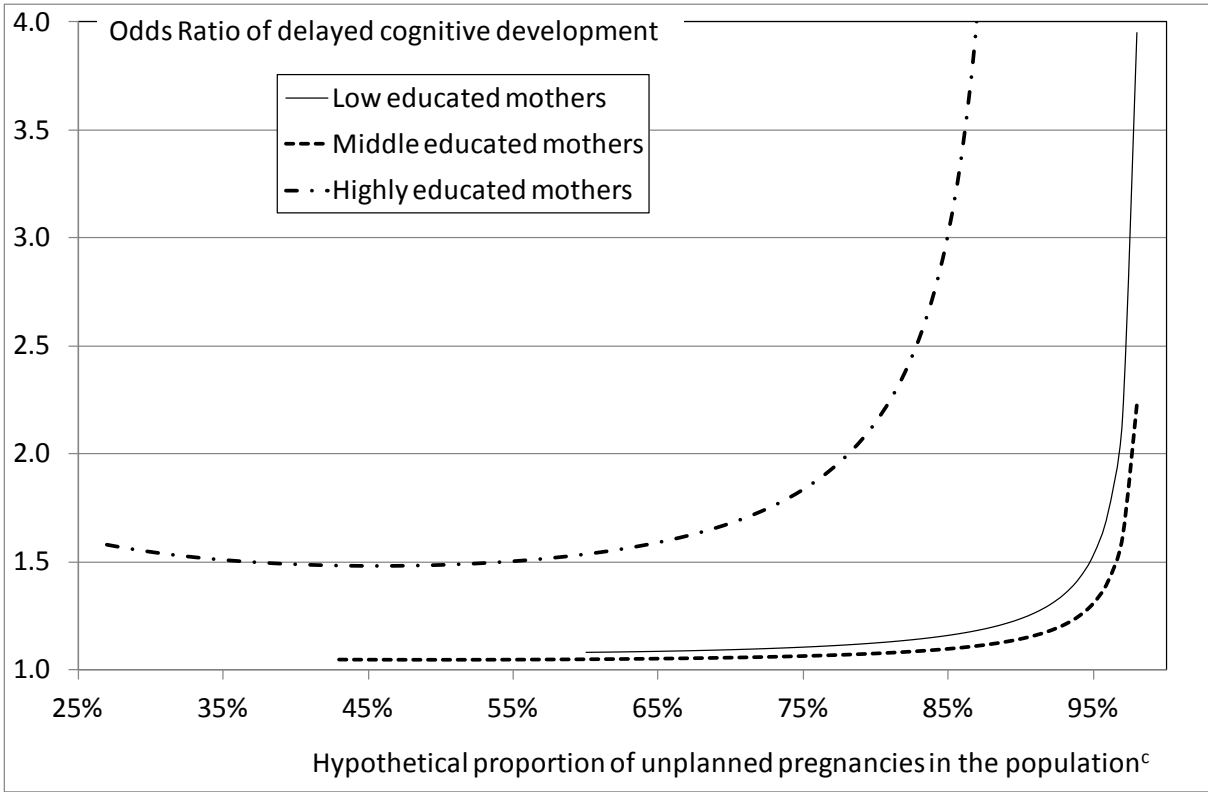
Note:

^a Unplanned pregnancy is a binary variable, taking values of 0 or 1. To describe its association with the Bracken in a continuous perspective, the proportion of unplanned pregnancies was calculated. The children were grouped by integer values of their Bracken score at age 3 and the proportion of unplanned pregnancy in each group was calculated.

^b In linear regression analysis of the Bracken score as a continuous variable, where models including the 9 socio-economic circumstances variables, the 2 child's characteristics variables and the 13 parenting behaviour variables (Model 4), the coefficient for unplanned pregnancies [with 95% confidence interval] was: -0.02 [-0.67, 0.63], *P Value*=0.95, among the whole sample. Among high educated mothers, it was -0.30 [-1.42, 0.82], *P Value*=0.60; among middle educated mothers, it was 0.15 [-0.75, 1.05], *P Value*=0.74; among low educated mothers, it was 0.32 [-1.10, 1.73], *P Value*=0.66.

^c The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

Web Figure 2. Simulation of the Odds Ratio of Delayed Cognitive Development as a Function of the Level of Missclassified Pregnancy Intendedness^a Among Low, Middle and High Educated Mothers^b, United Kingdom Millennium Cohort 2001-2005



Notes:

^a The mother was asked whether the pregnancy had been planned or “was a surprise” (deemed ‘unplanned’).

^b The high level group was 'college educated', i.e. those with degrees, bachelors or higher or equivalent vocational qualifications (National Vocational Qualification Level 4 or 5). Middle education covers those who did not proceed to college but gained academic qualifications at secondary school, or equivalent vocational qualifications, at National Vocational Qualification levels 2 and 3. The low education group had minimal (Level 1 or other overseas) or no qualifications.

^c The hypothetical proportion of unplanned pregnancies includes: (1) the proportion of unplanned pregnancies observed and reported in Table 1 (60% for low educated mothers, 43% for middle educated mothers and 27% for high educated mothers), and (2) a proportion of hypothetically misclassified children. It has been hypothesized that these misclassified children are not selected on child cognitive development that is to say that the proportions of children with delayed cognitive development among these misclassified children was identical to those observed and reported in Table 2 (25% for low educated mothers, 11% for middle educated mothers and 5% for high educated mothers).

REFERENCES

1. Melhuish EC, Sylva K, Sammons P, et al. Effect of Home Learning Environment and preschool center experience upon literacy and numeracy development in early primary school. *J Soc Issues* 2008;64(1):157-188.
2. Kelly Y, Sacker A, Gray R, et al. Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age? *Int J Epidemiol* 2009;38(1):129-140.