cognitive tests: verbal memory (recall of 10 words), verbal fluency (naming animals) and letter search speed. Fully adjusted models included health and lifestyle covariates (medical history, depression, alcohol, physical activity).

Results Broadly similar patterns of associations were observed across countries. Indicators of SEP across the lifecourse made independent contributions to cognition, with stronger contributions from education and current asset ownership (an indicator of contemporary material circumstances), than from childhood socio-economic conditions. Socioeconomic advantage was associated with higher levels of cognitive functioning. For example, in fully adjusted models, university education was associated with 3.9 (SE 0.7) word recall advantage in memory performance in Czech men and 2.2 (SE 0.5) and 2.7 (SE 0.3) word advantage in Russian and Polish men; in women these figures were 3.7 (SE 0.4), 3.0 (SE 0.5) and 3.2 (SE 0.3), respectively. The effect of childhood socioeconomic conditions on cognition was largely attenuated after adjustment for education and current material circumstances, suggesting mediation by later SEP measures.

Conclusion Socioeconomic position across the lifecourse is an important predictor of cognition in mid and later life in these Eastern European populations. The attenuation of the effects of childhood SEP after adjustment for own education and current material circumstances supports the model where this association is, at least partly, mediated through later life measures of SEP. Future research should focus on lifecourse influences on cognitive aging trajectories as long-term follow-up of this cohort and other studies in Eastern European populations become available.

Conclusion Young adults who have a limiting longstanding illness are more likely not to drink alcohol even after adjusting for a range of social and demographic measures. Studies on the putative health benefits of moderate alcohol consumption later in life need to take account of early life history. Further analysis using longitudinal data will explore whether poor health precedes non-drinking right at the start of drinking history and whether people with poor health continue to abstain from alcohol at older ages.
Background Spontaneous miscarriage (the death of a fetus before 20 weeks of pregnancy), occurs in 10–15% of recognised pregnancies. Stillbirth (the death of a fetus after 24 weeks of pregnancy), occurs in approximately one in every 200 deliveries. The cause of miscarriage and stillbirth is frequently unknown. However, there is some evidence to suggest that previous Caesarean delivery may be a risk factor.

Objective: to compare the risk of fetal death in subsequent pregnancy by mode of delivery.

Methods This was a systematic review of relevant studies identified through CINAHL, the Cochrane library, Embase, Medline, PubMed, SCOPUS and Web of Knowledge (1945 - November 2011), using a comprehensive search strategy, and cross-checking of reference lists. Study selection: cohort and case-control studies reporting on Caesarean delivery and spontaneous miscarriage or stillbirth. Two reviewers independently assessed titles, abstracts, and full articles to identify eligible studies, using a standardised data collection form.

Results Miscarriage: From 6,857 titles identified, eight articles were included, totalling 147,017 women and 12,682 events. Odds ratios (ORs) were combined using a fixed-effect model to estimate the overall association using Review Manager Software. From the meta-analysis, the pooled OR estimate of miscarriage among women who previously delivered by Caesarean versus vaginally, was 1.11 [95% CI 1.06,1.17]. The OR of miscarriage was 1.26 [95% CI 0.54,2.92] for one case-control study, 1.11 [95% CI 1.06,1.17] for seven cohort studies and 1.11 [95% CI 1.06,1.17] for primiparous women (eight studies).

Stillbirth: From 6,857 studies identified, seven articles were included, totalling 1,661,335 pregnancies and 5,741 events. ORs were combined using a random effect model (due to the heterogeneity of included studies) to estimate the overall association. From the meta-analysis, the pooled OR estimate of stillbirth among women who previously delivered by Caesarean versus vaginally, was 1.32 [95% CI 1.11,1.57]. The OR of stillbirth was 1.30 [95% CI 1.03,1.64] for primiparous women (five studies), 1.40 [95% CI 1.24,1.59] for multiparous women (two studies), 1.80 [95% CI 1.27,2.55] for studies including all stillbirths (five studies) and, 1.20 [95% CI 1.02,1.42] for studies including only unexplained antepartum stillbirths (three studies).

Conclusion Caesarean delivery compared to vaginal delivery is associated with an increased risk of spontaneous miscarriage by 11% and stillbirth by 52% in subsequent pregnancies. In light of the recently published National Institute for Health and Clinical Excellence (NICE) guidelines, which support a woman’s right to request a Caesarean delivery without medical reason, there is an urgent need to establish whether mode of delivery has a causal effect on risk of fetal death.