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## Abortion in the U.S.

Overall, about one quarter of all pregnancies in the United States now end in abortion. About half (49%) of the approximately 5 million pregnancies occurring each year are unintended and, of these, roughly one in two are terminated by abortion.<sup>1</sup> While abortion remains one of the most common surgical procedures in this country, abortion rates have been on the decline.

In 2000, the Alan Guttmacher Institute (AGI) estimates that a total of 1.31 million U.S. pregnancies ended in abortion – down from an all-time annual high of 1.61 million in 1990.<sup>2</sup> The most recent national data available from the Centers for Disease Control and Prevention (CDC) indicate that, between 1992 and 1997, the number of abortions performed each year nationwide dropped from 1.5 million to about 1.2 million (see Abortion Statistics box for differences in these data sets).<sup>3</sup>

A number of possible factors have been cited to explain the recent trends, including the aging of the population, greater acceptance of unwed childbearing, more effective use of contraception (including the back-up birth control method “emergency contraception”),<sup>4</sup> shifts in attitudes, laws restricting abortion access, and a decrease in the number of abortion providers.

### Incidence and Trends

- According to AGI, the 2000 abortion rate (the number of abortions per 1,000 women aged 15-44) was 21.3, reflecting a five percent (5%) decline since 1996.<sup>2</sup> The CDC estimates that the national abortion rate decreased from 26 per 1,000 in 1992 to 20 per 1,000 in 1997.<sup>1</sup>
- In 2000, the annual abortion ratio (the proportion of pregnancies that end in abortion) was 24.5.<sup>2</sup>
- It is estimated that 39 million abortions have been performed since the procedure was legalized in 1973,<sup>4</sup> and that at least one in three women in the U.S. will have an abortion by age 45.<sup>5</sup>
- Abortion rates vary significantly throughout the world. The most recent estimates – from 1996 – range from a low of 6.5 in the Netherlands to a high of 77.7 in Cuba. While the U.S. abortion rate has historically been higher than that in many western European countries, the 2000 rate of 21.3 is now within the range of other developed nations such as Sweden (18.7) and Australia (22.2).<sup>2,6</sup>

### Methods

- There are two general abortion types available to U.S. women: surgical and non-surgical or “medical” abortions.
- Most abortions (94-99%) performed in the U.S. are surgical.<sup>3,7</sup> The most common surgical methods include vacuum aspiration, dilation and curettage (D&C), and dilation and evacuation (D&E).<sup>8</sup> A much less common surgical method used for later abortions is dilation and extraction (D&X), a D&E variant.

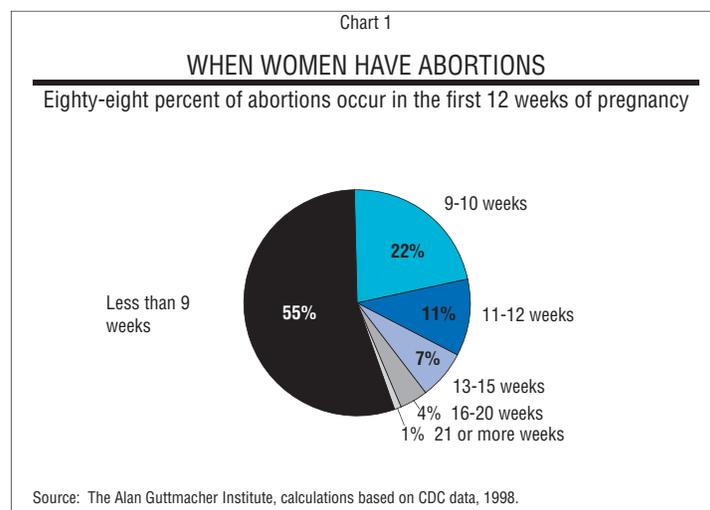
- In September 2000, the Food and Drug Administration (FDA) approved mifepristone, the first drug specifically designed for use as a method of medical abortion. Medical abortions can also be initiated through the “off-label” use of a drug called methotrexate, which has been approved by the FDA for other purposes.
- During the first six months of 2001, one-third of all abortion providers reported performing at least one early medical abortion. Among abortions that took place outside of hospitals, six percent (6%, or about 35,300) were medical abortions. Seventy-two percent (72%) of these abortions used mifepristone.<sup>2</sup>
- The U.S. distributor of mifepristone estimates that a total of 130,000 women have obtained an abortion using mifepristone in the two years since FDA approval.<sup>9</sup>

### Safety and Effectiveness

- The overall failure rate for surgical abortion is about one percent (1%); the overall failure rate for medical abortion—those not successfully completed in a given period of time—is five percent (5%).<sup>8</sup>
- The risk of death associated with abortion between 1993 and 1997 was 0.6 per 100,000 abortions, making it one of the safest surgical procedures in the U.S.<sup>10</sup> (The risk of maternal death from childbirth is 6.7 per 100,000 deliveries.) The risk of a major complication is also less than one percent (1%).<sup>8</sup>

### Timing

- Eighty-nine percent (89%) of abortions are performed in the first twelve weeks of pregnancy; nearly 56 percent are performed within the first eight weeks of pregnancy. Just one percent (1%) of all abortions occur at twenty-one weeks or later (see Chart 1).<sup>11</sup>



## Abortion Patients

- About 19 percent of women having abortions in the U.S. are teens; 33 percent are between the ages of 20 and 24; and 48 percent are aged 25 and older. Approximately 83 percent are unmarried and 41 percent are white. About 61 percent have given birth before.<sup>12</sup>
- Fifty-four percent (54%) of women who had an abortion in 2000 said that they used contraception in the month that they conceived.<sup>4</sup>
- From 1994-2000, abortion rates declined by 27 percent among adolescents aged 15-19, while rates among low-income women (those living below 100 percent of the federal poverty line) increased by 25 percent.<sup>4</sup>

## Abortion Sites and Providers

- Clinics made up 46 percent of abortion providers in 2000, followed by hospitals (33%) and physicians (21%).<sup>2</sup>
- Most abortions in the U.S. are performed in independent clinics that specialize in abortion services. In 2000, 93 percent of reported abortions were performed in clinics, five percent (5%) took place in hospitals, and two percent (2%) were performed in the private offices of physicians.<sup>2</sup>
- Eighty-seven percent (87%) of all U.S. counties have no abortion provider, and 34 percent of women of reproductive age (15-44) live in these counties.<sup>2</sup>
- Older ob/gyns are more likely than their younger colleagues to have performed an abortion in the past five years: 39 percent of ob/gyns 65 and older report doing so, as compared with 20 percent of those under 40. Overall, 58 percent of ob/gyns who performed an abortion in the past five years are 50 or older.<sup>13</sup>
- Seventy percent (70%) of residency programs in obstetrics and gynecology offered training in first-trimester abortion in 1991-1992. The proportion that included abortion as a standard part of residency training had declined from 25 percent to 12 percent since 1985.<sup>14</sup>
- A majority (56%) of non-hospital abortion providers reported experiencing one or more forms of harassment in 2000. Among providers performing more than 400 abortions annually, 82 percent said they experienced one or more forms of harassment.<sup>15</sup>

## Abortion Costs and Coverage

- The costs of an abortion will vary depending on factors such as location, timing, and type of procedure. In 2000, an average self-paying client was charged \$372 for a surgical abortion at 10 weeks and \$470 for a medical abortion performed in a non-hospital setting.<sup>15</sup>
- Nationwide, 26 percent of women seeking abortions receive abortion services that are billed directly to public or private insurance.<sup>15</sup>
- Thirty-one percent (31%) of Americans with employer-based health insurance are covered for abortion services.<sup>16</sup>
- About one in five women (18%) in the U.S. aged 17-44 are uninsured.<sup>17</sup> The majority of states make funding for abortions available through Medicaid only in very limited circumstances such as rape, incest, or a threat to the life of the woman.

## Abortion Statistics: Methods and Most Current Data

The most reliable national abortion data come from the Centers for Disease Control and Prevention (CDC), a federal agency, and The Alan Guttmacher Institute (AGI), a private health research organization. The CDC collects data annually, from state health departments, and analysis is available within two to three years. AGI surveys all known abortion providers roughly every four to five years. The most recent national CDC data is from 1997; AGI's is from 2000-2001.

AGI estimates – which are generally higher – have historically been considered more reflective of national abortion statistics. This is largely because the CDC is subject to the reporting limitations of state health departments. Not every state gathers abortion data. Those that do may collect it differently, and differ in how complete their reporting is, how they calculate gestational age, and how they categorize different abortion methods. The CDC also recently changed the way that it calculates abortion data overall. Starting with 1998, the agency no longer takes into account the four states – Alaska, California, New Hampshire, and Oklahoma – that do not report abortion statistics. As a result, nationwide data is not available from the CDC after 1997.

## References

- <sup>1</sup> CDC, Abortion surveillance: preliminary analysis—United States, 1996. MMWR, 1998, 47:1025-1028, 1035. While CDC abortion data is available through 1998, the most recent secondary analyses – which provide more details of trends – are based on 1996 figures.
- <sup>2</sup> Finer L and Henshaw SK, Abortion incidence and services in the United States in 2000, Perspectives on Sexual and Reproductive Health, 2002, 35:6-15. The term “abortion provider” is a place where abortions are performed; it includes hospitals, clinics, and doctors’ offices. “Providers” in this context are different from “physicians.”
- <sup>3</sup> CDC, Abortion surveillance: preliminary analysis—United States, 1997. MMWR, 2000, 48, No. 51 and 52.
- <sup>4</sup> Jones RK, Darroch JE and Henshaw SK, Contraceptive use among U.S. women having abortions in 2000-2001, Perspectives on Sexual and Reproductive Health, 2002, 34: 294-301.
- <sup>5</sup> Alan Guttmacher Institute, unpublished calculations.
- <sup>6</sup> Alan Guttmacher Institute, Sharing Responsibility: Women, Society and Abortion Worldwide. New York: AGI, 1999.
- <sup>7</sup> CDC, Abortion Surveillance—United States, 1998. MMWR, 2002, 51(SS03):1-32.
- <sup>8</sup> Hatcher RA et al., Contraceptive Technology, 17th edition, New York: Ardent Media, Inc, 1998.
- <sup>9</sup> Danco Laboratories, Dear Colleague letter, January 10, 2003.
- <sup>10</sup> National Center for Health Statistics. Vital Statistics of the United States, 1991. Washington D.C.: US Public Health Service, 1991, p.2.
- <sup>11</sup> Alan Guttmacher Institute (AGI) calculations using CDC data, published in AGI, Abortion Fact Sheet, 2003.
- <sup>12</sup> Jones RK et al., Patterns in the socioeconomic characteristics of women obtaining abortions in 2000-2001, Perspectives on Sexual and Reproductive Health, 2002, 34: 226-35.
- <sup>13</sup> Kaiser Family Foundation. 1995 Survey of Obstetrician/Gynecologists on Contraception and Unplanned Pregnancy, Attitudes and Practices with Regard to Abortion, Menlo Park, CA: Henry J. Kaiser Family Foundation, June 1995.
- <sup>14</sup> MacKay HT and McKay AP, Abortion training in obstetric and gynecology residency programs in the United States, 1991-1992, Family Planning Perspectives, 1995, 27: 112-115.
- <sup>15</sup> Henshaw SK and Finer L, The accessibility of abortion services in the United States, 2001, Perspectives on Sexual and Reproductive Health, 2003, 35:16-24.
- <sup>16</sup> Kaiser Family Foundation and Health Research and Educational Trust, Survey of Employer-Sponsored Health Benefits 2001, Menlo Park, CA: Henry J. Kaiser Family Foundation, 2001.
- <sup>17</sup> Kaiser Family Foundation estimate based on Urban Institute analyses of the March 2000 Current Population Survey, U.S. Bureau of the Census.

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