Media Briefing:
Abortion in the United States
Abortion statistics and demography

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Abortion has been declining in the US

Data from the Guttmacher Institute
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Data from the Guttmacher Institute
Abortion rates vary dramatically by state (2017)

Data from the Guttmacher Institute
Age (2014)

• ~60% of abortions are for people in their 20s
• Abortions for teenagers have declined the most rapidly

Data from the Guttmacher Institute
Other abortion patient characteristics (2014)

• Race and ethnicity
  • 39% White
  • 28% Black
  • 25% Hispanic
  • 6% Asian/Pacific Islander
  • 3% Other

• Poverty
  • 75% poor or low income

• Most (59%) have at least one child

Data from the Guttmacher Institute
Gestational age

- In recent years, about 2/3rds of abortions were at 8 weeks or earlier.
- The fraction of early abortions has increased alongside rapid increases in medication abortion.
- About 1.3% of abortions happen after 20 weeks.

In 2016, two-thirds of abortions occurred at eight weeks of pregnancy or earlier, and 88% occurred in the first 12 weeks.
Abortion restrictions over time

Number of new abortion restrictions enacted

Year

Data from the Guttmacher Institute
Resources

• Guttmacher Institute abortion patient characteristics based on 2014 Abortion Patient Survey:

• CDC Abortion Surveillance 2018 MMWR:
  https://www.cdc.gov/mmwr/volumes/69/ss/ss6907a1.htm

• Guttmacher Institute 2017 abortion incidence based on Abortion Provider Survey:

• Guttmacher analysis of relationship between abortion restrictions and declines in abortion rates as of 2017:

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Abortion in the United States

November 2021
Language matters

- How we talk about abortion has wide implications
  - On patients and individuals, both those who have had abortion or those who may need one in the future
  - On legislation and regulation

- First, let’s understand abortion
What is an induced abortion?

The act of doing or taking something to end a pregnancy

- We avoid “elective abortion”
- Why do we say induced? To differentiate from spontaneous abortion
Medication abortion

- Mifepristone pill, typically dispensed by a clinician
- Misoprostol 4 pills self-administered at home by the patient
- Passing of the products of conception occurs at home
- Mifepristone is highly regulated
  - FDA requires a provider to register to be able to dispense
  - 28% of OB-Gyns *not* providing medication abortion would if they could write a prescription
Uterine aspiration

- Manual or electric vacuum aspiration
- Procedure takes <5 minutes
- Does not require anesthesia or an operating room in the first trimester
### After 14+ weeks

<table>
<thead>
<tr>
<th>Surgical</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Dilation and Evacuation</td>
<td>- Induction of Labor (generally 16+ weeks)</td>
</tr>
<tr>
<td>- Intact D&amp;E/D&amp;X</td>
<td></td>
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</tbody>
</table>

#### Decision Making

<table>
<thead>
<tr>
<th>Surgical</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Outpatient procedure (no hospitalization)</td>
<td>- “More natural”</td>
</tr>
<tr>
<td>- Lower complication rates</td>
<td>- Can hold baby</td>
</tr>
<tr>
<td>- Sometimes option to view remains</td>
<td>- More intact for autopsy</td>
</tr>
<tr>
<td></td>
<td>- May require procedure for failure/retained placenta</td>
</tr>
</tbody>
</table>
Refuting myths

- No long-term health risks
  - No association with future risks of: infertility, ectopic pregnancy, spontaneous abortion, birth defect, preterm delivery

- No increased risk of mental health problems compared to carrying a pregnancy to term
Clinical language vs Biased language

- Abortion later in pregnancy vs “Late-term abortion”
- Intact dilation and evacuation vs. “Partial Birth Abortion”
- Electronic cardiac activity vs “fetal heartbeat”
- Medication abortion vs “chemical abortion”
Legislative restrictions

- Texas SB 8, a ban on abortion after roughly six weeks of gestation
- Texas SB 4, a ban on medication abortion
- These are new, but they are part of a decades-old trend
  - 36 states require abortion to be performed by a physician
  - 43 states ban abortion after a gestational limit
  - 18 states require clinicians to give patients false information about abortion
  - 25 states mandate waiting periods (24-72 hours)
  - 36 states require parental involvement (notification and/or consent for minors)
Maternal Mortality

- Women in the United States are more likely to die from childbirth or pregnancy-related causes than other women in the developed world.
- The risk of pregnancy-related deaths for Black women is 3 to 4 times higher than those of white women.
- People who are disproportionately impacted by restrictions are also those who face higher rates of maternal mortality.
Figure 22
Public Unaware Of The Safety Of Abortions Compared To Other Medical Procedures

Thinking about other medical procedures, do you think an abortion is safer, less safe, or about as safe as…?

- Safer
- About as safe
- Less safe

- Giving birth
  - Safer: 26%
  - About as safe: 43%
  - Less safe: 30%

- Getting your appendix removed
  - Safer: 23%
  - About as safe: 47%
  - Less safe: 28%

- Getting your tonsils removed
  - Safer: 13%
  - About as safe: 43%
  - Less safe: 42%

SOURCE: KFF Abortion Knowledge and Attitudes Poll (conducted December 20-30, 2019). See topline for full question wording and response options.
<table>
<thead>
<tr>
<th>Procedure (Study Period)</th>
<th>Mortality Rate (number of deaths per 100,000 procedures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion (legal) (1988–2010)</td>
<td>0.7</td>
</tr>
<tr>
<td>Childbirth (1988–2005)</td>
<td>8.8</td>
</tr>
<tr>
<td>Colonoscopy (2001–2015)</td>
<td>2.9</td>
</tr>
<tr>
<td>Dental procedures (1999–2005)</td>
<td>0.0 to 1.7</td>
</tr>
<tr>
<td>Plastic surgery (2000–2012)</td>
<td>0.8 to 1.7</td>
</tr>
<tr>
<td>Tonsillectomy (1968–1972)</td>
<td>2.9 to 6.3</td>
</tr>
</tbody>
</table>

NOTE: Reported tonsillectomy rates were recalculated to reflect the rate per 100,000 procedures.

SOURCES: Baugh et al., 2011; Raymond and Grimes, 2012; Raymond et al., 2014; Reumkens et al., 2016; Zane et al., 2015.
Resources

- Guttmacher Institute: [https://www.guttmacher.org/](https://www.guttmacher.org/)
Consequences of receiving versus being denied a wanted abortion

Diana Greene Foster, PhD
Professor, UCSF

SciLine Media Briefing
Abortion in the United States
November 18, 2021
Turnaway Study Aim

To describe the mental health, physical health and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term.
Recruit from 30 abortion providers who have the latest gestational limit within 150 miles
Study methods

- 956 women seeking abortion between 2008 and 2010 completed baseline interviews including
  - just over the clinic’s limit who were turned away
  - just under the limit who received an abortion
  - in the first trimester

- Followed women for 5 years with semi-annual telephone surveys in English or Spanish.

- Over 50 papers published by over 40 researchers in peer-reviewed medical and social science journals.
What are the mental health consequences of receiving or being denied a wanted abortion?

Biggs MA, Upadhyay UD, McCulloch CE, Foster DG. Women's Mental Health and Well-being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study. JAMA Psychiatry. 2017 Feb 01; 74(2):169-178.


Biggs MA, Gould H, Barar RE, Foster DG. Five-Year Suicidal Ideation Trajectories Among Women Receiving or Being Denied an Abortion. Am J Psychiatry. 2018 Sep 1;175(9):845-852
Mental Health Findings

→ Women denied abortion had more anxiety and lower self-esteem at the time of abortion denial, than those having a wanted abortion
  → Groups converged by 6-12 months

→ Symptoms and cases of depression, suicidal ideation, post-traumatic stress, and life satisfaction did not differ by study group

→ For all outcomes and study groups, women improved over the five-year study period
Anxiety symptoms (scale is 0-24)

- Predicted means
- Near-limit abortion
- Turnaway-birth

*p<.05
How does receiving or being denied a wanted abortion affect women’s physical health?


Physical health findings

→ Women denied a wanted abortion who went on to give birth more likely to experience
  → Gestational hypertension
  → Joint pain and headaches/migraines
  → Fair or poor health

→ No differences in outcomes between women having 1st and 2nd trimester abortions

→ Death due to maternal causes much more common than expected according to national data
  → 2 in ~200 vs. <2 in 10,000 in the U.S. annually
Self-rated physical health

**Baseline:** How would you rate your physical health just before you became pregnant?

**All interviews:** How would you rate your physical health now?

**Self-rated fair or poor health**

- 1st tri abortion
- 2nd tri abortion
- Birth

* P < .05
What are the socioeconomic consequences of receiving or being denied a wanted abortion?


Socioeconomic Findings

→ Large and significant differences in the economic trajectories; women denied abortions faced more hardships than women receiving abortions.

→ Public assistance programs mitigate the loss of full-time employment for women denied an abortion who then parent the child.

→ Households of parenting women were more likely to drop below the poverty level.

→ Being denied a wanted abortion is associated with a large increase in the chance that the woman will be raising her children alone, not with family or a male partner.
Household below the Federal Poverty Level

- Near Limit
- Turnaway-Birth
What happens to women’s existing children when they receive or are denied a wanted abortion?

Consequences for existing children

- **Background:**
  - The majority of women in the U.S. who have abortions are already mothers.
  - 45% of mothers give their desire to care for existing children as a reason for terminating a pregnancy.

- **Findings**
  - Children whose mothers received an abortion were much less likely to be in poverty than children whose mothers carried an unwanted pregnancy to term.
  - Existing children to women denied an abortion have 4% lower scores across all six domains of child development ($p<0.05$) compared to children whose mother received a wanted abortion.
What are the differences in other life opportunities?

- Women who receive an abortion are more likely to set and achieve an aspirational plan for the coming year.
  - Upadhyay UD, Angel Aztlan-James E, Rocca CH, Foster DG. Intended pregnancy after receiving vs. being denied a wanted abortion. Contraception. 2018 Sep 20. PMID: 30244161

- Women who receive an abortion are more likely to have aspiration plans for the next five years.

- There are no differences in rates of graduation or dropping out of school but women who receive an abortion get more advanced degrees.
Women who have abortions experience a decrease in physical violence from the man involved in the pregnancy. Women who carry to term experience no decrease in physical violence.


“It is very, very difficult to find a job when you're pregnant, to keep a job when you're pregnant, and to find or maintain a job with a baby especially if your partner ... doesn't want to help. So ... domestic violence skyrockets because you're ... financially dependent on your partner because you have to be home with the kid... Pregnancy is an incredibly scary thing especially if you cannot trust the person you're with.”

24 year old woman from NY denied an abortion and carried pregnancy to term.
For more information

Annotated Bibliography
https://www.ansirh.org/research/brief/turnaway-study-annotated-bibliography

The Turnaway Study book
www.simonandschuster.com/books/The-Turnaway-Study

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