

# The Safety and Quality of Abortion Care

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Consensus Committee 2018 - updated

# Types of Legal Abortion in U.S.

- ▶ Medication abortion - 2000 FDA approval - most common method - allowed mailed from 2021 until end of pandemic
  - ▶ Up to 10 weeks gestation
  - ▶ Mifepristone 200 mg, Misoprostol 800 mg 24-48 hours later.
- ▶ Aspiration abortion - second most common method
  - ▶ Up to 16 weeks gestation
  - ▶ Tube and suction
- ▶ Dilation and evacuation - fewer than 9%
  - ▶ 14 weeks + gestation
  - ▶ Suction and forceps
- ▶ Induction abortion - less than 2%, fetal anomaly

# Who Gets Abortions

- ▶ 1 IN 4 WOMEN IN THE US WILL HAVE AN ABORTION BY AGE 45
- ▶ Age of women getting abortion
  - ▶ 15-17      3.6%
  - ▶ 18-19      8.2%
  - ▶ 20-24      33.6%
  - ▶ 25-29      26.3%
  - ▶ 30-34      16.0%
  - ▶ 35+        12.2%
- ▶ Six in ten are already mothers

# Who Gets Abortions

▶ Asian/Pacific Islanders	4.7%	(4.8%)
▶ Black	24.8%	(12.7%)
▶ Latina	24.5%	(17.8%)
▶ Multiracial	4.5%	
▶ Other	2.5%	
▶ White	39.0%	(61.3%)

# Who Gets Abortions

- ▶ Family Income

- ▶ < 100% of poverty level      49.3% (14.8%)

- ▶ 100-199 of poverty level      25.7% (18.5%)

- ▶ 200+      25.0% (66.7%)

# Who Pays for Abortion Hyde Amendment

- ▶ FEDERAL DOLLARS CANNOT BE SPENT ON ABORTION (or research)
- ▶ Private insurance 14.1%
- ▶ State Medicaid 21.9%
- ▶ Financial assistance 13.2%
- ▶ Out of pocket 45.4%

# Trends in Abortion

- ▶ Legalization, 1973
- ▶ Increased to 29.3 (per 1,000 women) 1983
- ▶ Decreased to 11.4 in 2019
- ▶ Increased to 13.5 in 2020

# Where are Abortions Performed

- ▶ Abortion clinics 59%
- ▶ Medical clinics 35%
- ▶ Hospitals 5%
- ▶ Physician offices 1%
- ▶ Number of places offering abortions is declining, particularly in states where restrictions have been enacted.



# Safety and Effectiveness of Abortion

- ▶ Abortion is both safe and effective
- ▶ Abortions can be provided in outpatient settings with no particular medical requirements needed.
- ▶ Abortion is equal in safety to non-steroidal pain relievers, such as Advil
- ▶ Abortion is safe across age ranges of women who get pregnant
- ▶ Abortion is safe for those who are obese
- ▶ Abortion is safe for those with most health conditions
- ▶ Abortion is much safer than childbirth, 0.8 per 100,000 vs. 8.8 per 100,000
- ▶ The earlier in gestation, the safer the abortion

# What are the long-term health effects of abortion

- ▶ Future childbearing and pregnancy outcomes
  - ▶ No negative outcomes - except preterm birth related to spacing of abortion after childbirth - similar to that of any pregnancy
- ▶ Breast cancer
  - ▶ Not related
- ▶ Mental Health Disorders
  - ▶ Not related

# Who Can Perform Abortions

- ▶ Physicians and Advanced Practice Practitioners (Certified Nurse Midwives, Nurse Practitioners, etc.) could safely provide abortions with training.
- ▶ Training opportunities are extremely variable
  - ▶ Few in South
  - ▶ Few in Midwest
- ▶ Training often has to be sought out and is not part of regular curriculums

# Regulatory Environment for Abortion

## It is the Most Regulated Medical Procedure

- ▶ Abortion care is regulated by State agencies
  - ▶ Unlike other health care procedures provided in office-based settings,
    - ▶ Abortions are subject to a wide array of regulations.
    - ▶ Other procedures are regulated only when using anesthesia.
- ▶ Regulatory environment for medications
  - ▶ Under FDA REMS (Risk Evaluation and Mitigation Strategy Program) 2011
  - ▶ Limits the distribution of Mifeprex (mifepristone) to patients in clinics, hospitals, or medical offices under the supervision of a certified prescriber.
  - ▶ Mifeprex cannot be sold in pharmacies.

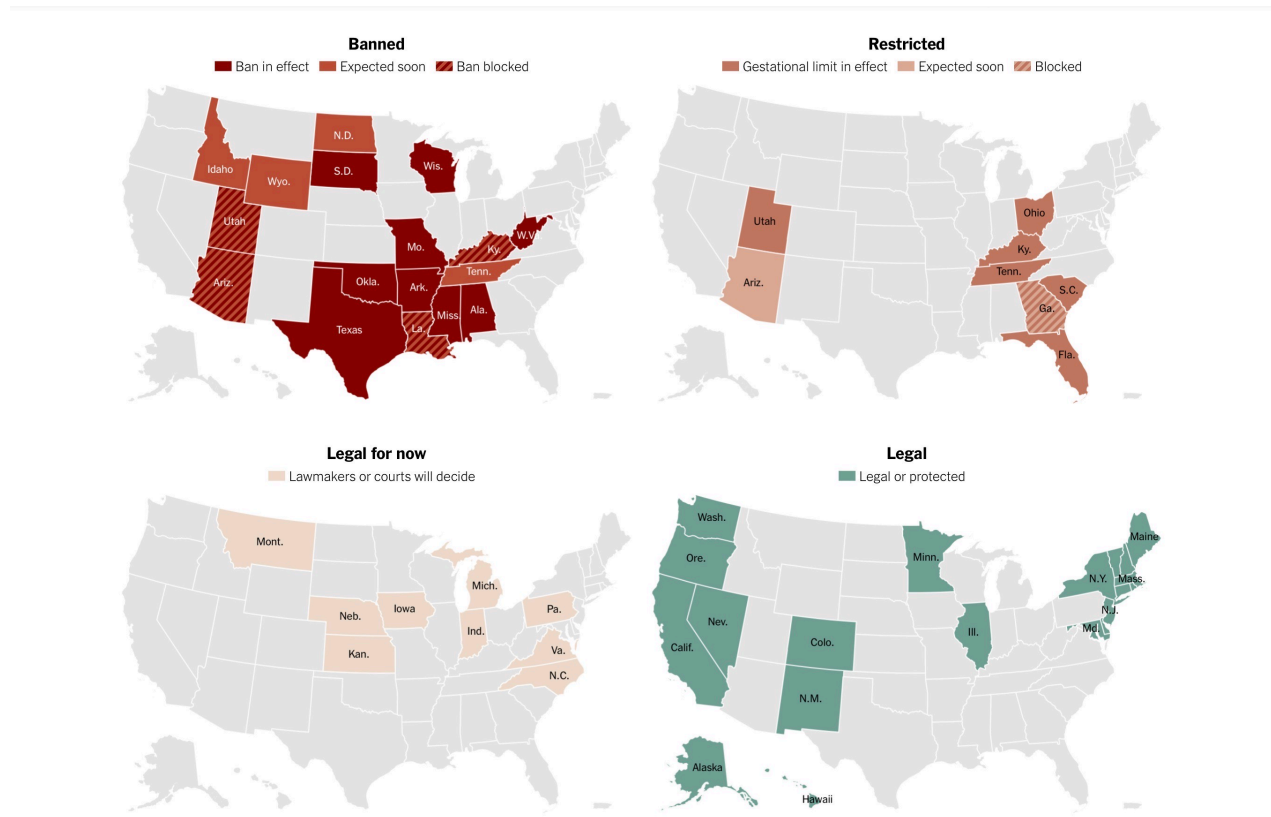
# Regulatory Environment for Abortion

- ▶ Ultrasound must be performed: 14 States
- ▶ Physician prescribing medicines must be physically present: 19 States
- ▶ Women must receive pre-counseling: 35 States
- ▶ Patients are given inaccurate information
  - ▶ Reversing medication abortions: 3 States
  - ▶ Risks to future fertility: 6 States
  - ▶ Link to breast cancer: 5 States
  - ▶ Long term mental health consequences: 12 States
- ▶ Waiting periods 18-72 hours 26 States
- ▶ Pre-abortion counseling in separate visit 14 States

# Regulatory Environment for Abortion

- ▶ Abortions only performed by licensed physician: 34 States
- ▶ Must have hospital privileges: 10 States
- ▶ Agreements with hospitals: 8 States
- ▶ Ambulatory surgery standards: 17 States
- ▶ Room size, corridor width and distance to hospital: 16 States
- ▶ Public funding limited to rape or incest or endangered life: 34 states
- ▶ Restricted in private insurance: 11 States
  - ▶ Restricted in health exchanges: 26 States
- ▶ Abortions cannot be performed in publically-funded facilities: 12 States

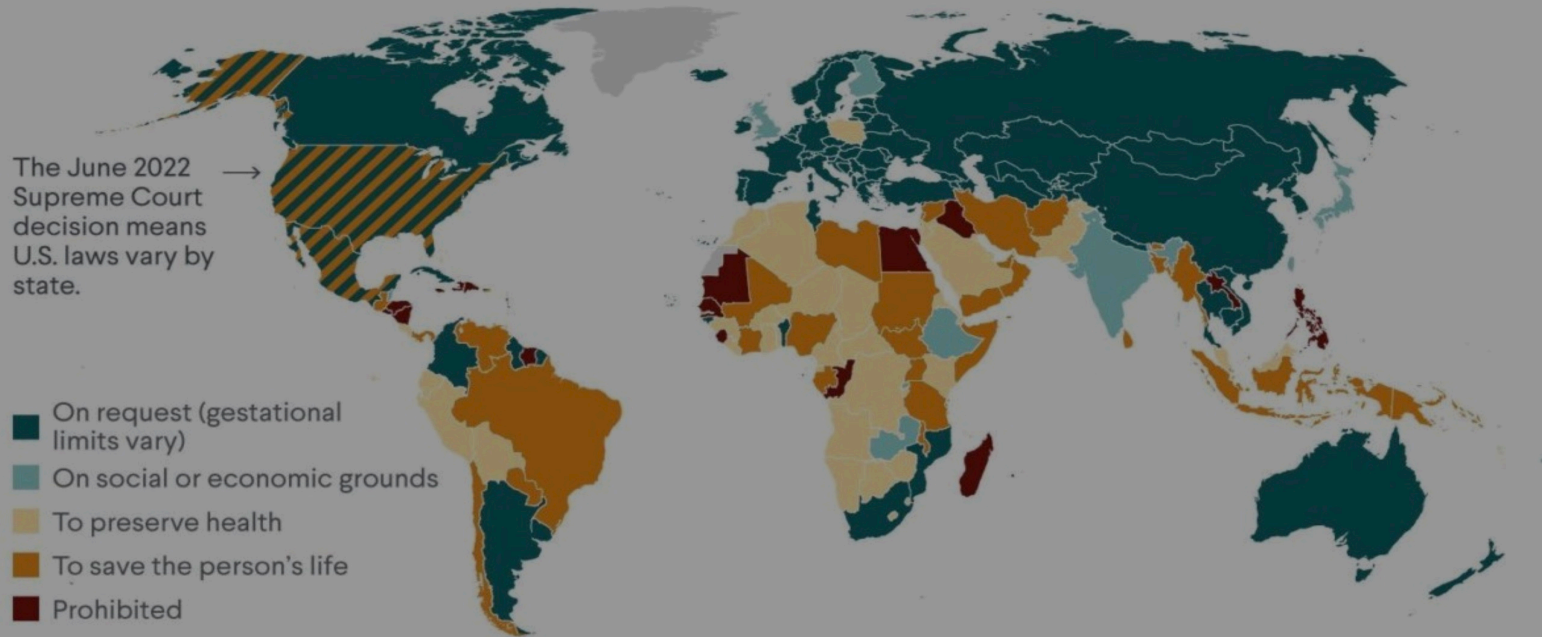
# State Abortion Legislation following Supreme Court Decision



# Abortions Around the World

## Abortion Laws Around the World

Access to abortion as of June 2022



Notes: Abortion laws vary by state in the United States and Mexico. Some countries that permit abortion to save the person's life, to preserve health, or on social or economic grounds also permit it in cases of rape, incest, or fetal impairment.

Source: Center for Reproductive Rights.

COUNCIL *on*  
FOREIGN  
RELATIONS



# Conclusions

- ▶ Abortions are safe.
- ▶ Abortions are effective.
- ▶ Abortions do not have long-term negative physical consequences.
- ▶ Abortions do not have long-term negative psychological consequences.

# Conclusions

- ▶ You cannot ban abortion; you can only ban safe abortion
- ▶ Regulations :
  - ▶ Severely restrict funding for abortions
  - ▶ Tend to limit access to abortions through
    - ▶ Travel demands
    - ▶ Provider demands
    - ▶ Clinic requirement demands
  - ▶ Tend to lengthen the time to abortion, something known to increase risk

# What I would advocate for

- ▶ Abortion on request
- ▶ Freely available birth control
- ▶ Emphasis on all children being wanted
- ▶ Freely available services to support maternal choice
- ▶ Overhaul adoption services so less costly and easily available