

# An Overview of Abortion in the United States

Developed by  
Physicians for Reproductive Choice and Health (PRCH)  
and the Guttmacher Institute  
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## **A Note About PRCH:**

Physicians for Reproductive Choice and Health (PRCH) is the only national physician-led nonprofit organization with a membership that is committed to preserving and enhancing reproductive health and freedom.

PRCH's mission is to enable physicians to become more active and visible in support of comprehensive reproductive health. PRCH exists to ensure that all people have the knowledge, access to quality services and freedom to make their own reproductive health decisions. For more information on PRCH or to become a member, visit <[www.prch.org](http://www.prch.org)>, call 646-366-1890 x24 or e-mail [membership@prch.org](mailto:membership@prch.org).

## **A Note About the Guttmacher Institute:**

The Guttmacher Institute is a nonprofit organization that advances sexual and reproductive health worldwide through research, policy analysis and public education. The Institute has offices in New York and Washington, DC. For more information on the Guttmacher Institute, visit <[www.guttmacher.org](http://www.guttmacher.org)> or call 212-248-1111.

For *Abortion in Women's Lives*, a comprehensive report that pulls together all of the most current data and analysis on abortion in the United States, please click [here](http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf) [<http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>].

## **A Note About the Data:**

The data presented in this slide series are the most recent available as of January 2008. Percentages might not add to 100 due to rounding.


# Objectives

- Provide an overview of unintended pregnancy and abortion in the United States.
- Review the incidence of pregnancy and abortion.
- Identify who has abortions, why and when in pregnancy.
- Review the safety of abortion.
- Discuss provision of and access to abortion services.
- Provide a comparative international perspective on abortion.

## **Acknowledgments:**

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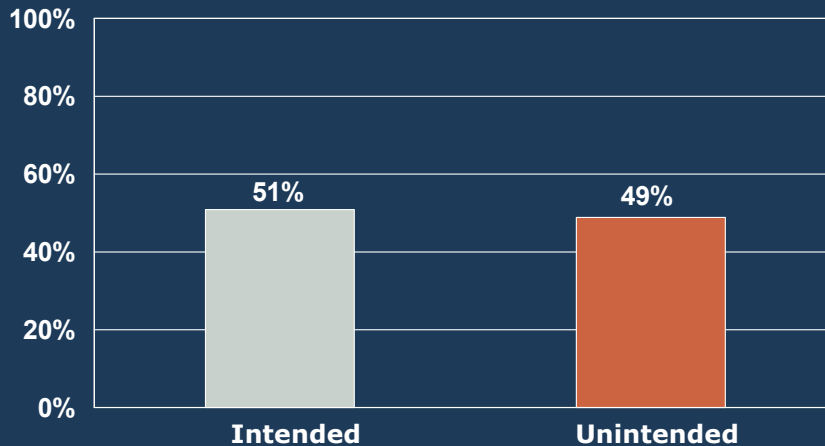
## Incidence of Unintended Pregnancy and Abortion

### Incidence of Pregnancy and Abortion in the United States:

- The pregnancy or abortion rate is defined as the number of pregnancies or abortions per 1,000 women aged 15–44 (or within a more limited, specified age-group) in a given year.
- A birth is classified as unintended if the mother says that, at the time of conception, she wanted to have the child later or wanted to have no more children. For the purposes of these statistics, all pregnancies ending in abortion were assumed to have been unintended.

## Pregnancies in the United States (Approximately 6.4 Million Annually)

% of pregnancies

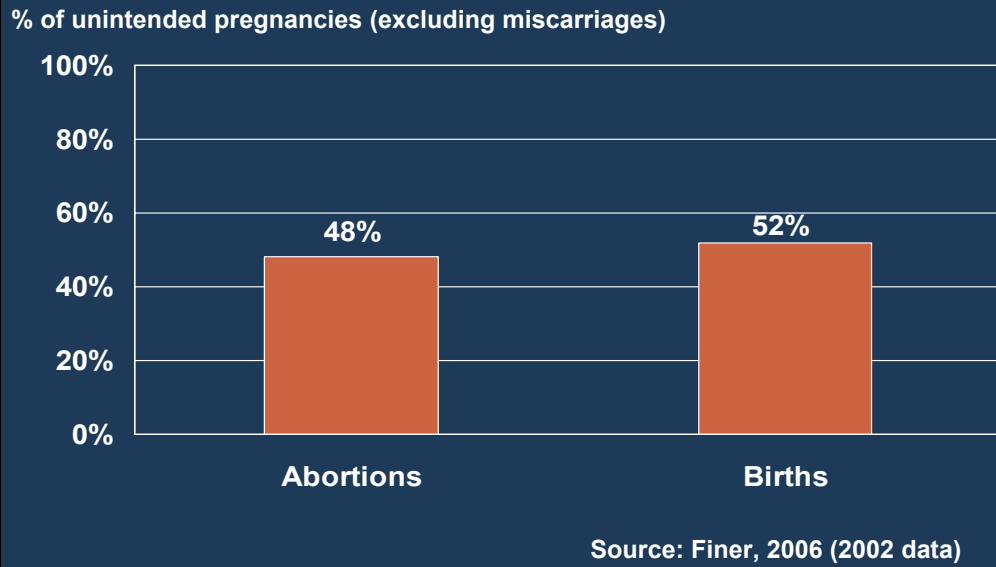


Source: Finer et al., 2006  
(2002 data)

### Unintended Pregnancy and Contraception:

- Among women who are at risk of an unintended pregnancy, 89% are currently using a method of contraception.
- Nevertheless, almost half of all pregnancies are unintended.
- Half of unintended pregnancies occur among the 11% of women at risk who were not using a contraception method during the month they became pregnant.
- Forty-eight percent of women who have unintended pregnancies were using a contraceptive method during the month they became pregnant, although often not correctly every time.
- Unintended pregnancy is most likely to occur among women who are 18–24, unmarried, black, Hispanic or low-income.

## Outcomes of Unintended Pregnancies (Approximately 3.1 Million Annually)



### Unintended Pregnancy Statistics:

- A woman who has an unintended pregnancy is just as likely to carry it to term as to have an abortion.
- About four in 10 unintended pregnancies end in abortion.
- Of the approximately 6.4 million pregnancies in the United States in 2001, 3.1 million were unintended. Of these, approximately 1.4 million resulted in births, 1.3 million in abortions and 430,000 in miscarriages.

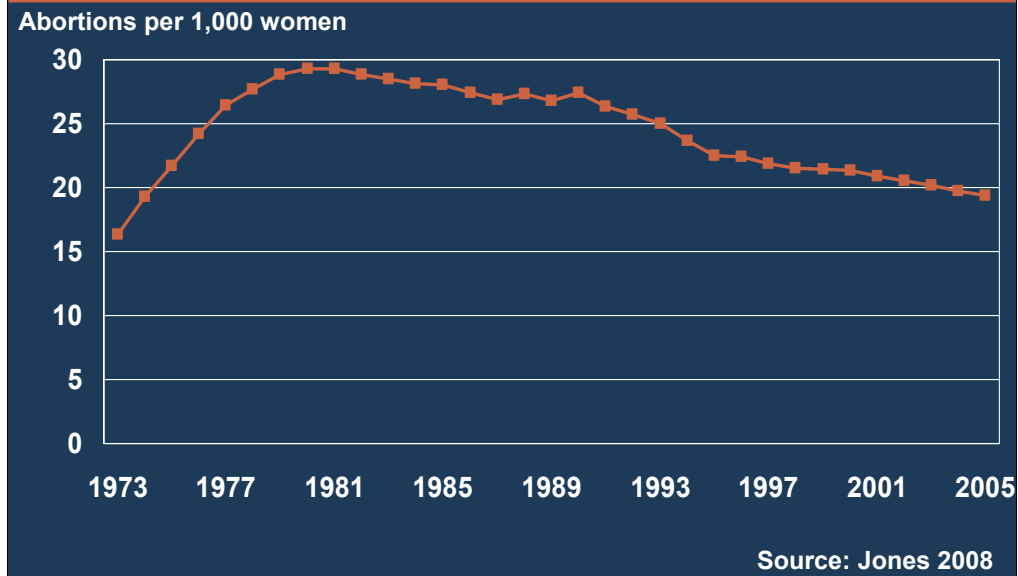
## Incidence of Abortion

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- In 2005, 1.21 million pregnancies were terminated by abortion in the United States.
- Almost 2% of all women aged 15–44 had an abortion in 2005.
- Abortion is one of the most common surgical procedures in the United States.

Source: Jones et al., 2008

## Abortion Rates Among Women Aged 15–44



### Declining Abortion Rates:

- The abortion rate is the number of abortions per 1,000 women of reproductive age in a given year. In 2002, 21 out of every 1,000 American women aged 15–44 had an abortion.
- The abortion rate has declined since 1980, most rapidly from 1990–1996.
- The declining pregnancy rate among teenagers is the result primarily of better contraceptive use, especially use of injectables and implants, and secondarily of lower rates of sexual activity (Santelli et al., 2006).

## Incidence of early medication abortion, 2005

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- Early medication abortion accounted for 13% (161,100) of all abortions, an increase from 6% in 2001.
- An estimated 22% of eligible abortions (those performed up to 9 weeks) were early medication abortions.
- 57% of all known providers offer this service, compared to 33% in early 2001.

Source: Jones et al., 2008

## Disparities in Unintended Pregnancy

- Overall unintended pregnancy rates have stagnated, yet...
- Unintended pregnancy has *increased* by 29% among poor women while *decreasing* 20% among higher-income women.

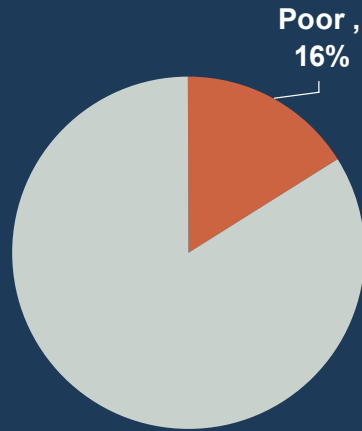
Source: Finer et al., 2006 (2002 data)

### Growing Disparities:

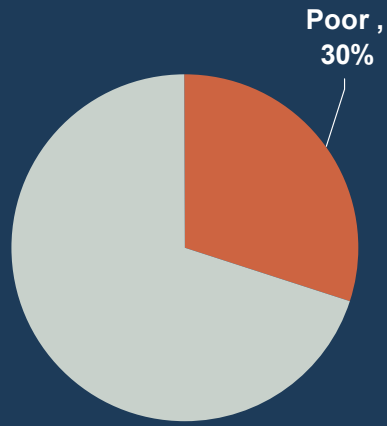
- Between 1994 and 2001, the overall rate of unintended pregnancy remained unchanged.
- However, unintended pregnancy *increased* by 29% among women living below the poverty level ...
- ... while the rate of unintended pregnancy *fell* by 20% among women with incomes above 200% of the poverty level.

## Poor Women Account for a Disproportionate Share of Unintended Pregnancies

The 16% of women at risk of unintended pregnancy who are poor ...



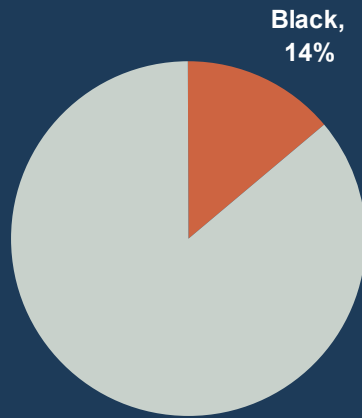
... account for 30% of unintended pregnancies



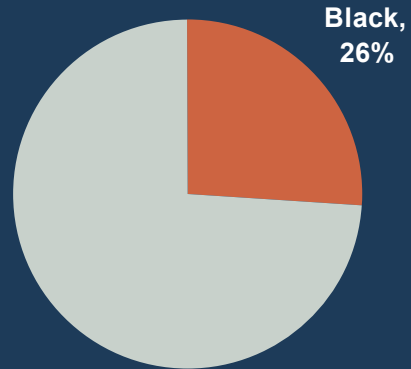
Source: Boonstra et al., 2006

## Black Women Account for a Disproportionate Share of Unintended Pregnancies

The 14% of women at risk of unintended pregnancy who are black ...



... account for 26% of unintended pregnancies

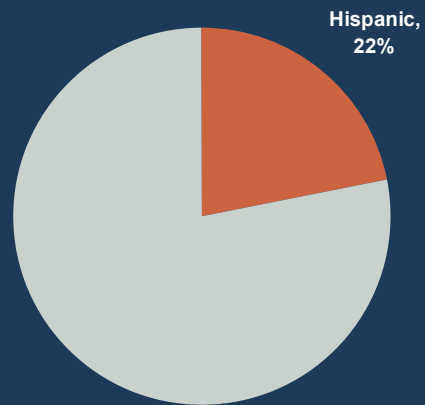
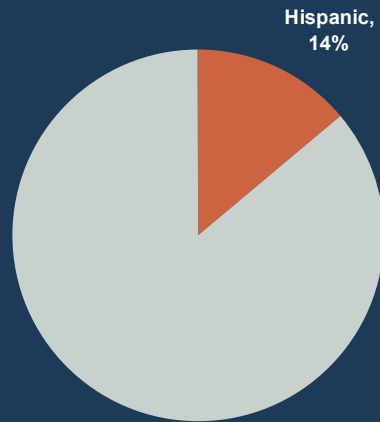


Source: Boonstra et al., 2006

## Hispanic Women Account for a Disproportionate Share of Unintended Pregnancies

The 14% of women at risk of unintended pregnancy who are Hispanic ...

... account for 22% of unintended pregnancies



Source: Boonstra et al., 2006



## Reasons for Abortions

## Most Important Reason Given for Terminating an Unwanted Pregnancy

Concern for/responsibility to other individuals	74%
Cannot afford a baby now	73%
A baby would interfere with school/ employment/ability to care for dependents	69%
Would be a single parent/ having relationship problems	48%
Has completed childbearing	38%

Source: Finer et al., 2005 (2004 data)

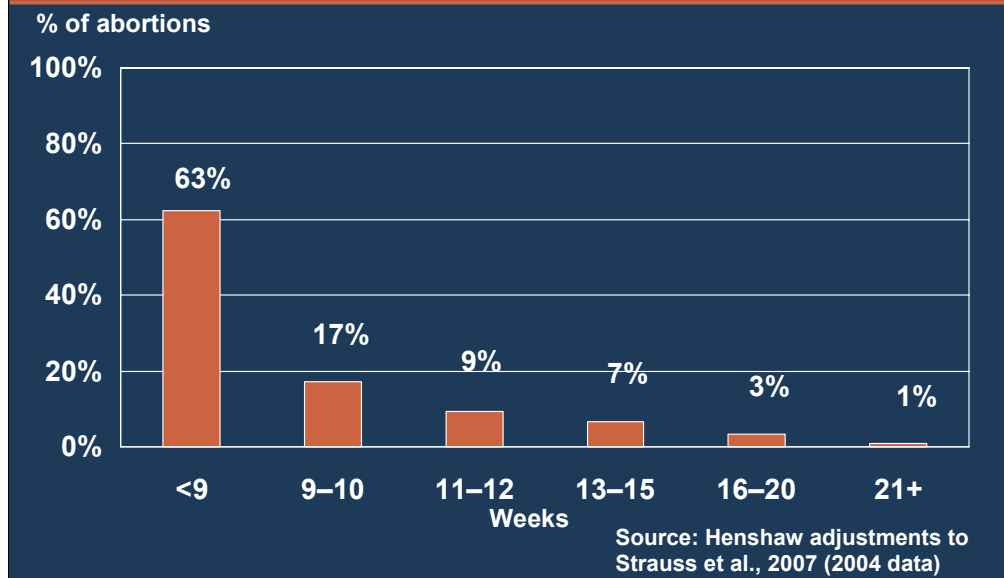
### Reasons for Terminating an Unwanted Pregnancy:

- Most women who decide to have an abortion understand the responsibilities of parenthood; a majority already have children.
- In a national survey of 1,209 women having abortions, some of the most common reasons given for terminating an unwanted pregnancy were inability to care for or afford a child and concern for the kind of life they could provide for a child (or another child).
- Eighty-nine percent of women gave more than one reason. The average number of reasons given was four.
- Each year, about 10,000–15,000 abortions occur among women whose pregnancies resulted from rape or incest.



# Gestational Age

## Abortions by Gestational Age (Weeks Since Last Menstrual Period)



### Weeks of Gestation at Time of Abortion:

- Almost 90% of abortions are performed in the first trimester of pregnancy (in the first 12 weeks after the first day of the woman's last menstrual period).
- Six in 10 abortions are performed within eight weeks' gestation (calculated from the beginning of the last menstrual period).
- The proportion of abortions performed very early in pregnancy (at six weeks or before) increased from 14% in 1992 to 28% in 2004.
- Fewer than 2% of abortions are performed after 20 weeks.
- An estimated 0.08% of abortions are performed after 24 weeks, when the fetus may be viable.

## Reasons for Abortions After 16 Weeks Since Last Menstrual Period

Woman did not realize she was pregnant	71%
Difficulty making arrangements for abortion	48%
Afraid to tell parents or partner	33%
Needed time to make decision	24%
Hoped relationship would change	8%
Pressure not to have abortion	8%
Something changed during pregnancy	6%
Didn't know timing was important	6%
Didn't know she could get an abortion	5%
Fetal abnormality diagnosed late	2%
Other	11%

Source: Torres and Forrest, 1988 (1987 data)

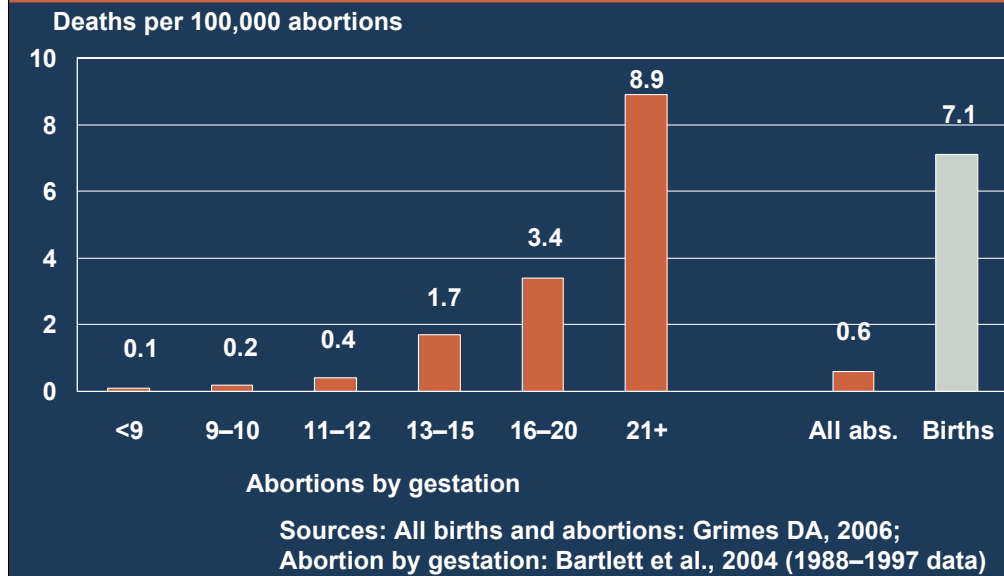
### **Barriers That Cause Delay:**

- Eleven percent of women who obtain an abortion do so after the first trimester.
- Some women obtaining abortions report delays in recognizing their pregnancies. Many women do not feel the physical changes, hope that they are not pregnant or fail to recognize the pregnancy because of irregular periods.
- Nearly half (48%) of women who had late abortions attributed the delay to difficulty in making arrangements for the procedure, meaning that they needed time to raise money or get a Medicaid card, they had to arrange transportation, there was no local abortion provider, they were minors subject to state laws requiring parental involvement, or they had difficulty securing child care.



## **Safety of Abortion**

# An Abortion Is Safer the Earlier in Pregnancy It Is Performed



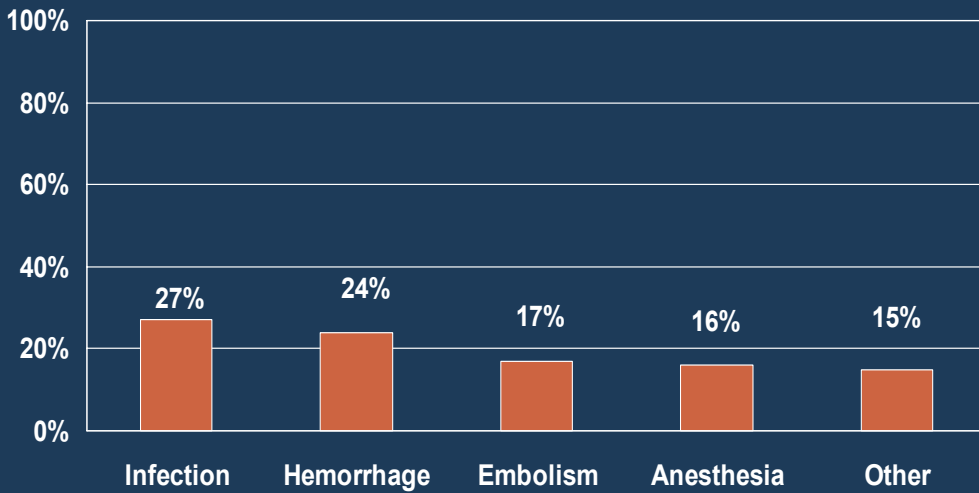
## Safety of Abortion:

Abortion is one of the safest surgical procedures for women. The risk of death associated with abortion is low—approximately 0.6 deaths per 100,000 abortions—and the risk of major complications is less than 1%.

- The risk of death when a pregnancy is continued to birth is about 12 times as great as the risk of death from induced abortion. (Note: The calculation of mortality from childbirth omits deaths from miscarriage and ectopic pregnancy.)
- On average, eight women each year die from induced abortion, compared with about 280 who die from pregnancy and childbirth, excluding abortion and ectopic pregnancy.
- An abortion is safer the earlier in pregnancy it is performed.

## Causes of Abortion-Related Deaths

% of abortion deaths (on average, 8 per year)



Source: Bartlett et al., 2004 (1988–1997 data)

### Causes of Abortion-Related Deaths:

The most common causes of abortion death are infection and hemorrhage.

## Long-Term Safety of Abortion

- First trimester abortions pose virtually no risk of:
  - Infertility
  - Ectopic pregnancy
  - Miscarriage
  - Birth defect
  - Preterm or low-birth-weight delivery
- There is no association between abortion and breast cancer.
- Abortion does not pose a hazard to women's mental health.

Source: Boonstra, 2006

### Long-Term Safety:

•The preponderance of evidence from well-designed and well-executed studies indicates that first-trimester abortion is safe over the long term and carries little or no risk of fertility-related problems, cancer or psychological illnesses.

•Vacuum aspiration, the modern method most commonly used during first-trimester abortions, poses virtually no long-term risks of future fertility-related problems.

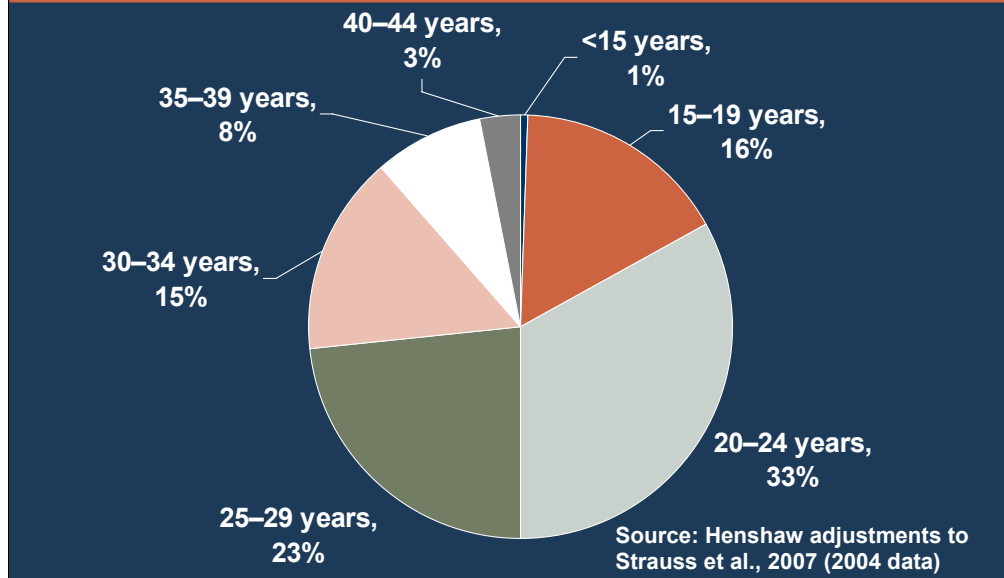
•Exhaustive reviews by panels convened by the U.S. and British governments have consistently found no association between abortions and breast cancer. The available evidence also indicates that abortion is not a risk factor for other types of cancer and may even protect against certain kinds of cancers.

•The decision to terminate a pregnancy is often complex and sometimes difficult. However, well-designed studies continue to find that abortion is no more likely to cause mental health problems than is continuing an unwanted pregnancy.



## Who Has Abortions

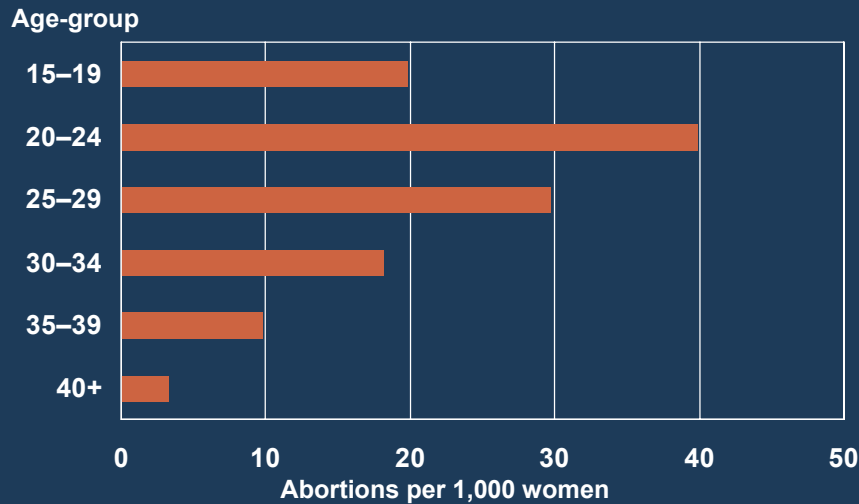
## Who Has Abortions: Age



### Abortions by Age:

- The majority (57%) of women having abortions are in their 20s.
- Fewer than 1% are younger than 15, while 16% are aged 15-19.
- More than four-fifths of pregnancies to teenagers are unintended, and teenagers account for more than one in five unintended pregnancies nationwide.
- Abortion numbers and rates decline with age because fecundity declines, use of contraceptive sterilization increases and more women are married (which makes it easier to use contraceptives effectively and to continue an unintended pregnancy if it occurs). For teens, abortion rates and numbers decline due to increasing abstinence and teens continuing unwanted pregnancies.

## Rate of Abortion by Age-Group

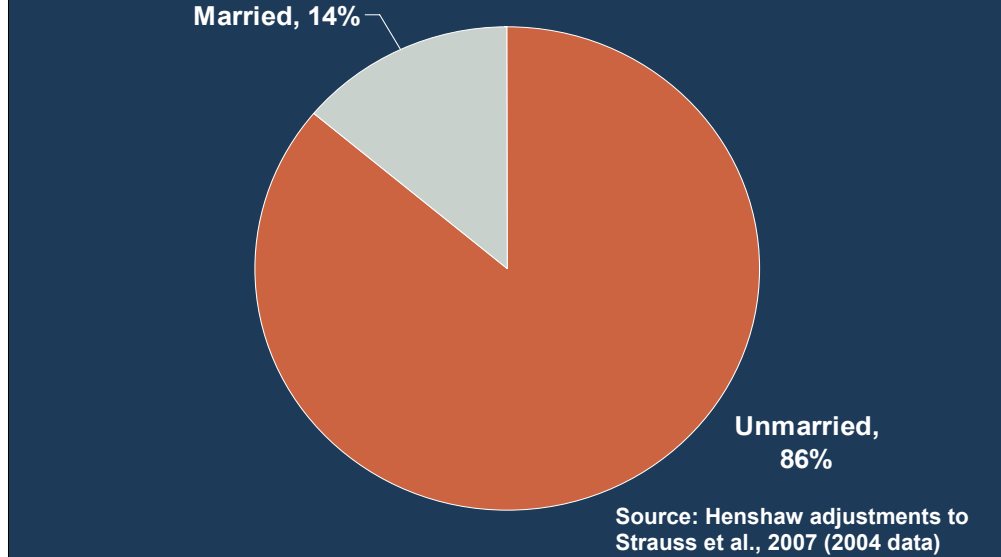


Source: Henshaw adjustments to Strauss et al., 2007 (2004 data)

### Abortions by Age:

•The overall abortion rate of teenagers has declined markedly in recent years, in large part because of more sexually active teens using contraceptives, using more effective methods (e.g. condoms and birth control pills) and using multiple methods (e.g. the pill together with condoms).

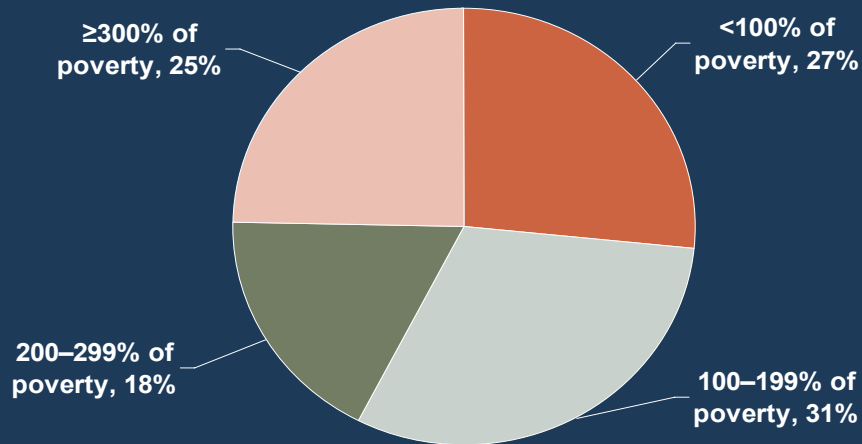
## Who Has Abortions: Marital Status



### Abortions by Marital Status:

- Two-thirds of abortions are obtained by never-married women. Married women account for a lower proportion of abortions (14%), in part because they have low rates of unintended pregnancy; those who do experience an unintended pregnancy are more likely than unmarried women to continue the pregnancy.
- About 25% of abortions occur among women living with a male partner to whom they are not married, although such women make up only about 10% of all women aged 15–44 (not shown). This is a group at very high risk of unintended pregnancy and abortion.
- The proportion of unintended pregnancies terminated by abortion ranges from 67% among formerly married women and 57% among never-married women to 27% among currently married women (Finer, 2006).

## Who Has Abortions: Economic Status

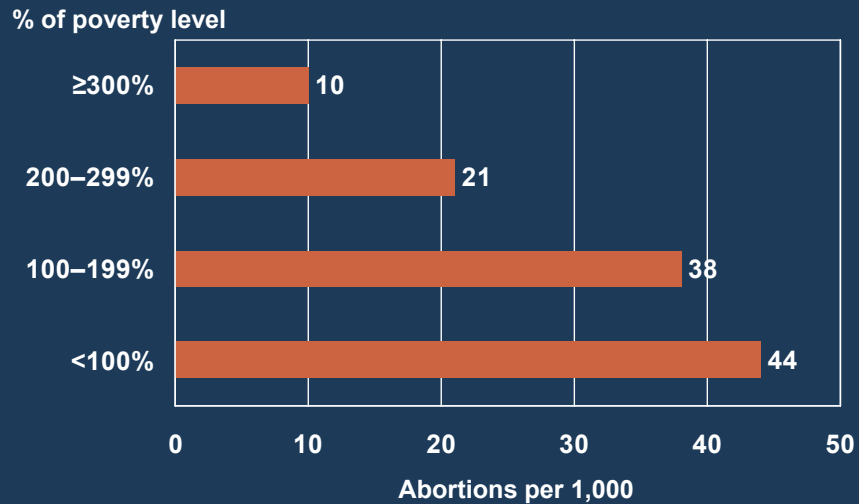


Source: Jones et al., 2002

### Abortions by Family Income:

- The need for abortion spans the economic spectrum; however, low-income women are overrepresented among abortion patients. Some 57% of women having abortions in 2000 were poor or low-income (living at less than twice the poverty level, or less than \$28,300 for a family of three), compared with 30% of women in the general population. Nearly a quarter of abortion patients were above 300% of the federal poverty level.
- Even though they are less likely than high-income women to end an unintended pregnancy by abortion, low-income women have many abortions because they have such a high rate of unintended pregnancy.

## Rate of Abortion by Economic Status



Source: Jones et al., 2002

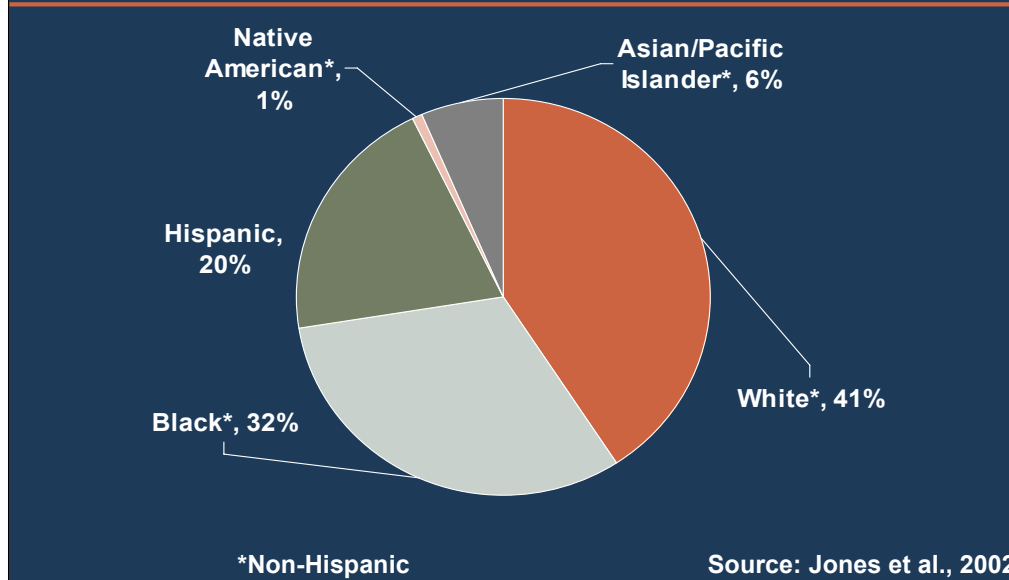
### Abortions by Family Income:

- Unintended pregnancies and abortions are becoming increasingly concentrated among poor women.

- Between 1996 and 2000, while abortion rates for all other groups fell, abortion rates among poor and low-income women increased.

- Women below the federal poverty level have abortion rates almost four times those of higher-income women.

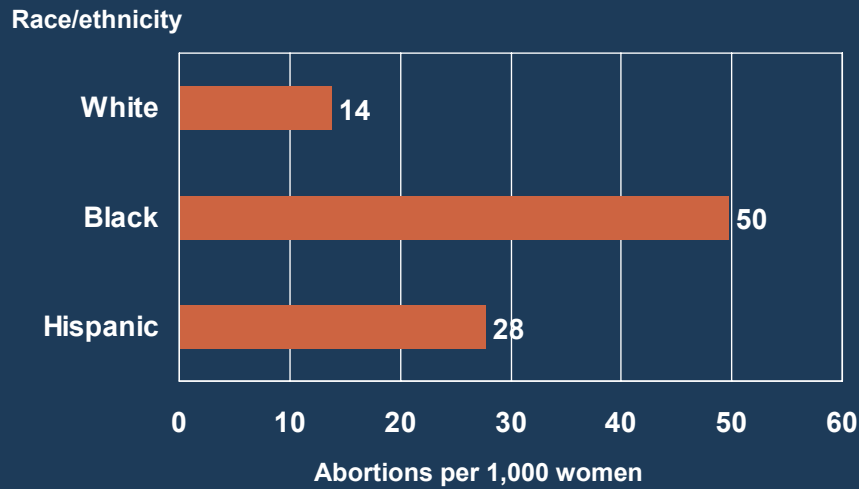
## Who Has Abortions: Race/Ethnicity



### Abortions by Race/Ethnicity:

- The largest group having abortions (41%) are non-Hispanic white women.
- Black and Hispanic women together make up more than half (52%) of women having abortions. This proportion is greater than their proportion in the population because they have a higher rate of unintended pregnancy, and, among black women, because they are more likely to resolve an unintended pregnancy through abortion.
- About 7% of women having abortions are Asian, Pacific Islander or Native American.

## Rate of Abortion by Race/Ethnicity

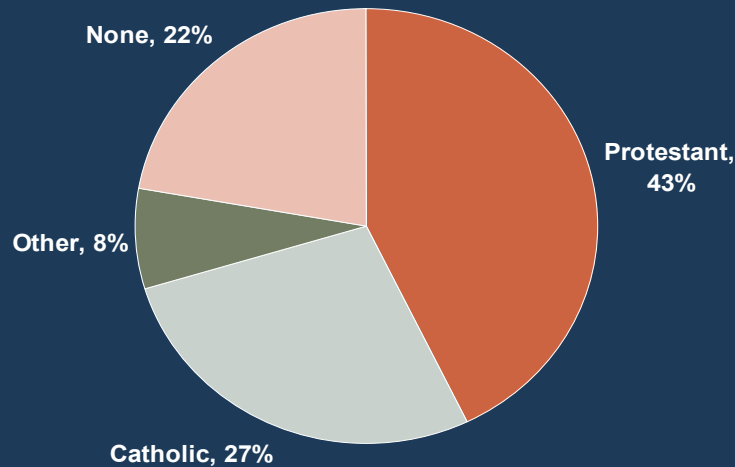


Source: Henshaw adjustments to Strauss et al., 2007 (2004 data)

### Abortions by Race/Ethnicity:

- The abortion rate among black women remains more than twice the national average, and three times that of white women.

## Who Has Abortions: Religious Identification

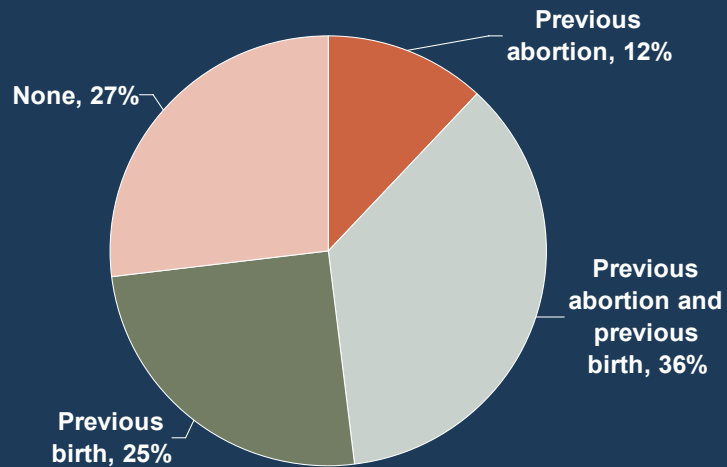


Source: Jones et al., 2002

### Abortions by Religious Identification:

- When U.S. women having abortions are asked their religion, 43% say they are Protestant. This is a lower proportion than the approximately 51% of women 18–44 in the U.S. population who identify themselves as Protestant, which means that their abortion rate is lower than that of all women.
- The proportion of abortion patients who are Catholic is slightly lower than the Catholic proportion of the population. Thus, the abortion rate of Catholics (abortions per 1,000 female Catholics aged 18–44 in the population) is slightly lower than that of all women.
- Thirteen percent of abortion patients say they are “born-again or evangelical Christians” (not shown).
- Twenty-two percent of abortion patients claim no religious identification, compared with only about 16% of the population.

## Who Has Abortions: Prior Pregnancies



Source: Jones et al., 2002

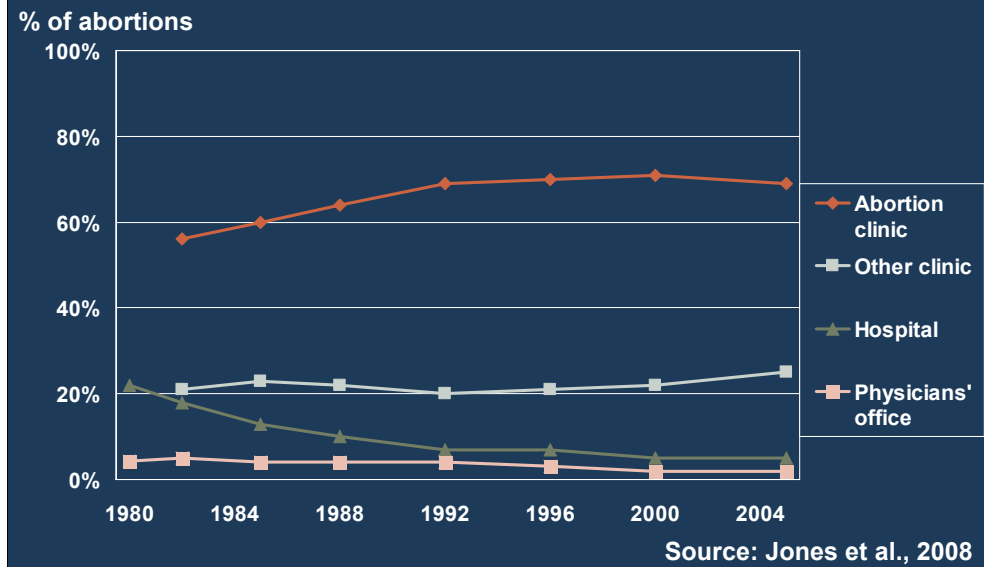
### Abortions by Women's Prior Pregnancies:

- Six in 10 women having abortions are mothers.
- If a sexually active woman were to use abortion as her means of birth control and wanted two children, she would have about 30 abortions by the time she reached age 45.



## Who Provides Abortion Services

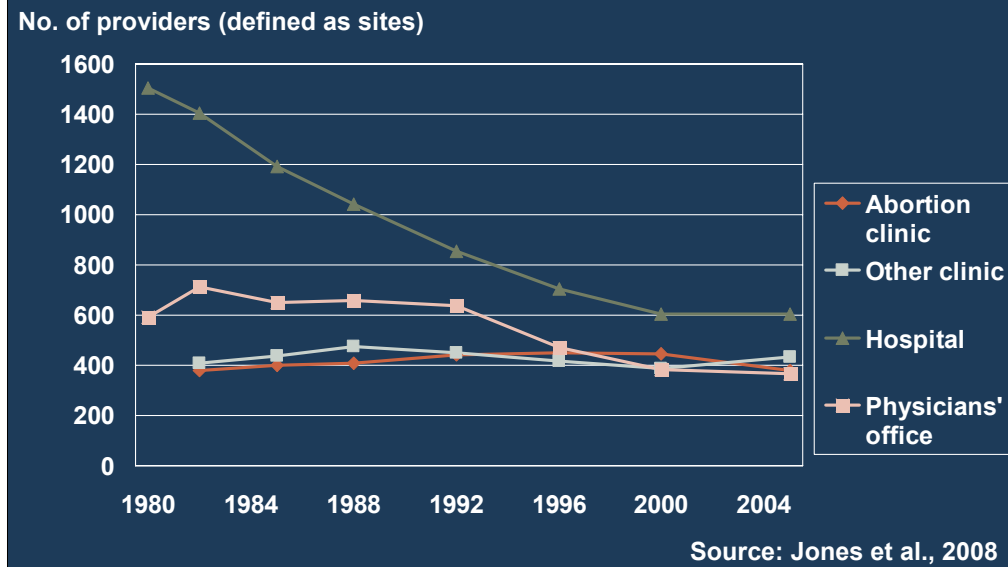
## Percent of Abortions Performed by Each Type of Provider



### Facilities Providing Abortions:

- Abortion clinics—defined as facilities where half or more of patient visits are for abortion services—provide 71% of all abortions. Other clinics, including some group practices, provide most of the rest.
- The proportion of abortions performed in hospitals has declined markedly, from 22% in 1980 to only 5% in 2005.
- About 367 doctors' offices perform fewer than 400 abortions per year in their offices; together they account for only 2% of all abortions. Many of these physicians perform fewer than one abortion per week. Nevertheless, these physicians are important to their established patients in that they make abortion services easily available.

## Number of Providers by Type



### Change in Number of Providers:

- In 2005, there were 1,787 abortion providers in the United States.
- Over time, there has been a sharp decrease in the number of hospitals where abortions are performed and in the number of physicians' offices performing a small number of abortions (fewer than 400 per year).
- For physicians' offices, the decline accelerated in the period 1992–1996.
- The number of abortion clinics has remained relatively constant.

## Facilities providing only medication abortion had a significant impact

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- A minimum of 119 providers, or 7% offered only early medication abortion; most were non-specialized clinics or physicians' offices with small caseloads.
- The number of abortion providers would have decreased by 8% instead of 2% if not for these facilities.

Source: Jones et al., 2008

## Factors Contributing to the Decline in the Number of Abortion Providers

- Anti abortion harassment and violence
- Social stigma/marginalization
- Professional isolation/peer pressure
- The “graying of providers”
- Inadequate economic/other incentives
- Lack of medical training opportunities

Source: NAF and ACOG, 1991

### **Factors Contributing to the Decline in Abortion Providers:**

- More than half of abortion providers—and 82% of large providers—experienced some kind of antichoice harassment in 2000.
- Fewer than half (46%) of residency training programs in obstetrics and gynecology routinely provide training in first-trimester abortion (Almeling et al., 2000).
- In addition, demand for abortion providers may have declined as contraceptive use has improved and unintended pregnancy and abortion rates have declined.

## Percentage of Providers of 400 or More Abortions Per Year Who Reported Harassment in 2000

Picketing	80%
Picketing with physical contact with patients	28%
Vandalism	18%
Picketing homes of staff members	14%
Bomb threats	15%

Source: Henshaw and Finer, 2003

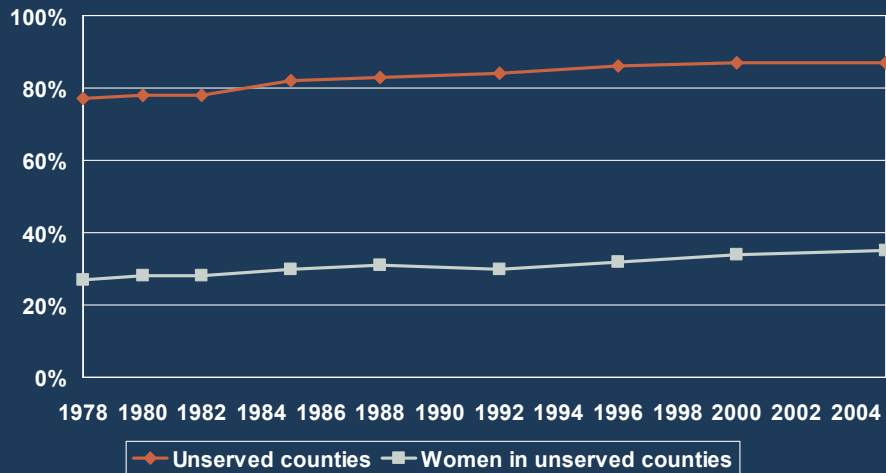
### Anti Abortion Violence and Harassment:

- The majority of abortion clinics experience picketing, and many experience some other form of harassment or violence (as reported by a Guttmacher survey of all abortion providers).
- More than 2,400 acts of violence have been reported against abortion providers since 1977, including bombings, arson, death threats, murders, kidnappings and assaults (NARAL, 2001).
- Small providers are much less likely than large ones to experience harassment. In 2000, 82% of nonhospital providers of 400 or more abortions reported experiencing picketing or other harassment, compared with only 24% of those who performed fewer abortions (Henshaw and Finer, 2003).
- Many abortion patients experience emotional upset and postabortion depression if they encounter aggressive anti abortion protestors (Cozzarelli and Major, 1994).



## **Factors That Make It Difficult For Women to Obtain Abortion Services**

## Percentages of Counties with No Provider And Women Living in Those Counties



Source: Jones et al., 2008

### Distance from an Abortion Provider:

- Eighty-seven percent of U.S. counties had no abortion provider in 2005. In nonmetropolitan areas, 97% of counties had no provider. As a result, many women must travel substantial distances to access the service.
- About one in four women who have an abortion travel 50 miles or more for the procedure, a significant distance and a documented barrier to timely care (Henshaw and Finer, 2003).
- The proportion of unserved counties has increased steadily since 1978.
- The proportion of women in counties without a facility that provides even one abortion a year has also increased and reached 35% in 2005.
- The proportion of women in unserved counties would be higher if not for the efforts of nonprofit organizations to establish and maintain clinics in areas without other providers.

# Medicaid Coverage of Abortion

## States that cover all or most medically necessary abortions under Medicaid (May 2006):

Alaska	Maryland	New York
Arizona *	Massachusetts	Oregon
California	Minnesota	Vermont
Connecticut	Montana	Washington
Hawaii	New Jersey	West Virginia
Illinois *	New Mexico	

## States that provide minimal Medicaid coverage of abortion beyond federal requirements (May 2006):

### Physical health

Indiana  
Utah  
Wisconsin

### Fetal abnormality

Iowa  
Mississippi  
Utah  
Virginia

Source: Guttmacher, 2006

\* While Medicaid programs in these states are supposed to cover abortions, in actuality they do not (Gold, 2005).

## **Abortion Cost and Medicaid Coverage:**

- The cost of a nonhospital abortion with local anesthesia at 10 weeks' gestation ranged from \$90 to \$1,800; the average cost was \$523. (Jones, 2008).
- A majority of women do not have insurance that covers abortion or do not want to use their insurance because of confidentiality concerns (Henshaw and Finer, 2003).
- The federal Medicaid program pays for abortions only in cases of life endangerment, rape and incest. Although some states voluntarily pay for Medicaid abortions with their own funds, most do not.
- The states listed above cover abortion under Medicaid, but in some cases only if the woman's physical health is threatened or there is a fetal abnormality. In 2000, 13% of all abortions were paid for with state Medicaid funds (Jones, 2002).

## State Restrictions on Abortion

Parental consent or notification required for minors	35 states
Mandatory counseling	32 states
Waiting periods	24 states
Limitations on private insurance coverage for abortion	4 states

Source: Guttmacher, 2007

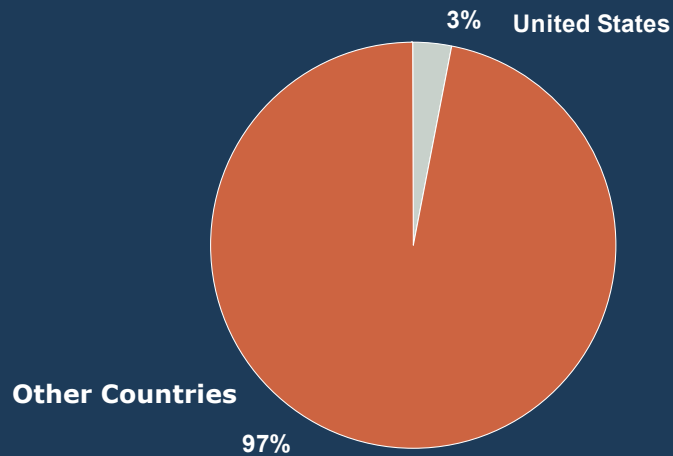
### **State Restrictions:**

- State restrictions on abortion may prevent some women from gaining access to services, cause some abortions to be delayed and increase the difficulty of providing services.
- Where parental involvement is required for minors obtaining an abortion, a minor may have the option of seeking a court order exempting her from the requirement if she demonstrates that she is mature enough to make an informed decision or that the abortion is in her best interest.
- Four states (ID, KY, MO and ND) prohibit insurance coverage of abortion, and one (PA) requires health plans that cover abortion to also offer a policy that expressly excludes coverage of abortion.



# International Perspective on Abortion

## U.S. Share of Abortions Worldwide



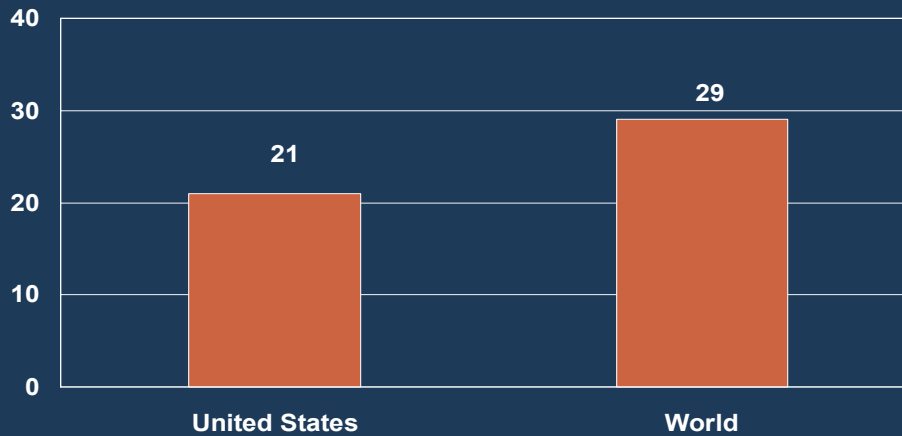
Source: Sedgh, 2007

### Abortion Worldwide:

- Each year, 46 million abortions occur worldwide.
- The United States accounts for approximately 5% of the world's population and only 3% of abortions worldwide.

## Abortion Rate, United States and World

Abortions per 1,000 women



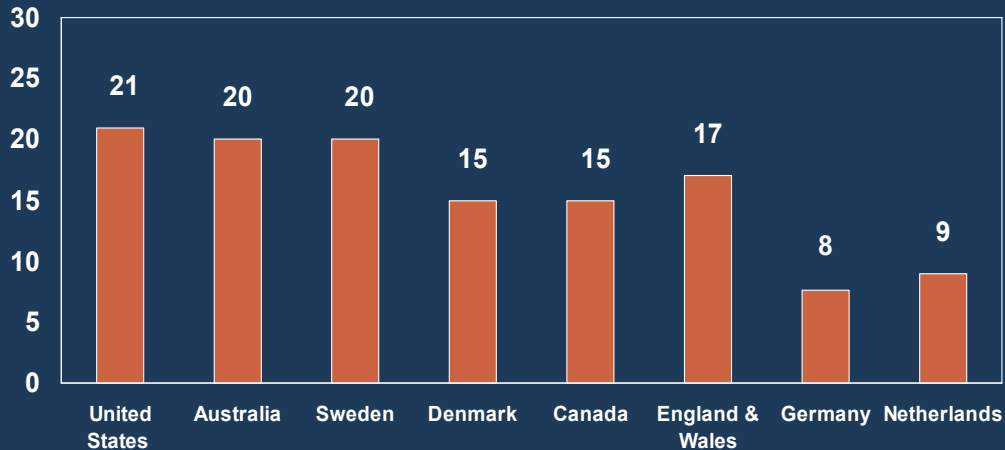
Source: Sedgh, 2007  
(data for 2003)

### Abortion Rates:

- The U.S. abortion rate is lower than that of the world as a whole.

## U.S. Abortion Rate Higher Than in Many Other Industrialized Countries

Abortions per 1,000 women



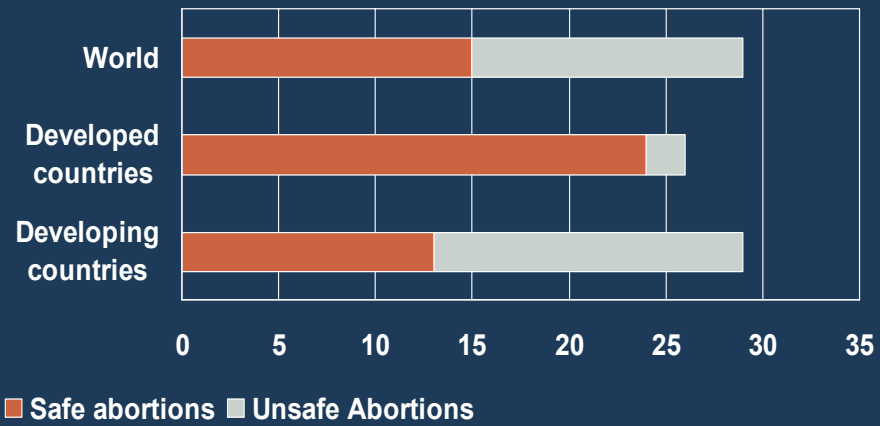
Source: Sedgh, 2007

### Abortion Rates Internationally:

- The abortion rate in the United States is higher than rates in most other Western industrialized countries but lower than rates in eastern Europe and many developing areas.
- Abortion rates have been falling slowly in most developed countries over the last 5–10 years.

## 20 million unsafe abortions occur each year

Annual abortions per 1,000 women 15–44



Sedgh, 2007

### Abortion in Developed and Developing Countries:

- If women living in developed and developing regions are compared, their overall abortion levels are strikingly similar (39 per 1,000 and 34 per 1,000, respectively).
- About half of abortions in developing countries are illegal.

## The legal status of abortion does not predict its incidence

- The lowest abortion rates in the world—less than 10 per 1,000 women of reproductive age—are in Europe, where abortion is legal and available.
- By contrast, in Africa and Latin America and the Caribbean, where abortion law is most restrictive, the regional rates are 29 and 31 per 1,000 women, respectively.

Sedgh et al., 2007

Rates are per 100,000 women of aged 15-44

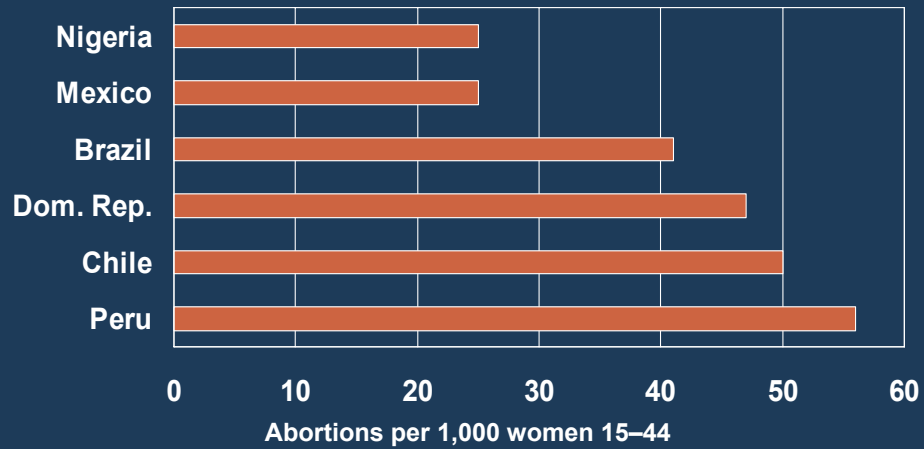
## Changes in abortion law between 1995 and 2007

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- 17 countries liberalized their laws to increase access to safe abortion: *Albania, Benin, Bhutan, Burkina Faso, Cambodia, Chad, Colombia, Ethiopia, Guinea, Mali, Nepal, Portugal, Saint Lucia, South Africa, Swaziland, Switzerland and Togo.*
- Three countries tightened restrictions on abortion: *El Salvador, Nicaragua and Poland.*

Center for Reproductive Rights, 2007

## High Rates of Abortion Occur in Countries that Severely Restrict Abortion



Source: Boonstra, 2006

## Complications of unsafe abortion

- An estimated five million women are hospitalized each year for treatment of abortion-related complications, such as hemorrhage and sepsis.
- Complications from unsafe abortion procedures account for 13% of maternal deaths, or 67,000 per year.
- Approximately 220,000 children worldwide lose their mothers every year because of abortion-related deaths.

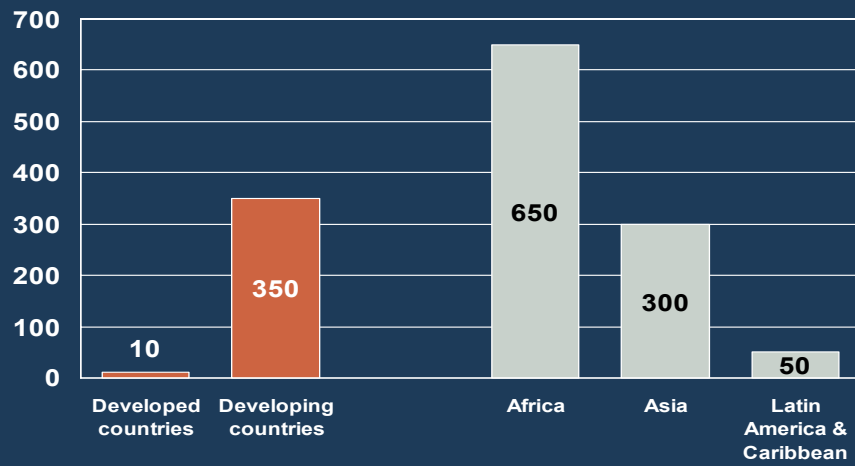
Singh, 2006; WHO 2007; Grimes 2006

### **Unsafe Abortion and Maternal Mortality:**

- Abortion mortality rates are hundreds of times higher in developing countries, where abortion is often illegal or highly restricted, than in developed countries.
- According to World Health Organization (WHO) estimates, unsafe abortions account for 13% of all maternal mortalities worldwide. Most unsafe abortions occur where abortion is illegal.
- WHO estimates that 67,000 of the more than 536,000 pregnancy-related deaths that occur each year result from unsafe abortions.

## Almost all abortion-related deaths occur in developing countries

Deaths per 100,000 unsafe abortions, 2003



WHO, 2007



## Summary Points

## Incidence of Pregnancy and Abortion in the United States

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- Unintended pregnancy and abortion are common among all groups of women.
- Certain groups of women are at greater risk of unintended pregnancy.
- Almost half of all pregnancies are unintended.
- Almost half of unintended pregnancies end in abortion.

## Who Has Abortions, Why and When in Pregnancy

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- Disadvantaged women bear a disproportionate burden of unintended pregnancies and abortions.
- The most frequent reasons given are that a(nother) child would limit the woman's ability to meet current responsibilities and that they cannot afford a child at this point in their lives.
- Almost 90% of abortions occur in the first trimester.

## Safety of Abortion

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- Abortion is one of the safest common surgical procedures for women in the United States.
- Abortion is safe over the long term and carries little or no risk of fertility-related problems, cancer or psychological illnesses.
- Laws criminalizing abortion make abortions unsafe, but do not eliminate them.

## The Provision of and Access to Abortion Services

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- Most abortions occur in abortion clinics.
- A steady decline in providers in the last two decades has dramatically increased the percentage of counties in the United States with no provider.
- Many women have to travel long distances to find a provider, which can pose significant problems for those with limited resources, or work or family responsibilities.

## Obstacles to Obtaining Abortion Services

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- Although most women obtain abortions early in pregnancy, some women face substantial obstacles to access.
- Nearly four in 10 women receive coverage under Medicaid, yet 32 states allow Medicaid funding for abortion only in cases of rape, incest or life endangerment.
- Lacking insurance coverage, a poor woman often requires time to find the money to pay for an abortion, if she is able to at all.
- Legal requirements, such as parental consent for minors or waiting periods, are likely to cause further delays, increasing the risk of complications.

## International Perspective on Abortion

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- A very small proportion of abortions worldwide take place in the United States.
- Most unsafe abortions occur in countries where abortion is illegal.

## About PRCH

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PRCH exists to ensure that all people have the knowledge, access to quality services and freedom to make their own reproductive health decisions.

For more information about PRCH, please click [here](#).

## About Guttmacher

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The Guttmacher Institute is a nonprofit organization that advances sexual and reproductive health worldwide through research, policy analysis and public education.

For more information about Guttmacher, please click [here](#).

Read our report “Abortion in Women’s Lives” [here](#)