Induced Abortion in the United States

- Nearly half (45%) of all pregnancies among U.S. women in 2011 were unintended, and about four in 10 of these were terminated by abortion.
- Nineteen percent of pregnancies (excluding miscarriages) in 2014 ended in abortion.
- Approximately 926,200 abortions were performed in 2014, down 12% from 1.06 million in 2011. In 2014, some 1.5% of women aged 15–44 had an abortion.
- The abortion rate in 2014 was 14.6 abortions per 1,000 women aged 15–44, down 14% from 16.9 per 1,000 in 2011. This is the lowest rate ever observed in the United States; in 1973, the year abortion became legal, the rate was 16.3.

Who has abortions?
- More than half of all U.S. abortion patients in 2014 were in their 20s: Patients aged 20–24 obtained 34% of all abortions, and patients aged 25–29 obtained 27%.
- Twelve percent of abortion patients in 2014 were adolescents: Those aged 18–19 accounted for 8% of all abortions, 15–17-year-olds for 3% and those younger than 15 for 0.2%.
- White patients accounted for 39% of abortion procedures in 2014, blacks for 28%, Hispanics for 25% and patients of other races and ethnicities for 9%.
- Seventeen percent of abortion patients in 2014 identified as mainline Protestant, 13% as evangelical Protestant and 24% as Catholic; 38% reported no religious affiliation and the remaining 8% reported some other affiliation.
- The vast majority (94%) of abortion patients in 2014 identified as heterosexual or straight. Four percent of patients said they were bisexual, while 0.3% identified as homosexual, gay or lesbian and 1% identified as "something else."
- In 2014, some 46% of all abortion patients had never married and were not cohabiting. However, nearly half were living with a male partner in the month they became pregnant, including 14% who were married and 31% who were cohabiting.
- Fifty-nine percent of abortion patients in 2014 were obtained by patients who had had at least one birth.
- Some 75% of abortion patients in 2014 were poor or low-income. Twenty-six percent of patients had incomes of 100–199% of the federal poverty level, and 49% had incomes of less than 100% of the federal poverty level ($15,730 for a family of two).*
- The reasons patients gave for having an abortion underscored their understanding of the responsibilities of parenthood and family life. The three most common reasons—each cited by three-fourths of patients—were concern for or responsibility to other individuals; the inability to afford raising a child; and the belief that having a baby would interfere with work, school or the ability to care for dependents. Half said they did not want to be a single parent or were having problems with their husband or partner.
- Fifty-one percent of abortion patients in 2008 were using a contraceptive method in the month they became pregnant, most commonly condoms.

*Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 USC 9902(2).
Eighty-four percent of clinicians offering a medication abortion provide the first trimester pose virtually no long-term risk of problems such as infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little or no risk of preterm or low-birth-weight deliveries.

Most U.S. abortion patients had health insurance in 2014. Thirty-five percent had Medicaid coverage, while 31% had private insurance. However, insurance does not necessarily cover abortion services, and even when it does, patients may not use their coverage for a variety of reasons (e.g., because they do not know their plan covers it, they are concerned about confidentiality or their provider does not accept their plan).

In 2011–2012, the average amount paid for an abortion in a nonhospital setting at 10 weeks’ gestation and with local anesthesia was $480. The average paid for an early medication abortion up to 9 weeks’ gestation was $504.

Eighty-four percent of clinics reported at least one form of antiabortion harassment in 2011. Picketing was reported by 80%, and phone calls by 47%. Fifty-three percent of clinics were picketed 20 times or more in a year. Three percent of clinics reported receiving at least one bomb threat in 2011.

Medication abortions increased from 6% of all nonhospital abortions in 2001 to 31% in 2014, even while the overall number of abortions continued to decline. Data from the Centers for Disease Control and Prevention show that the average time of abortion has shifted earlier in the first trimester; this is likely due, in part, to the availability of medication abortion services.

A first-trimester abortion is one of the safest medical procedures and carries minimal risk—less than 0.05%—of major complications that might need hospital care.

In September 2000, the U.S. Food and Drug Administration approved mifepristone to be marketed in the United States for non-surgical abortion.

Medication abortions accounted for 31% of all nonhospital abortions in 2014, and for 45% of abortions before nine weeks’ gestation.

In 2014, some 87% of all nonhospital abortion providers—900 facilities—provided one or more medication abortions. At least 23% of nonhospital providers offered only medication abortion services.

Medication abortions increased from 6% of all nonhospital abortions in 2001 to 31% in 2014, even while the overall number of abortions continued to decline. Data from the Centers for Disease Control and Prevention show that the average time of abortion has shifted earlier in the first trimester; this is likely due, in part, to the availability of medication abortion services.

A first-trimester abortion is one of the safest medical procedures and carries minimal risk—less than 0.05%—of major complications that might need hospital care.

### WHEN WOMEN HAVE ABORTIONS*

Two-thirds of abortions occur at eight weeks of pregnancy or earlier; 89% occur in the first 12 weeks, 2013

- *In weeks from the last menstrual period.

---

*GUTTMACHER INSTITUTE*
Fifteen percent of patients used private insurance to pay for the procedure. Most patients with private insurance (61%) paid out of pocket.

**Law and policy**

Since recognizing a woman’s constitutional right to abortion in 1973 in *Roe v. Wade*, the U.S. Supreme Court has in subsequent decisions reaffirmed that right. The Court has held that a state cannot ban abortion before viability (the point at which a fetus can survive outside the uterus), and that any restriction on abortion after viability must contain exceptions to protect the life and health of the woman. Furthermore, any previability abortion restriction cannot create an “undue burden” by placing a substantial obstacle in the path of a woman seeking an abortion. This “undue burden” standard was established in *Planned Parenthood v. Casey* in 1992 and clarified in the 2016 decision in *Whole Woman’s Health v. Hellerstedt*. The latter affirmed that courts must consider credible evidence when evaluating the constitutionality of abortion restrictions and strike down measures that do not have tangible benefits that outweigh the real-world burdens imposed on women.

The Hyde Amendment, in effect since 1977, essentially bans federal dollars from being used for abortion coverage for women insured by Medicaid, the nation’s main public health insurance program for low-income Americans. Similar restrictions apply to other federal programs and operate to deny abortion care or coverage to women with disabilities, Native Americans, prison inmates, poor women in the District of Columbia, military personnel and federal employees.

Although the Hyde Amendment bars federal funds from being used to provide Medicaid coverage of abortion, states may use their own, nonfederal funds. Seventeen states have a policy requiring the state to provide abortion coverage under Medicaid, but just 15 appear to be doing so in practice.

As of January 1, 2017, at least half of the states have imposed at least one of five major abortion restrictions: unnecessary regulations on abortion clinics, mandated counseling designed to dissuade a woman from obtaining an abortion, a mandated waiting period before an abortion, a requirement of parental involvement before a minor obtains an abortion or prohibition on the use of state Medicaid funds to pay for medically necessary abortions.

In 2014, some 76% of abortion patients were able to obtain an abortion within seven days of calling to book an appointment. The 7% of abortion patients who had to wait more than 14 days between booking an appointment and obtaining the procedure were more likely to have been exposed to disruptive life events or to live in a state with a required waiting period.

In 2000, a total of 13 states had at least four types of major abortion restrictions and so were considered hostile to abortion rights. By 2016, this category included 27 states. The proportion of U.S. women of reproductive age living in hostile states rose from 31% to 57% during this time period.

In contrast, the number of states that were supportive of abortion rights fell from 17 to 12 between 2000 and 2016. The proportion of women of reproductive age living in supportive states declined from 40% to 30% over this period.

**REFERENCES**

These data are the most current available. References are available in the HTML version: https://www.guttmacher.org/fact-sheet/induced-abortion-united-states