physicians’ practices that provided 30–390 abortions, possibly because some practices moved from the larger category to the smaller one (fewer than 30 abortions) as a consequence of falling caseloads.

Although the total number of providers for whom abortion services are an important activity has changed little, there is always some turnover between surveys: Clinics close or stop offering services, and new clinics are established. Fifty-one clinics that reported 400 or more abortions in 1992 reported none in 1996, while 98 of those reporting 400 or more abortions in 1996 began their abortion services after 1992.

We reviewed our records for any information that might explain why clinics that had provided more than 400 abortions in a year no longer provided any. Two continued to exist, but no longer offered abortion services. Twenty-seven had closed, and while we do not know why, several of them mentioned antiabortion harassment when they were surveyed in 1992 in answer to a question about factors that made it difficult to provide abortion services. In nine instances the physician retired or died, in five the physician lost his or her license, in three the clinic moved to a different county, two had difficulty finding a physician to perform abortions, one closed in bankruptcy, one burned down and no information could be found for one.

• Services offered. Abortion providers usually do far more than simply perform abortions. To obtain a fuller understanding of the types of facilities where abortions are performed, we asked nonhospital providers whether they offered general medical care, general gynecologic care and contraceptive services to nonabortion patients. Of nonhospital providers, abortion clinics were the most specialized; nevertheless, 83% offered contraceptive services independently of their abortion services, 74% provided gynecologic care and 20% provided general medical care. Almost all of the other clinics offered contraceptive services (97%) and gynecologic care (94%), and 53% provided general medical care. More than 99% of the physicians’ offices provided gynecologic and contraceptive care, and 69% served general medical patients.

• Medical abortion. The advent of early medical abortion in recent years is a potentially important development. In our survey, 82 nonhospital facilities said they had performed one or more early medical abortions during 1996, and 114 said they had done so in the first half of 1997. Assuming that nonrespondents offered medical abortion services in the same proportions as respondents with similar abortion caseloads, approximately 117 clinics and doctors’ practices were performing medical abortions in 1996 and 163 in 1997. The 1997 estimated number represents 12% of all nonhospital providers. An even larger percentage (44%), including most of the current providers, responded that they will probably provide medical abortions within the next 12 months if mifepristone becomes available, and 29% said they would do so even if it is not available.

The likelihood that early medical abortions were performed was strongly related to the size of the abortion caseload. Among those who reported fewer than 400 abortions in 1996, only 7% performed medical abortions in the first half of 1997, compared with 16% of those providing 400–990 abortions and 17% of providers of 1,000 or more abortions. Expectations for the future, however, are much less associated with provider size; the proportion expecting to offer medical abortion, even without mifepristone, ranges from 26% of the smallest to 31% of the largest providers.

Respondents were asked how many early medical abortions they had performed. Assuming that nonrespondents provided them at the same rate as respondents, approximately 4,200 medical abortions were performed in 1996 and 4,300 in the first half of 1997, indicating a rapid increase in the use of the method.

Respondents also were asked if they were aware of physicians in their community who did not provide surgical abortion services but who had begun to perform medical abortions. The few who answered in the affirmative were contacted and asked the names of the physicians. In many cases, the respondents had misunderstood the question and did not in fact know of any such providers. Only one respondent named a physician whose office confirmed that medical abortions were provided, and one named a physician who denied performing any abortions. Six respondents had reason to believe physicians in their community performed medical abortions, but refused to supply the names because they felt they would be betraying a confidence if they told us. Six others said they had heard rumors but did not know the names of the physicians. Seven could not be reached.

• Dilatation and extraction procedures. In view of the ongoing controversies around so-called partial-birth abortions, we wanted to shed light on the number of such abortions that were actually performed. “Partial-birth” abortion, however, is a nonmedical term that has been variably described in the popular press and in legislation, and would be difficult for respondents to interpret. On the questionnaire, therefore, we used the medically accepted term, intact dilation and extraction (D&X), as defined by the American College of Obsetricians and Gynecologists (ACOG), which is the only procedure that approximates the various descriptions of “partial-birth” abortion.

Eight respondents reported that they had performed a total of 363 D&X abort-

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