Trends in Early Abortion

Many providers require that a woman wait until at least the sixth week of gestation before they will perform a vacuum aspiration, although earlier aspiration abortions are becoming available. Medical abortions can be initiated as soon as a pregnancy is confirmed. Increased awareness of mifepristone abortion among women may lead them to seek abortion services very early in pregnancy to ensure that they are eligible. Hence, the availability of medical abortion may both allow and motivate women to obtain abortions at earlier gestations.

Since mifepristone was introduced, women have started obtaining abortions at earlier gestations. In France, the proportion of abortions performed at or before seven weeks from the onset of the last menstrual period increased from 12% in 1987 to 20% in 1997. In Scotland, the proportion of all abortions that occur before 10 weeks’ gestation increased from 51% in 1990 to 67% in 2000. In Sweden, the proportion of abortions performed before nine weeks increased from 45% in 1991 to 65% in 1999. The increase has been less dramatic in England and Wales: Thirty-six percent of women who obtained abortions did so before nine weeks in 1990, and 43% did so in 2000.

Trends in Abortion Rates

Patterns in overall abortion rates, measured as the number of abortions (at all gestations) per 1,000 women aged 15–44, do not suggest that the availability of mifepristone has led more women to terminate their pregnancies. The abortion rates in France and in England and Wales remained stable from the year prior to mifepristone’s approval to the most recent year for which data are available. There were 13 abortions per 1,000 women aged 15–44 in both 1987 and 1997 in France, and 16 per 1,000 in both 1990 and 2000 in England and Wales. The abortion rate in Sweden fell from 21 per 1,000 in 1990—the year before mifepristone approval—to 18 per 1,000 women in 1999. Scotland’s abortion rate increased slightly between 1990 and 2000, from nine to 11 per 1,000 women.

Many factors can cause fluctuations in abortion rates, including contraceptive use, political climate, economic conditions and the availability of providers. It is impossible to know what abortion trends in Europe might have been in the absence of mifepristone. Abortion rates might have declined more had mifepristone not been introduced, or mifepristone’s introduction into environments where abortion services are fairly accessible might have had little impact on total use of abortion services. Nevertheless, the inconsistent trends in abortion rates across the study countries suggest that mifepristone has not had a large effect on overall numbers of abortions.

FACTORS AFFECTING AVAILABILITY

Levels of mifepristone use are affected by policies and practices that impact the financial aspects of abortion services and the conditions under which medical abortion can be provided.

Type of Facility and Medical Personnel Involved

In the study countries, abortion services are permitted only in public hospitals and in private facilities that meet certain requirements. In England and Wales, about half of abortions are performed in National Health Service (NHS) hos-