



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 main-line 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.”

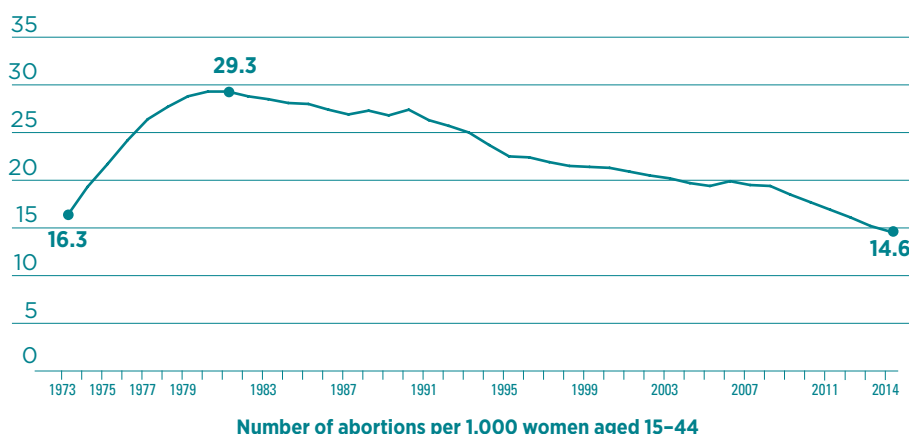
- In 2014, some 46% of all abortion patients had never married and were not cohabiting. However, nearly half were living with a male partner in the month they became pregnant, including 14% who were married and 31% who were cohabiting.
- Fifty-nine percent of abortions in 2014 were obtained by patients 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

TRENDS IN ABORTION

In 2014, the U.S. abortion rate reached a historic low



*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).

(27%) or a hormonal method (17%).

Providers and services

- The number of U.S. abortion-providing facilities declined 3% between 2011 and 2014 (from 1,720 to 1,671). The number of clinics providing abortion services declined 6% over this period (from 839 to 788). Ninety percent of all U.S. counties lacked a clinic in 2014, and 39% of women of reproductive age lived in those counties.
- In 2011, some 46% of abortion providers offered very early abortions (at four weeks' gestation or earlier, before the first missed period), and 95% offered the procedure up to eight weeks from the last menstrual period. Seventy-two percent of providers offered abortions up to 12 weeks, 34% up to 20 weeks and 16% up to 24 weeks.
- 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.

Early medication abortion

- In September 2000, the U.S. Food and Drug Administration approved mifepristone to be marketed in the United States for non-surgical abortion.
- According to U.S. Food and Drug Administration guidelines, medication abortion is allowed up to 10 weeks' gestation. The protocol involves two drugs—mifepristone and misoprostol—one of which can be taken at home following a provider visit.
- 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 within the first trimester; this is likely due, in part, to the availability of medication abortion services.

Safety of abortion

- 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.

- Abortions performed in 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.
- Exhaustive reviews by panels convened by the U.S. and UK governments have concluded that there is no association between abortion and breast cancer. There is also no indication that abortion is a risk factor for other cancers.
- Leading experts have concluded that among women who have an unplanned pregnancy, the risk of mental health problems is no greater if they have a single first-trimester abortion than if they carry the pregnancy to term.
- The risk of death associated with abortion increases with the length of pregnancy, from 0.3 for every 100,000 abortions at or before eight

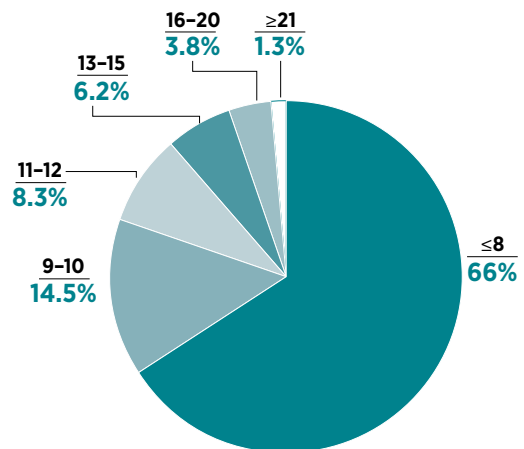
weeks to 6.7 per 100,000 at 18 weeks or later.

Insurance coverage and payment

- 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).
- Overall, 53% of abortion patients paid out of pocket for their procedure in 2014.
- Medicaid was the second-most-common method of payment, reported by 24% of abortion patients. The overwhelming majority of these patients lived in the 15 states that allow state funds to be used to pay for abortion.

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.

- 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.gutmacher.org/fact-sheet/induced-abortion-united-states>



Good reproductive health policy starts with credible research

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