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Facts on Induced Abortion in the United States

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INCIDENCE OF ABORTION

- Nearly half of pregnancies among American women are unintended, and about four in 10 of these are terminated by abortion.[1] Twenty-two percent of all pregnancies (excluding miscarriages) end in abortion.[2]
- Forty percent of pregnancies among white women, 67% among blacks and 53% among Hispanics are unintended.[1]
- In 2008, 1.21 million abortions were performed, down from 1.31 million in 2000. However, between 2005 and 2008, the long-term decline in abortions stalled. From 1973 through 2008, nearly 50 million legal abortions occurred.[2]
- Each year, two percent of women aged 15–44 have an abortion. Half have had at least one previous abortion.[2,3]
- At least half of American women will experience an unintended pregnancy by age 45, and, at current rates, one in 10 women will have an abortion by age 20, one in four by age 30 and three in 10 by age 45.[4,5]

Number of abortions per 1,000 women aged 15-44, by year



WHO HAS ABORTIONS?

- Eighteen percent of U.S. women obtaining abortions are teenagers; those aged 15–17 obtain 6% of all abortions, teens aged 18–19 obtain 11%, and teens younger than age 15 obtain 0.4%. [6]
- Women in their 20s account for more than half of all abortions; women aged 20–24 obtain 33% of all abortions, and women aged 25–29 obtain 24%. [6]
- Non-Hispanic white women account for 36% of abortions, non-Hispanic black women for 30%, Hispanic women for 25% and women of other races for 9%. [6]

- Thirty-seven percent of women obtaining abortions identify as Protestant and 28% as Catholic.[6]
- Women who have never married and are not cohabiting account for 45% of all abortions [6]
- About 61% of abortions are obtained by women who have one or more children. [6]
- Forty-two percent of women obtaining abortions have incomes below 100% of the federal poverty level (\$10,830 for a single woman with no children).[6]
- Twenty-seven percent of women obtaining abortions have incomes between 100–199% of the federal poverty level.* [6]
- The reasons women give for having an abortion underscore their understanding of the responsibilities of parenthood and family life. Three-fourths of women cite concern for or responsibility to other individuals; three-fourths say they cannot afford a child; three-fourths say that having a baby would interfere with work, school or the ability to care for dependents; and half say they do not want to be a single parent or are having problems with their husband or partner.[7]

CONTRACEPTIVE USE

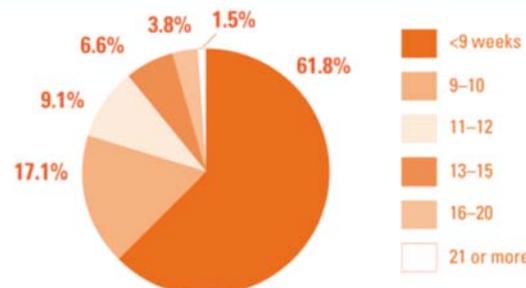
- Fifty-four percent of women who have abortions had used a contraceptive method (usually the condom or the pill) during the month they became pregnant. Among those women, 76% of pill users and 49% of condom users report having used their method inconsistently, while 13% of pill users and 14% of condom users report correct use.[8]
- Forty-six percent of women who have abortions had not used a contraceptive method during the month they became pregnant. Of these women, 33% had perceived themselves to be at low risk for pregnancy, 32% had had concerns about contraceptive methods, 26% had had unexpected sex and 1% had been forced to have sex.[8]
- Eight percent of women who have abortions have never used a method of birth control; nonuse is greatest among those who are young, poor, black, Hispanic or less educated.[8]
- About half of unintended pregnancies occur among the 11% of women who are at risk for unintended pregnancy but are not using contraceptives. Most of these women have practiced contraception in the past.[9,10]

PROVIDERS AND SERVICES

- The number of U.S. abortion providers remained stable between 2005 (1,787) and 2008 (1,793). Eighty-seven percent of all U.S. counties lacked an abortion provider in 2008; 35% of women live in those counties.[2]
- Forty-two percent of providers offer very early abortions (before the first missed period) and 95% offer abortion at eight weeks from the last menstrual period. Sixty-four percent offer at least some second-trimester abortion services (13 weeks or later), and 23% offer abortion after 20 weeks. Only 11% of all abortion providers offer abortions at 24 weeks.[2]
- In 2009, the average amount paid for a nonhospital abortion with local anesthesia at 10 weeks' gestation was \$451.[2]

When women have abortions*

Eighty-eight percent of abortions occur in the first 12 weeks of pregnancy, 2006.



*In weeks from the last menstrual period.

EARLY MEDICATION ABORTION

- In September 2000, the U.S. Food and Drug Administration approved mifepristone to be marketed in the United States as an alternative to surgical abortion.
- In 2008, 59% of abortion providers, or 1,066 facilities, provided one or more early medication abortions. At least 9% of providers offer only early medication abortion services.[2]

- Medication abortion accounted for 17% of all nonhospital abortions, and about one-quarter of abortions before nine weeks' gestation, in 2008.[2]

SAFETY OF ABORTION

- Abortion is one of the safest medical procedures, with minimal—less than 0.05%—risk of major complications that might not need hospital care.[11]
- Abortions performed in the first trimester pose virtually no long-term risk of such problems as infertility, ectopic pregnancy, spontaneous abortion (miscarriage) or birth defect, and little or no risk of preterm or low-birth-weight deliveries.[12]
- Exhaustive reviews by panels convened by the U.S. and British 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.[12]
- In repeated studies since the early 1980s, leading experts have concluded that abortion does not pose a hazard to women's mental health.[13]
- The risk of death associated with abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks to one per 29,000 at 16–20 weeks—and one per 11,000 at 21 or more weeks.[14]
- Fifty-eight percent of abortion patients say they would have liked to have had their abortion earlier. Nearly 60% of women who experienced a delay in obtaining an abortion cite the time it took to make arrangements and raise money.[15]
- Teens are more likely than older women to delay having an abortion until after 15 weeks of pregnancy, when the medical risks associated with abortion are significantly higher.[15]

LAW AND POLICY

- In the 1973 *Roe v. Wade* decision, the Supreme Court ruled that women, in consultation with their physician, have a constitutionally protected right to have an abortion in the early stages of pregnancy—that is, before viability—free from government interference.
- In 1992, the Court reaffirmed the right to abortion in *Planned Parenthood v. Casey*. However, the ruling significantly weakened the legal protections previously afforded women and physicians by giving states the right to enact restrictions that do not create an “undue burden” for women seeking abortion. Thirty-five states currently enforce parental consent or notification laws for minors seeking an abortion. The Supreme Court ruled that minors must have an alternative to parental involvement, such as the ability to seek a court order authorizing the procedure.[16]
- Even without specific parental involvement laws, six in 10 minors who have an abortion report that at least one parent knew about it.[17]
- Congress has barred the use of federal Medicaid funds to pay for abortions, except when the woman's life would be endangered by a full-term pregnancy or in cases of rape or incest.
- Seventeen states use public funds to pay for abortions for some poor women, but only four do so voluntarily; the rest do so under a court order.[18] About 20% of abortion patients report using Medicaid to pay for abortions[6] (virtually all in states where abortion services are paid for with state dollars).[19]
- In 2006, publicly funded family planning services helped women avoid 1.94 million unintended pregnancies, which would likely have resulted in about 860,000 unintended births and 810,000 abortions.[20]

1. Finer LB and Zolna MR, **Unintended pregnancy in the United States: incidence and disparities, 2006**, *Contraception*, 2011, doi: 10.1016/j.contraception.2011.07.013.

2. Jones RK and Kooistra, K., **Abortion incidence and access to services in the United States, 2008**, *Perspectives on Sexual and Reproductive Health*, 2011, 43(1):41-50.

3. Jones RK et al., **Repeat abortion in the United States**, *Occasional Report*, New York: Guttmacher Institute, 2006, No. 29.

4. Henshaw SK, **Unintended pregnancy in the United States**, *Family Planning Perspectives*, 1998, 30(1):24–29 & 46.

5. Jones RK and Kavanaugh ML, **Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion**, *Obstetrics & Gynecology*, 2011, 117(6):pp-pp.

6. Jones RK, Finer LB and Singh S, **Characteristics of U.S. Abortion Patients**, 2008, New York: Guttmacher Institute, 2010.

7. Finer LB et al., **Reasons U.S. women have abortions: quantitative and qualitative perspectives**, *Perspectives on Sexual and Reproductive Health*, 2005, 37(3):110–118.

8. Jones RK, Darroch JE and Henshaw SK, **Contraceptive use among U.S. women having abortions in 2000–2001**, *Perspectives on Sexual and Reproductive Health*, 2002, 34(6):294–303.

9. Finer LB and Henshaw SK, **Disparities in rates of unintended pregnancy in the United States, 1994 and**

- 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90–96.
10. Mosher WD et al., Use of contraception and use of family planning services in the United States: 1982–2002, Advance Data from *Vital and Health Statistics*, 2004, No. 350.
11. Weitz TA, et al., Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver, *American Journal of Public Health*, 2013, 103:454-461.
12. Boonstra HD et al., **Abortion in Women's Lives**, New York: Guttmacher Institute, 2006.
13. Major B et al., Report of the Task Force on Mental Health and Abortion, American Psychological Association, Task Force on Mental Health and Abortion, 2008, Washington, DC, <<http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>>, accessed April 19, 2010.
14. Bartlett LA et al., Risk factors for legal induced abortion-related mortality in the United States, *Obstetrics & Gynecology*, 2004, 103(4):729–737.
15. Finer LB et al., **Timing of steps and reasons for delays in obtaining abortions in the United States**, *Contraception*, 2006, 74(4):334–344.
16. Guttmacher Institute, Parental involvement in minors' abortions, State Policies in Brief, 2010, <http://www.guttmacher.org/statecenter/spibs/spib_PIMA.pdf>, accessed December 16, 2010.
17. Henshaw SK and Kost K, Parental involvement in minors' abortion decisions, *Family Planning Perspectives*, 1992, 24(5):196–207 & 213.
18. Guttmacher Institute, State funding of abortion under Medicaid, State Policies in Brief, 2010, <http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf>, accessed December 16, 2010.
19. Sonfield A, Alrich C and Gold RB, **Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980–2006**, *Occasional Report*, New York: Guttmacher Institute, 2008, No. 38.
20. Gold RB, Sonfield A, Richards CL and Frost JJ, **Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System**, New York: Guttmacher Institute, 2009.

Figure 1: Number of abortions per 1,000 women aged 15-44, by year

Source: Jones RK and Kooistra, K., Abortion incidence and access to services in the United States, 2008, *Perspectives on Sexual and Reproductive Health*, 2011, 43(1):41-50.

Figure 2: When women have abortions

Source: Centers for Disease Control and Prevention, Abortion surveillance—United States, 2006, *Morbidity and Mortality Weekly Report*, 2009, Vol. 58, No. SS-8.

* 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).