



Induced Abortion in the United States

- Eighteen percent of pregnancies (excluding miscarriages) in 2017 ended in abortion.
- Approximately 862,320 abortions were performed in 2017, down 7% from 926,190 in 2014.
- The abortion rate in 2017 was 13.5 abortions per 1,000 women aged 15–44, down 8% from 14.6 per 1,000 in 2014. This is the lowest rate ever observed in the United States; in 1973, the year abortion became legal, the rate was 16.3.
- As of September 1, 2019, 29 states were considered hostile toward abortion rights, 14 states were considered supportive and seven states were somewhere in between.
- In 2019, 58% of U.S. women of reproductive age (nearly 40 million women) lived in states that were considered

hostile to abortion rights. In contrast, 24 million women of reproductive age (35% of the total) lived in states that were supportive of abortion rights.

Who has abortions?

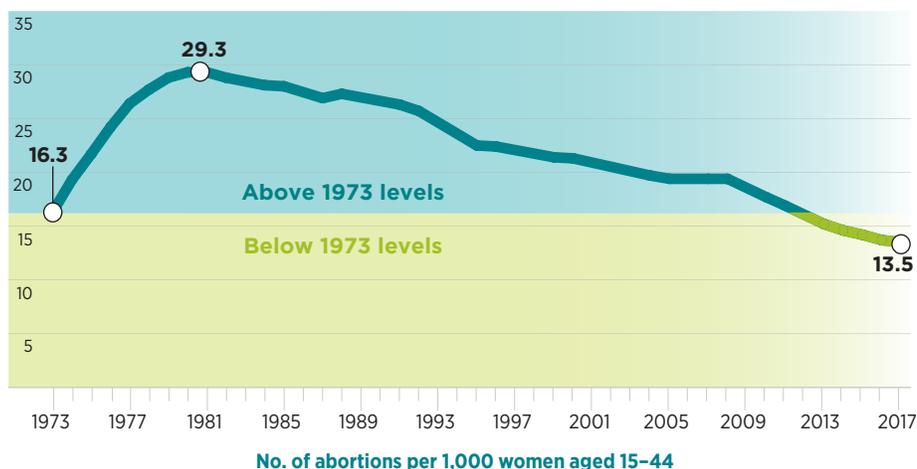
- At 2014 abortion rates, about one in four (24%) women will have an abortion by age 45.
- More than half of all U.S. abortion patients in 2014 were in their 20s: Patients aged 20–24 obtained 34% of all abortions, and patients aged 25–29 obtained 27%.
- Adolescents made up 12% of abortion patients in 2014: 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, black patients for 28%, Hispanic patients for

25%, and patients of other races and ethnicities for 9%.

- Seventeen percent of abortion patients in 2014 identified themselves as main-line Protestant, 13% as evangelical Protestant and 24% as Catholic, while 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; 0.3% identified as homosexual, gay or lesbian; and 1% identified as “something else.”
- 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 (having an income below the federal poverty level of \$15,730 for a family of two in 2014) or low-income (having an income of 100–199% of the federal poverty level).

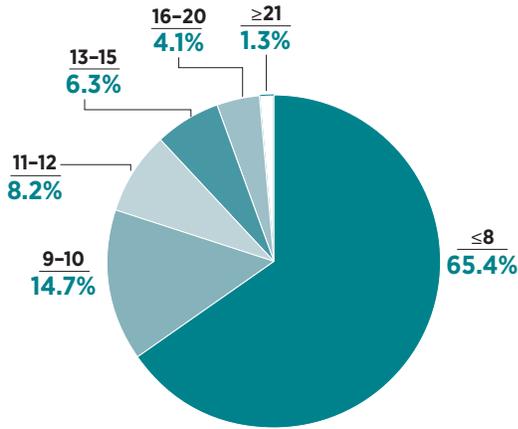
TRENDS IN ABORTION

The U.S. abortion rate reached a historic low in 2017.



- In 2014, 16% of patients who obtained abortions in the United States were born outside the United States, a proportion comparable to their representation in the U.S. population (17% of women aged 15–44).
- In 2014, 51% of abortion patients were using a contraceptive method in the month they became pregnant, most commonly condoms (24%) or a short-acting hormonal method (13%).

In 2016, two-thirds of abortions occurred at eight weeks of pregnancy or earlier, and 88% occurred in the first 12 weeks.



Providers and services

- In 2017, there were 808 clinics providing abortion services, a 2% increase from 2014. However, between 2014 and 2017, regional- and state-level disparities in abortion access grew: The number of clinics increased in the Northeast (by 16%) and the West (by 4%) and decreased in the Midwest (by 6%) and the South (by 9%).
- Seventy-two percent of clinics offered abortions up to 12 weeks’ gestation in 2014, 25% up to 20 weeks and 10% up to 24 weeks.

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. Currently, medication abortion is provided up to 10 weeks’ gestation.
- Medication abortions accounted for 39% of all abortions in 2017, up from 29% in 2014.

- The majority of medication abortions were offered in specialized clinics and in high volume facilities. In 2017, 30% of clinics provided only medication abortion.
- Medication abortions increased from 5% of all abortions in 2001 to 39% in 2017, even while the overall number of abortions declined.

Safety of abortion

- A committee of the National Academies of Sciences, Engineering and Medicine reviewed the available evidence and confirmed in a 2018 report that abortion is safe and effective.
- 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.

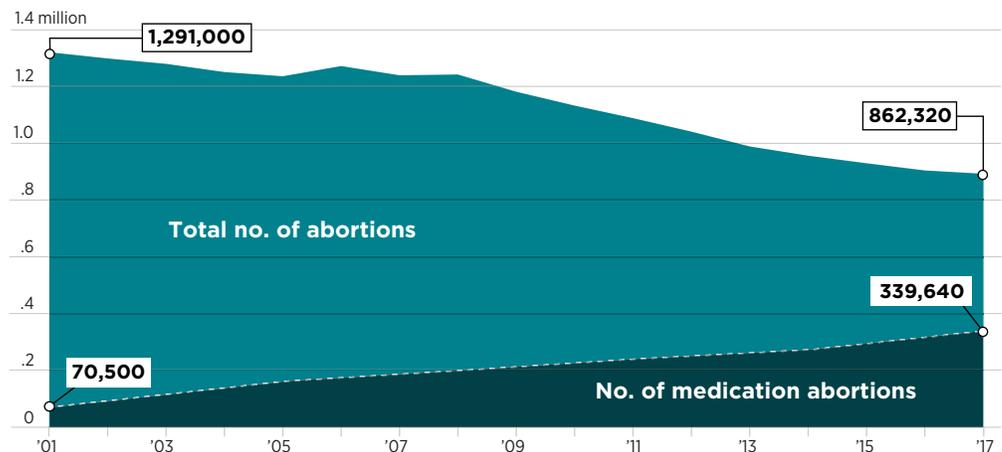
Insurance coverage, cost and payment

- In 2014, the average amount paid for an abortion with local anesthesia in a nonhospital setting at 10 weeks’ gestation was \$508. The average paid for an early medication abortion (up to nine weeks’ gestation) was \$535.
- 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; even when it does, patients may not use their coverage for a variety of reasons (for example, 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.
- The Hyde Amendment currently bans the use of federal dollars for abortion coverage for people enrolled in Medicaid, the nation’s main public health insurance program for low-income individuals. Similar restrictions apply to other federal programs and operate to deny abortion care or coverage to people with disabilities, Native Americans, prison inmates, poor and low-income individuals in the District of Columbia, military personnel and federal employees.
- Although the Hyde Amendment bars federal funds from being used to

MEDICATION ABORTION

As U.S. abortion numbers decline, the share that are medication abortions rises steadily.



provide Medicaid coverage of abortion, states may use their own, nonfederal funds. Fifteen states have a policy requiring the state to provide abortion coverage under Medicaid.

- In 2014, Medicaid was the second-most-common method of payment and was reported by 24% of abortion patients. The overwhelming majority of these patients lived in the 15 states that allowed state funds to be used to pay for abortion.
- Fifteen percent of patients used private insurance to pay for the procedure. Most patients with private insurance (61%) paid out of pocket.

Travel and logistical barriers

- In 2014, 65% of abortion patients traveled less than 25 miles one way to obtain care, 17% traveled 25–49 miles, 10% traveled 50–100 miles and 8% traveled more than 100 miles.
- Greater distances to abortion facilities are associated with increased burden on patients, including higher

out-of-pocket costs for associated services such as food, lodging and child care; lost wages; increased difficulty getting to the clinic; delayed care; and decreased use of abortion services.

- Abortion patients who lived in states with waiting period requirements and adolescents who lived in parental notification states traveled farther than those in states without such laws.
- The proportion of abortion patients who traveled more than 100 miles for services was twice as high among those at or beyond 16 weeks of gestation as among those who were at 12 weeks' gestation or less (14% vs. 7%).
- If *Roe v. Wade* were overturned or weakened, increases in travel distances would likely prevent 93,500 to 143,500 individuals each year from accessing abortion care.
- If *Roe v. Wade* were overturned or weakened, abortion patients' average distance to the nearest facility would increase by 97 miles, from 25 to 122 miles.

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>



Good reproductive health policy starts with credible research

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