

Induced Abortion Summary

Background

Induced abortions must be reported to the Ohio Department of Health by the physician who performed the abortion, using the form “Confidential Abortion Reports”. The report includes demographic and medical history information about the woman obtaining the abortion and information about the medical procedure. These reports are used to produce statistical reports about abortions occurring in Ohio. The forms are confidential: no identifying information about women who obtain abortions is collected except the medical record number. Physicians providing post abortion care for complications are required to file a “Post Abortion Care Report for Complications”. It is not possible to link these post-abortion reports to the “Confidential Abortion Reports”. Both types of reports contain information about complications and are used to create statistical reports about post-abortion complications. This report presents information derived from both “Confidential Abortion Reports” and “Post-Abortion Care Reports for Complications” for 2003 in Ohio (reporting forms are included as Appendices I and II).

Characteristics of Induced Abortions Reported in Ohio, 2003

Induced abortion statistics are available for Ohio dating back to 1976. In 1994 the reporting form was improved, so many trend comparisons in this summary date back to 1994. We also compare the 2003 abortions to 2002 occurrences to show more recent trend developments.

A total of 35,319 induced pregnancy terminations were reported in Ohio for 2003, including 32,180 for Ohio residents (91.1%). The number of resident and total abortions performed in Ohio has remained fairly stable since 1994 (figure 1). There were 1.4% fewer abortions reported in 2003 than in 2002 (n=35,830).

Approximately one sixth of women who obtained abortions were under 20 years of age, with another third between the ages of 20-24 years of age (figure 2). The age distribution of women obtaining abortions has remained fairly unchanged since 1994. Approximately 82% of women who obtained an abortion were unmarried. The marital status distribution has remained constant since 1994. 57% of resident women who obtained abortions were White, 37% were African American, and 6% were other races or unknown (table 5a). 3% of abortions were obtained by women of Hispanic origin.

The 2003 Ohio abortion rate was 13.4 per 1,000 women ages 15-44 years (figure 4). The most recent comparable rate for the US was slightly higher at 16 per 1,000 women (year 2000). The 2003 Ohio abortion ratio was 217 abortions per 1,000 live births, a ratio that is also slightly lower than the 2000 US abortion ratio of 246 abortions per 1,000 live births. African American Ohio women had an abortion rate per 1,000 women that was approximately four times as high as among white women (38 vs. 9 per 1,000). African American Ohio women experienced a higher fertility rate as well (72 vs. 60 per 1,000 women ages 15-44 in 2002). The abortion ratio among African American Ohio women was 3.5 times higher than among whites (529 abortions per 1,000 live births vs. 150 per 1,000).

Approximately 21% of women obtaining abortions in Ohio reported no prior pregnancies. Over half of all induced abortions involved pregnancies of 9 weeks or less (56%), with approximately 85% involving pregnancies of 12 weeks or less (figure 2). The proportion involving abortions of 9 weeks or less increased from 42% in 1994, while the proportion between 9 and 12 weeks declined from 41% to 30% (figure 7). There were 961 abortions involving pregnancies of 20 or more weeks, a number that increased from 649 in 1994. All but one reported abortions were obtained in seven major metropolitan areas of Ohio.

There were changes between 2002 and 2003 in method of termination for induced abortions performed in Ohio. Suction curettage remained the most frequent method of termination at 79%. That method has decreased steadily since 2000, when 92% of terminations were by suction curettage. In 2003 medical/non-surgical procedures became the second most common method (9%), now ahead of dilation and evacuation. The number of medical/non-surgical procedures increased substantially to 3,296, representing a 46% increase over 2002. We have not Dilation and evacuation was the third most common method (9%).

Specific details about medical/non-surgical procedures have not been keyed from Ohio abortion reports, which makes it difficult to tabulate the specific procedures used in Ohio. We did, however, examine a sample of these reports and the majority of these medical/surgical procedures were methotrexate and misoprostol administration. The medical procedures used most commonly in early abortions nationally are methotrexate with misoprostol and mifepristone with misoprostol (Goldberg AM, Greenberg MB, Darney PD. Drug therapy: miosprostol and pregnancy. N Engl J Med 2001;344:38-47). The FDA approved mifepristone for medical abortions in 2000. That approval was expected to shift many of the early abortions from surgical to non-surgical methods.

Reported post-abortion complications were rare, averaging approximately 2 per 1,000 procedures. Sixty-two complications were reported on the “Confidential Abortion Reports”, up from 24 in 2002. The most common types of abortion complications were cervical laceration and incomplete abortion. Information from “Post-Abortion Care Report for Complications” was unavailable at the time of publication of this report.

County of residence for women obtaining abortions is reported in tables 3, 4, 5a, and 5b. In accordance with Ohio Department of Health data disclosure policies, some counties were removed from tables 5a and 5b. The removed counties had fewer than 25 female residents in the reported age/race categories.