

Abortion

Chapter 7

Abortion in the United States Since the 19th Century

- First anti-abortion campaign in the mid-19th century led to most abortions being criminalized
 - Demand was not reduced
 - Thousands of women suffered injury, infertility, or death
- In 1973, abortion was legalized with the case of *Roe v. Wade*
- Current model separates abortion from other reproductive care services
- Attempts to restrict abortion continue

Understanding Abortion

- Abortion generally refers to a pregnancy ending
- Spontaneous abortion: also called a miscarriage; an abortion that occurs on its own
- Induced abortion: intentionally ended pregnancy

Abortion Statistics

- Unintended pregnancies account for more than 95% of abortions
 - Mistimed pregnancies account for 65–75%
- Number of abortions rose after *Roe v. Wade* until the later 1980s, when abortions steadily declined

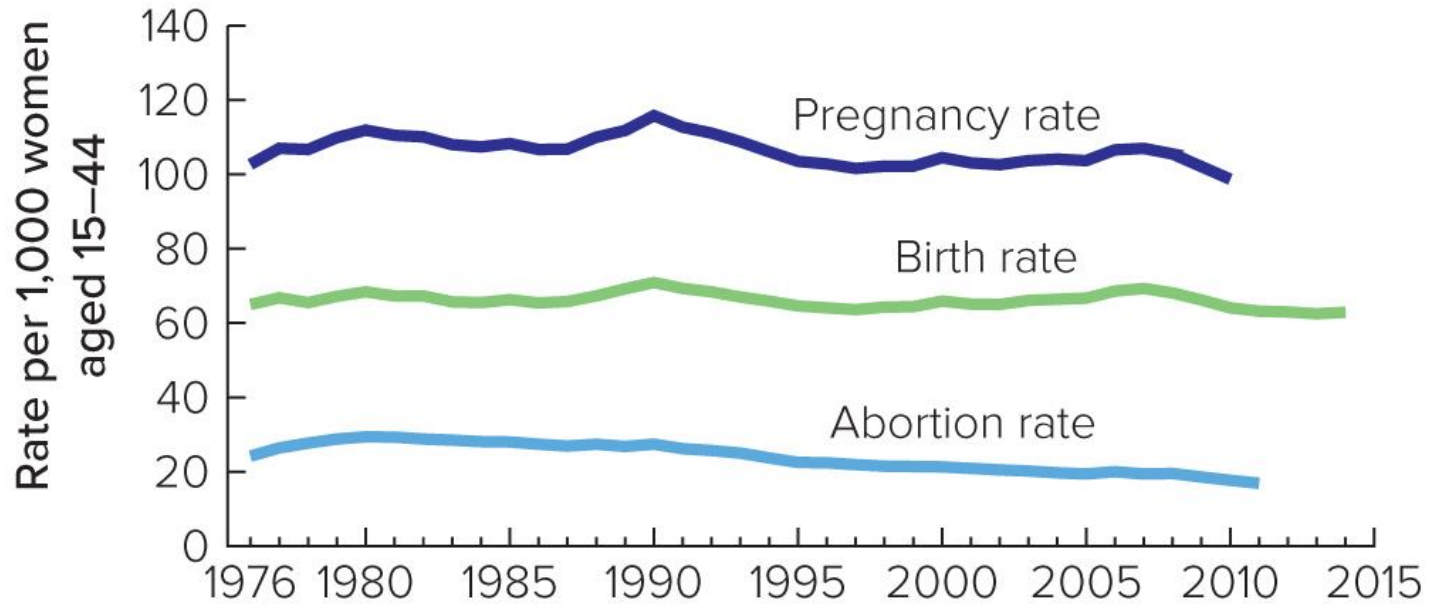


Figure 7.1 Pregnancy (1976–2010), Birth (1976–2014), and Abortion (1976–2011) Rates

The number of legal abortions rose after 1973, reaching a peak in the early 1980s and then declining fairly steadily; the rate in 2011 was the lowest since 1973.

SOURCES: Curtin S. C., J. C. Abma, and K. Kost. 2015. 2010 Pregnancy rates among U.S. women (http://www.cdc.gov/nchs/data/hestat/pregnancy/2010_pregnancy_rates.htm); Martin, J. A., et al. 2015. Births: Final data for 2013. National Vital Statistics Reports 64(1). Hyattsville, MD: National Center for Health Statistics; Jones, R. K., and J. Jerman. 2014. Abortion incidence and service availability in the United States, 2011. Perspectives on Sexual and Reproductive Health, 46(1): 3–14.

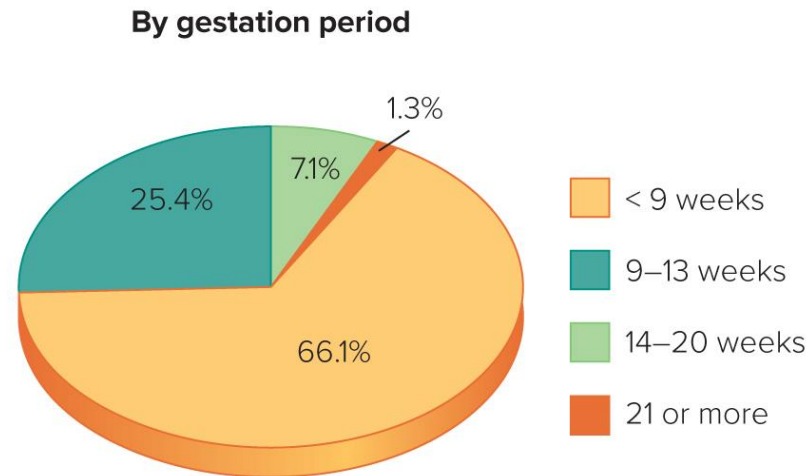
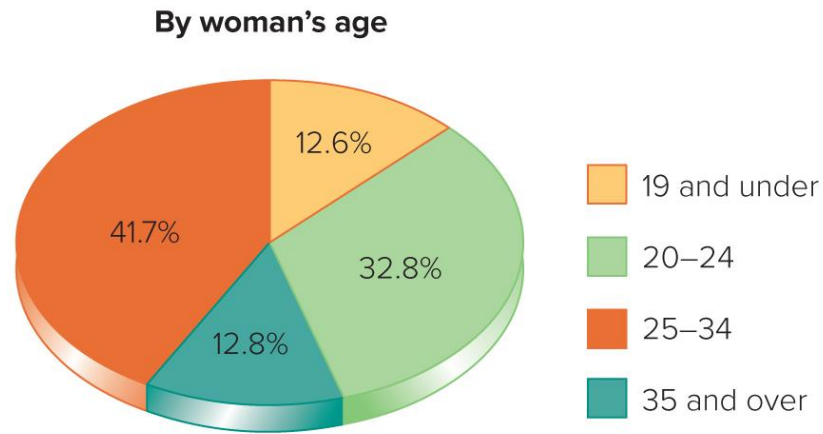


Figure 7.2 Distribution of Abortions by Age and Weeks of Gestation: 2012

Women aged 25 to 34 account for the largest number of abortions (41.7% of all abortions in 2012). The timing of abortions has shifted to earlier in pregnancy, with over 90% taking place within the first 13 weeks.

Abortion Indicators

- Personal and social:
 - Lack of financial resources
 - Interference with the woman's work
 - Educational aspirations
 - Ability to care for dependents
 - Reluctance to become a single mother
 - Problems in a relationship
- Fetal and maternal:
 - Fetus with a life-threatening or developmental abnormality
 - Health risk to the woman

Personal Considerations

- For the woman

 - How her life will change

 - Whether she is ready to take on a child or another child

 - How she feels about adoption or abortion

 - Financial considerations

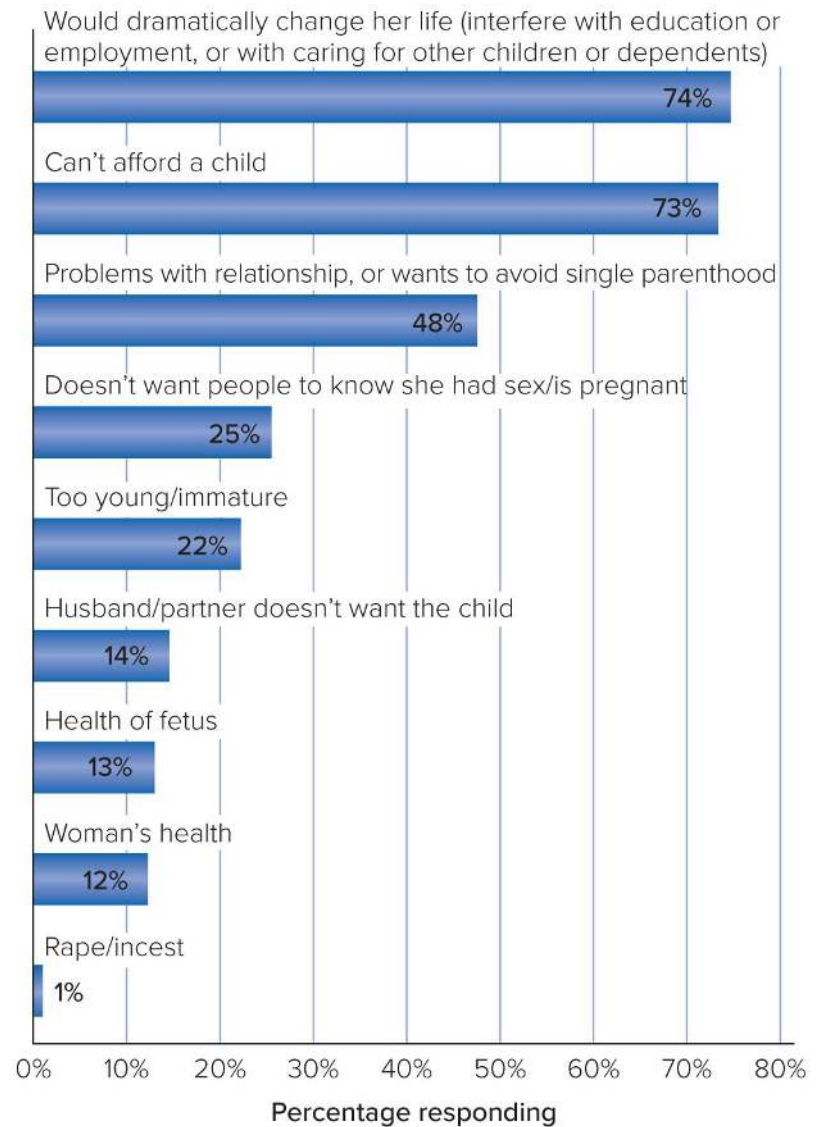
- For the man

 - May experience emotions similar to those felt by the woman

 - In some instances, disagree with the woman's decision and may try to control the outcome

Figure 7.3 The Reasons Women Have Abortions

Researchers asked women to describe their reasons for deciding to have an abortion.



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

[Jump to long image description](#)

Methods of Abortion in the First Trimester

- Up to 2.5 months into a pregnancy, pills or procedure
- 2.5–3.5 months, procedure
- Medical abortion
 - Mifepristone and misoprostol
 - Successfully ends pregnancies 95–97% of the time
- Aspiration abortion
 - “Suction abortion” or dilation and curettage (D and C)
 - Uses an instrument called suction curettage
 - Women are given powerful pain medication
 - Successful 98% of the time

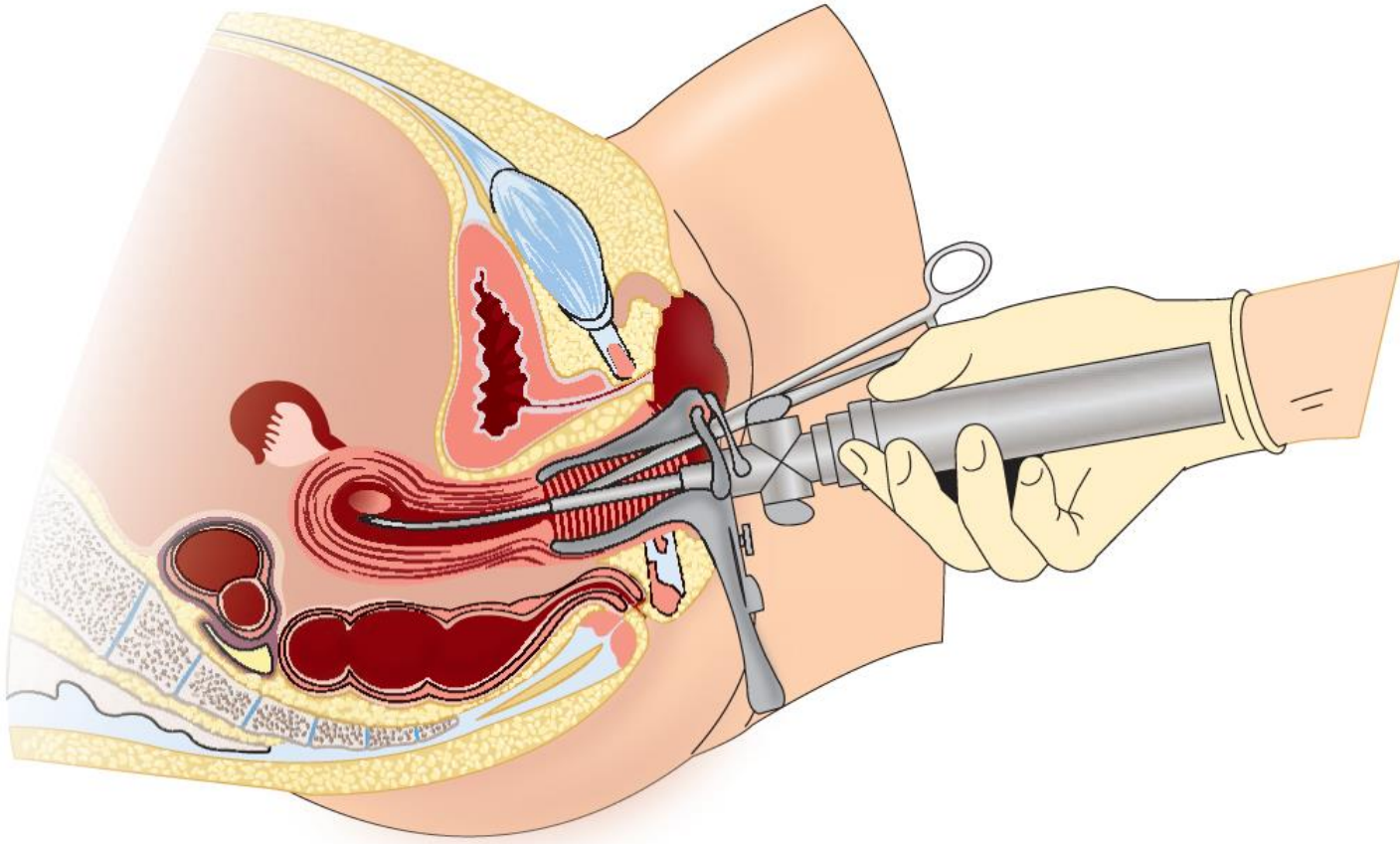


Figure 7.4 Suction Curettage

This procedure takes 5–10 minutes and can be performed until the end of the first trimester of pregnancy.

Methods of Abortion in the First Trimester ⁽²⁾

- Medical vs. aspiration abortion

Advantages of medical abortion

- More control and privacy for the woman
- Feels more “natural” because it mimics a miscarriage
- Noninvasive

Disadvantages of medical abortion

- Takes longer to complete
- Side effects: nausea, vomiting, diarrhea, abdominal pain
- Requires more clinic visits
- More prolonged vaginal bleeding than aspiration
- Small risk of failure

Financial cost is about the same

Methods of Abortion in the Second Trimester

- About 10% of abortions take place more than 3 months into the pregnancy
 - Induction; or dilation and evacuation
- Dilation and evacuation (D and E) is the most common second-trimester pregnancy termination in the U.S.
 - Dilate cervix
 - Vaginal evacuation using suction and other instruments

Postabortion Care

- Possible physical effects

Complications are reduced with good patient health, early timing, use of the suction method, care by a trained clinician, and preabortion testing for STIs

Danger signs include:

- Fever above 100° F

- Abdominal pain, swelling, or backache

- Abdominal tenderness (to pressure)

- Prolonged or heavy bleeding

- Foul-smelling vaginal discharge

- Vomiting or fainting

Postabortion Care ⁽²⁾

- Possible emotional effects
 - Relief, guilt, regret, loss, anger
 - Some experience a period of sadness
- Those with resilient personalities fare better
- In a study of those denied abortion, most adjusted to motherhood
 - Three times more likely to end up below the federal poverty line two years later, as compared to those who had abortions

Legal Restrictions on Abortion

- 1973: *Roe v. Wade* legalized abortion and devised new standards

Divided pregnancy into three trimesters

First trimester, abortion up to the judgment of the woman and her doctor

Second trimester, similar rights up to the point when the fetus becomes viable (24 weeks of gestation)

Legal Restrictions on Abortion ⁽²⁾

- Court rulings since *Roe v. Wade* allow states to regulate abortion throughout pregnancy as long as there is no “undue burden”

Hyde Amendment, 1976; Affordable Care Act, 2010

States have passed laws that reduce access to abortion

Restrictive laws

- Physician and hospital requirements
- State-mandated counseling
- Waiting periods
- Parental involvement

Laws that delay access to abortion have resulted in abortions at later gestational ages

The Public Debate about Abortion

- Pro-life position: life begins at conception; fertilized egg must be afforded the same rights as a human being

Any women having sex knows pregnancy is possible; she has a moral obligation to continue the pregnancy to delivery

Women unable or unwilling to raise a child should consider putting the child up for adoption

The Public Debate about Abortion (2)

- Pro-choice position: the decision to end or continue a pregnancy is a personal matter, and a woman should not be compelled to carry a pregnancy to term

Distinctions must be made between the stages of fetal development

Fetus is part of the pregnant woman, and she has priority

Pregnancy can result from contraceptive failure or other factors out of a couple's control

Most moral decision must be determined according to each situation

The Public Debate about Abortion (3)

- One half of Americans feel abortion is morally wrong, but an overwhelming majority support the availability of abortion in some circumstances

Most do not support the use of public funds for abortion

- Many believe more effort should be made in other areas:

Sex education and effective contraception

Policies that make it easier to raise a child, such as parental leave, child care programs, and reduced costs for education and health care

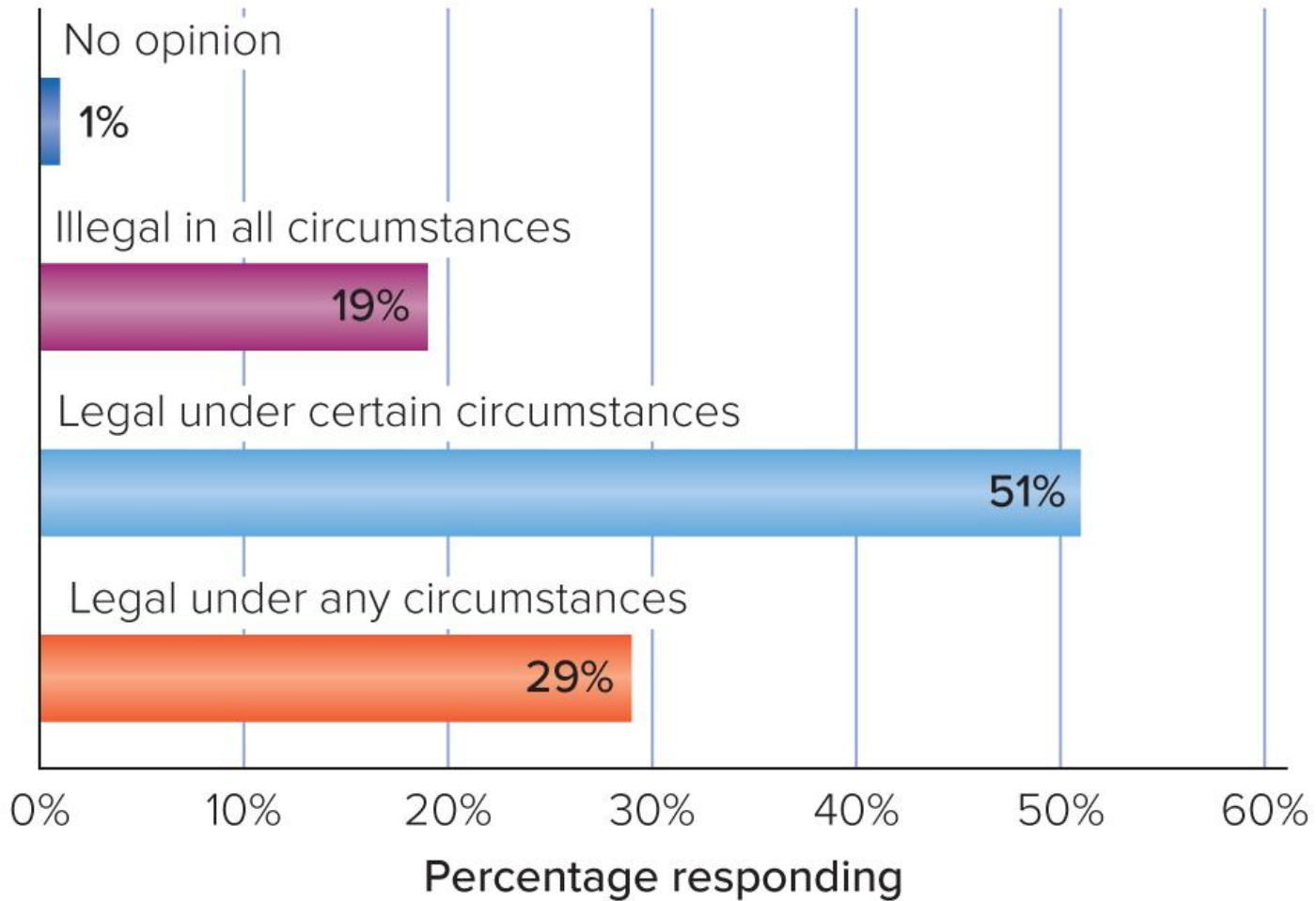


Figure 7.5 Public Opinion about Abortion

SOURCE: Gallup Inc. 2016. Public Opinion about Abortion (<http://www.gallup.com/poll/1576/abortion.aspx>). Copyright 2016 Gallup Inc. All rights reserved. The content is used with permission; however, Gallup retains all rights to publication.

Review

- Summarize the history of abortion in the United States since the 19th century
- Discuss basic facts about abortion and the decision to have one
- Explain the methods of abortion
- Explain post-abortion care
- Describe the legal restrictions placed on abortion in the United States
- Explain the current debate over abortion

Long image descriptions

APPENDIX A



Figure 7.3 The Reasons Women Have Abortions Appendix

- 74%, it would dramatically change her life (interfere with education or employment, or with caring for other children or dependents)
- 73%, that she can't afford a child
- 48%, problems with relationship, or wants to avoid single parenthood
- 25%, doesn't want people to know she had sex/is pregnant
- 22%, too young/immature
- 14%, husband/partner doesn't want the child
- 13%, health of fetus
- 12%, woman's health
- 1%, rape/incest