Induced termination of pregnancy

Current trends

During 2016, 8,942 induced terminations of pregnancy (abortions) were performed in Oregon. This total represents a 3.9% increase from 2015, and a decrease of 43.2% from the record high of 15,735 abortions reported in 1980 (see Figure 3-1).

This chapter reports data for all abortions occurring in Oregon whether obtained by Oregon residents or residents of another state. The percentage of abortions in Oregon obtained by out-of-state residents has been between 9.4% and 12.6% from 1994 to the present. In 2016, 947 patients (10.6%) were out-of-state residents (see Table 3-6). Oregonians who obtained abortions out of state are not included in these data. Because rate calculations use Oregon population numbers, they substitute out-of-state residents for the unknown number of Oregonians who obtained an abortion in another state (see Appendix B: "Technical notes," for a more extensive discussion of the completeness of abortion data).

Behavioral changes are revealed more by shifts in rates, which account for population change, than by changes in the number of events. The national abortion rate has been declining since 1980 from approximately 25 per 1,000 women aged 15–44 to 12.5 per 1,000 in 2013, the most recent year

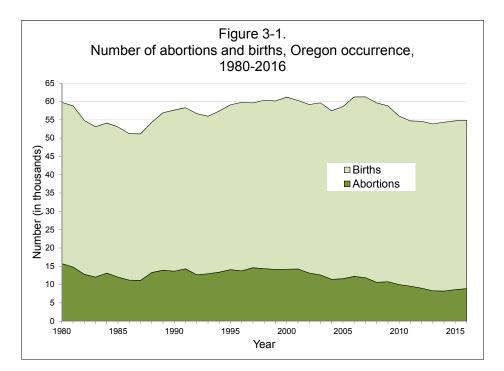


Table 3-A. Comparison of Oregon and U.S. abortion ratios, 1985-2013			
Year	U.S. abortion ratio ¹	Oregon's abortion ratio ² as percent difference from U.S.	
1985	354	-16%	
1986	354	-21%	
1987	356	-21%	
1988	352	-9%	
1989	346	-6%	
1990	344	-11%	
1991	338	-4%	
1992	334	-13%	
1993	333	-10%	
1994	321	-4%	
1995	311 ³	+2%	
1996	315	-4%	
1997	306	+6%	
1998	264 ³	+17%	
1999	256 ³	+12%	
2000 2001 2002 2003 2004	245 ⁴ 246 ⁴ 241 ⁵ 238 ⁵	+24% +25% +16% +12% +4%	
2005	233 ⁶	+7%	
2006	236 ⁷	+6%	
2007	231 ⁷	+4%	
2008	234 ⁷	-8%	
2009	227 ⁸	0%	
2010	228 ⁷	-5%	
2011	219 ⁹	-3%	
2012	210 ⁷	-6%	
2013	*200 ⁷	-9%	
MMWR Novem ² See Table 3-2 ³ Alaska, Califo Oklahoma did r ⁴ Alaska, Califo report ⁵ California, Ne not report	ber 25, 2016; 65 2 rnia, New Hamp not report rnia, and New H w Hampshire an		

⁷ California, Maryland and New Hampshire did not

report

⁸ California, Delaware, Maryland, and New Hampshire did not report

⁹ Alaska, California, Delaware, Louisiana, Marylan New Hampshire, and West Virginia did not report

NOTE: These are original numbers reported by the CDC and may not reflect any subsequent changes

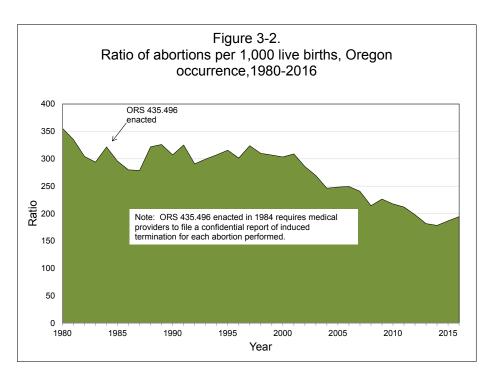
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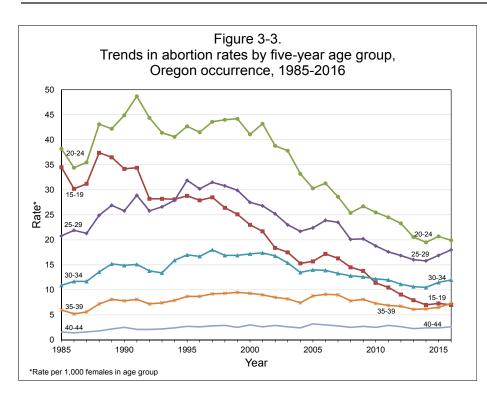
for which national data are available.(1) In 2016, the Oregon rate increased to 11.1 per 1,000 women aged 15–44, a 1.8% increase from 2015, and a 55.8% decrease from the record high seen in 1980 (25.1 per 1,000). During the past 20 years, Oregon's abortion rate for women aged 15–44 has generally declined — from a high of 20.9 in 1997 to 11.1 per 1,000 women in 2016.

Pregnancy outcomes

Figure 3-2 shows the ratio of abortions to births occurring in Oregon. Both the highest abortion rate (number of abortions per 1,000 female population) and the highest ratio of abortions (number of abortions per 1,000 births) occurred in 1980. In 1984, the level of reporting increased due to new legislation that required providers to report all abortions performed. Although the overall abortion ratio has gradually declined since 1980, with periodic spikes (see Figure 3-2), the last three years have seen a slight increase in the ratio.

In 2016, there were 194.5 abortions per 1,000 births in Oregon. This represents an 4.1% increase from 2015 and a 45.3% decrease from 1980 when this ratio was 355.8 per 1,000 births (see Table 3-2). Since 1973 when the U.S. Supreme Court's decision in Roe v. Wade legalized abortion, Oregon's abortion ratio has fluctuated relative to the national ratio. Since the mid-2000s, however, Oregon's abortion ratio has remained near the national ratio (see sidebar Table 3-A).





Abortion patients

Similar to birth rates, abortion rates differ by age group, race, ethnicity, marital status and prior pregnancy. Just over two-thirds of abortion patients have never been married (see Table 3-3), and half have previously given birth (see Table 3-5).

Age

There is wide variation in abortion rates among age groups. The highest rate in 2016 occurred among women aged 20–24 (19.9 per 1,000). The lowest rates were among women under age 15 and women 45–49 (0.2 per 1,000 and 0.3 per 1,000; see sidebar Table 3-B).

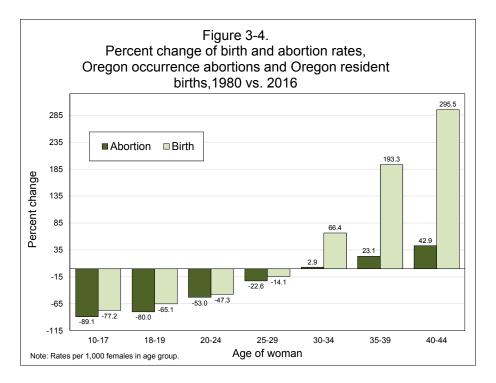
The 2016 abortion rate among teens aged 10–17 was 89.1% lower than the rate in 1980, when the statewide abortion rate was highest; the rate for 18–19-year-olds was 80.0% lower (see Figure 3-4). The absence of a corresponding increase in the birth rates among teens suggests success in avoiding unwanted pregnancy, rather than an increase in decisions to carry unwanted pregnancies to term. In contrast, among women age 35–39, abortion rates were 23.1% higher in 2016 than in 1980.

Table 3-B. Abortion rates by age and percentage distribution, Oregon occurrence ¹ , 2016			
Age	Rate ²	%	
<15	0.2	0.2	
15-19	7.0	9.7	
20-24	19.9	28.5	
25-29	18.0	27.7	
30-34	12.0	18.6	
35-39	7.3	11.1	
40-44	2.6	3.8	
45-49	0.3	0.4	
15-44	11.1	99.4	

¹ Occurrence data include all abortions reported by providers located in Oregon, regardless of the patient's residence. Because rate calculations employ Oregon population figures, these calculations, in effect, substitute out-of-state residents for Oregonians who may have obtained an abortion in another state.

3 - 3

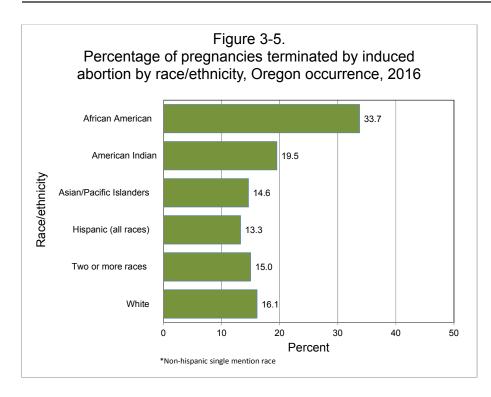
Per 1,000 females in age group



Race and ethnicity

Beginning in 2008, collection of race and ethnicity data on Oregon birth certificates changed to obtain more precise information about an individual's race and Hispanic ethnicity. In prior years, only one race category could be selected. Now multiple race and ethnicity categories may be chosen. For this reason, pregnancy data (births and abortions) by race/ethnicity since 2008 are not directly comparable to years before 2008.

The frequency with which abortion procedures were used to terminate pregnancies varied among ethnic and racial groups. African American and American Indian women had the highest percentages of terminated pregnancies in 2016 with 33.7% and 19.5%, respectively. Because of Oregon's predominately White demographic composition, White women obtained the majority of abortions by count in 2016; however, they had the third highest percentage of pregnancies terminated, 52.2% lower than African American women. The lowest percentage of pregnancies terminated was among women of Hispanic ethnicity (13.3%) followed by Asian/Pacific Islander women (14.6%) (see Figure 3-5).

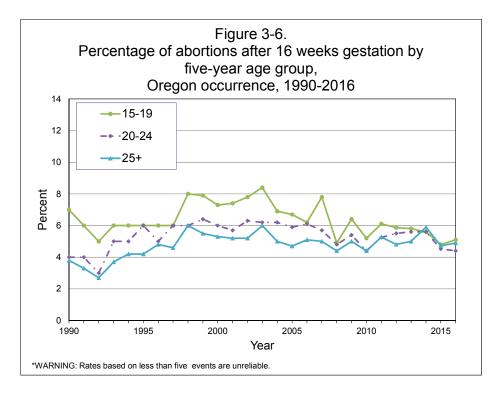


Contraceptive use

In the majority of abortions that occur in Oregon, the pregnancy is not a result of contraceptive failure. In 2016, based upon data obtained from abortion reports, 36.1% of women used some method of contraception to avoid pregnancy. Of the 63.9% of abortion patients who did not report using contraceptives, 37.0% had previously obtained an abortion (see Table 3-5).

Medical procedures

For abortions with known gestation periods, 89.2% were performed prior to the 13th week of pregnancy. Approximately one in 20 (4.8%) induced terminations where gestation was known was performed after 16 weeks. Medical (non-surgical) was the procedure used in 48.2% of terminations prior to the 13th week where method was reported. Dilation and evacuation was the procedure in 88.8% of terminations occurring after 16 weeks' gestation. Women younger than 20 obtained 6.9% more abortions after 16 weeks' gestation than women aged 20 and older (see Table 3-4). The percentage of abortions occurring after 16 weeks' gestation increased for age groups 15–19 and 25+ and decreased for age group 20–24 (see Figure 3-6).



Complications at the time of the induced termination procedure were reported for 370 terminations (4.1% of abortion patients). Retained products (121 patients) and failure of first method (45 patients) were the most common complications. In Oregon, no woman is reported to have died as the result of a legally induced termination.

Geographic distribution

Abortion rates varied widely within Oregon with 35 of 36 counties reporting at least one resident who obtained an abortion in 2016. Service providers, conversely, were geographically concentrated. In 2016, abortions were reported in eight counties. The concentration was evident in the fact that 90.2% of all abortions were obtained in the five counties of highest occurrence: Jackson, Lane, Marion, Multnomah and Washington (see Table 3-7). Although abortions often may be sought outside a patient's community to help ensure anonymity, this degree of concentration suggests that access to abortion may be limited for some Oregon women.

Endnote

1. Centers for Disease Control and Prevention (CDC). Abortion surveillance — United States, 2013. MMWR. Nov. 25, 2016; V65, No.12.