By law, the Public Health Division’s Center for Health Statistics tracks induced abortions in Oregon. Abortions—calculated either as a rate per 1,000 women of childbearing age or as a proportion of live births—have mostly fallen in Oregon during the past two decades. This edition of CD Summary further examines trends in abortion and other closely related events, including unintended pregnancy and adoption.

FERTILITY AND UNWANTED PREGNANCY

Oregon’s birth rate declined 15% from just over 69 births per 1,000 women of childbearing age (15–44 years) in 1980 to about 60 in 2004. Since then, the birth rate has regained over half of the decline (Figure 1).*

Happily, the proportion of pregnancies carried to term that were unintended or unplanned appears to be declining. According to the Pregnancy Risk Assessment Monitoring System (PRAMS), the proportion of Oregon births that were unintended or unplanned fell slightly from 40% during 1998–99 to 38% during 2005.† We attribute declines in proportions of pregnancies that are unintended, unintended or unplanned to both an increase in intended pregnancy and to a decline in unintended pregnancy. Population growth among ethnic groups with higher fertility rates suggests absolute increases in intended pregnancy and birth.‡

Meanwhile, data from the Oregon Healthy Teens Survey suggest that increasing contraceptive use among young women is contributing to declines in unintended pregnancy. During 2007, 45% of 11th graders reported having had sexual intercourse, and 34% of these reported having used contraception at last intercourse, up from 28% during 1997.§ Contraceptive use by adult women increased as well. The proportion of adult Oregon women of reproductive age using highly effective contraceptive methods rose from 65% during 1999 to 70% during 2006.§

ABORTION

Data collection: Oregon practitioners must complete and submit an ITOP (Induced Termination of Pregnancy Report) to the Center for Health Statistics for every induced abortion performed. This report records the location of the procedure, gestational age, the patient’s county of residence, abortion method, any complications that occurred, and when the abortion took place. Nevertheless, abortion is still likely to be under-reported. Estimates of abortions using provider surveys tend to be higher than estimates based on mandated reporting.‡

Abortion trends: During 2007, practitioners reported 11,883 induced abortions in Oregon, corresponding to a rate of 219 abortions for every 1,000 live births among women aged 15–44 years. The rate of induced abortions per 1,000 women in Oregon has gradually declined since 1980 and closely reflects the trend in rates for the US (Figure 2).† Rates of induced abortion are highest among women aged 10–17 years. They then fall for successive age groups through 30–34 years before rising again among women 35–39 and ≥40 years (Figure 3). This U-shaped age group distribution of rates likely reflects a higher proportion of pregnancies that are unintended or unwanted among women ≥35 years. Rates have declined among all age groups since 1990.

* www.dhs.state.or.us/dhs/ph/chi/data/arpt/07v1/section2.shtml
† www.oregon.gov/DHS/ph/pnh/prams/9899qlist.shtml
‡ www.dhs.state.or.us/dhs/ph/chs/data/ohdata.shtml
§ www.dhs.state.or.us/dhs/ph/chs/brfs/07/dem.pdf
If you need this material in an alternate format, call us at 971-673-1111.

By race and ethnicity, abortion rates are higher among African-Americans and exceed those among Hispanics, whites, American Indians and Alaska Natives and Asians for all age groups from 15–39 years. (Figure 4)

Figure 4 Induced abortions by age group and race

Abortion Timing: During the previous decade, Oregon women who sought abortions have done so earlier in their pregnancies (Figure 5). During 1998–2007, abortion during the 4th–8th weeks increased from 58% to 62% of induced abortions, and late first and early second trimester abortion declined. Induced abortions after 16 weeks remained uncommon.

Abortion Methods: Surgical methods—either suction curettage or dilation and evacuation—continue to be the most common means of abortion. However, medication abortions (non-surgical), have increased notably. In September 2000, the US Food and Drug Administration approved mifepristone, the first of several drugs approved for use in the U.S. to induce abortion. Since then medication abortions have increased from 1% to 17%

Figure 6 Percentage of abortion by procedure type, Oregon 1998–2007

of induced abortions (Figure 6).

Abortion Complications: The ITOP report is also used to collect information about complications during the initial procedure and follow-up. These probably undercount complications because some women who experience complications do not return for follow-up or seek care from another provider. Nevertheless, providers reported complications for 200 (1.6%) patients who underwent induced abortion during 2007, including retained products of conception (75, 0.6%), infection (36, 0.3%), failure of termination (19, 0.2%) and other (43, 0.4%).

ADAPTON

No Oregon-specific data are available for the number or rate of women who relinquish infants for adoption. However, data from the National Survey of Family Growth—now a few years old—do not suggest that declining abortion rates can be explained by increases in the numbers of women choosing to carry the pregnancy to term and relinquish the child for adoption. The percentage of children born to never-married women aged <45 years relinquished for adoption fell from 9% before 1973, to 4% during 1973–1981, and to 1% during 1996–2002.4

REFERENCES