Current trends

During 2013, 8,287 induced terminations of pregnancy occurred in Oregon. This total represents an 8.1% decrease from 2012, and a decrease of 47.3% 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 out-of-state residents terminating pregnancies in Oregon has been between 9.4% and 12.6% from 1992 to the present. In 2013, 777 patients (9.4%) were out-of-state residents (see Table 3-6). Oregonians that obtained out-of-state abortions 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 that 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 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 14.6 per 1,000 in 2010, the most recent data available.¹
In 2013, the Oregon rate decreased to 10.6 per 1,000 women aged 15–44, a 9.4% decrease from 2012, and a 57.8% 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 21.4 in 1991 to a low in 2013 of 10.6 per 1,000 women.

### Pregnancy outcomes

Figure 3-2 shows the ratio of abortions to births occurring in Oregon. It indicates the prevalence of unwanted pregnancies that occurred in the state. 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 there have been periodic spikes in the overall abortion ratio (see Figure 3-2), it has been gradually declining since 1980.

In 2013, there were 181.8 abortions per 1,000 occurrence births. This represents an 8.1% decrease from 2012 and a 48.9% decrease from 1980 when this ratio was 355.8 per 1,000 births (see Table 3-2).

Oregon’s abortion ratio was about one-fifth higher than that of the United States in 1973, when the U.S. Supreme Court’s decision in Roe v. Wade legalized abortion. In the mid-1980s, this trend changed as Oregonians terminated fewer abortions.
pregnancies with induced abortions compared to the country as a whole. This trend reversed itself beginning in the late 1990s, as Oregon’s abortion ratio climbed past the national rate, reaching a maximum divergence of +25% in 2001. Since the mid-2000s, however, Oregon’s abortion ratio has fluctuated 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. More than two-thirds of abortion patients have never been married (see Table 3-3), and more than half have previously given birth (see Table 3-5).

Age

There is wide variation in abortion rates among age groups (see Figure 3-3). The highest rate in 2013 occurred among women aged 20–24 (20.6 per 1,000). The lowest rates were among women under age 15 (0.1 per 1,000) and women 45–49 (0.2 per 1,000; see sidebar Table 3-B).

The 2013 abortion rate among teens aged 10–17 was 86.5% lower than the rate in 1980, when the statewide abortion rate was highest; the rate for 18–19-year-olds was 78.1% lower (see Figure 3-4). The absence of a corresponding

![Figure 3-3. Trends in abortion rates by five-year age group, Oregon occurrence, 1985-2013](image)

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>15-19</td>
<td>7.9</td>
<td>11.9</td>
</tr>
<tr>
<td>20-24</td>
<td>20.6</td>
<td>31.4</td>
</tr>
<tr>
<td>25-29</td>
<td>16.0</td>
<td>26.1</td>
</tr>
<tr>
<td>30-34</td>
<td>10.6</td>
<td>17.1</td>
</tr>
<tr>
<td>35-39</td>
<td>6.1</td>
<td>9.6</td>
</tr>
<tr>
<td>40-44</td>
<td>2.3</td>
<td>3.3</td>
</tr>
<tr>
<td>45-49</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>15-44</td>
<td>10.6</td>
<td>99.5</td>
</tr>
</tbody>
</table>

*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.

² Per 1,000 females in age group
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 aged 35–49, abortion rates were only 3.4% lower in 2013 than in 1980.

**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 2013 with 35.2% and 18.1%, respectively. Because of Oregon’s predominately White demographic composition, White women obtained the majority of abortions by count in 2013; however, they had the third highest percentage of terminations overall, 54.8% lower than African American
women. The lowest percentage of terminated pregnancies was for women of Hispanic ethnicity that terminated 9.4% of pregnancies in 2013 (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 2013, based upon data obtained from abortion reports, 26.1% of women used some method of contraception to avoid pregnancy. Of the 73.9% of abortion patients that did not report using contraceptives, 40.2% had previously obtained an abortion (see Table 3-5).

**Medical procedures**

For abortions with known gestation periods, 87.5% were performed prior to the 13th week of pregnancy. About one in 20 (5.3%) induced terminations where gestation was known were performed after 16 weeks. Suction curettage was the procedure used in 47.9% of terminations prior to the 13th week where method was reported. Dilation and evacuation was the procedure in 89.3% of terminations occurring after 16 weeks gestation. Women younger than 20 obtained 12.6% 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
decreased slightly for women aged 15–19, but increased for all other age groups (see Figure 3-6).

Complications at the time of the induced termination procedure were reported for 211 terminations (2.5% of abortion patients). Retained products (83 patients) and failure of first method (25 patients) were the most common complications. In Oregon, no woman has died as the result of a legally induced termination.

**Geographic distribution**

Abortion rates varied widely within Oregon with 34 of 36 counties reporting at least one resident that obtained an abortion in 2013. Service providers, conversely, were geographically concentrated. In 2013, abortions were reported in 10 counties. The concentration was evident in the fact that 94.5% 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 services may be limited for some Oregon women.
Endnote