

## KEEPING TRACK OF ABORTIONS IN OREGON

**A**BORTION HAS long been practiced in the United States, with varying degrees of controversy and legality.<sup>1</sup> In 1969, the "Oregon Abortion Law" went into effect, legalizing abortions performed by licensed medical providers in a hospital setting. That law was superseded by *Roe v. Wade* in 1973. It is anticipated that new medical (i.e., non-surgical) methods for abortion will be approved in early 1997 that will have a potentially significant effect on practices in the United States. This report provides a brief overview of Oregon's surveillance system, and previews changes in the forms Oregon physicians use to report abortion.

### SURVEILLANCE: COMPREHENSIVE AND CONFIDENTIAL

Oregon instituted a voluntary state-wide reporting system to collect data on induced abortions in the early 1970s. In 1984, the Legislature enacted the current reporting statute, ORS 435.496, requiring medical providers to file a confidential report with the Health Division's Center for Health Statistics for each induced abortion performed in Oregon, regardless of fetal gestation.<sup>2</sup> The CDC has compiled national surveillance data since 1969. In this report, "induced abortion" and "abortion" are used interchangeably to refer to an induced termination of pregnancy.

Oregon's surveillance system uses data reported by physicians, clinics, and hospitals. To facilitate compliance with the law, the Health Division supplies

abortion providers with "Report of Induced Termination of Pregnancy" forms. The forms are designed to collect information for statistical and research purposes only. By law,<sup>2</sup> all identifying information collected about the patient or provider is kept strictly confidential. Data gathered from these reports are presented only in aggregate form, ensuring that specific individuals are not identified.

A variety of demographic data is collected: place of residency, age, marital status, race/ethnicity, education, history of previous pregnancies, and contraceptive failure. Medical data include: gestational age, termination procedure type, and known complications of the termination. Data are analyzed by the place the abortion was performed, rather than the patient's place of residence. Data are typically unavailable for abortions obtained out-of-state by Oregon residents.

Surveillance data are used to monitor abortion procedures for adequacy and safety. They are also used by many public and private agencies with interests in pregnancy, family planning, maternal health, and related issues.

### OREGON DATA

In 1995, 14,079 abortions were reported to the Health Division—a 5% increase over 1994. The abortion rate for females aged 15 to 44 rose from 19.5/1,000 in 1994 to 20.4/1,000 in 1995. In Oregon there were 323 abortions performed for every 1,000 births during 1995, a 5% increase from the 1994 ratio of 307/1,000. Reported rates in Oregon are somewhat lower than the U.S. as a whole, where the rate for these ages has remained relatively stable at about 21–24/1,000 since at least 1980 (see graph).

The vast majority (88%) of abortions where the fetal age was reported were done prior to the thirteenth week of pregnancy. Slightly more than 5% of

1995 abortions were performed after 16 weeks gestation—more commonly among women under 20 years old. Suction curettage was the most common procedure reported (92% of all cases). Reported complications at the time of the procedure were rare: <1%. According to Health Division records, no Oregon women have died as a result of legal abortion since 1971.

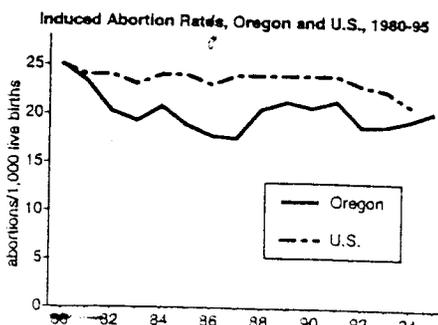
Although at least one resident of each of Oregon's 36 counties had an abortion in 1995, these procedures were performed in only 8 counties. Over 90% were reported from Multnomah, Lane, and Washington counties, which together comprise 41% of the Oregon population.

Abortion data are important in tracking the problem of teen pregnancy. A significant proportion of pregnancies are terminated by induced abortion, so pregnancy rates derived from live birth counts alone would be very misleading. In 1995, for example, 36% of pregnancies among Oregon women ≤17 years old were aborted. The reported live birth rate for this age group is 12.2/1000, but the overall pregnancy rate is 19.2 per 1,000 females when abortion data are considered.

### CHANGES TO REPORTING FORMS

The Food and Drug Administration is expected to soon approve mifepristone (née RU-486) for use as an abortifacient. Clinical trials studying the off-label use of methotrexate to induce abortions are also being evaluated. The CDC has recommended adding a new "medical" procedure-type category to abortion reporting forms. Oregon uses a modified version of the U.S. form; beginning in 1997, a separate category on the form will be added to collect data on medically-induced abortions.

At this time, it is difficult to predict what if any impact the licensure of medical abortion methods will have on abortion practices in Oregon and abortion surveillance data. All current and new abortion providers should order a supply of the new



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## CD SUMMARY

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PERIODICALS  
POSTAGE  
**PAID**  
Portland, Oregon

reporting forms (call 503/731-4027). For more information, interested readers are referred to the current medical literature (see below) or to Health Division specialists regarding Oregon surveillance data (503/731-4354). For specific questions about Oregon's abortion reporting laws call 503/731-4412 or 731-4109.

### REFERENCES

1. Mohr JC. Abortion. In *The Reader's Companion to American History*. Foner E, Garraty J, eds. 1991. Boston: Houghton Mifflin. pp 3-5.
2. Oregon Revised Statutes 435.496.

### Other References On Medical Abortion

- Hausknecht RU. Methotrexate and misoprostol to terminate early pregnancy. *N Engl J Med* 1995;333:538-540.
- Peyron R, Aubeny E, Targosz V, Silvestre L, et al. Early termination of pregnancy with mifepristone (RU 486) and the orally active prostaglandin misoprostol. *N Engl J Med* 1993;328:1509-1513.

### Influenza Update

AS OF TODAY, type A influenza virus has been cultured from 43 (9%) of 441 specimens submitted to the Oregon State Public Health Laboratory as part of our annual influenza surveillance program. This is comparable to the 51 (14%) of 363 specimens that were culture-positive by this time last year. While most of this year's Oregon isolates have not yet been subtyped, all that have been tested are H3N2. In Washington, 265 influenza isolates have been confirmed to date; 92% type A, 8% type B. Overall, however, 99% of the isolates tested this season in the United States have been type A, with the remainder type B. All type A isolates tested to date have been H3N2.

Influenza activity in Oregon is officially categorized as "regional," meaning that cases have been reported in counties that comprise  $\geq 25\%$  but  $< 50\%$  of the state's population.

### Diabetes Prophylaxis Redux

A RECENT ISSUE of the *CD Summary* (Nov. 12, 1996; Vol. 45, No. 23) discussed diabetes in Oregon, including nationally recommended guidelines for reducing the incidence of many common complications of the disease. Inexplicably and inexcusably, although in the text we discussed the problem of diabetic retinopathy, which can lead to blindness, in the summary table we omitted mention of the eye exams that are key to reducing the incidence of this complication. We regret this oversight—more than words can express. Thanks to an eagle-eyed reader in Coos County, however, this gaffe need not remain inexpungible. Indeed, we hope that this corrigendum calls heightened attention to the value of this and other interventions. A revised table is printed here. Readers are invited to note the correction on their file copies.

### Rabid Cat Strikes Back

THE RECENT identification of a rabid cat in Douglas County serves as a reminder that, while it's not (yet) the law, vaccination of cats in Oregon is already a good idea and is strongly recommended. The animal in question was a feral cat, but several unvaccinated pet cats that may have been exposed to it have been destroyed by wary owners. The rabid cat bit at least three people, six of whom are undergoing post-exposure prophylaxis.

This is the first rabid animal identified in Oregon this year, which isn't saying much this first week in January. Last year five rabid bats were confirmed, but no tetrapods. The last rabid cat identified was in 1993.

Rabies and the handling of animal bites in Oregon was reviewed in these pages last year (Jan. 23, 1996). Copies are available to interested readers.

Prophylactic Regimens for Diabetic Patients: Recommended Schedules and Compliance

Procedure	Schedule	Compliance*
Blood pressure monitoring	at least twice in past year	89%
BP control: SBP < 130, DBP < 85	n/a	16%
Education/self-management goals documented	within past year	55%
Tobacco use assessment	any documentation	59%
(Dilated pupil) retinal exam	within past year	30%
Foot inspection	at $\geq 75\%$ of visits in past year	24%
Complete foot examination with risk assessment	within past year	2%
Microalbuminuria screening	within past year	15%
HbA1c or fructosamine monitoring	within past year	70%
Lipid monitoring	within past year cholesterol LDL cholesterol triglycerides	70 % 40 % 63%
Low-dose aspirin prophylaxis, or documented contraindication	current	39%

\*Proportion of Medicare HMO patients in compliance with recommended schedule (unpublished OMPRO data).