

AN EPIDEMIOLOGY PUBLICATION OF THE OREGON DEPARTMENT OF HUMAN SERVICES

ABORTION TRENDS IN OREGON

ALTHOUGH ABORTIONS were legalized 30 years ago in Oregon,¹ the legality and availability of induced abortions continue to be a topic of vigorous public debate. Objective data can be important in the discussion of controversial topics, and reports from medical providers of abortions can be useful in this regard. This article describes data about abortions performed in Oregon that were reported by providers for the year 2000.

ABORTION REPORTING

CDC has compiled national surveillance data since 1969. Oregon instituted a voluntary statewide reporting system to collect data on induced abortions in the early 1970s. In 1984, the legislature enacted the current reporting statute, Oregon Revised Statute (ORS) 435.496, requiring medical providers to file a confidential report for each abortion induced in Oregon, regardless of fetal gestation or procedure type. Induced termination of pregnancy is defined as “the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth.” (OAR 333-011-0006(3)(a)).

In 1998, the reporting form was modified to include complications occurring after the initial procedure and the newer medical, non-surgical procedures, such as the use of mifepristone, also known as RU-486. It is requested that report forms be completed no sooner than two weeks and no later than thirty days after the procedure.

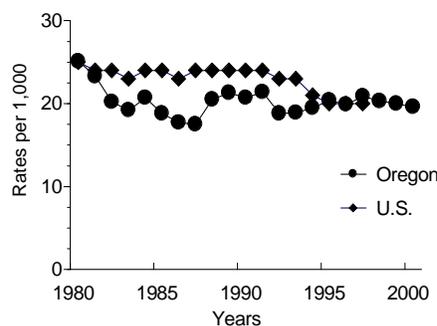
The law requires that abortions must be reported by the person in charge of the institution in which the abortion was performed. If the abortion was performed outside an institution, the attending physician must prepare and file the report. Although patient demographic information is requested on the re-

porting form, no identifying information is collected, and all information collected about patients is kept strictly confidential by law. Data are presented only in aggregate form to ensure that individuals are not identified. The identity of providers is also confidential.

WHICH WOMEN ARE HAVING ABORTIONS IN OREGON?

In 2000, 14,185 abortions* were reported to the Health Division by 21 providers across the state. Both the count and the rate of abortions have been stable for several years. In Oregon three abortions were performed for every ten resident births. Current U.S. data have not been published, but Oregon rates are similar to U.S. rates in the mid-1990s (see graph).

Induced abortion rates, Oregon and U.S. females aged 15-44

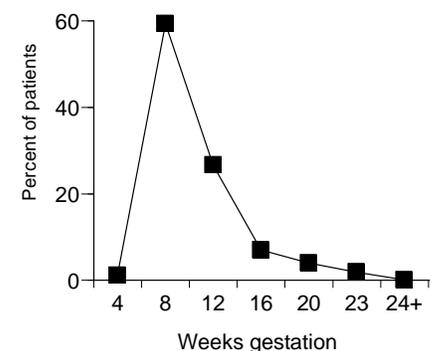


Although the ages of women having abortions ranged from 13 to 50, almost one-third of all abortions were performed on women aged 20-24 (32.7%) with the median age 24 for abortion patients overall. Adolescents (under age 18) made up 7.5% of women having abortions. Women having abortions had lower levels of educational attainment than the general population of women. Of women over 18 who had an abortion, fewer than half (46.7%) had one or more years of college, compared to 59.5% of women in Oregon generally.²

The majority of women having abortions over age 18 (61.4%) had children, while the majority of women age 18 or younger who had abortions (83.4%) did not have children. Although at least one resident of each of Oregon’s 36 counties had an abortion in 2000, procedures were reported by providers in only 10 counties. Fewer than half of the patients having abortions in Multnomah County resided there (43%).

The majority (87%) of abortions where the fetal age was reported were performed before the thirteenth week of pregnancy (see graph). The youngest women (ages 13 to 15 years) were the most likely to have an abortion after sixteen weeks gestation.

Abortions performed, by weeks gestation, Oregon 2000



WHICH PROCEDURES ARE BEING USED?

Suction curettage remains the most common procedure used for abortion, although it declined slightly from 94% of all procedures in 1999 to 92% in 2000. Although medical abortions still constitute a small minority of abortions, the use of medicines (i.e., drugs) to terminate pregnancy more than doubled between 1999 and 2000, with 82 and 200 reports, respectively. The majority of

* All reported numbers and percentages for 2000 data are preliminary.



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reported medical abortions used methotrexate (122), followed far behind by mifeprex (19) and mifepristone (13). The comparatively low numbers of mifeprex- and mifepristone-induced abortions among the reports for the year 2000 may be due to these drugs having been approved by the FDA late in 2000. Use of an additional procedure was reported for 61.5% of medical abortions. This is likely due to the common practice of using a prostaglandin analogue with mifepristone, which increases the efficacy of this regimen to nearly 100%.³

COMPLICATIONS

The reporting form requires that information about complications be reported as well. This includes complications at the initial procedure or at follow-up. One hundred seventy-one (1.4%) abortion patients in 2000 were reported to have experienced complications, either at the initial procedure (62 patients) or at a later follow-up (109

patients). The table lists the types of complications reported. No woman has died from a legal induced abortion in Oregon.

There were some differences in complication rates between suction curettage and medical procedures (1.2% compared to 12.0%). The most common complications for suction curettage were retained products and infection, while for medical procedures failure of the first abortion method was reported most commonly (5.5%, 11 reports).

While maternal deaths from abortion are likely to be identified from death certificates, these reports probably undercount the number of less severe complications experienced by patients. Complications after the initial procedure would not be reported if: 1) the woman did not return for follow-up or 2) the woman sought care with a different provider who didn't inform the original provider. Only 25% of reports indicated that a follow-up had occurred. Women who had medical abortions were more likely to have a follow-up visit than patients who had surgical abortions (55% compared with 23%). This may in part explain the higher reported complication rate among women having medical abortions.

To put these complication rates in perspective, one-third of women giving birth in Oregon during 2000 had complications reported, including 8.3% abnormalities of labor, 2.7% hemorrhage, and 1.4% infection. There were three maternal deaths associated with childbirth in Oregon in 2000. According

to the Alan Guttmacher Institute, the risk of maternal death associated with childbirth is about ten times as high as that associated with abortion.⁴ Overall, the vast majority of patients, 96 percent, who returned for a follow-up had no complications reported.

CONCLUSION

The number of abortions and the abortion rate in Oregon have remained steady for several years. Although medical abortions account for only a small proportion of abortions, their frequency has more than doubled from 1999 to 2000. By comparison with complications associated with childbirth, reported complications of abortion are low. However, the low rates of reports about follow-up visits makes it difficult to be certain of the true complication rate.

This last point emphasizes the importance of providers sending in complete and accurate reports of abortions and their complications. For additional information on this topic or to obtain a copy of the abortion reporting form, please visit the Department's website (<http://www.oshd.org/chs/abortion.htm>) or call the Center for Health Statistics at 503/731-4354.

REFERENCES

1. ORS 435.435.
2. Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2000. At <http://www.ohd.hr.state.or.us/chs/brfs/00/educa.htm>.
3. The American College of Obstetricians and Gynecologists. Medical management of abortion. ACOG Practice Bulletin. Washington D.C. No. 26, April 2001.
4. The Alan Guttmacher Institute, Facts in Brief: Induced Abortion, April 2001. At <http://www.agi-usa.org>.

Complications reported from abortion, Oregon, 2000

Type of complication	Number reported
None	14,014
Hemorrhage	14
Infection	41
Uterine perforation	2
Cervical laceration	2
Retained products	56
Failure of first method	9
Other	36

Table does not sum to total procedures due to more than one complication for some patients.