

# PROTECT SAFE AND LEGAL ABORTION

## Studies Show Abortion Has 99 Percent Safety Record; One of Safest Medical Procedures Performed in U.S.

It's been 42 years since the U.S. Supreme Court ruled in *Roe v. Wade* that a woman's constitutional right to privacy includes her right to abortion. Since then, opponents of women's health have been working tirelessly to chip away at abortion access by passing restrictions under the guise of protecting patient safety. As Congress considers policy on women's health, it's critical to listen to doctors and medical experts who know that legal abortion is safe and that better birth control access reduces the need for abortion.

**Abortion is one of the safest medical procedures performed in the United States. Data, including from the CDC, show that abortion has over a 99 percent safety record.**

- Abortion has no impact on a woman's future fertility,<sup>1</sup> abortion does no harm to women's mental health<sup>2</sup> and abortion has no relationship to breast cancer.<sup>3</sup>
- Technology in the medical field has evolved over decades, and abortion today is safely provided in doctor's offices and outpatient health centers. Abortion is similar, in terms of level of risk, to other gynecological procedures that take place in doctor's offices every day, including completion of miscarriage, loop electrosurgical excision procedure

("LEEP") to remove abnormal cells from the cervix,<sup>4</sup> hysteroscopy,<sup>5,6</sup> and endometrial ablation to treat abnormal uterine bleeding.<sup>7</sup>

- Abortion providers, including those at Planned Parenthood, base their medical care on the expert recommendations of the Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists.
- Studies show women in the U.S. experience major complications less than one percent of the time.<sup>8,9,10</sup> In those rare cases when complications do occur, they are similar to those that may occur from miscarriage, which ob-gyns and other health care professionals treat every day.

---

1. Rowland Hogue, Carol J., et al. (2009). "Answering Questions about Long-Term Outcomes." Pp. 252-279 in Maureen Paul, et al., eds., *Management of Unintended and Abnormal Pregnancy*. Chichester, West Sussex: Wiley-Blackwell.

2. AMRC – Academy of Medical Royal Colleges. (2011). *Induced Abortion and Mental Health – A Systematic Review of the Mental Health Outcomes of Induced Abortion, Including Their Prevalence and Associated Factors*. London: Academy of Medical Royal Colleges/National Collaborating Center for Mental Health.

3. ACS – American Cancer Society. (2014). *Is Abortion Linked to Breast Cancer?* [Online.] <http://www.cancer.org/cancer/breastcancer/more-information/is-abortion-linked-to-breast-cancer>, accessed January 6, 2015.

---

4. Apgar, Barbara S., et al. (2013). "Gynecologic Procedures: Colposcopy, Treatment of Cervical Intraepithelial Neoplasia, and Endometrial Assessment." *American Family Physician*, 87(12), 836-843.

5. Wortman, Morris, et al. (2013). "Operative Hysteroscopy in an Office-Based Surgical Setting: Review of Patient Safety and Satisfaction in 414 Cases." *Journal of Minimally Invasive Gynecology*, 20(1), 56-63.

6. van Kerkvoorde, T.C., et al. (2012). "Long-Term Complications of Office Hysteroscopy: Analysis of 1028 Cases." *Journal of Minimally Invasive Gynecology*, 19(4), 494-497.

7. Overton, Christopher et al. (1997). "A National Survey of the Complications of Endometrial Destruction for Menstrual Disorders: the MISTLETOE Study." *British Journal of Obstetrics and Gynaecology*, 104(12), 1351-1359.

8. Boonstra, Heather D., et al. (2006). *Abortion In Women's Lives*. New York: Guttmacher Institute.

9. Henshaw, Stanley K. (1999). "Unintended Pregnancy and Abortion: A Public Health Perspective." Pp. 11-22 in Maureen Paul, et al., eds., *A Clinician's Guide to Medical and Surgical Abortion*. New York: Churchill Livingstone.

10. Upadhyay, Ushma D., et al. (2015). "Incidence of Emergency Department Visits and Complications After Abortion." *Obstetrics & Gynecology*, 125(1), 175-83.

**Studies show that three in ten women in the U.S. has had a safe, legal abortion.<sup>11</sup> Women who decide on abortion receive support throughout the process from a medical professional.**

- Abortion is one aspect of health care for women. Today, half of all pregnancies in the U.S. each year are unintended and four in 10 of these are ended by safe and legal abortions.<sup>12</sup>
- Prior to an abortion, a woman who is thinking about ending her pregnancy receives accurate and unbiased information from a health care professional about her options: parenting, adoption and abortion. The patient completes a medical history and has blood testing and an ultrasound when needed to date the pregnancy. She learns how the process works, the range of normal symptoms to expect and the warning signs to look for.
- Just like any outpatient medical facility, health centers that provide abortion have the staffing, equipment and referral arrangements in place to handle emergencies in the unlikely event of a complication.
- Women who choose abortion can reach a medical professional 24 hours a day, 7 days a week to answer questions. In the extremely rare case of a complication that requires a hospital visit, emergency room medical professionals are trained to provide the care and intervention that a woman might need.

**Abortion later in pregnancy is very rare and often happens in the kind of situations in which a woman and her doctor need every medical option available.**

- About one percent of abortions are performed at or after 21 weeks' gestation.<sup>13</sup> The rate of complications increases as a woman's pregnancy continues, but these complications remain very unlikely. Women in the U.S. experience serious complications from abortion less than 1 percent of the time.

---

11. Jones, Rachel K. and Megan L. Kavanaugh. (2011). "Changes in Abortion Rates between 2000 and 2008 and Lifetime Incidence of Abortion." *Obstetrics & Gynecology*, 117(6), 1358-1366.

12. Finer, Lawrence B. and Mia R. Zolna. (2014). "Shifts in Intended and Unintended Pregnancies in the United States, 2001-2008." *American Journal of Public Health*, 104(S1), S43-S48.

13. CDC. (2014, November 28). "Abortion Surveillance – United States, 2011." *Morbidity and Mortality Weekly Report*, 63 (SS-11). [Online]. [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s\\_cid=ss6311a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s_cid=ss6311a1_w), accessed January 7, 2015..].[http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s\\_cid=ss6208a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s_cid=ss6208a1_w).

- Although abortions later in pregnancy are rare, these often occur due to complex circumstances. These complexities underscore the need for women to have information and access to their full range of abortion options, in consultation with a medical provider and without political interference.

**The abortion rate in 2011 was the lowest rate since 1973,<sup>14</sup> and much of this decrease is attributable to improved contraception.**

- Publicly funded family planning services available through Medicaid and Title X of the U.S. Public Health Service Act help women prevent 2.2 million unintended pregnancies each year. Without these family planning services, the numbers of unintended pregnancies and abortions would be nearly two-thirds higher than they are now.<sup>15</sup>
- Research estimates national implementation of the Affordable Care Act's birth control benefit could prevent 41-71 percent of abortions performed annually in the U.S. and reduce the birth rate among teens dramatically.<sup>16</sup>
- Because of better birth control access and technology, maternal and infant health have improved dramatically, the infant death rate has plummeted,<sup>17,18</sup> and women have been able to fulfill increasingly diverse educational, political, professional and social aspirations.<sup>19</sup>

---

14. Jones, Rachel K., and Jenna Jerman. (2014). "Abortion Incidence and Service Availability in the United States, 2011." *Perspectives on Sexual and Reproductive Health*, 46(1), 3-14. [Online]. <http://www.guttmacher.org/pubs/journals/psrh.46e0414.pdf>, accessed January 7, 2015.

15. Guttmacher Institute. (2014). *Fact Sheet: Publicly Funded Family Planning Services in the United States*. New York: Guttmacher Institute. [Online]. [https://www.guttmacher.org/pubs/fb\\_contraceptive\\_serv.html](https://www.guttmacher.org/pubs/fb_contraceptive_serv.html), accessed January 7, 2015,

16. Peipert, Jeffrey F., et al. (2012). "Preventing Unintended Pregnancies by Providing No-Cost Contraception." *Obstetrics & Gynecology*, 120(6), 1291-1297

17. NCHS – National Center for Health Statistics. (1967). *Vital Statistics of the United States, 1965: Vol. II Mortality, Part A*. Washington, D.C.: U.S. Government Printing Office (GPO)

18. MacDorman, Marian F., et al. (2013). "Recent declines in infant mortality in the United States, 2005-2011." *NCHS Data Brief*, (120). Hyattsville, MD: National Center for Health Statistics. [Online]. <http://www.cdc.gov/nchs/data/databriefs/db120.htm>, accessed January 7, 2015.

19. Jones, Rachel K. (2011). *Beyond Birth Control: The Overlooked Benefits of Oral Contraceptive Pills*. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/Beyond-Birth-Control.pdf>, accessed December 30, 2014.