

ISSUE BRIEF #6, DECEMBER 2014

## Safety of abortion in the United States

### Quick facts about abortion safety

- Less than a quarter of one percent of abortions result in a major complication.
- Less than one percent of abortions result in a complication that is diagnosed and treated in an emergency room.
- The overall abortion complication rate is lower than those for wisdom tooth removal and tonsillectomy.

In recent years, state legislatures have passed a record number of abortion restrictions with the stated intent to protect women's health and safety. These regulations include ambulatory surgical center requirements, hospital transfer agreement requirements, and physician admitting privilege requirements. Accurate evidence on the safety of abortion is needed to inform the need for such policies.

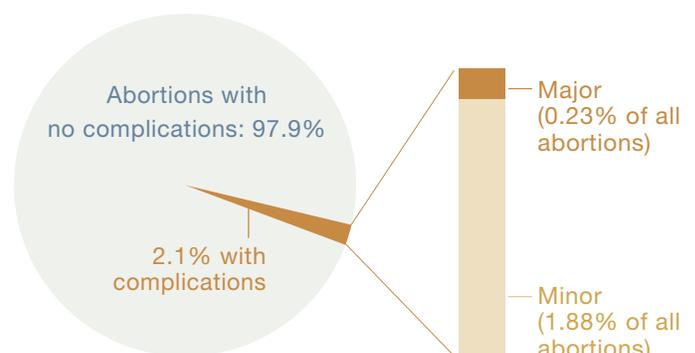
Researchers at ANSIRH recently analyzed data for nearly 55,000 abortions and all health care for up to six weeks after the abortion at any clinical site, including emergency rooms and hospitals.<sup>1</sup> Previous studies reporting abortion complication rates are often considered incomplete because they usually do not include women obtaining follow-up care at sites other than the original source of care. ANSIRH's study was unique because it used billing data from California's state Medicaid program and enabled the researchers to capture all health care visits after abortion. This study, along with previous research, provides important information about the safety of abortion in the U.S.

### ANSIRH research findings on abortion safety

Abortion is extremely safe.

- ANSIRH research found that among 54,911 abortions performed in California's Medicaid program in 2009-2010, less than a quarter of one percent (0.23%) of abortions in the study resulted in a major complication (serious, unexpected events requiring a blood transfusion, surgery, or hospital admission).
- 2.1% resulted in an abortion-related complication. Almost 90% of these were minor complications, which included having an aspiration abortion after starting a medication abortion, and a mild infection treated with oral antibiotics.
- Medication abortions had a higher rate of complications compared to aspiration abortion. Most of this difference is due to a greater need for a repeat procedure after medication abortion, which is a known outcome of the method.
- The complication rate found in this study is similar to previous research, even with emergency room visits and other sources of care included.<sup>2,3</sup>

### Percent of abortion procedures with complications

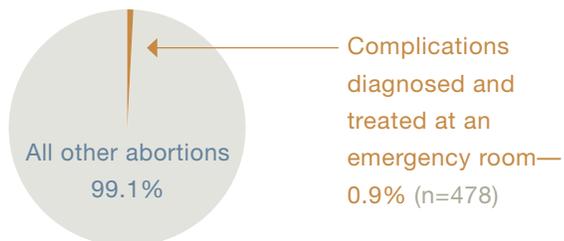


For more information about this research and other ANSIRH work, please visit [www.ansirh.org](http://www.ansirh.org).

### Complications during or right after an abortion that require transfer to an emergency room are very rare.

- ANSIRH's study found that 15 out of almost 55,000 abortions, or approximately 1 in 5,491, involved an ambulance transfer to an emergency room on the day of the abortion.
- Only 1,431 women (2.6%) went to an emergency room with an abortion-related complaint within 6 weeks of the abortion. Of these, 67% required no treatment. They were simply observed for symptoms and discharged.
- Less than 1% of abortions in the study resulted in a complication that was diagnosed and treated in an emergency room.

### Complications resulting in emergency room treatment



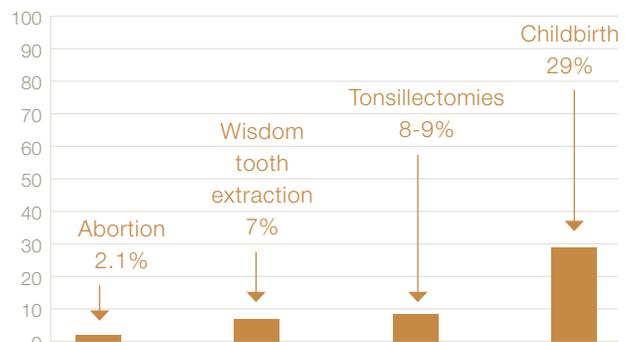
### Complication rates from abortion are similar to other outpatient procedures.

- The rate of major complications from abortion is similar to the rate of major complications from colonoscopy (0.24%),<sup>4</sup> another minimally invasive procedure which is rarely regulated by state legislatures.
- The overall abortion complication rate is lower than that for wisdom tooth extraction which is nearly 7%, according to one study.<sup>5</sup>
- The overall abortion complication rate is also lower than that for tonsillectomy; which is around 8-9%.<sup>6,7</sup>

### Abortion is much safer than childbirth or carrying a pregnancy to term.

- Abortion is much safer than childbirth. Almost 29% of hospital deliveries involve at least one obstetric complication.<sup>8</sup> The major complication rate for hospital deliveries is 1.3%.<sup>9</sup>
- The abortion complication rate found in the ANSIRH study is much lower than the rate of complications experienced during pregnancy.<sup>10</sup>

### Comparison of complication rates (major and minor)\*



\*In all cases, these are primarily minor complications.

### Conclusions

In practice, the ultimate effect of state-level abortion restrictions is frequently closure of abortion facilities due to the cost of mandated facility renovations or the refusal of local hospitals to grant admitting privileges to abortion providers.<sup>11</sup> Scarcity of abortion providers may cause delays in receiving abortion care, increased use of illegal abortion or self-induction, or more women forced to carry an unwanted pregnancy to term. All of these pose a higher risk to safety than early legal abortion.<sup>12</sup>

Thus, increasing regulations of abortion providers in the name of safety may actually serve to increase risks to women's health, and there is a need to consider the public health effect of these policies. The policy debate over abortion restrictions in the United States will be better informed by weighing any theoretical and small reduction in patient risk against the increased risk to women's health that occurs with reduced access to abortion care.

### References

- 1 Upadhyay UD, Desai S, Zlidar V, Weitz TA, Grossman D, Anderson P, Taylor D. Incidence of emergency room visits and complications after abortion. *Obstet Gynecol* 2015;125.
- 2 Weitz TA, Taylor D, Desai S, Upadhyay UD, Waldman J, Battistelli MF, et al. Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver. *Am J Public Health* 2013;103(3):454-61.
- 3 Bennett IM, Baylson M, Kalkstein K, Gillespie G, Bellamy SL, Fleischman J. Early abortion in family medicine: clinical outcomes. *Ann Fam Med* 2009;7(6):527-33.
- 4 Castro G, Azrak MF, Seeff LC, Royalty J. Outpatient colonoscopy complications in the CDC's Colorectal Cancer Screening Demonstration Program: a prospective analysis. *Cancer* 2013;119(15):2849-54.
- 5 Blondeau F, Daniel NG. Extraction of impacted mandibular third molars: postoperative complications and their risk factors. *J Can Dent Assoc* 2007;73(4):325.
- 6 Paradise JL, Bluestone CD, Colborn DK, Bernard BS, Rockette HE, Kurs-Lasky M. Tonsillectomy and adenotonsillectomy for recurrent throat infection in moderately affected children. *Pediatrics* 2002;110(1 Pt 1):7-15.
- 7 Granell J, Gete P, Villafraula M, Bolanos C, Vicent JJ. Safety of outpatient tonsillectomy in children: a review of 6 years in a tertiary hospital experience. *Otolaryngol Head Neck Surg* 2004;131(4):383-7.
- 8 Berg CJ, Mackay AP, Qin C, Callaghan WM. Overview of maternal morbidity during hospitalization for labor and delivery in the United States: 1993-1997 and 2001-2005. *Obstet Gynecol* 2009;113(5):1075-81.
- 9 Callaghan WM, Creanga AA, Kuklina EV. Severe maternal morbidity among delivery and postpartum hospitalizations in the United States. *Obstet Gynecol* 2012;120(5):1029-36.
- 10 Bruce FC, Berg CJ, Hornbrook MC, Whitlock EP, Callaghan WM, Bachman DJ, et al. Maternal morbidity rates in a managed care population. *Obstet Gynecol* 2008;111(5):1089-95.
- 11 Grossman D, Baum S, Fuentes L, White K, Hopkins K, et al. Change in abortion services after implementation of a restrictive law in Texas. *Contraception* 2014;90:496-501.
- 12 Raymond EG, Grossman D, Weaver MA, Winikoff B. Mortality of induced abortion, other outpatient surgical procedures and common activities in the United States. *Contraception* 2014;90:476-9.