

ISSUE BRIEF, JULY 2019

Summary

About one million abortions are performed in the United States every year. The majority of these procedures occur in office-based settings. In recent years, many states have enacted laws that mandate specific requirements for facilities that provide abortions. These laws are commonly referred to as TRAP laws, or “targeted regulations of abortion providers,” as these types of regulations do not apply to other similar procedures or facilities.

An interdisciplinary research team at the University of California, San Francisco’s ANSIRH program conducted five studies to review and generate evidence to inform conversations about what evidence-informed facility standards should look like for facilities that provide abortions. We based these studies on the premise that standards for abortion-providing facilities should be based on the best available research evidence and should be developed through processes similar to those used to develop facility standards for other – less politically charged – outpatient procedures.

Research Objectives:

- Compared laws regulating facilities that perform outpatient procedures/surgeries in general to laws regulating abortion facilities only
- Described the existing evidence related to facility standards for outpatient procedures, including abortion
- Conducted new research to contribute to the evidence base related to facility standards in the context of abortion
- Described the processes and methods used to develop facility standards for other outpatient procedures

Results

States frequently single out abortion provision for facility regulation, enacting more laws that specifically target abortion provision (TRAP laws) than laws that more generally regulate the provision of procedures, surgeries or sedation use (Office-Based Surgery (OBS) laws).

- OBS laws do not target particular procedures or surgeries; instead, they apply based the level of sedation or anesthesia used in connection with procedures and surgeries.
- By contrast, the vast majority of TRAP laws apply regardless of the level of sedation or anesthesia used.
- Some TRAP laws apply to all abortions – including medication abortions – while other TRAP laws apply only to procedural abortions, or to abortions after a certain stage of pregnancy.
- TRAP laws do not bring abortion-providing facilities in line with other healthcare facilities; they subject them to different, more numerous, and more stringent requirements than OBS laws.



Existing research indicates no difference in patient safety for outpatient procedures performed in ambulatory surgery centers (ASCs) vs. physician offices.

- Our systematic review of existing research indicates that there is no difference in patient safety for outpatient procedures performed in ASCs vs. office-based settings, including abortion.
- There is a lack of research about whether specific facility requirements – such as requiring providers to have admitting privileges at a local hospital – affect patient safety for outpatient procedures.
- Requiring that abortions be performed in specific types of facilities or that abortion providers have hospital admitting privileges appears to have adverse effects on the availability of abortion services.

There is no statistically significant difference in complications among women having an abortion in an ASC compared to women having an abortion in an office-based setting.

- In a study of more than 50,000 abortions in ASCs and office-based settings, 3.3% had a complication, and 0.3% had a major complication.
- There also was no significant difference in complications among women having second trimester or later abortions in ASCs compared to women having an abortion in an office-based setting.

Rates of miscarriage treatment-related complications are higher than the rates of abortion-related complications.

- In a study of more than 90,000 miscarriages treated in ASCs, office-based settings, and hospitals, 9.3% had a complication and 1.0% had a major complication.
- Complications after miscarriages treated with procedures were as or more likely to occur after miscarriages treated in hospitals than either ASCs or office-based settings.

Facility standards for other outpatient procedures are set not by politicians, but by committees of expert clinicians.

- There is limited high quality research that directly applies to facility standards for outpatient procedures. In the absence of research evidence, committees setting facility standards rely on their clinical expertise and the guidelines of other expert

organizations and focus on ensuring that standards are not more burdensome than the procedure requires.

- If abortion were treated like other common outpatient procedures, professional associations would develop facility standards, informed by the best available scientific evidence, and incorporate the expertise of clinicians who perform the procedure.

Conclusion

Published research evidence indicates that there is no patient safety problem in relation to abortion care. Laws that require that abortions be performed in ASCs are not justified based on scientific evidence.

References

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