

ISSUE BRIEF #3, JULY 2014

What do we know about women who get later abortions?

Q. How many women have later abortions?

According to the CDC, in 2006, 1.3 percent of all abortions were performed after 21 weeks of pregnancy.¹ Although the overall number of abortions in the U.S. has declined over time, the percentage of women obtaining abortions in the second trimester has remained fairly constant since 1983. Approximately ninety percent of abortions are in the first trimester, only 3.7 percent occur between 16 and 20 weeks and 1.3 percent occur after 21 weeks.¹ Therefore, of the approximately 1.2 million abortions performed in the U.S. each year,² there are approximately 15,600 women each year who have abortions after 21 weeks.

Q. Who seeks later abortions?

Women seeking later abortions in the United States are very similar to women who get earlier abortions. In 2013, researchers at UCSF ANSIRH found that women who had an abortion at 20 weeks LMP or later did not differ significantly from women who had first-trimester abortions by race or ethnicity, number of previous abortions or children, mental or physical health history, or substance use. Two significant demographic differences did emerge: Women who got abortions at 20 weeks or later were younger (less than 25 years old) and more likely to be unemployed than those who had their abortions in the first trimester.³

The study found that 80% of women seeking later abortion could be described by at least one of five characteristics:

1. Women raising children alone (47%)
2. Women with a history of substance use, heavy drinking, and/or depression (30%)
3. Women who experienced recent conflict or violence with their partner (24%)
4. Women who had trouble deciding what to do about the pregnancy followed by trouble accessing services (22%)
5. Women under age 20 who had never given birth (12%)

Q. Why do women seek later abortions?

Women need abortions after the first trimester of pregnancy for many reasons. Some women are delayed in realizing that they are pregnant, need more time to decide what to do about an unintended pregnancy, or face barriers in accessing care because they cannot easily find a provider. For other women, the time needed to raise the money to pay for the procedure or make travel arrangements to a provider in a distant location forces them into the second trimester. Some women seek abortions in the second trimester or later after learning about a genetic or health condition in the developing fetus, many of which are not diagnosed until after the first trimester.

Q. What causes delays for women?

The 2013 study found that women who sought earlier abortions and women who sought later abortions both reported that something had delayed them in their abortion-seeking experience.³ Both groups reported that not recognizing they were pregnant (43%), having trouble deciding whether to terminate (37%), and disagreeing with the man involved

For more information and resources on what we know about later abortions, visit www.ansirh.org/research/late-abortion/facts.php

(20%) caused delays. However, the 20+ week abortion group reported logistical delays at much higher rates than the earlier abortion seekers. Finding a facility that would perform their abortion, getting to the facility (those needing later abortions were much more likely to travel 3 hours or more to their abortion facility), securing insurance coverage for the procedure, and raising money for the abortion and related costs such as travel and child care were all barriers that delayed the later abortion group much more than the first trimester group.

Delay in recognizing pregnancy appears to be an important factor that can start this chain of delays. In the 2013 study, women who had first trimester abortions recognized they were pregnant at an average 5 weeks LMP, and had their abortions 3 weeks later, at an average of 8 weeks. The later abortion group was already 12 weeks pregnant on average at pregnancy recognition, and the logistical delays combined so that they did not get their desired abortions until an average of 10 weeks later, at 22 weeks LMP.³

This echoes the findings of a 2010 study, which found that being unsure of the date of the last menstrual period, a common situation for younger women, was significantly associated with delay. Minors took an average of a week longer to suspect pregnancy than adults did.⁴ In a 2008 study, obesity, abuse of drugs or alcohol, having had a prior second-trimester abortion, being unsure of the last menstrual period, being in denial and fear of abortion were also associated with longer time to recognize and test for pregnancy.⁵

The cost of an abortion is higher at later gestational ages and is another important factor in abortion delay. While many abortion patients have private insurance coverage or are eligible for Medicaid insurance, most do not have their abortions paid for by these sources.^{6,7} Nineteen states restrict abortion coverage in insurance plans for public employees, 25 states restrict abortion coverage in state-run exchanges and nine states restrict insurance coverage of abortion in private insurance plans.^{8,9}

Receiving financial assistance facilitates women's ability to obtain an abortion at later gestational ages and abortion funds appear to fill some of the gaps.^{7,9} However, most abortion patients pay considerable out-of-pocket costs, with costs higher among women having later abortions.¹⁰ These out-of-pocket costs are substantial, with almost two-thirds of women at later gestational ages paying more than one-third of their personal monthly income in out-of-pocket costs.¹⁰

Low income women without insurance are impacted by the lack of public funding support for abortion services. The Hyde Amendment (first passed in 1976 and every year thereafter) prohibits the use of federal funds to pay for abortions except for cases of rape, incest or life endangerment, and only 17 states allow the use of state funds for therapeutic abortions outside of these three narrow circumstances.⁹

References

- ¹ Pazol K, Gamble SB, Parker WY, Cook DA, Zane SB, Hamdan S. Abortion surveillance—United States, 2006. *MMWR Surveill Summ* 2009;58:1-35.
- ² Jones RK, Zolna MR, Henshaw SK, Finer LB. Abortion in the United States: incidence and access to services, 2005. *Perspect Sex Reprod Health* 2008;40:6-16.
- ³ Foster DG and Kimport K, Who seeks abortions at or after 20 weeks?, *Perspectives on Sexual and Reproductive Health* 2013;45(4):210-218.
- ⁴ Kiley JW, Yee LM, Niemi CM, Feinglass JM, Simon MA. Delays in request for pregnancy termination: comparison of patients in the first and second trimesters. *Contraception* 2010;81:446-51.
- ⁵ Foster DG, Jackson RA, Cosby K, Weitz TA, Darney PD, Drey EA. Predictors of delay in each step leading to an abortion. *Contraception* 2008;77:289-93.
- ⁶ Roberts SCM, Gould H, Kimport K, Weitz TA, Foster DG. Out-of-pocket costs and insurance coverage for abortion in the United States. *Women's Health Issues* 2014;24(2):e211-8.
- ⁷ Jones RK, Finer LB. Who has second-trimester abortions in the United States? *Contraception* 2012;85(6):544-51.
- ⁸ State Policies in Brief: Restricting Insurance Coverage of Abortion. Guttmacher Institute, July 2014. (Accessed July 1, 2014, at www.guttmacher.org/statecenter/spibs/spib_RICA.pdf.)
- ⁹ State Policies in Brief: State Funding of Abortion Under Medicaid. Guttmacher Institute, 2014. (Accessed July 1, 2014, at www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf.)
- ¹⁰ Jones RK, Upadhyay UD, Weitz TA. At what cost? Payment for abortion care by U.S. women. *Women's Health Issues* 2013;23(3):e173-8.