

ISSUE BRIEF #3, AUGUST 2010

## What do we know about women who get later abortions?

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### 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.<sup>1</sup> 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.<sup>1</sup> Therefore, of the approximately 1.2 million abortions performed in the U.S. each year,<sup>2</sup> there are approximately 15,600 women each year who have abortions after 21 weeks.

### 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 later abortion 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?

A 2006 study found that fifty-eight percent of women reported that they would have liked to have had the abortion earlier. The most common reasons for delay were that it took a long time to make arrangements (59%), to decide about the abortion (39%) and to find out about the pregnancy (36%).<sup>3</sup> Another study published in 2008 also found that inaccurate referrals, difficulty finding an appropriate provider and the time needed to collect the money all delayed women's abortions. 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 all associated with longer time to recognize and test for pregnancy.<sup>4</sup> A recent 2010 study 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.<sup>5</sup> Data from the CDC also shows a racial disparity with African-Americans having higher use of second-trimester services: 11.5 percent of abortions provided to white women occur after 12 weeks compared to 13.1 percent of abortions to African Americans.<sup>1</sup>

The cost of abortion is an important factor in abortion delay, especially for low-income women who make up the majority of abortion patients.<sup>6</sup> Costs for abortion go up significantly after the first trimester. At 10 weeks an abortion costs on average \$413 which increases to \$1,300 at 20 weeks.<sup>2</sup>

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

Although most abortion patients have some form of health insurance, a recent study found that over half paid out of pocket for their abortions.<sup>6</sup> A major contributor to this reality is 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.<sup>7</sup> In addition, 13 states restrict abortion coverage in insurance plans for public employees, and five states restrict insurance coverage of abortion in private insurance plans.<sup>8</sup>

## References

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- <sup>2</sup> 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.
- <sup>3</sup> Finer LB, Frohworth LF, Dauphinee LA, Singh S, Moore AM. Timing of steps and reasons for delays in obtaining abortions in the United States. *Contraception* 2006;74:334-44.
- <sup>4</sup> 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.
- <sup>5</sup> 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.
- <sup>6</sup> Jones R, Finer L, Singh S. *Characteristics of U.S. Abortion Patients*, 2008. New York, NY: Guttmacher Institute; 2010.
- <sup>7</sup> *State Policies in Brief: State Funding of Abortion Under Medicaid*. Guttmacher Institute, 2010. (Accessed August 4, 2010, at [www.guttmacher.org/statecenter/spibs/spib\\_SFAM.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf).)
- <sup>8</sup> *State Policies in Brief: Restricting Insurance Coverage of Abortion*. Guttmacher Institute, 2010. (Accessed August 4, 2010, at [www.guttmacher.org/statecenter/spibs/spib\\_RICA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_RICA.pdf).)