Is an Unplanned Pregnancy in Your Patient's Future?

9th Annual Obstetrics & Gynecology Symposium Anitra Beasley, MD, MPH June 13, 2014

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Disclosures

Pfizer: Investigator-initiated grant

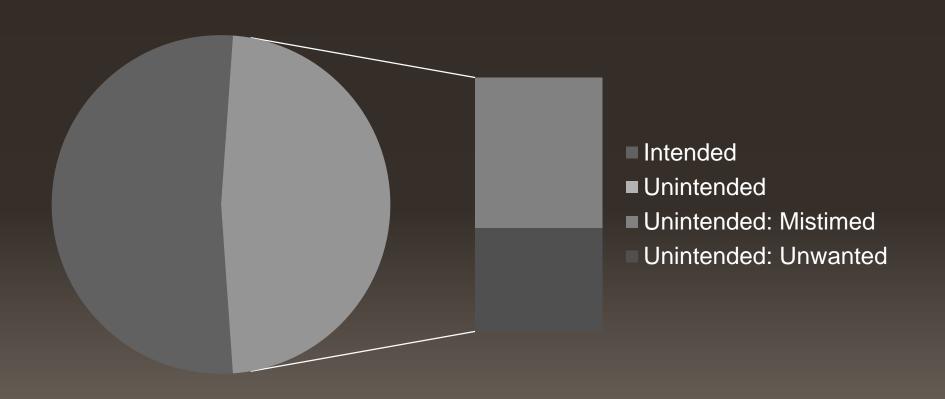
Objectives

- Provide an overview of unintended pregnancy and abortion in the United States
- Identify who has abortions and why
- Become familiar with the local, state, and federal policy surrounding the provision of abortion

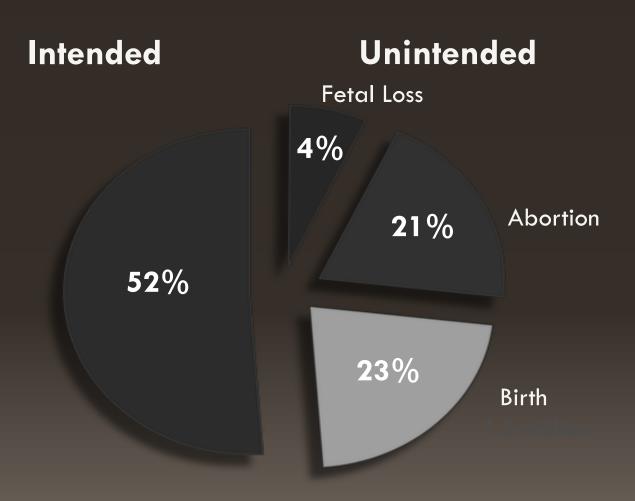
Incidence of Unintended Pregnancy and Abortion

Pregnancies in the United States

Pregnancies by Intention Status



Pregnancy in the United States



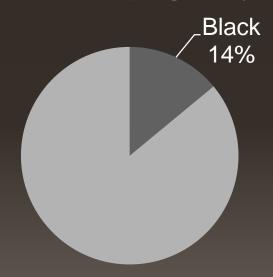
6.7 million pregnancies

Disparities in Unintended Pregnancy

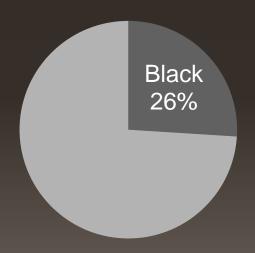
- The proportion of pregnancies that are unintended has remained stable since 2001
- Unintended pregnancy is more likely to occur among women who are
 - Poor or Low-income
 - Black or Hispanic
 - 20-24 years
 - Unmarried
- The rate has increased substantially among poor and low-income women

Unintended Pregnancy: Race

Women at risk of unintended pregnancy

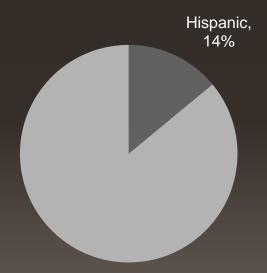


Unintended pregnancy by racial status

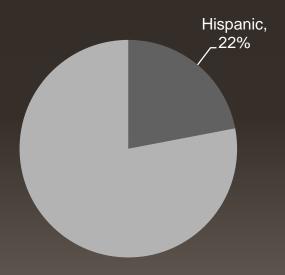


Unintended Pregnancy: Ethnicity

Women at risk of unintended pregnancy

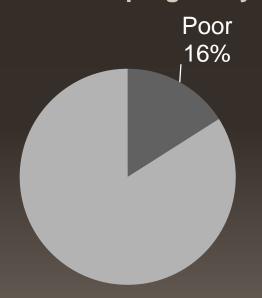


Unintended pregnancy by ethnic status

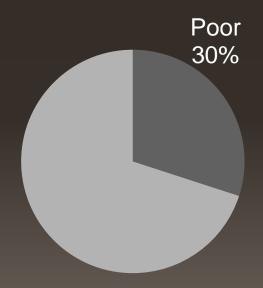


Unintended Pregnancy: Poverty Status

Women at risk of unintended pregnancy



Unintended pregnancy by poverty status

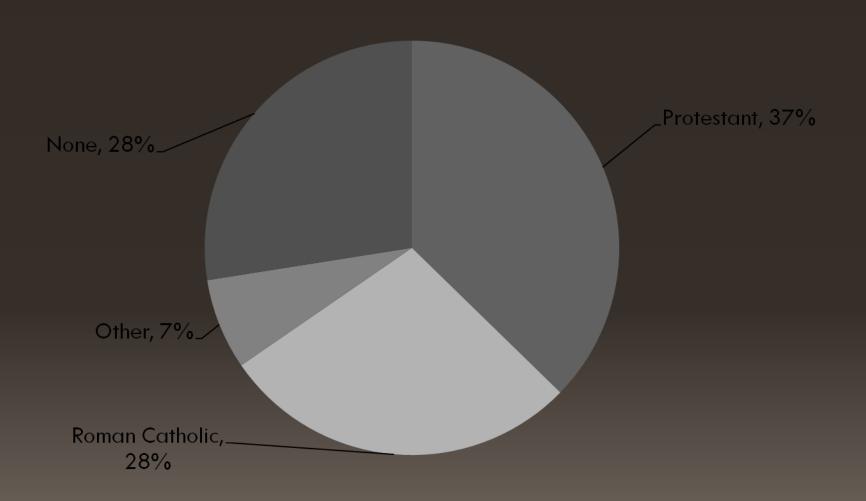


Incidence of Abortions

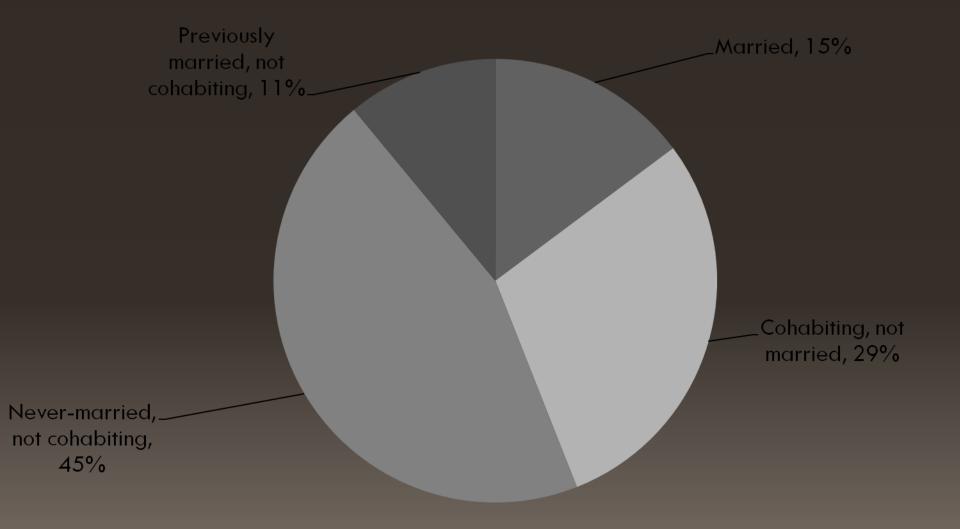
- Each year, 1.7% of reproductive age women have an abortion
 - Half have had at least one previous abortion
- At least half of American women will experience an unintended pregnancy by age 45
 - One in 10 women will have an abortion by age 20
 - One in 4 women will have an abortion by age 30
 - Three in 10 women will have an abortion by age 45

Who Has Abortions

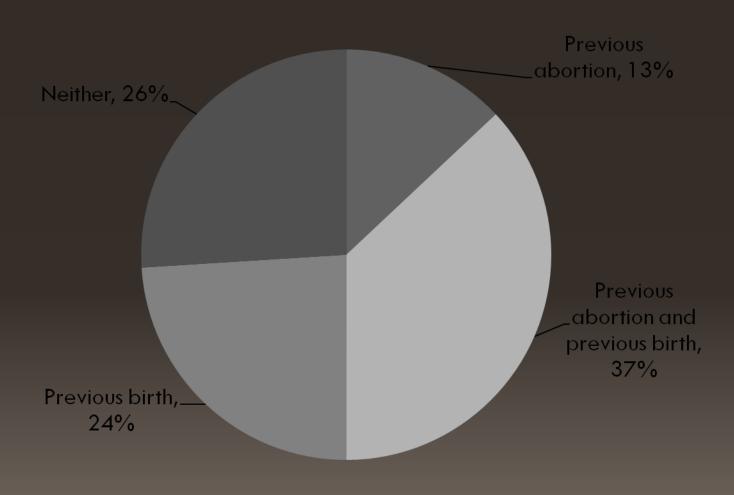
Abortions: Religious Affiliation



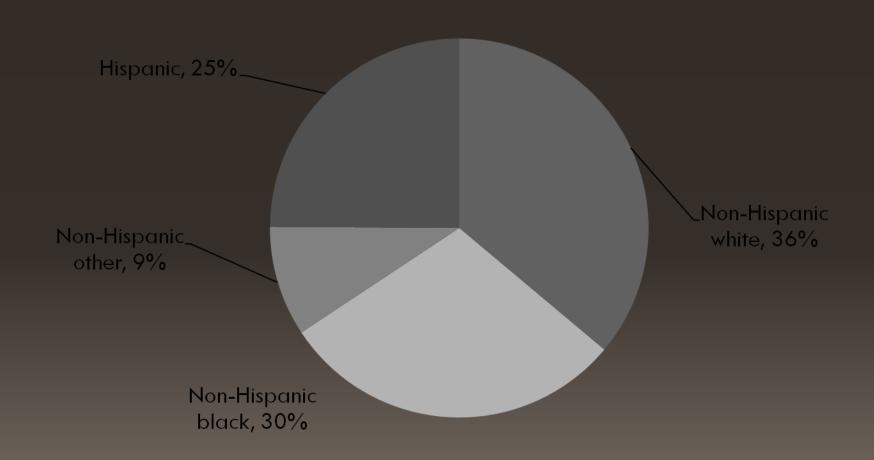
Abortions: Marital Status



Abortions: Parity

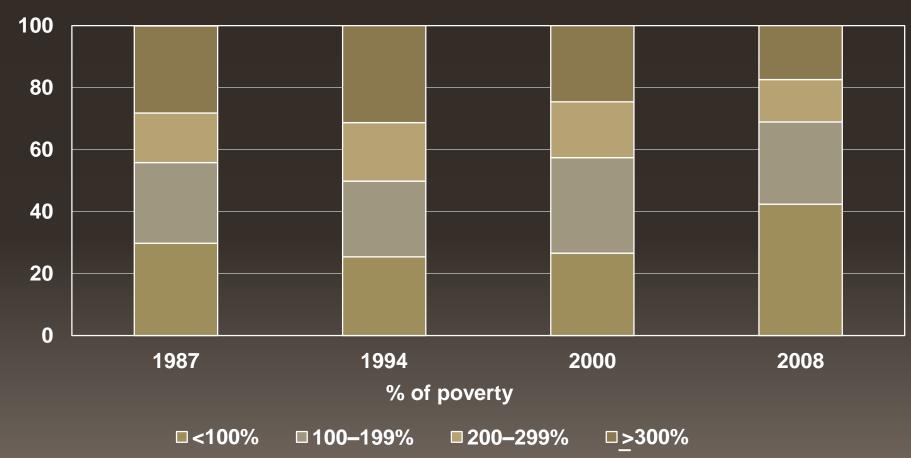


Abortion: Race and Ethnicity

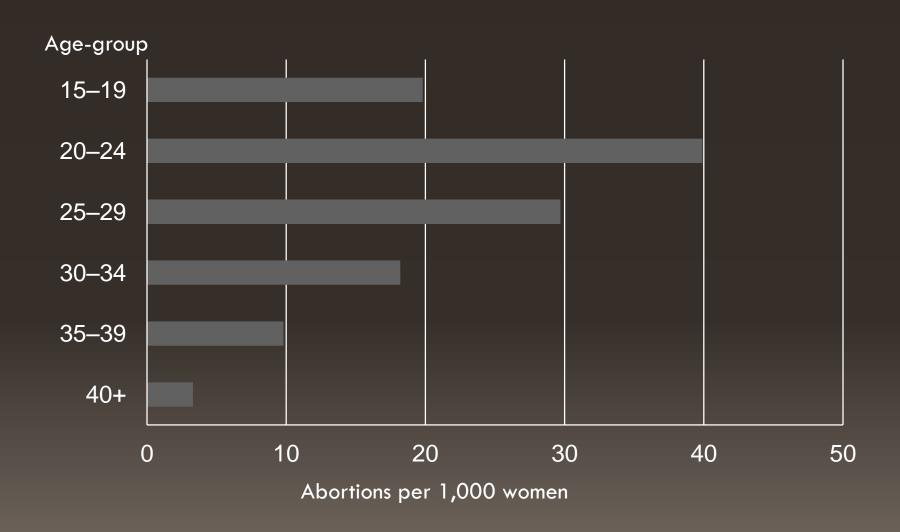


Abortion and Poverty

% of abortions



Rate of Abortion by Age-Group



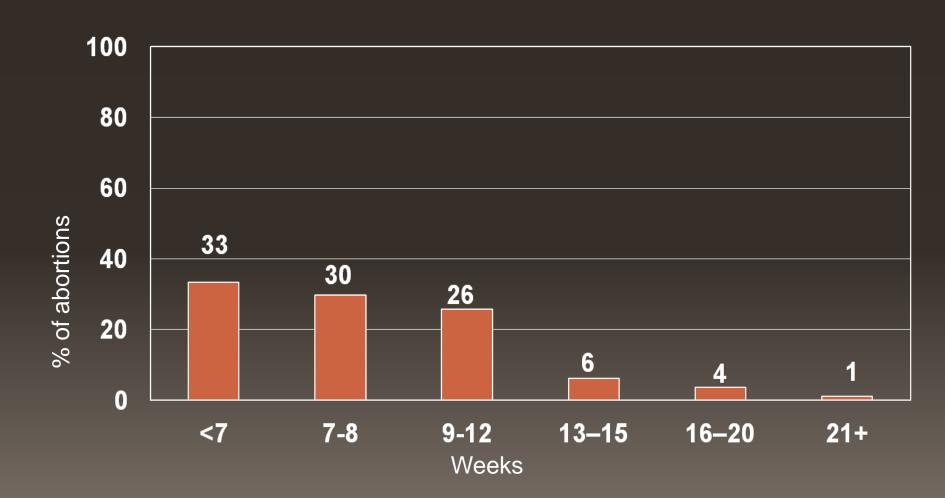
Abortion & Education Level



Abortion rate per 1000 US women by education level

Jones RK, et al. Perspect Sex Reprod Health. 2002.

Abortion and Gestational Age



Abortion and Gestational Age

L.B. Finer et al. / Contraception 74 (2006) 334-344

Table 1

The percentage of women (who would have preferred to have had their abortion earlier) reporting specific reasons for the delay in obtaining an abortion, 2004

Reason	All women	First-trimester patients	Second-trimester patients
It took a long time to make arrangements	59	56	67*
I needed time to raise money to have the abortion	26	23	36*
I couldn't get an earlier appointment	18	19	13
I didn't know where to get an abortion	12	10	16
I couldn't find a place to have an abortion near where I live,	7	6	9
so I had to arrange for transportation to get here			
I needed time to notify or to get consent from my parents	1	1	1
There is a legally required waiting period where I live	2	2	1
I needed time to go to court to get permission to have an abortion	0	0	0
Some other difficulty in making arrangements delayed me	14	13	18
It took a long time to decide	39	35	50
It was a difficult decision to make	27	25	33
I was worried about the cost	12	10	18*
It took time to talk to my husband/partner	11	10	15
I had religious or moral concerns	10	8	15
It took time to talk to my parents	4	3	7*
Some other difficulty in deciding delayed me	4	2	7
It took some time before I knew I was pregnant or how far along I was	36	36	36
I was waiting for my relationship with my husband/partner to change	7	5	9
I was afraid to tell my husband/partner or my parents that I was pregnant	7	6	9
Someone I am close to put pressure on me not to have an abortion	5	5	5
The clinic/doctor made me wait to have an abortion	5	6	1
Something in my life changed since I became pregnant	4	4	5
I didn't know that I could get an abortion	2	2	3
I didn't think that it was important to have it earlier	2	2	2
I found out late in the pregnancy that the fetus has a defect or is not normal	0.2	0	1
I was delayed for some other reason	6	5	11
n	615	441	145

Significant difference compared to first-trimester women (p<.05).

Abortion and Gestational Age



Contraception

Contraception 74 (2006) 334-344

Original research article

Timing of steps and reasons for delays in obtaining abortions in the United States

Lawrence B. Finer*, Lori F. Frohwirth, Lindsay A. Dauphinee, Susheela Singh, Ann M. Moore

Rearch Division, The Guttmacher Institute, New York, NY 10005, USA Received 9 November 2005; revised 7 April 2006; accepted 10 April 2006

Abstract

Objective: We studied the steps in the process of obtaining abortions and women's reported delays in order to help understand difficulties in accessing abortion services.

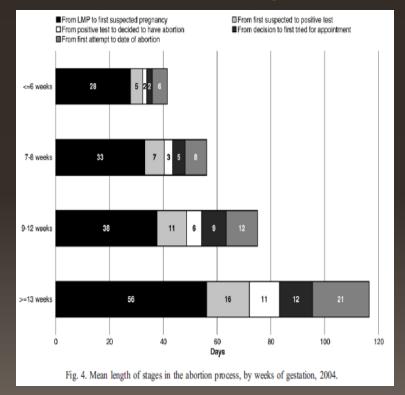
Methods: In 2004, a structured survey was completed by 1209 abortion patients at 11 large providers, and in-depth interviews were conducted with 38 women at four sites.

Results: The median time from the last menstrual period to suspecting pregnancy was 33 days; the median time from suspecting pregnancy to confirming the pregnancy was 4 days; the median time from confirming the pregnancy to deciding to have an abortion was 0 day; the median time from deciding to have an abortion to first attempting to obtain abortion services was 2 days; and the median time from first attempting to obtain abortion services was 2 days; and the median time from first attempting to obtain abortion services to obtaining the abortion was 7 days. Minors took a week longer to suspect pregnancy than adults did. 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 (39%) and to find out about the pregnancy (36%). Poor women were about twice as likely to be delayed by difficulties in making arrangements.

Conclusions: Financial limitations and lack of knowledge about pregnancy may make it more difficult for some women to obtain early abortion.

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Keywords: Delay; Abortion; United States; Timing; Process



Reasons for Abortions

Reasons for Terminating an Undesired Pregnancy

TABLE 2. Percentage of women reporting that specified reasons contributed to their
decision to have an abortion, 2004 and 1987

Reason	2004 (N=1,160)	1987 (N=1,900)
Having a baby would dramatically change my life	74	78*
Would interfere with education	38	36
Would interfere with job/employment/career	38	50***
Have other children or dependents	32	22***
Can't afford a baby now	73	69
Unmarried	42	na
Student or planning to study	34	na
Can't afford a baby and child care	28	na
Can't afford the basic needs of life	23	na
Unemployed	22	na
Can't leave job to take care of a baby	21	na
Would have to find a new place to live	19	na
Not enough support from husband or partner	14	na
Husband or partner is unemployed	12	na
Currently or temporarily on welfare or public assistance	8	na
Don't want to be a single mother or having relationship problems	48	52*
Not sure about relationship	19	na
Partner and I can't or don't want to get married	12	30***
Not in a relationship right now	11	12
Relationship or marriage may break up soon	11	16*
Husband or partner is abusive to me or my children	2	3
Have completed my childbearing	38	28**
Not ready for a(nother) child†	32	36
Don't want people to know I had sex or got pregnant	25	33*
Don't feel mature enough to raise a(nother) child	22	27*
Husband or partner wants me to have an abortion	14	24***
Possible problems affecting the health of the fetus	13	14
Physical problem with my health	12	8**
Parents want me to have an abortion	6	8
Was a victim of rape	1	1
Became pregnant as a result of incest	<0.5	< 0.5

*p<.05. **p<.01. ***p<.001. †This was a write-in response in 2004 and 1987. *Note:* na=not applicable, because survey questions were not comparable. *Source:* **1987**—reference 4.

Barriers to Abortion Access

History of Abortion in the US



Mid-1800s:

First state-level regulations

1977: Hyde Amendment

2000:

Stenberg v. Carhart

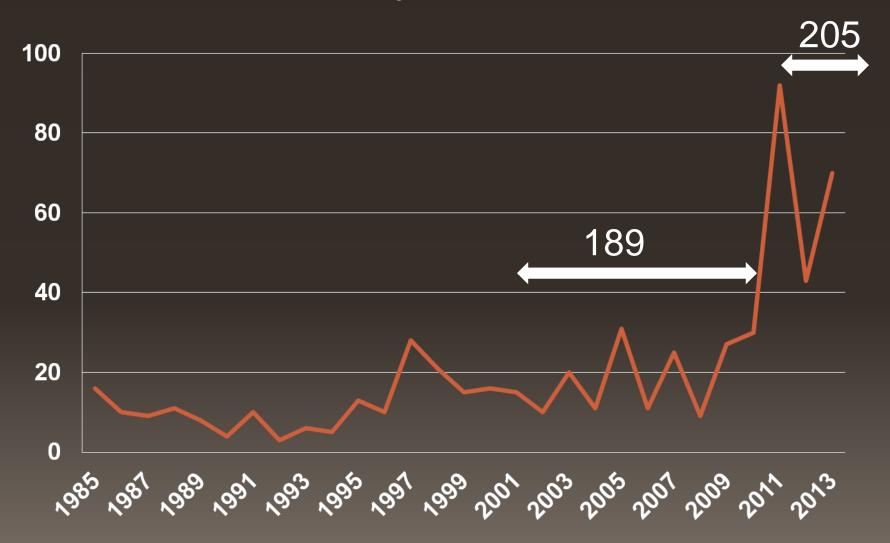


1992: Planned Parenthood v. Casey

2007: Gonzales v. Carhart



Abortion Policy



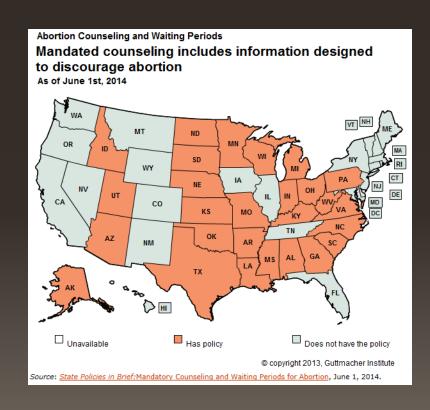


- Physician and Hospital Requirements
 - 39 states require an abortion to be performed by a licensed physician.
 - 18 states require the involvement of a second physician after a specified point.
- Hospital Requirements
 - 20 states require an abortion to be performed in a hospital after a specified point in the pregnancy

■ **Gestational Limits:** 41 states prohibit abortions, generally except when necessary to protect the woman's life or health, after a specified point in pregnancy, most often fetal viability

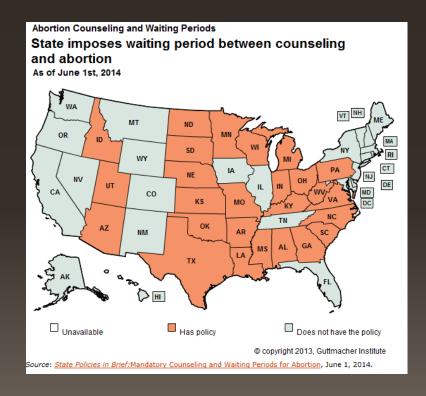
State Mandated Counseling

- 17 states mandate counseling before an abortion that includes information on at least one of the following:
 - the purported link between abortion and breast cancer (5 states),
 - the ability of a fetus to feel pain (12 states)
 - long-term mental health consequences for the woman (8 states)



Waiting Periods

 26 states require a woman to wait a specified period of time between when she receives counseling and the procedure is performed



Waiting Periods

 10 of these states have laws that effectively require the woman make two separate trips to the clinic to obtain the procedure

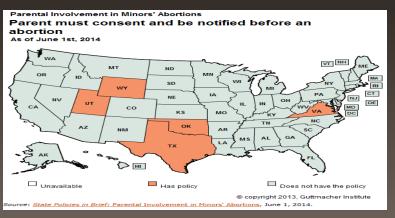


Parental Involvement

- 38 states require some type of parental involvement in a minor's decision to have an abortion
- 21 states require one or both parents to consent to the procedure
- 12 states require that one or both parents be notified
- 5 states require both parental consent and notification

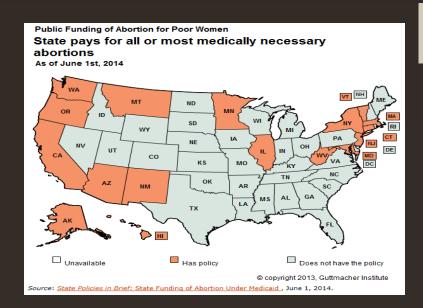


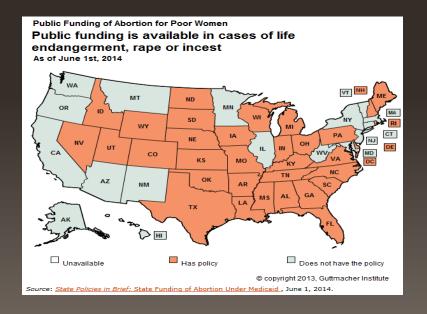




Public Funding

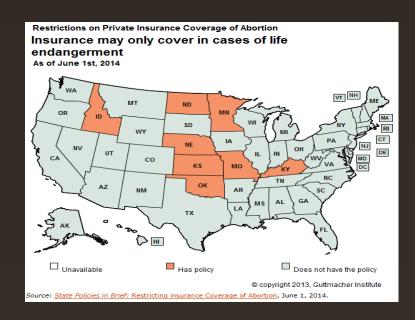
- 17 states use their own funds to pay for all or most medically necessary abortions for Medicaid enrollees
- 32 states and the District of Columbia prohibit the use of state funds except in those cases when federal funds are available
- South Dakota limits funding to cases of life endangerment only

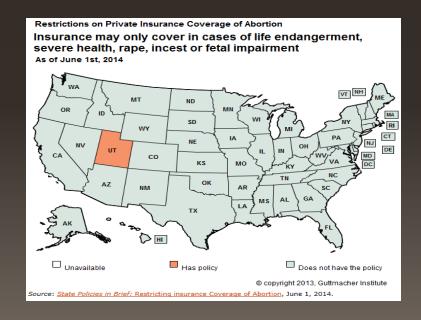




Coverage by private insurance

- 9 states restrict coverage of abortion in private insurance plans
- Most states allow the purchase of additional abortion coverage at an additional cost





Highly Restrictive Abortion Laws Are Not Associated with Lower Abortion Rates

- The abortion rate is 29 per 1,000 women of childbearing age in Africa and 32 in Latin America, regions where abortion is illegal under most circumstances.
- The rate is 12 per 1,000 in Western Europe, where abortion is generally permitted on broad grounds.

- A doctor who is to perform an abortion (or the doctor's agent) must tell the woman that benefits may be available to help with medical care before, during, and after childbirth
- The father is required to help support the child whether or not he has offered to pay for an abortion
- The woman has the right to look at printed information. If she chooses to see the material, the doctor (or agent) shall give her a copy at least 24 hours before the abortion is scheduled. The doctor (or agent) may mail her the materials, with delivery restricted to her, at least 72 hours before the abortion is scheduled

- A woman must receive statedirected counseling that includes information designed to discourage her from having an abortion and then wait 24 hours before the procedure is provided
- A woman must undergo an ultrasound (usually 24 hours) before obtaining an abortion; the provider must show and describe the image to the woman

8 Weeks Gestation

- · All essential organs have begun to form.
- · Elbows and toes are visible.
- . The fingers have grown to the first joint.
- · Facial features the eyes, nose, lips, and tongue continue to develop.
- · The outer ears begin to take shape.
- . Organs begin to be controlled by the brain.
- The length is about 1/2 to 3/4 inch.

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22 Weeks Gestation

- · Rapid brain growth continues.
- · The eyebrows and eyelashes are well formed.
- . The eyes are fully functional and capable of movement.
- The vocal cords are active.
- · Reflexes are present.
- There is little chance for survival outside the uterus.
- · The weight is about one pound.
- . The length is about 7 to 8 inches.



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Dilatation and Evacuation (D&E)

This procedure is generally used after 12 weeks of pregnancy. The procedure will generally be done in a doctor's office or clinic, but may sometimes be done in a hospital. The doctor will often use ultrasound to determine how far along you are in your pregnancy.

To prepare for the procedure, the doctor will open (dilate) the cervix. Most women experience some pain, so the doctor may give you a painkiller — either locally by shots in the area of the cervix or by a general anesthetic — or a sedative (which will leave you conscious). The uterus will be scraped and the unborn child and placenta are removed. After 16 weeks, the unborn child and placenta are removed, piece-by-piece, using forceps or other instruments. This procedure will take less than an hour.

- The provider must be a licensed physician with hospital admitting privileges (within 30 miles)
- Starting Sept 2014, procedures must be performed at a licensed facility (unless necessary to protect life, health of mother)
- Medication abortions require 4 visits and must be provisioned according to the FDA-approved regimen
- Most abortions past 20 weeks (22 wks GA) are prohibited

- The use of telemedicine for the performance of medication abortion is prohibited.
- The parent of a minor must be notified and consent before an abortion is provided.
- Public funding is available for abortion only in cases of life endangerment, rape or incest.