

Women's Health

First-Ever Profile of Second Trimester Abortion Patients

By

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(HealthNewsDigest.com) - In the United States, nearly nine in 10 abortions occur in the first trimester, but, until now, little was known about the 10% of women who have abortions at 13 weeks' gestation or later. According to "Who Has Second-Trimester Abortions in the United States?," by Rachel K. Jones and Lawrence B. Finer of the Guttmacher Institute, certain groups of women are overrepresented among second-trimester abortion patients. These groups include women with lower educational levels, black women and women who have experienced multiple disruptive events in the last year, such as unemployment or separating from a partner.

This first-ever comprehensive profile of second-trimester abortion patients in the United States relies on data from a nationally representative sample of more than 9,400 women obtaining abortions in 2008. The authors first compared first-trimester abortion patients with those obtaining abortions at 13 weeks or later to see if there were differences in characteristics between the groups; next, among second-trimester abortion patients, they compared early second-trimester abortion patients (13–15 weeks' gestation) with those having abortions at 16 weeks or later.

Certain groups of women were more likely than others to obtain abortions at 13 weeks or later. For example, teens were more likely than older women to obtain an abortion in the second trimester—accounting for 14% of abortions among teens, compared with 9% among women aged 30 and older. Similarly, the proportion of abortions that occurred in the second trimester was 13% among black women, compared with 9% among non-Hispanic whites; 13% among women who had not graduated from high school, compared with 6% among college graduates; 14% among those using health insurance to pay for the procedure, compared with 8% among those who paid out of pocket; and 15% among those who had experienced three or more disruptive events in the past year, compared with 9% among women experiencing no disruptive events.

Fewer characteristics predict abortions at 16 weeks' gestation or later, compared with those at 13–15 weeks. Among second-trimester abortion patients, black women and those using health insurance to pay for the procedure were more likely than white women and women who paid out of pocket to obtain abortions at 16 weeks or later. Additionally, once other factors were taken into account, women with family incomes of at least 200% of poverty were more likely than poor women to obtain abortions at this stage. Patterns in insurance and income suggest that the higher cost and decreased availability of abortion services at later gestations may make them less accessible for poor women and those who pay out-of-pocket.

Removing the many existing barriers to early abortion services could reduce the number of second-trimester abortions, particularly among black women and those with less education. For women needing second-trimester procedures, having health insurance or other financial resources to pay for abortion services is especially important. The average abortion patient pays \$470 for a first trimester procedure. Many women manage to pay this cost out-of-pocket, including the majority of abortion patients with private health insurance, who may be unaware that the procedure is covered under their plan or may not want the procedure on their insurance records. The cost of abortion increases, often substantially, with each additional week in the second-trimester; for example, the average cost for an abortion at 20 weeks is \$1,500. Women who cannot afford to pay these costs out of pocket are then forced to carry an unwanted pregnancy to term.

Growing restrictions on public and private insurance coverage for abortion may paradoxically increase the need for second-trimester abortions by further delaying women's access to services early in pregnancy, while also reducing access to second-trimester abortion services for poor and low-income women who need them.

“Who Has Second-Trimester Abortions in the United States?” by Rachel K. Jones and Lawrence B. Finer is currently available online and will appear in a forthcoming issue of Contraception.

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The Guttmacher Institute — www.guttmacher.org— advances sexual and reproductive health worldwide through research, policy analysis and public education.

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