Contraception

Original research article

Who has second-trimester abortions in the United States?[☆]

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Abstract

Background: Little is known about the characteristics of second-trimester abortion patients.
Study Design: Data come from a national sample of 9493 women obtaining abortions in 2008. Chi-square statistics and logistic regression were used to examine demographic characteristics of women having abortions at 13 or more weeks since last menstrual period (LMP) and women having abortions at 13–15 weeks LMP compared to 16+ weeks LMP.
Results: In 2008, 10.3% of abortions in the United States were 13 weeks LMP or later, including 4.0% at 16+ weeks. Groups most likely to have abortions at 13 weeks or later included black women, women with less education, those using health insurance to pay for the procedure and those who had experienced three or more disruptive events in the last year. Groups more likely to have an abortion at 16 weeks or later included black women, higher income women and those paying with health insurance.
Conclusions: Black women and those with less education would most benefit from increased availability of first-trimester abortion services.
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1. Introduction

The overwhelming majority of abortions in the United States, 89% in 2006, are in the first trimester, occurring at or before the 12th week of pregnancy [1]. Second-trimester abortions cost more than first-trimester procedures [2], pose more health risks [3], are offered by fewer providers [2] and, in turn, are harder for women to access. But little is known about the population of women who have second-trimester abortions.

To date, the only national source of information about the characteristics of second-trimester abortion patients is the Centers for Disease Control and Prevention (CDC), and demographic breakdowns are limited to age and race and ethnicity. Reports suggest that a higher proportion of teen abortions than adult abortions are in the second trimester. In 2006, 16% of abortions to adolescents aged 15–19 were at 13 weeks or later, compared to 12% of all patients [1]. Black and Hispanic women were slightly more likely to have second-trimester abortions, with 13% and 12%, respectively, occurring at 13 weeks or later compared to 10% for white

women. Abortions within the second trimester are clustered at earlier gestations; of the 12% of abortions at 13 weeks or later in 2006, 57% were at 13–15 weeks, 31% at 16–20 weeks and 11% at 21 weeks or later [1]. Within second-trimester abortion patients, the proportion of adolescents aged 15–19 obtaining abortions at 16 weeks or later, 46%, was slightly higher than that for women aged 20 and older (43%). The proportion of abortions at 16 weeks or later, 43%, was the same for black, white and Hispanic women. In addition to providing only limited information, the Abortion Surveillance Reports published by the CDC are incomplete. For example, California, which accounted for 18% of all abortions in the United States in 2008 [2], is not included.

This study provides the first comprehensive national profile of second-trimester abortion patients in the United States. Using data from a national sample of 9493 women obtaining abortions in 2008, we examine the characteristics of women having abortions at 13 weeks or later, and, within second-trimester abortion patients, we compare abortion patients at 16 weeks or later to those obtaining terminations at 13–15 weeks.

2. Methods

We rely on data from our 2008 Abortion Patient Survey (APS). Several studies using these data have been evaluated

and published [4–6]. However, because it is a unique dataset, we provide somewhat detailed information about the data collection techniques.

2.1. Study design

Our study design was intended to generate a nationally representative sample of abortion patients. In addition to assessing the characteristics of women obtaining abortions, the sample needed to be large enough to measure the number of abortions resulting from method-specific contraceptive failures. These estimates can be used to calculate contraceptive failure rates among all US women [7], corrected for the number of method failures ending in abortion, which are underreported in the data needed for these rates, the National Survey of Family Growth [8]. In 2008, a sample of 107 facilities was randomly selected from the universe of all US hospitals, clinics and physician's offices where at least 25 abortions were known to be performed in 2005 [9]. The universe was stratified by provider type (hospital or nonhospital) and abortion caseload, and then listed by census region and state within each stratum. Clinics with large caseloads were oversampled to obtain adequate representation of the variety of facilities in the sample. If a facility declined to participate or did not obtain usable questionnaires from at least half of the target population, it was replaced by the next facility in its stratum. Facilities distributed the questionnaire, available in both English and Spanish, to all women who obtained an abortion during the fielding period. The questionnaire and procedures were approved by the Guttmacher Institute's federally registered institutional review board.

Each facility was assigned a sampling period that was inversely proportional to its probability of being selected; for example, surveys were administered for 12 weeks at smaller facilities and two weeks at larger facilities. We were able to obtain data from abortion patients at 95 facilities. Of the 12 facilities that could not be replaced, 7 were in the smallest stratum (30–399 abortions in 2005), but hospital and nonhospital facilities were equally likely to participate.

Participating facilities reported performing 12,866 abortions during the sampling period, which extended from April 2008 to May 2009; usable data were collected from 9493 women, for a response rate of 74%. Facility staff supplied information about age, race, ethnicity, insurance coverage and method of payment for 1162 of the women who did not complete the questionnaire. No information was available for the remaining 2210 women.

We adopted a three-stage weighting process to correct for any bias produced by deviation from the original sampling plan and for nonresponse. First, individual weights were developed to adjust for the demographic characteristics of the 1162 nonrespondents for whom the facility staff provided information. Second, facility-level weights were adjusted for the other 2210 nonrespondents for whom no demographic data were available. Third, stratum weights were constructed

to correct for departures from the number of facilities to be sampled in each grouping by caseload and provider type. Because women of the same race and ethnicity tend to be clustered within clinics, the confidence intervals for these characteristics were larger. The data are considered to be representative of abortion patients nationally.

2.2. Dependent variables

Our analysis focuses on three gestational groups: second-trimester abortions, defined as those occurring at 13 weeks or later, and within second-trimester abortions, those occurring at 13–15 weeks vs. 16 weeks or later. Several questionnaire items were used to calculate gestational age including first day of last menstrual period (LMP), number of weeks pregnant (both reported by respondents) and date the survey was filled out. The difference between LMP and survey date was converted to weeks pregnant; gestational weeks were truncated and, for example, 8 6/7 weeks was truncated to 8 weeks. Twenty-two percent of women did not provide, or indicated they did not know, the date of their last period. For most of these women (18% of all respondents), we were able to use their responses on numbers of weeks pregnant. The remaining 4% of women (n=397) for whom gestational age was not available were excluded from the analysis.

Some women, particularly those who had never been pregnant, may have reported weeks pregnant in reference to fertilization as opposed to LMP, which would have resulted in an overrepresentation of abortions at earlier gestations. To address this concern, we compared the (weighted) gestational distribution of abortions on the 2008 APS to those in the 2006 CDC Abortion Surveillance Report [1]. The distribution by gestation between the two data sources is largely comparable (Table 1). Some 4.0% of abortion patients reported that they were 16 or more weeks pregnant compared to 4.8% of those reported to state health departments, and it is possible that abortions at 16 weeks and later are underrepresented on the APS.

2.3. Independent variables

We identify associations between gestation and a number of characteristics. In addition to the standard demographic characteristics of age, race/ethnicity, marriage and cohabitation status, education, poverty status, prior births and prior abortions, we examine associations between second-

Table 1
Gestations of abortions on the 2008 Abortion Patient Survey and 2006 CDC Abortion Surveillance Report

	2008 APS		2006 CDC	
	Unweighted n	%	n	%
Weeks LMP				
≤12	8163	89.7	574,497	88.7
13–15	570	6.2	41,859	6.5
≥16	363	4.0	31,264	4.8
Total	9096	100.0	647,620	100.0