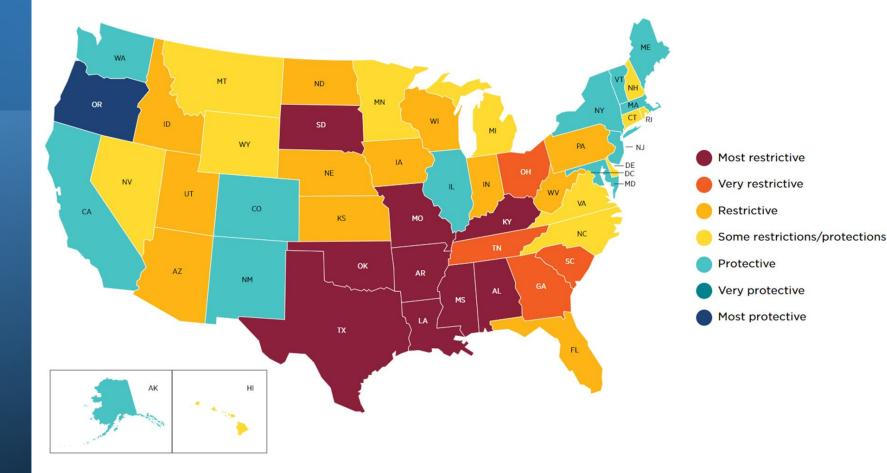
The Realities of Abortion Provision in the U.S.: Then and Now

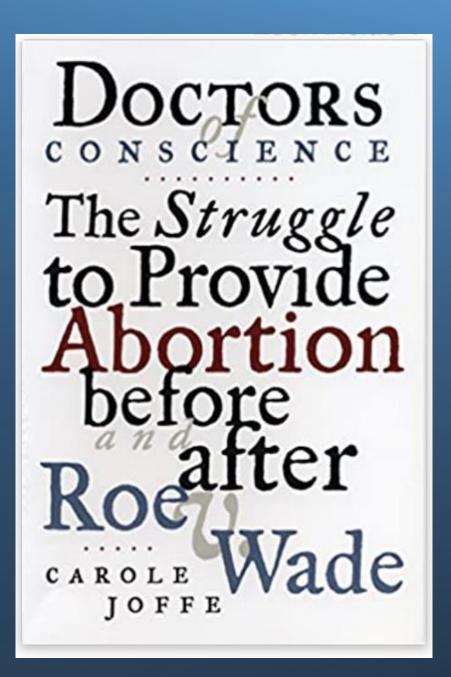
Deborah Bartz, MD, MPH

BRIGHAM HEALTH BRIGHAM AND WOMEN'S HOSPITAL



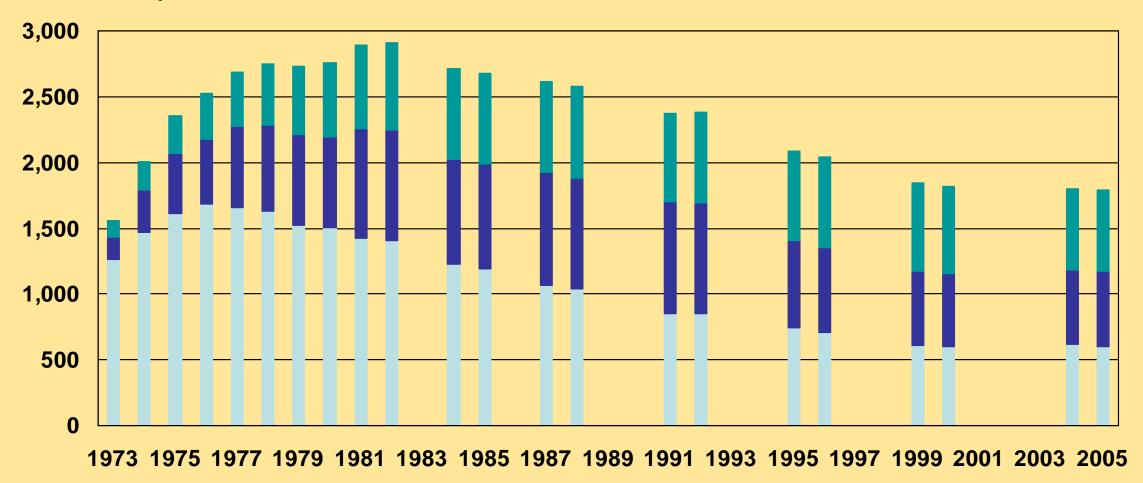
So, how did we get here?





The number of abortion providers fell by almost 40% between 1982 and 2001

Number of providers



Hospital providers

Small nonhospital providers*

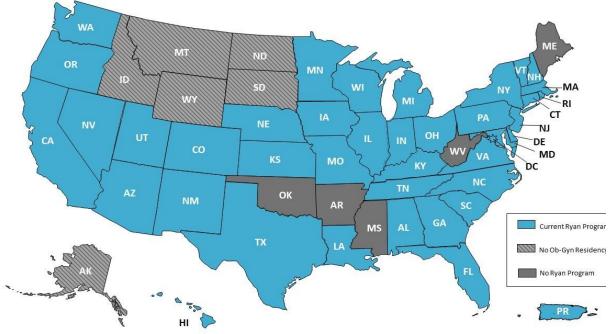
Large nonhospital providers

Source: Jones R. Guttmacher, 2007

RYAN RESIDENCY TRAINING PROGRAM

Society of Family Planning

2022: 108 RYAN PROGRAMS

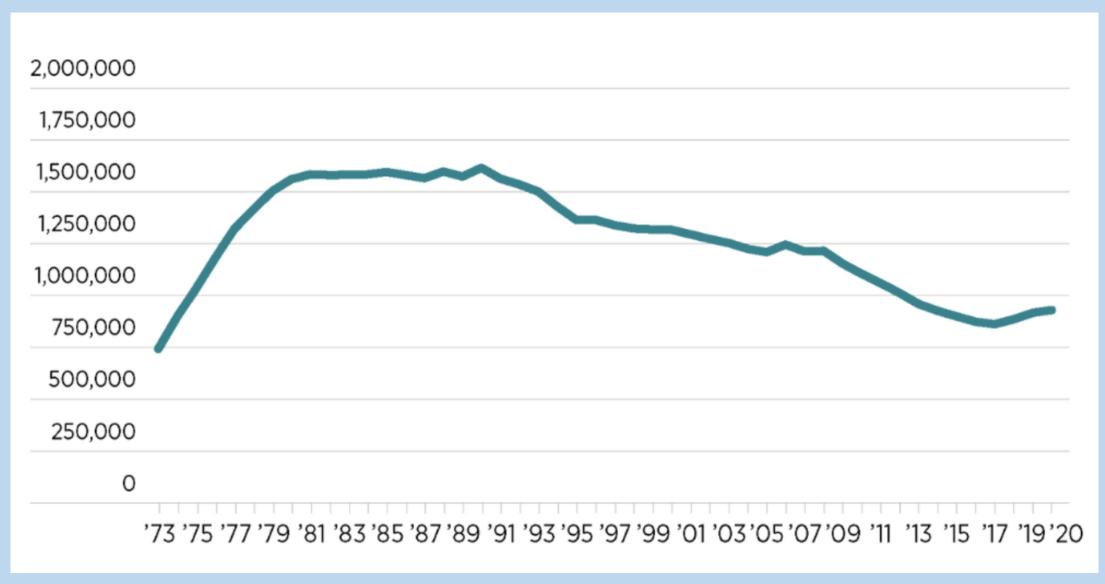


Fellowship in Family Planning

Developing Tomorrow's Leaders in Reproductive Health

Long-term decline in U.S. abortion reverses

Number of abortions reported nationally, 1973-2020



Source: https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states

Who has an abortion in the United States?

- All Ages
 - 12% are teens
 - 60% are in 20's
 - 28% are >30 years old

- Using Contraception
 - 51% used contraception during the month they became pregnant

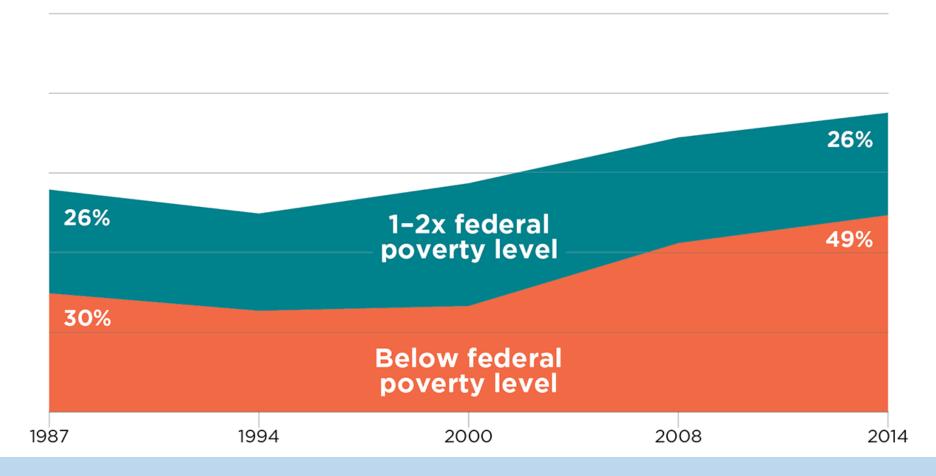
- All Relationship Types
 - 54% are married/ cohabitating
- All Religions
 - 62% report religious affiliation
 - 24% are Catholic

Mothers

• 59% have one or more children

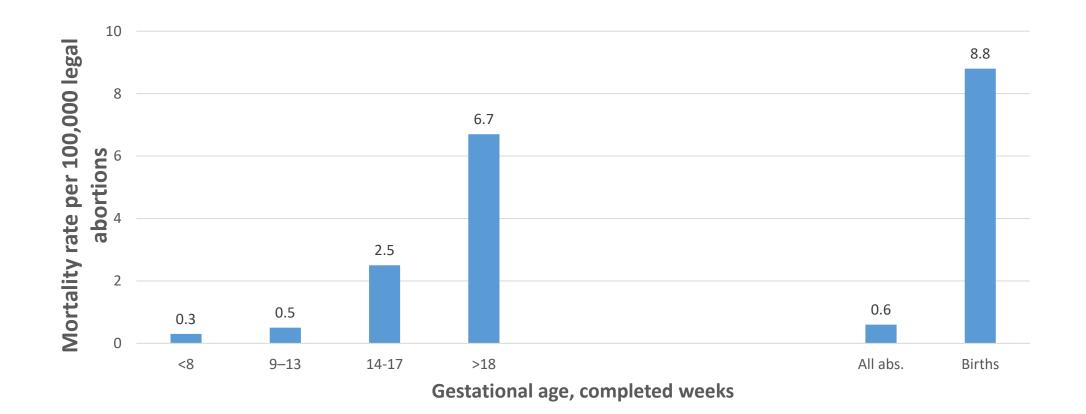
Abortion is increasingly concentrated among poor women

% of abortion patients



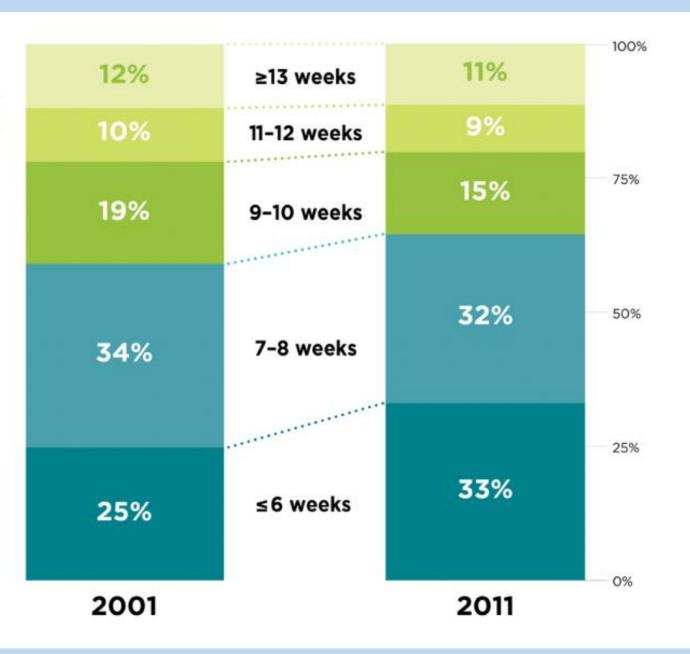
Source: Gu.tt/abortion2014, 2017

Abortion is Safe



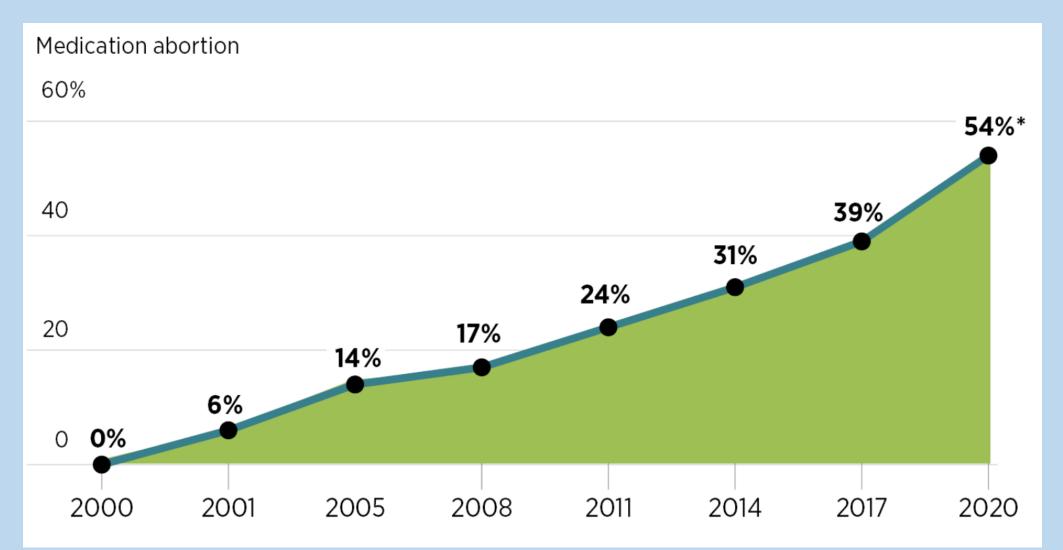
Raymond, Elizabeth G., and David A. Grimes. "The Comparative Safety of Legal Induced Abortion and Childbirth in the United States." Obstetrics & Gynecology (2012) Zane S et al., Abortion-related mortality in the United States, 1998–2010, Obstetrics & Gynecology, 2015, 126(2):258–265.

Abortion has shifted earlier within the first trimester



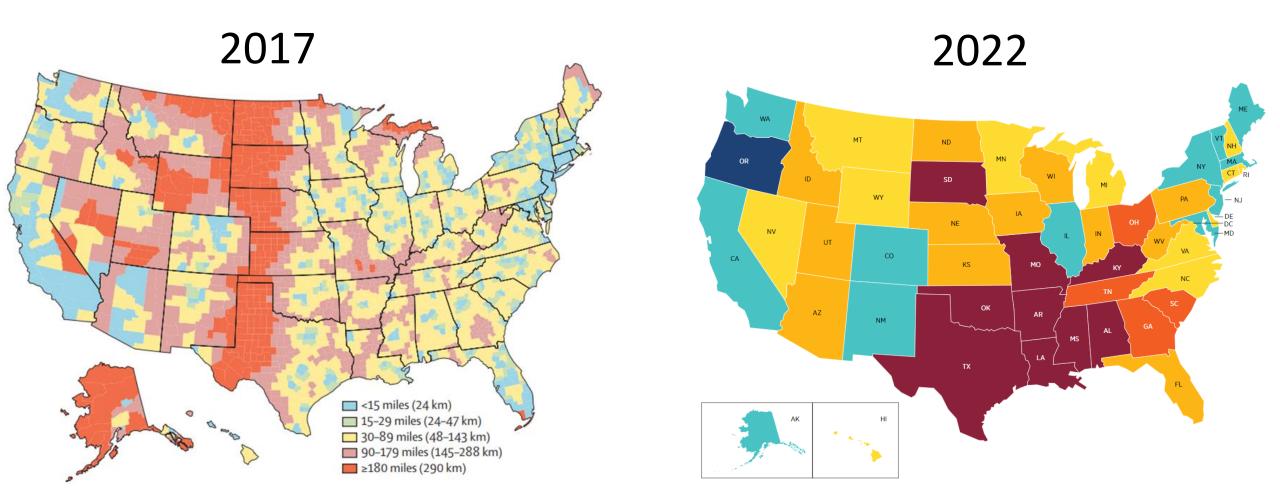
Jones RK, Finer LB. Who has second-trimester abortions in the United States?. Contraception. 2012;85(6):544-51.

As of 2020, medication abortions account for the majority of all U.S. abortions



https://www.guttmacher.org/fact-sheet/induced-abortion

Geographic Access

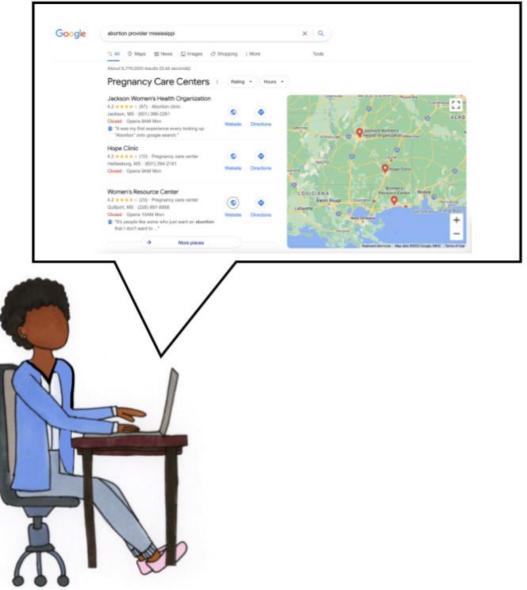


Rachel K. Jones, Elizabeth Witwer and Jenna Jerman. Abortion Incidence and Service Availability in the United States, 2017. Guttmacher Report, 2019.

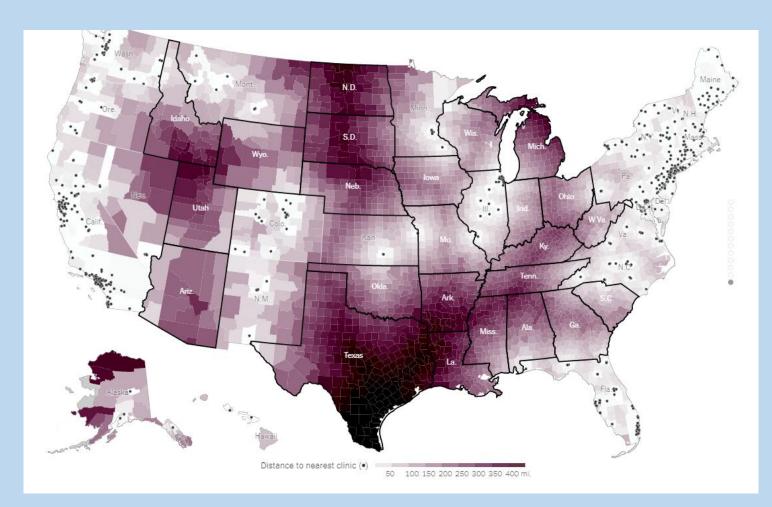
• Help dismantle abortion misinformation and the stigma associated with being an abortion provider: MDs must educate themselves on abortion care as a requirement for safe, autonomous reproductive health in order to become thoughtful and effective messengers for their patients, colleagues and community.



- Help dismantle abortion misinformation and the stigma laid on abortion providers and patients.
- Improve referral pathways for patients who need abortion care: MD's must be better providers for referrals, especially when referrals become more convoluted across state lines.
 - Women Help Women, Self-Managed Abortion: <u>https://abortionpillinfo.org/</u>
 - AidAccess: <u>https://aidaccess.org/</u>
 - Repro Legal Helpline: <u>https://www.reprolegalhelpline.org/</u>
 - Miscarriage and Abortion Hotline: <u>https://www.mahotline.org/</u>
 - National Network of Abortion Funds: <u>https://abortionfunds.org/</u>



- Help dismantle abortion misinformation and the stigma associated with being an abortion provider.
- Improve referral pathways for patients who need abortion care.
- Provide procedural or medication abortion in states where abortion will remain legal: Many medical subspecialists have skills and expertise to provide this service in their medical practice.



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- **Do not contribute to patient criminalization:** It is a moral and professional imperative for MD's to avoid all aspects of criminalizing abortion and to educate fellow clinicians similarly.

