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

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So, how did we get here?
DOCTORS of CONSCIENCE
The Struggle to Provide Abortion before and after Roe v. Wade
CAROLE JOFFE
The number of abortion providers fell by almost 40% between 1982 and 2001.

Source: Jones R. Guttmacher, 2007
Fellowship in Family Planning
Developing Tomorrow’s Leaders in Reproductive Health

2022: 108 RYAN PROGRAMS
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

• All Relationship Types
  • 54% are married/cohabitating

• All Religions
  • 62% report religious affiliation
  • 24% are Catholic

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

• Mothers
  • 59% have one or more children

Jerman J, Jones RK and Onda T, Guttmacher Institute, 2016
Abortion is increasingly concentrated among poor women.

Source: Gu.tt-abortion2014, 2017
Abortion is Safe


Abortion has shifted earlier within the first trimester

2001

- ≤6 weeks: 25%
- 7-8 weeks: 34%
- 9-10 weeks: 19%
- 11-12 weeks: 10%
- ≥13 weeks: 12%

2011

- ≤6 weeks: 33%
- 7-8 weeks: 32%
- 9-10 weeks: 15%
- 11-12 weeks: 9%
- ≥13 weeks: 11%

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

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

https://states.guttmacher.org/policies/
Actionable steps medical professionals can take to protect abortion access:

- 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.
Actionable steps medical professionals can take to protect abortion access:

- 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: [https://abortionpillinfo.org/](https://abortionpillinfo.org/)
  - AidAccess: [https://aidaccess.org/](https://aidaccess.org/)
  - Repro Legal Helpline: [https://www.reprolegalhelpline.org/](https://www.reprolegalhelpline.org/)
  - Miscarriage and Abortion Hotline: [https://www.mahotline.org/](https://www.mahotline.org/)
  - National Network of Abortion Funds: [https://abortionfunds.org/](https://abortionfunds.org/)
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- 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.
ABORTION ACCESS IS A COMMUNITY RESPONSIBILITY