



Second-Trimester Abortion Overview

No woman expects to have an abortion, but one of every three women in the US will have an abortion by the time she is 45 years old.ⁱ Abortion care is disproportionately sought by women facing difficult financial circumstances and women of color in the US. Second-trimester abortions are no different in that respect. What is different, however, is that a woman seeking a second-trimester abortion faces greater challenges than one obtaining a first-trimester abortion, as fewer doctors offer the service, they are substantially more expensive than first-trimester abortions, and they are often two-day procedures.

The vast majority of abortions in the US, nearly 89%, are performed within the first trimester or within thirteen weeks of gestation.ⁱⁱ While the number of abortions has declined overall and more first-trimester abortions are taking place earlier within the first trimester, the percentage of abortions performed in the second trimester has remained notably consistent over time.ⁱⁱⁱ

In general, women who have second-trimester abortions are somewhat more likely to be disadvantaged than women who have first-trimester abortions. Women who have second-trimester abortions:^{iv}

- Are more likely to be teenagers (29% v.19%);
- Have less education on average (30% of women who have second-trimester abortions have not completed high school as compared with 19% of women who have had a first-trimester abortion);
- Have a lower median income (33% are at 100% or less of poverty line as compared with 26% of women who have a first-trimester abortion); and
- Are more likely to be African-American (31% of first-trimester patients are African-American whereas 38% of second-trimester patients are African-American). The percentage of second-trimester patients drops slightly among Caucasians and Latinas, stays the same for Asian-American women and goes from 1 to 2 percent among Native American non-Hispanic women.

Clearly, more can and should be done to expand access to preventive services – including education and contraceptive options – as well as provide more resources to those women who are pregnant and want to carry their pregnancy to term. But each person's circumstances are unique and there are many different reasons a woman or a couple may decide to end a pregnancy, even after the first trimester.

Research suggests that late detection of pregnancy, cost and access barriers, and difficulty deciding what to do are some of the factors that cause women to seek a second-trimester abortion. For example:

- In one study, women under the age of 18 years took longer than older women to acknowledge pregnancy symptoms and take a pregnancy test.^v
- Poor women were twice as likely as wealthier women to experience delays due to “making arrangements.”^{vi}
- A delay in confirming pregnancy may be associated with obesity, abuse of drugs or alcohol, a fear of abortion, or being unsure of one’s menstrual cycle.^{vii}
- Research also shows that having had a prior second-trimester abortion is a strong predictor for second-trimester abortion, suggesting some underlying factors in a woman’s life that limit her ability to take control of a situation.^{viii}
- Women are twice as likely to cite either a possible health problem with the fetus or her own health as a reason for terminating in the second trimester as compared with those in the first trimester.^{ix}
- A case study report suggests that some women delay because they are conflicted and take more time to resolve whether they can carry a pregnancy term, place their child for adoption or end their pregnancy.^x

Unfortunately, as time goes on, a woman’s options for ending an unwanted pregnancy begin to narrow. For example:

- The cost of abortion can vary dramatically and increases exponentially the longer the pregnancy continues. According to one survey, the mean charge for a nonhospital abortion at 10 weeks is \$523 while the mean for a nonhospital abortion at 20 weeks is \$1339.^{xi}
- Federal regulations prohibit the use of federal funds to pay for abortions except in cases of rape, incest or life endangerment, and only 17 states allow the use of state funds to pay for abortion services outside these circumstances.^{xii}
- Not surprisingly, three-quarters of women seeking outpatient abortions pay for the procedure with their own funds rather than use public or private insurance.^{xiii}
- Abortions after thirteen weeks are much harder to obtain, as there are fewer providers. After sixteen weeks, the number gets smaller still, and still smaller for providers after twenty weeks.
- Second-trimester procedures are often two-day procedures. As a result, women seeking second-trimester services must often incur the costs of travel and lodging, as well as added struggles to get time off from work and arrange child care.
- While abortion is one of the safest medical procedures – and almost always carries fewer risks than carrying a pregnancy to term – the risk for women having an abortion increases with gestation.^{xiv}
- Qualitative evidence suggests the abortion referral process – connecting a pregnant woman with the right provider – is patchy.^{xv}

In short, a woman may find herself scrambling to find a provider while her pregnancy continues and her risks and costs increase. This scramble can be a tremendous source of stress or even heartache for a woman and her family. It is worth noting that more

than six in ten women who have an abortion already have one or more children.^{xvi} Regardless of investments that are made in helping women plan their pregnancy or carry a pregnancy to term, access to safe second-trimester abortions will remain a vital safety net for some.

ⁱ Facts on Induced Abortion, Guttmacher Institute, July 2008.

ⁱⁱ Ibid.

ⁱⁱⁱ Finer L “Demographics of Second-Trimester Abortion in the US,” APHA Annual Meeting October 2008.

^{iv} Ibid.

^v Finer, LB, Frohwirth LF, Dauphinee LA, Singh S, Moore AM. Timing of steps and reasons for delays in obtaining abortions in the United States. *Contraception* 2006;74(4):334-44.

^{vi} Ibid

^{vii} Foster DG, Jackson, RA, Cosby K, Weitz TA, Darney PD, Drey EA. Predictors of delay in each step leading to an abortion. *Contraception* 2008;77(4):289-293.

^{viii} Drey EA, Foster DG, Jackson RA, Lee SJ, Cardenas LH, Darney PD. Risk factors associated with presenting for abortion in the second trimester. *Obstet Gynecol* 2006; 107; 128-135.

^{ix} Finer L, 2008.

^x Audit of abortion requests above 22 weeks’ gestation in 2008. British Pregnancy Advisory Service (BPAS). May 2008.

^{xi} Jones R, Zolna M, Henshaw S and Finer LB. Abortion in the United States: Incidence and Access to Services, 2005. *Perspectives on Sexual and Reproductive Health*, Volume 40, Issue 1, March 2008

^{xii} Henshaw SK, Finer LB. The accessibility of abortion services in the United States, 2001.

Perspectives on Sexual and Reproductive Health 2003;35(1):16-24.

^{xiii} Ibid

^{xiv} Bartlett LA, Berg CJ, Shulman HB, Zane SB, Green CA, Whitehead S, Atrash HK, Risk factors for legal induced abortion-related mortality in the United States, *Obstet Gynecol.* 2004 Apr;103(4):729-37; and Grimes DA, Estimation of pregnancy-related mortality risk by pregnancy outcome, United States, 1991 to 1999, *Am J Obstet Gynecol.* 2006 Jan;194(1):92-4.

^{xv} Yanow S, Cosby K, Drey E, Weitz T “Securing Access to and Expanding Provision of Second-trimester Abortion Care in the United States: A White Paper” ANSIRH June 2008.

^{xvi} Facts on Induced Abortion, Guttmacher Institute 2008.