

# Induced Abortion, A World Review, 1981

REVIEW

## Induced Abortion: An Overview for Internists

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Internists care for many women who have had abortions and many who will care for them in the future. About 21% of all women of reproductive age have an abortion. Women having abortions tend to be young, white, unmarried, and early in pregnancy. Most abortions are done by suction curettage with local anesthesia in a freestanding clinic. However, medical abortion is growing in popularity as a nonsurgical alternative. The regimen approved by the U.S. Food and Drug Administration specifies mifepristone, 600 mg orally, followed 2 days later by misoprostol, 400 µg orally (within 49 days from last menses). Recent studies have recommended alternative approaches, such as mifepristone, 200 mg orally, followed in 1 to 3 days by misoprostol, 800 µg vaginally (up to 63 days). Medical abortion can be provided by a broader variety of physicians than can surgical abortion. The overall case-fatality rate for abortion is less than 1

death per 100 000 procedures. Infection, hemorrhage, acute hematemesis, and retained tissue are among the more common complications. Referral back to the original abortion provider for management is advisable. Overall, induced abortion does not lead to late sequelae, either medical or psychiatric. Of importance, no link exists between induced abortion and later breast cancer. For physicians who are asked to help with a referral, the National Abortion Federation and Planned Parenthood Federation of America have helpful Web sites and networks of high-quality clinics. The cost of abortion (currently about \$372 at 10 weeks) has decreased in recent decades. Provision of ongoing contraception and encouragement of emergency contraception can reduce unintended pregnancies and the need for abortion.

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Most internists' practices include large numbers of patients who have had or will seek induced abortion. Although abortion rates are declining, were they to remain stable, an estimated 43% of all U.S. women would have had one or more induced abortions during their reproductive years (1). More than 30 million U.S. women now share this experience.

Because surgical abortion is one of the most common operations in contemporary practice and new technologies have emerged over the past decade, this article will provide a primer for internists. We describe the numbers and characteristics of women having abortions, review the methods used, summarize safety data, explain how internists can help patients with referrals to abortion providers if requested, and describe costs. We focus on early induced abortion, which dominates practice in the United States. Our sources were textbooks, review articles, and a search through PubMed using the Medical Subject Heading terms *abortion, induced, abortion, fetal, and abortion, therapeutic*.

### WHAT IS AN ABORTION?

Abortion is the removal of a fetus or embryo from the uterus before the stage of viability, further defined as "20 weeks' gestation or fetal weight < 500 g" (2). The latter descriptors are misleading, however, because fetal viability has not been reported at 20 weeks and weight alone is a poor predictor of viability. The terminology of timing is also confusing. The notion of pregnancy "trimesters" was adopted by the U.S. Supreme Court in the *Roe v. Wade* decision of 1973, which legalized abortion nationwide. Regrettably, this obstetrical convention has no basis in biology, and the distinction between first- and second-trimester abortion remains blurred after 3 decades. The practical importance is that states may regulate second-trimester

abortions, for example, specifying that abortions must take place in a hospital. However, pregnancy should be considered a continuum, with no clear demarcations once embryogenesis is complete.

Two terms describe abortion frequency: the annual rate (number of abortions per women of reproductive age) and ratio (number of abortions per live births). The abortion rate in 1999 was 17 abortions per 1000 women age 15 to 44 years; stated alternatively, about 2% of all women of reproductive age have an abortion each year. The corresponding abortion ratio was 256 abortions per 1000 live births, about 1 induced abortion for every 4 live births (3).

### WHO HAS AN ABORTION?

Women who have abortions tend to be young, white, unmarried, and early in pregnancy (Table 1) (3). In 1999, more than half of abortions (58%) were obtained at 8 or fewer weeks of gestation (counted from the first day of the last menstrual period), and 88% were performed before 13 weeks. Suction curettage (also called *vacuum aspiration*) accounted for nearly all abortions.

Several important demographic and medical trends are evident over the past 3 decades (Table 1). The proportion of teenage patients having abortions has declined, as has the proportion of married women. Women have been obtaining abortions at progressively earlier gestational ages and by suction, rather than sharp, curettage (4). As of 1999, over half of all women having abortions were mothers of one or more children. A nationwide survey by the Alan Guttmacher Institute indicated that in 2000 and 2001, most women older than 17 years of age reported a religious affiliation: 43% Protestant, 27% Catholic, 8% other, and 22% no religious affiliation (5). Forty-six percent of women had not used a contraceptive method in the month in which they conceived; inconsistent use of con-

Induced Abortion: a World Review, [Christopher Tietze] on connectoswego.com \* FREE\* shipping on qualifying offers. The legal status of induced abortion worldwide ranges from complete prohibition to elective abortion at the request of the pregnant woman. As of late , 9%. Induced Abortion: A World Review, By Stanley K. in countries where induced abortion is permitted on caused an increase in abortions in Induced Abortion: A World Review, "The absence of Review, , that contained a summary of the legal .. performed in the private sector; in Available in the National Library of Australia collection. Author: Tietze, Christopher, ; Format: Book; xi, p.: ill. ; 28 cm. Induced Abortion: A World Review, Creator. Tietze, Christopher. Bibliographic Citation. New York: Population Council, p. Induced Review; International and Political Dimensions of Biology and Medicine; Demographic Surveys / Attitudes Toward Abortion;. Download Citation on ResearchGate Induced Abortion A World Review The worldwide Forty percent of the world's population now lives in countries where induced. In , The Alan Guttmacher Institute (AGI), in collaboration with the . Induced abortion, a world review, / Christopher Tietze. Format: Book; Language: English; Published/Created: New York: Population Council, c Induced abortion [print]: a world review, Responsibility: Christopher Tietze. Edition: 4th ed. Imprint: New York: Population Council, c Physical. Context: Accurate measurement of induced abortion levels has proven difficult in many parts of the world. Health care workers and. the Wallace Global Fund. Characteristics of Women Who Obtain Induced Abortion: A Worldwide Review .. Nigeria, \*. Preventing and managing complications of induced abortion in Third World . E Ketting, P Schrabell Induced abortion in the Netherlands: a decade of experience, OA Ojo Septic abortion in Ibadan: a ten year review of cases. Induced abortion: a world review, by Tietze, Christopher. Series: A Population Council Fact Book. Publisher: New-York The Population Council. the fourth edition of his world review of induced abortion, although they were included in earlier editions. As we saw in the preceding chapter, such data . Title, Main Entry, Publication Date. Induced abortion: a world review, / Tietze, Christopher, , c Induced abortion: a world review, / Tietze.

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