



January 2017

Fact Sheet

## State Facts About Abortion: Oregon

### NATIONAL BACKGROUND AND CONTEXT

Each year, a broad cross section of U.S. women obtain abortions. As of 2014, some 60% of women having abortions were in their 20s; 59% had one or more children; 86% were unmarried; 75% were economically disadvantaged; and 62% reported a religious affiliation.[1] No racial or ethnic group made up a majority: Some 39% of women obtaining abortions were white, 28% were black, 25% were Hispanic and 9% were of other racial or ethnic backgrounds.[1]

Contraceptive use is a key predictor of whether a woman will have an abortion. In 2011, the very small group of American women who were at risk of experiencing an unintended pregnancy but were not using contraceptives accounted for the majority of abortions.[2] Many of these women did not think they would get pregnant or had concerns about contraceptive methods.[2] A minority of abortions occurred among the much larger group of women who were using contraceptives in the month they became pregnant. Many women who fall into this category have reported difficulty using contraceptives consistently.[3]

Abortion is one of the safest surgical procedures for women in the United States. Fewer than 0.05% of women obtaining abortions experience a complication.[4]

Since recognizing a woman's constitutional right to abortion in 1973 in *Roe v. Wade*, the U.S. Supreme Court has in subsequent decisions reaffirmed that right. The Court has held that a state cannot ban abortion before viability (the point at which a fetus can survive outside the uterus), and that any restriction on abortion after viability must contain exceptions to protect the life and health of the woman. Furthermore, any previability abortion restriction cannot create an "undue burden" on a woman seeking an abortion. This "undue burden" standard was established in *Planned Parenthood v. Casey* in 1992 and clarified in the 2016 decision in *Whole Woman's Health v. Hellerstedt*. The latter held that scientific evidence must be considered when evaluating the constitutionality of abortion restrictions.[5] Some of the most common state-level abortion restrictions are parental notification or consent requirements for minors, limitations on public funding, mandated counseling designed to dissuade a woman from obtaining an abortion, a mandated waiting period before an abortion, and unnecessary and overly burdensome regulations on abortion facilities.

Since 2010, the U.S. abortion landscape has grown increasingly restrictive as more states become hostile to abortion rights. Between 2010 and 2016, states enacted 338 new abortion restrictions, which account for nearly 30% of the 1,142 abortion restrictions enacted by states since the 1973 Supreme Court decision in *Roe v. Wade*.

### PREGNANCIES AND THEIR OUTCOMES

•In 2011, the 63 million U.S. women of reproductive age (15–44) had six million pregnancies. Sixty-seven percent of these pregnancies resulted in live births and 18% in abortions; the remaining 15% ended in miscarriage.[6]

•Approximately 926,200 abortions occurred in the United States in 2014. The resulting abortion rate of 14.6 abortions per 1,000 women of reproductive age represents a 14% decrease from the 2011 rate of 16.9 per 1,000 women.[7]

- In 2014, some 9,330 abortions were provided in Oregon, though not all abortions that occurred in Oregon were provided to state residents, as some patients may have traveled from other states; likewise, some individuals from Oregon may have traveled to another state for an abortion. There was a 15% decline in the abortion rate in Oregon between 2011 and 2014, from 14.1 to 12.0 abortions per 1,000 women of reproductive age. Abortions in Oregon represent 1.0% of all abortions in the United States.[7]

## WHERE WOMEN OBTAIN ABORTIONS

- In 2014, there were 1,671 facilities providing abortion in the United States, representing a 3% decrease from the 1,720 facilities in 2011. Sixteen percent of facilities in 2014 were abortion clinics (i.e., clinics where more than half of all patient visits were for abortion), 31% were nonspecialized clinics, 38% were hospitals and 15% were private physicians' offices. Fifty-nine percent of all abortions were provided at abortion clinics, 36% at nonspecialized clinics, 4% at hospitals and 1% at physicians' offices.[7]

- There were 27 abortion-providing facilities in Oregon in 2014, and 15 of those were clinics. These numbers represent a 7% decline since 2011 in overall providers, and no change in clinics from 2011, when there were 29 abortion providers overall, of which 15 were clinics.[7]

- In 2014, 90% of U.S. counties had no clinics providing abortions. Some 39% of women of reproductive age lived in those counties and would have had to travel elsewhere to obtain an abortion.[7] Of patients obtaining abortions in 2008, one-third had to travel more than 25 miles one way to reach a facility.[8]

- In 2014, some 78% of Oregon counties had no clinics that provided abortions, and 30% of Oregon women lived in those counties.[7]

## RESTRICTIONS ON ABORTION

In Oregon, the following restrictions on abortion were in effect as of April 1, 2017:

- Oregon does not have any of the major types of abortion restrictions—such as waiting periods, mandated parental involvement or limitations on publicly funded abortions—often found in other states.

## REFERENCES

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3. Frost JJ, Darroch JE and Remez L, *Improving contraceptive use in the United States, In Brief*, New York: Guttmacher Institute, 2008.
4. Weitz TA et al., *Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a California legal waiver*, *American Journal of Public Health*, 2013, 103(3):454–461.
5. Boonstra HD et al., *Abortion in Women's Lives*, New York: Guttmacher Institute, 2006.
6. Special tabulations of data from Finer LB and Zolna MR, *Declines in unintended pregnancy in the United States, 2008–2011*, *New England Journal of Medicine*, 2016, 374(9):843–852.
7. Jones RK and Jerman J, *Abortion incidence and service availability in the United States, 2014*, *Perspectives on Sexual and Reproductive Health*, 2017, 49(1), doi:10.1363/psrh.12015.