



## Topic Brief: Women's Health and Abortion

**Date:** 5/12/2022

**Nomination Number:** 0977

**Purpose:** This document summarizes the information addressing a nomination submitted on May 6, 2022 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** The nominator for this topic is concerned about access to safe abortion in the United States and health issues surrounding abortion.

**Findings:** The mission of AHRQ is to produce evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable. AHRQ does not develop policies or guidance for clinical care; provide coverage or deliver clinical services; or develop legislation. Lastly the EPC Program does not commission new research.

After input from the nominator, the program was unable to sufficiently focus the nomination for further assessment and consideration.

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### Background

The Centers for Disease Control and Prevention (CDC) defines a legal induced abortion as “an intervention performed by a licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, physician assistant) within the limits of state regulations, that is intended to terminate a suspected or known ongoing intrauterine pregnancy, and that does not result in a live birth.”<sup>1</sup> Data collected from the CDC’s abortion surveillance program found that 629,898 legal induced abortions from 49 reporting areas in the United States occurred in 2019. Early medical abortion, defined as the administration of medications(s) to induce an abortion at less than or equal to nine completed weeks’ gestation, increased 10 percent from 2018 to 2019 and 123 percent from 2010 to 2019 in the United States.<sup>2</sup>

When people seeking abortions face barriers to attaining safe, timely, affordable, geographically reachable, respectful, and non-discriminatory abortion, they often resort to unsafe abortion. Health risks associated with unsafe abortion include maternal death, incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus), heavy bleeding, infection, uterine perforation, and damage to the genital tract and internal organs as a result of inserting dangerous objects into the vagina or anus. Estimates from 2010 to 2014 indicate that only about 3% of unsafe abortions occur in developed countries, including the United States.<sup>3</sup>

Abortion has been legal in the United States since the case of *Roe versus Wade* was decided in 1973. Individual state laws currently regulate how and when abortion can occur, and the 1976

Hyde Amendment both prevents federal tax dollars from funding abortion, and Federal Government from covering abortion as an employer, insurer, and provider of healthcare.<sup>4</sup> Recently, people have concerns about future access to safe abortions in the United States. Addressing concerns around policy and legal issues, and providing direct clinical care and insurance coverage, are outside the purview of AHRQ.

## References

1. CDCs Abortion Surveillance System FAQs. Centers for Disease Control and Prevention. doi: [https://www.cdc.gov/reproductivehealth/data\\_stats/abortion.htm](https://www.cdc.gov/reproductivehealth/data_stats/abortion.htm).
  2. Kortsmit K MM, Reeves JA, et al. . Abortion Surveillance — United States, 2019. MMWR Surveill Summ. 2021;70(No. SS-9):1–29. doi: <http://dx.doi.org/10.15585/mmwr.ss7009a1>.
  3. Abortion. World Health Organization. doi: <https://www.who.int/news-room/fact-sheets/detail/abortion>.
  4. An Overview of Abortion Laws. Guttmacher Institute. doi: <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>.
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**Conflict of Interest:** None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

## Acknowledgements

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