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Who needs abortion later in pregnancy in the United States, and why?

What are the delays that cause people to seek abortion care later in pregnancy?

It is not always possible for a person to get an abortion as soon as they would like to. Many things can stand in their way of early abortion care, including not knowing about and/or having access to services; personal, financial, and other circumstances; and structural and legal issues like state bans on insurance coverage. Reasons why an individual may need an abortion after the first trimester include delays in finding out they are pregnant,¹⁻⁵ needing time to decide what to do about an unintended pregnancy,^{1,3} difficulties accessing care due to trouble finding or traveling to a provider,¹⁻³ and needing the time to raise money to pay for the procedure or make travel arrangements to a provider in a distant location.¹⁻³ These factors often cause a chain reaction in which delay leads to increased barriers, because as the pregnancy progresses, the costs of the abortion procedure increase while the availability of services decreases. Additionally, some individuals seek abortions in the second trimester or later after developing a serious health problem or learning about a genetic or health condition in the developing fetus, as many of these conditions cannot be accurately diagnosed until later in pregnancy. Abortions performed due to maternal and/or fetal indicators are a small percentage of the abortions done later in pregnancy.⁶

Delays in finding out about pregnancy and needing time to make decisions

The first point of delay in obtaining an abortion may come from delays in finding out about the pregnancy. In 2013, researchers at the University of California San Francisco's Advancing New Standards in Reproductive Health (ANSIRH) conducted the Turnaway Study, a five-year prospective study that compared individuals who had an abortion at 20 weeks of gestation or later after their last menstrual period and those who had first-trimester abortions (at or before 13 weeks' gestation). Individuals who had first-trimester abortions found out that they were pregnant at an average of five weeks after their last menstrual period, while those who had abortions at 20 weeks or later found out that they were pregnant at an average of 12 weeks after their last menstrual period.¹ Both sets of individuals reported delays in finding out that they were pregnant (40% vs. 45%, respectively).¹ A 2017 study of second-trimester abortion care by Ibis Reproductive Health found a slightly smaller proportion (30%) of individuals reporting this as a delay.³ A study by the Guttmacher Institute also found delays in finding out about a pregnancy to be related to second-trimester abortion.² These findings are consistent with findings from a 2010 study demonstrating a significant association between being unsure of the date of the last menstrual period and delay. In the 2010 study, minors suspected pregnancy an average of one week later than adults.⁴ In a 2008 study, use of drugs or alcohol, having had a

prior second-trimester abortion, being unsure of the last menstrual period, being in denial, and fear of abortion were also associated with longer time to test for pregnancy.⁵

A second point of delay may come from time needed to make a decision regarding whether to end the pregnancy, which could include conflict with partners or family. The Turnaway Study found that these types of delays in seeking abortion were similar regardless of gestational age at the time of the procedure.¹ Both individuals who had first-trimester abortions and those who had abortions at or after 20 weeks reported delays due to having trouble deciding whether to end the pregnancy (33% vs. 40%, respectively),¹ which was consistent with findings from the Ibis study.³ Delays were also reported due to disagreeing about abortion with the partner involved in the pregnancy (16% vs. 20%).¹

Costs of abortion

Once a person makes a decision to have an abortion, delays may also result from logistical difficulties obtaining abortion care. One logistical challenge is cost. The cost of an abortion increases with gestational age and is an important factor in abortion delay. An analysis of data from the Turnaway Study that compared individuals receiving first-trimester abortions to those undergoing abortions at or after 20 weeks found that the median cost of a procedure rises from approximately \$460 in the first trimester to \$750 between 14 and 20 weeks and \$1,750 after 20 weeks.⁷ While many abortion patients have private insurance coverage or are eligible for Medicaid insurance, most do not have their abortions paid for by these sources.⁷⁻⁹ For those with private insurance, this may be due to lack of knowledge of whether abortion is covered or concerns of confidentiality.^{10,11} For those with Medicaid coverage, this may be due to state restrictions on Medicaid funds^{12,13} or other barriers using Medicaid funds to pay for abortion services.¹⁴⁻¹⁶ As of 2014, 22 states restrict abortion coverage in insurance plans for public employees, 26 states restrict abortion coverage in state-run exchanges, and 11 states restrict insurance coverage of abortion in private insurance plans.¹⁶

Financial assistance is also available to some people who need help paying for abortion procedures. Financial assistance can include clinic discounts and assistance provided by private abortion funds that help to cover the cost of abortion services and related travel. Importantly, the Guttmacher Institute study found that while having this type of financial assistance may help individuals obtain second-trimester abortion services that they might otherwise be unable to access, it may also cause delays in their care due to the time required to seek out and obtain this financial assistance.²

Most abortion patients incur considerable out-of-pocket costs, with higher costs later on in pregnancy.⁹ These out-of-pocket costs are substantial, with almost two-thirds of individuals after 14 weeks paying more than one-third of their personal monthly income in



out-of-pocket costs.¹⁷ In addition to the procedure itself becoming more expensive with increasing gestational age, related logistical costs also tend to rise, as individuals seeking abortion later in pregnancy may have to travel farther to find a provider and may have to find overnight lodging for a multi-day procedure.¹⁷ In the Turnaway Study, individuals undergoing abortion at or after 20 weeks were more than twice as likely as those in the first trimester to report that raising money for the abortion and its related costs delayed their procedure (65% vs. 31%, respectively).¹ In the Ibis study of individuals undergoing second-trimester procedures, over half (52%) reported that difficulties getting enough money to pay for the abortion delayed their procedure.³

Logistical difficulties

Logistical difficulties are more common among individuals obtaining abortions later in pregnancy. In the Turnaway Study, those seeking abortion at or after 20 weeks of gestation were much more likely to report logistical delays than those seeking abortion earlier in gestation. The group undergoing abortion at or after 20 weeks of gestation was more than twice as likely to report delays arising from not knowing where to go to obtain an abortion (38% vs. 18%, respectively) and difficulty getting to the abortion facility (27% vs. 12%) than those obtaining an abortion at or before 13 weeks of gestation.¹ Twenty-one percent of individuals seeking abortions at or after 20 weeks of gestation traveled more than three hours to get to the abortion facility compared to only five percent of those having abortions at or before 13 weeks of gestation,¹ which further contributes to increased costs due to travel expenses, child care, and lost wages. Similarly, the Guttmacher Institute study found that being at least 25 miles away from the abortion facility was associated with obtaining abortions at or before 13 weeks of gestation.²

These difficulties are exacerbated by overall decreases in the number of abortion providers throughout the country, which affects the already small number who provide later abortion services. In 2008, there were 851 clinics that provided abortion; by 2014, this number had dropped to 788, representing a decrease of 7%.¹⁸ There are currently seven states with only one clinic that provides abortion care, and there are 11 states with no services offered after 19 weeks of gestation.¹⁸ This decrease in the number of facilities results in increasing number of people who have to travel long distances for abortion care. Additionally, an increasing number of states are passing bans on abortion after 20 weeks of gestation¹⁹ or on certain abortion methods²⁰ that are typically used in the second trimester. These types of bans means that more and more individuals may have to travel out of state to obtain later abortion care.

Who seeks abortions after the first trimester?

A few studies have described the characteristics of people obtaining abortion at different gestational ages after the first trimester. There is some data comparing people obtaining abortions during the first and second trimester, and there is additional data comparing people obtaining abortions during the first trimester and later in the second trimester. The Guttmacher Institute has described the characteristics of individuals obtaining second-trimester abortion and found that being Black, having less than a high school degree, relying on financial assistance to pay for the procedure, living at least 25 miles

from the abortion facility, and experiencing delay in finding out they are pregnant were all associated with abortion in the second-trimester.²

In the Turnaway Study mentioned above, the researchers found that individuals who had an abortion at 20 weeks of gestation or later and those who had first-trimester abortions did not differ significantly by race or ethnicity, number of previous abortions or children, mental or physical health history, or substance use. However, they did differ in some other regards, with those having abortions at 20 weeks of gestation or later being more likely to be younger (20–24 years old) and more likely to be unemployed than those who had their abortions in the first trimester.³ This study found that many individuals seeking abortion at 20 weeks of gestation or later reported at least one difficult life event such as raising children alone (47%), having a history of substance use and/or depression (30%), or having recent conflict or violence with their partner (24%).

How many people have abortions after the first trimester?

According to the US Centers for Disease Control and Prevention, in 2014 approximately 91.5% of abortions occurred in the first 14 weeks of gestation, 3.3% occurred between 14 and 15 weeks' gestation, and 3.9% occurred between 16 and 20 weeks' gestation.²¹ Only 1.3% of all abortions obtained in 2014 were provided at or after 21 weeks of gestation.²¹ Although the overall number of abortions in the United States has declined over time,²¹ the percentage of individuals obtaining abortions after 14 weeks of gestation has remained fairly constant since the mid-1990s.

Summary

Throughout pregnancy, people must be able to make health decisions that are best for their circumstances, which may include ending a pregnancy. Individuals seeking abortions after the first trimester do so for a number of reasons, including serious health problems, fetal indications, delays in finding out about the pregnancy, needing time to decide what to do about the pregnancy, and difficulties accessing abortion services or raising money for the procedure. These delays can create additional barriers due to increased cost and decreased access to care due to fewer abortion providers offering services at later gestational ages. Thus, it is important to maintain access to abortion care throughout pregnancy. All people deserve access to high quality care throughout pregnancy so they can make the best decisions for themselves and their families.



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