

## Second Trimester Abortion: A Global Overview

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## Comparative Risks: Reproductive Events

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- Legal abortion 0.567/100,000
- Miscarriage: 1.19/100,000
- Live birth: 7.09/100,000
- Ectopic pregnancy: 31.9/100,000
- Fetal death: 96.3/100,000

Source: Grimes DA (2005)

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## Rate of Unsafe Abortion

Per 1,000 Women 15-44



Source: WHO. *Unsafe Abortion Report*, 2000

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## Difficult to find data on 2<sup>nd</sup> trimester abortion

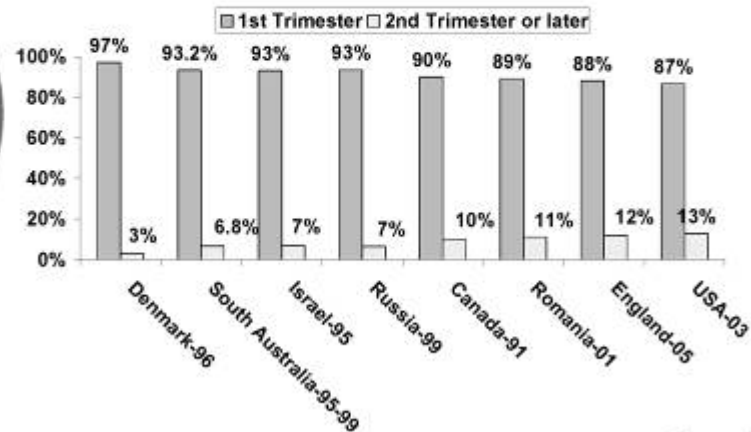
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- Relatively rare
- Illegal in most developing countries
  - Poor record keeping
  - Stigma
- Where only 1<sup>st</sup> trimester abortion allowed, providers may misclassify 2<sup>nd</sup> trimester abortion as miscarriage or a 1<sup>st</sup> trimester procedure to avoid legal complications
- Few articles classify data by gestational age

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## Industrialized Countries

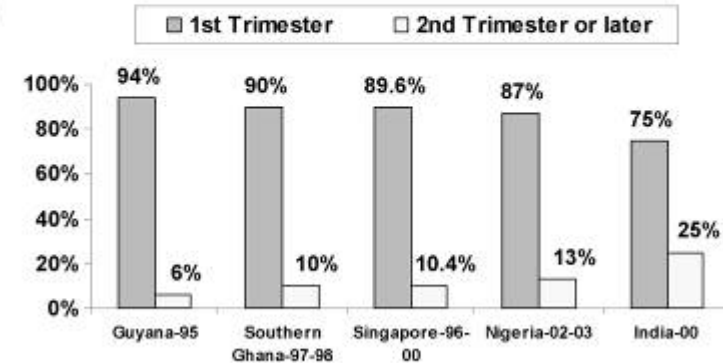
Percentage of induced abortion in first and second trimester



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## Developing Countries

Percentage of induced abortion in first and second trimester



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## First Trimester vs Second Trimester Abortion: Health Effects

**The great majority of all abortions occur in the first trimester (almost 90%), but later pregnancy termination accounts for 2/3 of the all major complications (WHO, 1997)**

Source: Lalitkumar et al. (2007)

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## Risk of death in relation to Gestation: U.S.

- Risk increases as gestational age increases (about 20-38% per additional week of gestation after eight weeks):
  - 8 weeks or earlier = ~1 death/ 1,000,000
  - 16-20 weeks = ~1 death/ 30,000 abortions
  - 21 weeks or later = ~1 death/10,000 abortions
- Risk after 21 weeks is about 76.6 times as high as at 8 weeks

Source: Bartlett et. al, 2004, AGI

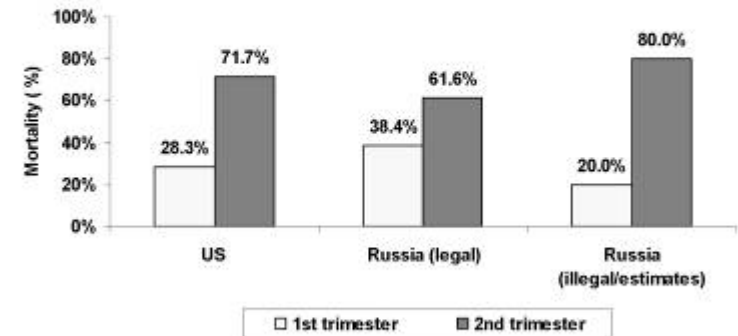
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## Poor care makes 2<sup>nd</sup> trimester abortion even more dangerous, Russia 1999

- 93% of abortions are 1<sup>st</sup> trimester BUT
- In medical institutions (legal), risk of death is:  
0.4/100,000 1<sup>st</sup> v. 8.5/100,000 2<sup>nd</sup> trimester  
(22 times the risk)
- Outside medical institutions (“illegal”), risk of death is:  
0.8/100,000 1<sup>st</sup> v. 41.7/100,000 2<sup>nd</sup> trimester  
(52 times the risk)

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## Percent of all abortion mortality



Source: Russia: Zhirova et al., 2004 (1999 data); US: Barlett et al (2004) and CDC (2001)

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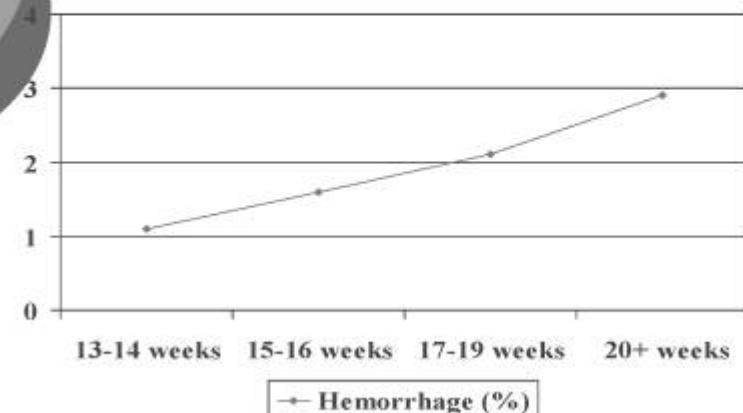
## Cause of death by trimester, US 1988-97

Procedure	1st trimester	2nd trimester D&E
Hemorrhage	14%	38%
Infection	31%	14%
Embolism	14%	19%
Anesthesia	22%	19%
Other (includes cerebrovascular)	17%	11%
<b>Total</b>	<b>98 % (2% unknown)</b>	<b>100%</b>

Source: Bartlett et al (2004)

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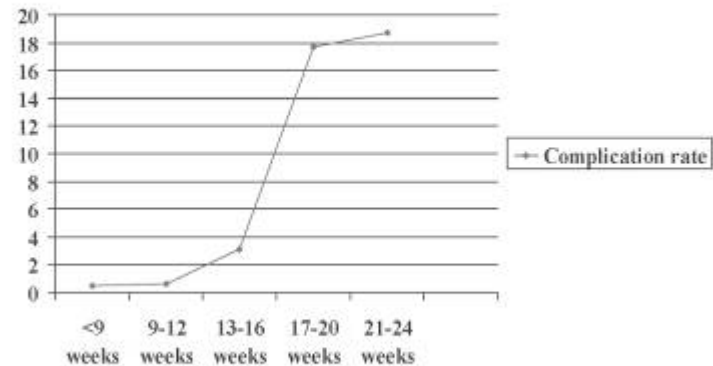
## Risk of hemorrhage, by week of gestation, (India, hospital data)



Source: Bhatthana & Sheriar (1990)

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## Abortion complication rates by gestational age (Canada 1989-91)



Source: Wadhera & Millar (1994)

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## Who Is at Risk?

- Poor
- Living in rural areas
- Minority groups
- Young
- Seeking clandestine services

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## Barriers to access more critical for vulnerable groups

### Systems issues:

- Poor distribution of providers
- High cost/uninsured procedures
- Legal restrictions
- Provider attitudes/knowledge

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## Poor Distribution of Services

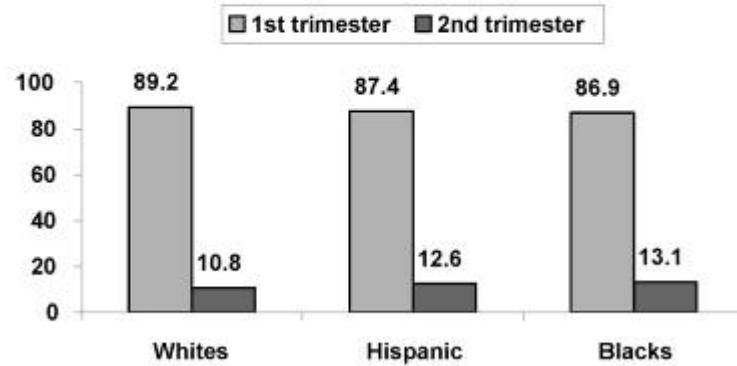
- US:
  - 16% traveled 50 to 100 miles for service in the US
  - 8% traveled more than 100 miles
  - 97% of non-metropolitan areas have no abortion services
- South Africa, Northern Cape:
  - 56.8% lived more than 50 km from a 1<sup>st</sup> trimester facility
  - 38.5% lived more than 100 km from a 1<sup>st</sup> trimester facility

Source: Planned Parenthood Federation of America, Henshaw et al (2003), Henshaw et al. (2001), Dickson et al (2003)

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## Minorities, US

Percentage of first and second trimester abortion

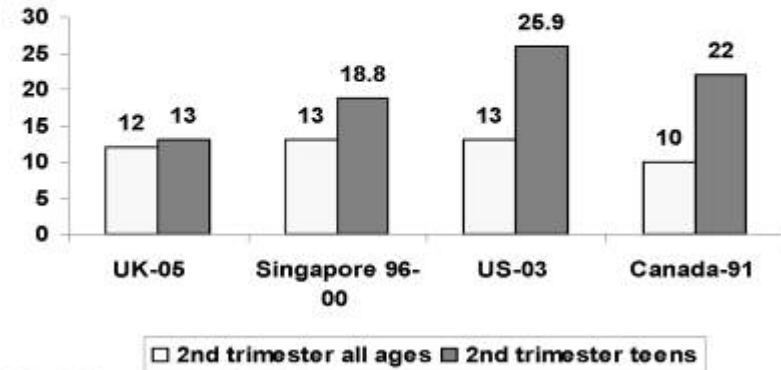


Source: CDC, US data 2003

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## Teenagers

Percentage abortions in the second trimester

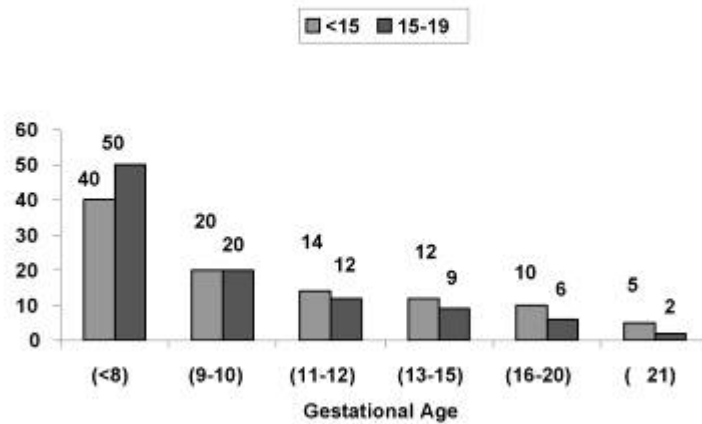


Ages: UK: <20; Singapore <20, US <15, Canada <15

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## Teenagers - US

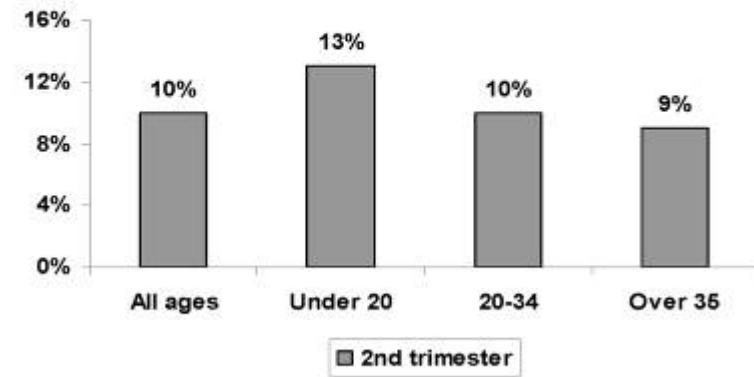
Abortion by Gestational Age



Source: CDC, US data 2003

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## 2nd Trimester Abortion, UK 2005



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## Legal Restrictions and Gestational Age of Abortions

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### After legalization of abortion in US (1973):

- Proportion of first trimester abortions increased
- Proportion of second trimester abortions decreased

Source: Planned Parenthood Federation of America

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When there are time limits on abortion, more women must seek extra-legal services, and this delays procedures even more

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## Abortion restricted after:

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- 8 weeks: Guyana
- 10 weeks: Turkey
- 12 weeks: Albania, Armenia, Azerbaijan, Belarus, Bosnia, Bulgaria, Cuba, Croatia, Denmark, Estonia, Slovak Rep., Czech Rep., Georgia, Greece, Hungary, Russia, South Africa, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Macedonia, Moldova, Mongolia, Tajikistan, Tunisia, Turkey, Turkmenistan, Ukraine, Uzbekistan
- 90 days: Italy
- 14 Weeks: Austria, Belgium, Cambodia, France, Germany, Romania
- 18 weeks: Sweden
- 24 weeks: Singapore

Source: Center for Reproductive Rights

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## Parental consent required:

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- Denmark,
- Greece,
- Italy,
- Norway,
- Serbia and Montenegro,
- Macedonia,
- Herzegovina,
- Slovak Republic,
- Slovenia,
- Croatia,
- Cuba,
- Czech Republic,
- Turkey,
- parts of USA

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## Mandatory Delays

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### In U.S., Mississippi's law (1992) requires:

- 24 hrs between the receipt of information and the actual procedure
- Information must be received in person (therefore, two separate visits are needed)

### Consequences:

- Overall abortion rate declined
- Proportion of 2<sup>nd</sup> trimester abortions increased 53% among women whose closest provider was in state.
- Increases in cost of the procedure (travel, time of form work, etc.)

Source: Joyce T. & Kaestner R. (2000)

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## Provider Factors in Delay

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- Provider shortages: need more time to find out where to get an abortion
- Provider knowledge: e.g. unwillingness to perform abortion in 12-16 LMP interval; women unnecessarily delay abortion
- Provider prioritization: delays in appointments
- Provider attitude: e.g. requiring spousal consent when not legally necessary

Source: Planned Parenthood Federation of America, Inc (US);  
WHO Report (Vietnam); Jewke et al (South Africa);  
Duggal et al. (India)

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## Some Reasons for Delay are Less Avoidable

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### Biological and personal factors:

- Discovery of fetal anomalies
- Worsening medical problems of pregnancy
- Unrealized unsuccessful early TOP
- Sex selection
- Partner leaves/dies
- Denial/lack of knowledge of pregnancy

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The end.....

Any questions?

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