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ANNUAL SUMMARY 1975
Issued April 1977

CENTER FOR DISEASE CONTROL ABORTION SURVEILLANCE 1975





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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

PREFACE

Over the past 25 years, the term "surveillance" has broadened to include the collection, analysis, and dissemination of epidemiologic information related not only to infectious disease but also to such diverse public health concerns as air pollution, cancer and birth defects, Rh hemolytic disease, and abortion. Recognizing the emerging importance of abortion as a public health issue and the absence of national abortion statistics, the Family Planning Evaluation Division (FPED) initiated epidemiologi surveillance of abortion in 1969. Since then, FPED has been compiling, analyzing, and distributing data on abortion in the United States. The objectives of this surveillance are twofold: 1) to document the number and characteristics of women obtaining abortion and 2) to eliminate preventable mortality and morbidity related to abortion. The present report documents the most current data available to CDC for the years 1969-1975 and updates previous Abortion Surveillance Reports. This issue provides: 1) demographic and epidemiologic data on legal abortions in 1975, 2) trends in the practice of legal abortion from 1973-1975, 3) abortion-related mortality data for the 4-year period 1972-1975, including types of procedures and death-to-case rates, and 4) a comparison of major morbidity rates of the 3 most common methods of midtrimester abortion, derived from CDC's 4-year multicenter study of abortion complications, the Joint Program for the Study of Abortion/CDC (JPSA/CDC). In addition, this report provides international comparisons of legal abortion for the first time.

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SUMMARY TABLE

CHARACTERISTICS OF WOMEN RECEIVING ABORTIONS UNITED STATES, 1972-1975

CHARACTERISTICS	PERCENT DISTRIBUTION ¹								
Olandio I di Carante d	1972	1973	1974	1975					
Residence	56.2	74.8	86.6	89.2					
Abortion in-state	43.8	25.2	13.4	10.8					
Abortion out-of-state	40.0	20.2	10.1	10.0					
Age									
< 19	32.6	32.7	32.7	33.1					
20-24	32.5	32.0	31.8	31.9					
<u>></u> 25	34.9	35.3	35.6	35.0					
Race									
White	77.0	72.5	69.7	67.8					
Black and others	23.0	27.5	30.3	32.2					
Marital Status									
Married	29.7	27.4	27.4	26.1					
Unmarried	70.3	72.6	72.6	73.9					
Number of Living Children									
0	49.4	48.6	47.8	47.1					
1	18.2	18.8	19.6	20.2					
2	13.3	14.2	14.8	15.5					
3	8.7	8.7	8.7	8.7					
4	5.0	4.8	4.5	4.4					
<u>></u> 5	5.4	4.9	4.5	4.2					
Type of Procedure									
Curettage	88.6	88.4	89.7	90.9					
Suction	65.2	2 74	.9 77	.5 82.6					
Sharp	23.	4 13	.5 12	.3 8.4					
Intrauterine instillation	10.4	10.4	1.0	4.4					
Hysterotomy/Hysterectomy	0.6	0.7		0.4					
Other	0.5	0.6	1.9	2.4					
Weeks of Gestation									
< 8	34.0	36.1	42.6	44.6					
9-10	30.7	29.4	28.7	28.4					
11-12	17.5	17.9	15.4						
13-15	8.4	6.9	5.5	5.0 6.1					
16-20	8.2	8.0	6.5 1.2	1.0					
<u>></u> 21	1.3	1.7	1.4	1.0					

¹ Excludes unknowns

I. SUMMARY

In 1975 the 50 states and the District of Columbia reported 854,853 legal abortions to the Center for Disease Control, an increase of 12% over 1974. The national abortion ratio increased by 12% from 242 abortions per 1,000 live births in 1974 to 272 in 1975, representing more than 1 legal abortion for every 4 live births. The national abortion rate rose from 17 abortions per 1,000 women aged 15-44 in 1974 to 18 in 1975, an increase of 6%. The redistribution of legal abortions into states which had restrictive laws before 1973 continued in 1975. Concurrently, the trend noted in 1973 towards performance of abortions in a woman's state of residence continued in 1975, with 89% of women undergoing abortion in their home state, as compared with 87% in 1974 and 75% in 1973 (Summary Table).

Women obtaining legal abortions in 1975 tended to be young, white, unmarried, of low parity, and early in pregnancy at the time of the procedure (Summary Table). Sixty-five percent were under age 25. Sixty-eight percent of women were white; 32% were black and other races. Seventy-four percent were unmarried, while 26% were married. Forty-seven percent had no living children. Suction curettage again was the predominant abortion method in 1975, accounting for 83% of all procedures, followed by sharp curettage (8%), intrauterine instillations (6%), other procedures (2%), and major abdominal operations (0.4%). Eighty-eight percent of women underwent abortion within the first 12 menstrual weeks of pregnancy.

The trend in declining abortion deaths continued into 1975. Forty-four women died from abortion in 1975, compared with 52 in 1974, 56 in 1973, and 88 in 1972. Legal abortions accounted for 27 deaths, illegal abortions 4 deaths, and spontaneous abortions 12 deaths, with 1 death classified as unknown. The death-to-case rate for legal abortions fell from 3.5 deaths per 100,000 abortions in 1974 to 3.2 in 1975.

Of the 17,467 abortions performed at \geq 13 menstrual weeks' gestation and reported through the Joint Program for the Study of Abortion/CDC (JPSA/CDC), dilatation and evacuation (D&E) was the safest of the 3 predominant methods of midtrimester abortion. In the 13- to 20-week interval, intraammiotic instillation of hypertonic saline had a significantly higher major complication rate than D&E (1.78 vs 0.69 per 100 cases; p < .001). Intraammiotic instillation of prostaglandin $F_{2\alpha}$ (PGF $_{2\alpha}$) had a significantly higher major complication rate than saline instillation in the 13- to 24-week interval (2.9 vs 1.81 per 100 cases; p < .01).

II. NUMBER AND CHARACTERISTICS OF WOMEN RECEIVING ABORTIONS

A. Surveillance Methods

CDC acquires statistics on abortions by state of occurrence from 2 types of sources:

1) central health agencies, 2) hospitals and facilities. Table 1 summarizes the development of CDC's abortion reporting sources since the initiation of epidemiologic surveillance of abortion in 1969. The number of states from which statewide abortion data are reported has increased from 8 in 1969 to 38 in 1975 (Figure 1). Most of these 38 central health agencies have established direct reporting systems, although a few collected data by surveying abortion facilities. Inquiries by CDC to hospitals and facilities provided information for 13 states which did not collect statewide abortion data.

B. Number of Abortions by State of Occurrence

In 1975 the 50 states and the District of Columbia reported 854,853 legal abortions, a 12% increase over the 763,476 reported in 1974 (Table 2). As in previous years, however, the distribution of abortion services varied widely. The populous states of New York and California remained the 2 largest providers in 1975, accounting for 34% of the national total; this percentage has declined steadily from 81% in 1970. At the other extreme, West Virginia and Mississippi provided the fewest abortions in 1975.

Most states reported increased numbers of abortions in 1975 (Table 3). Several states with central health agency reporting noted substantial increases over 1974, including North Dakota (493%), Mississippi (125%), and New Hampshire (109%). On the other hand, Kansas (-10%), New York (-9%), and South Dakota (-8%) reported lower figures than in the preceding year.

The national abortion ratio rose again in 1975 to 272 abortions per 1,000 live births, a 12% increase over 1974. Abortion ratios ranged widely from maxima in the District of Columbia and New York City (> 1,000 abortions per 1,000 live births) to minima in West Virginia and Mississippi (3 and 7 abortions per 1,000 live births, respectively).

Similarly, the national abortion rate rose in 1975 to 18 abortions per 1,000 women aged 15-44, an increase of 6% over the preceding year. As in 1974, the District of Columbia and New York had the highest rates (124 and 37 abortions per 1,000 women aged 15-44, respectively), while West Virginia and Mississippi had rates of 1 or less. The large percentage (55%) of nonresidents obtaining abortions in the District of Columbia, however, contributes substantially to the high ratios and rates of the District.

C. Residence Status

In 1975, 11% of abortions were performed on out-of-state residents. Residence status was known for 85% of reported abortions (Table 4). Figure 2 shows that the proportion of abortions performed on out-of-state women has continued to diminish since 1973. Declines in the percentages of out-of-state women have continued in California, the District of Columbia, and New York (City and upstate). In 1975, 55% of women obtaining abortions in the District of Columbia resided elsewhere. On the other hand, states such as Colorado, Hawaii, Mississippi, Nevada, and Tennessee reported increasing percentages of nonresidents obtaining abortions in 1975.

The percentage of women undergoing abortion outside their state of residence in 1975 varied by geographic region from a maximum of 22% for the East South Central Census Division to a minimum of 0.4% in the Pacific Division (Table 5), the same relative positions and percentages as in 1974. In Hawaii, California, Oregon, New York, Colorado, and Alaska, fewer than 1% left their states of residence to obtain abortion. At the other extreme, 99% of West Virginia residents obtaining abortion in 1975 received services outside the state.

D. Age

In 1975 the age distribution of women receiving abortions remained stable, with approximately one-third of women in their teenage years, one-third 20-24 years, and one-third 25 years or older (Figure 3). Thirty-three states and the District of Columbia reported age in 1975, comprising 75% of all reported abortions (Table 6). Among teenagers receiving abortions in 1975, 50% were 18 or 19 years old, while only 5% were 14 or younger (Table 6).

Women at either extreme of their reproductive years had the highest age-specific abortion ratios in 1975 (Figure 4). Although ratios varied widely from state to state, this bimodal distribution was evident in each reporting area (Table 7). Of all reporting areas in this table combined, more women 14 and younger received abortions than delivered living children in 1975 (1,193 abortions per 1,000 live births). The age-specific abortion ratio declined to a minimum of 192 for women 25-29, then rose progressively to a second peak of 668 for women 40 and older.

E. Race

In 1975, 65% of women undergoing legal abortions were white, while 31% were black and other races (Table 8). Thirty states and the District of Columbia, comprising 66% of all reported abortions, provided racial breakdowns. The percentage of women of black and other races receiving abortions has increased each year since 1971; Figure 5 portrays the racial distributions for 1973 through 1975.

Although white women accounted for the majority of abortions in 1975, women of black and other races again had higher abortion ratios than whites (Figure 6). The aggregate legal abortion ratio for black and other races in 1975 was 476 abortions per 1,000 live births, while the corresponding figure for whites was 277 (Table 9). Twenty of the 28 reporting areas in Table 9 had higher ratios for black and other races than for whites. South Dakota and Utah had abortion ratios for black and other races several times higher than those for whites, while the opposite was true in the District of Columbia and Mississippi.

F. Marital Status

Only 26% of women obtaining abortions in 1975 were married at the time of the procedure, according to information from 30 states and the District of Columbia,

comprising 68% of all the reported abortions (Table 10). Information from states with data available for each year from 1972 to 1975 suggests a continued gradual decline in the percentage of women married at the time of abortion (Table 11; see also Figure 7).

Unmarried women continued to have abortion ratios far higher than those of their married counterparts in 1975 (Figure 8); this was true for each of the reporting areas included in Table 12. Moreover, in 21 of these 32 reporting areas, more unmarried women had abortions than live births in 1975. The aggregate abortion ratio for unmarried women (1,610 abortions per 1,000 live births) was 17 times higher than that for married women (96). This large difference does not take into account those women who conceived premaritally and who subsequently gave birth while married. Recent evidence indicates that this situation is declining; however, to the extent that it is continuing to happen, the shift of live births from the unmarried to the married category would tend to increase the abortion ratio for unmarried women to a greater degree than for married women, because of the larger number of live births to the latter.

G. Number of Living Children

Among women obtaining abortions in 1975, 45% had no living children at the time of the procedure (Table 13). Twenty-four states, comprising 61% of all reported abortions, provided data for 1975. Figure 9 suggests that the percentage of women with no living children has been decreasing slightly from 1973 through 1975. The percentage distribution of women obtaining abortions was inversely related to the number of living children, ranging from a maximum of 45% with no living children to a minimum of 4% with 5 or more children.

Women with 1 or 2 previous live births had lower abortion ratios than other women in 1975 (Figure 10 and Table 14). Twenty states are included in Table 14. The lowest ratio of 220 abortions per 1,000 live births occurred in women with 1 prior live birth, while the highest ratio of 477 occurred in women with 3 prior live births.

H. Type of Procedure

Suction curettage accounted for 82% of all reported abortions in 1975, followed by sharp curettage (8%), saline instillation (6%), other procedures (1%), prostaglandin instillation (1%), and hysterotomy or hysterectomy (0.4%) (Table 15). Thirty-one states and the District of Columbia, comprising 75% of all reported abortions, provided information by type of procedure. The percentage of intrauterine instillation procedures using hypertonic saline decreased from 97% in 1974 to 86% in 1975, while the percentage using prostaglandins increased from 3% to 14%. Major abdominal operations for abortions (hysterotomy or hysterectomy) accounted for fewer than 1% of abortions in both 1974 and 1975.

Between 1973 and 1975 the percentage of abortions performed by suction curettage increased, in contrast to sharp curettage (Figure 11). The percentages of abortions performed by saline instillation and by hysterotomy or hysterectomy decreased during these 3 years.

I. Weeks of Gestation

In 1975, 86% of abortions were performed in the first 12 menstrual weeks of pregnancy (Table 16). Thirty-four states and the District of Columbia, comprising 78% of all reported abortions, reported weeks of gestation. Five percent of women obtained abortions in the 13- to 15-week interval, while 7% obtained later abortions.

For those states reporting each year 1972-1975, the percentage of women obtaining abortions before 13 menstrual weeks increased from 83% to 86% (Table 17). Arkansas, the District of Columbia, South Carolina, and Washington have consistently had higher than average proportions of women receiving abortions before 13 menstrual weeks, while the opposite is true for Colorado and North Carolina.

The same trend toward performance of abortions at earlier gestational ages holds for all states with data available for 1973-1975 (Figure 12). For example, within these 3 years the percentage of abortions performed at \leq 8 menstrual weeks increased from 36% to 45%.

J. Type of Procedure by Weeks of Gestation

In 1975 suction curettage continued to supplant sharp curettage for abortions in the first 12 menstrual weeks, while intrauterine prostaglandin instillation accounted for an increased percentage of abortions at 13 weeks and later. Table 18, based on data from 24 states, comprises 34% of reported abortions. Sharp curettage accounted for only 3% of abortions in the first 12 weeks in these states.

As in 1974, intrauterine saline instillation, suction and sharp curettage, and intrauterine prostaglandin instillation were the 3 most widely used methods of abortion at 13 weeks or later. Curettage abortions (dilatation and evacuation) predominated in the 13- to 15-week interval. Excluding abortions performed by unspecified methods and/or at unspecified gestational ages, saline instillation accounted for 44% of abortions at \geq 13 weeks in 1975, compared with 54% the preceding year. Suction and sharp curettage accounted for 34%, compared with 32% in 1974, while prostaglandin instillation accounted for 14%, compared with only 4% in 1974.

K. Previous Induced Abortions

Sixteen percent of women obtaining abortions in 1975 had undergone abortion previously (Table 19), as compared with 12% in 1974. Twenty-one states, comprising 35% of the national total, indicated that 13.0% of women reported 1 prior abortion, 2.2% reported 2, and 0.6% reported 3 or more. As in 1974, Nebraska had the lowest percentage of women reporting 1 or more previous abortions (6.6%), while the District of Columbia reported the largest percentage (26.2%).

L. Interpretation

While the number of legal abortions has increased each year since the initiation of abortion surveillance at CDC in 1969, the percentage of increase between 1974 and 1975 (12%) was lower than it had been in 4 of the 5 preceding years (Table 1). As the number of legal abortions has increased, interstate travel to obtain abortion services has decreased. Wider availability of local abortion facilities has contributed to both trends. Nevertheless, wide disparities in the availability of abortion services persist. For example, as in 1974, almost all of the West Virginia residents who obtained abortions in 1975 left the state to receive this medical service, in contrast to less than 1% of California residents.

The age-specific legal abortion ratios for women obtaining abortions suggest that teenage women and those older than forty are more likely to choose abortion than women in their middle reproductive years. In 1975, as in previous years, women of minority races utilized abortion services proportionately more often than white women.

As the era of legal abortion in the United States continues, the cumulative number of women who have had legal abortions increases, thereby enlarging annually the population at risk of having a repeat legal abortion. Between 1974 and 1975 the percentage of women obtaining repeat abortions increased from 12% to 16%.

The continuing trend toward having abortions performed at earlier gestational ages should have a favorable public health impact, since risks of morbidity and mortality

from abortion increase with advancing gestational age.

Another continuing trend that should have a favorable health effect is the replacement of sharp curettage by suction curettage as a method of abortion in the first trimester, since complication rates associated with the latter are lower. On the other hand, the health impact of replacing saline instillation procedures with prostaglandin instillation procedures is less clear, as implied by the Joint Program for the Study of Abortion/CDC (JPSA/CDC) results described in Section IV. The complication rate of 1,241 prostaglandin $F_{2\alpha}$ (PGF $_{2\alpha}$) abortions in the 13- to 24-menstrual-week interval was significantly higher (p < .01) than that of 10,013 saline abortions performed in the same years (Morbidity and Mortality Weekly Report 25:370-375, 1976). Moreover, a World Health Organization random trial comparing these 2 abortifacients found that PGF $_{2\alpha}$ -abortion patients had significantly higher rates of heavy uterine bleeding and required more blood transfusions and surgical evacuations than saline-abortion patients (British Medical Journal 1:1373-1376, 1976).

Finally, the number of abortions included in this report is less than the actual number performed in 1975. In public health surveillance, the number of reported cases is generally lower than the number obtained through surveys. An estimate of the magnitude of underreporting can be made by comparing the total number of abortions reported to CDC with the total obtained through the Alan Guttmacher Institute's nationwide survey of abortion facilities. For 1975, CDC's total was approximately 15% lower than AGI's, as was true in 1974.

The underreporting of abortions to CDC introduces other biases. For example, proportionately more abortions performed in physicians' offices are underreported than abortions performed in hospitals and clinics. Since the former probably are performed at earlier gestational ages than the latter, the omission of these office cases would likely bias the gestational age distribution toward later stages.

III. ABORTION-RELATED MORTALITY

A. Surveillance Methods

In 1972 CDC initiated epidemiologic surveillance of abortion-related mortality. The purpose of this surveillance is to identify factors associated with abortion mortality, with the aim of eliminating preventable deaths resulting from abortion. Reports of abortion-related deaths have come primarily from the vital statistics sections of state health departments; however, additional data have been obtained from such sources as state medical or hospital associations, CDC investigations, published case histories, state maternal mortality committees, and records from the National Center for Health Statistics and other federal agencies. State health departments and/or the attending physicians are contacted in order to verify and expand the clinical details about each of the deaths.

Mortality statistics are continually updated as reports are received. The delay in reporting abortion deaths to CDC has ranged from 1 day to 35 months, with a median of 5 months. For those deaths reported in 1975, the delay has ranged from 1 to 25 months, with a median of 5 months. This report reflects the most current information available to CDC and updates previous Abortion Surveillance Reports and other CDC publications.

On December 8, 1976, a panel of experts* was convened to review the definitions used for CDC's abortion mortality surveillance. As a result of discussions by the panel, including review of specific case histories, the following definitions for abortion mortality review were established.

- 1) Abortion: Any termination of pregnancy before completion of the 20th menstrual week of gestation, and those terminations after the 20th menstrual week which are intended to produce a non-viable fetus; also, any intervention to terminate a suspected pregnancy (whether or not the pregnancy is later confirmed). Molar and ectopic pregnancies are excluded.
- 2) Abortion Death: The death of a woman from any cause within 42 days after spontaneous abortion or initiation of induced abortion.

Abortion-Related Death--Death resulting from complications of the abortion itself, from the chain of events initiated by the abortion which led to the death, or from aggravation of an unrelated condition by the physiologic effects of the abortion which subsequently caused the death.

 $\frac{\text{Non-Related Abortion Death---A death occurring during or after an abortion}}{\text{which was not causally associated with the abortion, its complications, or their management.}}$

3) <u>Categories of Abortion-Related Deaths</u>: Abortion-related deaths are categorized as spontaneous, induced, or unknown, according to the classification of the abortion.

An abortion is classified as spontaneous if

- the patient gave no history of induced abortion, and if
- no evidence of instrumentation could be found.

An abortion is classified as induced if

- information obtained from the patient's medical history, family, or friends indicate that a deliberate attempt was made to terminate the pregnancy, or if
- evidence suggesting instrumentation of the cervix or uterus, or other signs of intervention occurred before physical examination, surgery, or pathologic examination, even if no attempt to induce the abortion was acknowledged by the patient, her family, or friends.

^{*}Members of the Working Group to Review Abortion Mortality were: Mark C. E. Cheng, M.B., B.S., M.R.C.O.G.; Joseph H. Davis, M.D.; Richard E. Dixon, M.D.; John I. Fishburne, M.D.; Perry A. Henderson, M.D.; Mary Grace Kovar, M.S.; Victoria A. Nichols, M.D.; Warren H. Pearse, M.D.; Ruth Roemer, J.D.; William Schaffner, II, M.D.; Lee B. Stevenson, M.D.

Induced abortions are further classified by their legal status according to the following criteria:

- If the patient's medical history indicates that the abortion was self-induced or induced by someone who was neither a licensed physician nor was acting under the immediate supervision of a licensed physician, it is classified as illegal.

- If evidence of intervention is found but no history of physicianinduced abortion is indicated, the classfication is illegal.

- If the patient's medical history indicates that the abortion was performed or supervised by a physician, it is classified as legal.

An abortion is classified as unknown when a determination of the circumstances under which the abortion occurred cannot be made with these criteria.

4) Factors of Preventability: The preventability of abortion-related deaths is judged by "ideal" standards. This concept involves the following 5 assumptions. First, the patient possessed the knowledge and judgment necessary to make an early decision in a case of unwanted pregnancy. Second, the community in which the patient lived had family planning and abortion facilities within the community's usual system of medical care. Third, the attending health professionals possessed all the current collective knowledge available on factors involved in the death. Fourth, all personnel had reached a level of experience and technical ability sufficient to provide abortion services and manage complications secondary to the procedure. Fifth, the professionals had available all necessary facilities in a well-organized and properly equipped clinic or hospital.

This approach allows more specific analysis of each case in order to 1) identify areas for continued patient health education, 2) document regions with inadequate family planning-abortion facilities, 3) stimulate training of health professionals in patient management techniques, 4) improve the quality of abortion services, and 5) eventually help reduce the death-to-case rate from abortion.

5) <u>Factors of Responsibility</u>: Responsibility should be determined wherever possible and assigned as appropriate to the patient, community, abortion facility, professional, or to any combination.

Patient Factors—These factors lead to fatal complications for which there is generally successful treatment, but which the patient denied herself by not recognizing symptoms of pregnancy, by delaying her initial visit to the physician, by failing to obtain medical care after complications were obvious, or finally by not following the advice and instructions of her physician(s). These factors also include religious, socio—cultural, economic, and educational considerations relevant to the patient's course of action, but they should not be used as an excuse for professional inadequacy.

Community Factors—These factors involve deaths which could have been avoided if services were available in the immediate community for contraception, pregnancy testing and counseling, abortion referral, outpatient abortion facilities, and inpatient abortion and acute—care facilities. The Alan Guttmacher Institute's estimates of unmet contraceptive and abortion need* will be one standard used in assessing the adequacy of these services. Other factors include systems for subsidization of abortion costs, consent requirements, other legal restrictions, and the availability of abortion services in publicly supported hospitals.

Abortion Facility Factors—These factors involve an abortion facility's equipment, services, personnel, policies, or practices. The recommendations contained in the Metropolitan D.C. Planned Parenthood Guidelines** are useful standards.

*Center for Family Planning Program Development. Need for Subsidized Family Planning Services: United States, Each State and County, 1971. New York, 1973; The Alan Guttmacher Institute. Provisional Estimates of Abortion Need and Services in the Year Following the Supreme Court Decisions, United States, Each State and Metropolitan Area. New York, 1975

**Planned Parenthood of Metropolitan Washington, D.C. Guidelines for Referral to Outpatient Abortion Clinics in the Washington Metropolitan Area. May 1975

Professional Factors—These factors include errors on the part of any individual medical provider in diagnosis, judgment, management, and technique and include failure to recognize the complication or to evaluate it properly. They also include instances of injudicious haste or delay in timing of operative intervention, and failure to utilize currently acceptable methods of treatment. Finally, they include those complications which could have been averted by proper and timely consultation or referral.

B. Legal Abortion Mortality

Forty-four women died from abortion in 1975, compared with 52 in 1974, 56 in 1973, and 88 in 1972 (Figure 13). Although overall abortion mortality has declined over these years, the annual number of legal abortion deaths has remained relatively stable, with 27 in 1975, 27 in 1974, 26 in 1973, and 24 in 1972 (Figure 14). In 1975 a total of 854,853 legal abortions were reported to CDC. With this figure used as the denominator, the death-to-case rate for legal abortion was 3.2 per 100,000 abortions in 1975, compared with 3.5 in 1974, 4.2 in 1973, and 4.1 in 1972. Possible reasons for the continued decline in the 1975 death-to-case rate for legal abortion are 1) the increasing percentage of abortions being performed during the earlier, safer gestational ages, 2) the increasing percentage of the safer curettage procedures, 3) increasing experience with abortion by practicing physicians, and 4) selective underreporting of legal abortion deaths in the most recent years.

In 1975, like earlier years, abortions performed at 8 menstrual weeks' gestation or less had a slightly lower death-to-case rate (Table 20) than those performed in the 9- to 10-week interval (1.0 vs 1.2 deaths per 100,000 abortions, respectively). However, abortions performed in the 13- to 15-week interval had a lower death-to-case rate than those performed at 11- to 12-weeks' gestation (2.3 vs 4.7 deaths per 100,000 procedures, respectively). Because of the small number of deaths in the numerator, it is likely that this varying rate by gestational age represents chance fluctuation of a rare event.

The <u>aggregated</u> data for the years 1972-1975 show that the risk of death from legal abortion was lowest for abortions performed at 8 menstrual weeks' gestation or less, with a death-to-case rate of 0.7 per 100,000 procedures (Table 20). Abortions at 9-10 weeks were nearly 3 times more dangerous in terms of mortality than those in the earlier interval. Thereafter, the risk increased approximately two-fold, progressing through each gestational interval of 11-12 weeks, 13-15 weeks, and 16-20 weeks. Abortions performed at 21 weeks or later involved only slightly more risk than those performed at 16-20 weeks.

As in previous years, mortality rates were highest for hysterotomy-hysterectomy and lowest for curettage, with instillation procedures intermediate (Table 21). In 1975 curettage procedures had a death-to-case rate of 1.7 for 100,000 abortions, compared with 16.9 for instillation procedures and 60.8 for hysterotomy-hysterectomy. There were 3 deaths from "other" procedures, involving intrauterine insertion of a rubber catheter. For the years 1972-1975 combined, sharp curettage was associated with slightly more risk than suction. Instillation procedures carried nearly 9 times the risk of death when compared with curettage, whereas hysterotomy and hysterectomy combined had a relative risk of death 21 times higher than curettage.

Curettage-associated deaths generally occurred before 13 menstrual week's gestation, while instillation-associated deaths primarily occurred after 15 weeks (Table 22). Within the first trimester, the number of curettage deaths increased as the length of gestation progressed.

Moreover, there have been decreasing numbers of abortions as the length of gestation has increased during the first trimester (Table 20). Since the numerator (number of deaths) increases while the denominator (number of curettage abortions) decreases, we infer that for the curettage methods, the absolute risk of mortality increases with length of gestation through the first trimester.

Of the 13 abortion deaths which occurred in the 13- to 15-week interval in the years 1972-1975, 7 followed curettage (dilatation and evacuation, D&E). As shown in Table 18, 69% of abortions performed during that gestational period were by D&E, compared with 64% in 1974. Applying these percentages to all abortions performed in the 13- to 15-week interval for the years 1972-1975, we estimate that over 100,000 abortions in this interval were performed by D&E over the 4-year period. Thus, the death-to-case rate for D&E in the 13- to 15-week interval is approximately 7 per 100,000 procedures, which is greater

than the rate for curettage procedures in the first trimester, but less than the rate for instillation procedures performed at 17- to 20-weeks' gestation. These mortality findings are consistent with the morbidity data from CDC's Joint Program for the Study

of Abortion (see Section IV).

The main causes of death for the 27 legal abortion fatalities in 1975 were infection and emboli. Infection accounted for 37% of all legal abortion deaths, with embolization of thrombi, amniotic fluid, and air accounting for another 19%. The remaining deaths were caused by a variety of conditions, including uterine rupture producing severe intraabdominal hemorrhage and a ruptured ectopic pregnancy after unsuccessful abortion. Seventy-four percent of the deaths were deemed by staff of the Family Planning Evaluation Division to be definitely preventable, and another 11% were felt to be probably preventable.

A brief case history of a death that occurred in 1975 provides an example of

the factors involved:

Legally Induced Abortion Death Case History—A 23-year-old single woman, with a history of 2 previous pregnancies and 2 living children, was a methadone user, requiring 80 mg per day. When she first requested a pregnancy termination, the examining physician estimated the length of gestation to be "12-13 weeks." She was scheduled for a saline instillation procedure approximately 6 weeks later. When the woman was admitted to the hospital, she was found to be "16-18" weeks pregnant. An amniocentesis removed 200 cc of clear amniotic fluid and instilled an equal amount of 20% saline. Two hours after the instillation, intravenous oxytocin—administered in 500 cc of Ringer's Lactate—was begun. Over the next 32 hours, 400 units of oxytocin were given. During this time the nursing notes described "strong contractions" and "increasing patient agitation." Morphine was administered for pain. The patient's blood pressure was consistently 90/60 for a period of 16-32 hours after the instillation.

Thirty-five hours after the initial instillation, the woman was still complaining of pain, with a pulse noted to be "thready and weak," and with a blood pressure of 88/60. Twenty minutes later she "became stuporous" without a palpable pulse, and was responsive only to painful stimulation. Soon thereafter she suffered a cardiac arrest, and resuscitation measures were begun. Her abdomen was distended, and her cervix was noted to be "2-3 cm dilated"; a paracentesis performed in the left abdomen revealed "frank blood," and her hematocrit was 12. A diagnosis of hemoperitoneum secondary to a ruptured uterus was made, and the patient was taken to the operating room. Blood was administered 1-1/2 hours after it was ordered during the resuscitation measures. Approximately 2-1/2 hours after the cardiac arrest, a laparotomy was performed. The peritoneal cavity was entered, and the placenta and part of the fetus were found and removed. A uterine rupture on the left side of the anterior wall extended from 2 cm inferior to the fundus to the insertion of the vagina. The physician attempted to suture the tear but was unsuccessful, and he proceeded to perform a total abdominal hysterectomy. At the close of the procedure, a total of 7 units of blood had been administered.

The patient was taken to the intensive care unit postoperatively in a stuporous state, with no detectable pulse or blood pressure. Her subsequent clinical course was complicated by the effects of disseminated intravascular coagulation (DIC) and associated acute tubular necrosis. Hemodialysis was considered but postponed because of expected hemorrhagic complications from the DIC. Treatment consisted primarily of supportive therapy. She died 5 days later. Cause of death was ascribed to "necrosis of brain, liver, kidneys, and heart. Bronchopneumonia. Status post-hysterectomy for ruptured uterus during saline abortion."

There are at least 4 preventable aspects to this case, involving professional and facility factors. First, the patient initially requested abortion at 12- to 13-weeks' gestation. She was instructed to return for an instillation procedure in 6 weeks. It is likely that a D&E procedure, performed as soon as possible after her initial request, would have avoided the eventual fatal consequences. Second, despite strong contractions, intravenous oxytocin was administered throughout the patient's labor; this undoubtedly contributed to the uterine rupture. Third, she was a known narcotics user; perhaps the staff's awareness of this affected their reactions to her expressions of pain and slowed their recognition of her uterine rupture. Fourth, there was an excessive delay of nearly 90 minutes between the ordering and the administering of whole blood; hemorrhagic shock was obvious, and the situation called for immediate volume replacement with unmatched type-specific whole blood.

C. Illegal Abortion Mortality

Deaths due to illegal abortion decreased to only 4 in 1975, down from 39 in 1972, 19 in 1973, and 6 in 1974. This decline in illegal abortion mortality probably reflects a decrease in the number of illegal abortions being performed. As the safer legal procedures became more widely available throughout the country, women who had formerly terminated their pregnancies through illegal channels probably elected the safer legal facilities. However, for some women the lack of public funding for legal abortion acted as a deterrent to their obtaining the safer procedures. The following case history exemplifies such a situation:

Illegal Abortion Death Case History—A 41-year-old married woman with a history of 6 previous pregnancies, 5 living children, and 1 previous abortion sought an illegal abortion from a local dietitian. Her stated reason for seeking an illegal procedure was financial, since Medicaid in her state of residence would not pay for her abortion. The illegal procedure cost \$30, compared with an estimated \$150 for a legal procedure performed through the 12th week by a physician on an outpatient basis. Allegedly the abortion was performed by inserting a metal rod to dilate the cervix, then inserting an intrauterine catheter which remained in place for 2 days until the products of conception passed.

A day after the catheter was expelled, the woman experienced fever, shaking chills, vomiting, and lower abdominal tenderness. She went to her physician but did not mention her illegal abortion; she was given oral antibiotics. The symptoms worsened over the next 24 hours, and she was admitted to a private community hospital. On admission, her temperature was 103.6F, pulse 100, blood pressure 130/80, with "blood and purulent material in the vaginal canal," a cyanotic cervix, and a markedly tender uterus. The working diagnosis was an incomplete septic abortion, and planned management included "D&C following antibiotic therapy." She was placed on intravenous penicillin, 30 million units daily, analgesics, and antipyretics. Her fever remained elevated over the next 2 days, and gentamicin, 60 mg intramuscular, twice a day, was added. The temperature declined to normal on the fourth hospital day, and her condition was "stable" enough to permit a dilatation and sharp curettage. "Moderate" amounts of decidua were obtained, but no fetal tissue. Gentamicin was discontinued following the D&C, and she did well in the first 2 postoperative days.

On the third postoperative day, she had a temperature of 104F and had signs of abdominal distention and lower abdominal tenderness; a diagnosis of "pelvic peritonitis" was made. Gentamicin was reinstituted, along with high doses of intravenous penicillin. Over the next 2 days her symptoms failed to respond to antibiotics and steroids, and an exploratory laparotomy, total abdominal hysterectomy, and bilateral salpingo-oophorectomy were performed. During the procedure, large bilateral tubo-ovarian abscesses were noted and drained. The patient's condition deteriorated after surgery, and

she had episodes of hypotension requiring vasopressors, pulmonary edema requiring digitalis and diuretics, and decreasing urine output. She suffered a cardiac arrest 3 days later and could not be resuscitated. No autopsy was performed. The cause of death was listed as "cardiac arrest following Gram-negative septicemia and shock, following an incomplete septic criminal abortion." Clinically, septic emboli to the brain were suspected.

This death could have been prevented in at least 3 ways, involving community, patient, and professional factors. First, if she had been able to obtain a legal abortion, the patient might never have resorted to using the local illegal practitioner. An unsatisfactory technique (an intrauterine catheter) was used, and the procedure may have been performed under unsanitary conditions, which increased the possibility of infection. Second, because the abortion had been obtained in a clandestine manner, the patient may have delayed seeking appropriate medical care, despite the early appearance of symptoms. When she initially went to her physician, the seriousness of her situation was not recognized, and only oral antibiotics were administered. Thus, the stigma attached to a criminal activity increases the risks of an illegal abortion. Third, at the time of her hospital admission with sepsis, more aggressive surgical management, including curettage or removal of the infected uterus, might have improved the patient's chances.

D. Spontaneous Abortion Mortality

There were 12 deaths from spontaneous abortion in the United States in 1975; none was associated with an IUD in situ during the pregnancy (Figure 14). In previous years, 17 deaths were associated with IUDs: 9 in 1972, 4 in 1973, and 4 in 1974. The absence of an IUD-associated abortion fatality since the second quarter of 1974 was temporally associated with widespread publicity given at that time to the Dalkon Shield and the syndrome of midtrimester septic spontaneous abortion. The estimated death-to-case rate for women suffering spontaneous abortion without an IUD in place was approximately 3 per 1 million pregnant women at risk. In 1972-1974, the death-to-case rate for women pregnant with an IUD in situ was nearly 150 per 1 million, or 50 times greater in women continuing a pregnancy with IUDs in place. These results support the previously formulated recommendation that all IUDs be removed from pregnant women if possible. Moreover, the lack of subsequent mortality suggests that this recommendation is being generally followed by practicing clinicians.

IV. ABORTION-RELATED MORBIDITY: THE JOINT PROGRAM FOR THE STUDY OF ABORTION/CDC: COMPARATIVE RISKS OF 3 METHODS OF MIDTRIMESTER ABORTION

The Joint Program for the Study of Abortion under the auspices of the Center for Disease Control (JPSA/CDC), a multicenter study of the early medical complications of legally induced abortion, has investigated the comparative risks of midtrimester abortion by 3 methods—intraamniotic prostaglandin $F_{2\alpha}$ (PGF $_{2\alpha}$), hypertonic saline, and dilatation and evacuation (D&E). Findings based on data supplied over a 4-year period (from 32 institutions) on 17,467 midtrimester abortion cases indicated that D&E was the safest and PGF $_{2\alpha}$ the least safe of the 3 methods.

For the study, 15 complications—out of a list of approximately 100, ranging from vaginitis to death—were identified as major: cardiac arrest; convulsions; death; endotoxic shock; fever for 3 or more days; hemorrhage necessitating blood transfusions; hypernatremia; injury to bladder, ureter, or intestines; pelvic infection with 2 or more days of fever and a peak of at least 40 C or with hospitalization for 11 or more days; pulmonary embolism or infarction; thrombophlebitis; unintended major surgery; and wound disruption after hysterotomy or hysterectomy. The term "major complication rate" was used to refer to the percentage of women sustaining 1 or more of these 15 complications. Differences in rates were compared by chi-square tests.

 $\frac{\text{PGF}_{2\alpha}}{\text{PGF}_{2\alpha}}$ vs Saline: Excluding women undergoing concurrent sterilization, 1,241 $\text{PGF}_{2\alpha}$ and 10,013 saline instillation patients undergoing abortions between 13 and 24 menstrual weeks' gestation were studied. Characteristics of women in both groups were similar; most were young, white, unmarried, of low gravidity, and free of preexisting medical conditions. Abortifacients were administered by transabdominal amniocentesis;

the most common initial dose of $PGF_{2\alpha}$ was 40 mg, and the most common saline dose was 40 g, i.e., 200 cc of 20% saline. The majority of patients in both groups received oxytocin, but laminaria use was rare in both groups.

Abortion by saline was significantly* safer than by $\text{PGF}_{2\alpha}$. The major complication rates were 1.81 per 100 cases for saline and 2.90 per 100 cases for $\text{PGF}_{2\alpha}$. The relative risk of sustaining 1 or more major complications was 1.6 times higher for $\text{PGF}_{2\alpha}$ abortions than for saline abortions. Saline was safer than $\text{PGF}_{2\alpha}$ for each of the 13- to 16-, 17- to 20-, and 21- to 24-week intervals. Standardized for gestational age, the relative risk of major complications for $\text{PGF}_{2\alpha}$ remained 1.6 times greater than for saline. The greater risk of $\text{PGF}_{2\alpha}$ was also independent of the level of physician training, the presence of preexisting medical conditions, or the administration of prophylactic antibiotics.

Fever, endometritis, hemorrhage, retained products of conception, and convulsions each were significantly more frequent for $\text{PGF}_{2\alpha}$ abortions. In addition, $\text{PGF}_{2\alpha}$ abortions required operative treatment of complications significantly more often than saline abortions, including laparotomy, hysterotomy, and hysterectomy as well as curettage or manual evacuation of the uterus.

Lengths of hospital stay were similar for patients in both groups (mean 2.1 days), although $\text{PGF}_{2\alpha}$ produced significantly shorter induction-to-abortion times: 24.8 vs 29.2 hours. On the other hand, $\text{PGF}_{2\alpha}$ -abortion patients were significantly more likely to be readmitted to a hospital than saline-abortion patients.

 $\underline{\text{D\&E vs Saline}}$: JPSA/CDC studied 6,213 D&E and 8,662 saline instillation patients in the 13- to 20-week interval. Characteristics of women in these 2 groups were again similar: most were young, unmarried, primigravidas, and free of preexisting medical conditions. In D&E abortions suction curettage was used frequently in conjunction with crushing forceps or sharp curettage. Cervical dilatation was accomplished primarily by using graduated metal dilators.

D&E in the 13- to 20-week interval was significantly safer than saline instillation. The major complication rate for D&E was 0.69 per 100 cases, while that of saline instillation was 1.78 per 100 cases. The relative risk of sustaining 1 or more major complications was 2.6 times higher for saline instillation than for D&E.

D&E was significantly safer than saline instillation in the 13- to 16- and 17- to 20-week intervals. Standardized for preexisting medical conditions, prophylactic antibiotic administration, and level of training of the operator, D&E remained significantly safer than saline.

Fever, endometritis, hemorrhage, retained products of conception, and urinary tract infection were each significantly more frequent in saline instillation patients, while cervical injury and uterine perforation were significantly more frequent in D&E patients. Rates of uterine perforation, however, did not increase significantly with advancing gestational age.**

D&E patients required curettage or manual evacuation of the uterus as treatment of a complication significantly less often than saline instillation patients, although cervical suturing as a treatment was significantly more frequent in D&E patients. D&E patients spent significantly less time in the hospital (mean 0.2 days). Readmission rates were not significantly different for the 2 groups.

V. INTERNATIONAL COMPARISONS

Reflecting differences in legal statutes, cultural traditions, and accessibility of medical services, abortion utilization varies widely throughout the world. Table 23 portrays abortion utilization in selected countries with legalized abortion.

^{*}When the term "significant" is used in this text, it refers to a p value of < .05.

**Gestational age was calculated for 94% of patients by subtracting the date of
the last menstrual period from the date of abortion; the physician's estimate of
gestational age was used for the 6% of patients for whom 1 or both dates was unknown.

Although abortion has been available on request since 1956 in Hungary, restrictive legislation has limited access to abortion there since 1974. Nevertheless, in 1975 there was nearly 1 legal abortion for every 2 live births in Hungary. The 3 Scandinavian countries listed in Table 23 have had liberalized abortion laws for over 2 decades, with further liberalization in each country since 1970. Abortion ratios for Denmark, Finland, and Sweden represent approximately 1 legal abortion for every 3 live births in 1975. Abortions have been available on request in Singapore since implementation of the 1974 Abortion Act, and Singapore's abortion ratio was slightly higher than that of the United States in 1975.

Abortion laws in England and Wales were liberalized in 1967 and in Canada in 1969; however, abortion ratios in these countries represent fewer than 1 abortion for every 5 live births in 1975. Despite the availability of elective abortion since 1965 and further reduction of restrictions in 1973, abortion utilization in Tunisia in 1975 was lower than that of the other countries shown in Table 23. Abortion rates for these countries tended to parallel abortion ratios, with the exceptions of Singapore and Tunisia.

VI. FOREIGN TRANSLATIONS OF SUMMARY

A. Resumen (Spanish)

En 1975, cincuenta estados y el Distrito de Columbia de E.E.U.U. informaron al Centro de Control de Enfermedades de 854,853 abortos legales occurridos ese año, lo que significó un aumento de 17% con respecto al año anterior. La razón aborto/nacimiento a nivel nacional, aumentó en los mismos años un 12% (de 242 a 272 abortos por 1000 nacidos vivos. La tasa nacional de abortos se elevó de 17 a 18 por 1000 mujeres edad 15-44 años.

En 1974 los 50 estados y el Distrito de Columbia informaron por primera vez que los abortos habián sido realizados dentro de sus respectivas áreas. La redistribución de abortos legales en estados con leyes restrictivas antes de 1973, continuó en 1975. Concomitantemente, la tendencia apreciada en 1973, en el sentido de lograr que los abortos fueran inducidos según zona de residencia de la mujer, continuó en 1975. Mientras en los dos años anteriores, un 75% y 87% respectivamente de las mujeres se indujeron abortos en el mismo estado donde vivían, en 1975 este porcentaje ascendió a 89% (Tabla resumen).

En 1975 las pacientes de abortos tendieron a ser jóvenes, de raza blanca, no casadas, de baja paridad y con pocas semanas de gestación en el momento del procedimiento (Tabla resumen). Sesenta y cinco por ciento de ellas correspondieron a menores de 25 años; 68% fueron de raza blanca y 32% de color y otras razas. Setenta y cuatro por ciento eran no casadas mientras 26% lo eran. Cuarenta y siete por ciento no tenían hijos vivos. El método predominante continuó siendo el curetage con succión, alcanzando en 1975 al 83% de todos los procedimientos, seguido por raspado uterino exclusivo (8%), instilación salina intrauterina (6%), otros procedimientos (3%), y cirugía abdominal mayor (1%). Ochenta y ocho por ciento de las mujeres que abortaron tenían hasta 12 semanas de gestación.

Las muertes vinculadas al aborto continuaron descendiendo en 1975. Cuarenta y cuatro de las mujeres murieron de complicaciones por abortos, comparadas con 52 el año anterior, 56 en 1973 y 88 en 1972. Los abortos legales fueron responsables de 27 de estas 44 muertes, los abortos ilegales de 4, los abortos espontáneos de 12, y un aborto no fue clasificado. La tasa de letalidad para los primeros, descendió de 3.5 por 100,000 abortos en 1974 a 3.2 en 1975.

Un análisis de 17,467 abortos realizados a las 13 semanas o más de gestación notificados a través del Joint Program for the Study of Abortion/CDC (JPSA/CDC), demostró que el procedimiento más seguro, de los tres métodos más frecuentemente usados en el aborto del 2° trimestre, fue el curetage con dilatación. Entre las 13 y 20 semanas la instilación intraamniótica de solución salina hipertónica, presentó una tasa de complicación significativamente más alta que el curetage con dilatación (1.78% versus 0.69%; p < .001), y entre las 13 y 24 semanas fue la instilación intraamniótica de prostaglandina $F_{2\alpha}$ (PGF $_{2\alpha}$) la que demostró la tasa de complicación mas alta (2.9% versus 1.81%; p < .01).

B. Résumé (French)

En 1975 les 50 états des Etats-Unis et le District de Colombie ont signalé 854.853 avortements légaux au Centre de Contrôle des Maladies, une augmentation de 12% par rapport à 1974. La raison nationale d'avortements a augmenté de 12% (de 242 avortements par 1.000 naissances vivantes en 1974 à 272 en 1975) ce qui représente plus qu'un avortement pour toutes les quatre naissances vivantes. La raison nationale d'avortements a augmenté de 17 avortements par 1.000 femmes âgées de 15 à 44 ans en 1974 à 18 en 1975. La redistribution d'avortements légaux vers les états qui avaient des lois restrictives avant 1973 a continué en 1975. En même temps, la tendance déjà constatée en 1973 de se faire avorter dans l'état où l'on habite a continué en 1975; 89% des avortements ont eu lieu dans l'état où la femme résidait, par contraste avec 87% en 1974 et 75% en 1973 (voir la Table résumé).

Les femmes qui ont subi un avortement légal en 1975, étaient en général jeunes, blanches, non-mariées, au commencement de leur grossesse au moment de l'intervention et avaient peu ou pas d'enfants (voir la Table résumé). Soixantecinq pour cent avaient moins de 25 ans. Soixante-huit pour cent étaient blanches; 32% étaient de race noire ou autre. Soixante-quatorze pour cent n'étaient pas mariées, tandis que 26% étaient mariées. Quarante-sept pour cent n'avaient pas d'enfants vivants. La methode d'avortement prédominante en 1975 est toujours le curettage à succion, qui représente 83% des traitements, suivi par curettage à instrument tranchant (8%), instillation saline intra-utérine (6%), autres procédés (3%) et intervention chirurgicale abdominale majeure (0.4%). Quatre-vingt-huit pour cent des femmes se sont fait avorter pendant les douze premières semaines de grossesse.

Le déclin des morts ayant rapport à l'avortement a continué en 1975. Quarantequatre femmes sont mortes à la suite de complications d'avortements, par contraste avec 52 en 1974, 56 en 1973 et 88 en 1972. Les avortements légaux étaient responsables de 27 morts en 1975, les avortements illégaux responsables de 4 et les avortements spontanés de 12; dans un cas la cause de mort citée est "incertain." La mortalité pour les avortements légaux est tombée de 3,5 morts par 100.000 avortements en 1974 à 3.2 en 1975.

D'après les 17.467 avortements opérés pendant ou après la treizième semaine de grossesse et signalés au Programme Mixte pour l'Étude de l'Avortement/Centre de Contrôle des Maladies (JPSA/CDC), la dilatation et évacuation (D & E) était celle des trois méthodes prédominantes d'avortement de deuzième trimestre qui offrait le plus de sécurité. Dans l'intervalle 13 à 20 semaines, l'instillation intraamniotique de solution saline hypertonique avait un taux de complications majeures nettement plus élevé que celui de D et E (1,78% contre 0,69%; p < ,001). L'instillation intraamniotique de prostaglandin $F_{2\alpha}$ (PGF $_{2\alpha}$) avait un taux de complications nettement plus élevé que celui de l'instillation saline (2,9% contre 1,81%; p < 0,01) dans l'intervalle de la treizième à la vinqt-quatrième semaine.

Table 1

CHRONOLOGICAL RECORD OF THE STATUS OF ABORTION LAW CHANGES, ABORTION REPORTING, AND ABORTION RATIOS IN THE UNITED STATES 1969-1975

	1969	1970	1971	1972	1973	1974	1975
Cumulative No. of states with reform abortion laws enacted since 1967	9	16	16	17	1	1	1
No. of states from which statewide abortion data are reported ²	8	17	18	20	25	36	38
Additional states from which abortion data are reported from individual hospitals or facilities	2	7	7	8	26	15	13
Total No. of states from which partial or complete abortion data are reported ²	10	24	25	28	51	51	51
Total No. of abortions reported to CDC	22,670	193,491	485,816	586,760	615,831	763,476 ⁴	854,853
National abortion ratio (abortions per 1,000 live births ³)	6.3	51.9	136.6	180.1	196.3	241.6	271.9

¹On January 22, 1973, the U.S. Supreme Court ruled that the Texas and Georgia abortion laws were unconstitutional, thereby nullifying all restrictive abortion laws. Interpretation of, and legislative response to, the Supreme Court decision varied from state to state.

²Beginning 1970 includes District of Columbia

³Live birth data are total United States births by year as reported by the National Center for Health Statistics, Monthly Vital Statistics Reports.

⁴Does not include 17,348 abortions for 1974 reported to CDC from the Illinois State Health Department after publication of the 1974 Abortion Surveillance Report. Statistics on these 17,348 abortions are not incorporated into the current report, except in Table 3.

Table 2 REPORTED NUMBER OF LEGAL ABORTIONS BY STATE OF OCCURRENCE, ABORTION RATIOS, AND ABORTION RATES, 1975

State	Abortions 1	Live Births 1	Ratios ²	Females 15-44 ³	Rate 4
Alabama	2,7475	58,086 ⁶	47	818,800	3
Alaska	1,248	7,391	169	80,300	16
Arizona	5,4825	39,578 6	139	485,600	11
Arkansas	1,925	33,612	57	451,700	4
California	142,067	317,318	448	4,703,800	30
Colorado	9,744	40.469	241	577,000	17
Connecticut	10,820	35.915°	301	672,700	16
Delaware	2,322	8,242	282	131,900	18
Dist. of Col.	22,721	9,759 ⁶	*	183,300	124
Florida	16,745	105,735	158	1,713,600	10
Georgia	23,733	79,951	297	1,131,000	21
Hawaii	4,545	15 689	290	197,300	23
Idaho	6725	16,2436	41	177,300	-4
Illinois	58,743	169,248	347	2,458,900	24
Indiana	7,859	82,397	95	1,184,300	7
Iowa	1,3458	20,6899	65	620,600	2
Kansas	9,160	33.707	272	495,900	18
	6,2955	54,680 ⁶	115	747,900	- 8
Kentucky Louisiana	4,180	67,792	62	860,800	- 5
	1,9305	15,279 ⁶	126	228,600	8
Maine	18,865	52,732	358	931,900	20
Maryland	29,94010	68,309 ⁶	438	1,280,100	23
Massachusetts	34,210 ⁵	133,931	255	2,065,000	17
Michigan	10,565	56,463	187	877,500	12
Minnesota	315	43,336	7	527,000	1
Mississippi	10,244	68,442	150	1,033,700	10
Missouri	1,535	11,8157	130	165,200	9
Montana	3,406	23,658	144	336,500	10
Nebraska	1,807	8,8487	204	128,000	14
Nevada	1,396	11,101	126	173,900	8
New Hampshire	26,29110	91,457	287	1,565,400	17
New Jersey	4,1955	21,0366	199	268,900	16
New Mexico	147,229	235,803	624	3,980,100	37
New York	$(106,317)^{11}$	(105,249)	(*)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(City)	(40,912)	(130,554)	(313)		
(Upstate)	19,960	80,885	247	1,249,400	16
N. Carolina	812	10,5966	77	139,100	6
N. Dakota	36,675 ⁵	158,701 ⁶	231	2,419,200	15
Ohio	5,808 ⁵	42,704	136	584,700	10
Oklahoma		33,352	319	498,900	21
Oregon	10,641 43,319	148,942	291	2,548,800	17
Pennsylvania	3,253	10,724	303	193,000	17
Rhode Island	4,511	46,665	97	647,600	7
S. Carolina	1,475	11,294	131	147,900	10
S. Dakota		62,252	178	944,300	12
Tennessee	11,081 37,894 ⁵	215,6656	176	2,745,500	14
Texas	2,146	31,500	68	275,100	8
Utah		6,709	313	103,000	20
Vermont	2,100				16
Virginia	17,999	70,032	257 412	1,133,300 779,700	27
Washington	20,963 96 ⁵	50,821	3	390,700	-
West Virginia	11 2005	27,960 65 173 ⁶	173		11
Wisconsin	11,300 ⁵ 539 ⁵	65,173 ⁶ 6,962 ⁶	77	1,009,900 82,800	7
Wyoming	539	0,902	//	02,000	/
Total	854,853	3,119,648	274	47,147,400	18

 $^{^{1}\}mbox{Abortion}$ and resident live birth data from central health agency unless otherwise noted

1975	%	ons Increase	48 21.8		67 4.6	44 7.9					43 15.8		6.6- 09.8									60 21.2								8.8		163 15.3
	No.	Abortions	1,248	1,9	142,0	9,744	22,721	16,7	23,7	4,5	58,743	7,8	9,1	18,8	29,9	10,5	3	3,406	1,807	1,396	147,229	19,960	00	10,641	43,3	3,253	4,5	1,475	11,081	2,100	17,9	20,963
1974	%	Increase	-12.0	48.9	3.0	21.2	-44.4	-5.8	78.9	-8.3	:	:	-19.4	61.8		: 0	45.8	:	:	:	-20.6	37.9	:	18.1	:	:	78.9	:	:	37.7	96.4	5.0
19	No.	Abortions	1,025	1,694	135,762	9,027	22,688	15,212	22,009	4,158	50,7181	6,029	10,171	15,975	27,800	8,732	140	3,094	1,614	899	161,521	16,463	137	8,794	38,110	2,867	3,760	1,601	7,406	1,930	14,372	18,185
1973	%	Increase	9.0-	43.5	-4.8	41.7	5.0	:	390.3	-0.3	:	:	3.0	8.6	:	:	57.4	:	:	:	-32.2	42.7		4.3	:	:	146.1	:	:	6.909	62.8	-2.5
19	No.	Abortions	1,165	1,138	131,870	7,451	40,812	16,156	12,301	4,534	:	:	12,612	9,871	:		96	:	:	:	203,358	11,935	:	7,447		:	2,102	:	:	1,402	7,318	17,319
YEAR 1972	%	Increase	2.4	24.5	18.7	26.2	105.7	:	58.8	10.0	:	:	29.3	9.2	:		-34.4	:	:	:	11.7	91.1	:	2.1	•	:	17.5	:	:	2,466.7	18.6	23.8
19	No.	Abortions	1,172	793	138,584	5,260	38,868		2,509	4,547	:	:	12,248	6,093		:	61	:	/	:	299,891	8,365	:	7,143	:	:	854	:	:	231	967,4	17,767
1971	%	Increase	:	:	78.6	61.5		:	124.0	:	:			:		200	:	:	:	:		222.6		-2.8	:	:	:	:	:		:	
19	No.	Abortions	1,145	637	116,749	4,168	18,897	:	1,579	4,135	:	:	9,472	8,306			93	:	:	:	268,573	4,378		6,997	:		727	:	:	6	3,792	14,347
70	%	Increase	:		326.2	158.1	:	:	319.6	:	:	:					:	:	:	:	:	344.9		411.4	:	:	:	:	:		:	
1970	No.	Abortions	:	:	65,369	2,581		:	705	:	:	:	:			:	:		:		:	1,357		7,176	:	:	***	:	:			:
1969	No.	Abortions	:		15,339	1,000		:	168	:	:	:			:		:	:	:	:	:	305		1,407	:	:	:	:	:	O 8		
		State	Alaska	Arkansas	California	Colorado	Dist. of Col.	Florida	Georgia	Hawaii	Illinois	Indiana	Kansas	Maryland	Massachusetts	Minnesota	Mississippi	Nebraska	Nevada	New Hampshire	New York	N. Carolina	N. Dakota	Oregon	Pennsylvania	Rhode Island	S. Carolina	S. Dakota	Tennessee	Vermont	Virginia	Washington

²Abortions per 1,000 live births ³Estimates of females 15-44 provided by the Alan Guttmacher Institute

⁴Abortions per 1,000 females 15-44

SReported from 1 or more hospitals and/or facilties in state 6Live birth data from Monthly Vital Statistics Report, Final Natality Statistics, 1975, Vol. 25, No. 10, Supplement, December 30, 1976

70ccurrence live birth data from central health agency

⁸January-June

⁹Resident live births estimated; January-June

¹⁰Reported from state health departm : and 1 or more hospitals and/or facilities in state

¹¹Data from New York City Health Department *Greater than 1,000 abortions per 1,000 live births

⁻Rate less than 1

Table 4 REPORTED LEGAL ABORTIONS PERFORMED ON OUT-OF-STATE RESIDENTS, 1975

	m . 1	No of Abortions	No. of Abortions	Percent	of Abortic	ons with Re	sidence
	Total Abortions	No. of Abortions With Residence	On Out-of-State	KnownPerf	ormed on (Out-of-Stat	e Residents
	Performed	Known 1	Residents	1975	19742	19732	19722
		2 222	104	8.0	10.2	9.1	0.3
Alabama ³	2,747	2,339	186	0.6	1.1	1.1	1.2
Alaska	1,248	1,248	30	0.9	0.4	0.8	
Arizona ³	5,482	3,523					
Arkansas	1,925			1.9	2.4	9.4	16.0
California	142,067	141,992	2,691		5.8	5.2	7.7
Colorado	9,744	9,744	164	9.2 1.6	1.9	1.3	0.1
Connecticut	10,820	10,472	104		1.0		4.7
Delaware	2,322			55.2	59.7	64.7	74.5
Dist. of Col.	22,721	21,787	12,025	55.2			
Florida	16,745			15.3	18.7	14.5	0.0
Georgia	23,733	23,516	3,609	5.0	2.5	1.0	0.5
Hawaii	4,545	4,541	225		2.6	2.6	
Idaho ³	672	568	11	1.9		11.2	24
Illinois	58,743	55,794	4,198	7.5	10.0	2.0	
Indiana	7,859	7,859	118	1.5		9.3	2 1
Iowa ⁴	1,345	1,230	83	6.7	44.3	61.0	63.2
Kansas	9,160	9,146	3,565	39.0		12.4	
Kentucky ³	6,295	5,773	1,809	31.3	40.1	16.4	
Louisiana	4,180	4,042	385	9.5	11.9	0.8	
Maine ³	1,930	1,473	31	2.1	1.0		2.0
Maryland	18,865	18,865	1,222	6.5	4.7	2.8	
Massachusetts	5 29,940		0.304.045.75			10.0	
Michigan ³	34,210	26,560	2,647	10.0	11.6	12.6	
Minnesota	10,565	10,300	1,376	13.4	18.1	9.3	0.0
Mississippi	315	315	55	17.5	5.0	0.0	
Missouri	10,244	10,228	2,132	20.8	25.8	25.6	
Montana	1,535	1,535	33	2.1	2.0	0.0	
Nebraska	3,406	3,404	778	22.9	19.2	20.7	
Nevada	1,807	1,807	538	29.8	4.6	0.0	
New Hampshire	1,396	1,377	87	6.3	11.5	9.7	
New Jersey5	26,291	25,213	349	1.4	4.2		
New Mexico ³	4,195	1,927	141	7.3	15.5	37.3	68.9
New York	147,229	144,714	23,695	16.4	20.9	39.5	60.8
(City)	(106, 317)	(103,868)	(16,470)	(15.9)	(21.8)	(39.9)	(61.2)
(Upstate)	(40,912)	(40,846)	(7,225)	(17.7)	(18.3)	(38.6)	(59.7)
North Carolin		19,829	1,227	6.2	5.6	0.5	0.6
North Dakota	812	6533	45, 7645	10 m	18.2		
Ohio ³	36,675	19,404	1,281	6.6	9.0	9.6	
Oklahoma ³	5,808	5,800	663	11.4	29.1	0.0	
Oregon	10,641	10,577	571	5.4	6.0	5.2	0.2
Pennsylvania	43,319	43,319	5,269	12.2	11.3	7.8	
Rhode Island	3,253	3,253	257	7.9	8.4	8.8	0.0
South Carolin		4,511	187	4.1	6.7	8.6	0.6
South Dakota	1,475	1,463	627	42.9	41.9	43.7	
Tennessee	11,081	11,034	1,751	15.9	8.4	2.8	
Texas ³	37,894	33,165	2,141	6.5		3.6	
Utah	2,146	2,134	118	5.5	5.1	10.0	10.5
Vermont	2,100	2,099	652	31.1	27.7	22.2	16.5
Virginia	17,999	17,999	945	5.3	5.4	2.6	0.1
Washington	20,963						
West Virgini	a ³ 96	31	6	19.4			
Wisconsin ³	11,300		19.649		6.6	9.9	13.0
Wyoming ³	539	539	10	1.9	3.9	0.0	
Total	854,853	726,449	78,790	10.8	13.4	25.2	43.8

Table 5 REPORTED LEGAL ABORTIONS WITH STATE OF RESIDENCE KNOWN,* 1975

State of Residence	Abortions Pe		Abortions P Outside State		
by Census Division	No.	%	No.	%	Total
C13	(17 (22)	(00 4)	(2.012)	(7.6)	(51 226)
NEW ENGLAND	(47,423)	(92.4)	(3,913)		(51,336)
Maine	1,4421	87.3	209	12.7	1,651
New Hampshire	1,290	84.5	236	15.5	1,526
Vermont	1,447	92.6	115	7.4	1,562
Massachusetts	29,940 ² ,3	96.8	993	3.2	30,933
Rhode Island	2,996	94.8	166	5.2	3,162
Connecticut	10,308	82.5	2,194	17.5	12,502
MIDDLE ATLANTIC	(183,933)	(91.8)	(16,537)	(8.2)	(200,470)
New York	121,019	99.5	657	0.5	121,676
New Jersey	24,8642	66.3	12,611	33.7	37,475
Pennsylvania	38,050	92.1	3,269	7.9	41,319
EAST NORTH CENTRAL	(112,673)	(89.7)	(13,006)	(10.3)	(125,679)
	18,1231	88.6	2,323	11.4	20,446
Ohio	7,741	56.5	5,970	43.5	13,711
Indiana	51,596	93.6	3,504	6.4	55,100
Illinois	23,913 ¹	98.4	379	1.6	24,292
Michigan			830	6.8	12,130
Wisconsin	11,3001,3	93.2	030	0.0	12,130
WEST NORTH CENTRAL	(28,022)	(82.2)	(6,080)	(17.8)	(34,102)
Minnesota	8,924	98.9	96	1.1	9,020
Iowa	1,1474	57.6	843	42.4	1,990
Missouri	8,096	68.0	3,818	32.0	11,914
North Dakota	8123	61.1	518	38.9	1,330
South Dakota	836	68.0	393	32.0	1,229
Nebraska	2,626	93.0	199	7.0	2,825
Kansas	5,581	96.3	213	3.7	5,794
SOUTH ATLANTIC	(106,384)	(88.2)	(14,266)	(11.8)	(120,650)
Delaware	2,3223	75.7	746	24.3	3,068
Maryland	17,643	72.3	6,761	27.7	24,404
District of Columbia	9,762	98.4	158	1.6	9,920
Virginia	17,054	97.0	533	3.0	17,587
West Virginia	251	1.5	1,690	98.5	1,715
North Carolina	18,602	94.9	999	5.1	19,601
South Carolina	4,324	60.7	2,795	39.3	7,119
Georgia	19,907	98.6	292	1.4	20,199
Florida	16,745 ³	98.3	292	1.7	17,037
		(70 4)	(/, 212)	(21.6)	(19,973)
EAST SOUTH CENTRAL	(15,660)	(78.4)	(4,313)		5,357
Kentucky	3,964 ¹	74.0	1,393	26.0	
Tennessee	9,283	92.6	747	7.4	10,030
Alabama	2,153 ¹	63.5	1,237	36.5	3,390
Mississippi	260	21.7	936	78.3	1,196
WEST SOUTH CENTRAL	(41,743)	(94.6)	(2,394)	(5.4)	(44,137)
Arkansas	1,9253	77.2	568	22.8	2,493
Louisiana	3,657	83.7	713	16.3	4,370
Oklahoma	5,1371	87.7	718	12.3	5,855
Texas	31,0241	98.7	395	1.3	31,419

¹Refers to in-state and out-of-state residence status
²Source: 1974 Abortion Surveillance Report

³Abortions for 1975 are reported from 1 or more hospitals and/or facilities in state. Residence data are based on percents and actual numbers as reported by hospitals and/or facilities in the state.

⁴January-June

⁵Reported from state health department and data from 1 or more hospitals and/or facilities in the state

⁻⁻Not reported

Table 5 (Continued)

$^{ m l}$ Abortions reported from 1 or more hospitals and/or facilities in state. Residence data based on percents and actual numbers as reported by hospitals and/or facilities in the	TOTAL (1972)	TOTAL (1973) 4	TOTAL (1974) 6	TOTAL (1975) 7		rnia 1		ngton	BACTETC	Nevada	Utah	Arizona	New Mexico	Colorado	Wyoming	Idaho	D	MOUNTAIN (by Census Division	A: State of Residence in
n 1 or more	303,934	440,202	643,875	731,666	1,240 4,316	139,301	10,006	20,9633	(175,826)	1,269	2,016	$3,493^{1}$	1,7861	8.850	529 ¹	5571	1,502	(20,002)	No.	Abortions Performed in State of Residence
hospitals and/ rs as reporte	60.4	79.9	89.9	92.0	100.0	99.9	99.6	97.8	(99.6)	60.1	97.3	83.4	94.2	99.2	50.2	85.4	84.0	(88.2)	%	
or facilities i	199,489	110,443	72,073	63,858	11 2	141	44	475	(673)	841	5/	696	109	68	524	95	286	(2,676)	No.	Abortions Performed Outside State of Resid
in state. Re and/or facil	39.6	20.1	10.1	8.0	0.0	0.1	0.4	2.2	(0.4)	39.9	2.7	16.6	5.8	0.8	49.8	14.6	16.0	(11.8)	%	f Residence
Residence data	503,4235	550,6455	715,9485	795,5245	1,251 4,318	139,442	10,050	21,438	(176,499)	2,110	2,0/3	4,189	1,895	8,918	1,053	652	1,/88	(22,678)	Total	

Table 6

REPORTED LEGAL ABORTIONS BY AGE AND STATE OF OCCURRENCE, SELECTED STATES,* 1975

²Reported from state health department and data from 1 or more hospitals and/or facilities

available; all abortions reported are assumed to have been the state

5Does not agree with Table 1 because abortions with state of residence unknown are excluded

3Residency information not performed on residents of

in the state

4 January-June

*Excludes 59,329 abortions with state of residence unknown (5,310 out-of-country residents

were classified as state of residence unknown)

	< 15	5	15-1	.9	20-2	24	25-	29	30-	34	35-3	39	^{>} 40)	Unkı	nown	Tota	al
<u>\$tate</u>	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Alaska	23	1.8	396	31.7	427	34.2	234	18.8	100	8.0	55	4.4	13	1.0	0	0.0	1,248	100.0
Arkansas	36	1.9	704	36.6	540	28.1	317	16.5	183	9.5	105	5.5	40	2.1	0	0.0	1,925	100.0
California	1,918	1.4	47,138	33.2	43,799	30.8	25,828	18.2	13,326	9.4	6,478	4.6	2,358	1.7	1,222	0.9	142,067	100.
Colorado	107	1.1	3,282	33.7	3,362	34.5	1,744	17.9	724	7.4	369	3.8	147	1.5	9	0.1	9,744	100.
Connecticut	110	1.0	3,637	33.6	2,847	26.3	1,912	17.7	1,285	11.9	551	5.1	331	3.1	147	1.4	10,820	100.
Dist. of Col.	396	1.7	6,205	27.3	8,030	35.3	4,569	20.1	2,207	9.7	984	4.3	305	1.3	25	0.1	22,721	100.
Georgia	469	2.0	7,753	32.7	7,492	31.6	4,025	17.0	1,963	8.3	944	4.0	359	1.5	728	3.1	23,733	100.
Hawaii	39	0.9	1,005	22.1	1,577	34.7	952	20.9	533	11.7	298	6.6	139	3.1	2	0.0	4,545	100.
Illinois	556	0.9	15,467	26.3	18,642	31.7	10,843	18.5	5,730	9.8	3,224	5.5	1,380	2.3	2,901	4.9	58,743	100.
Indiana	182	2.3	2,674	34.0	2,441	31.1	1,280	16.3	676	8.6	399	5.1	186	2.4	21	0.3	7,859	100.
Iowal	36	2.7	504	37.5	417	31.0	192	14.3	98	7.3	58	4.3	37	2.8	3	0.2	1,345	100.
Kansas	221	2.4	3,777	41.2	2,596	28.3	1,262	13.8	697	7.6	405	4.4	174	1.9	28	0.3	9,160	100.
Kentucky ²	350	5.6	2,294	36.4	2,023	32.1	910	14.5	414	6.6	217	3.4	87	1.4	0	0.0	6,295	100.
Louisiana	57	1.4	1,261	30.2	1,439	34.4	790	18.9	376	9.0	177	4.2	66	1.6	14	0.3	4,180	100.
Maryland	456	2.4	7,286	38.6	5,579	29.6	3,084	16.3	1,425	7.6	760	4.0	271	1.4	4	0.0	18,865	100.
Minnesota	100	0.9	4,193	39.7	3,478	32.9	1,517	14.4	699	6.6	363	3.4	215	2.0	0	0.0	10,565	100.
Mississippi	8	2.5	100	31.7	111	35.2	49	15.6	23	7.3	19	6.0	5	1.6	0	0.0	315	100.
Missouri	199	1.9	2,871	28.0	3,047	29.7	1,496	14.6	861	8.4	479	4.7	181	1.8	1,110	10.8	10,244	100.
Montana	21	1.4	552	36.0	508	33.1	233	15.2	123	8.0	71	4.6	26	1.7	1	0.1	1,535	100.
Nebraska	68	2.0	1,390	40.8	1,114	32.7	402	11.8	208	6.1	138	4.1	86	2.5	0	0.0	3,406	100.
Nevada	37	2.0	606	33.5	561	31.0	292	16.2	152	8.4	77	4.3	22	1.2	60	3.3	1,807	100.
New Hampshire	19	1.4	498	35.7	410	29.4	232	16.6	130	9.3	54	3.9	27	1.9	26	1.9	1,396	100.
New York	1,651	1.1	37,750	25.6	45,997	31.2	30,225	20.5	18,028	12.2	9,554	6.5	3,437	2.3	587	0.4	147,229	100.
(City)	(1,136)	(1.1)		(23.1)		(31.5)	(23,531)	(22.1)	(13,880)	(13.1)		(6.6)	(2,268)	(2.1)	(450)	(0.4)	(106, 317)	(100.
(Upstate)	(515)	(1.3)		(32.3)		(30.5)	(6,694)	(16.4)	(4,148)	(10.1)	(2,559)		(1,169)	(2.9)	(137)	(0.3)	(40,912)	(100.
N. Carolina	376	1.9	7,098	35.6	6,206	31.1	3,095	15.5	1,795	9.0	1,005	5.0	331	1.7	54	0.3	19,960	100.
Oregon	155	1.5	3,915	36.8	3,554	33.4	1,744	16.4	769	7.2	349	3.3	132	1.2	23	0.2	10,641	100.
Pennsylvania	851	2.0	14,156	32.7	14,192	32.8	7,232	16.7	3,683	8.5	2,086	4.8	935	2.2	184	0.4	43,319	100.
Rhode Island	45	1.4	1,005	30.9	1,035	31.8	582	17.9	303	9.3	179	5.5	99	3.0	5	0.2	3,253	100.
S. Carolina	71	1.6	1,527	33.9	1,492	33.1	709	15.7	327	7.2	161	3.6	70	1.6	154	3.4	4,511	100.
S. Dakota	12	0.8	581	39.4	502	34.0	168	11.4	83	5.6	55	3.7	34	2.3	40	2.7	1,475	100.
Tennessee	215	1.9	3,949	35.6	3,680	33.2	1,798	16.2	839	7.6	435	3.9	128	1.2	37	0.3	11,081	100.
Utah	25	1.2	593	27.6	809	37.7	384	17.9	180	8.4	90	4.2	37	1.7	28	1.3	2,146	100.
Vermont	30	1.4	699	33.3	749	35.7	344	16.4	156	7.4	89	4.2	33	1.6	0	0.0	2,100	100.
Virginia	359	2.0	6,324	35.1	5,786	32.1	2,886	16.0	1,455	8.1	864	4.8	314	1.7	11	0.1	17,999	100.
Washington	256	1.2	7,810	37.3	6,639	31.7	3,524	16.8	1,600	7.6	803	3.8	330	1.6	1	0.0	20,963	100.
Total	9,454	7 5	199,000	31.2	201,081	31.6	114,854	18.0	61,151	9.6	31,895	5.0	12,335	7 0	7,425	1.2	637,195	100.

lJanuary-June

 2 Based on distribution of data from 1 facility reporting approximately 78% of total abortions

*All states with data available (34)

Table 6A

ABORTIONS FOR TEENAGERS, SELECTED STATES, 1975

		Ret	ported by	y Single	Year of	Age	
		The state of the s		1000			A11
State	< 15	15	16	17	18	19	Teens
Arkansas	48	95	174	214	348	315	1,194
Kansas	221	416	667	713	1,098	883	3,998
Minnesota	100	301	607	938	1,265	1,082	4,293
Nebraska	68	151	235	244	172	588	1,458
Nevada	37	59	95	78	218	156	643
Oregon	155	386	707	885	1,023	914	4,070
Totals (6 states)	629	1,408	2,485	3,072	4,124	3,938	15,656
% Distribution	4.0	9.0	15.9	19.6	26.3	25.2	100.0
Cumulative	4.0	13.0	28.9	48.5	74.8	100.0	100.0

		Reported	by Age Group	A11
Maryland South Dakota	< 15 456 12	15-17 3,724 219	18-19 3,562 362	Teens 7,742 593
Totals (2 states) % Distribution Cumulative	468	3,943	3,924	8,335
	5.6	47.3	47.1	100.0
	5.6	52.9	100.0	100.0
Totals (8 states) % Distribution Cumulative	1,097	10,908	11,986	23,991
	4.6	45.5	50.0	100.0
	4.6	50.0	100.0	100.0

Table 7 LEGAL ABORTION RATIOS BY AGE, * SELECTED STATES, 1975

State	< 15	15-19	20-24	25-29	30-34	35-39	<u>> 40</u>	Total
Alaska	1,643	348	151	108	107	226	241	169
Arkansas	163	84	43	39	60	104	127	57
California	2,227	905	403	269	322	519	812	448
Colorado	1,126	496	229	138	147	301	607	241
Connecticut1	1,204	842	252	155	248	316	755	301
Dist. of Col. 1	3,882	2,350	2,407	2,104	2,213	2,426	3,211	2,328
Georgia	740	419	287	203	254	416	672	297
Hawaii	1,147	458	290	192	234	448	1,168	290
Illinois	773	536	348	222	276	498	865	347
Indiana	621	157	81	55	83	158	287	95
Iowa ²	1,029	150	52	- 33	42	64	125	65
Kansas	2,413	595	204	128	205	439	806	272
Kentucky ¹	1,452	175	101	71	74	99	123	115
Louisiana	123	78	59	46	57	81	113	62
Maryland ³	1.940	740	329	190	203	386	587	358
Minnesota	1,429	579	177	79	94	169	405	187
Mississippi	16	9	7	5	6	12	10	7
Missouri	741	235	144	85	124	220	330	150
Montana	1,615	279	110	66	100	197	302	130
Nebraska	1,659	410	126	52	79	170	381	144
Nevada	1,226	381	174	121	155	276	451	204
New Hampshire	1,267	321	108	62	95	159	329	126
New York	2,535	1,201	633	380	498	820	1,316	624
(City)	(2,889)	(1,612)	(1,033)	(704)	(861)	(1,189)	(1,747)	(1,010)
(Upstate)	(1,996)	(815)	(310)	(145)	(206)	(443)	(890)	(313)
North Carolina	739	362	217	148	224	416	512	247
Oregon	2,313	754	280	163	216	394	750	319
Pennsylvania	2,075	576	283	154	196	360	664	291
Rhode Island	3,000	634	283	159	229	484	1,000	303
South Carolina 4	234	138	90	63	79	123	196	97
South Dakota	600	323	118	53	71	130	278	131
Tennessee ⁵	501	266	168	111	136	215	244	178
Utah	1,000	159	66	42	43	63	104	68
Vermont	2,727	667	316	157	190	436	623	313
Virginia	1,213	477	248	137	163	340	537	257
Washington	2,560	984	357	216	262	561	1,115	412
Hadii Iiig coli	2,300	,04	337	210	202	300000	-,	
Total	1,193	542	289	192	250	422	668	313

Live births are based on 1972 distribution of live births by age of mother from Vital Statistics of the United States, 1972, Volume I - Natality.

Live births are based on 1972 distribution of live births by age of mother from central health agency.

Live births are based on 1973 distribution of live births by age of mother from central health agency.

Live births are based on 1974 distribution of live births by age of mother from central health agency.

Live births are based on distribution of 1975 provisional live births by age of mother from central

^{*}Calculated as the number of legal abortions for women of a given age group per 1,000 live births to women of the same age group. For sources of data, see Table 6 for abortions by age and Table 2 for total 1975 live births. ("Unknown" age for each state is redistributed according to known age distribution of that state.) Live births by age of mother are from central health agencies unless otherwise noted.

Table 8

REPORTED LEGAL ABORTIONS BY RACE AND STATE OF OCCURRENCE, SELECTED STATES,* 1975

	Whi	te	Black & (Other	Unkn	own	Tota	al
State	No.	%	No.	%	No.	%	No.	%
Alaska	996	79.8	252	20.2	0	0.0	1,248	100.0
Arkansas	1,554	80.7	371	19.3	0	0.0	1,925	100.0
California	101,817	71.7	32,271	22.7	7,979	5.6	142,067	100.0
Colorado	8,242	84.6	1,502	15.4	0	0.0	9,744	100.0
Dist. of Col.	8,571	37.7	13,247	58.3	903	4.0	22,721	100.0
Georgia	14,839	62.5	8,627	36.4	267	1.1	23,733	100.0
Hawaii	1,586	34.9	2,916	64.2	43	0.9	4,545	100.0
Illinois	32,012	54.5	24,934	42.4	1,797	3.1	58,743	100.0
Indiana	6,279	79.9	1,468	18.7	112	1.4	7,859	100.0
Iowal	1,127	83.8	82	6.1	136	10.1	1,345	100.0
Kansas	7,235	79.0	1,749	19.1	176	1.9	9,160	100.0
Kentucky ²	3,827	60.8	521	8.3	1,947	30.9	6,295	100.0
Louisiana	2,504	59.9	1,624	38.9	52	1.2	4,180	100.0
Maryland	10,935	58.0	7,814	41.4	116	0.6	18,865	100.0
Minnesota	9,233	87.4	521	4.9	811	7.7	10,565	100.0
Mississippi	209	66.3	84	26.7	22	7.0	315	100.0
Missouri	6,283	61.3	3,023	29.5	938	9.2	10,244	100.0
Montana	1,464	95.4	68	4.4	3	0.2	1,535	100.0
Nebraska	2,974	87.3	359	10.5	73	2.1	3,406	100.0
Nevada	1,450	80.2	357	19.8	0	0.0	1,807	100.0
New Hampshire	635	45.5	5	0.4	756	54.2	1,396	100.0
New York	92,818	63.0	53,811	36.5	600	0.4	147,229	100.0
(City)	(59, 225)	(55.71	(47,092)	(44.3)	(0)	(0.0)	(106, 317)	(100.0)
(Upstate)	(33,593)	(82.1)	(6,719)	(16.4)	(600)	(1.5)	(40,912)	(100.0)
North Carolina	13,165	66.0	6,549	32.8	246	1.2	19,960	100.0
Oregon	7,927	74.5	348	3.3	2,366	22.2	10,641	100.0
Rhode Island	1,956	60.1	288	8.9	1,009	31.0	3,253	100.0
South Carolina	2,644	58.6	1,815	40.2	52	1.2	4,511	100.0
South Dakota	1,325	89.8	142	9.6	8	0.5	1,475	100.0
Tennessee	8,483	76.6	2,330	21.0	268	2.4	11,081	100.0
Utah	1,907	88.9	217	10.1	22	1.0	2,146	100.0
Vermont	2,055	97.9	33	1.6	12	0.6	2,100	100.0
Virginia	10,854	60.3	6,970	38.7	175	1.0	17,999	100.0
Total	366,906	65.3	174,298	31.0	20,889	3.7	562,093	100.0

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Table 9

LEGAL ABORTION RATIOS BY RACE* SELECTED STATES,** 1975

State	White Ratio	Black & Other Ratio	White/Black & Other Ratio
Alaska	191	117	1.6
Arkansas	61	45	1.4
California	404	679	0.6
Colorado	218	547	0.4
Dist. of Columbial	6,793	1,634	4.2
Georgia	291	308	0.9
Hawaii	369	260	1.4
Illinois	253	665	0.4
Indiana	87	162	0.5
Iowa ²	62	155	0.4
Kansas	238	666	0.4
Louisiana	62	61	1.0
Maryland	295	511	0.6
Minnesota	187	280	0.7
Mississippi	10	4	2.5
Missouri	121	296	0.4
Montana	139	55	2.5
Nebraska	139	207	0.7
Nevada	194	260	0.7
New York	510	1,029	0.5
(City)	(903)	(1,188)	(0.8)
(Upstate)	(291)	(534)	(0.5)
North Carolina	242	256	0.9
South Carolina	95	98	1.0
South Dakota	136	1,288	0.1
Tennessee ³	182	164	1.1
Utah	63	226	0.3
Vermont	312	559	0.6
Virginia	206	418	0.5
Total	277	476	0.6

 $^{1}\mathrm{Live}$ births by race are from the National Center for Health Statistics.

²Live births are based on 1972 distribution of live births by race of mother from central health agency.

³Live births are based on distribution of 1975 provisional live births by race of mother from central health agency.

*Calculated as the number of legal abortions for women of a given race per 1,000 live births to women of the same race. For sources of data see Table 8 for abortions by race and Table 2 for total 1975 live births. ("Unknown" race for each state is redistributed according to known race distribution of that state.) Live births by race of mother are from central health agencies unless otherwise noted.

**Excludes all states reporting more than 15% of abortions as race "unknown"

 $^{^2}$ Based on distribution of data from 2 hospitals and/or facilities reporting approximately 80% of total abortions

^{*}All states with data available (31)

Table 10 REPORTED LEGAL ABORTIONS BY MARITAL STATUS AND STATE OF OCCURRENCE, SELECTED STATES,* 1975

	Mar	ried	Unmar	riedl	Unkno	own	Tot	al
State	No.	%	No.	%	No.	%	No.	
	270	29.6	852	68.3	26	2.1	1 240	100.0
Alaska	370				0	0.0	1,248	
Arkansas	586	30.4	1,339	69.6			1,925	100.0
California	33,954	23.9	103,851	73.1	4,262	3.0	142,067	100.0
Colorado	2,631	27.0	7,009	71.9	104	1.1	9,744	100.0
Dist. of Col.	4,583	20.2	17,176	75.6	962	4.2	22,721	100.0
Georgia	6,675	28.1	16,674	70.3	384	1.6	23,733	100.0
Hawaii ²	1,779	39.1	2,766	60.9	0	0.0	4,545	100.0
Illinois	13,967	23.8	43,336	73.8	1,440	2.5	58,743	100.0
Indiana	2,063	26.3	5,654	71.9	142	1.8	7,859	100.0
Iowa ³	311	23.1	997	74.1	37	2.8	1,345	100.0
Kansas	2,055	22.4	7,091	77.4	14	0.2	9,160	100.0
Kentucky ⁴	1,329	21.1	4,727	75.1	239	3.8	6,295	100.0
Louisiana	958	22.9	3,144	75.2	78	1.9	4,180	100.0
Maryland	4,129	21.9	14,629	77.5	107	0.6	18,865	100.0
Minnesota	1,844	17.5	8,700	82.3	21	0.2	10,565	100.0
Mississippi ²	129	41.0	186	59.0	0	0.0	315	100.0
Missouri	2,415	23.6	6,719	65.6	1,110	10.8	10,244	100.0
Montana	400	26.1	1,134	73.9	05 1	0.1	1,535	100.0
Nebraska	652	19.1	2,750	80.7	4	0.1	3,406	100.0
New Hampshire	361	25.9	964	69.1	71	5.1	1,396	100.0
New York	43,828	29.8	103,401	70.2	0	0.0	147,229	100.0
(City)	(31,772)	(29.9)	(74,545)	(70.1)	(0)	(0.0)	(106,317)	(100.0)
(Upstate)	(12,056)	(29.5)	(28,856)	(70.5)	(0)	(0.0)	(40,912)	(100.0)
North Carolina	5,864	29.4	13,743	68.9	353	1.8	19,960	100.0
Oregon	2,325	21.8	8,107	76.2	209	2.0	10,641	100.0
Rhode Island ⁵	1,063	32.7	2,127	65.4	63	1.9	3,253	100.0
South Carolina	1,036	23.0	3,410	75.6	65	1.4	4,511	100.0
South Dakota	283	19.2	1,172	79.5	20	1.4	1,475	100.0
Tennessee	2,568	23.2	8,336	75.2	177	1.6	11,081	100.0
Utah	412	19.2	1,723	80.3	11	0.5	2,146	100.0
Vermont	447	21.3	1,574	75.0	79	3.8	2,100	100.0
Virginia	4,491	25.0	13,456	74.8	52	0.3	17,999	100.0
Washington	5,423	25.9	15,538	74.1	2	0.0	20,963	100.0
m 1	1/0 001	95.0	100 005	72.7	10 022	1 7	E01 0/0	100.0
Total	148,931	25.6	422,285	16.1	10,033	1.7	581,249	100.0

¹Includes widowed, separated, divorced, and never married
²Legitimate and illegitimate
³January-June

Table 11

PERCENT OF REPORTED LEGAL ABORTIONS PERFORMED ON MARRIED WOMEN* BY STATE OF OCCURRENCE, 1972-1975**

State	19721	<u>1973</u> ¹	19741	<u>1975</u> ²
Alaska	35.4	29.6	27.7	30.3
Arkansas	32.3	32.5	30.8	30.4
California	26.9	25.3	25.3	24.6
Colorado	26.6	29.8	29.2	27.3
Georgia	34.9	25.7	17.1	28.6
Hawaii	37.5	37.3	38.6	39.1
	25.2	21.1	21.4	22.5
Kansas	29.6	28.3	24.0	22.0
Maryland	55.7	54.2	45.7	41.0
Mississippi	31.1	31.9	31.9	29.8
New York		(30.3)	(32.6)	(29.9)
(City)	(27.9)	(34.4)	(29.9)	(29.5)
(Upstate)	(40.5)		32.0	29.9
North Carolina	34.7	35.0		22.3
Oregon	23.7	25.0	24.0	23.3
South Carolina	40.5	30.4	24.7	
Vermont	30.1	23.8	21.9	22.1
Virginia	34.0	28.7	27.1	25.0
Washington	26.6	26.5	27.0	25.9
Total	29.7	28.5	27.9	27.0

¹Source: 1974 Abortion Surveillance Report, Table 11 ²Source: 1975 Abortion Surveillance Report, Table 10

[&]quot;Based on distribution of data from 2 hospitals and/or facilities reporting approximately 80% of total abortions

⁵Married includes separated

^{*}All states with data available (31)

^{*}Percent based on total number with marital status known **Includes only states with data available for all 4 years (16)

LEGAL ABORTION RATIOS BY MARITAL STATUS* SELECTED STATES, 1975

1Live births are based on 1970 from central health agency. 2Live births are based on 1972 from Vital Statistics of the 13 Live births are based on 1972 from central health agency. 4 Live births are based on 1974 from central health agency. 5 Live births are based on 1974 from central health agency.	Total	Alaska Arkansas California¹ Colorado Dist. of Columbia² Georgia Hawaii Illinois Indiana Iowa³ Kansas Kentucky⁴ Louisiana Maryland⁵ Minnesota Mississippi Missouri Montana Nebraska New Hampshire New York (City) (Upstate) North Carolina Oregon Rhode Island South Dakota Tennessee² Utah Vermont Virginia Washington	
70 72 72 72 77 73	96	Married 58 22 126 73 797 99 102 29 102 29 17 67 28 18 95 36 47 47 47 47 38 30 37 226 (425) (102) 88 79 114 77 75 119	
distribution of live births by distribution of live births by United States, 1972, Volume I - distribution of live births by distribution of live births by distribution of live births by	1,610	Unmarried 1,034 252 2,684 1,714 4,781 1,454 1,429 1,536 553 643 2,216 851 233 1,650 1,679 18 728 962 1,314 1,104 2,450 (2,447) 1,077 2,445 1,744 374 923 939 1,322 2,378 1,320 3,042	
legitimacy legitimacy Natality. legitimacy legitimacy legitimacy legitimacy	316	Total 169 57 448 241 2,328 297 290 347 95 65 65 272 115 62 358 187 7 150 130 144 126 624 (1,010) (313) 247 319 303 97 131 178 68 313 257 412	

REPORTED LEGAL ABORTIONS BY NUMBER OF LIVING CHILDREN AND STATE OF OCCURRENCE, SELECTED STATES,* 1975

	0		1		2			3	4		>	5	Unkr	own	Tot	al
State	No.	%	No.	%	No.	%	No.	%	No.	%	No.	_ %	No.	%	No.	%
Alaska	764	61.2	194	15.5	162	13.0	71	5.7	33	2.6	24	1.9	0	0.0	1,248	100.0
Californial	54,923	38.7	31,269	22.0	22,191	15.6	13,454	9.5	7,131	5.0	6,990	4.9	6,109	4.3	142,067	100.0
Colorado	5,745	59.0	1,509	15.5	1,174	12.0	492	5.0	203	2.1	156	1.6	465	4.8	9,744	100.0
Georgia	13,192 ²	55.6	4,571	19.3	3,457	14.6	1,485	6.3	588	2.5	440	1.9	2		23,733	100.0
Illinois	26,337	44.8	11,464	19.5	9,598	16.3	5,233	8.9	2,643	4.5	2,386	4.1	1,082	1.8	58,743	100.0
Indiana ³	4,230	53.8	1,303	16.6	1,074	13.7	588	7.5	245	3.1	419	5.3	0	0.0	7,859	100.
Iowa ⁴	710	52.8	168	12.5	166	12.3	96	7.1	35	2.6	35	2.6	135	10.0	1,345	100.
Kansas	5,390	58.8	1,461	15.9	1,186	12.9	545	5.9	286	3.1	171	1.9	121	1.3	9.160	100.
Maryland	10,561	56.0	3,840	20.4	2,663	14.1	1,035	5.5	446	2.4	306	1.6	14	0.1	18,865	100.
Minnesota	7,366	69.7	1,323	12.5	986	9.3	470	4.4	236	2.2	184	1.7	0	0.0	10,565	100.
Mississippi	157	49.8	41	13.0	29	9.2	24	7.6	11	3.5	7	2.2	46	14.6	315	100.
Missouri	3,073	30.0	1,737	17.0	1,332	13.0	706	6.9	331	3.2	320	3.1	2,745	26.8	10,244	100.
Montana	959	62.5	198	12.9	184	12.0	91	5.9	59	3.8	30	2.0	14	0.9	1,535	100.
Nebraska ³	2,233	65.6	428	12.6	358	10.5	223	6.5	96	2.8	68	2.0	0	0.0	3,406	100.
New Hampshire	585	41.9	151	10.8	140	10.0	70	5.0	41	2.9	19	1.4	390	27.9	1,396	100.
New York	65,154	44.3	28,529	19.4	23,196	15.8	14,421	9.8	7,842	5.3	7,554	5.1	533	0.4	147,229	100.
(City)1	(39,685)	(37.3)	(23, 393)	(22.0)	(18, 178)	(17.1)	(11,521)	(10.8)	(6,484)	(6.1)	(6,523)	(6.1)	(533)	(0.5)	(106, 317)	(100.
(Upstate) 3	(25,469)	(62.3)	(5,136)	(12.6)	(5,018)	(12.3)	(2,900)	(7.1)	(1,358)	(3.3)	(1,031)	(2.5)	(0)	(0.0)	(40,912)	(100.
N. Carolina	10,465	52.4	3,685	18.5	2,787	14.0	1,189	6.0	476	2.4	393	2.0	965	4.8	19,960	100.
Oregon	542	5.1	1,657	15.6	1,264	11.9	508	4.8	5		358 ⁵	3.4	6,312	59.3	10,641	100.
Rhode Island	1,671	51.4	582	17.9	495	15.2	257	7.9	104	3.2	94	2.9	50	1.5	3,253	100.
S. Carolina	2,551	56.6	813	18.0	562	12.5	276	6.1	134	3.0	134	3.0	41	0.9	4,511	100.
Tennessee	5,989	54.0	2,051	18.5	1,561	14.1	630	5.7	235	2.1	172	1.6	443	4.0	11,081	100.
Utah	807	37.6	358	16.7	267	12.4	135	6.3	78	3.6	50	2.3	451	21.0	2,146	100.
Vermont	1,523	72.5	214	10.2	184	8.8	91	4.3	46	2.2	31	1.5	11	0.5	2,100	100.
Virginia	9,650	53.6	3,045	16.9	2,315	12.9	1,120	6.2	475	2.6	387	2.2	1,007	5.6	17,999	100.
Total	234.577	45.2	100.591	19.4	77.331	14.9	43,210	8.3	21.774	4.2	20.728	4.0	20,934	4.0	519,145	100.

 $^1\mathrm{Number}$ of previous pregnancies $^2\mathrm{Reported}$ as "0" and unknown $^3\mathrm{Number}$ of previous live births

⁴January-June ⁵Reported as > 4

*Calculated as the number of legal abortions for women of a given marital status per 1,000 live births of the corresponding legitimacy status. For sources of data, see Table 10 for abortions by marital status and Table 2 for total 1975 live births. ("Unknown" marital status for each state is redistributed according to known marital status distribution of that state.) Live births by legitimacy are

from central health agencies unless otherwise noted.

*All states with data available (24)

LEGAL ABORTION RATIOS BY NUMBER OF PREVIOUS LIVE BIRTHS,* SELECTED STATES,** 1975

llive births are based on 1972 from central health agency. 2Live births are based on 1973 from central health agency. 3Live births are based on 1972 from Vital Statistics of the	Total	Virginia	Tennessee'	South Carolina	Rhode Island	North Carolina	(Upstate)	(City)	New York	Nebraska	Montana	Mississippi	Minnesota	Maryland ²	Kansas	Iowal	Indiana	Illinois	Georgia	Colorado	California	Alaska	State	
s are based on 1 al health agency s are based on 1 al health agency s are based on 1 Statistics of t	384	324	228	131	358	333	(479)	(835)	648	228	204	12	313	449	404	97	120	429	376	334	417	244	10	
1972 dis 2y. 1973 dis 1972 dis the Unii	220	142	119	62	173	155	(122)	_	391	55	52	4	73	232	141	31	49	232	184	117	326	81	ΙH	
on 1972 distribution of live births l gency. on 1973 distribution of live births l gency. on 1972 distribution of live births l of the United States, 1972, Volume I	368	266	191	90	344	244	(253)	(1,289)	685	103	108	6	121	379	230	61	91	359	315	228	541	159	12	
n of live n of live n of live s, 1972, v	477	328	165	93	475	228	(352)			163	141	9	146	347	243	68	130	396	330	268	775	170	Jω	
e births by e births by e births by Volume I -	435	348	128	91	434	201	(378)	(2,235)	1,210	166	223	8	172	350	282	49	128	400	282	265	-	190	14	
by live birt by live birt by live birt l - Natality.	473	279	70	60	370	153	(292)	(2, 134)	1,150	103	108	ω	119	226	149	38	199	275	177	235	776	111	V	
birth order birth order birth order lity.	341	313	178	97	303	247	(313)	(1,010)	624	144	130	7	187	358	272	65	95	347	297	241	448	169	Total	

Table 15

REPORTED LEGAL ABORTIONS BY TYPE OF PROCEDURE AND STATE OF OCCURRENCE, SELECTED STATES,* 1975

	Suct		Shar	*		auterine	Intraut Prostag	landin						1				
State	Curet	tage	Curett			Instillation							Other		Unkn		Tota	
	No.		No.		No.	%	No.		No.	%	No.	%	No.		No.	_%	No.	%
Alaska	969	77.6	210	16.8							2	0.2	63	5.0	4	0.3	1,248	100.0
California	93,622	65.9	32,533	22.9	9,377	6.6			284	0.2	426	0.3	5,683	4.0	142	0.1	142,067	100.0
Colorado	8,046	82.6	201	2.1	1,174	12.0			7	0.1	100	1.0	122	1.3	94	1.0	9,744	100.0
Connecticut	9,626	89.0	110	1.0	882	8.2			18	0.2	0	0.0	55	0.5	129	1.2	10,820	100.0
Dist. of Col.	17,558	77.3	4,297	18.9	620	2.7			9	0.0	3	0.0	234	1.0	0	0.0	22,721	100.
Georgia	21,006	88.5	323	1.4	360	1.5	1,868	7.9	+	\rightarrow	128 ²	0.5	47	0.2	1	0.0	23,733	100.0
Hawaii	3,775	83.1	379	8.3	5	0.1	361	7.9	3	0.1	5	0.1	1	0.0	16	0.4	4,545	100.0
Illinois	55,371	94.3	965	1.6	553	0.9			163	0.3	43	0.1	649	1.1	999	1.7	58,743	100.0
Indiana	7,227	92.0	568	7.2	0	0.0			→	+	312	0.4	33	0.4	0	0.0	7,859	100.
Iowa ³	969	72.0	29	2.2	342	25.4							2	0.1	3	0.2	1,345	100.
Kansas	5,395	58.9	2,627	28.7	1,052	11.5	1	0.0	5	0.1	45	0.5	12	0.1	23	0.3	9,160	100.
Louisiana	4,161	99.5	5	0.1											14	0.3	4,180	100.
Maryland	16,709	88.6	225	1.2	956	5.1	210	1.1	33	0.2	51	0.3	680	3.6	1	0.0	18,865	100.
Massachusetts4	+ 27,345	91.3	805	2.7	186	0.6	1,499	5.0					1055	0.4	0	0.0	29,940	100.
Minnesota	10,115	95.7	4	0.0	121	1.1	325	3.1	0	0.0	0	0.0	0	0.0	0	0.0	10,565	100.
Mississippi	46	14.6			1	0.3	2	0.6			1	0.3			265	84.1	315	100.
Missouri	9,101	88.8	177	1.7	0	0.0	1	0.0	1	0.0	1	0.0	0	0.0	963	9.4	10,244	100.
Montana	1,478	96.3	6	0.4	4	0.3			3	0.2	5	0.3	39	2.5	0	0.0	1,535	100.
Nebraska	3,043	89.3	10	0.3	342	10.0			2	0.1	5	0.1	4	0.1	0	0.0	3,406	100.
Nevada	1,600	88.5	56	3.1	94	5.2			+	+	342	1.9			23	1.3	1,807	100.
New Hampshire	1,281	91.8	62	4.4	2	0.1			1	0.1	1	0.1			49	3.5	1,396	100.
New York	120,582	81.9	6,274	4.3	15,962	10.8	1,185	0.8	233	0.2	84	0.1	405	0.3	2,504	1.7	147,229	100.
(City)	(89, 439)	(84.1)	(4,097)		(11,314)	(10.6)	(1,185)	(1.1)	(145)	(0.1)	(46)	(0.0	(91)	(0.1		(0.0)	(106,317)	(100.
(Upstate)	(31, 143)	(76.1)	(2,177)	(5.3)	(4,648)	(11.4)	()	()	(88)	(0.2)	(38)	(0.1			(2,504)	(6.1)	(40,912)	(100.
N. Carolina	16,722	83.8	742	3.7	1,455	7.3	486	2.4	129	0.6	184	0.9	193	1.0	49	0.2	19,960	100.
Oregon	9,504	89.3	132	1.2	695	6.5			29	0.3	64	0.6	212	2.0	5	0.0	10,641	100.
Pennsylvania	37,426	86.4	1,914	4.4	3,277	7.6			101	0.2	114	0.3	439	1.0	48	0.1	43,319	100.
Rhode Island	2,626	80.7	105	3.2	436	13.4			0	0.0	0	0.0	0	0.0	86	2.6	3,253	100.
S. Carolina	4,125	91.4	88	2.0	122	2.7			7	0.2	46	1.0	19	0.4	104	2.3	4,511	100.
S. Dakota	1,227	83.2	27	1.8	197	13.4							9	0.6	15	1.0	1,475	100.
Tennessee	10,462	94.4	50	0.5	212	1.9	216	1.9	4	0.0	12	0.1	39	0.4	86	0.8	11,081	100.
Utah	1,992	92.8	4	0.2	98	4.6			1	0.0	1	0.0	0	0.0	50	2.3	2,146	100.
Vermont	2,019	96.1	73	3.5	5	0.2									3	0.1	2,100	100
Washington	19,261	91.9	246	1.2	1,127	5.4	268	1.3	→	→	272	0.1	31	0.1	3	0.0	20,963	100.
Total	524,389	81.8	53,247	8.3	39,657	6.2	6,422	1.0	→	→	2,4462	0.4	9,076	1.4	5,679	0.9	640,916	100.

1States not reporting Intrauterine Prostaglandin Instillation as a specific category report Intrauterine Prostaglandin Instillation in Other category

 $^{2}\mathrm{Hysterotomy}$ and hysterectomy

³January-June ⁴Based on distribution of data from state health department

⁵Includes hysterotomy and hysterectomy

**Exclud's all states reporting more than 15% of abortions as number of living children "unknown"

births by live birth order are from central health agencies unless otherwise

for each state is redistributed according to distribution of known.)

Live

noted.

*Calculated as the number of legal abortions to women with X number of living children per 1,000 live births to women with X number of previous live births. For sources of data, see Table 13 for abortions by number of living children and Table 2 for total 1975 live births. ("Unknown" number of living children

--Not reported

*All states with data available (32)



30

31

	≤	8	9-1	.0	11-1	2	13-1	1.5	16-2	.0	> :	21	Unkno	wn	Tota	1
State	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
			100													
Alaska¹	584	46.8	492	39.4	73	5.8	15	1.2	38	3.0			46	3.7	1,248	100.0
Arkansas	1,069	55.5	437	22.7	252	13.1	18	0.9	130	6.8	19	1.0	0	0.0	1,925	100.0
California	48,018	33.8	39,637	27.9	25,714	18.1	13,496	9.5	9,093	6.4	1,563	1.1	4,546	3.2	142,067	100.0
Colorado	2,482	25.5	2,898	29.7	1,840	18.9	899	9.2	878	9.0	280	2.9	467	4.8	9,744	100.0
Connecticut1	4,519	41.8	3,415	31.6	1,580	14.6	128	1.2	792	7.3	110	1.0	276	2.6	10,820	100.0
Dist. of Col.	14,119 ²	62.1	5,076 ²	22.3	1,867	8.2	236	1.0	508 ²	2.2	32 ²	0.1	883	3.9	22,721	100.0
Georgia	10,320	43.5	7,177	30.2	3,599	15.2	277	1.2	1,897	8.0	158	0.7	305	1.3	23,733	100.0
Hawaii	1,562	34.4	1,391	30.6	797	17.5	436	9.6	264	5.8	54	1.2	41	0.9	4,545	100.0
Illinois	38,377	65.3	12,954	22.1	4,921	8.4	260	0.4	1,054	1.8	124	0.2	1,053	1.8	58,743	100.0
Indiana	4,7482	60.4	2,328 ²	29.6	672 ²	8.6	922	1.2	17 ²	0.2	22	0.0	0	0.0	7,859	100.0
Iowa ³	275	20.4	307	22.8	339	25.2	70	5.2	322	23.9	2	0.1	30	2.2	1,345	100.0
Kansas	3,245	35.4	2,255	24.6	1,456	15.9	1,133	12.4	915	10.0	123	1.3	33	0.4	9,160	100.0
Kentucky ⁴	2,023	32.1	2,196	34.9	2,076	33.0	0	0.0	0	0.0	0	0.0	0	0.0	6,295	100.0
Louisiana	3,715	88.9	378	9.0	38	0.9	2	0.0	2	0.0	4	0.1	41	1.0	4,180	100.0
Maryland	8,402	44.5	5,150 ²	27.3	2,8142	14.9	745 ²	3.9	1,4972	7.9	244	1.3	13	0.1	18,865	100.0
Massachusetts		47.2	9,175	30.6	3,987	13.3	915	3.1	1,573	5.3	161	0.5	11	0.0	29,940	100.0
Minnesota	2,905	27.5	3,751	35.5	1,941	18.4	923	8.7	1,041	9.9	4	0.0	0	0.0	10,565	100.0
Mississippi	116	36.8	104	33.0	53	16.8	13	4.1	15	4.8	3	1.0	11	3.5	315	100.0
Missouri	4,543	44.3	3,154	30.8	1,533	15.0	10	0.1	2	0.0	0	0.0	1,002	9.8	10,244	100.0
Montana	604	39.3	513	33.4	204	13.3	34	2.2	16	1.0			164	10.7	1,535	100.0
Nebraska	516	15.1	1,501	44.1	809	23.8	170	5.0	316	9.3			94	2.8	3,406	100.0
Nevada	8112	44.9	516 ²	28.6	283 ²	15.7	78 ²	4.3	842	4.6	9	0.5	26	1.4	1,807	100.0
New Hampshire	428	30.7	558	40.0	295	21.1	36	2.6	6	0.4	Ó	0.0	73	5.2	1,396	100.0
New York	61,636	41.9	39,242	26.7	21,446	14.6	7,430	5.0	10,556	7.2	3,170	2.2	3,749	2.5	147,229	100.0
(City)	$(45,402)^2$	(42.7)	$(28,906)^2$	(27.2)	$(15,797)^2$	(14.9)	(4,840)	(4.6)	(7,059)		(2,511)	(2.4)	(1,802)	(1.7)	(106,317)	(100.0)
(Upstate)	$(16,234)^2$	(39.7)	$(10,336)^2$	(25.3)	$(5,649)^2$	(13.8)	(2,590)	(6.3)	$(3,497)^2$	(8.5)		(1.6)	(1,947)	(4.8)	(40,912)	(100.0)
N. Carolina	6,690	33.5	5,838	29.2	3,245	16.3	1,494	7.5	1,283	6.4	244	1.2	1,166	5.8	19,960	100.0
		43.2		32.3		14.5	239 ²	2.2	6222	5.8	52	0.5	149	1.4		100.0
Oregon¹	4,602		3,432		1,545						81		322		10,641	
Pennsylvania	20,082	46.4	13,118	30.3	5,220	12.1	1,639	3.8	2,857	6.6		0.2		0.7	43,319	100.0
Rhode Island	1,112	34.2	1,085	33.4	529	16.3	133	4.1	384	11.8	10	0.3	0	0.0	3,253	100.0
S. Carolina	1,381	30.6	1,361	30.2	786	17.4	246	5.5	98	2.2	12	0.3	627	13.9	4,511	100.0
S. Dakota ¹	536	36.3	360	24.4	282	19.1	97	6.6	150	10.2	41	2.8	9	0.6	1,475	100.0
Tennessee	3,542	32.0	3,649	32.9	2,277	20.5	576	5.2	336	3.0	55	0.5	646	5.8	11,081	100.0
		.0 .	160	30.8	478	22.3	30	7.4	104	4.8	0	0.0	47	2.8	2,146	100.0
				30.0	375	17.9	33	1.0	6	0.0	0	0.0	2	4.4	2,100	100.0
Virgin a	8,931	49.6	4,808	26.7	2,231	12.4	241	1.3	1,512	8.4	81	0.5	195	1.1	17,999	100.0
Washington	12,512	59.7	5,073	24.2	1,655	7.9	420	2.0	1,035	4.9	171	0.8	97	0.5	20,963	100.0
Total	290,405	43.5	184,618	27.7	97,212	14.6	32,564	4.9	39,403	5.9	6,809	1.0	16,124	2.4	667,135	100.0

Weeks of gestation based on physician's estimate

2Reallocation of reported abortions into comparable categories based on percentage distribution of abortions by single weeks of gestation reported from 21 states

3January-June

4Based on distribution of data from 2 hospitals and/or facilities reporting approximately 80% of total abortions

5Based on distribution of data from state health department

*Percent based on total **Includes only states w	¹ Source: 1974 Abortion ² Source: 1975 Abortion	Total	Virginia Washington	South Carolina	Oregon	North Carolina	(Upstate)	(City)	New York	Mississippi	Maryland	Kansas	Hawaii	Georgia	Dist. of Columbia	Colorado	California	Arkansas	Alaska	State
wi wi	Surveillance Surveillance	83.1	95.3		81.3	71.7	(82.4)	(82.7)	82.6	75.9	67.9	89.1	84.4	68.4	96.7	59.1	82.7	89.5	78.4	19721
for	Report, Table Report, Table	82.9	94.6	91.3	87.7	74.3	(83.8)	(80.1)	81.1	76.7	74.9	82.7	85.1	89.7	96.5	71.0	82.3	87.2	79.5	19731
weeks of gestation all 4 years (16)	e 17 e 16	85.0	93.3	3 60		83.7	(83.0)	(83.0)	83.0	84.8	83.1	81.4		93.2	96.3	77.0	83.5	94.8	86.3	19741
tion known		85.6	92.2	90.8	91.3	83.9	(82.7)	(86.2)	85.3	89.8	86.8	76.2		90.0		77.8	82.4	91.3	95.6	19752

PERCENT OF REPORTED LEGAL ABORTIONS LESS THAN 13 WEEKS OF GESTATION,* SELECTED STATES,** 1972-1975

⁻⁻Not reported
*Weeks from last menstrual period
**All states with data available (35)

Table 18
REPORTED LEGAL ABORTIONS BY TYPE OF PROCEDURE
AND WEEKS OF GESTATION,* 1975

								Weeks of	of Gest	Gestation							
		×1	8	9-10	0	11-12	2	13-15	2	16-20		2 21	1	Unknown	а	Total	
	Type of Procedure	No.	8	No.	%	No.	%	No.	%	No. %	11	No.	1%	No.	%	No.	1%
	Suction curettage	127,667 94.7	94.7	76,174	95.2	37,055	94.2	6,982	64.0	64.0 1,904 11.5		233	9.7	5,033	65.5	255,048	87.4
	Sharp curettage	4,344	3.2	2,425	3.0	1,240	3.	510	4.7	4.7 310 1.9	1.9	42	1.8	343	4.5	4.5 9,214	3.2
2/	Intrauterine saline instillation	270	0.2	214	0.3	270	0.2	2,179	20.0	20.0 9,035	54.4	1,576 65.9	62.3	495	6.4	6.4 14,039	4.8
	Intrauterine prostaglandin instillation	on 61	0.0	33	0.0	86	0.2	505	4.6	4.6 3,485	21.0	221	9.2	83	1.1	4,486	1.5
	Hysterotomy	91	0.1	69	0.1	64	0.1	121	1.1	122	0.7	25	1.0	20	0.3	497	0.2
	Hysterectomy	201	0.1	155	0.2	66	0.3	116	1.1	1.1 105	9.0	15	9.0	36	0.5	727	0.2
	Other	967	4.0	122	0.2	112	0.3	286	2.6	2.6 1,358	8.2	217	9.1	108	1.4	2,699	0.9
	Unknown	1,632	1.2	808	1.0	418	1.1	208	1.9	1.9 292	1.8	62	2.6	1,564	20.4	4,984	1.7
	Total	134,762 100.0	100.0	80,000 100.0	100.0	39,341 100.0	100.0	10,907		100.0 16,611 100.0	100.0	2,391 100.0	0.001	7,682	100.0	291,694 100.0	100.0
	*Based on data from 24 states	ates															

Table 19

REPORTED LEGAL ABORTIONS BY
NUMBER OF PREVIOUS INDUCED ABORTIONS, SELECTED STATES,* 1975

0]		2		>	3	Unkno	own	Total		
State	No.	%	No.	%	No.	%	No.	_ %	No.	%	No.	%
Alaska	974	78.0	237	19.0	30	2.4	7	0.6	0	0.0	1,248	100.0
Colorado	7,665	78.7	1,244	12.8	175	1.8	47	0.5	613	6.3	9,744	100.0
Dist. of Col.	13,949	61.4	4,615	20.3	1,051	4.6	304	1.3	2,802	12.3	22,721	100.0
Georgia	18,823	79.3	2,979	12.6	402	1.7	62	0.3	1,467	6.2	23,733	100.0
Illinois	45,226	77.0	9,820	16.7	1,681	2.9	445	0.8	1,571	2.7	58,743	100.0
Indiana	6,547	83.3	773	9.8	67	0.9	14	0.2	458	5.8	7,859	100.0
Kansas	8,019	87.5	882	9.6	106	1.2	15	0.2	138	1.5	9,160	100.0
Kentucky ¹	5,312	84.4	852	13.5	87	1.4	44	0.7	0	0.0	6,295	100.0
Maryland	15,389	81.6	2,915	15.5	434	2.3	105	0.6	22	0.1	18,865	100.0
Massachusetts ²	23,354	78.0	3,523	11.8	1,323	4.4	406	1.4	1,334	4.5	29,940	100.0
Minnesota	9,359	88.6	1,088	10.3	104	1.0	14	0.1	0	0.0	10,565	100.0
Missouri	4,705	45.9	1,069	10.4	115	1.1	24	0.2	4,331	42.3	10,244	100.0
Montana	1,344	87.6	153	10.0	11	0.7	3	0.2	24	1.6	1,535	100.0
Nebraska	3,182	93.4	206	6.0	16	0.5	2	0.1	0	0.0	3,406	100.0
New Hampshire	509	36.5	97	6.9	10	0.7	3	0.2	777	55.7	1,396	100.0
New York Upstate	20,465	50.0	3,583	8.8	523	1.3	126	0.3	16,215	39.6	40,912	100.0
North Carolina	16,917	84.8	1,823	9.1	150	0.8	47	0.2	1,023	5.1	19,960	100.0
Oregon	651	6.1	1,638	15.4	199	1.9	47	0.4	8,106	76.2	10,641	100.0
Rhode Island	2,632	80.9	450	13.8	61	1.9	13	0.4	97	3.0	3,253	100.0
South Dakota	1,230	83.4	164	11.1	14	0.9	5	0.3	62	4.2	1,475	100.0
Tennessee	9,198	83.0	1,100	9.9	121	1.1	25	0.2	637	5.7	11,081	100.0
Total	215,450	71.2	39,211	13.0	6,680	2.2	1,758	0.6	39,677	13.1	302,776	100.0

 $^{^1\}mathrm{Based}$ on distribution of data from 1 facility reporting approximately 78% of total abortions $^2\mathrm{Based}$ on distribution of data from state health department

^{*}All states with data available (21)

Table 20

DEATH-TO-CASE RATE FOR LEGAL ABORTIONS BY WEEKS OF GESTATION UNITED STATES, 1972-1975

Weeks of		1975		1972–1975						
Gestation (Weeks from LMP)	Deaths	Cases 1	Rate ²	Deaths	Cases 3	Rate ²	RR4			
<u><</u> 8	4	381,335	1.0	8	1,128,885	0.7	1.0			
9-10	3	242,425	1.2	16	823,427	1.9	2.7			
11-12	6	127,651	4.7	19	458,188	4.1	5.9			
13-15	1	42,760	2.3	13	172,296	7.5	10.7			
16-20	10	51,741	19.3	39	198,901	19.6	28.0			
<u>></u> 21	3	8,941	33.6	9	39,223	22.9	32.7			
TOTAL	27	854,853	3.2	104	2,820,920	3.7				

¹Based on distribution of 651,011 abortions (76.2%) in which weeks of gestation was known

Table 21

DEATH-TO-CASE RATE FOR LEGAL ABORTIONS BY TYPE OF PROCEDURE UNITED STATES, 1972-1975

		1975			1972-1975						
Procedure	Deaths	Cases 1	Rate ²	Deaths	Cases 3	Rate ²	RR ⁴				
Curettage	13	777,338	1.7	50	2,525,896	2.0	1.0				
Suction Sharp	12 1	705,682 71,656	1.7	40 10	2,141,802 384,094	1.9	1.0 1.3				
Intrauterine instillation	9	53,367	16.9	42	237,273	17.7	8.8				
Hysterotomy/ Hysterectomy	2	3,292	60.8	7	16,418	42.6	21.3				
Other	3	20,856	14.4	5	41,333	12.1	6.0				
TOTAL	27	854,853	3.2	104	2,820,920	3.7					

 $^{^{1}\}mathrm{Based}$ on distribution of 635,237 abortions (74.3%) in which the type of procedure was known

²Deaths per 100,000 abortions

 $^{^3}$ Based on distribution of 2,110,506 (74.8%) in which weeks of gestation was known

 $^{^4}$ Relative risk based on index rate for ≤ 8 menstrual weeks' gestation of 0.7 per 100,000 abortions

²Deaths per 100,000 abortions

 $^{^3}$ Based on distribution of 2,167,221 abortions (76.8%) in which the type of procedure was known

⁴Relative risk based on index rate for suction sharp curettage of 2.0 per 100,000 abortions

Table 22

LEGAL ABORTION DEATHS BY TYPE OF PROCEDURE AND WEEKS OF GESTATION UNITED STATES, 1972-1975

Type of		W	eeks of	Gestati	on		
Procedure	<u>< 8</u>	9-10	11-12	13-15	16-20	<u>> 21</u>	TOTAL
Curettage	7	14	19	7	2	1	50
Suction Sharp	7 0	13 1	17	1 6	2 0	0	40 10
Intrauterine instillation	0	0	0	2	33	7	42
Hysterotomy/ Hysterectomy	0	2	0	3	2	0	7
Other	1	0	0	1	2	1	5
TOTAL	8	16	19	13	39	9	104

Table 23

REPORTED NUMBER OF LEGAL ABORTIONS, ABORTION RATIOS, AND ABORTION RATES, SELECTED COUNTRIES, 1975

Country	Abortions	Ratios 1	Rates
Hungary	96,200	495	42
Denmark	27,900	388	27
Finland	21,500	323	20
Sweden	32,500	314	20
Singapore	11,900	298	22
United States	854,853	274	18
England and Wales	106,600	177	11
Canada	49,311	136	10
Tunisia	16,000	82	13

¹Abortions per 1,000 live births

Sources: Table 2; Personal communication from C. Tietze, M.D. to Statistics Canada, November 1976; Statistics Canada: Therapeutic Abortions, Canada, 1975. Advance Information. December 1976

²Abortions per 1,000 females 15-44

'Fig. 1 SOURCES OF REPORTED LEGAL ABORTION DATA, 1975

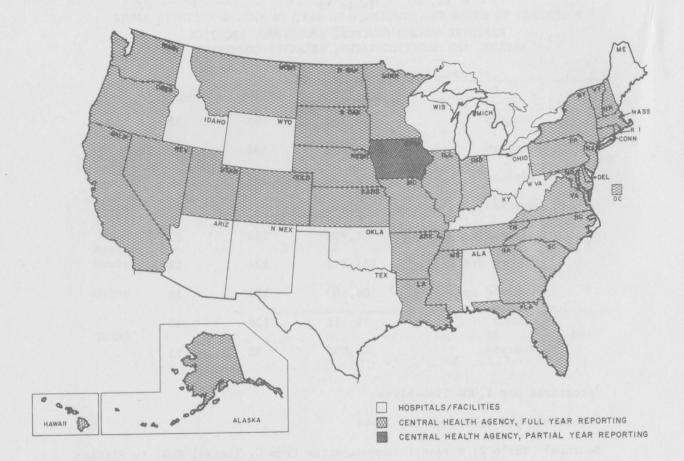
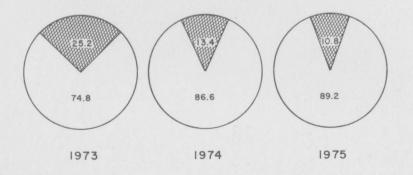


Fig. 2 PERCENT DISTRIBUTION OF REPORTED LEGAL ABORTIONS, BY RESIDENCE, UNITED STATES, 1973-1975

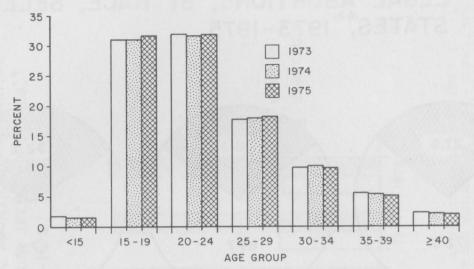


ABORTIONS PERFORMED IN STATE OF RESIDENCE

ABORTIONS PERFORMED OUTSIDE STATE OF RESIDENCE

SOURCE: TABLE 4 OF 1973, 1974, AND 1975 ABORTION SURVEILLANCE REPORTS

Fig. 3 PERCENT DISTRIBUTION* OF REPORTED LEGAL ABORTIONS, BY AGE, SELECTED STATES,* 1973-1975



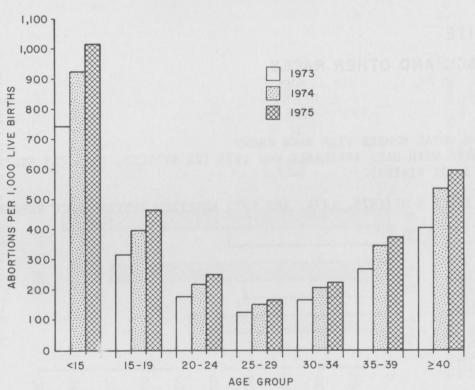
*BASED ON TOTAL NUMBER WITH AGE KNOWN

**ALL STATES WITH DATA AVAILABLE FOR 1973 (24 STATES), 1974 (33 STATES),

AND 1975 (34 STATES)

SOURCE: TABLE 6 OF 1973, 1974, AND 1975 ABORTION SURVEILLANCE REPORTS

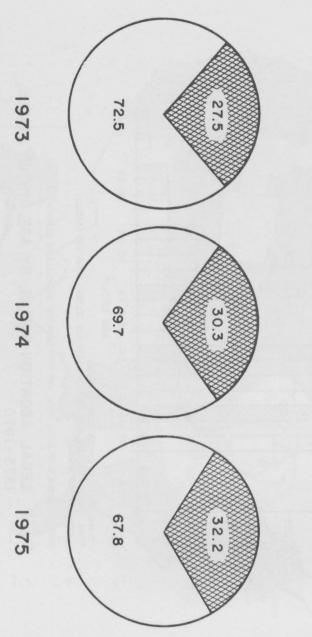
Fig. 4 LEGAL ABORTION RATIOS, BY AGE, UNITED STATES, 1973-1975



NOTE: RATIOS BASED ON PERCENT DISTRIBUTION SHOWN IN FIGURE 3 APPLIED TO TOTAL LEGAL ABORTIONS REPORTED TO CDC, 1973-1975, AND TOTAL U.S. LIVE BIRTHS BY AGE OF MOTHER, 1973-1975, FROM MONTHLY VITAL STATISTICS REPORTS, NATIONAL CENTER FOR HEALTH STATISTICS

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Fig. 5 PERCENT DISTRIBUTION* OF REPORTED LEGAL ABORTIONS, BY RACE, SELECTED STATES,**1973-1975



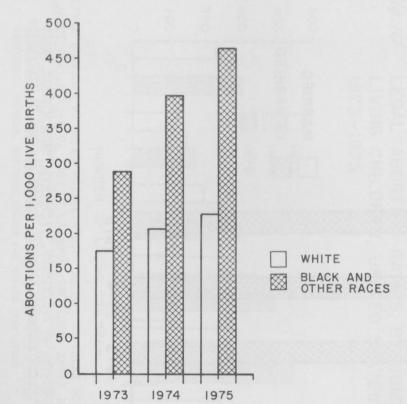
*BASED ON TOTAL NUMBER WITH RACE KNOWN
**ALL STATES WITH DATA AVAILABLE FOR 1973 (22 STATES), 1974 (28 STATES),
AND 1975 (31 STATES)

SOURCE: TABLE 8 OF 1973, 1974, AND 1975 ABORTION SURVEILLANCE REPORTS

WHITE

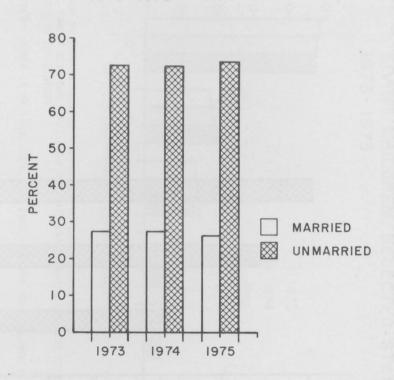
BLACK AND OTHER RACES

Fig. 6 LEGAL ABORTION RATIOS, BY RACE, UNITED STATES, 1973-1975



NOTE: RATIOS BASED ON PERCENT DISTRIBUTION SHOWN IN FIGURE 5
APPLIED TO TOTAL LEGAL ABORTIONS REPORTED TO CDC,
1973-1975, AND TOTAL U.S. LIVE BIRTHS BY RACE, 1973-1975,
FROM MONTHLY VITAL STATISTICS REPORTS, NATIONAL CENTER
FOR HEALTH STATISTICS

Fig.7 PERCENT DISTRIBUTION* OF REPORTED LEGAL ABORTIONS, BY MARITAL STATUS, SELECTED STATES,**
1973-1975



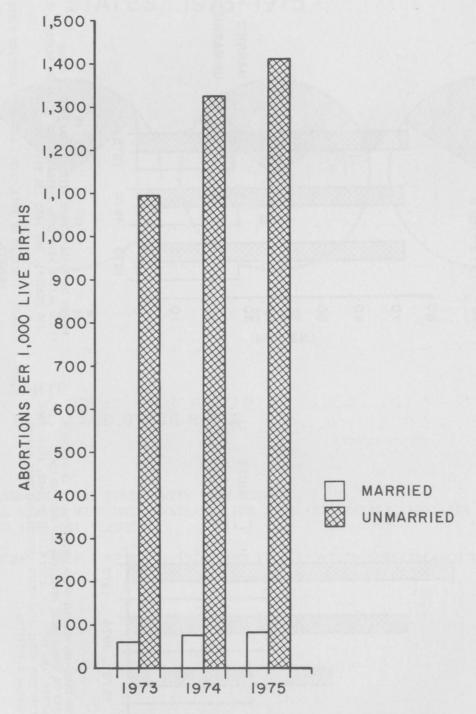
*BASED ON TOTAL NUMBER WITH MARITAL STATUS KNOWN

**ALL STATES WITH DATA AVAILABLE FOR 1973 (24 STATES), 1974

(30 STATES), AND 1975 (31 STATES)

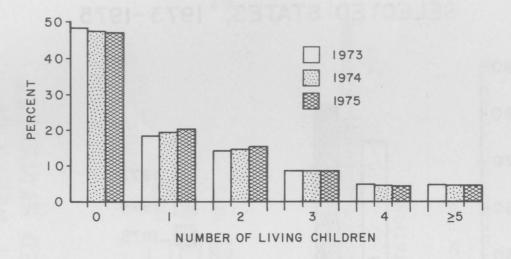
SOURCE: TABLE 10 OF 1973, 1974, AND 1975 ABORTION SURVEILLANCE REPORTS

Fig. 8 LEGAL ABORTION RATIOS, BY MARITAL STATUS, UNITED STATES, 1973-1975



NOTE: RATIOS BASED ON PERCENT DISTRIBUTION SHOWN IN FIGURE 7 APPLIED TO TOTAL LEGAL ABORTIONS REPORTED TO CDC, 1973-1975, AND TOTAL U.S. LIVE BIRTHS BY LEGITIMACY, 1973-1975, FROM MONTHLY VITAL STATISTICS REPORTS, NATIONAL CENTER FOR HEALTH STATISTICS

Fig. 9 PERCENT DISTRIBUTION* OF REPORTED LEGAL ABORTIONS, BY NUMBER OF LIVING CHILDREN, SELECTED STATES,**
1973-1975

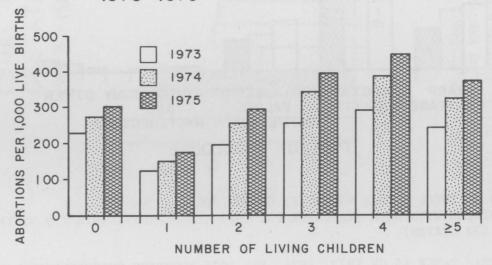




*BASED ON TOTAL NUMBER WITH NUMBER OF LIVING CHILDREN KNOWN
**ALL STATES WITH DATA AVAILABLE FOR 1973 (18 STATES), 1974 (22 STATES),
AND 1975 (24 STATES)

SOURCE: TABLE 13 OF 1973, 1974, AND 1975 ABORTION SURVEILLANCE REPORTS

Fig. 10 LEGAL ABORTION RATIOS, BY NUMBER OF LIVING CHILDREN, UNITED STATES, 1973-1975



NOTE: RATIOS BASED ON PERCENT DISTRIBUTION SHOWN IN FIGURE 9 APPLIED TO TOTAL LEGAL ABORTIONS REPORTED TO CDC, 1973-1975, AND TOTAL U.S. LIVE BIRTHS BY LIVE BIRTH ORDER, 1973-1975, FROM MONTHLY VITAL STATISTICS REPORTS, NATIONAL CENTER FOR HEALTH STATISTICS



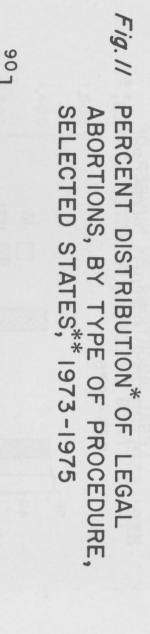
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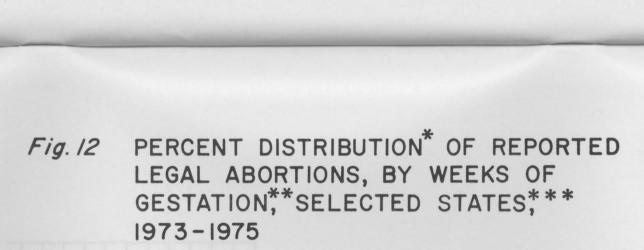
**ALL STATES WITH DATA AVAILABLE FOR 1973 (20 STATES), 1974 (29 STATES), AND

SOURCE: TABLE 15 OF 1973, 1974, AND 1975 ABORTION SURVEILLANCE REPORTS

*BASED ON TOTAL NUMBER WITH TYPE OF PROCEDURE KNOWN

1975 (32 STATES)





PERCENT

50

60

1974

1973

1975

80

70

40

20

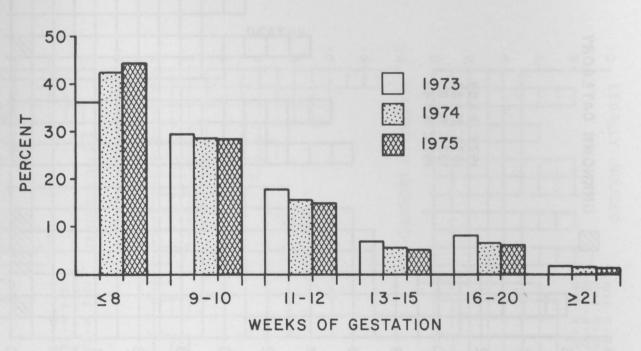
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0

SHARP SUCTION INTRAUTERINE HYSTEROTOMY OTHER CURETTAGE SALINE AND INSTILLATION HYSTERECTOMY

TYPE OF PROCEDURE

30



*BASED ON TOTAL NUMBER WITH WEEKS OF GESTATION KNOWN

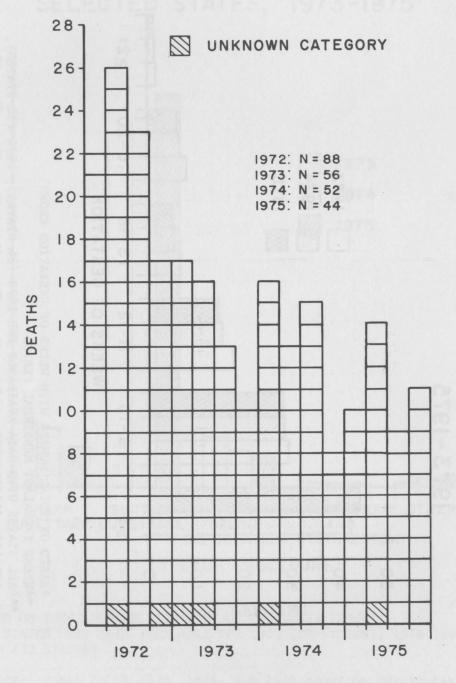
**WEEKS FROM LAST MENSTRUAL PERIOD

***ALL STATES WITH DATA AVAILABLE FOR 1973 (24 STATES), 1974 (32 STATES),

AND 1975 (35 STATES)

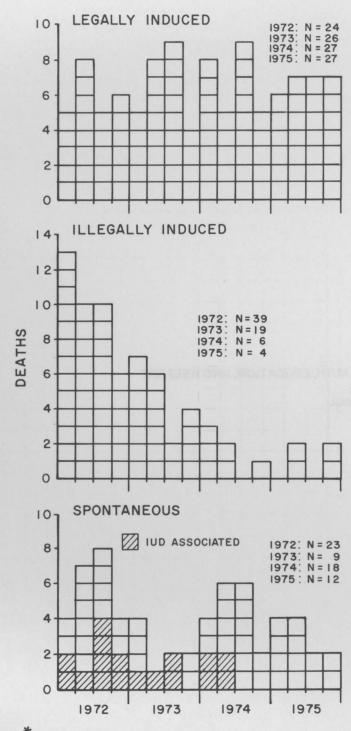
SOURCE: TABLE 16 OF 1973, 1974, AND 1975 ABORTION SURVEILLANCE REPORTS

Fig. 13 ABORTION-RELATED DEATHS,
BY QUARTER, UNITED STATES,
1972-1975



*INCLUDES LEGALLY INDUCED, ILLEGALLY INDUCED, SPONTANEOUS, AND UNKNOWN CATEGORY ABORTIONS

Fig. 14 ABORTION-RELATED DEATHS,
BY CATEGORY* AND QUARTER,
UNITED STATES, 19721975



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE CENTER FOR DISEASE CONTROL ATLANTA, GEORGIA 30333

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