

Abortion Surveillance — United States, 2016



CONTENTS

Introduction	2
Methods.....	2
Results	5
Discussion	11
References.....	14

The *MMWR* series of publications is published by the Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30329-4027.

Suggested citation: [Author names; first three, then et al., if more than six.] [Title]. *MMWR Surveill Summ* 2019;68(No. SS-#):[inclusive page numbers].

Centers for Disease Control and Prevention

Robert R. Redfield, MD, *Director*
 Anne Schuchat, MD, *Principal Deputy Director*
 Chesley L. Richards, MD, MPH, *Deputy Director for Public Health Science and Surveillance*
 Rebecca Bunnell, PhD, MEd, *Director, Office of Science*
 Barbara Ellis, PhD, MS, *Acting Director, Office of Science Quality, Office of Science*
 Michael F. Iademarco, MD, MPH, *Director, Center for Surveillance, Epidemiology, and Laboratory Services*

MMWR Editorial and Production Staff (Serials)

Charlotte K. Kent, PhD, MPH, *Editor in Chief*
 Christine G. Casey, MD, *Editor*
 Mary Dott, MD, MPH, *Online Editor*
 Terisa F. Rutledge, *Managing Editor*
 David C. Johnson, *Lead Technical Writer-Editor*
 Catherine B. Lansdowne, MS, *Project Editor*

Martha F. Boyd, *Lead Visual Information Specialist*
 Maureen A. Leahy, Julia C. Martinroe,
 Stephen R. Spriggs, Tong Yang,
Visual Information Specialists
 Quang M. Doan, MBA, Phyllis H. King,
 Terraye M. Starr, Moua Yang,
Information Technology Specialists

MMWR Editorial Board

Ileana Arias, PhD	Jonathan E. Fielding, MD, MPH, MBA	Stephen C. Redd, MD
Jay C. Butler, MD	David W. Fleming, MD	Patrick L. Remington, MD, MPH
Matthew L. Boulton, MD, MPH	William E. Halperin, MD, DrPH, MPH	Carlos Roig, MS, MA
Virginia A. Caine, MD	Jewel Mullen, MD, MPH, MPA	William Schaffner, MD
Katherine Lyon Daniel, PhD	Jeff Niederdeppe, PhD	Morgan Bobb Swanson, BS
	Patricia Quinlisk, MD, MPH	

Abortion Surveillance — United States, 2016

Tara C. Jattaoui, MD¹; Lindsay Eckhaus, MPH^{1,2}; Michele G. Mandel¹; Antoinette Nguyen, MD¹; Titilope Oduyebo, MD¹; Emily Petersen, MD¹; Maura K. Whiteman, PhD¹

¹*Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC;*

²*Oak Ridge Institute for Science and Education (ORISE) Fellow*

Abstract

Problem/Condition: Since 1969, CDC has conducted abortion surveillance to document the number and characteristics of women obtaining legal induced abortions in the United States.

Period Covered: 2016.

Description of System: Each year, CDC requests abortion data from the central health agencies of 52 reporting areas (the 50 states, the District of Columbia, and New York City). The reporting areas provide this information voluntarily. For 2016, data were received from 48 reporting areas. Abortion data provided by these 48 reporting areas for each year during 2007–2016 were used in trend analyses. Census and natality data were used to calculate abortion rates (number of abortions per 1,000 women aged 15–44 years) and ratios (number of abortions per 1,000 live births), respectively.

Results: A total of 623,471 abortions for 2016 were reported to CDC from 48 reporting areas. Among these 48 reporting areas, the abortion rate for 2016 was 11.6 abortions per 1,000 women aged 15–44 years, and the abortion ratio was 186 abortions per 1,000 live births. From 2015 to 2016, the total number of reported abortions decreased 2% (from 636,902), the abortion rate decreased 2% (from 11.8 abortions per 1,000 women aged 15–44 years), and the abortion ratio decreased 1% (from 188 abortions per 1,000 live births). From 2007 to 2016, the total number of reported abortions decreased 24% (from 825,240), the abortion rate decreased 26% (from 15.6 abortions per 1,000 women aged 15–44 years), and the abortion ratio decreased 18% (from 226 abortions per 1,000 live births). In 2016, all three measures reached their lowest level for the entire period of analysis (2007–2016).

In 2016 and throughout the period of analysis, women in their 20s accounted for the majority of abortions and had the highest abortion rates. In 2016, women aged 20–24 and 25–29 years accounted for 30.0% and 28.5% of all reported abortions, respectively, and had abortion rates of 19.1 and 17.8 abortions per 1,000 women aged 20–24 and 25–29 years, respectively. By contrast, women aged 30–34, 35–39, and ≥40 years accounted for 18.0%, 10.3%, and 3.5% of all reported abortions, respectively, and had abortion rates of 11.6, 6.9, and 2.5 abortions per 1,000 women aged 30–34, 35–39, and ≥40 years, respectively. From 2007 to 2016, the abortion rate decreased among women in all age groups.

In 2016, adolescents aged <15 and 15–19 years accounted for 0.3% and 9.4% of all reported abortions, respectively, and had abortion rates of 0.4 and 6.2 abortions per 1,000 adolescents aged <15 and 15–19 years, respectively. From 2007 to 2016, the percentage of abortions accounted for by adolescents aged 15–19 years decreased 43%, and the abortion rate decreased 56%. This decrease in abortion rate was greater than the decreases for women in any older age group.

In contrast to the percentage distribution of abortions and abortion rates by age, abortion ratios in 2016 and throughout the entire period of analysis were highest among adolescents and lowest among women aged 25–39 years. Abortion ratios decreased from 2007 to 2016 for women in all age groups.

In 2016, almost two-thirds (65.5%) of abortions were performed at ≤8 weeks' gestation, and nearly all (91.0%) were performed at ≤13 weeks' gestation. Fewer abortions were performed between 14 and 20 weeks' gestation (7.7%) or at ≥21 weeks' gestation (1.2%). During 2007–2016, the percentage of abortions performed at >13 weeks' gestation remained consistently low (8.2%–9.0%). Among abortions performed at ≤13 weeks' gestation, the percentage distributions of abortions by gestational age were highest among those performed at ≤6 weeks' gestation (35.0%–38.4%).

In 2016, 27.9% of all abortions were performed by early medical abortion (a nonsurgical abortion at ≤8 weeks' gestation), 59.9% were performed by surgical abortion at ≤13 weeks' gestation, 8.8% were performed by surgical abortion at >13 weeks' gestation, and 3.4% were performed by medical abortion at >8 weeks' gestation; all other methods were uncommon (0.1%). Among those that were eligible for early medical abortion on the basis of gestational age (i.e., performed at ≤8 weeks' gestation), 41.9% were completed by this method.

Corresponding author: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.
E-mail: cdcinfo@cdc.gov

In 2016, women with one or more previous live births accounted for 59.0% of abortions, and women with no previous live births accounted for 41.0%. Women with one or more previous induced abortions accounted for 43.1% of abortions, and women with no previous abortions accounted for 56.9%.

Deaths of women associated with complications from abortion are assessed as part of CDC's Pregnancy Mortality Surveillance System. In 2015, the most recent year for which data were reviewed for abortion-related deaths, two women were identified to have died as a result of complications from legal induced abortion and for one additional death, it was unknown whether the abortion was induced or spontaneous.

Interpretation: Among the 48 areas that reported data every year during 2007–2016, decreases in the total number, rate, and ratio of reported abortions resulted in historic lows for the period of analysis for all three measures of abortion.

Public Health Action: The data in this report can help program planners and policymakers identify groups of women with the highest rates of abortion. Unintended pregnancy is the major contributor to induced abortion. Increasing access to and use of effective contraception can reduce unintended pregnancies and further reduce the number of abortions performed in the United States.

Introduction

This report summarizes abortion data for 2016 that were provided voluntarily to CDC by the central health agencies of 48 reporting areas (New York City and 47 states, excluding California, the District of Columbia [DC], Maryland, and New Hampshire). Data obtained every year during 2007–2016 from these same 48 reporting areas were used for trend analyses.

Since 1969, CDC has conducted abortion surveillance to document the number and characteristics of women obtaining legal induced abortions in the United States (1). After nationwide legalization of abortion in 1973, the total number, rate (number of abortions per 1,000 women aged 15–44 years), and ratio (number of abortions per 1,000 live births) of reported abortions increased rapidly, reaching the highest levels in the 1980s before decreasing at a slow yet steady pace (2–4). During 2006–2008, a break occurred in the previously sustained pattern of decrease (5–8), although this break has been followed in subsequent years by even greater decreases (9–18). Nonetheless, throughout the years, the incidence of abortion has varied considerably across subpopulations and remains higher in certain demographic groups than others (19–25). Continued surveillance is needed to monitor changes in the incidence of abortion in the United States.

Methods

Description of the Surveillance System

Each year, CDC requests aggregated data from the central health agencies of 52 reporting areas (the 50 states, DC, and New York City) to document the number and characteristics of women obtaining legal induced abortions in the United States. This report contains data reported to CDC as of April 1, 2019. For the purpose of surveillance, a legal induced abortion* is

defined as an intervention performed within the limits of state law by a licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, or physician assistant) that is intended to terminate a suspected or known intrauterine pregnancy and that does not result in a live birth.

In most states, collection of abortion data is facilitated by the legal requirement for hospitals, facilities, and physicians to report all abortions to a central health agency (26). These central health agencies then voluntarily report the abortion data they have collected through their independent surveillance systems (27). CDC receives only aggregate numbers, and reporting is not complete in all areas, including in certain areas with reporting requirements (27). Moreover, the level of detail received on the characteristics of women obtaining abortions varies considerably from year to year and by reporting area (17). However, because the collection and reporting of abortion data are not federally mandated, many reporting areas have developed their own data collection forms and therefore do not collect or provide all the information or level of detail included in this report. To encourage more uniform collection of these data, CDC has collaborated with the National Association for Public Health Statistics and Information Systems to develop reporting standards and provide technical guidance for vital statistics personnel who collect and summarize abortion data within the United States.

Variables and Categorization of Data

Each year, CDC sends suggested templates to the central health agencies for compilation of abortion data in aggregate. Aggregate abortion numbers, without individual-level records, are requested for the following variables:

- Maternal age in years (<15, 15–19 by individual year, 20–24, 25–29, 30–34, 35–39, or ≥40)
- Gestational age in completed weeks at the time of abortion (≤6, 7–20 by individual week, or ≥21)

* Hereafter, all abortions in this report are considered to be legally induced unless stated to be illegally induced.

- Race (black, white, or other [including Asian, Pacific Islander, other races, and multiple races]), ethnicity (Hispanic or non-Hispanic), and race by ethnicity
- Method type (surgical abortion,[†] intrauterine instillation, medical [nonsurgical] abortion, or hysterectomy/hysterotomy)
- Marital status (married [including currently married or separated] or unmarried [including never married, widowed, or divorced])
- Number of previous live births (0, 1, 2, 3, or ≥ 4)
- Number of previous induced abortions (0, 1, 2, or ≥ 3)
- Maternal residence (the state, reporting area, territory, or foreign country in which the woman obtaining the abortion lived, or, if additional details are unavailable, in-reporting area versus out-of-reporting area)

In addition, templates provided by CDC request that aggregate numbers for certain variables be cross-tabulated by a second variable. These cross-tabulations include gestational age (separately by maternal age, by method type, by race, by ethnicity, and by race/ethnicity) and maternal age and marital status (separately by race, by ethnicity, and by race/ethnicity).

Beginning with 2014 data, instead of reporting clinician's estimates of gestational age or estimates of gestational age on the basis of last menstrual period, certain areas reported "probable postfertilization age," "clinician's estimate of gestation based on date of conception," and "probable gestational age" to CDC. To make data reported as postfertilization age consistent with gestational age data collection practices recommended by the CDC's National Center for Health Statistics (28), 2 weeks were added to probable postfertilization age. This method was used to account for time after last menstrual period until ovulation in a standard 28-day cycle because fertilization occurs around the time of ovulation (29). No modifications were made to data reported as clinician's estimate of gestation based on date of conception or data reported as probable gestational age.

In this report, medical and surgical abortions are further categorized by gestational age. Early medical abortion is defined as the administration of medication or medications (typically mifepristone followed by misoprostol) to induce an abortion at ≤ 8 completed weeks' gestation[§]; medical abortion at > 8 completed weeks' gestation is defined as the administration of medication or medications (typically serial vaginal prostaglandins, sometimes after mifepristone)

[†] Includes aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, sharp curettage, and dilation and evacuation procedures.

[§] CDC collects information only on the estimated number of weeks (not days) of gestation and acknowledges the conventional use of completed weeks of gestation to describe pregnancy duration. CDC's category ≤ 8 weeks' gestation thus includes abortions up through 8 weeks and 6 days. This closely corresponds to the performance measure for medical abortion proposed by the American College of Obstetricians and Gynecologists for 2014 (30).

to induce an abortion at > 8 weeks' gestation. For surgical abortions, abortions are categorized as having been performed at ≤ 13 weeks' gestation or at > 13 weeks' gestation because of differences in technique used generally before and after 13 weeks (31). Finally, because intrauterine instillations cannot be performed early in gestation, abortions reported to have been performed by intrauterine instillation at ≤ 12 weeks' gestation are excluded from calculation of the percentage of abortions by known method type.[¶]

Measures of Abortion

Four measures of abortion are presented in this report: 1) the number of abortions in a given population, 2) the percentage of abortions obtained by women in a given population, 3) the abortion rate (number of abortions per 1,000 women aged 15–44 years or other specific group within a given population), and 4) the abortion ratio (number of abortions per 1,000 live births within a given population). Although total numbers and percentages are useful for determining how many women have obtained an abortion, abortion rates adjust for differences in population size and reflect how likely abortion is among women in particular groups. Abortion ratios measure the relative number of pregnancies in a population that end in abortion compared with live birth.

U.S. Census Bureau estimates of the resident female population of the United States were used as the denominator for calculating abortion rates (34–43). Overall abortion rates were calculated from the population of women aged 15–44 years living in the reporting areas that provided data. For adolescents aged < 15 years, abortion rates were determined on the basis of the number of adolescents aged 13–14 years; similarly, for women aged ≥ 40 years, abortion rates were determined on the basis of the number of women aged 40–44 years. For the calculation of abortion ratios, live birth data were obtained from CDC natality files and included births to women of all ages living in the reporting areas that provided abortion data (44).

Data Presentation and Analysis

This report provides state-specific and overall abortion numbers, rates, and ratios for the 48 areas that reported to CDC for 2016 (excludes California, DC, Maryland, and New Hampshire). In addition, this report describes the characteristics of women who obtained abortions in 2016.

[¶] The cutoff of ≤ 12 weeks was selected on the basis of the implausibility of this procedure being performed at earlier gestational ages and on the basis of early research assessing the safety of intrauterine instillations starting at 13 weeks' gestation (32,33).

Because the completeness of reporting on the characteristics of women varies by year and by variable, this report only describes the characteristics of women obtaining abortions in areas that met reporting standards (i.e., reported at least 20 abortions overall, provided data categorized in accordance with surveillance variables, and had <15% unknown values for a given characteristic). Abortion rates and ratios have been omitted for reporting areas with <20 abortions because calculations are considered statistically unstable (45). Cells with a value in the range of 1–4 or cells that would allow for calculation of these values have been suppressed to maintain confidentiality.

Although most of the data are presented by the reporting area in which the abortions were performed, 47 reporting areas in 2016 also provided the number of abortions by maternal residence.** Two areas (Illinois and Wisconsin) reported abortions for in-state and out-of-state residents but did not report certain characteristics for out-of-state residents. Three reporting areas (Iowa, Massachusetts, and New Mexico) provided only the total number of abortions for out-of-state residents without specifying individual states or areas of residence from which these women came. As a result, abortion statistics in this report by area of residence should be interpreted with caution and might underestimate the incidence of abortion, especially for reporting areas from which a substantial proportion of women travel to or from other states to obtain abortion services.

To evaluate overall trends in the number, rate, and ratio of reported abortions, annual data are presented for the 48 areas that reported every year during 2007–2016. Linear regression analysis was used to assess the overall rate of change among these areas during the entire 10-year period of analysis (2007–2016) and during the first and second halves of the period of analysis (2007–2011 and 2012–2016). The percentage change in abortion measures from the most recent past year (2015 to 2016) and from the beginning to the end of the 10-year period of analysis (2007 to 2016) also were calculated for these same 48 areas. Consistent with previous reports, key findings are highlighted to provide observed changes over time and differences between groups. However, comparisons do not infer statistical significance, and lack of comment regarding the difference between values does not imply that no statistically significant difference exists.

For the analysis of certain additional variables (i.e., abortions by maternal age and gestational age), annual data are presented for areas that met reporting standards every year during 2007–2016; the percentage change was calculated from

the beginning to the end of the 10-year period of analysis (2007 to 2016), from the beginning to the end of the first and second halves of this period (2007 to 2011 and 2012 to 2016), and from the most recent past year (2015 to 2016). For other variables (i.e., race/ethnicity, method type, marital status, number of previous abortions, and number of previous live births), annual data are not presented every year during 2007–2016; areas were included if they met reporting standards for the years needed for percentage change calculations. To evaluate trends in the use of different methods for performing an abortion, reporting areas were included only if they met reporting standards and if they specifically included medical abortion as a method on their reporting form. Medical abortions performed at 9 completed weeks are also reported for 2011 to 2016. These data are reported to monitor any changes in clinical practice that might have occurred with the accumulation of evidence on the safety and effectiveness of medical abortion past 63 days of gestation (≤ 8 completed weeks) (46) and changes in professional practice guidelines published in 2013 and 2014 (47,48). Both of these events preceded the 2016 U.S. Food and Drug Administration (FDA) extension of the gestational age limit for the use of mifepristone for early medical abortion from 63 days to 70 days (≤ 9 completed weeks) (49).

Some of the 48 areas that reported for 2016 are not included in certain trend analyses when data did not meet reporting standards. As a result, summary measures for comparisons over time might differ from the point estimates presented for all areas that reported for 2016.

Abortion Mortality

CDC has reported data on abortion-related deaths periodically since information on abortion mortality first was included in the 1972 abortion surveillance report (17,50). An abortion-related death is defined as a death resulting from a direct complication of an abortion (legal or illegal), an indirect complication caused by a chain of events initiated by an abortion, or an aggravation of a preexisting condition by the physiologic or psychologic effects of abortion (51). An abortion is categorized as legal when it is performed by a licensed clinician within the limits of state law.

Since 1987, CDC has monitored abortion-related deaths through its Pregnancy Mortality Surveillance System (PMSS) (52,53). Sources of data for abortion-related deaths have included state vital records; media reports, including computerized searches of full-text newspaper and other print media databases; and individual case reports by public health agencies, including maternal mortality review committees, health care providers and provider organizations, private

** Excludes four reporting areas that did not report (California, DC, Maryland, and New Hampshire), and one (Florida) that did not report by maternal residence.

citizens, and citizen groups. For each death that possibly is related to abortion, CDC requests clinical records and autopsy reports. Two medical epidemiologists independently review these reports to determine the cause of death and whether the death was abortion related. Discrepancies are discussed and resolved by consensus. Each death is categorized by abortion type as legal induced, illegal induced, spontaneous, or unknown type.

This report provides PMSS data on induced abortion-related deaths that occurred in 2015, the most recent year for which PMSS data were reviewed for abortion-related deaths. Data on induced abortion-related deaths that occurred during 1972–2014 already have been published (7,17). During 1998–2015, abortion surveillance data reported to CDC cannot be used alone to calculate national legal induced abortion case-fatality rates (number of legal induced abortion-related deaths per 100,000 reported legal induced abortions in the United States) because certain states^{††} did not report abortion data every year during this period. Thus, denominator data for calculation of national legal induced abortion case-fatality rates were obtained from a published report by the Guttmacher Institute that includes estimated total numbers of abortions in the United States from a national survey of abortion-providing facilities (18). Because rates determined on the basis of a numerator of <20 deaths are highly variable (45), national legal induced abortion case-fatality rates were calculated for consecutive 5-year periods during 1973–2007 and for a consecutive 8-year period during 2008–2015.

Results

U.S. Totals

Among the 48 reporting areas that provided data for 2016, a total of 623,471 abortions were reported. All 48 of these areas provided data every year during 2007–2016.^{§§} In 2016, these areas had an abortion rate of 11.6 abortions per 1,000 women aged 15–44 years and an abortion ratio of 186 abortions per 1,000 live births (Table 1). From 2015 to 2016, the total number of reported abortions decreased 2% (from 636,902 to 623,471), the abortion rate decreased 2% (from 11.8 to 11.6 abortions per 1,000 women aged 15–44 years), and the abortion ratio decreased 1% (from 188 to 186 abortions per 1,000 live births). From 2007 to 2016, the total number of reported abortions decreased 24% (from 825,240), the abortion

rate decreased 26% (from 15.6 abortions per 1,000 women aged 15–44 years), and the abortion ratio decreased 18% (from 226 abortions per 1,000 live births) (Figure 1). Among these same 48 areas, the annual rate of decrease fitted from the regression analysis was greater during 2007–2011 than during 2012–2016 for abortion number and rate, whereas the annual rate of decrease was greater during 2012–2016 than during 2007–2011 for abortion ratio. During 2007–2011, the number of reported abortions decreased by 25,563 abortions per year, the abortion rate decreased by 0.50 abortions per 1,000 women per year, and the abortion ratio decreased by 2.2 abortions per 1,000 live births per year. During 2012–2016, the number of reported abortions decreased by 17,120 abortions per year, the abortion rate decreased by 0.36 abortions per 1,000 women per year, and the abortion ratio decreased by 5.4 abortions per 1,000 live births per year.

Occurrence and Residence

Abortion numbers, rates, and ratios for 2016 have been calculated by reporting area of occurrence and the residence of the women who obtained the abortions (Table 2). By reporting area of occurrence, a considerable range existed in the abortion rate (from 3.0 abortions per 1,000 women aged 15–44 years in South Dakota to 21.8 abortions per 1,000 women in New York [city and state combined]) and the abortion ratio (from 38 abortions per 1,000 live births in South Dakota to 373 abortions per 1,000 live births in New York [city and state combined]).^{¶¶} Similarly, a considerable range existed in the abortion rate by residence^{***} (from 4.2 abortions per 1,000 women aged 15–44 years in South Dakota to 20.7 abortions per 1,000 women aged 15–44 years in New York [city and state combined]) and the abortion ratio (from 54 abortions per 1,000 live births in South Dakota to 354 abortions per 1,000 live births in New York [city and state combined]). Because of variation that occurred among reporting areas in the percentage of abortions obtained by out-of-state residents (from 0.6% in Alaska and Arizona to 49.8% in Kansas), abortion rates and ratios calculated by maternal residence might provide a more accurate reflection of the state-specific distribution of women obtaining abortions. However, because states vary in the level of detail they collect on maternal residence, 12.4% of abortions were reported to CDC with unknown information on maternal residence.

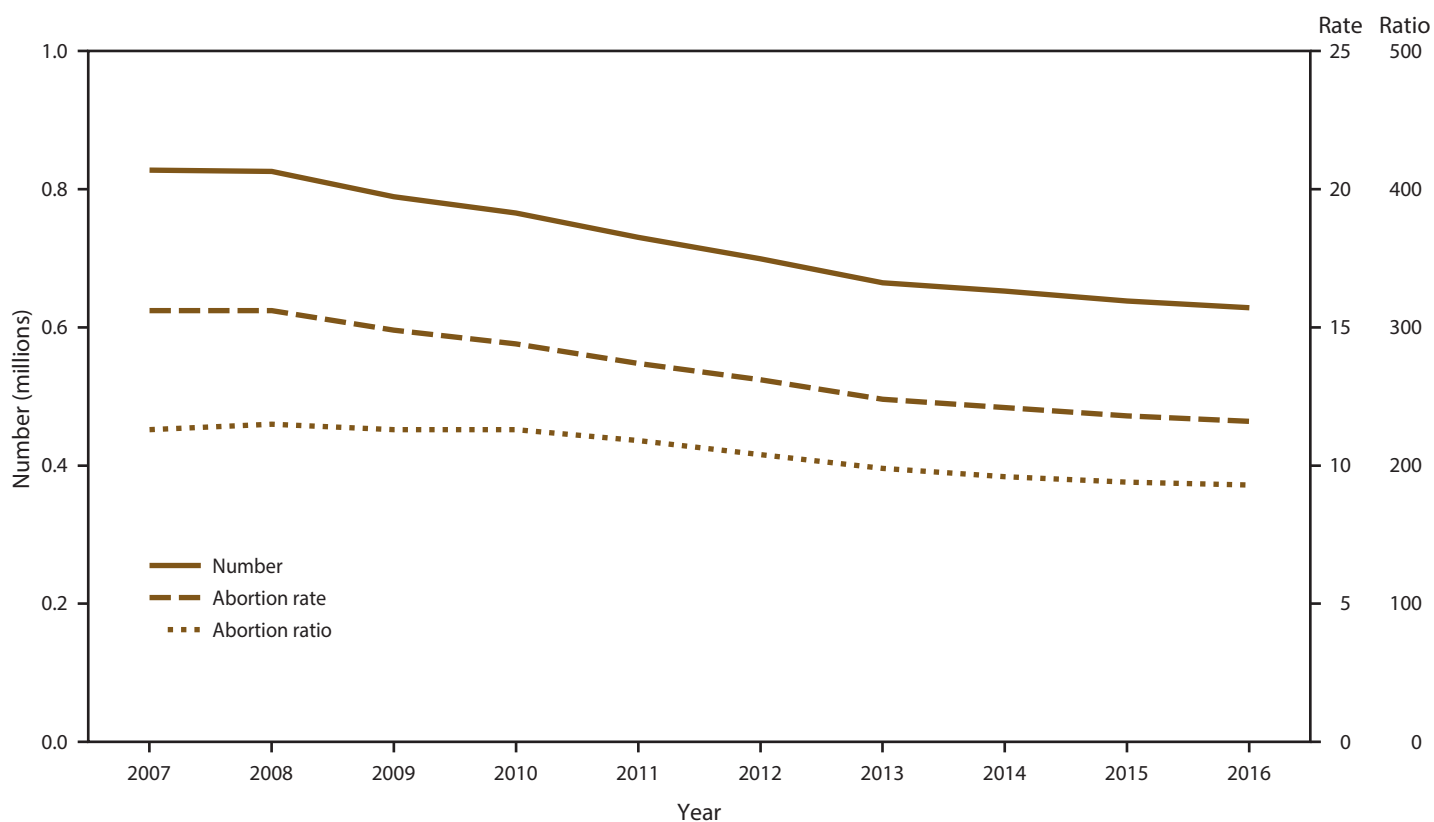
^{¶¶} Comparisons do not include Wyoming, which reported <20 abortions.

^{***} Comparisons by residence status do not include California, DC, Florida, Maryland, or New Hampshire. Because these areas either did not report or did not report abortions by maternal residence, numbers are available only from other reporting areas where their residents obtained abortions, and as a consequence meaningful statistics cannot be reported.

^{††} States that did not report for ≥1 year since 1998 include Alaska (1998–2000), California (1998–2015), Louisiana (2005), Maryland (2007–2015), New Hampshire (1998–2015), Oklahoma (1998–1999), and West Virginia (2003–2004).

^{§§} Excludes California, DC, Maryland, and New Hampshire.

FIGURE 1. Number, rate,* and ratio† of abortions performed, by year — selected reporting areas,§ United States, 2007–2016



* Number of abortions per 1,000 women aged 15–44 years.

† Number of abortions per 1,000 live births.

§ Data are for 48 reporting areas; excludes California, District of Columbia, Maryland, and New Hampshire.

Maternal Age

Among the 46 areas that reported by maternal age for 2016, women in their 20s accounted for the majority (58.5%) of abortions and had the highest abortion rates (19.1 and 17.8 abortions per 1,000 women aged 20–24 and 25–29 years, respectively) (Figure 2) (Table 3). Women in the youngest (<15 years) and oldest (≥40 years) age groups accounted for the smallest percentages of abortions (0.3% and 3.5%, respectively) and had the lowest abortion rates (0.4 and 2.5 abortions per 1,000 women aged <15 and ≥40 years, respectively). Among the 44 reporting areas that provided data by maternal age every year during 2007–2016, this pattern across age groups was stable, with the majority of abortions and the highest abortion rates occurring among women aged 20–29 years and the lowest percentages of abortions and abortion rates occurring among women in the youngest and oldest age groups (Table 4). From 2007 to 2016, abortion rates decreased among all age groups, although the decreases for adolescents (67% and 56% for adolescents aged <15 and 15–19 years, respectively) were greater than the decreases for women in all older age

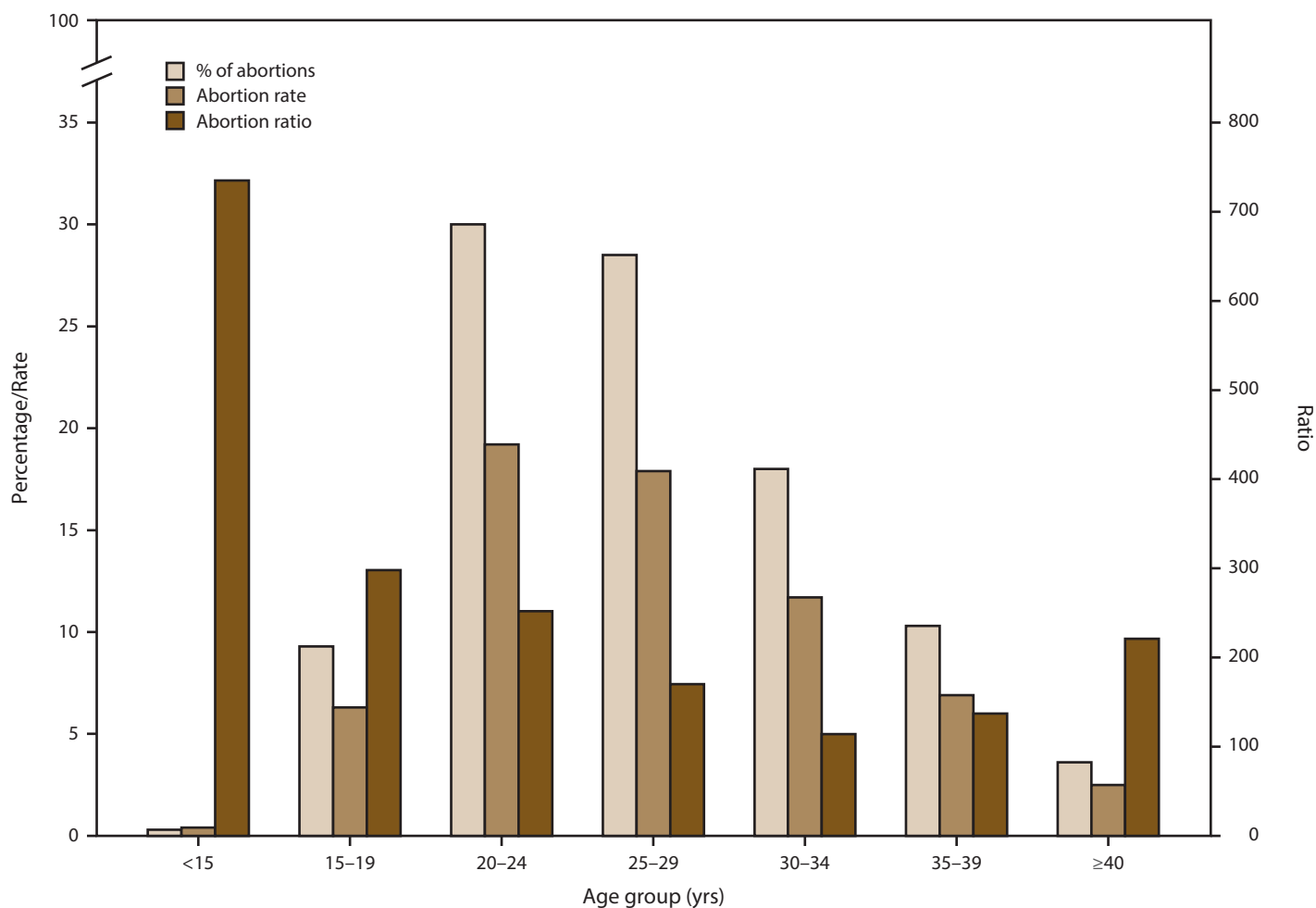
groups. Decreases for women aged ≥20 years ranged from 4% among women aged ≥40 years to 35% among women aged 20–24 years. Decreases in the abortion rate for all age groups, except women aged 25–29 years and 30–34 years, were greater from 2012 to 2016 than from 2007 to 2011, and the rates for all age groups either did not change or decreased from 2015 to 2016.

In contrast to the percentage of abortions and abortion rates, abortion ratios in 2016 were lowest among women aged 25–39 years (Figure 2) (Table 3). Among the 44 reporting areas that provided data by maternal age for every year during 2007–2016, abortion ratios decreased among women in all age groups. The abortion ratio decreased for all age groups from 2012 to 2016; however, from 2015 to 2016, abortion ratios only decreased for women aged ≥30 years (Table 4).

Adolescents

Among the 43 areas that reported maternal age by individual year among adolescents for 2016, adolescents aged 18–19 years accounted for the majority (67.8%) of adolescent abortions

FIGURE 2. Percentage of total abortions, abortion rate,* and abortion ratio,† by age group of women who obtained a legal abortion — selected reporting areas,[§] United States, 2016



* Number of abortions obtained by women in a given age group per 1,000 women in that age group. Women aged 13–14 years were used as the denominator for women aged <15 years, and women aged 40–44 years were used as the denominator for women aged ≥40 years. Women aged 15–44 years were used as the denominator for the overall rate. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

† Number of abortions obtained by women in a given age group per 1,000 live births to women in that age group. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

§ Data are for 46 reporting areas; excludes six areas (California, District of Columbia, Florida, Maryland, New Hampshire, and Wyoming) that did not report, did not report by age, or did not meet reporting standards.

and had the highest adolescent abortion rates (9.1 and 12.4 abortions per 1,000 adolescents aged 18 and 19 years, respectively) (Table 5). Adolescents aged <15 years accounted for the smallest percentage of adolescent abortions (2.6%) and had the lowest adolescent abortion rate (0.4 abortions per 1,000 adolescents aged 13–14 years). Among the 39 reporting areas that provided maternal age by individual year data for adolescents annually during 2007–2016, the percentage of abortions accounted for by adolescents aged 18 and 19 years increased, whereas the percentage of abortions accounted for by adolescents aged <18 years decreased (Table 6). For adolescents

of all ages, decreases in abortion rates ≥50% occurred from 2007 to 2016, and were generally greater from 2012 to 2016 than from 2007 to 2011. Decreases occurred among all adolescents from 2015 to 2016.

In 2016, the abortion ratio for adolescents was highest among adolescents aged <15 years (694 abortions per 1,000 live births) and was lowest among adolescents aged ≥17 years (292, 295, and 249 abortions per 1,000 live births among adolescents aged 17, 18, and 19 years, respectively) (Table 5). During 2007–2016, abortion ratios decreased among adolescents of all ages (Table 6).

Gestational Age

Among the 41 areas^{†††} that reported gestational age at the time of abortion for 2016, approximately two thirds (65.5%) of abortions were performed at ≤ 8 weeks' gestation, and nearly all (91.0%) were performed at ≤ 13 weeks' gestation (Table 7). Fewer abortions were performed at 14–20 weeks' gestation (7.7%) or at ≥ 21 weeks' gestation (1.2%). Among the 33 reporting areas that provided data on gestational age every year during 2007–2016, the percentage of abortions performed at ≤ 13 weeks' gestation decreased minimally from 91.5% to 90.9% (Table 8). However, within this gestational age range, a shift occurred toward earlier gestational ages, with the percentage of abortions performed at ≤ 8 weeks' gestation increasing 3% and the percentage of abortions performed at 9–13 weeks' gestation decreasing 8%. For the entire period of analysis, abortions performed at >13 weeks' gestation accounted for $\leq 9.0\%$ of abortions.

Among abortions performed at ≤ 13 weeks' gestation and reported by individual week of gestation for 2016, 37.8% were performed at ≤ 6 weeks' gestation (Table 9). The percentage contribution to abortions performed at ≤ 13 weeks' gestation was progressively smaller for each additional week of gestation: 19.4% were performed at 7 weeks' gestation, and 3.0% were performed at 13 weeks' gestation. Among the 33 areas that reported by exact week of gestation for abortions performed at ≤ 13 weeks' gestation every year during 2007–2016, the highest percentage contributions were reported for abortions performed at ≤ 6 weeks' gestation (35.0%–38.4%), and smaller percentages for each additional week of gestation were reported, with approximately 3.0% of abortions performed at 13 weeks' gestation across the 10-year period (Table 10).

Method Type

Among the 43 areas that reported by method type for 2016 and included medical abortion on their reporting form, 59.9% of abortions were surgical abortions at ≤ 13 weeks' gestation, 27.9% were early medical abortions (a nonsurgical abortion at ≤ 8 weeks' gestation), 8.8% were surgical abortions at >13 weeks' gestation, and 3.4% were medical abortions at >8 weeks' gestation; other methods (intrauterine instillation and hysterectomy/hysterotomy) were uncommon ($<0.1\%$) (Table 11). Among the 33 reporting areas^{§§§} that included

medical abortion on their reporting form and provided these data for the relevant years of comparison (2007 versus 2016, 2007 versus 2011, 2012 versus 2016, and 2015 versus 2016), use of early medical abortion increased 14% from 2015 to 2016 (from 24.5% of abortions to 27.9%); from 2007 to 2016, use of early medical abortion increased 113% (from 13.1% of abortions to 27.9%). Increases in early medical abortion occurred both from 2007 to 2011 (from 13.1% of abortions to 19.7% [50% increase]) and from 2012 to 2016 (from 21.3% of abortions to 27.9% [31% increase]).

Among the 30 reporting areas^{¶¶¶} that provided data by procedure and individual week of gestational age each year from 2011 to 2016, during which time several clinical guidelines and an FDA labeling change extended mifepristone use to 70 days' gestation, the percentage of abortions at 9 completed weeks' gestation that were reported as medical abortions increased. Although the percentage of abortions at 9 weeks' gestation reported as medical abortions did not change substantially between 2011, 2012, 2013, and 2014 (5.0%, 5.7%, 6.7%, and 7.7%, respectively), this percentage increased to 13.0% in 2015 and 24.0% in 2016. Among the 43 areas^{****} that reported by method type for 2016 and included medical abortion on their reporting form, 30.2% were medical abortions performed at ≤ 9 weeks' gestation. Among these same reporting areas that reported medical abortions by individual week of gestational age, 92.5% of the medical abortions performed at ≤ 9 weeks' gestation were performed at ≤ 8 weeks, and the remaining 7.5% were performed at 9 weeks.

As a corollary to the increase that occurred in use of early medical abortion at ≤ 8 weeks' gestation, use of surgical abortion at ≤ 13 weeks' gestation decreased 23% from 2007 to 2016 (from 78.1% of abortions to 59.8%).^{§§§} Surgical abortion at >13 weeks' gestation consistently accounted for approximately 8.0%–8.8% of all abortions, and all other methods combined consistently accounted for a limited percentage of abortions (1.1%–3.4%) during 2007–2016.

Race/Ethnicity

Among the 32 areas that reported cross-classified race/ethnicity data for 2016, non-Hispanic white women and non-Hispanic black women accounted for the largest percentages of all abortions (35.0% and 38.0%, respectively), and Hispanic women and non-Hispanic women in the other race category accounted for smaller percentages (18.8% and 8.2%, respectively) (Table 12). Non-Hispanic white

^{†††} Arkansas and Texas reported probable postfertilization age. 2 weeks were added to the probable postfertilization age to provide a corresponding measure to gestational age based on the clinician's estimate. Virginia reported clinician's estimate of gestational age based on conception, and West Virginia reported probable gestational age; no modifications were made to these data.

^{§§§} Excludes Alabama, California, DC, Florida, Georgia, Hawaii, Illinois, Kentucky, Louisiana, Maine, Maryland, Nevada, New Hampshire, New Mexico, Rhode Island, Tennessee, Vermont, Wisconsin, and Wyoming.

^{¶¶¶} Excludes Alabama, California, Connecticut, DC, Florida, Hawaii, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Nebraska, New Hampshire, New Mexico, New York State, Pennsylvania, Tennessee, Vermont, Wisconsin, and Wyoming.

^{****} See Table 11 for list of reporting areas.

women had the lowest abortion rate (6.6 abortions per 1,000 women aged 15–44 years) and ratio (109 abortions per 1,000 live births), and non-Hispanic black women had the highest abortion rate (25.1 abortions per 1,000 women aged 15–44 years) and ratio (401 abortions per 1,000 live births). Data for 2016 also are reported separately by race and by ethnicity (Tables 13 and 14).

Among the 19 areas^{†††} that reported these data for the relevant years of comparison (2007 versus 2016, 2007 versus 2011, 2012 versus 2016, and 2015 versus 2016), abortion rates decreased substantially for the three largest race/ethnicity groups: for non-Hispanic white women, the abortion rate decreased 33% (from 9.4 abortions per 1,000 women in 2007 to 6.3 in 2016); for non-Hispanic black women, the rate decreased 29% (from 36.7 abortions per 1,000 women in 2007 to 26.2 in 2016); and for Hispanic women, the rate decreased 44% (from 21.2 abortions per 1,000 women in 2007 to 11.8 in 2016). For women in the three largest race/ethnicity groups, abortion rates decreased both from 2007 to 2011 and from 2012 to 2016, although the decreases were greater during the later period. From 2007 to 2011, the abortion rates decreased 15% for non-Hispanic white women (from 9.4 to 8.0 abortions per 1,000), 11% for non-Hispanic black women (from 36.7 to 32.5 abortions per 1,000), and 18% for Hispanic women (from 21.2 to 17.3 abortions per 1,000); by contrast, from 2012 to 2016, the abortion rates decreased 18% for non-Hispanic white women (from 7.7 to 6.3 abortions per 1,000), 13% for non-Hispanic black women (from 30.2 to 26.2 abortions per 1,000), and 24% for Hispanic women (from 15.6 to 11.8 abortions per 1,000).

Abortion ratios also decreased from 2007 to 2016 for the three largest race/ethnicity groups: for non-Hispanic white women, the abortion ratio decreased 29% (from 146 abortions per 1,000 live births in 2007 to 103 in 2016); for non-Hispanic black women, the ratio decreased 20% (from 517 abortions per 1,000 live births in 2007 to 416 in 2016); and for Hispanic women, the ratio decreased 26% (from 210 abortions per 1,000 live births in 2007 to 155 in 2016). From 2007 to 2011, abortion ratios decreased among non-Hispanic white women (10% from 146 abortion per 1,000 live births in 2007 to 131 in 2011) and non-Hispanic black women (3% from 517 abortions per 1,000 live births in 2007 to 504 in 2011), whereas abortion ratios increased among Hispanic women (2% from 210 abortion per 1,000 live births in 2007 to

214 in 2011). By contrast, from 2012 to 2016, abortion ratios decreased among all women in the three largest race/ethnicity groups. The abortion ratio decreased 18% for non-Hispanic white women (from 125 to 103 abortions per 1,000 live births), 11% for non-Hispanic black women (from 470 to 416 abortions per 1,000 live births), and 22% for Hispanic women (from 198 to 155 abortions per 1,000 live births).

Marital Status

Among the 42 areas that reported by marital status for 2016, 14.1% of all women who obtained an abortion were married, and 85.9% were unmarried (Table 15). The abortion ratio was 41 abortions per 1,000 live births for married women and 380 abortions per 1,000 live births for unmarried women. Among the 29 reporting areas^{§§§§} that provided these data for the relevant years of comparison (2007 versus 2016, 2007 versus 2011, 2012 versus 2016, and 2015 versus 2016), the percentage of abortions among unmarried women increased 3% from 2007 to 2016 (from 83.5% to 86.0%), with a larger increase from 2007 to 2011 (3%) than from 2012 to 2016 (<1%). Among unmarried women, the abortion ratio decreased 16% from 2007 to 2016 (from 390 to 326 abortions per 1,000 live births), with a larger decrease also occurring from 2012 to 2016 (10%) than from 2007 to 2011 (3%). Among married women, the abortion ratio decreased 31% from 2007 to 2016 (from 49 to 34 abortions per 1,000 live births), with similar decreases occurring from 2012 to 2016 (13%) and from 2007 to 2011 (14%).

Previous Live Births and Abortions

Data from the 42 areas that reported the number of previous live births for women who obtained abortions in 2016 indicate that 41.0%, 45.1%, and 13.9% of these women had zero, one or two, or three or more previous live births, respectively (Table 16). Among the 35 reporting areas^{¶¶¶¶} that provided these data for the relevant years of comparison (2007 versus 2016, 2007 versus 2011, 2012 versus 2016, and 2015 versus 2016), the percentage of women obtaining abortions with no previous live births or with one to two previous live births each decreased 2% from 2007 to 2016; by contrast, the percentage increased 16% for women with three or more previous live births over the same time period.

^{§§§§} Excludes Arizona, Arkansas, California, Connecticut, DC, Florida, Georgia, Hawaii, Louisiana, Maine, Maryland, Massachusetts, Nebraska, Nevada, New Hampshire, New York City, New York State, North Carolina, Ohio, Rhode Island, Vermont, Washington, and Wyoming.

^{¶¶¶¶} Excludes California, Connecticut, DC, Florida, Hawaii, Illinois, Maine, Maryland, Massachusetts, New Hampshire, New Mexico, New York State, North Carolina, Rhode Island, Vermont, Wisconsin, and Wyoming.

^{†††} Excludes Alaska, Arizona, California, Colorado, Connecticut, Delaware, DC, Florida, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, Nevada, New Hampshire, New Mexico, New York State, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Vermont, Washington, Wisconsin, and Wyoming.

Data from the 42 areas that reported the number of previous abortions for women who obtained abortions in 2016 indicate that the majority (56.9%) had no previous abortions, 35.2% had one or two previous abortions, and 7.9% had three or more previous abortions (Table 17). Among the 35 reporting areas**** that provided data for the relevant years of comparison (2007 versus 2016, 2007 versus 2011, 2012 versus 2016, and 2015 versus 2016), the percentage of women who had no previous abortions increased minimally (from 55.4% to 56.2%), whereas a 3% decrease occurred among women who had one or two previous abortions, and a 4% increase occurred among women who had three or more previous abortions from 2007 to 2016. However, the percentage of women who had no previous abortions decreased 3% from 2007 to 2011 (from 55.4% to 53.6%) and then increased 3% from 2012 to 2016 (from 54.7% to 56.2%). By contrast, the percentage of women who had three or more previous abortions increased 15% from 2007 to 2011 (from 8.1% to 9.3%) then decreased 7% from 2012 to 2016 (from 9.0% to 8.4%). The percentage of women who had one or two previous abortions increased 2% from 2007 to 2011 (36.5% to 37.1%) and then decreased 2% from 2012 to 2016 (from 36.3% to 35.4%).

Maternal Age and Marital Status by Race/Ethnicity

In select reporting areas, abortions that were categorized by maternal race and race/ethnicity were further categorized by maternal age and by marital status (Tables 18 and 19). A consistent pattern existed for abortions by maternal age across all race/ethnicity groups, with the smallest percentage of abortions occurring among adolescents aged <15 years (0.2%–0.3%) and the largest percentage occurring among women aged 20–24 years (25.6%–31.1%) and 25–29 years (26.6%–30.2%) (Table 19). A consistent pattern also existed for abortions by marital status across all race/ethnicity groups, with a higher percentage of abortions occurring among women who were unmarried (68.1%–92.1%) than among those who were married (7.9%–31.9%) (Table 19). For abortions among married women, the percentage was higher for non-Hispanic women in the other race group (31.9%) than for non-Hispanic white women (16.8%), Hispanic women (15.3%), and non-Hispanic black women (7.9%). For abortions among unmarried women, the percentage was higher for non-Hispanic black women (92.1%) than for non-Hispanic white women (83.2%), Hispanic women (84.7%), and women in the non-Hispanic other race group (68.1%) (Table 19).

**** Excludes California, Connecticut, DC, Florida, Georgia, Hawaii, Illinois, Maine, Maryland, New Hampshire, New Mexico, New York State, North Carolina, Rhode Island, Vermont, Wisconsin, and Wyoming.

Weeks of Gestation by Maternal Age, Race/Ethnicity, and Method Type

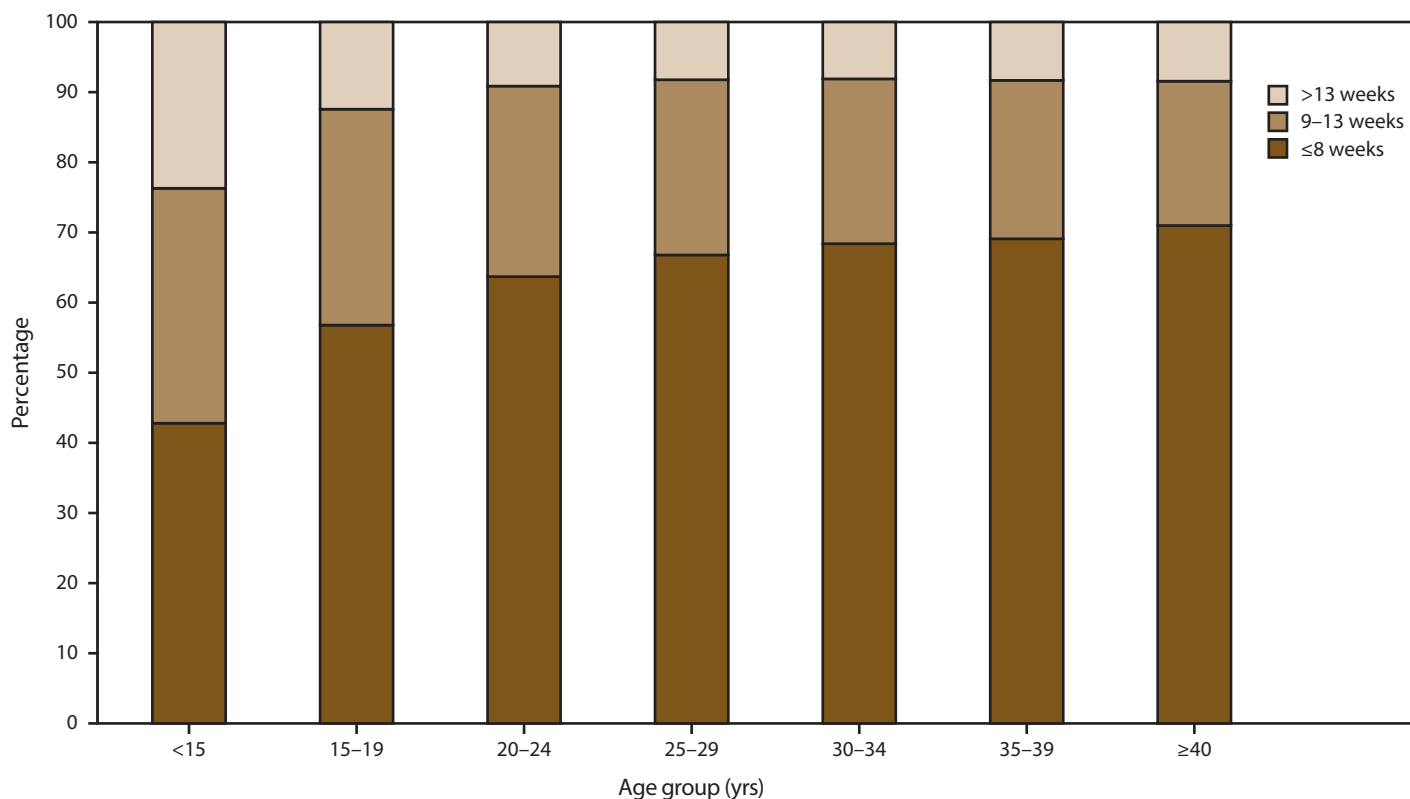
In select reporting areas, abortions that were categorized by weeks of gestation were further categorized by maternal age, and race/ethnicity (Tables 20 and 21). In every subgroup for these three characteristics, the largest percentage of abortions occurred at ≤8 weeks' gestation. However, by maternal age, 42.8% of adolescents aged <15 years and 56.8% of adolescents aged 15–19 years obtained an abortion by ≤8 weeks' gestation, compared with 63.7%–71.0% of women in older age groups (Figure 3) (Table 20). Conversely, 23.7% of adolescents aged <15 years and 12.4% of adolescents aged 15–19 years obtained an abortion after 13 weeks' gestation, compared with 8.1%–9.1% for women in older age groups. By race/ethnicity, 59.8% of non-Hispanic black women obtained an abortion at ≤8 weeks' gestation, compared with 67.5%–69.4% of women from other race/ethnicity groups. Differences in abortions after 13 weeks' gestation across race/ethnicity groups were minimal (10.3% for non-Hispanic black women, compared with 8.2%–9.1% for women in the remaining race/ethnicity groups).

Among abortions categorized by weeks of gestation and method type, surgical abortion accounted for the largest percentage of abortions within every gestational age category (Table 22). At ≤8 weeks' gestation, surgical abortion accounted for a smaller percentage of abortions (58.1%) than at any other stage of gestation; at 9–20 weeks' gestation, surgical abortion accounted for 89.6%–98.8% of all abortions, and at ≥21 weeks' gestation, it accounted for 92.7% of abortions. By contrast, at ≤8 weeks' gestation, medical abortion accounted for 41.9% of abortions then decreased to 10.4% at 9–13 weeks and 1.0%–2.6% at 14–20 weeks before increasing to 6.5% at ≥21 weeks. For each gestational age category, abortions performed by intrauterine instillation or hysterectomy/hysterotomy were rare (<0.1%–0.5% of abortions).

Abortion Mortality

Using national PMSS data (52), CDC identified three abortion-related deaths for 2015, the most recent year for which data were reviewed for abortion-related deaths (Table 23). Investigation of these cases indicated that two deaths were related to legal abortion, no deaths were related to illegal abortion, and for one death, whether the abortion was induced or spontaneous was unknown.

The annual number of deaths related to legal induced abortion has fluctuated from year to year over the past 40 years (Table 23). Because of this variability and the relatively limited number of legal induced abortion-related deaths every year,

FIGURE 3. Percentage* distribution of gestational ages at time of abortion, by age of woman — selected reporting areas,† United States, 2016

* Based on the total number of abortions reported with known weeks of gestation.

† Data from 40 reporting areas; excludes 12 reporting areas (California, District of Columbia, Florida, Illinois, Kentucky, Maryland, Massachusetts, New Hampshire, New York State, Pennsylvania, Wisconsin, and Wyoming) that did not report, did not report by age or gestational age, or did not meet reporting standards.

national legal abortion case-fatality rates were calculated for consecutive 5-year periods during 1973–2007 and for a consecutive 8-year period. The national legal induced abortion case-fatality rate for 2008–2015 was 0.58 legal induced abortion-related deaths per 100,000 reported legal abortions. This case-fatality rate was similar to the rate for most of the preceding 5-year periods but lower than the case-fatality rate of 2.09 legal induced abortion-related deaths per 100,000 reported legal abortions for the 5-year period (1973–1977) immediately following nationwide legalization of abortion in 1973.

Discussion

For 2016, a total of 623,471 abortions were reported to CDC by 48 areas. Among these areas, the abortion rate was 11.6 abortions per 1,000 women aged 15–44 years and the abortion ratio was 186 abortions per 1,000 live births. All 48 of these reporting areas submitted data every year during the period of analysis from 2007 to 2016, thus providing the information necessary for evaluating trends. Among these areas, the number and rate of reported abortions decreased

2%, and the abortion ratio decreased 1% from 2015 to 2016, which, in combination with decreases that occurred during previous years (11–15), resulted in the lowest values for all three measures for the entire period of analysis. Among areas that reported by age every year of the analysis, women in their 20s accounted for the majority of abortions and had the highest abortion rates, whereas decreases in the abortion rate were greater for adolescents aged <20 years than for any other age group. In addition, throughout the period of analysis, ≤9% of abortions each year were performed after 13 weeks' gestation; approximately two thirds of abortions were performed at ≤8 weeks' gestation, and this percentage increased from 63.7% in 2007 to 65.3% in 2016. Among areas that included medical abortion on their reporting form every year, the percentage of all abortions performed by early medical abortion (a nonsurgical abortion at ≤8 weeks' gestation) increased from 13.1% in 2007 to 27.9% in 2016.

These findings underscore important maternal age differences in abortion trends. Because of the high rate and proportion of abortions that occurred among women in their 20s, women in this age group have contributed substantially to overall changes. Conversely, during 2007–2016, women aged

≥40 years had consistently low abortion rates and accounted for a limited percentage of abortions (≤3.7%); therefore, they have had a much smaller contribution to overall abortion trends. Nonetheless, among women aged ≥40 years, the abortion ratio continues to be higher than among women aged 25–39 years, indicating that unintended pregnancy is a problem that women encounter throughout their reproductive years (54).

The adolescent abortion trends described in this report are important for monitoring progress that has been made toward reducing adolescent pregnancies in the United States. National birth data indicate the birth rate for adolescents aged 15–19 years in 2016 decreased 51% since 2007 (55,56), compared with a 43% decrease in the abortion rate for adolescents aged 15–19 years during the same period. These findings indicate that decreases in adolescent pregnancies in the United States have been accompanied by large decreases both in adolescent births and abortions and that the pattern of decline is continuing (56–58).

The findings in this report indicate that although the number, rate, and ratio of reported abortions have decreased across all race/ethnicity groups, well-documented disparities exist (3,4,19–24). In this report, abortion rates and ratios remained 1.8 and 1.4 times higher, respectively, for Hispanic women than for non-Hispanic white women, and 3.8 and 3.7 times higher, respectively, for non-Hispanic black women than for non-Hispanic white women. The comparatively high abortion rates and ratios among non-Hispanic black women have been attributed to higher unintended pregnancy rates and a greater percentage of unintended pregnancies ending in abortion (54).

The findings in this report indicate the majority of women obtaining abortions do so early in gestation (≤8 weeks), when the risks for complications are lowest (59–62). Among the areas that reported gestational age data every year during 2007–2016, the percentage of abortions performed at ≤8 weeks' gestation increased 3%. Moreover, among the areas that reported abortions at ≤13 weeks' gestation by individual week, the distribution continued to shift toward earlier weeks of gestation, with the percentage of early abortions performed at ≤6 weeks' gestation increasing 8% from 2007 to 2016. Nonetheless, the overall percentage of abortions performed at ≤13 weeks' gestation did not change appreciably from 2007–2016. Reports indicate that abortions at later gestational ages are more common among certain groups of women (63–65); among women in this report, the percentage of adolescents aged ≤19 years who obtained abortions at ≤8 weeks' gestation was smaller than the percentage of women in other age groups who obtained abortions at the same gestational age. Because procedures performed at earlier gestational ages have a lower risk for complications, a better understanding of

factors that influence the gestational age at which abortions are performed is needed (59–69).

The trend of obtaining abortions earlier in pregnancy has been facilitated by changes in abortion practices. Research conducted in the United States during the 1970s indicated that surgical abortion procedures performed at ≤6 weeks' gestation, compared with 7–12 weeks' gestation, were less likely to result in successful termination of the pregnancy (70). However, subsequent advances in technology (e.g., improved transvaginal ultrasonography and sensitive pregnancy tests) have allowed very early surgical abortions to be performed with completion rates exceeding 97% (71–73). Likewise, the development of early medical abortion regimens has allowed for abortions to be performed very early in gestation, with completion rates for regimens that combine mifepristone and misoprostol reaching 96%–98% (74–76). In 2016, 65.5% of all reported abortions were performed at ≤8 completed weeks' gestation; thus, the women receiving these abortions were eligible for early medical abortion (a nonsurgical abortion at ≤8 weeks' gestation) on the basis of gestational age. Among those abortions performed at ≤8 weeks' gestation in 2016, 41.9% were reported as medical abortions. From 2007 to 2016, the proportion of all abortions reported as early medical abortion increased from 13.1% to 27.9%, respectively. Moreover, in addition to abortions meeting the definition of early medical abortion, the percentage of abortions at 9 completed weeks' gestation that were reported as medical abortions has increased in recent years (from 5.0%–13.0% during 2011–2015 to 24.0% in 2016). On the basis of evidence that early medical abortion is safe and effective beyond 63 days' gestation (46), professional clinical practice guidelines were updated midyear in 2013 and 2014 to extend the gestational age eligibility for early medical abortion from 63 to 70 days (≤9 completed weeks) (47,48). In early 2016, FDA updated its approval for use of mifepristone for early medical abortions, extending the gestational age limit to 70 days (49).

Because the annual number of deaths related to legal induced abortion is small and statistically unstable, case-fatality rates were calculated for consecutive 5-year periods during 1973–2007 and for a consecutive 8-year period during 2008–2015. The national legal induced abortion case-fatality rate for 2008–2015 was fewer than 1 per 100,000 abortions, as it was for all of the preceding 5-year periods since the late 1970s.

Limitations

The findings in this report are subject to at least four limitations. First, because reporting to CDC is voluntary and reporting requirements are established by the individual

reporting areas (27), CDC is unable to obtain the total number of abortions performed in the United States. Although most reporting areas collect and send abortion data to CDC, three of the 52 reporting areas (California, Maryland, and New Hampshire) did not provide CDC data for 2007–2016, and one reporting area (DC) did not provide data to CDC for 2016. In 2016, abortions performed in California, DC, Maryland, and New Hampshire accounted for 20% of the abortions counted through the Guttmacher Institute's national survey of abortion-providing facilities (18). During 2007–2016, the total numbers of abortions reported to CDC annually were 68%–71% of the total numbers of abortions reported by the Guttmacher Institute survey. In addition, whereas most reporting areas that send abortion data to CDC have laws requiring medical providers to submit a report for every abortion they perform to a central health agency, as of 2016, reporting to a central health agency was not required in DC or New Jersey, which affects the representativeness of annual reported estimates for these jurisdictions (26). Moreover, even in states that legally require medical providers to submit a report for all the abortions they perform, enforcement of this requirement varies, which might affect completeness from other reporting areas as well.^{†††††} The accuracy of comparative data reported by Guttmacher might be affected by facility response rates, the accuracy of information reported by facilities, as well as the degree to which abortion counts were estimated from nonfacility data sources (18).

Second, because reporting requirements are established by the individual reporting areas, many states use reporting forms that differ from the technical standards and guidance that CDC developed in collaboration with the National Association for Public Health Statistics and Information Systems. Consequently, many reporting areas do not collect all the information CDC compiles on the characteristics of women obtaining abortions (e.g., maternal age, race, and ethnicity) or do not report the data in a manner consistent with this guidance (e.g., gestational age). Although missing demographic information can reduce the extent to which the statistics in this report represent all women in the United States, the most recent nationally representative survey of women obtaining abortions in 2014 (24) produced percentage distributions for most characteristics that are nearly identical to the percentage distributions reported by CDC. The exception

^{†††††} In 2016, the abortion numbers CDC obtained for Wyoming were <5% of the numbers obtained for this state by the Guttmacher Institute through their national survey of abortion-providing facilities. CDC numbers for Colorado, Connecticut, Hawaii, Iowa, Louisiana, Missouri, New Jersey, Nevada, New Mexico, New York (city and state combined), Rhode Island, Virginia, and West Virginia were 51% to <90% of the Guttmacher Institute numbers. All other areas with legal reporting requirements that provided data to CDC obtained numbers that were at least 90% of the Guttmacher Institute numbers.

is the percentage distribution of abortions by race/ethnicity. The percentage of abortions accounted for by non-Hispanic black women is higher and by Hispanic women is lower in this report than the percentages reported from a recent nationally representative survey of women obtaining abortions (24). Differences might be attributable to the fact that the number of states that report data to CDC by race/ethnicity continues to be somewhat lower than for other demographic variables. Certain reporting areas that have not reported to CDC or have not reported cross-classified race/ethnicity data (e.g., California, Florida, and Illinois) have sufficiently large populations of minority women that the absence of data from these areas reduces the representativeness of CDC data.

In addition, certain areas collect gestational age on the basis of estimated date of conception or collect probable postfertilization age or probable gestational age. Without medical guidance on how to report these data, the validity and reliability of gestational age for these reporting areas is uncertain.

Despite challenges in capturing medical abortions for reporting (8,16,26,77), a previous comparison of CDC data with mifepristone sales data^{§§§§§} suggests that CDC's Abortion Surveillance System accurately describes trends in early medical abortion (78). However, because of recent changes in clinical practice guidelines for the use of mifepristone and misoprostol through 9 completed weeks of gestation, CDC's definition of early medical abortion does not represent all abortions performed through this method. Nonetheless, for 2016, of the medical abortions reported at ≤9 weeks, 7.5% were performed at 9 completed weeks.

Third, abortion data are compiled and reported to CDC by the central health agency of the reporting area in which the abortion was performed rather than the reporting area in which the woman lived. Thus, the available population (34–43) and birth data (44), which are organized by the states in which women live, differ in certain cases from the population of women who undergo abortions in a given reporting area. This likely results in an overestimation of abortions for reporting areas in which a high percentage of abortions are obtained by out-of-state residents and an underestimation of abortions for states where residents frequently obtain abortions out of state. Limited abortion services, stringent regulatory requirements for obtaining an abortion, or geographic proximity to services in another state might influence where women obtain abortion services (79). To examine these reporting biases, CDC attempts to categorize abortions by residence in addition to geographic

^{§§§§§} Because the sole distributor of mifepristone in the United States only sells this medication to licensed physicians, who must sign and return a prescriber's agreement, sales data from this company are not limited by individual state reporting requirements or the difficulties of identifying smaller providers within the wider medical community.

occurrence. However, in 2016, CDC was unable to identify the reporting area, territory, or country of residence for 12.4% of reported abortions.

Finally, the availability of demographic information is limited to what is collected on reporting forms. Therefore, performing stratified analyses by additional demographic variables (e.g., socioeconomic status) is not possible.

Public Health Implications

Ongoing surveillance of legal induced abortion is important for several reasons. First, abortion surveillance can be used to help evaluate the success of programs aimed at preventing unintended pregnancies. Although pregnancy intentions can be difficult to assess (80–85), abortion surveillance provides an important measure of pregnancies that are unwanted (86). Second, routine abortion surveillance is needed to assess trends in clinical practice patterns over time. Information in this report on the number of abortions performed through different methods (e.g., medical or surgical) and at different gestational ages provides the denominator data that are necessary for analyses of the relative safety of abortion practices (53). Finally, information on the number of pregnancies ending in abortion is needed in conjunction with data on births and fetal losses to estimate the number of pregnancies in the United States and determine rates for various outcomes of public health importance (e.g., adolescent pregnancies) (87).

Approximately 18% of all pregnancies in the United States end in induced abortion (18,88). Multiple factors influence the incidence of abortion, including access to health care services and contraception (89–92); the availability of abortion providers (8,9,16,93–96); state regulations, such as mandatory waiting periods (68), parental involvement laws (97), and legal restrictions on abortion providers (98–102); increasing acceptance of nonmarital childbearing (103,104); shifts in the race/ethnicity composition of the U.S. population (105,106); and changes in the economy and the resulting impact on fertility preferences and use of contraception (107). However, despite the multiple influences on abortion, because unintended pregnancy precedes nearly all cases of abortions (86), efforts to help women avoid pregnancies that they do not desire may reduce the number of abortions (89,91).

Recent data indicate that the proportion of pregnancies in the United States that were unintended decreased from 51% in 2008 to 45% during 2011–2013 (54). Changing patterns of contraception use might have contributed to this decrease in unintended pregnancy. The use of the most effective forms of reversible contraception (i.e., intrauterine devices and hormonal implants) (108) has recently increased among all women (109–112), and the use of contraception overall

appears to be increasing among adolescents (113). Although the timing of these events is unknown, the majority of reported abortions in 2016 were among women with a previous birth, and a substantial proportion occurred among women with a previous induced abortion, events that also are opportunities for contraception counseling. Contraception provision in the immediate postpartum and postabortion settings might increase access to these methods at a time when women are receiving health services. In addition, providing contraception for women at no cost can increase use of these methods and reduce abortion rates (89–91,114–116). Level of provider reimbursement and training, inadequate client-centered counseling, lack of youth-friendly services, and low client awareness of available contraceptive methods also are barriers to accessing contraception (117–120). Removing these barriers might help improve contraceptive use, potentially reducing the number of unintended pregnancies and the number of abortions performed in the United States.

Conflicts of Interest

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

References

1. Smith JC. Abortion surveillance report, hospital abortions, annual summary 1969. Atlanta, GA: US Department of Health, Education, and Welfare, Public Health Service, Health Services and Mental Health Administration, National Communicable Disease Center; 1970.
2. Gamble SB, Strauss LT, Parker WY, Cook DA, Zane SB, Hamdan S. Abortion surveillance—United States, 2005. *MMWR Surveill Summ* 2008;57(No. SS-13).
3. Henshaw SK, Kost K. Trends in the characteristics of women obtaining abortions, 1974 to 2004. New York, NY: Guttmacher Institute; 2008. https://www.guttmacher.org/sites/default/files/report_pdf/trendswomenabortions-wtables.pdf
4. Jones RK, Kost K, Singh S, Henshaw SK, Finer LB. Trends in abortion in the United States. *Clin Obstet Gynecol* 2009;52:119–29. <https://doi.org/10.1097/GRF.0b013e3181a2af8f>
5. Pazol K, Gamble SB, Parker WY, Cook DA, Zane SB, Hamdan S. Abortion surveillance—United States, 2006. *MMWR Surveill Summ* 2009;58(No. SS-8).
6. Pazol K, Zane S, Parker WY, et al. Abortion surveillance—United States, 2007. *MMWR Surveill Summ* 2011;60(No. SS-1).
7. Pazol K, Zane SB, Parker WY, Hall LR, Berg C, Cook DA. Abortion surveillance—United States, 2008. *MMWR Surveill Summ* 2011;60(No. SS-15).
8. Jones RK, Kooistra K. Abortion incidence and access to services in the United States, 2008. *Perspect Sex Reprod Health* 2011;43:41–50. <https://doi.org/10.1363/4304111>
9. Jones RK, Jerman J. Abortion incidence and service availability in the United States, 2011. *Perspect Sex Reprod Health* 2014;46:3–14. <https://doi.org/10.1363/46e0414>

10. Pazol K, Creanga AA, Zane SB, Burley KD, Jamieson DJ. Abortion surveillance—United States, 2009. *MMWR Surveill Summ* 2012;61(No. SS-8).
11. Pazol K, Creanga AA, Burley KD, Hayes B, Jamieson DJ. Abortion surveillance—United States, 2010. *MMWR Surveill Summ* 2013;62(No. SS-8).
12. Pazol K, Creanga AA, Burley KD, Jamieson DJ. Abortion surveillance—United States, 2011. *MMWR Surveill Summ* 2014;63(No. SS-11).
13. Pazol K, Creanga AA, Jamieson DJ. Abortion surveillance—United States, 2012. *MMWR Surveill Summ* 2015;64(No. SS-10). <https://doi.org/10.15585/ss6410a1>
14. Jatlaoui TC, Ewing A, Mandel MG, et al. Abortion surveillance—United States, 2013. *MMWR Surveill Summ* 2016;65. <https://doi.org/10.15585/mmwr.ss6512a1>
15. Jatlaoui TC, Shah J, Mandel MG, et al. Abortion surveillance—United States, 2014. *MMWR Surveill Summ* 2017;66. <https://doi.org/10.15585/mmwr.ss6624a1>
16. Jones RK, Jerman J. Abortion incidence and service availability in the United States, 2014. *Perspect Sex Reprod Health* 2017;49:17–27. <https://doi.org/10.1363/psrh.12015>
17. Jatlaoui TC, Boutot ME, Mandel MG, et al. Abortion surveillance—United States, 2015. *MMWR Surveill Summ* 2018;67. <https://doi.org/10.15585/mmwr.ss6713a1>
18. Jones RK, Witwer E, Jerman J. Abortion incidence and service availability in the United States, 2017. New York, NY: Guttmacher Institute; 2019. <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>
19. Henshaw SK, Kost K. Abortion patients in 1994–1995: characteristics and contraceptive use. *Fam Plann Perspect* 1996;28:140–7, 158.
20. Henshaw SK, Silverman J. The characteristics and prior contraceptive use of U.S. abortion patients. *Fam Plann Perspect* 1988;20:158–68. <https://doi.org/10.2307/2135791>
21. Jones RK, Darroch JE, Henshaw SK. Patterns in the socioeconomic characteristics of women obtaining abortions in 2000–2001. *Perspect Sex Reprod Health* 2002;34:226–35. <https://doi.org/10.2307/3097821>
22. Jones RK, Finer LB, Singh S. Characteristics of U.S. abortion patients, 2008. New York, NY: Guttmacher Institute; 2010. <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2008>
23. Jones RK, Kavanaugh ML. Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion. *Obstet Gynecol* 2011;117:1358–66. <https://doi.org/10.1097/AOG.0b013e31821c405e>
24. Jerman J, Jones RK, Onda T. Characteristics of U.S. abortion patients in 2014 and changes since 2008. New York, NY: Guttmacher Institute; 2016. https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf
25. Jones RK, Jerman J. Population group abortion rates and lifetime incidence of abortion: United States, 2008–2014. *Am J Public Health* 2017;107:1904–9. <https://doi.org/10.2105/AJPH.2017.304042>
26. Guttmacher Institute. Abortion reporting requirements. New York, NY: Guttmacher Institute; 2019. <https://www.guttmacher.org/state-policy/explore/abortion-reporting-requirements>
27. Saul R. Abortion reporting in the United States: an examination of the federal-state partnership. *Fam Plann Perspect* 1998;30:244–7. <https://doi.org/10.2307/2991612>
28. CDC. Guide to completing the facility worksheets for the certificate of live birth and report of fetal death. Hyattsville, MD: CDC National Center for Health Statistics; 2016. <https://www.cdc.gov/nchs/data/dvs/GuidetoCompleteFacilityWks.pdf>
29. Speroff L, Fritz MA. *Clinical gynecologic endocrinology and infertility*. Philadelphia, PA: Lippincott Williams & Wilkins; 2005.
30. American College of Obstetricians and Gynecologists. Practice bulletin no. 143: medical management of first-trimester abortion. *Obstet Gynecol* 2014;123:676–92. <https://doi.org/10.1097/01.AOG.0000444454.67279.7d>
31. Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield PG, Creinin MD. *Management of unintended and abnormal pregnancy: comprehensive abortion care*. Oxford, England: Blackwell Publishing; 2009.
32. Grimes DA, Schultz KF, Cates W Jr, Tyler CW. The Joint Program for the Study of Abortion/CDC: A preliminary report. In: Hern WM, Andrikopoulos B, eds. *Abortion in the seventies: proceedings of the Western Regional Conference on Abortion* New York, NY: National Abortion Federation; 1977;41–54.
33. Grimes DA, Schulz KF, Cates W Jr, Tyler CW Jr. Mid-trimester abortion by dilatation and evacuation: a safe and practical alternative. *N Engl J Med* 1977;296:1141–5. <https://doi.org/10.1056/NEJM197705192962004>
34. CDC. Vintage 2015 bridged-race postcensal population estimates [File pcen_v2015_y15.sasbdat]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2016. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2015
35. CDC. Vintage 2014 bridged-race postcensal population estimates [File pcen_v2014_y14.sasbdat]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2015. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2014
36. CDC. Vintage 2013 bridged-race postcensal population estimates [File pcen_v2013_y13.sasbdat]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2014. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2013
37. CDC. Vintage 2012 bridge-race postcensal population estimates [File pcen_v2012_y12.sasbdat]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2013. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2012
38. CDC. Vintage 2011 bridge-race postcensal population estimates [File pcen_v2011_y11.sasbdat]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2012. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2011
39. CDC. April 1, 2010 bridged-race population estimates [File census_0401_2010.sas7bdat.zip]. CDC, National Center for Health Statistics: Hyattsville, MD; 2011. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#april2010
40. CDC. July 1, 2000–July 2009 revised bridged-race intercensal population estimates [File icen_2000_09_y09.sas.zip]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2012. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#july2009
41. CDC. July 1, 2000–July 2009 revised bridged-race intercensal population estimates [File icen_2000_09_y08.sas.zip]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2012. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#july2009

42. CDC. July 1, 2000–July 2009 revised bridged-race intercensal population estimates [File icen_2000_09_y07.sas.zip]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2012. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#july2009
43. CDC. July 1, 2000–July 2009 revised bridged-race intercensal population estimates [File icen_2000_09_y06sas.zip]. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2012. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#july2009
44. CDC. Natality files. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics. <https://wonder.cdc.gov/Natality.html>
45. Hoyert D. Maternal mortality and related concepts. *Vital Health Stat 3*; 2007;33:1–13. https://www.cdc.gov/nchs/data/series/sr_03/sr03_033.pdf
46. Winikoff B, Dzuba IG, Chong E, et al. Extending outpatient medical abortion services through 70 days of gestational age. *Obstet Gynecol* 2012;120:1070–6.
47. National Abortion Federation. Clinical policy guidelines. Washington, DC: National Abortion Federation; 2013. http://prochoice.org/pubs_research/publications/documents/2013NAFCPGsforweb.pdf
48. Creinin M, Grossman DA. Medical management of first-trimester abortion. *Contraception* 2014;89:148–61. <https://doi.org/10.1016/j.contraception.2014.01.016>
49. Food and Drug Administration. Mifeprex (Mifepristone) information. Silver Spring, MD: Food and Drug Administration; 2017. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information>
50. CDC. Abortion surveillance, 1972. Atlanta, GA: US Department of Health, Education, and Welfare, Public Health Service, CDC; 1974.
51. CDC. Abortion surveillance, 1977. Atlanta, GA: US Department of Health, Education, and Welfare, Public Health Service, CDC; 1979.
52. CDC. Pregnancy-related deaths. Atlanta, GA: US Department of Health and Human Services, CDC; 2015. <https://www.cdc.gov/reproductivehealth/MaternalInfantHealth/Pregnancy-relatedMortality.htm>
53. Zane S, Creanga AA, Berg CJ, et al. Abortion-related mortality in the United States: 1998–2010. *Obstet Gynecol* 2015;126:258–65. <https://doi.org/10.1097/AOG.0000000000000945>
54. Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *N Engl J Med* 2016;374:843–52. <https://doi.org/10.1056/NEJMsa1506575>
55. Martin JA, Hamilton BE, Sutton PD, et al. Births: final data for 2007. *Natl Vital Stat Rep* 2010;58:1–85.
56. Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: final data for 2016. *Natl Vital Stat Rep* 2018;67:1–55.
57. Martin JA, Hamilton BE, Osterman MJ, Driscoll AK, Mathews TJ. Births: final data for 2015. *Natl Vital Stat Rep* 2017;66:1.
58. Martin JAHB, Hamilton BE, Osterman MJK. Births in the United States, 2017. *NCHS Data Brief* 2018;318:1–8.
59. Bartlett LA, Berg CJ, Shulman HB, et al. Risk factors for legal induced abortion-related mortality in the United States. *Obstet Gynecol* 2004;103:729–37. <https://doi.org/10.1097/01.AOG.0000116260.81570.60>
60. Buehler JW, Schulz KF, Grimes DA, Hogue CJ. The risk of serious complications from induced abortion: do personal characteristics make a difference? *Am J Obstet Gynecol* 1985;153:14–20. [https://doi.org/10.1016/0002-9378\(85\)90582-4](https://doi.org/10.1016/0002-9378(85)90582-4)
61. Ferris LE, McMain-Klein M, Colodny N, Fellows GF, Lamont J. Factors associated with immediate abortion complications. *CMAJ* 1996;154:1677–85.
62. Lichtenberg ES, Paul M; Society of Family Planning. Surgical abortion prior to 7 weeks of gestation. *Contraception* 2013;88:7–17. <https://doi.org/10.1016/j.contraception.2013.02.008>
63. Foster DG, Kimport K. Who seeks abortions at or after 20 weeks? *Perspect Sex Reprod Health* 2013;45:210–8. <https://doi.org/10.1363/4521013>
64. Jones RK, Finer LB. Who has second-trimester abortions in the United States? *Contraception* 2012;85:544–51. <https://doi.org/10.1016/j.contraception.2011.10.012>
65. Kiley JW, Yee LM, Niemi CM, Feinglass JM, Simon MA. Delays in request for pregnancy termination: comparison of patients in the first and second trimesters. *Contraception* 2010;81:446–51. <https://doi.org/10.1016/j.contraception.2009.12.021>
66. Drey EA, Foster DG, Jackson RA, Lee SJ, Cardenas LH, Darney PD. Risk factors associated with presenting for abortion in the second trimester. *Obstet Gynecol* 2006;107:128–35. <https://doi.org/10.1097/01.AOG.0000189095.32382.d0>
67. Finer LB, Frohworth LF, Dauphinee LA, Singh S, Moore AM. Timing of steps and reasons for delays in obtaining abortions in the United States. *Contraception* 2006;74:334–44. <https://doi.org/10.1016/j.contraception.2006.04.010>
68. Joyce TJ, Henshaw SK, Dennis A, Finer LB, Blanchard K. The impact of state mandatory counseling and waiting period laws on abortion: a literature review. New York, NY: Guttmacher Institute; 2009. <https://www.guttmacher.org/report/impact-state-mandatory-counseling-and-waiting-period-laws-abortion-literature-review>
69. Jones RK, Jerman J. Characteristics and circumstances of U.S. women who obtain very early and second-trimester abortions. *PLoS One* 2017;12:e0169969. <https://doi.org/10.1371/journal.pone.0169969>
70. Kaunitz AM, Rovira EZ, Grimes DA, Schulz KF. Abortions that fail. *Obstet Gynecol* 1985;66:533–7.
71. Creinin MD, Edwards J. Early abortion: surgical and medical options. *Curr Probl Obstet Gynecol Fertil* 1997;20:1–32.
72. Edwards J, Carson SA. New technologies permit safe abortion at less than six weeks' gestation and provide timely detection of ectopic gestation. *Am J Obstet Gynecol* 1997;176:1101–6. [https://doi.org/10.1016/S0002-9378\(97\)70410-1](https://doi.org/10.1016/S0002-9378(97)70410-1)
73. Paul ME, Mitchell CM, Rogers AJ, Fox MC, Lackie EG. Early surgical abortion: efficacy and safety. *Am J Obstet Gynecol* 2002;187:407–11. <https://doi.org/10.1067/mob.2002.123898>
74. Nippita S, Paul M. Abortion. In: Hatcher RA, Nelson AL, Trussell J, et al, eds. *Contraceptive technology*, 21st rev. ed. New York, NY: Managing Contraception; 2018:779–815.
75. Kapp N, Baldwin MK, Rodriguez MI. Efficacy of medical abortion prior to 6 gestational weeks: a systematic review. *Contraception* 2018;97:90–9. <https://doi.org/10.1016/j.contraception.2017.09.006>
76. Kapp N, Eckersberger E, Lavelanet A, Rodriguez MI. Medical abortion in the late first trimester: a systematic review. *Contraception* 2019;99:77–86. <https://doi.org/10.1016/j.contraception.2018.11.002>
77. Yunzal-Butler C, Sackoff J, Li W. Medication abortions among New York City residents, 2001–2008. *Perspect Sex Reprod Health* 2011;43:218–23. <https://doi.org/10.1363/4321811>
78. Pazol K, Creanga AA, Zane SB. Trends in use of medical abortion in the United States: reanalysis of surveillance data from the Centers for Disease Control and Prevention, 2001–2008. *Contraception* 2012;86:746–51. <https://doi.org/10.1016/j.contraception.2012.05.023>

79. Jerman J, Frohvirth L, Kavanaugh ML, Blades N. Barriers to abortion care and their consequences for patients traveling for services: qualitative findings from two states. *Perspect Sex Reprod Health* 2017;49:95–102.
80. Klerman LV. The intendedness of pregnancy: a concept in transition. *Matern Child Health J* 2000;4:155–62. <https://doi.org/10.1023/A:1009534612388>
81. Lifflander A, Gaydos LM, Hogue CJ. Circumstances of pregnancy: low income women in Georgia describe the difference between planned and unplanned pregnancies. *Matern Child Health J* 2007;11:81–9. <https://doi.org/10.1007/s10995-006-0138-3>
82. Sable MR, Wilkinson DS. Pregnancy intentions, pregnancy attitudes, and the use of prenatal care in Missouri. *Matern Child Health J* 1998;2:155–65. <https://doi.org/10.1023/A:1021827110206>
83. Santelli J, Rochat R, Hatfield-Timajchy K, et al; Unintended Pregnancy Working Group. The measurement and meaning of unintended pregnancy. *Perspect Sex Reprod Health* 2003;35:94–101. <https://doi.org/10.1363/3509403>
84. Santelli JS, Lindberg LD, Orr MG, Finer LB, Speizer I. Toward a multidimensional measure of pregnancy intentions: evidence from the United States. *Stud Fam Plann* 2009;40:87–100. <https://doi.org/10.1111/j.1728-4465.2009.00192.x>
85. Trussell J, Vaughan B, Stanford J. Are all contraceptive failures unintended pregnancies? Evidence from the 1995 National Survey of Family Growth. *Fam Plann Perspect* 1999;31:246–7, 60.
86. Kost K. Unintended pregnancy rates at the state level: estimates for 2010 and trends since 2002. New York, NY: Guttmacher Institute; 2015. https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf
87. Kost K, Maddow-Zimet I, Arpaia A. Pregnancies, births and abortions among adolescents and young women in the United States, 2013: national and state trends by age, race and ethnicity. New York, NY: Guttmacher Institute; 2017. https://www.guttmacher.org/sites/default/files/report_pdf/us-adolescent-pregnancy-trends-2013.pdf
88. Curtin SC, Abma JC, Kost K. 2010 pregnancy rates among U.S. women. *NCHS Health E-Stat*; 2015. https://www.cdc.gov/nchs/data/hestat/pregnancy/2010_pregnancy_rates.htm
89. Peipert JF, Madden T, Allsworth JE, Secura GM. Preventing unintended pregnancies by providing no-cost contraception. *Obstet Gynecol* 2012;120:1291–7. <https://doi.org/10.1097/AOG.0b013e318273eb56>
90. Biggs MA, Rocca CH, Brindis CD, Hirsch H, Grossman D. Did increasing use of highly effective contraception contribute to declining abortions in Iowa? *Contraception* 2015;91:167–73. <https://doi.org/10.1016/j.contraception.2014.10.009>
91. Ricketts S, Klingler G, Schwalberg R. Game change in Colorado: widespread use of long-acting reversible contraceptives and rapid decline in births among young, low-income women. *Perspect Sex Reprod Health* 2014;46:125–32. <https://doi.org/10.1363/46e1714>
92. Roth LP, Sanders JN, Simmons RG, Bullock H, Jacobson E, Turok DK. Changes in uptake and cost of long-acting reversible contraceptive devices following the introduction of a new low-cost levonorgestrel IUD in Utah's Title X clinics: a retrospective review. *Contraception* 2018;98:63–8. <https://doi.org/10.1016/j.contraception.2018.03.029>
93. Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. *Perspect Sex Reprod Health* 2003;35:6–15. <https://doi.org/10.1363/3500603>
94. Henshaw SK. Abortion incidence and services in the United States, 1995–1996. *Fam Plann Perspect* 1998;30:263–70, 87.
95. Jones RK, Zolna MR, Henshaw SK, Finer LB. Abortion in the United States: incidence and access to services, 2005. *Perspect Sex Reprod Health* 2008;40:6–16. <https://doi.org/10.1363/4000608>
96. Quast T, Gonzalez F, Ziemba R. Abortion facility closings and abortion rates in Texas. *Inquiry* 2017;54. <https://doi.org/10.1177/0046958017700944>
97. Dennis A, Henshaw SK, Joyce TJ, Finer LB, Blanchard K. The impact of laws requiring parental involvement for abortion: a literature review. New York, NY: Guttmacher Institute; 2009. <https://www.guttmacher.org/report/impact-laws-requiring-parental-involvement-abortion-literature-review>
98. Grossman D, Baum S, Fuentes L, et al. Change in abortion services after implementation of a restrictive law in Texas. *Contraception* 2014;90:496–501. <https://doi.org/10.1016/j.contraception.2014.07.006>
99. Joyce T. The supply-side economics of abortion. *N Engl J Med* 2011;365:1466–9. <https://doi.org/10.1056/NEJMp1109889>
100. Grossman D, White K, Hopkins K, Potter JE. Change in distance to nearest facility and abortion in Texas, 2012 to 2014. *JAMA* 2017;317:437–9. <https://doi.org/10.1001/jama.2016.17026>
101. White K, Baum SE, Hopkins K, Potter JE, Grossman D. Change in second-trimester abortion after implementation of a restrictive state law. *Obstet Gynecol* 2019;133:771–9. <https://doi.org/10.1097/AOG.0000000000003183>
102. Jones RK, Ingerick M, Jerman J. Differences in abortion service delivery in hostile, middle-ground, and supportive states in 2014. *Womens Health Issues* 2018;28:212–8. <https://doi.org/10.1016/j.whi.2017.12.003>
103. Martinez GM, Chandra A, Abma JC, Jones J, Mosher WD. Fertility, contraception, and fatherhood: data on men and women from cycle 6 (2002) of the 2002 National Survey of Family Growth. *Vital Health Stat* 23 2006;26:1–142.
104. Ventura SJ. Changing patterns of nonmarital childbearing in the United States. *NCHS Data Brief* 2009;18:1–8.
105. Moore KA. Teen births: examining the recent increase. Washington DC: The National Campaign to Prevent Teen and Unplanned Pregnancy; 2009. https://www.childtrends.org/wp-content/uploads/2009/03/Child_Trends_2009_03_13_FS_TeenBirthRate.pdf
106. Yang Z, Gaydos LM. Reasons for and challenges of recent increases in teen birth rates: a study of family planning service policies and demographic changes at the state level. *J Adolesc Health* 2010;46:517–24. <https://doi.org/10.1016/j.jadohealth.2010.03.021>
107. Guttmacher Institute. A real-time look at the impact of the recession on women's family planning and pregnancy decisions. New York, NY: Guttmacher Institute; 2009.
108. Trussell J, Aiken ARA. Contraceptive efficacy. In: Hatcher RA, Nelson AL, Trussell J, et al, eds. *Contraceptive technology*, 21st rev. ed. New York, NY: Managing Contraception; 2018:829–39.
109. Kavanaugh ML, Jerman J. Contraceptive method use in the United States: trends and characteristics between 2008, 2012 and 2014. *Contraception* 2018;97:14–21. <https://doi.org/10.1016/j.contraception.2017.10.003>
110. Abma JC, Martinez GM. Sexual activity and contraceptive use among teenagers in the United States, 2011–2015. *Natl Health Stat Report* 2017;104:1–23.
111. Kann L, McManus T, Harris WA, et al. Youth risk behavior surveillance—United States, 2015. *MMWR Surveill Summ* 2016;65:1–174. <https://doi.org/10.15585/mmwr.ss6506a1>
112. Daniels K, Abma J. Current contraceptive status among women aged 15–49: United States, 2015–2017. *NCHS Data Brief* 2018;327:1–8. <https://www.cdc.gov/nchs/products/databriefs/db327.htm>
113. Lindberg LD, Santelli JS, Desai S. Changing patterns of contraceptive use and the decline in rates of pregnancy and birth among U.S. adolescents, 2007–2014. *J Adolesc Health* 2018;63:253–6. <https://doi.org/10.1016/j.jadohealth.2018.05.017>

Surveillance Summaries

114. Goyal V, Canfield C, Aiken AR, Dermish A, Potter JE. Postabortion contraceptive use and continuation when long-acting reversible contraception is free. *Obstet Gynecol* 2017;129:655–62. <https://doi.org/10.1097/AOG.0000000000001926>
115. Gyllenberg FK, Saloranta TH, But A, Gissler M, Heikinheimo O. Induced abortion in a population entitled to free-of-charge long-acting reversible contraception. *Obstet Gynecol* 2018;132:1453–60. <https://doi.org/10.1097/AOG.0000000000002966>
116. Biggs MA, Taylor D, Upadhyay UD. Role of insurance coverage in contraceptive use after abortion. *Obstet Gynecol* 2017;130:1338–46. <https://doi.org/10.1097/AOG.0000000000002361>
117. Boulet SL, D'Angelo DV, Morrow B, et al. Contraceptive use among nonpregnant and postpartum women at risk for unintended pregnancy, and female high school students, in the context of Zika preparedness—United States, 2011–2013 and 2015. *MMWR Morb Mortal Wkly Rep* 2016;65:780–7. <https://doi.org/10.15585/mmwr.mm6530e2>
118. Kumar N, Brown JD. Access barriers to long-acting reversible contraceptives for adolescents. *J Adolesc Health* 2016;59:248–53. <https://doi.org/10.1016/j.jadohealth.2016.03.039>
119. Parks C, Peipert JF. Eliminating health disparities in unintended pregnancy with long-acting reversible contraception (LARC). *Am J Obstet Gynecol* 2016;214:681–8. <https://doi.org/10.1016/j.ajog.2016.02.017>
120. Klein DA, Berry-Bibee EN, Keglovitz Baker K, Malcolm NM, Rollison JM, Frederiksen BN. Providing quality family planning services to LGBTQIA individuals: a systematic review. *Contraception* 2018;97:378–91. <https://doi.org/10.1016/j.contraception.2017.12.016>

TABLE 1. Number, percentage, rate,* and ratio[†] of reported abortions — selected reporting areas, United States, 2007–2016

Year	Selected reporting areas [§]	Continuously reporting areas [¶]		
	No.	No. (%)**	Rate	Ratio
2007	827,609	825,240 (99.7)	15.6	226
2008	825,564	823,011 (99.7)	15.6	229
2009	789,217 ^{††}	786,621 (99.7)	14.9	224
2010	765,651	762,755 (99.6)	14.4	225
2011	730,322	727,554 (99.6)	13.7	217
2012	699,202	696,587 (99.6)	13.1	208
2013	664,435	661,874 (99.6)	12.4	198
2014	652,639	649,849 (99.6)	12.1	192
2015	638,169	636,902 (99.8)	11.8	188
2016	623,471	623,471 (100.0)	11.6	186

* Number of abortions per 1,000 women aged 15–44 years.

[†] Number of abortions per 1,000 live births.

[§] For each given year, excludes reporting areas that did not report that year's abortion numbers to CDC: California (2007–2016), District of Columbia (2016), Maryland (2007–2016), and New Hampshire (2007–2016).

[¶] For all years, excludes reporting areas that did not report abortion numbers every year during the period of analysis (2007–2016): California, District of Columbia, Maryland, and New Hampshire.

** Abortions from areas that reported every year during 2007–2016 as a percentage of all reported abortions.

^{††} This number is greater than reported in the 2009 report because of numbers subsequently provided by Delaware.

TABLE 2. Number, rate,* and ratio[†] of reported abortions, by reporting area of residence and occurrence and by percentage of abortions obtained by out-of-state residents — United States, 2016

State/Area	Residence			Occurrence			% obtained by out-of-state residents [§]
	No.	Rate	Ratio	No.	Rate	Ratio	
Alabama	6,986	7.3	118	6,642	7.0	112	16.8
Alaska	1,408	9.6	126	1,260	8.5	112	0.6
Arizona	13,358	10.0	158	13,332	10.0	158	0.6
Arkansas	3,432	6.0	90	3,207	5.6	84	16.5
California [¶]	—	—	—	—	—	—	—
Colorado	7,363	6.6	111	8,333	7.4	125	11.4
Connecticut	9,954	14.8	276	10,031	14.9	279	2.9
Delaware	2,517	14.0	229	2,170	12.1	197	12.8
District of Columbia [¶]	—	—	—	—	—	—	—
Florida ^{**}	—	—	—	69,770	18.5	310	—
Georgia	29,631	13.9	228	33,811	15.9	260	13.4
Hawaii	2,479	9.3	137	2,554	9.6	141	1.0
Idaho	1,725	5.4	77	1,289	4.0	57	3.4
Illinois	33,311	13.1	216	38,382	15.1	249	12.2
Indiana	9,501	7.3	114	7,277	5.6	88	7.0
Iowa ^{††}	3,467	5.9	88	3,722	6.3	94	15.2
Kansas	3,484	6.2	92	6,790	12.2	178	49.8
Kentucky	4,586	5.4	83	3,312	3.9	60	14.0
Louisiana	8,243	8.8	130	8,973	9.5	142	15.4
Maine	1,937	8.4	152	2,021	8.7	159	3.5
Maryland [¶]	—	—	—	—	—	—	—
Massachusetts ^{††}	17,294	12.6	242	17,901	13.0	251	3.6
Michigan	25,572	13.6	226	26,395	14.1	233	4.0
Minnesota	9,425	8.9	135	10,017	9.5	144	9.0
Mississippi	4,708	7.9	124	2,569	4.3	68	6.3
Missouri	9,036	7.7	121	4,562	3.9	61	9.0
Montana	1,503	8.0	122	1,618	8.6	132	9.8
Nebraska	1,784	4.8	67	1,907	5.2	72	11.3
Nevada	6,873	11.9	190	7,284	12.6	201	5.9
New Hampshire [¶]	—	—	—	—	—	—	—
New Jersey ^{§§}	24,563	14.4	239	24,470	14.3	238	5.5
New Mexico ^{††}	3,502	8.9	142	4,573	11.6	185	27.0
New York	82,841	20.7	354	87,325	21.8	373	5.6
New York City	NA	NA	NA	59,854	31.1	519	NA
New York State	NA	NA	NA	27,471	13.2	231	NA
North Carolina	23,168	11.6	192	27,138	13.6	225	16.8
North Dakota	955	6.5	84	1,160	7.9	102	26.7

See table footnotes on the next page.

TABLE 2. (Continued) Number, rate,* and ratio† of reported abortions, by reporting area of residence and occurrence and by percentage of abortions obtained by out-of-state residents — United States, 2016

State/Area	Residence			Occurrence			% obtained by out-of-state residents [§]
	No.	Rate	Ratio	No.	Rate	Ratio	
Ohio	20,790	9.5	151	20,672	9.4	150	5.5
Oklahoma	4,409	5.7	84	4,294	5.6	82	8.0
Oregon	8,230	10.3	181	8,942	11.2	196	10.6
Pennsylvania	30,954	13.0	222	30,881	13.0	222	5.4
Rhode Island	2,223	10.7	206	2,479	11.9	230	12.9
South Carolina	10,773	11.2	188	5,736	6.0	100	5.4
South Dakota	664	4.2	54	472	3.0	38	12.9
Tennessee	10,523	8.1	130	11,235	8.6	139	18.6
Texas	53,567	9.2	135	53,481	9.2	134	2.1
Utah	2,956	4.5	59	3,008	4.5	60	6.6
Vermont	1,131	9.9	196	1,298	11.3	226	14.1
Virginia	16,913	10.1	165	17,058	10.2	166	6.0
Washington	17,140	11.9	189	17,080	11.9	189	4.8
West Virginia	1,637	5.0	86	1,428	4.4	75	12.0
Wisconsin	6,633	6.1	100	5,612	5.2	84	2.5
Wyoming	493	4.5	67	—¶¶	—***	—***	—***
Canada	48	NA	NA	NA	NA	NA	NA
Mexico	281	NA	NA	NA	NA	NA	NA
Other country or territory	201	NA	NA	NA	NA	NA	NA
Total known	545,867	NA	NA	NA	NA	NA	NA
Percentage reported by known residence	87.6	NA	NA	NA	NA	NA	NA
Total unknown residence	77,604	NA	NA	NA	NA	NA	NA
Out of state, exact residence not stated	5,545	NA	NA	NA	NA	NA	NA
No information on residence provided	72,059	NA	NA	NA	NA	NA	NA
Percentage reported by unknown residence	12.4	NA	NA	NA	NA	NA	NA
Total	623,471	NA	NA	NA	NA	NA	NA

Abbreviation: NA = not applicable.

* Number of abortions per 1,000 women aged 15–44 years.

† Number of abortions per 1,000 live births.

§ Additional details on the state in which abortions were provided, cross-tabulated by the state of maternal residence, are available at https://www.cdc.gov/reproductivehealth/data_stats/Abortion.htm.

¶ Reporting area did not report; because numbers for this area are available only from other reporting areas where residents obtained abortions, meaningful statistics cannot be reported.

** Reported by occurrence only; because abortion numbers by residence for Florida are available only from other states where residents obtained abortions, meaningful statistics cannot be reported.

†† Reporting area reported abortion numbers for both in-state and out-of-state residents; for out-of-state residents, the state or area of residence was not provided.

§§ Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

¶¶ Total abortion number <20.

*** Abortion rates and ratios and percentage of abortions obtained by out-of-state residents were not calculated for Wyoming because calculations based on a small number of abortions are unstable.

TABLE 3. Reported abortions, by known age group and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Age group (yrs)							Total abortions reported by known age No. (% of all reported abortions) [§]
	<15 No. (%) [†]	15–19 No. (%)	20–24 No. (%)	25–29 No. (%)	30–34 No. (%)	35–39 No. (%)	≥40 No. (%)	
Alabama	23 (0.3)	711 (10.7)	2,196 (33.1)	1,924 (29.0)	1,091 (16.4)	534 (8.0)	162 (2.4)	6,641 (100.0)
Alaska	— [¶]	147 (11.7)	366 (29.0)	354 (28.1)	230 (18.3)	118 (9.4)	—	1,260 (100.0)
Arizona	31 (0.2)	1,283 (9.6)	4,100 (30.8)	3,665 (27.5)	2,345 (17.6)	1,377 (10.3)	524 (3.9)	13,325 (99.9)
Arkansas	14 (0.4)	335 (10.4)	1,070 (33.4)	869 (27.1)	524 (16.3)	287 (8.9)	108 (3.4)	3,207 (100.0)
Colorado	28 (0.3)	794 (9.6)	2,607 (31.4)	2,337 (28.2)	1,383 (16.7)	846 (10.2)	303 (3.7)	8,298 (99.6)
Connecticut	18 (0.2)	902 (9.1)	2,925 (29.6)	2,812 (28.5)	1,861 (18.9)	984 (10.0)	368 (3.7)	9,870 (98.4)
Delaware	—	245 (11.3)	625 (28.8)	599 (27.6)	401 (18.5)	222 (10.2)	—	2,170 (100.0)
Georgia	107 (0.3)	2,878 (8.5)	10,040 (29.7)	9,882 (29.2)	6,195 (18.3)	3,604 (10.7)	1,105 (3.3)	33,811 (100.0)
Hawaii	—	259 (10.2)	738 (29.0)	675 (26.5)	467 (18.3)	288 (11.3)	—	2,548 (99.8)
Idaho	—	164 (12.7)	436 (33.9)	328 (25.5)	211 (16.4)	102 (7.9)	—	1,288 (99.9)
Illinois**	104 (0.3)	3,007 (9.2)	10,007 (30.7)	9,229 (28.3)	5,762 (17.7)	3,341 (10.3)	1,118 (3.4)	32,568 (99.7)
Indiana	25 (0.3)	743 (10.2)	2,428 (33.4)	1,969 (27.1)	1,206 (16.6)	681 (9.4)	225 (3.1)	7,277 (100.0)
Iowa	7 (0.2)	405 (10.9)	1,166 (31.4)	984 (26.5)	660 (17.8)	364 (9.8)	129 (3.5)	3,715 (99.8)
Kansas	14 (0.2)	628 (9.2)	2,082 (30.7)	1,881 (27.7)	1,236 (18.2)	702 (10.3)	247 (3.6)	6,790 (100.0)
Kentucky	15 (0.5)	343 (10.4)	995 (30.0)	935 (28.2)	556 (16.8)	358 (10.8)	110 (3.3)	3,312 (100.0)
Louisiana	34 (0.4)	811 (9.0)	2,648 (29.5)	2,668 (29.7)	1,684 (18.8)	896 (10.0)	231 (2.6)	8,972 (100.0)
Maine	—	219 (10.8)	597 (29.6)	534 (26.4)	401 (19.9)	200 (9.9)	65 (3.2)	2,020 (100.0)
Massachusetts	25 (0.1)	1,470 (8.2)	5,141 (28.7)	5,338 (29.8)	3,359 (18.8)	1,849 (10.3)	702 (3.9)	17,884 (99.9)
Michigan	57 (0.2)	2,448 (9.3)	8,381 (31.9)	7,860 (29.9)	4,331 (16.5)	2,435 (9.3)	796 (3.0)	26,308 (99.7)
Minnesota	29 (0.3)	870 (8.7)	2,849 (28.4)	2,816 (28.1)	1,990 (19.9)	1,108 (11.1)	355 (3.5)	10,017 (100.0)
Mississippi	11 (0.4)	237 (9.2)	824 (32.1)	728 (28.4)	485 (18.9)	215 (8.4)	66 (2.6)	2,566 (99.9)
Missouri	8 (0.2)	451 (9.9)	1,475 (32.3)	1,339 (29.4)	731 (16.0)	438 (9.6)	120 (2.6)	4,562 (100.0)
Montana	—	169 (10.5)	505 (31.3)	419 (25.9)	276 (17.1)	173 (10.7)	—	1,615 (99.8)
Nebraska	—	169 (8.9)	557 (29.2)	566 (29.7)	336 (17.6)	207 (10.9)	—	1,907 (100.0)
Nevada	12 (0.2)	658 (9.2)	1,971 (27.6)	2,055 (28.8)	1,319 (18.5)	808 (11.3)	306 (4.3)	7,129 (97.9)
New Jersey ^{††}	61 (0.2)	2,316 (9.5)	7,011 (28.7)	7,111 (29.1)	4,383 (17.9)	2,592 (10.6)	985 (4.0)	24,459 (100.0)
New Mexico	25 (0.6)	595 (13.5)	1,379 (31.3)	1,126 (25.6)	706 (16.0)	419 (9.5)	150 (3.4)	4,400 (96.2)
New York	212 (0.2)	8,294 (9.5)	24,507 (28.1)	24,595 (28.2)	16,408 (18.8)	9,626 (11.0)	3,560 (4.1)	87,202 (99.9)
New York City	144 (0.2)	5,256 (8.8)	16,218 (27.1)	17,004 (28.4)	11,607 (19.4)	6,981 (11.7)	2,642 (4.4)	59,852 (100.0)
New York State	68 (0.2)	3,038 (11.1)	8,289 (30.3)	7,591 (27.8)	4,801 (17.6)	2,645 (9.7)	918 (3.4)	27,350 (99.6)
North Carolina	74 (0.3)	2,344 (8.9)	8,222 (31.1)	7,642 (28.9)	4,617 (17.5)	2,650 (10.0)	849 (3.2)	26,398 (97.3)
North Dakota	5 (0.4)	110 (9.5)	358 (30.9)	328 (28.3)	222 (19.1)	112 (9.7)	25 (2.2)	1,160 (100.0)
Ohio	76 (0.4)	1,995 (9.7)	6,651 (32.2)	5,921 (28.6)	3,457 (16.7)	1,968 (9.5)	604 (2.9)	20,672 (100.0)
Oklahoma	15 (0.3)	411 (9.6)	1,337 (31.2)	1,210 (28.2)	770 (17.9)	410 (9.6)	137 (3.2)	4,290 (99.9)
Oregon	20 (0.2)	865 (9.7)	2,548 (28.5)	2,478 (27.7)	1,659 (18.6)	997 (11.1)	375 (4.2)	8,942 (100.0)
Pennsylvania	77 (0.2)	2,728 (8.8)	9,502 (30.8)	9,211 (29.8)	5,428 (17.6)	2,941 (9.5)	994 (3.2)	30,881 (100.0)
Rhode Island	5 (0.2)	228 (9.2)	787 (31.8)	653 (26.4)	452 (18.3)	248 (10.0)	100 (4.0)	2,473 (99.8)
South Carolina	8 (0.1)	548 (9.6)	1,806 (31.5)	1,608 (28.0)	968 (16.9)	606 (10.6)	192 (3.3)	5,736 (100.0)
South Dakota	0 (0.0)	46 (9.7)	136 (28.8)	136 (28.8)	92 (19.5)	46 (9.7)	16 (3.4)	472 (100.0)
Tennessee	25 (0.2)	1,020 (9.1)	3,515 (31.4)	3,310 (29.6)	1,952 (17.4)	1,047 (9.4)	318 (2.8)	11,187 (99.6)
Texas	107 (0.2)	4,903 (9.2)	16,152 (30.2)	15,085 (28.2)	9,758 (18.2)	5,601 (10.5)	1,875 (3.5)	53,481 (100.0)
Utah	9 (0.3)	318 (10.6)	955 (31.8)	769 (25.6)	496 (16.5)	325 (10.8)	128 (4.3)	3,000 (99.7)
Vermont	—	152 (11.8)	377 (29.2)	362 (28.1)	236 (18.3)	106 (8.2)	—	1,289 (99.3)
Virginia	35 (0.2)	1,382 (8.1)	4,953 (29.1)	4,826 (28.3)	3,244 (19.1)	1,868 (11.0)	718 (4.2)	17,026 (99.8)
Washington	24 (0.1)	1,820 (10.7)	4,879 (28.6)	4,667 (27.4)	3,180 (18.6)	1,807 (10.6)	686 (4.0)	17,063 (99.9)
West Virginia	5 (0.4)	141 (9.9)	467 (32.7)	398 (27.9)	256 (17.9)	123 (8.6)	38 (2.7)	1,428 (100.0)
Wisconsin**	11 (0.2)	565 (10.3)	1,640 (30.0)	1,525 (27.9)	985 (18.0)	559 (10.2)	187 (3.4)	5,472 (97.5)
Total	1,379 (0.3)	51,127 (9.4)	163,911 (30.0)	155,727 (28.5)	98,309 (18.0)	56,188 (10.3)	19,450 (3.5)	546,091 (99.7)^{§§}
Abortion rate^{¶¶}	0.4	6.2	19.1	17.8	11.6	6.9	2.5	10.9
Abortion ratio^{***}	734	297	250	169	113	136	220	175

* Data from 46 reporting areas; excludes six reporting areas (California, District of Columbia, Florida, Maryland, New Hampshire, and Wyoming) that did not report, did not report by age, or did not meet reporting standards.

† Percentages for the individual component categories might not add to 100 because of rounding.

§ Percentage is calculated as the number of abortions reported by known age divided by the sum of abortions reported by known and unknown age.

¶ Cells with a value in the range of 1–4 or cells that would allow for calculation of these small values have been suppressed.

** Includes residents only.

†† Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

§§ Percentage based on a total of 547,982 abortions reported among the areas that met reporting standards for age.

¶¶ Number of abortions obtained by women in a given age group per 1,000 women in that same age group. Women aged 13–14 years were used as the denominator for the group of women aged <15 years, and women aged 40–44 years were used as the denominator for the group of women aged ≥40 years. Women aged 15–44 years were used as the denominator for the overall rate. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

*** Number of abortions obtained by women in a given age group per 1,000 live births to women in that same age group. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

TABLE 4. Reported abortions, by known age group and year — selected reporting areas,* United States, 2007–2016

Age group (yrs)	Year										% change			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2007 to 2011	2012 to 2016	2015 to 2016	2007 to 2016
% of abortions														
<15	0.5	0.5	0.5	0.5	0.4	0.4	0.3	0.3	0.3	0.3	-20.0	-25.0	0.0	-40.0
15–19	16.5	16.1	15.5	14.6	13.5	12.2	11.4	10.4	9.8	9.4	-18.2	-23.0	-4.1	-43.0
20–24	32.7	32.7	32.7	32.9	32.9	32.8	32.7	32.1	31.1	30.0	0.6	-8.5	-3.5	-8.3
25–29	24.2	24.4	24.4	24.5	24.9	25.4	25.9	26.8	27.6	28.5	2.9	12.2	3.3	17.8
30–34	14.1	14.3	14.8	15.3	15.8	16.4	16.8	17.2	17.7	18.0	12.1	9.8	1.7	27.7
35–39	8.8	8.8	8.8	8.9	8.9	9.1	9.2	9.7	10.0	10.3	1.1	13.2	3.0	17.0
≥40	3.2	3.1	3.3	3.4	3.6	3.7	3.6	3.6	3.6	3.6	12.5	-2.7	0.0	12.5
Abortion rate[†]														
<15	1.2	1.2	1.1	1.0	0.9	0.8	0.6	0.5	0.5	0.4	-25.0	-50.0	-20.0	-66.7
15–19	14.1	13.8	12.8	11.7	10.5	9.2	8.2	7.3	6.7	6.2	-25.5	-32.6	-7.5	-56.0
20–24	29.2	29.3	27.7	26.8	25.0	23.3	21.9	20.9	19.9	19.1	-14.4	-18.0	-4.0	-34.6
25–29	21.8	21.8	20.7	20.2	19.4	18.9	18.2	18.1	17.9	17.8	-11.0	-5.8	-0.6	-18.3
30–34	13.6	13.8	13.4	13.2	12.7	12.4	11.8	11.7	11.7	11.6	-6.6	-6.5	-0.9	-14.7
35–39	7.8	7.8	7.6	7.6	7.5	7.3	7.0	7.1	7.0	6.9	-3.8	-5.5	-1.4	-11.5
≥40	2.6	2.7	2.8	2.8	2.8	2.8	2.5	2.5	2.5	2.5	7.7	-10.7	0.0	-3.8
Abortion ratio[§]														
<15	770	804	832	848	839	804	791	745	700	733	9.0	-8.8	4.7	-4.8
15–19	336	337	328	332	325	304	299	291	289	296	-3.3	-2.6	2.4	-11.9
20–24	274	283	281	290	284	272	262	256	250	250	3.6	-8.1	0.0	-8.8
25–29	183	186	183	184	178	174	168	166	167	169	-2.7	-2.9	1.2	-7.7
30–34	137	140	138	138	132	128	121	116	115	113	-3.6	-11.7	-1.7	-17.5
35–39	170	174	172	171	165	158	147	145	140	136	-2.9	-13.9	-2.9	-20.0
≥40	278	271	275	273	275	269	245	239	228	220	-1.1	-18.2	-3.5	-20.9
Total (no.)	722,831	726,839	695,952	675,732	643,628	614,570	582,260	569,100	556,221	544,663	—	—	—	—

* Data from 44 reporting areas; by year, these reporting areas represent 99% of all abortions reported to CDC by age during 2007–2016. Excludes eight reporting areas (California, District of Columbia, Florida, Maine, Maryland, New Hampshire, Vermont, and Wyoming) that did not report, did not report by age, or did not meet reporting standards for ≥1 year.

† Number of abortions obtained by women in a given age group per 1,000 women in that same age group. Women aged 13–14 years were used as the denominator for the group of women aged <15 years, and women aged 40–44 years were used as the denominator for the group of women aged ≥40 years. Women aged 15–44 years were used as the denominator for the overall rate. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

§ Number of abortions obtained by women in a given age group per 1,000 live births to women in that same age group. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

TABLE 5. Reported abortions among adolescents, by known age and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Age (yrs)						Total no.
	<15	15	16	17	18	19	
	No. (%) [†]	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Alabama	23 (3.1)	44 (6.0)	75 (10.2)	112 (15.3)	212 (28.9)	268 (36.5)	734
Alaska	— [§]	—	16 (10.6)	28 (18.5)	36 (23.8)	55 (36.4)	151
Arizona	31 (2.4)	35 (2.7)	85 (6.5)	161 (12.3)	413 (31.4)	589 (44.8)	1,314
Arkansas	14 (4.0)	18 (5.2)	42 (12.0)	54 (15.5)	93 (26.6)	128 (36.7)	349
Colorado	28 (3.4)	44 (5.4)	81 (9.9)	103 (12.5)	219 (26.6)	347 (42.2)	822
Delaware	—	11 (4.5)	27 (10.9)	37 (15.0)	80 (32.4)	90 (36.4)	247
Georgia	107 (3.6)	148 (5.0)	291 (9.7)	426 (14.3)	858 (28.7)	1,155 (38.7)	2,985
Hawaii	—	—	36 (13.7)	45 (17.2)	72 (27.5)	91 (34.7)	262
Idaho	—	6 (3.6)	16 (9.6)	—	48 (28.7)	76 (45.5)	167
Indiana	25 (3.3)	46 (6.0)	67 (8.7)	82 (10.7)	223 (29.0)	325 (42.3)	768
Iowa	7 (1.7)	22 (5.3)	39 (9.5)	59 (14.3)	108 (26.2)	177 (43.0)	412
Kansas	14 (2.2)	32 (5.0)	46 (7.2)	98 (15.3)	198 (30.8)	254 (39.6)	642
Kentucky	15 (4.2)	17 (4.7)	24 (6.7)	64 (17.9)	98 (27.4)	140 (39.1)	358
Louisiana	34 (4.0)	53 (6.3)	104 (12.3)	150 (17.8)	211 (25.0)	293 (34.7)	845
Maine	—	16 (7.2)	20 (9.0)	34 (15.2)	62 (27.8)	87 (39.0)	223
Michigan	57 (2.3)	126 (5.0)	213 (8.5)	395 (15.8)	726 (29.0)	988 (39.4)	2,505
Minnesota	29 (3.2)	45 (5.0)	83 (9.2)	134 (14.9)	256 (28.5)	352 (39.2)	899
Mississippi	11 (4.4)	11 (4.4)	37 (14.9)	33 (13.3)	59 (23.8)	97 (39.1)	248
Missouri	8 (1.7)	18 (3.9)	41 (8.9)	66 (14.4)	145 (31.6)	181 (39.4)	459
Montana	—	—	18 (10.5)	39 (22.8)	45 (26.3)	60 (35.1)	171
Nebraska	—	14 (8.1)	—	28 (16.2)	51 (29.5)	63 (36.4)	173
Nevada	12 (1.8)	28 (4.2)	58 (8.7)	120 (17.9)	190 (28.4)	262 (39.1)	670
New Jersey [¶]	61 (2.6)	123 (5.2)	252 (10.6)	419 (17.6)	643 (27.1)	879 (37.0)	2,377
New Mexico	25 (4.0)	32 (5.2)	66 (10.6)	129 (20.8)	156 (25.2)	212 (34.2)	620
New York	212 (2.5)	386 (4.5)	849 (10.0)	1,463 (17.2)	2,424 (28.5)	3,172 (37.3)	8,506
New York City	144 (2.7)	260 (4.8)	561 (10.4)	924 (17.1)	1,528 (28.3)	1,983 (36.7)	5,400
New York State	68 (2.2)	126 (4.1)	288 (9.3)	539 (17.4)	896 (28.8)	1,189 (38.3)	3,106
North Carolina	74 (3.1)	134 (5.5)	216 (8.9)	326 (13.5)	675 (27.9)	993 (41.1)	2,418
North Dakota	5 (4.3)	11 (9.6)	13 (11.3)	11 (9.6)	36 (31.3)	39 (33.9)	115
Ohio	76 (3.7)	110 (5.3)	228 (11.0)	284 (13.7)	607 (29.3)	766 (37.0)	2,071
Oklahoma	15 (3.5)	17 (4.0)	42 (9.9)	39 (9.2)	142 (33.3)	171 (40.1)	426
Oregon	20 (2.3)	39 (4.4)	72 (8.1)	147 (16.6)	257 (29.0)	350 (39.5)	885
Pennsylvania	77 (2.7)	146 (5.2)	272 (9.7)	393 (14.0)	790 (28.2)	1,127 (40.2)	2,805
Rhode Island	5 (2.1)	11 (4.7)	19 (8.2)	28 (12.0)	72 (30.9)	98 (42.1)	233
South Carolina	8 (1.4)	15 (2.7)	38 (6.8)	137 (24.6)	157 (28.2)	201 (36.2)	556
South Dakota	0 (0)	5 (10.9)	—	—	18 (39.1)	17 (37.0)	46
Tennessee	25 (2.4)	58 (5.6)	99 (9.5)	128 (12.2)	287 (27.5)	448 (42.9)	1,045
Texas	107 (2.1)	285 (5.7)	428 (8.5)	671 (13.4)	1,396 (27.9)	2,123 (42.4)	5,010
Utah	9 (2.8)	12 (3.7)	26 (8.0)	35 (10.7)	112 (34.3)	133 (40.7)	327
Vermont	—	—	14 (9.2)	27 (17.6)	49 (32.0)	56 (36.6)	153
Virginia	35 (2.5)	70 (4.9)	119 (8.4)	186 (13.1)	396 (27.9)	611 (43.1)	1,417
Washington	24 (1.3)	85 (4.6)	188 (10.2)	312 (16.9)	531 (28.8)	704 (38.2)	1,844
West Virginia	5 (3.4)	9 (6.2)	10 (6.8)	18 (12.3)	39 (26.7)	65 (44.5)	146
Wisconsin**	11 (1.9)	35 (6.1)	63 (10.9)	84 (14.6)	180 (31.3)	203 (35.2)	576
Total	1,232 (2.6)	2,357 (5.0)	4,450 (9.5)	7,125 (15.2)	13,370 (28.5)	18,446 (39.3)	46,980
Abortion rate^{††}	0.4	1.6	3.0	4.8	9.1	12.4	—
Abortion ratio^{§§}	694	459	351	292	295	249	—

* Data from 43 reporting areas; excludes nine reporting areas (California, Connecticut, District of Columbia, Florida, Illinois, Maryland, Massachusetts, New Hampshire, and Wyoming) that did not report, did not report age among adolescents by individual year, or did not meet reporting standards.

† Percentages for the individual component categories might not add to 100 because of rounding.

§ Cells with a value in the range of 1–4 or cells that would allow for calculation of these small values have been suppressed.

¶ Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

** Includes residents only.

†† Number of abortions obtained by adolescents in a given age group per 1,000 adolescents in that same age group. Adolescents aged 13–14 years were used as the denominator for adolescents aged <15 years. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

§§ Number of abortions obtained by adolescents in a given age group per 1,000 live births to adolescents in that same age group. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

TABLE 6. Reported abortions among adolescents, by known age and year — selected reporting areas,* United States, 2007–2016

Age (yrs)	Year										% change			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2007 to 2011	2012 to 2016	2015 to 2016	2007 to 2016
% of abortions														
<15	3.1	3.1	3.0	3.1	3.1	3.1	2.9	2.9	2.7	2.6	0.0	-16.1	-3.7	-16.1
15	6.0	5.9	5.7	5.8	5.6	5.6	5.2	5.2	5.2	5.0	-6.7	-10.7	-3.8	-16.7
16	11.4	10.8	10.6	10.4	10.1	9.8	9.5	9.5	9.1	9.4	-11.4	-4.1	3.3	-17.5
17	17.3	17.1	16.8	16.4	16.0	15.6	15.1	15.1	15.1	15.1	-7.5	-3.2	0.0	-12.7
18	28.1	28.3	28.0	27.6	28.1	27.7	28.1	28.1	28.4	28.5	0.0	2.9	0.4	1.4
19	34.0	34.8	35.8	36.7	37.2	38.1	39.2	39.3	39.5	39.3	9.4	3.1	-0.5	15.6
Abortion rate[†]														
<15	1.2	1.1	1.0	1.0	0.8	0.7	0.6	0.5	0.5	0.4	-33.3	-42.9	-20.0	-66.7
15	4.3	4.2	3.8	3.6	3.1	2.6	2.2	1.9	1.7	1.6	-27.9	-38.5	-5.9	-62.8
16	8.2	7.6	7.0	6.3	5.4	4.6	4.0	3.5	3.1	2.9	-34.1	-37.0	-6.5	-64.6
17	12.2	12.0	10.9	9.7	8.5	7.2	6.3	5.6	5.1	4.8	-30.3	-33.3	-5.9	-60.7
18	20.4	19.3	17.7	16.0	14.7	12.6	11.5	10.4	9.7	9.1	-27.9	-27.8	-6.2	-55.4
19	24.8	24.4	22.1	20.8	18.8	17.0	15.7	14.2	13.3	12.4	-24.2	-27.1	-6.8	-50.0
Abortion ratio[§]														
<15	744	775	789	813	802	759	767	718	685	705	7.8	-7.1	2.9	-5.2
15	484	503	488	520	499	464	447	454	444	458	3.1	-1.3	3.2	-5.4
16	399	382	377	379	369	340	336	338	324	351	-7.5	3.2	8.3	-12.0
17	329	325	317	318	313	289	282	278	282	292	-4.9	1.0	3.5	-11.2
18	331	331	316	321	320	295	295	289	292	298	-3.3	1.0	2.1	-10.0
19	285	290	282	287	277	258	257	249	246	251	-2.8	-2.7	2.0	-11.9
Total (no.)	106,850	104,912	96,339	87,776	76,974	66,150	58,950	52,786	48,492	45,687	—	—	—	—

* Data from 39 reporting areas; by year, these areas represent 85%–86% of all abortions reported to CDC for adolescents during 2007–2016. Excludes 13 reporting areas (California, Connecticut, District of Columbia, Florida, Illinois, Louisiana, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island, Vermont, and Wyoming) that did not report, did not report age among adolescents by individual year, or did not meet reporting standards for ≥ 1 year.

[†] Number of abortions obtained by adolescents in a given age group per 1,000 adolescents in that same age group. Adolescents aged 13–14 years were used as the denominator for adolescents aged <15 years. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

[§] Number of abortions obtained by adolescents in a given age group per 1,000 live births to adolescents in that same age group. For each reporting area, abortions for women of unknown age were distributed according to the distribution of abortions among women of known age for that area.

TABLE 7. Reported abortions, by known weeks of gestation* and reporting area of occurrence — selected reporting areas,† United States, 2016

State/Area	Weeks of gestation						Total abortions reported by known gestational age No. (% of all reported abortions) [¶]
	≤8	9–13	14–15	16–17	18–20	≥21	
Alabama	3,687 (55.5)	2,234 (33.6)	290 (4.4)	194 (2.9)	185 (2.8)	52 (0.8)	6,642 (100.0)
Alaska	838 (66.5)	419 (33.3)	—**	—	—	0 (0.0)	1,260 (100.0)
Arizona	8,905 (66.9)	3,362 (25.2)	473 (3.6)	252 (1.9)	184 (1.4)	144 (1.1)	13,320 (99.9)
Arkansas ^{††}	1,559 (48.6)	1,075 (33.5)	209 (6.5)	165 (5.1)	173 (5.4)	26 (0.8)	3,207 (100.0)
Colorado	5,687 (68.4)	1,901 (22.9)	248 (3.0)	140 (1.7)	66 (0.8)	277 (3.3)	8,319 (99.8)
Connecticut	7,427 (74.7)	1,867 (18.8)	281 (2.8)	120 (1.2)	159 (1.6)	83 (0.8)	9,937 (99.1)
Delaware	1,311 (60.4)	741 (34.2)	100 (4.6)	11 (0.5)	—	—	2,169 (100.0)
Georgia	21,985 (65.0)	8,787 (26.0)	1,072 (3.2)	702 (2.1)	882 (2.6)	383 (1.1)	33,811 (100.0)
Hawaii	1,400 (55.1)	910 (35.8)	68 (2.7)	69 (2.7)	69 (2.7)	25 (1.0)	2,541 (99.5)
Idaho	824 (64.0)	422 (32.8)	40 (3.1)	0 (0.0)	—	—	1,288 (99.9)
Indiana	4,015 (55.2)	3,233 (44.4)	7 (0.1)	—	15 (0.2)	—	7,277 (100.0)
Iowa	2,706 (72.9)	786 (21.2)	70 (1.9)	88 (2.4)	57 (1.5)	7 (0.2)	3,714 (99.8)
Kansas	4,370 (64.4)	1,741 (25.6)	254 (3.7)	202 (3.0)	188 (2.8)	35 (0.5)	6,790 (100.0)
Kentucky	2,020 (61.0)	863 (26.1)	152 (4.6)	127 (3.8)	117 (3.5)	33 (1.0)	3,312 (100.0)
Louisiana	6,268 (70.5)	2,031 (22.8)	336 (3.8)	185 (2.1)	—	—	8,889 (99.1)
Maine	1,228 (60.8)	647 (32.0)	61 (3.0)	38 (1.9)	36 (1.8)	11 (0.5)	2,021 (100.0)
Michigan	16,026 (60.8)	7,438 (28.2)	1,223 (4.6)	684 (2.6)	596 (2.3)	394 (1.5)	26,361 (99.9)
Minnesota	6,707 (67.0)	2,278 (22.7)	379 (3.8)	231 (2.3)	270 (2.7)	152 (1.5)	10,017 (100.0)
Mississippi	1,659 (64.6)	699 (27.2)	184 (7.2)	20 (0.8)	—	—	2,569 (100.0)
Missouri	2,224 (48.8)	1,697 (37.2)	173 (3.8)	182 (4.0)	177 (3.9)	109 (2.4)	4,562 (100.0)
Montana	1,031 (63.8)	423 (26.2)	75 (4.6)	41 (2.5)	35 (2.2)	11 (0.7)	1,616 (99.9)
Nebraska	1,246 (65.4)	535 (28.1)	61 (3.2)	46 (2.4)	—	—	1,905 (99.9)
Nevada	4,766 (66.6)	1,837 (25.7)	247 (3.5)	154 (2.2)	100 (1.4)	50 (0.7)	7,154 (98.2)
New Jersey ^{§§}	14,776 (62.6)	5,376 (22.8)	1,206 (5.1)	808 (3.4)	761 (3.2)	686 (2.9)	23,613 (96.5)
New Mexico	2,828 (67.1)	668 (15.8)	121 (2.9)	82 (1.9)	99 (2.3)	417 (9.9)	4,215 (92.2)
New York City	41,553 (69.5)	12,509 (20.9)	1,866 (3.1)	1,175 (2.0)	1,377 (2.3)	1,328 (2.2)	59,808 (99.9)
North Carolina	17,747 (66.1)	6,755 (25.1)	1,174 (4.4)	699 (2.6)	—	—	26,865 (99.0)
North Dakota	772 (66.6)	317 (27.3)	49 (4.2)	20 (1.7)	—	—	1,160 (100.0)
Ohio	11,230 (54.3)	6,917 (33.5)	1,123 (5.4)	664 (3.2)	598 (2.9)	140 (0.7)	20,672 (100.0)
Oklahoma	3,360 (78.3)	849 (19.8)	53 (1.2)	—	15 (0.3)	—	4,290 (99.9)
Oregon	6,448 (72.3)	1,740 (19.5)	218 (2.4)	160 (1.8)	174 (2.0)	174 (2.0)	8,914 (99.7)
Rhode Island	1,640 (66.5)	573 (23.2)	116 (4.7)	56 (2.3)	60 (2.4)	22 (0.9)	2,467 (99.5)
South Carolina	4,005 (69.8)	1,700 (29.6)	5 (0.1)	—	14 (0.2)	8 (0.1)	5,736 (100.0)
South Dakota	293 (62.2)	171 (36.3)	—	—	0 (0.0)	5 (1.1)	471 (99.8)
Tennessee	6,242 (56.1)	4,149 (37.3)	667 (6.0)	57 (0.5)	—	—	11,130 (99.1)
Texas ^{††}	34,668 (64.8)	14,277 (26.7)	2,226 (4.2)	1,170 (2.2)	885 (1.7)	255 (0.5)	53,481 (100.0)
Utah	2,053 (68.9)	692 (23.2)	115 (3.9)	53 (1.8)	47 (1.6)	19 (0.6)	2,979 (99.0)
Vermont	896 (69.2)	315 (24.3)	38 (2.9)	14 (1.1)	17 (1.3)	14 (1.1)	1,294 (99.7)
Virginia	13,427 (78.9)	3,140 (18.5)	64 (0.4)	102 (0.6)	202 (1.2)	72 (0.4)	17,007 (99.7)
Washington	11,994 (70.3)	3,587 (21.0)	503 (2.9)	333 (2.0)	300 (1.8)	337 (2.0)	17,054 (99.8)
West Virginia	871 (61.0)	464 (32.5)	53 (3.7)	25 (1.8)	—	—	1,428 (100.0)
Total	282,692 (65.5)	110,125 (25.5)	15,602 (3.6)	9,089 (2.1)	8,454 (2.0)	5,303 (1.2)	431,265 (99.5)^{¶¶}

* Gestational age based on the clinician's estimate (Alabama, Alaska, Arizona, Colorado, Delaware, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York City, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, and Washington); gestational age calculated from the last normal menstrual period (Oklahoma); clinician's estimate of gestation based on estimated date of conception (Virginia); probable gestational age (West Virginia); probable postfertilization age (Arkansas and Texas).

† Data are from 41 reporting areas; excludes 11 areas (California, District of Columbia, Florida, Illinois, Maryland, Massachusetts, New Hampshire, New York State, Pennsylvania, Wisconsin, and Wyoming) that did not report, did not report by gestational age, or did not meet reporting standards.

§ Percentages for the individual component categories might not add to 100 because of rounding.

¶ Percentage is calculated as the number of abortions reported by known gestational age divided by the sum of abortions reported by known and unknown gestational age.

** Cells with a value in the range of 1–4 or cells that would allow for calculation of these small values have been suppressed.

†† Two weeks were added to the probable postfertilization age to provide a corresponding measure to gestational age based on the clinician's estimate.

§§ Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

¶¶ Percentage based on a total of 433,454 abortions reported among the areas that met reporting standards for gestational age.

TABLE 8. Reported abortions, by known weeks of gestation and year — selected reporting areas,* United States, 2007–2016

Weeks of gestation	Year										% change			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2007 to 2011	2012 to 2016	2015 to 2016	2007 to 2016
≤13 weeks' gestation (%)	91.5	91.5	91.9	91.9	91.5	91.4	91.6	91.0	91.0	90.9	0	-0.5	-0.1	-0.7
≤8	63.7	64.2	65.3	65.9	65.7	65.8	65.9	64.8	65.4	65.3	3.1	-0.8	-0.2	2.5
9–13	27.8	27.3	26.6	26.0	25.8	25.6	25.7	26.2	25.6	25.6	-7.2	0	0	-7.9
>13 weeks' gestation (%)	8.5	8.5	8.2	8.2	8.5	8.6	8.5	9.0	9.0	9.0	0	4.7	0	5.9
14–15	3.4	3.4	3.3	3.3	3.4	3.5	3.4	3.5	3.5	3.6	0	2.9	2.9	5.9
16–17	1.9	1.9	1.8	1.8	1.8	1.9	1.9	2.2	2.1	2.1	-5.3	10.5	0	10.5
18–20	1.9	1.9	1.8	1.8	1.9	1.9	1.9	1.9	2.0	2.0	0	5.3	0	5.3
≥21	1.3	1.3	1.3	1.3	1.4	1.3	1.3	1.4	1.4	1.3	7.7	0	-7.1	0
Total (no.)	530,632	533,302	510,891	501,176	474,584	449,983	429,825	418,587	407,877	401,749	—	—	—	—

* Data from 33 reporting areas; by year, these reporting areas represent 76%–85% of the abortions reported to CDC by gestational age during 2007–2016. Excludes 19 areas (California, Connecticut, Delaware, District of Columbia, Florida, Illinois, Maine, Maryland, Massachusetts, Mississippi, Nebraska, Nevada, New Hampshire, New York State, Pennsylvania, Rhode Island, Vermont, Wisconsin, and Wyoming) that did not report, did not report by gestational age, or did not meet reporting standards for ≥1 year.

TABLE 9. Reported abortions obtained at ≤13 weeks' gestation,* by weeks of gestation and reporting area of occurrence — selected reporting areas,[†] United States, 2016

State/Area	Weeks of gestation								Total no. of abortions at ≤13 weeks
	≤6	7	8	9	10	11	12	13	
	No. (%) [§]	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Alabama	1,294 (21.9)	1,266 (21.4)	1,127 (19.0)	851 (14.4)	478 (8.1)	353 (6.0)	284 (4.8)	268 (4.5)	5,921
Alaska	365 (29.0)	245 (19.5)	228 (18.1)	145 (11.5)	68 (5.4)	49 (3.9)	93 (7.4)	64 (5.1)	1,257
Arizona	4,254 (34.7)	2,739 (22.3)	1,912 (15.6)	1,191 (9.7)	807 (6.6)	662 (5.4)	342 (2.8)	360 (2.9)	12,267
Arkansas [¶]	446 (16.9)	591 (22.4)	522 (19.8)	363 (13.8)	257 (9.8)	226 (8.6)	109 (4.1)	120 (4.6)	2,634
Colorado	2,910 (38.4)	1,518 (20.0)	1,259 (16.6)	815 (10.7)	393 (5.2)	330 (4.3)	159 (2.1)	204 (2.7)	7,588
Connecticut	4,459 (48.0)	1,750 (18.8)	1,218 (13.1)	727 (7.8)	387 (4.2)	337 (3.6)	234 (2.5)	182 (2.0)	9,294
Delaware	551 (26.9)	425 (20.7)	335 (16.3)	305 (14.9)	158 (7.7)	111 (5.4)	105 (5.1)	62 (3.0)	2,052
Georgia	11,216 (36.4)	6,435 (20.9)	4,334 (14.1)	2,975 (9.7)	1,896 (6.2)	1,644 (5.3)	1,334 (4.3)	938 (3.0)	30,772
Hawaii	521 (22.6)	378 (16.4)	501 (21.7)	317 (13.7)	206 (8.9)	151 (6.5)	124 (5.4)	112 (4.8)	2,310
Idaho	272 (21.8)	311 (25.0)	241 (19.3)	168 (13.5)	89 (7.1)	58 (4.7)	50 (4.0)	57 (4.6)	1,246
Indiana	917 (12.7)	1,479 (20.4)	1,619 (22.3)	988 (13.6)	764 (10.5)	542 (7.5)	461 (6.4)	478 (6.6)	7,248
Iowa	1,366 (39.1)	729 (20.9)	611 (17.5)	290 (8.3)	144 (4.1)	134 (3.8)	126 (3.6)	92 (2.6)	3,492
Kansas	2,268 (37.1)	1,212 (19.8)	890 (14.6)	675 (11.0)	342 (5.6)	300 (4.9)	221 (3.6)	203 (3.3)	6,111
Kentucky	857 (29.7)	681 (23.6)	482 (16.7)	351 (12.2)	158 (5.5)	143 (5.0)	116 (4.0)	95 (3.3)	2,883
Louisiana	3,639 (43.8)	1,604 (19.3)	1,025 (12.4)	679 (8.2)	478 (5.8)	392 (4.7)	224 (2.7)	258 (3.1)	8,299
Maine	403 (21.5)	458 (24.4)	367 (19.6)	265 (14.1)	125 (6.7)	92 (4.9)	82 (4.4)	83 (4.4)	1,875
Michigan	7,558 (32.2)	4,737 (20.2)	3,731 (15.9)	2,668 (11.4)	1,460 (6.2)	1,264 (5.4)	1,151 (4.9)	895 (3.8)	23,464
Minnesota	3,856 (42.9)	1,592 (17.7)	1,259 (14.0)	870 (9.7)	552 (6.1)	361 (4.0)	274 (3.0)	221 (2.5)	8,985
Mississippi	699 (29.6)	572 (24.3)	388 (16.5)	262 (11.1)	111 (4.7)	145 (6.1)	113 (4.8)	68 (2.9)	2,358
Missouri	472 (12.0)	924 (23.6)	828 (21.1)	643 (16.4)	372 (9.5)	328 (8.4)	206 (5.3)	148 (3.8)	3,921
Montana	543 (37.3)	258 (17.7)	230 (15.8)	165 (11.3)	82 (5.6)	53 (3.6)	74 (5.1)	49 (3.4)	1,454
Nebraska	820 (46.0)	212 (11.9)	214 (12.0)	148 (8.3)	117 (6.6)	120 (6.7)	100 (5.6)	50 (2.8)	1,781
Nevada	2,398 (36.3)	1,340 (20.3)	1,028 (15.6)	788 (11.9)	426 (6.5)	300 (4.5)	174 (2.6)	149 (2.3)	6,603
New Jersey**	8,752 (43.4)	3,401 (16.9)	2,623 (13.0)	1,713 (8.5)	1,059 (5.3)	862 (4.3)	909 (4.5)	833 (4.1)	20,152
New Mexico	1,872 (53.5)	526 (15.0)	430 (12.3)	259 (7.4)	154 (4.4)	106 (3.0)	87 (2.5)	62 (1.8)	3,496
New York City	23,711 (43.9)	10,379 (19.2)	7,463 (13.8)	4,735 (8.8)	2,931 (5.4)	2,201 (4.1)	1,591 (2.9)	1,051 (1.9)	54,062
North Carolina	8,840 (36.1)	5,104 (20.8)	3,803 (15.5)	2,335 (9.5)	1,495 (6.1)	1,081 (4.4)	1,037 (4.2)	807 (3.3)	24,502
North Dakota	391 (35.9)	201 (18.5)	180 (16.5)	123 (11.3)	72 (6.6)	52 (4.8)	38 (3.5)	32 (2.9)	1,089
Ohio	4,440 (24.5)	3,687 (20.3)	3,103 (17.1)	2,429 (13.4)	1,573 (8.7)	1,277 (7.0)	971 (5.4)	667 (3.7)	18,147
Oklahoma	2,553 (60.7)	475 (11.3)	332 (7.9)	312 (7.4)	160 (3.8)	167 (4.0)	146 (3.5)	64 (1.5)	4,209
Oregon	3,909 (47.7)	1,440 (17.6)	1,099 (13.4)	592 (7.2)	367 (4.5)	279 (3.4)	263 (3.2)	239 (2.9)	8,188
Rhode Island	1,007 (45.5)	373 (16.9)	260 (11.7)	191 (8.6)	123 (5.6)	122 (5.5)	66 (3.0)	71 (3.2)	2,213
South Carolina	1,998 (35.0)	1,090 (19.1)	917 (16.1)	581 (10.2)	395 (6.9)	403 (7.1)	155 (2.7)	166 (2.9)	5,705
South Dakota	110 (23.7)	106 (22.8)	77 (16.6)	61 (13.1)	32 (6.9)	35 (7.5)	18 (3.9)	25 (5.4)	464
Tennessee	2,355 (22.7)	2,138 (20.6)	1,749 (16.8)	1,414 (13.6)	905 (8.7)	801 (7.7)	585 (5.6)	444 (4.3)	10,391
Texas [¶]	18,745 (38.3)	9,149 (18.7)	6,774 (13.8)	5,277 (10.8)	3,322 (6.8)	2,584 (5.3)	1,643 (3.4)	1,451 (3.0)	48,945
Utah	1,092 (39.8)	577 (21.0)	384 (14.0)	247 (9.0)	140 (5.1)	164 (6.0)	88 (3.2)	53 (1.9)	2,745
Vermont	411 (33.9)	309 (25.5)	176 (14.5)	120 (9.9)	81 (6.7)	47 (3.9)	42 (3.5)	25 (2.1)	1,211
Virginia	9,394 (56.7)	2,434 (14.7)	1,599 (9.7)	1,142 (6.9)	801 (4.8)	752 (4.5)	359 (2.2)	86 (0.5)	16,567
Washington	6,480 (41.6)	3,078 (19.8)	2,436 (15.6)	1,304 (8.4)	693 (4.4)	635 (4.1)	467 (3.0)	488 (3.1)	15,581
West Virginia	225 (16.9)	370 (27.7)	276 (20.7)	169 (12.7)	107 (8.0)	79 (5.9)	59 (4.4)	50 (3.7)	1,335
Total	148,369 (37.8)	76,293 (19.4)	58,030 (14.8)	39,653 (10.1)	24,280 (6.2)	19,742 (5.0)	14,680 (3.7)	11,770 (3.0)	392,817

* Gestational age based on the clinician's estimate (Alabama, Alaska, Arizona, Colorado, Delaware, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York City, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, and Washington); gestational age calculated from the last normal menstrual period (Oklahoma); clinician's estimate of gestation based on estimated date of conception (Virginia); probable gestational age (West Virginia); probable postfertilization age (Arkansas and Texas).

[†] Data are from 41 reporting areas; excludes 11 areas (California, District of Columbia, Florida, Illinois, Maryland, Massachusetts, New Hampshire, New York State, Pennsylvania, Wisconsin, and Wyoming) that did not report, did not report by gestational age, or did not meet reporting standards.

[§] Percentages for the individual component categories might not add to 100 because of rounding.

[¶] Two weeks were added to the probable postfertilization age to provide a corresponding measure to gestational age based on the clinician's estimate.

** Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

TABLE 10. Reported abortions obtained at ≤13 weeks' gestation, by weeks of gestation and year — selected reporting areas,* United States, 2007–2016

Weeks of gestation	Year										% change			
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2007 to 2011	2012 to 2016	2015 to 2016	2007 to 2016
% distribution among abortions reported at ≤13 weeks														
≤6	35.0	35.5	36.7	37.9	37.6	38.4	37.9	37.1	37.7	37.7	7.4	-1.8	0	7.7
7	20.0	19.8	19.4	19.3	19.6	19.3	19.5	19.3	19.6	19.4	-2.0	0.5	-1.0	-3.0
8	14.7	14.8	14.9	14.5	14.6	14.3	14.6	14.9	14.6	14.8	-0.7	3.5	1.4	0.7
9	10.2	10.0	9.7	9.8	9.5	9.4	9.4	9.8	9.8	10.1	-6.9	7.4	3.1	-1.0
10	7.4	7.1	6.8	6.7	6.5	6.4	6.4	6.6	6.3	6.2	-12.2	-3.1	-1.6	-16.2
11	5.4	5.5	5.3	5.1	5.2	5.2	5.1	5.4	5.2	5.1	-3.7	-1.9	-1.9	-5.6
12	4.3	4.2	4.1	3.9	4.0	3.9	4.0	3.9	3.8	3.8	-7.0	-2.6	0	-11.6
13	3.1	3.0	2.9	2.9	3.0	3.1	3.1	3.1	3.1	3.0	-3.2	-3.2	-3.2	-3.2
Total (no.)	485,709	487,837	469,055	460,424	434,216	411,526	393,570	380,683	371,029	365,430	—	—	—	—

* Data from 33 reporting areas; by year, these reporting areas represent 85%–92% of the abortions reported to CDC at ≤13 weeks' gestation during 2007–2016. Excludes 19 reporting areas (California, Connecticut, Delaware, District of Columbia, Florida, Illinois, Maine, Maryland, Massachusetts, Mississippi, Nebraska, Nevada, New Hampshire, New York State, Pennsylvania, Rhode Island, Vermont, Wisconsin, and Wyoming) that did not report, did not report by gestational age, or did not meet reporting standards for ≥1 year.

TABLE 11. Reported abortions, by known method type and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Surgical†			Medical			Intrauterine instillation [§]	Hysterectomy/Hysterotomy	Total abortions reported by known method type
	Surgical, ≤13 weeks' gestation	Surgical, >13 weeks' gestation	Surgical, unknown gestational age	Medical, ≤8 weeks' gestation	Medical, >8 weeks' gestation	Medical, unknown gestational age			
	No. (%) [¶]	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (% of all reported abortions)**
Alabama	4,021 (60.6)	707 (10.6)	0 (0.0)	1,756 (26.4)	156 (2.3)	0 (0.0)	0 (0.0)	0 (0.0)	6,640 (100.0)
Alaska	923 (73.6)	2 (0.2)	0 (0.0)	287 (22.9)	42 (3.3)	0 (0.0)	0 (0.0)	0 (0.0)	1,254 (99.5)
Arizona	7,167 (56.5)	1,022 (8.1)	2 (0.0)	4,113 (32.4)	345 (2.7)	7 (0.1)	20 (0.2)	0 (0.0)	12,676 (95.1)
Arkansas ^{††}	2,078 (64.8)	573 (17.9)	0 (0.0)	504 (15.7)	52 (1.6)	0 (0.0)	0 (0.0)	0 (0.0)	3,207 (100.0)
Colorado	3,333 (42.2)	431 (5.5)	3 (0.0)	3,573 (45.2)	550 (7.0)	11 (0.1)	0 (0.0)	0 (0.0)	7,901 (94.8)
Connecticut	4,894 (48.8)	632 (6.3)	78 (0.8)	4,082 (40.7)	328 (3.3)	16 (0.2)	— ^{§§}	—	10,031 (100.0)
Delaware	1,000 (46.2)	114 (5.3)	1 (0.0)	854 (39.5)	195 (9.0)	0 (0.0)	0 (0.0)	0 (0.0)	2,164 (99.7)
Georgia	19,864 (59.1)	3,028 (9.0)	0 (0.0)	9,896 (29.4)	817 (2.4)	0 (0.0)	0 (0.0)	0 (0.0)	33,605 (99.4)
Hawaii	1,912 (79.3)	225 (9.3)	13 (0.5)	219 (9.1)	43 (1.8)	0 (0.0)	0 (0.0)	0 (0.0)	2,412 (94.4)
Idaho	666 (51.7)	41 (3.2)	1 (0.1)	498 (38.6)	83 (6.4)	0 (0.0)	0 (0.0)	0 (0.0)	1,289 (100.0)
Illinois ^{¶¶}	NA	NA	22,775 (67.6)	NA	NA	10,940 (32.4)	0 (0.0)	0 (0.0)	33,715 (87.8)
Indiana	5,329 (73.2)	29 (0.4)	0 (0.0)	1,801 (24.7)	118 (1.6)	0 (0.0)	0 (0.0)	0 (0.0)	7,277 (100.0)
Iowa	1,247 (33.5)	220 (5.9)	1 (0.0)	2,124 (57.1)	120 (3.2)	7 (0.2)	0 (0.0)	0 (0.0)	3,719 (99.9)
Kansas	2,495 (36.8)	677 (10.0)	0 (0.0)	3,148 (46.4)	469 (6.9)	0 (0.0)	0 (0.0)	0 (0.0)	6,789 (100.0)
Kentucky	1,396 (42.1)	423 (12.8)	0 (0.0)	1,316 (39.7)	177 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	3,312 (100.0)
Maine	1,092 (54.1)	118 (5.8)	0 (0.0)	645 (31.9)	165 (8.2)	0 (0.0)	0 (0.0)	0 (0.0)	2,020 (100.0)
Massachusetts ^{¶¶}	NA	NA	12,179 (68.5)	NA	NA	5,611 (31.5)	—	—	17,791 (99.4)
Michigan	15,606 (59.1)	2,832 (10.7)	25 (0.1)	6,822 (25.9)	1,090 (4.1)	9 (0.0)	—	—	26,388 (100.0)
Minnesota	5,467 (54.6)	1,002 (10.0)	0 (0.0)	3,125 (31.2)	416 (4.2)	0 (0.0)	—	—	10,016 (100.0)
Mississippi	808 (31.5)	204 (7.9)	0 (0.0)	1,308 (50.9)	249 (9.7)	0 (0.0)	0 (0.0)	0 (0.0)	2,569 (100.0)
Missouri	2,705 (59.3)	628 (13.8)	0 (0.0)	976 (21.4)	250 (5.5)	0 (0.0)	1 (0.0)	1 (0.0)	4,561 (100.0)
Montana	621 (38.4)	162 (10.0)	2 (0.1)	733 (45.3)	100 (6.2)	0 (0.0)	0 (0.0)	0 (0.0)	1,618 (100.0)
Nebraska	832 (43.7)	117 (6.1)	0 (0.0)	920 (48.3)	34 (1.8)	—	—	0 (0.0)	1,904 (99.8)
Nevada	5,216 (75.3)	291 (4.2)	89 (1.3)	1,171 (16.9)	138 (2.0)	22 (0.3)	0 (0.0)	0 (0.0)	6,927 (95.1)
New Jersey ^{***}	15,549 (63.6)	3,380 (13.8)	347 (1.4)	4,087 (16.7)	556 (2.3)	509 (2.1)	0 (0.0)	34 (0.1)	24,462 (100.0)
New York	51,919 (60.5)	6,576 (7.7)	5,398 (6.3)	16,469 (19.2)	3,393 (4.0)	2,022 (2.4)	82 (0.1)	6 (0.0)	85,865 (98.3)
New York City	41,800 (69.9)	5,439 (9.1)	31 (0.1)	11,394 (19.1)	1,082 (1.8)	15 (0.0)	36 (0.1)	6 (0.0)	59,803 (99.9)
New York State	10,119 (38.8)	1,137 (4.4)	5,367 (20.6)	5,075 (19.5)	2,311 (8.9)	2,007 (7.7)	46 (0.2)	0 (0.0)	26,062 (94.9)
North Carolina	13,029 (49.5)	2,265 (8.6)	135 (0.5)	10,053 (38.2)	755 (2.9)	82 (0.3)	0 (0.0)	0 (0.0)	26,319 (97.0)
North Dakota	841 (72.6)	69 (6.0)	0 (0.0)	219 (18.9)	29 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	1,158 (99.8)
Ohio	14,408 (69.7)	2,460 (11.9)	0 (0.0)	3,264 (15.8)	536 (2.6)	0 (0.0)	—	—	20,671 (100.0)
Oklahoma	2,322 (54.3)	81 (1.9)	1 (0.0)	1,856 (43.4)	16 (0.4)	0 (0.0)	—	—	4,277 (99.6)
Oregon	4,350 (48.7)	680 (7.6)	13 (0.1)	3,671 (41.1)	208 (2.3)	14 (0.2)	0 (0.0)	0 (0.0)	8,936 (99.9)

See table footnotes on the next page.

TABLE 11. (Continued) Reported abortions, by known method type and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Surgical [†]			Medical			Intrauterine instillation [§]	Hysterectomy/Hysterotomy	Total abortions reported by known method type
	Surgical, ≤13 weeks' gestation	Surgical, >13 weeks' gestation	Surgical, unknown gestational age	Medical, ≤8 weeks' gestation	Medical, >8 weeks' gestation	Medical, unknown gestational age			
Pennsylvania	15,598 (50.5)	3,853 (12.5)	0 (0.0)	10,000 (32.4)	1,420 (4.6)	0 (0.0)	—	—	30,875 (100.0)
Rhode Island	1,378 (56.0)	250 (10.2)	7 (0.3)	759 (30.9)	60 (2.4)	5 (0.2)	0 (0.0)	0 (0.0)	2,459 (99.2)
South Carolina	2,751 (48.0)	23 (0.4)	0 (0.0)	2,690 (46.9)	269 (4.7)	0 (0.0)	—	—	5,735 (100.0)
South Dakota	284 (60.2)	1 (0.2)	0 (0.0)	148 (31.4)	38 (8.1)	—	—	0 (0.0)	472 (100.0)
Texas ^{§§}	36,466 (68.2)	4,446 (8.3)	0 (0.0)	11,330 (21.2)	1,223 (2.3)	—	12 (0.0)	—	53,478 (100.0)
Utah	1,631 (54.9)	207 (7.0)	14 (0.5)	999 (33.6)	108 (3.6)	14 (0.5)	0 (0.0)	0 (0.0)	2,973 (98.8)
Vermont	513 (39.6)	71 (5.5)	2 (0.2)	609 (47.1)	96 (7.4)	—	—	0 (0.0)	1,294 (99.7)
Virginia	11,582 (67.9)	434 (2.5)	38 (0.2)	4,925 (28.9)	53 (0.3)	13 (0.1)	0 (0.0)	0 (0.0)	17,045 (99.9)
Washington	9,351 (54.8)	1,465 (8.6)	17 (0.1)	5,698 (33.4)	525 (3.1)	9 (0.1)	0 (0.0)	0 (0.0)	17,065 (99.9)
West Virginia	1,080 (75.6)	82 (5.7)	0 (0.0)	212 (14.8)	54 (3.8)	0 (0.0)	0 (0.0)	0 (0.0)	1,428 (100.0)
Wisconsin ^{¶¶,†††}	NA	NA	4,281 (78.2)	NA	NA	1,191 (21.8)	NA	NA	5,472 (97.5)
Total	311,340 (59.9)	45,627 (8.8)	—^{§§§}	145,144 (27.9)	17,478 (3.4)	—^{¶¶¶}	129 (0.0)	51 (0.0)	519,769 (98.3)^{****}

Abbreviation: NA = not available.

* Data from 43 reporting areas; excludes nine reporting areas (California, District of Columbia, Florida, Louisiana, Maryland, New Hampshire, New Mexico, Tennessee, and Wyoming) that did not report, did not report by method type, or did not meet reporting standards.

[†] Includes aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, sharp curettage, and dilation and evacuation procedures.

[§] Intrauterine instillations reported at ≤12 weeks' gestation are not presented with abortions reported by known method type.

[¶] Percentages for the individual component categories might not add to 100 because of rounding.

** Percentage is calculated as the number of abortions reported by known method type divided by the sum of abortions reported by known and unknown method type.

^{††} Two weeks were added to the probable postfertilization age to provide a corresponding measure to gestational age based on the clinician's estimate.

^{§§} Cells with a value in the range of 1–4 or cells that would allow for calculation of these small values have been suppressed.

^{¶¶} Numbers for surgical procedures at ≤13 weeks versus >13 weeks and for medical abortion at ≤8 weeks versus >8 weeks are not presented because gestational age data were not provided or were provided in incompatible categories.

*** Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

^{†††} All abortions were reported as surgical or chemically induced. For this report, all surgical abortions were classified as surgical and all chemical abortions as medical.

^{§§§} Surgical abortions reported without a gestational age were distributed among the surgical abortion categories according to the distribution of surgical abortions at known gestational age.

^{¶¶¶} Medical abortions reported without a gestational age were distributed among the medical abortion categories according to the distribution of medical abortions at known gestational age.

**** Percentage is based on a total of 528,920 abortions reported among the areas that met reporting standards for method type.

TABLE 12. Reported abortions, by known race/ethnicity of women who obtained an abortion and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Non-Hispanic			Hispanic No. (%)	Total abortions reported by known race/ethnicity No. (% of all reported abortions) [§]
	White No. (%) [†]	Black No. (%)	Other No. (%)		
Alabama	2,014 (30.6)	4,145 (62.9)	131 (2.0)	301 (4.6)	6,591 (99.2)
Alaska	580 (51.2)	79 (7.0)	460 (40.6)	14 (1.2)	1,133 (89.9)
Arizona	5,359 (42.1)	1,270 (10.0)	1,184 (9.3)	4,907 (38.6)	12,720 (95.4)
Arkansas	1,394 (43.5)	1,471 (45.9)	158 (4.9)	184 (5.7)	3,207 (100.0)
Connecticut	3,549 (40.5)	2,714 (31.0)	440 (5.0)	2,060 (23.5)	8,763 (87.4)
Delaware	899 (41.7)	941 (43.6)	96 (4.5)	220 (10.2)	2,156 (99.4)
Georgia	7,335 (23.0)	20,230 (63.5)	1,762 (5.5)	2,541 (8.0)	31,868 (94.3)
Hawaii	600 (26.2)	93 (4.1)	1,356 (59.3)	239 (10.4)	2,288 (89.6)
Idaho	874 (71.3)	23 (1.9)	84 (6.9)	245 (20.0)	1,226 (95.1)
Indiana	3,999 (55.1)	2,165 (29.8)	509 (7.0)	585 (8.1)	7,258 (99.7)
Kansas	3,780 (58.9)	1,451 (22.6)	321 (5.0)	867 (13.5)	6,419 (94.5)
Kentucky	2,056 (62.1)	892 (26.9)	169 (5.1)	195 (5.9)	3,312 (100.0)
Michigan	11,010 (42.1)	13,121 (50.2)	1,151 (4.4)	862 (3.3)	26,144 (99.0)
Minnesota	4,845 (50.5)	2,523 (26.3)	1,521 (15.9)	703 (7.3)	9,592 (95.8)
Mississippi	463 (18.5)	1,983 (79.1)	11 (0.4)	51 (2.0)	2,508 (97.6)
Missouri	2,123 (47.4)	1,941 (43.3)	289 (6.4)	128 (2.9)	4,481 (98.2)
Montana	1,355 (83.7)	30 (1.9)	143 (8.8)	90 (5.6)	1,618 (100.0)
Nevada	2,458 (36.7)	1,091 (16.3)	882 (13.2)	2,265 (33.8)	6,696 (91.9)
New Jersey [¶]	5,304 (24.5)	8,086 (37.3)	4,094 (18.9)	4,188 (19.3)	21,672 (88.6)
New Mexico	1,126 (28.8)	182 (4.7)	413 (10.6)	2,191 (56.0)	3,912 (85.5)
New York City ^{**}	9,139 (16.8)	23,209 (42.8)	5,201 (9.6)	16,718 (30.8)	54,267 (90.7)
North Carolina	8,476 (34.4)	12,346 (50.2)	1,029 (4.2)	2,756 (11.2)	24,607 (90.7)
Ohio	9,100 (47.9)	7,836 (41.3)	1,235 (6.5)	820 (4.3)	18,991 (91.9)
Oregon	5,979 (68.4)	520 (5.9)	944 (10.8)	1,301 (14.9)	8,744 (97.8)
South Carolina	2,794 (48.8)	2,340 (40.8)	196 (3.4)	399 (7.0)	5,729 (99.9)
South Dakota	319 (67.6)	57 (12.1)	66 (14.0)	30 (6.4)	472 (100.0)
Tennessee	4,849 (44.3)	5,236 (47.8)	383 (3.5)	490 (4.5)	10,958 (97.5)
Texas ^{††}	14,809 (27.7)	14,016 (26.3)	3,876 (7.3)	20,667 (38.7)	53,368 (99.8)
Utah	1,933 (70.0)	98 (3.5)	115 (4.2)	616 (22.3)	2,762 (91.8)
Vermont	1,151 (90.1)	29 (2.3)	67 (5.2)	30 (2.3)	1,277 (98.4)
Virginia	5,931 (36.9)	7,242 (45.0)	1,414 (8.8)	1,492 (9.3)	16,079 (94.3)
West Virginia	1,238 (86.7)	150 (10.5)	31 (2.2)	9 (0.6)	1,428 (100.0)
Total	126,841 (35.0)	137,510 (38.0)	29,731 (8.2)	68,164 (18.8)	362,246 (94.5)^{§§}
Abortion rate^{¶¶}	6.6	25.1	13.0	11.7	11.0
Abortion ratio^{***}	109	401	207	156	174

* Data from 32 reporting areas; excludes 20 reporting areas (California, Colorado, District of Columbia, Florida, Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Nebraska, New Hampshire, New York State, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Washington, Wisconsin, and Wyoming) that did not report, did not report by race/ethnicity, or did not meet reporting standards.

[†] Percentages for the individual component categories might not add to 100 because of rounding.

[§] Percentage is calculated as the number of abortions reported by known race/ethnicity divided by the sum of abortions reported by known and unknown race/ethnicity.

[¶] Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

^{**} Non-Hispanic categories include abortions for women whose ethnicity was reported as unknown; previous evaluation has shown that most reports without ethnicity are for non-Hispanic women.

^{††} Reporting form contains only one question for race and ethnicity; therefore, abortions reported for women of white, black, and other races (Asian and Native American) are not explicitly identified as non-Hispanic.

^{§§} Percentage is based on a total of 383,485 abortions reported among the areas that met reporting standards for race/ethnicity.

^{¶¶} Number of abortions obtained by women in a given race/ethnicity group per 1,000 women in that same racial/ethnic group. For each reporting area, abortions for women of unknown race/ethnicity were distributed according to the distribution of abortions among women of known race/ethnicity for that area.

^{***} Number of abortions obtained by women in a given race/ethnicity group per 1,000 live births to women in that same race/ethnicity group. For each reporting area, abortions for women of unknown race/ethnicity were distributed according to the distribution of abortions among women of known race/ethnicity for that area.

TABLE 13. Reported abortions, by known race of women who obtained an abortion and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Race			Total abortions reported by known race No. (% of all reported abortions) [§]
	White No. (%) [†]	Black No. (%)	Other No. (%)	
Alabama	2,285 (34.4)	4,189 (63.1)	165 (2.5)	6,639 (100.0)
Alaska	633 (52.0)	84 (6.9)	501 (41.1)	1,218 (96.7)
Arkansas	1,446 (45.1)	1,474 (46.0)	286 (8.9)	3,206 (100.0)
Connecticut	5,091 (53.7)	3,307 (34.9)	1,085 (11.4)	9,483 (94.5)
Delaware	1,073 (49.4)	969 (44.7)	128 (5.9)	2,170 (100.0)
Georgia	7,909 (25.9)	20,713 (67.8)	1,940 (6.3)	30,562 (90.4)
Hawaii	726 (30.9)	101 (4.3)	1,519 (64.7)	2,346 (91.9)
Idaho	1,054 (86.1)	26 (2.1)	144 (11.8)	1,224 (95.0)
Indiana	4,131 (56.8)	2,185 (30.1)	954 (13.1)	7,270 (99.9)
Iowa	2,687 (72.3)	610 (16.4)	420 (11.3)	3,717 (99.9)
Kansas	3,970 (65.5)	1,484 (24.5)	606 (10.0)	6,060 (89.2)
Kentucky	2,057 (62.1)	892 (26.9)	363 (11.0)	3,312 (100.0)
Louisiana	2,650 (29.9)	5,419 (61.2)	785 (8.9)	8,854 (98.7)
Maine	1,725 (85.6)	106 (5.3)	185 (9.2)	2,016 (99.8)
Massachusetts	8,158 (48.5)	2,997 (17.8)	5,660 (33.7)	16,815 (93.9)
Michigan	11,564 (44.3)	13,176 (50.4)	1,385 (5.3)	26,125 (99.0)
Minnesota	5,094 (51.8)	2,631 (26.7)	2,117 (21.5)	9,842 (98.3)
Mississippi	463 (18.6)	1,983 (79.5)	47 (1.9)	2,493 (97.0)
Missouri	2,176 (48.6)	1,955 (43.6)	348 (7.8)	4,479 (98.2)
Montana	1,431 (88.4)	33 (2.0)	154 (9.5)	1,618 (100.0)
Nebraska	1,191 (66.5)	348 (19.4)	253 (14.1)	1,792 (94.0)
New Jersey [¶]	7,820 (34.6)	10,075 (44.6)	4,691 (20.8)	22,586 (92.3)
North Carolina	9,475 (39.6)	13,268 (55.4)	1,210 (5.1)	23,953 (88.3)
North Dakota	797 (70.2)	168 (14.8)	171 (15.1)	1,136 (97.9)
Ohio	9,975 (50.5)	8,387 (42.5)	1,385 (7.0)	19,747 (95.5)
Oklahoma	2,518 (58.7)	846 (19.7)	925 (21.6)	4,289 (99.9)
Oregon	6,642 (77.8)	563 (6.6)	1,329 (15.6)	8,534 (95.4)
Pennsylvania	15,124 (49.3)	12,984 (42.4)	2,544 (8.3)	30,652 (99.3)
Rhode Island	1,674 (74.0)	406 (18.0)	181 (8.0)	2,261 (91.2)
South Carolina	3,181 (55.5)	2,351 (41.0)	202 (3.5)	5,734 (100.0)
South Dakota	343 (72.8)	57 (12.1)	71 (15.1)	471 (99.8)
Tennessee	5,284 (48.3)	5,257 (48.0)	405 (3.7)	10,946 (97.4)
Vermont	1,172 (91.6)	30 (2.3)	78 (6.1)	1,280 (98.6)
Virginia	6,828 (41.8)	7,516 (46.0)	1,999 (12.2)	16,343 (95.8)
West Virginia	1,247 (87.3)	150 (10.5)	31 (2.2)	1,428 (100.0)
Wisconsin ^{**}	3,084 (63.2)	1,489 (30.5)	303 (6.2)	4,876 (86.9)
Total	142,678 (46.7)	128,229 (42.0)	34,570 (11.3)	305,477 (95.2)^{††}
Abortion rate^{§§}	6.2	23.6	16.6	10.0
Abortion ratio^{¶¶}	101	355	267	161

* Data from 36 reporting areas; excludes 16 areas (Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Nevada, New Hampshire, New Mexico, New York State, New York City, Texas, Utah, Washington, and Wyoming) that did not report, did not report by race, or did not meet reporting standards.

† Percentages for the individual component categories might not add to 100 because of rounding.

§ Percentage is calculated as the number of abortions reported by known race, divided by the sum of abortions reported by known and unknown race.

¶ Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

** Includes residents only.

†† Percentage is based on a total of 320,903 abortions reported among the areas that met reporting standards for race.

§§ Number of abortions obtained by women in a given racial group per 1,000 women in that same racial group. For each reporting area, abortions for women of unknown race were distributed according to the distribution of abortions among women of known race for that area.

¶¶ Number of abortions obtained by women in a given racial group per 1,000 live births to women in that same racial group. For each reporting area, abortions for women of unknown race were distributed according to the distribution of abortions among women of known race for that area.

TABLE 14. Reported abortions, by known ethnicity of women who obtained an abortion and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Ethnicity		Total abortions reported by known ethnicity No. (% of all reported abortions) [§]
	Hispanic No. (%) [†]	Non-Hispanic No. (%)	
Alabama	301 (4.6)	6,292 (95.4)	6,593 (99.3)
Alaska	14 (1.2)	1,123 (98.8)	1,137 (90.2)
Arizona	4,907 (36.8)	8,425 (63.2)	13,332 (100.0)
Arkansas	184 (5.7)	3,023 (94.3)	3,207 (100.0)
Colorado	1,920 (26.2)	5,414 (73.8)	7,334 (88.0)
Connecticut	2,060 (23.4)	6,737 (76.6)	8,797 (87.7)
Delaware	220 (10.2)	1,936 (89.8)	2,156 (99.4)
Georgia	2,541 (7.7)	30,500 (92.3)	33,041 (97.7)
Hawaii	239 (9.8)	2,200 (90.2)	2,439 (95.5)
Idaho	245 (19.9)	989 (80.1)	1,234 (95.7)
Indiana	585 (8.1)	6,675 (91.9)	7,260 (99.8)
Kansas	867 (12.8)	5,923 (87.2)	6,790 (100.0)
Kentucky	195 (5.9)	3,117 (94.1)	3,312 (100.0)
Michigan	862 (3.3)	25,440 (96.7)	26,302 (99.6)
Minnesota	703 (7.3)	8,948 (92.7)	9,651 (96.3)
Mississippi	51 (2.0)	2,493 (98.0)	2,544 (99.0)
Missouri	128 (2.8)	4,426 (97.2)	4,554 (99.8)
Montana	90 (5.6)	1,528 (94.4)	1,618 (100.0)
Nevada	2,265 (33.5)	4,501 (66.5)	6,766 (92.9)
New Jersey [¶]	4,188 (18.0)	19,017 (82.0)	23,205 (94.8)
New Mexico	2,191 (55.2)	1,777 (44.8)	3,968 (86.8)
New York	20,848 (23.9)	66,477 (76.1)	87,325 (100.0)
New York City ^{**}	16,718 (27.9)	43,136 (72.1)	59,854 (100.0)
New York State	4,130 (15.0)	23,341 (85.0)	27,471 (100.0)
North Carolina	2,756 (10.8)	22,777 (89.2)	25,533 (94.1)
Ohio	820 (4.3)	18,459 (95.7)	19,279 (93.3)
Oregon	1,301 (14.5)	7,641 (85.5)	8,942 (100.0)
Pennsylvania	2,937 (9.6)	27,792 (90.4)	30,729 (99.5)
South Carolina	399 (7.0)	5,332 (93.0)	5,731 (99.9)
South Dakota	30 (6.4)	442 (93.6)	472 (100.0)
Tennessee	490 (4.4)	10,542 (95.6)	11,032 (98.2)
Texas ^{**}	20,667 (38.7)	32,701 (61.3)	53,368 (99.8)
Utah	616 (20.9)	2,330 (79.1)	2,946 (97.9)
Vermont	30 (2.3)	1,257 (97.7)	1,287 (99.2)
Virginia	1,492 (9.1)	14,895 (90.9)	16,387 (96.1)
West Virginia	9 (0.6)	1,419 (99.4)	1,428 (100.0)
Wisconsin	645 (11.5)	4,967 (88.5)	5,612 (100.0)
Total	77,796 (17.5)	367,515 (82.5)	445,311 (97.7)^{††}
Abortion rate^{§§}	11.3	10.9	11.0
Abortion ratio^{¶¶}	151	182	176

* Data from 36 reporting areas; excludes 16 areas (California, District of Columbia, Florida, Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Nebraska, New Hampshire, North Dakota, Oklahoma, Rhode Island, Washington, and Wyoming) that did not report, did not report by ethnicity, or did not meet reporting standards.

[†] Percentages for the individual component categories might not add to 100 because of rounding.

[§] Percentage is calculated as the number of abortions reported by known ethnicity divided by the sum of abortions reported by known and unknown ethnicity.

[¶] Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

^{**} Non-Hispanic category includes abortions for women whose ethnicity was reported as unknown; previous evaluation has shown that most reports without ethnicity are for non-Hispanic women.

^{††} Percentage is based on a total of 455,782 abortions reported among the areas that met reporting standards for ethnicity.

^{§§} Number of abortions obtained by women in a given ethnic group per 1,000 women in that same ethnic group. For each reporting area, abortions for women of unknown ethnicity were distributed according to the distribution of abortions among women of known ethnicity for that area.

^{¶¶} Number of abortions obtained by women in a given ethnic group per 1,000 live births to women in that same ethnic group. For each reporting area, abortions for women of unknown ethnicity were distributed according to the distribution of abortions among women of known ethnicity for that area.

TABLE 15. Reported abortions, by known marital status and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Marital status		Total abortions reported by known marital status No. (% of all reported abortions) [§]
	Married No. (%) [†]	Unmarried No. (%)	
Alabama	578 (8.7)	6,049 (91.3)	6,627 (99.8)
Alaska	242 (19.6)	992 (80.4)	1,234 (97.9)
Arizona	1,742 (13.1)	11,584 (86.9)	13,326 (100.0)
Arkansas	442 (13.8)	2,762 (86.2)	3,204 (99.9)
Colorado	1,306 (17.4)	6,217 (82.6)	7,523 (90.3)
Connecticut	947 (10.6)	8,003 (89.4)	8,950 (89.2)
Delaware	251 (11.6)	1,919 (88.4)	2,170 (100.0)
Georgia	4,517 (13.8)	28,294 (86.2)	32,811 (97.0)
Idaho	228 (19.1)	965 (80.9)	1,193 (92.6)
Illinois	3,786 (11.5)	29,022 (88.5)	32,808 (85.5)
Indiana	841 (11.6)	6,436 (88.4)	7,277 (100.0)
Iowa	573 (15.4)	3,145 (84.6)	3,718 (99.9)
Kansas	1,042 (15.4)	5,734 (84.6)	6,776 (99.8)
Kentucky	494 (14.9)	2,818 (85.1)	3,312 (100.0)
Louisiana	976 (11.3)	7,681 (88.7)	8,657 (96.5)
Maine	328 (16.8)	1,619 (83.2)	1,947 (96.3)
Massachusetts	2,314 (14.8)	13,339 (85.2)	15,653 (87.4)
Michigan	2,700 (10.3)	23,608 (89.7)	26,308 (99.7)
Minnesota	1,432 (15.2)	8,012 (84.8)	9,444 (94.3)
Mississippi	236 (9.7)	2,193 (90.3)	2,429 (94.6)
Missouri	691 (15.5)	3,772 (84.5)	4,463 (97.8)
Montana	293 (18.1)	1,325 (81.9)	1,618 (100.0)
Nebraska	293 (15.6)	1,580 (84.4)	1,873 (98.2)
Nevada	712 (10.0)	6,373 (90.0)	7,085 (97.3)
New Jersey [¶]	2,695 (11.4)	21,003 (88.6)	23,698 (96.8)
New Mexico	682 (15.5)	3,709 (84.5)	4,391 (96.0)
New York City	8,763 (16.3)	45,053 (83.7)	53,816 (89.9)
North Carolina	3,519 (14.1)	21,470 (85.9)	24,989 (92.1)
North Dakota	195 (16.8)	964 (83.2)	1,159 (99.9)
Oklahoma	825 (19.2)	3,468 (80.8)	4,293 (100.0)
Oregon	1,765 (21.2)	6,559 (78.8)	8,324 (93.1)
Pennsylvania	3,742 (12.1)	27,121 (87.9)	30,863 (99.9)
Rhode Island	388 (17.9)	1,783 (82.1)	2,171 (87.6)
South Carolina	648 (11.3)	5,088 (88.7)	5,736 (100.0)
South Dakota	88 (18.6)	384 (81.4)	472 (100.0)
Tennessee	1,449 (13.2)	9,552 (86.8)	11,001 (97.9)
Texas	9,271 (17.3)	44,208 (82.7)	53,479 (100.0)
Utah	732 (24.8)	2,225 (75.2)	2,957 (98.3)
Vermont	221 (17.4)	1,050 (82.6)	1,271 (97.9)
Virginia	2,453 (14.4)	14,605 (85.6)	17,058 (100.0)
West Virginia	255 (17.9)	1,173 (82.1)	1,428 (100.0)
Wisconsin	764 (13.9)	4,740 (86.1)	5,504 (98.1)
Total	65,419 (14.1)	397,597 (85.9)	463,016 (95.3)**
Abortion ratio^{††}	41	380	176

* Data from 42 reporting areas; excludes 10 areas (California, District of Columbia, Florida, Hawaii, Maryland, New Hampshire, New York State, Ohio, Washington, and Wyoming) that did not report, did not report by marital status, or did not meet reporting standards.

[†] Percentages for the individual component categories might not add to 100 because of rounding.

[§] Percentage is calculated as the number of abortions reported by known marital status divided by the sum of abortions reported by known and unknown marital status.

[¶] Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

** Percentage is based on a total of 485,924 abortions reported among the areas that met reporting standards for marital status.

^{††} Number of abortions obtained by women by marital status per 1,000 live births to women of the same marital status. For each reporting area, abortions for women of unknown marital status were distributed according to the distribution of abortions among women of known marital status for that area.

TABLE 16. Reported abortions, by known number of previous live births and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	No. of previous live births					Total abortions reported by known number of previous live births No. (% of all reported abortions) [§]
	0 No. (%) [†]	1 No. (%)	2 No. (%)	3 No. (%)	≥4 No. (%)	
Alabama	2,398 (36.1)	1,903 (28.7)	1,413 (21.3)	616 (9.3)	309 (4.7)	6,639 (100.0)
Alaska	530 (42.1)	262 (20.8)	237 (18.8)	121 (9.6)	110 (8.7)	1,260 (100.0)
Arizona	5,667 (42.7)	2,999 (22.6)	2,533 (19.1)	1,234 (9.3)	849 (6.4)	13,282 (99.6)
Arkansas	1,116 (34.8)	870 (27.1)	707 (22.0)	314 (9.8)	200 (6.2)	3,207 (100.0)
Colorado	4,592 (56.9)	1,460 (18.1)	1,155 (14.3)	548 (6.8)	317 (3.9)	8,072 (96.9)
Connecticut	4,365 (43.5)	2,485 (24.8)	1,915 (19.1)	851 (8.5)	415 (4.1)	10,031 (100.0)
Delaware	825 (38.0)	583 (26.9)	419 (19.3)	208 (9.6)	135 (6.2)	2,170 (100.0)
Georgia	12,603 (37.3)	8,800 (26.0)	7,006 (20.7)	3,255 (9.6)	2,140 (6.3)	33,804 (100.0)
Hawaii	1,317 (54.1)	403 (16.6)	408 (16.8)	191 (7.8)	116 (4.8)	2,435 (95.3)
Idaho	623 (48.4)	277 (21.5)	209 (16.2)	107 (8.3)	72 (5.6)	1,288 (99.9)
Indiana	2,791 (38.4)	1,853 (25.5)	1,531 (21.0)	719 (9.9)	383 (5.3)	7,277 (100.0)
Iowa	1,512 (40.7)	871 (23.4)	750 (20.2)	371 (10.0)	215 (5.8)	3,719 (99.9)
Kansas	2,705 (39.8)	1,675 (24.7)	1,313 (19.3)	672 (9.9)	425 (6.3)	6,790 (100.0)
Kentucky	1,246 (37.6)	877 (26.5)	728 (22.0)	292 (8.8)	169 (5.1)	3,312 (100.0)
Louisiana	2,956 (33.0)	2,527 (28.2)	2,021 (22.5)	917 (10.2)	545 (6.1)	8,966 (99.9)
Maine	969 (48.0)	464 (23.0)	377 (18.7)	138 (6.8)	71 (3.5)	2,019 (99.9)
Michigan [¶]	9,226 (35.0)	7,164 (27.2)	5,671 (21.5)	2,554 (9.7)	1,767 (6.7)	26,382 (100.0)
Minnesota	4,155 (41.5)	2,326 (23.2)	1,891 (18.9)	926 (9.2)	713 (7.1)	10,011 (99.9)
Mississippi	792 (30.8)	762 (29.7)	591 (23.0)	302 (11.8)	122 (4.7)	2,569 (100.0)
Missouri	1,750 (38.4)	1,194 (26.2)	943 (20.7)	425 (9.3)	250 (5.5)	4,562 (100.0)
Montana	770 (47.6)	361 (22.3)	297 (18.4)	126 (7.8)	64 (4.0)	1,618 (100.0)
Nebraska	731 (38.3)	454 (23.8)	387 (20.3)	190 (10.0)	145 (7.6)	1,907 (100.0)
Nevada	2,995 (41.1)	1,735 (23.8)	1,435 (19.7)	651 (8.9)	468 (6.4)	7,284 (100.0)
New Jersey**	9,813 (41.4)	6,645 (28.0)	4,235 (17.9)	1,852 (7.8)	1,154 (4.9)	23,699 (96.8)
New Mexico	1,746 (41.1)	982 (23.1)	800 (18.8)	407 (9.6)	316 (7.4)	4,251 (93.0)
New York City	24,244 (43.1)	14,738 (26.2)	10,536 (18.7)	4,196 (7.5)	2,492 (4.4)	56,206 (93.9)
North Carolina	14,849 (55.5)	10,673 (39.9)	688 (2.6)	339 (1.3)	200 (0.7)	26,749 (98.6)
North Dakota	447 (38.5)	274 (23.6)	246 (21.2)	121 (10.4)	72 (6.2)	1,160 (100.0)
Ohio	7,417 (36.4)	5,403 (26.5)	4,263 (20.9)	2,080 (10.2)	1,241 (6.1)	20,404 (98.7)
Oklahoma	1,678 (39.2)	1,074 (25.1)	893 (20.8)	424 (9.9)	217 (5.1)	4,286 (99.8)
Oregon	4,226 (48.0)	1,925 (21.9)	1,571 (17.8)	698 (7.9)	389 (4.4)	8,809 (98.5)
Pennsylvania	11,923 (38.6)	8,197 (26.5)	6,316 (20.5)	2,834 (9.2)	1,611 (5.2)	30,881 (100.0)
Rhode Island	1,081 (44.6)	633 (26.1)	435 (17.9)	192 (7.9)	84 (3.5)	2,425 (97.8)
South Carolina	2,396 (41.8)	1,447 (25.2)	1,153 (20.1)	484 (8.4)	256 (4.5)	5,736 (100.0)
South Dakota	199 (42.2)	112 (23.7)	84 (17.8)	40 (8.5)	37 (7.8)	472 (100.0)
Tennessee	3,918 (35.5)	2,986 (27.1)	2,200 (19.9)	1,142 (10.4)	785 (7.1)	11,031 (98.2)
Texas	20,050 (37.5)	13,378 (25.0)	11,232 (21.0)	5,374 (10.0)	3,445 (6.4)	53,479 (100.0)
Utah	1,591 (53.1)	544 (18.2)	475 (15.9)	236 (7.9)	148 (4.9)	2,994 (99.5)
Vermont	671 (51.9)	300 (23.2)	215 (16.6)	80 (6.2)	27 (2.1)	1,293 (99.6)
Virginia	6,605 (38.7)	4,470 (26.2)	3,583 (21.0)	1,592 (9.3)	808 (4.7)	17,058 (100.0)
Washington	7,923 (46.5)	3,924 (23.0)	3,061 (17.9)	1,330 (7.8)	816 (4.8)	17,054 (99.8)
West Virginia	430 (30.1)	430 (30.1)	359 (25.1)	135 (9.5)	74 (5.2)	1,428 (100.0)
Total	187,841 (41.0)	120,440 (26.3)	86,282 (18.8)	39,284 (8.6)	24,172 (5.3)	458,019 (98.6)^{††}

* Data from 42 reporting areas; excludes 10 areas (California, District of Columbia, Florida, Illinois, Maryland, Massachusetts, New Hampshire, New York State, Wisconsin, and Wyoming) that did not report, did not report by number of previous births, or did not meet reporting standards.

[†] Percentages for the individual component categories might not add to 100 because of rounding.

[§] Percentage is calculated as the number of abortions reported by known number of previous live births, divided by the sum of abortions reported by known and unknown number of previous live births.

[¶] Recorded as the number of previous pregnancies carried to term.

** Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

^{††} Percentage is based on a total of 464,335 abortions reported among the areas that met reporting standards for the number of previous births.

TABLE 17. Reported abortions, by known number of previous induced abortions and reporting area of occurrence — selected reporting areas,* United States, 2016

State/Area	Number of previous induced abortions				Total abortions reported by known number of previous induced abortions No. (% of all reported abortions) [§]
	0 No. (%) [†]	1 No. (%)	2 No. (%)	≥3 No. (%)	
Alabama	4,322 (65.1)	1,546 (23.3)	568 (8.6)	201 (3.0)	6,637 (99.9)
Alaska	833 (66.1)	271 (21.5)	94 (7.5)	62 (4.9)	1,260 (100.0)
Arizona	8,287 (62.6)	3,390 (25.6)	1,037 (7.8)	531 (4.0)	13,245 (99.3)
Arkansas	1,890 (58.9)	734 (22.9)	309 (9.6)	274 (8.5)	3,207 (100.0)
Colorado	5,360 (65.8)	1,955 (24.0)	578 (7.1)	252 (3.1)	8,145 (97.7)
Connecticut	5,724 (57.1)	2,334 (23.3)	1,096 (10.9)	877 (8.7)	10,031 (100.0)
Delaware	1,265 (58.3)	540 (24.9)	217 (10.0)	148 (6.8)	2,170 (100.0)
Georgia	20,713 (61.3)	8,270 (24.5)	3,117 (9.2)	1,705 (5.0)	33,805 (100.0)
Hawaii	1,479 (62.7)	481 (20.4)	245 (10.4)	155 (6.6)	2,360 (92.4)
Idaho	933 (72.5)	252 (19.6)	79 (6.1)	23 (1.8)	1,287 (99.8)
Indiana	4,868 (66.9)	1,605 (22.1)	551 (7.6)	253 (3.5)	7,277 (100.0)
Iowa	2,435 (65.5)	823 (22.1)	274 (7.4)	186 (5.0)	3,718 (99.9)
Kansas	4,468 (65.8)	1,505 (22.2)	528 (7.8)	289 (4.3)	6,790 (100.0)
Kentucky	2,148 (64.9)	740 (22.3)	249 (7.5)	175 (5.3)	3,312 (100.0)
Louisiana	5,766 (64.3)	2,115 (23.6)	756 (8.4)	334 (3.7)	8,971 (100.0)
Maine	1,308 (64.8)	475 (23.5)	173 (8.6)	64 (3.2)	2,020 (100.0)
Massachusetts	8,656 (52.1)	4,328 (26.1)	2,030 (12.2)	1,591 (9.6)	16,605 (92.8)
Michigan	13,541 (51.3)	6,825 (25.9)	3,451 (13.1)	2,562 (9.7)	26,379 (99.9)
Minnesota	6,006 (60.0)	2,355 (23.5)	937 (9.4)	717 (7.2)	10,015 (100.0)
Mississippi	1,689 (65.7)	575 (22.4)	224 (8.7)	81 (3.2)	2,569 (100.0)
Missouri	2,910 (63.8)	1,092 (23.9)	395 (8.7)	165 (3.6)	4,562 (100.0)
Montana	618 (38.2)	664 (41.0)	260 (16.1)	76 (4.7)	1,618 (100.0)
Nebraska	1,249 (65.5)	442 (23.2)	133 (7.0)	83 (4.4)	1,907 (100.0)
Nevada	3,969 (54.5)	1,898 (26.1)	827 (11.4)	590 (8.1)	7,284 (100.0)
New Jersey [¶]	15,035 (63.4)	4,444 (18.8)	2,284 (9.6)	1,936 (8.2)	23,699 (96.8)
New York City	21,412 (38.7)	13,020 (23.5)	9,886 (17.8)	11,075 (20.0)	55,393 (92.5)
North Carolina	14,851 (61.3)	5,797 (23.9)	2,356 (9.7)	1,236 (5.1)	24,240 (89.3)
North Dakota	730 (62.9)	288 (24.8)	95 (8.2)	47 (4.1)	1,160 (100.0)
Ohio	11,983 (58.9)	5,104 (25.1)	2,058 (10.1)	1,204 (5.9)	20,349 (98.4)
Oklahoma	2,846 (66.4)	996 (23.2)	310 (7.2)	134 (3.1)	4,286 (99.8)
Oregon	5,473 (62.2)	1,977 (22.5)	824 (9.4)	524 (6.0)	8,798 (98.4)
Pennsylvania	16,264 (52.7)	7,948 (25.7)	3,830 (12.4)	2,839 (9.2)	30,881 (100.0)
Rhode Island	1,352 (56.3)	610 (25.4)	253 (10.5)	187 (7.8)	2,402 (96.9)
South Carolina	3,124 (54.5)	1,418 (24.7)	682 (11.9)	512 (8.9)	5,736 (100.0)
South Dakota	317 (67.2)	96 (20.3)	34 (7.2)	25 (5.3)	472 (100.0)
Tennessee	5,925 (53.6)	2,985 (27.0)	1,308 (11.8)	842 (7.6)	11,060 (98.4)
Texas	32,709 (61.2)	13,699 (25.6)	4,789 (9.0)	2,278 (4.3)	53,475 (100.0)
Utah	2,330 (77.5)	476 (15.8)	120 (4.0)	82 (2.7)	3,008 (100.0)
Vermont	838 (64.8)	295 (22.8)	106 (8.2)	55 (4.3)	1,294 (99.7)
Virginia	9,650 (56.6)	4,388 (25.7)	1,823 (10.7)	1,197 (7.0)	17,058 (100.0)
Washington	9,757 (57.2)	4,136 (24.3)	1,806 (10.6)	1,349 (7.9)	17,048 (99.8)
West Virginia	741 (51.9)	376 (26.3)	166 (11.6)	145 (10.2)	1,428 (100.0)
Total	265,774 (56.9)	113,268 (24.3)	50,858 (10.9)	37,061 (7.9)	466,961 (97.8)**

* Data from 42 reporting areas; excludes 10 areas (California, District of Columbia, Florida, Illinois, Maryland, New Hampshire, New Mexico, New York State, Wisconsin, and Wyoming) that did not report, did not report by the number of previous induced abortions, or did not meet reporting standards.

[†] Percentages for the individual component categories might not add to 100 because of rounding.

[§] Percentage is calculated as the number of abortions reported by known number of previous induced abortions divided by the sum of abortions reported by known and unknown number of previous induced abortions.

[¶] Reporting to the central health agency is not required. Data are requested from hospitals and licensed ambulatory care facilities only.

** Percentage is based on a total of 477,663 abortions reported among the areas that met reporting standards for the number of previous abortions.

TABLE 18. Reported abortions, by known race, age group, and marital status of women who obtained an abortion — selected reporting areas, United States, 2016

Characteristic	Race			Total
	White	Black	Other	
	No. (%) [*]	No. (%)	No. (%)	No. (%)
Age group (yrs)[†]				
<15	262 (0.2)	341 (0.3)	50 (0.2)	653 (0.3)
15–19	10,920 (9.8)	9,611 (8.9)	2,187 (8.8)	22,718 (9.3)
15	521 (0.5)	588 (0.5)	110 (0.4)	1,219 (0.5)
16	997 (0.9)	1,059 (1.0)	206 (0.8)	2,262 (0.9)
17	1,599 (1.4)	1,554 (1.4)	344 (1.4)	3,497 (1.4)
18	3,308 (3.0)	2,667 (2.5)	632 (2.5)	6,607 (2.7)
19	4,495 (4.0)	3,743 (3.5)	895 (3.6)	9,133 (3.7)
20–24	33,888 (30.3)	34,199 (31.8)	6,783 (27.3)	74,870 (30.6)
25–29	30,691 (27.4)	33,013 (30.7)	6,581 (26.5)	70,285 (28.8)
30–34	19,870 (17.8)	18,568 (17.3)	4,863 (19.6)	43,301 (17.7)
35–39	11,970 (10.7)	9,329 (8.7)	3,107 (12.5)	24,406 (10.0)
≥40	4,247 (3.8)	2,578 (2.4)	1,282 (5.2)	8,107 (3.3)
Total	111,848 (100.0)	107,639 (100.0)	24,853 (100.0)	244,340 (100.0)
Marital status[§]				
Married	16,369 (16.0)	7,225 (7.2)	6,080 (27.2)	29,674 (13.2)
Unmarried	86,170 (84.0)	92,525 (92.8)	16,277 (72.8)	194,972 (86.8)
Total	102,539 (100.0)	99,750 (100.0)	22,357 (100.0)	224,646 (100.0)

* Percentages for the individual component categories might not add to 100 because of rounding.

† Data from 32 reporting areas; excludes 20 areas (Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Illinois, Kentucky, Maryland, Massachusetts, Nevada, New Hampshire, New Mexico, New York State, New York City, Pennsylvania, Texas, Utah, Washington, and Wyoming) that did not report, did not report race by age, or did not meet reporting standards.

§ Data from 31 reporting areas; excludes 21 areas (Arizona, California, Colorado, District of Columbia, Florida, Hawaii, Illinois, Maryland, Massachusetts, Nevada, New Hampshire, New Mexico, New York State, New York City, Ohio, Pennsylvania, Texas, Utah, Washington, Wisconsin, and Wyoming) that did not report, did not report race by marital status, or did not meet reporting standards.

TABLE 19. Reported abortions, by known race/ethnicity, age group, and marital status of women who obtained an abortion — selected reporting areas, United States, 2016

Characteristic	Non-Hispanic			Hispanic	Total
	White	Black	Other		
	No. (%) [*]	No. (%)	No. (%)	No. (%)	No. (%)
Age group (yrs)[†]					
<15	246 (0.2)	400 (0.3)	48 (0.2)	186 (0.3)	880 (0.3)
15–19	11,033 (9.1)	12,241 (9.2)	2,237 (7.7)	6,962 (10.6)	32,473 (9.3)
15	510 (0.4)	725 (0.5)	102 (0.4)	330 (0.5)	1,667 (0.5)
16	958 (0.8)	1,280 (1.0)	193 (0.7)	685 (1.0)	3,116 (0.9)
17	1,628 (1.3)	2,032 (1.5)	348 (1.2)	1,039 (1.6)	5,047 (1.4)
18	3,285 (2.7)	3,472 (2.6)	624 (2.1)	2,080 (3.2)	9,461 (2.7)
19	4,652 (3.8)	4,732 (3.5)	970 (3.3)	2,828 (4.3)	13,182 (3.8)
20–24	35,694 (29.5)	41,535 (31.1)	7,438 (25.6)	20,392 (31.0)	105,059 (30.1)
25–29	33,629 (27.8)	40,338 (30.2)	7,744 (26.6)	17,851 (27.2)	99,562 (28.5)
30–34	21,941 (18.2)	23,364 (17.5)	5,979 (20.6)	11,340 (17.3)	62,624 (17.9)
35–39	13,460 (11.1)	12,123 (9.1)	3,896 (13.4)	6,625 (10.1)	36,104 (10.3)
≥40	4,878 (4.0)	3,526 (2.6)	1,722 (5.9)	2,332 (3.6)	12,458 (3.6)
Total	120,881 (100.0)	133,527 (100.0)	29,064 (100.0)	65,688 (100.0)	349,160 (100.0)
Marital status[§]					
Married	19,114 (16.8)	10,046 (7.9)	8,435 (31.9)	9,998 (15.3)	47,593 (14.3)
Unmarried	94,862 (83.2)	116,538 (92.1)	18,023 (68.1)	55,476 (84.7)	284,899 (85.7)
Total	113,976 (100.0)	126,584 (100.0)	26,458 (100.0)	65,474 (100.0)	332,492 (100.0)

* Percentages for the individual component categories might not add to 100 because of rounding.

† Data from 30 reporting areas; excludes 22 areas (California, Colorado, Connecticut, District of Columbia, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Nebraska, New Hampshire, New York State, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Washington, Wisconsin, and Wyoming) that did not report, did not report race/ethnicity by age, or did not meet reporting standards.

§ Data from 30 reporting areas; excludes 22 reporting areas (California, Colorado, District of Columbia, Florida, Hawaii, Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Nebraska, New Hampshire, New York State, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Washington, Wisconsin, and Wyoming) that did not report, did not report race/ethnicity by marital status, or did not meet reporting standards.

TABLE 20. Reported abortions, by known weeks of gestation, age group, and race/ethnicity of women who obtained an abortion — selected reporting areas, United States, 2016

Characteristic	Weeks of gestation					
	≤8	9–13	14–15	16–17	18–20	≥21
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Age group (yrs)*,†						
<15	457 (42.8)	357 (33.5)	78 (7.3)	55 (5.2)	62 (5.8)	58 (5.4)
15–19	22,583 (56.8)	12,249 (30.8)	1,910 (4.8)	1,149 (2.9)	1,153 (2.9)	727 (1.8)
20–24	81,370 (63.7)	34,750 (27.2)	4,835 (3.8)	2,784 (2.2)	2,546 (2.0)	1,413 (1.1)
25–29	81,072 (66.8)	30,278 (25.0)	4,132 (3.4)	2,371 (2.0)	2,059 (1.7)	1,393 (1.1)
30–34	52,748 (68.4)	18,135 (23.5)	2,437 (3.2)	1,444 (1.9)	1,377 (1.8)	937 (1.2)
35–39	30,592 (69.1)	9,984 (22.6)	1,480 (3.3)	824 (1.9)	852 (1.9)	528 (1.2)
≥40	10,883 (71.0)	3,159 (20.6)	520 (3.4)	300 (2.0)	263 (1.7)	200 (1.3)
Total	279,705 (65.6)	108,912 (25.5)	15,392 (3.6)	8,927 (2.1)	8,312 (1.9)	5,256 (1.2)
Race/Ethnicity*,§						
Non-Hispanic						
White	83,765 (67.5)	30,106 (24.3)	4,025 (3.2)	2,348 (1.9)	2,362 (1.9)	1,470 (1.2)
Black	81,379 (59.8)	40,821 (30.0)	5,876 (4.3)	3,370 (2.5)	3,066 (2.3)	1,585 (1.2)
Other	20,382 (69.4)	6,321 (21.5)	1,011 (3.4)	632 (2.2)	614 (2.1)	413 (1.4)
Hispanic	46,173 (68.3)	15,885 (23.5)	2,280 (3.4)	1,279 (1.9)	1,210 (1.8)	741 (1.1)
Total	231,699 (64.9)	93,133 (26.1)	13,192 (3.7)	7,629 (2.1)	7,252 (2.0)	4,209 (1.2)

* Row percentages might not add to 100 because of rounding.

† Data from 40 reporting areas; excludes 12 reporting areas (California, District of Columbia, Florida, Illinois, Kentucky, Maryland, Massachusetts, New Hampshire, New York State, Pennsylvania, Wisconsin, and Wyoming) that did not report, did not report weeks of gestation by age, or did not meet reporting standards.

§ Data from 31 reporting areas; excludes 21 reporting areas (California, Colorado, District of Columbia, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Nebraska, New Hampshire, New York State, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Washington, Wisconsin, and Wyoming) that did not report, did not report weeks of gestation by race/ethnicity, or did not meet reporting standards.

TABLE 21. Reported abortions obtained at ≤13 weeks' gestation, by known weeks of gestation, age group, and race/ethnicity of women who obtained an abortion — selected reporting areas, United States, 2016

Characteristic	Weeks of gestation							
	≤6	7	8	9	10	11	12	13
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Age group (yrs)*,†								
<15	186 (22.9)	143 (17.6)	128 (15.7)	100 (12.3)	95 (11.7)	57 (7.0)	54 (6.6)	51 (6.3)
15–19	10,840 (31.1)	6,353 (18.2)	5,390 (15.5)	4,157 (11.9)	2,602 (7.5)	2,309 (6.6)	1,743 (5.0)	1,438 (4.1)
20–24	41,336 (35.6)	22,289 (19.2)	17,745 (15.3)	12,295 (10.6)	7,756 (6.7)	6,387 (5.5)	4,637 (4.0)	3,675 (3.2)
25–29	42,927 (38.6)	21,915 (19.7)	16,230 (14.6)	10,912 (9.8)	6,791 (6.1)	5,361 (4.8)	4,046 (3.6)	3,168 (2.8)
30–34	28,583 (40.3)	13,938 (19.7)	10,227 (14.4)	6,809 (9.6)	3,917 (5.5)	3,250 (4.6)	2,336 (3.3)	1,823 (2.6)
35–39	16,801 (41.4)	8,010 (19.7)	5,781 (14.2)	3,717 (9.2)	2,174 (5.4)	1,685 (4.2)	1,288 (3.2)	1,120 (2.8)
≥40	6,347 (45.2)	2,706 (19.3)	1,830 (13.0)	1,171 (8.3)	710 (5.1)	493 (3.5)	414 (2.9)	371 (2.6)
Total	147,020 (37.8)	75,354 (19.4)	57,331 (14.8)	39,161 (10.1)	24,045 (6.2)	19,542 (5.0)	14,518 (3.7)	11,646 (3.0)
Race/Ethnicity*,§								
Non-Hispanic								
White	44,691 (39.2)	22,295 (19.6)	16,779 (14.7)	11,245 (9.9)	6,609 (5.8)	5,198 (4.6)	3,873 (3.4)	3,181 (2.8)
Black	38,205 (31.3)	23,982 (19.6)	19,192 (15.7)	13,882 (11.4)	9,225 (7.5)	7,640 (6.3)	5,776 (4.7)	4,298 (3.5)
Other	11,574 (43.3)	5,195 (19.5)	3,613 (13.5)	2,349 (8.8)	1,332 (5.0)	1,026 (3.8)	899 (3.4)	715 (2.7)
Hispanic	25,640 (41.3)	11,853 (19.1)	8,680 (14.0)	5,901 (9.5)	3,563 (5.7)	2,833 (4.6)	1,964 (3.2)	1,624 (2.6)
Total	120,110 (37.0)	63,325 (19.5)	48,264 (14.9)	33,377 (10.3)	20,729 (6.4)	16,697 (5.1)	12,512 (3.9)	9,818 (3.0)

* Row percentages might not add to 100 because of rounding.

† Data from 40 reporting areas; excludes 12 reporting areas (California, District of Columbia, Florida, Illinois, Kentucky, Maryland, Massachusetts, New Hampshire, New York State, Pennsylvania, Wisconsin, and Wyoming) that did not report, did not report weeks of gestation by age, or did not meet reporting standards.

§ Data from 31 reporting areas; excludes 21 reporting areas (California, Colorado, District of Columbia, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Nebraska, New Hampshire, New York State, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Washington, Wisconsin, and Wyoming) that did not report, did not report weeks of gestation by race/ethnicity, or did not meet reporting standards.

TABLE 22. Reported abortions, by known weeks of gestation and method type — selected reporting areas,* United States, 2016

Method type	Weeks of gestation						Total
	≤8	9–13	14–15	16–17	18–20	≥21	
	No. (%) [†]	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Surgical[§]							
≤13 weeks gestation	153,277 (58.1)	91,334 (89.6)	NA	NA	NA	NA	244,611 (61.0)
>13 weeks gestation	NA	NA	14,062 (98.8)	8,358 (98.4)	7,787 (97.1)	4,201 (92.7)	34,408 (8.6)
Medical[¶]							
≤8 weeks gestation	110,469 (41.9)	NA	NA	NA	NA	NA	110,469 (27.5)
>8 weeks gestation	NA	10,602 (10.4)	145 (1.0)	121 (1.4)	205 (2.6)	295 (6.5)	11,368 (2.8)
Intrauterine instillation	—**	17 (0)	18 (0.1)	4 (0.0)	15 (0.2)	22 (0.5)	76 (0.0)
Hysterectomy/Hysterotomy	6 (0.0)	3 (0.0)	1 (0.0)	10 (0.1)	16 (0.2)	13 (0.3)	49 (0.0)
Total	263,752 (100.0)	101,956 (100.0)	14,226 (100.0)	8,493 (100.0)	8,023 (100.0)	4,531 (100.0)	400,981 (100.0)

Abbreviation: NA = not applicable.

* Data from 37 reporting areas; excludes 15 areas (California, District of Columbia, Florida, Illinois, Kentucky, Louisiana, Maryland, Massachusetts, New Hampshire, New Mexico, New York State, Pennsylvania, Tennessee, Wisconsin, and Wyoming) that did not report, did not report method type by weeks of gestation, did not meet reporting standards, or did not have medical abortion as a specific category on their reporting form.

[†] For each gestational age category, percentages of all method types might not add to 100 because of rounding.

[§] Includes aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, sharp curettage, and dilation and evacuation procedures.

[¶] The administration of medication or medications to induce an abortion; at ≤8 weeks' gestation, typically involves the use of mifepristone and misoprostol; at >8 weeks' gestation, typically involves the use of vaginal prostaglandins.

** Intrauterine instillations reported at ≤12 weeks' gestation have not been included with known values.

TABLE 23. Number of deaths and case-fatality rates* for abortion-related deaths reported to CDC, by type of abortion — United States, 1973–2015†

Year	Type of abortion			Total	CFR per 100,000 legal abortions
	Legal [§]	Illegal [¶]	Unknown**		
1973–1977					2.09
1973	25	19	3	47	
1974	26	6	1	33	
1975	29	4	1	34	
1976	11	2	1	14	
1977	17	4	0	21	
1978–1982					0.78
1978	9	7	0	16	
1979	22	0	0	22	
1980	9	1	2	12	
1981	8	1	0	9	
1982	11	1	0	12	
1983–1987					0.66
1983	11	1	0	12	
1984	12	0	0	12	
1985	11	1	1	13	
1986	11	0	2	13	
1987	7	2	0	9	
1988–1992					0.74
1988	16	0	0	16	
1989	12	1	0	13	
1990	9	0	0	9	
1991	11	1	0	12	
1992	10	0	0	10	
1993–1997					0.52
1993	6	1	2	9	
1994	10	2	0	12	
1995	4	0	0	4	
1996	9	0	0	9	
1997	7	0	0	7	
1998–2002					0.63
1998	9	0	0	9	
1999	4	0	0	4	
2000	11	0	0	11	
2001	7	1	0	8	
2002	10	0	0	10	
2003–2007					0.60
2003	10	0	0	10	
2004	7	1	0	8	
2005	7	0	0	7	
2006	7	0	0	7	
2007	6	0	0	6	
2008–2015					0.58
2008	12	0	0	12	
2009	8	0	0	8	
2010	10	0	0	10	
2011	2	0	0	2	
2012	4	0	0	4	
2013	4	0	0	4	
2014	6	0	0	6	
2015	2	0	1	3	
Total	439	56	14	509	0.78

Abbreviation: CFR = case-fatality rate.

* Number of legal induced abortion-related deaths per 100,000 reported legal induced abortions. Because a substantial number of legal induced abortions occurred outside reporting areas that provided data to CDC, national case-fatality rates (i.e., number of legal induced abortion-related deaths per 100,000 reported legal induced abortions in the United States) were calculated with denominator data from a more complete source (18). Case-fatality rates were computed for consecutive 5-year periods during 1973–2007 and then for a consecutive 8-year period during 2008–2015 because rates based on <20 cases are highly variable (45).

† Certain numbers might differ from those in reports published previously because additional information has been supplied to CDC subsequent to publication.

§ An abortion is defined as legal if it was performed by a licensed clinician within the limits of state law.

¶ An abortion is defined as illegal if it was performed by any person other than a licensed clinician.

** Unknown whether abortion was induced or spontaneous.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, visit *MMWR* at <https://www.cdc.gov/mmwr/index.html>.

Readers who have difficulty accessing this PDF file may access the HTML file at https://www.cdc.gov/mmwr/volumes/68/ss/ss6811a1.htm?cid=ss6811a1_w. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Executive Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30329-4027 or to mmwrq@cdc.gov.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

MMWR and *Morbidity and Mortality Weekly Report* are service marks of the U.S. Department of Health and Human Services.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

ISSN: 0149-2195 (Print)