



1D.

INDUCED TERMINATIONS OF PREGNANCY

In July 1976, the Arizona Department of Health Services (ADHS) began an Abortion Surveillance Program (*Arizona Administrative Code, R9-19-302D*, as authorized by the *Arizona Revised Statute 36-344*). The program required the reporting of induced terminations of pregnancy performed in hospitals, outpatient treatment centers and physicians' offices throughout the State.

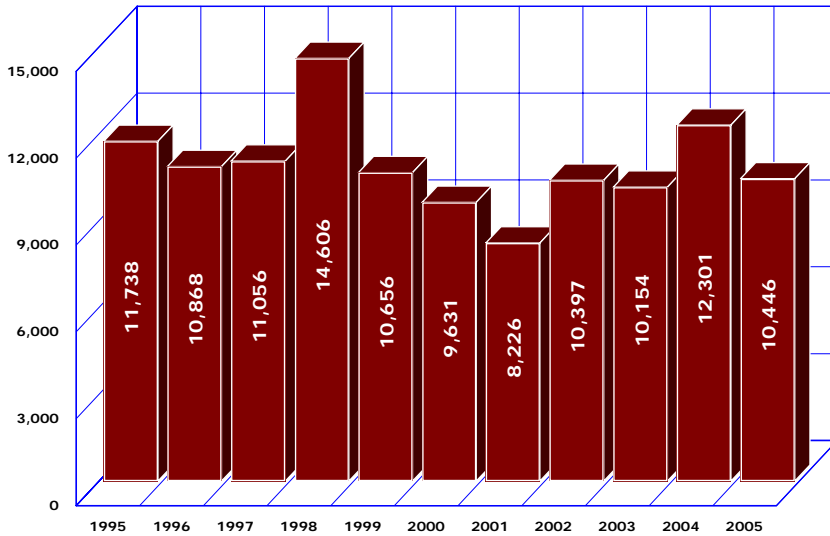
According to the Model State Vital Statistics Act and Regulations*, "induced termination of pregnancy" or abortion means "the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death. In this publication, the term "abortion" refers to induced termination of pregnancy in the above sense, and these two terms are used interchangeably.

The data in Sections 1D and 5D represent the number of abortions reported to ADHS not the actual number of abortions which occurred in the State. Although Arizona law requires that all abortions performed within the State be reported to the ADHS, complete reporting is not assured. Also, available data about abortions on residents do not include those induced terminations of pregnancy performed on Arizona residents in out-of-State facilities.

*1992 Revision published by the National Center for Health Statistics. Available online at cdc.gov/nchs/data/misc/mvsact92b.pdf

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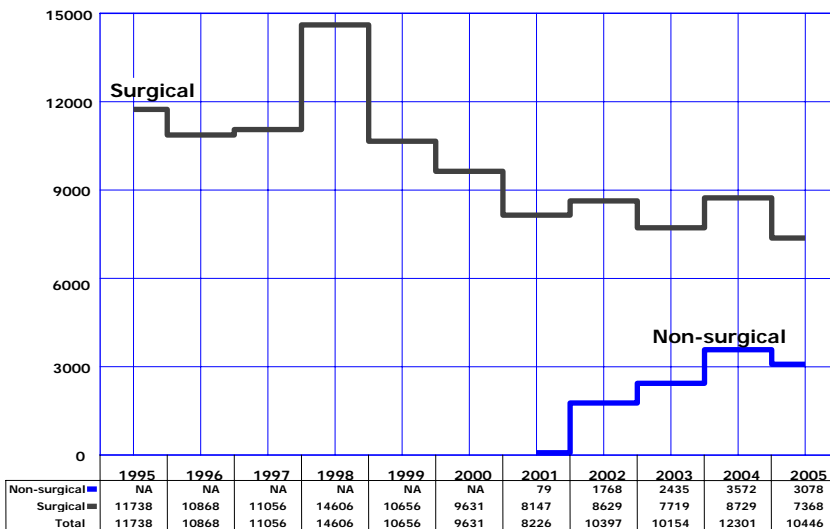
Figure 1D-1
Number of Reported Abortions by Year, Arizona Residents, 1995-2005



In calendar year 2005, the Arizona Department of Health Services received 10,446 reports of abortions obtained by Arizona residents, 15.1 percent less than the 12,301 reported in 2004 (**Figure 1D-1**, **Table 1D-1**). It is unclear, whether this substantial decrease represents a true decline in the number of abortions performed or, perhaps, a lower response rate from providers.

The number of reported *non-surgical abortions* (i.e., terminations of pregnancy by the administration of a medication such as methotrexate or mifepristone each used in conjunction with misoprostol) decreased from 3,572 in 2004 to 3,078 in 2005. The number of surgical abortions (performed by curettage or by intrauterine instillation) also decreased from 8,729 in 2004 to 7,368 in 2005.

Figure 1D-2
Trends in the Number of Surgical and Non-Surgical Abortions by Year, Arizona Residents, 1995-2005



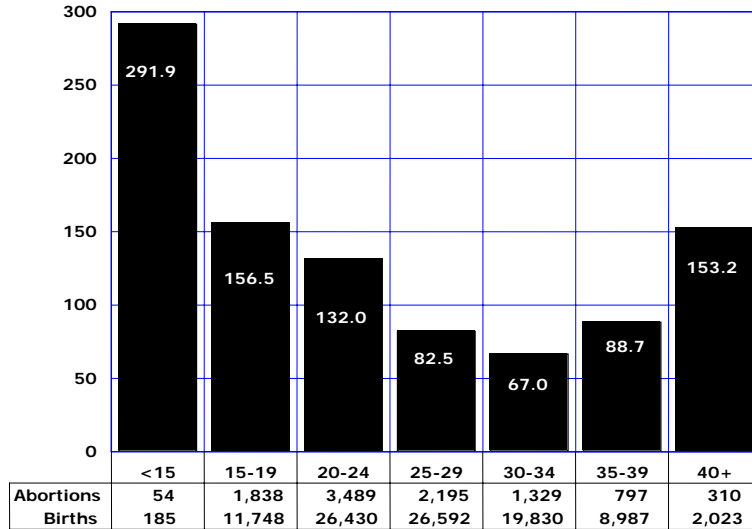
The rate of induced terminations of pregnancy per 1,000 female residents aged 15-44 decreased from 10.0 in 2004 to 8.1 in 2005. A time series analysis of annual abortion data for 1995-2005 continues to reveal a declining trend (**Figure 1D-2**) in surgical terminations of pregnancy in Arizona, while an upward trend applies to non-surgical abortions.

Practically all reported abortions in Arizona in 2005 were performed in non-hospital clinics (99.9 percent) and physicians' offices (less than 0.1 percent, based on data in **Table 1D-1**). Six out of ten (61.2 percent) women who reported to have an abortion in 2005 had the procedure for the first time. Eighty-two percent of all reported abortions occurred before 13 weeks of pregnancy.

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Figure 1D-3
Abortion Ratios* by Age Group,
Arizona Residents, 2005

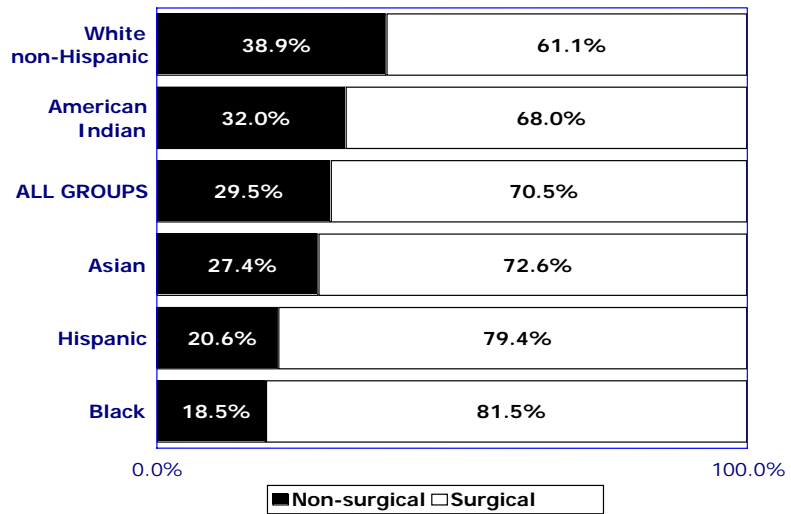
Abortion ratios (the number of abortions per 1,000 live births in each age group) vary by age of women at reported termination of pregnancy. Ratios tend to be higher at the extremes of the age distribution of the childbearing period, i.e. among girls under 20 years and women 40 years of age and over (**Figure-1D-3**).



*Number of reported abortions per 1,000 live births in specified age group.

Figure 1D-4
Proportional Contribution of Non-Surgical and Surgical
Abortions by Race/Ethnicity, Arizona, 2005

In 2004, non-surgical (also called “medical”) abortions made up approximately 29.5 percent of all procedures reported in Arizona. Only among White non-Hispanic and American Indian women the proportions of non-surgical abortions exceeded the average for all groups (**Figure 1D-4**). The ratios of non-surgical abortions among Black and Hispanic women were the lowest among ethnic groups.



Non-surgical: Mifepristone, Methotrexate, RU486, etc.