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.

In 2010, SB1304 was passed by the legislature that statutorily required the reporting of abortions and treatment of complications associated with abortions. In addition, the office of the Courts were required to report the number of petitions received by the court for authorization to perform abortions on unemancipated minors as prescribed in Arizona Revised Statutes §36-2152. The collection of this information was begun July 29, 2010. The 2011 abortion report is available for download at http://www.azdhs.gov/diro/reports/pdf/2011-arizona-abortion-report.pdf.
1D. INDUCED TERMINATIONS OF PREGNANCY

In calendar year 2011, the Arizona Department of Health Services received 13,606 reports of abortions obtained by Arizona residents, 2,547 more than the 11,059 reported in 2010 (Figure 1-D1, Table 1D-1).

There were 14,358 abortions in non-hospital clinics (Table 1D-1). Hospitals accounted for the remaining 42 abortion procedures.

Six out of ten (61.6 percent) resident women who reported having an abortion in 2011 had the procedure for the first time.

Eighty-nine percent of all reported abortions occurred before 13 weeks of pregnancy. Few reported abortions occurred after 15 weeks of gestation: 4.8 percent at 16-20 weeks and 1.0 percent at ≥ 21 weeks (percentages based on data in Table 1D-3).

Eighty-one percent of women who obtained abortions were known to be unmarried (Table 5D-5).

The rate of induced terminations of pregnancy per 1,000 female residents aged 15-44 increased from 7.5 in 2009 to 10.7 in 2011 (Table 1D-1). The sharp increase in number of reported abortions and rates, especially those attributable to surgical means, was due to enhanced surveillance as noted in the abortion report.

It is evident that the number of non-surgical abortions increased until 2009 and then remained stable in 2010 and 2011. In 2000, almost all procedures for abortions were comprised of surgical procedures. However, in 2011, surgical procedures accounted for 62 percent of all abortion procedures.

Similarly, in 2001, non-surgical procedures comprised one percent of all abortions, and in 2011 comprised 37.5 percent. Between the 2001-2011 time-period, there was a 4.1 percent increase in surgical procedures and a 6365.8 percent increase in non-surgical procedures.
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 women under 15 and those aged 40 years or older (Figure 1D-3).

A comparison of age-specific abortion ratios by race/ethnicity is provided in Table 1D-5.

In 2011, non-surgical (also called “medical”) abortions made up 37.5 percent of all procedures reported in Arizona. Among Asians, White non-Hispanics, American Indians, and Hispanics, the proportion of non-surgical abortions exceeded the average for all groups (Figure 1D-4). The ratios of non-surgical abortions among Black or African American women were the lowest among race/ethnic groups.

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

Non-surgical: Mifepristone, Methotrexate, RU486, etc.; Reporting changes related to race/ethnicity makes comparisons with previous years difficult.