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Nine out of 10 abortions done before 12 weeks in many high-income countries

Medical abortion now accounts for at least half of pregnancy terminations in most of them

Nine out of 10 abortions happen before 12 weeks of pregnancy in many high-income countries, while the proportion of those done under 9 weeks has risen over the past decade, reveals the first review of its kind, published online in ***BMJ Sexual & Reproductive Health***.

What's more, medical (drug induced) abortion accounts for at least half of all pregnancy terminations in most of these countries.

The researchers base their findings on official statistics on the number of legal abortions carried out in 24 countries with liberal abortion laws, and classified by the World Bank as high-income.

Abortion is available on request in 18 of these countries; on social or economic grounds in four; and for the sake of a woman's mental health in two (New Zealand and Israel).

The researchers focused on length of pregnancy—under 9 weeks; 9-12; 13 or more—and abortion method for the most recent year after 2010, and where data were available, for the 10 years before the most recent estimate.

The figures showed that the proportion of medical abortions has risen sharply. In most countries, medical abortion made up at least half of all such procedures, with the highest proportions found in Scandinavia: Finland (97%); Sweden (93%); and Norway (88%).

In almost all Northern European countries, medical abortion accounted for two thirds of all such procedures; France (68%) and Switzerland (75%) had the highest proportion of medical abortions in Western Europe.

Surgical abortion accounted for more than three out of four terminations in five countries, including Italy (81%). But over the past decade medical abortion has overtaken surgical abortion in Denmark, Estonia, England, Wales, France and Iceland.

Although still making up only a small proportion of all abortions, the numbers have also risen in Belgium, Italy and Germany.

Government and public sector backing for this approach, combined with better training of health professionals may be helping to drive this trend in some countries, suggest the researchers.

The trend is also for abortion to be carried out earlier in pregnancy, the figures indicate.

In 2017, or the most recent year for which data are available, more than two thirds of abortions were carried out before 9 weeks in nearly all 24 countries, although the proportion ranged from 39 per cent in Canada to 84 per cent in Sweden.

The proportions carried out before 9 weeks have increased in nearly all countries. Even in New Zealand, which has the lowest number of such abortions, the proportion rose by 20 percentage points over 10 years.

Generally, most abortions were carried out by 10 or 11 weeks, and in most countries nearly all abortions (90%) were obtained before 13 weeks, with the highest proportion in Germany (97%).

The proportion of abortions carried out after 13 weeks was highest in the Netherlands (18%), possibly because of the numbers of non-residents seeking abortion care in a country where there is no gestational age limit for legal abortion, suggest the researchers.

“The increase in abortions earlier than 9 weeks is likely closely related to the increased availability of medical abortion, since when [it] was approved, the recommended protocol is for a medication abortion to occur under 63 days or 9 weeks’ gestation,” they explain.

“This trend might also be due to the rise in technologies for earlier detection of pregnancy, and the widespread availability of pregnancy tests that provide accurate results at early gestations,” they add.

But other factors, such as mandatory waiting periods for medical abortion and healthcare professionals’ conscientious objection, can delay or prevent women from accessing timely abortion care, note the researchers.

In Italy, for example, “it is estimated that 82%-91% of providers in Rome and the surrounding areas are conscientious objectors, and abortion services are only provided in 60% of Italian hospitals,” they point out.

This is an observational study, and it’s perfectly possible that the abortion statistics used for the analysis were incomplete or under reported, caution the researchers.

But their findings “suggest improvements in access to timely care and a choice of methods in some countries, although research is needed to understand if the observed distributions are a function of women’s preferences or of barriers to care,” they conclude.

[Ends]

Notes for editors

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