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Fact Sheet

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Medical and Social Health Benefits Since Abortion Was Made Legal in the U.S.

Despite the claims of anti-choice ideologues, many demonstrable health benefits — physical, emotional, and social — have accrued to Americans since 1973, when the U.S. Supreme Court legalized abortion in its decision, *Roe v. Wade.*

The most important benefit was the end of an era that supported the proliferation of "back alley butchers" who were motivated by money alone and performed unsafe, medically incompetent abortions that left many women dead or injured. Also, compassionate mainstream physicians, who provided clandestine, medically safe abortions, did not exploit their patients, and were motivated by principle rather than by financial concerns, no longer had to fear imprisonment and the loss of their medical licenses for performing abortions after *Roe* was decided (Joffe, 1995). Today, as the 37th anniversary of this landmark decision approaches, it is important to remember how far *Roe* has brought us as a society and to note some of the many benefits that resulted from the legalization of abortion.

Roe v. Wade did not "invent" abortion.

- Estimates of the annual number of illegal abortions in the 1950s and 1960s range from 200,000 to 1.2 million (Cates et al., 2003; Rock & Jones, 2003; Tietze & Henshaw, 1986).
- In 1969, one year before New York State legalized abortion, complications from illegal abortions accounted for 23 percent of all pregnancy-related admissions to municipal hospitals in New York City (Institute of Medicine, 1975).
- After California liberalized its abortion law in 1967, the number of admissions for infection resulting from illegal abortion at Los Angeles County/University of Southern California Medical Center fell by almost 75 percent (Seward et al., 1973).

Since *Roe v. Wade,* women have obtained abortions earlier in pregnancy when health risks to them are at the lowest.

- In 1973, only 36 percent of abortions were performed at or before eight weeks of pregnancy (CDC, 2006).
- Today, 88.4 percent of all legal abortions are performed within the first 12 weeks of pregnancy, and 62 percent take place within the first eight weeks of pregnancy. Only 1.3 percent occur after 20 weeks (CDC, 2009).

Deaths from abortion declined dramatically during the past three decades.

- In 1965, when abortion was still illegal nationwide except in cases of life endangerment, at least 193 women died from illegal abortions, and illegal abortion accounted for nearly 17 percent of all deaths due to pregnancy and childbirth in that year (Gold, 1999; NCHS, 1967).

- In 1973, the risk of dying from an abortion was 3.4 deaths per 100,000 legal abortions. This rate fell to 1.3 by 1977 (Gold, 1990). Today, the risk of death associated with abortion increases with the length of pregnancy, from one death for every one million vacuum aspiration abortions at eight or fewer weeks to 8.9 deaths after 20 weeks' gestation (Boonstra et al., 2006). The risk of death from medication abortion through 63 days' gestation is about one per 100,000 procedures (Grimes, 2005). Comparatively, the risk of death from miscarriage is about one per 100,000 (Saraiya et al., 1999). And the risk of death associated with childbirth is about 10 times as high as that associated with all abortion (Christiansen & Collins, 2006). After 20 weeks' gestation there is no statistically significant difference in maternal mortality rates between terminating a pregnancy by abortion and carrying it to term (Kochanek et al., 2004; Paul et al., 1999).

Medically safe, legal abortion has had a profound impact on American women and their families.

- Couples at risk of having children affected with severe and often fatal genetic disorders have been willing to conceive because of the availability of amniocentesis and safe, legal abortion (Milunsky, 1989).

- Following the legalization of abortion, the largest decline in birthrates were seen among women for whom the health and social consequences of unintended childbearing are the greatest — women over 35, teenagers, and unmarried women (Levine et al., 1999). Today, nearly thirty percent of the abortions in the U.S. are provided to women over 35 and to teenagers (CDC, 2009).

- Today, abortion is one of the most commonly performed clinical procedures, and fewer than 0.3 percent of women undergoing legal abortion procedures sustain a serious complication (Boonstra et al., 2006; Henshaw, 1999).

- Half of all pregnancies in the U.S. each year are unintended, and four in ten of these are terminated by medically safe, legal abortions. In 2005, 1.2 million abortions took place, down from an estimated 1.61 million in 1990. From 1973 through 2005, more than 45 million legal abortions occurred (Guttmacher Institute, 2008; Jones et al,, 2008).

- If safe, legal abortion were not available, more women would experience unwanted childbearing, and unwanted childbearing affects the entire family. Mothers with unwanted births suffer from higher levels of depression and lower levels of happiness than mothers without unwanted births. They spank and slap their children more often than other mothers, and spend less leisure time outside the home with their children. Lower-quality mother/child relationships are not limited to the child born as a result of the unwanted pregnancy — all the children in the family suffer (Barber et al., 1999).

- The legalization of abortion has also improved the average living conditions of children. Because of increased access to abortion, cohorts born after 1973 are less likely than those born before 1973 to be in single-parent households, to live in poverty, and to receive welfare. They also experience lower infant mortality rates (Gruber et al., 1999).

- In 1973, the majority of abortions were performed in hospitals. Today, most abortions are performed in clinics. This change in locale has also allowed more women to have access to comprehensive reproductive health services, including, but not limited to, contraceptive counseling, family planning services, and gynecological care (Cates et al., 2003).

The health and well-being of women and children suffer the most in states that have the most stringent anti-abortion laws.

- Compared to pro-choice states, anti-abortion states spend far less money per child on a range of services such as foster care, education, welfare, and the adoption of children who have physical and mental disabilities (Schroedel, 2000).

- The states that have the strongest anti-abortion laws are also the states in which

women suffer from lower levels of education and higher levels of poverty, as well as from a lower ratio of female-to-male earnings. They also have a lower percentage of women in the legislature and fewer mandates requiring insurance providers to cover minimum hospital stays after childbirth (Schroedel, 2000).

In sum, no amount of controversy over abortion can negate the evidence that American women, men, children, and families have reaped great benefits to their physical, mental, and social health from the U.S. Supreme Court's historic decision in *Roe v. Wade*. Any erosion of a woman's right and access to medically safe, legal abortion jeopardizes the health of women, their families, and the nation as a whole.

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