

"EXPERIENCE WITH ABORTION REPORTING IN NEW YORK CITY FOLLOWING LIBERALIZATION OF THE LAW."

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Introduction

On April 10, 1970 the New York State Legislature passed a law which vastly liberalized the performance of abortions in New York State. Heretofore, the law permitted abortion only if, in the physician's judgement, the life of the expectant mother was in jeopardy. The new law made the abortifacient act legal if the woman consented and if the abortion was performed by a licensed physician within 24 weeks of the commencement of pregnancy. The law was silent on the question of residency requirement. Its effective date was July 1, 1970.

The short interval between the passage of the new law and its effective date was a time of conjecture and surmise.

Opponents of abortion reform, as might be expected, prophesied serious difficulties. But others, many favorably disposed towards a liberalized abortion policy, began to ask serious questions. What would the demand be? Estimates varied widely from 50,000 to as high as one-quarter of a million. What about the influx of non-residents and would they overwhelm the medical facilities of our city and deprive residents of services? Some predicted flatly that New York City would become the "abortion capital of the nation"! Would minority groups be served? Would they even come forward to request service or would abortion be repugnant to them and viewed as a form of genocide? Would readily available abortion replace contraception as the main mode of family planning? Would women come for abortion early in pregnancy? Could the medical facilities of New York City "tool up" quickly enough to meet the demand? Would legal abortion be done safely - with a minimum of risks? And what about the beneficial effects of safe abortion? Proponents of legal abortion had urged it on grounds that it would reduce maternal morbidity and mortality. Would this really occur, or would criminal, unclean abortions persist unchecked with deaths from the clean, legal procedures merely superimposed on the mortalities of the criminal ones. Would there be any impact on the birth rate and on infant mortality.

The following is a report of the experience in N.Y.C. under the new abortion law for the first year and one half based on statistical data collected.

Method of Collecting Statistical Data

Data were collected by means of certificates designed for reporting all terminations of pregnancy, induced or spontaneous. The filing of these certificates is mandated by the New York City Health Code. These provide data regarding number of abortions, weeks of gestation, reason for the termination, age and parity of the female, and whether a previous termination

had occurred since July 1, 1970. The mode of termination and the facility where termination took place, are recorded; also the legal residence of the patient.

However, the certificates which are supposed to be filed within 48 hours after termination were not designed to yield information on complications. A separate weekly reporting system was therefore instituted under which a special report form was to be forwarded every week to the Department of Health by each facility performing abortions. This form enabled the department to obtain data on the number and type of complications.

In addition, the municipal hospitals provided at first a daily and then a weekly telephone report on abortions performed.

Each method of reporting served as a check on the other and helped us estimate the degree of underreporting known to exist.

The certificates of termination of pregnancy provided our primary source of information. Most of the analyses which follow are based on them.

In the 18 months after abortions were made legal in New York State, certificates for 250,632 abortions were filed with the New York City Health Department. Of these 86,381 were residents, 164,251 were non-residents. Taking into account other sources of supplementary information; e.g.; telephone reports from municipal hospitals and weekly abortion reports from participating hospitals, it is estimated (probably conservatively) that 277,230 abortions were done the first year and one half and that about 65% were to non-residents.

In the entire State of New York, 325,881 abortions were performed in the 18 months. Thus, 76.9% of this number were done in New York City and the remainder, 23.1%, outside New York City.

Ten Leading Areas For Abortions To Non-Residents

Women came to New York City for abortions from every one of the 50 states as well as New York State residents living outside New York City.

Table 1 lists the 10 most frequent areas from which the non-residents came. New Jersey geographically adjacent to New York heads the list and some in the mid-west such as Illinois, Michigan and Ohio are included. Canada, our foreign neighboring country is 10th on the list.

Facilities For Abortions In New York City: Types Of Provider

For the residents of New York City the chief source of abortions were the municipal and the

voluntary hospitals which together provided 73% of abortions for residents of the city. For the non-residents the chief source of abortions was the free-standing clinics - some affiliated with hospitals. Non-residents also were largely served by proprietary hospitals some of which were the New York City termini of active abortion referral service for out-of-towners.

It was the stated policy of the municipal hospitals to accept only city residents. However, more than 1000 non-residents were treated at these hospitals. (Table 2).

Abortions Performed By Weeks Of Gestation: Residents And Non-Residents

At the outset of the program, there was much concern that the demand for abortions would overtax the available facilities and staff and would create delays and unduly long waiting lists. Another concern was that many women might come in the later stages of pregnancy requesting abortion either through ignorance or fear. It was reassuring then to find that the concerns were groundless since our statistics show that over 3/4 of all women came in the first 12 weeks or less gestation. The non-residents tended to have a higher percent (78%) as compared with the residents (75.6%). (Table 3).

Method Of Termination Of Pregnancy By Facility

As noted in Table 4A of the total number of abortions performed, the suction method far exceeded all other methods and accounted for over 60% of the total. The Dilatation & Curettage method accounted for almost 25%. The saline instillation method accounted for 14% and the method least in use was the hysterotomy, less than 1%.

The various types of facilities differed in the proportionate use of methods. In great measure, this was a reflection of the distribution pattern of stages of gestation. For example, if the municipal hospitals had a relatively high proportion of saline instillations (26%), it was an indication of the relatively greater proportion of women coming in after the first trimester of pregnancy.

Conversely as might be expected, the free standing clinics reported over 92% abortions by suction method since all patients in these clinics are supposed to be 12 weeks or less gestation.

The trends in mode of abortion by facility from the onset of the program through the ensuing months showed the following changes:

In municipal hospitals the percentage use of suction kept increasing while percentage of D & C's was dropping.

The suction method went up from 25% to 63%

whereas the D & C's declined from 35% to 15%.

The saline instillation method dropped from 37% of the total to 21%.

A similar pattern was noted for the ward service of voluntary hospitals where suction method accounted for 57% rather than 43%, the percent at the beginning of the program. Here too D & C's declined from 29% to 23%. The saline method declined from 25% to 18%. Likewise in the private services of voluntary hospitals the use of suction rose to 53% from 43% while the D & C method declined from 38% to 27%.

The saline method appeared to increase proportionately from 16% to 19%. Hysterotomy as a mode declined.

The trend in the proprietary hospitals has been quite revealing. In this group, the suction method has had a somewhat lower percent, 35% compared to the other facilities. The D & C method declined from 50% to 36% but the most striking change is the increased proportion of saline instillations which went up from 12% to 28% of all abortions in the proprietary hospitals.

In the free standing clinics the pattern of methods utilized has changed least. Suction still accounts for over 90% of all methods. However, a slight increase is observed in the proportion of D & C's performed (up to 8% from 1.5%).

Tables 4B shows the number and percent of method of termination by facility for residents. The residents receiving saline terminations went chiefly to municipal hospitals and second to voluntary hospitals but non-residents went chiefly to proprietary hospitals for saline terminations, exceeding twice the number of New York City residents' saline abortions in municipal hospitals. In fact, many more saline abortions were done for non-residents (22,033) than for the residents (13,473). (Tables 4B and 4C).

Age Of Women Undergoing Abortions

The greatest proportion of women undergoing abortions fell in the age group 20-29 years accounting for approximately 54% of the total. (Table 5). For residents this age group comprised 58.5% and for non-residents 51%. The teenage group accounted for 26% of the total. The residents teenage group was about 17% of the total and the non-residents about 31%. Thus, it would appear that the non-residents tend to be a proportionately younger group than the residents. In fact, 11.5% of the non-residents were 17 years or less in age.

Women who were 35 years or more accounted for 9% of the total. Among the residents the group 35 years and over comprised over 10% of

the total whereas among non-residents this proportion was less, namely about 8%.

Race And Ethnic Distribution Of Women Aborted

As noted in Table 6, the white women accounted for approximately 74% of the total. This high proportion stemmed chiefly from the non-residents of New York City who were predominantly white (88.5%). The non-white comprised 22% of the total and the Puerto Rican 4%.

The ethnic and racial distribution of residents was quite different from that of non-residents. In New York City, 45% of the total abortions for residents were white; non-white comprised about 44% and the Puerto Rican about 11%. Whereas for non-residents the white was 88%, non-white was approximately 11% and the Puerto Rican less than 1%.

These figures reveal clearly that legalized abortion is being sought by women of all ethnic groups in the city including the minority groups such as the black and Puerto Rican. These groups were the ones who had been largely the victims of crude attempts at abortions by unskilled non-medical individuals, or self-induced by dangerous and desperate measures. In fact, deaths among these women comprised the largest component of our pregnancy associated deaths year after year.

Short of death, thousands of these women entered the hospitals of the city every year in sepsis and shock following these attempted abortions.

It is noteworthy that women of all ethnic groups are becoming enlightened and are availing themselves of the services if they desire to terminate a pregnancy.

In 1971, about 30% of all births in New York City were to non-white whereas almost 44% of abortions among residents were to non-white. The ratio of abortions to live births in the past 18 months has been higher for the non-white than any other ethnic group.

415.5/1000 live births for white

737.2/1000 live births for non-white

331.4/1000 live births for Puerto Rican

The relatively small proportion of non-white and Puerto Rican among the non-residents is in part a reflection of the fact that a non-resident must have funds for travel as well as medical care. Thus, the poor non-resident is handicapped in obtaining an abortion in New York City. However, the resident who is poor can obtain an abortion through Medicaid which covers the cost or at a minimal cost if she cannot afford private care.

Parity Of Women Undergoing Abortions In New York City

A difference has been noted between the residents and non-residents of the city undergoing abortions regarding histories of previous pregnancies or parity.

Among residents almost 59% had had previous births or pregnancies. In fact, over 12% had a pregnancy of fifth or more. Whereas among non-residents for the majority this was a first pregnancy (63.7%). (Table 7). In contrast, among residents only 41% were experiencing a first pregnancy.

The trend in the 18 months since the program commenced is a noticeable decline in the proportion of women of first pregnancy order and an increase in proportion of multiparae. This is true for both the residents and non-residents.

The relative differences between resident and non-resident parity distribution remain. Specifically, the proportion of primiparae for residents dropped from 46% to 39%; for non-residents it dropped from 68% to 62%.

The proportion of multiparae increased for each order of parity for the residents of New York City as well as the non-residents with the passage of time.

Complications Reported (By Weekly Bulletins) Following Abortions

The overall reported rate of complications (Table 8) was 7.3/1000 abortions. This figure is realistically an underestimate of the true incidence of complications particularly those of a minor nature which may not be recorded or reported. Underreporting may also be due to the fact that cases done outside hospitals, on an ambulatory basis, especially among non-resident women are lost of follow-up and accordingly complications may not be reported.

The data strikingly show the relative seriousness of later terminations versus early terminations as measured by the difference in complication rates. For terminations 12 weeks or less the rate was 3.8 whereas for those over 12 weeks the rate was 23.7/1000 abortions! This is more than a sixfold difference in rates of complications.

For the early terminations, perforated uterus was reported as the major complication with a rate of 1.3/1000. Infection and hemorrhage were next in order of frequency.

For the late terminations, the most frequent complication was retained tissue (11.0/1000) followed by infection and hemorrhage (4.5 and 3.5/1000).

Failure was reported more often for late termination than for early (1.8/1000 compared

with less than 0/05/1000).

The nature of the complications is closely associated with the method employed as will be described.

The rates of complications were recorded over the 18 months for the various quarters of the year to observe whether with the passage of time, experience and skills acquired might have led to a diminution in the frequency of complications. This was indeed the finding particularly for the early terminations.

The incidence of perforation of the uterus dropped from 1.5 initially to 1.0 in the last quarter of 1971.

Infection rate declined from 1.9 to 1.1 and hemorrhage from 1.5 to 0.8. On the other hand, the complication of retained tissue rose from 2.3 to 3.0/1000.

The overall rate of complications did decline from 8.5 to 6.7/1000 and with the exception of complication of retained tissue all specific complications as reported declined.

In comparing the first year's complications (July 1970 - June 1971) with the second year to date (July 1971 - April 1972) a decline was noted for complications of terminations 12 weeks and under with a decline in the rate from 4.6 to 3.1 but for those terminations beyond 12 weeks the decline was relatively slight from 26.8 to 24.8/1000.

Complication Rates By Type And Method Of Termination

In discussing the varying rates of complications by length of gestation, allusion was made to the association of complications by method of termination employed. Tables 9A and 9B show clearly that saline instillation method carried the highest risk, closely seconded by hysterotomy (28.3 and 27.8 respectively). The most frequent specific complication recorded for the saline instillation method was retained tissue (14.7/1000) and second by infection (5.4/1000) while the suction method had the lowest rate of complications with an overall rate of 3.7/1000. The D & C method carried a somewhat higher risk overall, namely 5.1/1000 abortions with slightly higher frequencies for perforation of the uterus (1.9/1000), hemorrhage and infection (1.0 and 0.9/1000 respectively) than in cases where suction is employed. It was observed that D & C was utilized in more advanced gestations where it was felt that suction was not advisable. It has been established that risks increased with suction and or D & C as gestations go beyond the 10th week and considerably increased between the 12th and 15th weeks of gestation.

Hysterotomy is relatively not as safe a procedure as judged by the incidence of serious

complications. Infection rate is highest for this method (11.0/1000 as compared with 5.4 for saline, 0.9 for D & C and 0.8 for suction).

In analyzing the trends in complication rates by method, it was observed that the rates declined for all except the saline method which in the last quarter was recorded as 31.3/1000 abortions.

The various categories of hospitals showed declines in rates of complications except the proprietary hospitals. This group showed increases reflecting most likely the increased proportion of late terminations or saline instillations being performed in proprietary hospitals.

The free standing clinics also showed some increase though slight. This may indeed indicate need for intensified surveillance of free standing clinics since these are not permitted to undertake terminations beyond the 12th week of gestation.

Reasons For Terminations Of Pregnancy

Before the advent of the liberalized law the reason most commonly cited was "psychiatric." After the law took effect the "psychiatric" indication became the least common. The most frequently cited indication has become "social or sociologic."

Medical reasons were cited in only 1% of the cases of the residents and even less, 0.4%, for non-residents.

It was quite apparent that the strictures of the old law led to subterfuges for indications for so-called therapeutic abortions. In great measure these were available only to private patients and not to poor ward patients. The liberalized law has put aside the veil of intellectual rationalizations and permitted a fair and honest appraisal of indications for termination of pregnancy.

Pregnancy Associated Deaths

One of the most compelling reasons for the public health officials and most of the medical community to favor liberalized abortions was the mortality following the so-called illegal "criminal" type of abortion.

Data tabulated from 1960 thru 1971 (Table 10) for deaths associated with pregnancy show a significant decline after 1970, both for the total and the component associated with abortions. The 12 abortion associated deaths include 7 legally induced, 3 "illegal" or self induced and 2 spontaneous abortions. The total abortion associated death rate achieved a record low of 0.9/1000 live births.

It should be pointed out that from 1966 on a decline in maternal mortality (Figure 1) was noted. This may well have been associated with the availability of family planning services which had become officially endorsed and readily available in the late 60's. Curbing unwanted pregnancies would appear to have a salutary effect on mothers and babies in terms of mortality.

Effect Or Association Of Liberalized Abortions And Birth And Birth Rates

It had been predicted by many population experts that births would increase in the 70's because of the expansion of the child bearing age group resulting from record high births in the late 1940's.

Accordingly, the decline noted in Table 11 is significant. The drop from 149,192 to 131,920, a 12% decline exceeded the national decline of 4.3%. (Figure 2).

Thus far in 1972, the decline has accelerated even further.

It is our belief that the liberalized abortion program as well as family planning services have had a major impact. Other factors, such as economic recession, draft of young men for military services may be deterrents for child bearing. Nevertheless, the acceleration of the decline sustains our conviction that abortions as well as availability of family planning measures are playing the role in the decrease.

Out-Of-Wedlock Births

Another effect of a liberalized abortion program under scrutiny was the impact it might have on out-of-wedlock pregnancies.

Our data showed that for the first time since records were maintained that the steady increase of out of wedlock births year by year has actually been reversed and a decline noted by 11.8% which was even greater than the decline 11.5% noted for the in-wedlock births. (Table 11).

Since out of wedlock births have been associated with higher rates of premature births and infant mortality, the decline is reassuring and should bring about a lower incidence of prematurity and infant mortality. Thus far this has proved to be the case (Table 12). All ethnic groups shared in this decline.

A record low in neonatal mortality was achieved in 1971 with a rate of 14.9/1000 live births.

Summary And Conclusions

The experience during the first 18 months in N.Y.C. following the passage of a liberalized abortion law effective July 1, 1970 for the State of New York has been reviewed.

It is estimated that 277,000 abortions were performed in this period of 18 months and that almost 2/3 of them were for women who did not reside in the City. They came not only from adjacent states but from great distances including other countries such as Canada.

The residents of the city turned to the municipal and voluntary (non-profit operated) hospitals for abortions. As time elapsed about 10% resorted to free-standing clinics for early terminations. On the other hand, the non-residents resorted primarily to proprietary hospitals and free standing clinics, especially the latter which have proliferated in number and have been serving the largest number of women in recent months.

The majority of women requesting abortions had terminations early, i.e. 12 weeks or less gestation, over 3/4 of the total. A greater proportion of residents with the passage of time came in earlier and most recent data indicated that 79% of them obtained abortions at 12 weeks or less gestation whereas in the beginning it was about 70%.

The non-residents tended to come earlier for abortions than the residents at first but not the proportion is about the same for both. If anything, a slight increase in the proportion of late terminations among non-residents has been noted recently.

Of all modes of termination employed, the suction method was most often used. Dilation and curettage was second. For later terminations (16 weeks and over) the saline method was used far more frequently than any other method.

The proportion of saline terminations in a given facility reflected the proportion of later terminations performed at the facility. Thus, municipal hospitals had a relatively higher proportion of saline instillations for termination. Now as proprietary hospitals have been serving a higher proportion of later terminations, the percent and number of saline terminations have increased considerably in this category of hospitals.

The greatest proportion of women receiving abortions was in the 20-29 year age group (54%). This was true for residents and non-residents. However, teen-agers were in higher proportion among non-residents than residents 31% compared to 17% for the latter. For both groups, the proportion of teen-age women has been on the increase.

Women of all ethnic or racial groups sought abortions. Among residents 45% were white, 44% were non-white and 11% Puerto Rican.

For the non-residents, 88% were white, 11% were non-white and less than 1% Puerto Rican. These data clearly show that as the program has been organized, women of all ethnic groups seek abortion and that among residents there is no financial problem since the poor can obtain services. Thus the minority groups, the black and Puerto Rican, who are more likely to be poor, can now obtain abortions under safe legal circumstances. For the non-resident however, who have no financial resources, coming to N.Y.C. for an abortion, may pose problems.

The parity of women undergoing abortions as shown in our data appeared to be increasing as time went on. The proportion of primiparae for residents dropped from 46% to 39% - for non-residents from 68% to 62%. Residents appeared more likely to be terminating pregnancies because of desire to limit size of family or space childbirth. Whereas among non-residents more often it was a first pregnancy which was deemed unsuitable for them to continue.

The rates of complications although likely under-reported in our data, nevertheless revealed significant features. Late terminations carried a much higher complication risk, 23.7/1000 abortions compared to 3.8/1000 for early terminations--over 6 times greater frequency.

Perforation of the uterus was reported as the most commonly occurring major complication of early terminations, with a rate of 1.3/1000. Infection and hemorrhage followed next in order of frequency. Suction appeared to carry less risk than D & C if employed in cases of 12 weeks or less gestation.

The late termination methods were chiefly saline and hysterotomy. Both these methods carried relatively high risks for the saline instillation method, retained tissue was the most frequently reported complication.

In the course of the 18 months, the rates of reported complications declined, more notably for early terminations and comparatively little for the late terminations.

All deaths associated with pregnancy, both abortion associated or non-abortion associated declined in 1971 to a record low of 2.9/10,000 live births. The rate for abortion-associated deaths in that year was 0.9/10,000 live births. This includes abortions which were legal, illegal and spontaneous.

Births have declined in New York City in 1971 by 11.6%, whereas for the U.S.A. the decline was 4.3%. The accelerated rate of decline of births in New York City is attributable to the liberalized abortion program. Out-of-

wedlock births declined for the first time in 1971 after years and years of constant increases. In fact, the decrease for out-of-wedlock births was even greater than for the in wedlock births.

Prematurity rates (births under 2501 grams) declined in 1971. (9.2%). The neonatal mortality (under 28 days of life) achieved a record low (14.9/1000 live births).

Conclusions

Based on 18 months experience, the liberalized abortion program has had a favorable impact on "maternal" mortality, including abortion-associated deaths. Numbers of women admitted to hospitals following illegal abortions, septic "incomplete" abortions have declined markedly.

The drop in births and birth rates with declines in premature and out-of-wedlock births has been noteworthy.

A record low in neonatal mortality has been established.

These data are believed to have been significantly influenced by the liberalized abortion program as well as the extensive family planning services available since 1965 to women in New York City.

The medical community of the city deserve commendation for the high standards established and maintained thus far and for their desire and effort to eliminate commercialism in a legalized abortion program.

Referrals for non-residents as well as residents are available through reputable non-profit sources - Planned Parenthood of New York City in cooperation with the Health Services Administration of the City of New York, the Clergymen's Counselling Services, as well as the New York County Medical Society Services.

Continued efforts must be made to urge women to seek safe legal abortions early if it is desired to terminate the pregnancy and to utilize family planning services to avoid the need for an abortion and especially to avoid the repeated use of abortion as a means of curbing unwanted pregnancies.

TABLE 1
TEN LEADING AREAS FOR ABORTIONS TO NON-RESIDENTS
 July 1, 1970 - December 31, 1971

<u>Station Area</u>	<u>Number</u>	<u>Percent of Total Non-Resident Abortions</u>
New Jersey	22,831	13.9
Illinois	14,506	8.8
Michigan	14,288	8.7
Ohio	13,668	8.3
Pennsylvania	13,379	8.2
Florida	9,702	5.9
Massachusetts	9,103	5.5
New York State (excl. N.Y.C.)	8,005	4.9
Connecticut	7,045	4.3
Canada & other countries	<u>5,525</u>	<u>3.4</u>
<u>Total</u>	118,052	71.9

TABLE 2
NUMBER AND PERCENT OF INDUCED ABORTIONS IN NEW YORK CITY
TO RESIDENTS AND NON-RESIDENTS BY TYPE OF PROVIDER
 July 1, 1970 - December 31, 1971

<u>Provider</u>	<u>N U M B E R S</u>			<u>P E R C E N T S</u>		
	<u>Total</u>	<u>Residents</u>	<u>Non-Residents</u>	<u>Total</u>	<u>Residents</u>	<u>Non-Residents</u>
Municipal	31,945	30,589	1,356	12.7	35.4	0.8
Voluntary - Service	14,273	12,247	2,026	5.7	14.2	1.2
Voluntary - Private	35,552	20,207	15,345	14.2	23.4	9.4
Proprietary	80,360	12,546	67,814	32.1	14.5	41.3
Free Standing Clinics	<u>88,502</u>	<u>10,792</u>	<u>77,710</u>	<u>35.3</u>	<u>12.5</u>	<u>47.3</u>
<u>Total</u>	250,632	86,381	164,251	100.0	100.0	100.0

TABLE 3
NUMBER AND PERCENT OF INDUCED ABORTIONS IN NEW YORK CITY
TO RESIDENTS AND NON-RESIDENTS BY WEEKS OF GESTATION
 July 1, 1970 - December 31, 1971

<u>Weeks of Gestation</u>	<u>N U M B E R S</u>			<u>P E R C E N T S</u>		
	<u>Total</u>	<u>Residents</u>	<u>Non-Residents</u>	<u>Total</u>	<u>Residents</u>	<u>Non-Residents</u>
12 weeks or less	193,871	65,264	128,607	77.4	75.6	78.3
13 - 15	19,280	6,403	12,877	7.7	7.4	7.8
16 - 20	26,880	9,793	17,087	10.7	11.3	10.4
21 - 23	5,279	2,285	2,994	2.1	2.7	1.8
24 weeks and over	2,957	1,229	1,728	1.2	1.4	1.1
Not Stated	<u>2,365</u>	<u>1,407</u>	<u>958</u>	<u>0.9</u>	<u>1.6</u>	<u>0.6</u>
<u>Total</u>	250,632	86,381	164,251	100.0	100.0	100.0

TABLE 4A
TOTAL, NUMBER AND PERCENT OF INDUCED ABORTIONS IN NEW YORK CITY
BY METHOD OF TERMINATION AND PROVIDER
 July 1, 1970 - December 31, 1971

<u>Provider</u>	<u>N U M B E R S</u>					<u>P E R C E N T S</u>				
	<u>Total</u>	<u>D & C</u>	<u>Suction</u>	<u>Saline</u>	<u>Hysterotomy</u>	<u>Total</u>	<u>D & C</u>	<u>Suction</u>	<u>Saline</u>	<u>Hysterotomy</u>
Municipal	31,945	7,430	15,639	8,361	515	100.0	23.2	49.0	26.2	1.6
Voluntary- Service	14,273	3,588	7,366	3,070	249	100.0	25.1	51.6	21.5	1.8
Voluntary Private	35,552	11,361	17,067	6,564	560	100.0	32.0	48.0	18.4	1.6
Proprietary	80,360	32,897	29,704	17,327	432	100.0	40.9	37.0	21.6	0.5
Free Standing Clinics	<u>88,502</u>	<u>6,721</u>	<u>81,588</u>	<u>184</u>	<u>9</u>	<u>100.0</u>	<u>7.6</u>	<u>92.2</u>	<u>0.2</u>	<u>0.0*</u>
<u>Total</u>	250,632	61,997	151,364	35,506	1,765	100.0	24.7	60.4	14.2	0.7

*Less than 0.05

TABLE 4B
NUMBER AND PERCENT OF INDUCED ABORTIONS TO RESIDENTS OF NEW YORK CITY
BY METHOD OF TERMINATION AND PROVIDER
July 1, 1970 - December 31, 1971

Provider	NUMBERS					PERCENTS				
	METHOD OF TERMINATION					METHOD OF TERMINATION				
	Total	D & C	Suction	Saline	Hysterotomy	Total	D & C	Suction	Saline	Hysterotomy
Municipal	30,589	7,114	15,096	7,882	497	100.0	23.2	49.4	25.8	1.6
Voluntary-Service	12,247	3,279	6,265	2,472	231	100.0	26.8	51.1	20.2	1.9
Voluntary-Private	20,207	7,361	10,431	2,086	329	100.0	36.4	51.7	10.3	1.6
Proprietary	12,546	4,869	6,552	1,013	112	100.0	38.8	52.2	8.1	0.9
Free Standing Clinics	10,792	1,635	9,135	20	2	100.0	15.2	84.6	0.2	0.0*
<u>Total</u>	86,381	24,258	47,479	13,473	1,171	100.0	28.1	55.0	15.6	1.3

*Less than 0.05

TABLE 4C
NUMBER AND PERCENT OF INDUCED ABORTIONS TO NON-RESIDENTS OF NEW YORK CITY
BY METHOD OF TERMINATION AND PROVIDER
July 1, 1970 - December 31, 1971

Provider	NUMBERS					PERCENTS				
	METHOD OF TERMINATION					METHOD OF TERMINATION				
	Total	D & C	Suction	Saline	Hysterotomy	Total	D & C	Suction	Saline	Hysterotomy
Municipal	1,356	316	543	479	18	100.0	23.3	40.1	35.3	1.3
Voluntary-Service	2,026	309	1,101	598	18	100.0	15.3	54.3	29.5	0.9
Voluntary-Private	15,345	4,000	6,636	4,478	231	100.0	26.1	43.2	29.2	1.5
Proprietary	67,814	28,028	23,152	16,314	320	100.0	41.3	34.1	24.1	0.5
Free Standing Clinics	77,710	5,086	72,453	164	7	100.0	6.6	93.2	0.2	0.0*
<u>Total</u>	164,251	37,739	103,885	22,033	594	100.0	23.0	63.2	13.4	0.4

*Less than 0.05

TABLE 5
NUMBER AND PERCENT OF INDUCED ABORTIONS IN NEW YORK CITY
TO RESIDENTS AND NON-RESIDENTS BY AGE OF WOMEN
July 1, 1970 - December 31, 1971

Age of Women	NUMBERS			PERCENTS		
	Total	Residents	Non-Residents	Total	Residents	Non-Residents
17 or less	24,164	5,395	18,769	9.6	6.2	11.5
18 - 19	41,549	9,161	32,388	16.6	10.6	19.7
20 - 29	134,633	50,551	84,082	53.7	58.5	51.2
30 - 34	26,778	12,122	14,656	10.7	14.1	8.9
35 & over	22,351	8,715	13,636	8.9	10.1	8.3
Not Stated	1,157	437	720	0.5	0.5	0.4
<u>Total</u>	250,632	86,381	164,251	100.0	100.0	100.0

TABLE 6
NUMBER AND PERCENT OF INDUCED ABORTIONS IN NEW YORK CITY
TO RESIDENTS AND NON-RESIDENTS BY RACE AND ETHNIC GROUP
July 1, 1970 - December 31, 1971

Race and Ethnic Group	NUMBERS			PERCENTS		
	Total	Residents	Non-Residents	Total	Residents	Non-Residents
White	184,585	39,152	145,433	73.6	45.3	88.5
Nonwhite	55,822	37,942	17,880	22.3	43.9	10.9
Puerto Rican	10,225	9,287	938	4.1	10.8	0.6
<u>Total</u>	250,632	86,381	164,251	100.0	100.0	100.0

TABLE 7

**NUMBER AND PERCENT OF INDUCED ABORTIONS IN NEW YORK CITY
TO RESIDENTS AND NON-RESIDENTS BY ORDER OF PREGNANCY**
July 1, 1970 - December 31, 1971

Pregnancy Order	N U M B E R S			P E R C E N T S		
	Total	Residents	Non-Residents	Total	Residents	Non-Residents
First	140,365	35,746	104,619	56.0	41.4	63.7
Second	36,039	16,040	19,999	14.4	18.6	12.2
Third	29,502	13,603	15,899	11.8	15.7	9.7
Fourth	20,010	8,946	11,064	8.0	10.3	6.7
Fifth	11,648	5,331	6,317	4.6	6.2	3.8
Sixth or more	10,870	5,435	5,435	4.3	6.3	3.3
Not Stated	<u>2,198</u>	<u>1,280</u>	<u>918</u>	<u>0.9</u>	<u>1.5</u>	<u>0.6</u>
Total	250,632	86,381	164,251	100.0	100.0	100.0

TABLE 8

**COMPLICATIONS FOLLOWING ABORTION, BY TYPE AND PERIOD OF
GESTATION, NUMBER AND RATE PER 1,000 ABORTIONS-NEW YORK CITY**
July 1, 1970 - December 31, 1971

TYPE OF COMPLICATION	Total		12 Weeks and Under		13 Weeks and Over	
	Number	Rate	Number	Rate	Number	Rate
Hemorrhage	252	1.1	112	0.6	140	3.5
Infection	329	1.5	153	0.8	176	4.5
Perforated Uterus	298	1.3	246	1.3	52	1.3
Anesthesia	18	0.1	13	0.1	5	0.1
Shock	10	*	2	*	8	0.2
Retained Tissue	520	2.3	87	0.1	433	11.0
Failure	78	0.3	7	*	71	1.8
Lacerated Cervix	49	0.2	41	0.2	8	0.2
Other	89	0.4	49	0.3	40	1.0
Unspecified	14	0.1	9	*	5	0.1
Total Complications	1,657	7.3	719	3.8	938	23.7
Total Abortions	226,722		187,099		39,623	

Source: Weekly Abortion Reports

*Less than 0.05

TABLE 9

**COMPLICATION RATES PER 1000 ABORTIONS BY TYPE AND
METHOD OF TERMINATION, NEW YORK CITY**
July 1, 1970 - December 31, 1971

METHODS OF TERMINATION

Type of Complication	Total	Dilation and Curettage		Suction	Saline Hysterotomy	Other Including Hysterectomy
Hemorrhage	1.1	1.0	0.5	4.0	3.7	0.9
Infection	1.5	0.9	0.8	5.4	11.0	1.5
Perforated Uterus	1.3	1.9	1.3	0.2	5.1	2.1
Anesthesia	0.1	0.1	0.1	0.1	0.7	-
Shock	*	*	*	0.2	0.7	-
Retained Tissue	2.3	0.5	0.5	14.7	1.5	0.6
Failure	0.3	*	*	2.4	-	-
Lacerated Cervix	0.2	0.3	0.2	0.1	0.7	0.3
Other	0.4	0.3	0.3	1.0	4.4	0.6
Unspecified	0.1	0.1	*	0.2	-	0.6
Total	7.3	5.1	3.7	28.3	27.8	6.6

Source: Monthly Abortion Reports

TABLE 10
PREGNANCY ASSOCIATED DEATHS, TOTAL AND DUE TO ABORTIONS:
NEW YORK CITY, 1960-1971

<u>Year</u>	<u>Total</u>	<u>Number of Deaths</u>	<u>Ratios per 10,000 Live Births</u>	
		<u>due to</u> <u>Abortions</u>	<u>Total</u>	<u>due to</u> <u>Abortions</u>
1960	115	46	6.9	2.8
1961	130	55	7.7	3.3
1962	121	53	7.3	3.2
1963	116	42	6.9	2.5
1964	74	34	4.5	2.1
1965	104	41	6.6	2.6
1966	80	31	5.2	2.0
1967	76	20	5.2	1.4
1968	66	21	4.7	1.5
1969	77	24	5.3	1.6
1970	68	22	4.6	1.5
1971	38	12	2.9	0.9

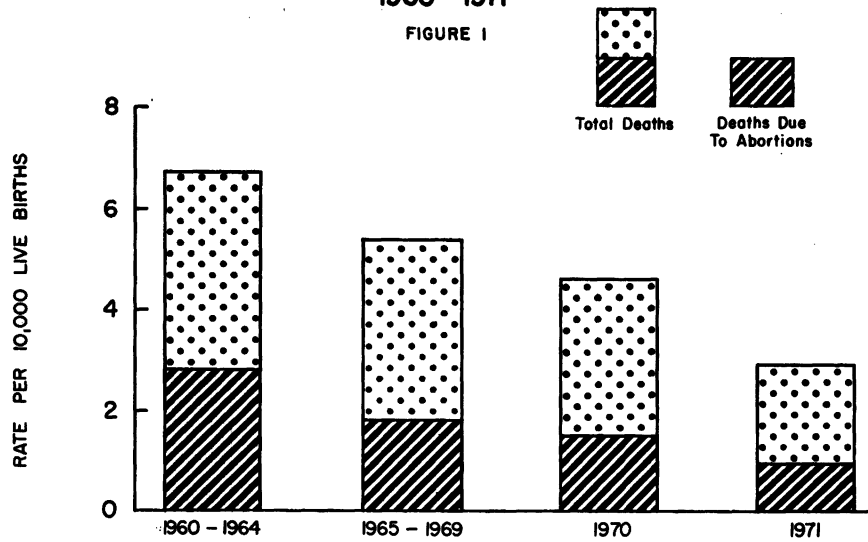
TABLE 11
TOTAL LIVE BIRTHS, OUT-OF-WEDLOCK AND IN-WEDLOCK BIRTHS
NEW YORK CITY, 1960-1971

<u>Year</u>	<u>Total</u> <u>Live Births</u>	<u>Out-of-Wedlock</u> <u>Births</u>	<u>In-Wedlock</u> <u>Births</u>
1960	166,300	13,901	152,399
1961	168,383	15,723	152,660
1962	165,244	16,412	148,832
1963	167,848	18,436	149,412
1964	165,695	20,223	145,472
1965	158,815	20,980	137,835
1966	153,334	22,714	130,620
1967	145,802	24,336	121,466
1968	141,920	26,262	115,658
1969	146,221	29,325	116,896
1970	149,192	31,903	117,289
1971	131,920	28,126	103,794

TABLE 12
LIVE BIRTHS BY WEIGHT GROUP - NUMBERS AND PERCENTS
NEW YORK CITY 1960 - 1971

<u>Year</u>	<u>Numbers</u>				<u>Percents</u>				<u>Neonatal</u> <u>Mortality</u> <u>Rates*</u>
	<u>Total</u>	<u>Under</u> <u>2501</u> <u>Grams</u>	<u>2501</u> <u>and</u> <u>Over</u>	<u>Not</u> <u>Stated</u>	<u>Total</u>	<u>Under</u> <u>2501</u> <u>Grams</u>	<u>2501</u> <u>and</u> <u>Over</u>	<u>Not</u> <u>Stated</u>	
1960	166,300	15,544	149,945	811	100.0	9.3	90.2	0.5	19.2
1961	168,383	16,085	151,840	458	100.0	9.5	90.2	0.3	19.4
1962	165,244	15,979	148,956	309	100.0	9.7	90.1	0.2	20.0
1963	167,848	16,692	150,800	356	100.0	9.9	89.9	0.2	19.0
1964	165,695	16,747	148,778	170	100.0	10.1	89.8	0.1	20.0
1965	158,815	16,108	142,459	248	100.0	10.1	89.7	0.2	19.2
1966	153,334	15,995	136,953	386	100.0	10.4	89.3	0.3	18.6
1967	145,802	14,763	130,714	325	100.0	10.1	89.7	0.2	18.3
1968	141,920	14,153	127,373	394	100.0	10.0	89.7	0.3	17.1
1969	146,221	14,531	131,485	205	100.0	9.9	89.9	0.2	18.1
1970	149,192	14,449	134,515	228	100.0	9.7	90.2	0.2	16.2
1971	131,920	12,078	119,672	170	100.0	9.2	90.7	0.1	14.9

**PREGNANCY ASSOCIATED DEATHS
TOTAL AND DUE TO ABORTIONS
RATE PER 10,000 LIVE BIRTHS
NEW YORK CITY
1960 - 1971**



**ANNUAL PERCENT CHANGE IN THE NUMBER OF LIVE BIRTHS
UNITED STATES AND NEW YORK CITY, 1965 THRU 1971**

