

ISSUE BRIEF, JUNE 2018

## Safety of Abortion in Ambulatory Surgical Centers vs. Office-based settings

### Key Points:

- **Thirteen states have laws that require abortion clinics to meet the standard of Ambulatory Surgical Centers (ASCs).<sup>1</sup> Many of these laws apply only at a specific gestation, typically in the second trimester.**
- **This is the first study to directly investigate the safety of abortions performed in ASCs compared to office-based settings.<sup>2</sup> There was no significant difference in rates of complications after having an abortion in an ASC compared to having an abortion in an office-based setting.**
- **Laws that mandate that abortions be performed in ASCs do not increase the safety of abortions.**

### Background

- In 2016, the Supreme Court decision *Whole Women's Health v. Hellerstedt* ruled that Texas's law requiring abortion facilities to meet ASC standards was unconstitutional.
- Despite this ruling, thirteen states have laws that require abortion facilities to meet ASC standards. Proponents of these laws argue that these laws are necessary to ensure abortion safety.
- This study used a private insurance claims database with a large, national sample to compare rates of complications after abortions

performed in ASCs vs. abortions performed in office-based settings.

### Findings

- This study analyzed data from 50,311 abortions performed between 2011 and 2014 in ASCs or office-based settings.
- About 3.3% of patients had a complication after their abortion, and 0.32% had a major complication. This is comparable to other national studies on abortion safety.<sup>3</sup>
- There was no significant difference in complication rates or major complication rates between abortions performed in ASCs and abortions performed in office-based settings.
- There was no statistically significant difference in complication rates for first trimester aspiration abortions between ASCs and office-based settings (2.2% v. 2.6%), and no statistically significant difference in complication rates for second trimester or later abortions between ASCs and office-based settings (2.6% in both settings).

### Conclusions

- This robust statistical analysis confirms that the safety of abortion does not differ depending on the type of facility in which the abortion is performed. Importantly, the safety of abortion does not differ depending on location performed for both first trimester aspiration and second trimester and later abortions.

For more information about this and other ANSIRH research, please visit [www.ansirh.org](http://www.ansirh.org).

- Abortion is safe, with major complications occurring in only one-third of one percent of cases in this sample.
- These data corroborate previous studies indicating that there is no difference in patient safety for outpatient procedures performed in ASCs vs. office-based settings.<sup>4</sup>
- Laws that require that abortions be performed in ASCs are not based in scientific evidence and do not protect patient safety.

## References

1. Jones BS, Daniel S, Cloud LK. (2018). State Law Approaches to Facility Regulation of Abortion and Other Office Interventions. *American journal of public health*, 108(4):486-492.
2. Roberts SCM, Upadhyay UD, Liu G, Kerns JL, Ba D, Beam N, Leslie DL. (2018). Association of abortion facility type with procedural-related morbidities and adverse events among patients undergoing induced abortion. *Journal of American Medical Association*, [Epub ahead of print].
3. Upadhyay UD, Desai S, Zlidar V, Weitz TA, Grossman D, Anderson P, Taylor D. (2015). Incidence of emergency department visits and complications after abortion. *Obstetrics & Gynecology*, 125(1):175-183.
4. Berglas NF, Battistelli MF, Nicholson WK, Sobota M, Urman RD, Roberts SCM. (2018) The effect of facility characteristics on patient safety, patient experience, and service availability for procedures in non-hospital-affiliated outpatient settings: A systematic review. *PLoS ONE*, 13(1):e0190975.