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35 Years of Medical Research Shows Abortion Safety Will Not Improve with House Bill 2 Requirements

AUSTIN, Texas (September 10, 2015) — A systematic review of 57 studies from the past 35 years on abortion safety shows that complications from first-trimester surgical abortion were similar whether the procedure was performed in an office setting or a hospital setting, indicating that neither hospital admitting privileges requirements nor ambulatory surgical center (ASC) requirements, such as those included in Texas’s House Bill 2 (HB2), would improve abortion safety. In fact, complications overall from abortion were rare.

The peer-reviewed article “Complications from First-Trimester Aspiration Abortion: A Systematic Review of the Literature,” published online in August 2015 in the academic journal *Contraception*, compared results from studies published in English or Spanish between 1980-2015 from the United States, Canada, Scandinavia, Western Europe, Australia, and New Zealand. Throughout this time period, major complications, including hemorrhage requiring a transfusion and uterine perforation needing repair, only occurred in 0.1% or less of the reported procedures in both office and hospital settings, and hospitalization was required in only 0.5% or less of abortions. The percentage of complications is comparable to other common office-based procedures, such as vasectomy, and lower than that reported for procedures routinely performed in ASCs, such as colonoscopy.

HB2 is a restrictive abortion bill that was passed in special session by the 83rd Texas state legislature in July 2013. The bill includes four separate provisions. The hospital admitting privileges requirement, ban of abortion 20 weeks post-fertilization, and medical abortion restrictions went into effect November 1, 2013.

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The ASC requirement, currently being challenged in court, would put 750,000 Texas women more than 200 miles from a clinic. Before the enforcement of any HB2 provisions, only 10,000 Texas women lived more than 200 miles from a facility providing abortion.

The authors recommend, “To ensure that abortion remains safe, reproductive health policies should aim to reduce existing disparities in access to the service rather than placing unnecessary restrictions on abortion providers and facilities.”

To learn more about HB2, see the Texas Policy Evaluation Project’s [“House Bill 2” Fact Sheet](#), attached to this email. Other Fact Sheets and Research Briefs are available on the [website](#).

About TxPEP

The [Texas Policy Evaluation Project](#) (TxPEP) is a five-year, comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. The project team includes researchers from the University of Texas at Austin’s Population Research Center, Ibis Reproductive Health, and the University of Alabama-Birmingham.

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If you would like to receive more information about this topic or schedule an interview with Dr. Kari White, please contact Laura Dixon at 512-788-2653 or ldixon@prc.utexas.edu.