

Abortion complications as common in clinics as 'surgery centers'

June 26 2018

More than a dozen US states have laws that require abortion clinics to meet hospital surgical standards, but a study published Tuesday found these standards unnecessary, expensive, and no safer than office settings.

That's because of more than 50,000 abortions analyzed from 2011 to 2014, just three percent had some kind of complication, including hemorrhage, missed ectopic pregnancy, and infection.

There was no statistically significant difference whether the [procedure](#) took place in an ambulatory surgical [center](#) or an office-based setting, said the report in the *Journal of the American Medical Association (JAMA)*.

Major adverse events that required overnight hospital admission, additional surgery, or blood transfusion, were even less common, occurring in only one-third of one percent of cases in the study, which was based on a national database of abortions paid for by private insurance.

In the 2000s, some [states](#) began requiring abortions to be performed in [ambulatory surgical centers](#), which are outpatient settings developed in the 1980s to move certain surgical procedures out of hospitals.

Building an ambulatory surgical center can cost around \$5 million, and standards include specific hall widths, sterile operating rooms, and scrub sinks.

Supporters of women's reproductive rights say these rules limit women's access to [abortion](#).

The US Supreme Court agreed, ruling in June 2016 that a Texas law requiring abortion facilities to meet [ambulatory surgery center](#) standards (ASCs) was unconstitutional.

"Despite this ruling, 13 states currently have laws that require abortions to be provided in ASCs," said the *JAMA* report.

An accompanying editorial by doctors Carolyn Westhoff and Anne Davis, both of Columbia University Medical Center in New York, said "there is an apparent mismatch between facility standards that are medically appropriate for patient safety vs what is often required by state law."

Requirements for sterile operating rooms and corridors "confer no clinical benefit in the context of a nonsterile procedure such as abortion," they explained.

"Abortion procedures are performed through the natural, nonsterile openings of the vagina and cervix."

When abortion was first legalized in the United States in 1973, most procedures were done in hospitals. But this shifted over time to office-based settings "for the universal reasons of convenience and cost reduction, and because the majority of abortions are technically simple and safe," they wrote.

"Requiring office-based settings to convert to ASCs for no medical justification proves too high a hurdle for some clinicians and health care settings and likely will restrict women's access to abortion."

More information: *JAMA* (2018). [jamanetwork.com/journals/jama/... .1001/jama.2018.7675](https://jamanetwork.com/journals/jama/article-abstract/1001/jama.2018.7675)

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Citation: Abortion complications as common in clinics as 'surgery centers' (2018, June 26)
retrieved 4 May 2024 from
<https://medicalxpress.com/news/2018-06-abortion-complications-common-clinics-surgery.html>

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