

Country Profile: United States of America

Last Updated: 7 May 2017

Region: Northern America



Identified policies and legal sources related to abortion:

- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- ✓ Case Law
- ✓ Health Regulation / Clinical Guidelines
- ✓ EML / Registered List
 - Medical Ethics Code
- ✓ Document Relating to Funding
 - Abortion Specific Law
 - Law on Medical Practitioners
 - Law on Health Care Services
- ✓ Other

Related Documents

From Case Law:

- [Roe v. Wade](#)
- [Planned Parenthood v. Casey](#)
- [Gonzales v. Carhart](#)
- [Burwell v. Hobby Lobby](#)
- [Harris v. McRae](#)
- [Bellotti v. Baird](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services](#)

From Health Regulation / Clinical Guidelines:

- [CDC Selected Practice Recommendations for Contraceptive Use](#)
- [USA Second Trimester Guidelines Summary Official ACOG](#)

From EML / Registered List:

- [FDA Mifeprex Label](#)
- [FDA Misoprostol \(Cytotec\)](#)
- [FDA information for patients and providers on Mifepristone](#)

From Document Relating to Funding:

- [Executive Order 13535 - ACA Consistency with Restrictions on Federal Funds for Abortion](#)
- [Hyde Amendment](#)
- [Patient Protection and Affordable Care Acts](#)

From Other:

- [720 ILL. COMP. STAT. ANN. 510/6](#)
- [California Business and Professional Code](#)
- [Americans with Disabilities Act, 1990](#)
- [Religious Freedom Restoration Act](#)



List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
 - Xst
 - OP
 - 2nd
 - OP
 - CESCR
 - CESCR-OP
- ✓ CAT
 - CAT-OP
- CEDAW
 - CEDAW-OP
- CRC
 - ✓ CRC:OPSC
 - ✓ CRC:OPAC
 - CRC:OPIC
- CMW
 - CRPD *
 - CRPD-OP
- CED **
- Maputo Protocol

↓ [Download data](#)



Concluding Observations:

- CERD
- WG - DWLP



Persons who can be sanctioned:

- ✓ A woman or girl can be sanctioned
- ✓ Providers can be sanctioned
- ✓ A person who assists can be sanctioned

Abortion at the woman's request

✓ Yes

Legal Ground and Gestational Limit

Economic or social reasons



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Foetal impairment



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Rape



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Incest



Varies by jurisdiction



Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions Roe v. Wade and Planned Parenthood v. Casey, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Abortion is governed by the Supreme Court decisions Roe v. Wade and Planned Parenthood v. Casey, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Intellectual or cognitive disability of the woman



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions Roe v. Wade and Planned Parenthood v. Casey, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

The Americans with Disabilities Act requires that people living with disabilities in the USA are guaranteed equitable access to health services, including reproductive health care services. The Americans with Disabilities Act requires that people living with disabilities in the USA are

guaranteed equitable access to health services, including reproductive health care services.

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Mental health



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. *Safe Abortion Guidelines*, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. *Safe Abortion Guidelines*, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Physical health



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. *Safe Abortion Guidelines*, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to

seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Health

Yes

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Life

Yes

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman's life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Other

Gestational limit applies

Restriction Varies By Jurisdiction

see note

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Authorization in specially licensed facilities only



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.





WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled *Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health* the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Judicial authorization for minors



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Judicial authorization in cases of rape

No data found



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2

↓ **Source document:** [WHO Safe Abortion Guidance \(page 104\)](#)

Police report required in case of rape

No

Related documents:

- [Planned Parenthood v. Casey \(page 1\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or

guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2

↓ **Source document:** [WHO Safe Abortion Guidance \(page 104\)](#)

Parental consent required for minors



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Spousal consent

No

Related documents:

- [Planned Parenthood v. Casey \(page 1\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)

Ultrasound images or listen to foetal heartbeat required



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 19\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Compulsory counselling



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 46\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Related documents:

- [Roe v. Wade \(page 1\)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)

Compulsory waiting period



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 107\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

Related documents:

- [Roe v. Wade \(page 1\)](#)

Mandatory HIV screening test

No data found



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 88\)](#)

Other mandatory STI screening tests

No data found



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 88\)](#)

Prohibition of sex-selective abortion








Varies by jurisdiction


Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

	<p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p> <p> Additional notes</p> <p>Although no national restriction is established there are a few states that explicitly prohibit sex-selective abortion, including for example Illinois.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • 720 ILL. COMP. STAT. ANN. 510/6 (page 2)
<p>Restrictions on information provided to the public</p>	<p>No data found.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
<p>Restrictions on methods to detect sex of the foetus</p>	<p> Varies by jurisdiction</p> <p>Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p> Additional notes</p> <p>Although no national restriction is established there are a few states that explicitly prohibit sex-selective abortion, including for example Illinois.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • 720 ILL. COMP. STAT. ANN. 510/6 (page 2)
<p>Other</p>	

Clinical and Service-delivery Aspects of Abortion Care

<p>National guidelines for induced abortion</p>	<p>Yes, guidelines issued by a professional body or non-governmental organization that are endorsed by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • USA Second Trimester Guidelines Summary Official ACOG (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>
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Additional notes

State issued guidelines vary by jurisdiction, however there are some national professional guidelines available, such as the American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for Medical management of first-trimester abortion. These guidelines provide professional and clinical guidelines for vacuum aspiration, medical abortion using Mifepristone and Misoprostol, and dilation and evacuation. These professional guidelines are available from:

<http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion> and Society of Family Planning site: [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00026-2/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00026-2/pdf)

Additionally, the American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for guidelines for second-trimester abortion are relevant. These are available from: <http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Second-Trimester-Abortion>

The Society of Family Planning has professional guidelines for surgical abortion prior to 7 weeks of gestation: [http://www.contraceptionjournal.org/article/S0010-7824\(13\)00052-8/pdf](http://www.contraceptionjournal.org/article/S0010-7824(13)00052-8/pdf)

The Society of Family Planning also has professional guidelines for First-trimester abortion in women with medical conditions: [http://www.contraceptionjournal.org/article/S0010-7824\(12\)00811-6/pdf](http://www.contraceptionjournal.org/article/S0010-7824(12)00811-6/pdf)

Regarding medical abortion, although the American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for Medical management of first-trimester abortion stipulate 63 days for medical abortion, the Federal Drugs Agency expanded the number of days to 70. See the announcement:

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm>

There are also professional guidelines by the American College of Obstetricians and Gynaecologists for second trimester abortion. These are available from: <https://www.guideline.gov/summaries/summary/46411>

Methods allowed

Vacuum aspiration

State issued guidelines vary by jurisdiction, however there are some national professional guidelines available, such as the American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for Medical management of first-trimester abortion. These guidelines provide professional and clinical guidelines for vacuum aspiration, medical abortion using Mifepristone and Misoprostol, and dilation and evacuation. These professional guidelines are available from:

<http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion> and Society of Family Planning site: [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00026-2/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00026-2/pdf)

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There are also professional guidelines by the American College of Obstetricians and Gynaecologists for second trimester abortion. These are available from: <https://www.guideline.gov/summaries/summary/46411>

Dilatation and evacuation

Yes

State issued guidelines vary by jurisdiction, however there are some national professional guidelines available, such as the American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for Medical management of first-trimester abortion. These guidelines provide professional and clinical guidelines for vacuum aspiration, medical abortion using Mifepristone and Misoprostol, and dilation and evacuation. These professional guidelines are available from:

<http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion> and Society of Family Planning site: [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00026-2/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00026-2/pdf)

Additionally, the American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for guidelines for second-trimester abortion are relevant. These are available from: <http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Second-Trimester-Abortion>

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There are also professional guidelines by the American College of Obstetricians and Gynaecologists for second trimester abortion. These are

available from: <https://www.guideline.gov/summaries/summary/46411>

- [USA Second Trimester Guidelines Summary Official ACOG \(page 1 \)](#)

Combination mifepristone-misoprostol

Yes

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- [USA Second Trimester Guidelines Summary Official ACOG \(page 1 \)](#)

Misoprostol only

Yes

State issued guidelines vary by jurisdiction, however there are some national professional guidelines available, such as the American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for Medical management of first-trimester abortion. These guidelines provide professional and clinical guidelines for vacuum aspiration, medical abortion using Mifepristone and Misoprostol, and dilation and evacuation. These professional guidelines are available from:

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<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111323.htm>

There are also professional guidelines by the American College of Obstetricians and Gynaecologists for second trimester abortion. These are available from: <https://www.guideline.gov/summaries/summary/46411>

- [USA Second Trimester Guidelines Summary Official ACOG \(page 1 \)](#)

Other (where provided)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 123\)](#)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 123\)](#)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 13\)](#)

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 14\)](#)

Yes

Related documents:

- [FDA Mifeprex Label \(page 1\)](#)
- [FDA information for patients and providers on Mifepristone \(page 1\)](#)

Pharmacy selling or distribution

No

- [FDA information for patients and providers on Mifepristone \(page 1\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

↓ **Source document:** [WHO Safe Abortion Guidance \(page 54\)](#)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 13\)](#)

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- [FDA Misoprostol \(Cytotec\) \(page 1\)](#)

Misoprostol allowed to be sold or distributed by pharmacies or drug stores

Yes, with prescription only

- [FDA Misoprostol \(Cytotec\) \(page 1\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

↓ **Source document:** [WHO Safe Abortion Guidance \(page 54\)](#)

Where can abortion services be provided

Primary health-care centres

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced

facilities. In a decision set down on the 27 June 2016, titled *Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health* the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

Secondary (district-level) health-care facilities

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled *Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health* the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

Specialized abortion care public facilities

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled *Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health* the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

Private health-care centres or clinics

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled *Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health* the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

NGO health-care centres or clinics

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled *Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health* the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. *Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.*

↓ **Source document:** [WHO Safe Abortion Guidance \(page 18\)](#)



Additional notes

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled *Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health* the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

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Related documents:

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- [CDC Selected Practice Recommendations for Contraceptive Use \(page 8 \)](#)
- [USA Second Trimester Guidelines Summary Official ACOG \(page 1\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found

Other (if applicable)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 57\)](#)

Contraception included in post-abortion care

Yes

Related documents:

- [CDC Selected Practice Recommendations for Contraceptive Use \(page 8 \)](#)
- [USA Second Trimester Guidelines Summary Official ACOG \(page 1 \)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 62\)](#)



Additional notes

The American College of Obstetricians and Gynaecologists and Society of Family Planning 2014 guidelines for Medical management of first-trimester abortion also provide some guidance on contraception post abortion:

<http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion> and second trimester abortion: <https://www.guideline.gov/summaries/summary/46411>

Guidelines from the Society of Family Planning are available at: [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00026-2/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00026-2/pdf)

Insurance to offset end user costs



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

Varies by Jurisdiction

Induced abortion for all women

No

01-USA-Roe-V-Wade-1973.pdf#page=1

02-USA-Planned-Parenthood-v-Casey-1992.pdf#page=1

10-USA-Hyde-amendment.pdf#page=1

- [Patient Protection and Affordable Care Acts \(page 50\)](#)

Induced abortion for poor women only

Varies by jurisdiction

Coverage may be provided in a variety of ways, including through private insurance companies or public (where income qualified and permitted).

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Hyde Amendment \(page 1 \)](#)
- [Patient Protection and Affordable Care Acts \(page 1\)](#)

Abortion complications

Varies by jurisdiction

Coverage may be provided in a variety of ways, including through private insurance companies or public (where income qualified and permitted).

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Hyde Amendment \(page 1 \)](#)
- [Patient Protection and Affordable Care Acts \(page 1\)](#)

Private health coverage

Varies by jurisdiction

Coverage may be provided in a variety of ways, including through private insurance companies or public (where income qualified and permitted).

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Hyde Amendment \(page 1 \)](#)
- [Patient Protection and Affordable Care Acts \(page 1\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 18\)](#)

Who can provide abortion services

Nurse

Varies by jurisdiction

The majority of states require that a licensed physician perform an abortion, however a few states, such as California, permit nurse practitioners, nurse midwives and physician's assistants to perform abortion. See, for example, 13 (§ 2253) of the Business and Professional Code.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [California Business and Professional Code \(page 22\)](#)

Midwife/nurse-midwife

Varies by jurisdiction

The majority of states require that a licensed physician perform an abortion, however a few states, such as California, permit nurse practitioners, nurse midwives and physician's assistants to perform abortion. See, for example, 13 (§ 2253) of the Business and Professional Code.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [California Business and Professional Code \(page 22\)](#)

Doctor (specialty not specified)

Varies by jurisdiction

The majority of states require that a licensed physician perform an abortion, however a few states, such as California, permit nurse practitioners, nurse midwives and physician's assistants to perform abortion. See, for example, 13 (§ 2253) of the Business and Professional Code.

- [Planned Parenthood v. Casey \(page 1 \)](#)
- [California Business and Professional Code \(page 22\)](#)

Specialist doctor, including OB/GYN

Yes

The majority of states require that a licensed physician perform an abortion, however a few states, such as California, permit nurse practitioners, nurse midwives and physician's assistants to perform abortion. See, for example, 13 (§ 2253) of the Business and Professional Code.

- [Planned Parenthood v. Casey \(page 1\)](#)
- [Planned Parenthood v. Casey \(page 1\)](#)
- [California Business and Professional Code \(page 22\)](#)

Other (if applicable)

Physician's Assistant

The majority of states require that a licensed physician perform an abortion, however a few states, such as California, permit nurse practitioners, nurse midwives and physician's assistants to perform abortion. See, for example, 13 (§ 2253) of the Business and Professional Code.

- [Planned Parenthood v. Casey \(page 1\)](#)
- [California Business and Professional Code \(page 22\)](#)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)



Additional notes

The majority of states require that a licensed physician perform an abortion, however a few states, such as California, permit nurse practitioners, nurse midwives and physician's assistants to perform abortion. See, for example, 13 (§ 2253) of the Business and Professional Code.

Related documents:

- [Planned Parenthood v. Casey \(page 1\)](#)
- [California Business and Professional Code \(page 22\)](#)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1\)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

Availability of a specialist doctor, including OB/GYN

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1\)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

Minimum number of beds

Varies by jurisdiction

Many states regulate the facilities where abortions are provided, leading to significant inter-state variation in the requirements for licenced facilities. In a decision set down on the 27 June 2016, titled Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health the Supreme Court found certain types of restrictions and requirements to be unconstitutional.

- [Planned Parenthood v. Casey \(page 1\)](#)
- [Whole Women's Health et al, petitioners v John Hellerstedt, Commissioner, Texas, Dept. of State Health Services \(page 1\)](#)

Other (if applicable)



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

Conscientious Objection

Public sector providers



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: [WHO Safe Abortion Guidance \(page 106\)](#)



Additional notes

Abortion is governed by the Supreme Court decisions *Roe v. Wade* and *Planned Parenthood v. Casey*, which established a woman's right to terminate her pregnancy. States may impose a variety of limitations on access in the interest of protecting women's health and promoting potential life, and may completely proscribe abortion post-viability as long as there is an exception for the woman's life or health.

The regulations vary by jurisdiction, however the Religious Freedom Restoration Act, of which many states have their own version, stipulates that neutral laws need to be checked for their impact on religious freedoms. Under the auspices of this Act some hospitals and other entities have claimed a right to object to providing abortion services.

Related documents:

- [Roe v. Wade \(page 1 \)](#)
- [Planned Parenthood v. Casey \(page 1 \)](#)
- [Religious Freedom Restoration Act \(page 2 \)](#)

Private sector providers



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Related documents:

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- [Planned Parenthood v. Casey \(page 1 \)](#)
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Provider type not specified



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Neither Type of Provider Permitted



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Public facilities



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Private facilities



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Facility type not specified



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Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)

No data

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio

14 (2015)

3.1.2 Proportion of births attended by skilled health personnel

No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

18.5 (2015)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

No data

3.c.1 Health worker density and distribution

No data

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

No data

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

No data

5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education

No data

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

No data

5.b.1 Proportion of individuals who own a mobile telephone, by sex

No data

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities

No data

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

No data

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

No data

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	No data
16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	No data
16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms	No data
16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	No data
16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	No data
16.6.2 Proportion of the population satisfied with their last experience of public services	No data
16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions	No data
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	No data
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months	No data
16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet	No data
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Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning	8 (2010)
Percentage of births attended by trained health professional	99.1 (2015)
Percentage of women aged 20-24 who gave birth before age 18	No data
Total fertility rate	1.8 (2016)
Legal marital age for women, with parental consent	16 (2009-2017)

Legal marital age for women, without parental consent	18 (2009-2017)
Gender Inequalities Index (Value)	0.19 (2017)
Gender Inequalities Index (Rank)	41 (2017)
Mandatory paid maternity leave	no (2016)
Median age	38.0 (2015)
Population, urban (%)	82.1 (2017)
Percentage of secondary school completion rate for girls	1 (2013)
Gender parity in secondary education	1.01 (2015)
Percentage of women in non-agricultural employment	47.7 (2013)
Proportion of seats in parliament held by women	19.7 (2017)
Sex ratio at birth (male to female births)	1.05 (2017)