



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Abortions in Arizona

2022 Abortion Report

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Health and Wellness for all Arizonans

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State of Arizona

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MISSION

To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

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Executive Summary

This comprehensive annual statistical report provides abortion statistics and demographic characteristics of women obtaining abortions in Arizona as required by the [Arizona Revised Statute § 36-2163](#). Included are data compiled from reports of abortions, complications resulting from an abortion, petitions compiled and processed by the Arizona Administrative Office of the Courts (AAOC) authorizing an abortion to un-emancipated minors [A.R.S. § 36-2163, \(C\)](#), and informed consent monthly reporting submitted by physicians who either referred for, or performed abortion procedures [A.R.S. § 36-2162.01](#). Data are collected through a secure, web-based reporting system and compiled on a calendar year basis. Facilities, providers, and physicians submit abortion procedure reports [A.R.S. § 36-2161](#), complication reports [A.R.S. § 36-2162](#), and pre-abortion informed consent summary reports [A.R.S. § 36-2162.01](#) to the Arizona Department of Health Services (herein referred to as ADHS or Department) on a monthly basis.

On August 14, 2015 the Department enacted a rule (Arizona Administrative Code (A.A.C.) R9-10-119) implementing requirements mandated under [A.R.S. §36-2302](#) that all abortion reports include additional detail describing the final disposition of fetal tissue from the abortion. The reporting rule took effect on August 16, 2015. In 2017, the Arizona State Legislature enacted a new law [A.R.S. §36-2301](#) requiring any physician performing an abortion and any additional physician in attendance to ensure that all available means and medical skills are used to promote, preserve, and maintain the life of a fetus or embryo delivered alive. Additionally, the physician performing the abortion is required to document and report to the Department the measures performed to maintain the life of such fetus or embryo.

On April 12, 2018, the Arizona State Legislature enacted a new statute [A.R.S. § 36-2162.01](#) requiring Arizona physicians who provide informed consent information regarding abortion pursuant to [A.R.S. § 36-2153](#) or perform fetal ultrasound imaging and auscultation of fetal heart tone services pursuant to [A.R.S. § 36-2156](#) or who delegate to a person authorized by [A.R.S. § 36-2153](#) or [A.R.S. § 36-2156](#) the duty to provide the information or services required by those statutes to report the number of women to whom they provide any pre-abortion informed consent information on a monthly basis. This statute came into effect from and after 12/31/2018. The report includes an aggregated summary of this reporting for calendar year 2022 as required by [A.R.S. § 36-2162.01](#).

During the 2022 reporting year, the total number of reported abortions performed in Arizona was 11,530, compared to 13,998 in 2021. Over 98 percent (n= 11,407) of abortions performed within Arizona were to resident women ("resident" refers to valid resident status within Arizona). Of these, 11,365 were women between the ages of 15 and 44 years. Resident women between the ages of 20 and 29 comprised 58.6 percent of all abortions to resident women (Table 2). Unmarried resident women represented about 84.6 percent of women obtaining abortions (Figure 2).

Compared to 2021, the 2022 abortion rate for Arizona resident women decreased for all age groups, <15 years old from (.08 in 2021 to .05 in 2022), 15-19 years old (5.53 in 2021 to 4.59 in 2022), 20-24 years old (17.82 in 2021 to 14.43 in 2022), 25-29 years old (15.15 in 2021 to 12.42 in 2022), 30-34 years old (10.89 in 2021 to 8.61 in 2022), 35-39 years old (6.33 in 2021 to 4.97 in 2022), and 40 years old and older (2.37 in 2021 to 1.86 in 2022) abortions per 1,000 women (Table 3).

Surgical procedures were used to perform approximately 49.2 percent (n= 5,616) of reported resident abortions (Table 6). The percentage of resident women who received non-surgical abortions increased from 48.3 percent in 2021 (n= 6,715 of 13,896) to 50.8 percent (n= 5,791 of 11,407) in 2022 (Figure 4).

In 2022, the number of abortions due to maternal medical conditions decreased from 420 (2021) to 344 in 2022 (Table 7). The number due to fetal medical conditions also had a decrease from 101 (2021) to 74 (2022) (Table 8). About 92.7 percent of abortions performed due to maternal medical conditions were performed under 14 weeks of gestational age, and about 48.8 percent of abortions citing medical conditions were performed on resident women aged 20-29 years. About 70.3 percent of abortions performed due to fetal medical conditions were performed at gestational age under 14 weeks.

In 2022, abortion-related complications affected 8 women; among these cases, 62.5 percent resulted from abortions performed at gestational age between 14 and 20 weeks (Table 18).

The AAOC reported a total of 39 petitions filed during the 2022 reporting year. Of those, 37 orders authorizing an abortion without parental consent were issued to un-emancipated minors (Table 20).

Introduction

1.1 Overview of the Arizona Abortion Reporting Requirements

Beginning July 1976, state licensed providers of abortion services voluntarily reported basic information about abortions and complications associated with abortions in accordance with Arizona Administrative Code R9-19-302D, authorized by A.R.S. § 36-344. ADHS sent routine reminders and provided a standard reporting format. The data are used to create tables for the annual Arizona Health Status and Vital Statistics report¹ and improved the estimation of total pregnancies and pregnancy outcomes.

The enactment of [SB1304](#) in 2010 established a statutory requirement to report abortions and treatment of complications associated with abortions.² The [Arizona Abortion Report, 2010](#) was the transitional report containing a combination of data collected prior to and after the establishment of the law. Beginning July 29, 2010, abortion information is reported using a secure, web-based reporting system. The reporting system was designed to meet the statutory requirements. Reports submitted using the web-based system do not include personally identifiable information (i.e., name, address, birthdate, Social Security number) and are submitted by password-authenticated personnel only. The Department provides training to all known providers within the state and maintains an [Abortion Reporting](#) website for provider assistance and related resources. In addition to licensed practitioners, hospitals, and clinics, the statute requires the AAOC to report the number of petitions filed with Arizona courts for authorization to perform an abortion on an un-emancipated minor without parental consent (see also [A.R.S. § 36-2152, Subsections \(B\) and \(D\)](#)).

The *Abortions in Arizona, 2022* report is the result of twelve consecutive years of web-based abortion reporting. Statistics and information presented reflect abortion services provided within the state. Several data tables reflect year ranges relevant to trends in Arizona (i.e., 1 year, 5 years, and 10 years).

Methodology

The statistics and information presented in this report result from statutory requirements established by [A.R.S. § 36-2163](#). The term *abortion* replaces *induced termination of pregnancy* (ITOP) and *termination* where appropriate throughout this report. The term *resident* refers to legitimate resident status within Arizona as determined by a patient's reported state and county of residence.

2.1. Data Sources

The primary data source for this report is the web-based reporting system for Arizona providers. The consolidated dataset includes procedure and complication reports. Reports submitted do not include personally identifiable information. Only authorized entities access and submit data through a secure, password-protected portal.

A second data source, the AAOC, provides an aggregate data summary report, which includes the number of petitions filed with Arizona courts for authorization to perform an abortion on an un-emancipated minor as prescribed in [A.R.S. § 36-2163, Subsection \(C\)](#).

A third data source is the monthly physician summary reporting of pre-abortion informed consent information provided by practitioners to women as required under [A.R.S. § 36-2153](#) and [A.R.S. § 36-2162.01](#). This information was first reported to the Department beginning on January 1, 2019. These reports are currently being submitted under an electronic submission waiver to the Department in a monthly aggregated form by physicians who provide this information to their patients. The reporting form is available online [here](#).

The fourth data source is the abortion reports received from other states for Arizona residents who obtained an abortion in a state other than Arizona. Although these reports are for Arizona residents, they are not included in the annual dataset because the procedure was not performed within Arizona. The reports are provided through the ADHS Bureau of Vital Records and sent as a courtesy from other states.

Additionally, the report includes the number of abortions paid by the state of Arizona through the Arizona Health Care Cost Containment System (AHCCCS).

¹ [ADHS | Arizona Health Status and Vital Statistics Annual Reports](#). See Section 1D.

² SB1304 State of Arizona Senate Forty-Ninth Legislature Second Regular Session 2010.
<http://www.azleg.gov/legtext/49leg/2r/bills/sb1304p.pdf>

2.2. Measures

Measures reported here are generally consistent with the CDC categorizations and definitions. Aggregate abortion counts are reported for the following variables:

- Age in years of the woman (<15, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, ≥45);
- Gestational age in weeks at the time of abortion (≤8 through ≥21 by individual week; ≤13, 14–20, and ≥21 weeks);
- Race (White, Black/African American, American Indian/Alaska Native, Asian/Native Hawaiian/Pacific Islander, Multiple Race);
- Ethnicity (Hispanic or non-Hispanic);
- Method type (surgical, non-surgical/medication-induced);
- Marital status (married or unmarried);
- Number of previous live births (0, 1, 2, or ≥3);
- Number of previous abortions (0, 1, 2, or ≥3);
- Maternal residence (state, Arizona county of residence, border and non-border region).

Important measures for abortions are: a) the total number (count) of abortions in a given population, b) the percentage (proportion) of abortions within a given population, c) the abortion rate (number of abortions per 1,000 women aged 15–44 years), and d) the abortion ratio (number of abortions per 1,000 live births within a given population).³

Total counts and percentages provide an overview of abortions while abortion rates are more useful measures as they adjust for differences in sub-populations and sub-population size. Abortion ratios reflect the relative number of pregnancies in a population that end in abortion compared to live births. Abortion ratios are affected by the proportion of unplanned pregnancies in a population and specifically those ending in abortion.³

The Arizona Department of Health Services, Business Intelligence Office obtains population estimates from the State of Arizona, Office of Economic Opportunity, per [Executive Order 2011-04](#) to use as denominators for calculating abortion rates. With regards to the calculation of the abortion ratios, live birth data obtained from the ADHS Bureau of Vital Records natality files are used as the denominators.

The variables for race and ethnicity are based on specifications established by the Federal Office of Management and Budget (OMB) and the Arizona State Demographer with specifications developed by ADHS Vital Statistics. Consistent with OMB methodology⁴, the web-based reporting system allows for multiple race categorizations consistent with U.S. Census enumerations. For instance, women obtaining abortions were asked to provide their ethnicity (i.e., Hispanic or Latino and/or Non-Hispanic or non-Latino) and race according to five standard race categories (i.e., White, Black/African American, American Indian/Alaska Native, Asian/Native Hawaiian/Pacific Islander). Additionally, if one of the OMB categories does not apply, selecting “Other” allows providers to input specific race designations.

A multiple race category was added to enumerate women who identify with more than one race. The selection of more than one race were identified in 2.23 percent of records in 2022.

As denominators for multiple races are not readily available, utilizing multiple race and ethnicity categories complicates estimation of abortion rates for groups who report multiple races. To meet the requirements of OMB reporting standards for compiling statistics on these sub-groups, records designating ethnicity as Hispanic or Latino, irrespective of race, were reported as Hispanic. When single race and ethnicity were reported, those categories were included and when multiple races were reported, multiple races were coded to a single “multiple race” category.

An examination of characteristics of women obtaining abortions by border region is included in this report. Arizona encompasses several federally recognized sovereign American Indian nations and shares its southern border with Mexico. Women reporting their county of residence as Cochise, Pima, Santa Cruz, and Yuma (which comprises the United States and Mexico border region) were categorized as “border region”. The remaining counties are considered “non-border region”.

³. Extracted from Centers for Disease Control and Prevention. Abortion Surveillance — United States, 2011. MMWR 2014;63(11):1-41. Digital version available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s_cid=ss6311a1_w

⁴. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity: Federal Register Notice. Retrieved from <https://www.federalregister.gov/documents/1997/10/30/97-28653/revisions-to-the-standards-for-the-classification-of-federal-data-on-race-and-ethnicity>, accessed on August 28, 2023.

2.3. Analytic Procedures

Where applicable, both univariate and bivariate statistics are presented. Counts, percentages, and rates were calculated using SAS statistical software. Cell suppression was applied to categories with non-zero counts fewer than six (6). While abortion rates in general are reported for women of child-bearing age (15 – 44 years), age-specific rates were estimated using U.S. Census and Arizona Vital Statistics population denominators for age-groups ≤ 14 years, 15–17 years, 18–19 years, 20–24 years, 25–29 years, 30–34 years, 35–39 years, and 40–44 years.

Results

A total of 16 facilities reported data for calendar year 2022 (Table 15). During this period, there were a total of 11,530 abortions reported in Arizona, of which 11,407 were to Arizona residents. The total number of reported abortions to Arizona resident women between the ages of 15 and 44 years was 11,365. The total abortion counts in 2022 represent a decrease of 17.6 percent from 2021 (n= 13,998). Table 1 provides an overview of abortions by month of termination, residence and non-residence status, and the number of resident live births in those months. In 2022 the highest number of abortions performed were reported in March (n= 1,525) for resident and non-residents in Arizona, and the highest abortion ratios were reported in March and May (234 and 238 abortions per 1,000 live births respectively).

Table 1. Abortions, live births, and abortion ratios by month and resident status, 2022

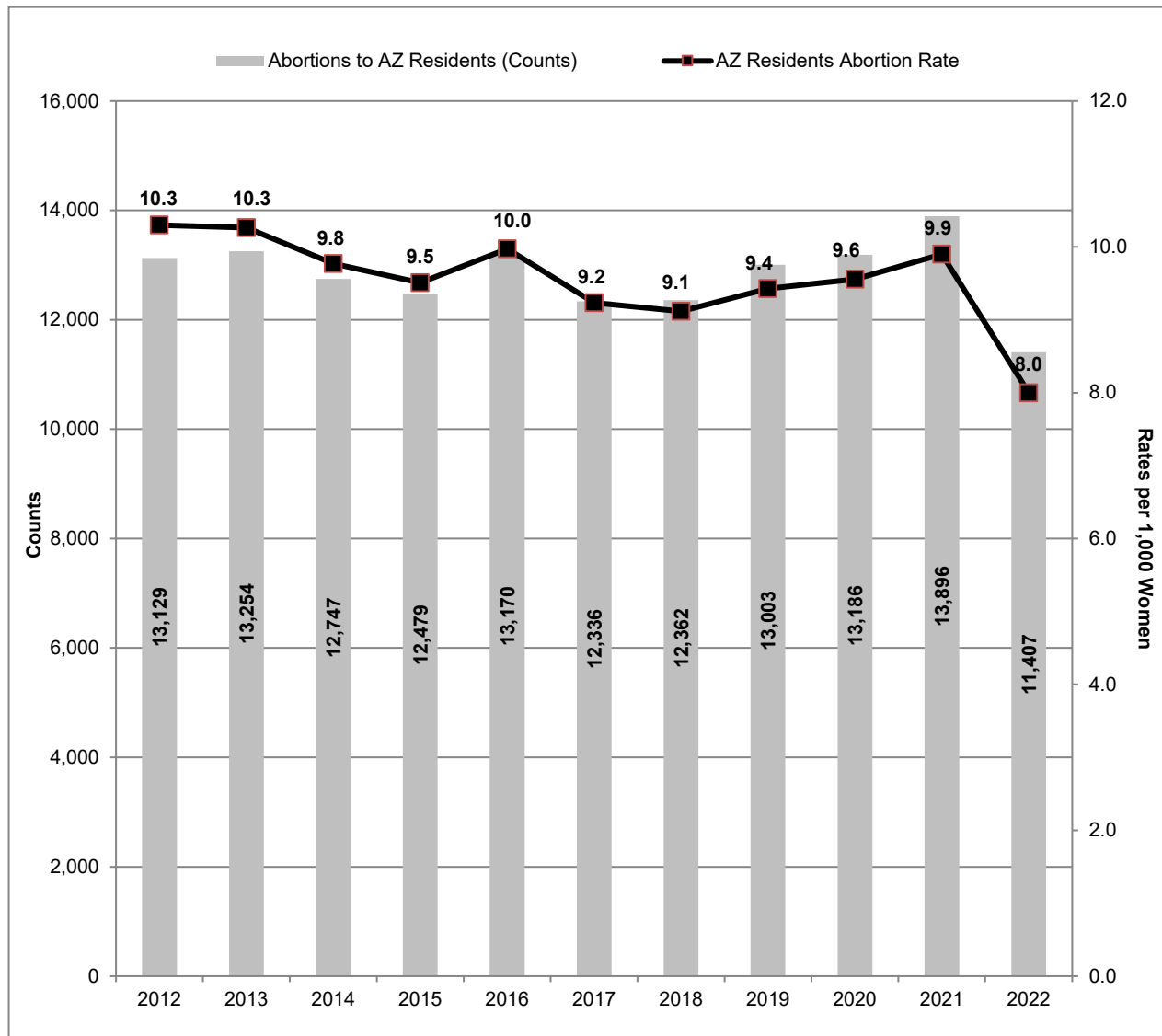
Month	Non-resident ^a abortions (N = 123)	Resident abortions (N = 11,407)	Resident live births (N = 78,355)	Abortion ratio ^b
January	9	1,275	6,564	194
February	8	1,267	5,992	211
March	13	1,512	6,470	234
April	8	1,332	5,951	224
May	14	1,430	5,998	238
June	18	1,159	6,245	186
July	6	216	6,720	32
August	15	699	7,078	99
September	8	631	6,834	92
October	7	417	6,639	63
November	11	771	6,821	113
December	6	698	7,043	99
Total	123	11,407	78,355	146

Notes: ^a Non-resident category includes out-of-state, non-U.S. residents, residents of unknown county or unknown country; ^b Abortion ratio is the number of abortions per 1,000 live births.

The overall abortion ratio decreased from 178 abortions per 1,000 live births in 2021 to 146 in 2022.

The overall abortion rate for calendar year 2022 decreased from 9.9 in 2021 to 8.0 per 1,000 women of child-bearing age (15–44 years in 2022; see Figure 1).

Figure 1. Abortion counts and rates for Arizona residents, 2012 – 2022



3.1. Characteristics of Women Receiving Abortions in Arizona

Characteristics described in this section examine age, race and ethnicity, marital status, and education of women obtaining abortions in Arizona. Also, included are descriptions of pregnancy history (i.e., previous pregnancies, live births, abortions, and spontaneous abortions) and the method used for abortion (i.e., surgical or non-surgical).

Age

The age range for resident women receiving abortions was 12 to 53 years of age in 2022. The average age of resident women who received an abortion was 27.0 years ($SD=6.2$ years). Abortions occurring among females younger than 15 years of age decreased minimally from 19 in 2021 to 12 in 2022. About 68% of abortions were to resident women younger than 30 years of age. Abortions were less frequent among women in the youngest (<15 years; 0.1%) and oldest (≥ 45 years; 0.3%) age groups.

Table 2. Age-distribution of resident women receiving abortions in Arizona, 2022

Age distribution	AZ resident (N = 11,407)	
	Count	Percent
< 15 years	12	0.1
15 - 17 years	238	2.1
18 - 19 years	842	7.4
20 - 24 years	3,527	30.9
25 - 29 years	3,155	27.7
30 - 34 years	2,077	18.2
35 - 39 years	1,149	10.1
40 - 44 years	377	3.3
≥ 45 years	30	0.3
Total	11,407	100.0

The following page presents abortions reported among residents by year and age group from 2012–2022. Between 2012 and 2022, there was a 70.3% decline in the percentage of abortions to women less than 15 years of age. The percentage of abortions among women 15 to 19 years of age decreased from 11.4 percent in 2012 to 9.5 percent in 2022, a 16.6 percent decline. The proportion of abortions among women 20–24 years of age decreased by 6.0 percent from 2012 – 2022.

Table 3. Proportions, rates, and ratios of abortions by age group, Arizona residents, 2012 – 2022

Year												% Change	
Age in years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2021 to 2022	2012 to 2022
Percent of abortions ^a													
<15 yrs	0.37	0.15	0.17	0.20	0.24	0.24	0.23	0.12	0.15	0.14	0.11	-21.4	-70.3
15-19 yrs	11.36	10.72	9.63	9.33	9.61	9.32	9.04	8.87	9.09	9.21	9.47	2.8	-16.6
20-24 yrs	32.91	32.47	32.76	31.17	30.72	30.77	30.44	30.05	30.42	30.83	30.92	0.3	-6.0
25-29 yrs	24.99	25.44	26.23	27.05	27.59	27.96	27.90	27.78	27.55	27.22	27.66	1.6	10.7
30-34 yrs	16.61	17.56	16.77	17.55	17.54	17.02	17.51	18.69	18.97	18.60	18.21	-2.2	9.6
35-39 yrs	9.52	9.91	10.16	10.61	10.33	10.97	11.13	10.81	10.31	10.34	10.07	-2.6	5.8
≥ 40 yrs	4.23	3.74	4.28	4.06	3.91	3.73	3.75	3.68	3.52	3.66	3.57	-2.2	-15.4
Abortion rates ^b													
<15 yrs	0.22	0.09	0.10	0.11	0.14	0.13	0.12	0.06	0.09	0.08	0.05	-37.5	-77.3
15-19 yrs	6.56	6.21	5.57	5.24	5.62	5.03	4.85	4.97	5.20	5.53	4.59	-17.0	-30.0
20-24 yrs	20.02	19.40	17.76	16.41	17.22	16.24	16.09	16.52	16.99	17.82	14.43	-19.0	-27.9
25-29 yrs	15.57	16.19	15.70	15.46	16.20	14.73	14.24	14.50	14.59	15.15	12.42	-18.0	-20.2
30-34 yrs	10.32	10.84	9.88	10.04	10.60	9.60	9.75	10.76	10.94	10.89	8.61	-21.0	-16.7
35-39 yrs	6.23	6.48	6.37	6.41	6.49	6.30	6.25	6.24	6.03	6.33	4.97	-21.5	-20.2
≥ 40 yrs	2.66	2.36	2.59	2.41	2.47	2.23	2.23	2.28	2.21	2.37	1.86	-21.1	-29.7
Abortion ratio ^c													
<15 yrs	716	282	478	610	574	806	966	417	714	442	364	-17.6	-49.2
15-19 yrs	185	199	187	199	237	230	241	269	307	362	305	-15.7	64.9
20-24 yrs	200	201	196	190	205	206	212	232	250	273	230	-15.8	15.0
25-29 yrs	134	137	133	134	143	139	142	149	157	160	134	-16.3	0.0
30-34 yrs	109	117	101	105	108	101	104	117	119	119	93	-21.8	-14.7
35-39 yrs	136	140	128	131	133	132	130	134	131	135	106	-21.5	-22.1
≥ 40 yrs	244	221	237	213	223	189	186	197	194	203	154	-24.1	-36.9

Notes: ^a Proportion of total abortions by age group represented as a percentage. Percentages are calculated using the total number of abortions as the denominator and the number of reported abortions for a specific age-group as the numerator. Percents do not add up to a 100 due to rounding errors as well as unknown age-categories in some reporting years.

^b Number of abortions obtained by women in a given age group per 1,000 women in that same age group. Females aged 10–14 years were used as the denominator for the group of females aged <15 years and women aged 40–44 years were used as the denominator for the group of women aged ≥ 40 years.

^c Number of abortions obtained by women in a given age group per 1,000 live births to women in that same age group.

Abortion rates (the number of abortions per 1,000 women in a given age group) for women less than 15 years of age declined 77.3 percent from 2012 – 2022, the greatest decline of any age group during the time period, followed by the abortion rate for women 15 to 19 years (30.0 percent decline). Similarly, the abortion rate for women 20 to 24 years of age declined from 20.0 abortions per 1,000 women in the same age group in 2012 to 14.4 in 2022, a 28 percent decrease.

As noted earlier, the *abortion ratio* is a comparison of abortions and live births and is expressed as the number of abortions per 1,000 live births. As indicated in Table 3, the abortion ratio for women less than 15 years of age which had the highest ratio when compared to the other age groups within the table decreased from 716 abortions per 1,000 live births in 2012 to 364 abortions per 1,000 live births in 2022, (the high ratio is due to the small number of live births to females in this age group and may vary widely due to the number of births).

From 2012-2022, the abortion ratio increased for women aged from 15 to 24 years, stayed the same for 25 to 29 years of age, and decreased among women <15 years as well as in 30 years of age and above.

Race and Ethnicity

Table 4 provides an overview of abortion trends from 2012 to 2022 by mother's race and ethnicity. In general, abortions to Hispanic or Latino women have risen steadily during that time, rising from 25.8 percent to 44.7 percent. Some of the figures specific to race and ethnicity changed significantly during that time. This can be explained by a combination of more complete reporting on race and ethnicity, shifts in the proportion of abortions among different race/ethnicity groups, and declines in pregnancy rates largely due to changing numbers of women of reproductive ages within those groups.

In 2022, among resident women obtaining abortions, 2.2 percent were identified as being multiple race (n= 254). In 2.5 percent of cases (n= 286), race was categorized as "Unknown". Approximately 44.7 percent of the 11,407 abortions were among Hispanic or Latino women (n= 5,103), followed by 33.0 percent for Non-Hispanic White women (n= 3,761). Abortions among Black/African American women accounted for 11.5 percent (n=1,314) of the total, the group that also had the highest rates (15.8 abortions per 1,000 Black/African American women aged 15-44) and ratios (271 abortions per 1,000 live births to Black/African American women). Similar to previous years, the lowest numbers of abortions reported in 2022 were among American Indian women (n= 276) and Asian or Pacific Islander women (n= 413).

Table 4. Proportions, rates, and ratios of abortions by race and ethnicity, Arizona residents, 2012 – 2022

Race/Ethnicity	Year										
	2012	2013	2014 ^d	2015	2016	2017	2018	2019	2020	2021	2022
Percent of abortions^a											
White non-Hispanic	14.50	18.98	43.63	43.10	40.40	38.60	38.89	36.90	35.52	33.43	32.97
Hispanic or Latino	25.84	31.61	35.29	34.86	36.62	37.61	37.85	39.17	40.57	43.75	44.74
Black or African American	0.88	1.43	7.70	8.61	9.51	9.70	9.94	10.55	12.09	11.96	11.52
American Indian or Alaska Native	0.29	0.46	2.28	2.65	2.58	2.82	2.55	2.65	2.82	2.87	2.42
Asian or Pacific Islander	0.57	0.83	4.19	4.26	4.62	4.85	4.47	4.71	4.17	3.81	3.62
Multiple races	22.74	32.12	2.83	1.40	1.85	1.75	2.10	2.23	2.45	2.28	2.23
Unknown	35.17	14.58	4.07	5.12	4.41	4.68	4.21	3.80	2.38	1.89	2.51
Abortion rates^b											
White non-Hispanic	2.89	3.82	8.60	8.34	8.32	7.42	7.49	7.43	7.27	7.15	5.69
Hispanic or Latino	7.66	9.25	10.57	9.07	9.90	9.33	9.15	9.74	10.21	11.37	9.39
Black or African American	2.02	3.24	12.81	16.32	18.36	16.99	16.80	18.01	20.20	20.31	15.78
American Indian or Alaska Native	0.55	0.88	3.37	5.10	5.20	5.25	4.72	5.14	5.70	6.05	4.13
Asian or Pacific Islander	1.57	2.27	8.47	9.18	10.13	9.90	8.75	9.08	8.08	7.70	5.90
Multiple races	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unknown	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Abortion ratio^c											
White non-Hispanic	49	66	139	141	141	133	138	141	142	137	115
Hispanic or Latino	102	127	133	127	142	140	142	156	168	188	152
Black or African American	25	40	217	246	286	260	264	282	334	347	271
American Indian or Alaska Native	7	11	57	66	68	72	67	77	91	102	69
Asian or Pacific Islander	21	32	169	164	181	180	169	194	185	176	132
Multiple races	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unknown	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Notes: ^a Proportion of total resident abortions by ethnicity and/or race represented as a percentage. Percentages are calculated using the total number of reported resident abortions as the denominator and the number of reported resident abortions for a specific ethnicity and/or race as the numerator. Percents may not add up to a 100 due to rounding errors, multiple race and unknown ethnicity/race categories.

^b Calculated using the number of abortions in a given race and/or ethnic group divided by female population aged 15-44 per 1,000.

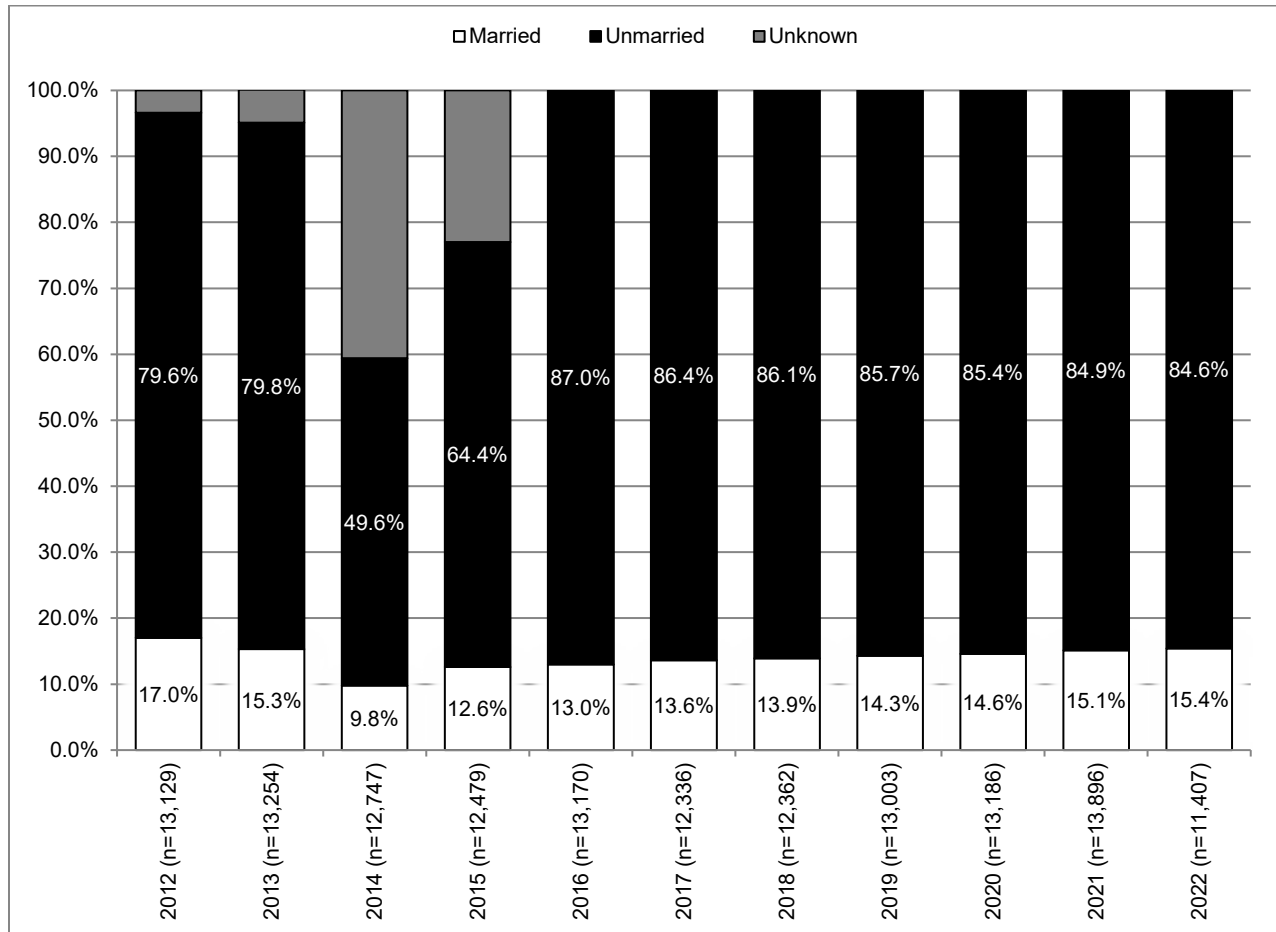
^c Calculated using the number of abortions in a given race and/or ethnic group per 1,000 live births to women in the same group.

^d Beginning 2011, rates and ratios should be interpreted with caution due to the addition of the Multiple Race and Unknown categories. Single race selections are the best estimates for rates and ratios.

Marital Status

In 2022, 15.4 percent (n= 1,757) of resident women obtaining abortions were reported as married. Figure 2 displays the distribution of abortions among Arizona resident women from 2012 to 2022 by marital status. Between 2012 and 2015, the percent of abortions performed on married and unmarried women showed uncharacteristic variation in women with “Unknown” marital status; a deviation attributable to incomplete reporting. New reporting requirements for marital status in the electronic reporting system were implemented in 2016 to correct this. The percent of abortions among unmarried women is consistently higher than among married women.

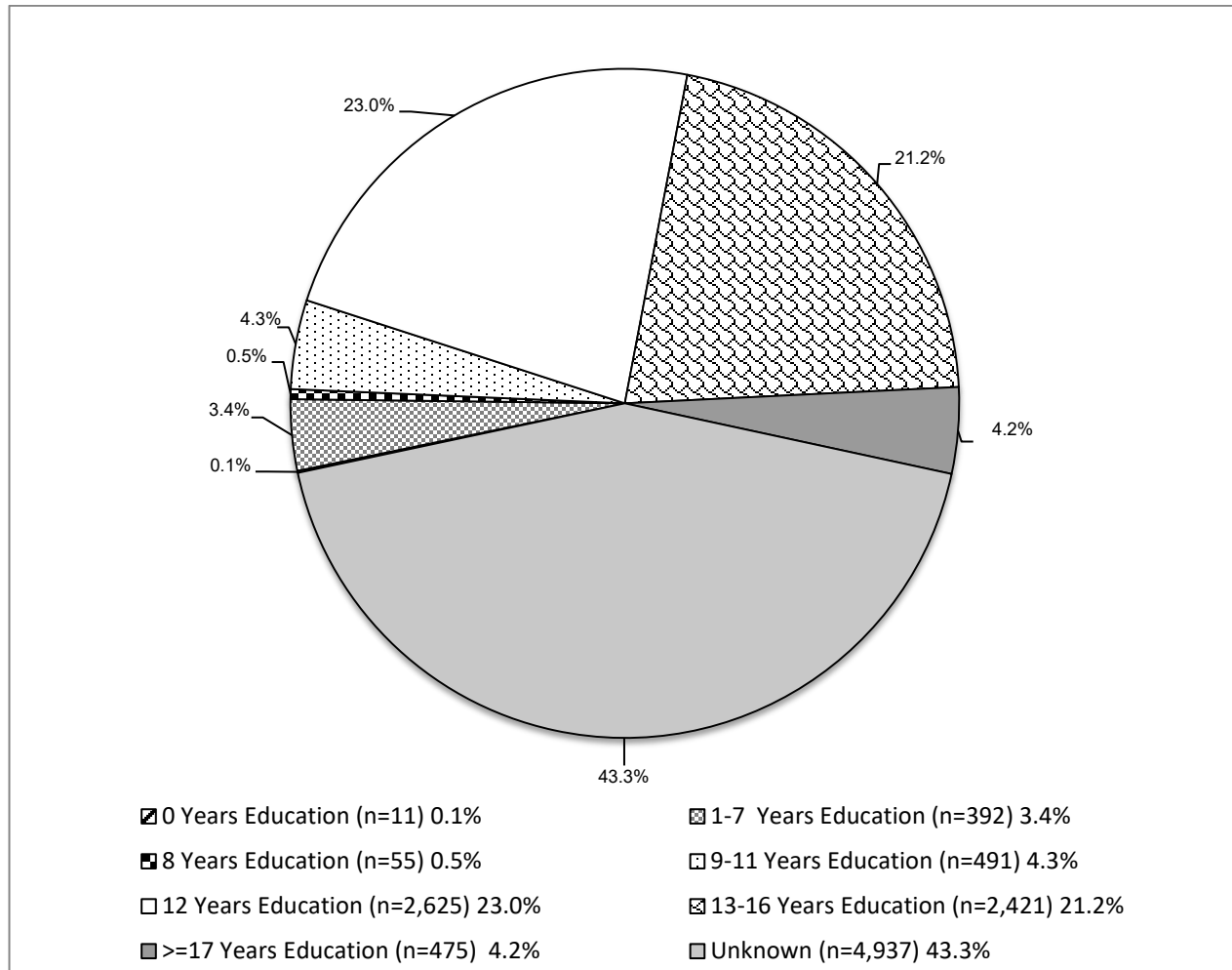
Figure 2. Marital status of resident women receiving abortions, 2012 – 2022



Education

Figure 3 displays the distribution of educational attainment reported for Arizona resident women obtaining abortions in 2022. Caution should be taken on interpretation of Figure 3 due to reporting limitations where 43.3 percent (n=4,937) of women who received an abortion listed education status as unknown. Approximately 21.2 percent (n= 2,421) of women who had an abortion in 2022 completed 13 to 16 years of education. Similarly, 23.0 percent (n= 2,625) of women had attained 12 years of education. Women with less than a high school education accounted for 8.3 percent of women obtaining abortions in 2022.

Figure 3. Educational status of resident women receiving abortions, 2022



Pregnancy History

Pregnancy history compiles the previous number of pregnancies, live births, abortions, and spontaneous abortions.

The previous number of pregnancies, live births, abortions, and spontaneous abortions are presented below. Among resident women who underwent an abortion in 2022, 29.4 percent had three or more previous pregnancies and approximately 14.1 percent had three or more previous live births.

Table 5. Pregnancy history of resident women receiving abortions in Arizona, 2022

Pregnancy history	Count (N = 11,407)	Percent
Number of previous pregnancies		
0	3,926	34.4
1	2,237	19.6
2	1,707	15.0
3 or more	3,357	29.4
Unknown	180	1.6
Number of previous live births		
0	5,351	46.9
1	2,347	20.6
2	1,921	16.8
3 or more	1,606	14.1
Unknown	182	1.6
Previous abortions		
0	7,410	65.0
1	2,625	23.0
2	781	6.8
3 or more	369	3.2
Unknown	222	1.9
Previous spontaneous abortions		
0	9,012	79.0
1	1,579	13.8
2	337	3.0
3 or more	146	1.3
Unknown	333	2.9

Additionally, of resident women obtaining abortions during 2022, approximately 10.0 percent had two or more previous abortions and 4.2 percent had two or more previous spontaneous abortions. These numbers remained stable from 2021 to 2022.

Among resident women who had abortions in 2022, 7,410 (65.0 percent) did not have a previous abortion and 9,012 (79.0 percent) did not have a previous spontaneous abortion.

Abortion Method

Of resident women who had abortions in 2022 (n= 11,407), 49.2 percent had surgical procedures, and 50.8 percent had non-surgical procedures. An overview of abortion method procedures reported in 2022 is shown below. Of the total surgical procedures reported for resident women, the most common procedure was suction curettage (84.2%), followed by dilation and evacuation (12.1%). Of the total number of non-surgical (medication-induced) procedures reported, the most common was the combination of Mifepristone (Mifeprex) and Misoprostol (Cytotec) (99.5%).

Starting in 2021, the U.S. Centers for Disease Control and Prevention, Division of Reproductive Health, requested states to change Induced Termination Procedure Report (ITPR) description labels for surgical procedure and non-surgical/medication-induced procedure options. This change was implemented for Arizona data year 2021 to improve data quality and minimize misclassification of Surgical and Medical Abortions. Therefore, comparisons to the previous years in Table 6 may not be possible.

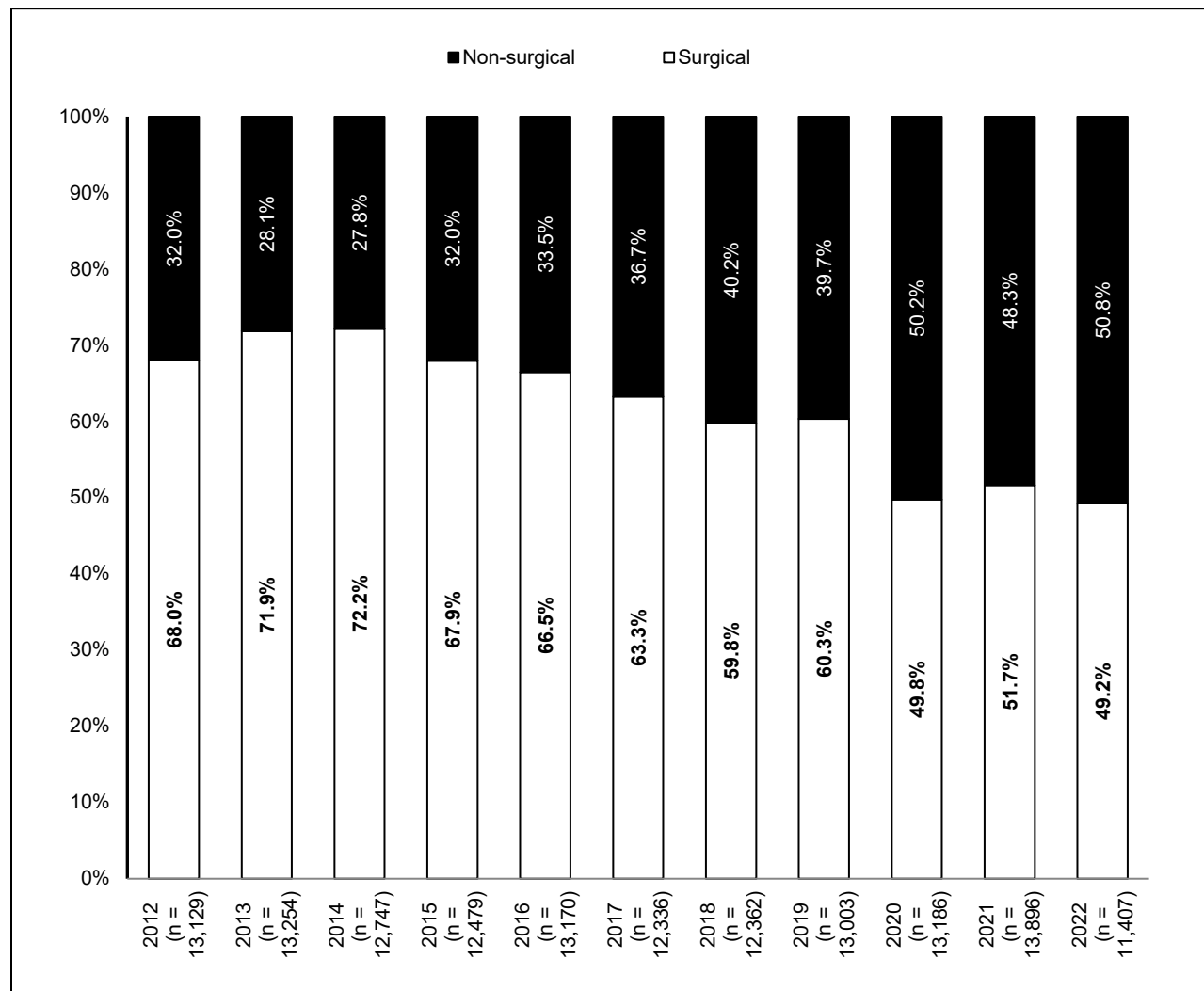
Table 6. Method of abortion used by resident women in Arizona, 2022

Method	Count	Percent
Surgical procedures	(N = 5,620†)	
Suction curettage	4,731	84.2
Sharp curettage (D&C)	202	3.6
Dilation and evacuation (D&E)	681	12.1
Hysterectomy/hysterotomy	0	0.0
Other surgical abortion procedure	*	**
Non-surgical procedures	(N = 5,790†)	
Methotrexate and Misoprostol (Cytotec)	*	**
Mifepristone (Mifeprex) and Misoprostol (Cytotec)	5,764	99.5
Misoprostol (Cytotec)	20	0.3
Other medications	*	**
Unknown	0	0.0

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

Figure 4 presents the trends in surgical and non-surgical procedures displayed during 2012 – 2022. Between 2012 and 2022, most abortion procedures performed on resident women were surgical (n= 87,282 surgical) compared to (n= 53,675 non-surgical) over the time period. The proportion of non-surgical procedures reported increased from 32.0 percent in 2012 to 50.8 percent in 2022, with the lowest point (27.8 percent) recorded in 2014.

Figure 4. Method of abortion among Arizona resident women, 2012 – 2022



Facility and Reason for Termination

Table 7 presents maternal characteristics and maternal medical conditions cited for obtaining an abortion. The age range of women in this group was <15 years to 40 years and older. Approximately 26.5 percent of the procedures were performed on women between 25 and 29 years of age. The majority of these abortions 92.7 percent occurred at gestational ages 13 weeks or less.

Table 7. Maternal characteristics and maternal medical conditions cited for obtaining an abortion, Arizona residents, 2022

Maternal characteristics	Count (N = 340†)	Percent
Age		
<15 yrs	0	0.0
15-19 yrs	31	9.0
20-24 yrs	77	22.4
25-29 yrs	91	26.5
30-34 yrs	66	19.2
35-39 yrs	46	13.4
>=40 yrs	33	9.6
Gestational age		
<=13 weeks	319	92.7
14 to 20 weeks	23	6.7
>=21 weeks	0	0.0
Unknown	*	**
Maternal medical conditions		
Premature rupture of membranes / hemorrhage / abruption	*	**
Anatomical abnormality	*	**
HELLP or preeclampsia	*	**
Pre-pregnancy medical condition	17	4.9
Social / Financial / Psychological / Psychiatric situation	0	0.0
Previous pregnancy complication	21	6.1
Medication intake	*	**
Drug / alcohol intake	*	**
Nausea / vomiting / sick	*	**
Recent pregnancy	*	**
Maternal age	11	3.2
Cardiovascular pre-existing condition	*	**
Concern about family's genetic risk	*	**
Mental health diagnosis or concern (to distinguish from psychological situation)	15	4.4
Other	0	0.0
Unknown	258	75.0
Total	340†	100.0

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

Table 8 presents maternal characteristics and fetal medical conditions cited as reasons for obtaining an abortion. Less than 1 percent of abortions were due to fetal medical conditions. Most of these were among women aged 20-29 years and were frequently related to birth defects. Approximately 70.3 percent (n = 52) of these procedures were performed at 13 weeks or less gestation.

Table 8. Maternal characteristics and fetal medical conditions cited for obtaining an abortion, Arizona residents, 2022

Maternal characteristics	Count (N = 70†)	Percent
Age		
15-19 yrs	6	8.1
20-24 yrs	20	27.0
25-29 yrs	25	33.8
30-34 yrs	13	17.6
35-39 yrs	7	9.5
>=40 yrs	*	**
Gestational age		
<=13 weeks	52	70.3
14 to 20 weeks	14	18.9
>=21 weeks	0	0.0
Unknown	8	10.8
Fetal medical conditions		
Aneuploidy/Trisomy/Triploidy	*	**
Central nervous system anomalies	0	0.0
Multiple anomalies	*	**
Fetal demise	*	**
Cardiac defect	*	**
Oligohydramnios/Anhydramnios & Urological	*	**
Karyotype or genetic abnormality	*	**
Musculo skeletal abnormality	*	**
Twin abnormality	*	**
Lethal anomalies	*	**
Fetal hydrops	*	**
Medication or toxic substance exposure	0	0.0
Other	*	**
Unknown	58	78.4
Total	70†	100.0

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

Table 9. Reported maternal reasons for abortion, Arizona residents, 2022

Primary reason	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Abortion is elective	979	973	1,174	1,042	1,106	926	193	553	487	339	598	593	8,963
Maternal health / medical considerations	37	48	57	38	48	38	*	14	13	11	25	11	340†
Fetal health / medical considerations	21	15	13	11	11	12	0	*	*	*	0	*	90†
Victim of domestic violence	6	7	*	*	*	7	*	0	*	*	6	*	40†
Sexual assault	*	*	8	*	*	*	0	*	0	*	*	*	40†
Declined to specify a reason	263	240	307	249	270	225	80	257	215	117	210	178	2,611
Other reason (see details below)	245	231	297	299	325	249	99	159	134	94	153	157	2,442
Detailed reasons when other is the primary reason													
<i>Wish to not have children</i>	162	126	197	167	172	158	73	123	103	69	114	117	1,581
<i>Wish to not be pregnant/ difficult pregnancy</i>	*	0	0	*	*	*	0	0	0	0	0	*	10†
<i>Unprepared / not ready for having children</i>	26	26	19	18	27	17	*	*	*	*	*	*	150†
<i>Indicated timing was an issue</i>	7	10	9	8	15	13	*	*	0	*	0	*	70†
<i>Financial reasons</i>	17	24	16	20	32	18	0	*	*	6	*	8	150†
<i>No more children desired</i>	11	11	6	10	11	7	0	*	*	*	*	*	70†
<i>Indicated age was an issue</i>	*	*	*	*	*	*	*	*	*	*	*	*	30†
<i>Personal health / medical risks</i>	7	9	*	17	18	8	7	9	6	9	12	7	110†
<i>Indicated relationship was an issue</i>	6	*	*	7	10	12	11	8	*	8	10	11	90†
<i>Personal emotional / mental health</i>	15	12	18	31	41	41	29	34	21	26	25	31	324
<i>Indicated physical abuse was an issue</i>	0	0	0	*	*	*	*	*	*	*	*	*	20†
<i>Unstable housing</i>	*	0	*	0	*	0	0	0	0	0	0	0	0†
<i>Employment/ work/ career/ unemployment</i>	0	*	0	0	0	0	0	0	0	0	0	0	0†
<i>Family health obligations</i>	*	0	0	0	0	0	*	0	0	*	0	0	0†
<i>Father doesn't want child / lack of support</i>	*	0	*	0	*	0	0	0	0	0	0	*	10†
<i>Education / student</i>	*	*	*	*	*	0	0	0	*	*	*	0	10†
<i>Genetic risk / fetal abnormality</i>	0	*	*	*	*	*	0	*	0	0	0	0	10†
<i>Failed contraception</i>	*	0	0	*	*	*	*	0	*	0	0	0	10†
<i>All other reasons</i>	15	19	32	41	42	19	*	7	7	*	10	9	210†

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6.

Table 9 presents the reported maternal reasons for abortion by month. Primary reasons are summarized in the top rows, and detailed reasons described when “Other” was specified as a primary reason are summarized in the bottom rows. Reasons reported in the detailed reasons are aggregated free-text responses classified based upon content into 18 general response categories. Response categories may be totaled (across each row) to reach annual totals of respondents reporting that reason in 2022.

But because respondents may give more than one reason, sums across categories (down each column) will exceed the total number of monthly procedures, as well as exceeding the total of respondents reporting “Other” as a primary reason each month.

A significant majority (8,963 or 78.6%) of abortions reported among Arizona residents in 2022 were described as “elective”. Other leading response include “Other” (2,442 or 21.4%) and “Declined to specify a reason” (2,611 or 22.9%). The most commonly reported detailed reason was a wish not to have children (1,581 or 64.7% of respondents who specified “Other” as a description of the primary reason for having an abortion).

3.2. Abortions by Gestational Age

Some evidence suggests an association between gestational age and abortion-related mortality. An overview of the gestational age of the fetus at the time of abortion is reported below. The majority of abortions 65.3 percent to resident women were performed at gestational ages 8 or fewer weeks. About 96% (n= 10,916) of abortions to resident women were performed at gestational ages of 15 or fewer weeks. In 2022, abortions performed at gestational ages of 21 weeks or greater represented less than 1 percent of the total abortions among Arizona residents, a proportion similar to the number reported over the past years.

Table 10. Gestational age at time of abortion, Arizona residents, 2022

Gestational age	Count (N = 11,407)	Percent
≤ 8 weeks	7,450	65.3
6 weeks	3,397	29.8
7 weeks	2,442	21.4
8 weeks	1,611	14.1
9 to 13 weeks	3,089	27.1
9 weeks	1,218	10.7
10 weeks	806	7.1
11 weeks	458	4.0
12 weeks	306	2.7
13 weeks	301	2.6
14 to 15 weeks	377	3.3
14 weeks	206	1.8
15 weeks	171	1.5
16 to 17 weeks	186	1.6
16 weeks	93	0.8
17 weeks	93	0.8
18 to 20 weeks	169	1.5
18 weeks	65	0.6
19 weeks	59	0.5
20 weeks	45	0.4
≥ 21 weeks	25	0.2
Unknown	111	NA
Total	11,407	100.0

Table 11 provides an overview of the association between gestational age and method of abortion. Surgical procedures were the most frequent type of procedure at gestational ages of 14 to 20 weeks. Suction curettage was the most commonly used surgical procedure performed at gestational ages of 13 or fewer weeks (n=4,573, 95.5%), 14 to 20 weeks (n=149, 20.9%), and ≥ 21 weeks (n=8). At 14 to 20 weeks the most frequent procedure was dilation and evacuation (D&E) with (n=555, 77.7 percent) and ≤13 weeks (n=23, 0.5 percent) respectively.

Use of non-surgical abortion procedures were the most common procedure between surgical and non-surgical at gestational ages of 13 or fewer weeks with approximately 99.9 percent of all procedures in this gestation group. Approximately 99.9 percent of all non-surgical abortions were performed at 13 or fewer weeks of gestation. Mifepristone (Mifeprex) and Misoprostol (Cytotec) (n= 5,744; 99.9 percent) taken together was the most commonly used non-surgical procedure for abortions within this gestational period.

Starting in 2021, the U.S. Centers for Disease Control and Prevention, Division of Reproductive Health, requested states to change Induced Termination Procedure Report (ITPR) description labels for surgical procedure and non-surgical/medication-induced procedure options. This change was implemented for Arizona data year 2021 to improve data quality and minimize misclassification of Surgical and Medical Abortions. Therefore, comparisons to the previous years in Table 11 may not be possible.

Table 11. Method of abortion and gestational age, Arizona residents, 2022

Method	Gestational age					
	≤ 13 weeks (N = 10,540†)		14 to 20 weeks (N = 730†)		≥ 21 weeks (N = 25)	
	Count	Percent	Count	Percent	Count	Percent
Surgical total	4,790†	100.0	710†	100.0	8	100.0
Other surgical abortion procedure	*	**	*	**	0	0.0
Suction curettage	4,573	95.5	149	20.9	8	100.0
Sharp curettage (D&C)	193	4.0	9	1.3	0	0.0
Dilation and evacuation (D&E)	23	0.5	555	77.7	0	0.0
Hysterectomy/hysterotomy	0	0.0	0	0.0	0	0.0
Non-surgical total	5,750†	100.0	20†	100.0	17	100.0
Mifepristone (Mifeprex) and Misoprostol (Cytotec)	5,744	99.9	*	**	17	100.0
Misoprostol and Cytotec	0	0.0	16	88.9	0	0.0
Methotrexate and Misoprostol (Cytotec)	*	**	0	0.0	0	0.0
Other medication(s)	0	0.0	0	0.0	0	0.0
Unknown	0	0.0	0	0.0	0	0.0

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

Table 12 provides an overview of the type of patient admission used for abortion procedures among Arizona resident women in 2022. Of 11,407 reported abortions, 11,373 (99.7%) were performed in an abortion clinic, and 29 (0.3%) were performed in a hospital either as an inpatient or an outpatient admission.

Table 12. Patient admission status for abortions among Arizona resident women, 2022

Admission status	Count	Percent
Total admissions	11,407	100.0
Abortion Clinic	11,373	99.7
Hospital Inpatient Admission	24	0.2
Hospital Outpatient	*	**
Other Healthcare Institution Outpatient	*	**
Not Reported	0	0.0

Notes: * Cell suppressed due to non-zero count less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

Table 13 provides a summary of reported administration of anesthesia to both the mother and the unborn child in abortion procedures performed in Arizona in 2022. Among 11,407 reported abortions among Arizona residents in 2022, anesthesia was administered to the mother in nearly 25% of all procedures, and to the unborn child in approximately 8% of all procedures.

Table 13. Reported administration of anesthesia to mothers and unborn children, Arizona resident abortions, 2022

	Anesthesia administered	Percent	Anesthesia not administered	Percent	Not reported	Percent
Total - Mother	2,835	24.9	8,572	75.1	0	0.0
Total - Unborn Child	866	7.6	10,541	92.4	0	0.0
Mothers (Surgical)	2,784	24.4	2,832	24.8	0	0.0
Unborn Children (Surgical)	852	7.5	4,764	41.8	0	0.0
Mothers (Non-Surgical)	51	0.4	5,740	50.3	0	0.0
Unborn Children (Non-Surgical)	14	0.1	5,777	50.6	0	0.0

3.3. Abortions by County of Residence

Table 14 provides an overview of the number of abortions, live births, abortion rates, and ratios by patient's county of residence, and summarized into border and non-border regions. The border region consists of Cochise, Pima, Santa Cruz, and Yuma counties. The remaining counties are considered the non-border region.

The overall Arizona abortion rate in 2022 was 8.0 abortions per 1,000 resident women between 15 and 44 years of age. Fourteen of the 15 counties had abortion rates below the state rate. Maricopa (9.0) was the only county where the abortion rate exceeded the state rate. With regards to the abortion ratio, except for Maricopa (165) and Pima (154), all the remaining counties had abortion ratios below the state ratio 146 abortions per 1,000 live births to women of child-bearing age (15-44 years of age). When comparing border and non-border regions, the abortion rate for the border region was 6.0 abortions per 1,000 women between the ages of 15 and 44 compared to 7.9 abortions in the non-border region. The abortion ratio for the border region was 113 abortions per 1,000 live births compared to the non-border region ratio of 144 abortions per 1,000 live births.

Table 14. Abortions, live births, rates, and ratios for resident females by county of residence, Arizona 2022

Resident county ^a	Abortions		Live births		Abortion rate ^c	Abortion ratio ^d
	Count	Percent	Count	Percent		
Apache	13	0.1	735	0.9	1.1	18
Cochise	89	0.8	1,233	1.6	4.3	73
Coconino	106	0.9	1,316	1.7	2.9	81
Gila	39	0.3	445	0.6	5.2	88
Graham	20	0.2	465	0.6	2.8	43
Greenlee	10	0.1	114	0.1	5.4	88
La Paz	8	0.1	160	0.2	4.0	50
Maricopa	8,338	73.1	50,573	64.5	9.0	165
Mohave	19	0.2	1,720	2.2	0.6	11
Navajo	30	0.3	1,231	1.6	1.6	24
Pima	1,526	13.4	9,968	12.7	7.3	154
Pinal	404	3.5	5,127	6.5	5.3	79
Santa Cruz	27	0.2	587	0.7	3.0	46
Yavapai	134	1.2	1,792	2.3	4.2	75
Yuma	11	0.1	2,836	3.6	0.3	4
Unknown ^e	633	5.5	53	0.1	N/A	N/A
Border region^b	1,653	14.5	14,624	18.6	6.0	113
Non-border region	9,121	80.0	63,678	81.2	7.9	144
Arizona	11,407	100.0	78,355	100.0	8.0	146

Notes: ^a Residence indicates women's county of residence.

^b Border region in Arizona include Cochise, Pima, Santa Cruz, and Yuma.

^c Number of abortions obtained per 1,000 women of child-bearing age (15-44 years of age).

^d Number of abortions obtained per 1,000 live births to women of child-bearing age (15-44 years of age).

^e Records submitted as Arizona residents without a county of residence selected. While the records are counted as Arizona residents, counts were neither included in Border nor Non-Border region counts.

Table 15 summarizes the number of monthly abortion procedures reported by each site in 2022 among Arizona residents. Overall, there were 16 reporting sites in Arizona in 2022.

Table 15. Monthly abortions reported by facility, Arizona residents, 2022

Reporting facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Acacia Womens Center	127	169	173	147	181	111	0	168	171	133	255	229	1,864
Banner Desert Medical Center	*	*	0	0	0	0	*	0	0	0	0	0	*
Banner Estrella Medical Center	0	0	*	0	0	*	*	0	0	0	0	0	*
Banner Gateway Medical Center	*	0	0	0	*	0	0	0	0	0	0	0	*
Banner Thunderbird Medical Center	0	0	0	*	0	*	*	*	0	0	*	*	6
Banner University Medical Center - Phoenix	*	0	*	*	0	0	0	0	0	*	0	*	7
Banner University Medical Center - Tucson	0	*	*	0	*	0	0	0	0	0	0	0	*
Camelback Family Planning	279	253	345	315	338	303	160	288	223	144	221	245	3,114
Choices Women's Center	110	66	120	105	114	69	9	109	86	31	98	79	996
Desert Star Family Planning, LLC	65	52	51	46	42	33	9	28	24	15	25	32	422
Family Planning Associates Medical Group	275	241	298	249	238	251	34	105	104	71	99	38	2,003
Planned Parenthood Flagstaff Health Center	10	8	10	6	13	*	0	0	0	0	0	0	49
Planned Parenthood Glendale Health Center	163	178	168	127	174	126	0	0	0	0	0	40	976
Planned Parenthood Margaret Sanger Health Center	86	125	101	78	103	105	0	0	23	16	30	29	696
Planned Parenthood Tempe Health Center	155	173	243	256	221	157	0	0	0	6	42	*	1,256
Scottsdale OB / GYN, PC	*	0	0	0	*	0	*	0	0	0	0	0	*
Monthly Total	1,280†	1,270†	1,510†	1,330†	1,430†	1,160†	220†	700†	631	420†	770†	700†	11,407

Note: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6.

3.4 Physician reporting

Table 16 summarizes the specialty field of medicine for the physician performing abortion procedures in 2022. Nearly 100% of procedures were performed by a physician specializing in Obstetrics and Gynecology, or General Family Practice, or both.

Table 16. Number of abortions performed by medical specialization reported by Physician performing the procedure, Arizona resident women, 2022

Specialty field	Count	Percent
Total all specialties	11,407	100.0
Obstetrics and Gynecology ^a	6,840	60.0
General Family Practice ^a	4,557	40.0
Emergency Medicine ^a	0	0.0
Other specialty ^a	0	0.0
Multiple specialties	10	0.1
None reported	0	0.0

Notes: * Cell suppressed due to non-zero count less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ^a Sum of all specialties exceeds the total number of reported procedures. Physicians in some cases report more than one specialty. The excess count is corrected by subtracting the multiple specialties reported from the sum of other rows.

Since January 1, 2021, physicians who provide women with informed consent information regarding abortion, perform fetal ultrasound and auscultation of fetal heart tone services, or who delegates the duty to provide this information or these services to an authorized person are required to submit a monthly report summarizing these activities to the Department of Health Services in each month in which they conduct this activity, whether as a physician who performs abortion procedures, or as one who refers a patient for an abortion procedure. Table 17 summarizes these activities as reported to the Department.

Table 17. Physician provision of informed consent information delivery including fetal ultrasound and auscultation of fetal heart tones to patients prior to abortion, Arizona resident women, 2022*

	In the capacity of a Physician who performs the abortion			In the capacity of a Referring Physician			GRAND TOTAL
	Delivered by the Physician	Delivered by a Physician's Assistant, Nurse, Psychologist, or licensed behavioral health professional	Total	Delivered by the Physician	Delivered by a Physician's Assistant, Nurse, Psychologist, or licensed behavioral health professional	Total	
NUMBER OF WOMEN PROVIDED INFORMED CONSENT INFORMATION REQUIRED UNDER ARS 36-2153(A)1	9,249		9,249	6,376		6,376	15,625
NUMBER OF WOMEN PROVIDED INFORMED CONSENT INFORMATION REQUIRED UNDER ARS 36-2153(A)2	6,124	3,125	9,249	3,688	2,688	6,376	15,625
	By the Physician	By a qualified person working in conjunction with the Physician	Total	By the Physician	By a qualified person working in conjunction with the Physician	Total	GRAND TOTAL
NUMBER OF WOMEN PROVIDED FETAL ULTRASOUND IMAGING AND AUSCULTATION OF FETAL HEART TONE SERVICES REQUIRED UNDER ARS 36-2156(A)1	651	8,598	9,249	73	6,303	6,376	15,625
NUMBER OF ABORTIONS PERFORMED BY A PHYSICIAN WHERE INFORMATION REQUIRED AT LEAST 24 HOURS BEFORE THE ABORTION UNDER ARS 36-2153 AND 36-2156 WAS NOT PROVIDED BECAUSE A MEDICAL EMERGENCY COMPELLED THE PERFORMANCE OF AN ABORTION TO AVERT:	The woman's death	Substantial and irreversible impairment of a major bodily function of the woman	Total				
	0	0	0				

* Information from Table 17 is gathered from providers using the ADHS Health Providers Monthly Reporting Form and was taken as a snapshot in time based on the publication date as of September 2023.

3.5. Complications Resulting from an Abortion

Assessments and reports of complications resulting from an abortion have changed over time. Beginning in June 1976, as part of the required *Report of an Induced Termination of Pregnancy*, providers reported patients hospitalized for complications occurring *during* the abortion procedure. Between 1982 and 2003, the ADHS annual *Health Status and Vital Statistics Report (HSVSR, Table 1D-1)* used provider-submitted reports to tabulate both the number of patients who received abortions and patients hospitalized for complications. Beginning in 1986, the table of complications included only Arizona residents. From 2004 to 2009, the ADHS *HSVSR* continued reporting general characteristics of women receiving abortions but did not list the count of complications.

Beginning July 2010, [Arizona Revised Statute § 36-2162](#) established an abortion complication reporting requirement. Healthcare professionals who provide medical treatment to women experiencing complications resulting from an abortion are required to submit reports to the ADHS. The reports contain no personally identifiable information (PII), and hospital patient records are not accessible for public review. Data submitted on the Complication report differs from data submitted on the Procedure report. Reports submitted in compliance with [A.R.S. § 36-2162](#) are for complications occurring *after* an abortion procedure (i.e., excessive hemorrhaging hours or days after leaving the facility where the abortion was performed). These reports are primarily submitted by hospitals.

In April 2018, [SB1394](#) amended Arizona's abortion reporting statutes, taking effect from and after December 31, 2018. Under the amended statute, detail of complications resulting from abortion were included in the abortion procedure report for the first time, as well as in the complications report. Complications occurring at the time of an abortion procedure can now be distinguished from other complications which occur subsequent to a procedure.

A total of 8 reports of complications occurring at the time of an abortion procedure were reported among Arizona resident women in 2022, a decrease of 63.6 percent from 2021 (n= 22). Sixty-three percent of these abortion complications occurred between gestational ages of 14 and 20 weeks. The highest amount of complications occurred primarily among women between 20 and 24 years of age. In 2022 there were a total of 9 complications reported separately using the complications report. Of the 9 non-duplicated complications, the majority of cases (66.7%) occurred at gestational ages of 13 weeks or less.

Table 18 lists characteristics of resident women who experienced complications resulting from an abortion and the most frequently reported complications.

Table 18. Complications resulting from an abortion for resident women, Arizona, 2022

	Procedure complications count (N=10 [†])	Procedure complications percent	Other complications count (N=10 [†])	Other complications percent
Age				
<15 yrs	0	0.0	0	0.0
15-19 yrs	*	**	0	0
20-24 yrs	*	**	*	**
25-29 yrs	*	**	*	**
30-34 yrs	*	**	*	**
35-39 yrs	*	**	*	**
≥40 yrs	*	**	*	**
Gestational age				
≤13 weeks	0	0.0	6	66.7
14 to 20 weeks	*	**	0	0
≥ 21 weeks	0	0.0	0	0.0
Unknown	*	**	*	**
Description of complications^a				
Allergic response	0	0.0	0	0.0
Cervical laceration	0	0.0	0	0.0
Failed termination pregnancy	0	0.0	0	0.0
Heavy bleeding	0	0.0	*	**
Uterine perforation	0	0.0	*	**
Damage to uterus	0	0.0	0	0.0
Other complications	8	100.0	*	**
Shock	0	0.0	0	0.0
Sepsis	0	0.0	0	0.0
Incomplete abortion	0	0.0	*	**
Termination of pregnancy	0	0.0	0	0.0
Post-procedural infection	0	0.0	0	0.0
Multiple complications, as listed above	0	0.0	0	0

Notes: * Cell suppressed due to non-zero count less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ^a Complications associated/occurring with the abortion procedure but not the direct result.

3.6 Disposition of Aborted Fetal Tissue

A statute mandating that abortion reports include additional detail describing the final disposition of fetal tissue was enacted by the Arizona Legislature and became effective on August 14, 2015. The electronic abortion reporting system was changed to collect such information, and reporting became mandatory on August 16, 2015. Reports submitted prior to the rule change do not include detail on the disposition of fetal tissue.

Table 19 provides a summary of the disposition of fetal tissue after an abortion in 2022.

Table 19. Disposition of fetal tissue after abortion, Arizona, 2022

	Count	Percent
Tissue was not donated in part or whole	11,328	99.3
Anatomical gift/donation to a person(s) or establishment	0	0.0
Delivered to a mortuary for burial/cremation	79	0.7
Other/describe the disposition of fetal tissue	0	0.0
Not reported	0	0.0
Total	11,407	100.0

Notes: * Cell suppressed due to non-zero count less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6.

3.7 Duty to Promote the Life of Fetus or Embryo Delivered Alive

On August 8, 2017, a new Arizona reporting statute went into effect governing hospitals and facilities that provide abortions. Under this statute, facilities are required to provide the following additional information when reporting on abortions:

- a) Declaration by the physician and all medical staff present during an abortion certifying under penalty of perjury that the aborted fetus/embryo was not delivered alive.
- b) If the aborted fetus or embryo was delivered alive, the physician performing such abortion and additional physician(s) in attendance are required to document that all available means and medical skills were used to promote, preserve, and maintain the life of such fetus and embryo.

In 2022, 7 abortion reports involving fetus or embryo delivered alive were submitted to ADHS along with the physician's statement documenting the measures taken to preserve the life of the fetus or embryo.

3.8 Petitions filed with the Arizona Administrative Office of the Courts

The AAOC collects data in accordance with [A.R.S. § 36-2163, Subsection C](#), regarding granting authorization to unemancipated minors to undergo an abortion procedure without parental consent.

Following is the summary data provided by the AAOC. Dates of petitions filed range from January 1, 2022, to December 31, 2022. Although not specified in statute, the total number of petitions issued an order is included for context. In all, 39 petitions were filed, among which 37 were issued an order authorizing an abortion without parental consent. Please note, a petition may be filed during a specific period, but resolution may be in the following period.

Table 20. Petitions filed in the Arizona Administrative Office of the Courts, 2022

Reporting category	Number of petitions
1. Number of petitions filed pursuant to A.R.S. § 36-2152, Subsection B.	39
2. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number in which the judge appointed a guardian <i>ad litem</i> or court-appointed counsel for the minor pursuant to A.R.S. § 36-2152, Subsection D.	39
3. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number in which the judge issued an order authorizing an abortion <u>without</u> parental consent.	37
4. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number in which the judge issued an order denying the petition.	*
5. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number of which were withdrawn.	*
6. Of the petitions denied, the number appealed to the court of appeals.	0
7. The number of those appeals that resulted in the denials being affirmed.	0
8. The number of those appeals that resulted in the denials being reversed.	0

Notes: * Cell suppressed due to non-zero count less than 6; Calendar year 2022 statistics include petitions filed from January 1, 2022-December 31, 2022.

3.9 Abortions paid for with State of Arizona monies through the Arizona Health Care Cost Containment System (AHCCCS)

As required under [A.R.S. § 36-2163, Subsection D](#) this report includes a summary of the number of abortions, if any, that were partially or fully paid for using state monies through the AHCCCS, the amount of state monies expended on those abortions, and the number of abortions, if any, provided using state monies that were performed out of state. In 2022 there was 1 abortion reported by AHCCCS that was paid for using Arizona state monies. No state monies were expended on abortions performed outside of Arizona.

The AHCCCS Medical Policy Manual (AMPM), Chapter 410, details the criteria which must be met to justify reimbursement. A Certificate of Medical Necessity, Verification of Diagnosis by Contractor for a Pregnancy Termination, approval by the Chief Medical Officer of the respective health plan, and all accompanying medical documentation must be submitted for AHCCCS review prior to any procedure being approved for payment.

There are two main situations where reimbursement is allowed. First, in those clinical instances where it has been determined by the physician that continuing the pregnancy would endanger the life of the mother and termination is necessary to prevent death, the procedure would be approved contingent upon review of accompanying documentation. Reimbursement from a federal funding stream is allowed in these cases. Second, in instances to preserve the health or prevent compromising any underlying medical condition of the mother should the pregnancy continue, documentation is reviewed to justify medical necessity. In these situations, reimbursement from a state funding source is allowed. Apart from these two scenarios, a special exception for cases of rape or incest is also an allowable situation for reimbursement.

Conclusion

This 2022 Abortion Report provides a comprehensive overview of abortions in the State of Arizona. The report presents comprehensive statistics regarding incidence and prevalence of abortion in Arizona. The report presents for the fourth time information mandated by [SB1394](#), enacted in April 2018, and effective beginning January 1, 2019.

The implementation of A.R.S. § 36-2161 through § 36-2163 provides a standardized data. Enhancements to the web-based reporting system and provider training are ongoing to assure individual providers accurately report abortion information through a secure, online system.

This report provides a comprehensive overview of statistics about the incidence of abortions in Arizona; however, it is limited to descriptive data analysis. No attempt was made to formulate inferences regarding the general population or sub-populations of women obtaining abortions in Arizona. Trend comparisons should be interpreted with care because of variation in provider reporting prior to 2010 and expanded reporting requirements that amended these statutes in July 2010, August 2015, and April 2018. This comprehensive annual abortion report is respectfully compiled and submitted for public review, in accordance with [Arizona Revised Statute § 36-2163, Subsection B](#).

Appendix A - Glossary

Abortion or induced termination of pregnancy (ITOP) – Abortion means the use of any means to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child. Abortion does not include birth control devices, oral contraceptives used to inhibit or prevent ovulation, conception, or the implantation of a fertilized ovum in the uterus, or the use of any means to save the life or preserve the health of the unborn child, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy, or to remove a dead fetus ([A.R.S. § 36-2151](#)).

Abortion rate – The number of abortions per 1,000 women aged 15 – 44 years or other specific group within a given population.

Abortion ratio – The number of abortions per 1,000 live births within a given population. The ratio reflects the relative number of pregnancies in a population that end in abortion compared to live birth.

Birth or live birth – The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

Gestational age – Gestational age means the age of the unborn child as calculated from the first day of the last menstrual period of the pregnant woman.

Pregnancies – Pregnancies are the sum of live births, spontaneous terminations of pregnancy (fetal deaths or stillbirths), and induced terminations of pregnancy (abortions).

Proportion – A proportion is a ratio in which those in the numerator are also in the denominator.

Rate – A rate is a ratio in which those in the numerator are also in the denominator, and those in the denominator are "at risk" of being in the numerator. The denominator is the sum of "at risk" person-time or, by convention, the count of individuals "at risk" in a given time period.

Ratio – A ratio is any division of one number by another; the numerator and denominator do not have to be mutually exclusive.

Un-emancipated minor – Un-emancipated minor means a minor who is subject to the control, authority, and supervision of his or her parents or guardians, as determined under State law (See Title 42. The Public Health and Welfare; Chapter 6a USCS §300z-1).



Arizona Department of Health Services

Abortion Procedure Report

NOTICE: This is a MONTHLY report that must be filed within 15 days after the last day of the reporting month.

Facility Information

Facility Name

Facility Type

County of Pregnancy Termination

Address of Facility

City

State

Zip

Provider First Name *

Provider Last Name *

Provider Type *

License Number *

[Additional Provider](#) [Clear Fields](#)

Patient Information

Age *

Education *

[Help](#)

Residence State *

Residence County *

- ☐ Non USA Resident
☐ Residence Unknown

Hispanic Origin? *

☐ Yes ☐ No ☐ Unknown

Race, check all that apply *

- ☐ White ☐ Asian
☐ American Indian ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ Other

Married *

Prior Pregnancy *

Prior Birth *

Prior Abortion *

Prior Spontaneous Terminations *

[Clear Fields](#)

Medical Information

Estimate of Gestational Age *

Date of Termination *

Specific Method of Abortion Used (4000 characters left)

Reason for Termination (* Please hold control key to select multiple options)

-----Please Select-----

Diagnosis Code *

Surgical Procedure Performed *

Intrauterine instillation Performed *

Non-Surgical/Medication-Induced Procedure Performed *

Medical Complication *

Probable health consequences of the abortion (4000 characters left)

Preexisting medical conditions that would complicate pregnancy * (4000 characters left)

The basis for any medical judgment that a medical emergency existed that excused the physician from compliance with the requirements of this chapter.

Please Explain * (4000 characters left)

Physician's statement if required pursuant to Arizona Revised Statutes
Title 36 Public Health and Safety - Section 36-2301.01

Fetus Weight In Grams if Physician's Statement Required *

Physician's Statement * (4000 characters left)

[Clear Fields](#)**Disposition of Fetal Tissue**

Final Disposition *

If custody of fetal tissue was transferred to a person(s) or establishment, identify the person(s) or establishment

Person First Name

Person Last Name

Person Address

Person City

Person State

Person Zip

[Additional Person](#)

Amount of Monetary Compensation if any

\$

☐ Check if patient gave informed consent for the transfer

[Clear Fields](#)

Affidavits

Was the fetus delivered alive? *

[Clear Fields](#)

Submit Form

Name of Person Preparing Report *

Report Date *

☐ I declare that the information in this report provided to the Arizona Department of Health Services is correct to the best of my knowledge.

You are submitting a report for Facility:

After you press the submit button, if you do not receive a confirmation message with a report number your report was not received by ADHS.



Arizona Department of Health Services

Abortion Complication Report

NOTICE: This is a MONTHLY report that must be filed within 15 days after the last day of the reporting month.

Reporting Facility Information

Facility Name

Facility Type

Address of Facility

City

State

Zip

Provider First Name *

Provider Last Name *

Provider Type *

License Number *

[Additional Provider](#) [Clear Fields](#)

Facility Where Abortion Was Performed

Facility Name *

Facility Type *

Address of Facility *

City *

State *

Zip *

[Clear Fields](#)

Patient Information

Age *

Education *

[Help](#)

Residence State *

Residence County *

☐ Non USA Resident

☐ Residence Unknown

Hispanic Origin? *

☐ Yes ☐ No ☐ Unknown

Race, check all that apply *

☐ White

☐ Asian

☐ American Indian

☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American

☐ Other

Married *

Prior Pregnancy *

Prior Birth *

Prior Abortion *

Prior Spontaneous Terminations *

[Clear Fields](#)

Medical Information

Estimate of Gestational Age * Date of Termination *

Surgical Procedure Performed *

Intrauterine instillation Performed *

Non-Surgical/Medication-Induced Procedure Performed *

Nature of complication (* Please hold control key to select multiple options)

Medical Treatment Given * (4000 characters left)

Nature and Extent of any Permanent Condition Caused by the Complication *

[Clear Fields](#)

Submit Form

Name of Person Preparing Report *

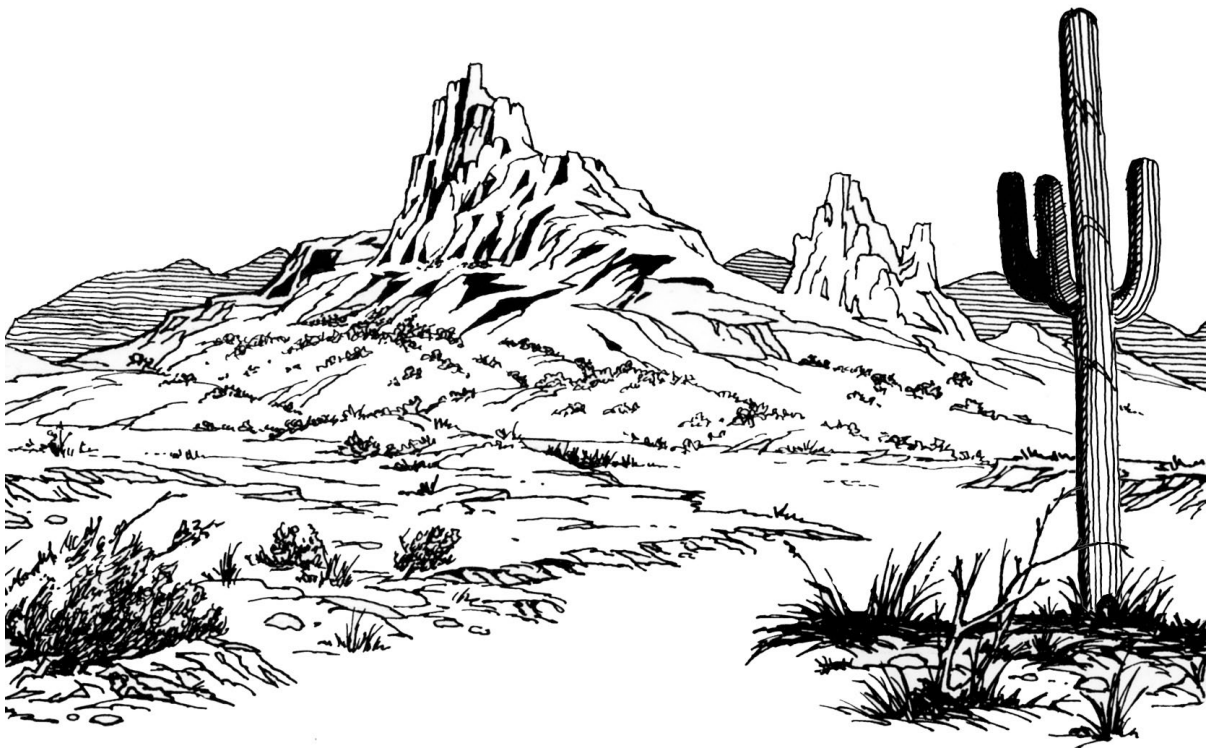
Treatment Date *

- ☐ I declare that the information in this report provided to the Arizona Department of Health Services is correct to the best of my knowledge.

You are submitting a report for Complication:

After you press the submit button, if you do not receive a confirmation message with a report number your report was not received by ADHS.

Our Web site at <http://pub.azdhs.gov/health-stats> provides access to a wide range of statistical information about the health status of Arizonans. The Arizona Health Status and Vital Statistics annual report examines trends in natality, mortality, and morbidity towards established health objectives. Additional reports and studies include Advance Vital Statistics by County of Residence, Injury Mortality among Arizona Residents (all injury, accidents, suicides, homicides, legal intervention, undetermined, firearm-related fatalities, drug-related deaths, drowning deaths, falls among Arizonans 65 years or older), Hospital Inpatient and Emergency Room Statistics (first-listed diagnosis, procedures, alcohol abuse, asthma, diabetes, substance abuse, falls, influenza and pneumonia, injury, and mental disorders), Abortions in Arizona, Community Vital Statistics, Teenage Pregnancy, Differences in Health Status Among Racial/Ethnic Groups, Health Status Profile of American Indians in Arizona, Mortality from Alzheimer's Disease, Heart Disease vs. Cancer: An Epidemiologic Transition in Mortality Risks, and Deaths from Exposure to Excessive Natural Heat Occurring in Arizona.



ARIZONA DEPARTMENT OF HEALTH SERVICES
Business Intelligence Office
Vital Statistics Program