

Central Ohio Abortions Decrease Five Percent Ohio Abortions Fall by One Percent

The Ohio Department of Health released the 2016 abortion statistics today, and Columbus is once again a leader in reducing the number of local abortions. Ohio law requires that certain information be provided to the Ohio Department of Health following each abortion or abortion complication. The statistics from that information provided to the Ohio Department of Health is released in a report each September. The 2016 abortion statistics report is available [here](#), and the 2015 abortion statistics report is available [here](#).

Ohio abortions are reported based on several metrics including the location where the abortion was performed and the zip code of the mother’s residence. Statistics related to other indicators such as type of abortion performed, statistical data about the mother, and information on the gestation of pregnancy at which the procedure was performed are also available.

Overall, abortions performed on the women in the GCRTL community have declined. The largest number of abortions were performed on women living in Franklin County, which saw a decline of about 5% (from 3,333 to 3158). The most dramatic reduction was seen in Union County, which saw a 28% decrease in abortions (from 53 to 38), although it is worth noting that 2015 saw an unusually high number of Union County abortions compared to the year prior (53 in 2015 compared to 27 in 2014), so this could be slightly deceptive as a trend. Likewise the number of abortions declined in Delaware in 2016 by about 11% (from 149 to 132). Licking County also saw a decrease in the number of abortions by about 4% (from 162 to 156). Morrow, Pickaway, and Fairfield Counties each saw increases in the number of abortions. The most substantial of those was in Morrow County, which saw an increase of 41% (17 to 24), then Pickaway County with an 8% increase (from 39 to 42) and Fairfield with a 6% increase (from 141 to 149). It is important to remember that while we track abortion statistics from year to year, these figures provide a snapshot and not the whole story. Also, the counties with the smallest number of abortions can seem much more dramatic from year to year because small number changes can yield big percentage changes. For that reason, GCRTL also looks at trends over time. We are excited that every single county in the GCRTL region has seen significant reductions in the past decade.

Fig 1: Abortions performed by residence of the mother

County	2016	2015	2014	2006
Franklin	3,158	3,333	3,376	4,683
Madison	44	43	34	48
Union	38	53	27	55
Delaware	132	149	141	188
Morrow	24	17	11	34
Pickaway	42	39	47	72
Fairfield	149	141	136	181
Licking	156	162	153	238
OH Resident	19,543	19,765	20,018	30,809
Non-OH Res	1,129	1,211	1,168	2,167
Total	20,672	20,976	21,186	32,936

Ohio also tracks abortions by the county and the type of facility in which the abortion was performed. In general, abortion clinics operate in metro areas, and we assume that counties where only a small number of abortions are performed account for abortions performed in a hospital setting. Statewide last year saw a decrease in abortion of about 1%.

Looking at abortions performed in Franklin County, regardless of where the mother resided, we saw a decline of about 5% from 2015 (from 4715 to 4476). There are only two abortion clinics in central Ohio, and both are in Franklin County. That number is still slightly elevated from our 2014 number and we continue to believe it reflects that as other clinics that have closed in the region it has pushed patients toward our metro area. Nonetheless, we are excited to see a 34% reduction over the course of the decade. Slight increases were seen in Cuyahoga County (3%), and Summit County (1%). Larger increases were seen in Lucas County (15%), although this, again, is likely due shifts that occurred in 2013 when an abortion clinic in Toledo abruptly shut down by directed many patients to a clinic just across the Ohio/Michigan line. Decreases were seen in Hamilton County (15%) and Montgomery County (9%). Henry and Lake County had 1 and 2 abortions for the first time since 2003, probably performed in a hospital setting. An interesting observation is that the number of hospital-performed procedures increased (by about 7%), and the number of medical clinic abortions significantly increased (by about 275%). This is most likely explained by the increase in later-term procedures and medical abortion (abortions induced through the use of medicine), respectively.

Fig 2: Abortions performed by location where procedure was performed

County	2016	2015	2014	2006
Cuyahoga	7,745	7,505	8,548	10,161
Franklin	4,476	4,715	4,137	6,778
Greene	1	0	0	424
Hamilton	3,057	3,303	3,890	5,583
Lucas	1,144	986	733	2,851
Mahoning	0	0	0	820
Montgomery	2,358	2,599	1,855	2,618
Shelby	2	0	1	0
Summit	1,886	1,864	2,022	3,701
Trumbull	0	2	0	0
Wayne	0	2	0	0
Total Ohio	20,672	20,976	21,186	32,936
Hospital	122	114	84	67
ASF	20,473	20,830	21,102	32,869
Other	88	32	0	0

A third element that we wanted to take an immediate look at is the abortions performed by procedure type and stage in pregnancy. This review provides some information that is both expected and concerning.

It is undeniable that abortions are shifting in Ohio away from surgical and toward medical abortions. In the past few years, medical abortions have accounted for about 5% of all Ohio abortions. In 2016, medical abortions accounted for just over 18% of all abortions. This is undoubtedly a result of the FDA's dangerous decision to allow medical abortions to be used later in

pregnancy and at a lower dose. Ohio’s rate of complications increased by about 500% after the FDA label change in March of 2016. Because we cannot break down the rate of pre and post FDA change dosing from the ODH reports and because we have identified strong indications that several clinics are failing to report abortion pill complications, it is difficult to compare the figures fairly. However, taken on a whole, medical abortions increased by about 319% and medical abortions using mifepristone (RU-486) increased by about 445% over the course of the year. Franklin County saw a slightly smaller increase in abortions with mifepristone (360%). There are no reported abortions using methotrexate in central Ohio. Overall, abortions happening at less than 9 weeks slightly increased, which likely corresponds to the increase in abortion pill use. One very concerning statistic is the increase in later-term procedures, where 19-20 week abortions increased by more than 10%. One abortion was also reported after 25 weeks gestation.

Fig 3: Abortions performed by selected characteristics

County	Statewide 2016	Statewide 2015	Franklin Co 2016	Franklin Co 2015
Total	20,672	20,976	4,476	4715
All Surgical	16,854	19,751	3,539	4,463
Suction	11,027	16,849	1,269	3,973
D&Ext	1	3	0	0
D & Evac	5,863	2,951	2,272	495
Other, Surg	11	5	3	2
ALL Medical	3,818	1,195	937	252
Mifepristone	3,552	791	915	250
Methotrexate	199	343	0	0
Misoprostol	434	296	390	167
Other	11	11	3	1
< 9 weeks	11,230	10,976		No data
9-12 weeks	6,250	6,632		No data
13-18 weeks	2,684	2,956		No data
19-20 weeks	368	333		No data
21-24 weeks	139	142		No data
25-36 weeks	1	0		No data
Not reported	0	0		No data

*All information compiled from Ohio Department of Health Abortion Reports

Our conclusion is that the continued movement to reduce the number of abortions is overall good for the unborn citizens of Ohio. However, there is a lot of work to be done. We started our Memorial of the Unborn project as a daily reminder that in 2015 there were about 57 unborn children who died from abortion each day statewide and about 13 who died each day from abortion here in central Ohio. In 2016, the statewide numbers only moved a fraction, so with rounding there were still 57 unborn children that died from abortion each day (actually 56.6). In central Ohio, we saw a small shift – from 13 down to 12 each day. That’s a lot of work yet to do.

Over the coming days and weeks we will continue to look at the numbers to develop programs that help us to continue building on the progress we have made and to reach out to our partner organizations at the local and state level to bring a spirit of prayer and activism to the pro-life fight.