



CDC's website is being modified to comply with President Trump's Executive Orders.

CDC's Abortion Surveillance System FAQs

AT A GLANCE

Find frequently asked questions, data, reports, and findings from CDC's Abortion Surveillance System.

When did CDC abortion surveillance start?

CDC began abortion surveillance in 1969 to document the number and characteristics of women obtaining legal induced abortions. Many states and jurisdictions conduct abortion surveillance. This information is voluntarily reported as aggregate data to CDC. CDC's surveillance system compiles the information from states and jurisdictions on legal induced abortions.

How does CDC define abortion?

For the purpose of surveillance, legal induced abortion is defined as "an intervention performed within the limits of state and jurisdiction law by a licensed clinician (for instance, a physician, nurse-midwife, nurse practitioner, physician assistant) intended to terminate a suspected or known intrauterine pregnancy and that does not result in a live birth." This definition excludes management of intrauterine fetal death, early pregnancy failure/loss, ectopic pregnancy, or retained products of conception. Most states and jurisdictions that collect abortion data report whether an abortion was performed by medication or surgery.

Are states and jurisdictions required to report their abortion data to CDC?

No, states and jurisdictions voluntarily report aggregate data to CDC for inclusion in its annual *Abortion Surveillance* report. CDC's Division of Reproductive Health prepares surveillance reports as data become available. There is no national requirement for data submission or reporting.

States and jurisdictions needing guidance on abortion surveillance may contact CDC at [Contact CDC-INFO](#).

How is the report prepared and formatted?

Preparation of the *Abortion Surveillance* report is based on the data available from the states and jurisdictions that voluntarily provide this information for a given calendar year. After CDC receives the data, staff perform the analyses that produce the tables, the figure, and the narrative describing methods and trends. For more information on compilation of the report, please view the abstract and methods portion of the most recent [Abortion Surveillance](#) report.

How is the Abortion Surveillance Report used?

This report is used for many purposes in the field of public health, including to:

- Evaluate programs aimed at promoting equitable access to patient-centered quality contraceptive services in the United States, to reduce unintended pregnancies.
- Assess changes in clinical practice patterns related to abortion over time, such as changes in method and gestational age at the time of abortion.
- Estimate the number of pregnancies in the United States, using the number of pregnancies ending in abortion, in conjunction with birth data and estimates of pregnancy loss.

Are data available for my own analysis?

Besides the data available in the annual [Abortion Surveillance](#) report, data are also available for abortions distributed by area of residence and area of clinical service. These data are consistent with data reported to CDC for each year's *Abortion Surveillance* report. No additional data are available for public use. For other abortion data, search the National Library of Medicine's [MEDLINE/PubMed](#) or [MedlinePlus](#) bibliographic reference.

SOURCES

CONTENT SOURCE:

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); Division of Reproductive Health

SOURCES

- [Abortion Surveillance — United States, 2022 | MMWR \(cdc.gov\)](#).