

Estimated Number of Born-Alive Abortion Survivors Extrapolated Canadian Data

Alayna Shamo, Special Projects Associate

The Abortion Survivors Network, 2022

When it comes to abortion data, contradicting news reports often publish nearly opposite opinions in the form of "facts," each claiming to possess the truth. One source explains why abortions are safe, and another why they are not. Some claim abortion disproportionately affects certain races, while others claim to disprove those theories. One source is sure the populace supports abortion, and another is sure it does not.

Accurate information begins with accurate records. In order for reliable data to be gathered, reliable data must first be recorded, tracked, and tallied. When it comes to abortion, the United States lacks sufficient records. Abortion recording requirements in the U.S. are often either missing or full of inconsistencies and gaps.

This analysis focuses on one specific type of abortion recording: born-alive rates. Because born-alive abortion rates are not effectively recorded in the United States, Canadian records are used as a case study by extrapolating data rates to the United States and estimating what we could be missing without accurate recording processes.

First, a definition. Born-alive abortions are failed abortion procedures that accidentally result in the live birth of an infant. Not all failed abortions result in a live birth, as many of them lead to additional abortion attempts. However, born-alive abortions are specifically those that lead to an infant being accidentally born alive during or directly following the abortion procedure. This outcome is just one complication that the U.S. fails to track consistently and reliably. In fact, only 11 out of 50 states require abortion facilities to report born-alive abortions.

Born alive abortion: An abortion resulting in the live birth of the infant, whom the abortion was meant to terminate, during or directly following the procedure

Canada was used as a case study in this research for a few different reasons.

Although the Canadian system differs from that of the United States in so many critical ways, and seems to be quickly differentiating itself further, there are a few important similarities that apply to our focus here.

First, healthcare in Canada is ranked relatively similarly to healthcare in the US. According to a study published by The Commonwealth Fund in 2021, Canada was ranked in 10th place and the US in 11th place for healthcare system performance throughout the world (Commonwealth Fund 2021). Second, Canada and the US perform mainly the same types of abortion procedures (Planned Parenthood 2022, CIHI 2023). These are most often chemical or surgical and aspiration abortions. Finally, as was previously mentioned, Canada tracks born-alive abortion rates more consistently than the United States.

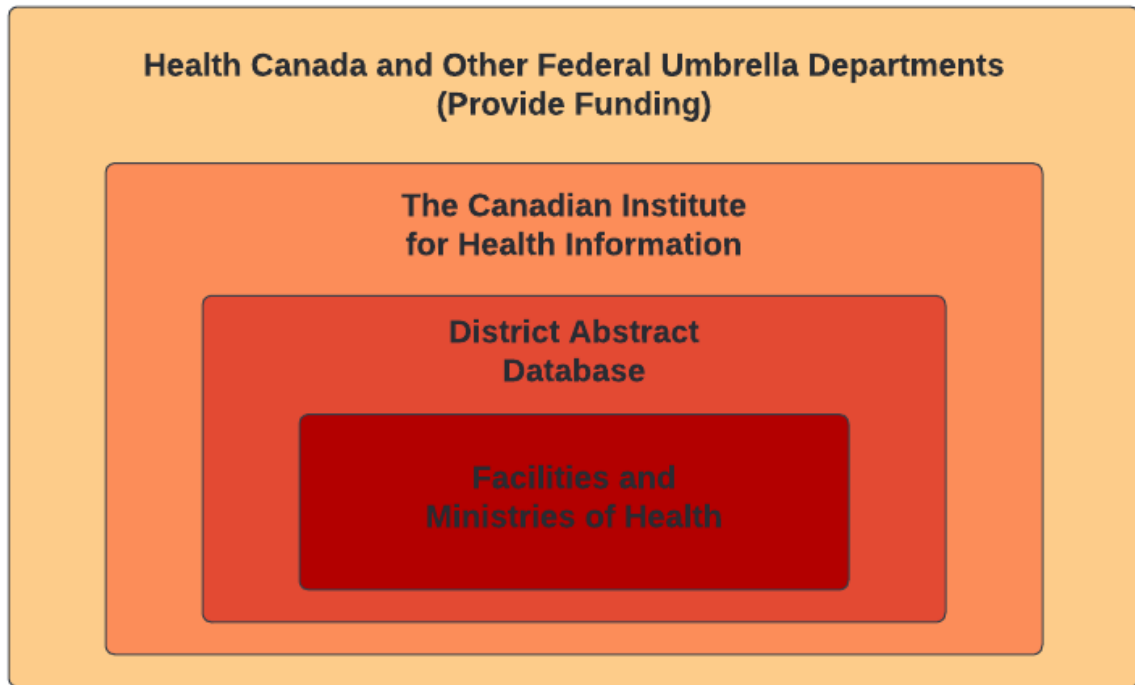
The Canadian Institute for Health Information (CIHI), a central government crown organization, collects health-related data from the provinces and territories while providing an instruction manual on how data is gathered. CIHI is a federal government-funded independent nonprofit organization that informs and analyzes health data. CIHI publicizes statistical reports and quality measurements on cihi.ca. Born-alive abortions are recorded as “livebirths from termination of pregnancy” and can be found among other abortion statistics. Some of the older reports have been archived but can be requested.

CIHI abortion data is gathered through the DAD (District Abstract Database). This database acquires numbers directly from facilities or else through the territorial departments and ministers of health. Data is gathered following a method specified in the DAD Submission Manual. Facilities in the various Canadian provinces or territories are required by territorial law to report specific data to CIHI—except for those facilities in Quebec.

Limitations of CIHI data are that chemical abortions are mostly excluded, Quebec does not report born-alive numbers, and counts of 1-4 are generally represented as N/R in born-alive data tables. Despite these limitations, CIHI offers infinitely more accurate numbers than what can be found in the US, where data is either completely lacking or full of inconsistencies and gaps.

An inquiry was made directly to CIHI as to why Quebec is excluded. The answer was not clear: “Those breakdowns are not available in the aggregate abortion data file received by CIHI.”

The visual below shows how abortion data is collected in Canada.



In the United States, just 11 out of 50 states require reporting on infants who survive abortions. Each of these 11 states has a unique definition for what qualifies as a "born-alive" infant, such as how old they must be gestationally, what signs of life they must exhibit, etc. Each of these states also has different forms or processes for recording data (Family Research Council 2022).

Indiana does not count infants born alive during abortions unless they are further than 20 weeks gestation. On the other hand, Arizona records any infant born alive, no matter their gestational age. While some states are very specific about what it means for an infant to be born alive (umbilical cord pulsation, heartbeat, breathing, movement of voluntary muscles, etc.) other states, such as Ohio, assume that whether the infant is alive will be obvious and fail to define any specific parameters.

From the states requiring government reports in 2019, 8 made this data easily

and publicly accessible in response to the Charlotte Lozier Institute's requests. Born-alive abortion numbers from these states are listed below (Charlotte Lozier Institute 2023).

Arizona - 15

Arkansas - 0

Florida - 2

Indiana - 0

Minnesota - 3

Oklahoma - 0

Texas - 6

Note: Ohio's reporting legislation did not go into effect until 2022 and Kansas's reporting legislation was passed in 2023.

With such little data and variation among state legislation, it is obvious that large gaps exist in born-alive abortion reporting in the U.S. Expansive accurate data is lacking. The director of abortion surveillance at the CDC, Dr. Willard Cates, estimated that 400-500 infants survive abortions every year (The Philadelphia Inquirer 1981). The Abortion Survivors Network has come into contact with more than 650 survivors since its founding in 2012.

Recognizing how little we know about the frequency of born-alive abortions in the U.S. leads us to seek a way of estimating these numbers. Perhaps a look at the percentage of abortions resulting in a live birth in Canada can give us some insight.

The average rate of infants who survive abortions in Canada can be calculated by comparing the total number of abortions and the number of born-alive abortions. The Abortion Survivors Network has analyzed 7 years of Canadian data and calculated an overall average survival rate of 0.21%.

The average born-alive abortion survival rate is 0.21% This means that about

2 out of every thousand abortions result in a liveborn infant.

The big question is this: What are we missing in the U.S. without accurate records? What if this survival rate held true for the U.S.? How many survivors would there be? This question can be answered by applying the Canadian rate to the total number of abortions in the U.S. from the CDC and Johnston's Archive (for 3 states that do not report to the CDC).

Here is a list of the estimated number of born alive abortions for 7 years, based on the Canadian rate that year:

2014 – 1,976

2015 – 1,302

2016 – 1,662

2017 – 1,646

2018 – 1,798

2019 – 1,824

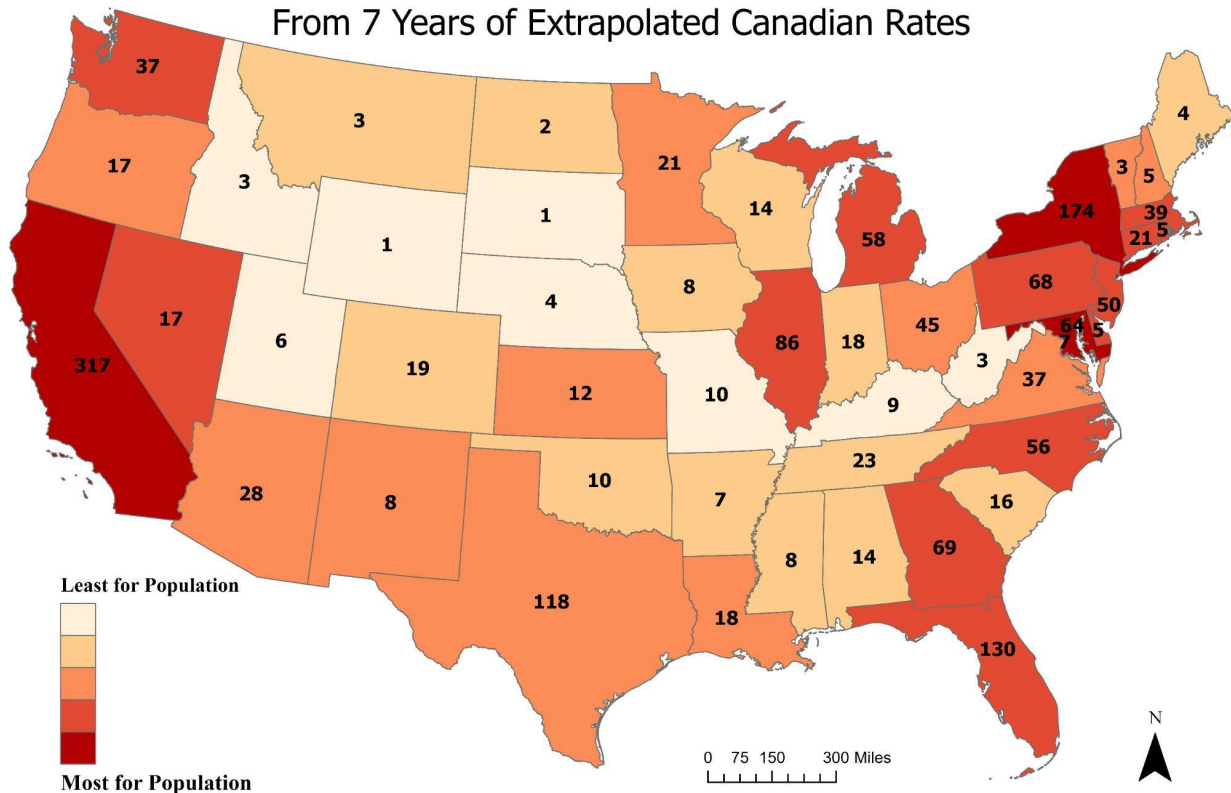
2020 – 1,927

According to this extrapolated data, the lack of effective failed abortion reporting requirements in the United States caused an average overlook of approximately 1,734 born-alive abortions every year.

See the map below for the average in each state.

Average Number of Born Alive Abortions Each Year

From 7 Years of Extrapolated Canadian Rates



Created by Alayna Shamo; Research from ASN; Data sources from CDC, Johnson's Archive, and CIHI

To recap, you don't know what you don't know.

Abortion is currently one of the hottest topics. Individuals and organizations on both sides of the argument make claims based on supposed "facts" gathered from data which is characterized by gaps and inconsistencies. The only way to examine accurate information is to first record accurate information. One of the most significant gaps in abortion statistics is related to born-alive abortions. Few states require reporting on infants who survive abortions, and the 11 who do have inconsistent definitions and record-keeping methods.

This analysis has attempted to determine what the United States could be missing by extrapolating data from a similar country—a country that does keep thorough records on infants who survive failed abortions. Canada has reporting requirements and accessible data. Geographic information systems software was used to create maps that show both Canadian statistics and United States estimates based on these statistics.

Public records from the states reporting data indicate 26 infants survived abortion in 2019. Other years show similar underestimations. When considering the estimate of Dr. Willard Cates, the former director of abortion surveillance at the CDC, that 400–500 infants survive abortions each year, and the 0.21% of Canadian abortions that result in a live birth, it becomes apparent that there were many more than 26 born-alive infants in 2019 and there are many more abortion survivors living today.

This is a gap in policy and practice that can no longer be ignored. Clearly, the United States is missing essential healthcare data for thousands of survivors who are living and working among our general public today. As some states choose to prohibit abortion, others are choosing to expand abortion and codify it in legislation. This is a critical time. If accurate information which could influence policy and practice was ever needed, it is needed now.

Canada's data has offered dramatic key insights. Ultimately, however, records from the states themselves would offer a more accurate representation of abortion data. Well-written abortion recording legislation has the potential to improve our understanding of abortion, and therefore elevate the quality of abortion dialogue and policy initiatives on both sides of the aisle.

For more information please reach out to Alayna Shamo at alayna@abortionsurvivors.org

Bibliography

"Abortion Rights Coalition of Canada." *Abortion Rights Coalition of Canada*,

<https://www.arcc-cdac.ca/>.

Bureau, US Census. *Census.gov*, 11 July 2022, <https://www.census.gov/>.

Canadian Institute for Health Information, <https://www.cihi.ca/en>.

Centers for Disease Control and Prevention, Centers for Disease Control and

Prevention, <https://www.cdc.gov/>.

Charlotte Lozier Institute. "Questions and Answers on Born-Alive Abortion

Survivors." *Charlotte Lozier Institute*, 14 Apr. 2021,

<https://lozierinstitute.org/questions-and-answers-on-born-alive-abortion-survivors/>.

Discharge Abstract Database (DAD), 2017-2018, Canadian Institute for Health Information

Government of Canada, Statistics Canada. "Statistics Canada: Canada's

National Statistical Agency." *Statistics Canada: Canada's National*

Statistical Agency, 12 July 2022, <https://www.statcan.gc.ca/en/start>.

Jeffries, Liz. "Abortion: The Dreaded Complication." *The Philadelphia Inquirer*,

August 2, 1981.

"Mirror, Mirror 2021: Reflecting Poorly." *Commonwealth Fund*, 4 Aug. 2021,

<https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>.

Planned Parenthood. "What Are the Different Types of Abortion?" *Planned Parenthood*,

<https://www.plannedparenthood.org/learn/ask-experts/what-are-the-different-types-of-abortion>.

"Pro-Life State Policy Maps." *Family Research Council*,

<https://www.frc.org/prolifemaps>.

"Where Can I Get an Abortion?: U.S. Abortion Clinic Locator." *Where Can I Get an Abortion? | U.S. Abortion Clinic Locator*, <https://www.abortionfinder.org/>.