

STATISTICAL REPORT OF INDUCED TERMINATION OF PREGNANCY OR ABORTION

Do not use this form for Spontaneous Termination of Pregnancy

Iowa Code sections 144.29A and 146B.2 require health care providers who induce a termination of pregnancy or perform an abortion to report each termination to the Iowa Department of Public Health within 30 days of the date of the event. The law authorizes the collection of this data for statistical and health research purposes only.

SPONTANEOUS TERMINATION OF PREGNANCY IS REPORTED ON A SEPARATE FORM

Please note the following definitions per 144.1 and 146B.1 for the purposes of this report:

Spontaneous termination of pregnancy means the occurrence of an unintended termination of pregnancy at any time during the period from conception to twenty weeks gestation and which is not a spontaneous termination of pregnancy at any time during the period from twenty weeks or greater which is reported to the department as a fetal death under Iowa Code chapter 144.

Inducing a termination of pregnancy means the use of any means to terminate the pregnancy of a woman known to be pregnant with the intent other than to produce a live birth or remove a dead fetus. *“Inducing a termination of pregnancy”* includes abortion. *“Abortion”* means the termination of a human pregnancy with the intent other than to produce a live birth or to remove a dead fetus.

Health Care Provider Code usage ensures the anonymity of the patient, health care provider, and facility. Provider code numbers were initially assigned to all M.D.s, D.O.s, and A.R.N.P.s as required by Iowa law. Mandatory reporters who do not have a code number may call (515) 281-5153 for assistance. Assigned code numbers should not be shared with any other health care provider or person. The law suggests that mandatory reporters who practice within a hospital, clinic, or other health facility authorize only one staff person to complete and mail in termination reports to help ensure confidentiality.

Report Tracking Number usage helps ensure confidentiality. Iowa law requires that mandatory reporters assign a number for each termination in order for that health care provider to access the patient’s medical information without identifying the patient. Only this ‘Report Tracking Number’ is reported.

Region of Pregnancy Termination numbers are based on the Iowa Department of Public Health’s 26 maternal health services regions. A non-Iowa resident code number is also provided. Only this code number is reported in place of the patient’s residence. The region numbers, by county of residence, are as follows:

Non-Resident 00	Dallas05	Jasper 09	Plymouth..... 17
Adair..... 15	Davis02	Jefferson 02	Pocahontas.....20
Adams..... 19	Decatur.....03	Johnson 12	Polk23
Allamakee21	Delaware11	Jones 11	Pottawattamie.....22
Appanoose02	Des Moines.....08	Keokuk02	Poweshiek09
Audubon..... 05	Dickinson20	Kossuth..... 18	Ringgold 15
Benton..... 13	Dubuque 11	Lee08	Sac05
Black Hawk 01	Emmet20	Linn 10	Scott 14
Boone..... 16	Fayette21	Louisa 04	Shelby06
Bremer 01	Floyd..... 18	Lucas 02	Sioux 17
Buchanan 01	Franklin..... 18	Lyon 17	Story 16
Buena Vista..... 20	Fremont19	Madison 15	Tama 13
Butler..... 18	Greene05	Mahaska 09	Taylor 19
Calhoun..... 05	Grundy.....01	Marion 03	Union 15
Carroll 05	Guthrie.....05	Marshall 13	Van Buren.....02
Cass 06	Hamilton25	Mills..... 19	Wapello02
Cedar 26	Hancock..... 18	Mitchell..... 18	Warren03
Cerro Gordo 18	Hardin13	Monona 06	Washington.....24
Cherokee..... 17	Harrison06	Monroe 02	Wayne 02
Chickasaw..... 21	Henry24	Montgomery 19	Webster 25
Clarke..... 03	Howard21	Muscatine..... 04	Winnebago 18
Clay 20	Humboldt25	O’Brien 20	Winneshiiek21
Clayton 21	Ida 17	Osceola..... 20	Woodbury07
Clinton 26	Iowa..... 12	Page 19	Worth..... 18
Crawford..... 06	Jackson26	Palo Alto..... 20	Wright25

SEE PAGES 2 & 3 FOR REPORTING FORM AND PUBLIC HEALTH MAILING ADDRESS

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PATIENT INFORMATION	
1. AGE LAST BIRTHDAY	2. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Not Married
3. EDUCATION <i>(Check highest level completed)</i>	
<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th – 12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, no degree	<input type="checkbox"/> Associate degree <i>(e.g., AA, AS)</i> <input type="checkbox"/> Bachelor's degree <i>(e.g., BA, AB, BS)</i> <input type="checkbox"/> Master's degree <i>(e.g., MA, MS, MEng, MEd, MSW, MBA)</i> <input type="checkbox"/> Doctorate degree <i>(e.g., PhD, EdD)</i> or Professional degree <i>(e.g., MD, DO, DDS, DVM, LLB, JD)</i>
4. RACE <i>(Check one or more)</i>	
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <i>(Specify enrolled or principal tribe)</i> _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <i>(Specify)</i> _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____

5. PREVIOUS PREGNANCIES <i>(Complete each section. Do not include this termination)</i>			
PREVIOUS LIVE BIRTHS		PREVIOUS TERMINATIONS	
5a. Now Living	5b. Now Dead	5c. Spontaneous	5d. Induced
Number _____ <input type="checkbox"/> None	Number _____ <input type="checkbox"/> None	Number _____ <input type="checkbox"/> None	Number _____ <input type="checkbox"/> None

6. DATE LAST NORMAL MENSES BEGAN <i>(MM/DD/YYYY)</i>	7. CLINICAL ESTIMATE OF GESTATION <i>(Completed weeks)</i>	8. DATE OF PREGNANCY TERMINATION <i>(MM/DD/YYYY)</i>
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9. WAS A DETERMINATION OF PROBABLE POSTFERTILIZATION AGE OF UNBORN CHILD MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9a. IF YES, PROBABLE POSTFERTILIZATION AGE: _____	IF NO
9b. Method and basis for determination	9c. Basis of the Determination That a Medical Emergency Existed

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10. IF POSTFERTILIZATION AGE WAS DETERMINED TO BE TWENTY OR MORE WEEKS	
10a. Medical Emergency Existed <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES	IF NO
10b. Basis of the Determination That a Medical Emergency Existed	10c. Basis of the determine that the abortion was necessary to preserve the life of an unborn child

11. METHOD USED FOR THE ABORTION _____
IF POSTFERTILIZATION AGE WAS DETERMINED TO BE TWENTY OR MORE WEEKS
11a. Was the method of abortion used one that, in the physician’s reasonable medical judgement, provided with the best opportunity for an unborn child to survive? <input type="checkbox"/> Yes <input type="checkbox"/> No
11b. If No, state the basis of the determination that termination of the human pregnancy in that manner would pose a greater risk than would any other available method of the death of the pregnant woman or of the substantial and irreversible physical impairment of a majority bodily function:

12. METHOD OF INDUCED TERMINATION USED <i>(Check one)</i>
<input type="checkbox"/> Suction Curettage <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) _____ WAS MIFEPRISTONE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dilation and Evacuation (D & E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D & C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other <i>(Specify)</i> _____

13. HEALTH CARE PROVIDER CODE	14. REPORT TRACKING NUMBER	15. REGION OF PREGNANCY RESIDENCE <i>(See code list)</i>	16. DATE OF REPORT <i>(MM/DD/YYYY)</i>
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Submit completed reports within 30 days from date of occurrence.

**Forward to: Iowa Department of Public Health – Bureau of Health Statistics
Lucas State Office Building, 1st Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075**

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SEE PAGE 1 FOR REPORTING INFORMATION AND RESIDENCE REGION CODE NUMBERS

EXTRA NARRATIVE

USE THE BOXES BELOW IF EXTRA NARRATIVE IS NEEDED FOR THE NUMBERED QUESTIONS

9b. Method and basis for determination *(continued)*

9c. Basis of the Determination That a Medical Emergency Existed *(continued)*

10b. Basis of the Determination That a Medical Emergency Existed *(continued)*

10c. Basis of the determine that the abortion was necessary to preserve the life of an unborn child *(continued)*

11b. If No, state the basis of the determination that termination of the human pregnancy in that manner would pose a greater risk than would any other available method of the death of the pregnant woman or of the substantial and irreversible physical impairment of a majority bodily function: *(continued)*