

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 Health and Human Services within 30 days of the date of 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 Health and Human Services’ 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	Dallas 05	Jasper 09	Plymouth 17
Adair 15	Davis 02	Jefferson 02	Pocahontas 20
Adams 19	Decatur 03	Johnson 12	Polk 23
Allamakee 21	Delaware 11	Jones 11	Pottawattamie 22
Appanoose 02	Des Moines 08	Keokuk 02	Poweshiek 09
Audubon 05	Dickinson 20	Kossuth 18	Ringgold 15
Benton 13	Dubuque 11	Lee 08	Sac 05
Black Hawk 01	Emmet 20	Linn 10	Scott 14
Boone 16	Fayette 21	Louisa 04	Shelby 06
Bremer 01	Floyd 18	Lucas 02	Sioux 17
Buchanan 01	Franklin 18	Lyon 17	Story 16
Buena Vista 20	Fremont 19	Madison 15	Tama 13
Butler 18	Greene 05	Mahaska 09	Taylor 19
Calhoun 05	Grundy 01	Marion 03	Union 15
Carroll 05	Guthrie 05	Marshall 13	Van Buren 02
Cass 06	Hamilton 25	Mills 19	Wapello 02
Cedar 26	Hancock 18	Mitchell 18	Warren 03
Cerro Gordo 18	Hardin 13	Monona 06	Washington 24
Cherokee 17	Harrison 06	Monroe 02	Wayne 02
Chickasaw 21	Henry 24	Montgomery 19	Webster 25
Clarke 03	Howard 21	Muscatine 04	Winnebago 18
Clay 20	Humboldt 25	O’Brien 20	Winneshiek 21
Clayton 21	Ida 17	Osceola 20	Woodbury 07
Clinton 26	Iowa 12	Page 19	Worth 18
Crawford 06	Jackson 26	Palo Alto 20	Wright 25

SEE PAGES 2 & 3 FOR REPORTING FORM AND HHS 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> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> 8th grade or less</td> <td><input type="checkbox"/> Associate degree (e.g., AA, AS)</td> </tr> <tr> <td><input type="checkbox"/> 9th – 12th grade, no diploma</td> <td><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)</td> </tr> <tr> <td><input type="checkbox"/> High school graduate or GED completed</td> <td><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)</td> </tr> <tr> <td><input type="checkbox"/> Some college credit, no degree</td> <td><input type="checkbox"/> Doctorate degree (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)</td> </tr> </table>				<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> Associate degree (e.g., AA, AS)	<input type="checkbox"/> 9 th – 12 th grade, no diploma	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)	<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	<input type="checkbox"/> Some college credit, no degree	<input type="checkbox"/> Doctorate degree (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)								
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4. RACE <i>(Check one or more)</i> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native <i>(Specify enrolled or principal tribe)</i></td> <td><input type="checkbox"/> Other Asian <i>(Specify)</i> _____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Other Pacific Islander <i>(Specify)</i> _____</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Other <i>(Specify)</i> _____</td> </tr> </table>				<input type="checkbox"/> White	<input type="checkbox"/> Korean	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> American Indian or Alaska Native <i>(Specify enrolled or principal tribe)</i>	<input type="checkbox"/> Other Asian <i>(Specify)</i> _____	_____	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander <i>(Specify)</i> _____	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other <i>(Specify)</i> _____
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5. PREVIOUS PREGNANCIES <i>(Complete each section. Do not include this termination)</i>																			
PREVIOUS LIVE BIRTHS		PREVIOUS TERMINATIONS																	
5a. Now Living Number _____ <input type="checkbox"/> None	5b. Now Dead Number _____ <input type="checkbox"/> None	5c. Spontaneous Number _____ <input type="checkbox"/> None	5d. Induced Number _____ <input type="checkbox"/> None																
6. DATE LAST NORMAL MENSES BEGAN (MM/DD/YYYY)	7. CLINICAL ESTIMATE OF GESTATION <i>(Completed weeks)</i>	8. DATE OF PREGNANCY TERMINATION (MM/YYYY)																	
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 (Check one) <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 (Specify) _____
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13. HEALTH CARE PROVIDER CODE	14. REPORT TRACKING NUMBER	15. REGION OF PREGNANCY RESIDENCE (See code list)	16. DATE OF REPORT (MM/DD/YYYY)
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Submit completed reports within 30 days from date of occurrence.

Forward to: Iowa Department of Health and Human Services – 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)*