

# STATISTICAL REPORT OF SPONTANEOUS TERMINATION OF PREGNANCY

*Do not use this form for Abortion or Induced Termination of Pregnancy*

Iowa Code sections 144.29A require health care providers who initially identify and diagnose a spontaneous termination of pregnancy to report each spontaneous termination to the Iowa Department of Public Health within 30 days of the date of event. The law authorizes the collection of this data for statistical and health research purposes only.

## INDUCED TERMINATION OF PREGNANCY OR ABORTIONS ARE 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	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	Winneshiiek .....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 REVERSE SIDE FOR REPORTING FORM AND PUBLIC HEALTH MAILING ADDRESS**

# STATISTICAL REPORT OF SPONTANEOUS TERMINATION OF PREGNANCY

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<b>PATIENT INFORMATION</b>			
<b>1. AGE LAST BIRTHDAY</b>		<b>2. MARITAL STATUS</b> <input type="checkbox"/> Married <input type="checkbox"/> Not Married	
<b>3. EDUCATION</b> <i>(Check highest level completed)</i>			
<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> 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>	
<b>4. RACE</b> <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> _____	
<b>5. PREVIOUS PREGNANCIES</b> <i>(Complete each section. Do not include this termination)</i>			
PREVIOUS LIVE BIRTHS		PREVIOUS TERMINATIONS	
<b>5a. Now Living</b>	<b>5b. Now Dead</b>	<b>5c. Spontaneous</b>	<b>5d. Induced</b>
Number ____ <input type="checkbox"/> None	Number ____ <input type="checkbox"/> None	Number ____ <input type="checkbox"/> None	Number ____ <input type="checkbox"/> None
<b>6. DATE LAST NORMAL MENSES BEGAN</b> <i>(MM/DD/YYYY)</i>	<b>7. CLINICAL ESTIMATE OF GESTATION</b> <i>(Completed weeks)</i>	<b>8. DATE OF PREGNANCY TERMINATION</b> <i>(MM/DD/YYYY)</i>	<b>9. HEALTH CARE PROVIDER CODE</b>
<b>10. REPORT TRACKING NUMBER</b>	<b>11. REGION OF PREGNANCY RESIDENCE</b> <i>(See code list)</i>	<b>12. DATE OF REPORT</b> <i>(MM/DD/YYYY)</i>	

**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, 1<sup>st</sup> Floor  
321 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0075**

**SEE REVERSE SIDE FOR REPORTING INFORMATION AND RESIDENCE REGION CODE NUMBERS**