

**STATE OF IDAHO
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
REPORT OF INDUCED TERMINATION OF PREGNANCY**

Idaho Code §39-261. Induced abortion reporting forms -- Compilations.

(a) The vital statistics unit shall establish an induced abortion reporting form, which shall be used for the reporting of every induced abortion performed in this state. However, no information shall be collected which would identify the woman who had the abortion. Such form shall be prescribed by the department and shall include as a minimum the items required by the standard reporting form as recommended by the national center for health statistics, of the United States department of health and human services.

The completed form shall be filed by the attending physician and sent to the vital statistics unit within fifteen (15) days after the end of each reporting month. The submitted form shall be an original, typed or written legibly in durable ink, and shall not be deemed complete until every item of information required shall have been provided or its omission satisfactorily accounted for. Carbon copies shall not be acceptable.

(b) The department of health and welfare shall prepare and keep on permanent file compilations of the information submitted on the induced abortion reporting forms pursuant to such rules and regulations as established by the department of health and welfare, which compilations shall be a matter of public record.

-- HOW TO COMPLETE --

1. FACILITY NAME (If not clinic or hospital, give address)

Enter the full name of the hospital or clinic where the induced termination of pregnancy occurred.

If the induced termination of pregnancy occurred in a hospital or a clinic that is physically situated within a hospital or is administratively a part of a hospital, enter the full name of the hospital.

If the induced termination of pregnancy occurred in a freestanding clinic, a clinic that is physically and administratively separate from a hospital, enter the full name of the clinic.

If the induced termination of pregnancy occurred in a physician's office or some other place, enter the number and street name or name of the place.

2. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION

Enter the name of the city, town, or location where the induced termination of pregnancy occurred.

3. COUNTY OF PREGNANCY TERMINATION

Enter the name of the county where the induced termination of pregnancy occurred.

4. PATIENT'S IDENTIFICATION CODE

Enter the hospital, clinic, or other patient identification number. This number must be one that would enable the facility or physician to access the medical file of this patient. This information is used for querying missing information without identifying the patient.

5. AGE LAST BIRTHDAY

Enter the age of the patient in years at her last birthday.

Please note that if the patient is under 18 years of age, item #19 must be completed.

6. MARITAL STATUS

Check "Yes" if the patient was legally married (including separated) at any time between conception and the date of termination. Otherwise, check "No".

7. DATE OF PREGNANCY TERMINATION

Enter the exact month, day, and year of the pregnancy termination.

The date the pregnancy was actually terminated should be entered. This may not necessarily be the date the procedure was begun. Exception: For termination procedures performed by medical (nonsurgical) methods, the date of the termination should be recorded as the actual date the initial dosage of the medication was given – not the actual date of termination of pregnancy.

Enter the full name of the month (i.e. January, February, March). Do not use a number or abbreviation to designate the month.

8. RESIDENCE

The patient's residence is the place where her household is located. This is not necessarily the same as her "home State," "voting residence," "mailing address," or "legal residence." The State, county, and city should be that of the place where the patient actually lives. Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Residence for a short time at the home of a relative or friend is considered to be temporary and should not be entered here. Place of residence during a tour of military duty or during attendance of

college is not considered temporary and should be entered as the place of residence of the patient on the report.

8a. State

Enter the name of the State where the patient lives. This may differ from the State in her mailing address. If the patient is not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a State.

8b. County

Enter the name of the county where the patient lives.

8c. City, Town, or Location

Enter the name of the city, town, or location where the patient lives. This may differ from the city, town, or location in her mailing address.

8d. Inside City Limits?

Enter “yes” if the location entered in item 8c is incorporated and the patient’s residence is inside its boundaries. Otherwise, enter “No”.

8e. Zip Code

Enter the Zip Code of the place where the patient lives.

9. OF HISPANIC ORIGIN?

Check “No” or “Yes”. If “Yes” is checked, enter the specific Hispanic group as obtained from the patient. Do not leave this item blank. The entry in this item should reflect the response of the patient.

For the purposes of this item, “Hispanic” refers to people whose origins are from Spain, Mexico, Puerto Rico, Cuba, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the patient or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A patient may report Hispanic origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the patient considers herself to be and is not based upon percentages of ancestry. Although the prompts include the major Hispanic

groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups can also be identified in the space provided.

If a patient indicates that she is of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

This item is not part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

10. RACE

Specify the race(s) that the patient considers herself to be.

Mixed Race: If the mother is of mixed race or national origin, enter all races indicated, such as Japanese, Hawaiian, and American Indian.

American Indian: For American Indian or Alaska Native, also enter the name of the enrolled or principal tribe.

11. EDUCATION

Enter the highest number of years of regular schooling completed by the patient in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

12. DATE LAST NORMAL MENSES BEGAN

Enter the exact date (month, day, and year) of the first day of the patient's last normal menstrual period, as obtained from the hospital or clinic record or patient herself. Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month.

If the exact is unknown but the month and year are known, obtain an estimate of the day from the patient, her physician, or the medical record. If an estimate of the date cannot be obtained, enter the month and year only.

Enter "Unknown" if the date cannot be determined. Do not leave this item blank.

13. CLINICAL GESTATION

13a. Weeks of Gestation

Enter the length of gestation as estimated by the attending physician in completed menstrual weeks. Do not compute this information from the date last normal menses began and date of termination. If the attendant has not done a clinical estimate of gestation, enter "None". Do not leave this item blank.

Please note that if the determination of postfertilization age was 20 weeks or greater, or is Unknown, item #20 must also be completed.

13b. Method for determining clinical gestation

Select the method used by the attendant in determining the reported weeks of gestation.

- | | |
|-----------------------|--|
| Ultrasound | Weeks of gestation were determined by an ultrasound procedure |
| Pelvic Exam | Weeks of gestation were determined by a pelvic examination procedure |
| Other, Specify | Indicate what method/procedure/evidence the attendant used to determine the weeks of gestation |
| None | A clinical estimate of gestation was not performed. |

14. PREVIOUS PREGNANCIES (Complete each section)

14a. Live Births Now Living

Enter the number of children born alive to this patient who are still living at the time of this termination. Do not include children by adoption. Check "None" if all previous children are dead.

14b. Live Births Now Dead

Enter the number of children born alive to this patient who are no longer living at the time of this termination. Do not include children by adoption. Check "None" if all previous children are still living.

14c. Other Terminations Spontaneous

Enter the number of previous pregnancies that ended spontaneously and did not result in a live born infant. This should not include induced terminations. Check “None” if the patient has had no previous pregnancies or if all previous pregnancies ended in live born infants.

14d. Other Terminations Induced

Enter the number of previous induced terminations (induced abortions) that this patient has had. Do not include this termination. Check “None” if the patient has had no previous induced terminations.

15. PROCEDURES AND COMPLICATIONS OF TERMINATION

15a. Procedure That Terminated Pregnancy

Check the box that describes the procedure that actually terminated this pregnancy. Check only one box.

Suction Curettage

(Also known as vacuum aspiration)-In this procedure the cervical canal is dilated by the successive insertion of instruments of increasing diameter (dilators). When the cervix is sufficiently dilated, a flexible tube (cannula) is inserted into the uterine cavity, and the fetal and placental tissues are then removed using an electric vacuum pump.

Medical (Nonsurgical), Specify Medications _____

This nonsurgical procedure involves the administration of a medication or medications to induce an abortion. Medications (e.g. methotrexate, mifepristone, misoprostol, etc.) are used most frequently early in the first trimester of pregnancy. However, some medications (e.g. prostaglandin suppositories, injectable prostaglandins, etc.) may be administered during the second trimester of pregnancy to induce abortion. Medications may be administered orally, by injection, or intravaginally.

Dilation and Evacuation (D&E)

This procedure, used most frequently in the second trimester of pregnancy (greater than or equal to 13 weeks gestation) involves opening the cervix (dilation) and primarily using sharp instrument techniques, but also suction and other instrumentation such as forceps for evacuation.

Intrauterine Instillation (Saline or Prostaglandin)

This procedure involves either withdrawing a portion of the amniotic fluid from the uterine cavity by a needle inserted through the abdominal wall and replacing this fluid with a concentrated salt solution (known as saline instillation, saline abortion, or saline amniotic fluid exchange) or injecting a prostaglandin – a

substance with hormone-like activity- into the uterine cavity through a needle inserted through the abdominal wall (known as intrauterine prostaglandin instillation). The saline instillation process induces labor, which results in the expulsion of the fetus approximately 24 to 48 hours later. The interval between prostaglandin injection and expulsion tends to be shorter than in a saline abortion.

Sharp Curettage (D&C)

(Also known as dilation and curettage, D&C, or surgical curettage)-This procedure involves the dilation of the cervix as in the suction curettage procedure, although usually to a larger diameter. The fetal and placental tissues are then removed with a sharp curette.

Hysterotomy/Hysterectomy

Hysterotomy involves surgical entry into the uterus to remove a fetus. Hysterotomy is usually performed only if other abortion procedures fail or if other abortion procedures are not appropriate. Hysterectomy is a procedure in which the uterus is removed (with the fetus inside). It is usually performed only when a pathological condition of the uterus, such as fibroid tumors, warrants its removal or when a woman desires sterilization.

Other (Specify) _____

If a procedure not listed was used, specify the procedure on the line provided.

15b. Additional Procedures Used For This Termination, If Any

Check the box(es) that describe any additional procedures that were performed to terminate this pregnancy.

15c. Complications Of Termination

Check all serious medical complications experienced by the patient associated with the termination of pregnancy.

None	No complications were experienced
Hemorrhage	A copious discharge of blood from the blood vessels
Infection	Invasion and multiplication of microorganisms in body tissues, especially that causing local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response
Uterine Perforation	Perforation of the uterus

Cervical Laceration	Laceration of the cervix
Retained Products	Retained products of conception
Other (Specify) _____	Specify the complication

16. PATIENT EDUCATIONAL MATERIALS PROVIDED?

Indicate if the patient was provided the education materials as specified in Idaho Code § 18-609(4).

17. NAME OF ATTENDING PHYSICIAN

Enter the full name of the attending physician. Be sure to spell it correctly and verify correct spelling. This item is used to query for missing or additional information.

18. NAME OF PERSON COMPLETING REPORT

Enter the name of the person completing this report.

19. IF PATIENT IS UNDER 18 YEARS OF AGE

Complete item 19 if the patient was under the age of 18 at the time of the procedure. (Refer to Idaho State Statute 18-609A Consent required for abortions for minors for additional information)

19a. Termination Performed Following Physician’s Receipt of:

Indicate the form of consent that was obtained by the attending physician to perform the procedure on a patient under 18 years of age.

- Written informed consent of a parent, guardian, or conservator and the minor
- Written informed consent of emancipated minor for herself
- Written informed consent of minor for herself pursuant to court order granting minor right to self-consent
- Court order which includes finding that abortion is in best interests of minor, despite absence of parental consent
- Certification from minor that pregnancy resulted from rape or sexual conduct with minor by the minor’s parent, stepparent, uncle,

grandparent, sibling, adoptive parent, legal guardian, or foster parent

19b. Termination Performed Following Medical Emergency

Specify the diagnosis which necessitated the procedure if the termination was performed on a patient less than 18 years of age without written consent due to a medical emergency.

20. MEDICAL CONDITION THAT NECESSITATED THE ABORTION AT 20 OR GREATER WEEKS POSTFERTILIZATION

Specify the medical condition that necessitated the termination of pregnancy if the attending physician's determination of postfertilization age of the unborn child is twenty (20) or greater weeks (22 or greater clinical estimated weeks of gestation).

Patient had a condition that so complicated her medical condition as to necessitate the abortion of this pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions

It was necessary to preserve the life of an unborn child

Determination of probable postfertilization age was not made. Provide the basis of the determination that a medical emergency existed: (specify below)