IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH
Bureau of Vital Records and Health Statistics

ABORTION COMPLICATIONS REPORTING FORM INSTRUCTIONS

Idaho Code Title 39 Chapter 95, The Abortion Complications Reporting Act (the Act), requires every hospital, licensed health care facility, or individual medical practitioner to file a written report with the Bureau of Vital Records and Health Statistics (Bureau) if any woman comes under their care and reports any complication, or requires medical treatment that is a direct or indirect result of an abortion (IC 39-9504(1)). If a women reports one or more of the following items to you and, based upon your reasonable medical judgment, it is an abnormal or a deviant process or event arising from the performance or completion of an abortion, you must report it to the Bureau if you are one of the entities or medical practitioners subject to reporting under the Act:

- A fever of 100.4 degrees or higher for more than 24 hours
- Adverse or allergic reaction to anesthesia or other drugs
- Any psychological or emotional condition reported by the patient, such as depression, suicidal ideation, anxiety or a sleeping disorder
- Blood clots
- Blood transfusion
- Cardiac Arrest
- Cervical perforation or injury to the cervix
- Coma
- Death
- Embolism
- Endometritis
- Failure to actually terminate the pregnancy
- Free fluid in the abdomen
- Heavy or excessive bleeding
- Hemolytic reaction due to the administration of ABO-incompatible blood or blood products
- Hemorrhage
- Hypoglycemia where onset occurs while the patient is being cared for in the abortion facility
- Inability, refusal or unwillingness to have a follow-up visit
- Inability, refusal or unwillingness to have follow-up care, surgery or an aspiration procedure following an incomplete abortion or retained tissue
- Incomplete abortion or retained tissue
- Infection
- Injury or damage to any organ inside the body
- Metabolic disorder
- Missed ectopic pregnancy
- Pain or cramps that do not improve with medication
- Pelvic inflammatory disease
- Physical injury associated with care received in the abortion facility
- Placenta previa or preterm delivery in subsequent pregnancies
- Referral to or care provided by a hospital; emergency department or urgent care clinic or department
- Renal failure
- Respiratory arrest
- Shock
- Subsequent development of breast cancer
- The need for follow-up care, surgery or an aspiration procedure for incomplete abortion or retained tissue
- Uterine perforation or injury to the uterus
- Weakness, nausea, vomiting or diarrhea that last for more than 24 hours
- Any other adverse event as defined by the federal Food and Drug Administration criteria provided in the MedWatch reporting system

The report must be completed within 90 days from the last date of treatment or other care or consultation for the complication. The information will be kept confidential and used to prepare a comprehensive annual statistical report for the legislature. Failure to submit a report will result in grounds for professional discipline up to and including licensure suspension or revocation.

Please mail this report to: IDAHO VITAL RECORDS
PO BOX 83720
BOISE, IDAHO
83720-0036

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Please complete patient, abortion procedure, and reporting provider information. Report abortion complications on the back side of this form.

PATIENT INFORMATION

Age	County of Residence	State of Residence

Number of Previous Pregnancies	Number of Live Births	Number of Previous Abortions

Race

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify) _____
- ☐ Other (specify) _____

Hispanic Origin?

- ◯ Yes
- ◯ No

ABORTION PROCEDURE INFORMATION (for the abortion that led to the complication)

Date Abortion Was Performed		**Methods Used**
Date Abortion Was Completed		☐ Suction Curettage ☐ Medical (Non-Surgical) (specify medications) _____ ☐ Dilation and Evacuation (D&E) ☐ Intra-Uterine Instillation (Saline or Prostaglandin) ☐ Sharp Curettage (D&C) ☐ Hysterotomy/ Hysterectomy ☐ Other (specify) _____
Gestational Age of Fetus (as defined in Idaho Code §18-604)	◯ 1st Trimester ◯ 2nd Trimester ◯ 3rd Trimester	
Physician Who Performed the Abortion		
Facility Where the Abortion Was Performed		
Referring Medical Practitioner, Agency, or Service If Any		

REPORTING PROVIDER INFORMATION

Title	First	Middle	Last	License Number

Facility Name			

Facility Address - Street/ PO Box	City	State	Zip Code

Email Address	Phone

Signature	Date of Treatment	Date of Report

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COMPLICATIONS INFORMATION (select all that apply)	
☐ A fever of 100.4 degrees or higher for more than 24 hours ☐ Adverse or allergic reaction to anesthesia or other drugs ☐ Any psychological or emotional condition reported by the patient, such as depression, suicidal ideation, anxiety or a sleeping disorder ☐ Blood clots ☐ Blood transfusion ☐ Cardiac Arrest ☐ Cervical perforation or injury to the cervix ☐ Coma ☐ Death ☐ Embolism ☐ Endometritis ☐ Failure to actually terminate the pregnancy ☐ Free fluid in the abdomen ☐ Heavy or excessive bleeding ☐ Hemolytic reaction due to the administration of ABO-incompatible blood or blood products ☐ Hemorrhage ☐ Hypoglycemia where onset occurs while the patient is being cared for in the abortion facility ☐ Inability, refusal or unwillingness to have a follow-up visit ☐ Inability, refusal or unwillingness to have follow-up care, surgery or an aspiration procedure following an incomplete abortion or retained tissue	☐ Incomplete abortion or retained tissue ☐ Infection ☐ Injury or damage to any organ inside the body ☐ Metabolic disorder ☐ Missed ectopic pregnancy ☐ Pain or cramps that do not improve with medication ☐ Pelvic inflammatory disease ☐ Physical injury associated with care received in the abortion facility ☐ Placenta previa or preterm delivery in subsequent pregnancies ☐ Referral to or care provided by a hospital; emergency department or urgent care clinic or department ☐ Renal failure ☐ Respiratory arrest ☐ Shock ☐ Subsequent development of breast cancer ☐ The need for follow-up care, surgery or an aspiration procedure for incomplete abortion or retained tissue ☐ Uterine perforation or injury to the uterus ☐ Weakness, nausea, vomiting or diarrhea that last for more than 24 hours ☐ Any other adverse event as defined by the federal Food and Drug Administration criteria provided in the MedWatch reporting system

Physical Location of the Complication	**Date Complication Occurred**

Please Note Any Pre-Existing Conditions That Would Have Complicated the Pregnancy or Abortion.