



Terminated Pregnancy Report

April 1 – July 31, 2026



**Indiana
Department
of
Health**



Division of Vital Records

August 26, 2026

Executive Summary

The purpose of this report is to present information from the second quarter of 2026 (April 1, 2026, through July 31, 2026) (the "reporting quarter") on terminated pregnancy reports as required by Indiana law. Indiana Code § 16-34-2 et seq. requires that all terminated pregnancies in Indiana be reported to the Indiana Department of Health's (IDOH) Division of Vital Records within 30 days of termination.

Key Findings

Number of Terminations Performed, Q2 of Each Year 2022-2026

Year	Total Count	Indiana Resident Count (%)
Q2 of 2022	2,554	2,224 (87.08%)
Q2 of 2023	1,938	1,557 (80.34%)
Q2 of 2024	27	27 (100.00%)
Q2 of 2025	30	29 (96.67%)
Q2 of 2026	29	28 (96.55%)

Weeks of Gestation at Time of Termination, Q2 of 2026

Weeks	Count (%)
≤8 weeks	3 (10.34%)
9-13 weeks	3 (10.34%)
14-20 weeks	12 (41.38%)
21-22 weeks	11 (37.93%)
≥23 weeks	0 (0.00%)
Total	29 (100.00%)

Procedure Type Used to Terminate Pregnancy, Q2 of 2026

Procedure Type	Count (%)
Nonsurgical	10 (34.48%)
Surgical	19 (65.51%)
Total	29 (100.00%)



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Introduction

Indiana Reporting Requirements

Reporting requirements regarding terminated pregnancies are governed by Indiana Code § 16-34-2 et seq.,⁽¹⁾ which can be found [online at the Indiana General Assembly's website](#). Failure to submit a Terminated Pregnancy Report within the statutorily mandated timeframe constitutes a compliance violation and results in the initiation of a formal complaint to the Office of the Indiana Attorney General.

Terminated pregnancy complications are collected separately from terminated pregnancy reports and have separate quarterly reports.

Tables 1-3 show the number of reports that met or did not meet the time reporting threshold under Indiana law. For women who were 16 years of age or older at the time of their termination, a report is required to be filed with IDOH within 30 days. For females who were under 16 years of age at the time of their termination, a report is required to be filed with both IDOH and the Indiana Department of Child Services within three days.

Table 1. Timeliness of Submission of Terminated Pregnancy Reports for Females 16 Years of Age or Older, Q2 of 2026

16 Years of Age or Older	Count (%)
Reported within 30 days	27 (96.43%)
Reported after 30 days	1 (3.57%)
Total Reported to IDOH	28 (100.00%)

Table 2. Timeliness of Submission of Terminated Pregnancy Reports for Females Under 16 Years of Age, Q2 of 2026

Under 16 Years of Age	Count (%)
Reported within 3 days	1 (100.00%)
Reported after 3 days	0 (0.00%)
Total Reported to IDOH	1 (100.00%)

Table 3. Timeliness of Submission of Terminated Pregnancy to DCS, Q2 of 2026

Under 16 Years of Age Report to DCS	Count (%)
Reported within 3 days	1 (100.00%)
Reported after 3 days	0 (0.00%)
Total Reported to DCS	1 (100.00%)



Methodology

Methods

This report includes analyses of certain demographic information provided by patients and medical information collected from reports. Self-reported demographic information collected in the report includes age, marital status, education level, race and ethnicity, ZIP code of residence, county of residence, and state of residence. Some information collected on terminated pregnancy reports is not represented in this quarterly report because of the potential for patient identification.

Medically relevant information collected from the patient and reported to IDOH also includes the patient's number of previous live births of children who are still living, the number of previous live births of children who are deceased, the number of previous spontaneous terminations (i.e., miscarriages), and the number of previously induced terminations (excluding the termination being reported). Patients are asked to list the years of previous spontaneous and induced terminations, and the date last normal menses began.

Other medical information collected on reports regarding the termination is provided by the physician. This information includes:

- Date of termination
- Whether a pathological exam was performed
- Estimate of the gestational age and post-fertilization age
- The method used to estimate or determine gestational age and post-fertilization age
- Type of procedure
- Fetus delivered alive
- Complications of the termination
- Reason for termination

Additional information collected includes the name of the facility where the termination was performed, the city or town where the termination occurred, the county where the termination occurred, the physician's full name, address, and signature, and the age of the father, if known.

Gestational Age vs. Fertilization Age

Physicians report both the post-fertilization age and gestational age of the fetus, but the two are calculated differently. Gestational age measures the age of the fetus from the first day of the mother's last menstrual period, whereas post-fertilization age measures the age of the fetus from the actual date of conception or fertilization. Since fertilization generally occurs about two weeks after the first day of the last menstrual period, the gestational age is typically about two weeks greater than the post-fertilization age. For instance, if a fetus is 10 weeks by gestational



age, its post-fertilization age is approximately 8 weeks. The Indiana Code refers to post-fertilization age, but gestational age is more commonly used in epidemiological analyses.

Analytic Procedures

Data was pulled from the IDOH DRIVE (Database Registration for Indiana's Vital Events) system using Structure Query Language (SQL). To ensure data accuracy, the dataset was checked for potential errors and duplicates using patient identification numbers and date of termination. SAS Statistical Software 9.4 was used to calculate counts and percentages. Graphs were made using Microsoft Excel.



Results

Trends in Indiana

Figure 1 depicts the number of terminations reported in Indiana and the number of terminations reported by Indiana residents, comparing the reporting quarter to the same quarter in previous years.

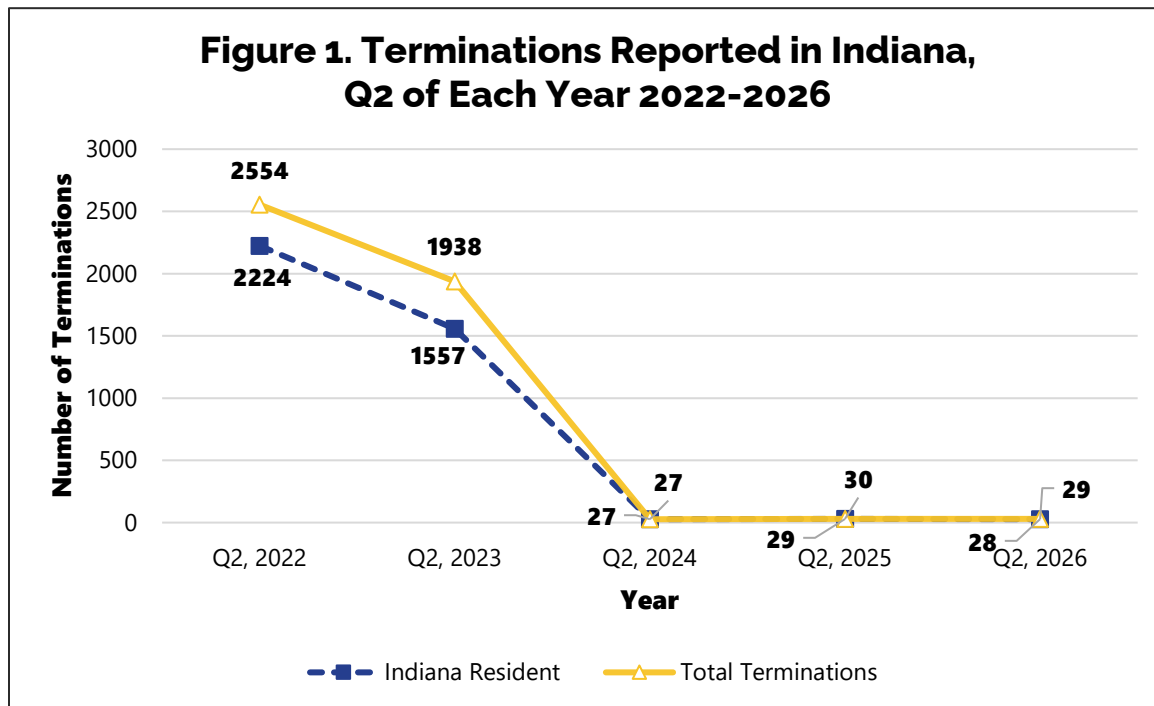


Figure 2 depicts the number of terminations reported in Indiana and the number of terminations reported by non-Indiana residents, comparing the reporting quarter to the previous four quarters.

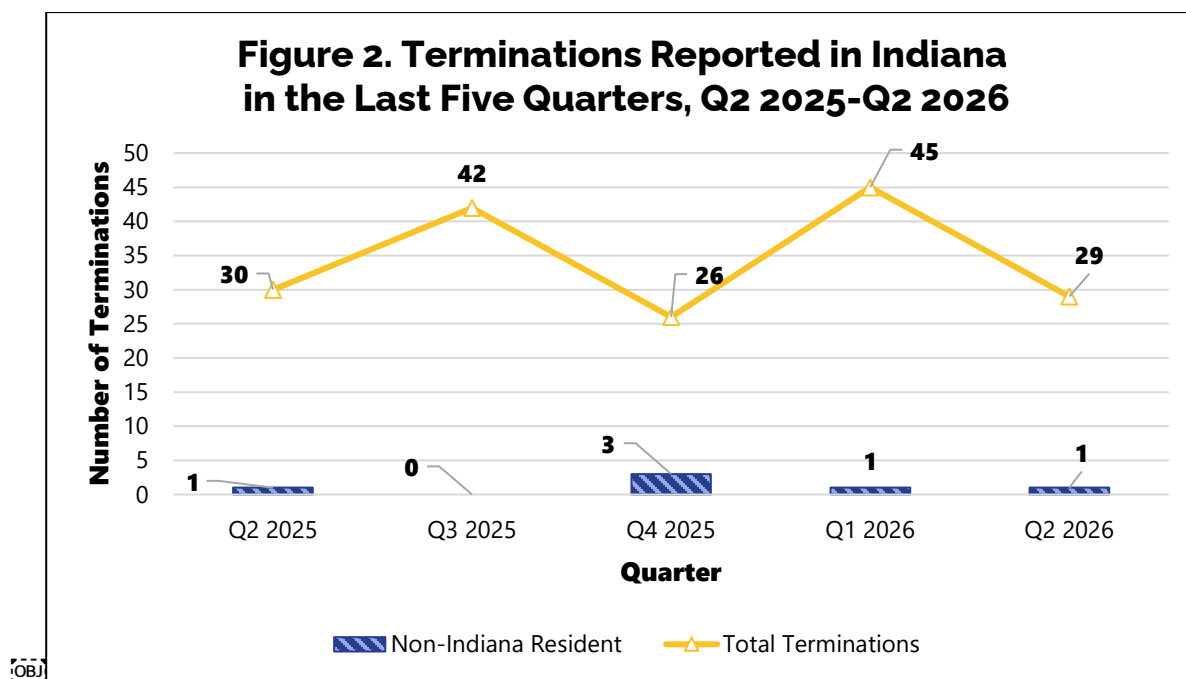


Table 4 shows the percentage of Indiana women of childbearing age who terminated a pregnancy in the reporting quarter and provides comparative data from the same quarter in previous years.

Table 4. Rate of Reported Terminations Among Indiana Residents of Childbearing Age Occurring, Q2 of 2026 and the Previous Four Years

Year	Count	Population Est. [†]	Rate [*]
Q2, 2022	2,224	1,333,576	1.67
Q2, 2023	1,557	1,341,793	1.16
Q2, 2024	27	1,357,920	0.02
Q2, 2025	29	1,357,920 ^{**}	0.02
Q2, 2026	28	1,357,920 ^{**}	0.02

^{*}Rate is per 1,000. (In Q2, 2026, Indiana had terminations in age ranging from 15 - 40 years).

^{**}A single-year estimate for this age and sex group is not yet available, so 2024 data is used.

[†]Population estimates of females aged 15-44 that were Indiana residents during specified year⁽²⁾



Table 5 provides a breakdown by month of the number of terminations that occurred in Indiana in the reporting quarter.

Table 5: Number of Women Obtaining Terminations by Month, Q2 of 2026

Month	Total Terminations (n = 29)
April	7
May	9
June	13

Demographic Information of Women Obtaining Terminations

Demographic information collected and analyzed for this report includes age, race, ethnicity, marital status, and education level of the women obtaining terminations in Indiana in the reporting quarter.

Age

Table 6 shows the age distribution of women who obtained terminations in the reporting quarter and the overall number of live births in Indiana for each age group in the reporting quarter.

Table 6. Age Distribution of Women Who Obtained Terminations, Q2 of 2026

Age of mother, years	Count (%)	Count of Live Births in Q2 2026*
< 16	1 (3.44%)	30
16-24	4 (13.79%)	4,644
25-34	16 (55.12%)	11,897
35-44	8 (27.59%)	3,117
≥ 45	0 (0.00%)	38
Unknown	0 (0.00%)	2
Total	29 (100.00%)	19,728

*Birth counts for 2026 are preliminary and are current as of 8/5/2026.



Race and Ethnicity

Table 7. Race and Ethnicity of Women Who Obtained Terminations, Q2 of 2026

Race	Count (%)
White	21 (72.41%)
Black / African American	7 (24.14%)
Asian	1 (3.44%)
American Indian / Alaska Native	0 (0.00%)
Pacific Islander / Native Hawaiian	0 (0.00%)
Multiple Races	0 (0.00%)
Other	0 (0.00%)
Unknown	0 (0.00%)
Total	29 (100.00%)

Table 8. Ethnicity of Women Who Obtained Terminations, Q2 of 2026

Ethnicity	Count (%)
Non-Hispanic / Non-Latino	27 (93.10%)
Hispanic / Latino	2 (6.90%)
Ethnicity Unknown	0 (0.00%)
Total	29 (100.00%)

Education and Marital Status

Table 9. Marital Status of Women Who Obtained Terminations, Q2 of 2026

Marital Status	Count (%)
Unmarried	12 (41.38%)
Married	17 (58.62%)
Divorced	0 (0.00%)
Separated	0 (0.00%)
Total	29 (100.00%)

Education Level

Table 10. Education Level of Women Who Obtained Terminations, Q2 of 2026

Education Level	Count (%)
8 th Grade or Less	0 (0.00%)
9 th to 12 th Grade, No Diploma	2 (6.90%)
High School Diploma or GED	3 (10.34%)
Some College Credit, No Degree	2 (6.90%)
Associate degree	0 (0.00%)
Bachelor's Degree	4 (13.79%)



Master's Degree	1 (3.45%)
Doctoral or Professional Degree	0 (0.00%)
Unknown	17 (58.62%)
Total	29 (100.00%)

Pregnancy History of Women Obtaining Terminations

Tables 11-14 show the pregnancy and termination history of women who obtained a termination in the reporting quarter. Four data points are represented. First, women were asked if they have had a previous live birth and, if so, how many of those children are still living. Second, women were asked if any of those children were now deceased. Third, women were asked if they had any previous spontaneous terminations, such as a miscarriage or other fetal death. Fourth, women were asked if they had any previously induced terminations.

Table 11. Previous Live Births Still Living Among Women Obtaining Terminations, Q2 of 2026

Previous Live Births Still Living	Count (%)
0	13 (44.83%)
1	6 (20.69%)
2	5 (17.24%)
≥3	5 (17.24%)
Unknown	0 (0.00%)
Total	29 (100.00%)

Table 12. Previous Live Births Now Deceased Among Women Obtaining Terminations, Q2 of 2026

Previous Live Births Now Deceased	Count (%)
0	29 (100.00%)
1	0 (0.00%)
2	0 (0.00%)
≥3	0 (0.00%)
Unknown	0 (0.00%)
Total	29 (100.00%)



Table 13. Previous Spontaneous Terminations Among Women Obtaining Terminations, Q2 of 2026

Previous Spontaneous Terminations	Count (%)
0	22 (75.86%)
1	3 (10.34%)
2	3 (10.34%)
≥3	1 (3.45%)
Unknown	0 (0.00%)
Total	29 (100.00%)

Table 14. Previous Induced Terminations Among Women Obtaining Terminations, Q2 of 2026

Previous Induced Terminations	Count (%)
0	29 (100.00%)
1	0 (0.00%)
2	0 (0.00%)
≥3	0 (0.00%)
Unknown	0 (0.00%)
Total	29 (100.00%)

Medical Information of Women Obtaining Terminations

Estimated Gestational Age

Physicians report estimated gestation and post-fertilization age on all reports. The Indiana Code uses post-fertilization age as the legal metric for fetal age, whereas gestational age is used for epidemiological analysis. Table 15 shows the gestational age at the time of termination for the reporting quarter.

Table 15. Weeks of Gestation at Time of Termination, Q2 of 2026

Weeks	Count (%)
≤8 weeks	3 (10.34%)
9-13 weeks	3 (10.34%)
14-20 weeks	12 (41.38%)
21-22 weeks	11 (37.93%)
≥23 weeks	0 (0.00%)
Total	29 (100.00%)



Procedure Type

Terminated pregnancies are classified as either medical (nonsurgical) or surgical. Table 16 shows the number of medical and surgical procedures used to terminate a pregnancy in the reporting quarter, and if the procedure type was medical, the type of medication used in the procedure.

Table 16. Number of Terminations by Procedure Type, Q2 of 2026

Procedure Type	Count (%)
Medical (Nonsurgical)	
Misoprostol and/or Mifepristone	11 (36.67%)
Other	0 (0.00%)
Surgical*	19 (63.33%)
Total**	30 (100.00%)

*Surgical includes intracardiac injections since Q3 of 2025.

**One terminated pregnancy listed misoprostol and intra-cardiac injection as both primary procedures, resulting in a count above the total individual recorded terminated pregnancy entries (30 instead of 29).

Of the 11 termination procedures utilizing misoprostol and/or mifepristone,

- 10 records indicate the manufacturer's instructions and patient agreement were provided and signed.
- 1 was marked as "Not Applicable" for both having received and signed the manufacturer's instructions and patient agreement.

Table 17 shows the number of terminations by procedure type and **weeks of gestation**, the measure most commonly used in epidemiological analysis.

Table 17. Number of Terminations by Weeks of Gestation and Procedure Type, Q2 of 2026

Medical (Nonsurgical) ≤8 weeks	3 (10.34%)
Medical (Nonsurgical) >8 weeks	7 (24.14%)
Surgical ≤8 weeks	0 (0.00%)
Surgical >8 weeks	19 (65.52%)
Total	29 (100.00%)



Procedure Type by Facility

Table 18 provides the number of terminations performed by each reporting facility in the reporting quarter.

Table 18: Terminations Reported by Facility, Q2 of 2026

Facility	County	Medical	Surgical	Total
Indiana University Health University Hospital	Marion	2 (6.90%)	0 (0.00%)	2 (6.90%)
Parkview Regional Medical Center	Allen	1 (3.45%)	0 (0.00%)	1 (3.45%)
Riley Health Maternity Tower	Marion	5 (17.24%)	14 (48.28%)	19 (65.52%)
Sidney & Lois Eskenazi Hospital	Marion	2 (6.90%)	5 (17.24%)	7 (24.14%)
Totals	-	10 (34.48%)	19 (65.52%)	29 (100.00%)

Reason for Abortion

Table 19 shows the number of terminations categorized by the reason for abortion.

Table 19. Reason for Abortion, Q2 of 2026

Reason for Abortion	Total Count (%)
Lethal fetal anomaly	17 (58.62%)
Serious health risk/life of the pregnant woman	8 (27.58%)
Serious health risk/life of the pregnant woman AND lethal fetal anomaly	1 (3.45%)
Rape/incest	3 (10.34%)
Total	29 (100.00%)

Additional Information

Table 20: Additional Information, Q2 of 2026

Metric	Total Count
Number of terminations where the fetus was born alive	0
Number of terminations performed after 20 weeks of post-fertilization age	0
Number of terminations performed after 20 weeks of post-fertilization age where a second attending physician was present	0



Limitations

The data in this report is taken only from terminated pregnancy reports submitted to the IDOH. If a termination occurs but is not reported to the IDOH Division of Vital Records, this data would not be captured in the report.

Demographic information and pregnancy history are self-reported by the patient, so incomplete or incorrect information may be reported by the patient and reflected in this report. Patients also can refuse to answer questions that are asked at hospitals and facilities. This results in unknown values when the provider is filling out the form.

The information contained in this report is a snapshot of the data held by IDOH on the report date. Providers can amend records after they are initially submitted to IDOH, and amendments submitted after the report date will not be reflected in this report. These amendments will be reflected in future reports published by IDOH.

Additionally, duplicate data entries can occur if a patient were to present to a different facility or see a different practitioner for follow-up treatment. If the follow-up practitioner is required to perform an additional procedure related to the termination, and he or she is unaware that a terminated pregnancy report has already been filed related to the termination, the practitioner or facility may file a second, duplicate report to document the additional procedure. This could artificially inflate the termination counts listed in this report. Education and recommendations are distributed and communicated to providers to mitigate these data entry errors.

Finally, since the launch of the DRIVE system in June 2022, data comparisons to previous years can be difficult because additional categorization options were made available in the reporting form. For example, the marriage categories — previously “married” and “unmarried” — now match what is currently collected for IDOH’s birth, death and fetal death modules — “married,” “unmarried,” “separated,” and “divorced.” Additionally, the race and ethnicity categories have been expanded to include a more diverse population, which reflects what the Centers for Disease Control and Prevention recommend for race and ethnicity categories.

References

- 1) Indiana Code. Retrieved from <https://iga.in.gov/laws/2024/ic/titles/16> - 16-34-2
- 2) Single-Race Population Estimated, CDC WONDER Online Database, August 2021. Retrieved from <https://wonder.cdc.gov/single-race-population.html>

