Division of Vital Records

December 29, 2023

July 1 – September 30, 2023
Terminated Pregnancy Report

Indiana Department of Health

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Executive Summary

Indiana Department of Health

The purpose of this report is to present information from the third quarter of 2023 (July 1, 2023, through September 30, 2023) (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, Q3 of Each Year 2019-2023		
Year	**Total Count**	**Indiana Resident Count (%)**
2019 (JUL-SEP)	1,777	1,664 (93.64%)
2020 (JUL-SEP)	1,905	1,824 (95.74%)
2021 (JUL-SEP)	2,083	1,979 (95.01%)
2022 (JUL-SEP)	2,967	1,922 (64.78%)
2023 (JUL-SEP)	764	670 (87.70%)

Weeks of Gestation at Time of Termination, Quarter 3 of 2023	
Weeks	**Count (%)**
≤8 weeks	526 (68.85%)
9-13 weeks	214 (28.01%)
14-20 weeks	14 (1.83%)
≥21 weeks	10 (1.31%)
Total	**764 (100%)**

Procedure Type Used to Terminate Pregnancy, Q3 of 2023	
Procedure Type	**Count (%)**
Nonsurgical	553 (72.38%)
Surgical	211 (27.62%)
Total	**764 (100%)**

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INDIANA REPORTING REQUIREMENTS

Reporting requirements regarding terminated pregnancies are governed by Indiana Code § 16-34-2 et seq.,[4] which can be found online at the Indiana General Assembly's website.

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

On September 15, 2022, statutory changes relating to terminating a pregnancy and the associated reporting requirements were passed by the Indiana General Assembly, changing the information collected on terminated pregnancy reports. Under the new law, pregnancy terminations are only permitted for certain reasons, so the terminated pregnancy reporting system was updated to include a mandatory field for the statutorily permitted reason for the pregnancy termination. However, on September 22, 2022, the changes to the terminated pregnancy law were enjoined by the Indiana courts. This injunction remained in place until August 21, 2023, when "reason for abortion" field data could be accurately collected to reflect Indiana law. The field titled "Viability of Fetus" is no longer collected.

Table 1 shows 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 women 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	
Women 16 Years of Age or Older Report to IDOH	**Count (% of Total Reported to IDOH)**
Reported within 30 days	693 (90.71%)
Reported after 30 days	66 (8.64%)
Women Under 16 Years of Age Report to IDOH	
Reported within 3 days	4 (0.52%)
Reported after 3 days	1(0.13%)
Total Reported to IDOH	**764 (100%)**
Women Under 16 Years of Age Report to DCS	**Count (%)**
Reported within 3 days	5 (100%)
Reported after 3 days	0 (0%)
Total Reported to DCS	**5 (100%)**

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.

MEASURES

The categorization of data is based on CDC standards.[3] 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. Both measures are represented in this report.

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.

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.

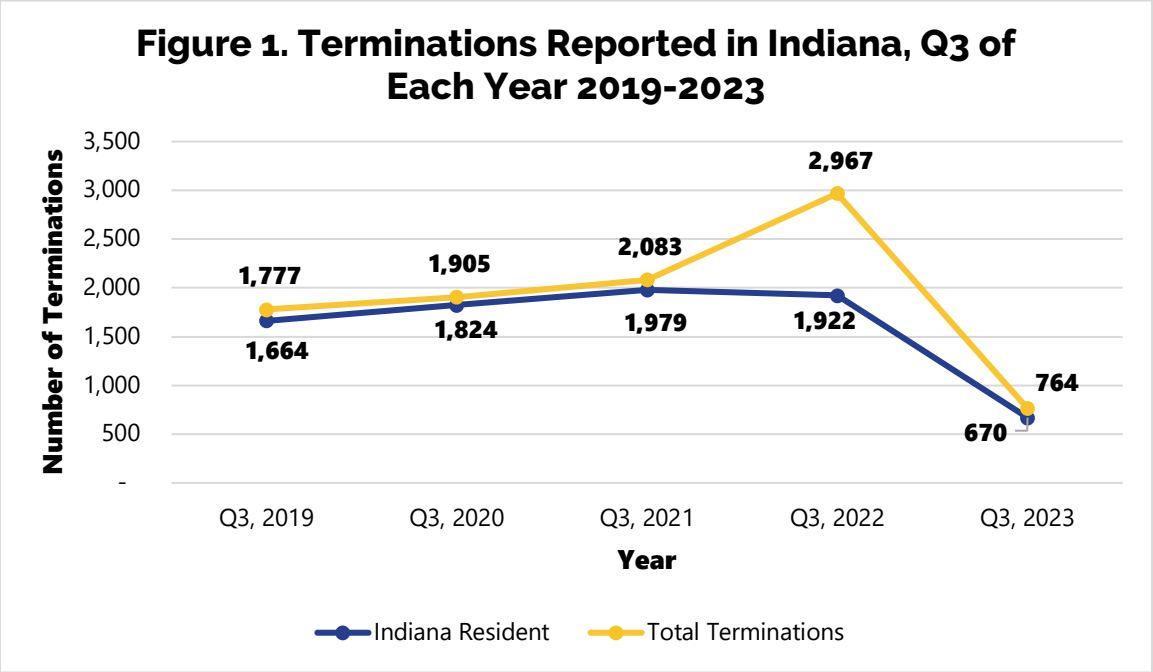

Figure 2 shows the number of non-Indiana residents seeking terminations in Indiana in the reporting quarter.

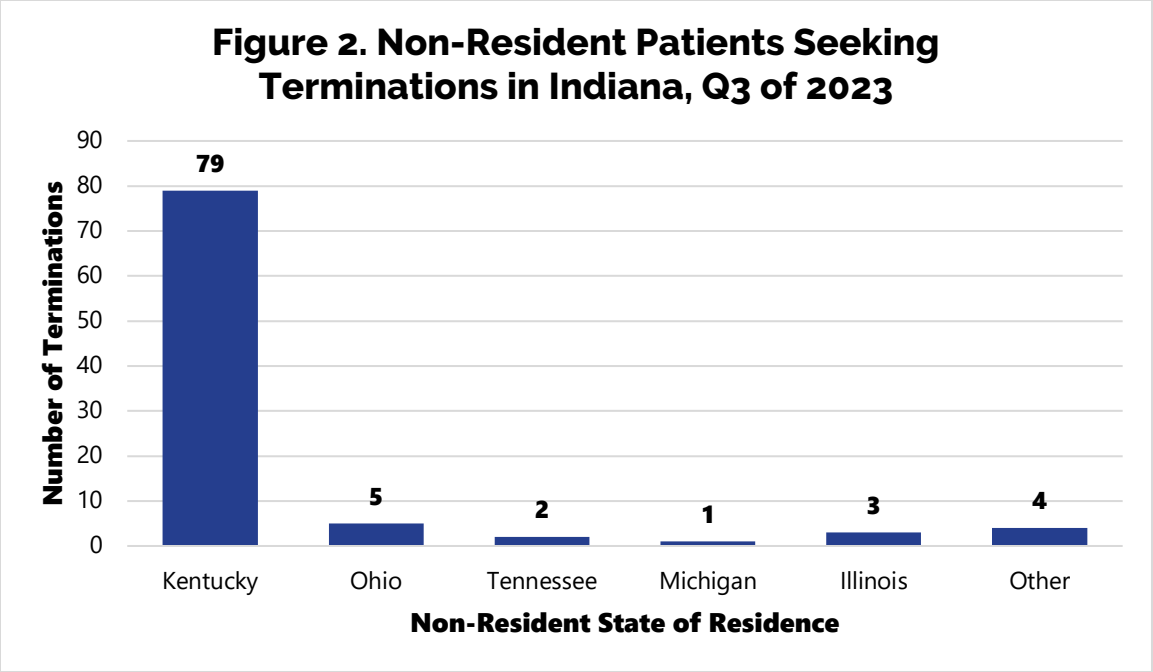

Table 2 shows the percentage of Indiana residents of childbearing age who terminated a pregnancy in the reporting quarter and provides comparative data from the same quarter in previous years.

Table 2. Rate of Reported Terminations Among Indiana Residents of Childbearing Age Occurring, Q3 of 2023 and the Previous Four Years

Year	Count	Population Est.†	Rate*
Q3, 2019	1,664	1,310,454	1.3
Q3, 2020	1,824	1,314,073	1.4
Q3, 2021	1,979	1,328,151	1.5
Q3, 2022	1,922	1,333,576	1.4
Q3, 2023	670	1,333,576**	0.5

**A single-year estimate for this age and gender group is not yet available.
†Population estimates of females aged 15-44 that were Indiana residents during specified year [5]
*Rate is per 1,000. (Indiana had terminations in age ranging from 14-45 years).

Table 3 provides a breakdown by month of the number of terminations that occurred in Indiana in the reporting quarter.

Table 3: Number of Women Obtaining Terminations by Month, Q3 of 2023	
Month	**Total Terminations (n = 764)**
July	698
August	52
September	14

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 4 shows the age distribution of women who obtained terminations in the reporting quarter.

Table 4. Age Distribution of Women Who Obtained Terminations, Q3 of 2023		
Age, years	**Count (%)**	**Count of Live Births in Q3 2023**
< 16	5 (0.65%)	32 (0.16%)
16-24	317 (41.49%)	5,317 (26.01%)
25-34	353 (46.20%)	12,004 (58.73%)
35-44	88 (11.52%)	3,051 (14.93%)
≥ 45	1 (0.13%)	36 (0.18%)
Total	764 (100%)	20,440 (100%)
**Birth counts for 2023 are preliminary.		

RACE AND ETHNICITY

Table 5. Race and Ethnicity of Women Who Obtained Terminations, Q3 of 2023	
Race	**Count (%)**
White	350 (45.81%)
Black / African American	287 (37.57%)
Asian	15 (1.96%)
American Indian / Alaska Native	3 (0.39%)
Pacific Islander / Native Hawaiian	1 (0.13%)
Multiple Races	8 (1.05%)
Other	62 (8.12%)
Unknown	38 (4.97%)
Total	**764 (100%)**
Ethnicity	**Count (%)**
Non-Hispanic / Non-Latino	656 (85.86%)
Hispanic / Latino	97 (12.70%)
Ethnicity Unknown	11 (1.44%)
Total	**764 (100%)**

EDUCATION AND MARITAL STATUS

Table 6. Marital Status of Women Who Obtained Terminations, Q3 of 2023	
Marital Status	**Count (%)**
Unmarried	667 (87.30%)
Married	75 (9.82%)
Divorced	12 (1.57%)
Separated	10 (1.31%)
Total	**764 (100%)**

Table 7. Education Level of Women Who Obtained Terminations, Q3 of 2023	
Education Level	**Count (%)**
8th Grade or Less	10 (1.31%)
9th to 12th Grade, No Diploma	65 (8.51%)
High School Diploma or GED	288 (37.70%)
Some College Credit, No Degree	195 (25.52%)
Associate's degree	27 (3.53%)
Bachelor's Degree	55 (7.20%)
Master's Degree	23 (3.01%)
Doctoral or Professional Degree	2 (0.26%)
Unknown	99 (12.96%)
Total	**764 (100%)**

PREGNANCY HISTORY OF WOMEN OBTAINING TERMINATIONS

Table 8 shows 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 8. Pregnancy and Termination History of Women Obtaining Terminations, Q3 of 2023	
Pregnancy History	**Count (%)**
Previous Live Births Still Living	
0	280 (36.65%)
1	208 (27.23%)
2	165 (21.60%)
≥3	111 (14.53%)
Unknown	0 (0.00%)
Total	**764 (100%)**
Previous Live Births Now Deceased	
0	602 (78.80%)
1	2 (0.26%)
2	1 (0.13%)
≥3	0 (0.00%)
Unknown	159 (20.81%)
Total	**764 (100%)**
Termination History	**Count (%)**
Previous Spontaneous Terminations	
0	621 (81.28%)
1	97 (12.70%)
2	33 (4.32%)
≥3	13 (1.70%)
Unknown	0 (0.00%)
Total	**764 (100%)**
Previous Induced Terminations	
0	514 (67.28%)
1	166 (21.73%)
2	56 (7.33%)
≥3	28 (3.66%)
Unknown	0 (0.00%)
Total	**764 (100%)**

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 9 shows the gestational age at the time of termination for the reporting quarter.

Table 9. Weeks of Gestation at Time of Termination, Q3 of 2023	
Number of Weeks	**Counts (Percentage)**
≤8 weeks	526 (68.85%)
9-13 weeks	214 (28.01%)
14-20 weeks	14 (1.83%)
≥21 weeks	10 (1.31%)
Total	764 (100%)

PROCEDURE TYPE

Terminated pregnancies are classified as either medical (nonsurgical) or surgical. Table 10 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 10. Number of Terminations by Procedure Type	
Procedure Type	**Count (%)**
Medical (Nonsurgical)	
Utilizing Misoprostol and/or Mifepristone	539 (70.55%)
Utilizing Intracardiac Injections	14 (1.83%)
Surgical	211 (27.62%)
Total	**764 (100%)**

All of the reports received in the reporting quarter indicating that a medical (nonsurgical) termination was performed utilizing Misoprostol and/or Mifepristone reported that the manufacturer's instructions were provided to the patient and that the patient signed the patient agreement. Of the 14 reported medical terminations that utilized intracardiac injections, 13 reports listed additional procedures that were performed: 11 dilation and evacuation procedures, one procedure utilizing misoprostol and mifepristone, and one hysterectomy. One report listed no additional procedures.

Table 11 shows the number of terminations by procedure type and **weeks of gestation,** the measure most commonly used in epidemiological analysis.

Table 11. Number of Terminations by Weeks of Gestation and Procedure Type	
Procedure Type and Timeframe	**Count (%)**
Medical (Nonsurgical)	
≤8 weeks	436 (57.07%)
>8 weeks[1]	117 (15.31%)
Surgical	
≤8 weeks	90 (11.78%)
>8 weeks	121 (15.84%)
Total	**764 (100%)**

Table 12 shows the number of medical (nonsurgical) terminations by **post-fertilization age**, the measure used in Indiana law.

Table 12. Number of Medical (Nonsurgical) Terminations by Post-Fertilization Age and Procedure Type	
Procedure Type	**Count (%)**
Misoprostol and/or Mifepristone	
≤8 weeks	532 (96.20%)
>8 weeks	7 (1.27%)
Intracardiac Injections	
≤8 weeks	0 (0%)
>8 weeks	14 (2.53%)
Total	**553 (100%)**

[1] For a more detailed breakdown of medical (nonsurgical) terminations utilizing post-fertilization age, see Table 12.

PROCEDURE TYPE BY FACILITY

Table 13 provides the number of terminations performed by each reporting facility in the reporting quarter. The latest reported termination that occurred in an abortion clinic in Q3 of 2023 was August 19, 2023.

Table 13. Terminations Reported by Facility, Q3 of 2023

Facility Type	Facility	County	Medical	Surgical	Total
Abortion Clinic	The Women's Med Center of Indianapolis	Marion	234 (30.63%)	0 (0.00%)	234 (30.63%)
	Clinic for Women	Marion	133 (17.41%)	29 (3.80%)	162 (21.21%)
	Planned Parenthood Bloomington	Monroe	43 (5.63%)	98 (12.83%)	141 (18.46%)
	Planned Parenthood of Georgetown	Marion	63 (8.25%)	0 (0.00%)	63 (8.25%)
	Planned Parenthood of Indiana (Lafayette)	Tippecanoe	24 (3.14%)	0 (0.00%)	24 (3.14%)
	Planned Parenthood Merrillville	Lake	29 (3.80%)	66 (8.64%)	95 (12.44%)
Acute Care Hospital	Riley Health Maternity Tower	Marion	13 (1.70%)	5 (0.65%)	18 (2.35%)
	Sidney & Lois Eskenazi Hospital	Marion	8 (1.05%)	3 (0.39%)	11 (1.44%)
	Indiana University Health University Hospital	Marion	6 (0.79%)	9 (1.18%)	15 (1.97%)
	Schneck Medical Center	Jackson	0 (0.00%)	1 (0.13%)	1 (0.13%)
Total			**553 (72.38%)**	**211 (27.62%)**	**764 (100%)**

REASON FOR ABORTION

Beginning on August 21, 2023, providers were required to specify the "reason for abortion" when submitting terminated pregnancy reports in DRIVE. Therefore, the information contained in Table 14 only represents the reason for abortion for women who obtained terminations after August 21, 2023. All terminations in the reporting quarter where the reason for abortion is listed as rape or incest occurred during the first 10 weeks of postfertilization age of the fetus.

Table 14: Reason for Abortion, August 21, 2023-September 30, 2023	
Reason for Abortion	**Total Count (%)**
Lethal Fetal Anomaly	9 (52.94%)
Serious health risk/life of the pregnant woman	7 (41.18%)
Rape/Incest	1 (5.88%)
Total	**17 (100%)**

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

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