

**Division of Vital Records**

**September 30, 2023**



**April 1 – June 30, 2023  
Terminated Pregnancy Report**



**Indiana  
Department  
of  
Health**



# Terminated Pregnancy Report

Indiana Department of Health

Division of Vital Records

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The purpose of this report is to present the demographic information and medical trends of those who sought to terminate their pregnancies during the second quarter of 2023 (April 1, 2023, through June 30, 2023). Indiana Code § 16-34-2 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

A total of 1,937 terminations were reported for the second quarter of 2023 in the state of Indiana. Of those 1,937 terminations, 1,556 (80.33%) were Indiana residents and 381 (19.67%) were not Indiana residents.

Number of Terminations Performed, Quarter 2 of Each Year 2019-2023		
Year	Total Count	Indiana Resident Count (Percentage)
2019 (APR-JUN)	1,935	1,751 (90.49%)
2020 (APR-JUN)	2,042	1,960 (95.98%)
2021 (APR-JUN)	2,101	1,980 (94.24%)
2022 (APR-JUN)	2,554	2,224 (87.08%)
2023 (APR-JUN)	1,937	1,556 (80.33%)

Weeks of Gestation at Time of Termination, Quarter 2 of 2023	Count (Percentage)
≤8 weeks	1,166 (60.20%)
9-13 weeks	731 (37.74%)
14-20 weeks	25 (1.29%)
≥21 weeks	15 (0.77%)
<b>Total</b>	<b>1,937 (100%)</b>

Procedure Type Used to Terminate Pregnancy, Quarter 2 of 2023	
Nonsurgical	1,203 (62.11%)
Surgical	734 (37.89%)
<b>Total</b>	<b>1,937 (100%)</b>

The average age of a woman who obtained a termination was 29 (SD=9.67) with a median age of 29 years. Almost half of those who sought terminations were White (44.30%) and just over one-third were Black (36.24%). The majority were unmarried (84.93%) and had at least a high school diploma or GED (81.00%).

More than half (60.20%) of all terminated pregnancies occurred during weeks 4-8 gestation. Non-surgical terminations (62.11%) were reported more frequently than surgical terminations (37.89%). The county with the highest number of residents who obtained terminations in the second quarter of 2023 was Marion County.

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A legal induced abortion, as defined by the Centers for Disease Control and Prevention (CDC), is an intervention performed by a licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, or physician assistant) within the limits of state regulations that is intended to terminate a suspected or known ongoing intrauterine pregnancy and that does not result in a live birth.<sup>(1)</sup> The CDC has collected and disseminated abortion statistics from health agencies since 1969<sup>(1)</sup> and annually requests data from throughout the United States, although participation by health agencies is voluntary. The Indiana Department of Health, Division of Vital Records, has provided data to CDC since 1973.<sup>(2)</sup> Such data is primarily used to document the number and characteristics of women obtaining legal induced abortions, which is included in the abortion surveillance report released by the CDC.<sup>(3)</sup> The most recently published Abortion Surveillance Report was for the calendar year 2020 and was published by the CDC in November 2022.<sup>(1)</sup>

## INDIANA REPORTING REQUIREMENTS

Reporting requirements regarding terminated pregnancies are governed by Indiana Code § 16-34-2,<sup>(4)</sup> which can be found [online at the Indiana General Assembly's website](#).

Terminated pregnancy complications are collected separately from DRIVE and have a separate report due to legislative and reporting changes.

On September 15, 2022, statutory changes relating to terminating a pregnancy and the associated reporting requirements went into effect, changing the information collected on terminated pregnancy reports. Pregnancy terminations were only permitted for certain reasons, so the terminated pregnancy report was updated to include a mandatory field for the statutorily permitted reason for pregnancy termination. However, on September 22, 2022, the changes to the terminated pregnancy law were enjoined by the Indiana courts, so the "Reason for Termination" field was made optional. This injunction remained in place at the end of Q2 of 2023. The field titled "Viability of Fetus" is no longer collected.

## METHODS

This report includes analyses of the 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.

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\*\*
- Viability of fetus
- Complications of the termination
- Reason for termination\*\*

\*\* *Not required to answer*

Other information reported includes the name of the facility where the termination was performed, the city or town of termination, the county where the termination was completed, 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.<sup>(3)</sup> Physicians report both the post-fertilization age and gestational age of the fetus, but the two are calculated differently. Gestational age is approximately two weeks greater than post-fertilization age. The Indiana Code refers to post-fertilization age, but gestational age is more commonly used in epidemiological analyses — thus gestational age will be used throughout the report.

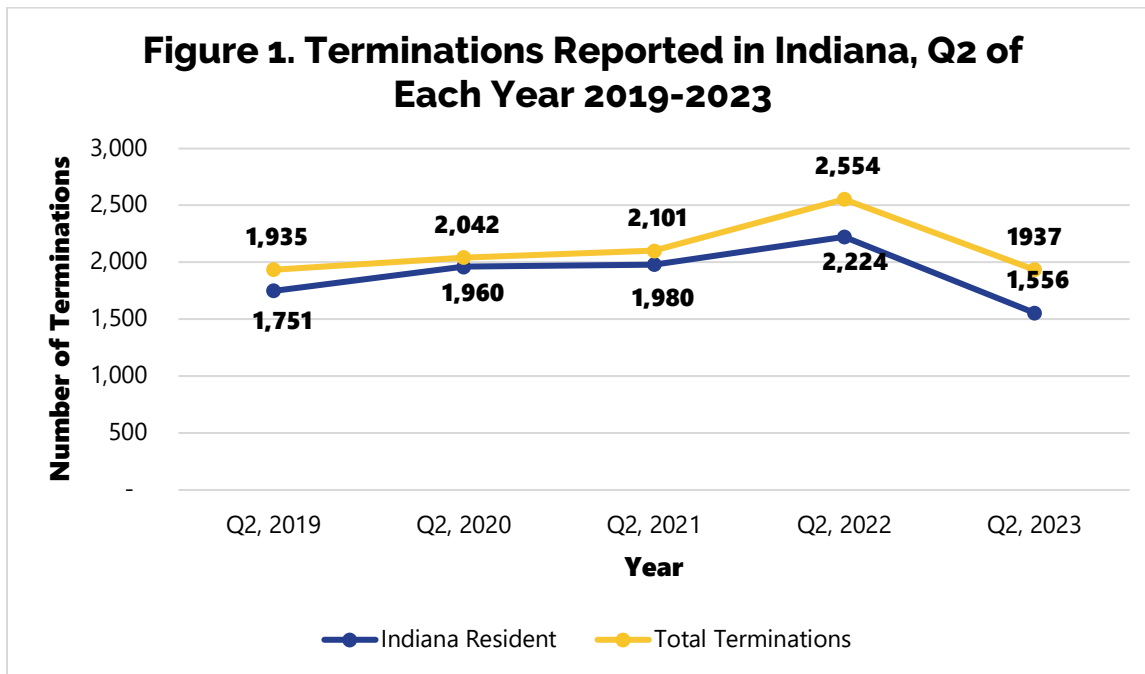
## **ANALYTIC PROCEDURES**

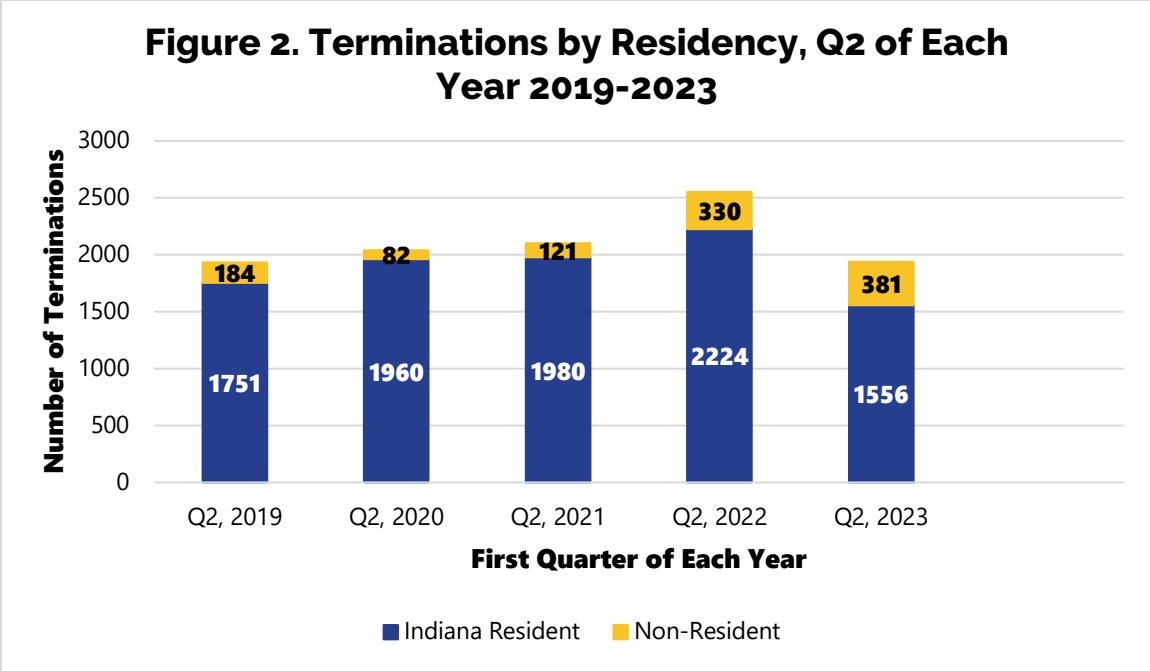
Data was pulled from the IDOH DRIVE system using Structure Query Language (SQL). To ensure data accuracy, the dataset was checked for potential errors and duplicates using patient identification numbers and date of termination. SAS Statistical Software 9.4 was used to calculate counts and percentages. Graphs were made using Microsoft Excel. The IDOH Office of Data and Analytics generated a map of Indiana terminations by county of residence using Tableau 2021.4.



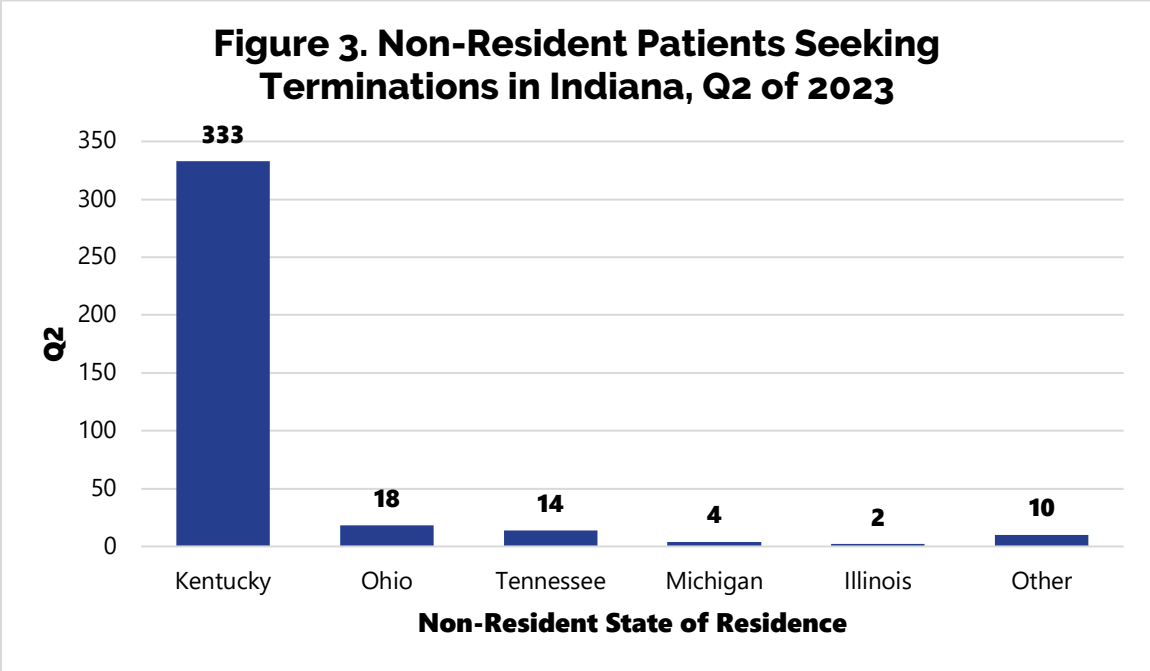
## TRENDS IN INDIANA

During the second quarter of 2023, providers reported 1,937 terminations to the Indiana Department of Health. Of these, 1,556 (80.33%) were for Indiana residents. Of the 381 (19.67%) who traveled to Indiana seeking a termination, the highest number of individuals traveled from Kentucky. Figures 1 and 2 depict the number of terminations reported in Indiana and the number of terminations reported by residency.





The figure below shows the breakdown of the state of residence of patients who were not residents of Indiana seeking terminations in Indiana in the second quarter of 2023.

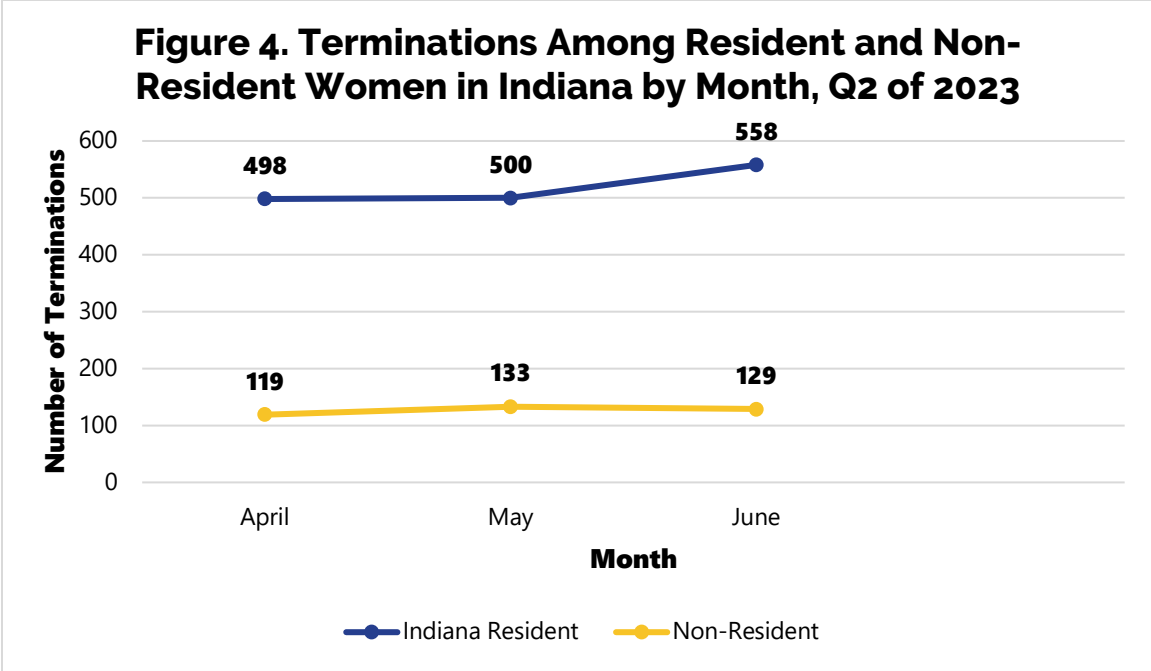


<b>Table 1: Rate of Reported Terminations Among Indiana Residents of Childbearing Age Occurring in Indiana, Q2 of Each Year 2019-2023</b>			
<b>Year</b>	<b>Count</b>	<b>Population Est.<sup>†</sup></b>	<b>Rate<sup>*</sup></b>
Q2, 2019	1,751	1,310,454	1.3
Q2, 2020	1,957	1,314,073	1.5
Q2, 2021	1,979	1,328,151	1.5
Q2, 2022	2,224	1,333,576	1.7
Q2, 2023	1,556	1,333,576**	1.2

\*\*A single-year estimate for this age and gender group is not yet available.  
<sup>†</sup>Population estimates of females aged 15-44 that were Indiana residents during specified year <sup>5</sup>  
<sup>\*</sup>Rate is per 1,000. (Indiana had terminations in age ranging from 13-45 years).

Table 2 and Figure 4 provide a breakdown by month of the number of terminations among resident and non-resident women who received terminations in Indiana in the second quarter of 2023.

<b>Table 2. Terminations Among Resident and Non-Resident Women in Indiana by Month in Q2 of 2023</b>			
<b>Month</b>	<b>IN Resident Terminations (n = 1,556)</b>	<b>Non-Resident Terminations (n = 381)</b>	<b>Total Terminations (n = 1,937)</b>
April	498	119	617
May	500	133	633
June	558	129	687



**DEMOGRAPHIC INFORMATION OF WOMEN RECEIVING TERMINATIONS**

Demographic information collected and analyzed for this report includes age, race, ethnicity, marital status, and education level of the women receiving terminations in Indiana in the second quarter of 2023.

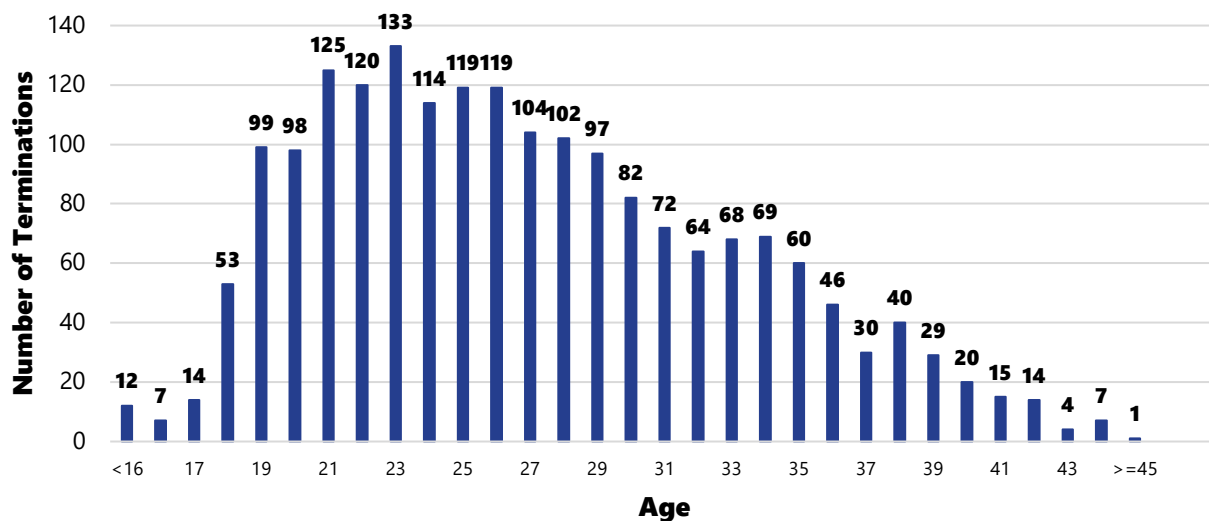
**AGE**

The age range for women receiving terminations in Indiana in the second quarter of 2023 was 13 to 45 years. The average age of a woman who obtained a termination was 29 (Standard Deviation=9.67) with a median age of 29 years. Approximately 76.72% of terminations were performed for people aged 20-34 years. Adolescents, or patients under age 20, accounted for 185 (9.55%) terminations in Indiana in the second quarter of 2023. Patients under the age of 16 years old accounted for 12 (0.62%) terminations in Indiana in the second quarter of 2023.

Age, years	Count (%)	Count of Live Births in Q2 2023
< 16	12 (0.62%)	32 (0.16%)
16-17	21 (1.08%)	173 (0.89%)
18-19	152 (7.85%)	667 (3.44%)
20-24	590 (30.46%)	4,122 (21.23%)
25-29	541 (27.93%)	6,132 (31.59%)
30-34	355 (18.33%)	5,398 (27.80%)
35-39	205 (10.58%)	2,369 (12.20%)
40-44	60 (3.10%)	486 (2.50%)
≥ 45	1 (0.05%)	33 (0.17%)
<b>Total</b>	<b>1,937 (100%)</b>	<b>19,412 (100%)</b>

\*\*Birth counts for 2023 are preliminary.

**Figure 5. Age Distribution of Women Who Obtained Terminations in Indiana, Q2 of 2023**

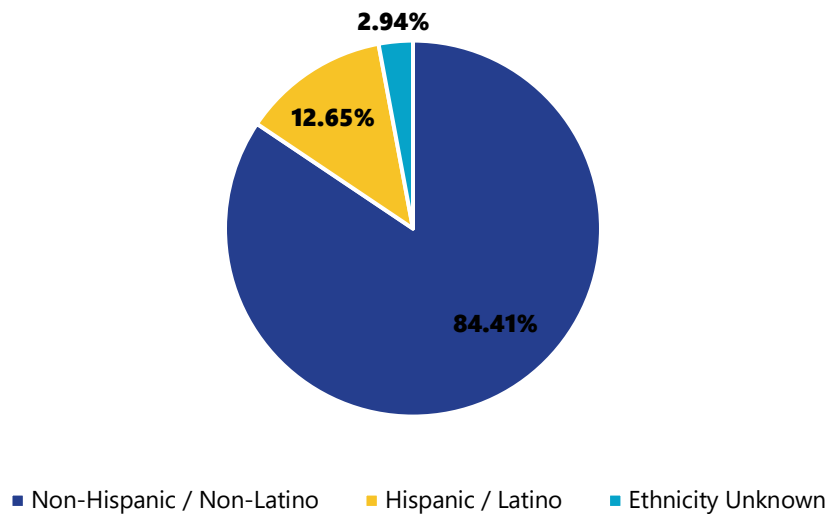


### **RACE AND ETHNICITY**

Almost half (44.30%) of the women receiving terminations identified their race as White, while slightly more than one-third (36.24%) identified their race as Black or African American. Women who identified as Hispanic or Latino accounted for 12.65% of terminations in the second quarter of 2023. Women who marked more than one race checkbox were classified under the multiple-race category for this analysis.

<b>Table 4. Race and Ethnicity of Women Obtaining Terminations in Indiana, Q2 of 2023</b>	
<b>Race</b>	<b>Count (%)</b>
White	858 (44.30%)
Black / African American	702 (36.24%)
Asian	68 (3.51%)
American Indian / Alaska Native	0 (0.00%)
Pacific Islander / Native Hawaiian	3 (0.16%)
Multiple Races	24 (1.24%)
Other	202 (10.43%)
Unknown	80 (4.13%)
<b>Total</b>	<b>1,937 (100%)</b>
<b>Ethnicity</b>	<b>Count (%)</b>
Non-Hispanic / Non-Latino	1,635 (84.41%)
Hispanic / Latino	245 (12.65%)
Ethnicity Unknown	57 (2.94%)
<b>Total</b>	<b>1,937 (100%)</b>

**Figure 6. Ethnicity of Women Obtaining Terminations in Indiana, Q2 of 2023**

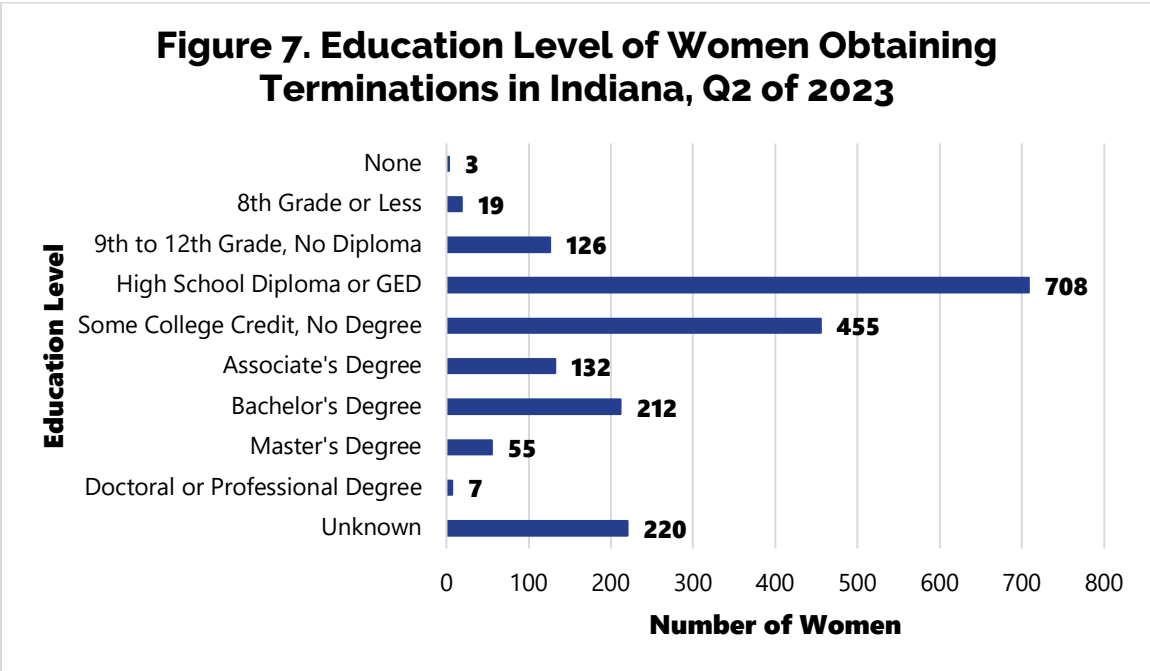


### **EDUCATION AND MARITAL STATUS**

The majority of women seeking terminations in the second quarter of 2023 were unmarried (84.93%) and had at least a high school diploma or GED (81.00%).

<b>Marital Status</b>	<b>Count (%)</b>
Unmarried	1,645 (84.93%)
Married	226 (11.67%)
Divorced	50 (2.58%)
Separated	16 (0.83%)
Total	1,937 (100%)

<b>Education Level</b>	<b>Count (%)</b>
None	3 (0.15%)
8th Grade or Less	19 (0.98%)
9th to 12th Grade, No Diploma	126 (6.51%)
High School Diploma or GED	708 (36.55%)
Some College Credit, No Degree	455 (23.49%)
Associate's degree	132 (6.81%)
Bachelor's Degree	212 (10.95%)
Master's Degree	55 (2.84%)
Doctoral or Professional Degree	7 (0.36%)
Unknown	220 (11.36%)
<b>Total</b>	<b>1,937 (100%)</b>



## PREGNANCY HISTORY OF WOMEN RECEIVING TERMINATIONS

The number of previous pregnancies for a patient receiving a termination was calculated by totaling the values reported for previous live births of children still living, previous live births of children now deceased, previous spontaneous terminations (death of the fetus such as miscarriages or fetal deaths), and previously induced terminations.

Of the 1,937 women who obtained a pregnancy termination in the second quarter of 2023, 1,196 (61.75%) indicated that they previously had at least one live birth of a child that is still living, 22 (1.14%) indicated that they have previously had at least one live birth for a child that is now deceased, 371 (19.15%) previously experienced at least one spontaneous termination, and 619 (31.96%) had terminated at least one previous pregnancy.

<b>Pregnancy History</b>	<b>Count (%)</b>
Previous Live Births Still Living	
0	739 (38.15%)
1	489 (25.25%)
2	408 (21.06%)
≥3	299 (15.44%)
Unknown	2 (0.10%)
Previous Live Births Now Deceased	
0	1,532 (79.09%)
1	19 (0.98%)
2	3 (0.16%)
≥3	0 (0.00%)
Unknown	383 (19.77%)
<b>Termination History</b>	<b>Count (%)</b>
Previous Spontaneous Terminations	
0	1,565 (80.80%)
1	283 (14.61%)
2	58 (2.99%)
≥3	30 (1.55%)
Unknown	1 (0.05%)
Previous Induced Terminations	
0	1,317 (67.99%)
1	409 (21.12%)
2	142 (7.33%)
≥3	68 (3.51%)
Unknown	1 (0.05%)

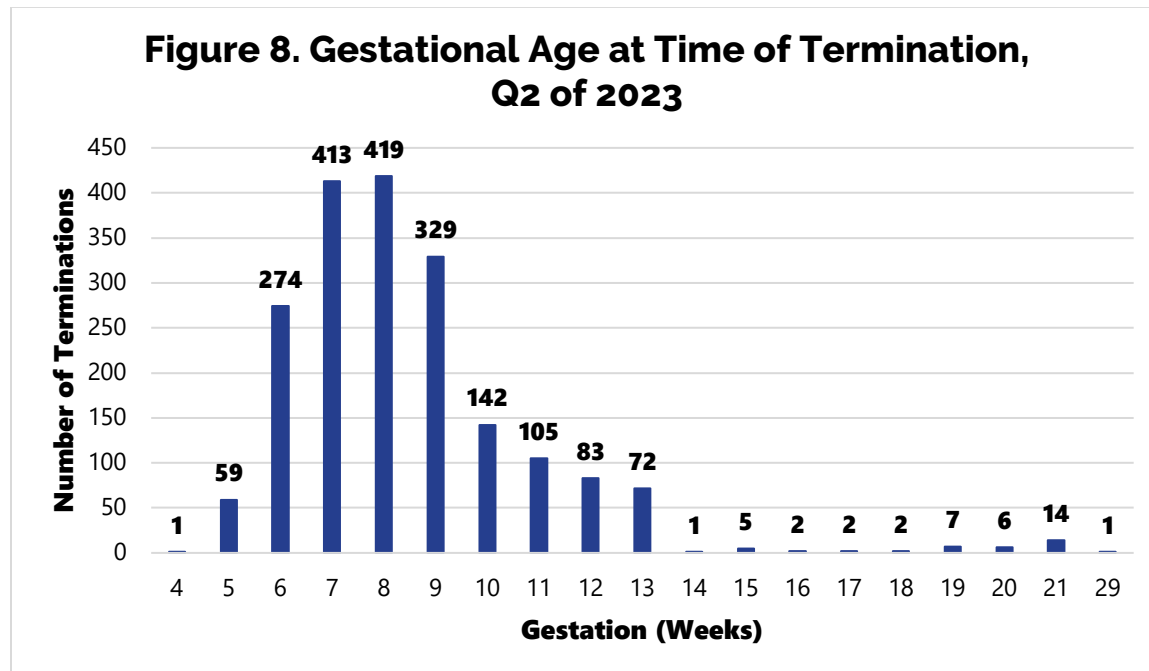


## MEDICAL INFORMATION OF WOMEN RECEIVING TERMINATIONS

Medical information analyzed and presented in this report includes the gestational age of the fetus at the time of termination, the procedure used to terminate a pregnancy, and the facility type where the termination occurred.

### 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. Approximately 60.20% of all terminated pregnancies occurred at 8 weeks gestation or less. Terminations that occurred at 14 weeks gestational age or greater occurred at an acute care hospital.



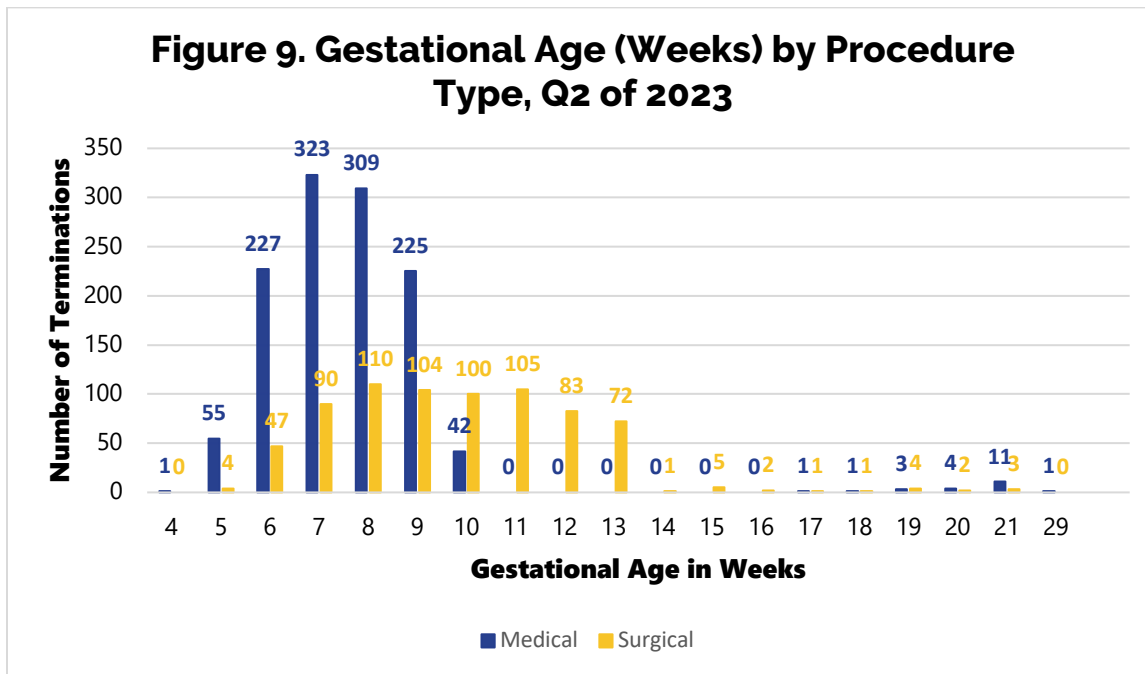
Number of Weeks	Counts (Percentage)
≤8 weeks	1,166 (60.20%)
9-13 weeks	731 (37.74%)
14-20 weeks	25 (1.29%)
≥21 weeks	15 (0.77%)
<b>Total</b>	<b>1,937 (100%)</b>

### PROCEDURE TYPE

Terminated pregnancies are classified as either medical (nonsurgical) or surgical. Medical procedures were more common than surgical procedures. Of the 1203 (62.11%) non-surgical

termination procedures performed in Q2 of 2023, 1,188 terminations utilized both mifepristone (Mifeprex) and misoprostol (Cytotec) to terminate pregnancies, two terminations utilized only misoprostol (Cytotec), and 13 terminations utilized other non-surgical procedures (umbilical cord transection, fetoscopic selective reduction, and intra-cardiac lidocaine injections). Surgical procedures accounted for 734 (37.89%) terminations.

Figure 9 shows the reported distribution of terminations by gestational age broken down by type of procedure.



**PROCEDURE TYPE BY FACILITY**

Table 9 provides the number of terminations performed by each reporting facility in the second quarter of 2023. Medical procedures are those that use Mifepristone and Misoprostol to induce termination. Surgical procedures include suction curettage, menstrual aspiration, D&E, and other means to induce termination.

<b>Table 9. Terminations Reported in Indiana by Facility, Q2 of 2023</b>				
<b>Facility Type</b>	<b>Facility</b>	<b>Medical</b>	<b>Surgical</b>	<b>Total</b>
Abortion Clinic	The Women's Med Center of Indianapolis	374 (19.31%)	207 (10.69%)	581 (29.99%)
	Planned Parenthood Bloomington	197 (10.17%)	231 (11.93%)	428 (22.10%)
	Clinic for Women	335 (17.29%)	50 (2.58%)	385 (19.88%)
	Planned Parenthood Merrillville	136 (7.02%)	216 (11.15%)	352 (18.17%)
	Planned Parenthood of Indiana (Lafayette)	124 (6.40%)	0 (0.00%)	124 (6.40%)
	Planned Parenthood of Georgetown	13 (0.67%)	0 (0.00%)	13 (0.67%)
Acute Care Hospital	Community Hospital East	0 (0.00%)	1 (0.05%)	1 (0.05%)
	Riley Health Maternity Tower	17 (0.88%)	7 (0.36%)	24 (1.24%)
	Sidney & Lois Eskenazi Hospital	3 (0.15%)	13 (0.67%)	16 (0.83%)
	Indiana University Health University Hospital	2 (0.10%)	6 (0.31%)	8 (0.41%)
	Indiana University Health Methodist Hospital	0 (0.00%)	2 (0.10%)	2 (0.10%)
	Indiana University Health Riley Hospital for Children	0 (0.00%)	1 (0.05%)	1 (0.05%)
	Parkview Randallia Hospital	1 (0.05%)	0 (0.00%)	1 (0.05%)
	St. Mary Medical Center Hobart	1 (0.05%)	0 (0.00%)	1 (0.05%)
<b>Total</b>		1203 (62.11%)	734 (37.89%)	1937 (100.00%)

**GEOGRAPHIC INFORMATION OF WOMEN RECEIVING TERMINATIONS**

Terminated pregnancy reports include information on the county where the termination was performed and the state and county of the woman's residence. Because of where clinics and acute care hospitals are located, procedures were performed in only five counties: Allen, Lake, Marion, Monroe, and Tippecanoe.

<b>Table 10. County of termination, Q2 of 2023</b>	
<b>County of Termination</b>	<b>Total Count (%)</b>
Allen	1 (0.05%)
Lake	353 (18.22%)
Marion	1,031 (53.23%)
Monroe	428 (22.10%)
Tippecanoe	124 (6.40%)
<b>Total</b>	<b>1,937 (100%)</b>

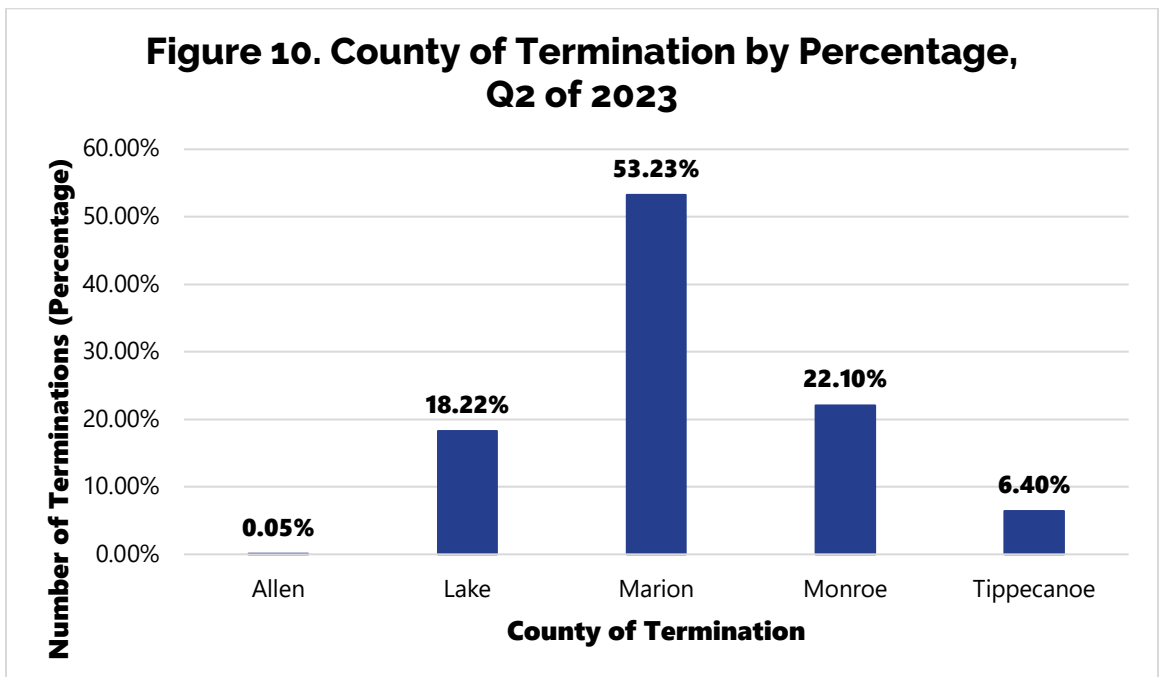


Table 11. Below is a facility breakdown of where terminations were performed for Indiana and non-Indiana residents in quarter 2 of 2023.

<b>Table 11. Facility Performing Terminated Pregnancies, Q2 of 2023</b>					
<b>Facility Type</b>	<b>Facility</b>	<b>County</b>	<b>IN Resident Count (%)</b>	<b>Non-In Resident Count (%)</b>	<b>Total Count (%)</b>
Abortion Clinic	The Women’s Med Center of Indianapolis	Marion	536 (27.67%)	45 (2.32%)	581 (29.99%)
	Planned Parenthood of Bloomington	Monroe	220 (11.36%)	208 (10.74%)	428 (22.10%)
	Clinic for Women	Marion	336 (17.35%)	49 (2.53%)	385 (19.88%)
	Planned Parenthood of Merrillville	Lake	304 (15.69%)	48 (2.48%)	352 (18.17%)
	Planned Parenthood of Indiana (Lafayette)	Tippecanoe	96 (4.96%)	28 (1.45%)	124 (6.40%)
	Planned Parenthood of Georgetown	Marion	10 (0.52%)	3 (0.15%)	13 (0.67%)
Acute Care Hospital	Community Hospital East	Marion	1 (0.06%)	0 (0.00%)	1 (0.05%)
	Riley Health Maternity Tower	Marion	24 (1.24%)	0 (0.00%)	24 (1.24%)
	Sidney & Lois Eskenazi Hospital	Marion	16 (0.83%)	0 (0.00%)	16 (0.83%)
	Indiana University Health University Hospital	Marion	8 (0.41%)	0 (0.00%)	8 (0.41%)
	Indiana University Health Methodist Hospital	Marion	2 (0.10%)	0 (0.00%)	2 (0.10%)
	Indiana University Health Riley Hospital for Children	Marion	1 (0.05%)	0 (0.00%)	1 (0.05%)
	Parkview Randallia Hospital	Allen	1 (0.05%)	0 (0.00%)	1 (0.05%)
	St. Mary Medical Center Hobart	Lake	1 (0.05%)	0 (0.00%)	1 (0.05%)
<b>Total</b>			1,556 (80.33%)	381 (19.67%)	1,937 (100.00%)

## COUNTY OF RESIDENCE

A total of 1,937 terminations were performed in the second quarter of 2023, with 1,556 of those terminations obtained by Indiana residents. Table 13 shows Indiana residents receiving terminations in Indiana by county of residence. The county with the highest number of residents seeking terminations is Marion County (703).

<b>County of Residence</b>	<b>Count</b>	<b>County of Residence</b>	<b>Count</b>	<b>County of Residence</b>	<b>Count</b>
Adams	0	Hendricks	46	Pike	0
Allen	53	Henry	12	Porter	32
Bartholomew	21	Howard	16	Posey	1
Benton	1	Huntington	1	Pulaski	2
Blackford	3	Jackson	9	Putnam	3
Boone	14	Jasper	6	Randolph	0
Brown	2	Jay	3	Ripley	4
Carroll	2	Jefferson	7	Rush	1
Cass	5	Jennings	6	Scott	5
Clark	22	Johnson	43	Shelby	6
Clay	4	Knox	2	Spencer	0
Clinton	6	Kosciusko	4	St. Joseph	20
Crawford	1	LaGrange	0	Starke	2
Daviess	2	Lake	106	Steuben	1
De Kalb	0	LaPorte	8	Sullivan	3
Dearborn	0	Lawrence	8	Switzerland	0
Decatur	1	Madison	33	Tippecanoe	30
Delaware	22	Marion	703	Tipton	1
Dubois	0	Marshall	5	Union	0
Elkhart	9	Martin	0	Vanderburgh	23
Fayette	3	Miami	7	Vermillion	0
Floyd	11	Monroe	41	Vigo	15
Fountain	0	Montgomery	4	Wabash	1
Franklin	1	Morgan	18	Warren	0
Fulton	1	Newton	2	Warrick	3
Gibson	0	Noble	0	Washington	2
Grant	13	Ohio	0	Wayne	7
Greene	3	Orange	2	Wells	1
Hamilton	73	Owen	4	White	1
Hancock	17	Parke	1	Whitley	1
Harrison	2	Perry	2	<b>Total</b>	1,556



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 there is an opportunity for incomplete or incorrect information to be reported. Patients also can refuse to answer questions that are asked at hospitals and facilities, and this results in unknown values when the provider is filling out the form.

Due to the ability to amend records, information on a given record may change at any time and this could result in values in this report differing from values in other reports that the Division of Vital Records publishes. Additionally, duplicate entries can occur. It is very common for a patient to return to the same facility where her termination was performed for a follow-up appointment, but the patient could also go to a different facility. When a patient returns to the original facility for a follow-up appointment and needs an additional procedure to terminate a pregnancy, the best practice is for the provider to amend the original record to add the additional procedure in the "Additional Procedures" section. However, due to data entry mistakes, the possibility of a patient seeing a different physician than the one who performed the initial procedure, or the possibility of a new facility submitting a terminated pregnancy report when a different facility had already submitted an initial report, additional procedures may sometimes be entered as new terminated pregnancy reports. This could artificially inflate the frequencies and percentages of the initial procedures data and artificially deflates the data that describes when patients needed to return for an additional procedure. Education and recommendations are distributed and communicated to providers, but data entry mistakes do occur.

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 our 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.



- 1) Kortzmit K, Nguyen AT, Mandel MG, et al. Abortion Surveillance — United States, 2020. MMWR Surveill Summ 2022;71(No. SS-10):1–27. DOI: <http://dx.doi.org/10.15585/mmwr.ss7110a1>.
- 2) CDC Division of Reproductive Health Inquiry. Inquiry submitted 15 Apr 2015. Response received 29 Apr 2015.
- 3) MMWR. Surveillance summaries: Morbidity and mortality weekly report. Surveillance summaries Retrieved from [https://stacks.cdc.gov/gsearch?related\\_series=MMWR.%20Surveillance%20summaries%20%3A%20Morbidity%20and%20mortality%20weekly%20report.%20Surveillance%20summaries%20](https://stacks.cdc.gov/gsearch?related_series=MMWR.%20Surveillance%20summaries%20%3A%20Morbidity%20and%20mortality%20weekly%20report.%20Surveillance%20summaries%20)
- 4) Indiana Code. Retrieved from <https://iga.in.gov/laws/2023/ic/titles/16#16-34-2>
- 5) Single-Race Population Estimated, CDC WONDER Online Database, August 2021. Retrieved from <https://wonder.cdc.gov/single-race-population.html>