

Terminated Pregnancy Report 2017



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Terminated Pregnancy Report

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Disclaimer

This report seeks to provide a comprehensive analysis of the occurrence of pregnancy termination in the state by focusing on the occurrence of terminations and multi-year trending. Trends identified in this report are based on data collected since 2012.

Due to the required publication of this report by mid-year, a cut-off date was established to create a 2017 dataset for analysis. As such, there is the possibility that reports were submitted after this cut-off and were not included in the analysis; this may cause the number of terminations for the year to be slightly lower than the true total.

The analysis presented in this report is not comparable to the results of state reports of terminated pregnancies prior to 2014. Data analyses presented in this report for 2012 and 2013 will not match results for these years previously published due to the change in analysis.

Analyses conducted by the Centers for Disease Control and Prevention (CDC) that are referenced in this report were subject to data availability at the federal level. For details, please refer to the original document released by CDC.¹

Executive Summary

The Terminated Pregnancy Report for Indiana is produced annually to provide a comprehensive overview of terminations performed in Indiana throughout the previous year. Data is reported to the Indiana State Department of Health Division of Vital Records (ISDH) in accordance with Indiana Code § 16-34-2.

The 2016 reporting year was the first year that reports were collected using an online reporting system, in accordance with Indiana Code § 16-34-2-5.5. Beginning July 1, 2017, Indiana Code § 16-34-2 required terminated pregnancy reports be filed within 30 days of the terminating procedure. Prior to July 1, 2017, pursuant to state law, each report was only required to be filed, at the latest, within seven months after the terminating procedure.

During calendar year 2017, physicians reported 7,778 pregnancy terminations to the ISDH at the time of analysis. Of these terminations, 7,172 (92.2%) were Indiana residents.

Terminations by Year, 2013–2017		
Year	Total Count	Resident Count
2013	8,179	7,596
2014	8,118	7,621
2015	7,957	7,487
2016	7,280	6,770
2017	7,778	7,172

The most recent U.S. Census data estimates that 1,293,192 women of childbearing age (15–44 years) lived in Indiana in 2016.⁴ Based on this estimation, the termination rate for Indiana residents in 2017 was 5.5 terminations per 1,000 women aged 15–44.

Terminations at abortion clinics accounted for 99.40% of procedures, and reported terminations were performed in five counties: Lake, Marion, Monroe, Tippecanoe, and Hamilton. Of these, Marion County had the most, accounting for 67.09% of terminations; Hamilton County had the fewest, accounting for only 0.01% of terminations.

Of the women receiving terminations in 2017, 87.32% were unmarried. Reports show that 36.26% of women reported a high school diploma or General Educational Development (GED) as the highest level of education they completed at the time of procedure.

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Introduction

The Centers for Disease Control and Prevention (CDC) has reported on abortion surveillance since 1969. Annually, CDC requests data from throughout the United States; participation by health agencies, however, is voluntary.¹ The Indiana State Department of Health (ISDH) Division of Vital Records has provided data to CDC since 1973.⁹ The most recently reported abortion numbers, rates (number of abortions per 1,000 women aged 15-44 years), and ratios (number of abortions per 1,000 live births) for the United States during 2005–2014 are shown in Table 1.

Year	Selected reporting areas [§]	Continuously reporting areas [¶]			
	Count	Count	Percent**	Rate	Ratio
2005	820,151	809,354	98.7	15.6	235
2006	852,385 ^{††}	836,651	98.2	16.1	236
2007	827,609	820,776	99.2	15.8	229
2008	825,564	818,748	99.2	15.7	231
2009	789,217 ^{§§}	781,050	99.0	15.0	226
2010	765,651	756,779	98.8	14.5	227
2011	730,322	721,367	98.8	13.8	218
2012	699,202	689,977	98.7	13.2	209
2013	664,435	654,458	98.5	12.4	199
2014	652,639	642,317	98.4	12.1	186

[§] For each given year, excludes reporting areas that did not report that year’s abortion numbers to CDC: California (2005-2014), Louisiana (2005), Maryland (2007-2014), and New Hampshire (2005-2014).
[¶] For all years, excludes reporting areas that did not report abortion numbers every year during the period of analysis (2005-2014): California, Louisiana, Maryland, and New Hampshire.
** Abortions from areas that reported every year during 2005-2014 as a percentage of all reported abortions.
^{††} This number is greater than reported in the 2006 report because of numbers subsequently provided by Louisiana.
^{§§} This number is greater than reported in the 2009 report because of numbers subsequently provided by Delaware.

Indiana Reporting Requirements

Reports were submitted through the Indiana State Health Gateway Terminated Pregnancy Reporting Application (Appendix A). Upon submission, all reports were reviewed for completeness. Completed reports were accepted and incomplete forms were rejected to the physician for correction.

The performance of, and reporting requirements for, terminated pregnancy in Indiana are governed by Indiana Code Title 16, Article 34, Chapter 2 (§ 16-34-2).³ The pertinent Indiana Code can be found in its entirety at <https://iga.in.gov/legislative/laws/2017/ic/titles/016/#16-34-2>.

Trends in Indiana

During calendar year 2017, physicians reported 7,778 pregnancy terminations to the ISDH at the time of analysis. Of these terminations, 7,172 (92.2%) were Indiana residents.

The change in the total number of terminations performed in Indiana from 2013 to 2017 can be seen in Figure 1.

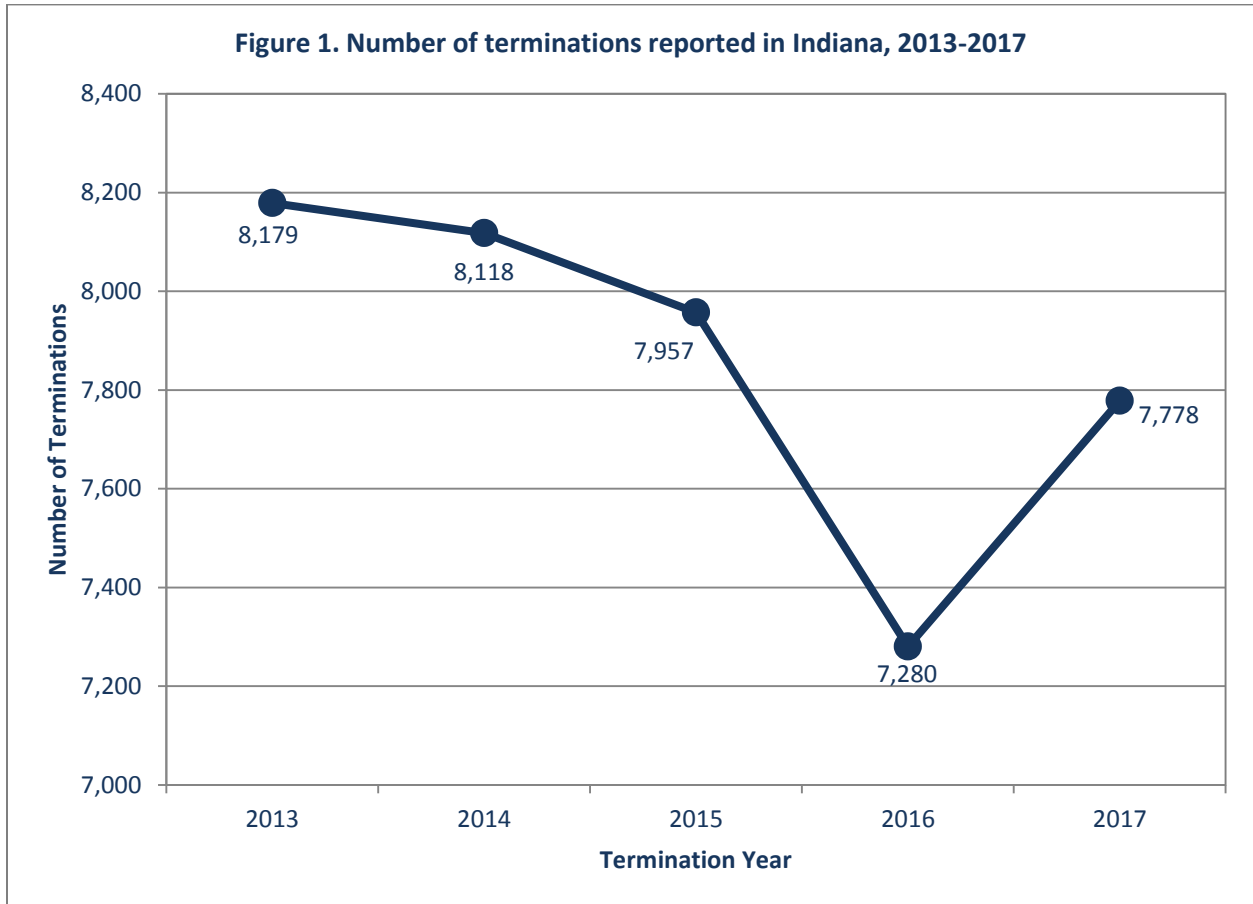
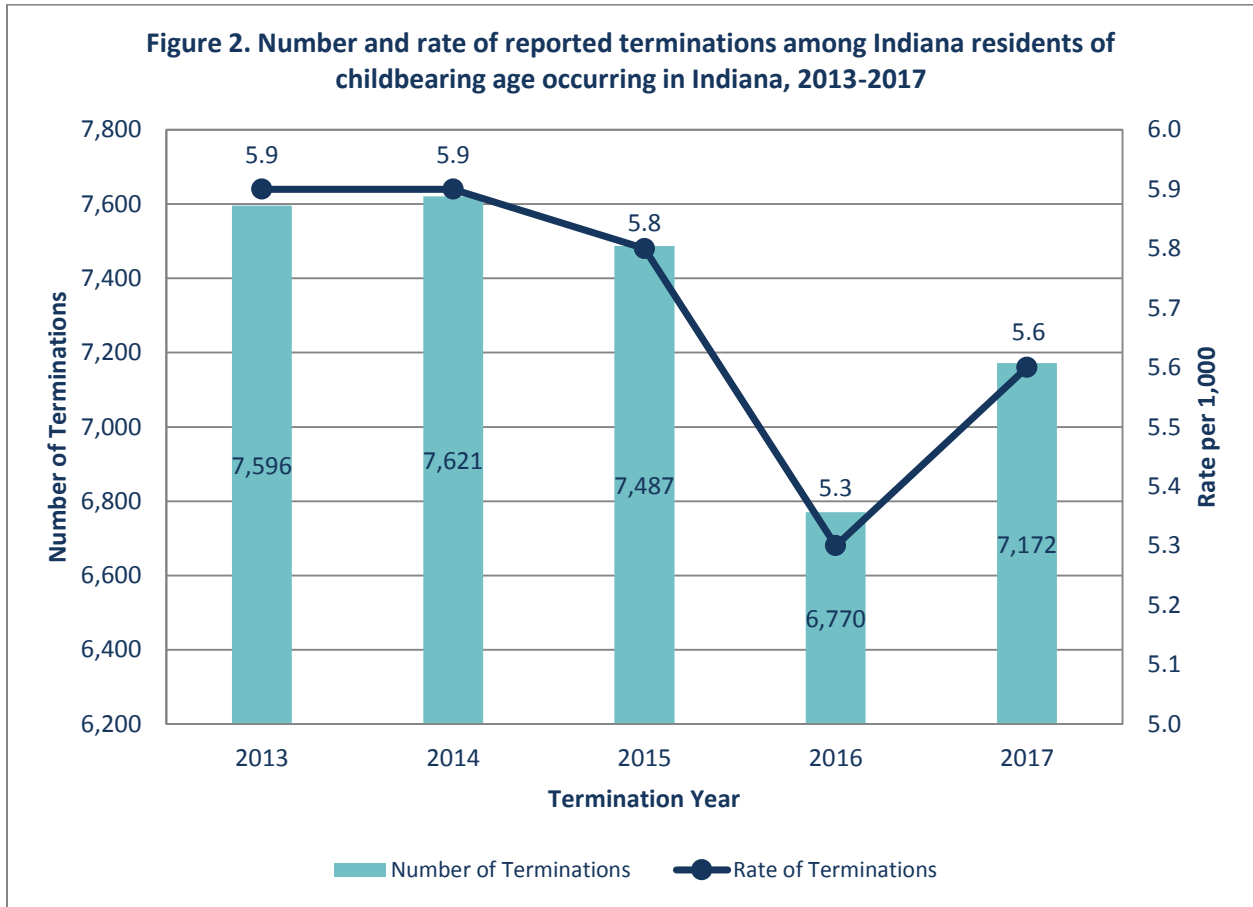


Table 2 shows the number of terminations among Indiana residents of childbearing age and the associated rates from 2013 to 2017. As rates are only based on Indiana residents, data is also provided to identify the percentage of all terminations reported that were Indiana residents. The count used to determine the rate is the number of Indiana residents receiving terminations from all reported terminations in Indiana.

Table 2. Number and rate of reported terminations among Indiana residents of childbearing age occurring in Indiana, 2013–2017				
Year	Count	Population Est. [§]	Rate [†]	Percent [¶]
2013	7,596	1,292,138	5.9	92.9
2014	7,621	1,295,431	5.9	93.9
2015	7,487	1,296,510	5.8	94.1
2016	6,770	1,293,192	5.2	93.0
2017	7,172	1,293,192*	5.5	92.2

[§] Estimation of females aged 15–44 that were Indiana residents during the specified year.⁴
^{*} Estimation based on the most recent year available at the time of publication, 2016.
[†] Rate per 1,000.
[¶] Percent of total terminations reported to the Indiana State Department of Health for the specified year.

As seen in Figure 2, the total number of resident terminations from 2014 to 2017 increased in 2017.



Methodology

The data and information presented in this report resulted from the statutory requirements established by Indiana Code § 16-34.³

Data Source

The data source for this report was the electronic Indiana State Health Gateway Terminated Pregnancy Reporting Application database. For the years 2013 through 2015, ISDH staff entered data into the system from official reports received by mail. As of January 1, 2016, reporting physicians submit all reports to the ISDH through the system.

Included in this report are analyses of demographic information provided by the patient as well as medical information collected from reports. Demographic information is self-reported by the patient and includes:

- Age
- Marital status
- Education level
- Race
- Ethnicity
- County of residence (if an Indiana resident)
- State of residence

Some medically relevant information is also reported by the patient, including the number of previous live births living, the number of previous live births deceased, the number of previous spontaneous terminations, the number of previous induced terminations excluding the termination being reported, dates of all past spontaneous and induced terminations, and the date last normal menses began.

Medical information collected on reports regarding the present termination is completed by the physician. This information includes:

- Date of termination
- Fetus delivered alive
- Length of fetal survival if delivered alive
- Viability of fetus
- Reason for termination if viable
- Completion of a pathological examination of the fetus
- Results if pathological examination performed
- Procedure employed for termination
- Complications of the termination
- Result in maternal death
- Estimated gestational age and/or post-fertilization age and
- Method used to determine gestational age

Other information reported includes the name of the facility where the termination was completed, the city or town of termination, the county of termination, the physician's full name, address, and signature, and the name and age of the father, if known. Reports do not include personally identifiable information.

Measures

Measures in this report are primarily consistent with CDC categorizations and definitions.

Aggregate counts of reported terminated pregnancies include the following variables:

- Termination by month (Indiana resident, non-resident)
- Woman's age in years (10-14, 15-17, 18-19, 20-24, 25-29, 30-34, 35-39, 40-44, ≥ 45)
- Race (White, Black/African American, American Indian/Alaska Native, Pacific Islander/Native Hawaiian, Multiple Races, Other Race)
- Ethnicity (Hispanic/Latino, non-Hispanic/non-Latino, unknown)
- Marital status (married or unmarried)
- Education level (8th grade or less, 9th-12th grade but no diploma, high school diploma or GED, some college credit but no degree, Associate's Degree, Bachelor's Degree, Master's Degree, Doctoral or Professional Degree)
- Pregnancy history (0, 1, 2, ≥ 3)
- Procedure (Dilation & Evacuation, Mifepristone/Misoprostol, Suction Curettage, Medical [Non-Surgical], Menstrual Aspiration, Unknown)
- Facility (Facility where termination performed)
- Estimated gestational age in weeks at the time of termination (≤ 8 , 9-13, 14-15, 16-17, 18-20)
- County of termination (county where termination performed)
- County of residence (Indiana residents only)

This report also includes cross-tabulations of age by race, adolescent age by race, procedure by facility type, and gestational age by procedure.

Figures are also shown for trending of data from 2013 to 2017 or to compare 2017 data across demographics. These figures demonstrate trends in age, race, ethnicity, marital status, education, pregnancy history, procedure, and gestational age.

Variables for race and ethnicity are based on specifications established by the Federal Office of Management and Budget (OMB). Women receiving terminations are asked to identify their ethnicity (i.e. Hispanic/Latino or non-Hispanic/non-Latino) and race. Race identification is based on five standard categories: White, Black/African American, Asian, American Indian/Alaska Native, and Pacific Islander/Native Hawaiian. If one of these OMB categories does not apply, women may identify as Other.²

Aggregate data for race is presented based on 1997 OMB standards; however, some analyses, such as cross-tabulations, were conducted with non-standard race categories. This change was made to provide a more accurate representation of the differences between races when analyzing particular variables.

1997 OMB Standards	Non-Standard Race Categories
White	White
Black / African American	Black
Asian	Other
American Indian / Alaska Native	Other
Pacific Islander / Native Hawaiian	Other
Other	Other

Analytic Procedures

Counts and percentages were calculated using SAS statistical software, version 9.4. Univariate and bivariate statistics are presented where applicable.

Ratios are not provided in this analysis due to the fact that Indiana's 2017 natality file will not be considered complete until fall 2018.

Some records were removed from the dataset for reasons such as duplication or incomplete procedures prior to analysis. Some records were submitted as terminations; however, receipt of a new record informed the ISDH that the original procedure had been unsuccessful and a new procedure was conducted to complete the termination. In these cases, the initial record has been removed from the dataset, as a termination was not completed in association with the record, and the new record was maintained to account for a completed termination.

Results

During the 2017 calendar year, 7,778 terminations were reported to the ISDH. Of these terminations, 7,172 were for residents of Indiana. The most recent U.S. Census data estimates that 1,293,192 women of childbearing age (15–44 years) lived in Indiana in 2016.⁴ Based on this estimation, the termination rate for Indiana residents in 2017 was 5.5 terminations per 1,000 women aged 15–44. Table 4 provides a breakdown of the number of terminations among resident and non-resident women who received terminations in Indiana in 2017 by month.

Month	Resident Terminations (n = 7,172)	Non-Resident Terminations (n = 606)
January	571	47
February	617	49
March	741	51
April	584	42
May	588	55
June	554	66
July	513	42
August	632	51
September	588	47
October	580	54
November	615	40
December	589	62

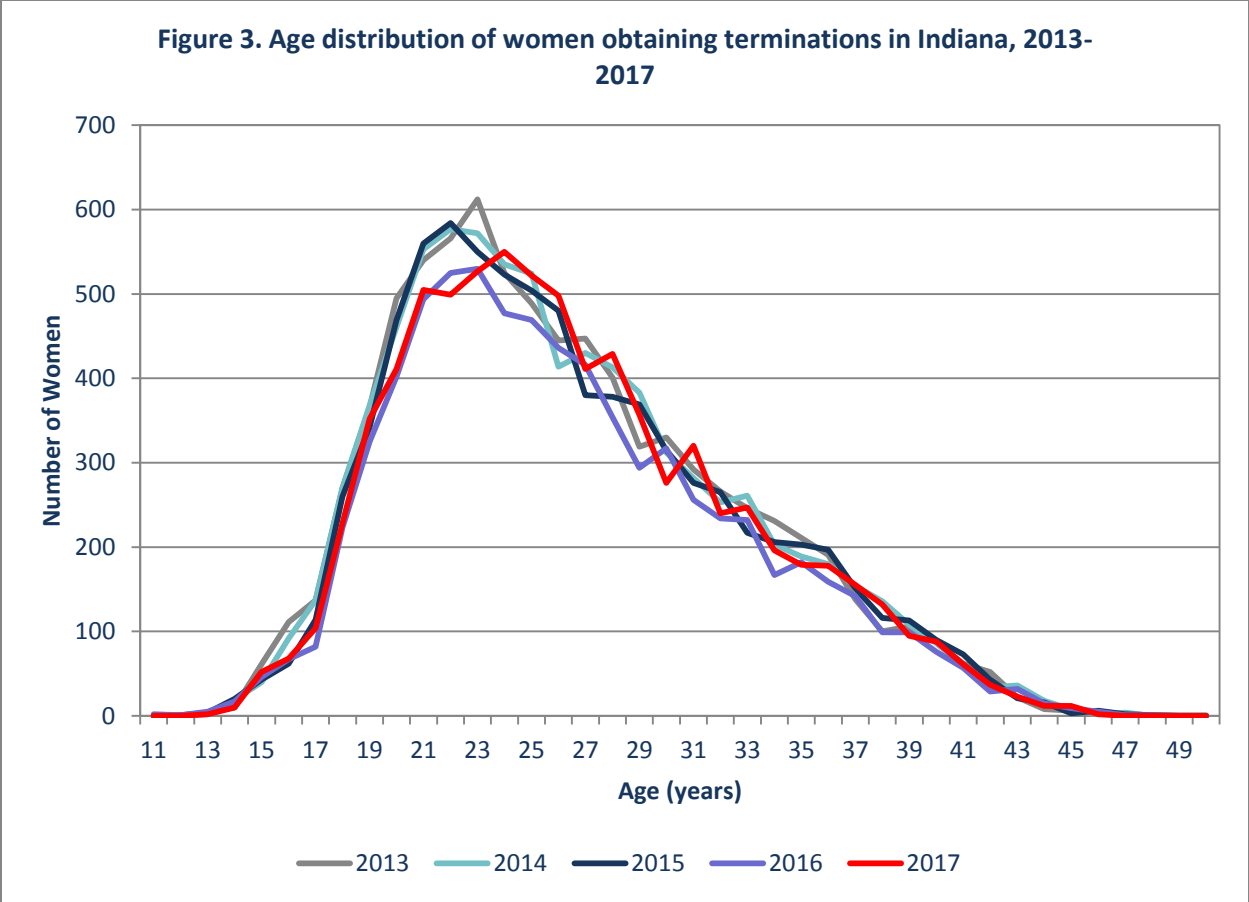
Demographic Information of Women Receiving Terminations

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 2017.

Age

The age range for women receiving terminations in Indiana in 2017 was 13 to 46 years. The average age of a woman who obtained a termination was 26.6 years (SD = 6.1 years), with a median age of 26 years.

Age (years)	Count	Percent
10-14	12	0.15
15-17	224	2.88
18-19	580	7.46
20-24	2,492	32.04
25-29	2,217	28.50
30-34	1,279	16.44
35-39	739	9.50
40-44	221	2.84
≥ 45	14	0.18
Total	7,778	100.0



Approximately 60% of terminations were performed for women aged 20–29 years. Women aged 40 and older had the smallest percentage of terminations, 3.02%.

For each age group, more than half of the women were white. Based on cross-tabulation of age group by race, white women in their twenties received the most terminations in Indiana in 2017.

Table 6. Age of women obtaining terminations in Indiana by race, 2017

Age Group	Race						Total
	White		Black		Other		
	Count	Percent	Count	Percent	Count	Percent	
Adolescent (≤ 19)	501	61.40	210	25.74	105	12.87	816
20-29	2,639	56.04	1,499	31.83	571	12.13	4,709
30-39	1,111	55.05	625	30.97	282	13.97	2,018
≥ 40	144	61.28	46	19.57	45	19.15	235
Total	4,395		2,380		1,003		7,778

Adolescents

Adolescents, defined as females under age 20, accounted for 10.5% of terminations in Indiana in 2017. Of this group, females aged 18-19 received the highest percentage of terminations (71.08%) compared to those aged 15-17 (27.45%) and 10-14 (1.47%). This aligns with CDC’s 2014 analysis, which identified that 18- to 19-year-olds accounted for 66.8% of adolescent terminations.¹

Figure 4. Number of adolescents obtaining terminations in Indiana by age group, 2013-2017



Among adolescents, accounted for 61.39% of terminations in 2017. Black females accounted for 25.73% of terminations, while females identifying as multiple races and other races accounted for 1.59% and 11.27%, respectively.

Table 7. Age of adolescents obtaining terminations in Indiana by race, 2017

Age Group	Race								Total
	White		Black		Multiple Races		Other		
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
10-14	6	50.00	4	33.33	1	8.33	1	8.33	12
15-17	117	52.23	71	31.70	8	3.57	28	12.50	224
18-19	378	65.17	135	23.28	4	0.69	63	10.86	580
Total	501		210		13		92		816

Race and Ethnicity

Most women obtaining terminations in 2017 reported their race as white, accounting for 56.51% of all records; 30.60% of women identified their race as black. The rates of reported white and black races have remained consistent since 2013. Women who marked more than one race checkbox on the report were classified under the multiple race category for this analysis.

Race	Count	Percent
White	4,395	56.51
Black / African American	2,380	30.60
Asian	243	3.12
Pacific Islander / Native Hawaiian	8	0.10
American Indian / Alaska Native	31	0.40
Multiple Races	37	0.48
Other	665	8.55
Unknown	19	0.24
Total	7,778	100.0

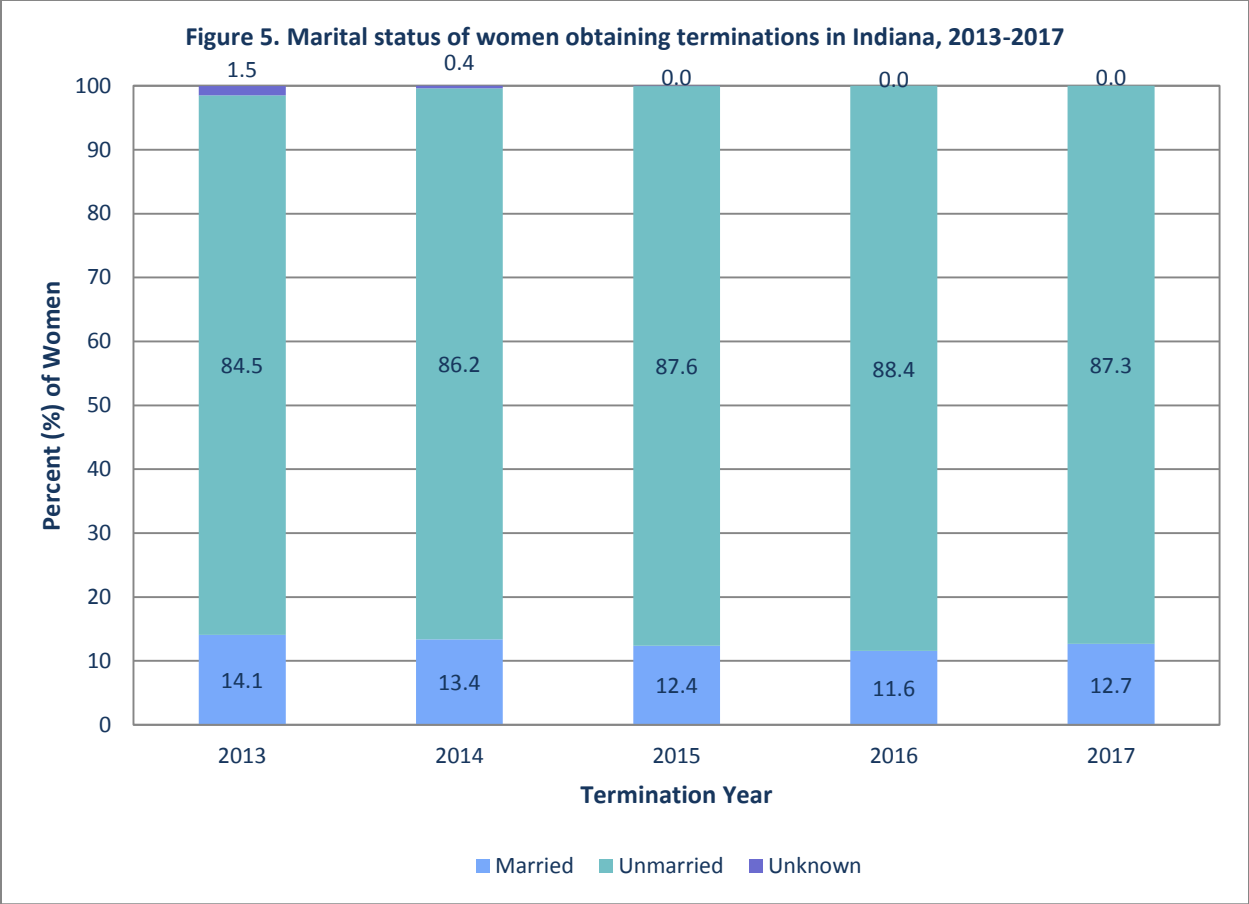
The most frequently identified ethnicity for women receiving terminations in 2018 was non-Hispanic/non-Latino, accounting for 91.99% of procedures performed. Women identifying as Hispanic or Latino only accounted for 7.66% of procedures in 2017. These data illustrate continuous trends of ethnicity among women receiving terminations in Indiana.

Ethnicity	Count	Percent
Hispanic / Latino	596	7.66
Non-Hispanic / Non-Latino	7,155	91.99
Ethnicity Unknown	27	0.35
Total	7,778	100.0

Marital Status

Of the women receiving terminations in 2017, 87.32% were unmarried and 12.68% were married.

Marital Status	Count	Percent
Married	986	12.68
Unmarried	6,792	87.32
Total	7,778	100.0



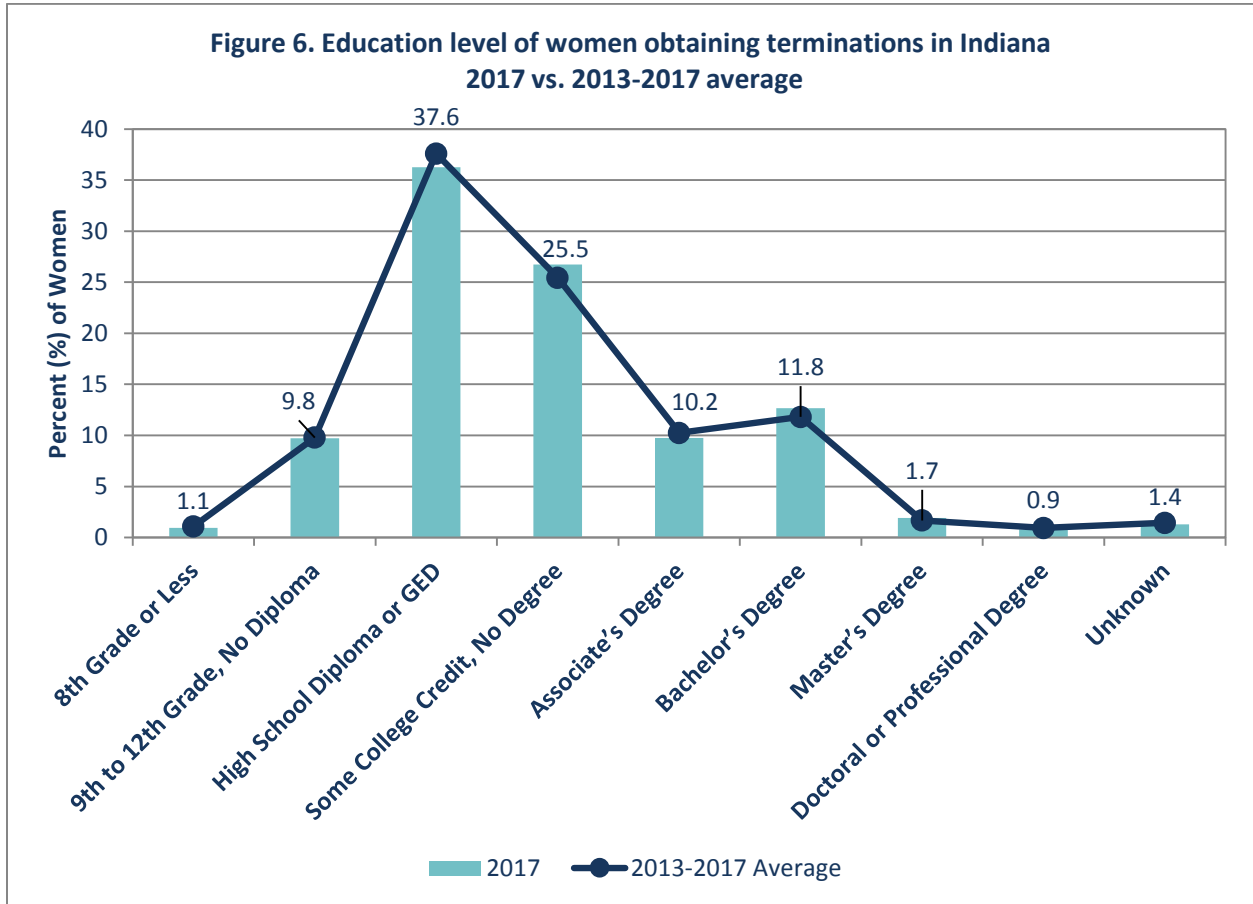
Education Level

In 2017, 36.26% of women obtaining terminations reported a high school diploma or General Educational Development (GED) as the highest level of education completed. The second-most-identified education level was some college credit, but no college degree, accounting for 26.72%.

Table 11. Education level of women obtaining terminations in Indiana, 2017

Education Level	Count	Percent
8th Grade or Less	72	0.93
9th to 12th Grade, No Diploma	756	9.72
High School Diploma or GED	2,820	36.26
Some College Credit, No Degree	2,078	26.72
Associate’s Degree	758	9.75
Bachelor’s Degree	984	12.65
Master’s Degree	149	1.92
Doctoral or Professional Degree	60	0.77
Unknown	101	1.30
Total	7,778	100.0

Figure 6 shows a graphical representation of the highest level of education achieved by women obtaining terminations in 2017 compared to the average for 2013 to 2017. Among nine categories, women who received their high school diploma or GED obtained the most terminations (37.61%) from 2013 to 2017. Women with either no more than an eighth grade education (1.08%) or an advanced degree (2.61%) received fewer terminations.



Pregnancy History of Women Receiving Terminations

The number of previous pregnancies was calculated by totaling the values reported for previous live births living, previous live births deceased, previous spontaneous terminations, and previous induced terminations. The number of previous live births was calculated by combining the reported values for previous live births living and previous live births deceased.

Table 12. Pregnancy history of women obtaining terminations in Indiana, 2017		
Pregnancy History	Count	Percent
Previous pregnancies		
0	2,291	29.45
1	1,566	20.13
2	1,429	18.37
≥ 3	2,492	32.04
Previous live births		
0	2,970	38.18
1	2,003	25.75
2	1,603	20.61
≥ 3	1,202	15.45
Previous spontaneous terminations		
0	6,489	83.43
1	979	12.59
2	223	2.87
≥ 3	87	1.12
Previous induced terminations		
0	5,329	68.51
1	1,645	21.15
2	536	6.89
≥ 3	268	3.45

As seen in Figure 7, white women have the greatest percentage of all pregnancy history outcomes; however, spontaneous terminations were more common than live births or induced terminations. Among black women, induced terminations were more frequent than live births or spontaneous terminations. All other race categories showed similar percentages between previous pregnancies and live births, and spontaneous and induced terminations, respectively.

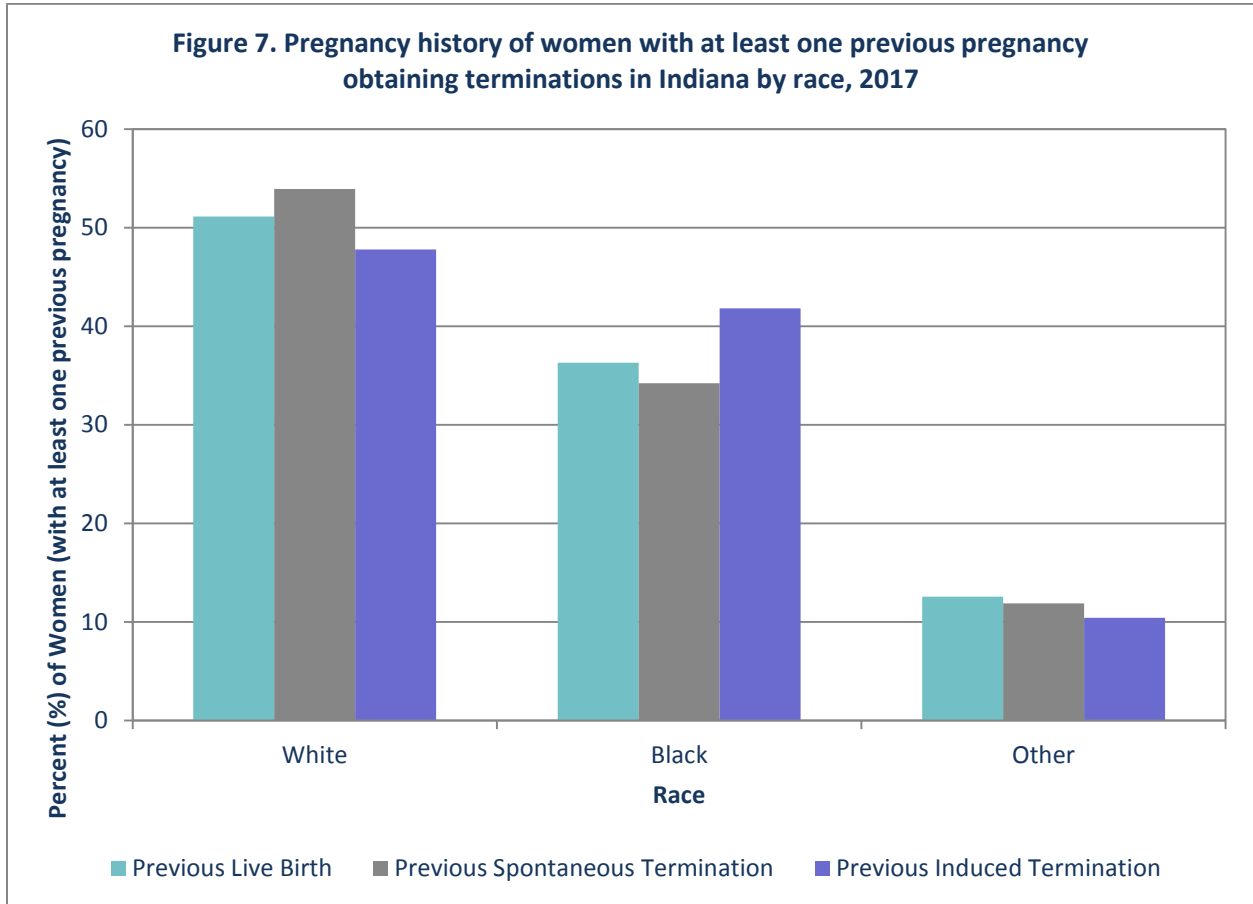
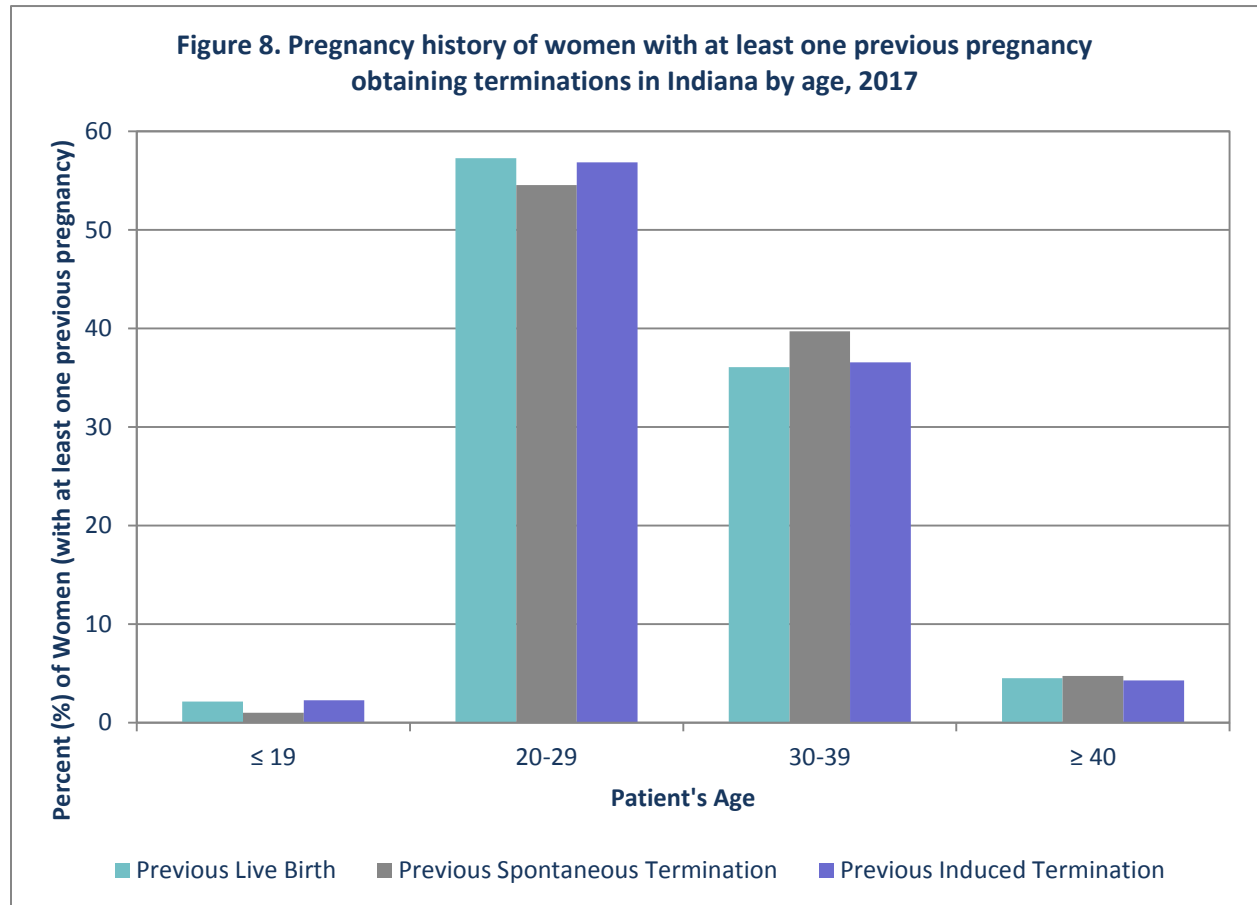


Figure 8 further shows that women aged 20–29 had the highest percentages for all pregnancy history outcomes. Women under 30 years of age had greater numbers of pregnancies, live births, and induced terminations than spontaneous terminations. Women of 30 years in age and older had a higher occurrence of spontaneous terminations than other outcomes.



Medical Information of Women Receiving Terminations

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

Procedure and Facility Type

Seven procedures were reported as having been used to terminate a pregnancy in 2017 in Indiana: dilation and evacuation (D&E), menstrual aspiration, medication combination of mifepristone & misoprostol, misoprostol alone, suction curettage, and medical surgical and non-surgical procedures. Although D&E is not a specific field to be selected on the reporting system, all procedures reported as medical (surgical), with one exception, specified D&E as the procedure used for termination.

Suction curettage was the most commonly employed technique in 2017, accounting for 63.55% of terminations. Administration of the pharmaceuticals mifepristone & misoprostol was the second most commonly used technique, accounting for 36.05% of terminations.

Procedure	2017		2016		2015	
	Count	Percent	Count	Percent	Count	Percent
Dilation & Evacuation	27	0.35	27	0.37	19	0.24
Mifepristone & Misoprostol	2,805	36.06	1,920	26.37	2,222	27.93
Suction Curettage	4,943	63.55	5,329	73.20	5,713	71.80
Medical (Non-Surgical)	1	0.01	0	0.00	0	0.00
Menstrual Aspiration	1	0.01	4	0.05	3	0.04
Medical (Surgical)	1	0.01	0	0.00	0	0.00
Total	7,778		7,280		7,957	

As of January 1, 2017, six abortion clinics were licensed in Indiana. Of the 7,778 procedures performed in the state, 99.40% were performed at abortion clinics and 0.60% at acute care hospitals.

Table 14 provides a breakdown of the number of terminations performed by each reporting facility in 2017.

Facility Type	Facility Name	Facility Address	Count	Percent
Abortion Clinic	Clinic for Women	3607 W. 16 th St. Indianapolis	1,087	13.98
	Indianapolis Women’s Center	1201 N. Arlington Ave. Indianapolis	1,093	14.05
	Planned Parenthood of Indiana and Kentucky – Indianapolis	8590 Georgetown Rd. Indianapolis	2,992	38.47
	Planned Parenthood of Indiana and Kentucky – Bloomington	421 S. College Ave. Bloomington	1,065	13.69
	Planned Parenthood of Indiana and Kentucky – Lafayette	964 Mezzanine Dr. Lafayette	321	4.13
	Planned Parenthood of Indiana and Kentucky – Merrillville	8645 Connecticut St. Merrillville	1,173	15.08
Acute Care Hospital	Indiana University Health Methodist Hospital	1701 Senate Blvd. Indianapolis	8	0.10
	Sidney & Lois Eskenazi Hospital	720 Eskenazi Ave. Indianapolis	38	0.49
	Indiana University Health North Hospital	11700 N. Meridian St. Carmel	1	0.01
Total			7,778	100.0

Terminations at abortion clinics accounted for 99.40% of procedures, including 99.93% of terminations using mifepristone & misoprostol, and 99.64% of terminations employing suction curettage. All surgical terminations (D&E) were performed at acute care hospitals.

Procedure	Facility Type				Total
	Abortion Clinic		Acute Care Hospital		
	Count	Percent	Count	Percent	
Dilation & Evacuation	0	0.00	27	100.0	27
Mifepristone & Misoprostol	2,803	99.93	2	0.07	2,805
Suction Curettage	4,925	99.64	18	0.36	4,943
Medical (Non-Surgical)	1	100.0	0	0.00	1
Menstrual Aspiration	1	100.0	0	0.00	1
Medical (Surgical)	1	100.0	0	0.00	1
Total	7,731		47		7,778

Estimated Gestational Age

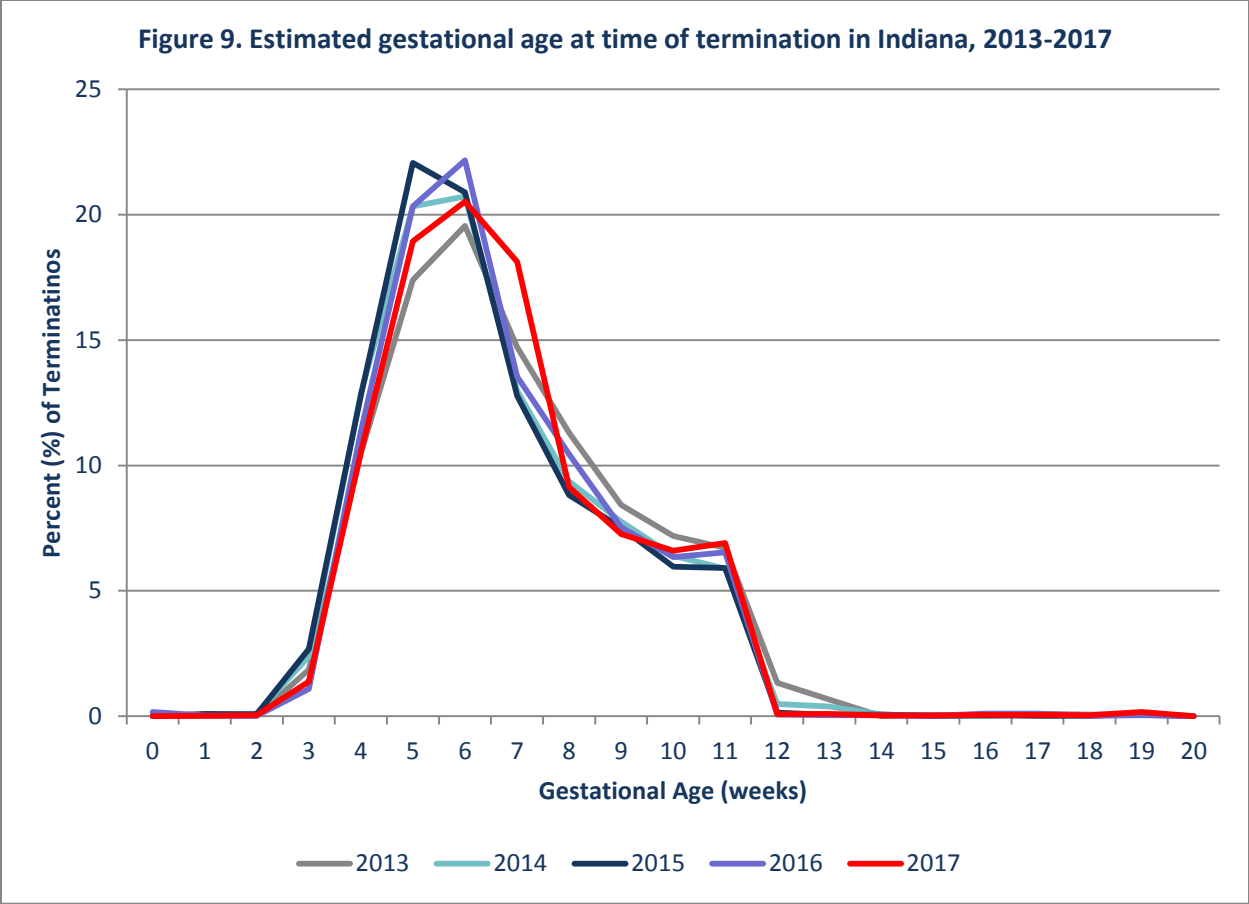
Physicians report estimated gestation and post-fertilization age on all reports. Indiana Code dictates that post-fertilization age be used as the legal metric for fetal age; as such, statistics on estimated gestational age in this report are based on the reported post-fertilization age.

The reported gestational ages ranged from 1 to 19 weeks. The mean gestational age was 6.8 weeks (SD = 2.16 weeks), and the median gestational age was 6 weeks.

In Indiana, 78.71% of terminations occurred prior to the ninth week of pregnancy, and 20.93% occurred during the 9-13 week timeframe. Terminations occurring later than 13 weeks accounted for less than 1 percent of the total for 2017.

Weeks of Gestation	Count	Percent
≤ 8	6,122	78.71
9-13	1,628	20.93
14-15	4	0.05
16-17	8	0.10
18-20	16	0.21
Total	7,778	100.0

During 2017, gestational age of six weeks was reported most frequently by physicians, accounting for 20.53%. Five weeks gestation was reported for 18.94% of terminations and seven weeks gestation was reported for 18.13% of terminations. The trend in gestational age for the period 2013 to 2017 is shown in Figure 9.



D&E was used for 78.57% of terminations completed at more than 13 weeks gestations. For terminations at 13 weeks or less, 63.73% were completed using suction curettage and 36.17% were completed with mifepristone & misoprostol. One unspecified surgical and one unspecified non-surgical procedure were performed in 2017, both at fewer than eight weeks estimated gestation.

Table 17. Estimated gestational age among women obtaining terminations in Indiana by procedure, 2017*

Weeks of Gestation	Procedure								Total
	Dilation & Evacuation		Menstrual Aspiration		Mifepristone & Misoprostol		Suction Curettage		
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
≤ 8	0	0.00	0	0.00	2,783	45.46	3,337	54.51	6,122
9-13	5	0.31	1	0.06	20	1.23	1,602	98.40	1,628
14-15	2	50.00	0	0.00	1	25.00	1	25.00	4
16-17	7	87.50	0	0.00	0	0.00	1	12.50	8
18-20	13	81.25	0	0.00	1	6.25	2	12.50	16
Total	27		1		2,805		4,943		7,776*

* This total excludes the two unspecified surgical and unspecified non-surgical procedures reported.

Geographic Information of Women Receiving Terminations

Geographic information provided on terminated pregnancy reports consists of the county where the termination was performed and the state and county of the woman’s residence.

County of Termination

In 2017, reported terminations were performed in five counties: Lake, Marion, Monroe, Tippecanoe, and Hamilton. Of these, Marion County had the most, accounting for 67.09% of terminations; Hamilton County had the fewest, accounting for only 0.01% of terminations.

County of Termination	Count	Percent
Lake	1,173	15.08
Marion	5,218	67.09
Monroe	1,065	13.69
Tippecanoe	321	4.13
Hamilton	1	0.01
Total	7,778	100.0

County of Residence

In 2017, 7,172 terminations were reported for Indiana residents. County of residence was analyzed for women who were Indiana residents. Among Indiana residents, 37.38% of women receiving terminations reported their residence in Marion County. Women reporting Lake County as their residence accounted for 7.52% of residential terminations, while just over 3% of women reported Monroe or Tippecanoe counties as their residence. Of residents receiving terminations, just over 4% reported residence in Allen or Hamilton counties; facilities reporting terminations have previously been located in both counties.

Table 19 provides a breakdown of the number of residents from each Indiana county who received terminations in 2017.

Table 19. Number of Indiana residents receiving terminations in Indiana by county of residence, 2017					
County of Residence	Count	County of Residence	Count	County of Residence	Count
Adams	10	Hendricks	164	Pike	8
Allen	301	Henry	32	Porter	140
Bartholomew	92	Howard	96	Posey	9
Benton	6	Huntington	8	Pulaski	5
Blackford	9	Jackson	27	Putnam	23
Boone	56	Jasper	38	Randolph	9
Brown	12	Jay	12	Ripley	4
Carroll	18	Jefferson	62	Rush	5
Cass	28	Jennings	18	St. Joseph	149
Clark	47	Johnson	197	Scott	11
Clay	20	Knox	18	Shelby	26
Clinton	35	Kosciusko	30	Spencer	8
Crawford	4	LaGrange	2	Starke	12
Daviess	18	Lake	539	Steuben	3
Dearborn	2	LaPorte	97	Sullivan	10
Decatur	11	Lawrence	38	Switzerland	0
DeKalb	11	Madison	133	Tippecanoe	261
Delaware	122	Marion	2,681	Tipton	12
Dubois	15	Marshall	41	Union	3
Elkhart	83	Martin	4	Vanderburgh	155
Fayette	11	Miami	26	Vermillion	3
Floyd	29	Monroe	237	Vigo	118
Fountain	7	Montgomery	28	Wabash	13
Franklin	6	Morgan	51	Warren	5
Fulton	9	Newton	16	Warrick	25
Gibson	18	Noble	13	Washington	14
Grant	49	Ohio	1	Wayne	37
Greene	16	Orange	14	Wells	10
Hamilton	291	Owen	9	White	30
Hancock	68	Parke	5	Whitley	10
Harrison	5	Perry	8	Total	7,172

Limitations

This report has some limitations. Demographic and pregnancy history are reported by the patients, so the information is subject to bias, or error. Additionally, patients who required a second procedure to complete the termination may have reported the second procedure as a new record, or attended a different facility to complete the procedure; either scenario would lead to a false increase in the number of terminations reported to the ISDH. The number could also be falsely inflated if a patient had an incomplete procedure but ultimately chose to give birth because the reported termination would have been incomplete. Finally, the analyzed data has been taken only from reported terminated pregnancies, and thus necessarily excludes data for terminations that may have occurred but were not reported.

Appendix A: Terminated Pregnancy Reporting System

IVER - Terminated Pregnancy
submit | save | cancel

Facility *

If the facility name or address are incorrect, please contact the Electronic Registrar Helpdesk at 317-233-7989.

Patient's Age

Married

 Yes No

Date of Termination *

Education

Race

 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other
 Unknown

Ethnicity

 Hispanic or Latino Not Hispanic or Latino Unknown

Live Births

Number now living:

Number now deceased:

Previous Termination Dates

1) / / Unknown

2) / / Unknown

Other Terminations

Spontaneous Terminations:

Induced Terminations:

3) / / Unknown

4) / / Unknown

5) / / Unknown

6) / / Unknown

Fetus delivered alive?

 Yes No

Fetus viable?

 Yes No

Pathological exam?

 Yes No

Type of Termination Procedures

Procedure that Terminated Pregnancy:

Additional Procedure used for this Termination:

Complication(s) of Termination *(check all that apply)*

 None Uterine Perforation
 Hemorrhage Cervical Laceration
 Infection Retained Products
 Other

Did this termination of pregnancy result in a maternal death?

 Yes No

Date last normal menses began

 / / Unknown

Physician estimate of gestation

 (in weeks)

Postfertilization age of the fetus

 (in weeks)

How were the gestational age and postfertilization age determined?

Physician *

DR.

PIN:

*PIN is required to submit report.

Address

Patient

Identification Number:

State of Residence:

County of Residence:

Zip Code:

Father Unknown

Name:

Age: Approximate

Date Submitted:

Indiana State Department of Health - Vital Records
submit | save | cancel

Appendix B: Glossary

Childbearing years: The reproductive age span of women, assumed for statistical purposes to be 15–44 or 15–49 years of age.¹⁰

Dilation & Evacuation (D&E): Dilation & evacuation is a surgical abortion that is typically performed midway during the second trimester of pregnancy and in which the uterine cervix is dilated and fetal tissue is removed using surgical instruments (as a forceps and curette) and suction. It is also referred to as D&E.⁵

Induced abortion: An intentional termination of pregnancy before the fetus has developed enough to live if born. From 20% to 50% of pregnancies are terminated deliberately at the request of the mother or for medical indications, during the first trimester by vacuum aspiration and/or curettage or during the second trimester by dilation and evacuation, induction of labor, or hysterotomy.¹¹ This report references induced terminations regarding pregnancy history.

Terminated pregnancy or abortion: “Abortion” means the termination of human pregnancy with an intention other than to produce a live birth or to remove a dead fetus. The term includes abortions by surgical procedures and by abortion inducing drugs (IC § 16-18-2-1).³

Mifepristone (RU-486): RU-486, also known as mifepristone, is a drug taken orally to induce abortion, especially early in pregnancy, by blocking the body’s use of progesterone. The chemical formula for mifepristone is $C_{29}H_{35}NO_2$.⁶ Mifepristone may also be identified by the proprietary names Korlym® and Mifeprex®.⁸

Misoprostol: Misoprostol is a synthetic prostaglandin analog used to induce abortion in conjunction with RU-486 and to prevent stomach ulcers associated with nonsteroidal anti-inflammatory drug (NSAID) use. The chemical formula for misoprostol is $C_{22}H_{38}O_5$.⁷

Pregnancy history: Pregnancy history is a calculated variable that is the sum of the number of previous live births, the number of previous spontaneous terminations, and the number of previous induced terminations.

Previous live births: The number of previous live births is a calculated variable that is the sum of the number of previous live births living and previous live births deceased.

Rate: The number of terminations per 1,000 women aged 15–44 years estimated as living in Indiana. Terminations where age was unknown were excluded from the numerator.

Spontaneous abortion or miscarriage: A termination of pregnancy before the twentieth week of gestation as a result of abnormalities of the conceptus or maternal environment. Up to 30% of pregnancies may end as spontaneous abortions, many caused by blighted ova that have congenital defects incompatible with life.¹¹ This report references spontaneous terminations regarding pregnancy history.

Suction curettage or vacuum aspiration: A method of removing tissues from the uterus by suction for diagnostic purposes or to remove elements of conception. With the patient under local or light general anesthesia, the cervix is dilated, and the uterus is emptied with suction.¹¹

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