



2022

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 and medical trends of those who sought to terminate their pregnancies during the 2022 calendar year. 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 9,529 terminations were reported in 2022. Of these, 7,702 (80.83%) were for Indiana residents, while 1,827 (19.17%) were for out-of-state residents.

Number of Terminations Performed in Indiana by Year, (2018- 2022)		
Year	Total Count	Indiana Resident Count
2018	8,037	7,263
2019	7,637	7,019
2020	7,756	7,372
2021	8,414	7,949
2022	9,529	7,702

Weeks of Gestation at Time of Termination, 2022	Count (Percentage)
≤8 weeks	6,401 (67.1%)
9-13 weeks	3,024 (31.74%)
14-20 weeks	75 (0.79%)
≥21 weeks	29 (0.30%)
Total	9,529 (100%)

Procedure Type Used to Terminate Pregnancy, 2022	
Non-surgical	5,047 (52.96%)
Surgical	4,482 (47.03%)
Total	9,529 (100%)

The average age of a woman who obtained a termination was 27 (standard deviation = 6.12) with a median age of 26.0 years. Almost half of those who sought terminations were White (48.04%) and about one-third were Black (36.24%). The majority were unmarried (86.69%) and had at least a high school diploma or GED (90.49%).

Approximately two-thirds (67.17%) of all terminated pregnancies occurred during weeks 4-8 of gestation. Non-surgical terminations (52.96%) were reported slightly more frequently than surgical terminations (47.04%). Marion County had the highest number of residents who sought terminations in 2022.

Table of Contents



List of Tables and Figures	5
Introduction	6
Methodology	7
Results	
Trends in Indiana	9
Demographic Information of Women Receiving Terminations	12
Age	12
Race and Ethnicity	13
Education	14
Marital Status	14
Pregnancy History of Women Receiving Terminations	16
Medical Information of Women Receiving Terminations	17
Gestational Age	17
Procedure Type	18
Procedure Type by Facility	18
Geographic Information of Women Receiving Terminations	20
County of Termination	20
Facilities Performing Terminated Pregnancies	21
County of Residence	22
Map: Terminations by County	23
Limitations	24
References	25

LIST OF TABLES

Table 1. Rate of Reported Terminations Among Indiana Residents of Childbearing Age Occurring in Indiana, 2018-2022

Table 2. Terminations Among Resident and Non-Resident Women in Indiana by Month, 2022

Table 3. Age Distribution of Women Who Obtained Terminations in Indiana, 2022

Table 4. Race and Ethnicity of Women Who Obtained Terminations in Indiana, 2022

Table 5. Marital Status of Women Who Obtained Terminations in Indiana, 2022

Table 6. Education Level of Women Who Obtained Terminations in Indiana, 2022

Table 7. Pregnancy History of Women Who Obtained Terminations in Indiana, 2022

Table 8. Weeks of Gestation at Time of Termination, 2022

Table 9. Terminations Reported in Indiana by Facility and Type, 2022

Table 10. County of Termination, 2022

Table 11. Facility Performing Pregnancy Terminations and Residency, 2022

Table 12. Indiana Residents Receiving Terminations by County of Residence, 2022

LIST OF FIGURES

Figure 1. Terminations Reported in Indiana by Year, 2018-2022

Figure 2. Terminations by Residency, 2018-2022

Figure 3. Non-Resident Patients Seeking Terminations in Indiana, 2022

Figure 4. Terminations Among Resident and Non-Resident Women in Indiana by Month, 2022

Figure 5. Age Distribution of Women Who Obtained Terminations in Indiana, 2022

Figure 6. Ethnicity of Women Who Obtained Terminations in Indiana, 2022

Figure 7. Education Level of Women Who Obtained Terminations in Indiana, 2022

Figure 8. Gestational Age at Time of Termination, 2022

Figure 9. Gestation Age (Weeks) by Procedure Type, 2022

Figure 10. County of Termination by Percentage, 2022

LIST OF MAPS

Map 1. Terminations of Pregnancy by County, 2022

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.⁽¹⁾ The CDC has collected and disseminated abortion statistics from health agencies since 1969⁽¹⁾ 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.⁽²⁾ 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.⁽³⁾ The most recently published Abortion Surveillance Report was for the calendar year 2020 and was published by the CDC in November 2022.⁽¹⁾

INDIANA REPORTING REQUIREMENTS

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

Prior to June 2022, reports were electronically submitted by the performing physician to the IDOH through the IDOH Terminated Pregnancy Reporting Application (TPR "Gateway"). Upon receipt, the IDOH Vital Records staff reviewed the records for completeness and approved registration. Incomplete records, or records submitted in error, were returned to the physician for revision and correction. In June 2022, the reporting of terminated pregnancies was transitioned from Gateway to the IDOH DRIVE system, which was already being used for the reporting of births and deaths in the state of Indiana. 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. 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

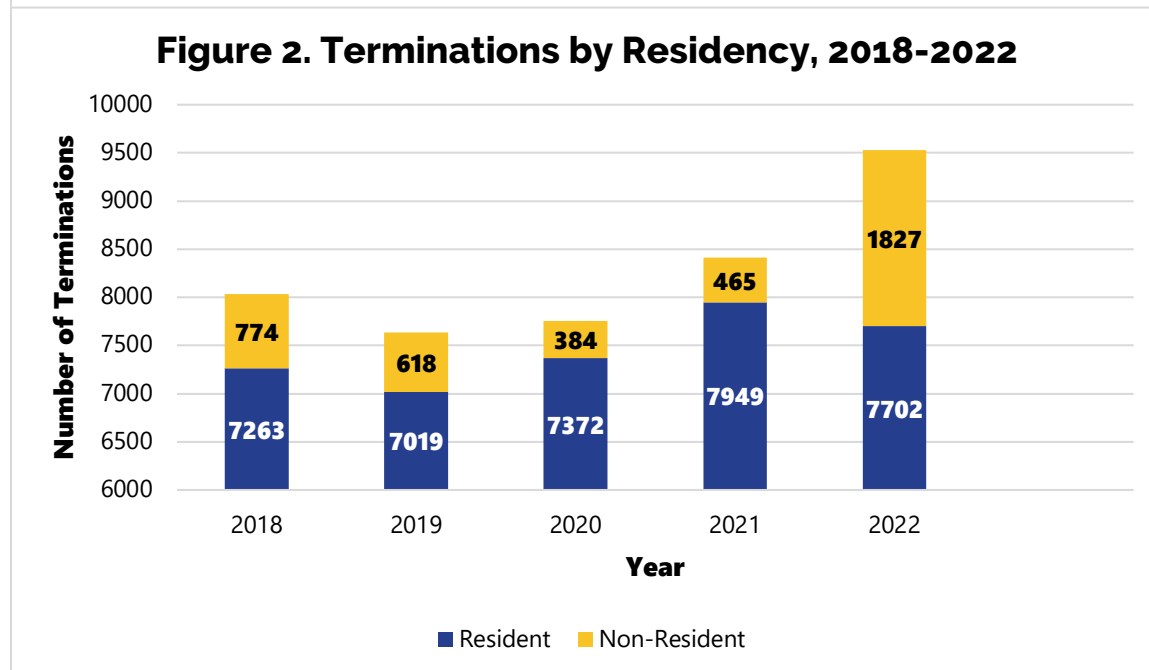
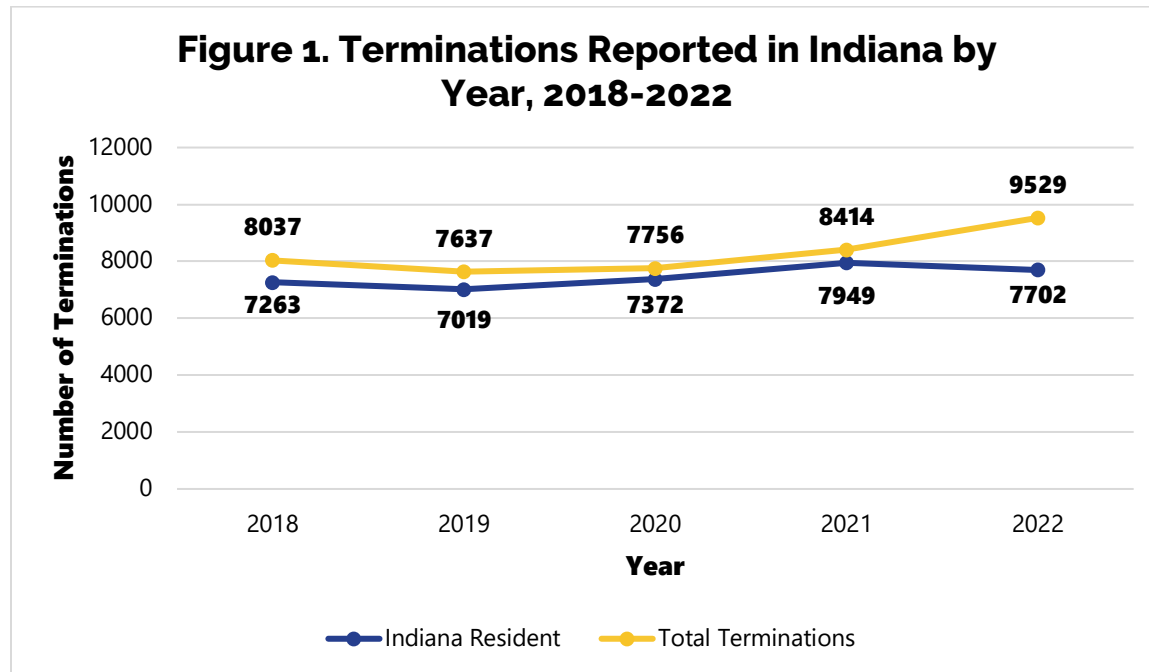
The categorization of data is based on CDC standards.⁽³⁾ Physicians report both the post-fertilization age and gestational age of the fetus, but the two are calculated differently. Gestational age is approximately two weeks greater than post-fertilization age. The Indiana Code refers to post-fertilization age, but gestational age is more commonly used in epidemiological analyses—thus gestational age will be used throughout the report.

ANALYTIC PROCEDURES

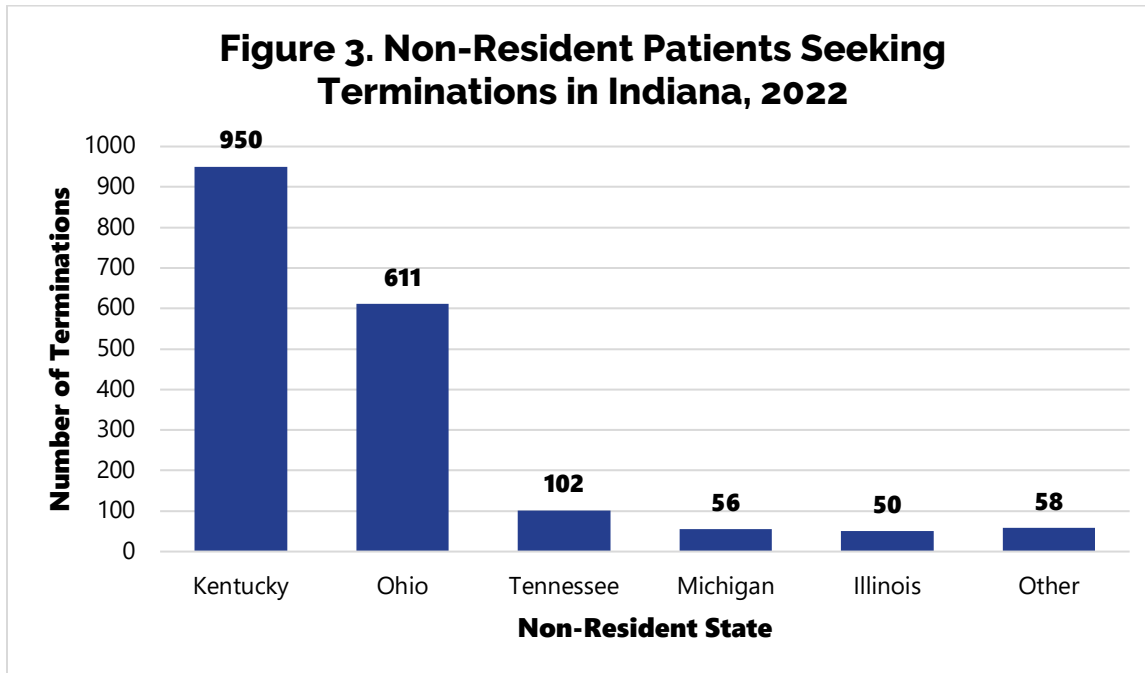
Data was pulled from the TPR Gateway and DRIVE systems using Structure Query Language (SQL). To ensure data accuracy, the dataset was checked for potential errors and duplicates using patient identification numbers and date of termination. SAS Statistical Software 9.4 was used to calculate counts and 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

In 2022, providers reported 9,529 terminations to the Indiana Department of Health. Of these, 7,702 (80.83%) were Indiana residents. Of the 1,827 (19.17%) 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 non-resident patients seeking terminations in 2022 in Indiana.

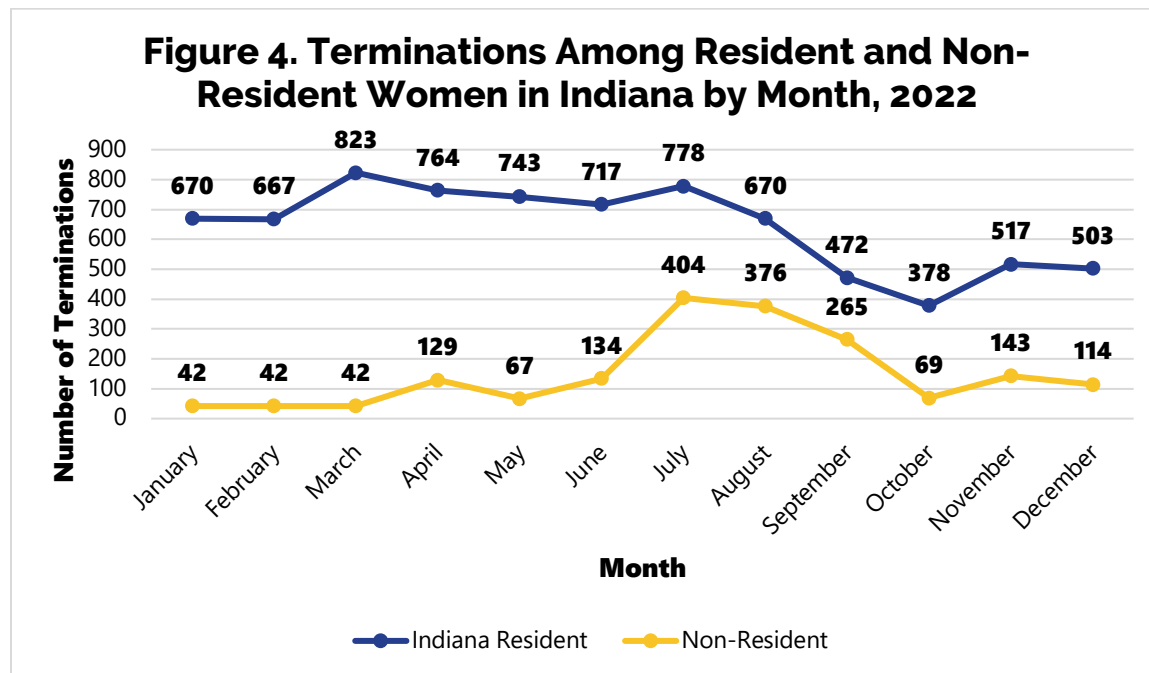


Year	Count	Population Est. [†]	Rate Per 1000 Residents of Childbearing Age
2018	7,263	1,299,333	5.6
2019	7,019	1,310,454	5.4
2020	7,372	1,314,073	5.6
2021	7,949	1,328,151	6.0
2022	7,702	1,328,151**	5.8

**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

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 2022.

Table 2. Terminations Among Resident and Non-Resident Women in Indiana by Month, 2022			
Month	IN Resident Terminations (n = 7702)	Non-Resident Terminations (n = 1827)	Total Terminations (n = 9529)
January	670	42	712
February	667	42	709
March	823	42	865
April	764	129	893
May	743	67	810
June	717	134	851
July	778	404	1182
August	670	376	1046
September	472	265	737
October	378	69	447
November	517	143	660
December	503	114	617



DEMOGRAPHIC INFORMATION OF WOMEN RECEIVING TERMINATIONS

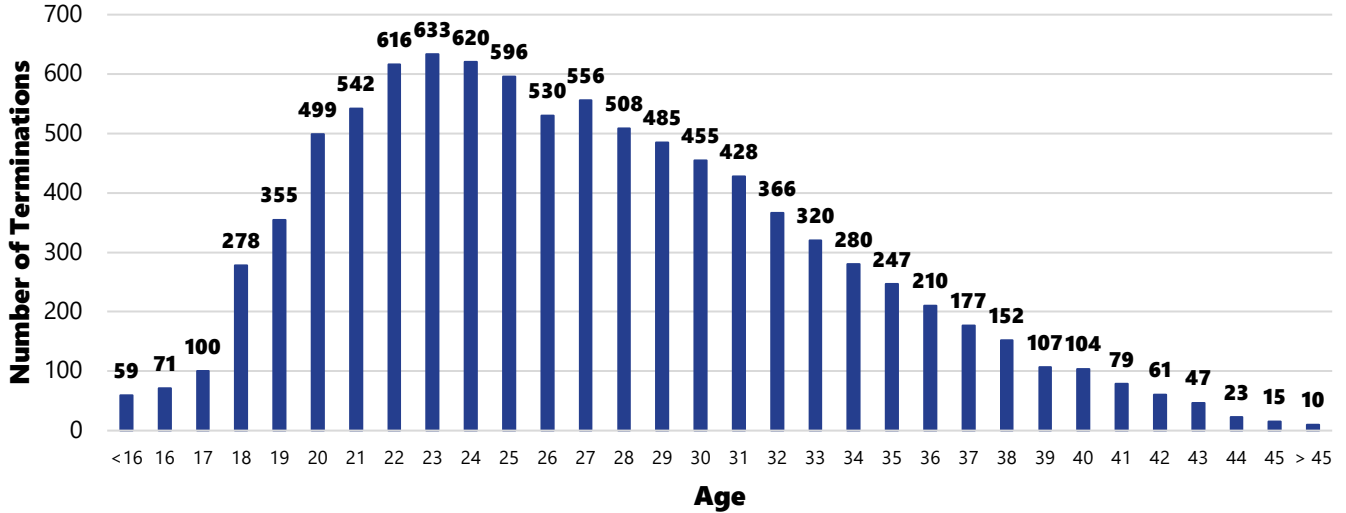
Demographic information collected and analyzed for this report includes the age, race, ethnicity, marital status, and education level of the women receiving terminations in Indiana in 2022.

AGE

The age range for women receiving terminations in Indiana in 2022 was 10 to 49 years. The average age of a woman who obtained a termination was 27.02 (Standard Deviation=6.12) with a median age of 26.0 years. Patients aged 20 to 29 years of age accounted for 5,585 (58.61%) terminations in Indiana in 2022. Adolescents, or patients under age 20, accounted for 863 (9.06%) terminations in Indiana in 2022. Patients under the age of 16 years old accounted for 59 (0.62%) terminations in Indiana in 2022.

Age, Years	Count of Termination (%)	Count of Live Births (%)**
< 16	59 (0.62%)	159 (0.20%)
16-17	171 (1.80%)	771 (0.96%)
18-19	633 (6.64%)	2,899 (3.63%)
20-24	2,910 (30.54%)	17,472 (21.85%)
25-29	2,675 (28.07%)	25,103 (31.39%)
30-34	1,849 (19.40%)	21,930 (27.42%)
35-39	893 (9.37%)	9,518 (11.90%)
40-44	314 (3.30%)	1,963 (2.46%)
≥ 45	25 (0.26%)	142 (0.18%)
Unknown	0 (0.00%)	10 (0.01%)
Total	9,529 (100%)	79,967 (100%)
**Birth counts for 2022 are preliminary.		

Figure 5. Age Distribution of Women Who Obtained Terminations in Indiana, 2022

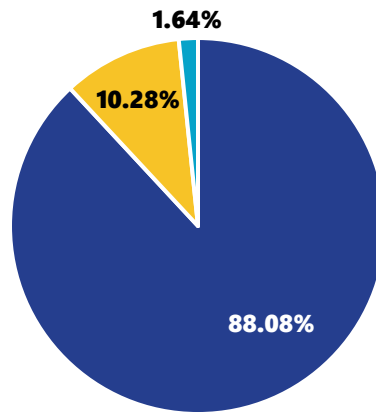


RACE AND ETHNICITY

Almost half (48.04%) of the women receiving terminations reported their race as White, while nearly one-third (36.24%) identified their race as Black or African American. Women who identified as Hispanic or Latino accounted for 10.28% of terminations in 2022. For this analysis, women who marked more than one race checkbox were classified under the multiple race category.

Race	Count (%)
White	4,578 (48.04%)
Black / African American	3,453 (36.24%)
Asian	324 (3.40%)
American Indian / Alaska Native	28 (0.29%)
Pacific Islander / Native Hawaiian	18 (0.19%)
Multiple Races	180 (1.89%)
Other	547 (5.74%)
Unknown	401 (4.21%)
Total	9,529 (100%)
Ethnicity	Count (%)
Non-Hispanic / Non-Latino	8,393 (88.08%)
Hispanic / Latino	980 (10.28%)
Ethnicity Unknown	153 (1.64%)
Total	9,529 (100%)

Figure 6. Ethnicity of Women Obtaining Terminations in Indiana, 2022



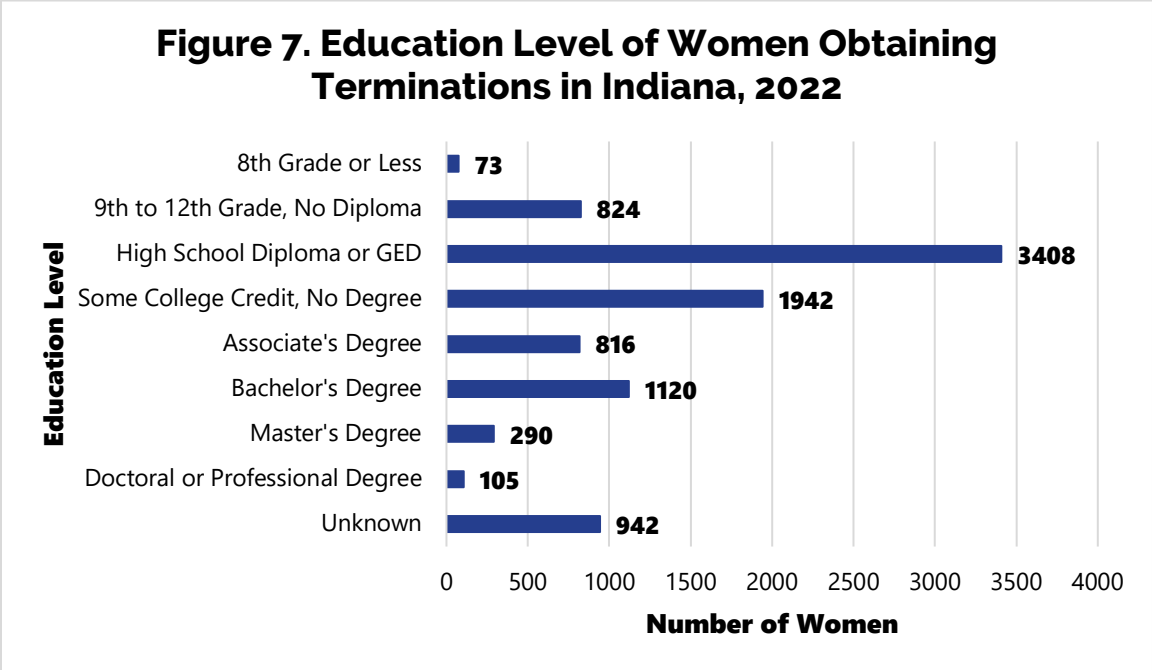
■ Non-Hispanic / Non-Latino ■ Hispanic / Latino ■ Ethnicity Unknown

EDUCATION AND MARITAL STATUS

The majority of women who had a terminated pregnancy in 2022 were unmarried (86.69%) and had at least a high school diploma or GED (90.49%).

Marital Status	Count (%)
Unmarried	8,261 (86.69%)
Married	1,268 (13.31%)
Total	9,529 (100%)

Table 6. Education Level of Women Obtaining Terminations in Indiana, 2022	
Education Level	Count (%)
None	9 (0.09%)
8th Grade or Less	73 (0.77%)
9th to 12th Grade, No Diploma	824 (8.65%)
High School Diploma or GED	3,408 (35.77%)
Some College Credit, No Degree	1,942 (20.38%)
Associate's Degree	816 (8.56%)
Bachelor's Degree	1,120 (11.75%)
Master's Degree	290 (3.04%)
Doctoral or Professional Degree	105 (1.10%)
Unknown	942 (9.89%)
Total	9,529 (100%)



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 other fetal deaths), and previously induced terminations.

Of the 9,529 women who obtained a pregnancy termination in 2022, 5,869 (61.59%) indicated that they previously had at least one live birth of a child that is still living, 85 (0.89%) indicated that they have previously had at least one live birth for a child that is now deceased, 1,710 (17.95%) previously experienced a spontaneous termination, and 3,286 (34.48%) had terminated a previous pregnancy.

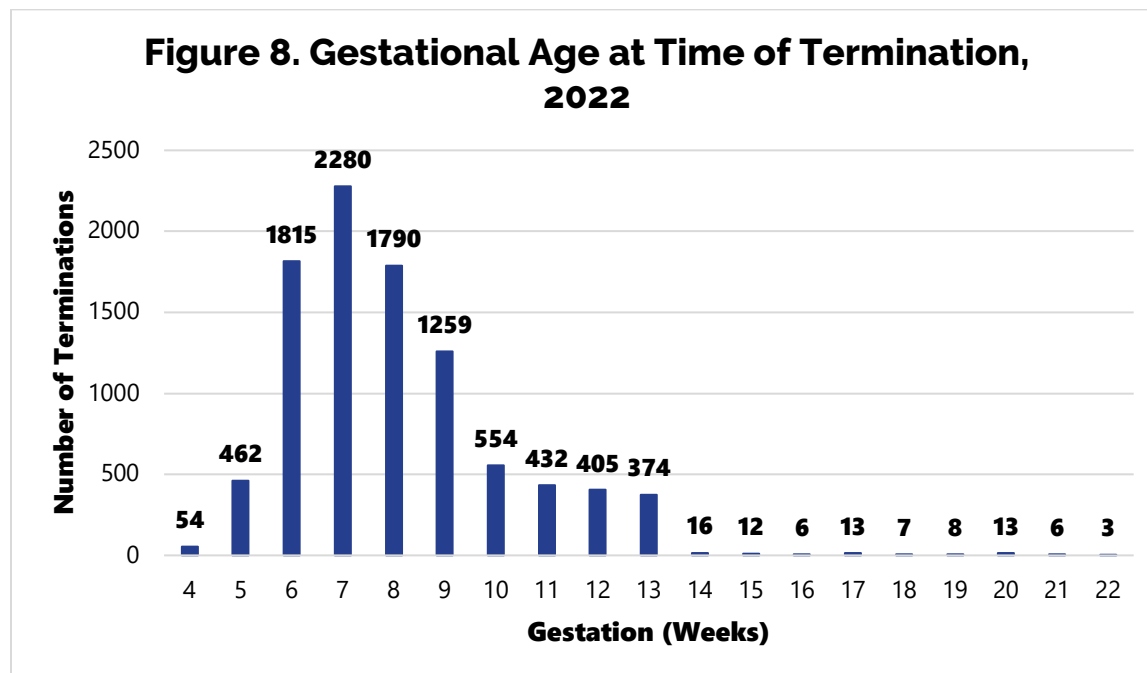
Pregnancy History	Count (%)
Previous Live Births Still Living	
0	3,656 (38.37%)
1	2,305 (24.19%)
2	1,922 (20.17%)
≥3	1,642 (17.23%)
Unknown	4 (0.04%)
Previous Live Births Now Deceased	
0	8,594 (90.19%)
1	70 (0.74%)
2	10 (0.11%)
≥3	5 (0.05%)
Unknown	850 (8.92%)
Termination History	Count (%)
Previous Spontaneous Terminations	
0	7,816 (82.02%)
1	1,248 (13.10%)
2	295 (3.10%)
≥3	167 (1.75%)
Unknown	3 (0.03%)
Previous Induced Terminations	
0	6,240 (65.48%)
1	2,131 (22.36%)
2	750 (7.87%)
≥3	405 (4.25%)
Unknown	3 (0.03%)

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 67.17% of all terminated pregnancies occurred at 8 weeks gestation or less. Terminations that occurred at 14 weeks gestation or greater occurred at an acute care hospital, except for three terminations that occurred at 14 weeks gestation that occurred at a clinic.

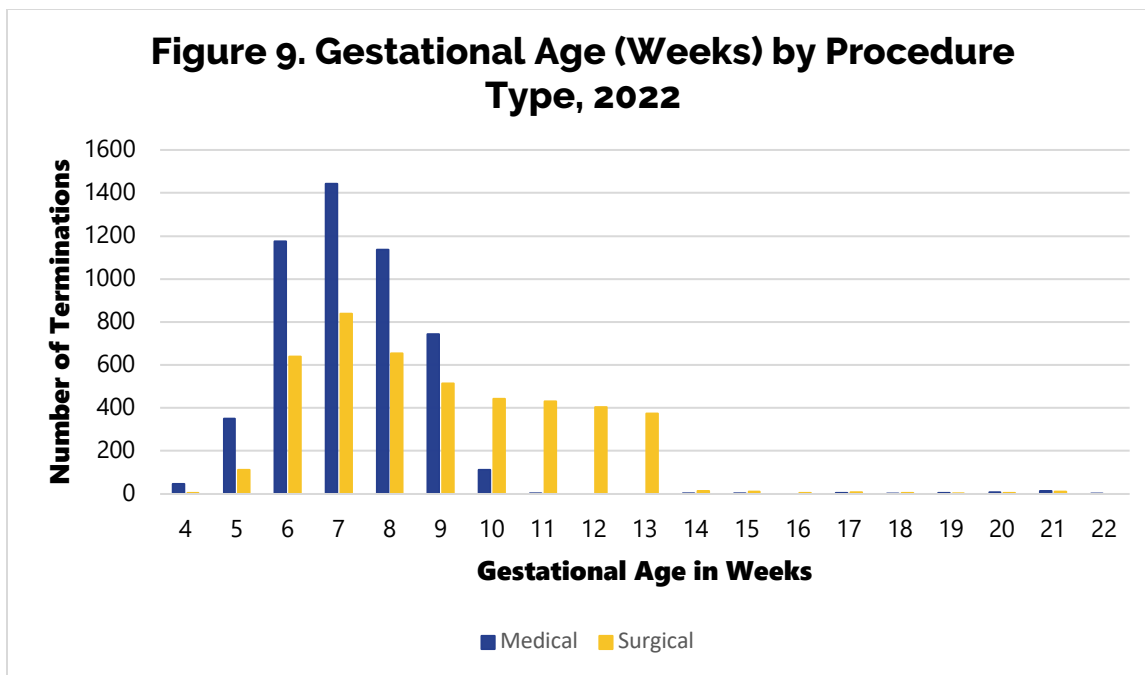


Number of Weeks	Counts (Percentage)
≤8 weeks	6,401 (67.17%)
9-13 weeks	3,024 (31.74%)
14-20 weeks	75 (0.79%)
≥21 weeks	29 (0.30%)
Total	9,529 (100%)

PROCEDURE TYPE

Terminated pregnancies are classified as either medical (non-surgical) or surgical. Medical procedures were slightly more common than surgical procedures. Mifepristone and Misoprostol were used for all medical procedures in 2022, accounting for 5,047 (52.96%) terminations. Surgical procedures accounted for 4,482 (47.04%) terminations. Of the 9,529 women who terminated a pregnancy in 2022, 61 had an unsuccessful first attempt and had to return to the facility for an additional procedure.

This graph 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 2022. Medical procedures are those that use Mifepristone and Misoprostol to induce termination. Surgical procedures include suction curettage, menstrual aspiration, dilation and evacuation (D&E), and others to induce termination.

Facility Type	Facility	Medical	Surgical	Total
Abortion Clinic	Planned Parenthood of Merrillville	481 (5.05%)	688 (7.22%)	1,169 (12.27%)
	Planned Parenthood of Lafayette	106 (1.11%)	0 (0.00%)	106 (1.11%)
	Planned Parenthood of Bloomington	519 (4.45%)	496 (5.21%)	1015 (10.65%)
	Planned Parenthood of Georgetown	1,483 (15.56%)	944 (9.9%)	2,427 (25.47%)
	Clinic for Women	1,052 (11.04%)	309 (3.24%)	1,361 (14.28%)
	The Women's Med Center of Indianapolis	1,038 (10.89%)	1,951 (20.47%)	2,989 (31.37%)
	Whole Women's Health of South Bend	322 (3.38%)	0 (0.00%)	322 (3.38%)
Acute Care Hospital	Sidney & Lois Eskenazi Hospital	13 (0.14%)	47 (0.49%)	60 (0.63%)
	Indiana University Health Methodist Hospital	1 (0.01%)	4 (0.04%)	5 (0.05%)
	Indiana University Health Riley Hospital for Children	9 (0.09%)	23 (0.24%)	32 (0.34%)
	Riley Health Maternity Tower	14 (0.15%)	10 (0.11%)	24 (0.25%)
	Indiana University Health University Hospital	6 (0.06%)	8 (0.08%)	14 (0.15%)
	Deaconess Women's Hospital	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Memorial Hospital of South Bend	0 (0.00%)	1 (0.01%)	1 (0.01%)
	Obstetrix Medical Group of Indiana	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Parkview Randallia Hospital	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Parkview Regional Medical Center	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Total	5,047 (52.96%)	4,482 (47.04%)	9,529 (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. Indiana has 92 counties, and residents from every county except Switzerland and Union counties received terminations in 2022. Because of where clinics and acute care hospitals are located, procedures were performed in only eight counties: Allen, Floyd, Lake, Marion, Monroe, St. Joseph, Tippecanoe, and Warrick counties.

County of Termination	Total Count (%)
Allen	2 (0.02%)
Floyd	1 (0.01%)
Lake	1,170 (12.28%)
Marion	6,917 (72.59%)
Monroe	1,009 (10.59%)
St. Joseph	324 (3.40%)
Tippecanoe	105 (1.10%)
Warrick	1 (0.01%)
Total	9,529 (100%)

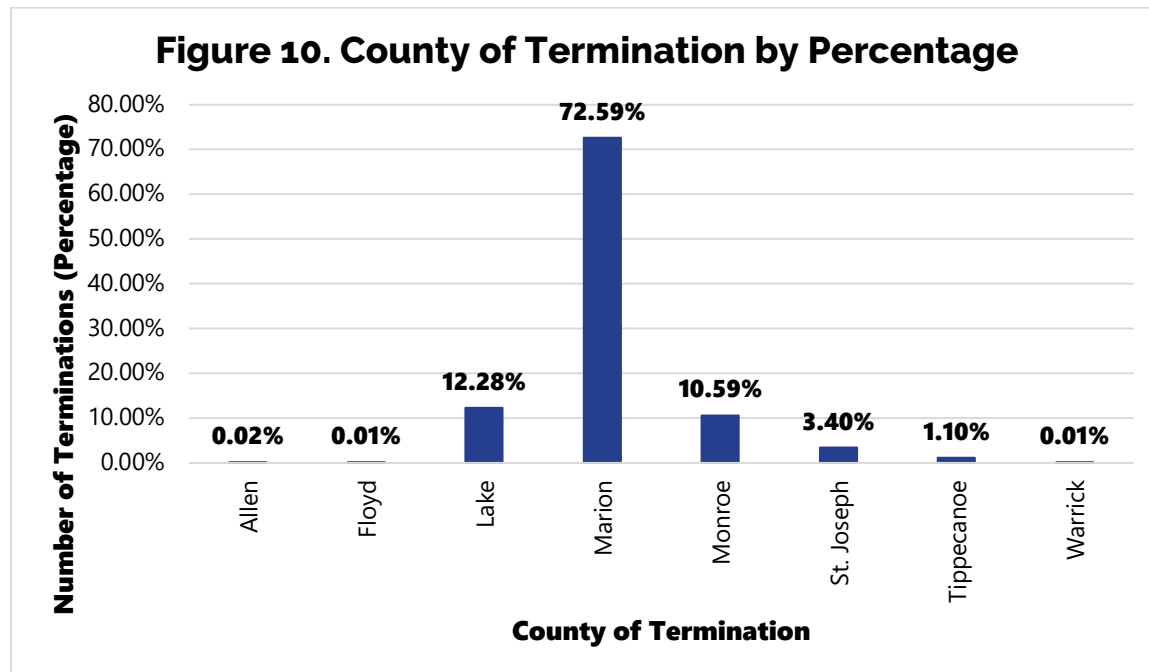


Table 11 shows facilities performing in 2022.

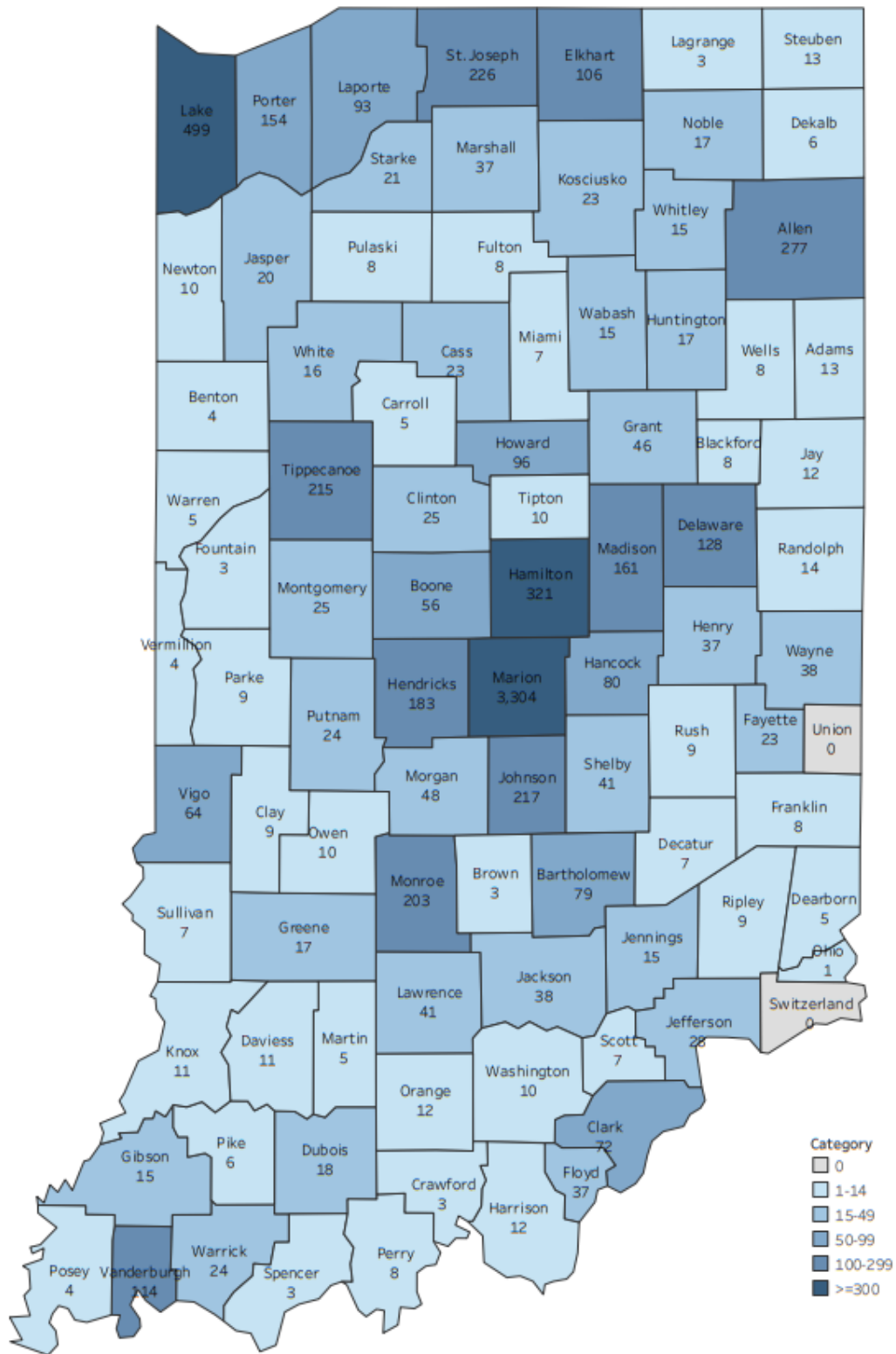
Table 11. Facility Performing Terminated Pregnancies, 2022					
Facility Type	Facility	County	IN Resident Count (%)	Non-In Resident Count (%)	Total Count (%)
Abortion Clinic	Planned Parenthood of Merrillville	Lake	1,084 (11.38%)	85 (0.89%)	1,169 (12.27%)
	Planned Parenthood of Lafayette	Tippecanoe	101 (1.06%)	5 (0.05%)	106 (1.11%)
	Planned Parenthood of Bloomington	Monroe	565 (5.93%)	450 (4.72%)	1,015 (10.65%)
	Planned Parenthood of Georgetown	Marion	2,000 (20.99%)	427 (4.48%)	2,427 (25.47%)
	Clinic for Women	Marion	1,157 (12.14%)	204 (2.14%)	1,361 (14.28%)
	The Women's Med Center of Indianapolis	Marion	2,388 (25.06%)	601 (6.31%)	2,989 (31.37%)
	Whole Women's Health of South Bend	St. Joseph	272 (2.85%)	50 (0.53%)	322 (3.38%)
Acute Care Hospital	Sidney & Lois Eskenazi Hospital	Marion	58 (0.61%)	2 (0.02%)	60 (0.63%)
	Indiana University Health Methodist Hospital	Marion	5 (0.05%)	0 (0%)	5 (0.05%)
	Riley Health Maternity Tower	Marion	23 (0.24%)	1 (0.01%)	24 (0.25%)
	Indiana University Health Riley Hospital for Children	Marion	32 (0.34%)	0 (0%)	32 (0.34%)
	Indiana University Health University Hospital	Marion	12 (0.13%)	2 (0.02%)	14 (0.15%)
	Deaconess Women's Hospital	Warrick	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Memorial Hospital of South Bend	St. Joseph	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Obstetrix Medical Group of Indiana	St. Joseph	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Parkview Randallia Hospital	Allen	1 (0.01%)	0 (0.00%)	1 (0.01%)
	Parkview Regional Medical Center	Allen	1 (0.01%)	0 (0.00%)	1 (0.01%)

COUNTY OF RESIDENCE

A total of 9,529 terminations were performed in 2022, with 7,702 of those terminations sought by Indiana residents. This table shows Indiana residents receiving terminations in Indiana by county of residence. Marion County has the highest number of residents who terminated a pregnancy (3,304), while Switzerland and Union counties had no residents who terminated a pregnancy in Indiana in 2022.

County of Residence	Count	County of Residence	Count	County of Residence	Count
Adams	13	Hendricks	183	Pike	6
Allen	277	Henry	37	Porter	154
Bartholomew	79	Howard	96	Posey	4
Benton	4	Huntington	17	Pulaski	8
Blackford	8	Jackson	38	Putnam	24
Boone	56	Jasper	20	Randolph	14
Brown	3	Jay	12	Ripley	9
Carroll	5	Jefferson	28	Rush	9
Cass	23	Jennings	15	Scott	7
Clark	72	Johnson	217	Shelby	41
Clay	9	Knox	11	Spencer	3
Clinton	25	Kosciusko	23	St. Joseph	226
Crawford	3	LaGrange	3	Starke	21
Daviess	11	Lake	499	Steuben	13
De Kalb	6	LaPorte	93	Sullivan	7
Dearborn	5	Lawrence	41	Switzerland	0
Decatur	7	Madison	161	Tippecanoe	215
Delaware	128	Marion	3,304	Tipton	10
Dubois	18	Marshall	37	Union	0
Elkhart	106	Martin	5	Vanderburgh	114
Fayette	23	Miami	7	Vermillion	4
Floyd	37	Monroe	203	Vigo	64
Fountain	3	Montgomery	25	Wabash	15
Franklin	8	Morgan	48	Warren	5
Fulton	8	Newton	10	Warrick	24
Gibson	15	Noble	17	Washington	10
Grant	46	Ohio	1	Wayne	38
Greene	17	Orange	12	Wells	8
Hamilton	321	Owen	10	White	16
Hancock	80	Parke	9	Whitley	15
Harrison	12	Perry	8	Total	7,702

Map 1: Terminations of Pregnancy by County



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 can also 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.

Providers are also able to amend records to correct data entry errors, such as when a patient returns for a follow-up visit and requires an additional procedure. 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, and 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 deflate 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.

The transition from Gateway to DRIVE in June 2022 created challenges in collecting information on pregnancy terminations in Indiana. The transition modified the process of entering the records for providers which could lead to data entry errors. Two fields—the “Location of Consent” and “Location of Termination”—were added or changed at the end of quarter three, resulting in inconsistent data collection over the course of 2022.

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 that reflects what the Centers for Disease Control and Prevention recommend for race and ethnicity categories. However, for this annual report, the marriage and race categories were grouped based on the Gateway options.

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- 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
- 4) Indiana Code. Retrieved from <http://iga.in.gov/legislative/laws/2019/ic/titles/016#16-34>
- 5) Single-Race Population Estimated, CDC WONDER Online Database, August 2021. Retrieved from <https://wonder.cdc.gov/single-race-population.html> at the end of the document