

Division of Vital Records

June 30, 2023



January 1 – March 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 and medical trends of those who sought to terminate their pregnancies during the first quarter of 2023 (January 1, 2023, through March 31, 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 1,927 terminations were reported for the first quarter of 2023 in the state of Indiana. Of those 1,927 terminations, 1,544 (80.12%) were Indiana residents and 383 (19.88%) were not Indiana residents.

Number of Terminations Performed, Quarter 1 of Each Year 2019-2023		
Year	Total Count	Indiana Resident Count (Percentage)
2018 (JAN-MAR)	2,152	1,975 (91.78%)
2019 (JAN-MAR)	2,162	1,943 (89.12%)
2020 (JAN-MAR)	2,056	1,936 (94.16%)
2021 (JAN-MAR)	2,251	2,130 (94.62%)
2022 (JAN-MAR)	2,286	2,159 (94.44%)
2023 (JAN-MAR)	1,927	1,544 (80.12%)

Weeks of Gestation at Time of Termination, Quarter 1 of 2023	Count (Percentage)
≤8 weeks	1,152 (59.78%)
9-13 weeks	742 (38.51%)
14-20 weeks	23 (1.19%)
≥21 weeks	10 (0.52%)
Total	1,927 (100.00%)

Procedure Type Used to Terminate Pregnancy, Quarter 1 of 2023	
Nonsurgical	1,094 (56.77%)
Surgical	833 (43.23%)
Total	1,927 (100.00%)

The average age of a woman who obtained a termination was 27.09 (SD=6.03) with a median age of 29.5 years. Almost half of those who sought terminations were White (42.61%) and just over one-third were Black (39.80%). The majority were unmarried (86.09%) and had at least a high school diploma or GED (80.33%).

More than half (59.78%) of all terminated pregnancies occurred during weeks 5-8 gestation. Non-surgical terminations (56.77%) were reported more frequently than surgical terminations

(43.23%). The county with the highest number of residents who obtained terminations in the first 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.⁽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

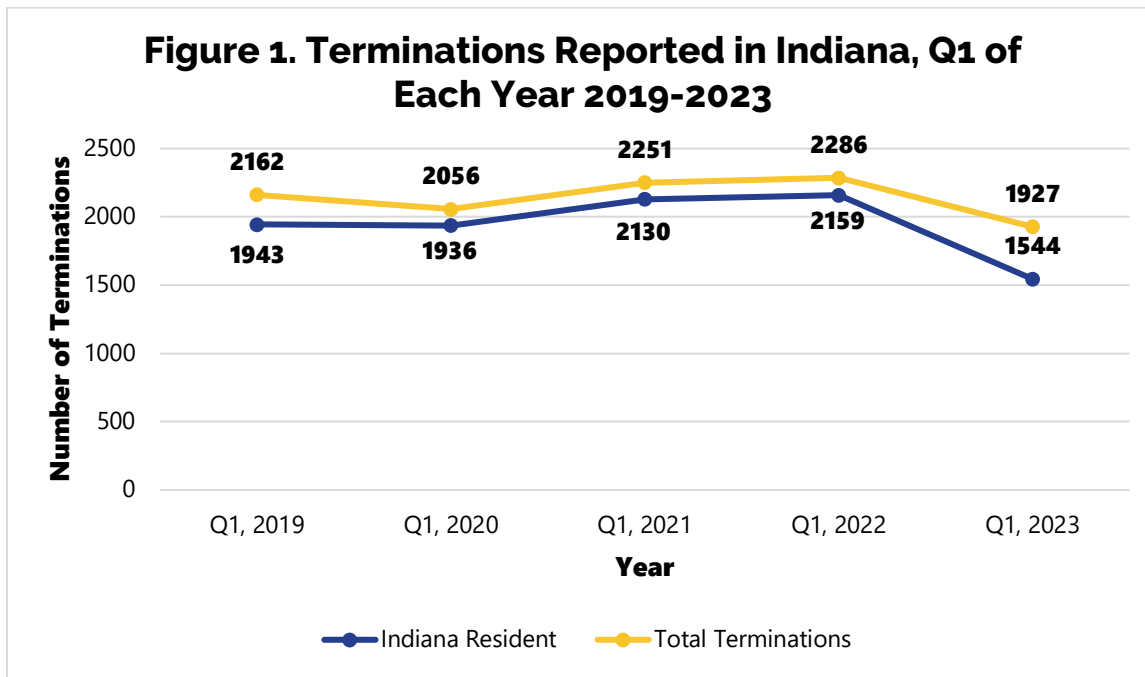
The categorization of data is based on CDC standards.⁽³⁾ Physicians report both the post-fertilization age and gestational age of the fetus, but the two are calculated differently. Gestational age is approximately two weeks greater than post-fertilization age. The Indiana Code refers to post-fertilization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

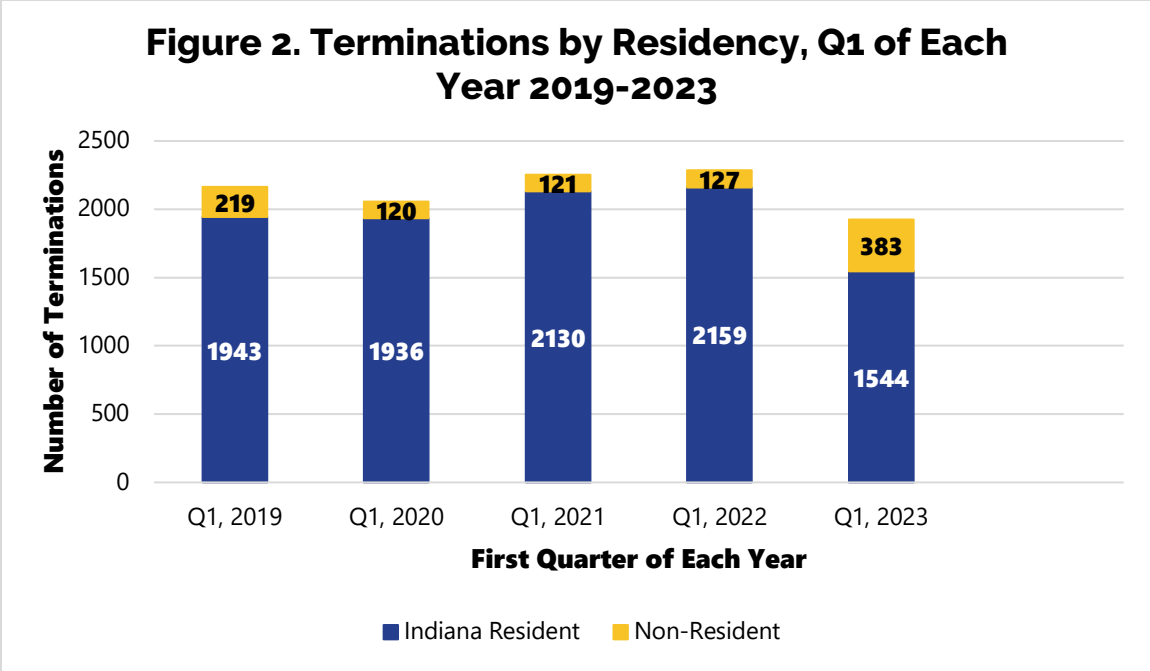
ANALYTIC PROCEDURES

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

During the first quarter of 2023 (January through March), providers reported 1,927 terminations to the Indiana Department of Health. Of these, 1,544 (80.12%) were for Indiana residents. Of the 383 (19.88%) 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 first quarter of 2023.

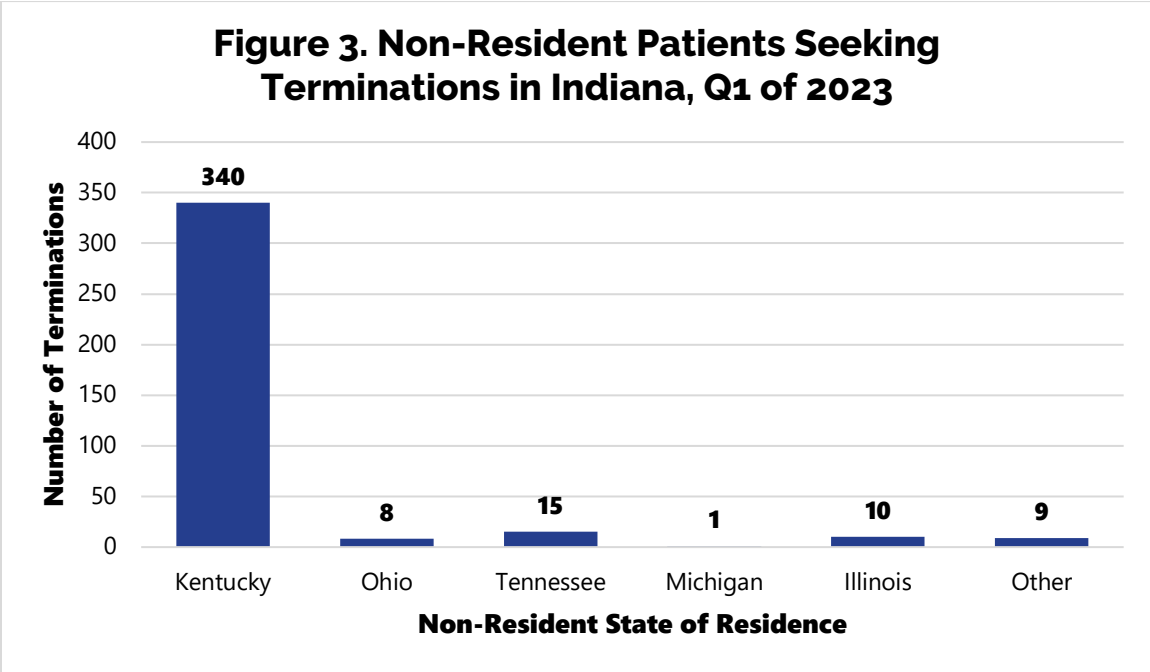


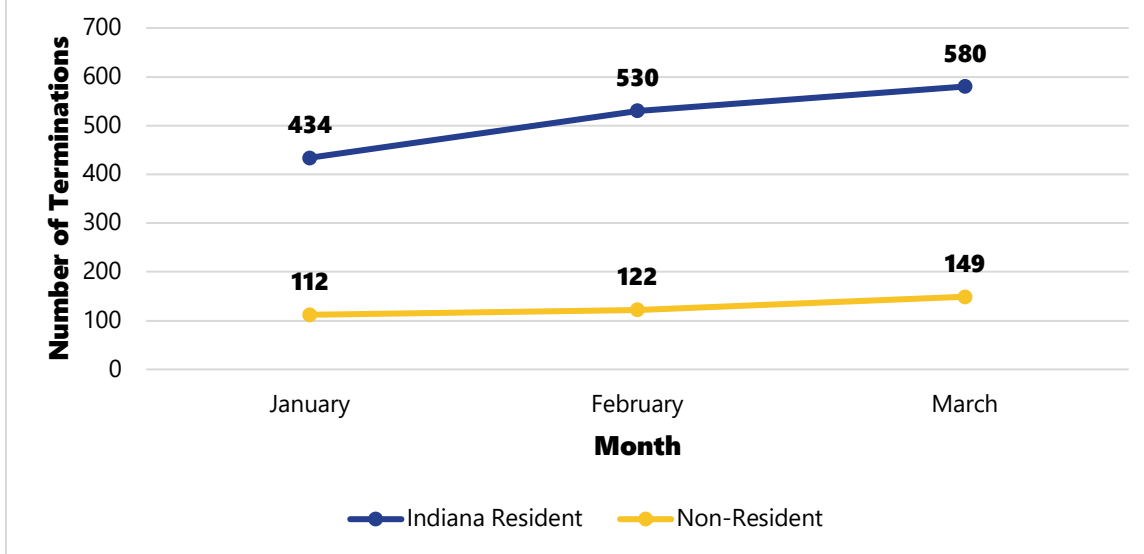
Table 1: Rate of Reported Terminations Among Indiana Residents of Childbearing Age Occurring in Indiana, Q1 of Each Year 2019-2023			
Year	Count	Population Est.[†]	Rate[*]
Q1, 2019	1,943	1,310,454	1.5
Q1, 2020	1,936	1,314,073	1.5
Q1, 2021	2,130	1,328,151	1.6
Q1, 2022	2,159	1,328,151	1.6
Q1, 2023	1,544	1,328,151**	1.2

**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 year⁵
*Rate is per 1,000. (Indiana had terminations in age ranging from 14-46 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 first quarter of 2023.

Table 2. Terminations Among Resident and Non-Resident Women in Indiana by Month in Q1 of 2023			
Month	IN Resident Terminations (n = 1,544)	Non-Resident Terminations (n = 383)	Total Terminations (n = 1,927)
January	434	112	546
February	530	122	652
March	580	149	729

Figure 4. Terminations Among Resident and Non-Resident Women in Indiana by Month, Q1 of 2023



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 first quarter of 2023.

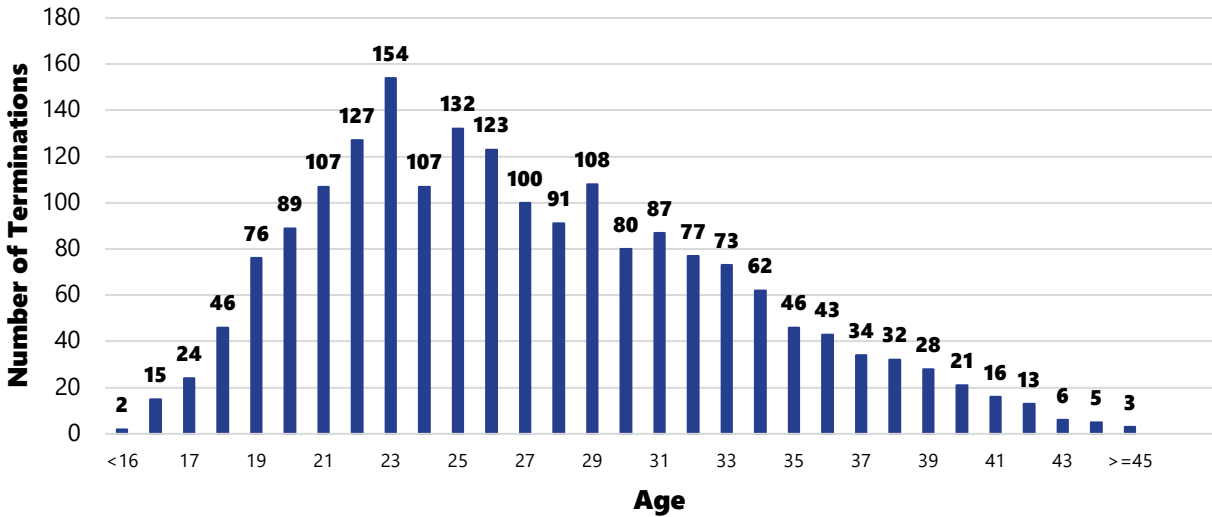
AGE

The age range for women receiving terminations in Indiana in the first quarter of 2023 was 14 to 46 years. The average age of a woman who obtained a termination was 27.09 (SD=6.03) with a median age of 29.5 years. Approximately 59.06% of terminations were performed for people aged 20-29 years. Adolescents, or patients under age 20, accounted for 163 (8.46%) terminations in Indiana in the first quarter of 2023. Patients under the age of 16 years old accounted for 2 (0.10%) terminations in Indiana in the first quarter of 2023.

Age, years	Count (%)	Count of Live Births in Q1 2023
< 16	2 (0.10%)	32 (0.17%)
16-17	39 (2.02%)	209 (1.08%)
18-19	122 (6.33%)	730 (3.77%)
20-24	584 (30.31%)	4,226 (21.81%)
25-29	554 (28.75%)	6,100 (31.48%)
30-34	379 (19.67%)	5,153 (26.60%)
35-39	183 (9.50%)	2,360 (12.18%)
40-44	61 (3.17%)	527 (2.72%)
≥ 45	3 (0.16%)	36 (0.19%)
Unknown	0 (0.00%)	0 (0.00%)
Total	1,927 (100.00%)	19,373 (100.00%)

**Birth counts for 2023 are preliminary.

Figure 5. Age Distribution of Women Who Obtained Terminations in Indiana, Q1 of 2023

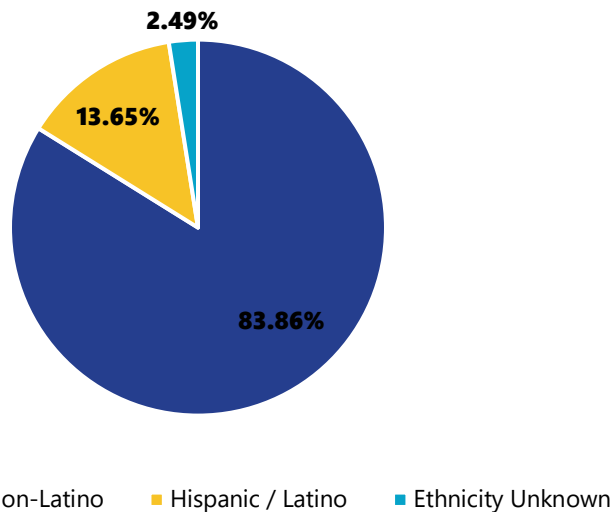


RACE AND ETHNICITY

Almost half (42.61%) of the women receiving terminations reported their race as White, while slightly more than one-third (39.80%) identified their race as Black or African American. Women who identified as Hispanic or Latino accounted for 13.65% of terminations in the first quarter of 2023. Women who marked more than one race checkbox were classified under the multiple-race category for this analysis.

Table 4. Race and Ethnicity of Women Obtaining Terminations in Indiana, Q1 of 2023	
Race	Count (%)
White	821 (42.61%)
Black / African American	767 (39.80%)
Asian	59 (3.06%)
American Indian / Alaska Native	1 (0.05%)
Pacific Islander / Native Hawaiian	2 (0.10%)
Multiple Races	24 (1.25%)
Other	162 (8.41%)
Unknown	91 (4.72%)
Total	1,927 (100.00%)
Ethnicity	Count (%)
Non-Hispanic / Non-Latino	1,616 (83.86%)
Hispanic / Latino	263 (13.65%)
Ethnicity Unknown	48 (2.49%)
Total	1,927 (100.00%)

Figure 6. Ethnicity of Women Obtaining Terminations in Indiana, Q1 of 2023



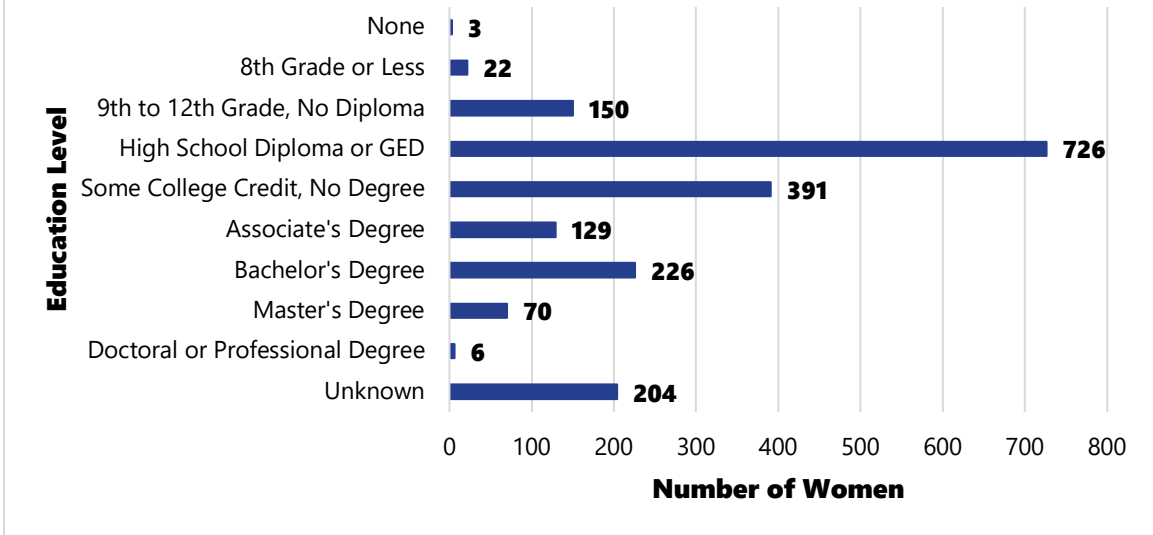
EDUCATION AND MARITAL STATUS

The majority of women seeking terminations in the first quarter of 2023 were unmarried (86.09%) and had at least a high school diploma or GED (80.33%).

Table 5. Marital Status of Women Obtaining Terminations in Indiana, Q1 of 2023	
Marital Status	Count (%)
Unmarried	1,659 (86.09%)
Married	192 (9.96%)
Divorced	53 (2.75%)
Separated	23 (1.19%)
Total	1,927 (100.00%)

Table 6. Education Level of Women Obtaining Terminations in Indiana, Q1 of 2023	
Education Level	Count (%)
None	3 (0.16%)
8th Grade or Less	22 (1.14%)
9th to 12th Grade, No Diploma	150 (7.78%)
High School Diploma or GED	726 (37.68%)
Some College Credit, No Degree	391 (20.29%)
Associate's degree	129 (6.69%)
Bachelor's Degree	226 (11.73%)
Master's Degree	70 (3.63%)
Doctoral or Professional Degree	6 (0.31%)
Unknown	204 (10.59%)
Total	1,927 (100.00%)

Figure 7. Education Level of Women Obtaining Terminations in Indiana, Q1 of 2023



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 1,927 women who obtained a pregnancy termination in the first quarter of 2023, 1,236 (64.14%) indicated that they previously had at least one live birth of a child that is still living, 17 (0.88%) indicated that they have previously had at least one live birth for a child that is now deceased, 376 (19.51%) previously experienced at least one spontaneous termination, and 666 (34.56%) had terminated at least one previous pregnancy.

Table 7. Pregnancy History of Women Obtaining Terminations in Indiana, Q1 of 2023	
Pregnancy History	Count (%)
Previous Live Births Still Living	
0	691 (35.86)
1	504 (26.16%)
2	414 (21.48%)
≥3	318 (16.50%)
Previous Live Births Now Deceased	
0	1,526 (79.19%)
1	12 (0.62%)
2	2 (0.10%)
≥3	3 (0.16%)
Termination History	Count (%)
Previous Spontaneous Terminations	
0	1,551 (80.49%)
1	269 (13.96%)
2	74 (3.84%)
≥3	33 (1.71%)
Previous Induced Terminations	
0	1,261 (65.44%)
1	400 (20.76%)
2	182 (9.45%)
≥3	84 (4.36%)

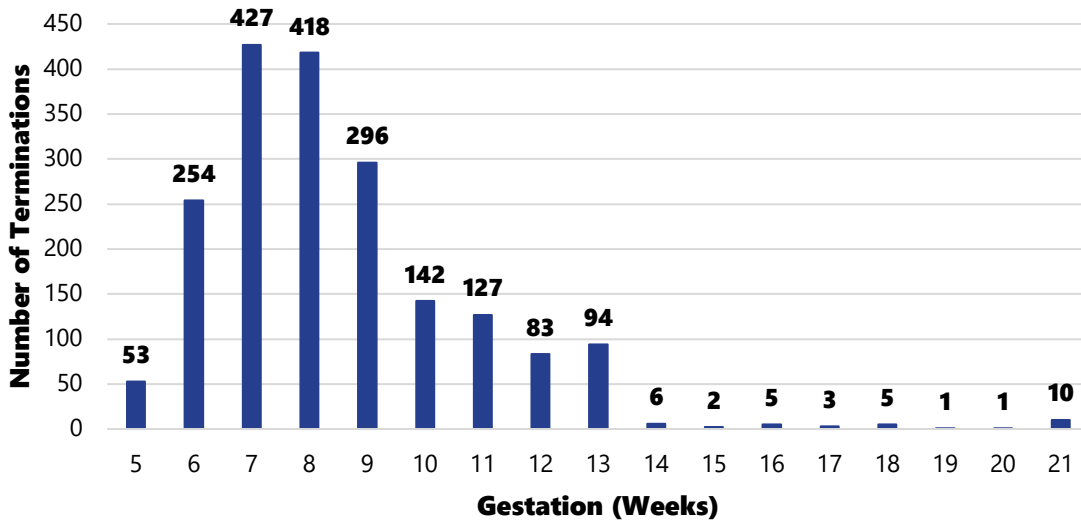
MEDICAL INFORMATION OF WOMEN RECEIVING TERMINATIONS

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 59.78% 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.

Figure 8. Gestational Age at Time of Termination, Quarter 1 of 2023

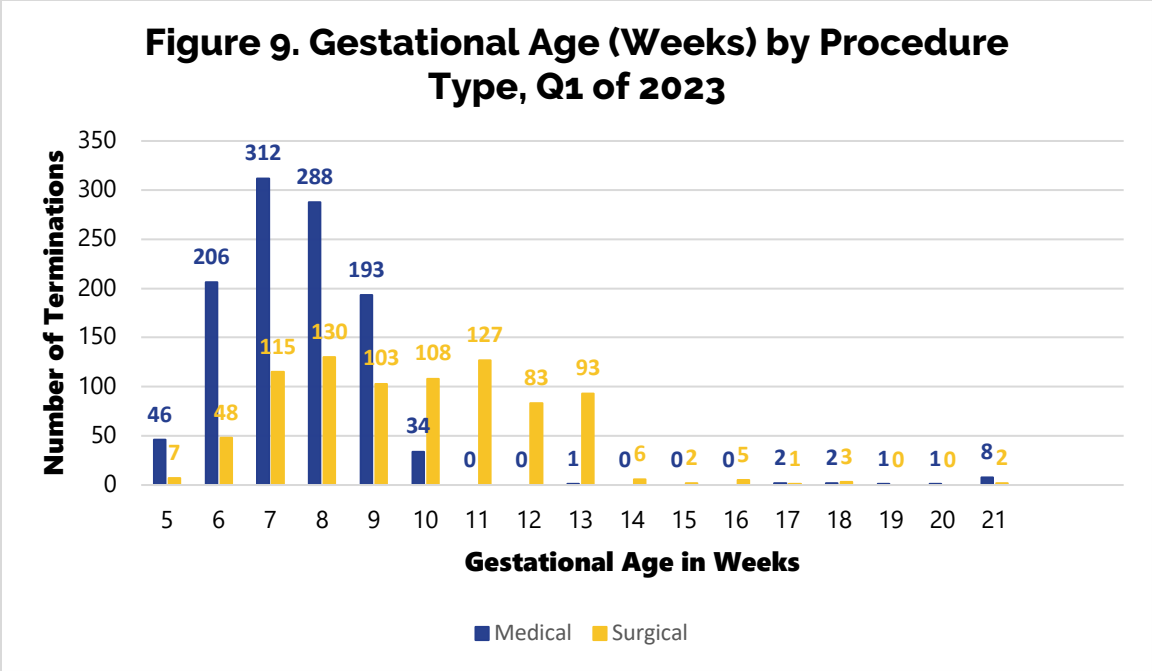


Number of Weeks	Counts (Percentage)
≤8 weeks	1,152 (59.78%)
9-13 weeks	742 (38.51%)
14-20 weeks	23 (1.19%)
≥21 weeks	10 (0.52%)
Total	1,927 (100.00%)

PROCEDURE TYPE

Terminated pregnancies are classified as either medical (nonsurgical) or surgical. Medical procedures were more common than surgical procedures. For 1,081 (56.10%) terminations, both mifepristone (Mifeprex) and misoprostol (Cytotec) were used to terminate pregnancies, and the use of only misoprostol (Cytotec) accounted for 2 (0.10%) terminations. Surgical procedures accounted for 833 (43.23%) terminations. Of the 1,927 women who terminated a pregnancy in the first quarter of 2023, 31 had an unsuccessful first attempt and had to return to the facility for an additional procedure.

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 first 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.

Table 9. Terminations Reported in Indiana by Facility, Q1 of 2023				
Facility Type	Facility	Medical	Surgical	Total
Abortion Clinic	The Women’s Med Center of Indianapolis	330 (17.13%)	369 (19.15%)	699 (36.27%)
	Planned Parenthood Bloomington	214 (11.11%)	213 (11.05%)	427 (22.16%)
	Clinic for Women	343 (17.80%)	41 (2.13%)	384 (19.93%)
	Planned Parenthood Merrillville	95 (5.03%)	177 (9.19%)	272 (14.12%)
	Planned Parenthood of Indiana (Lafayette)	97 (5.03%)	0 (0.00%)	97 (5.03%)
Acute Care Hospital	Sidney & Lois Eskenazi Hospital	7 (0.36%)	14 (0.73%)	21 (1.04%)
	Riley Health Maternity Tower	7 (0.36%)	13 (0.68%)	20 (1.04%)
	Indiana University Health University Hospital	1 (0.05%)	2 (0.10%)	3 (0.16%)
	Indiana University Health Methodist Hospital	0 (0.00%)	2 (0.10%)	2 (0.10%)
	Schneck Medical Center	0 (0.00%)	2 (0.10%)	2 (0.10%)
Total		1,094 (56.77%)	833 (43.23%)	1,927 (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: Jackson, Lake, Marion, Monroe, and Tippecanoe.

Table 11. County of termination, Q1 of 2023	
County of Termination	Total Count (%)
Jackson	2 (0.10%)
Lake	272 (14.12%)
Marion	1,129 (58.59%)
Monroe	427 (22.16%)
Tippecanoe	97 (5.03%)
Total	1,927 (100.00%)

Figure 10. County of Termination by Percentage, Q1 of 2023

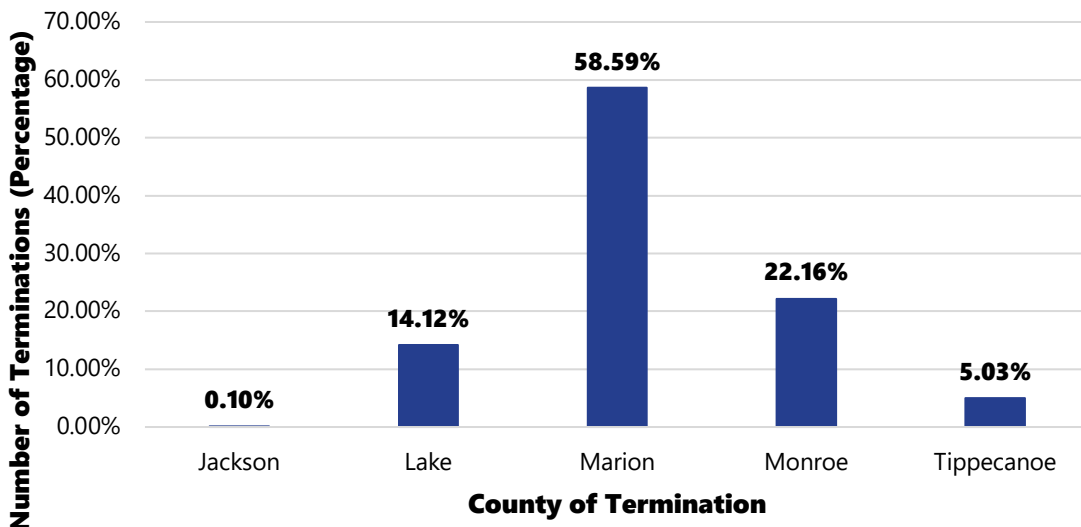


Table 12. Below is a facility breakdown of where terminations were performed for Indiana and non-Indiana residents in quarter 1 of 2023.

Table 12. Facility Performing Terminated Pregnancies, Q1 of 2023					
Facility Type	Facility	County	IN Resident Count (%)	Non-In Resident Count (%)	Total Count (%)
Abortion Clinic	The Women’s Med Center of Indianapolis	Marion	619 (32.12%)	80 (4.15%)	699 (36.27%)
	Planned Parenthood of Bloomington	Monroe	219 (11.37%)	208 (10.795)	427 (22.16%)
	Clinic for Women	Marion	337 (17.49%)	47 (2.44%)	384 (19.93%)
	Planned Parenthood of Merrillville	Lake	241 (12.51%)	31 (1.61%)	272 (14.12%)
	Planned Parenthood of Indiana (Lafayette)	Tippecanoe	81 (4.20%)	16 (0.83%)	97 (5.03%)
Acute Care Hospital	Sidney & Lois Eskenazi Hospital	Marion	21 (1.09%)	0 (0.00%)	21 (1.09%)
	Riley Health Maternity Tower	Marion	19 (0.99%)	1 (0.05%)	20 (1.04%)
	Indiana University Health University Hospital	Marion	3 (0.16%)	0 (0.00%)	3 (0.16%)
	Indiana University Health Methodist Hospital	Marion	0 (0.10%)	0 (0.00%)	2 (0.10%)
	Schneck Medical Center – Hospital	Jackson	0 (0.10%)	0 (0.00%)	2 (0.10%)
Total			1,544 (80.12%)	383 (19.88%)	1,927 (100.00%)

COUNTY OF RESIDENCE

A total of 1,927 terminations were performed in the first quarter of 2023, with 1,544 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 (749) while Adams, Clay, DeKalb, Fulton, La Grange, Lawrence, Parke, Pike, Switzerland, Union, Wabash, and White counties had 0 residents seeking a termination in the first quarter of 2023.

Table 13. Number of Indiana Residents Receiving Terminations by County of Residence, Q1 of 2023

County of Residence	Count	County of Residence	Count	County of Residence	Count
Adams	0	Hendricks	42	Pike	0
Allen	35	Henry	5	Porter	29
Bartholomew	14	Howard	16	Posey	1
Benton	1	Huntington	2	Pulaski	1
Blackford	3	Jackson	5	Putnam	6
Boone	11	Jasper	4	Randolph	2
Brown	1	Jay	1	Ripley	3
Carroll	3	Jefferson	13	Rush	1
Cass	2	Jennings	6	Scott	2
Clark	24	Johnson	52	Shelby	6
Clay	0	Knox	1	Spencer	1
Clinton	3	Kosciusko	4	St. Joseph	14
Crawford	1	LaGrange	0	Starke	2
Daviess	2	Lake	91	Steuben	1
De Kalb	0	LaPorte	13	Sullivan	2
Dearborn	1	Lawrence	0	Switzerland	0
Decatur	2	Madison	30	Tippecanoe	39
Delaware	26	Marion	749	Tipton	1
Dubois	8	Marshall	1	Union	0
Elkhart	10	Martin	1	Vanderburgh	28
Fayette	2	Miami	6	Vermillion	1
Floyd	15	Monroe	28	Vigo	15
Fountain	2	Montgomery	6	Wabash	0
Franklin	1	Morgan	11	Warren	1
Fulton	0	Newton	2	Warrick	2
Gibson	2	Noble	2	Washington	2
Grant	12	Ohio	1	Wayne	9
Greene	4	Orange	3	Wells	1
Hamilton	63	Owen	2	White	0
Hancock	22	Parke	0	Whitley	2
Harrison	5	Perry	1	Total	1,544

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.

Providers also are 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 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. 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