

Alaska Induced Terminations 2025 Annual Report



Alaska Department of Health

Division of Public Health

Health Analytics and Vital Records



Alaska Induced Terminations 2025 Annual Report

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Executive Summary

Terminations	2024	2025
Alaska occurrences	1,225 (100%)	1,220 (100%)
Alaska residents	1,203 (98%)	1,201 (98%)
Age: 15-44 years old (women of reproductive age)	1,215 (99%)	1,212 (99%)
Age: 15-19 years old (teen)	154 (13%)	143 (12%)
Race: White	512 (42%)	488 (40%)
Race: Black	81 (7%)	69 (6%)
Race: American Indian/Alaska Native	356 (29%)	261 (21%)
Race: Asian/Pacific Islander	105 (9%)	96 (8%)
Ethnicity: Hispanic	123 (10%)	104 (9%)
Marital Status: Married	195 (16%)	184 (15%)
Marital Status: Unmarried	1,000 (82%)	1,017 (83%)
Previous Live Births: One or more	600 (49%)	610 (50%)
Previous Terminations: None	880 (72%)	759 (62%)
Previous Terminations: Two or more	140 (11%)	157 (13%)
Gestation: Less than or equal to 13 weeks	1,136 (93%)	1,121 (92%)
Congenital anomalies	9 (<1%)	3 (<1%)
Procedure: Dilation & curettage	245 (20%)	356 (29%)
Procedure: Mifepristone	721 (59%)	730 (60%)
Payment source: Medicaid	528 (43%)	475 (39%)
Payment source: Self-Pay	362 (30%)	418 (34%)
Did not request a copy of information on fetal development, induced termination, pregnancy, and family planning	1,012 (83%)	1,001 (82%)
Unknown if requested a copy of information	213 (17%)	120 (10%)
Received a copy of information on fetal development, induced termination, pregnancy, and family planning	185 (15%)	305 (25%)

Introduction

About this Report

The Alaska Induced Terminations Annual Report is prepared by the Alaska Department of Health, Health Analytics and Vital Records Section (HAVRS). This report contains information about induced terminations of pregnancy that occurred in Alaska during calendar year 2025, in accordance with Alaska Statute (AS) 18.50.245.¹ Induced termination data can be used to:

- Monitor trends in the number of induced terminations and the characteristics of patients.
- Assess changes in the types of procedures used to terminate a pregnancy and the gestational age (in weeks) when induced terminations are performed.
- Evaluate the effectiveness of family planning programs and programs to prevent unintended pregnancy.

For surveillance purposes, a legal induced termination is defined as an intervention performed by a licensed clinician within the limits of Alaska’s regulations that is intended to terminate a suspected or known ongoing pregnancy and that does not result in a live birth.² State reported data may include terminations that were medically necessary to save the mother’s life or were not elective (such as ectopic or molar pregnancies) or where medication was provided to manage a miscarriage. Reasons for a terminated pregnancy are not reported to the state.

How Statistics Are Collected

The information in this report is based on induced termination of pregnancy reports received by HAVRS as of February 1st, 2026. Definitions of the terms used in this report can be found in Appendix A. A copy of the form used to report an induced termination can be found in Appendix B. In this report, the term “induced termination of pregnancy” is used synonymously with “induced termination” or “termination”.

In Alaska, reporting of induced terminations is mandated by AS 18.50.245. Hospitals, clinics, or any other institution where an induced termination is performed are required to submit a reporting form to HAVRS. Any physician prescribing non-surgical medication-induced termination care to a patient located in Alaska is also required to submit a reporting form. The form cannot contain the name of the patient, but must contain information required in the sample form located in Appendix B. These forms are strictly confidential and are destroyed after preparation of the annual report.

Data presented in this report are gathered from the forms submitted by healthcare providers. The data on payment sources used in this report are not verified by Medicaid and may vary from other data sources. For example, when reporting terminations, the Alaska Division of Health Care Services reports actual paid Medicaid claims and includes all enrolled members who received services in-state or out-of-state. Each payment source in this report may have different policies that determine coverage for specific circumstances.³

¹ [Alaska Statute Title 18, Chapter 50, Section 245. Report of Induced Termination of Pregnancy.](#)

² [Centers for Disease Control and Prevention. Abortion Surveillance System FAQs.](#)

³ Medicaid only covers induced terminations under certain circumstances. See the [Alaska Medicaid Certificate to Request Funds for Abortion](#) form.

Alaska statutes require that induced termination of pregnancy data may only be reported in aggregate form, so that specific individuals cannot be identified. Furthermore, the report may not identify or provide information that can be used to identify the name of the physician who performed the induced termination, the name of the facility where the induced termination took place, or the name of the municipality or community in which the induced termination occurred. Because of reporting guidelines outlined in state statutes, induced termination statistics by geographic units below state-level are not available for publication.

HAVRS works closely with facilities and providers to ensure that the induced termination statistics in this report were collected accurately. However, in some cases, certain fields may contain outliers or a higher-than-average percentage with unknown information. HAVRS identifies providers with potential data quality issues and works to provide training or additional instructions to assist providers with reporting issues. Providers with questions about how to complete the Report of Induced Termination of Pregnancy form may contact the HAVRS Registration Unit at bvsregistration@alaska.gov to request assistance.

Informed Consent

In 2005, Alaska law and regulations were amended to change the reporting requirements for induced terminations of pregnancy and to add a section relating to informed consent when conducting induced terminations.⁴ The changes to state law require the Department of Health to maintain a website containing information on fetal development, induced termination, pregnancy, and family planning. The website also has resources associated with pregnancy-related social and health services in Alaska. The Section is also required to monitor whether the unidentified patient requested and received a written copy of the information required to be maintained on the Internet.

Data Notes

This report contains information on induced terminations that occurred within Alaska, regardless of the patient's place of residence. Residency is based on the patient's self-reported information. Data on Alaska resident patients who receive induced terminations outside of Alaska are not reported.

Data by race are reported for the following categories: White or Caucasian alone (White), Black or African American alone (Black), American Indian or Alaska Native alone (AI/AN), Asian, Native Hawaiian, or Other Pacific Islander alone (Asian/PI). Other races, or records where multiple races are specified are reported in combination as Other/Multiple. Records with missing information are classified as Unknown.

⁴ [Alaska Statute Title 18, Chapter 05, Section 032. Information Relating to Pregnancy and Pregnancy Alternatives.](#)

Data by ethnicity are reported for the following categories: Hispanic (Mexican, Puerto Rican, Cuban, South or Central American, or Other or Unknown Hispanic origin) and Non-Hispanic. Records with missing information are classified as Unknown. Ethnic and racial categories are not mutually exclusive and are collected independently (e.g., patients can identify as Hispanic or Non-Hispanic White, Hispanic or Non-Hispanic Black, etc.).

Data on gestational age are based on the clinical gestation estimate (in weeks) provided by the healthcare provider. If the clinical estimate is unavailable, then gestational age is estimated based on the date of termination and date of the last menses period, if available.

Live Births and Pregnancies in Alaska

Between 2020 and 2024, the most recent year for which complete data are available, Alaska's fertility rate (which measures the number of live births per 1,000 women aged 15 to 44 years old) decreased from 65.5 to 61.0 births per 1,000. The teen birth rate (which measures the number of live births per 1,000 women aged 15 to 19 years old) decreased from 16.9 to 13.5 births per 1,000.⁵ Fertility rates are based only on the number of live births and should not be confused as the rate at which women become pregnant since it does not include pregnancies that resulted in induced termination, miscarriage, or fetal death.

The rate of unintended pregnancies in Alaska is lower than the national average, based on data from the Pregnancy Risk Assessment Monitoring System (PRAMS) of the Alaska Division of Public Health, and Centers for Disease Control and Prevention. Intended pregnancies are those that are wanted sooner than, or at the time they occurred. Unintended pregnancies are those that are unwanted or wanted later (mistimed). In 2022, the most recent year for which complete PRAMS data are available, 18.6 percent of all pregnancies that resulted in a live birth in Alaska were unintended (i.e., mistimed or unwanted)⁶. This is compared to 21.2 percent among all reporting jurisdictions in the United States.⁷

⁵ [Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records. Vital Statistics 2024 Annual Report.](#)

⁶ [Alaska Pregnancy Risk Assessment Monitoring System Data Visualization Tool Version 0.1.4: Alaska Department of Health, Division of Public Health, Section of Women's, Children's, and Family Health](#) accessed on: 2026-02-18.

⁷ [Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System. Selected 2016 through 2022 Maternal and Child Health Indicators.](#)

Tables and Figures

Table 1. Induced Terminations (%) by Residence State

Residence State	2021	2022	2023	2024	2025
Alaska	1,216 (99%)	1,230 (99%)	1,194 (98%)	1,203 (98%)	1,201 (98%)
Other U.S.	11 (<1%)	15 (1%)	24 (2%)	19 (2%)	18 (1%)
Foreign	0 (0%)	0 (0%)	0 (0%)	2 (<1%)	0 (0%)
Unknown	2 (<1%)	2 (<1%)	4 (<1%)	1 (<1%)	1 (<1%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Figure 1. Induced Terminations by Residence State

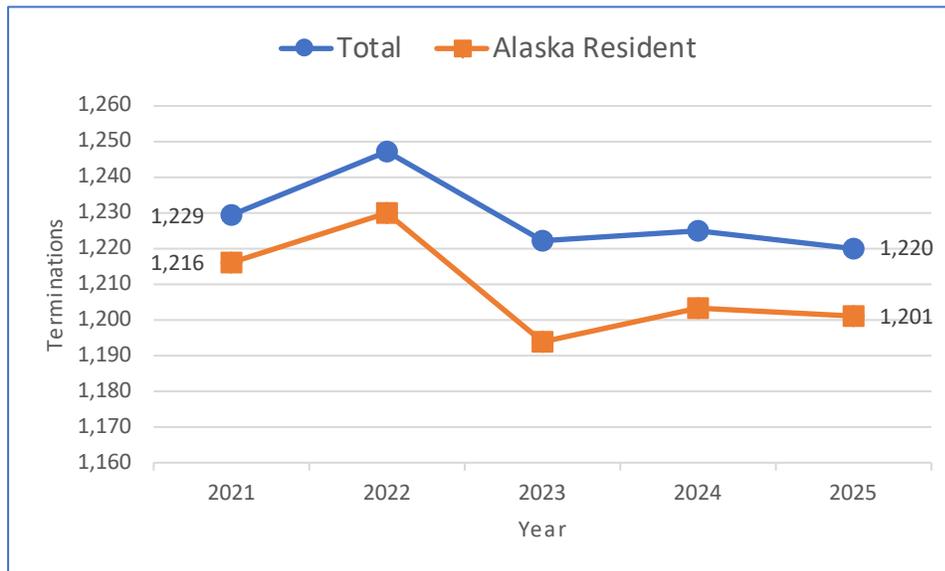


Table 2. Induced Terminations (%) by Race*

Race	2021	2022	2023	2024	2025
White	652 (53%)	607 (49%)	586 (48%)	512 (42%)	488 (40%)
Black	88 (7%)	117 (9%)	100 (8%)	81 (7%)	69 (6%)
AI/AN	264 (21%)	297 (24%)	327 (27%)	356 (29%)	261 (21%)
Asian/PI	82 (7%)	112 (9%)	88 (7%)	105 (9%)	96 (8%)
Other/Multiple	101 (8%)	88 (7%)	52 (4%)	100 (8%)	132 (11%)
Unknown	42 (3%)	26 (2%)	69 (6%)	71 (6%)	174 (14%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Table 3. Induced Terminations (%) by Ethnicity*

Ethnicity	2021	2022	2023	2024	2025
Hispanic	36 (3%)	27 (2%)	39 (3%)	123 (10%)	104 (9%)
Non-Hispanic	1,136 (92%)	1,120 (90%)	1,087 (89%)	1,073 (88%)	950 (78%)
Unknown	57 (5%)	100 (8%)	96 (8%)	29 (2%)	166 (14%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

* Years with missing data ("Unknown") that exceeds 10% is prone to bias and should be interpreted with caution.

Table 4. Induced Terminations (%) by Age

Age	2021	2022	2023	2024	2025
<15	2 (<1%)	5 (<1%)	4 (<1%)	6 (<1%)	1 (<1%)
15-19	117 (10%)	123 (10%)	126 (10%)	154 (13%)	143 (12%)
15-17	38 (3%)	35 (3%)	43 (4%)	48 (4%)	45 (4%)
18-19	79 (6%)	88 (7%)	83 (7%)	106 (9%)	98 (8%)
20-24	359 (29%)	389 (31%)	362 (30%)	373 (30%)	345 (28%)
25-29	327 (27%)	320 (26%)	309 (25%)	305 (25%)	294 (24%)
30-34	231 (19%)	235 (19%)	259 (21%)	222 (18%)	253 (21%)
35-39	146 (12%)	136 (11%)	131 (11%)	124 (10%)	138 (11%)
40-44	45 (4%)	35 (3%)	31 (3%)	37 (3%)	39 (3%)
45+	2 (<1%)	3 (<1%)	0 (0%)	3 (<1%)	6 (<1%)
Unknown	0 (0%)	1 (<1%)	0 (0%)	1 (<1%)	1 (<1%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Figure 2. 2025 Induced Terminations by Age

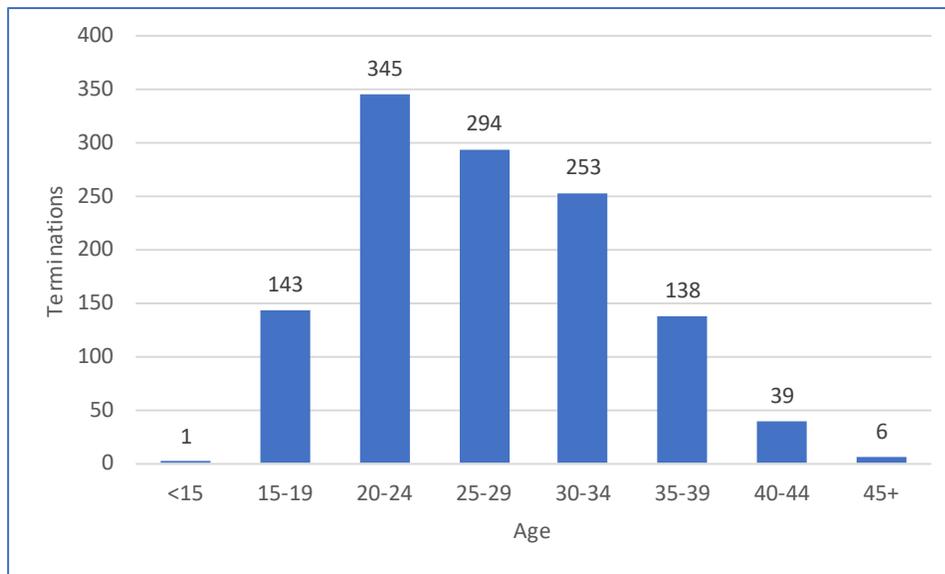


Table 5. Induced Terminations (%) by Previous Live Births

Previous Live Births	2021	2022	2023	2024	2025
0	580 (47%)	587 (47%)	597 (49%)	624 (51%)	582 (48%)
1	243 (20%)	263 (21%)	238 (19%)	213 (17%)	223 (18%)
2	216 (18%)	216 (17%)	190 (16%)	181 (15%)	188 (15%)
3	100 (8%)	100 (8%)	110 (9%)	107 (9%)	108 (9%)
4	41 (3%)	51 (4%)	47 (4%)	49 (4%)	46 (4%)
5+	49 (4%)	30 (2%)	40 (3%)	50 (4%)	45 (4%)
Unknown	0 (0%)	0 (0%)	0 (0%)	1 (<1%)	28 (2%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Table 6. Induced Terminations (%) by Previous Terminations

Previous Terminations	2021	2022	2023	2024	2025
0	814 (66%)	840 (67%)	777 (64%)	880 (72%)	759 (62%)
1	256 (21%)	277 (22%)	275 (23%)	204 (17%)	283 (23%)
2	87 (7%)	91 (7%)	118 (10%)	83 (7%)	96 (8%)
3	41 (3%)	25 (2%)	39 (3%)	36 (3%)	39 (3%)
4	16 (1%)	6 (<1%)	6 (<1%)	11 (<1%)	14 (1%)
5+	12 (<1%)	8 (<1%)	5 (<1%)	10 (<1%)	8 (<1%)
Unknown	3 (<1%)	0 (0%)	2 (<1%)	1 (<1%)	21 (2%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Table 7. Induced Terminations (%) by Marital Status*

Marital Status	2021	2022	2023	2024	2025
Married	193 (16%)	183 (15%)	245 (20%)	195 (16%)	184 (15%)
Unmarried	839 (68%)	793 (64%)	894 (73%)	1,000 (82%)	1,017 (83%)
Unknown	197 (16%)	271 (22%)	83 (7%)	30 (2%)	19 (2%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Table 8. Induced Terminations (%) by Education (Years)

Education (Years)	2021	2022	2023	2024	2025
<12 years	74 (6%)	68 (5%)	98 (8%)	152 (12%)	119 (10%)
12 years	834 (68%)	866 (69%)	617 (50%)	613 (50%)	629 (52%)
13+ years	309 (25%)	312 (25%)	417 (34%)	404 (33%)	423 (35%)
Unknown	12 (<1%)	1 (<1%)	90 (7%)	56 (5%)	49 (4%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

* Years with missing data ("Unknown") that exceeds 10% is prone to bias and should be interpreted with caution.

Table 9. Induced Terminations (%) by Gestation (Weeks)

Gestation (Weeks)	2021	2022	2023	2024	2025
<6	366 (30%)	417 (33%)	358 (29%)	469 (38%)	412 (34%)
7-9	551 (45%)	518 (42%)	550 (45%)	485 (40%)	512 (42%)
10-13	233 (19%)	229 (18%)	219 (18%)	182 (15%)	197 (16%)
14-15	48 (4%)	39 (3%)	56 (5%)	38 (3%)	46 (4%)
16-17	28 (2%)	43 (3%)	39 (3%)	37 (3%)	43 (4%)
18-20	1 (<1%)	0 (0%)	0 (0%)	1 (<1%)	1 (<1%)
21+	2 (<1%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)	13 (1%)	9 (<1%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Figure 3. 2025 Induced Terminations by Gestation (Weeks)

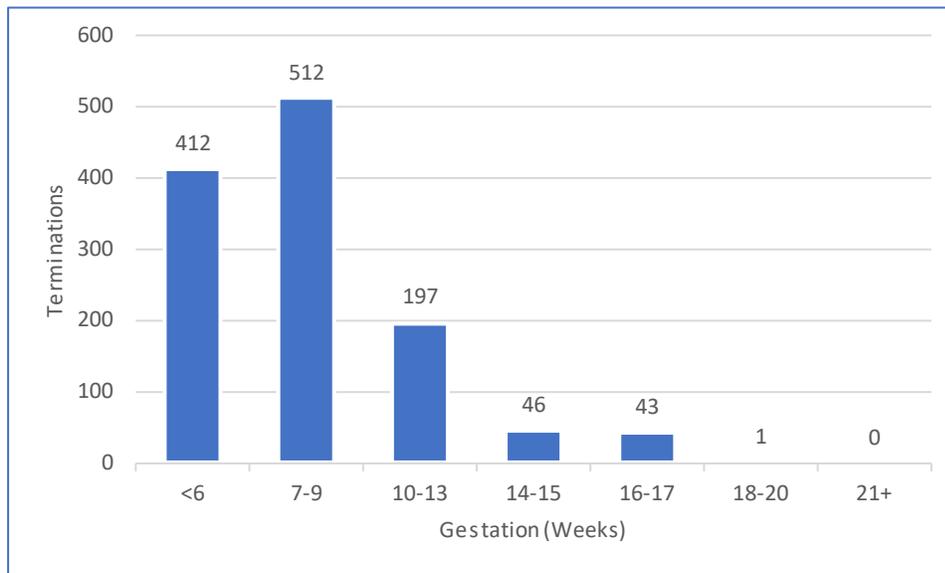


Table 10. Induced Terminations (%) by Procedure

Procedure	2021	2022	2023	2024	2025
Dilation & Curettage	663 (54%)	514 (41%)	364 (30%)	245 (20%)	356 (29%)
Dilation & Evacuation	119 (10%)	128 (10%)	172 (14%)	231 (19%)	115 (9%)
Hysterectomy/Hysterotomy	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Mifepristone	443 (36%)	603 (48%)	685 (56%)	721 (59%)	730 (60%)
Misoprostol	0 (0%)	1 (<1%)	0 (0%)	15 (1%)	12 (<1%)
Methotrexate	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Intrauterine Instillation	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	4 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)
Unknown	0 (0%)	0 (0%)	0 (0%)	12 (<1%)	6 (<1%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Figure 4. 2025 Induced Terminations by Procedure

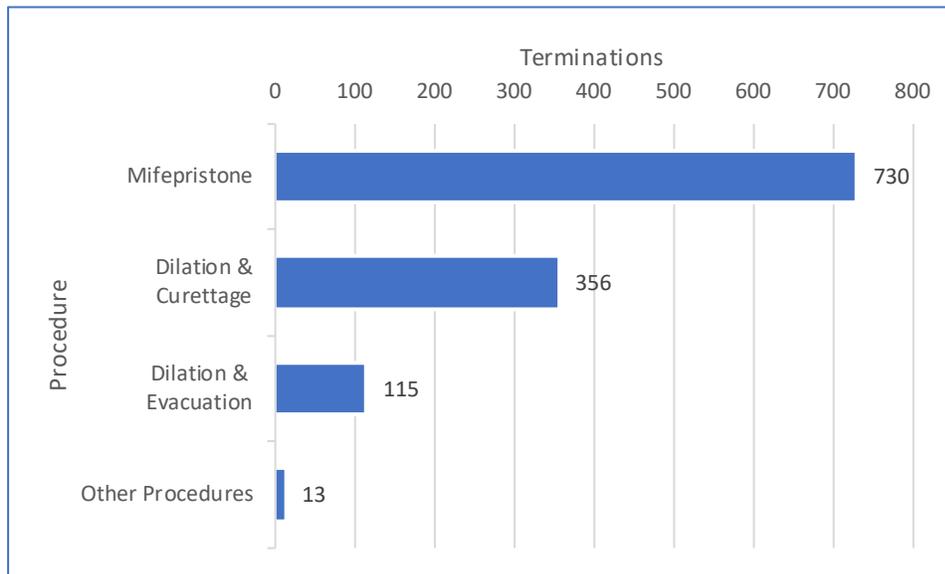


Table 11. Induced Terminations (%) by Payment Source^{8,9}

Payment Source	2021	2022	2023	2024	2025
Medicaid	539 (44%)	546 (44%)	514 (42%)	528 (43%)	475 (39%)
Insurance	92 (7%)	77 (6%)	78 (6%)	114 (9%)	75 (6%)
Self-Pay	485 (39%)	423 (34%)	423 (35%)	362 (30%)	418 (34%)
Other	113 (9%)	201 (16%)	197 (16%)	198 (16%)	234 (19%)
Unknown	0 (0%)	0 (0%)	10 (<1%)	23 (2%)	18 (1%)
Total	1,229 (100%)	1,247 (100%)	1,222 (100%)	1,225 (100%)	1,220 (100%)

Table 12. 2025 Induced Terminations (%) by Payment Source and Marital Status

Payment Source	Married	Unmarried	Unknown	Total
Medicaid	51 (28%)	417 (41%)	7 (37%)	475 (39%)
Insurance	16 (9%)	59 (6%)	0 (0%)	75 (6%)
Self-Pay	66 (36%)	342 (34%)	10 (53%)	418 (34%)
Other	51 (28%)	182 (18%)	1 (5%)	234 (19%)
Unknown	0 (0%)	17 (2%)	1 (5%)	18 (1%)
Total	184 (100%)	1,017 (100%)	19 (100%)	1,220 (100%)

⁸ The data on payment sources used in this report are not verified by Medicaid and may vary from other data sources, such as the Alaska Division of Health Care Services reports. Each payment source in this report may have different policies that determine coverage for specific circumstances.

⁹ Medicaid only covers induced terminations under certain circumstances. See the [Alaska Medicaid Certificate to Request Funds for Abortion](#) form.

Table 13. 2025 Induced Terminations (%) by Age and Marital Status

Age	Married	Unmarried	Unknown	Total
<15	0 (0%)	1 (<1%)	0 (0%)	1 (<1%)
15-19	3 (2%)	139 (14%)	1 (5%)	143 (12%)
15-17	0 (0%)	45 (4%)	0 (0%)	45 (4%)
18-19	3 (2%)	94 (9%)	1 (5%)	98 (8%)
20-24	34 (18%)	304 (30%)	7 (37%)	345 (28%)
25-29	55 (30%)	235 (23%)	4 (21%)	294 (24%)
30-34	41 (22%)	210 (21%)	2 (11%)	253 (21%)
35-39	36 (20%)	97 (10%)	5 (26%)	138 (11%)
40-44	12 (7%)	27 (3%)	0 (0%)	39 (3%)
45+	3 (2%)	3 (<1%)	0 (0%)	6 (<1%)
Unknown	0 (0%)	1 (<1%)	0 (0%)	1 (<1%)
Total	184 (100%)	1,017 (100%)	19 (100%)	1,220 (100%)

Table 14. 2025 Induced Terminations (%) by Race and Payment Source

Race	Medicaid	Insurance	Self-Pay	Other	Unknown	Total
White	145 (31%)	47 (63%)	200 (48%)	89 (38%)	7 (39%)	488 (40%)
Black	23 (5%)	1 (1%)	23 (6%)	21 (9%)	1 (6%)	69 (6%)
AI/AN	146 (31%)	10 (13%)	67 (16%)	33 (14%)	5 (28%)	261 (21%)
Asian/PI	31 (7%)	7 (9%)	33 (8%)	25 (11%)	0 (0%)	96 (8%)
Other/Multiple	64 (13%)	5 (7%)	36 (9%)	25 (11%)	2 (11%)	132 (11%)
Unknown	66 (14%)	5 (7%)	59 (14%)	41 (18%)	3 (17%)	174 (14%)
Total	475 (100%)	75 (100%)	418 (100%)	234 (100%)	18 (100%)	1,220 (100%)

Table 15. 2025 Induced Terminations (%) by Age and Payment Source

Age	Medicaid	Insurance	Self-Pay	Other	Unknown	Total
<15	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (6%)	1 (<1%)
15-19	59 (12%)	3 (4%)	53 (13%)	27 (12%)	1 (6%)	143 (12%)
15-17	24 (5%)	1 (1%)	9 (2%)	11 (5%)	0 (0%)	45 (4%)
18-19	35 (7%)	2 (3%)	44 (11%)	16 (7%)	1 (6%)	98 (8%)
20-24	102 (21%)	18 (24%)	144 (34%)	77 (33%)	4 (22%)	345 (28%)
25-29	124 (26%)	18 (24%)	90 (22%)	55 (24%)	7 (39%)	294 (24%)
30-34	110 (23%)	18 (24%)	77 (18%)	44 (19%)	4 (22%)	253 (21%)
35-39	64 (13%)	11 (15%)	37 (9%)	25 (11%)	1 (6%)	138 (11%)
40-44	16 (3%)	5 (7%)	14 (3%)	4 (2%)	0 (0%)	39 (3%)
45+	0 (0%)	2 (3%)	2 (<1%)	2 (<1%)	0 (0%)	6 (<1%)
Unknown	0 (0%)	0 (0%)	1 (<1%)	0 (0%)	0 (0%)	1 (<1%)
Total	475 (100%)	75 (100%)	418 (100%)	234 (100%)	18 (100%)	1,220 (100%)

Table 16. 2025 Induced Terminations (%) by Age and Race

Age	White	Black	AI/AN	Asian/PI	Other/Multiple	Unknown	Total
<15	0 (0%)	0 (0%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)	1 (<1%)
15-19	62 (13%)	8 (12%)	21 (8%)	8 (8%)	17 (13%)	27 (16%)	143 (12%)
15-17	13 (3%)	4 (6%)	11 (4%)	3 (3%)	6 (5%)	8 (5%)	45 (4%)
18-19	49 (10%)	4 (6%)	10 (4%)	5 (5%)	11 (8%)	19 (11%)	98 (8%)
20-24	130 (27%)	23 (33%)	68 (26%)	31 (32%)	40 (30%)	53 (30%)	345 (28%)
25-29	122 (25%)	18 (26%)	64 (25%)	22 (23%)	35 (27%)	33 (19%)	294 (24%)
30-34	95 (19%)	12 (17%)	72 (28%)	15 (16%)	28 (21%)	31 (18%)	253 (21%)
35-39	54 (11%)	7 (10%)	29 (11%)	16 (17%)	11 (8%)	21 (12%)	138 (11%)
40-44	19 (4%)	1 (1%)	6 (2%)	4 (4%)	1 (<1%)	8 (5%)	39 (3%)
45+	5 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (<1%)	6 (<1%)
Unknown	1 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (<1%)
Total	488 (100%)	69 (100%)	261 (100%)	96 (100%)	132 (100%)	174 (100%)	1,220 (100%)

Table 17. 2025 Induced Terminations (%) by Procedure and Gestation (Weeks)

Procedure	<6	7-9	10-13	14-15	16-17	18-20	21+	Unk.	Total
Dilation & Curettage	91 (22%)	150 (29%)	88 (45%)	16 (35%)	8 (19%)	0 (0%)	0 (0%)	3 (33%)	356 (29%)
Dilation & Evacuation	4 (<1%)	11 (2%)	39 (20%)	29 (63%)	32 (74%)	0 (0%)	0 (0%)	0 (0%)	115 (9%)
Hysterectomy /Hysterotomy	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Mifepristone	312 (76%)	339 (66%)	70 (36%)	1 (2%)	2 (5%)	0 (0%)	0 (0%)	6 (67%)	730 (60%)
Misoprostol	4 (<1%)	7 (1%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	12 (<1%)
Methotrexate	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Intrauterine Instillation	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	1 (<1%)
Unknown	1 (<1%)	5 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	6 (<1%)
Total	412 (100%)	512 (100%)	197 (100%)	46 (100%)	43 (100%)	1 (100%)	0 (0%)	9 (100%)	1,220 (100%)

Appendix A

Definition of Terms

Gestational Age: The number of weeks between the first day of the last menstrual period and the date of delivery or the end of the pregnancy. This report uses the physician's estimate of gestational age. If no estimate is provided, gestational age is computed based on the date of termination and reported last menses date, if available.

Induced Termination of Pregnancy: The purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus, and which does not result in a live birth.

Induced Termination Procedures

Dilation and Curettage (D&C): A surgical procedure that is generally used in the first trimester. Requires the dilation (temporary widening) of the cervix (the uterine opening). The fetal and placental tissues are then removed with a curette or suction. D&E may also be known as aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, or sharp curettage.

Dilation and Evacuation (D&E): A surgical procedure that is generally used after the first trimester. Requires the dilation (temporary widening) of the cervix (the uterine opening). The fetal and placental tissues are then removed with a combination of instruments, suction, or forceps.

Hysterectomy/Hysterotomy: Hysterectomy is a surgical procedure in which the uterus is removed, either with the fetus inside, or after the fetus has been removed. It is rarely performed in association with an induced termination, and then only when a pathological condition of the uterus (such as fibroid tumors) or an emergency warrants its removal. Hysterotomy is a surgical procedure that involves surgical entry into the uterus (as in a cesarean section) and the removal of a fetus that is too small to survive, even with extraordinary life support measures. Hysterotomy is rarely performed and then only if other induced termination procedures fail.

Mifepristone: A medication usually taken in combination with a prostaglandin (a hormone-like substance that affects bodily functions such as inflammation, pain, and uterine contractions) for ending pregnancies of up to 70 days gestation. The administration of mifepristone causes the placenta to detach from the uterine wall. A second drug (misoprostol) is given two days later to induce uterine contractions, expelling the fetus. Mifepristone may also be known as RU486 or Mifeprex.

Misoprostol or Other Prostaglandin: A medication that causes uterine contractions and softens the cervix. Misoprostol is a synthetic prostaglandin E1 analog that is most effective when used in combination with Mifepristone but may also be used alone to induce uterine contractions and expel the fetus. Misoprostol may also be known as Cytotec. Other commonly used prostaglandins include dinoprostone. Dinoprostone may also be known as Cervidil, prepidil, prostin E2, or dinoprostol.

Methotrexate: A medication that interferes with the vitamin folic acid and kills rapidly growing cells. It is also used for the nonsurgical treatment of ectopic pregnancies (when fertilized eggs grow outside the uterus). Methotrexate is administered by injection and is followed 5 to 7 days later with misoprostol to stimulate uterine contractions. Methotrexate may also be known as Amethopterin or MTX.

Intrauterine Instillation: A rarely used procedure that involves either withdrawing a portion of amniotic fluid from the uterine cavity by a needle inserted through the abdominal wall and replacing this fluid with a concentrated salt solution (known as saline instillation) or injecting a prostaglandin into the amniotic sac (known as intra-uterine prostaglandin instillation). Both processes induce labor, resulting in the expulsion of the fetus.

Appendix B

Report of Induced Termination

In Alaska, reporting of induced terminations are mandated by Alaska Statute (AS) 18.50.245.¹⁰ A hospital, clinic, or other institution where an induced termination of pregnancy is performed in the state shall submit a report directly to the state registrar within 30 days after the induced termination is completed. The report may not contain the name of the patient whose pregnancy was terminated but must contain the information required by the state registrar in regulations adopted under this section. When an induced termination of pregnancy is performed by a physician outside of a hospital, clinic, or other institution, the physician shall submit the report required under this section within 30 days after the induced termination of pregnancy is completed.

This following information is currently required.¹¹

1. Facility Name and Address
2. Medical Record Number
3. Date of Pregnancy Termination
4. Date Report Completed
5. Patient Residence City & State
6. Patient's Age at Last Birthday
7. Principal Method of Payment
8. Patient Married?
9. Patient Education
10. Patient of Hispanic Origin?
11. Patient Race
12. Number of Previous Live Births (Now Living and Now Dead)
13. Number of Other Pregnancy Outcomes (Spontaneous and Induced)

14. Clinician's Estimate of Gestational Age in Completed Weeks
15. Date Last Normal Menses Began
- 16a. Was This Termination Elected Due to the Detection of a Congenital Anomaly?
- 16b. Type of Congenital Anomaly
17. Method of Termination

Also required is confirmation of whether the patient requested or received a copy of the information maintained on the internet under AS 18.05.032.¹²

¹⁰ [Alaska Statute Title 18, Chapter 50, Section 245. Report of Induced Termination of Pregnancy.](#)

¹¹ [Alaska Department of Health. Report of Induced Termination of Pregnancy. Form 06-1566. Revised January 2024.](#)

¹² [Alaska Statute Title 18, Chapter 05, Section 032. Information Relating to Pregnancy and Pregnancy Alternatives.](#)

Report of Induced Termination (Sample)

ALASKA DEPARTMENT OF HEALTH
REPORT OF INDUCED TERMINATION OF PREGNANCY

CASE INFORMATION	1. FACILITY NAME AND ADDRESS		2. MEDICAL RECORD NUMBER	
	3. DATE OF PREGNANCY TERMINATION (MM/DD/CCYY)		4. DATE REPORT COMPLETED (MM/DD/CCYY)	
PATIENT DEMOGRAPHICS	5. PATIENT RESIDENCE – CITY & STATE (If not in US, list Country)		6. PATIENT AGE AT LAST BIRTHDAY (Years)	
	7. PRINCIPAL METHOD OF PAYMENT (Check box that best describes the principal source of payment for this termination) <input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown		8. PATIENT MARRIED? (At pregnancy termination, conception, or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	9. PATIENT EDUCATION (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th -12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associates degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		10. PATIENT OF HISPANIC ORIGIN? (Check the boxes that best describe whether the patient is Spanish/Hispanic/Latina) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (specify) _____ <input type="checkbox"/> Unknown	
11. PATIENT RACE – check all that apply (Check one or more races to indicate what the patient identifies as) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown				
12. NUMBER OF PREVIOUS LIVE BIRTHS				
a. Now Living Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown		b. Now Dead Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown		13. NUMBER OF OTHER PREGNANCY OUTCOMES
		a. Spontaneous Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown		b. Induced Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
MEDICAL AND HEALTH INFORMATION	14. CLINICIAN'S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS (If a fraction of a week is given, round down to the next whole week; e.g., record 6.2 weeks as 6 weeks, record 7.6 weeks as 7 weeks) _____ <input type="checkbox"/> Unknown		15. DATE LAST NORMAL MENSES BEGAN (MM/DD/CCYY) _____ <input type="checkbox"/> Unknown	
	16a. WAS THIS TERMINATION ELECTED DUE TO THE DETECTION OF A CONGENITAL ANOMALY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		16b. TYPE OF CONGENITAL ANOMALY <input type="checkbox"/> Chromosomal Anomaly <input type="checkbox"/> Neural Tube Defect <input type="checkbox"/> Heart Anomaly <input type="checkbox"/> Ventral Wall Defect <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	
	17. METHOD OF TERMINATION (Check only the method that terminated the pregnancy) <input type="checkbox"/> Surgical (check the type of surgical procedure) <input type="checkbox"/> D & C (Dilation and Curettage)* <input type="checkbox"/> D & E (Dilation and Evacuation) <input type="checkbox"/> Hysterectomy/Hysterotomy <input type="checkbox"/> Other surgical (specify) _____ <input type="checkbox"/> Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea) <input type="checkbox"/> Unknown <input type="checkbox"/> Medical/Non-surgical – includes early medical terminations and labor induction (check the principal medication or medications) <input type="checkbox"/> Mifepristone (RU486, Mifeprex®) <input type="checkbox"/> Misoprostol (Cytotec®), or another prostaglandin** <input type="checkbox"/> Methotrexate (Amethopterin, MTX) <input type="checkbox"/> Other medication (specify) _____			
*Additional terms that may be used include: aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, and sharp curettage. **Some commonly used prostaglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol).				
18. PATIENT REQUESTED A COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. PATIENT RECEIVED A COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

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(Rev. 01/2024)