

Alaska Induced Terminations 2022 Annual Report



Alaska Department of Health

Division of Public Health

Health Analytics and Vital Records



Alaska Induced Terminations 2022 Annual Report

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Executive Summary Table¹

Terminations	2021	2022
Alaska occurrences	1,229 (100%)	1,246 (100%)
Alaska residents	1,216 (99%)	1,229 (99%)
Age: 15-44 years old (women of reproductive age)	1,225 (100%)	1,238 (99%)
Age: 15-19 years old (teen)	117 (10%)	123 (10%)
Race: White	652 (53%)	607 (49%)
Race: Black	88 (7%)	117 (9%)
Race: American Indian/Alaska Native	264 (21%)	297 (24%)
Race: Asian/Pacific Islander	82 (7%)	112 (9%)
Ethnicity: Hispanic	36 (3%)	27 (2%)
Marital Status: Unmarried*	839 (68%)	793 (64%)
Previous Live Births: One or more	649 (53%)	659 (53%)
Previous Terminations: None	814 (66%)	839 (67%)
Previous Terminations: Two or more	156 (13%)	130 (10%)
Gestation: Less than or equal to 13 weeks	1,150 (94%)	1,163 (93%)
Congenital anomalies	4 (<1%)	3 (<1%)
Procedure: Suction curettage	663 (54%)	514 (41%)
Procedure: Mifepristone	443 (36%)	602 (48%)
Payment source: Medicaid	539 (44%)	546 (44%)
Payment source: Self-Pay	485 (39%)	423 (34%)
Did not request a copy of information on fetal development, induced termination, pregnancy, and family planning	1,221 (99%)	1,242 (100%)
Unknown if requested a copy of information	8 (<1%)	3 (<1%)
Received a copy of information on fetal development, induced termination, pregnancy, and family planning	205 (17%)	256 (21%)
Unknown if received a copy of information	8 (<1%)	4 (<1%)

¹ 2021 and 2022 marital status data contains a higher-than-average percentage of records with missing information due to reporting issues from certain providers. The Health Analytics and Vital Records Section is working with providers to improve data quality in this field for future reports.

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 2022, in accordance with Alaska Statute (AS) 18.50.245.² 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.³ 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, 2023. 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 are 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. 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.

² [Alaska Statute Title 18, Chapter 50, Section 245. Report of Induced Termination of Pregnancy.](#)

³ [Centers for Disease Control and Prevention. Abortion Surveillance System FAQs.](#)

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.

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.⁵ 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.

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.

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

⁵ [Alaska Department of Health. Division of Public Health. Women's Children's and Family Health. Informed Consent: Overview.](#)

Live Births and Pregnancies in Alaska

Between 2017 and 2021, 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 71.3 to 64.3 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 21.4 to 17.1 births per 1,000.⁶ 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.

Unintended pregnancies in Alaska are lower than the national average, based on data from the Center for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System (PRAMS). Intended pregnancies are those that are wanted sooner, or at the time they occurred. Unintended pregnancies are those that are unwanted or wanted later (mistimed). In 2020, the most recent year for which complete PRAMS data are available, 20.5 percent of all pregnancies that resulted in a live birth in Alaska were unintended (i.e., mistimed or unwanted). This is compared to 24.0 percent among all reporting jurisdictions in the United States.⁷

⁶ [Alaska Department of Health, Division of Public Health, Health Analytics and Vital Records. Vital Statistics 2021 Annual Report.](#)

⁷ [Centers for Disease Control and Prevention. Pregnancy Risk Assessment Monitoring System. Selected 2016 through 2020 Maternal and Child Health Indicators.](#)

Tables and Figures

Table 1. Induced Terminations (%) by Residence State

Residence State	2018	2019	2020	2021	2022
Alaska	1,261 (98%)	1,246 (98%)	1,195 (99%)	1,216 (99%)	1,229 (99%)
Other U.S.	15 (1%)	16 (1%)	8 (<1%)	11 (<1%)	15 (1%)
Foreign	2 (<1%)	3 (<1%)	0 (0%)	0 (0%)	0 (0%)
Unknown	5 (<1%)	5 (<1%)	3 (<1%)	2 (<1%)	2 (<1%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Figure 1. Induced Terminations by Residence State (Total and Alaska)

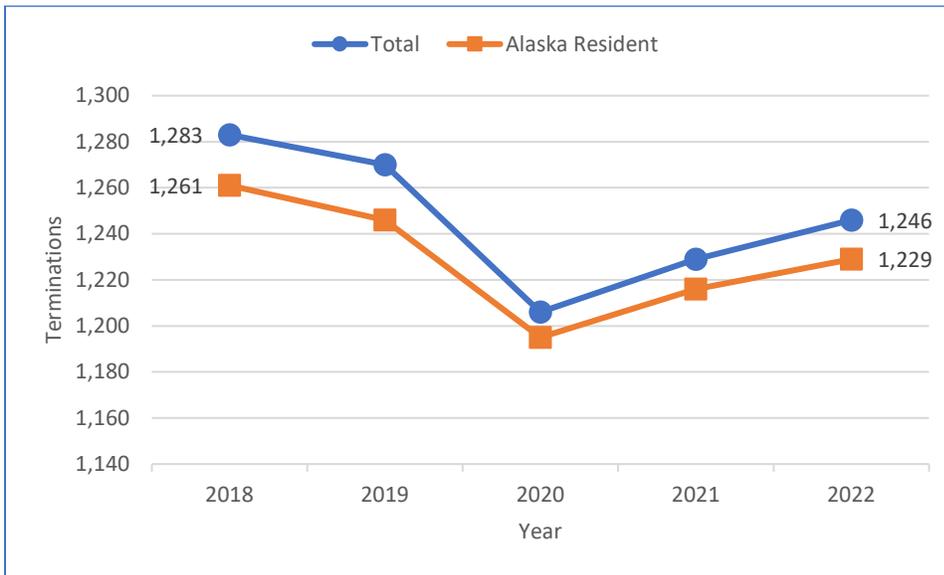


Table 2. Induced Terminations (%) by Race

Race	2018	2019	2020	2021	2022
White	673 (52%)	646 (51%)	596 (49%)	652 (53%)	607 (49%)
Black	83 (6%)	95 (7%)	85 (7%)	88 (7%)	117 (9%)
AI/AN	247 (19%)	298 (23%)	247 (20%)	264 (21%)	297 (24%)
Asian/PI	102 (8%)	98 (8%)	110 (9%)	82 (7%)	112 (9%)
Other/Multiple	145 (11%)	97 (8%)	128 (11%)	101 (8%)	88 (7%)
Unknown	33 (3%)	36 (3%)	40 (3%)	42 (3%)	25 (2%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Table 3. Induced Terminations (%) by Ethnicity

Ethnicity	2018	2019	2020	2021	2022
Hispanic	53 (4%)	52 (4%)	56 (5%)	36 (3%)	27 (2%)
Non-Hispanic	1,134 (88%)	1,148 (90%)	1,070 (89%)	1,136 (92%)	1,120 (90%)
Unknown	96 (7%)	70 (6%)	80 (7%)	57 (5%)	99 (8%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Table 4. Induced Terminations (%) by Age

Age	2018	2019	2020	2021	2022
<15	3 (<1%)	2 (<1%)	7 (<1%)	2 (<1%)	5 (<1%)
15-19	154 (12%)	123 (10%)	121 (10%)	117 (10%)	123 (10%)
15-17	42 (3%)	36 (3%)	44 (4%)	38 (3%)	35 (3%)
18-19	112 (9%)	87 (7%)	77 (6%)	79 (6%)	88 (7%)
20-24	365 (28%)	351 (28%)	361 (30%)	359 (29%)	389 (31%)
25-29	355 (28%)	363 (29%)	319 (26%)	327 (27%)	320 (26%)
30-34	233 (18%)	246 (19%)	238 (20%)	231 (19%)	235 (19%)
35-39	131 (10%)	137 (11%)	121 (10%)	146 (12%)	136 (11%)
40-44	38 (3%)	45 (4%)	39 (3%)	45 (4%)	35 (3%)
45+	4 (<1%)	3 (<1%)	0 (0%)	2 (<1%)	3 (<1%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Figure 2. 2022 Induced Terminations by Age

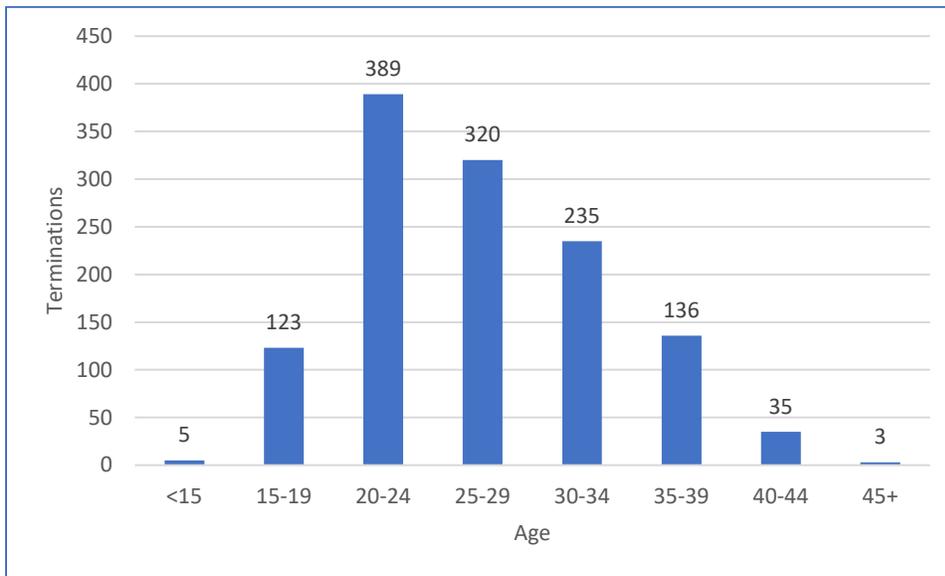


Table 5. Induced Terminations (%) by Previous Live Births

Previous Live Births	2018	2019	2020	2021	2022
0	588 (46%)	575 (45%)	559 (46%)	580 (47%)	587 (47%)
1	246 (19%)	233 (18%)	241 (20%)	243 (20%)	263 (21%)
2	208 (16%)	258 (20%)	194 (16%)	216 (18%)	215 (17%)
3	112 (9%)	103 (8%)	133 (11%)	100 (8%)	100 (8%)
4	76 (6%)	50 (4%)	39 (3%)	41 (3%)	51 (4%)
5+	53 (4%)	50 (4%)	40 (3%)	49 (4%)	30 (2%)
Unknown	0 (0%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Table 6. Induced Terminations (%) by Previous Terminations

Previous Terminations	2018	2019	2020	2021	2022
0	840 (65%)	819 (64%)	788 (65%)	814 (66%)	839 (67%)
1	282 (22%)	271 (21%)	277 (23%)	256 (21%)	277 (22%)
2	109 (8%)	109 (9%)	83 (7%)	87 (7%)	91 (7%)
3	31 (2%)	44 (3%)	42 (3%)	41 (3%)	25 (2%)
4	9 (<1%)	15 (1%)	10 (<1%)	16 (1%)	6 (<1%)
5+	12 (<1%)	11 (<1%)	6 (<1%)	12 (<1%)	8 (<1%)
Unknown	0 (0%)	1 (<1%)	0 (0%)	3 (<1%)	0 (0%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Table 7. Induced Terminations (%) by Marital Status⁸

Marital Status	2018	2019	2020	2021	2022
Married	274 (21%)	253 (20%)	253 (21%)	193 (16%)	182 (15%)
Unmarried	977 (76%)	945 (74%)	898 (74%)	839 (68%)	793 (64%)
Unknown	32 (2%)	72 (6%)	55 (5%)	197 (16%)	271 (22%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Table 8. Induced Terminations (%) by Education

Education (Years)	2018	2019	2020	2021	2022
<12	134 (10%)	104 (8%)	106 (9%)	74 (6%)	68 (5%)
12	641 (50%)	648 (51%)	663 (55%)	834 (68%)	865 (69%)
13+	462 (36%)	450 (35%)	432 (36%)	309 (25%)	312 (25%)
Unknown	46 (4%)	68 (5%)	5 (<1%)	12 (<1%)	1 (<1%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

⁸ : 2021 and 2022 marital status data contains a higher-than-average percentage of records with missing information due to reporting issues from certain providers. The Health Analytics and Vital Records Section is working with providers to improve data quality in this field for future reports.

Table 9. Induced Terminations (%) by Gestation

Gestation (Weeks)	2018	2019	2020	2021	2022
<6	323 (25%)	292 (23%)	308 (26%)	366 (30%)	416 (33%)
7-9	653 (51%)	639 (50%)	614 (51%)	551 (45%)	518 (42%)
10-13	252 (20%)	271 (21%)	198 (16%)	233 (19%)	229 (18%)
14-15	52 (4%)	64 (5%)	56 (5%)	48 (4%)	39 (3%)
16-17	0 (0%)	2 (<1%)	30 (2%)	28 (2%)	43 (3%)
18-20	1 (<1%)	1 (<1%)	0 (0%)	1 (<1%)	0 (0%)
21+	0 (0%)	1 (<1%)	0 (0%)	2 (<1%)	1 (<1%)
Unknown	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Figure 3. 2022 Induced Terminations by Gestation

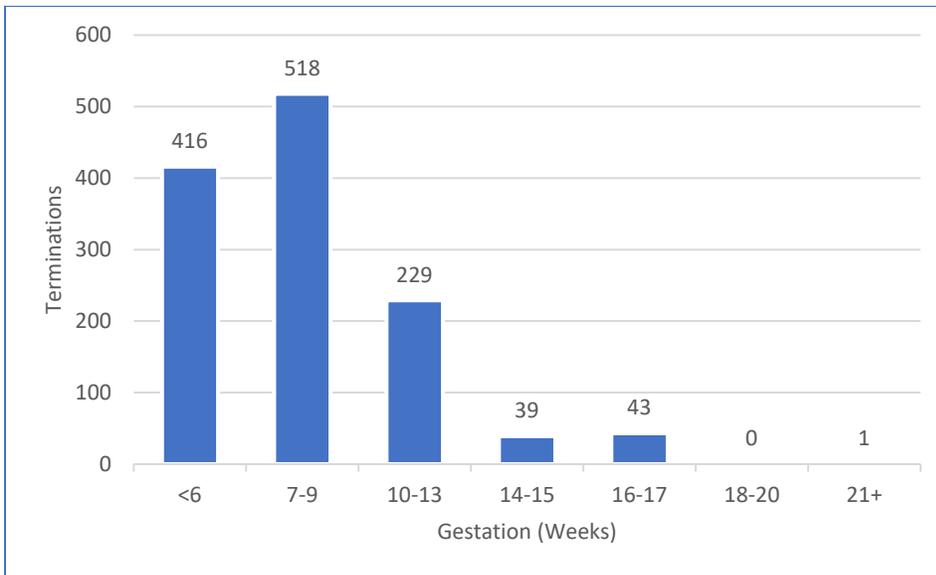


Table 10. Induced Terminations (%) by Procedure

Procedure	2018	2019	2020	2021	2022
Suction Curettage	901 (70%)	850 (67%)	621 (51%)	663 (54%)	514 (41%)
Dilation & Evacuation	16 (1%)	110 (9%)	133 (11%)	119 (10%)	128 (10%)
Sharp Curettage	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Saline	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Prostaglandin	1 (<1%)	1 (<1%)	0 (0%)	0 (0%)	1 (<1%)
Hysterectomy	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hysterotomy	0 (0%)	0 (0%)	1 (<1%)	0 (0%)	0 (0%)
Mifepristone	365 (28%)	307 (24%)	450 (37%)	443 (36%)	602 (48%)
Methotrexate	0 (0%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)
Other	0 (0%)	1 (<1%)	1 (<1%)	4 (<1%)	1 (<1%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Figure 4. 2022 Induced Terminations by Procedure

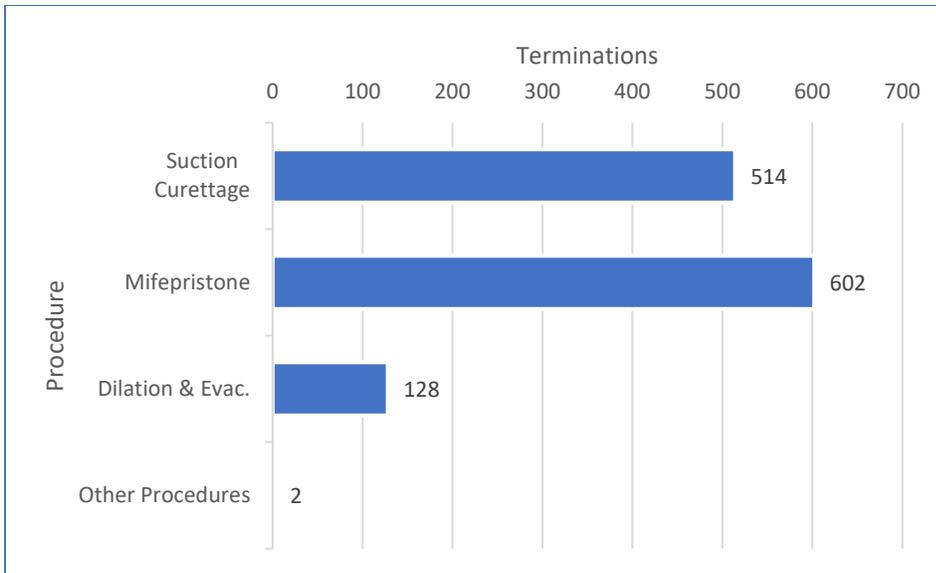


Table 11. Induced Terminations (%) by Payment Source

Payment Source	2018	2019	2020	2021	2022
Medicaid	579 (45%)	571 (45%)	455 (38%)	539 (44%)	546 (44%)
Insurance	108 (8%)	86 (7%)	73 (6%)	92 (7%)	76 (6%)
Self-Pay	519 (40%)	517 (41%)	511 (42%)	485 (39%)	423 (34%)
Other	77 (6%)	96 (8%)	166 (14%)	113 (9%)	201 (16%)
Unknown	0 (0%)	0 (0%)	1 (<1%)	0 (0%)	0 (0%)
Total	1,283 (100%)	1,270 (100%)	1,206 (100%)	1,229 (100%)	1,246 (100%)

Table 12. 2022 Induced Terminations (%) by Payment Source and Marital Status⁹

Payment Source	Married	Unmarried	Unknown	Total
Medicaid	38 (21%)	417 (53%)	91 (34%)	546 (44%)
Insurance	11 (6%)	35 (4%)	30 (11%)	76 (6%)
Self-Pay	100 (55%)	217 (27%)	106 (39%)	423 (34%)
Other	33 (18%)	124 (16%)	44 (16%)	201 (16%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	182 (100%)	793 (100%)	271 (100%)	1,246 (100%)

⁹ 2022 marital status data contains a higher-than-average percentage of records with missing information due to reporting issues from certain providers. The Health Analytics and Vital Records Section is working with providers to improve data quality in this field for future reports.

Table 13. 2022 Induced Terminations (%) by Age and Marital Status¹⁰

Age	Married	Unmarried	Unknown	Total
<15	0 (0%)	4 (<1%)	1 (<1%)	5 (<1%)
15-19	6 (3%)	92 (12%)	25 (9%)	123 (10%)
15-17	1 (<1%)	26 (3%)	8 (3%)	35 (3%)
18-19	5 (3%)	66 (8%)	17 (6%)	88 (7%)
20-24	36 (20%)	255 (32%)	98 (36%)	389 (31%)
25-29	43 (24%)	208 (26%)	69 (25%)	320 (26%)
30-34	41 (23%)	147 (19%)	47 (17%)	235 (19%)
35-39	38 (21%)	76 (10%)	22 (8%)	136 (11%)
40-44	17 (9%)	10 (1%)	8 (3%)	35 (3%)
45+	1 (<1%)	1 (<1%)	1 (<1%)	3 (<1%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	182 (100%)	793 (100%)	271 (100%)	1,246 (100%)

¹⁰ 2022 marital status data contains a higher-than-average percentage of records with missing information due to reporting issues from certain providers. The Health Analytics and Vital Records Section is working with providers to improve data quality in this field for future reports.

Table 14. 2022 Induced Terminations (%) by Race and Payment Source

Race	Medicaid	Insurance	Self-Pay	Other	Unknown	Total
White	227 (42%)	56 (74%)	218 (52%)	106 (53%)	0 (0%)	607 (49%)
Black	46 (8%)	2 (3%)	46 (11%)	23 (11%)	0 (0%)	117 (9%)
AI/AN	189 (35%)	9 (12%)	71 (17%)	28 (14%)	0 (0%)	297 (24%)
Asian/PI	43 (8%)	6 (8%)	40 (9%)	23 (11%)	0 (0%)	112 (9%)
Other/Multiple	33 (6%)	2 (3%)	36 (9%)	17 (8%)	0 (0%)	88 (7%)
Unknown	8 (1%)	1 (1%)	12 (3%)	4 (2%)	0 (0%)	25 (2%)
Total	546 (100%)	76 (100%)	423 (100%)	201 (100%)	0 (0%)	1,246 (100%)

Table 15. 2022 Induced Terminations (%) by Age and Payment Source

Age	Medicaid	Insurance	Self-Pay	Other	Unknown	Total
<15	3 (<1%)	0 (0%)	1 (<1%)	1 (<1%)	0 (0%)	5 (<1%)
15-19	61 (11%)	7 (9%)	32 (8%)	23 (11%)	0 (0%)	123 (10%)
15-17	19 (3%)	3 (4%)	9 (2%)	4 (2%)	0 (0%)	35 (3%)
18-19	42 (8%)	4 (5%)	23 (5%)	19 (9%)	0 (0%)	88 (7%)
20-24	148 (27%)	30 (39%)	150 (35%)	61 (30%)	0 (0%)	389 (31%)
25-29	151 (28%)	17 (22%)	102 (24%)	50 (25%)	0 (0%)	320 (26%)
30-34	120 (22%)	10 (13%)	75 (18%)	30 (15%)	0 (0%)	235 (19%)
35-39	51 (9%)	10 (13%)	48 (11%)	27 (13%)	0 (0%)	136 (11%)
40-44	11 (2%)	1 (1%)	14 (3%)	9 (4%)	0 (0%)	35 (3%)
45+	1 (<1%)	1 (1%)	1 (<1%)	0 (0%)	0 (0%)	3 (<1%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	546 (100%)	76 (100%)	423 (100%)	201 (100%)	0 (0%)	1,246 (100%)

Table 16. 2022 Induced Terminations (%) by Age and Race

Age	White	Black	AI/AN	Asian/PI	Other/Multi	Unk.	Total
<15	1 (<1%)	0 (0%)	1 (<1%)	0 (0%)	1 (1%)	2 (8%)	5 (<1%)
15-19	56 (9%)	12 (10%)	30 (10%)	11 (10%)	11 (13%)	3 (12%)	123 (10%)
15-17	14 (2%)	1 (<1%)	11 (4%)	4 (4%)	5 (6%)	0 (0%)	35 (3%)
18-19	42 (7%)	11 (9%)	19 (6%)	7 (6%)	6 (7%)	3 (12%)	88 (7%)
20-24	177 (29%)	51 (44%)	87 (29%)	34 (30%)	29 (33%)	11 (44%)	389 (31%)
25-29	153 (25%)	27 (23%)	76 (26%)	35 (31%)	25 (28%)	4 (16%)	320 (26%)
30-34	126 (21%)	13 (11%)	63 (21%)	16 (14%)	13 (15%)	4 (16%)	235 (19%)
35-39	74 (12%)	12 (10%)	30 (10%)	11 (10%)	8 (9%)	1 (4%)	136 (11%)
40-44	19 (3%)	2 (2%)	8 (3%)	5 (4%)	1 (1%)	0 (0%)	35 (3%)
45+	1 (<1%)	0 (0%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	3 (<1%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	607 (100%)	117 (100%)	297 (100%)	112 (100%)	88 (100%)	25 (100%)	1,246 (100%)

Table 17. 2022 Induced Terminations (%) by Procedure and Gestation

Procedure	<6	7-9	10-13	14-15	16-17	18-20	21+	Unk.	Total
Suction Curettage	138 (33%)	216 (42%)	130 (57%)	15 (38%)	15 (35%)	0 (0%)	0 (0%)	0 (0%)	514 (41%)
Dilation & Evacuation	2 (<1%)	4 (<1%)	71 (31%)	23 (59%)	28 (65%)	0 (0%)	0 (0%)	0 (0%)	128 (10%)
Sharp Curettage	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Saline	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Prostaglandin	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	1 (<1%)
Hysterectomy	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hysterotomy	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Mifepristone	276 (66%)	297 (57%)	28 (12%)	1 (3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	602 (48%)
Methotrexate	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	0 (0%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (<1%)
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	416 (100%)	518 (100%)	229 (100%)	39 (100%)	43 (100%)	0 (0%)	1 (100%)	0 (0%)	1,246 (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 Evacuation: A procedure that is generally used after 12 weeks of gestation and is usually done on an outpatient basis. Dilation and Evacuation may involve a combination of vacuum aspiration, dilation and curettage (D&C), and the use of surgical instruments (such as forceps).

Hysterectomy: 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: 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.

Methotrexate: 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.

Mifepristone: Usually used along with a prostaglandin 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 products of conception.

Saline/Prostaglandin (Intrauterine Instillation): Rarely used procedures that involve 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 (a substance with hormone-like activity) into the amniotic sac (known as intra-uterine prostaglandin instillation). Both processes induce labor, resulting in the expulsion of the fetus.

Sharp Curettage (Dilation and Curettage): Requires the dilation (temporary widening) of the cervix (the uterine opening). The fetal and placental tissues are then removed with a curette.

Suction Curettage (Vacuum Aspiration): A frequently performed procedure that is generally used in the first 12 weeks of gestation (the first trimester). This procedure is done on an outpatient basis and may be done in a physician's office or a clinic. After the cervix is dilated, a flexible cannula (a small, hollow tube) is inserted into the uterus through the cervix. The tube is attached to a pump, which is used to evacuate the uterine contents through the cannula.

Appendix B

Report of Induced Termination

In Alaska, reporting of induced terminations are mandated by Alaska Statute (AS) 18.50.245.¹¹ 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.¹²

- 1) Patient's Age
- 2) Date of Pregnancy Termination
- 3) City Where Termination of Pregnancy Occurred
- 4) Patient's Ethnicity
- 5) Patient's Race
- 6) City and State Where Patient Resides
- 7) Married
- 9) Education
- 9) Number of Previous Live Births
 - 9a) Now Living
 - 9b) Now Dead
- 10) Number of Previous Spontaneous Abortions
- 11) Number of Previous Induced Terminations of Pregnancies

- 12) Physician's Estimate of Gestation
- 13) Date Last Normal Menses Began
- 14) Method of Payment
- 15) Primary Procedure Used to Terminate Pregnancy
- 16) Was This Termination Elected Due to the Detection of a Congenital Anomaly?
 - 16b) Type of Congenital Anomaly

Also required is confirmation of whether the patient requested or received a copy of the information maintained on the internet under AS 18.05.032.¹³

¹¹ [Alaska Statute Title 18, Chapter 50, Section 245. Report of Induced Termination of Pregnancy.](#)

¹² [Alaska Department of Health. Report of Induced Termination of Pregnancy. Form 06-1566. Revised July 2022.](#)

¹³ [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

1) PATIENT'S AGE		2) DATE OF PREGNANCY TERMINATION (MM/DD/YY) ____/____/____		3) CITY WHERE TERMINATION OF PREGANCY OCCURRED PLEASE TYPE OR PRINT	
4) PATIENT'S ETHNICITY			5) PATIENT'S RACE		6) CITY AND STATE WHERE PATIENT RESIDES
<input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> OTHER OR UNKNOWN HISPANIC			<input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN (BLACK) <input type="checkbox"/> NATIVE ALASKAN OR AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> OTHER (SPECIFY) _____		7) MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO
					8) EDUCATION (SPECIFY THE HIGHEST GRADE COMPLETED)
					ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4 OR 5+)
PREVIOUS PREGNANCIES (COMPLETE EACH SECTION. DO NOT LEAVE BLANK.)					
9) NUMBER OF PREVIOUS LIVE BIRTHS			10) NUMBER OF PREVIOUS SPONTANEOUS ABORTIONS		
9A) NOW LIVING		9B) NOW DEAD		NUMBER _____ <input type="checkbox"/> NONE	
NUMBER _____ <input type="checkbox"/> NONE		NUMBER _____ <input type="checkbox"/> NONE		11) NUMBER OF PREVIOUS INDUCED TERMINATIONS OF PREGNANCIES (DO NOT INCLUDE THIS TERMINATION)	
				NUMBER _____ <input type="checkbox"/> NONE	
12) PHYSICIAN'S ESTIMATE OF GESTATION			13) DATE LAST NORMAL MENSES BEGAN (MM/DD/YY)		14) METHOD OF PAYMENT
COMPLETED WEEKS _____			____/____/____		<input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE <input type="checkbox"/> SELF PAY <input type="checkbox"/> OTHER (SPECIFY) _____
15) PRIMARY PROCEDURE USED TO TERMINATE PREGNANCY (CHECK ONE ONLY)			16) WAS THIS TERMINATION ELECTED DUE TO THE DETECTION OF A CONGENITAL ANOMALY?		
15A) <input type="checkbox"/> SUCTION CURETTAGE 15B) <input type="checkbox"/> DILATION AND EVACUATION 15C) <input type="checkbox"/> SHARP CURETTAGE 15D) <input type="checkbox"/> SALINE 15E) <input type="checkbox"/> PROSTAGLANDIN 15F) <input type="checkbox"/> HYSTERECTOMY 15G) <input type="checkbox"/> HYSTEROTOMY 15H) <input type="checkbox"/> MIFEPRISTONE 15I) <input type="checkbox"/> METHOTREXATE 15J) <input type="checkbox"/> OTHER (SPECIFY) _____			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			16B) TYPE OF CONGENITAL ANOMALY		
			CHROMOSOMAL ANOMALY YES <input type="checkbox"/> NO <input type="checkbox"/> NEURAL TUBE DEFECT YES <input type="checkbox"/> NO <input type="checkbox"/> HEART ANOMALY YES <input type="checkbox"/> NO <input type="checkbox"/> VENTRAL WALL DEFECT YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER YES <input type="checkbox"/> NO <input type="checkbox"/> (SPECIFY) _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO 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 PATIENT RECEIVED A WRITTEN COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032					

06-1566 (July 2022)