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)
☐Medicaid ☐Insurance ☐Self-Pay
☐Other (specify)_____
☐ Unknown

8. PATIENT MARRIED? (At pregnancy termination, conception, or any time between)
☐ Yes ☐ No ☐ Unknown

11. PATIENT RACE – check all that apply
(Check one or more races to indicate what the patient identifies as)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
(Name of enrolled or principal tribe)
_____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian(specify)_____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
(specify)_____
☐ Other (specify)_____
☐ Unknown

9. PATIENT EDUCATION (Check the box that best describes the highest degree or level of school completed)
☐ 8th grade or less
☐ 9th-12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associates degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

10. PATIENT OF HISPANIC ORIGIN?
(Check the boxes that best describe whether the patient is Spanish/Hispanic/Latina)
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic/Latina
(specify)_____
☐ Unknown

12. NUMBER OF PREVIOUS LIVE BIRTHS

a. Now Living
Number_____
☐ None ☐ Unknown

b. Now Dead
Number_____
☐ None ☐ Unknown

13. NUMBER OF OTHER PREGNANCY OUTCOMES

a. Spontaneous
Number_____
☐ None ☐ Unknown

b. Induced
Number_____
☐ None ☐ 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*)
_____ ☐ Unknown

15. DATE LAST NORMAL MENSES BEGAN
(*MM/DD/CCYY*)
_____/_____/_____ ☐ Unknown

16a. WAS THIS TERMINATION ELECTED DUE TO THE DETECTION OF A CONGENITAL ANOMALY?
☐ Yes ☐ No ☐ Unknown

16b. TYPE OF CONGENITAL ANOMALY
☐ Chromosomal Anomaly ☐ Neural Tube Defect ☐ Heart Anomaly
☐ Ventral Wall Defect ☐ Other (specify)_____ ☐ Unknown

17. METHOD OF TERMINATION (*Check only the method that terminated the pregnancy*)

☐ Surgical (check the type of surgical procedure)
- ☐ D & C (Dilation and Curettage)*
- ☐ D & E (Dilation and Evacuation)
- ☐ Hysterectomy/Hysterotomy
- ☐ Other surgical (specify)
_____

☐ Medical/Non-surgical – includes early medical terminations and labor induction (check the principal medication or medications)
- ☐ Mifepristone (RU486, Mifeprex®)
- ☐ Misoprostol (Cytotec®), or another prostaglandin**
- ☐ Methotrexate (Amethopterin, MTX)
- ☐ Other medication (specify)
_____

☐ Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea)

☐ Unknown

*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?
☐ Yes ☐ No ☐ Unknown

19. PATIENT RECEIVED A COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032?
☐ Yes ☐ No ☐ Unknown

Form 06-1566
(Rev. 01/2024)

Clear Form

INSTRUCTIONS: ALASKA REPORT OF INDUCED TERMINATION OF PREGNANCY

1. **FACILITY NAME AND ADDRESS -** Enter the full name and address of the hospital or clinic where the induced termination of pregnancy occurred. For surgical terminations, this is the facility where the procedure was performed. For medical/non-surgical terminations, this is the facility where the medication(s) for the pregnancy termination was administered, dispensed, or prescribed. If the induced termination occurred in a physician's office or another place, enter the full address.
2. **MEDICAL RECORD NUMBER -** Enter a unique number that identifies the medical record only to facility staff. Do not use patient identifiers such Social Security Number, part of the Social Security Number, date of birth, or any other information that could possibly allow an individual outside of the facility to identify the patient.
3. **DATE OF PREGNANCY TERMINATION -** Enter the exact date (month, day, and year) of the pregnancy termination. For medical (non-surgical) terminations, record the date the initial dosage of medication was given. For surgical terminations, the date the pregnancy was removed should be recorded.
4. **DATE REPORT COMPLETED -** Enter the exact date (month, day, and year) that this form was completed. This is the date the last data element was filled in.
5. **PATIENT RESIDENCE – CITY & STATE -** Enter the city and state where the patient resides. If the patient does not reside in the United States, enter the name of the foreign country or territory.
6. **PATIENT AGE AT LAST BIRTHDAY -** Enter the age of the patient in years at their last birthday.
7. **PRINCIPAL METHOD OF PAYMENT -** Enter the principal source of payment for this termination. If more than one source of payment for the procedure is recorded, choose the source that appears to pay for most of the procedure. Payment sources include "Medicaid", "Insurance" (e.g., private insurers such as Blue Cross/Blue Shield, Aetna, etc.), "Self-Pay" (e.g., personal cash, check, credit card, etc. payments with no third party identified) or "Other" (e.g., Indian Health Service, CHAMPUS or TRICARE, other programs, charities, or sources as specified).
8. **PATIENT MARRIED? -** If the patient is currently married or was married (includes married or separated) at the time of conception, at the time of induced termination, or any time between conception and induced termination, check the "Yes" box. Otherwise, check the "No" box (includes never married, widowed, or divorced).
9. **PATIENT EDUCATION -** Based on the patient's response, check the appropriate box to indicate the highest degree or level of school completed at the time of termination.
10. **PATIENT OF HISPANIC ORIGIN? -** Based on the patient's response, mark off all checkboxes that are appropriate. If the patient is not Spanish/Hispanic/Latina, check the "No" box. If the patient is Spanish/Hispanic/Latina check all of the applicable "Yes" boxes. This item must reflect the response of the patient.
11. **PATIENT RACE -** Based on the patient's response, mark off all checkboxes that are appropriate. For example, if the patient indicates they are White and Black or African American, both checkboxes should be marked off. This item must reflect the response of the patient.

12. **NUMBER OF PREVIOUS LIVE BIRTHS -** Enter the number of children born alive to this patient, including those that are now living (12a) and now dead (12b).

13. **NUMBER OF OTHER PREGNANCY OUTCOMES -** Enter the number of other pregnancy outcomes that ended in an outcome other than live birth. Enter the number of pregnancies that ended spontaneously (e.g. an early pregnancy loss/failure, miscarriage, fetal death or ectopic pregnancy) (13a) and induced (13b).

14. **CLINICIAN'S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS -** Enter the length of gestation as estimated by the attending clinician in completed weeks of gestation. If a fraction of a week is given (e.g., 6.2 weeks, or 6 weeks 2 days) round down to the next whole week (e.g., 6 weeks). Refer to NCHS guidance for clinical estimate of gestational age for further details (https://www.cdc.gov/nchs/data/misc/hb_itop.pdf)

15. **DATE LAST NORMAL MENSES BEGAN -** Enter the exact date (month, day, and year) of the first day of the patient's last normal menstrual period.

16. **WAS THIS TERMINATION ELECTED DUE TO THE DETECTION OF A CONGENITAL ANOMALY -** If the patient is terminating the pregnancy due to the detection of a congenital anomaly in the fetus, check the "Yes" box (16a) and select the type of congenital anomaly (16b). Otherwise, check the "No" box.

17. **METHOD OF PREGNANCY TERMINATION -** Check the one box that describes the primary category for the method used to induce the termination of pregnancy. Options for known methods are: a) surgical, b) medical, or c) intrauterine instillation. For surgical terminations, check the box below this method to indicate the type of surgical procedure that was used (D & C, D & E, Hysterectomy/hysterotomy, or other surgical). It is not necessary to list supplies, procedures or medications that were used to aid in the completion of the surgical procedure (e.g. mifepristone, misoprostol, digoxin or KCl) or laminaria. For medical/non-surgical terminations, check the box(es) for the principal medication or medications that were used. If medications (e.g. digoxin or potassium chloride [KCl]) were used to ensure fetal demise prior to induced termination of pregnancy, check the box for the primary method used to induce the passage of pregnancy (i.e. surgical, medical, intrauterine instillation, or hysterectomy/hysterotomy). If surgical termination is performed after failed medical/non-surgical termination, check medical/non-surgical.

18. **PATIENT REQUESTED A COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032 -** Check the "Yes" box if the patient requested a copy of the information required to be maintained on the internet under Alaska Statute 18.05.032. (https://health.alaska.gov/dph/wcfh/pages/informedconsent/default.aspx) Otherwise check the "No" box.

19. **PATIENT RECEIVED A COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032 -** Check the "Yes" box if the patient received a copy of the information required to be maintained on the internet under Alaska Statute 18.05.032 (https://health.alaska.gov/dph/wcfh/pages/informedconsent/default.aspx) Otherwise check the "No" box.

SUBMIT COMPLETED REPORTS TO THE DEPARTMENT WITHIN 30 DAYS OF THE TERMINATION:
Mail: Health Analytics and Vital Records Registration | PO BOX 110675 | Juneau, AK 99811-0675
Fax: (907) 465-3423

CASE DEFINITION: INDUCED TERMINATION OF PREGNANCY (ITOP)

For the purpose of surveillance, a legal induced termination of pregnancy, also referred to as an induced abortion, is defined as an intervention performed within the limits of state law by a licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, or physician assistant) intended to terminate a suspected or known intrauterine pregnancy and which does not result in a live birth.

This definition excludes management of intrauterine fetal death, early pregnancy failure/loss (failure of early pregnancy to develop in utero), ectopic pregnancy, or retained products of conception. For the purposes of surveillance, the induced termination of multi-fetal pregnancy is considered a single induced termination procedure. However, fetal reduction and selective termination procedures are not intended to terminate the pregnancy and are not considered induced termination events.

ALASKA STATUTE SECTION 18.50.245. REPORT OF INDUCED TERMINATION OF PREGNANCY

(a) 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.

(b) 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.

(c) For purposes of this section,

> (1) an induced termination of pregnancy is considered to be performed where the act interrupting the pregnancy is performed even if the resultant expulsion of the product of conception occurs elsewhere;
>
> (2) prescription of a medicine by a physician who knows that the medicine will be taken with the intention of inducing termination of a pregnancy is considered to be the act that interrupts the pregnancy even if the medicine is taken outside of the physician's presence; and
>
> (3) an induced termination of pregnancy is considered to be completed when the product of conception is extracted or expulsed.

(d) The state registrar shall annually prepare a statistical report based on the reports received under this section. The report must include the types of information required under (e) of this section, except that the statistical report may not identify or give information that can be used to identify the name of any physician who performed an induced termination of pregnancy, the name of any facility in which an induced termination of pregnancy occurred, or the name of the municipality or community in which the induced termination of pregnancy occurred. The data

gathered from the reports received under this section may only be presented in aggregate statistics, not individually, so that specific individuals may not be identified. After preparation of the annual report, the state registrar shall destroy the reports received under this section.

(e) The state registrar shall adopt regulations to implement this section. The regulations that establish the information that will be required in a report of an induced termination of pregnancy

(1) must require information substantially similar to the information required under the United States Standard Report of Induced Termination of Pregnancy, as published by the National Center for Health Statistics, Centers for Disease Control and Prevention, United States Department of Health and Human Services, in April 1998, as part of DHHS Publication No. (PHS) 98-1117;

(2) must require, if known, whether the unidentified patient requested and received a written copy of the information required to be maintained on the Internet under AS 18.05.032; and

(3) may not include provisions that would violate a woman's privacy by requiring the woman's name or any identifying information in the report.