

INDUCED TERMINATION OF PREGNANCY

The following is a complete list of data items concerning induced termination of pregnancy **reported** to the Missouri Department of Health and Senior Services (DHSS). These data elements are obtained from the Report of Induced Termination of Pregnancy form for all **abortions occurring in Missouri**. All reports received by the DHSS are confidential and only used for statistical purposes per Section 188.055(2), RSMo.

ITOP State File Number Facility Name City/Town of Pregnancy Termination County of Pregnancy Termination Patient # Age of Patient Marital Status – Never Married Married Widowed Divorced Separated Unmarried, Unspecified Date of Pregnancy Termination (<i>Month, Day, Year</i>) Residence – City/Town Residence – Inside City Limits (<i>Yes/No</i>) Residence – State Residence - Zip Code Residence – County Race (<i>White, Black, American Indian, Other</i>) Hispanic Origin (<i>Yes/No</i>) <i>If yes, Specify Hispanic Origin</i> Education (<i>highest grade completed</i>) Previous Live Births – # Previous Live Births Now Living or None # Previous Live Births Now Dead or None	Other Terminations – # Other Spontaneous Terminations or None # Other Induced Terminations or None Termination Procedure – Suction Curettage Medical (non-surgical) Laminaria (D&E) Intra-Uterine Instillation (saline or prostaglandin) Sharp Curettage (D&C) Hysterotomy/Hysterectomy Other (<i>Specify</i>) Date Last Normal Menses (<i>Month, Day, Year</i>) Clinical Estimate of Gestation (<i>weeks</i>) Method of Determining Gestation – Ultrasound Fundal height Other (<i>Specify</i>) Biparietal diameter (BPD) Measurement (<i>if gestation ≥ 18 weeks</i>) Fetus Viable (<i>Yes/No</i>) Name of Attending Physician Signature of Attending Physician Missouri Physician License # Name of Person Completing Report Name of Concurring Physician (<i>if fetus is viable</i>) Signature of Concurring Physician (<i>if fetus is viable</i>) Concurring Physician License # (<i>if fetus is viable</i>)
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