

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
ABORTION COMPLICATION REPORT

CORRECTION

No.

1a. RESIDENCE OF PATIENT – CITY OR TOWNSHIP		1b. COUNTY	1c. STATE	2a. RACE OF PATIENT – American Indian, Asian, Black, White, Pacific Islander	2b. HISPANIC ORIGIN? 1 ___ YES 2 ___ NO
3. AGE OF PATIENT	4. GESTATIONAL AGE IN WEEKS	5. DATE ABORTION PERFORMED (MONTH, DAY, YEAR)		6. DATE COMPLICATION DIAGNOSED (MONTH, DAY, YEAR)	
7. PROCEDURE (INDICATE ALL) 1 ___ SUCTION CURETTAGE 2 ___ MEDICAL (NONSURGICAL) 3 ___ DILATION AND EVACUATION (D&3) 4 ___ SALINE OR PROSTAGLANDIN 5 ___ SHARP CURETTAGE (D&C) 6 ___ HYSTEROTOMY/HYSTERECTOMY 8 ___ OTHER - <u>*SPECIFY BELOW</u> *		8. FACILITY WHERE ABORTION PERFORMED – TYPE OF FACILITY 1 ___ HOSPITAL 2 ___ HOSPITAL SATELLITE CLINIC 3 ___ FREE STAND. OUTPATIENT SURGICAL FACIL. 4 ___ PHYSICIAN'S PRIVATE OFFICE 8 ___ OTHER - <u>*SPECIFY BELOW</u> * 9 ___ UNKNOWN		9. COMPLICATIONS (INDICATE ALL) 0 ___ NONE 1 ___ SHOCK 2 ___ UTERINE PERFORATION 3 ___ CERVICAL LACERATION 4 ___ HEMORRHAGE 5 ___ ALLERGIC RESPONSE 6 ___ INFECTION 7 ___ DEATH 8 ___ OTHER - <u>*SPECIFY BELOW</u> *	
10a. PHYSICIAN LICENSE NUMBER		10b. SIGNATURE OF PHYSICIAN			

Mail to: Vital Records and Health Statistics Section
 Attn: Nosology Unit
 P.O. Box 30691
 Lansing, MI 48909

INSTRUCTIONS

Any physician who provides care to a woman suffering from a physician complication or death that is the result of an abortion must report the case. This responsibility is established by Act 208 of 1999, being MCL 333.2837. This form is designed for use in the reporting of such complications.

For the purpose of this reporting an abortion is defined as:

The intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth or to remove a dead fetus

[MCL 333.1715]

Reports of abortion complications are required within seven days if initially providing care for the reportable complication.

Include no identifying numbers or information within the report that could be used to identify the woman suffering the complication.

If the physician providing care for the complication(s) is the physician that performed the abortion and if the complication(s) was reported on the Abortion Report form (DCH-0819), the Abortion Complication form (DCH-0819a) is not required.

Corrections to previously forwarded reports can be made by checking the box marked "correction" and clearly indicating the information to be changed in the original report.