

# ABORTION REPORT

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

\_\_\_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. MARITAL STATUS ___ MARRIED ___ NOT MARRIED	5. NUMBER OF PREVIOUS PREGNANCIES CARRIED TO TERM ___ NONE	6. NUMBER OF PREVIOUS PREGNANCIES ENDING IN MISCARRIAGE OR SPONTANEOUS ABORTION ___ NONE	7. NUMBER OF PREVIOUS PREGNANCIES TERMINATED BY INDUCED ABORTION ___ NONE	8. FIRST DAY OF LAST NORMAL MENSTRUAL PERIOD (MONTH, DAY, YEAR) / /		9. GESTATIONAL AGE IN WEEKS		
10. METHOD USED TO CONFIRM PREGNANCY 1 ___ HOME URINE TEST 2 ___ CLINICAL LAB URINE TEST 3 ___ CLINICAL LAB BLOOD TEST 4 ___ ULTRA SOUND 5 ___ NOT TESTED 8 ___ OTHER - *SPECIFY BELOW * _____ 9 ___ UNKNOWN		11. SOURCE OF REFERRAL 1 ___ PHYSICIAN 2 ___ SELF (TV, RADIO, ETC.) 3 ___ FRIEND OR FAMILY 4 ___ CLERGY 5 ___ SOCIAL AGENCY 6 ___ HEALTH DEPARTMENT 7 ___ FAMILY PLANNING AGENCY 8 ___ OTHER - *SPECIFY BELOW * _____		12. PROCEDURE (INDICATE ALL) 1 ___ SUCTION CURETTAGE 2 ___ MEDICAL (NONSURGICAL) 3 ___ DILATION AND EVACUATION (D&E) 4 ___ SALINE OR PROSTAGLANDIN 5 ___ SHARP CURETTAGE (D&C) 6 ___ HYSTEROTOMY/HYSTERECTOMY 8 ___ OTHER - *SPECIFY BELOW * _____		13. IMMEDIATE COMPLICATIONS (INDICATE ALL) 0 ___ NONE 1 ___ SHOCK 2 ___ UTERINE PERFORATION 3 ___ CERVICAL LACERATION 4 ___ HEMORRHAGE 5 ___ ALLERGIC RESPONSE 6 ___ INFECTION 7 ___ DEATH 8 ___ OTHER - *SPECIFY BELOW * _____			
14. DID FETUS SHOW EVIDENCE OF LIFE WHEN SEPARATED, EXPELLED OR REMOVED FROM THE WOMAN? 1 ___ YES 2 ___ NO		15. WEIGHT OF FETUS (IF DETERMINABLE) _____ GRAMS ___ NOT DETERMINABLE		16. DATE ABORTION PERFORMED (MONTH, DAY, YEAR) / /		17. SOURCE AND METHOD OF PAYMENT 1 ___ SELF PAY 2 ___ INSURANCE - *SPECIFY BELOW * _____			
18. FACILITY TYPE WHERE ABORTION PERFORMED 1 ___ HOSPITAL 2 ___ HOSPITAL SATELLITE CLINIC 3 ___ FREE STAND. OUTPATIENT SURGICAL FACILITY 4 ___ PHYSICIAN'S PRIVATE OFFICE 8 ___ OTHER - *SPECIFY BELOW * _____			19a. FACILITY NAME			19b. FACILITY COUNTY			
			19c. FACILITY STREET ADDRESS			19d. FACILITY CITY, VILLAGE OR TOWNSHIP			
			20a. PHYSICIAN'S LICENSE NUMBER		20b. SIGNATURE OF PHYSICIAN				

**Mail to:** Division for Vital Records and Health Statistics  
Attn: Data Management Unit  
P.O. Box 30691  
Lansing, MI 48909

DCH-0819 (Rev. 3-22)

-----PLEASE DETACH AND RETURN ABOVE PORTION TO DATA MANAGEMENT UNIT-----

## INSTRUCTIONS

A physician who performs an abortion, being 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, not including the use or prescription of a drug or device intended as a contraceptive, is required by Section 333.2835 Public Act 499 of 2012 to report the event to the Department of Health & Human Services within 7 days. Such reports are confidential statistical reports. No information other than that called for by this form is to be reported. Failure to provide the required information is a misdemeanor punishable by imprisonment of not more than 1 year or a fine of not more than \$1,000.00 or both.

In completing this form enter the appropriate response in the space provided, or check the appropriate box. For the purposes of completing this report the following definitions should be used:

Item 5 - "pregnancies carried to term" describes pregnancies of 37 weeks gestational age or longer, regardless of outcome.

Item 6 - "miscarriage or spontaneous abortion" is defined as non-induced terminations of pregnancy of less than 20 completed weeks of gestation, regardless of the outcome.

Item 14 - "evidence of life" is constituted by breathing, beating of the heart, pulsation of the umbilical or definite movement of muscles. (Note that the fetus showing such evidence of life is also reportable as a live born.)

Correction to previously forwarded reports can be made by checking the box marked "correction" indicating the information to be changed as it should be reported.