

ABORTION COMPLICATION REPORT
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

___ CORRECTION

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&E) 4 ___ SALINE OR PROSTAGLANDIN 5 ___ SHARP CURETTAGE (D&C) 6 ___ HYSTEROTOMY/HYSTERECTOMY 8 ___ OTHER - *SPECIFY BELOW * _____		8. 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 * _____ 9 ___ UNKNOWN		9. COMPLICATIONS (INDICATE ALL) 1 ___ SHOCK 2 ___ UTERINE PERFORATION 3 ___ CERVICAL LACERATION 4 ___ HEMORRHAGE ALLERGIC 5 ___ RESPONSE INFECTION 6 ___ DEATH 7 ___ OTHER - *SPECIFY BELOW 8 ___ * _____	
10a. PHYSICIAN LICENSE NUMBER		10b. SIGNATURE OF PHYSICIAN			

MDHHS VITAL RECORDS - INTERNAL USE ONLY

FACILITY NAME	FACILITY STREET ADDRESS	FACILITY CITY, VILLAGE, TOWNSHIP
		FACILITY COUNTY

DCH-0819A (Rev. 3-22)

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

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

INSTRUCTIONS

Any physician who provides care to a woman suffering from a physical 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 333.17015]

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

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 Report 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.