SFN: 003735

TERMINATED PREGNANCY REPORT

INDIANA DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

** If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcshotlinereports@dcs.in.gov. Further, this report shall also be submitted to the Indiana Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana Department of Health no later than 30 days after each termination is performed. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(d).

Facility Name and Address	City or Town, of pregnancy termination	County of pregnancy termination
INDIANA UNIVERSTIY HEALTH RILEY HOSPITAL FOR CHILDREN 705 RILEY	Indianapolis	Marion

Patient's age**	Married	Date of pregnancy termination	Education
32	☐ Married ☐ Divorced ☐ Separated ☒ Not Married	04/28/2022	Unknown

Sex of fetus if detectable ☐ Male ☐ Female ☐ Unknown | Multifetal Pregnancies ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other

Race

☐ American Indian or Alaska Native
☐ Native Hawaiian
☐ Black or African American
☐ Guamanian or Chamorro
☐ Other Pacific Islander
☐ Asian Indian
☒ White
☐ Samoan
☐ Chinese
☐ Japanese
☐ Vietnamese
☐ Korean
☐ Other Asian
☐ Other
☐ Unknown

Ethnicity

☐ Yes, Mexican
☐ No, not Hispanic
☒ Unknown if Hispanic
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Hispanic Origin

Previous Pregnancies

Live Births:	Number now living: 1	Number now deceased: None
Other Terminations:	Number of spontaneous terminations: 1	Number of induced terminations: 1

Years of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. 9999 2. 9999 3. ____ 4. ____ 5. ____ 6. ____

Fetus delivered alive? ☐ Yes ☒ No	If yes, length of time fetus survived:	List any preexisting medical conditions of the patient that may complicate the abortion: vo Willebrand Disease
Fetus viable? ☐ Yes ☒ No	If viable, medical reason for termination:	
Pathological examination performed? ☐ Yes ☒ No	If yes, results:	Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No

Type of Termination Procedures

Procedure that Terminated Pregnancy

☐ (Nonsurgical) Mifepristone
☐ (Nonsurgical) Misoprostol
☐ (Nonsurgical) Other *(Specify)*
☐ Intrauterine instillation (Saline or prostaglandin)

For (Nonsurgical) procedures, answer the following question
Check the box indicating the following items were completed
☐ The manufacturer's instructions provided to the patient
☐ The patient signed the patient agreement

☒ (Surgical) Suction Curettage
☐ (Surgical) Dilation and Evacuation (D & E)
☐ (Surgical) Other *(Specify)*
☐ Surgical Sharp Curettage (D & C)
☐ Hysterotomy/Hysterectomy

For Surgical procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☒ No
If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

Additional Procedure that Terminated Pregnancy

☐ (Nonsurgical) Mifepristone
☐ (Nonsurgical) Misoprostol
☐ (Nonsurgical) Other *(Specify)*
☐ Intrauterine instillation (Saline or prostaglandin)

For (Nonsurgical) procedures, answer the following question
Check the box indicating the following items were completed
☐ The manufacturer's instructions provided to the patient
☐ The patient signed the patient agreement

☐ (Surgical) Suction Curettage
☐ (Surgical) Dilation and Evacuation (D & E)
☐ (Surgical) Other *(Specify)*
☐ Surgical Sharp Curettage (D & C)
☐ Hysterotomy/Hysterectomy

For Surgical procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No
If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)

Date last normal menses began	Physician estimate of gestation *(in weeks)*	Post fertilization age of the fetus *(in weeks)*
01/28/2022	13	11

How were the gestational age and post fertilization age determined?
Ultrasound

Was a waiver of consent obtained pursuant to IC 16-34-2-4? ☐ Yes ☒ No | Was a waiver of notification obtained pursuant to IC 16-34-2-4? ☐ Yes ☒ No

Diagnostic

Did patient have a prenatal diagnostic procedure that revealed a fetal abnormality?

Observed or suspected anomaly(ies) - Check all that apply:

- ☐ Chromosomal Anomaly
- ☐ Heart Anomaly
- ☐ Down Syndrome
- ☐ Neural Tube Defect
- ☐ Ventral Wall Defect
- ☐ Other

Was diagnosis confirmed after termination by autopsy or other pathological examination?

Procedure(s) Used:

- ☐ Amniocentesis
- ☐ Chronic Villus Sampling
- ☐ Other
- ☐ Ultrasound
- ☐ Maternal Serum Alpha Fetoprotein
- ☐ Unknown
- ☐ Cordocentesis

Is the patient seeking an abortion as a result of being any of the following?

- ☐ Abused
- ☐ Coerced
- ☐ None
- ☐ Harassed
- ☐ Trafficked
- ☐ Unknown

Full name of physician performing termination

AMY CALDWELL

Address of physician performing termination *(number and street, city, state, and zip code)*

1301 N. AL INDIANAPOLIS IN 46202

[redacted]

Age of father	35	If age not known, approximate age	35

Date Reported to DCS, if Patient under 16 (month, day, year) _____

Date Received by IDOH (month, day, year) 05/26/2022