MISSISSIPPI STATE DEPARTMENT OF HEALTH

REPORT OF INDUCED TERMINATION OF PREGNANCY PERFORMED IN MISSISSIPPI

SEE PAGE **2** FOR DEFINITION AND REPORTING INSTRUCTIONS

DATE OF PREGNANCY TERMINATION

1. Month Day Year

PLACE OF TERMINATION

2. Facility Name and Street Address

3. County

4. City or Town

PATIENT INFORMATION

5. Residence (Enter actual location rather than mailing address)

a. State of Residence

b. County of Residence

6. Patient's Identification Number Assigned by Facility

7. Age at Last Birthday

8. Married?
☐ Yes ☐ No ☐ Unknown

9. RACE (Check one or more races to indicate what the patient considers herself to be)
☐ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____ ☐ Other Asian (Specify) _____ ☐ Other (Specify)_____

10. Patient of Hispanic Origin? Check the box that best describes whether the patient of Spanish/Hispanic/Latino
Check the "No' box if father is not Spanish/Hispanic/Latino.
☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐Yes, Puerto Rican
☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latino (Specify) _____

11. Patient's Education – Check the box that best describes the highest degree or level of school completed.
☐ 8th grade or less ☐ 9th – 12th grade, no diploma ☐ High school graduate or GED completed
☐ Some college, no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) ☐ Unknown

12. Previous Pregnancies (Complete all four sections; enter number or check None)

Live Births

a. Now Living
Number _____
None 00 ☐

b. Now Dead
Number _____
None 00 ☐

Other Pregnancy Outcomes

c. Spontaneous Abortions, Miscarriages, Stillbirths' And Fetal Deaths
Number _____
None 00 ☐

d. Induced Abortions (Do NOT include this termination)
Number _____
None 00 ☐

MEDICAL INFORMATION FOR THIS TERMINATION

13. Clinical Estimate of Gestation Completed Weeks _____

14.Date Last Menses Began (Month, Day, Year)

15. Method of Termination Procedure (Check only the method that terminated the pregnancy)
☐ 1 Suction curettage ☐ 2Medical/Non Surgical – Mifepristone (RU486, Mifeprex)
☐ Other Medical Nonsurgical (Specify_ _____
☐ 3. Dilation and Evacuation (D&E) ☐ 4. Intrauterine instillation (Saline, Prostaglandin) ☐ 5. Sharp Curettage (D&C)
☐ 6 Hysterotomy/Hysterectomy. ☐ 7. Other (Specify)_____ ☐ 9 Unknown

PERSON COMPLETING REPORT

16. Name

16a. Title

16b. Telephone Number

REQUIREMENTS OF MISS. CODE. ANN. § 41-41-407 TO BE COMPLETED BY PHYSICIAN

17. Indicate whether the race of, sex of, or the presence or presumed presence of any genetic abnormality in the unborn human being had been detected at the time of the abortion by genetic testing (e.g., maternal serum tests) or ultrasound (e.g., nuchal translucency screening (NT), or by any other forms of testing.
☐ Race
☐ Sex
☐ Presence of presumed presence of any genetic abnormality

18. Indicate the probable health consequences of the abortion and specific abortion method used.

By signing below, I confirm the reason for the abortion, as stated by the maternal patient was not because of the unborn human being's actual or presumed race or the presence or presumed presence of any genetic abnormality. I attest under oath that the information stated herein is true and correct to the best of my knowledge.

Physician Signature _____ Date Signed _____

Physician Name (Printed) _____

INSTRUCTIONS FOR REPORTING INDUCED TERMINATION OF PREGNANCY

PERFORMED IN MISSISSIPPI

Item 5. The state and county shown should be the actual location of the patient's home regardless of the mailing address. For example, if a patient lives in Rankin County and her mailing address is a rural route out of Jackson, the county listed should be Rankin even though the city of Jackson is in Hinds County. The same rule applies if an out-of-state address is involved. For example, if a patient whose home is in Marshall County, Mississippi has a Collierville, Tennessee mailing address, Mississippi and Marshall County should be listed as state and county of residence, along with the Mississippi city of their residence.

Item 6. The identification number can be the patient number assigned by the facility in its usual record keeping procedures or can be a special number assigned for this report. In any event, the number should enable the facility staff to access the record again should it be necessary for Vital Records to send a query because an item was overlooked, not clear, etc.

Item 8. If the patient is separated from her husband but not divorced, check Yes.

Item 9. Check as many of the races that the patient considers herself to be. If the race is not listed, check "Other" and specify the race.

Item 10. Check the specific origin if listed. If the patient is not of Spanish/Hispanic/Latino, check "No, not Spanish/Hispanic/Latino".

Item 11. Check the box that describes the "Highest" level of education completed.

Item 12. All four sections must be completed either by entering the number or by checking None. Do not use dashes or other symbols which have no specific meaning.

Item 13. Provide the estimate in complete weeks.

Item 14. Enter the complete date if known. If any part of the date is unknown, enter "9's" for that part. For example, 1/99/2022.

Item 16. Enter the name and title of the person completing the record for reference in case the record is incomplete or requires clarification.

Item 18. Indicate any health consequences and specific abortion method used.

The physician will sign the form as his or her assentation that the information provided is true and correct to the best of his or her knowledge.

DEFINITION

Abortion – The term abortion means the use of prescription of an instrument, medicine, drug, or other substance or device with the intent to terminate a clinically diagnosable pregnancy for reasons other than to increase the probability of a live birth, to preserve the life or health of the unborn human being, to terminate an ectopic pregnancy, or to remove a dead unborn human being. Miss Code. Ann §41-41-405.

REPORTING REQUIREMENTS OF THE MISSISSIPPI STATE DEPARTMENT OF HEALTH

Coverage	Report each induce termination of pregnancy performed in Mississippi.
Statutory Authority	Miss. Code. Ann §41-41-401 through §41-41-419.
Time Allowed	Submit each report within fifteen (15) days of the event.
Responsibility For Reporting	The attending physician is responsible for reporting.
Reporting Address	Send completed reports to: Mississippi State Department of Health Vital Records & Statistics P O Box 1700 Jackson, MS 39215-1700

For additional forms or further information, contact Vital Records & Statistics at 601-206-8200 or visit www.msdh.ms.gov

CONFIDENTIALITY

Although he Mississippi Department of Health requires all induced terminations pregnancy be reported, it does not require the patient be identified by name, or any other information or identifiers that would make it possible to identify, in any manner or under any circumstances, a woman who obtained an abortion. The Department will summarize the data and present It in aggregate form in the annual Vital Statistics Report.