**TECHNICAL RESOURCE FOR REPORTING INDUCED TERMINATION OF PREGNANCY**

**Why was this Technical Resource Created?**

This document contains standard definitions regarding Induced Termination of Pregnancy (ITOP) terminology. The goal of these materials is to help improve the quality of the data collected by increasing uniformity within and among jurisdictions. It may be used as a technical resource for jurisdictions’ ITOP reporting forms. It was prepared in collaboration with the National Association for Public Health Statistics and Information Systems (NAPHSIS), with technical assistance from the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health and National Center for Health Statistics (NCHS).

# The Importance of ITOP Data

ITOP data are an important source of information on the characteristics of women who have induced terminations of pregnancy and the medical practices related to pregnancy termination in the United States. Data on the characteristics of women obtaining induced terminations can help guide and evaluate programs. In addition, routine surveillance is needed to assess changes in clinical practice patterns over time; information on the number of induced terminations of pregnancy performed through different methods and at different gestational ages provides the denominator data that are necessary to assess the relative safety of induced termination practices. Furthermore, statistics on the number of induced terminations of pregnancy are needed – along with data on births and fetal loss estimates – to estimate the number and rates of pregnancies in the United States.

# Sample Data Elements

This technical resource document is a sample ITOP document that jurisdictions may use to improve standardization of data collection. This technical resource document was created based on feedback from medical providers and vital statistics personnel who collect and summarize ITOP data within the United States. Based on jurisdictional laws, some jurisdictions may be required to collect different or additional information. For information regarding any data required by jurisdictional laws, contact the jurisdiction’s vital statistics personnel.

# Additional Contents

Following the sample document and abbreviated instructions, you will find the following:

* A case definition for induced termination of pregnancy;
* More detailed instructions for each data element;
* Additional considerations for addressing different data needs and requirements that some jurisdictions may have and promoting adherence to reporting standards;

***For additional information, please contact CDC Division of Reproductive Health by sending an e‐mail to cdcitop@cdc.gov.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CASE INFORMATION** | **1. FACILITY NAME AND ADDRESS**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **2. MEDICAL RECORD NUMBER**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **3. DATE OF PREGNANCY TERMINATION**  *(MM/DD/CCYY)*  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | | | **4. DATE REPORT COMPLETED**  *(MM/DD/CCYY)*  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | |
| **PATIENT DEMOGRAPHICS** | **5. RESIDENCE OF PATIENT– STATE** (If not in US, list Country)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **6. RESIDENCE OF PATIENT– COUNTY** (If not in US, enter N/A)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **7. PATIENT AGE AT LAST BIRTHDAY** (Years)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **8. PATIENT MARRIED?** (At pregnancy termination, conception, or any time between)  o Yes o No o Unknown | | | | | **11. PATIENT RACE – check all that apply**  (Check one or more races to indicate  what the patient considers herself to be)  o White  o Black or African American  o American Indian or Alaska Native  (Name of enrolled or principal tribe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Asian Indian  o Chinese  o Filipino  o Japanese  o Korean  o Vietnamese  o Other Asian(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_  o Native Hawaiian  o Guamanian or Chamorro  o Samoan  o Other Pacific Islander (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Unknown | |
| **9. PATIENT EDUCATION**  (Check the box that best describes the highest degree or level of school completed)  o 8th grade or less  o 9th-12th grade, no diploma  o High school graduate or GED completed  o Some college credit, but no degree  o Associates degree (e.g., AA, AS)  o Bachelor’s degree (e.g., BA, AB, BS)  o Master’s degree (e.g., MA, MS, MEng, Med, MSW, MBA)  o Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)  o Unknown | | **10. PATIENT OF HISPANIC ORIGIN?**  (Check the boxes that best describe whether the patient is Spanish/Hispanic/Latina)  o No, not Spanish/Hispanic/Latina  o Yes, Mexican, Mexican American, Chicana  o Yes, Puerto Rican  o Yes, Cuban  o Yes, Other Spanish/Hispanic/Latina  (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Unknown | | | | |
| **12. NUMBER OF PREVIOUS LIVE BIRTHS** | | | | **13. NUMBER OF OTHER PREGNANCY OUTCOMES** | | | | |
| **a. Now Living**  Number\_\_\_\_\_\_\_\_\_\_\_  o None  o Unknown | **b. Now Dead**  Number\_\_\_\_\_\_\_\_\_\_\_  o None  o Unknown | | | **a. Spontaneous**  Number\_\_\_\_\_\_\_\_\_\_\_  o None  o Unknown | | | | **b. Induced**  Number\_\_\_\_\_\_\_\_\_\_\_  o None  o Unknown |
| **MEDICAL AND HEALTH INFORMATION** | **14. CLINICIAN’S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS** (*if a fraction of a week is given, round down to the next whole week; e.g., record 6.2 weeks as 6 weeks, record 7.6 weeks as 7 weeks*)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Unknown | | | | | | **15. DATE LAST NORMAL MENSES BEGAN**  (*MM/DD/CCYY*)  \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ o Unknown | | |
|  | **16.** **METHOD OF TERMINATION** (*Check only the method that terminated the pregnancy*) | | | | | | | | |
|  | o Surgical (check the type of surgical procedure)  o D & C (Dilation and Curettage)\*  o D & E (Dilation and Evacuation)  o Hysterectomy/Hysterotomy  o Other surgical (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | o Medical/Non-surgical – includes early medical terminations and labor induction (check the principal medication or medications)  o Mifepristone (RU486, Mifeprex®)  o Misoprostol (Cytotec®), or another prostaglandin\*\*  o Methotrexate (Amethopterin, MTX)  o Other medication (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | o Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea)  o Unknown  \*Additional terms that may be used include: aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, and sharp curettage.  \*\*Some commonly used prostaglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol). | | | | | | | | |

**Figure 1: Technical Resource Document for Induced Termination of Pregnancy Reporting**

**SAMPLE INSTRUCTIONS FOR REVERSE SIDE OF ITOP DOCUMENT**

1. **FACILITY NAME AND ADDRESS ‐** Enter the full name and address of the hospital or clinic where the induced termination of pregnancy occurred. For surgical terminations, this is the facility where the procedure is performed. For medical/non‐surgical terminations, this is the facility where the woman was administered or obtained the medications for the pregnancy termination. If the induced termination occurred in a physician’s office or some other place, enter the full address.
2. **MEDICAL RECORD NUMBER ‐** Enter a unique number that identifies the patient only to facility staff. Do not use Social Security Number, part of the Social Security Number, date of birth, or any other number that could possibly allow an individual outside of the facility to identify the patient.
3. **DATE OF PREGNANCY TERMINATION ‐** Enter the exact month, day, and year of the pregnancy termination. For medical (non‐surgical) terminations, record the date the initial dosage of medication was given. For surgical terminations, the date the pregnancy was removed should be recorded.
4. **DATE REPORT COMPLETED ‐** Enter the exact month, day, and year that this form was completed. This is the date the last data element was filled in.
5. **RESIDENCE OF PATIENT – STATE ‐** Enter the state where the patient resides. If the patient does not reside in the United States, enter the name of the foreign country or territory.
6. **RESIDENCE OF PATIENT – COUNTY ‐** If the patient resides in the United States, enter the name of the county in which she resides. If the patient does not reside in the United States, enter N/A or not applicable.
7. **PATIENT AGE AT LAST BIRTHDAY ‐** Enter the age of the patient in years at her last birthday.
8. **PATIENT MARRIED? ‐** If the patient is currently married or was married (includes married or separated) at the time of conception, at the time of induced termination, or any time between conception and induced termination, check the “Yes” box. Otherwise, check the “No” box (includes never married, widowed, or divorced).
9. **PATIENT EDUCATION ‐** Based on the patient’s response, check the appropriate box to indicate the highest degree or level of school completed at the time of termination.
10. **PATIENT OF HISPANIC ORIGIN? ‐** Based on the patient’s response, mark off all checkboxes that are appropriate. If the patient is not Spanish/Hispanic/Latina, check the “No” box. If the patient is Spanish/Hispanic/Latina check all of the applicable “Yes” boxes. This item must reflect the response of the patient.
11. **PATIENT RACE ‐** Based on the patient’s response, mark off all checkboxes that are appropriate. For example, if the patient indicates she is white and Black or African American, both checkboxes should be marked off. This item must reflect the response of the patient.
12. **NUMBER OF PREVIOUS LIVE BIRTHS ‐** Enter the number of children born alive to this patient, including those that are now living (12a) and now dead (12b).
13. **NUMBER OF OTHER PREGNANCY OUTCOMES ‐** Enter the number of other pregnancy outcomes that ended in an outcome other than live birth. Enter the number of pregnancies that ended spontaneously (e.g. an early pregnancy loss/failure, miscarriage, fetal death or ectopic pregnancy) (13a) and induced (13b).
14. **CLINICIAN’S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS ‐** Enter the length of gestation as estimated by the attending clinician in completed weeks of gestation. If a fraction of a week is given (e.g., 6.2 weeks, or 6 weeks 2 days) round down to the next whole week (e.g., 6 weeks). Refer to NCHS guidance for clinical estimate of gestational age for further details (https://www.cdc.gov/nchs/data/misc/hb\_itop.pdf)
15. **DATE LAST NORMAL MENSES BEGAN ‐** Enter the exact date (month, day, and year) of the first day of the patient's last normal menstrual period.
16. **METHOD OF PREGNANCY TERMINATION ‐** Check the one box that describes the primary category for the method used to induce the termination of pregnancy. Options for known methods are: a) surgical, b) medical, or c) intrauterine instillation. For surgical terminations, check the box below this method to indicate the type of surgical procedure that was used (D & C, D & E, Hysterectomy/hysterotomy, or other surgical). It is not necessary to list supplies, procedures or medications that were used to aid in the completion of the surgical procedure (e.g. mifepristone, misoprostol, digoxin or KCl) or laminaria.For medical/non‐surgical terminations, check the box(es) for the principal medication or medications that were used. If medications (e.g. digoxin or potassium chloride [KCl]) were used to ensure fetal demise prior to induced termination of pregnancy, check the box for the primary method used to induce the passage of pregnancy (i.e. surgical, medical, intrauterine instillation, or hysterectomy/hysterotomy). If surgical termination is performed after failed medical/non-surgical termination, check medical/non-surgical.

***CASE DEFINITION: INDUCED TERMINATION OF PREGNANCY (ITOP)***

For the purpose of surveillance, a legal induced abortion, also referred to as an induced termination of pregnancy, is defined as an intervention performed within the limits of state law by a licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, or physician assistant) intended to terminate a suspected or known intrauterine pregnancy and which does not result in a live birth.

This definition excludes management of intrauterine fetal death, early pregnancy failure/loss (failure of early pregnancy to develop in utero), ectopic pregnancy, or retained products of conception. For the purposes of surveillance, the induced termination of multi‐fetal pregnancy is considered a single induced termination procedure. However, fetal reduction and selective termination procedures are not intended to terminate the pregnancy and are not considered induced termination events.

***SAMPLE INSTRUCTIONS AND ADDITIONAL CONSIDERATIONS***

# 1. FACILITY NAME AND ADDRESS

*Sample instructions*:

Enter the full name and address of the hospital or clinic where the induced termination of pregnancy occurred. For surgical terminations, this is the facility where the procedure is performed. For medical/non‐surgical terminations, this is the facility where the woman was administered or obtained the medications for the pregnancy termination. If the termination occurred in a clinic that is physically situated within a hospital or is administratively a part of a hospital, enter the full name of the hospital. If the induced termination occurred in a freestanding clinic (i.e., a clinic that is physically and administratively separate from a hospital), enter the full name of the clinic. If the induced termination occurred in a physician’s office or some other place, enter the full address.

*Additional considerations:*

Some providers may be less likely to comply with reporting requirements if information identifying their facility is requested. To provide greater assurance of confidentiality, jurisdictions may wish to assign facilities an identification number that is attached to a key, housed with restricted access within the central health department.

# 2. MEDICAL RECORD NUMBER

*Sample instructions:*

Enter a unique number that identifies the medical record only to facility staff. This number should be one that would enable the facility or physician to access the medical file of the patient. Do not use the patient’s Social Security Number, part of the Social Security Number, date of birth, or any other number that could possibly allow an individual outside of the facility to identify the patient.

*Additional considerations:*

Hospitals, clinics, and physicians must ensure that extensive legal and administrative measures are used to protect individuals from unauthorized disclosure of personal information contained on the reporting form.

# 3. DATE OF PREGNANCY TERMINATION

*Sample instructions:*

Enter the exact month, day, and year of the pregnancy termination. The date the pregnancy actually ends should be recorded, except in the case of medical (non‐surgical) induced terminations. For surgical terminations, the date the pregnancy was removed should be recorded. For medical terminations, the date the initial dosage of medication was given should be recorded.

# 4. DATE REPORT COMPLETED

*Sample instructions:*

Enter the exact month, day, and year that the form was completed. This is the date the last data element was

filled in.

# 5. RESIDENCE OF PATIENT – STATE

*Sample instructions*:

Enter the state where the patient resides. If the patient does not reside in the United States, enter the name of the foreign country or territory.

The patient’s residence is the state where her household is located and where she actually lives. This is not necessarily the same as her mailing address or legal residence. Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative or friend is considered temporary and should not be entered here. Place of residence during a tour of military duty or while attending college is *not* considered temporary and should be entered as the place of residence for the patient.

*Additional considerations:*

The exclusion of this data element can adversely affect the quality of data within and between states and jurisdictions. Location of residence can be used to calculate state and jurisdiction‐specific rates.

# 6. RESIDENCE OF PATIENT – COUNTY

*Sample instructions*:

If the patient resides in the United States, enter the name of the county in which she resides. If the patient does not reside in the United States, enter N/A or not applicable.

*Additional considerations*:

Jurisdictions may vary in the level of geographic detail needed. An additional item may be desired to capture the city of residence.

# 7. PATIENT AGE AT LAST BIRTHDAY

*Sample instructions*:

Enter the age of the patient in completed years at her last birthday. This entry should reflect her age at the time of pregnancy termination.

*Additional considerations*:

Obtaining individual year of age for teens may be particularly relevant for informing teen pregnancy prevention programs.

**8. PATIENT MARRIED?**

*Sample instructions:*

If the patient is currently married or was married (includes married or separated) at the time of conception, at the time of induced termination, or any time between conception and induced termination, check the “Yes” box.

Otherwise, check the “No” box (includes never married, widowed, or divorced).

# 9. PATIENT EDUCATION

*Sample instructions*:

Based on the patient’s response, check the appropriate box that best describes the highest degree or level of school completed at the time of termination.

*Additional considerations*:

Jurisdictions wishing to collect less detail on educational attainment may consider the following categories: 1) Not a high school graduate, 2) high school graduate or GED, 3) some college/associated degree, 4) college graduate.

# 10. PATIENT OF HISPANIC ORIGIN

*Sample instructions*:

Based on the patient’s response, check off all of the boxes that are applicable. For example, if the patient indicates she is not Spanish/Hispanic/Latina, check the “No” box. If the patient indicates she is Puerto Rican, check the “Yes, Puerto Rican” box. If the patient indicates more than one Hispanic origin, check all boxes that apply. If the patient indicates she is of an Hispanic origin not listed, check “Yes, Other” and then enter the Hispanic origin given by the patient.

The entry in this item ahould be based on the response of the patient.

This item is not the same as the Race item. A person of Hispanic origin may be of any race. Each question, “Race” and “Hispanic origin,” should be asked independently.

*Additional considerations:*

According to the Office of Management and Budget (OMB) 1997 standards, a separate question about Hispanic origin should be asked ***before*** a question about race. Research suggests that this order may reduce the proportion of Hispanic respondents who report “other race” or provide no response to a separate question on race. [[1]](#footnote-2)

Jurisdictions wishing to collect less detail on Hispanic origin may consider the following categories: “No, not Spanish/Hispanic/Latina” and “Yes, Spanish/Hispanic/Latina.”

# 11. PATIENT RACE

*Sample instructions*:

Based on the patient’s response, check off **all** of the boxes that are applicable. For example, if patient indicates that she is only Korean, check only the “Korean” box. If the patient indicates she is White ***and*** Black or African American, check the “White” box ***and*** the “Black or African American” box.

The entry for this item must reflect the response of the patient.

This item is not a part of the Hispanic origin item. A person of Hispanic origin may be of any race. Each question, “Race” and “Hispanic origin,” should be asked independently.

*Additional considerations*:

Jurisdictions wishing to collect less detail on race may consider using the five minimum categories the Office of

Management and Budget (OMB) outlines in its 1997 standards for Federal agencies.1 These five categories are: White; Black or African American; American Indian or Alaska Native; Asian; and Pacific Islander.

# 12. NUMBER OF PREVIOUS LIVE BIRTHS

*Sample instructions:*

Enter the number of children born alive to this patient. Count each infant born alive for multiple gestation deliveries. Do not include adopted children. Enter the number of previous live born infants still living in item 12a. Enter the number of previous live born infants who are now dead in item 12b. If there were none, check the appropriate “None” box.

# 13. NUMBER OF OTHER PREGNANCY OUTCOMES

*Sample instructions*:

Enter the number of prior pregnancies that ended in an outcome other than live birth. Enter the number of prior pregnancies that ended spontaneously in item 13a (including an early pregnancy loss/failure, miscarriage, fetal death or ectopic pregnancy ). Enter the number of prior pregnancies ended through induced termination in item 13b. If there were none, check the appropriate “none” box. Count each pregnancy that ended only once, even if it was a multifetal pregnancy.

# 14. CLINICIAN’S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS

*Sample instructions:*

Enter the length of gestation as estimated by the attending clinician in completed weeks of gestation. If a fraction of a week is given (e.g., 6.2 weeks, or 6 weeks 2 days), round down to the next whole week (e.g., 6 weeks). Similarly 7 weeks 6 days, or 7.6 weeks should be rounded down to 7 weeks.

Do not compute the clinician’s estimate from the date of the last normal menses and the date of the termination.

*Additional considerations*:

All entries for gestation should be listed in completed weeks of gestation regardless of what the provider records on the form. This should be done by rounding *down* to the next whole week. Following are examples:

4 weeks 2 days should be coded as 4

6 weeks 6 days should be coded as 6

8.3 should be coded as 8

10.5 should be coded as 10

Jurisdictions that have implemented electronic ITOP reporting systems may wish to use drop down menus that promote the correct method of rounding down to the nearest whole week of gestation. For example, options in a drop down menu could include:

<4 weeks 0 days (for terminations that should be coded as ≤3 weeks)

1. weeks 0 days to 4 weeks 6 days (for terminations that should be coded as 4 weeks)
2. weeks 0 days to 5 weeks 6 days (for terminations that should be coded as 5 weeks)
3. weeks 0 days to 6 weeks 6 days (for terminations that should be coded as 6 weeks), etc.

# 15. DATE LAST NORMAL MENSES BEGAN

*Sample instructions*:

Enter the exact month, day, and year of the first day of the patient's last normal menstrual period, as obtained from the hospital or clinic record, or from the patient herself. If the exact day is unknown but the month and year are known, obtain an estimate of the day from the patient, her physician, or the medical record. If an estimate of the date cannot be obtained, enter the month and year only.

# 16. METHOD OF PREGNANCY TERMINATION

*Sample instructions:*

Check the one box that describes the primary category for the method used to terminate the pregnancy.

Primary categories include “Surgical,” “Medical/Non‐surgical” and “Intrauterine Instillation”.

Below the primary category “Surgical,” check the one box that indicates the subcategory of surgical procedure used. Do not check more than one subcategory, and do not check any of the medication boxes under the “Medical/Non‐surgical” category*.* It is not necessary to list supplies, procedures or medications that were used to aid in the completion of the surgical procedure (e.g. mifepristone, misoprostol, digoxin or KCl) or laminaria.

Below the primary category “Medical/Non‐surgical,” check the principal medication or medications that were used. Check **all** medications that are applicable.

If medications (e.g. digoxin or potassium chloride [KCl]) were used to ensure fetal demise prior to induced termination of pregnancy, check the box for the primary method used to induce the passage of pregnancy (i.e. surgical, medical, intrauterine instillation, or hysterectomy/hysterotomy). If surgical termination is performed after failed medical/non-surgical termination, check medical/non-surgical.

*Additional considerations*:

It is advised that “Other” not be included as a primary category on a jurisdiction’s reporting form. All induced terminations can be classified as being completed Surgically or Medically/Non‐surgically, or less commonly as Intrauterine Instillations.

Jurisdictions that collect procedures in addition to the one that terminated the pregnancy may wish to provide additional check boxes for adjuvant procedures that are clearly differentiated from the primary method.

1. http://www.cdc.gov/nchs/data/series/sr\_02/sr02\_135.pdf [↑](#footnote-ref-2)