

Division of Vital Records April 2026



# Annual Terminated Pregnancy Report 2025



Indiana  
Department  
of  
Health



## Executive Summary

The 2025 Annual Terminated Pregnancy Report provides a comprehensive analysis of terminations performed within Indiana. The reported terminations are in respect to Indiana Code § 16-34-2 et seq. highlighted within the key findings, results, methodology and limitations. The following tables provide key insights from the 2025 data.

A total of 126 terminated pregnancy reports were submitted to the Indiana Department of Health (IDOH) through the electronic reporting system in the reporting period, as required by Ind. Code § 16-34-2-5.5.

Number of Terminations Performed, Each Quarter of 2025	
Quarter	Total Count
Q1	28
Q2	30
Q3	42
Q4	26
Annual	126

Weeks of Gestation at Time of Termination, 2025	
Weeks	Count (%)
≤8 weeks	16 (12.70%)
9-13 weeks	18 (14.29%)
14-20 weeks	64 (50.79%)
≥21 weeks	28 (22.22%)
<b>Total</b>	<b>126 (100.00%)</b>

Procedure Type Used to Terminate Pregnancy, 2025*	
Procedure Type	Count (%)
Nonsurgical	30 (23.81%)
Surgical	96 (76.19%)
<b>Total</b>	<b>126 (100.00%)</b>

\*Surgical includes intracardiac injections since Q3 of 2025. For this report, procedure type numbers for Q1 and Q2 were adjusted to be consistent with this change.



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# Introduction

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## Indiana Reporting Requirements

Reporting requirements regarding terminated pregnancies are governed by Indiana Code § 16-34-2 et seq.,<sup>(1)</sup> which can be found [online at the Indiana General Assembly's website](#). Indiana Code requires that terminated pregnancies are reported to the Indiana Department of Health (IDOH) within 30 days of termination if the patient is 16 years of age or older; within 3 days if under 16 years. Terminated pregnancy complications are collected separately from terminated pregnancy reports and have separate quarterly reports.

This report includes a breakdown of demographic information provided by patients and medical information collected from reports. Some information collected on terminated pregnancy reports is not represented in this report because of the potential for patient identification. Self-reported demographic information collected in the report includes the following:

- Age
- Marital status
- Education level
- Race and Ethnicity
- ZIP code/County/State of Residence

Medical information collected from the patient and reported to IDOH also includes the following:

- Number of previous live births of children who are still living
- Number of previous live births of children who are deceased
- Number of previous spontaneous terminations (i.e., miscarriages)
- Number of previously induced terminations (excluding the termination being reported)
- Years of previous spontaneous and induced terminations
- Date last normal menses began.
- Age of father

Other medical information provided by the physician includes:

- Date of termination
- Date TPR was submitted to DCS if patient is under 16
- Estimate of the gestational age and post-fertilization age and method for how they were determined
- Type of Medical or Surgical Procedure that terminated pregnancy
- Fetus delivered alive and had the best opportunity to survive
- Second doctor present
- Whether a pathological exam was performed
- If patients were provided with Manufacturer's instructions
- If patient signed Patient Agreement
- Reason for termination



Additional information collected includes the physician's name and full address of who completed the termination and the facility name and full address of where the termination was performed.



# Methodology

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## Gestational Age vs. Fertilization Age

Physicians report both the post-fertilization age and gestational age of the fetus, but the two are calculated differently. Gestational age measures the age of the fetus from the first day of the mother's last menstrual period, whereas post-fertilization age measures the age of the fetus from the actual date of conception or fertilization. Since fertilization generally occurs about two weeks after the first day of the last menstrual period, the gestational age is typically about two weeks greater than the post-fertilization age. For instance, if a fetus is 10 weeks by gestational age, its post-fertilization age is approximately 8 weeks. The Indiana Code refers to post-fertilization age, but gestational age is more commonly used in epidemiological analyses.

## Analytic Procedures

The data was pulled from the IDOH DRIVE (Database Registration for Indiana's Vital Events) system using Structure Query Language (SQL). To ensure data accuracy, the dataset was checked for potential errors and duplicates using patient identification numbers and date of termination. SAS Statistical Software 9.4 was used to calculate counts and percentages. Graphs were made using Microsoft Excel.



# Results

## Timeliness and Reporting

Tables 1-3 show the number of reports that met or did not meet the reporting time requirement under Indiana law. For women who were 16 years of age or older at the time of the termination, a report is required to be filed with IDOH within 30 days. For females who were under 16 years of age at the time of the termination, a report is required to be filed with both IDOH and the Indiana Department of Child Services within three days.

**Note:** The number of "Reported after 30/3 days" in Table 1 correlates to previously submitted redacted forms received via email, pursuant to an agreement with IDOH. There is no indication of "Reported after 30/3 days" submissions outside of those initially submitted in redacted form.

<b>Table 1. Timeliness of Submission of Terminated Pregnancy Reports for Females 16 Years of Age or Older, 2025</b>	
<b>16 Years of Age or Older</b>	<b>Count (%)</b>
Reported within 30 days	75 (60.48%)
Reported after 30 days	49 (39.52%)
<b>Total Reported to IDOH</b>	<b>124 (100.00%)</b>

<b>Table 2. Timeliness of Submission of Terminated Pregnancy Reports for Females Under 16 Years of Age, 2025</b>	
<b>Under 16 Years of Age</b>	<b>Count (%)</b>
Reported within 3 days	1 (50.00%)
Reported after 3 days	1 (50.00%)
<b>Total Reported to IDOH</b>	<b>2 (100.00%)</b>

<b>Table 3. Timeliness of Submission of Terminated Pregnancy to DCS, 2025</b>	
<b>Under 16 Years of Age Report to DCS</b>	<b>Count (%)</b>
Reported within 3 days	2 (100.00%)
Reported after 3 days	0 (0.00%)
<b>Total Reported to DCS</b>	<b>2 (100.00%)</b>



## Trends in Indiana

Figure 1 provides a breakdown by quarter of the number of terminations that occurred in Indiana in 2025.

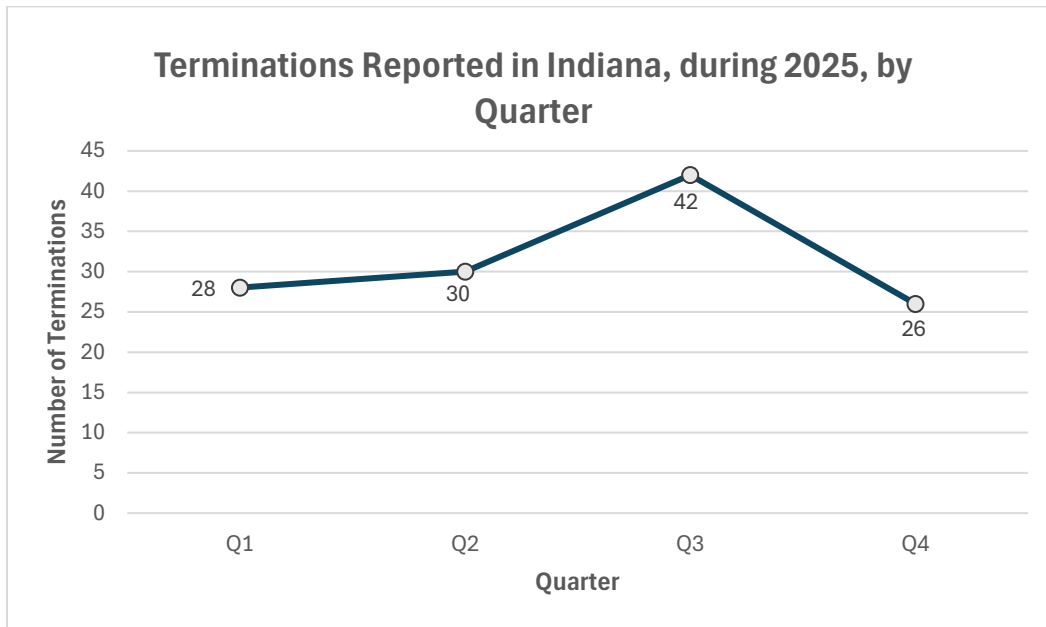


Figure 2 provides a breakdown by quarter of the number of terminations that occurred in Indiana in the reporting year.

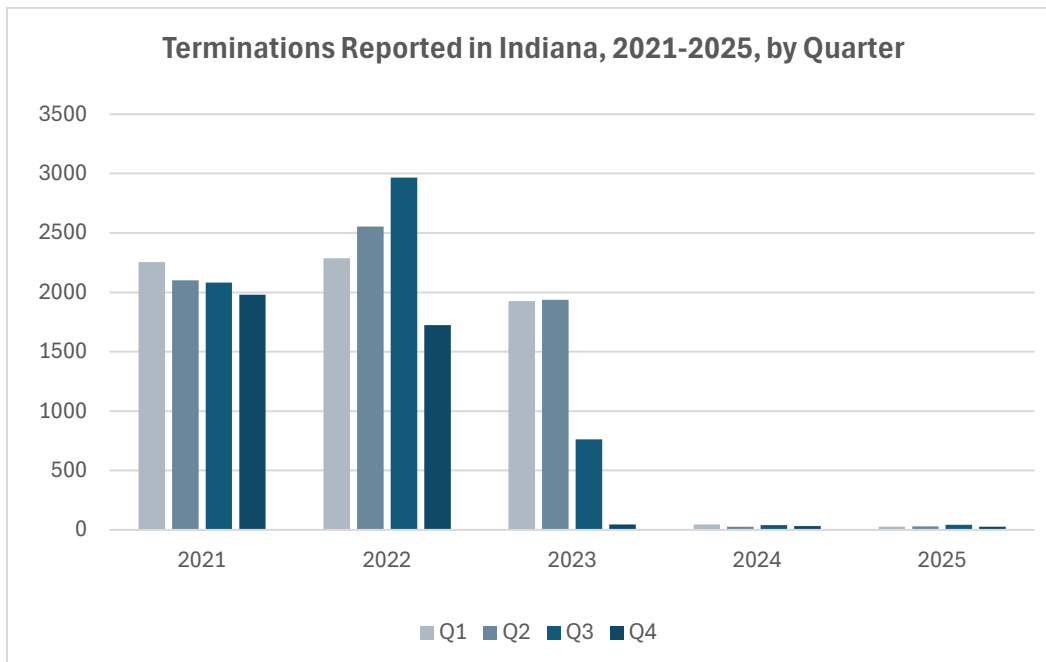


Figure 3 provides a breakdown by quarter of the number of terminations that occurred in Indiana between 2021 to 2025.

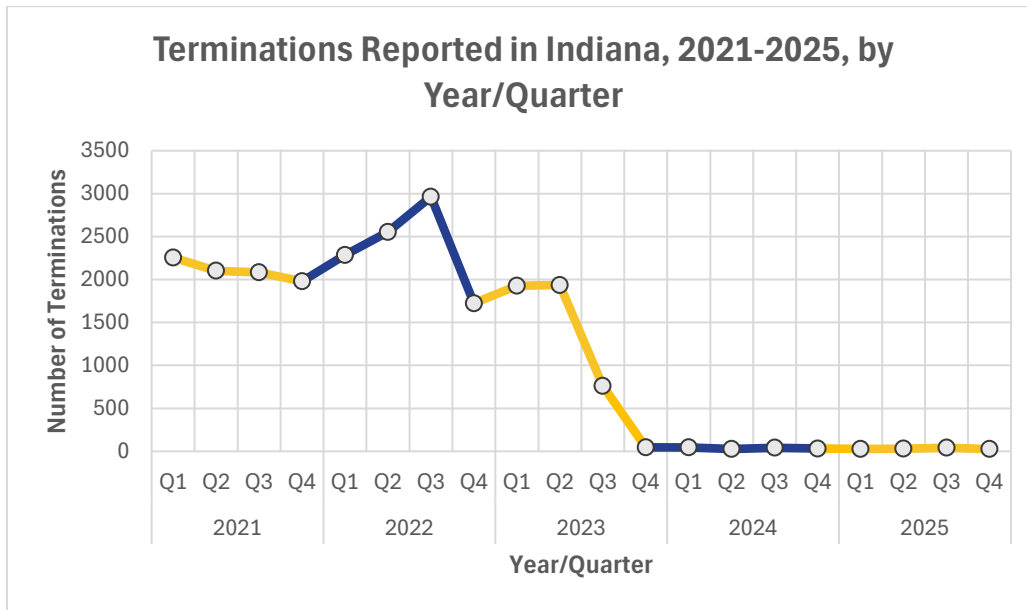


Table 4 provides a breakdown of the number of terminations by month and quarter among resident and non-resident women who received terminations in Indiana in 2025.

<b>Table 4: Terminations by Quarter and Month, 2025</b>			
<b>Quarter</b>	<b>Month</b>	<b>Total Terminations</b>	<b>Indiana Resident</b>
		<b>(n = 126)</b>	<b>(n = 121)</b>
1	January	9	9
	February	13	12
	March	6	6
2	April	11	10
	May	7	7
	June	12	12
3	July	10	10
	August	18	18
	September	14	14
4	October	7	5
	November	10	10
	December	9	8



Table 5 shows the percentage of Indiana residents of childbearing age who terminated a pregnancy within the last five years.

<b>Table 5. Annual Rate of Reported Terminations Among Indiana Residents of Childbearing Age, 2025 and previous four years</b>			
<b>Year</b>	<b>Count</b>	<b>Population Est.<sup>†</sup></b>	<b>Rate<sup>*</sup></b>
2021	7,942	1,328,151	5.98
2022	7,702	1,333,576	5.78
2023	3,821	1,341,793	2.85
2024	142	1,357,920	0.10
2025	121	1,357,920**	0.09

\*Rate is per 1,000. (In 2025, Indiana had terminations in age ranging from 13-44 years).  
 \*\*A single-year estimate for this age and sex group is not yet available, so 2024 data is used.  
 †Population estimates of females aged 15-44 that were Indiana residents during specified year<sup>(2)</sup>

## Demographic Information of Women Obtaining Terminations

Demographic information collected and analyzed for this report include age, race, ethnicity, marital status, and education level of the women obtaining terminations in Indiana in 2025.

### Age

Table 6 shows the age distribution of women who obtained terminations in the 2025 and the overall number of live births in Indiana for each age group in 2025.

<b>Table 6. Age Distribution of Women Who Obtained Terminations, 2025</b>		
<b>Age, years</b>	<b>Count (%)</b>	<b>Count of Live Births in 2025</b>
< 16	2 (1.59%)	141
16-24	21 (16.67%)	18,800
25-34	67 (53.17%)	47,992
35-44	36 (28.57%)	12,434
≥ 45	0 (0.00%)	165
Unknown	0 (0.00%)	15
<b>Total</b>	<b>126 (100.00%)</b>	<b>79,547</b>

\*\*Birth counts for 2025 are preliminary and are current as of 2/12/2026.



## Race and Ethnicity

<b>Table 7. Race of Women Who Obtained Terminations, 2025</b>	
<b>Race</b>	<b>Count (%)</b>
White	89 (70.63%)
Black / African American	25 (19.84%)
Asian	6 (4.76%)
American Indian / Alaska Native	0 (0.00%)
Pacific Islander / Native Hawaiian	1 (0.79%)
Multiple Races	1 (0.79%)
Other	1 (0.79%)
Unknown	3 (2.38%)
<b>Total</b>	<b>126 (100.00%)</b>

<b>Table 8. Ethnicity of Women Who Obtained Terminations, 2025</b>	
<b>Ethnicity</b>	<b>Count (%)</b>
Non-Hispanic / Non-Latino	110 (87.30%)
Hispanic / Latino	13 (10.32%)
Ethnicity Unknown	3 (2.38%)
<b>Total</b>	<b>126 (100.00%)</b>

## Marital Status

<b>Table 9. Marital Status of Women Who Obtained Terminations, 2025</b>	
<b>Marital Status</b>	<b>Count (%)</b>
Unmarried	62 (49.21%)
Married	64 (50.79%)
Divorced	0 (0.00%)
Separated	0 (0.00%)
<b>Total</b>	<b>126 (100.00%)</b>

## Education

<b>Table 10. Education of Women Who Obtained Terminations, 2025</b>	
<b>Education Level</b>	<b>Count (%)</b>
8 <sup>th</sup> Grade or Less	2 (1.59%)
9 <sup>th</sup> to 12 <sup>th</sup> Grade, No Diploma	3 (2.38%)
High School Diploma or GED	16 (12.70%)
Some College Credit, No Degree	18 (14.29%)
Associate degree	8 (6.35%)



Bachelor's Degree	15 (11.90%)
Master's Degree	2 (1.59%)
Doctoral or Professional Degree	1 (0.79%)
Unknown	61 (48.41%)
<b>Total</b>	<b>126 (100.00%)</b>

### Pregnancy History of Women Obtaining Terminations

Table 11 - 14 show the pregnancy and termination history of women who obtained a termination in 2025. Pregnancy history includes the number of previous live births now living and deceased. Termination history includes the number of previous spontaneous and induced terminations.

<b>Table 11. Previous Live Births Still Living Among Women Obtaining Terminations, 2025</b>	
<b>Previous Live Births Still Living</b>	<b>Count (%)</b>
0	46 (36.51%)
1	36 (28.57%)
2	22 (17.46%)
≥3	22 (17.46%)
Unknown	0 (0.00%)
<b>Total</b>	<b>126 (100.00%)</b>

<b>Table 12. Previous Live Births Now Deceased Among Women Obtaining Terminations, 2025</b>	
<b>Previous Live Births Now Deceased</b>	<b>Count (%)</b>
0	117 (92.86%)
1	7 (5.56%)
2	1 (0.79%)
≥3	1 (0.79%)
Unknown	0 (0.00%)
<b>Total</b>	<b>126 (100.00%)</b>

<b>Table 13. Previous Spontaneous Terminations Among Women Obtaining Terminations, 2025</b>	
<b>Previous Spontaneous Terminations</b>	<b>Count (%)</b>
0	79 (62.70%)
1	28 (22.22%)
2	10 (7.94%)
≥3	9 (7.14%)
Unknown	0 (0.00%)
<b>Total</b>	<b>126 (100.00%)</b>



<b>Table 14. Previous Induced Terminations Among Women Obtaining Terminations, 2025</b>	
<b>Previous Induced Terminations</b>	<b>Count (%)</b>
0	121 (96.03%)
1	5 (3.97%)
2	0 (0.00%)
≥3	0 (0.00%)
Unknown	0 (0.00%)
<b>Total</b>	<b>126 (100.00%)</b>

## Medical Information of Women Obtaining Terminations

Medical information presented in this report includes gestational age, procedure type, reason for termination, and terminations by facility.

### Estimated Gestational Age

Table 15 shows the gestational age at time of termination.

<b>Table 15. Weeks of Gestation at Time of Termination, 2025</b>	
<b>Number of weeks</b>	<b>Count (%)</b>
≤8 weeks	16 (12.70%)
9-13 weeks	18 (14.29%)
14-20 weeks	64 (50.79%)
≥21 weeks	28 (22.22%)
<b>Total</b>	<b>126 (100.00%)</b>

### Procedure Type

Terminated pregnancies are classified as either medical (nonsurgical) or surgical. Table 16 shows the number of medical and surgical procedures used to terminate a pregnancy broken down by type or procedure. Table 17 shows the number of terminations by procedure type and weeks of gestation.

<b>Table 16. Number of Terminations by Procedure Type, 2025</b>	
<b>Procedure Type</b>	<b>Count (%)</b>
Medical (Nonsurgical)	
Misoprostol and/or Mifepristone	29 (23.01%)
Other	1 (0.79%)
Surgical	96 (76.20%)
<b>Total Surgical</b>	<b>126 (100.00%)</b>



Of the 29 termination procedures utilizing misoprostol and/or mifepristone,

- 24 records indicate the manufacturer’s instructions and patient agreement were provided and signed.
- 2 were marked as “Not Applicable” for both having received and signed the manufacturer’s instructions and patient agreement.
- 3 terminations had signed the patient agreement but was marked as “Not Applicable” for having received manufacturer’s instructions.

Of the 46 procedures utilizing intracardiac injections,

- 36 records listed surgical dilation and evacuation as an additional procedure.
- 4 records did not list any additional procedures.

<b>Table 17. Number of Terminations by Weeks of Gestation and Procedure Type, 2025</b>	
Medical (Nonsurgical) ≤8 weeks	5 (3.97%)
Medical (Nonsurgical) >8 weeks	25 (19.84%)
Surgical ≤8 weeks	15 (11.90%)
Surgical >8 weeks	81 (64.29%)
<b>Total</b>	<b>126 (100.00%)</b>

### Reason for Abortion

Table 18 shows the number of terminations categorized by the reason for termination.

<b>Table 18. Reason for Abortion, 2025</b>	
<b>Reason for Abortion</b>	<b>Total Count (%)</b>
Lethal Fetal Anomaly	76 (60.32%)
Serious health risk/life of the pregnant woman	40 (31.75%)
Rape/Incest	6 (4.76%)
Serious health risk/life of the pregnant woman <b>and</b> Lethal Fetal Anomaly	3 (2.38%)
Serious health risk/life of the pregnant woman <b>and</b> Rape/Incest	1 (0.79%)
<b>Total</b>	<b>126 (100.00%)</b>

Tables 19 and 20 show the primary and secondary maternal and fetal diagnoses, respectively, for the terminations. Primary diagnoses are the medical conditions that were reported as the main reason for the abortion. Secondary diagnoses are complicating medical conditions in addition to the primary diagnosis. Multiple diagnoses may be given for any individual case.



<b>Table 19: Maternal Diagnoses from Terminated Pregnancy Reports</b>	
<b>Primary Diagnoses</b>	<b>Secondary Diagnoses</b>
Antepartum hemorrhage	Advanced maternal age
Congestive heart failure	Arterial thrombosis
Diabetes mellitus complicating pregnancy	Asthma
Disease of the nervous system complicating pregnancy	Chronic kidney disease
Disease of the circulatory system complicating pregnancy	Disorder of amniotic fluid and membranes
Disease of the respiratory system complicating pregnancy	History of cerebrovascular disease
Ectopic pregnancy	History of malignant neoplasm
Endocrine, nutritional, and metabolic disease complicating pregnancy	Hypertension
Hemolysis, Elevated Liver Enzyme, Low Platelet (HELLP) syndrome	Maternal cardiovascular disease
Hyperemesis gravidarum with metabolic disturbance	Placenta previa
Intrauterine infection	Pulmonary embolism
Malignant neoplasm complicating pregnancy	Shock
Missed abortion	Unspecified kidney disease
Multi-gestational pregnancy	Unspecified pulmonary hypertension
Placenta accreta	Unspecified thyroid disease
Pre-eclampsia/Eclampsia	
Premature separation of placenta	
Preterm premature rupture of membranes (PPROM)	
Uterine complication from past procedure	



Table 20: Fetal Diagnoses from Terminated Pregnancy Reports	
Primary Diagnoses	Secondary Diagnoses
Anencephaly	Cardiac anomalies
Congenital heart malformation	Genitourinary abnormalities
Hydrocephalus	Poor fetal growth
Hydrops fetalis	
Intrauterine infection	
Musculoskeletal malformation	
Triploidy and polyploidy	
Trisomy 13	
Trisomy 18	
Unspecified central nervous system malformation	
Unspecified chromosomal anomaly or abnormality	
Unspecified fetal anomaly or abnormality	
Unspecified genitourinary anomalies	

### Procedure Type by Facility

All terminations in 2025 were performed at an acute care hospital. Table 21 provides the number of terminations performed by each reporting facility.

Table 21: Terminations Reported by Facility, 2025				
Facility	County	Medical	Surgical	Total
Community Hospital North	Marion	1 (0.79%)	0 (0.00%)	1 (0.79%)
Good Samaritan Hospital	Knox	0 (0.00%)	2 (1.59%)	2 (1.59%)
Indiana University Health Methodist Hospital	Marion	0 (0.00%)	1 (0.79%)	1 (0.79%)
Indiana University Health University Hospital	Marion	3 (2.38%)	2 (1.59%)	5 (3.97%)
Parkview Regional Medical Center	Allen	3 (2.38%)	1 (0.79%)	4 (3.17%)
Riley Health Maternity Tower	Marion	16 (12.70%)	50 (39.68%)	66 (52.38%)
Sidney & Lois Eskenazi Hospital	Marion	5 (3.97%)	40 (31.75%)	45 (35.71%)
The Women's Hospital	Warrick	2 (1.59%)	0 (0.00%)	2 (1.59%)
<b>Totals</b>		<b>30 (23.81%)</b>	<b>96 (76.19%)</b>	<b>126 (100.00%)</b>



## Additional Information

<b>Table 22: Additional Information, 2025</b>	
<b>Metric</b>	<b>Total Count</b>
Number of Terminations Where the Fetus Was Born Alive	2
Number of Terminations Performed After 20 Weeks of Post-Fertilization Age	0
Number of Terminations Performed After 20 Weeks of Post-Fertilization Age Where a Second Attending Physician Was Present	0



## Limitations

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The data in this report is taken only from terminated pregnancy reports submitted to the IDOH. If a termination occurs but is not reported to the IDOH Division of Vital Records, this data would not be captured in the report.

Demographic information and pregnancy history are self-reported by the patient, so incomplete or incorrect information may be reported by the patient and reflected in this report. Patients also can refuse to answer questions that are asked at hospitals and facilities. This results in unknown values when the provider is filling out the form.

The information contained in this report is a snapshot of the data held by IDOH on the report date. Providers can amend records after they are initially submitted to IDOH, and amendments submitted after the report date will not be reflected in this report. These amendments will be reflected in future reports published by IDOH.

Additionally, duplicate data entries can occur if a patient were to present to a different facility or see a different practitioner for follow-up treatment. If the follow-up practitioner is required to perform an additional procedure related to the termination, and he or she is unaware that a terminated pregnancy report has already been filed related to the termination, the practitioner or facility may file a second, duplicate report to document the additional procedure. This could artificially inflate the termination counts listed in this report. Education and recommendations are distributed and communicated to providers to mitigate these data entry errors.

Finally, since the launch of the DRIVE system in June 2022, data comparisons to previous years can be difficult because additional categorization options were made available in the reporting form. For example, the marriage categories — previously “married” and “unmarried” — now match what is currently collected for IDOH’s birth, death, and fetal death modules — “married,” “unmarried,” “separated,” and “divorced.” Additionally, the race and ethnicity categories have been expanded to include a more diverse population which reflects what the Centers for Disease Control and Prevention recommend for race and ethnicity categories.

## References

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- 1) Indiana Code. Retrieved from [https://iga.in.gov/laws/2024/ic/titles/16 - 16-34-2](https://iga.in.gov/laws/2024/ic/titles/16-16-34-2)
- 2) Single-Race Population Estimated, CDC WONDER Online Database, August 2021. Retrieved from <https://wonder.cdc.gov/single-race-population.html>

