



# **Terminated Pregnancy Complications Report Jan. 1 – March 31, 2026**

**Division of Vital Records**



May 31, 2026

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## Number of Complication Reports Filed by Quarter of Complication

| Quarter                    | Reports Filed |
|----------------------------|---------------|
| January 1 – March 31, 2026 | 10            |

## Timeliness of Submission of Complications Reports

| File Time                               | Reports Filed |
|-----------------------------------------|---------------|
| Reported within 30 days of complication | 10            |
| Reported after 30 days of complication  | 0             |

## Number of Complications by Complication Type

| Complication Type                                     | Reports Filed |
|-------------------------------------------------------|---------------|
| Infection                                             | 1             |
| Vaginal Bleeding                                      | 4             |
| Incomplete Abortion (Retained Products of Conception) | 7             |
| Other                                                 | 3             |
| <b>Total**</b>                                        | <b>15</b>     |

\*\* A given patient can have more than one complication, resulting in a number of complications that is greater than the number of reports filed.

## Number of Interventions Reported by Type

| Treatment Intervention Type | Reports Filed |
|-----------------------------|---------------|
| Admission to the Hospital   | 1             |
| Blood Transfusion           | 1             |
| Medication Treatment        | 2             |
| Surgical Intervention       | 9             |
| <b>Total**</b>              | <b>13</b>     |

\*\*A given patient can have more than one treatment, resulting in a number of treatments that is greater than the number of reports filed.



## Number of Complication Reports by Procedure Used to Terminate

| Termination Procedure | Reports Filed |
|-----------------------|---------------|
| Non-Surgical          | 4             |
| Surgical              | 5             |
| Unknown               | 1             |
| <b>Total**</b>        | <b>10</b>     |

\*\*A given patient can have more than one type of termination procedure, resulting in a number of treatments that is greater than the number of reports filed.

## Number of Complication Reports by Medication Used for Termination

| Medication Used                     | Reports Filed |
|-------------------------------------|---------------|
| Mifepristone and Misoprostol        | 2             |
| Mifepristone Only                   | 0             |
| Misoprostol Only                    | 1             |
| Other                               | 1             |
| Not Disclosed (Patient Refused)     | 0             |
| Unknown                             | 1             |
| Not Applicable (Surgical Procedure) | 5             |
| <b>Total</b>                        | <b>10</b>     |

## Number of Complication Reports by Patient Age

| Patient Age  | Reports Filed |
|--------------|---------------|
| <16          | 0             |
| 16-24        | 2             |
| 25-34        | 7             |
| 35-44        | 1             |
| ≥45          | 0             |
| Unknown      | 0             |
| <b>Total</b> | <b>10</b>     |



## Number of Complication Reports by Patient Race

| Patient Race                       | Reports Filed |
|------------------------------------|---------------|
| White                              | 6             |
| Black or African American          | 3             |
| Asian                              | 0             |
| American Indian / Alaska Native    | 0             |
| Pacific Islander / Native Hawaiian | 0             |
| Multiple Races                     | 0             |
| Other                              | 0             |
| Unknown                            | 1             |
| <b>Total**</b>                     | <b>10</b>     |

\*\*A given patient may select more than one race category, resulting in a total number of race selections that is greater than the number of reports filed.

## Number of Complication Reports by Ethnicity

| Ethnicity                 | Reports Filed |
|---------------------------|---------------|
| Non-Hispanic / Non-Latino | 9             |
| Hispanic / Latino         | 0             |
| Ethnicity Unknown         | 1             |
| <b>Total</b>              | <b>10</b>     |

## Number of Complication Reports by Facility Where Patient Presented with Complications

| Facility Name                    | Number of Complication Reports |
|----------------------------------|--------------------------------|
| Elkhart General Hospital         | 1                              |
| IU Health Bloomington Hospital   | 1                              |
| IU Health Methodist Hospital     | 2                              |
| Parkview Regional Medical Center | 1                              |
| Riley Maternity Tower            | 1                              |
| Sidney & Lois Eskenazi Hospital  | 4                              |
| <b>Total</b>                     | <b>10</b>                      |



## Number of Complication Reports Where Termination Involved Mail-Order Medication

| Mail Order Medication Used | Reports Filed |
|----------------------------|---------------|
| Yes                        | 2             |
| No                         | 1             |
| Not Applicable             | 6             |
| Not Disclosed              | 1             |
| <b>Total</b>               | <b>10</b>     |

## Number of Complication Reports by Facility Performing Initial Termination

| Facility Performing the Termination | Reports Filed |
|-------------------------------------|---------------|
| Elkhart General Hospital            | 1             |
| Riley Maternity Tower               | 2             |
| Sidney & Lois Eskenazi Hospital     | 1             |
| Unknown/Not Disclosed               | 6             |
| <b>Total</b>                        | <b>10</b>     |

## Number of Complication Reports Where Provider Performed Initial Termination

| Provider Performed Initial Termination | Reports Filed |
|----------------------------------------|---------------|
| Yes                                    | 1             |
| No                                     | 9             |
| <b>Total</b>                           | <b>10</b>     |

