



**Annual Terminated
Pregnancy Report
2024
(Amended)**



**Indiana
Department
of
Health**



Executive Summary

The 2024 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 2024 data.

A total of 146 terminated pregnancy reports were submitted to the Indiana Department of Health (IDOH) through the electronic reporting system in the reporting quarter, as required by Ind. Code § 16-34-2-5.5. These submissions include ITOP forms that were previously filed in a redacted form pursuant to an agreement with IDOH for procedures conducted during the period affected by the now-vacated 2024 HIPAA Privacy Rule to Support Reproductive Healthcare Privacy.

Number of Terminations Performed, Each Quarter of 2024	
Quarter	Total Count
Q1	45
Q2	27
Q3	41
Q4	33
Annual	146

Weeks of Gestation at Time of Termination, 2024	
Weeks	Count (%)
≤8 weeks	10 (6.85%)
9-13 weeks	27 (18.49%)
14-20 weeks	68 (46.58%)
≥21 weeks	41 (28.08%)
Total	146 (100.00%)

Procedure Type Used to Terminate Pregnancy, 2024	
Procedure Type	Count (%)
Nonsurgical	83 (56.85%)
Surgical	63 (43.15%)
Total	146 (100.00%)



Table of Contents

Introduction.....	5
Indiana Reporting Requirements.....	5
Methodology.....	7
Gestational Age vs. Fertilization Age	7
Analytic Procedures.....	7
Results.....	8
Timeliness and Reporting	8
Trends in Indiana	9
Demographic Information of Women Obtaining Terminations.....	12
Age.....	12
Race and Ethnicity.....	12
Education.....	13
Marital Status.....	13
Pregnancy History of Women Obtaining Terminations.....	14
Medical Information of Women Obtaining Terminations	15
Estimated Gestational Age	15
Procedure Type	15
Reason for Abortion.....	16
Procedure Type by Facility.....	18
Additional Information.....	19
Limitations.....	20
References.....	21



LIST OF TABLES

Table 1.	Timeliness of Submission of Terminated Pregnancy Reports, 2024
Table 2.	Terminations by Quarter and Month, 2024
Table 3.	Annual Rate of Reported Terminations Among Indiana Residents of Childbearing Age, 2024 and the previous four years
Table 4.	Age Distribution of Women Who Obtained Terminations, 2024
Table 5.	Race and Ethnicity of Women Who Obtained Terminations, 2024
Table 6.	Marital Status of Women Who Obtained Terminations, 2024
Table 7.	Education of Women Who Obtained Terminations, 2024
Table 8.	Pregnancy and Termination History of Women Obtaining Terminations, 2024
Table 9.	Weeks of Gestation at Time of Termination, 2024
Table 10.	Number of Terminations by Procedure Type, 2024
Table 11.	Number of Terminations by Weeks of Gestation and Procedure Type, 2024
Table 12.	Reason for Abortion, 2024
Table 13.	Maternal Diagnoses from Terminated Pregnancy Reports
Table 14.	Fetal Diagnoses from Terminated Pregnancy Reports
Table 15.	Terminations Reported by Facility, 2024
Table 16.	Additional Information, 2024

LIST OF FIGURES

Figure 1.	Terminations Reported in Indiana during 2024, by Quarter
Figure 2.	Terminations Reported in Indiana, 2020-2024, by Quarter
Figure 3.	Terminations Reported in Indiana, 2020-2024, by Year/Quarter



Introduction

Indiana Reporting Requirements

Reporting requirements regarding terminated pregnancies are governed by Indiana Code § 16-34-2 et seq.,⁽¹⁾ 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

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

Table 1 shows 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 minors 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: Four of the identified "Reported after 30/3 days" in Table 1 correlate to previously submitted redacted forms received via email, pursuant to an agreement with IDOH.

Table 1. Timeliness of Submission of Terminated Pregnancy Reports, 2024	
16 Years of Age or Older	Count (%)
Reported within 30 days	136 (93.15%)
Reported after 30 days	7 (4.79%)
Under 16 Years of Age	Count (%)
Reported within 3 days	2 (1.37%)
Reported after 3 days	1 (0.68%)
Total Reported to IDOH	146 (100.00%)
Under 16 Years of Age	Count (%)
Reported within 3 days	3 (100.00%)
Reported after 3 days	0 (0.00%)
Total Reported to DCS	3 (100.00%)



Trends in Indiana

Figure 1 provides a breakdown by quarter of the number of terminations that occurred in Indiana in 2024.

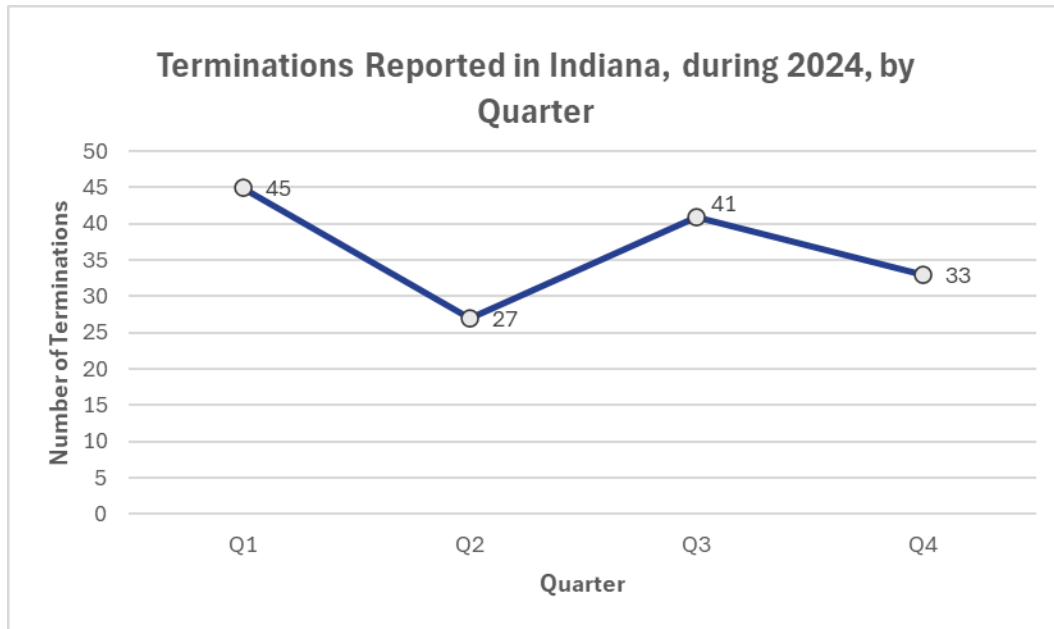


Figure 2 provides a breakdown by quarter of the number of terminations that occurred in Indiana in the reporting year.

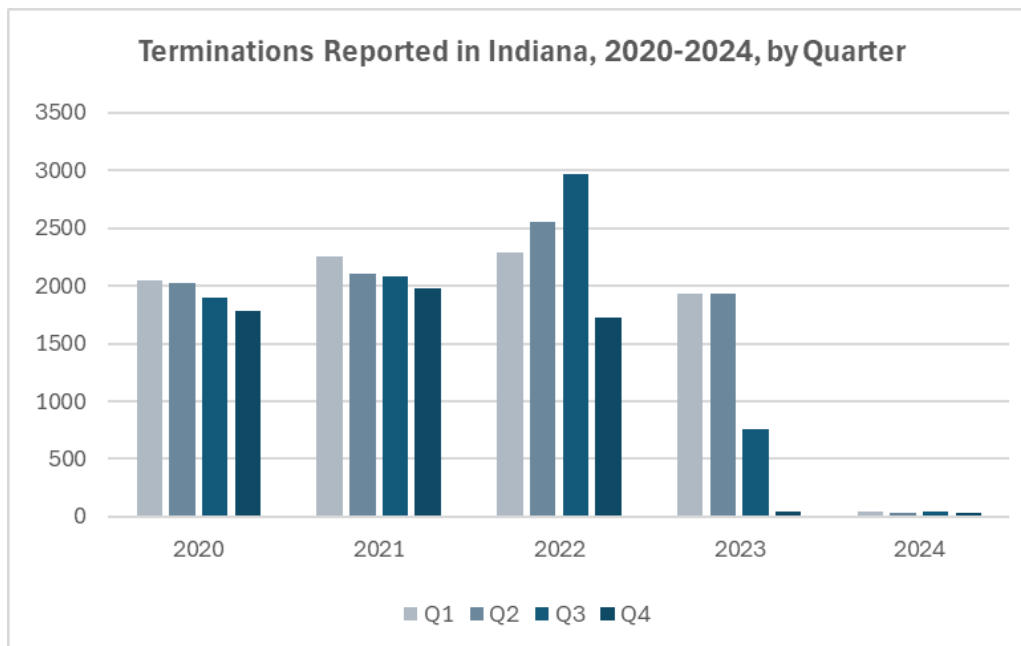


Figure 3 provides a breakdown by quarter of the number of terminations that occurred in Indiana between 2020 to 2024.

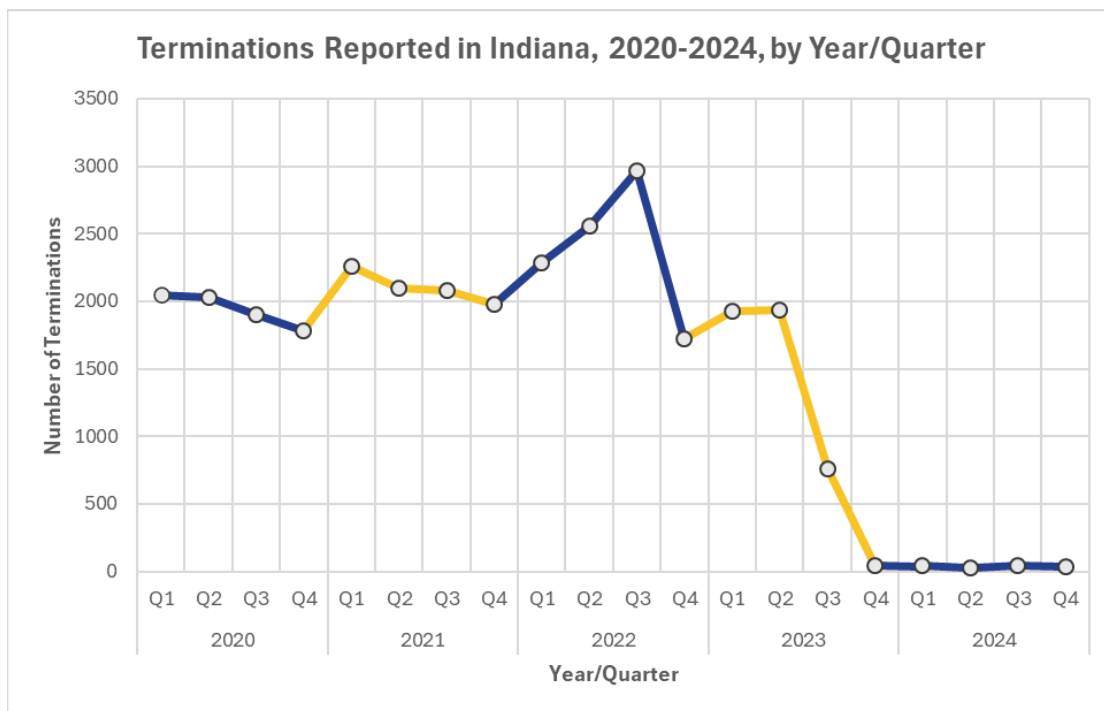


Table 2 provides a breakdown of the number of terminations by month and quarter among resident and non-resident women who received terminations in Indiana in 2024.

Table 2: Terminations by Quarter and Month, 2024			
Quarter	Month	Total Terminations	Indiana Resident
		(n = 146)	(n = 142)
1	January	16	16
	February	13	13
	March	16	15
2	April	12	12
	May	9	9
	June	6	6
3	July	12	12
	August	11	11
	September	18	18
4	October	13	11
	November	10	10
	December	10	9



Table 3 shows the percentage of Indiana residents of childbearing age who terminated a pregnancy within the last five years.

Table 3. Annual Rate of Reported Terminations Among Indiana Residents of Childbearing Age, 2024 and previous four years			
Year	Count	Population Est.[†]	Rate[*]
2020	7,372	1,314,073	5.61
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	1,341,793**	0.11
<p>*Rate is per 1,000. (In 2024, Indiana had terminations in age ranging from 13-44 years).</p> <p>**A single-year estimate for this age and gender group is not yet available, so 2023 data is used.</p> <p>†Population estimates of females aged 15-44 that were Indiana residents during specified year⁽²⁾</p>			



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 2024.

Age

Table 4 shows the age distribution of women who obtained terminations in the 2024 and the overall number of live births in Indiana for each age group in 2024.

Table 4. Age Distribution of Women Who Obtained Terminations, 2024		
Age, years	Count (%)	Count of Live Births in 2024
< 16	3 (2.05%)	152
16-24	24 (16.44%)	19,843
25-34	77 (52.74%)	47,469
35-44	42 (28.77%)	12,369
≥ 45	0 (0.00%)	151
Unknown	0 (0.00%)	23
Total	146 (100.00%)	80,007
**Birth counts for 2024 are preliminary and are current as of 2/18/2025.		

Race and Ethnicity

Table 5 shows the age distribution of women who obtained terminations in the 2024 and the overall number of live births in Indiana for each age group in 2024.

Table 5. Race and Ethnicity of Women Who Obtained Terminations, 2024	
Race	Count (%)
White	93 (63.70%)
Black / African American	39 (26.71%)
Asian	3 (2.05%)
American Indian / Alaska Native	1 (0.68%)
Pacific Islander / Native Hawaiian	3 (2.05%)
Multiple Races	0 (0.00%)
Other	2 (1.37%)
Unknown	5 (3.42%)
Total	146 (100.00%)
Ethnicity	Count (%)
Non-Hispanic / Non-Latino	127 (86.99%)
Hispanic / Latino	16 (10.96%)
Ethnicity Unknown	3 (2.05%)
Total	146 (100.00%)



Education

Table 6 shows the age distribution of women who obtained terminations in the 2024 and the overall number of live births in Indiana for each age group in 2024.

Table 6. Marital Status of Women Who Obtained Terminations, 2024	
Marital Status	Count (%)
Unmarried	75 (51.37%)
Married	69 (47.26%)
Divorced	2 (1.37%)
Separated	0 (0.00%)
Total	146 (100.00%)

Marital Status

Table 7 shows the age distribution of women who obtained terminations in the 2024 and the overall number of live births in Indiana for each age group in 2024.

Table 7. Education of Women Who Obtained Terminations, 2024	
Education Level	Count (%)
8 th Grade or Less	3 (2.05%)
9 th to 12 th Grade, No Diploma	4 (2.74%)
High School Diploma or GED	19 (13.01%)
Some College Credit, No Degree	53 (36.30%)
Associate degree	6 (4.11%)
Bachelor's Degree	21 (14.38%)
Master's Degree	7 (4.79%)
Doctoral or Professional Degree	1 (0.68%)
Unknown	32 (21.92%)
Total	146 (100.00%)



Pregnancy History of Women Obtaining Terminations

Table 8 shows the pregnancy and termination history of women who obtained a termination in 2024. Pregnancy history includes the number of previous live births now living and deceased. Termination history includes the number of previous spontaneous and induced terminations.

Table 8. Pregnancy and Termination History of Women Obtaining Terminations, 2024	
Pregnancy History	Count (%)
Previous Live Births Still Living	
0	55 (37.67%)
1	45 (30.82%)
2	27 (18.49%)
≥3	19 (13.01%)
Unknown	0 (0.00%)
Total	146 (100.00%)
Previous Live Births Now Deceased	
0	138 (94.52%)
1	6 (4.11%)
2	1 (0.68%)
≥3	1 (0.68%)
Unknown	0 (0.00%)
Total	146 (100.00%)
Termination History	Count (%)
Previous Spontaneous Terminations	
0	102 (69.86%)
1	30 (20.55%)
2	7 (4.79%)
≥3	7 (4.79%)
Unknown	0 (0.00%)
Total	146 (100.00%)
Previous Induced Terminations	
0	141 (96.58%)
1	4 (2.74%)
2	1 (0.68%)
≥3	0 (0.00%)
Unknown	0 (0.00%)
Total	146 (100.00%)



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 9 shows the gestational age at time of termination.

Table 9. Weeks of Gestation at Time of Termination, 2024	
Number of weeks	Count (%)
≤8 weeks	10 (6.85%)
9-13 weeks	27 (18.49%)
14-20 weeks	68 (46.58%)
≥21 weeks	41 (28.08%)
Total	146 (100.00%)

Procedure Type

Terminated pregnancies are classified as either medical (nonsurgical) or surgical. Table 10 shows the number of medical and surgical procedures used to terminate a pregnancy broken down by type or procedure. Table 11 shows the number of terminations by procedure type and weeks of gestation.

Table 10. Number of Terminations by Procedure Type, 2024	
Medical (Nonsurgical)	Count
Misoprostol and/or Mifepristone	36 (43.37%)
Intracardiac Injections	46 (55.42%)
Other	1 (1.20%)
Total Nonsurgical	83 (100.00%)
Surgical ¹	Count
Cord Transection	13 (20.63%)
Suction Curettage	49 (77.78%)
Other	1 (1.59%)
Total Surgical	63 (100.00%)

¹ Three procedures in 2024 were submitted as "non-surgical, other," but listed "cord transection" as the procedure used to terminate the pregnancy. A cord transection is a surgical procedure, so it has been listed as a surgical procedure here.



Of the 36 termination procedures utilizing misoprostol and/or mifepristone,

- 32 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.
- 1 termination had signed the patient agreement but was marked as "Not Applicable" for having received manufacturer's instructions.
- 1 termination indicated that the manufacturer's instructions were provided, but the patient agreement was marked as "Not Applicable."

Of the 46 procedures utilizing intracardiac injections,

- 43 records listed surgical dilation and evacuation as an additional procedure.
- 2 records that did not list any additional procedures.
- 1 record listed the administration of mifepristone and misoprostol as an additional procedure.

Table 11. Number of Terminations by Weeks of Gestation and Procedure Type, 2024	
Medical (Nonsurgical)	Count
≤8 weeks	0 (0.00%)
>8 weeks	83 (56.85%)
Surgical	Count
≤8 weeks	10 (6.85%)
>8 weeks	53 (36.30%)
Total	146 (100.00%)

Reason for Abortion

Table 12 shows the number of terminations categorized by the reason for termination.

Table 12. Reason for Abortion, 2024	
Reason for Abortion	Total Count (%)
Lethal Fetal Anomaly	96 (65.75%)
Serious health risk/life of the pregnant woman	40 (27.40%)
Rape/Incest	10 (6.85%)
Total	146 (100.00%)



Tables 13 and 14 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.

Table 13: Maternal Diagnoses from Terminated Pregnancy Reports	
Primary Diagnoses	Secondary Diagnoses
Cerebral infarction	Advanced maternal age
Congestive heart failure	Anesthesia complication
Disease of the nervous system complicating pregnancy	Chronic kidney disease
Hemolysis, Elevated Liver Enzyme, Low Platelet (HELLP) syndrome	Endocrine, nutritional, and metabolic disease complicating pregnancy
Hypertensive chronic kidney disease	Hypertension
Inevitable abortion	Intrauterine infection
Malignant neoplasm complicating pregnancy	Maternal anemia
Multi-gestational pregnancy	Maternal cardiovascular disease
Pre-eclampsia/Eclampsia	Maternal infection
Pregnancy-related renal disease	Type 1 diabetes mellitus
Premature rupture of membranes (PROM)	
Premature separation of placenta	
Preterm premature rupture of membranes (PPROM)	
Rheumatic mitral stenosis	
Ruptured uterus in labor	
Thromboembolism	
Type 1 diabetes mellitus	
Unspecified circulatory disease complicating pregnancy	
Unspecified endocrine, nutritional, or metabolic disease	
Uterine complication from uterine scar	



Table 14: Fetal Diagnoses from Terminated Pregnancy Reports	
Primary Diagnoses	Secondary Diagnoses
Anencephaly	Cardiac anomalies
Congenital heart malformation	Fetal malpresentation
Encephalocele	Fetus-to-fetus placental transfusion syndrome
Hydrops Fetalis	Genitourinary anomalies
Limb body wall complex	Intrauterine infection
Musculoskeletal malformation	
Poor fetal growth	
Renal agenesis or other urogenital malformation	
Suspected hereditary disease	
Trisomy 13	
Trisomy 18	
Unspecified fetal anomaly or abnormality	
Unspecified chromosomal anomaly or abnormality	
Unspecified fetal CNS abnormality or anomaly	

Procedure Type by Facility

All terminations in 2024 were performed at an acute care hospital. Table 15 provides the number of terminations performed by each reporting facility.

Table 15: Terminations Reported by Facility, 2024				
Facility	County	Medical	Surgical	Total
Community Hospital East	Marion	1 (0.68%)	0 (0.00%)	1 (0.68%)
Dupont Hospital	Allen	2 (1.37%)	0 (0.00%)	2 (1.37%)
Indiana University Health Methodist Hospital	Marion	0 (0.00%)	5 (3.42%)	5 (3.42%)
Indiana University Health University Hospital	Marion	0 (0.00%)	4 (2.74%)	4 (2.74%)
Memorial Hospital of South Bend	St. Joseph	2 (1.37%)	1 (0.68%)	3 (2.05%)
Parkview Randallia Hospital	Allen	1 (0.68%)	0 (0.00%)	1 (0.68%)
Parkview Regional Medical Center	Allen	7 (4.79%)	0 (0.00%)	7 (4.79%)
Riley Health Maternity Tower	Marion	42 (28.77%)	28 (19.18%)	70 (47.95%)
Sidney & Lois Eskenazi Hospital	Marion	28 (19.18%)	25 (17.12%)	53 (36.30%)
Totals		83 (56.85%)	63 (43.15%)	146 (100.00%)



Additional Information

Table 16: Additional Information, 2024	
Metric	Total Count
Number of Terminations Where the Fetus Was Born Alive	3
Number of Terminations Performed After 20 Weeks of Post-Fertilization Age	2
Number of Terminations Performed After 20 Weeks of Post-Fertilization Age Where a Second Attending Physician Was Present	2



Limitations

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

- 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>

