

REPORTING ABORTION COMPLICATIONS

A physician who provides care to a woman for physical complications that are the result of an abortion is required to report key information about the case. These instructions provide details on this responsibility.

Reporting of abortion related complications is required by Act 208 for 1999, being MCL 333.2837. The reports are required for any complications that arise which are cared for by a physician that did not perform the abortion. In addition, these reports are to be completed by a physician that did perform the procedure that caused the complication but only when the specific complication(s) was not evident and reported in conjunction with reporting the abortion. Reports of abortion complications are required within seven (7) days in initially providing care for a condition that is known to have been caused by an abortion.

For the purposes of this reporting an abortion is defined as:

....the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth or to remove a dead fetus....

[MCL 333.17015]

As clarification, please note that the Abortion Complication Report (DCH-0819a) is distinct from the Abortion Report (DCH-0819). Do not report the same complication on both forms. If the complication is reported on the Abortion Report, completing the Abortion Complication Report is not required. Similarly, and to avoid duplication, if more than one physician provide coordinated care for a woman with an abortion complication only one report of the complication is expected.

Reports of abortion complications are not legal records and are not maintained permanently in the files of the Vital Records and Health Data Development Section. The data derived from these reports are used to prepare statistical information on abortions related complications in Michigan.

The Department will make available annually in aggregate a statistical report summarizing the information submitted in the individual abortion complication reports.

The confidentiality of these reports are governed by the same section of law that protects abortion report information. These reports must not contain any specific identifying information on the patient such as name and address nor identifiers such as social security numbers or drivers license numbers.

These reports are statistical reports to be used only for medical and health purposes and shall not be incorporated into the permanent official records of the vital statistics system. The Department of Community Health must destroy the individual reports and any copies of the reports after retaining them for five (5) years.

The Department will not make copies of the report available to any person or entity.

DCH-0819c

GENERAL INSTRUCTIONS FOR COMPLETING REPORTS

The data required to be reported are obtained from the patient, physician, and/or the hospital or clinic records.

It is vital that these reports be prepared in accordance with the following guidelines:

- DO**
1. Use the current version of the form. The form to be used must be dated 10/02 or later (meaning October 2002) in the lower left margin of the form.
 2. File the report within seven (7) days of the complication.
 3. Type or print all entries, except Item 10b - Signature of Physician. Print legibly in dark unfading ink.
 4. Complete all items.
 5. Avoid abbreviations.
 6. Spell entries correctly.
 7. Have the physician enter his/her signature. The use of a rubber stamp of the physician-s signature is acceptable.
 8. Refer problems not covered in specific instructions to the Manager of the Nosology Unit, Vital Records and Health Data Development Section (517) 335-8683.
- DO NOT**
1. File a report for complications resulting for a spontaneous abortion or miscarriage on this form.
 2. Include names or addresses of patients or facilities, or any other identifying information. The Department will return any reports containing information not called for by the report.
 3. INCLUDE ANY INFORMATION OTHER THAN THAT WHICH IS CALLED FOR BY THE REPORT.

Send completed reports to:

Vital Records and Health Data Development Section
P.O. Box 30691
Lansing, Michigan 48909
Attention: Nosology Unit

**INSTRUCTIONS FOR COMPLETING THE MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH ABORTION REPORT**

1a. - 1c. Residence of Patient

The patient's residence is the place where she has set up housekeeping. This is not necessarily the same as her **Home State**, **Voting Residence** or **Legal Residence**. Never enter a temporary residence such as one used during a visit, business trip or a vacation. Residence for a short time at the home of a relative or friend is considered to be temporary and should not be entered here. Place of residence during a tour of military duty or during attendance at college is not considered temporary and should therefore be shown as place of residence of the patient.

1a. City or Township

Enter the name of the city or township where the patient actually resides and indicate whether the location is a city or township by circling the appropriate word on the reporting form or by writing in **Acity** or **Atwp** after the name of the location. This may differ from the city or township in her mailing address.

Example :

RESIDENCE OF PATIENT - CITY OR TOWNSHIP
1a. DeWitt

OR

RESIDENCE OF PATIENT - CITY OR TOWNSHIP
1a. DeWitt Twp

1b. County

Enter the name of the county in which the patient actually resides.

1c. State

Enter the name of the state in which the patient actually resides. This may differ from the state used in her mailing address.

2. Race of the Patient

In general, race should be reported as American Indian, Asian, black, white or Pacific Islander.

Enter the patient's race. If unknown, enter **Unknown**.

If multi-racial, enter each race or **multi-racial** according to the documentation in the patient's chart.

Note that a person whose ancestry was from the Middle East would generally be white.

Note that Hispanic is not a race. A patient who describes themselves as Hispanic, Latino, Chicano, etc. or as Mexican, Cuban, Puerto Rican, etc. would generally be white, black or American Indian or a combination of these races. Enter the race(s) that best describes the patient. If the appropriate race can not be determined, enter Aunknown.@

If the national origin is Chinese, Vietnamese, Japanese, Hmong, etc., enter AAsian.@

3. Age of the Patient

Enter the age of the patient at her last birthday.

4. Gestational Age in Weeks

Enter the attending physician-s estimate of the gestation of this pregnancy in completed weeks.

If this information is not known to the reporting physician, enter the patient-s recollection of the gestational length. If this is also not known to the patient, enter unknown.

5. Date Abortion Performed (month, day, year)

Enter the exact month, day and year of the pregnancy termination. The date the pregnancy was actually terminated should be entered. This may not necessarily be the date the procedure was begun.

If this information is not known to the reporting physician, enter the patient-s recollection of the date. If this is also not precisely known to the patient, enter an approximate date.

6. Date Complication Diagnosed (month, day, year)

Enter the exact month, day and year the complication being reported was diagnosed.

7. Procedure

Check the primary procedure that actually terminated this pregnancy and any additional procedures used. If a procedure not listed was used, check Aother@and specify.

For purposes of reporting, D & E refers to ADilation and Evacuation@unless otherwise indicated. For ADilation and Extraction@check Aother@and specify AD & X.@

If the procedure is Anone,@ meaning the termination was spontaneous, a report on any complication is NOT to be filed. The abortion complication report is to be used for induced abortions only. If the spontaneous abortion resulting in a fetus being born death occurred at a gestational age of 20 weeks or more and/or if the fetus weighed at least 400 grams, a fetal death report must be filed (form DCH-0615). (See State Registrar Instruction Letter Number 2.)

If this information is not known to and can not be determined by the reporting physician, enter the patient-s recollection of the procedure used to terminate the pregnancy. If the procedure is also not known to the patient, enter unknown.

8. Facility where Abortion Performed - Type of Facility

Indicate the type of facility where the abortion was performed by checking the appropriate box. Check only one box. If the type of facility is not listed as an option, check the box **Other** and specify the type of facility. DO NOT INCLUDE NAMES, TITLES, OR STREET ADDRESSES, OR IN ANY WAY SPECIFICALLY IDENTIFY THE FACILITY WHERE THE ABORTION WAS PERFORMED.

If this information is not known to and can not be determined by the reporting physician, enter the patient's recollection of the type of facility where the pregnancy was terminated. If the procedure is also not known to the patient, enter unknown.

9. Immediate Complications

Check all of the appropriate boxes.

Immediate Complication That Occurred	Check
Shock - postoperative - septic Circulatory Collapse	Shock
Uterine Perforation	Uterine Perforation
Cervical Laceration	Cervical Laceration
Hemorrhage McClintock's Sign Afibrinogenemia Defibrination Syndrome Intravasular Hemolysis	Hemorrhage
Allergic Response Renal Failure due to Allergic Response	Allergic Response
Infection arising as a result of the procedure	Infection
Death arising as a result of the procedure	Death
Renal Failure not due to Allergic Response Damage to Pelvis, Organs or Tissues (Excluding uterus, cervix) Metabolic Disorder Embolism Retained Products Any complications not mentioned	Other, and Specify

10a. Physician License Number

Enter the state license number of the physician who performed the abortion.

10b. Signature of Physician

The signature of the physician who performed the abortion must be affixed to the report form after it has been completed. The use of a rubber stamp of the physician's signature is acceptable.

All reports are to be mailed to:

Vital Records and Health Data Development Section
P.O. Box 30691
Lansing, Michigan 48909
Attention: Nosology Unit

Do not hold any reports. They must be filed within seven (7) days of the date of the diagnosed complication. It is not necessary, however, to mail individual reports separately.

ORDERING REPORT FORMS

When the physician's supply of Abortion Report forms is near that which will be used within three months, more forms should be reordered. Ordering a twelve month's supply is recommended.

Forms may be ordered by writing directly to the Department requesting forms by using the address listed above. A phone call can also be placed to the Vital Records and Health Data Development Section at (517) 335-9826 and requesting an order for blank forms. In addition, these forms are available for downloading from the Department's web site. The web site address is <http://www.Michigan.gov/mdch> From this site, press the **Providers** button and select *Abortion Reporting Forms* under the "Forms" section.

MICHIGAN VITAL RECORDS SECTION 2835, 2837
PUBLIC ACT 368 OF 1978
MCL 333.17015(1)(2)(a)

Abortion Reporting Statute
Section 2835 of Public Act 368 of 1978

Sec. 2835. (1) As used in this section and section 2837:

(a) **Abortion** means that term as defined in section 17015.

(b) **Physical complication** means a physical condition occurring during or after an abortion that, under generally accepted standards of medical practice, requires medical attention. Physician complication includes, but is not limited to, infection, hemorrhage, cervical laceration, or perforation of the uterus.

(2) A physician who performs an abortion shall report the performance of that procedure to the department on forms prescribed and provided by the department. A physician shall transmit a report required under this subsection to the director within 7 days after the performance of the abortion.

(3) Each report of an abortion required under subsection (2) shall contain only the following information and no other information:

(a) The age of the woman at the time of the abortion.

(b) The marital status of the woman at the time of the abortion.

(c) The city or township, county, and state in which the woman resided at the time of the abortion.

(d) The location and type of facility in which the abortion was performed.

(e) The source of referral to the physician performing the abortion.

(f) The number of previous pregnancies carried to term.

(g) The number of previous pregnancies ending in spontaneous abortion.

(h) The number of previous pregnancies terminated by abortion.

(i) The method used before the abortion to confirm the pregnancy, the period of gestation in weeks of the present pregnancy, and the first day of the last menstrual period.

(j) The method used to perform the abortion.

(k) The weight of the embryo or fetus, if determinable.

(l) Whether the fetus showed evidence of life when separated, expelled, or removed from the woman.

(m) The date of performance of the abortion.

(n) The method and source of payment for the abortion.

(o) A physical complication or death resulting from the abortion and observed by the physician or reported to the physician or his or her agent before the report required under subsection (2) is transmitted to the director.

(p) The physician's signature and his or her state license number.

(4) The report required under subsection (2) shall not contain the name of the woman, common identifiers such as her social security or motor operator's license number or other information or identifiers that would make it possible to identify in any manner or under any circumstances an individual who has obtained or seeks to obtain an abortion. A state agency shall not compare data in an electronic or other information system file with data in another electronic or other information system that would result in identifying in any manner or under any circumstances an individual obtaining or seeking to obtain an abortion. Statistical information that may reveal the identity of a woman obtaining or seeking to obtain an abortion shall not be maintained.

(5) The department shall destroy each individual report required by this section and each copy of the report after retaining the report for 5 years after the date the report is received.

(6) The department shall make available annually in aggregate a statistical report summarizing the information submitted in each individual report required by this section. The department shall specifically summarize aggregate data regarding all of the following in the annual statistical report:

(a) The period of gestation in 4-week intervals from 5 weeks through 28 weeks.

(b) Abortions performed on women aged 17 and under.

(c) Physical complications reported under subsection(3)(o) and section 2837.

(7) The reports required under this section are statistical reports to be used only for medical and health purposes and shall not be incorporated into the permanent official records of the system of vital statistics.

(8) The department or any employee of the department shall not disclose to a person or entity outside the department the reports or the contents of the reports required by this section in a manner or fashion so as to permit the person or entity to whom the report is disclosed to identify in any way the person about who is the subject of the report.

(9) A person who discloses confidential identifying information in violation of section 2834, or section 2837 is guilty of a felony, punishable by imprisonment for not more than 3 years, or a fine of not more than \$5,000.00, or both.

Abortion Complication Statue Section 2837 of Public Act 368 of 1978

Sec. 2837. (1) A physician shall file a written report with the department regarding each patient who comes under the physician-s professional care and who suffers a physician complication or death that is a primary, secondary, or tertiary result of an abortion.

(2) The department shall summarize aggregate data from the reports required under subsection (1) for purposes of inclusion into the annual statistical report on abortion required under section 2835.

(3) The department shall destroy each individual report required by this section and each copy of the report after retaining the report for 5 years after the date the report is received.

(4) The department shall develop and distribute a standardized form for the report required under subsection (1). The department shall not include on the standardized reporting form the name or address of the patient who is the subject of the report or any other information that could reasonable be expected to identify the patient who is the subject of the report. The department shall include on the standardized form a statement specifying the time period within which a report must be transmitted under section 2835(2).

Definition of Abortion MCL 333.17015(1)(2)(a)

Sec. 17015. (1) Subject to subsection (7), a physician shall not perform an abortion otherwise permitted by law without the patient-s informed written consent, given freely and without coercion.

(2) For purposes of this section:

(a) AAbortion@being the intentional use of an instrument, drug, or other substance or device to terminate a woman-s pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Abortion does not include the use or prescription of a drug or device intended as a contraceptive.