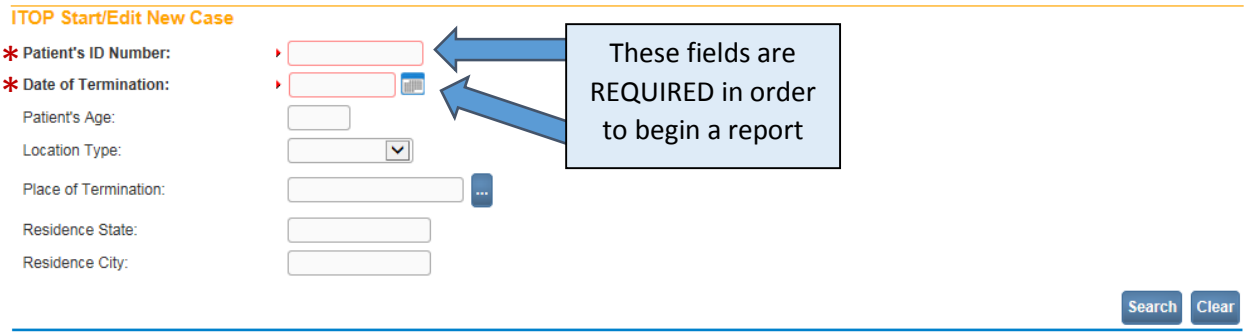
Induced Termination of Pregnancy (ITOP) Instructions

The item numbers correspond to the numbers listed on the paper form.

Start/Edit New Case



Item 1. Patient's ID number *

Type or print the Patient ID number (Facility/Chart /Case No). This number must be one that would enable the facility or physician to identify the patient if more information is required.

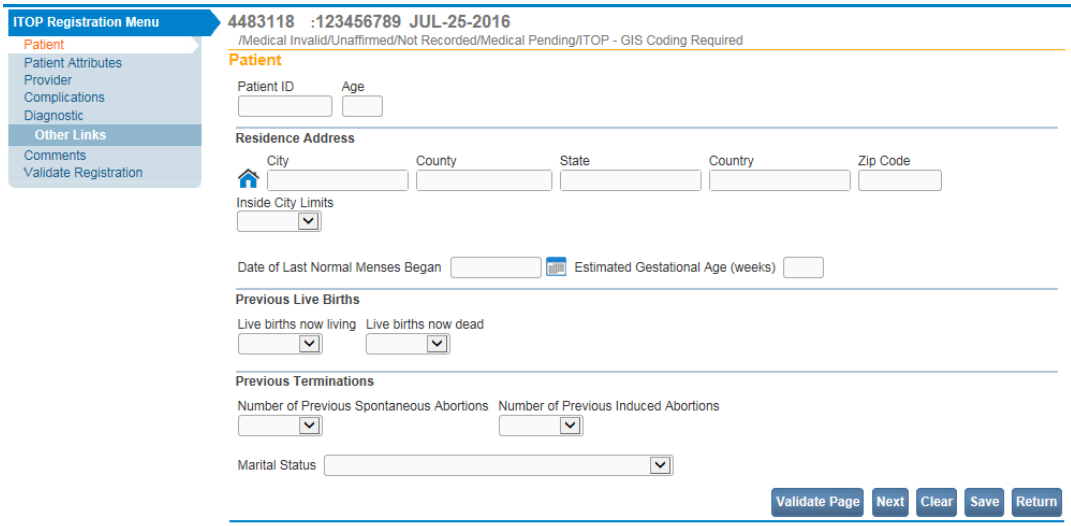
This item is used in conjunction with the name and location of facility (Items 15 and 16) for querying of missing information without identifying the patient. We strongly suggest that each facility/physician indicate this information for their ease in identifying the correct chart when clarification of information is requested by the Center for Health Statistics.

Item 2. Date of Termination / Date termination performed *

Type or print the month/day/year the pregnancy was actually terminated. For example: 07/25/2016.

This information is used to determine when the termination of pregnancy occurred and the length of gestation. Length of gestation is an essential element in the study of risks associated with induced termination.

Patient



Item 3. Patient's age

Type or print the patient's age in years at her last birthday.

This information permits analysis of health risks related to length of pregnancy and type of procedure among different age groups. It is also used to study the impact of induced terminations on the fertility rates of different age groups.

Item 4. Patient's residence address

Type or print the patient's residence city, county, state and zip code where the patient actually lives. Never enter a temporary residence such as one used during a visit or vacation.

Place of residence during a tour of military duty or during attendance at college is NOT considered temporary and should be entered as the place of residence of the patient on the report.

The city where the patient lives may differ from the city, town or location in her mailing address. If the patient is not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state.

Item 5. Inside city limits?

Check "Yes", "No" or select "Unknown". Do not leave this item blank.

Select "Yes" if the city or town entered is incorporated and the patient's residence is inside its boundaries. Otherwise, enter "No."

Items 4 and 5 provide data for the analysis of induced termination by residence of the patient. This provides information on the amount of movement occurring within a state, or between states, to obtain an induced termination of pregnancy. Information is used in research and statistical analysis for teen pregnancy data.

Item 6. Date last normal menses began

Type or print the exact month, day and year of the first day of the patient's last normal menstrual period as provided by the patient. If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the patient. If an estimate of the day cannot be obtained, enter the month and year only. Enter "99-99-9999" if the date cannot be determined. Do not leave this item blank.

This item is used in conjunction with the date of termination to determine the length of gestation. Gestational age is important in evaluating the effectiveness and safety of the various termination procedures.

Item 7. Clinical estimation of gestational age

Type or write the number of completed weeks of gestation as determined by the clinician.

This information permits the physician to report an estimate when there is doubt as to the accuracy of the length of gestation. The date of last normal menses is used when the clinical estimation of gestational age is unavailable or misleading.

Item 8. Previous live births (enter a number or "none")

a. Live births now living are the number of children born alive to this patient and who are still living at the time of this termination. Do not include children by adoption. Type or print "None" if there are no previous live births, or if all previous children are no longer living.
b. Live births now dead are the children that were born alive to this patient, but are no longer living at the time of this termination. Do not include children by adoption. Type or print "none" if there are no previous live births, or if all previous children are still living.

Item 9. Previous terminations (enter a number or "none")

a. Spontaneous abortions, miscarriages, stillbirths and fetal deaths are previous pregnancies that ended spontaneously and did not result in a live born infant. This should NOT include induced terminations.
b. Induced abortions refers to if it was brought about intentionally by medication or instrumentation. These are also called artificial or therapeutic abortions.

Type or print "None" if the patient had no previous pregnancies, or if all previous pregnancies ended in live born infants.

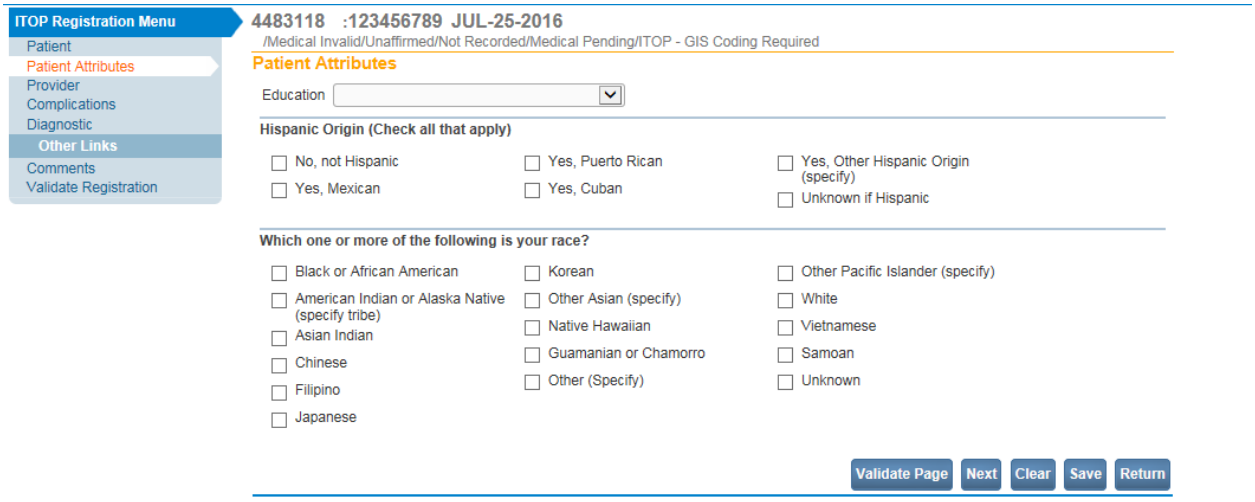
Items 8 and 9 provide a pregnancy history and allow for insight into the use of induced terminations to limit family size. This information also provides some data on characteristics of women who may need alternate methods of family planning.

Item 10. Marital status

Specify by checking the box for the patient's current marital status. Only one box should be checked. Do not leave this item blank.

This information is used to study the health risks of induced terminations by marital status. It also helps determine the impact of induced terminations on the fertility rates of married and unmarried women, and aids in planning for and evaluating the effectiveness of family planning programs.

Patient Attributes



Item 11. Education

Select a single category indicating the highest grade completed by the patient.

This item is an important indicator of the socioeconomic status of the patient. This information is used for studying the effects of induced terminations on the health and fertility of various educational and socioeconomic groups. This information is also useful in planning educational programs that address family planning.

Item 12. Is patient of Hispanic origin?

Specify by checking the appropriate box. More than one type of Hispanic origin may be selected. For the purposes of this item, "Hispanic" refers to people whose origins are from Spain, Mexico, Puerto Rico, Cuba or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the patient or her ancestors were born before their arrival in the United States. Select "other Hispanic origin" if none of the selections listed reflects the patient's response, and specify the origin in the space provided.

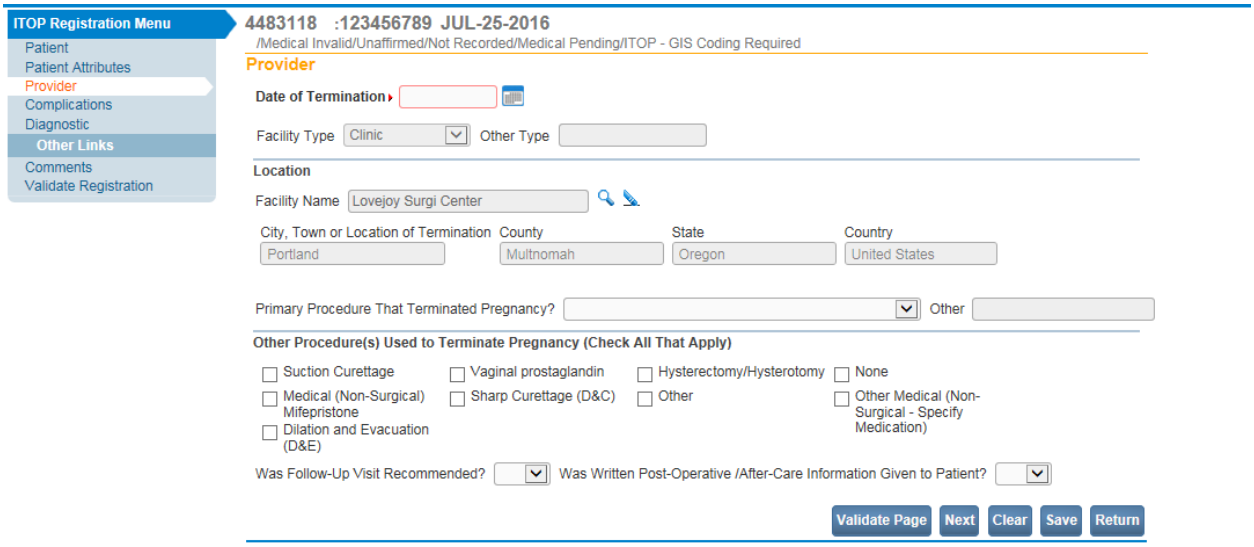
Hispanics comprise the largest minority in this country. This item provides data to measure differences in pregnancy outcome and variations in health care for people of Hispanic and non-Hispanic origin.

Item 13. Patient's race (select one or more)

Specify by checking the appropriate box(es) for the reported race(s) of the patient. The entry for this item reflects the response of the patient.

Information on race is needed to study the impact of induced terminations on the birth and fertility rates of different racial groups.

Provider



Item 15. Facility Type and Name of facility where termination occurred

If not already populated, select from the dropdown the Facility Type.
Type or print the name of the facility where the termination occurred.

Item 16. Location of termination

If not already populated, type or print the street address, city, county, state and zip code of the facility where the termination occurred.

Items 15 and 16 are used in conjunction with patient residence information to examine the amount of movement occurring within a state, or between states, to obtain an induced termination of pregnancy.

Item 17. Primary procedure that terminated this pregnancy (check only one)

Specify by checking only one of the procedures. If the procedure is not listed, check "Other (specify)" and type or print the procedure that terminated this pregnancy in the space provided.

This item provides information on the frequency of specific procedures. When used in conjunction with 'other procedures used' and 'length of gestation, it provides an indication of the safety, appropriateness, and health risks of the various termination procedures at different gestational ages.

Item 18. Other procedures used for this termination (check all that apply)

Specify by checking the other procedure(s) used for this termination. If no additional procedures were used, check "None." If the other procedure is not listed, check "Other (specify)" and type or print the additional other procedure used for this termination in the space provided.

This item provides information on the incidence of termination involving multiple procedures. When used in conjunction with primary procedures and length of gestation, it provides an indication of the safety, appropriateness, and health risks of the various termination procedures at different gestational ages.

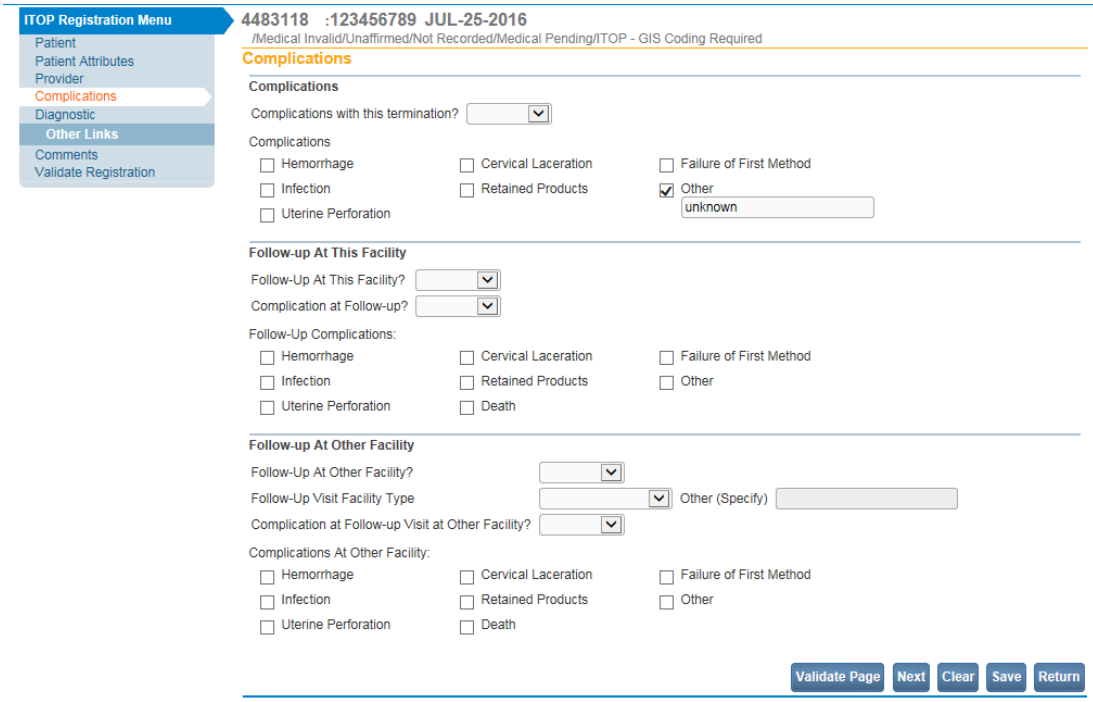
Item 19. Was follow-up visit recommended?

Specify by checking "Yes" or "No." Do not leave this item blank.

Item 20. Was post-operative/after-care information provided?

Specify by checking "Yes" or "No." Do not leave this item blank.

Complications



Item 21. Were there complications at the time of the procedure?

Specify by checking "Yes" or "No." Do not leave this item blank.

If "Yes," select all the complications that occurred at the time of the procedure. If the complication is not listed, check "Other (specify)" and type or print the complication that occurred at the time of the procedure in the space provided.

Item 22. At time of completion of this report, had follow-up visit occurred at this facility?

Specify by checking "Yes," "No" or "Unknown." Do not leave this item blank.

Item 22a. Complications *(at this facility)*

If Item 22 is "Yes," specify all the complications at the time of follow-up at this facility. If there are no complications at follow-up, check "None." If the complication is not listed, check "Other (specify)" and type or print the complication at follow-up in the space provided.

Item 23. At time of completion of this report, had follow-up visit occurred *outside this facility?*

Specify by checking "Yes," "No" or "Unknown." Do not leave this item blank.

Item 23a. Type of location of follow-up visit

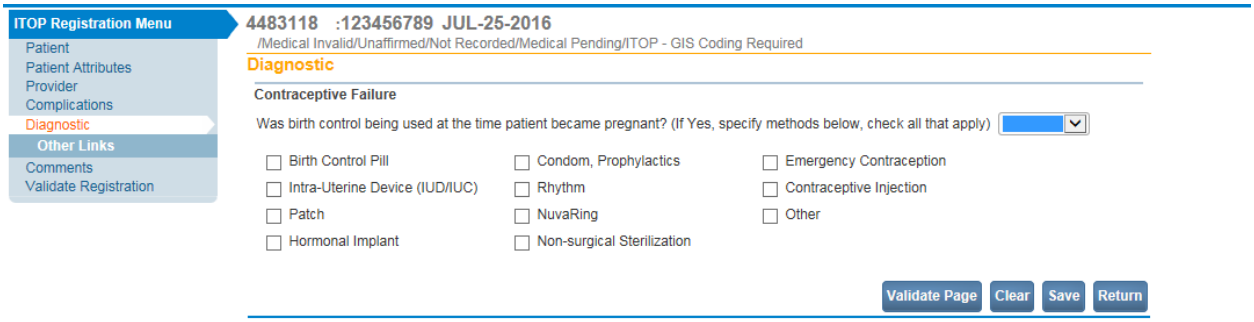
If Item 23 is "Yes," specify the type of location of follow up by checking the appropriate box. If Item 23 is "No" or "Unknown," leave this item blank.

A clinic is typically defined as a health center that may serve a wide variety of scheduled or walk-in individuals with various medical situations. A physician's office is typically defined as an individual doctor's location with a specialty service, and usually with scheduled patient appointments.

Item 23b. Complications

If Item 23 is "Yes," specify all the complications at the time of follow- up visit at a different facility. If there were no complications at follow up visit at a different facility, check "None." If complications at follow-up visit at a different facility are unknown, check "Unknown." If the complication is not listed, check "Other (specify)" and type or print the complication at follow-up visit at a different facility in the space provided.

Diagnostic



Item 14. Was birth control being used at the time patient became pregnant?

Specify by checking "Yes," "No" or "Unknown."

If "Yes," specify the method(s) by checking the box(es) that apply. Select "Other" if the method used is not listed, and specify the method in the space provided.

This item provides information about the frequency of patients seeking induced terminations due to birth control failure. It also aids in evaluating the effectiveness of various birth control methods.

PLEASE COMPLETE THIS FORM NO SOONER THAN 2 WEEKS FOLLOWING THE DATE OF TERMINATION. FORM MUST BE SUBMITTED NO LATER THAN 30 DAYS FOLLOWING THE DATE OF TERMINATION OF PREGNANCY.