SFN: 004650

# TERMINATED PREGNANCY REPORT

INDIANA DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

** **If the patient is less than sixteen (16) years of age** the physician performing the termination shall transmit this report to the Department of Child Services within **three (3) days after** the termination is performed via email at dcshotlinereports@dcs.in.gov.
Further, this **report shall also be submitted** to the Indiana Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana Department of Health **no later than 30 days after each termination is performed.**
Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(d).

| Facility Name and Address | City or Town, of pregnancy termination | County of pregnancy termination |
|---|---|---|
| IU Health University Hospital 550 University Boulevard | Indianapolis | Marion |

| Patient's age** | Married | Date of pregnancy termination | Education |
|---|---|---|---|
| 10 | ☐ Married ☐ Divorced ☐ Separated ☒ Not Married | 06/30/2022 | 8th grade or less |

Sex of fetus if detectable ☐ Male ☐ Female ☒ Unknown | Multifetal Pregnancies ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other

**Race**

☐ American Indian or Alaska Native
☐ Native Hawaiian
☐ Black or African American
☐ Guamanian or Chamorro
☐ Other Pacific Islander
☐ Asian Indian
☒ White
☐ Samoan
☐ Chinese
☐ Japanese
☐ Vietnamese
☐ Korean
☐ Other Asian
☐ Other
☐ Unknown

**Ethnicity**

☒ Yes, Mexican
☐ No, not Hispanic
☐ Unknown if Hispanic
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Hispanic Origin

**Previous Pregnancies**

| | | |
|---|---|---|
| Live Births: | Number now living: None | Number now deceased: None |
| Other Terminations: | Number of spontaneous terminations: None | Number of induced terminations: None |

Years of terminations *(Do not include this termination. If more than six (6), those most recent.)*
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

| | | |
|---|---|---|
| Fetus delivered alive? ☐ Yes ☒ No | If yes, length of time fetus survived: | List any preexisting medical conditions of the patient that may complicate the abortion |
| Fetus viable? ☐ Yes ☒ No | If viable, medical reason for termination: | |
| Pathological examination performed? ☐ Yes ☒ No | If yes, results: | Did this termination of pregnancy result in a maternal death? ☐ Yes ☒ No |

## Type of Termination Procedures

**Procedure that Terminated Pregnancy**

☒ (Nonsurgical) Mifepristone
☒ (Nonsurgical) Misoprostol
☐ (Nonsurgical) Other *(Specify)*
☐ Intrauterine instillation (Saline or prostaglandin)

For (Nonsurgical) procedures, answer the following question
Check the box indicating the following items were completed
☒ The manufacturer's instructions provided to the patient
☒ The patient signed the patient agreement

☐ (Surgical) Suction Curettage
☐ (Surgical) Dilation and Evacuation (D & E)
☐ (Surgical) Other *(Specify)*
☐ Surgical Sharp Curettage (D & C)
☐ Hysterotomy/Hysterectomy

For Surgical procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☒ No
If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive?
☐ Yes ☒ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

**Additional Procedure that Terminated Pregnancy**

☐ (Nonsurgical) Mifepristone
☐ (Nonsurgical) Misoprostol
☐ (Nonsurgical) Other *(Specify)*
☐ Intrauterine instillation (Saline or prostaglandin)

For (Nonsurgical) procedures, answer the following question
Check the box indicating the following items were completed
☐ The manufacturer's instructions provided to the patient
☐ The patient signed the patient agreement

☐ (Surgical) Suction Curettage
☐ (Surgical) Dilation and Evacuation (D & E)
☐ (Surgical) Other *(Specify)*
☐ Surgical Sharp Curettage (D & C)
☐ Hysterotomy/Hysterectomy

For Surgical procedures, answer the following question.
Was the fetus viable or have a post fertilization age at least 20 weeks?
☐ Yes ☐ No
If the previous question was answered yes, complete the following questions.
Was the fetus given the best opportunity to survive?
☐ Yes ☐ No

What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?

List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)

| Date last normal menses began | Physician estimate of gestation *(in weeks)* | Post fertilization age of the fetus *(in weeks)* |
|---|---|---|
| 05/13/2022 | 6 | 4 |

How were the gestational age and post fertilization age determined?
Ultrasound

Was a waiver of consent obtained pursuant to IC 16-34-2-4? ☐ Yes ☒ No | Was a waiver of notification obtained pursuant to IC 16-34-2-4? ☐ Yes ☒ No

Diagnostic

Did patient have a prenatal diagnostic procedure that revealed a fetal abnormality? No

Observed or suspected anomaly(ies) - Check all that apply:

- ☐ Chromosomal Anomaly
- ☐ Heart Anomaly
- ☐ Down Syndrome
- ☐ Neural Tube Defect
- ☐ Ventral Wall Defect
- ☐ Other

Was diagnosis confirmed after termination by autopsy or other pathological examination?

Procedure(s) Used:

- ☐ Amniocentesis
- ☐ Chronic Villus Sampling
- ☐ Other
- ☐ Ultrasound
- ☐ Maternal Serum Alpha Fetoprotein
- ☐ Unknown
- ☐ Cordocentesis

Is the patient seeking an abortion as a result of being any of the following?

- ☒ Abused
- ☐ Coerced
- ☐ None
- ☐ Harassed
- ☐ Trafficked
- ☐ Unknown

Full name of physician performing termination

Caitlin Bernard, M.D.

Address of physician performing termination *(number and street, city, state, and zip code)*

1701 N Senate Boulevard Indianapolis Indiana 46202

[redacted]

| Age of father | If age not known, approximate age | 17 |
|---|---|---|

Date Reported to DCS, if Patient under 16 (month, day, year) 07/02/2022

Date Received by IDOH (month, day, year) 07/02/2022