SFN: 002151

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
SIDNEY AND LOIS ESKENAZI HOSPITAL 720 ESKENA	Indianapolis	Marion

Patient's age**	Married	Date of pregnancy termination	Education
23	☐ Married ☐ Divorced ☐ Separated ☒ Not Married	03/28/2022	9th-12th grade, No Diploma

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: 2	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: 3 HOURS	List any preexisting medical conditions of the patient that may complicate the abortion: None
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)*
99/99/9999	20	18

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

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?

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

HUA MENG

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

720 ESKENA INDIANAPOLIS IN 46202

[redacted]

Age of father 26	If age not known, approximate age

Date Reported to DCS, if Patient under 16 (month, day, year) _____

Date Received by IDOH (month, day, year) 04/03/2022