WEST VIRGINIA Department of Health & Human Resources

Health Statistics Center
Bureau for Public Health

REPORT OF INDUCED TERMINATION OF PREGNANCY (ITOP)

STATE FILE NUMBER

Induced Termination of Pregnancy (ITOP) means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

1. Facility Name (if not clinic or hospital, give address also)

2. Facility City, Town, Location

3. County of Pregnancy Termination

4. Patient ID

5. Age

6. Marital Status ☐ Married ☐ Never Married ☐ Divorced ☐ Separated ☐ Widowed

7. Date of Pregnancy Termination — month / day / year

8a. Patient Residence - State

8b. Patient Residence - County

9. Patient of Hispanic Origin?
(Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)
☐ NO ☐ YES If YES, Specify:_____

10. Patient Race (Mark all applicable)
☐ American Indian ☐ Black ☐ White ☐ Other (Specify) _____

11. Education (Circle *only highest grade* completed)
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

11a. Currently in School? ☐ NO ☐ YES

12. Date Last Normal Menses Began — month / day / year

13. Previous Pregnancies (Complete each section)

Number of Live Births		Number of Other Terminations	
13a. Now Living ____ ☐ None	13b. Now Dead ____ ☐ None	13c. Spontaneous ____ ☐ None	13d. Induced (Not including this termination) ____ ☐ None

14. No determination of probable gestational age was made because:
☐ A medical emergency existed:
- ☐ Uncontrolled obstetric hemorrhage
- ☐ Other (specify) _____

☐ Fetus non-medically viable
- ☐ Lethal fetal defect (specify) _____
- ☐ Other (specify) _____

15. Was ultrasound used to determine probable gestational age?
☐ NO ☐ YES

16. Enter weeks of probable gestational age (completed whole weeks):

17. Provide the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the termination of her pregnancy to avert her death or to avert the serious risk of substantial and irreversible physical impairment of a major bodily function AND/OR the determination of a non-medically viable fetus:
- ☐ Severe pre-eclampsia/eclampsia
- ☐ Severe/life-threatening cardiac disease
- ☐ Severe/life-threatening pulmonary disease
- ☐ Severe/life-threatening liver disease
- ☐ Severe/life-threatening chorioamnionitis/sepsis
- ☐ Uncontrolled obstetrical hemorrhage (placental abruption, placenta previa)
- ☐ Advanced state malignancy needing immediate radiation, surgery or chemotherapy which would be harmful to the fetus
- ☐ Other severe/life-threatening condition (specify) _____
- ☐ Non-medically viable fetus due to (specify) _____

18. Was this procedeure performed due to a sexual assault or incest?
☐ NO ☐ YES
If yes, was a law enforcement report provided to the Attending Physician?
☐ NO ☐ YES
If yes, was the law enforcement report filed at least 48 hours prior to the procedeure?
☐ NO ☐ YES
If no, did the patient obtained medical treatment for the sexual assault from a licensed medical professional or hospital?
☐ NO ☐ YES

19. Method of Termination (Check ONLY the method that terminated the pregnancy)

☐ Surgical (check the type of surgical procedure)
- ☐ D & C (Dilation and Curettage)*
- ☐ D & E (Dilation and Evacuation)
- ☐ Hysterectomy/Hysterotomy
- ☐ Other surgical (specify)_____

☐ Intrauterine Instillation

☐ Unknown

☐ Medical/Non-surgical includes early medical terminations and labor induction (check the principle medication or medications)
- ☐ Mifepristone (RU486, Mifeprex®)
- ☐ Misoprostol (Cytotec®), or another prostaglandin**
- ☐ Methotrexate (Amethopterin, MTX)
- ☐ Other medication (specify) _____

Was the method of termination used one that, in reasonable medical judgment, provided the best opportunity for the fetus to survive?
☐ NO ☐ YES

*Additional terms that may be used include aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, and sharp curettage.
**Some commonly used prostaglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol).

20. Was procedure performed because of a known fetal genetic defect? ☐ UNK ☐ NO ☐ YES If yes, specify_____

21. Was this an emergency procedure performed on the basis of a physician's prudent and reasonable medical judgment to avert death or serious risk of substantial and irreversible impairment of a major bodily function? ☐ NO ☐ YES

22. Source of PRIMARY payment for procedure ☐ SELF PAY ☐ PRIVATE INSURANCE ☐ MEDICAID ☐ OTHER (specify)_____

23. Attending Physician _____

24. Person Completing the Report _____

Mail completed forms to:
ATTN: Registration Unit - ITOP
Vital Registration Office
PO Box 11012
Charleston, WV 25339-1012

Completed forms are due no later than the 10th of the month following the month that the procedure was performed.