Connecticut Catholic Conference

# Eleventh Annual Report

## *The State of Abortion in Connecticut 2018*

**Special Report:**

**Teen Girls at Risk!**

***Why Connecticut Needs a Parental Notification Law***

**134 Farmington Avenue, Hartford, CT 06105**

**November 2018**

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## Executive Summary

The Connecticut Catholic Conference continues to monitor the issue of abortion in Connecticut with the publication of its eleventh annual *"The State of Abortion in Connecticut"* report. Throughout the years, this report has provided a concise overview of abortion trends in the state. The Conference hopes the information presented in this report will be informative and shape the public debate on this issue within Connecticut.

## Trends:

- ***Since 2008, Connecticut has experienced a 33.6% decline in the number of abortions.*** This trend is reflective of a national decline in the number of abortions.
- ***The significant decline in teen abortions continued into 2017.*** Abortions performed on girls younger than 18 years of age has declined by 72% since 2008.
- ***Abortion rates across all age groups have seen a significant decline over the last ten years.*** This figure adjusts for population changes over the years and is an even better indicator of abortion activity. The abortion rates in Connecticut fell from 20.9 abortions per thousand women of childbearing age in 2008 to 13.9 in 2017.
- ***Medically drug-induced abortions are on the rise, while surgical abortions decline.***
- ***The vast majority of abortions in Connecticut are provided at abortion clinics, while very few are performed in hospitals or doctors' offices.***
- ***In 2017, the number of abortions reported to the state lacking critical information increased from 2.5% of all abortions reported to 4.3%.*** This is a reversal of an eight year trend of improved reporting following complaints from the Connecticut Catholic Conference in 2008.

## Special Report

### Teen Girls At Risk!
### *Why Connecticut Needs a Parental Notification Law*


Since the passage of Roe v. Wade, balancing the legal rights and health interests of pregnant teenage girls with parental rights has been a much debated topic throughout our nation. Unfortunately, in Connecticut this topic has seldom, if ever, been addressed in the Connecticut General Assembly due to opposition from the abortion rights lobby.

Connecticut is only one of seven states that has never adopted a parental notification law relating to a minor receiving an abortion. This type of law has two forms:

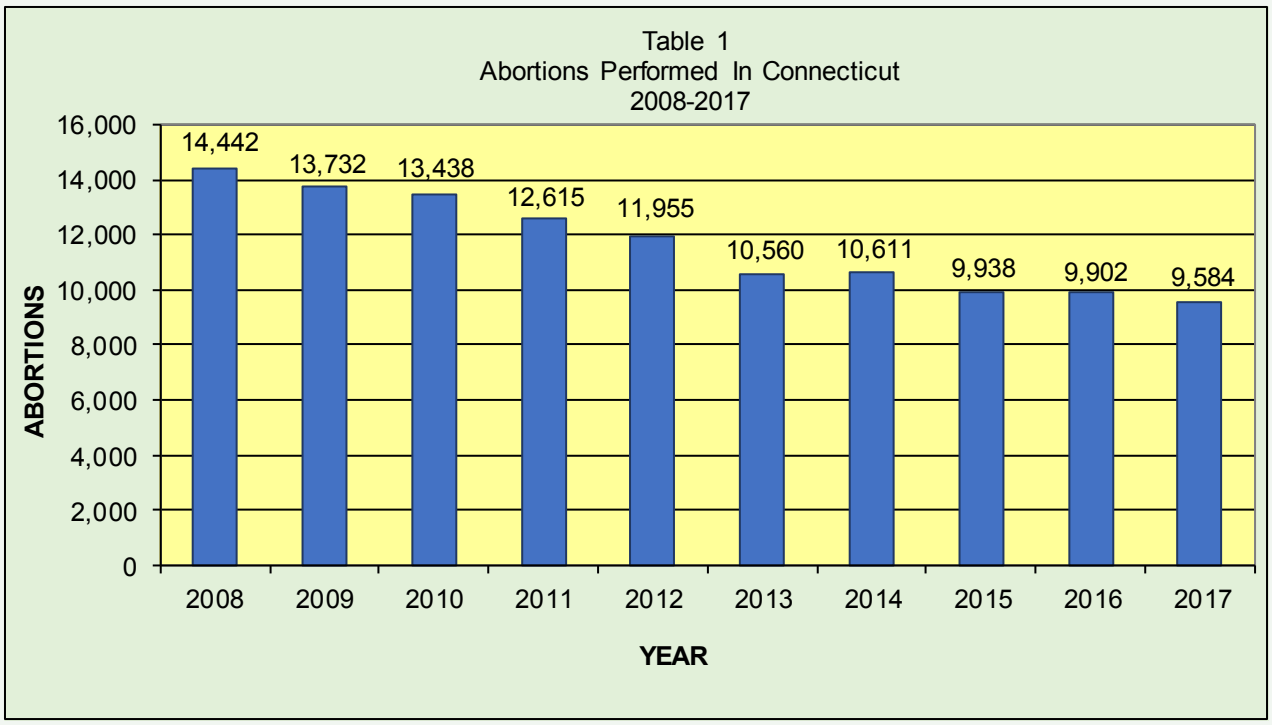
1. A basic *parental notification law* requires that parents merely be informed of the minor's desire for an abortion.
2. A stricter *parental consent law* requires parental agreement to an abortion.

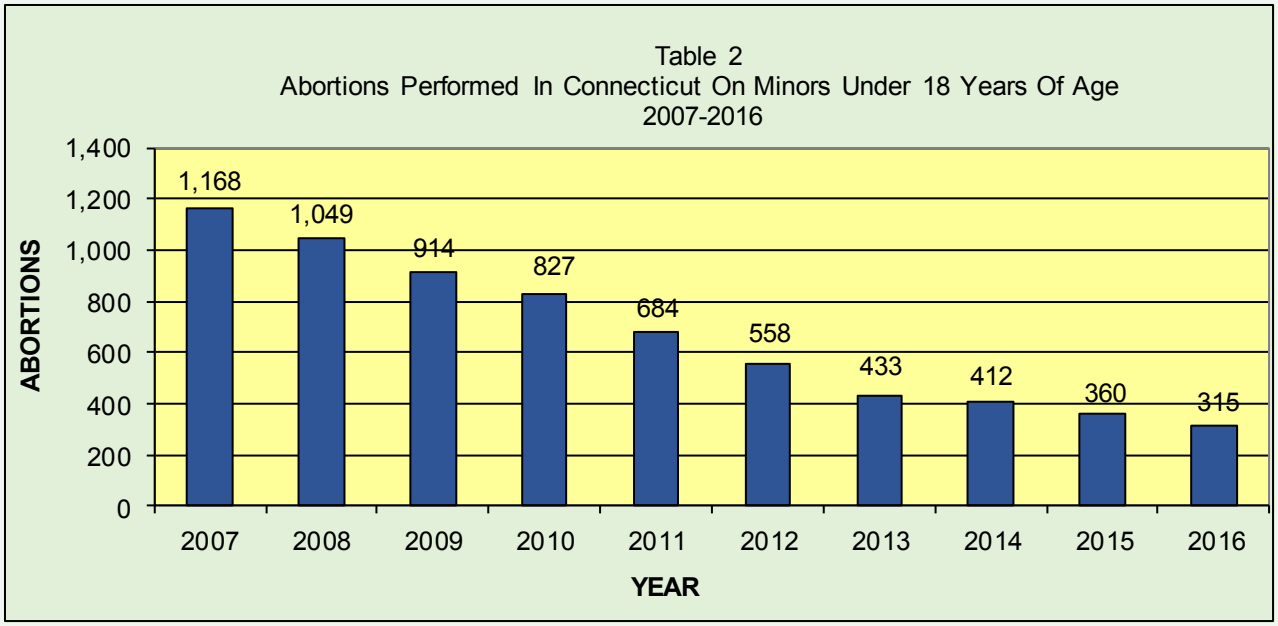
### *This overview of parental notification laws covers four primary areas:*

- **How Connecticut compares to other states**
- **Inconsistency in Connecticut laws relating to minors**
- **Reasons for parental notification**
- **What should be done to protect teens and respect parental rights**

## Abortion Trends - 2017

- ***Since 2008, Connecticut has experienced a 33.6% decline in the number of abortions (Table 1).*** This trend is reflective of a national decline in the number of abortions.
- ***The significant decline in teen abortions continued into 2017 (Table 2).*** Abortions performed on girls younger than 18 years of age has declined by ***72%*** since 2008.




Note: The statistical information presented in this report has been compiled by the Connecticut Catholic Conference using data obtained from various reports of the Connecticut Department of Public Health (DPH). Connecticut law requires all abortions (surgical or drug-induced) to be reported to DPH within seven days of the procedure.

- ***Abortion rates across all age groups have seen a significant decline over the last ten years (Tables 3 and 4).*** The abortion rates in Connecticut fell from 20.9 abortions per thousand women of childbearing age in 2008 to 13.9 in 2007. This statistic takes into consideration yearly population changes related to the number of abortions.

Table 3
Abortions Performed In Connecticut
Abortions Per 1,000 Women of Childbearing Age (15 - 44 Years of Age)
2008-2017

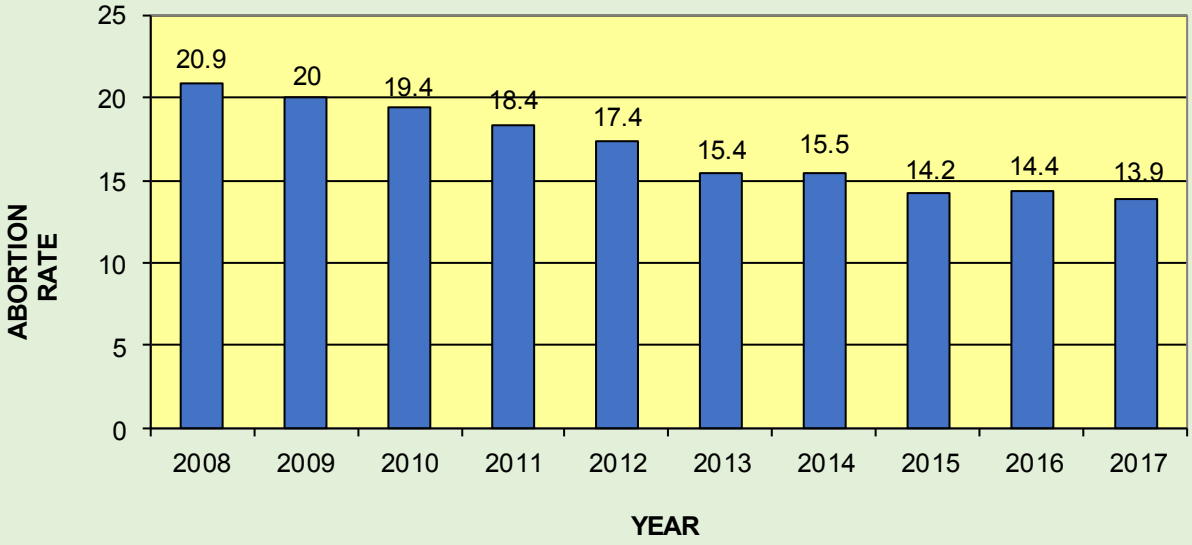
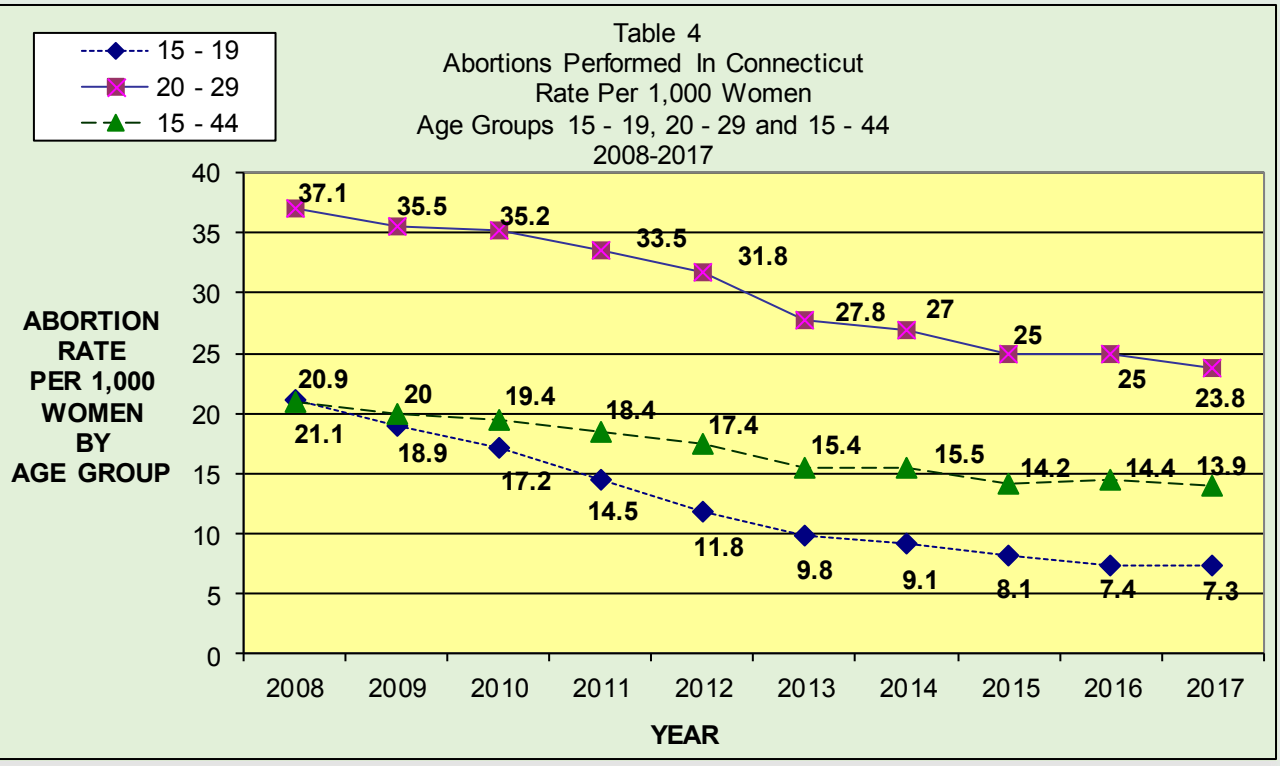



Table 4
Abortions Performed In Connecticut
Rate Per 1,000 Women
Age Groups 15 - 19, 20 - 29 and 15 - 44
2008-2017




* Abortion rates are calculated based on the number of abortions per thousand within a specified age group.

- ***The number of out-of-state minors seeking abortions in Connecticut has also declined, but the majority still come from states with parental consent laws.*** The decline in overall numbers reflects the national decline in the number of abortions (Table 5). However, these numbers clearly show that minor girls (under 18 years of age) from Massachusetts and Rhode Island, which have strict parental consent laws, are coming to Connecticut to bypass those laws (Table 6). Both of these states have abortion providers and quality medical centers within their own borders, leaving avoidance of the consent laws as the primary factor for crossing state lines. Connecticut, which is one of seven states that have no parental notification laws concerning a minor's ability to receive an abortion (*See Attachment A*), receives out-of-state minors that may have become pregnant through sexual abuse.

Table 5
Abortions Performed In Connecticut on Out-of-State Minors
Under 18 Years of Age
By Year
2008-2017

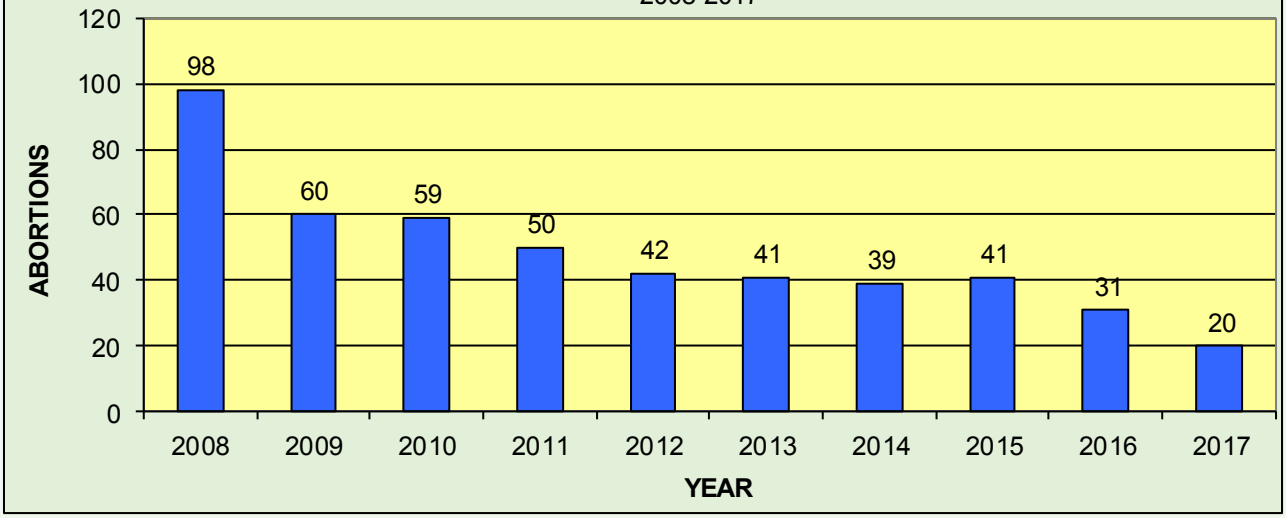
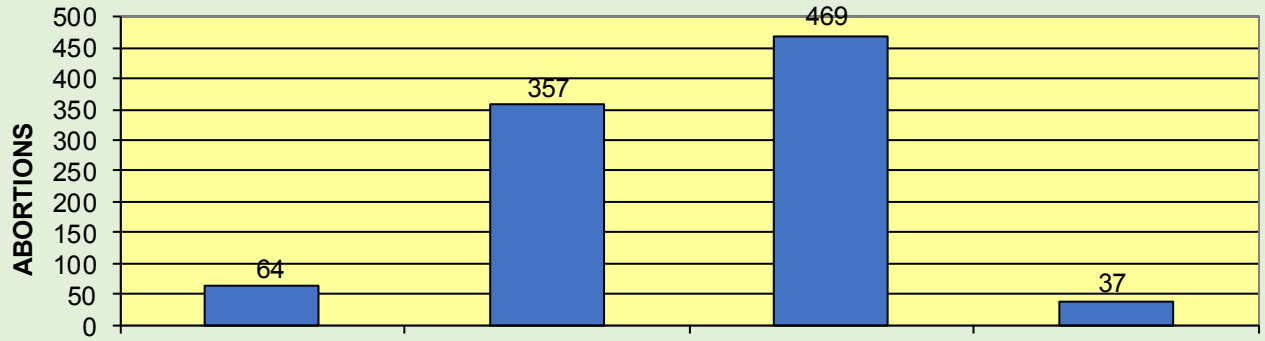
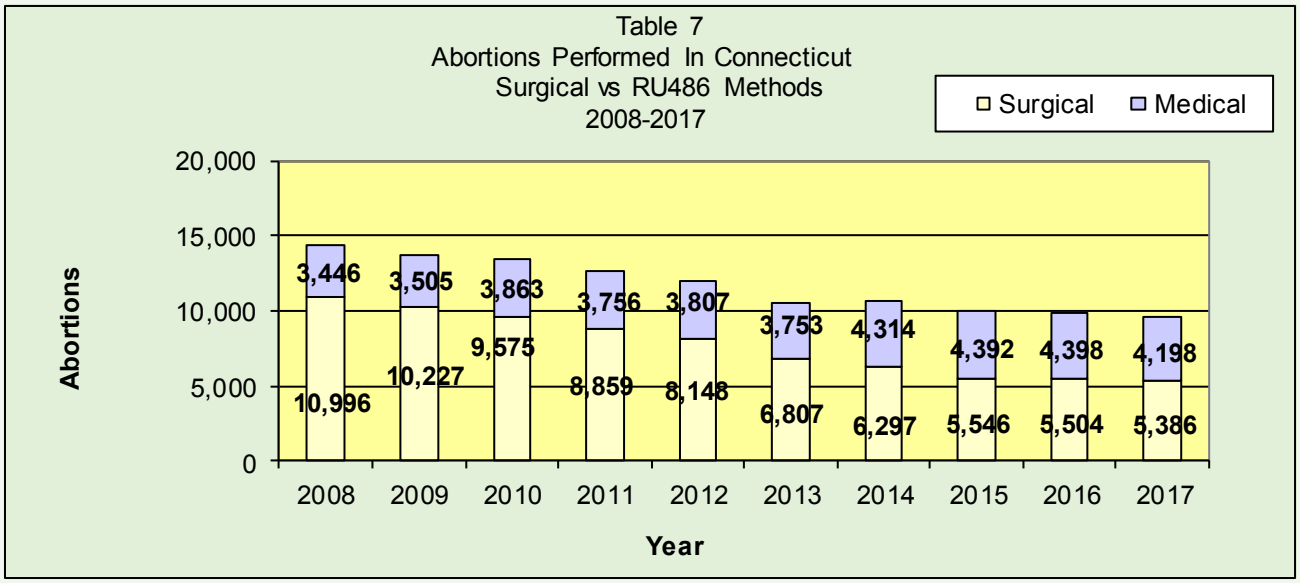



Table 6
Abortions Performed In Connecticut on Out-of-State Minors Under 18 Years of Age
By State
2004-2017

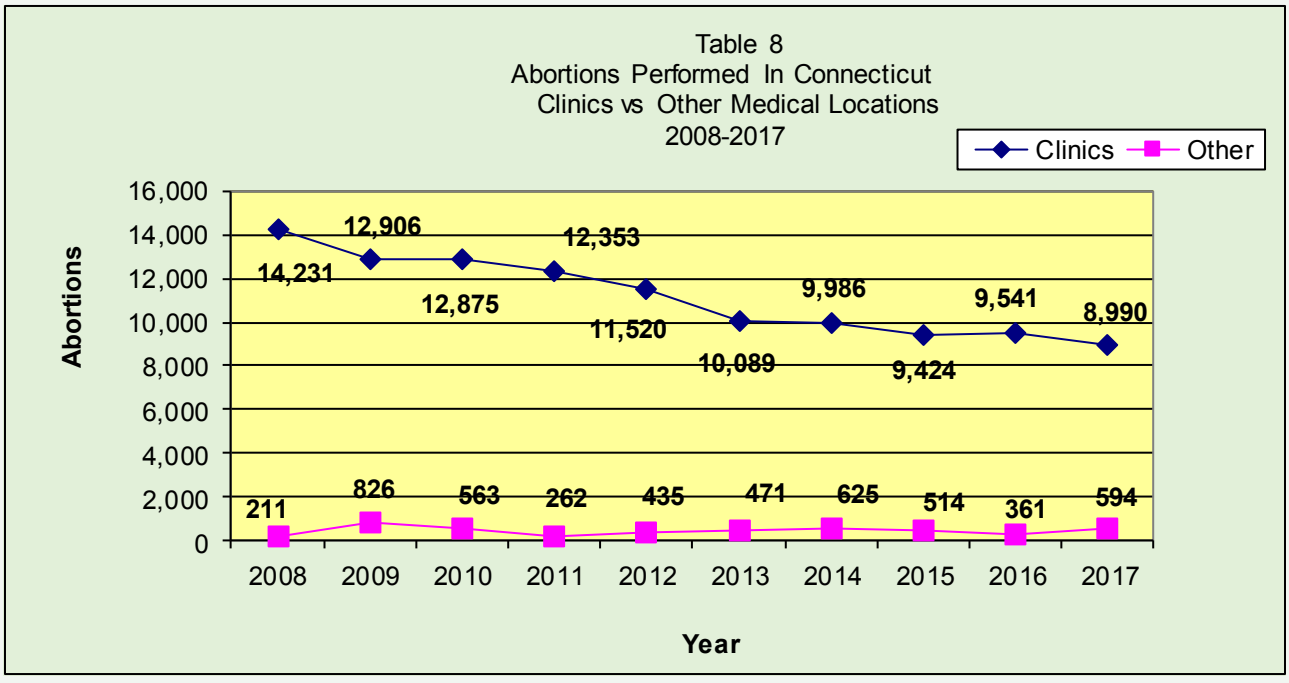



**(RI and MA have strict parental consent laws, therefore more teens appear to avoid the law by coming into Connecticut for an abortion)**

- ***How are abortions performed in Connecticut?*** Over the last ten years, the number of surgical abortions have significantly decreased when compared to the number of medical abortions (Table 7). In 2008, medical abortions only accounted for 23.9% of all abortions performed. By 2017 medical abortions constituted 43.8% of all abortions performed. Medical abortions are non-surgical, drug-induced abortions, using the drug combination commonly referred to as RU486.




- ***Where are abortions performed in Connecticut?*** Most reported abortions are performed in abortion clinics, not in hospitals or doctors' offices (Table 8). Currently, there are eighteen abortion clinics in Connecticut (see Attachment B); five of these clinics provide surgical abortions. The remaining thirteen clinics provide medical abortions or refer patients to one of the five surgical clinics. Planned Parenthood of Southern New England operates seventeen of these clinics.



- ***In 2017, the number of abortions reported to the state lacking critical information increased from 2.5% of all abortions reported to 4.3%. This constitutes a 63% increase in incomplete reports between 2016 and 2017.*** This increase is a reversal of an eight year trend of improved reporting following complaints from the Connecticut Catholic Conference in 2008. (Table 9 and 10). However, some abortion providers continue to submit incomplete documentation, failing to fully comply with the state regulation. The Conference has two main areas of concern:

  1) failure to report the *age* of the patient receiving the abortion.
  2) failure to report the *gestational period* of the unborn child being aborted.

Every provider should know this information prior to performing an abortion to ensure that issues of statutory rape/assault may be investigated and that proper medical procedures are followed as per state regulations.

Connecticut state law mandates that every abortion be reported to the DPH within seven days and contain the age of the woman and gestation period of the unborn child. (*See Attachment C for reporting form with instructions).*

The lack of compliance to questions related to basic patient information raises concern over compliance with other abortion regulations, such as mandatory counseling for minors and mandated reporting of cases of sexual assault.

Table 9
Abortions Performed In Connecticut Without Legally Required Reporting of Age or Gestation Period By Provider
2008-2017

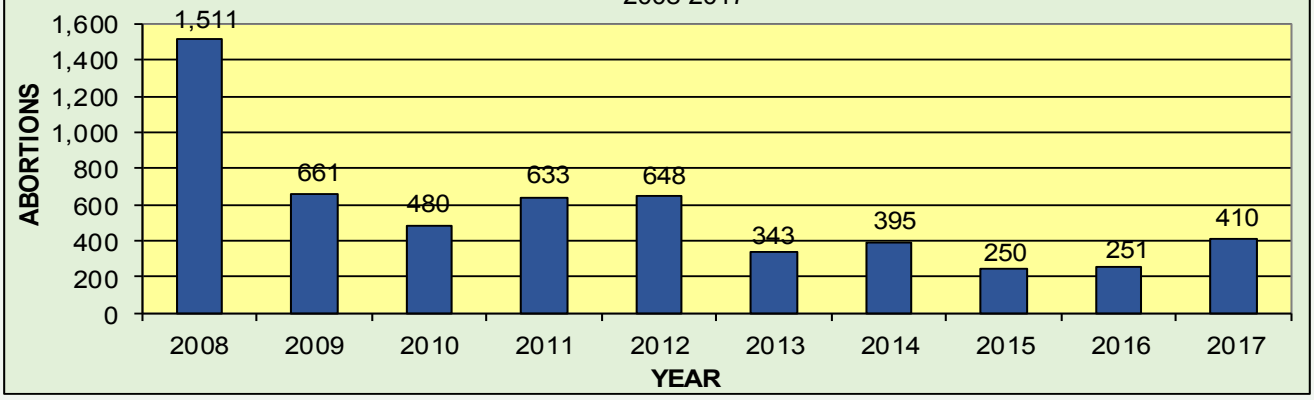
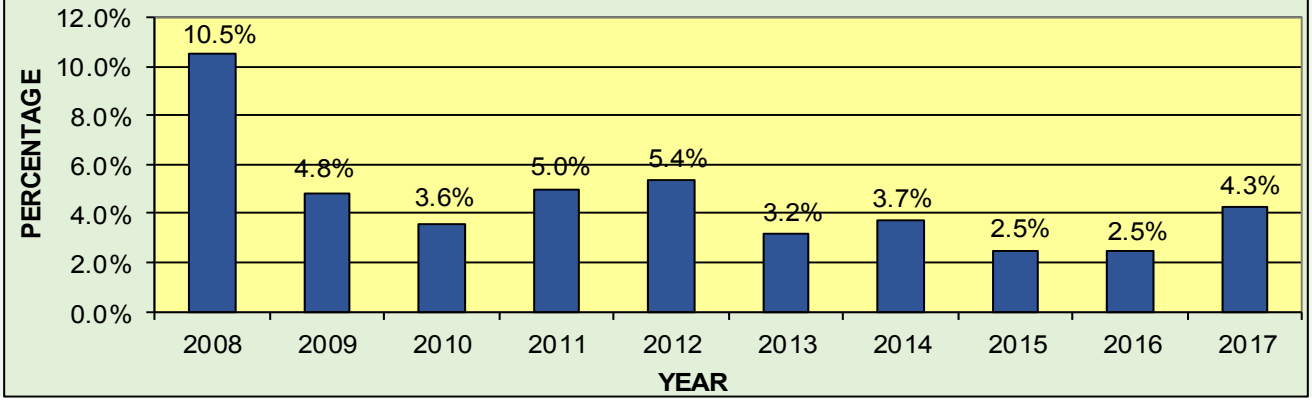



Table 10
Percentage of Abortions Performed In Connecticut Without Legally Required Reporting of Age or Gestation Period By Provider
2008-2017



## Special Report

## Teen Girls at Risk!

### *Why Connecticut Needs a Parental Notification Law*

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Connecticut is only one of seven states that has never adopted a *parental notification law* relating to a minor receiving an abortion. This type of law has two forms:

1. A basic *parental notification law* requires that parents merely be informed of the minor's desire for an abortion.
2. A stricter *parental consent law* requires parental agreement to an abortion.

## The National Picture

Nationally, polls show a level of support for parental notification laws in the 78-80% range (CBS News - 80% - July 2005; FOX News – 78% - April 2005; Gallop Poll - 71% - July 2011). The polls also show a large percentage of support among many people who consider themselves pro-choice. Being pro-choice and in support of parental notification laws are not viewed as mutually exclusive.

### *This overview of parental notification laws covers four primary areas:*

- **How Connecticut compares to other states**
- **Inconsistency in Connecticut laws relating to minors**
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- **What should be done to protect teens and respect parental rights**

***FACT:*** ***Four twelve year old girls received abortions in Connecticut in 2017.*** There is currently no process in place to insure that these four cases were reported to the Department of Children and Families as required by mandatory reporting laws. Current state law does not allow for notification of the girl's parents by the abortion provider without their consent.

- There is no process in place, so the Connecticut Department of Children and Families is unable to confirm if these cases were ever reported.
- The Department of Public Health does not require information from abortion clinics confirming compliance with mandatory reporting laws.

## How Connecticut Compares to Other States

Currently, forty-three states have passed parental notification or consent laws. These laws are still active in thirty-seven of these states, some since the 1980's (See attachment A). Legal challenges have made these laws inactive in 6 states. ***Connecticut is one of seven states that have no parental notification or consent laws.*** Current Connecticut statute only directs an abortion provider to discuss possibly involving a girl's parents. However, the type of information presented to teens concerning their legal rights related to abortion appears to downplay the need for any parental involvement.


Connecticut's neighboring states have different laws concerning parental notification. New York, like Connecticut, requires no parental notification. Massachusetts and Rhode Island have strict parental consent laws. What does this mean to Connecticut? **Information from the Connecticut Department of Public Health shows that 89% of the teens coming into Connecticut for abortions between 2004-2017 came from states (Massachusetts and Rhode Island) that have parental consent laws.** This clearly shows that teens, and possibly older males who impregnate them, are using the lack of a notification law in Connecticut to circumvent the parental consent laws in their home states.

## Inconsistency in Connecticut Laws Relating to Minors

Connecticut law appears conflicted when it comes to a minor procuring an abortion versus other health sensitive activities. A thirteen year old girl in Connecticut can receive an abortion without any parental involvement, but cannot have a body piercing or be given an aspirin at school without written parental consent. In 2006, the Connecticut General Assembly enacted a law that required a minor to have parental consent to go to a sun tan parlor. Why? Because the sun tanning industry saw that teens were too immature to truly understand the exposure risks. Instead of limiting the number of visits per day or week to the industry recommended standard, which they tried to enforce, teens would go from one sun tan parlor to another to avoid the limitations imposed by the operators. In 2013, the law was further tightened to not allow any teen under seventeen years of age to use a tanning device. Why do the legislative leaders of our state believe a teenager under seventeen years old can give informed consent for an abortion procedure, but not be responsible enough when it comes to tanning herself?

There are several laws in our state that do afford minors privacy rights in other healthcare areas; rehabilitation for alcohol and drug dependence (G.S. 17a-688), examination and treatment of a minor for venereal disease (G.S. 19a-216), HIV testing (G.S. 19a-582), and mental health treatment (G.S. 19a-14c). These laws address serious life threatening illnesses or serious diseases that can negatively impact others if not identified and treated. Several of these laws do eventually require parental involvement or at least encourage it. Teen pregnancy, although a life-altering event, does not share the same immediate public health and safety needs as do these four exceptions. Therefore, parental notification should be required.

# Teens & Abortion: Why Parents Should Know *

**It is simply a fact that adolescents develop physically before fully maturing psychologically and socially.**

While adolescents are physically capable of having children, at this point in their psychological development, they are more likely to follow their immediate emotional responses than to rationally consider their options and their long-term consequences. A teen's biggest concern may be avoiding discovery by her parents or peers or trying to hold on to her boyfriend, rather than determining how the birth or abortion of her child may affect the rest of her life. Teens tend to rely on others when making decisions, which is a healthy pattern when those influencing a teen have her best interest at heart. However, an area of concern is in situations where young teens can be exploited by older individuals, such as boyfriends or abortion clinic counselors, whom teens view as more experienced and knowledgeable, but may fail to recognize that these individuals have their own agendas.

**There are physical, social and psychological consequences of abortion, and these may be worse for teens.**

- Women who have abortions are also at a higher risk of psychological and social problems, including drug and alcohol abuse, increased sexual promiscuity, and depression. This is particularly true for teens, as secret abortions create a psychological burden for adolescent girls and can hurt future relationships. Studies also find adolescent suicides one year after an abortion to be significantly higher than adolescent suicide after childbirth.
- Anyone having a surgical or chemical abortion may face complications such as perforation, scarring, hemorrhaging, infection, or even death.
- Women who abort run higher risks of future infertility, miscarriages, ectopic pregnancy, and premature birth of future children. For teens, abortion may mean never being able to have children.
- Abortion is an identified risk factor in breast cancer. The risk for aborting teens may be even greater, especially since they are likely not to have reaped the protective effect of having previously given birth.

***Why should parents expect profit making abortion clinics to have their daughter's best interest at heart?***

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* Source: National Right to Life, "Teens & Abortion; Why Parents Should Know". For detailed references go to

## *Frequently Asked Questions:*
## *Parental Involvement in Minors' Abortions*

### What are some reasons to support the passage of parental notification laws?

***To ensure parental rights by requiring that at least one parent is notified or gives consent before their minor daughter has an abortion:***

- ☐ Parents are responsible for paying the medical bills incurred with any complications following the abortion. Therefore, they should be informed about an abortion decision.
- ☐ Public opinion polls consistently show a majority of Americans understand the value of parental involvement and support requiring parental notification before a minor's abortion.

***To ensure teenage girls benefit from the best possible counsel and care before, during and after an abortion decision:***

- ☐ Most teenage girls are not prepared for the possible aftermath (physical, emotional, psychological) of abortion. They need their parents to be informed and involved.
- ☐ It is indefensible for government (which can legally require parental involvement) to, by default, encourage girls to exclude their parents during this time in their lives.

***To protect teenage girls from potentially dangerous medical situations before, during and after an abortion:***

- ☐ Parents must give consent for other medical procedures (excluding emergencies), including ear piercing and the disbursement of aspirin in a school setting. Minors often need their parents to sign school report cards and approve school field trips. Why should abortion be an exception?
- ☐ Parental involvement laws decrease the risk of medical complications connected with the abortion by allowing parents to provide important medical information and history their daughter may not know or provide.
- ☐ Parental involvement increases the likelihood the teenager will receive the needed follow-up care after the abortion.

***To protect teenage girls from repeated sexual abuse:***

- ☐ The absence of parental notification laws puts teenagers who are victims of rape or incest at risk for repeated abuse. These laws generally include a provision for girls pregnant due to rape or incest to bypass parental notification or consent by a direct petitioning of the court. This triggers protective measures for the girl, who otherwise could have a "secret" abortion and return to a potentially abusive social or home environment.

## What are some reasons cited by opponents of parental notification laws?

***Parental notification laws force teenagers to have illegal abortions rather than risk telling their parents.***

- *Response:* More than 40 states have passed some kind of parental notification law. There is no evidence that these laws drive girls to have illegal abortions. Furthermore, teenagers can die from legal abortions - just because abortion is legal does not guarantee it is safe. Parental involvement is the best way to protect the life and health of teenage girls.

***Teenagers may face physical danger from angry parents. Others are pregnant due to rape or incest and cannot tell their parents.***

- *Response:* The judicial bypass or waiver provision generally included in these laws takes these possibilities into account. Abusive parents face the threat of criminal penalties, regardless of why they are angry with their child. The waiver component actually provides additional protection for the minor child, as it requires the notification of the appropriate authorities if the girl alleges abuse, either physical or sexual. Without this law, girls who are the victim of incest will have "secret" abortions and then return to the same home environment, risking continued abuse.

***These laws interfere with a woman's right to choose abortion.***

- *Response:* The United States Supreme Court disagrees. The Court has repeatedly upheld the constitutionality of parental notification laws, which include a judicial bypass provision. These bills do not limit a teenage girl's access to abortion; they merely require a parent to at least be notified before the fact.

***Most teenage girls are mature enough to make their own decisions about an abortion.***

- *Response:* Being physically able to conceive a child does not necessarily mean that an adolescent is mature enough to make a major decision, like choosing abortion, on her own. Girls need their parents' protection and counsel during this time.

## ***Why should parents be involved?***

- ◊ To ensure a teen's medical decisions are not unduly influence by providers who will benefit financially from the decision.
- ◊ To ensure parental rights relating to the welfare of their children.
- ◊ To ensure teenage girls benefit from the best possible care before, during and after an abortion.
- ◊ To protect teenage girls from serious, potentially dangerous, medical situations.
- ◊ To protect girls from sexual abuse and sexual predators.

## Questionable Actions by Providers

State law requires the abortion provider to counsel a minor on alternatives to abortions, potential medical concerns and the possibility of notifying her parents. There currently is no way to verify the detail or quality of this counseling. Current and past actions on other items raise serious concerns about compliance with this provision of state law. Detecting cases of sexual exploitation and adhering to mandatory reporting laws also appear to be problems within abortion clinics. Any evidence of sexual activity of a girl under thirteen years of age, or a minor under 16 years of age, with someone 21 years of age or older *must be reported* according to Department of Children and Families guidelines.

- **Between 2008 and 2017, there were 5,582 abortions performed where the provider was unaware of the age of the woman and gestation period of the unborn child, or just chose to disregard the mandatory reporting requirement (see charts on Page 7 of this report).** This information is required to be obtained and reported on Form MCH 155 by state regulations (see Attachment D). Age is an item of medical information every medical provider should have before treating a patient. The period of gestation is important to determine the proper procedure to be used and to determine compliance with state law limiting late term abortions. Compliance with the reporting regulations is *not optional*.

- **Examples of Connecticut cases where young girls received abortions after being sexually exploited by older men.** In all cases, the abortion providers failed to detect and report these serious situations**.**

  **Case 1:** In June 2006, a 15-year-old girl went missing in Connecticut. She was rescued a year later from the home of a 41-year-old man, where she was locked in a tiny room. She was sexually abused by him and taken to a Planned Parenthood in West Hartford for an abortion. The sexual abuse was never reported by Planned Parenthood. The girl was continually abused until authorities found her while investigating the assailant .

  **Case 2:** In 2006, a 21-year-old man impregnated his 14-year-old girlfriend three times in six months. The girl was taken to the Planned Parenthood in Norwich in April, July and September to receive an abortion. The sexual abuse was never reported to authorities.

  **Case 3:** In 2015, an 18-year-old man had a sexual encounter with two minors—a 12-year-old girl and a 14-year-old girl. The assailant and his father forcibly took the 14-year-old to Planned Parenthood for an abortion, where she received the RU-486 medication. The assault was never reported by Planned Parenthood. The girl reported the assault six months later.

## What Should be Done to Protect Teens and Respect Parental Rights

**The passage of a *parental notification law* by the Connecticut General Assembly is the best approach to ensuring that teens receive the emotional, medical and legal support and protections to which they are entitled.** It is also the best way to ensure that parents, not doctors or counselors who are essentially strangers to the teen, have the opportunity to assist their child when facing the challenges of an unplanned pregnancy. Thirty-seven states currently have either parental notification or consent laws with very little, if any, problems as described by the opponents of this type of legislation. A parental notification law does not mean that teens will not receive abortions if their parents are involved in the decision making process. What it does mean is that their interests will be better represented during the process. Existing parental notification laws across the country all contain judicial bypass provisions should the teen be fearful of her parents, or have no relationship with them. Such a law will also provide better protection of teens who are victims of sexual predators.

### Legislative Proposal:

The proposed legislation would:

- Require notification of at least one parent, or legal guardian, of a minor seeking an abortion who is under eighteen years of age.
- The legislation would include a judicial bypass procedure to be used if a girl feels she cannot discuss the need for an abortion with her parents out of fear of abuse. This is a current component of existing parental notification laws around the country and is required by the U.S. Supreme Court. An abortion could also be performed in the case of a medical emergency without notification.

# Attachment A

## Laws Requiring Parental Consent or Notification for Minors' Abortions – September 2018

Thirty-seven states have some form of parental notification or consent laws in effect. Six states have adopted laws, but have been restrained from being in full effect by legal actions. Seven states and the District of Columbia have no laws.

**I. Parental Consent and Notification Laws: 37 states.**

| Consent (26) | | Notice (11) |
|---|---|---|
| Alabama | North Dakota | Colorado |
| Arizona | Ohio | Delaware |
| Arkansas | Oklahoma | Florida |
| Idaho | Pennsylvania | Georgia |
| Indiana | Rhode Island | Illinois |
| Louisiana | South Carolina | Iowa |
| Kansas | Tennessee | Maryland |
| Kentucky | Texas | Minnesota |
| Massachusetts | Utah | New Hampshire |
| Michigan | Virginia | South Dakota |
| Mississippi | Wisconsin | West Virginia |
| Missouri | Wyoming | |
| Nebraska | | |
| North Carolina | | |

**II. Laws not in Effect: 6 states.**

| Consent (3) | Notice (3) |
|---|---|
| California | Alaska |
| Montana | Nevada |
| New Mexico | New Jersey |

All laws are enjoined by courts except for New Mexico's, which is not in effect because of an Attorney General's opinion.

**III. States with No Laws — 7 + Washington D.C.**

| |
|---|
| Connecticut |
| Hawaii |
| Maine |
| New York |
| Oregon |
| Vermont |
| Washington |
| Washington, D.C. |

# Attachment B

## Connecticut Abortion Clinics
## As of August 2018

The following clinics (18) are licensed as family planning *outpatient clinics* by the Connecticut Department of Public Health.

### Full Surgical Abortion Services

Hartford GYN Center – Hartford

Planned Parenthood – New Haven

Planned Parenthood – Norwich

Planned Parenthood – Stamford

Planned Parenthood – West Hartford

### Medical Abortion Services (Abortion Pill) or Referrals Only

Planned Parenthood – Bridgeport

Planned Parenthood – Danbury

Planned Parenthood – Danielson

Planned Parenthood – Enfield

Planned Parenthood – Hartford North End

Planned Parenthood – Manchester

Planned Parenthood – Meriden

Planned Parenthood - New Britain

Planned Parenthood – New London

Planned Parenthood - Old Saybrook

Planned Parenthood – Torrington

Planned Parenthood – Waterbury

Planned Parenthood— Willimantic

# Attachment C

**REPORT OF INDUCED TERMINATION OF PREGNANCY (ABORTION)**
**PERFORMED IN CONNECTICUT**

**The Connecticut Public Health Code requires that every induced abortion performed within the State be reported Within 7 days to the Commissioner of the Department of Public Health by the physician who performed the procedure.**

**MAIL TO: Department of Public Health, 410 Capitol Avenue, MS#11PSI, P.O. Box 340308, Hartford, CT 06134**

| | | | |
|---|---|---|---|
| 1. Name of Place Where Performed: | | | 3. Type of Place Where Performed:<br>a. Free standing clinic ☐<br>b. MD office ☐<br>c. Hospital in-patient ☐<br>d. Hospital out-patient ☐<br>e. Other place ☐ |
| 2. Address of Place Where Performed:<br>Zip Code: | | | |
| 4. Patient's State of Residence: | 5. Patient's City/Town of Residence: | 6. Patient's Age: | 7. Education: (Highest grade completed)<br>Elementary/Secondary (0-12) / College (1-4 or 5+) |

8. Race:
a. White ☐ b. Black ☐ c. American Indian ☐ d. Asian Indian ☐
e. Chinese ☐ f. Filipino ☐ g. Japanese ☐ h. Korean ☐
i. Vietnamese ☐ j. Other Asian ☐ k. Other Pacific Islander ☐
l. Other ☐ (specify) _____

9. Of Hispanic origin?
a. Yes ☐ b. No ☐ c. Unknown ☐
a1. Mexican ☐
a2. Cuban ☐
a3. Puerto Rican ☐
a4. Other ☐ (specify) _____

| 10. Patient's Marital Status: | 11. Previous Pregnancies: | | | |
|---|---|---|---|---|
| | LIVE BIRTHS | | OTHER TERMINATIONS | |
| a. Married ☐<br>b. Not Married ☐<br>c. Unknown ☐ | 11a. Now Living:<br>Number _____<br>None ☐ | 11b. Now Deceased:<br>Number _____<br>None ☐ | 11c. Spontaneous:<br>Number _____<br>None ☐ | 11d. Induced: *(Do not include this termination)*<br>Number _____<br>None ☐ |

| 12. Date last menses began: | 13. Date of induced abortion: | 14. Clinical estimate of gestation: |
|---|---|---|
| month_____day_____year_____<br>Unknown ☐ | month_____day_____year_____ | _____weeks |

15. TYPE OF PROCEDURE

| | 15a. Procedure that terminated pregnancy | 15b. Additional procedures used for this termination, if any |
|---|---|---|
| **Suction Curettage** | ☐ | ☐ |
| **Dilation and Evacuation (D&E)** | ☐ | ☐ |
| **Intra-Uterine Instillation (Saline or Prostaglandin)** | ☐ | ☐ |
| **Sharp Curettage (D&C)** | ☐ | ☐ |
| **Hysterotomy/Hysterectomy** | ☐ | ☐ |
| **Medical (Non-surgical), *Specify Medication*** _____ | ☐ | ☐ |
| **Other (Specify)** _____ | ☐ | ☐ |

16. Medical Complications: a. No ☐ b. Yes ☐ (Specify)
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MCH 155 REV 8/2007

# INSTRUCTIONS FOR REPORTING THE INDUCED TERMINATION OF PREGNANCY (ABORTION) PERFORMED IN CONNECTICUT

1. PLACE WHERE PERFORMED: Enter the full name of the place where the induced termination of pregnancy occurred.

2. ADDRESS OF PLACE WHERE PERFORMED: Enter the complete address of the place where the induced termination of pregnancy occurred, including zip code.

3. TYPE OF PLACE WHERE PERFORMED: Check the box that best describes the type of place where the induced termination of pregnancy occurred. Note the distinction between *Free Standing Clinic* and *Hospital Out-Patient*. A *Free Standing Clinic* is a clinic that is physically and administratively separate from a hospital. The *Hospital Outpatient* category refers to a facility or clinic that is either physically situated within a hospital, or is administratively a part of a hospital.

4. PATIENT'S STATE OF RESIDENCE: Enter the full name of the patient's state of residence.

5. PATIENT'S CITY/TOWN OF RESIDENCE: Enter the full name of the patient's city/town of residence

6. PATIENT'S AGE: Enter the patient's age in years at her last birthday.

7. EDUCATION: Enter the highest number of years of regular schooling completed by the patient in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item. Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

8. RACE: Check the box that describes the race of the patient. The entry in this item should reflect the response of the patient. Specify a race if checking the "Other" box. If the patient is of mixed race, check "Other" and enter both races or origins.

9. OF HISPANIC ORIGIN? Check the box that describes whether the patient states she is of Hispanic Origin. If "Yes" is checked, choose the specific group as obtained from the patient. If "Other" is checked, specify. If the patient indicates that she is of multiple Hispanic origin, enter the origins as reported.

10. MARITAL STATUS: Check the box that describes the patient's marital status.

11a-b. LIVE BIRTHS

11a. Now Living: Enter the number of children born alive to this patient who are still living at the time of this termination. Do not include children by adoption. Check "None" if all previous children are deceased.

11b. Now Deceased: Enter the number of children born alive to this patient who are no longer living at the time of this termination. Do not include children by adoption. Check "None" if all previous children are still living.

11c-d. OTHER TERMINATIONS

11c. Spontaneous: Enter the number of previous pregnancies that ended spontaneously and did not result in a live born infant. This should not include induced terminations. Check "None" if the patient has had no previous pregnancies or if all previous pregnancies ended in live born infants.

11d. Induced: Enter the number of previous induced terminations (induced abortions) that this patient has had. Do not include this termination. Check "None" if the patient has had no previous induced terminations.

12. DATE LAST MENSES BEGAN: Enter the exact date, (month, day and year) of the first day of the patient's last normal menstrual period. Enter the full name of the month--January, February, March, etc. Do not use a number or abbreviation to designate the month. Enter unknown if the date cannot be determined.

13. DATE OF INDUCED ABORTION: Enter the date the pregnancy was actually terminated. This may not necessarily be the date the procedure was begun. Exception: for termination procedures performed by medical (non-surgical) methods, the date of the termination should be recorded as the actual date the initial dosage of the medication was given--not the actual date of termination of pregnancy. Enter the full name of the month-January, February, March, etc. Do not use a number or abbreviation to designate the month.

14. CLINICAL ESTIMATE OF GESTATION: Enter the length of gestation in completed menstrual weeks, as estimated by the attending physician.

15a-b. TYPE OF PROCEDURE

15a. Procedure That Terminated the Pregnancy: Check the box that describes the primary procedure that actually terminated this pregnancy. Check only one box. If more than one procedure was used, identify the additional procedure(s) in item 16b. If a procedure not listed was used, check "Other" and specify the procedure on the line provided.

15b. Additional Procedures Used for This Termination, If Any: Check the box(es) that describes the additional procedure(s) used. If no additional procedures were used, leave all boxes blank. If a procedure not listed was used, check "Other" and specify on the line provided.

16. MEDICAL COMPLICATIONS: Check the box that indicates whether the patient has experienced medical complications. If "Yes" is checked, specify the type of complication that has occurred.


***Representing the:***

***Archdiocese of Hartford***

***Diocese of Bridgeport***

***Diocese of Norwich***

***Ukrainian Catholic Diocese of Stamford***

*The statistical information presented in this report has been compiled by the Connecticut Catholic Conference using data obtained from various reports issued by the Connecticut Department of Public Health (DPH).*

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