VS-913 Rev. 12.2020

Clear Form

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS
REPORT OF ABORTION

****TYPE OR PRINT IN PERMANENT BLACK INK****

Kentucky Public Health
Prevent. Promote. Protect.

1. Facility Name *(if not clinic or hospital, provide address)*	2. County of Abortion	3. Date of Abortion *(MM/DD/YYYY)*	4. Patient's Residence *(State)*

5. Age	6. Married ☐ Yes ☐ No	7. Is Hispanic ☐ Yes ☐ No	8. Hispanic Origin (e.g. Cuban, Mexican, Puerto Rican, etc.) If yes, specify

9. Race	10. Education *(Specify only highest grade completed)*		11. Date Last Normal Menses Began *(MM/DD/YYYY)*
☐ American Indian ☐ Black ☐ White ☐ Other *(Specify)* _____	Elementary/Secondary (0-12)	College (1-4 or 5+)	

12a. Clinical Estimate of Gestation *(Weeks)*	12b. Probable Post-Fertilization Age *(Weeks)*	13. Heartbeat detected ☐ Yes ☐ No

Previous Pregnancies *(Complete each section)*

Live Births		Other Abortions	
14a. Now Living	14b. Now Dead	15a. Spontaneous	15b. Induced *(Do not include this abortion)*
Number _____ ☐ None	Number _____ ☐ None	Number _____ ☐ None	Number _____ ☐ None

16a. In the attending physician's reasonable medical judgment, the abortion was necessary to prevent the death of the pregnant woman or to avoid a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman: ☐ **Yes** ☐ **No**

If yes, list medical condition: _____

16b. If the post-fertilization age of the fetus is more than 20 weeks, in the attending physician's reasonable medical judgment, the abortion was necessary to prevent the death of the pregnant woman or to avoid a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman: ☐ **Yes** ☐ **No**

16c. If the post-fertilization age of the fetus is more than 20 weeks, a different physician, not professionally related to the attending physician, made the reasonable medical judgment the abortion was necessary to prevent the death of the pregnant woman or to avoid a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman: ☐ **Yes** ☐ **No**

Name of different physician: _____ **Date judgment received:** _____

17a. If the post-fertilization age of the fetus is more than 20 weeks, certify whether the attending physician certifies that the pregnancy was terminated in a way that provided the best chance for the unborn child to survive.

Was the pregnancy terminated in a way that provided the best chance for the unborn child to survive? ☐ **Yes** ☐ **No**

17b. If the answer to (17a) is "no," certify whether terminating the pregnancy in a way that provided the best chance for the unborn child to survive posed a greater risk of death or substantial and irreversible injury to the woman *(Specify below)***:**

18 Reason for abortion
Is the abortion being performed because (*Check only one*)

☐ Sex of the unborn child ☐ Race of the unborn child ☐ Color of the unborn child ☐ National origin of the unborn child

☐ Potential diagnosis of Down Syndrome ☐ Potential diagnosis of any other disability ☐ None of the above

19a. Abortion Procedures
Procedure That Aborted Pregnancy (*Check only one*)

☐ Suction Curettage ☐ Medical (Nonsurgical) ☐ Dilation and Evacuation (D&E) ☐ Intra-Uterine Instillation (Saline or Prostaglandin)

☐ Sharp Curettage (D&C) ☐ Hysterotomy/Hysterectomy ☐ Other/Abortion Drug *(Specify)* _____

19b. If the post-fertilization age of the fetus is more than 20 weeks, certify the attending physician's written certification for the method and reasons for choosing the method that aborted the pregnancy. *(Specify below)***:**

20. Were there any abortion complications known to the provider as a result of the abortion? ☐ **Yes** ☐ **No** *(If yes, check all that apply)*

Abortion complications to be reported shall include only the following physical or psychological conditions arising from the induction or performance of an abortion:

☐ Allergic reaction to anesthesia or abortion-inducing drugs
☐ Amniotic fluid embolism
☐ Cardiac arrest
☐ Cervical laceration
☐ Coma
☐ Death
☐ Deep vein thrombosis
☐ Failure to terminate the pregnancy
☐ Free fluid in the abdomen
☐ Heavy bleeding that causes symptoms of hypovolemia or the need for a blood transfusion
☐ Hemolytic reaction due to the administration of ABO-incompatible blood or blood products
☐ Hypoglycemia occurring while the patient is being treated at the abortion facility
☐ Incomplete abortion or retained tissue
☐ Infection
☐ Missed ectopic pregnancy
☐ Pelvic inflammatory disease
☐ Placenta Previa in subsequent pregnancies
☐ Pre-term delivery in subsequent pregnancies
☐ Psychological complications including depression, suicidal ideation, anxiety, and sleeping disorders
☐ Pulmonary embolism
☐ Renal failure
☐ Respiratory arrest
☐ Shock
☐ Uterine laceration
☐ Any other adverse event as defined by criteria provided in the Food and Drug Administration Safety Information and Adverse Event Reporting Program.

Name of person completing report ***(Type or print)*** _____

This form shall be sent to the State Registrar of Vital Statistics within 15 days after the end of the month in which the abortion occurred.
(Each abortion as defined in KRS 311.720 that occurs in the Commonwealth, regardless of the length of gestation, shall be reported to the Office of Vital Statistics by the person in charge of the institution or attending physician within fifteen (15) days after the end of the month in which the abortion occurred.)

Office of Vital Statistics
275 East Main Street, 1E-A
Frankfort, KY 40621