

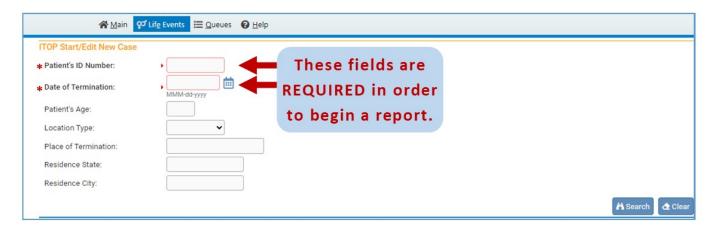
# **Induced Termination of Pregnancy (ITOP) Instructions**

The item numbers correspond to the numbers listed on the paper Report of Induced Termination of Pregnancy Form (45-113).

Helpful Resources: OVERS Login Page

OVERS User Guide for ITOP Reporters

# START/EDIT NEW CASE



#### Item 1. Patient's ID number \*

Enter the Patient ID number (Facility/Chart /Case No). This number must be one that would enable the facility or physician to identify the patient if more information is required.

This item is used in conjunction with the name and location of facility (Items 15 and 16) for querying of missing information without identifying the patient. We strongly suggest that each facility/physician indicate this information for their ease in identifying the correct chart when clarification of information is requested by the Center for Health Statistics.

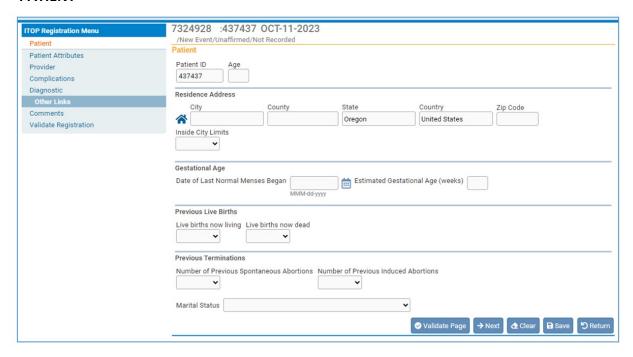
### Item 2. Date of Termination / Date termination performed \*

Enter the month/day/year the pregnancy was actually terminated.

For example: 10/03/2023

This information is used to determine when the termination of pregnancy occurred and the length of gestation. Length of gestation is an essential element in the study of risks associated with induced termination.

#### **PATIENT**



## Item 3. Patient's age

Enter the patient's age in years at their last birthday.

This information permits analysis of health risks related to length of pregnancy and type of procedure among different age groups. It is also used to study the impact of induced terminations on the fertility rates of different age groups.

### Item 4. Patient's residence address

Enter the patient's residence city, county, state and zip code where the patient actually lives. Never enter a temporary residence such as one used during a visit or vacation.

Place of residence during a tour of military duty or during attendance at college is NOT considered temporary and should be entered as the place of residence of the patient on the report.

The place where the patient lives may differ from the city, town or location of their mailing address. If the patient is not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state.

#### Item 5. Inside city limits?

Check "Yes," "No" or select "Unknown." Do not leave this item blank.

Select "Yes" if the city or town entered is incorporated and the patient's residence is inside its boundaries. Otherwise, enter "No."

Items 4 and 5 provide data for the analysis of induced termination by residence of the patient. This provides information on the amount of movement occurring within a state, or between states, to obtain an induced termination of pregnancy. Information is used in research and statistical analysis for teen pregnancy data.

## Item 6. Date last normal menses began

Enter the exact month, day and year of the first day of the patient's last normal menstrual period as provided by the patient. If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the patient. If an estimate of the day cannot be obtained, enter the month and year only. Enter "99-99-9999" if the date cannot be determined. Do not leave this item blank.

This item is used in conjunction with the date of termination to determine the length of gestation. Gestational age is important in evaluating the effectiveness and safety of the various termination procedures.

#### Item 7. Clinical estimation of gestational age

Enter the number of completed weeks of gestation as determined by the clinician.

This information permits the physician to report an estimate when there is doubt as to the accuracy of the length of gestation. The date of last normal menses is used when the clinical estimation of gestational age is unavailable or misleading.

# Item 8. Previous live births (enter a number or "none")

- a. <u>Live births now living</u> are the number of children born alive to this patient and who are still living at the time of this termination. Do not include children by adoption. Enter "None" if there are no previous live births, or if all previous children are no longer living.
- Live births now dead are the children that were born alive to this patient but are no longer living at the time of this termination. Do not include children by adoption. Enter "none" if there are no previous live births, or if all previous children are still living.

# Item 9. Previous terminations (enter a number or "none")

- Spontaneous abortions, miscarriages, stillbirths and fetal deaths are previous pregnancies that ended spontaneously and did not result in a live born infant. This should NOT include induced terminations.
- b. <u>Induced abortions</u> refers to if it was brought about intentionally by medication or instrumentation. These are also called artificial or therapeutic abortions.
   Enter "None" if the patient had no previous pregnancies, or if all previous pregnancies ended in live born infants.

Items 8 and 9 provide a pregnancy history and allow for insight into the use of induced terminations to limit family size. This information also provides some data on characteristics of women who may need alternate methods of family planning.

### Item 10. Marital status

Specify by checking the box for the patient's current marital status. Only one box should be checked. Do not leave this item blank.

This information is used to study the health risks of induced terminations by marital status. It also helps determine the impact of induced terminations on the fertility rates of married and unmarried women, and aids in planning for and evaluating the effectiveness of family planning programs.

#### **PATIENT ATTRIBUTES**

Patient Attributes Provider Complications Diagnostic	7324928 :437437 OCT-11-2023 //New Event/Unaffirmed/Not Recorded Patient Attributes  Education  Hispanic Origin (Check all that apply)					
Other Links Comments Validate Registration	☐ No, not Hispanic ☐ Yes, Mexican	Yes, Puerto Rican Yes, Cuban	☐ Yes, Other Hispanic Origin (specify) ☐ Unknown if Hispanic			
	Which one or more of the followin  White Black or African American American Indian or Alaska Native (specify tribe) Asian Indian Chinese Filipino	g is your race?  Japanese Korean Vietnamese Other Asian (specify) Native Hawaiian	Guamanian or Chamorro Samoan Other Pacific Islander (specify) Other (Specify) Unknown			
			Solution     Solution       Solution	Save Save Ret		

#### Item 11. Education

Select a single category indicating the highest grade completed by the patient.

This item is an important indicator of the socioeconomic status of the patient. This information is used for studying the effects of induced terminations on the health and fertility of various educational and socioeconomic groups. This information is also useful in planning educational programs that address family planning.

# Item 12. Is patient of Hispanic origin?

Specify by checking the appropriate box. More than one type of Hispanic origin may be selected. For the purposes of this item, "Hispanic" refers to people whose origins are from Spain, Mexico, Puerto Rico, Cuba or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the patient or the patient's ancestors were born before their arrival in the United States. Select "other Hispanic origin" if none of the selections listed reflects the patient's response and specify the origin in the space provided.

Hispanics comprise the largest minority in this country. This item provides data to measure differences in pregnancy outcome and variations in health care for people of Hispanic and non-Hispanic origin.

#### Item 13. Patient's race (select one or more)

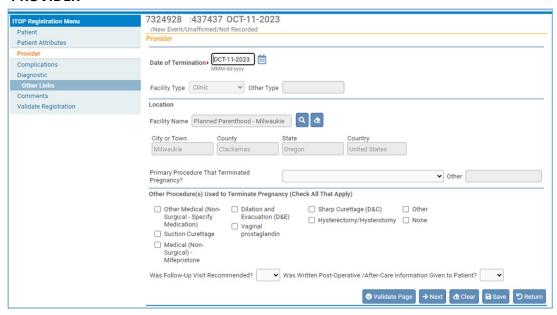
Specify by checking the appropriate box(es) for the reported race(s) of the patient. The entry for this item reflects the response of the patient.

If "Other" is selected in OVERS, a box will appear to record the patient's response.

Information on race is needed to study the impact of induced terminations on the birth and fertility rates of different racial groups.

[Note: Item 14 appears at the end of the directions after 23b. The information contained in this field is entered on the final page of the record in OVERS.]

#### **PROVIDER**



# Item 15. Facility Type and Name of facility where termination occurred

If not already populated, select from the dropdown the Facility Type. Enter the name of the facility where the termination occurred.

#### Item 16. Location of termination

If not already populated, enter the street address, city, county, state and zip code of the facility where the termination occurred.

Items 15 and 16 are used in conjunction with patient residence information to examine the amount of movement occurring within a state, or between states, to obtain an induced termination of pregnancy.

#### Item 17. Primary procedure that terminated this pregnancy (check only one)

Specify by checking only one of the procedures. If the procedure is not listed, check "Other (specify)" and enter the procedure that terminated this pregnancy in the space provided.

This item provides information on the frequency of specific procedures. When used in conjunction with "other procedures used" and "length of gestation," it provides an indication of the safety, appropriateness, and health risks of the various termination procedures at different gestational ages.

# Item 18. Other procedures used for this termination (check all that apply)

Specify by checking the other procedure(s) used for this termination. If no additional procedures were used, check "None." If the other procedure is not listed, check "Other (specify)" and enter the additional other procedure used for this termination in the space provided.

This item provides information on the incidence of termination involving multiple procedures. When used in conjunction with primary procedures and length of gestation, it provides an indication of the safety, appropriateness, and health risks of the various termination procedures at different gestational ages.

# Item 19. Was follow-up visit recommended?

Specify by checking "Yes" or "No." Do not leave this item blank.

### Item 20. Was post-operative/after-care information provided?

Specify by checking "Yes" or "No." Do not leave this item blank.

#### **COMPLICATIONS**

ITOP Registration Menu	7324928 :437437 OCT-11-2023				
Patient	/New Event/Unaffirmed/Not Recorded				
Patient Attributes	Complications				
	Complications				
Provider	Complications				
Complications	Complications with this termination?				
Diagnostic	Complications				
Other Links	☐ Hemorrhage ☐ Cervical Laceration ☐ Failure of First Method				
Comments	☐ Infection ☐ Retained Products ☐ Other				
Validate Registration	Uterine Perforation				
	Uterine Perioration				
	Follow-up At This Facility				
	Follow-Up At This Facility?				
	Complication at Follow-up?				
	Complication at Follow-up?				
	Follow-Up Complications:				
	☐ Hemorrhage ☐ Cervical Laceration ☐ Failure of First Method				
	☐ Infection ☐ Retained Products ☐ Other				
	☐ Uterine Perforation				
	Follow-up At Other Facility				
	Follow-Up At Other Facility?				
	Follow-Up Visit Facility Type				
	Complication at Follow-up Visit at Other Facility?   ✓				
	Complications At Other Facility:				
	Hemorrhage Cervical Laceration Other				
	☐ Infection ☐ Retained Products ☐ Unknown				
	Uterine Perforation Failure of First Method				

# Item 21. Were there complications at the time of the procedure?

Specify by checking "Yes" or "No." Do not leave this item blank.

If "Yes," select all the complications that occurred <u>at the time of the procedure</u>. If the complication is not listed, check "Other (specify)" and enter the complication that occurred at the time of the procedure in the space provided.

Item 22. At time of completion of this report, had follow-up visit occurred at this facility? Specify by checking "Yes," "No" or "Unknown." Do not leave this item blank.

# Item 22a. Complications (at this facility)

If Item 22 is "Yes," specify all the complications at the time of follow-up at this facility. If there are no complications at follow-up, check "None." If the complication is not listed, check "Other (specify)" and enter the complication at follow-up in the space provided.

Item 23. At time of completion of this report, had follow-up visit occurred *outside this facility?* Specify by checking "Yes," "No" or "Unknown." Do not leave this item blank.

### Item 23a. Type of location of follow-up visit

If Item 23 is "Yes," specify the type of location of follow up by checking the appropriate box. If Item 23 is "No" or "Unknown," leave this item blank.

A clinic is typically defined as a health center that may serve a wide variety of scheduled or walk-in individuals with various medical situations. A physician's office is typically defined as an individual doctor's location with a specialty service, and usually with scheduled patient appointments.

## Item 23b. Complications

If Item 23 is "Yes," specify all the complications at the time of follow-up visit at a different facility. If there were no complications at follow up visit at a different facility, check "None." If complications at follow-up visit at a different facility are unknown, check "Unknown." If the complication is not listed, check "Other (specify)" and enter the complication at follow-up visit at a different facility in the space provided.

#### **DIAGNOSTIC**

ITOP Registration Menu Patient Patient Attributes	7324928 :437437 OCT-11-2023  /New Event/Unaffirmed/Not Recorded  Diagnostic					
Provider	Contraceptive Failure					
Complications  Diagnostic	Was birth control being used at the time patient became pregnant? (If Yes, specify methods below, check all that apply)					
Other Links	☐ Birth Control Pill	<ul> <li>Condom, Prophylactics</li> </ul>	☐ Emergency Contraception			
Comments	☐ Intra-Uterine Device (IUD/IUC)	Rhythm	☐ Contraceptive Injection			
Validate Registration	Patch	NuvaRing	☐ Other			
and the second second	☐ Hormonal Implant	☐ Non-surgical Sterilization				
	_		✓ Validate Page			

# Item 14. Was birth control being used at the time patient became pregnant?

Specify by checking "Yes," "No" or "Unknown."

If "Yes," specify the method(s) by checking the box(es) that apply. Select "Other" if the method used is not listed, and specify the method in the space provided.

This item provides information about the frequency of patients seeking induced terminations due to birth control failure. It also aids in evaluating the effectiveness of various birth control methods.

PLEASE COMPLETE THIS FORM NO SOONER THAN 2 WEEKS FOLLOWING THE DATE OF TERMINATION. FORM MUST BE SUBMITTED NO LATER THAN 30 DAYS FOLLOWING THE DATE OF TERMINATION OF PREGNANCY.