Department of Health & Human Services
DHHS
NEBRASKA

STATE OF NEBRASKA - VITAL RECORDS

Report of Induced Abortion

FORM AND GENERAL INSTRUCTIONS

_____
(State file number)

PLEASE TYPE OR PRINT.
COMPLETE THE FORM IN FULL. ALL FIELDS ARE REQUIRED TO BE COMPLETED. SEE INSTRUCTIONS.

1. Name of Facility:

_____

Facility Address:

_____

2. Date abortion performed:

☐☐ – ☐☐
MONTH YEAR

3. Facility chart case no.:

_____

4. Patient's legal residence:

_____
(State) (County)

5. Age last birthday:

_____

6. Marital status:

☐ Never married ☐ Widowed ☐ Separated
☐ Now married ☐ Divorced ☐ Unknown

7a. Race:

☐ Native American ☐ Black
☐ White ☐ Asian/Pacific Islander
☐ Other
(specify)_____

7b. Ancestry:

Specify_____

(Examples: French, Filipino, a Native American Tribe, English, Hispanic [such as Cuban, Mexican or Puerto Rican], German, etc.)

8. Education: (check the highest grade or level completed)

NONE	ELEMENTARY or SECONDARY												COLLEGE				
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5+

9. Was a determination of probable postfertilization age made? Check the appropriate box: ☐ Yes ☐ No

10. If a determination of probable postfertilization age was made, what was the probable age (in number of weeks)? _____
What method was used to make the determination of postfertilization age?
➤

What was the basis for the determination of probable postfertilization age?
➤

11. If a determination of probable postfertilization age was not made, was there a determination that a medical emergency existed? Check the appropriate box: ☐ Yes ☐ No

If "yes", what was the basis for that determination?
➤

12. If the probable postfertilization age was determined to be twenty or more weeks, was there a determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function? Check the appropriate box: ☐ Yes ☐ No

If "yes", what was the basis of that determination?
➤

13. If the probable postfertilization age was determined to be twenty or more weeks, was there a determination that the abortion was necessary to preserve the life of an unborn child? Check the appropriate box: ☐ Yes ☐ No

If "yes", what was the basis of that determination?
➤

_____
(State file number)

14. What method of abortion was used that terminated pregnancy? (Choose one)

☐ Suction – curettage
☐ Sharp – curettage
☐ Dilation & extraction (D&X)
☐ Dilation & evacuation (D&E)
☐ Medication induced (specify) _____
☐ Other (specify) _____

15. If any abortion was performed when the probable postfertilization age was determined to be twenty or more weeks, was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for an unborn child to survive? Check the appropriate box: ☐ Yes ☐ No

16. If such a method was not used, was there a determination that termination of the pregnancy in that manner would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function of the woman than would other available methods? Check the appropriate box: ☐ Yes ☐ No

If "yes" what was the basis of that determination?
➤

17. Previous pregnancies, abortions and live births (Complete all four sections, enter number or check None)

LIVE BIRTHS		**OTHER TERMINATIONS**	
a. Now Living	b. Now dead	c. Spontaneous abortions, miscarriages, stillbirths and fetal deaths	d. Induced abortions (Do not include this termination)
Number____	Number____	Number____	Number____
☐ None	☐ None	☐ None	☐ None

18. Clinical estimate of gestation:	19. Length of fetus:	20. Weight of fetus:
_____ (weeks)	_____ (inches)	_____lbs. _____oz.
	☐ not measurable	☐ not measurable

21. Check the stated reason(s) for abortion:	22. Complication(s) of procedure(s)
☐ Maternal physical health	☐ None
☐ Mental health	☐ Cervical laceration
☐ Maternal life endangered	☐ Perforation
☐ Fetal anomaly	☐ Hemorrhage (more than 500cc)
☐ Socio-economic	☐ Retained products
☐ Sexual assault	☐ Infection
☐ Incest	☐ Other (specify)_____
☐ Contraceptive failure	
☐ No contraception used	

23. Did an emergency situation cause the physician to waive any of the requirements of section 28-327 (Informed Consent law)?
☐ Yes ☐ No

24. Name of attending physician: *(type/print)*

_____

25. Initials of person completing report & phone number: *(type/print)*

_____

26. Attending physician's signature:

_____

Mail to: Vital Records
P.O. Box 95065
Lincoln, NE 68509-5065

To be reported within fifteen (15) days of the end of the calendar month in which the abortion was performed

INSTRUCTIONS:

The information requested by the form is pursuant to Neb. Rev. Stat. §28-343; Neb. Rev. Stat. §§28-3,102 to 28-3,110 of the Pain-Capable Unborn Child Protection Act, and Neb. Rev. Stat. §71-602. Section 71-602 allows the department to collect demographic information on the abortion report form and the purpose is to collect accurate statistical data on the number and characteristics of women obtaining abortions. The Nebraska Department of Health and Human Services as the lead public health agency in the state has the responsibility to systematically collect, assemble, analyze and make available information on the health of individuals and the community for assessment and planning purposes.

The following information corresponds with the numbered items on the front of the form.

1. Indicate the name of facility and street address, including city.
2. Indicate the month and year the abortion was performed. (This enables the department to identify the reporting time frame. Section 28-343 requires the form to be sent to the department within 15 days after each reporting month.)
3. Indicate the facility chart case number. *(This number will be used by the DHHS to follow up on required incomplete information on the form and for no other purpose.)*
4. Indicate the patient's state and county of legal residence. *(This information will enable the department to determine pregnancy rates by county and make this statistical data available to communities for use in planning health interventions.)*
5. Indicate the age of the patient at her last birthday.
6. Check appropriate marital status.
7. Check listed race or specify if not listed. Specify ancestry in space provided. If Native American, include tribal affiliation. If Hispanic, include country.
8. Check highest grade or level completed.
9. Check the appropriate response if a determination of probable postfertilization age was made.
10. If a determination of probable postfertilization was made, what was the probable age in number of weeks? In addition the physician is required to:
    a. Identify the method used for determining postfertilization age and
    b. The basis for the determination of probable postfertilization age.
11. Check the appropriate response if a determination was made that a medical emergency existed.
    If "Yes", explain the basis for that determination.
12. Check the appropriate response if the probable postfertilization age was determined to be twenty or more weeks and a determination was made that the pregnant woman had a condition which so complicated her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function.
    If "Yes", explain the basis for that determination.
13. Check the appropriate response if the probable postfertilization age was determined to be twenty or more weeks and there was a determination that the abortion was necessary to preserve the life of an unborn child.
    If "Yes", explain the basis for the determination.
14. Select the method used that terminated this pregnancy. (Choose one)
15. Check the appropriate response if the abortion was performed when the probable postfertilization age was determined to be twenty or more weeks and the method of abortion used was one that, in reasonable medical judgment, provided the best opportunity for an unborn child to survive. *Skip question 15 if under 20 weeks postfertilization*.
16. Check the appropriate response if such a method was not used and if there was a determination that termination of the pregnancy in that manner would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function of the woman than would other available methods. *Skip question 16 if question 15 was skipped and not answered*.
    If "Yes", explain the basis for that determination.
17. Complete all four sections; enter number or check none.
18. Enter clinical estimate of gestation. *(If the estimate of clinical gestation is 20 weeks or more and the fetus is delivered stillborn, a fetal death certificate is required.)*
19. List length of the fetus. If not measurable check box.
20. List weight of the fetus. If not measurable check box.
21. Check any reason(s) given for this abortion.
22. Check all boxes that apply to complications.
23. Check the appropriate box.
24. Type or print the name of the attending physician.
25. Initials of the staff person completing the form. *(This information will be used by the Department of Health and Human Services for the sole purpose of having a contact person for questions about incomplete required items on the form.)*
26. Attending physician's signature.

For answers to questions or additional forms, contact:
Vital Records Office
P.O. Box 95065
Lincoln, NE 68509-5065
(402) 471-0914

DEFINITIONS:

(1) Abortion means the use or prescription of any instrument, medicine, drug, or other substance or device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma, or a criminal assault on the pregnant woman or her unborn child, and which causes the premature termination of the pregnancy;

(2) Attempt to perform or induce an abortion means an act, or an omission of a statutorily required act, that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in the performance or induction of an abortion in this state in violation of the Pain-Capable Unborn Child Protection Act;

(3) Fertilization means the fusion of a human spermatozoon with a human ovum;

(4) Medical emergency means a condition which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create a serious risk of substantial and irreversible physical impairment of a major bodily function. No condition shall be deemed a medical emergency if based on a claim or diagnosis that the woman will engage in conduct which would result in her death or in substantial and irreversible physical impairment of a major bodily function;

(5) Postfertilization age means the age of the unborn child as calculated from the fertilization of the human ovum;

(6) Reasonable medical judgment means a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved;

(7) Physician means any person licensed to practice medicine and surgery or osteopathic medicine under the Uniform Credentialing Act;

(8) Probable postfertilization age of the unborn child means what, in reasonable medical judgment, will with reasonable probability be the postfertilization age of the unborn child at the time the abortion is planned to be performed;

(9) Unborn child or fetus each mean an individual organism of the species homo sapiens from fertilization until live birth; and

(10) Woman means a female human being whether or not she has reached the age of majority.