



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Abortions in Arizona

2017 Abortion Report

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Health and Wellness for all Arizonans

Douglas A. Ducey, Governor
State of Arizona

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MISSION

To promote, protect, and improve the health and wellness of individuals and communities in Arizona.

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Executive Summary

This comprehensive annual statistical report provides abortion statistics and demographic characteristics of women obtaining abortions in Arizona as required by [Arizona Revised Statute § 36-2163](#). Included are data compiled from reports of abortions, complications resulting from an abortion, and petitions compiled and processed by the Arizona Administrative Office of the Courts authorizing an abortion to unemancipated minors ([A.R.S. § 36-2163, Subsection C](#)). Data are collected through a secure, web-based reporting system and compiled on a calendar year basis. Facilities and providers submit abortion procedure ([A.R.S. § 36-2161](#)) and complication reports ([A.R.S. § 36-2162](#)) to the Arizona Department of Health Services on a monthly basis. During the 2015 reporting year, the Department enacted a new rule (R9-10-119) mandating that all abortion reports include additional detail describing the final disposition of fetal tissue from the abortion. The reporting rule took effect on August 16, 2015. In 2017, the state has enacted a new law ([A.R.S. §36-2301](#)) requiring any physician performing an abortion and any additional physician in attendance to ensure that all available means and medical skills are used to promote, preserve, and maintain the life of a fetus or embryo delivered alive. Additionally, the physician performing the abortion is required to document and report to the Department of Health Services the measures performed to maintain the life of such fetus or embryo.

During the 2017 reporting year, the total number of reported abortions performed in Arizona was 12,533, compared to 13,332 in 2016. Nearly 99 percent (98.4%, n = 12,336) of abortions performed within Arizona were to resident women ("resident" refers to valid resident status within Arizona). Of these, 12,300 were women between the ages of 15 and 44 years. Resident women between the ages of 20 and 29 comprised 58.7 percent of all abortions to resident women (Table 2). Unmarried resident women represented about 86.4 percent of women obtaining abortions (Figure 2).

Compared to 2016, the 2017 abortion rate decreased for all age groups. Surgical abortion procedures were used to perform approximately 63.3 percent (n = 7,807) of reported resident abortions (Table 6). The percentage of resident women who received non-surgical abortions increased to 36.7 percent (Table 6) in 2017.

The number of abortions due to maternal medical conditions increased in 2017, while those due to fetal medical conditions decreased in 2017 (Tables 7 and 8, respectively). About 68 percent of abortions performed due to *maternal medical conditions* were performed at gestational ages 13 weeks or less, and the highest proportion of abortions in this category were performed on resident women between the ages of 30-34 years. Over 55 percent of abortions performed due to *fetal medical conditions* were performed at gestational age between 14 and 20 weeks, with the greatest number on resident women 35 and over.

During the 2017 reporting year, hospitals and clinics reported 20 resident women who experienced complications resulting from an abortion (Table 12). Of these, 50 percent resulted from abortions performed at gestational ages of 13 or fewer weeks.

The Arizona Administrative Office of the Courts reported a total of 32 petitions filed during the 2017 reporting year. Of those, 30 orders authorizing an abortion without parental consent were issued to unemancipated minors (Table 15).

Introduction

1.1 Overview of the Arizona Abortion Reporting Requirements

Arizona abortion surveillance facilitates ADHS' ability to monitor long-term changes in the overall incidence of abortion in Arizona, complications associated with abortion procedures, and pregnancy-related program development and evaluation.

Beginning July 1976, state licensed providers of abortion services voluntarily reported basic information about abortions and complications associated with abortions in accordance with Arizona Administrative Code R9-19-302D, authorized by A.R.S. § 36-344. ADHS sent routine reminders and provided a standard reporting format. The data are used to create tables for the annual Arizona Health Status and Vital Statistics report¹ and improved the estimation of total pregnancies and pregnancy outcomes.

The enactment of SB1304 in 2010 established a statutory requirement to report abortions and treatment of complications associated with abortions.¹ The [Arizona Abortion Report, 2010](#) was the transitional report containing a combination of data collected prior to and after the establishment of the law. Beginning July 29, 2010, abortion data is reported using a secure, web-based reporting system. The reporting system was designed to meet the statutory requirements. Reports submitted using the web-based system do not include personally identifiable information (i.e., name, address, birthdate, social security number) and are submitted by password-authenticated personnel only. ADHS provides training to all known providers within the state and maintains an [Abortion Reporting](#) website for provider assistance and related resources. In addition to licensed practitioners, hospitals, and clinics, the statute requires the Arizona Administrative Office of the Courts to report the number of petitions filed with Arizona courts for authorization to perform an abortion on an unemancipated minor without parental consent (see also [A.R.S. § 36-2152, Subsections \(B\) and \(D\)](#)).

The *Abortions in Arizona, 2017* report is the result of seven consecutive years of web-based abortion reporting. Statistics and information presented reflect abortion services provided within the state. Several data tables reflect year ranges relevant to trends in Arizona (i.e., 1 year, 5 years, and 10 years).

¹ [ADHS | Arizona Health Status and Vital Statistics Annual Reports](#). See Section 1D.

¹. SB1304 State of Arizona Senate Forty-Ninth Legislature Second Regular Session 2010. <http://www.azleg.gov/legtext/49leg/2r/bills/sb1304p.pdf>

Methodology

Collection of accurate abortion data reveals the level of pregnancy terminations related to other pregnancy outcomes and preconception health/planning in a population. Abortion also relates to maternal morbidity and mortality. The statistics and information presented in this report result from statutory requirements established by [Arizona Revised Statutes § 36-2163](#). The term *abortion* replaces *induced termination of pregnancy* (ITOP) and *termination* where appropriate throughout this report. The term *resident* refers to legitimate resident status within Arizona as determined by patient's reported state and county of residence.

2.1. Data Sources

The primary data source for this report is the web-based reporting system for Arizona providers. The consolidated dataset includes procedure and complication reports. Reports submitted do not include personally identifiable information. Only authorized entities access and submit data through a secure, password-protected portal.

A second data source, the Arizona Administrative Office of the Courts, provides an aggregate data summary report, which includes the number of petitions filed with Arizona courts for authorization to perform an abortion on an unemancipated minor as prescribed in [A.R.S. § 36-2163, Subsection \(C\)](#).

The third data source is the abortion reports received from other states for Arizona residents who obtained an abortion in a state other than Arizona. Although these reports are for Arizona residents, they are not included in the annual dataset because the procedure was not performed within Arizona. The reports are provided through the ADHS Office of Vital Records and sent as a courtesy from other states.

2.2. Measures

Measures reported here are generally consistent with CDC categorizations and definitions. Aggregate abortion counts are reported for the following variables:

- Age in years of the woman (<15, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, ≥45);
- Gestational age in weeks at the time of abortion (≤8 through ≥21 by individual week; ≤13, 14–20, and ≥21 weeks);
- Race (White, Black/African American, American Indian/Alaska Native, Asian/Native Hawaiian/Pacific Islander, Multiple Race);
- Ethnicity (Hispanic or non-Hispanic);
- Method type (surgical, non-surgical/medication-induced);
- Marital status (married or unmarried);
- Number of previous live births (0, 1, 2, or ≥3);
- Number of previous abortions (0, 1, 2, or ≥3);
- Maternal residence (state, Arizona county of residence, border and non-border region).

Important measures for abortions are: a) the total number (count) of abortions in a given population, b) the percentage (proportion) of abortions within a given population, c) the abortion rate (number of abortions per 1,000 women aged 15–44 years), and d) the abortion ratio (number of abortions per 1,000 live births within a given population).¹

Total counts and percentages provide an overview of abortions while abortion rates are more useful measures as they adjust for differences in sub-populations and sub-population size. Abortion ratios reflect the relative number of pregnancies in a population that end in abortion compared to live births. Abortion ratios are affected by the proportion of unplanned pregnancies in a population and specifically those ending in abortion.¹

The U.S. Census Bureau and the Arizona Department of Public Health Statistics population estimates (obtained from the State of Arizona Office of Economic Opportunity) were used as the denominator for calculating abortion rates. Overall abortion rates were calculated from the population of women aged 15 – 44 years. To calculate abortion ratios, live birth data were obtained from the ADHS Office of Vital Records natality files.

The variables for race and ethnicity are based on specifications established by the Federal Office of Management and Budget (OMB) and the Arizona State Demographer with specifications developed by ADHS Vital Statistics. Consistent with OMB methodology,² the web-based reporting system allows for multiple race categorizations consistent with U.S. Census enumerations. For instance, women obtaining abortions were asked to provide their ethnicity (i.e., Hispanic or Latino and/or Non-Hispanic or non-Latino) and race according to five standard race categories (i.e., White, Black/African American, American Indian/Alaska Native, Asian/Native Hawaiian/Pacific Islander). Additionally, if one of the OMB categories does not apply, selecting "Other" allows providers to input specific race designations.

1. Extracted from Centers for Disease Control and Prevention. Abortion Surveillance — United States, 2011. MMWR 2014;63(11):1-41. Digital version available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6311a1.htm?s_cid=ss6311a1_w

2. Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity: Federal Register Notice. Retrieved from https://obamawhitehouse.archives.gov/omb/fedreg_1997standards, accessed on October 2, 2018 .

A multiple race category was added to enumerate women who identify with more than one race. The selection of more than one race resulted in numerous combinations. Collecting multiple race posed a challenge resulting in an accumulation of approximately 32 percent of abortion records containing multiple race designations.

As denominators for multiple races are not readily available, utilizing multiple race and ethnicity categories complicates estimation of abortion rates for groups who report multiple races.³ To meet the requirements of OMB reporting standards for compiling statistics on these sub-groups, records designating ethnicity as Hispanic or Latino, irrespective of race, were reported as Hispanic. When single race and ethnicity were reported, those categories were included and when multiple races were reported, multiple races were coded to a single "multiple race" category.

An examination of characteristics of women obtaining abortions by border region is included in this report. Arizona encompasses several federally recognized sovereign American Indian nations and shares its southern border with Mexico. Women reporting their county of residence as Cochise, Pima, Santa Cruz, and Yuma (which comprises the United States and Mexico border region) were categorized as "border region". The remaining counties are considered "non-border region".

2.3. Analytic Procedures

Where applicable, both univariate and bivariate statistics are presented. Counts, percentages, and rates were calculated using SAS statistical software. Cell suppression was applied to categories with non-zero counts fewer than six (6). While abortion rates in general are reported for women of child-bearing age (15 – 44 years), age-specific rates were estimated using U.S. Census and Arizona Vital Statistics population denominators for age-groups ≤ 14 years, 15–17 years, 18–19 years, 20–24 years, 25–29 years, 30–34 years, 35–39 years, and 40–44 years.

³. Abortion rate is essentially denoted as number of abortions per 1,000 women. Race specific abortion rates are obtained by estimating the number of abortions (numerator) by women in a given racial group per 1,000 women in that same racial group.

Results

A total of 22 facilities reported data for calendar year 2017. During this period, there were a total of 12,533 abortions reported in Arizona, of which 12,336 were to Arizona residents. The total number of reported abortions to Arizona resident women between the ages of 15 and 44 years was 12,271. The percent decrease in total abortions from 2016 (n = 13,332) was 6.0 percent. Table 1 provides an overview of abortions by month of termination, residence and non-residence status, and the number of resident live births in those months. Consistently since 2011, the highest number of abortions performed and the highest abortion ratio were reported in March.

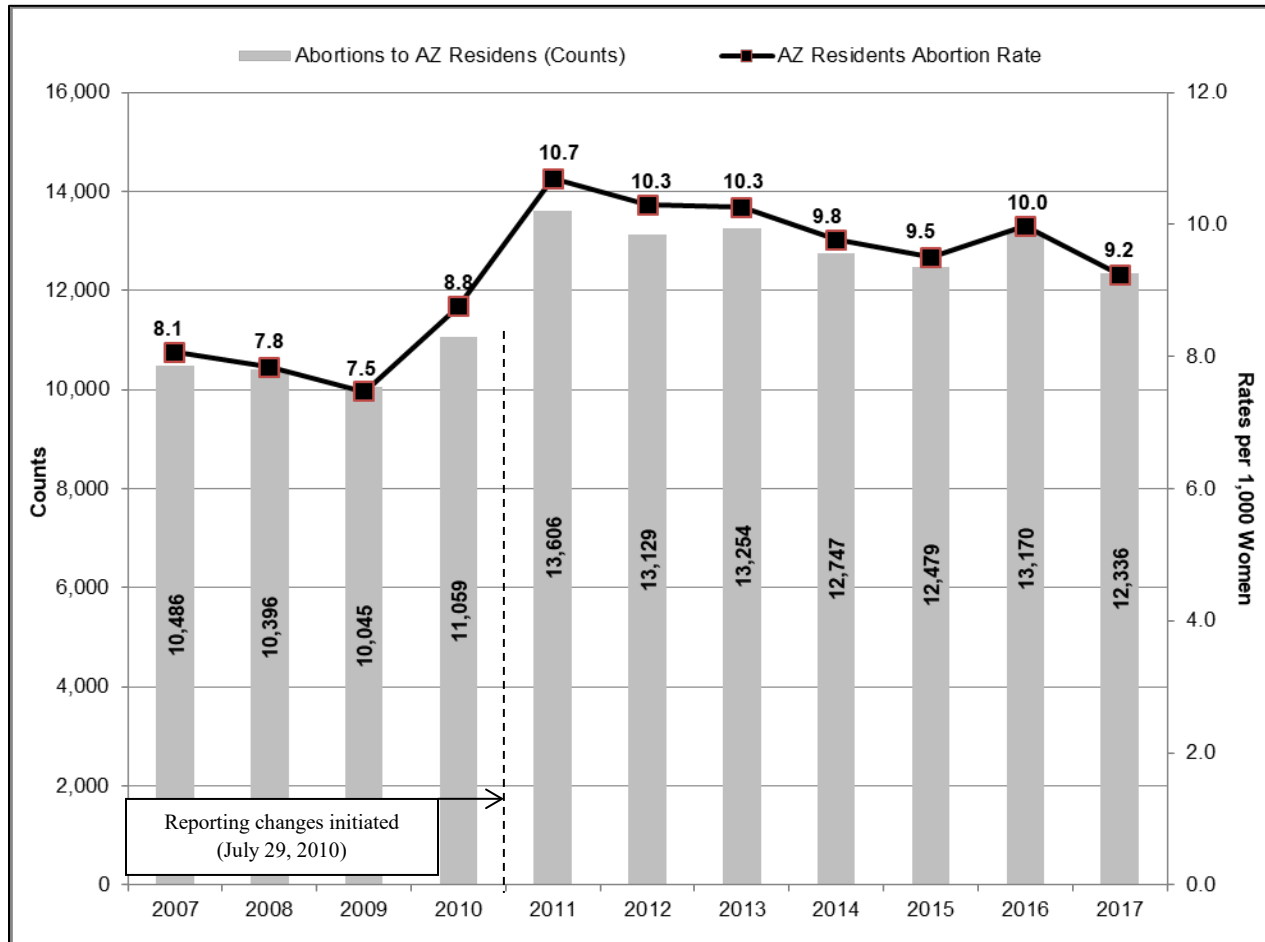
Table 1. Abortions, live births, and abortion ratios by month and resident status, 2017

Month	Non-resident abortions (N = 200 [†])	Resident abortions (N = 12,336)	Resident live births (N = 81,664)	Abortion ratio ^a
January	24	1,019	6,931	147
February	17	1,122	6,147	183
March	20	1,309	6,774	193
April	18	1,131	6,285	180
May	15	871	6,507	134
June	13	1,184	6,613	179
July	16	940	6,964	135
August	*	998	7,402	135
September	14	939	7,200	130
October	18	1,026	7,299	141
November	20	828	6,791	122
December	17	969	6,751	144
Total	200[†]	12,336	81,664	151

Notes: * Cell suppressed due to non-zero count less than 6; [†] Sum rounded to nearest tens unit due to non-zero addend less than 6; ^a Abortion ratio is the number of abortions per 1,000 live births.

The overall abortion ratio increased from 156 abortions per 1,000 live births in 2016 to 151 in 2017. The overall abortion rate for calendar year 2017 was 9.2 per 1,000 women of child-bearing age (15 – 44 years; see Figure 1).

Figure 1. Abortion counts and rates for Arizona residents, 2007 – 2017



3.1. Characteristics of Women Receiving Abortions in Arizona

Characteristics described in this section examine age, race and ethnicity, marital status, and education of women obtaining abortions in Arizona. Also, included are descriptions of pregnancy history (i.e., previous pregnancies, live births, abortions, and spontaneous abortions) and the method used for abortion (i.e., surgical or non-surgical).

Age

Maternal age is a critical element in determining maternal and child health. The age range for resident women receiving abortions was 11 to 53 years. The average age of resident women who received an abortion was 27 years ($SD=6.3$ years). Abortions occurring among females younger than 15 years of age decreased by 6.2 percent from 2016 to 2017. About 68% of abortions were to resident women younger than 30 years of age. Abortions were less frequent among women in the youngest (<15 years; 0.2%) and oldest (≥ 45 years; 0.3%) age groups.

Table 2. Age-distribution of resident women receiving abortions in Arizona, 2017

Age distribution	AZ resident (N = 12,336)	
	Count	Percent
< 15 years	29	0.2
15 - 17 years	267	2.2
18 - 19 years	883	7.2
20 - 24 years	3,796	30.8
25 - 29 years	3,449	28.0
30 - 34 years	2,099	17.0
35 - 39 years	1,353	11.0
40 - 44 years	424	3.4
≥ 45 years	36	0.3
Total	12,336	100.0

The following page presents abortions reported among residents by year and age group from 2011– 2017. The *percentage* of abortions among women less than 15 years of age showed a timid percent increase (0.1 %) from 2016 to 2017. Between 2011 and 2017, there was a decline in the percentage of abortions to women less than 15 years of age by 32.5 %. The percentage of abortions among women 15 to 19 years of age decreased from 12.76 percent in 2011 to 9.32 percent in 2017, a 26.9 percent decline. The proportion of abortions among women 20-24 years of age decreased by 4.5 percent from 2011 – 2017, while a decrease of 7.1 percent was noted among women aged 40 years or older.

Table 3. Proportions, rates, and ratios of abortions by age group, Arizona residents, 2011 – 2017

Age in years	Year							% Change	
	2011	2012	2013	2014	2015	2016	2017	2016 to 2017	2011 to 2017
Percent of abortions^a									
<15 yrs	0.36	0.37	0.15	0.17	0.20	0.24	0.24	0.1	-32.5
15-19 yrs	12.76	11.36	10.72	9.63	9.33	9.61	9.32	-3.0	-26.9
20-24 yrs	32.24	32.91	32.47	32.76	31.17	30.72	30.77	0.2	-4.5
25-29 yrs	25.19	24.99	25.44	26.23	27.05	27.59	27.96	1.4	11.0
30-34 yrs	15.82	16.61	17.56	16.77	17.55	17.54	17.02	-3.0	7.5
35-39 yrs	9.61	9.52	9.91	10.16	10.61	10.33	10.97	6.1	14.1
≥ 40 yrs	4.01	4.23	3.74	4.28	4.06	3.91	3.73	-4.6	-7.1
Abortion rates^b									
<15 yrs	0.22	0.22	0.09	0.10	0.11	0.14	0.13	-6.8	-40.1
15-19 yrs	7.69	6.56	6.21	5.57	5.24	5.62	5.03	-10.5	-34.5
20-24 yrs	20.45	20.02	19.40	17.76	16.41	17.22	16.24	-5.7	-20.6
25-29 yrs	15.87	15.57	16.19	15.70	15.46	16.20	14.73	-9.1	-7.2
30-34 yrs	10.45	10.32	10.84	9.88	10.04	10.60	9.60	-9.4	-8.1
35-39 yrs	6.32	6.23	6.48	6.37	6.41	6.49	6.30	-2.9	-0.3
≥ 40 yrs	2.70	2.66	2.36	2.59	2.41	2.47	2.23	-9.6	-17.4
Abortion ratio^c									
<15 yrs	485	716	282	478	610	574	806	40	66
15-19 yrs	208	185	199	187	199	237	230	-3	10
20-24 yrs	202	200	201	196	190	205	206	1	2
25-29 yrs	141	134	137	133	134	143	139	-3	-1
30-34 yrs	111	109	117	101	105	108	101	-6	-9
35-39 yrs	143	136	140	128	131	133	132	-1	-8
≥ 40 yrs	245	244	221	237	213	223	189	-15	-23

Notes: ^a Proportion of total abortions by age group represented as a percentage. Percentages are calculated using the total number of abortions as the denominator and the number of reported abortions for a specific age-group as the numerator. Percents do not add up to a 100 due to rounding errors as well as unknown age-categories in some reporting years.

^b Number of abortions obtained by women in a given age group per 1,000 women in that same age group. Females aged 10–14 years were used as the denominator for the group of females aged <15 years and women aged 40–44 years were used as the denominator for the group of women aged ≥ 40 years.

^c Number of abortions obtained by women in a given age group per 1,000 live births to women in that same age group.

Abortion rates (the number of abortions per 1,000 women in a given age group) for women less than 15 years of age declined 40.1 percent from 2011 – 2017, the greatest decline of any age group during the time period, followed by the abortion rate for women 15 to 19 years (34.5 percent). Similarly, the abortion rate for women 20 to 24 years of age declined from 20.5 percent in 2011 to 16.2 percent in 2017, a 20.6 percent decrease.

As noted earlier, the *abortion ratio* is a comparison of abortions and live births and is expressed as the number of abortions per 1,000 live births. As indicated in Table 3, the abortion ratio for women less than 15 years of age dramatically increased from 485 abortions per 1,000 live births in 2011 to 806 abortions per 1,000 live births in 2017, (the high ratio is due to the small number of live births to females in this age group and may vary widely due to the number of births). From 2011-2017, the abortion ratio increased for women aged 24 years or younger while it decreased among women aged 25 years or older.

Race and Ethnicity

Among resident women obtaining abortions, about 1.75 percent were identified as being multiple race (n = 216). In approximately 5 percent of cases (n = 577), race was categorized as "Unknown". Approximately 39 percent of the 12,336 abortions were among non-Hispanic White women (n = 4,762), followed by approximately 38 percent for Hispanic women (n = 4,639). In 2017, abortions among Black/African American women accounted for 9.7 percent (n = 1,196) of reported abortions, followed by Asian or Pacific Island women (n = 598), and American Indian women (n = 348).

The table below provides an overview of abortion trends from 2011 to 2017 by mother's race and ethnicity. In general, abortions to Hispanic and/or Latino women remained similar throughout this time period. However, some of the figures specific to race and ethnicity changed dramatically, reaching their lowest point during the years 2011 to 2013. This can be explained by the shift in the proportion of abortions accounted for by the different single race/ethnicity group, the decline in pregnancy rates and changes in the number of women of reproductive ages within those groups.

Table 4. Proportions, rates, and ratios of abortions by race and ethnicity, Arizona residents, 2011 – 2017

Race/Ethnicity	Year						
	2011	2012	2013	2014 ^d	2015	2016	2017
Percent of abortions^a							
White non-Hispanic	17.53	14.50	18.98	43.63	43.10	40.40	38.60
Hispanic or Latino	31.41	25.84	31.61	35.29	34.86	36.62	37.61
Black or African American	1.07	0.88	1.43	7.70	8.61	9.51	9.70
American Indian or Alaska Native	0.35	0.29	0.46	2.28	2.65	2.58	2.82
Asian or Pacific Islander	0.35	0.57	0.83	4.19	4.26	4.62	4.85
Multiple races	32.65	22.74	32.12	2.83	1.40	1.85	1.75
Unknown	16.65	35.17	14.58	4.07	5.12	4.41	4.68
Abortion rates^b							
White non-Hispanic	3.67	2.89	3.82	8.60	8.34	8.32	7.42
Hispanic or Latino	9.95	7.66	9.25	10.57	9.07	9.90	9.33
Black or African American	2.48	2.02	3.24	12.81	16.32	18.36	16.99
American Indian or Alaska Native	0.58	0.55	0.88	3.37	5.10	5.20	5.25
Asian or Pacific Islander	0.92	1.57	2.27	8.47	9.18	10.13	9.90
Multiple races	NA	NA	NA	NA	NA	NA	NA
Unknown	NA	NA	NA	NA	NA	NA	NA
Abortion ratio^c							
White non-Hispanic	62	49	66	139	141	141	133
Hispanic or Latino	132	102	127	133	127	142	140
Black or African American	33	25	40	217	246	286	260
American Indian or Alaska Native	8	7	11	57	66	68	72
Asian or Pacific Islander	13	21	32	169	164	181	180
Multiple races	NA	NA	NA	NA	NA	NA	NA
Unknown	NA	NA	NA	NA	NA	NA	NA

Notes: ^a Proportion of total resident abortions by ethnicity and/or race represented as a percentage. Percentages are calculated using the total number of reported resident abortions as the denominator and the number of reported resident abortions for a specific ethnicity and/or race as the numerator. Percents may not add up to a 100 due to rounding errors, multiple race, and unknown ethnicity/race categories.

^b Calculated using the number of abortions in a given race and/or ethnic group divided by female population aged 15-44 per 1,000.

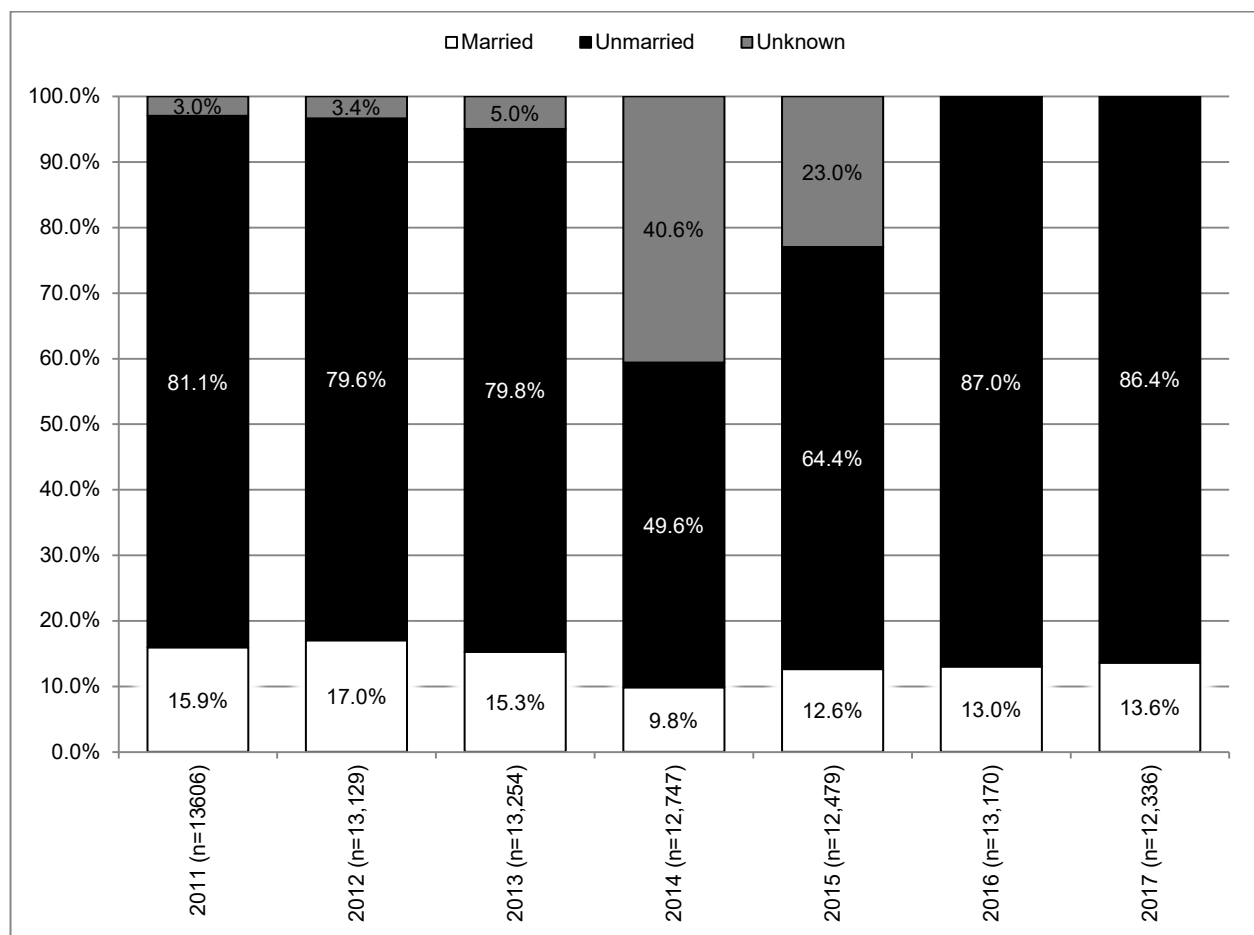
^c Calculated using the number of abortions in a given race and/or ethnic group per 1,000 live births to women in the same group.

^d Beginning 2011, rates and ratios should be interpreted with caution due to the addition of the Multiple Race and Unknown categories. Single race selections are the best estimates for rates and ratios.

Marital Status

In 2017, 13.6 percent (n = 1,679) of resident women obtaining abortions were reported as married. Figure 2 displays the distribution of abortions among Arizona resident women from 2011 to 2017 by marital status. Between 2011 and 2015, the percent of abortions performed on married and unmarried women showed uncharacteristic variation in women with "Unknown" marital status; a deviation attributable to incomplete reporting. New reporting requirements for marital status in the electronic reporting system were recently implemented to correct this. The percent of abortions among unmarried women remained the highest during this reporting period.

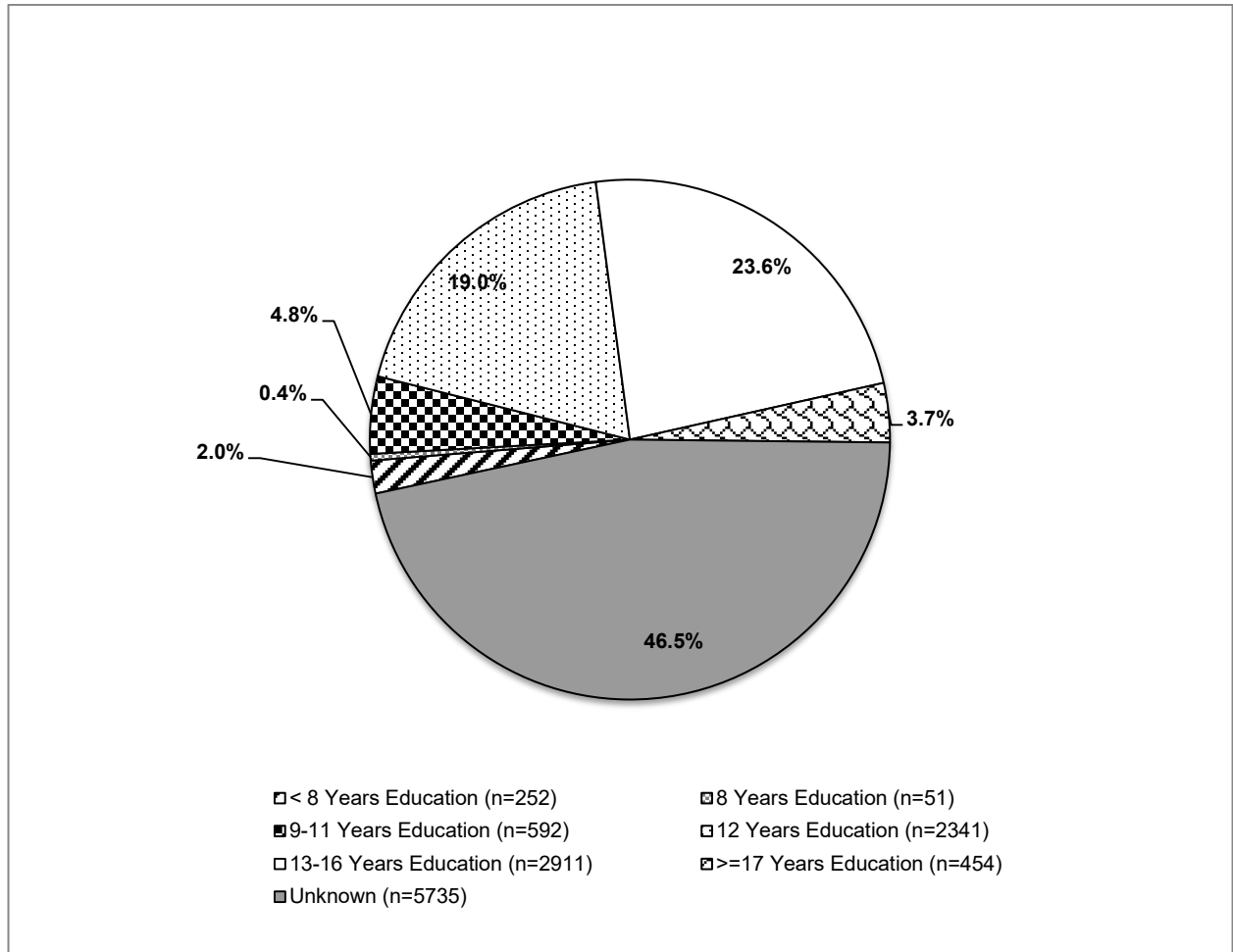
Figure 2. Marital status of resident women receiving abortions, 2011 – 2017



Education

Figure 3 displays the distribution of educational attainment reported for Arizona resident women obtaining abortions in 2017. The largest proportion reported an "Unknown" education status (~46%), the same proportion reported in 2016. Approximately 23.6 percent (n = 2,911) of women obtaining an abortion in 2017 completed 13 to 16 years of education, followed by approximately 19 percent (n = 2,341) of women who had attained 12 years of education. Women with less than a high school education accounted for 7.3 percent of women obtaining abortions in 2017.

Figure 3. Educational status of resident women receiving abortions, 2017



Pregnancy History

Pregnancy history compiles the previous number of pregnancies, live births, abortions, and spontaneous abortions. Collecting previous pregnancy history data provides an overview of the potential risk of future pregnancy outcomes and informs preconception program development.

The previous number of pregnancies, live births, abortions, and spontaneous abortions are presented below. Among resident women who received abortions in 2017, over one-third (34%) had three or more previous pregnancies and approximately 16.3 percent had three or more previous live births.

Table 5. Pregnancy history of resident women receiving abortions in Arizona, 2017

Pregnancy history	Count (N = 12,336)	Percent
Number of previous pregnancies		
0	3,489	28.3
1	2,536	20.6
2	2,085	16.9
3 or more	4,195	34.0
Unknown	31	0.3
Number of previous live births		
0	5,326	43.2
1	2,672	21.7
2	2,295	18.6
3 or more	2,005	16.3
Unknown	38	0.3
Previous abortions		
0	7,900	64.0
1	2,959	24.0
2	976	7.9
3 or more	430	3.5
Unknown	71	0.6
Previous spontaneous abortions		
0	9,930	80.5
1	1,777	14.4
2	383	3.1
3 or more	147	1.2
Unknown	99	0.8

Additionally, of resident women obtaining abortions during 2017, approximately 11 percent had two or more previous abortions and approximately 4 percent had two or more previous spontaneous abortions. These numbers remained stable from 2016 to 2017.

Among resident women who had abortions in 2017, 6,708 (~64%) had neither a previous abortion nor a spontaneous abortion (data not shown). Approximately 9 percent (n = 1,092) had at least one or more previous abortions and had one or more previous spontaneous abortions. Further, 9.6 percent (n = 1,189) had a previous spontaneous abortion but did not have a previous elective abortion, and about 26 percent (n = 3,222) had a previous abortion but did not have a previous spontaneous abortion.

Abortion Method

Of resident women who had abortions in 2017 (n = 12,336), approximately 63 percent (n = 7,807) had surgical procedures, and approximately 37 percent (n = 4,529) had non-surgical procedures.

An overview of abortion method procedures reported in 2017 is shown below. Of the total surgical procedures reported for resident women, the most common procedure was vacuum (79.8%), followed by open approach via natural or artificial opening endoscopic/curettage (17.9%). Of the total number of non-surgical (medication-induced) procedures reported, the most common was the combination of Mifepristone (Mifeprex) and Misoprostol (Cytotec) (98.7%).

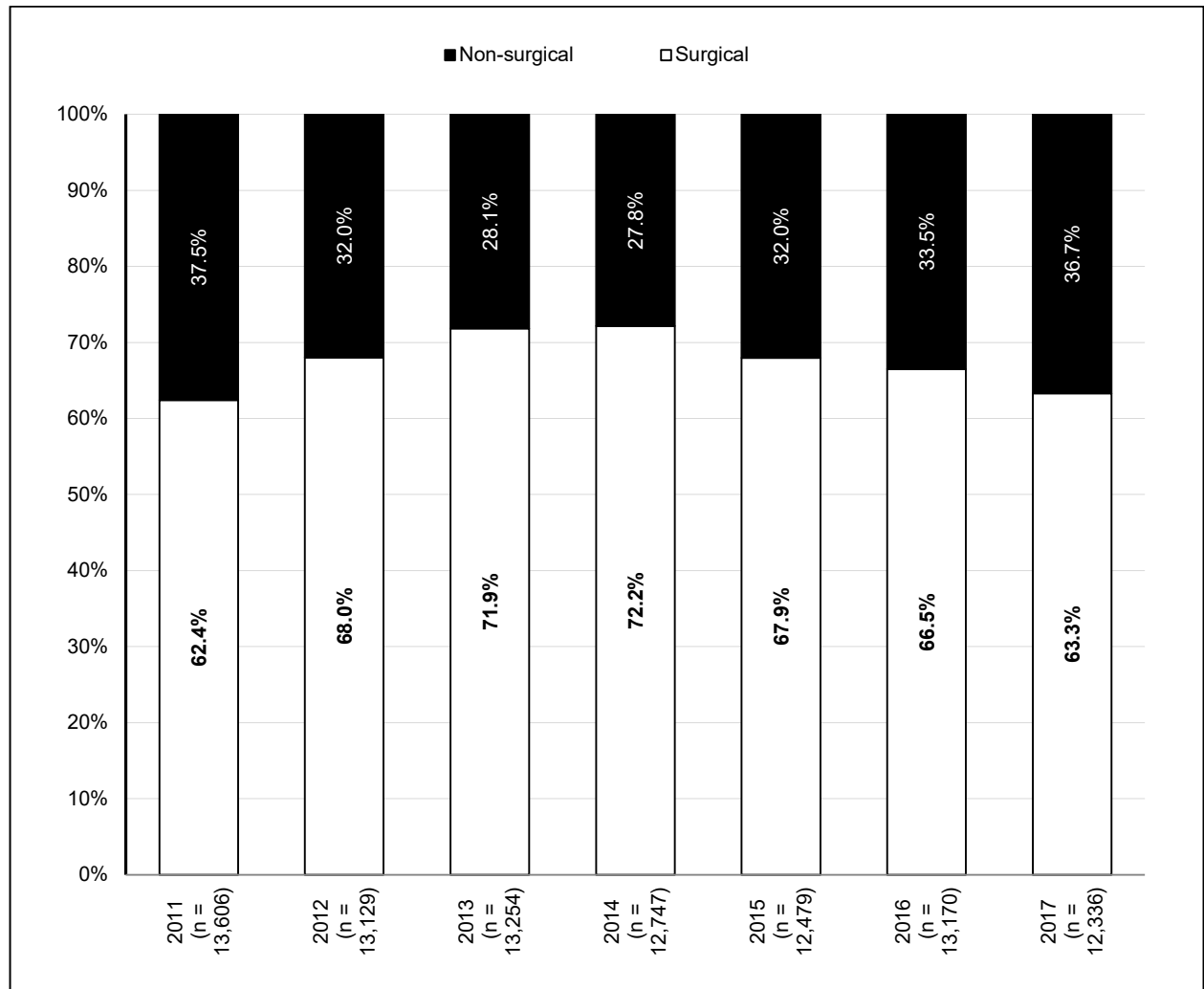
Table 6. Method of abortion used by resident women in Arizona, 2017

Method	Count	Percent
Surgical procedures	(N = 7,810⁺)	
Open approach	11	0.1
Percutaneous approach	*	**
Endoscopic approach	*	**
Vacuum via natural or artificial opening	6,231	79.8
Laminaria	77	1.0
Abortifacient	88	1.1
Open approach via natural or artificial opening endoscopic/curettage	1,394	17.9
Dilation and evacuation	0	0.0
Other surgical abortion procedure	*	**
Non-surgical procedures	(N = 4,530⁺)	
Mifepristone (Mifeprex) and Misoprostol (Cytotec)	4,470	98.7
Misoprostol (Cytotec)	22	0.5
Methotrexate and Misoprostol (Cytotec)	34	0.8
Other and unknown procedures	*	**

Notes: * Cell suppressed due to non-zero count less than 6; ⁺ Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

Below, the trends in surgical and non-surgical procedures are displayed during 2011 – 2017. Between 2011 and 2017, most abortion procedures performed on resident women were surgical. The proportion of non-surgical procedures decreased from 37.5 percent in 2011 to 36.7 percent in 2017, reaching the lowest point (27.8 percent) in 2014.

Figure 4. Method of abortion among Arizona resident women, 2011 – 2017



Facility and Reason for Termination

Table 7 presents maternal characteristics and maternal medical conditions cited for obtaining an abortion. The age range of women in this group was less than 15 years to 40 years and older. Thirty-four percent of the procedures were performed on women between 30 and 34 years of age. The majority of these abortions (68.4%) occurred at gestational ages ≤ 13 weeks.

Table 8 on the following page presents maternal characteristics and fetal medical conditions cited as reasons for obtaining an abortion. Abortions due to fetal medical conditions were cited for 95 women, a 12.03 percent decrease from 2016 (n = 108). Most of these were related to birth defects occurred to women aged 35 years or older. Approximately 55 percent (n = 53) of these procedures were performed between 14 and 20 weeks gestation.

Table 7. Maternal characteristics and maternal medical conditions cited for obtaining an abortion, Arizona residents, 2017

Maternal characteristics	Count (N = 40 [†])	Percent
Age		
≤ 15 -19 yrs	*	**
20-24 yrs	*	**
25-29 yrs	9	23.7
30-34 yrs	13	34.2
35-45+ yrs	10	26.3
Gestational age		
≤ 13 weeks	26	68.4
14 to 20 weeks	9	23.7
21 weeks	*	**
Unknown	0	0.0
Maternal medical conditions		
Premature rupture of membranes	0	0.0
Anatomical abnormality	*	**
Chorioamnionitis	*	**
HELLP or preeclampsia	6	15.8
Pre-pregnancy medical condition	9	23.7
Other/unspecified	16	42.1
Total	40[†]	100.0

Notes: * Cell suppressed due to non-zero count less than 6; [†] Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

Table 8. Maternal characteristics and fetal medical conditions cited for obtaining an abortion, Arizona residents, 2017

Maternal characteristics	Count (N = 100†)	Percent
Age		
≤15-19 yrs	*	**
20-24 yrs	9	9.4
25-29 yrs	18	18.8
30-34 yrs	22	22.9
35-45+ yrs	44	45.8
Gestational age		
≤ 13 weeks	12	12.5
14 to 20 weeks	53	55.2
≥ 21 weeks	31	32.3
Unknown	0	0.0
Fetal medical conditions		
Aneuploidy/Trisomy/Triploidy	7	7.3
Central nervous system anomalies	*	**
Multiple anomalies	*	**
Fetal demise	0	0.0
Cardiac defect	*	**
Oligohydramnios/Anhydramnios & Urological	*	**
Karyotype or genetic abnormality	*	**
Musculoskeletal abnormality	*	**
Twin abnormality	0	0.0
Lethal anomalies	*	**
Fetal hydrops	69	71.9
Other/unspecified	*	**
Total	100†	100.0

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

3.2. Abortions by Gestational Age

Some evidence suggests an association between gestational age and abortion-related mortality. An overview of the gestational age of the fetus at the time of abortion is reported below. The majority of abortions (65.2%) to resident women were performed at gestational ages 8 or fewer weeks. About ninety-five percent (n = 11,674) of abortions to resident women were performed at gestational ages of 15 or fewer weeks. Approximately 31.4% of the abortions were performed at 6 weeks gestation, followed by just over one-fifth (19.9%) at 7 weeks gestation and approximately 14% at 8 weeks gestation. In 2017, abortions performed at gestational ages of 21 weeks or greater represented only 1.3 percent of the total abortions among Arizona residents, a proportion similar to the number reported for 2016.

Table 9. Gestational age at time of abortion, Arizona residents, 2017

Gestational age	Count (N = 12,336)	Percent
≤ 8 weeks	8,047	65.2
6 weeks	3,870	31.4
7 weeks	2,455	19.9
8 weeks	1,722	14.0
9 to 13 weeks	3,143	25.5
9 weeks	1,249	10.1
10 weeks	660	5.4
11 weeks	628	5.1
12 weeks	333	2.7
13 weeks	273	2.2
14 to 15 weeks	484	3.9
14 weeks	245	2.0
15 weeks	239	1.9
16 to 17 weeks	256	2.1
16 weeks	138	1.1
17 weeks	118	1.0
18 to 20 weeks	249	2.0
18 weeks	96	0.8
19 weeks	87	0.7
20 weeks	66	0.5
≥ 21 weeks	157	1.3
Unknown	0	NA
Total	12,336	100.0

Table 10 on the following page provides an overview of the association between gestational age and method of abortion. Regardless of gestational age, surgical procedures were the most utilized methods of abortion. Vacuum was the most commonly used surgical procedure performed at gestational ages of 13 or fewer weeks (n = 5,321, 79.6%) as well as gestational ages over 13 weeks.

Use of non-surgical abortion procedures were similarly distributed. Approximately 99 percent of all non-surgical abortions were performed at 13 or fewer weeks of gestation. Mifepristone (Mifeprex) and Misoprostol (Cytotec) (n = 4,464; 99.2%) taken together was the most commonly used non-surgical procedure for abortions within this gestational period.

Table 10. Method of abortion and gestational age, Arizona residents, 2017

Method	Gestational age ^a					
	≤ 13 weeks (N = 11,190 ⁺)		14 to 20 weeks (N = 990 ⁺)		≥ 21 weeks (N = 160 ⁺)	
	Count	Percent	Count	Percent	Count	Percent
Surgical total	6,690⁺	100.0	970⁺	100.0	150⁺	100.0
Open approach	10	0.1	0	0.0	*	**
Percutaneous approach	*	**	0	0.0	0	0.0
Endoscopic approach	*	**	0	0.0	0	0.0
Vacuum via natural or artificial opening	5,321	79.6	809	83.2	101	68.7
Laminaria	*	**	49	5.0	24	16.3
Abortifacient	38	0.6	36	3.7	14	9.5
Open approach via natural or artificial opening endoscopic/curettage	1,310	19.6	77	7.9	7	4.8
Dilation and evacuation	0	0.0	0	0.0	0	0.0
Other surgical abortion procedure	*	**	*	**	0	0.0
Non-surgical total	4,500⁺	100.0	20⁺	100.0	10⁺	100.0
Mifepristone (Mifeprex) and Misoprostol (Cytotec)	4,464	99.2	*	**	*	**
Misoprostol and Cytotec	*	**	11	64.7	7	70.0
Methotrexate and Misoprostol (Cytotec)	34	0.8	0	0.0	0	0.0
Other/unknown procedure	0	0.0	*	**	*	**

Notes: * Cell suppressed due to non-zero count less than 6; ⁺ Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

3.3. Abortions by County of Residence

On the following page, there is an overview of the number of abortions, live births, abortion rates, and ratios by patient's county of residence, and it is summarized into border and non-border regions. The border region consists of Cochise, Pima, Santa Cruz, and Yuma counties. The remaining counties are considered the non-border region.

The overall Arizona abortion rate in 2017 was 9.2 per 1,000 resident women between 15 and 44 years of age. Fourteen of the 15 counties had abortion rates below the state rate. Maricopa (9.8) was the only county where the abortion rate exceeded the state rate. With regards to the abortion ratio, except for Maricopa (160), all the remaining counties had abortion ratios below the state ratio 152 per 1,000 live births.

When comparing border and non-border regions, the abortion rate for the border region was 6.7 abortions per 1,000 women between the ages of 15 and 44 compared to 8.8 abortions in the non-border region. The abortion ratio for the border region was 113 abortions per 1,000 live births compared to the non-border region ratio of 143 abortions per 1,000 live births.

Table 11. Abortions, live births, rates, and ratios for resident females by county of residence, Arizona 2017

Resident county ^a	Abortions		Live births		Abortion rate ^c	Abortion ratio ^d
	Count	Percent	Count	Percent		
Apache	14	0.1	946	1.2	1.0	15
Cochise	97	0.8	1,330	1.6	4.7	73
Coconino	207	1.7	1,506	1.8	5.9	138
Gila	55	0.4	541	0.7	7.3	102
Graham	18	0.1	530	0.6	2.6	34
Greenlee	10	0.1	156	0.2	4.6	65
La Paz	11	0.1	194	0.2	4.2	57
Maricopa	8384	68.0	52,470	64.3	9.8	160
Mohave	19	0.2	1,734	2.1	0.7	11
Navajo	66	0.5	1,507	1.8	3.5	44
Pima	1611	13.1	10,970	13.4	8.2	147
Pinal	400	3.2	4,384	5.4	5.6	91
Santa Cruz	45	0.4	633	0.8	4.8	71
Yavapai	222	1.8	1,796	2.2	7.4	124
Yuma	29	0.2	2,956	3.6	0.7	10
Unknown ^e	1148	9.3	11	0.0	N/A	N/A
Border region^b	1,782	14.4	15,889	19.5	6.7	113
Non-border region	9,406	76.2	65,764	80.5	8.8	143
Arizona	12,336	100.0	81,664	100.0	9.2	152

Notes: ^a Residence indicates women's county of residence.

^b Border region in Arizona includes Cochise, Pima, Santa Cruz, and Yuma.

^c Number of abortions obtained per 1,000 women of child-bearing age (15-44 years of age).

^d Number of abortions obtained per 1,000 live births to women of child-bearing age (15-44 years of age).

^e Records submitted as Arizona residents without a county of residence selected. While the records are counted as Arizona residents, counts were included in neither Border nor Non-Border region counts.

3.4. Complications Resulting from an Abortion

The way ADHS assesses and reports complications resulting from an abortion have changed over time. Beginning in June 1976, as part of the required *Report of an Induced Termination of Pregnancy*, providers reported patients hospitalized for complications occurring *during* the abortion procedure. Between 1982 and 2003, the ADHS annual *Health Status and Vital Statistics Report (HSVSR, Table 1D-1)* used provider-submitted reports to tabulate both the number of patients who received abortions and patients hospitalized for complications. Beginning in 1986, the table of complications included only Arizona residents. From 2004 to 2009, the ADHS HSVSR continued reporting general characteristics of women receiving abortions but did not list the count of complications.

Beginning July 2010, [Arizona Revised Statute § 36-2162](#) established an abortion complication reporting requirement. Healthcare professionals who provide medical treatment to women experiencing complications resulting from an abortion are required to submit reports to the ADHS. The reports contain no personally identifiable information (PII), and hospital patient records are not accessible for public review.

Data submitted on the Complication report differs from data submitted on the Procedure report. Reports submitted in compliance with [A.R.S. § 36-2162](#) are for complications occurring *after* an abortion is performed (i.e., excessive hemorrhaging hours or days after leaving the facility where the abortion was performed). These reports are primarily submitted by hospitals.

A total of 20 reports of complications resulting from an abortion procedure among Arizona resident women were submitted in 2017, a decrease of 39.4 percent from 2016. Fifty percent of abortion complications occurred at gestational ages 13 weeks or fewer, and complications occurred primarily among women between 30 and 34 years of age.

Table 12 lists characteristics of resident women who experienced complications resulting from an abortion and the most reported complications by ICD-10 CM codes.

Table 12. Complications resulting from an abortion for resident women, Arizona, 2017

	Count (N = 20†)	Percent
Age		
<15 yrs	0	0.0
15-19 yrs	*	**
20-24 yrs	6	30.0
25-29 yrs	*	**
30-34 yrs	7	35.0
35-39 yrs	*	**
≥40 yrs	0	0.0
Gestational age		
≤13 weeks	10	50.0
14 to 20 weeks	*	**
≥ 21 weeks	*	**
Unknown	*	**
Description of complications^a		
Delayed or excessive hemorrhage	*	**
Urinary tract infection/genital tract and pelvic infection	*	**
Sepsis	0	0.0
Unspecified complications	0	0.0
Other complications ^b	14	70.0

Notes: * Cell suppressed due to non-zero count less than 6; † Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6; ^a Refers to complications following elective abortions; ^b Complications associated/occurring with the abortion procedure but not the direct result.

3.5 Disposition of Aborted Fetal Tissue

A statute mandating that abortion reports include additional detail describing the final disposition of fetal tissue was enacted by the Arizona Legislature and became effective on August 14, 2015. The electronic abortion reporting system was changed to collect such information, and reporting became mandatory on August 16, 2015. Reports submitted prior to the rule change do not include detail on the disposition of fetal tissue. The 2017 Abortion Report is the third to provide information on the disposition of fetal tissue after an abortion. Table 13 provides a summary of the disposition of fetal tissue after an abortion in 2017.

Table 13. Disposition of fetal tissue after abortion, Arizona, 2017

	Count	Percent
Tissue was not donated in part or whole	12,261	99.4
Anatomical gift/donation to person(s) or establishment	0	0.0
Delivered to a mortuary for burial/cremation	74	0.6
Other/describe the disposition of fetal tissue	*	**
Total	12,340 [†]	100.0

Notes: * Cell suppressed due to non-zero count less than 6; [†] Sum rounded to nearest tens unit due to non-zero addend less than 6; ** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6.

3.6 Duty to Promote the Life of Fetus or Embryo Delivered Alive

On August 8, 2017, a new Arizona reporting statute went into effect governing hospitals and facilities that provide abortions. Under this statute, facilities are required to provide the following additional information when reporting on abortions:

- a) Declaration by the physician and all medical staff present during an abortion certifying under penalty of perjury that the aborted fetus/embryo was not delivered alive.
- b) If the aborted fetus or embryo was delivered alive, the physician performing such abortion and additional physician(s) in attendance are required to document that all available means and medical skills were used to promote, preserve, and maintain the life of such fetus and embryo.

From August 2017 to December 2017, 10 abortion reports involving fetus or embryo delivered alive were submitted to ADHS along with the physician's statement documenting the measures taken to preserve the life of the fetus or embryo.

3.7 Petitions filed with the Arizona Administrative Office of the Courts

The Arizona Administrative Office of the Courts collects data in accordance with [A.R.S. § 36-2163, Subsection C](#), regarding granting authorization to unemancipated minors to undergo an abortion procedure without parental consent.

Following is the summary data provided by the Arizona Administrative Office of the Courts. Dates of petitions filed range from January 1, 2017, to December 31, 2017. Although not specified in statute, the total number of petitions issued an order is included for context. In all, 32 petitions were filed; 31 (97%) were issued an order authorizing an abortion; 30 were without parental consent. Please note, a petition may be filed during a specific period, but resolution may be in the following period.

Table 14. Petitions filed with the Arizona Administrative Office of the Courts, 2017

Reporting category	Number of petitions
1. Number of petitions filed pursuant to A.R.S. § 36-2152, Subsection B.	32
2. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number in which the judge appointed a guardian <i>ad litem</i> or court-appointed counsel for the minor pursuant to A.R.S. § 36-2152 Subsection D. Note: <i>An additional petition was filed without an appointed guardian ad litem or court appointed counsel, resulting in a total of 32 petitions filed.</i>	31
3. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number in which the judge issued an order authorizing an abortion <u>without</u> parental consent.	30
4. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number in which the judge issued an order denying the petition.	*
5. Of the petitions filed pursuant to A.R.S. § 36-2152, Subsection B, the number of which were withdrawn.	*
6. Of the petitions denied, the number appealed to the court of appeals.	0
7. The number of those appeals that resulted in the denials being affirmed.	0
8. The number of those appeals that resulted in the denials being reversed.	0

Notes: * Cell suppressed due to non-zero count less than 6; Calendar year 2017 statistics include petitions filed from January 1, 2017-December 31, 2017.

Conclusion

This 2017 Abortion Report provides a comprehensive overview of abortion in the State of Arizona following the passage of SB1304 in 2010. The report presents comprehensive statistics regarding incidence and prevalence of abortion in Arizona. The report also highlights the importance of continued public health prevention messaging regarding unplanned pregnancies and the risks associated with abortion among women of child-bearing age, especially in the adolescent population.

The implementation of A.R.S. § 36-2161 through § 36-2163 provides a standardized data collection system that improves data quality. Enhancements to the web-based reporting system and provider training are ongoing to assure individual providers accurately report abortions information through a secure, online system.

Analysis of abortion data has numerous public health implications. Ongoing abortion surveillance facilitates efforts to decrease and/or prevent unplanned pregnancies. This report provides a comprehensive overview of statistics about the incidence of abortions in Arizona; however, it is limited to descriptive data analysis. No attempt was made to formulate inferences regarding the general population or sub-populations of women obtaining abortions in Arizona. Trend comparisons should be interpreted with care because of variation in provider reporting prior to 2010 and expanded reporting requirements that went into effect in July 2010. There is no data available to assess the extent of underreporting.

This comprehensive annual abortion report is respectfully compiled and submitted for public review, in accordance with [Arizona Revised Statute § 36-2163, Subsection B](#).

Appendix A- Glossary

Abortion or induced termination of pregnancy (ITOP) – *Abortion* means the use of any means to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child. Abortion does not include birth control devices, oral contraceptives used to inhibit or prevent ovulation, conception, or the implantation of a fertilized ovum in the uterus, or the use of any means to save the life or preserve the health of the unborn child, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy, or to remove a dead fetus ([A.R.S. 36-2151](#)).

Abortion rate – The number of abortions per 1,000 women aged 15 – 44 years or other specific group within a given population.

Abortion ratio – The number of abortions per 1,000 live births within a given population. The ratio reflects the relative number of pregnancies in a population that end in abortion compared to live birth.

Birth or live birth – The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

Gestational age – *Gestational age* means the age of the unborn child as calculated from the first day of the last menstrual period of the pregnant woman.

Pregnancies – Pregnancies are the sum of live births, spontaneous terminations of pregnancy (fetal deaths or stillbirths), and induced terminations of pregnancy (abortions).


Proportion – A *proportion* is a ratio in which those in the numerator are also in the denominator.

Rate – A *rate* is a ratio in which those in the numerator are also in the denominator, and those in the denominator are "at risk" of being in the numerator. The denominator is the sum of "at risk" person-time or, by convention, the count of individuals "at risk" in a given time period.


Ratio – A *ratio* is any division of one number by another; the numerator and denominator do not have to be mutually exclusive.

Unemancipated minor – *Unemancipated minor* means a minor who is subject to the control, authority, and supervision of his or her parents or guardians, as determined under State law (See Title 42. The Public Health and Welfare; Chapter 6a USCS §300z-1).

Appendix B- Abortion Reporting Forms



Leadership for a Healthy Arizona
Arizona Department of
Health Services



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[Help to clear browser cache](#)

Arizona Department of Health Services

Abortion Procedure Report

NOTICE: This is a MONTHLY report that must be filed within 15 days after the last day of the reporting month.

Facility Information

Facility Name		Facility Type	
<input type="text"/>		<input type="text"/>	
County of Pregnancy Termination			
<input type="text"/>		<input type="checkbox"/> Out of State	
Address of Facility			
<input type="text"/>			
City	State	Zip	
<input type="text"/>	Arizona	<input type="text"/>	
Provider First Name	Provider Last Name	Provider Type	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Provider Clear Fields			

Patient Information

Age	Education	Residence State	Residence County	
<input type="text"/>	<input type="text"/>	Arizona	<input type="text"/>	
		<input type="checkbox"/> Non USA Resident		
		<input type="checkbox"/> Residence Unknown		
Hispanic Origin?				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
Race, check all that apply				
<input type="checkbox"/> White	<input type="checkbox"/> Asian			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other			
Married	Prior Pregnancy	Prior Birth	Prior Abortion	Prior Spontaneous Terminations
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clear Fields				

Medical Information

Estimate of Gestational Age Date of Termination

Reason for Termination

Diagnosis Code

Surgical Procedure Performed

Non-Surgical/Medication-Induced Procedure

Medical Complication

Preexisting medical conditions that would complicate pregnancy (4000 characters left)

The basis for any medical judgment that a medical emergency existed that excused the physician from compliance with the requirements of this chapter.

Please Explain (4000 characters left)

Physician's statement if required pursuant to Arizona Revised Statutes
Title 36 Public Health and Safety - Section 36-2301.01

Fetus Weight In Grams if Physician's Statement Required

Physician's Statement (4000 characters left)

[Clear Fields](#)

Submit Form

Name of Person Preparing Report Report Date

☐ I declare that the information in this report provided to the Arizona Department of Health Services is correct to the best of my knowledge.

After you press the submit button, if you do not receive a confirmation message with a report number your report was not received by ADHS.



Abortion Complication Report

NOTICE: This is a MONTHLY report that must be filed within 15 days after the last day of the reporting month.

Reporting Facility Information

Facility Name	Facility Type		
<input type="text"/>	<input type="text"/>		
Address of Facility			
<input type="text"/>			
City	State	Zip	
<input type="text"/>	Arizona	<input type="text"/>	
Provider First Name	Provider Last Name	Provider Type	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Additional Provider](#) [Clear Fields](#)

Facility Where Abortion Was Performed

Facility Name	Facility Type		
<input type="text"/>	<input type="text"/>		
Address of Facility			
<input type="text"/>			
City	State	Zip	
<input type="text"/>	Arizona	<input type="text"/>	

[Clear Fields](#)

Patient Information

Age	Education	Residence State	Residence County	
<input type="text"/>	<input type="text"/>	Arizona	<input type="text"/>	
<input type="checkbox"/> Non USA Resident				
<input type="checkbox"/> Residence Unknown				
Hispanic Origin?				
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
Race, check all that apply				
<input type="checkbox"/> White	<input type="checkbox"/> Asian			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other			
Married	Prior Pregnancy	Prior Birth	Prior Abortion	Prior Spontaneous Terminations
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Clear Fields](#)

Medical Information

Estimate of Gestational Age Date of Termination

Surgical Procedure Performed

Non-Surgical/Medication-Induced Procedure

Nature of complication

Medical Treatment Given (4000 characters left)

Nature and Extent of any Permanent Condition Caused by the Complication

[Clear Fields](#)

Submit Form

Name of Person Preparing Report

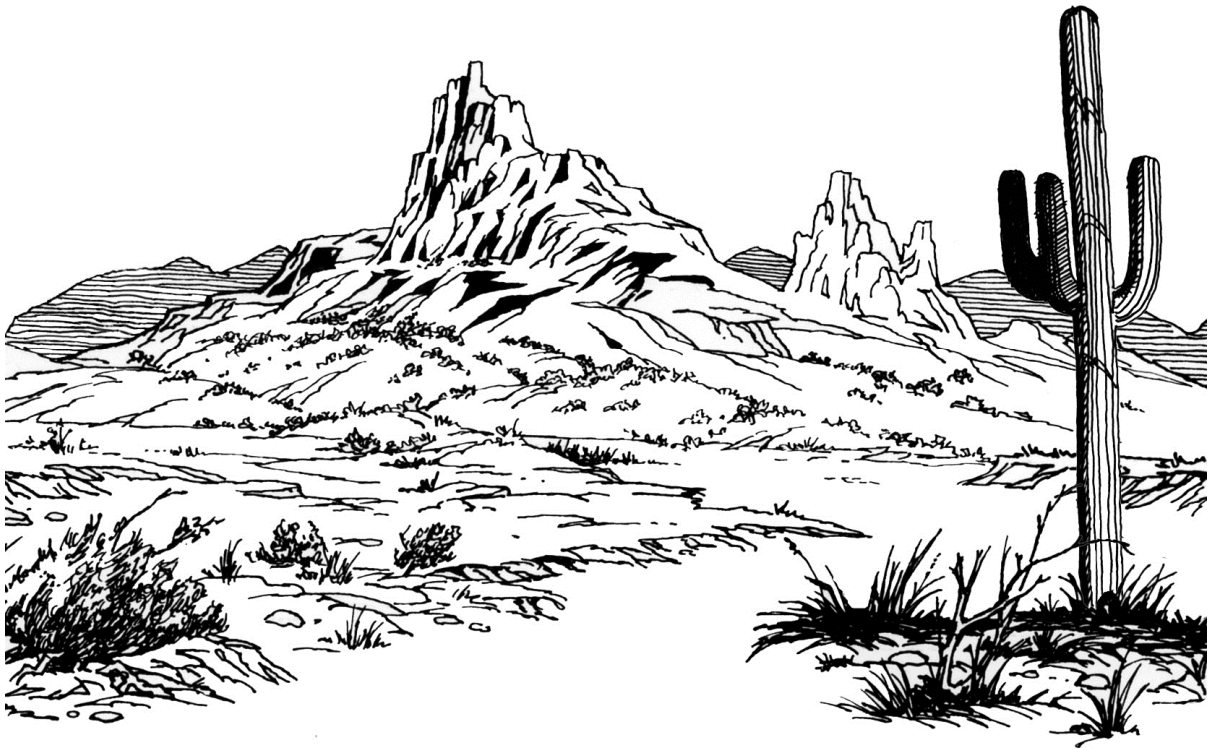
Treatment Date

☐

I declare that the information in this report provided to the Arizona Department of Health Services is correct to the best of my knowledge.

After you press the submit button, if you do not receive a confirmation message with a report number your report was not received by ADHS.

Our Web site at <http://pub.azdhs.gov/health-stats> provides access to a wide range of statistical information about the health status of Arizonans. The Arizona Health Status and Vital Statistics annual report examines trends in natality, mortality, and morbidity towards established health objectives. Additional reports and studies include Advance Vital Statistics by County of Residence, Injury Mortality among Arizona Residents (accidents, suicides, homicides, legal intervention, firearm-related fatalities, drug-related deaths, drowning deaths, falls among Arizonans 65 years or older), Hospital Inpatient and Emergency Room Statistics (first-listed diagnosis, procedures, mental disorders, asthma, diabetes, influenza and pneumonia, and substance abuse), Community Vital Statistics, Teenage Pregnancy, Differences in Health Status Among Racial/Ethnic Groups, and Health Status Profile of American Indians in Arizona.



ARIZONA DEPARTMENT OF HEALTH SERVICES
Bureau of Public Health Statistics
Population Health and Vital Statistics Section