CONFIDENTIAL INDUCED ABORTION CASE REPORT
SL 2023-14 Abortion Complication Supplement

1. **Date presented for complication:** (MM/DD/CCYY): ____/____/_____

2. **Specific reportable complication** (as defined by § 90-21.81)

- ☐ Uterine perforation
- ☐ Cervical laceration
- ☐ Infection
- ☐ Bleeding or vaginal bleeding that qualifies as a Grade 2 or higher adverse event according to the Common Terminology Criteria of Adverse Events
- ☐ Pulmonary embolism
- ☐ Deep vein thrombosis
- ☐ Failure to actually terminate the pregnancy
- ☐ Incomplete abortion due to retained tissue
- ☐ Pelvic inflammatory disease
- ☐ Endometritis
- ☐ Missed ectopic pregnancy
- ☐ Cardiac arrest
- ☐ Respiratory arrest
- ☐ Renal failure
- ☐ Shock
- ☐ Amniotic fluid embolism
- ☐ Coma
- ☐ Free fluid in abdomen
- ☐ Allergic reactions to anesthesia and abortion-inducing drugs*
- ☐ Psychological complications as described by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- ☐ Other: _____

** If a patient has an adverse event related to the administration, dispensing, or prescription of an abortion-inducing drug for the purpose of inducing an abortion, the physician who provided the abortion-inducing drug or the physician who diagnosed or treated the woman for the adverse event shall provide a written report of the adverse event within three days of the adverse event to the Food and Drug Administration through the MedWatch Reporting System and to the NC Department of Health and Human Services.*

3. **Pertinent ICD-10 diagnosis code(s)** *(include any physical or psychological condition, which, in the reasonable medical judgement of a physician or health care provider, arose as a primary or secondary result of an induced abortion):* _____

4. **Estimated amount of money billed to cover the treatment for specific complication(s)** *(this could include hospital charges, emergency department visits, prescriptions or other medications, laboratory tests, any other costs):* _____

5. **Treatment for the above complication was billed to:**

   ☐ Medicaid
   ☐ Private Insurance
   ☐ Private Pay
   ☐ Other: _____

6. **If known, did the patient obtain abortion-inducing drugs as a mail order or from an internet website?** (§ 90-21.93)

   ☐ Yes. If yes, list name of source, website or URL, telemedicine provider. _____
   ☐ No
   ☐ Unknown

Purpose: To comply with Session Law 2013-14, the North Carolina Department of Health and Human Services to collect specific data as defined in the law. The reports will be for statistical purposes only and the confidentiality of the patient relationship shall be protected. Per law, a report completed under this section shall not contain the woman's name, any common identifiers of the woman, or any other information that would make it possible to identify the woman.

Distribution: It is the responsibility of the facility to ensure that all complication information is submitted when relevant. Required information should be transmitted via a means that will allow the facility to track the packages to ensure receipt by DHHS. If a patient has an adverse event or complication related to a medical or surgical abortion, the information on this form shall be transmitted to the Department within 15 days of the end of the month that the adverse event or complication occurred. A report completed for a minor shall be sent to the Department and the Division of Social Services within 30 days of the surgical or medical abortion. Send completed information to:

State Center for Health Statistics
1908 Mail Service Center
Raleigh, NC 27699-1900

If your facility is interested in setting up secure file transfer for reporting, please reach out to: SCHS.reporting@dhhs.nc.gov

In the case of a minor, a copy of this information should be sent to the Division of Social Services at NCDSS_abortionreport@dhhs.nc.gov

Additional Supplies: Available at www.ncdhhs.gov/reprohealth

Or Order forms from:

State Center for Health Statistics
1908 Mail Service Center
Raleigh, NC 27699-1900
Phone: (919) 733-4728