IDAHO VITAL STATISTICS

Summary of Induced Abortion in Idaho, 2023

Bureau of Vital Records and Health Statistics
Division of Public Health
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2023 SUMMARY OF INDUCED ABORTION IN IDAHO

Contact

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DEFINITION OF OCCURRENCE, VITAL REGISTATION OF RECORDS, IDAHO LAW, AND REASON FOR INDUCED ABORTION

Occurrence

Data allocated by place where event occurred, regardless of the person's place of residence.

Induced abortions occurring in Idaho include:

1) The number of reported abortions occurring in Idaho to Idaho residents; and,
2) The number of reported abortions occurring in Idaho to non-residents.

Registration of Records

The Idaho Bureau of Vital Records and Health Statistics is responsible for managing Idaho's vital records program and for providing health statistics and analysis. Civil laws of every state provide for a continuous, permanent, and compulsory vital registration system. Idaho is responsible for inspecting each Idaho state record for promptness of filing, completeness, and accuracy of information; querying for missing or inconsistent information; numbering the records; preparing indexes; processing the records; issuing certified copies; and storing the documents for permanent reference and safekeeping.

Idaho did not receive abortion records for Idahoans who had an induced termination in Washington or Oregon in 2022 or 2023. No statistical reports based on Idaho residents were published for these years.

Induced Abortion

Data in this summary are provided for abortions occurring in Idaho to either Idaho residents or non-residents. The cut-off date for induced abortion records in the data base was June 16, 2024, for 2023 records. The reporting of induced abortions occurring in Idaho has been

Records and Law

required by state statute since July 1, 1977, as provided in Section 39-261, Idaho Code. Induced abortion in Idaho became illegal under the Defense of Life Act, Section 18-622, Idaho Code effective August 25, 2022, with certain exceptions for the life of the pregnant patient and in cases of reported rape or incest.

Reason for Induced Abortion

The Idaho induced abortion form does not include a specific question for the reason of the induced termination. For patients under 18 years of age, there is a question on the form if the termination was performed following physician's receipt of written consent, court order, or certification the pregnancy was the result from rape or sexual conduct with a minor by the minor's parent, stepparent, uncle, grandparent, sibling, adoptive parent, legal guardian, or foster parent OR if the termination was performed following a medical emergency.

For induced terminations which occurred at a postfertilization age of 20 weeks or greater, which is equal to 22 weeks or greater clinical estimate of gestation, there is a check-box question for the medical condition that necessitated the abortion. The medical conditions are:

1) Patient had a condition that so complicated her medical condition as to necessitate the abortion of this pregnancy to advert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions.
2) It was necessary to preserve the life of an unborn child.
3) Determination of probable postfertilization age was not made. Provide the basis of the determination that a medical emergency existed (specify).

SUMMARY OF INDUCED ABORTION IN IDAHO

Abortion in Idaho

The reporting of induced abortions occurring in Idaho has been required by state statute since July 1, 1977. The number of abortions reported in Idaho in 2023 was five. A summary of the five induced terminations is as follows:

- Four induced terminations occurred in Ada County (District 4) and one induced termination occurred in Canyon County (District 3).
- The five patients were Idaho residents.
- The induced terminations occurred in March, April, May, July, and August 2023.
- Two patients were married. and three patients were not married.
- One patient was 20-24 years of age, three patients were 25-29 years of age, and one patient was 30-34 years of age.
- Three patients were White, and race was not reported for two patients.

- One induced termination was completed by Dilation and evacuation (D&E) and four induced terminations were medical (non-surgical).
- The clinical estimate of gestation was 16-20 weeks for four induced terminations and was not reported for one induced termination. For the one induced abortion with clinical estimate not reported, the length of gestation based on the date of the last menses and the date of the pregnancy termination, the gestation was 16-20 weeks.
- Four patients reported no previous live births, and one patient reported a previous live birth.
- None of the patients reported a previous induced termination.
- Three patients received educational materials, one patient did not receive educational materials, and information regarding patient receiving educational materials was not reported for one patient.
- None of the patients were under the age of 18 years and none of the induced terminations were performed at 20 weeks or more postfertilization.

TECHNICAL NOTES

Termination Procedure

The primary procedure that terminated this pregnancy.

Suction Curettage
(Also known as vacuum aspiration)-In this procedure the cervical canal is dilated by the successive insertion of instruments of increasing diameter (dilators). When the cervix is sufficiently dilated, a flexible tube (cannula) is inserted into the uterine cavity, and the fetal and placental tissues are then removed using an electric vacuum pump.

Medical (Nonsurgical)
This nonsurgical procedure involves the administration of a medication or medications to induce an abortion. Medications (e.g. methotrexate, mifepristone, misoprostol, etc.) are used most frequently early in the first trimester of pregnancy. However, some medications (e.g. prostaglandin suppositories, injectable prostaglandins, etc.) may be administered during the second trimester of pregnancy to induce abortion. Medications may be administered orally, by injection, or intravaginally.

Dilation and Evacuation (D&E)
This procedure, used most frequently in the second trimester of pregnancy (greater than or equal to 13 weeks' gestation) involves opening the cervix (dilation) and primarily using sharp instrument techniques, but also suction and other instrumentation such as forceps for evacuation.

Intrauterine Instillation (Saline or Prostaglandin)
This procedure involves either withdrawing a portion of the amniotic fluid from the uterine cavity by a needle inserted through the abdominal wall and replacing this fluid with a concentrated salt solution (known as saline instillation, saline abortion, or saline amniotic fluid exchange) or injecting a prostaglandin – a substance with hormone-like activity- into the uterine cavity through a needle inserted through the abdominal wall (known as intrauterine prostaglandin instillation). The saline instillation process induces labor, which results in the expulsion of the fetus approximately 24 to 48 hours later. The interval between prostaglandin injection and expulsion tends to be shorter than in a saline abortion.

Sharp Curettage (D&C)
(Also known as dilation and curettage, D&C, or surgical curettage)-This procedure involves the dilation of the cervix as in the section curettage procedure, although usually to a larger diameter. The fetal and placental tissues are then removed with a sharp curette.

Hysterotomy/Hysterectomy
Hysterotomy involves surgical entry into the uterus to remove a fetus. Hysterotomy is usually performed only if other abortion procedures fail or if other abortion procedures are not appropriate. Hysterectomy is a procedure in which the uterus is removed (with the fetus inside). It is usually performed only when a pathological condition of the uterus, such as fibroid tumors, warrants its removal or when a woman desires sterilization.

Note there may be one or more procedure used to terminate the pregnancy.

Complications of Termination

Beginning in 2019, complications are no longer reported on the Induced Termination report filed with the Bureau of Vital Records and Health Statistics. Complications are reported on a separate Abortion Complications Report. Data from the Abortion Complications Report are based on the year the report is filed with Bureau of Vital Records and Health Statistics; the abortion may have occurred in the same year as the complication or the abortion may have occurred year(s) prior to the complication. For information regarding the Abortion Complications Reporting Act go to:
https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH95/

Clinical Estimate of Gestation

The length of gestation as estimated by the attending physician in completed menstrual weeks. This estimate is not computed from the date last normal menses began and date of termination. Clinical estimate of gestation is used for the length of gestation.

Postfertilization Age

Age calculated from the date of fertilization of the human ovum. The termination record does not collect the date of fertilization. Fertilization of the human ovum occurs approximately two weeks after the onset of menses. The postfertilization age is calculated to by the number of completed weeks' clinical estimate of gestation minus two weeks. For example, 20 weeks postfertilization is equal to 22 weeks' clinical estimate of gestation.

Educational Materials	Was the patient provided the education materials as specified in Idaho Code § 18-609(4)? Education materials include information on induced termination, fetal development, and services for women, infants, and children in Idaho.
Race	Patient's race is a write-in category for one race. If race is written as "Hispanic", "Mexican", or "Latina", the patient's race is categorized as "white". If race is written as "other", "mixed race", or "multi race" the patient's race is categorized as "other".
Ethnicity	Patient's ethnicity is reported separately from race on the induced termination record. Ethnicity is reported as a check box of yes or no for the question "Of Hispanic origin?". If checked "yes", Hispanic origin is specified as Cuban, Mexican, Puerto Rican.