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Stefan Johansson
Director

Mark Gordon
Governor

MEMORANDUM

Date: June 30, 2023
To: Joint Labor, Health, and Social Services Interim Committee
From: Stefan Johansson, Director 
Wyoming Department of Health
Subject: Induced Termination of Pregnancy - 2023 Report
Ref: J-2023-374

W.S. § 35-6-108(c) requires the Department of Health Vital Statistics Services (VSS) to report annually on summary statistics from induced termination of pregnancy (ITOP) — or, abortion —reporting from health care providers. The statute reads:

(c) Not later than June 30 of each year the office of vital records services shall issue a public report providing summary statistics for the previous calendar year compiled from all of the abortion reporting forms from that year submitted in accordance with this section for each of the items listed in W.S. 35-6-107. The report shall also include the statistics for all previous calendar years during which this subsection was in effect, adjusted to reflect any additional information from late or corrected reports. The office shall ensure that no information included in the public reports could reasonably lead to the identification of any woman upon whom an abortion was performed, induced or attempted. The report shall be transmitted to the United States centers for disease control and prevention for the national abortion surveillance report.

Attached please find the report that meets this requirement.

SJ/FF/jg

c: Governor Mark Gordon
Legislative Service Office (electronic copy)
State Department Depository (electronic copy)

Wyoming Department of Health

Public Report

2022 Induced Termination of Pregnancy (ITOP) Report

Prepared by

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Cheyenne, Wyoming 82002

June 30, 2023

Specific Requirements of Statute

W.S. § 35-6-107 requires all licensed practitioners in Wyoming to report Induced Termination of Pregnancy (ITOP) and specific abortion procedure information to the State Health Officer. This statute reads:

(a) The state office of vital records services shall establish an abortion reporting form which shall be used after May 27, 1977 for the reporting of every abortion performed or prescribed in this state. The form shall include the following items in addition to the information necessary to complete the form subject to subsection (b) of this section:

(i) The age of the pregnant woman;

(ii) The type of procedure performed or prescribed;

(iii) Complications, if any;

(iv) A summary of the pregnant woman's obstetrical history regarding previous pregnancies, abortions and live births;

(v) The length and weight of the aborted fetus or embryo, when measurable or the gestational age of the aborted fetus or embryo in completed weeks at the time of abortion;

(vi) Type of facility where the abortion is performed (i.e., hospital, clinic, physician's office, or other).

(b) In addition to the requirements provided in subsection (a) of this section, the form shall not contain the name or the address of the pregnant woman or any other common identifiers including a social security number, driver's license number or any other information or identifier that would tend to disclose the identity of the pregnant woman or any other participant other than the reporting physician.

(c) The form shall be completed by the attending physician and submitted to the state health officer as defined in W.S. 9-2-103(e) within twenty (20) days after the abortion is performed. A physician who fails to submit a form under this section within one hundred ten (110) days after an abortion is performed shall be reported to the board of medicine by the state health officer. The board of medicine shall investigate the matter and may take disciplinary action under W.S. 33-26-402(a)(x).

(d) Termination of a pregnancy by natural miscarriage or as a treatment consequence of a natural miscarriage shall not be reported as an abortion pursuant to this section, provided that

the miscarriage was not induced with the intent of terminating the pregnancy. An alleged miscarriage that was induced with the intent of terminating a pregnancy shall be reported as an abortion pursuant to this section.

W.S. § 35-6-108(c) requires the Department of Health Vital Statistics Services (VSS) to report annually on summary statistics from these ITOP reports.

The statute specifically reads:

(c) Not later than June 30 of each year the office of vital records services shall issue a public report providing summary statistics for the previous calendar year compiled from all of the abortion reporting forms from that year submitted in accordance with this section for each of the items listed in W.S. 35-6-107. The report shall also include the statistics for all previous calendar years during which this subsection was in effect, adjusted to reflect any additional information from late or corrected reports. The office shall ensure that no information included in the public reports could reasonably lead to the identification of any woman upon whom an abortion was performed, induced or attempted. The report shall be transmitted to the United States centers for disease control and prevention for the national abortion surveillance report.

Response to Specific Requirements of Statute

In the 2022 reporting year, the VSS Office received 200 ITOP reports. These reporting entities are classified as clinics or physician's office, but include both procedures performed in a brick and mortar establishment and those performed via telehealth.

Table 1, below, shows the total number of form responses by Wyoming resident status. In procedures reported in 2022, 127 ITOP procedures were performed for Wyoming residents; the remaining 72 were for non-residents and one form was returned without a response for residency.

Table 1: Procedures by residency status

Residency	Reporting Year			
	2019*	2020	2021	2022
Resident	26	67	67/71**	127
Non-Resident	5	22	31/32**	72
Unknown (No Answer)	0	2	0	1
Total	31	91	98/103**	200

For 2022, 52% of the patients requesting the procedure were between the ages of 25-34 years and 77% percent of the women reported the procedure was their first. Table 2, below, breaks down the procedures by age.

Table 2: Procedures by age

Age Range	Reporting Year			
	2019*	2020	2021	2022
≤ 24	7	29	33/36**	67
25-34	18	45	48	103
35 +	6	17	17/19**	30
Total	31	91	98/103**	200

Table 3, below, tabulates procedures by number of previous procedures reported.

Table 3: Number of previous procedures

Number of Previous Procedures	Reporting Year			
	2019*	2020	2021	2022
0	19	65	73/79**	153
1	6	21	19/21**	28
2	3	5	5	14
≥ 3	3	0	1	5
Total	31	91	98/103**	200

All 200 patients received the early medical abortion procedure (a nonsurgical abortion), as shown in Table 4, below.

Table 4: Method

Method	Reporting Year			
	2019*	2020	2021	2022
Surgical: Dilation and Curettage (D&C)	0	1	0	0
Surgical: Hysterectomy/ Hysterotomy	0	0	0	0
Intrauterine Instillation	0	0	0	0
Medical, Non-Surgical	31	88	98/103**	200
Unknown (No Answer)	0	2	0	0
Total	31	91	98/103**	200

No patient complications were noted on any of the 2022 reports. The gestational age of the fetus for all reported procedures was less than or equal to ten weeks, as shown in Table 5, below. One report had no response for the gestational age.

Table 5: Gestational Age

Gestational Age	Reporting Year			
	2019*	2020	2021	2022
6 weeks or less	18	49	64/99**	126
7-10 weeks	13	41	34/37**	73
11 weeks or more	0	0	0	0
Unknown (No Answer)	0	1	0	1
Total	31	91	98/103**	200

One hundred-four patients reported no previous live births and 96 reported one or more previous live births. This is shown in Table 6, below.

Table 6: Number of Previous Live Births

Number of Previous Live Births	Reporting Year			
	2019*	2020	2021	2022
0	17	42	62/65**	104
1	5	20	16/18**	48
2	7	16	11	30
3	1	8	6	10
≥ 4	1	4	3	8
Unknown (No Answer)	0	1	0	0
Total	31	91	98/103**	200

* Note that 2019 numbers only covered a 6-month period (July to December 2019).

** Note that 5 additional ITOP reports were received by VSS for reporting year 2021 after the annual report was published.