

Post-Dobbs

*The Medical and Legal
Landscapes of Reproductive Rights in Ohio*
What doctors, care providers, lawyers and the public
need to know post-Dobbs in Ohio.

Monday, July 25, 2022 | 2:00 PM - 6:00 PM
4.0 Hours of FREE Continuing Legal Education Credits Pending
Hybrid Event In-Person at the CMBA Conference Center
1375 East 9th Street Floor #2 Cleveland, OH 44114
Online via Zoom

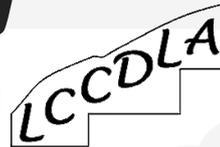


Northeast Ohio Women's Center

Toledo Women's Center



Diane Menashe, Esq.



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AGENDA

Session 1 - Abortion 101

2:00 - 2:50 PM

Dr. Catherine Romanos,
Women's Med Center, Dayton

Maggie Scotece, Esq.,
Interim Executive Director,
Women Have Options Ohio

Jordyn Close,
Executive Fellow, Ohio Women's Alliance;
Board Chair, Women Have Options-Ohio

Session 2 – The Potential Criminal Implications of Ohio's Heartbeat Bill

2:50 - 3:40 PM

Madelyn J. Grant, Esq.,
Criminal Defense Attorney, Friedman & Nemecek, LLC

Jen Driscoll, Esq.,
Supervisor of Major Trial Unit, Cuyahoga County Prosecutor's Office

Diane Menashe, Esq.,
Partner, Director of Litigation Training & Pro Bono Activities, Ice Miller Legal Counsel

Break

3:40 - 4:00 PM

Session 3 – Where Are We Going?

4:00 - 4:50 PM

Jessie Hill, JD,
Professor of Law, CWRU School of Law

Sarah Inskeep,
Ohio State Policy & Movement Building Director, URGE

Colette Ngana,
Chair, Board of Directors of Preterm;
Doctoral Candidate, Department of Sociology, CWRU

Session 4 – Regulation and Compliance

4:50 - 5:40 PM

Victoria Vance, Esq.,
Chair, Tucker Ellis, LLP, Health Care Practice Group

Susan Scheutzow, Esq.,
Healthcare Attorney, Kohrman Jackson & Krantz

David Burkons, MD,
Physician and Owner, Northeast Ohio Women's Center, LLC and Toledo Women's Center

Questions

5:40 - 6:00 PM

PROGRAM MODERATOR

Ian N. Friedman, Esq.,
Friedman & Nemecek, L.L.C.
Cleveland-Marshall College of Law
Adjunct Professor

SESSION 1 - ABORTION 101



Dr. Catherine Romanos,
Women's Med Center, Dayton

Dr. Romanos earned her undergraduate degree in Spanish literature from New York University and her medical degree from the University of Connecticut School of Medicine. She completed residency at the Lawrence Family Medicine Residency Program in Massachusetts, where she served as a faculty member until moving to Columbus in 2013. Since then Dr. Romanos has provided abortion care throughout the state. Dr. Romanos is a graduate of the Physicians for Reproductive Health Leadership Training Academy and the Midwest Regional Clinical Liaison for the Reproductive Health Access Project.



Maggie Scotece, Esq.,
Interim Executive Director,
Women Have Options Ohio

Maggie Scotece (She/They) is a long-time abortion advocate, doula, and former AFO (Abortion Fund of Ohio) volunteer & Board Member currently serving as the organization's Interim Executive Director. Since transitioning to this role in February 2022, Maggie has demonstrated her dedication to uplifting the stories of those most impacted by the barriers in Reproductive Justice spaces. She is a licensed attorney in Ohio with six years of experience in civil-rights law and direct, short-term legal assistance.

Maggie has worked to make civic engagement and public policy conversations more accessible through her tenure on the Fair Districts Mapping Competition Advisory Committee and the Ohio Democratic Disability Caucus. They bring deep-rooted connections to Disability Justice organizing to their work at WHO/O, including their experience as a disabled activist and co-founder of the Supported Decision Making Network of Ohio.

Over the last decade, Maggie has played an active role in community organizing spaces, including her involvement with the Ohio Chapter of the National Lawyers Guild where she began volunteering on their Protestor Jail Support and Legal Helpline in 2020. Maggie continues to work with local clinic escort programs, Racial Justice organizing, criminal justice reform, and movement lawyering

SESSION 1 - ABORTION 101



Jordyn Close,
Executive Fellow, Ohio
Women's Alliance;
Board Chair,
Women Have Options-Ohio

Jordyn Close (she/her) is a pro-sex, pro-abortion 25-year-old. She is the President of the Board of Director of Abortion Fund Of Ohio, Ohio's only statewide abortion fund, providing practical support and abortion access across the Midwest. Additionally, she is the Executive Fellow with Ohio Women's Alliance, building collective power with womxn, BIPOC, and young folks. She is an abortion storyteller with We Testify, focusing on busting abortion stigma and centering the voices of Black and brown people. Jordyn is an abolitionist and organizer focusing on decriminalization, pro-abortion policy and Black feminist political education. She is a sex and pleasure advocate, working to provide direct access to the community in Columbus and statewide, as well as working on destigmatizing and uplifting sex work. Her work has been featured in Teen Vogue, Bustle, Cosmopolitan, Rewire, Prism, VICE, The Columbus Dispatch, If When How, Matter News, and more. She continues to organize and mobilize young people in Ohio and the Midwest to do work and organize with a Reproductive Justice lens.

SESSION 2 – THE POTENTIAL CRIMINAL IMPLICATIONS OF OHIO'S HEARTBEAT BILL



Jen Driscoll, Esq.,
Supervisor of Major Trial
Unit, Cuyahoga County
Prosecutor's Office

Since graduating from Cleveland-Marshall College of Law in 2000, Jennifer Driscoll has served the community well through the Cuyahoga County Prosecutor's Office. Ms. Driscoll was promoted to the major trial unit, which deals directly with all rape, capital murder, homicide, and child sex assault cases, mainly on Child Victim Cases. Throughout her career she has litigated hundreds of cases before the Cuyahoga Court of Common Pleas and argued before the Eighth District Court of Appeals and was the lead trial attorney for the landmark case State v. Clark that was decided at the US Supreme Court. She also worked as a member of the Ohio Internet Crimes Against Children Task Force, which is a partnership of federal and local law enforcement agencies that includes the FBI, county sheriffs and prosecutors and local police departments from across Ohio and the Center for Missing and Exploiting Children in an effort to identify exploited and abused children. Ms. Driscoll is the supervisor of the Cuyahoga County Major Trial Unit Special Victim Section leading a team of APAs on all sexual assaults and sexual and physical abuses of children, elderly, and developmentally delayed victims, as well as all Human Trafficking cases and works closely with the Human Trafficking Task Force, and SART. She was part of the executive team that helped build Canopy Child Advocacy Center and sits on the Board of Directors as the secretary.

She works with federal and local partners on the Elder Justice Initiative to prevent further abuse and exploitation of the elderly. She is active in the community and continues speaking to organizations and schools and helped develop the OPOTA sexual assault training. She works closely with the law enforcement, local and state agencies, non-profit entities and residents, identifying criminal patterns, educating citizens and protecting the most vulnerable of the community.

SESSION 2 - THE POTENTIAL CRIMINAL IMPLICATIONS OF OHIO'S HEARTBEAT BILL



Madelyn J. Grant, Esq.,
Criminal Defense Attorney,
Friedman & Nemecek, LLC

Madelyn has been passionate about the criminal justice system and the practice of criminal defense from a young age. She watched and admired her father, David Grant, as he built a successful and well-respected criminal defense practice in Cleveland, Ohio. Madelyn set her sights on following in his footsteps. She is well acquainted with the injustices that are inherent in our criminal justice system and has always aspired to be a trusted and powerful advocate for her clients as they navigate through it.

Prior to joining Friedman & Nemecek, Madelyn interned and clerked for the Honorable Judge Joan Synenberg and the Cuyahoga County Public Defender's Office.

During her time with the firm, she has litigated criminal matters in state and federal courts throughout the county. Madelyn's practice is primarily focused on sexually related offenses and cybercrimes. She has a thorough and well-rounded understanding of how to strategically, and aggressively defend these cases from the point of investigation through trial. Her acute knowledge of the law and passion for the criminal justice system provides her clients with a unique and effective approach to combating the most difficult cases.

As an Adjunct Professor of Cybercrime at Cleveland-Marshall College of Law, Madelyn has a comprehensive understanding of the intricate nature of cyber offenses and how to attack these highly complex and technologically-focused cases in both the criminal and civil realm.

Apart from her work in the courtroom, Madelyn also dedicates her time and effort to improving the legal community. To that end, she is the current Vice President of the Cuyahoga County Defense Lawyers Association as well as an active member and the outgoing Chair of the Young Lawyers Section of the Cleveland Metropolitan Bar Association. She also serves as a coach for the Cleveland-Marshall Moot Court Team where she spends months working with students as they prepare for competitions across the county.



Diane Menashe, Esq.,
Partner, Director of Litigation
Training & Pro Bono Activities,
Ice Miller Legal Counsel

Diane Menashe has tried more than 100 criminal and civil cases to jury verdict including the recent case of State v. Dr. William Husel, where the jury returned 14 notguilty verdicts for her client, an ICU intensivist, who was charged with over prescribing fentanyl while providing end of life care to patients. Diane has extensive experience in criminal defense in both state and federal courts handling high-level felony offenses, white collar matters, death penalty litigation and juvenile cases. Since joining Ice Miller an equal share of her practice is trying complex civil litigation and handling internal investigations. Earning favorable jury verdicts, which Diane has done a significant number of times, is of equal importance as negotiating the absolute best pretrial outcomes for her clients. Diane serves as the Vice Chair of the Firm's Litigation Practice Group. She is also the Firm's Director of Litigation Training and Pro Bono Activities. With Diane at the helm, Ice Miller ensures that junior lawyers learn the necessary litigation skills to become effective advocates and trial lawyers for our clients. Not only does she conduct in-house training and oversee the Firm's long standing Mock Trial program, but she marries litigation training with the Firm's significant engagement in pro bono work.

Diane teaches annually as a faculty member of Harvard Law School's Trial Advocacy Workshop where she teaches alongside of some of the best trial lawyers and judges in the country. In recognition of her experience as a trial lawyer, Diane is a fellow in both the American College of Trial Lawyers (ACTL) and the International Academy of Trial Lawyers (IATL).

SESSION 3 – WHERE ARE WE GOING?



Jessie Hill, JD,
Professor of Law,
CWRU School of Law

Jessie Hill is the Associate Dean for Research and Faculty Development and Judge Ben C. Green Professor of Law at Case Western Reserve University School of Law. Ms. Hill's teaching focuses on constitutional law, civil rights, reproductive rights, and law and religion. Prior to teaching, Professor Hill worked at the Reproductive Freedom Project of the national ACLU office in New York, litigating challenges to state-law restrictions on reproductive rights, and then practiced First Amendment and civil rights law with a small law firm in Cleveland. She is a frequent lecturer and consultant on reproductive rights issues and is currently involved in litigating numerous challenges to abortion restrictions in Ohio.



Sarah Inskip,
Ohio State Policy &
Movement Building
Director, URGE

Sarah currently serves as the Ohio State Policy & Movement Building Director with URGE: Unite for Reproductive and Gender Equity, a youth-led Reproductive Justice organization focused on building power in the South and Midwest. For the last seven years, Sarah has moved through organizing, communications, policy, and operations roles within Ohio's reproductive, health, rights, and Justice movement. Hailing from Cincinnati, Sarah has since moved to Columbus where she has lived since 2016 and enjoys cooking for loved ones, being outdoors, and going on adventures with her partner and dog, Oslo.

SESSION 3 – WHERE ARE WE GOING?



Colette Ngana is a doctoral candidate in the Department of Sociology at Case Western Reserve University where she researches social and health inequities. In particular, Colette is focused on understanding socially produced vulnerabilities through the experience of burn injury survivors. Colette has been volunteering with Preterm since 2013 and now serves as Chair of the Board of Directors. Her background in reproductive and medical ethics informs her community and reproductive justice work.

Colette Ngana,
Chair, Board of
Directors of Preterm;
Doctoral Candidate, Department
of Sociology, CWRU
Pronouns: she/her/hers

SESSION 4 – REGULATION AND COMPLIANCE



Victoria Vance began her legal career as a trial attorney, defending doctors, hospitals, and pharmaceutical companies in high value and complex litigation. She was then recruited to move in house and develop the nationwide litigation program for The Cleveland Clinic Foundation. Upon her return to the law firm setting — and the courtroom — Ms. Vance became Chair of the Health Care Practice Group at Tucker Ellis LLP, a national law firm, based in Cleveland, Ohio. In her current role, Ms. Vance provides a full range of health care regulatory counsel, investigation, trial and litigation services to health care providers, senior care facilities, medical malpractice insurers, underwriters, and pharmaceutical clients. She has advised national and international clients on the risks and regulatory challenges of the COVID pandemic. Ms. Vance also draws on her experience as a trained mediator to assist clients in evaluating litigation and developing case management strategies. Ms. Vance is a frequent speaker on a broad range of medical and health care topics. She received her undergraduate degree in economics from John Carroll University, and her law degree from The Cornell Law School.

Victoria Vance, Esq.,
Chair, Tucker Ellis, LLP,
Health Care Practice Group

SESSION 4 – REGULATION AND COMPLIANCE



Susan Scheutzow, Esq.,
Healthcare Attorney, Kohrman
Jackson & Krantz

Susan is known as one of Ohio's leading healthcare attorneys and is the author of the book "Ohio Health Care Provider Law," which has been relied upon in healthcare law across the state for more than 20 years. As Of Counsel, she works with clients on regulatory and compliance matters, medical staff and licensing issues, contract negotiations, litigation and general corporate law. Susan also serves as General Counsel for Southwest General Hospital. Susan's contributions to the field of healthcare law across her 40-year legal career have been recognized locally and nationally. She is a current fellow and former board member of the American Health Lawyers Association, was honored with the Distinguished Women in Healthcare award from the Visiting Nurse Association and is often called upon to speak on healthcare law topics and contribute to such publications as the Journal of Health & Life Sciences Law. She is an attorney equally respected among medical staffs and healthcare executives.

Susan has pioneered the curriculum in Health Law at Cleveland State University's Cleveland-Marshall College of Law and continues to teach graduate and undergraduate courses in health law at Baldwin-Wallace University.

SESSION 4 – REGULATION AND COMPLIANCE



David Burkons, MD,
Physician and Owner,
Northeast Ohio Women's
Center, LLC and
Toledo Women's Center

Dr. Burkons is a generation Cleveland ObGyn who has been practicing here since 1977. In 2002, he began working as a Abortion provider and found this work to be extremely emotionally gratifying. Over the years, he transitioned into doing this full time and I now have 3 clinics in Ohio. His hope is to find ways to reduce the stress and desperation so many of Ohio's women feel since Dobbs.

MODERATOR BIO



Ian N. Friedman, Esq.
 Friedman & Nemecek, L.L.C.
 Cleveland-Marshall College of
 Law Adjunct Professor

Ian Friedman is a partner at the law firm of Friedman & Nemecek, L.L.C., which is based in Cleveland, Ohio. His practice is focused on criminal, cyber, and white-collar matters. He is a frequent author, lecturer and court qualified expert on matters related to criminal justice. He represents individuals and entities across the United States and has served as counsel in Europe, Asia, and South America. Ian is a past-President of the Ohio Association of Criminal Defense Lawyers and was the first lawyer to be named its "Lawyer of The Year." He is a Fellow of the American Board of Criminal Lawyers and served as President in 2018. He also served as President of the Cleveland Metropolitan Bar Association in 2020. Ian is an Adjunct Professor at the Cleveland-Marshall College of Law where he has taught Cybercrime since 2006.

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Thank you, Partners.



UNITE FOR REPRODUCTIVE & GENDER EQUITY

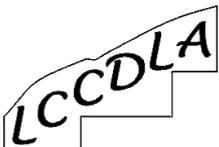


National Association of Social Workers

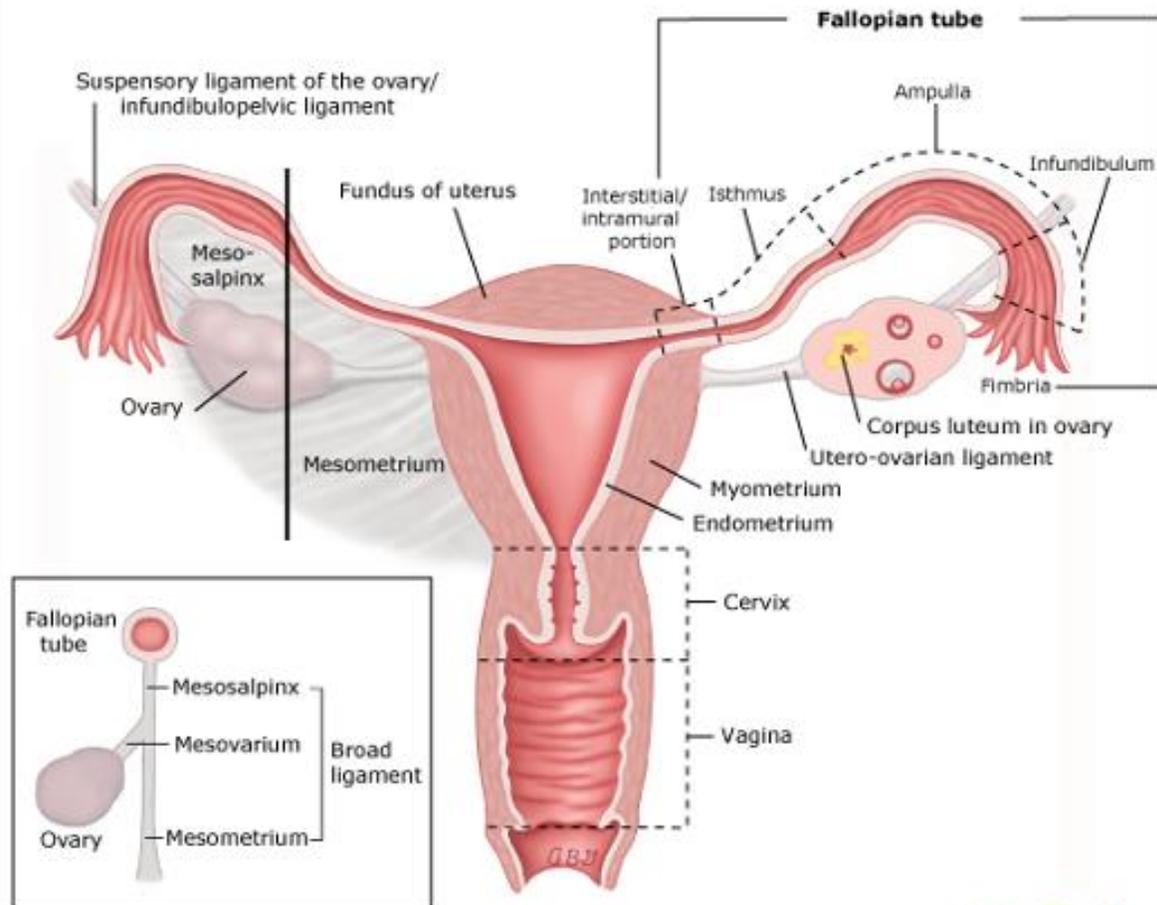
OHIO CHAPTER



Diane Menashe, Esq.



Normal female reproductive anatomy



A Brief History of Abortion Case Law in the United States

***Roe v. Wade*, 410 U.S. 113 (1973).**

In *Roe*, the Supreme Court declared that people have a constitutional right to abortions based on the implied right to personal privacy, which stems from the Ninth and Fourteenth Amendments of the United States Constitution. The decision in *Roe* established a framework in which a pregnant person's right to abortion and the state's right to protect a potential life shift depending on the stage of the pregnancy. Under *Roe*, during the first trimester of pregnancy, a person's privacy right is strongest, and the state may not regulate abortion for any reason. During the second trimester, the state may only regulate abortion to protect the health of the pregnant person. During the third trimester, the state may regulate abortion to promote its interest in the potential life of the fetus, unless abortion is necessary to preserve the pregnant person's life or health.

***Doe v. Bolton*, 410 U.S. 179 (1973).**

Doe held that a person's right to an abortion cannot be limited by the state if the abortion is sought for reasons of the pregnant person's health. The Court further defined health factors to include "all factors – physical, emotional, psychological, familial, and the woman's age – relevant to the well-being of the patient." This holding expanded the right to abortion into the third trimester of pregnancy.

***Planned Parenthood v. Danforth*, 428 U.S. 52 (1976).**

Here, the Supreme Court struck down a Missouri law which required abortion seekers to provide prior written consent from a parent (in the case of a minor) or a spouse (in the case of a married woman).

***Maher v. Roe*, 432 U.S. 464 (1979).**

Maher held that a state may refuse to allocate funds to pay for an indigent person's nontherapeutic abortion, even if the same state would have subsidized medical expenses related to the indigent person's pregnancy and childbirth.

A Brief History of Abortion Case Law in the United States

H.L. v. Matheson, 450 U.S. 398 (1981).

The Supreme Court upheld a statute requiring doctors who perform abortions on minor patients to notify one parent of a minor, provided judicial bypass is available. Judicial bypass allows a minor to petition the court to approve the procedure if the minor's parent can not be notified.

City of Akron v. Akron Center for Reproductive Health, 462 U.S. 416 (1983).

The Supreme Court struck down informed consent requirements that included information on the medical risks of abortion, fetal development, alternatives to abortion, and a 24-hour waiting period.

Planned Parenthood of Southeastern Pa. v. Casey, 505 U.S. 833 (1992).

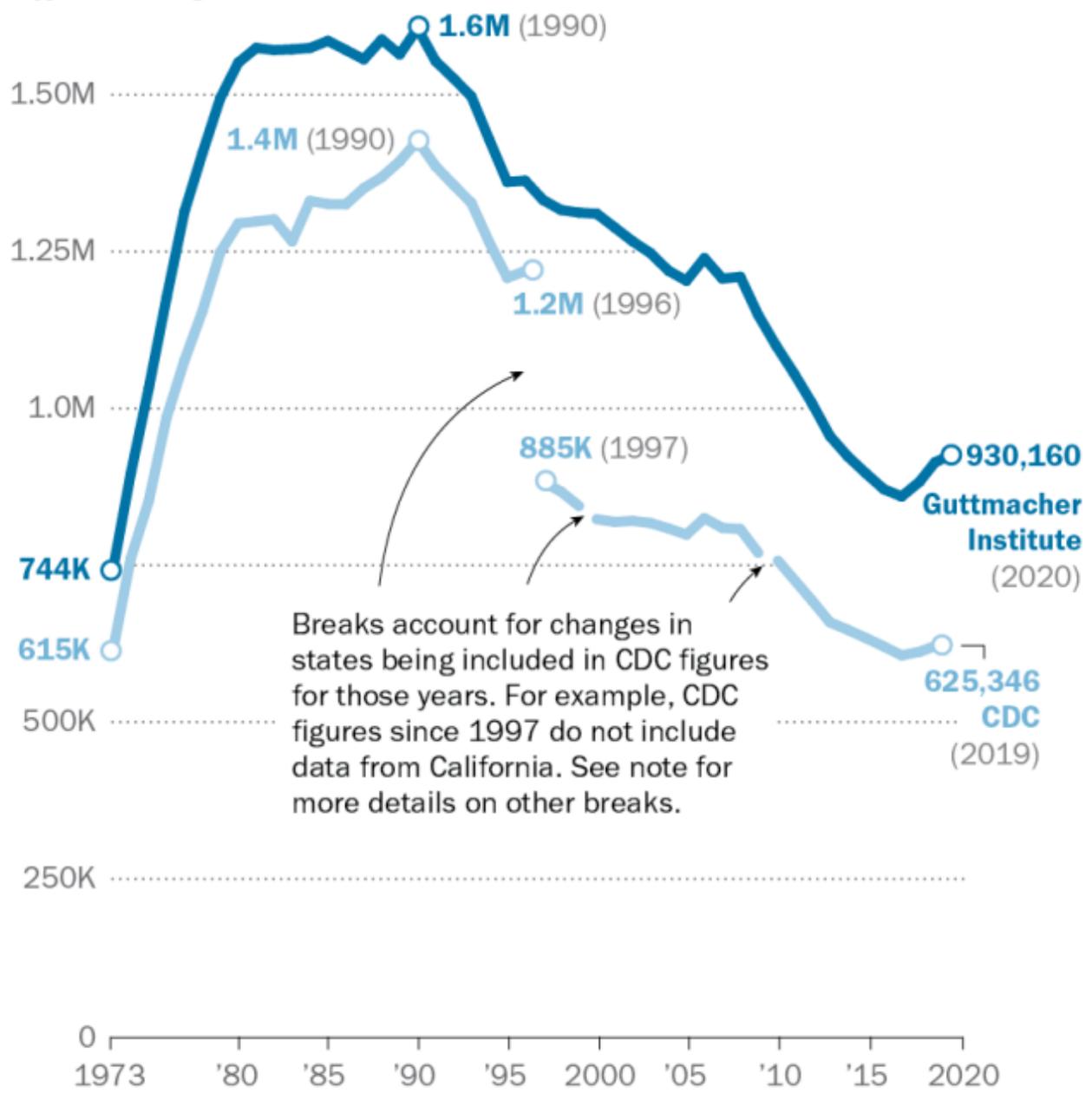
On June 29, 1992, the Supreme Court published what is widely considered the second seminal abortion decision. In *Casey*, the Court narrowed and overturned many of its prior holdings by declaring that states can: require parental consent for a minor's abortion so long as judicial bypass is available; require a waiting period between seeking and obtaining an abortion; and require detailed informed consent including medical information about the abortion. Moreover, the *Casey* decision eliminated the trimester framework from *Roe*, replacing it with pre- and post-viability tests for constitutionality. *Casey* technically reaffirmed *Roe* on the basis of *stare decisis* but updated the constitutionally-protected interest of the person seeking abortions from "privacy" to "liberty." Broadly speaking, *Casey* did not eradicate the constitutional right to an abortion, but it did limit it and make abortion rights more susceptible to future attacks.

Dobbs v. Jackson Women's Health Org., No. 19-1392, 2022 WL 2276808 (U.S. June 24, 2022).

Dobbs overturned *Roe*, *Doe*, and *Casey*, and held that the "federal constitution does not provide a right to abortion, and authority to regulate abortion must be returned to the people and their elected representatives." Now, individual states are permitted to implement their own legislation and regulations to restrict abortion access.

A look at the changing number of legal abortions in the U.S. since the 1970s

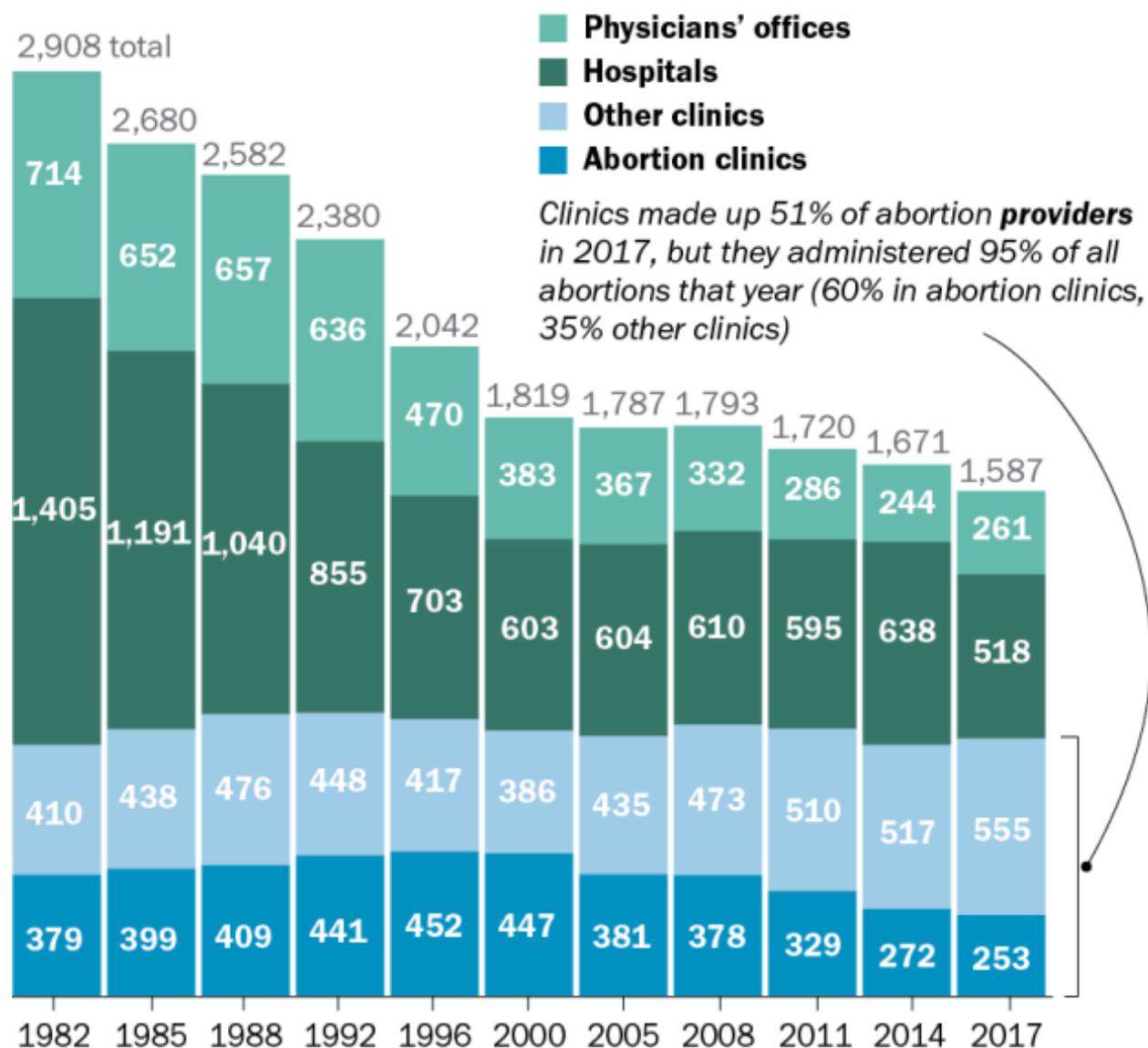
Number of legal abortions per year in U.S., according to two different organizations



Notes: Guttmacher data for 1983, 1986, 1989-90, 1993-94, 1997-98, 2001-03, 2006, 2009, 2012, 2015 and 2018 are estimates from Guttmacher. CDC totals from 1973 to 1996 include all 50 states and District of Columbia. CDC data since 1997 excludes states that did not report data each year of the specified time period, to facilitate comparison. CDC data in this graphic from 1997-1999 excludes six states: Alaska, California, Louisiana, New Hampshire, Oklahoma and West Virginia. CDC data in this graphic from 2000-2009 excludes seven states: Alaska, California, Delaware, Louisiana, Maryland, New Hampshire and West Virginia. CDC data in this graphic from 2010-2019 excludes three states — California, Maryland and New Hampshire — as well as the District of Columbia. Sources: Guttmacher Institute; Centers for Disease Control and Prevention.

Total number of abortion providers down since 1982

Number of abortion providers in U.S., by type



Note: Physicians' offices reporting 400 or more abortions a year are classified as clinics. "Other clinics" are places where most patient visits are for services that were not abortions.

Source: Guttmacher Institute.

PEW RESEARCH CENTER

Section 2901.11 | Jurisdiction for criminal acts.

[Ohio Revised Code](#) / [Title 29 Crimes-Procedure](#) / [Chapter 2901 General Provisions](#)

Effective: July 13, 2005 **Latest Legislation:** *Senate Bill 20 - 126th General Assembly*

(A) A person is subject to criminal prosecution and punishment in this state if any of the following occur:

(1) The person commits an offense under the laws of this state, any element of which takes place in this state.

(2) While in this state, the person attempts to commit, or is guilty of complicity in the commission of, an offense in another jurisdiction, which offense is an offense under both the laws of this state and the other jurisdiction, or, while in this state, the person conspires to commit an offense in another jurisdiction, which offense is an offense under both the laws of this state and the other jurisdiction, and a substantial overt act in furtherance of the conspiracy is undertaken in this state by the person or another person involved in the conspiracy, subsequent to the person's entrance into the conspiracy. In any case in which a person attempts to commit, is guilty of complicity in the commission of, or conspires to commit an offense in another jurisdiction as described in this division, the person is subject to criminal prosecution and punishment in this state for the attempt, complicity, or conspiracy, and for any resulting offense that is committed or completed in the other jurisdiction.

(3) While out of this state, the person conspires or attempts to commit, or is guilty of complicity in the commission of, an offense in this state.

(4) While out of this state, the person omits to perform a legal duty imposed by the laws of this state, which omission affects a legitimate interest of the state in protecting, governing, or regulating any person, property, thing, transaction, or activity in this state.

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(5) While out of this state, the person unlawfully takes or retains property and subsequently brings any of the unlawfully taken or retained property into this state.

(6) While out of this state, the person unlawfully takes or entices another and subsequently brings the other person into this state.

(7) The person, by means of a computer, computer system, computer network, telecommunication, telecommunications device, telecommunications service, or information service, causes or knowingly permits any writing, data, image, or other telecommunication to be disseminated or transmitted into this state in violation of the law of this state.

(B) In homicide, the element referred to in division (A)(1) of this section includes the act that causes death, the physical contact that causes death, the death itself, or any other element that is set forth in the offense in question. If any part of the body of a homicide victim is found in this state, the death is presumed to have occurred within this state.

(C)(1) This state includes the land and water within its boundaries and the air space above that land and water, with respect to which this state has either exclusive or concurrent legislative jurisdiction. Where the boundary between this state and another state or foreign country is disputed, the disputed territory is conclusively presumed to be within this state for purposes of this section.

(2) The courts of common pleas of Adams, Athens, Belmont, Brown, Clermont, Columbiana, Gallia, Hamilton, Jefferson, Lawrence, Meigs, Monroe, Scioto, and Washington counties have jurisdiction beyond the north or northwest shore of the Ohio river extending to the opposite shore line, between the extended boundary lines of any adjacent counties or adjacent state. Each of those courts of common pleas has concurrent jurisdiction on the Ohio river with any adjacent court of common pleas that borders on that river and with any court of Kentucky or of West Virginia that borders on the Ohio river and that has

jurisdiction on the Ohio river under the law of Kentucky or the law of West Virginia, whichever is applicable, or under federal law.

(D) When an offense is committed under the laws of this state, and it appears beyond a reasonable doubt that the offense or any element of the offense took place either in this state or in another jurisdiction or jurisdictions, but it cannot reasonably be determined in which it took place, the offense or element is conclusively presumed to have taken place in this state for purposes of this section.

(E) When a person is subject to criminal prosecution and punishment in this state for an offense committed or completed outside of this state, the person is subject to all specifications for that offense that would be applicable if the offense had been committed within this state.

(F) Any act, conduct, or element that is a basis of a person being subject under this section to criminal prosecution and punishment in this state need not be committed personally by the person as long as it is committed by another person who is in complicity or conspiracy with the person.

(G) This section shall be liberally construed, consistent with constitutional limitations, to allow this state the broadest possible jurisdiction over offenses and persons committing offenses in, or affecting, this state.

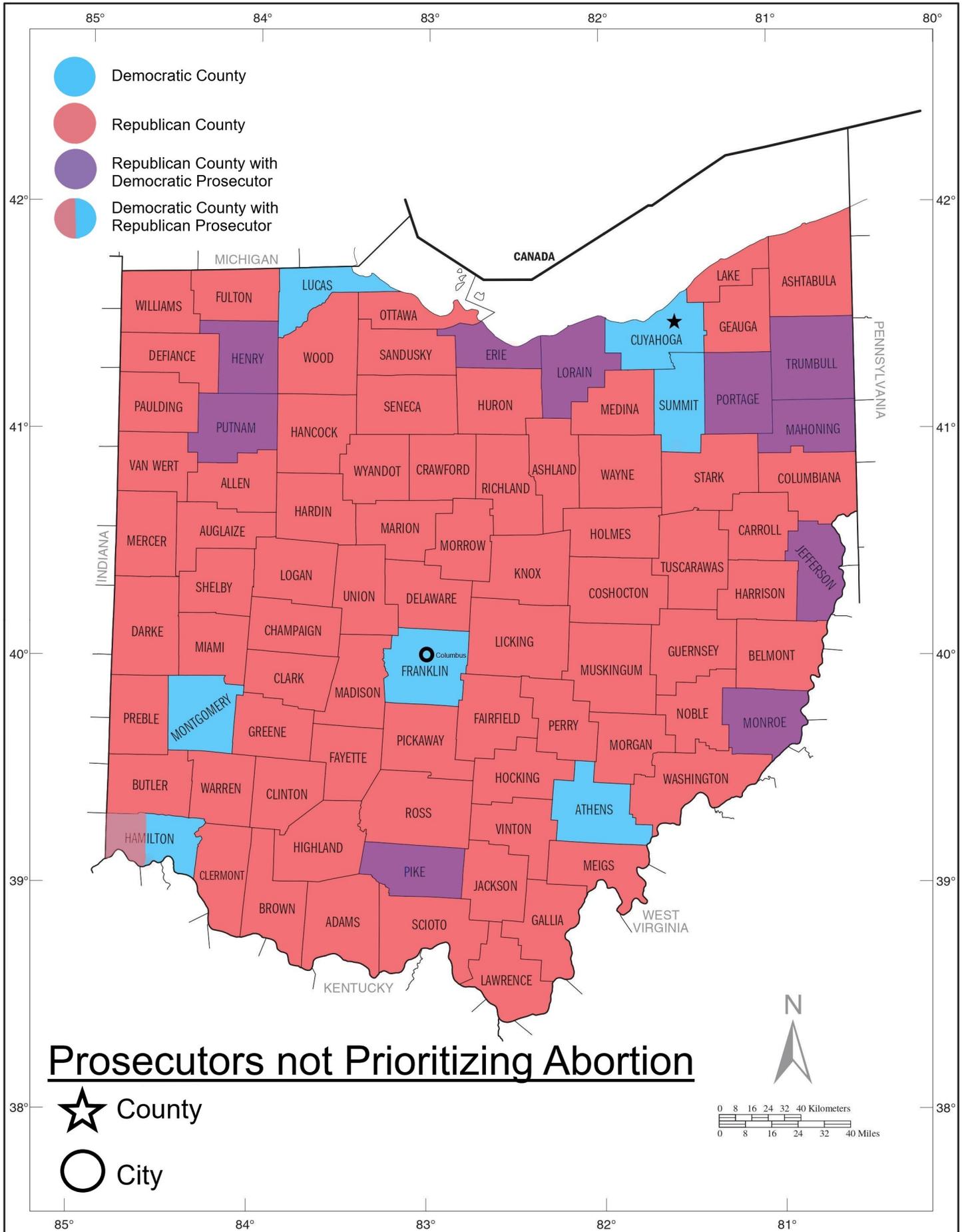
(H) For purposes of division (A)(2) of this section, an overt act is substantial when it is of a character that manifests a purpose on the part of the actor that the object of the conspiracy should be completed.

(I) As used in this section, "computer," "computer system," "computer network," "information service," "telecommunication," "telecommunications device," "telecommunications service," "data," and "writing" have the same meanings as in section [2913.01](#) of the Revised Code.

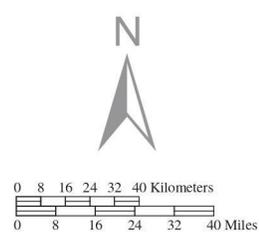
Available Versions of this Section

- July 13, 2005 – Senate Bill 20 - 126th General Assembly
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OHIO - Counties



Prosecutors not Prioritizing Abortion



Section 2923.03 | Complicity.

[Ohio Revised Code](#) / [Title 29 Crimes-Procedure](#) /

[Chapter 2923 Conspiracy, Attempt, and Complicity; Weapons Control; Corrupt Activity](#)

Effective: September 17, 1986 Latest Legislation: House Bill 338 - 116th General Assembly

(A) No person, acting with the kind of culpability required for the commission of an offense, shall do any of the following:

(1) Solicit or procure another to commit the offense;

(2) Aid or abet another in committing the offense;

(3) Conspire with another to commit the offense in violation of section [2923.01](#) of the Revised Code;

(4) Cause an innocent or irresponsible person to commit the offense.

(B) It is no defense to a charge under this section that no person with whom the accused was in complicity has been convicted as a principal offender.

(C) No person shall be convicted of complicity under this section unless an offense is actually committed, but a person may be convicted of complicity in an attempt to commit an offense in violation of section [2923.02](#) of the Revised Code.

(D) If an alleged accomplice of the defendant testifies against the defendant in a case in which the defendant is charged with complicity in the commission of or an attempt to commit an offense, an attempt to commit an offense, or an offense, the court, when it charges the jury, shall state substantially the following:

"The testimony of an accomplice does not become inadmissible because of his complicity, moral turpitude, or self-interest, but the admitted or claimed complicity of a witness

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affect his credibility and make his testimony subject to grave suspicion, and require that it be weighed with great caution.

It is for you, as jurors, in the light of all the facts presented to you from the witness stand, to evaluate such testimony and to determine its quality and worth or its lack of quality and worth."

(E) It is an affirmative defense to a charge under this section that, prior to the commission of or attempt to commit the offense, the actor terminated his complicity, under circumstances manifesting a complete and voluntary renunciation of his criminal purpose.

(F) Whoever violates this section is guilty of complicity in the commission of an offense, and shall be prosecuted and punished as if he were a principal offender. A charge of complicity may be stated in terms of this section, or in terms of the principal offense.

Available Versions of this Section

- September 17, 1986 – House Bill 338 - 116th General Assembly
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Rep. Valoree Swanson
District 150 – Spring

Rep. Steve Toth
District 15 – The Woodlands

Rep. Cody Vasut
District 25 – Angleton

Rep. James White
District 19 – Woodville

July 7, 2022

Yvette Ostolaza
Chair of the Management Committee
Sidley Austin LLP
2021 McKinney Ave #2000
Dallas, Texas 75201
yvette.ostolaza@sidley.com

Dear Ms. Ostolaza:

It has come to our attention that Sidley Austin has decided to reimburse the travel costs of employees who leave Texas to murder their unborn children. It also appears that Sidley has been complicit in illegal abortions that were performed in Texas before and after the Supreme Court's ruling in *Dobbs v. Jackson Women's Health Organization*, No. 19-1392. We are writing to inform you of the consequences that you and your colleagues will face for these actions.

Abortion is a felony criminal offense in Texas unless the mother's life is in danger. *See* West's Texas Civil Statutes, article 4512.1 (1974) (attached). The law of Texas also imposes felony criminal liability on any person who "furnishes the means for procuring an abortion knowing the purpose intended." West's Texas Civil Statutes, article 4512.2 (1974). This has been the law of Texas since 1925, and Texas did not repeal these criminal prohibitions in response to *Roe v. Wade*, 410 U.S. 113 (1973). These criminal prohibitions extend to drug-induced abortions if any part of the drug regimen is ingested in Texas, even if the drugs were dispensed by an out-of-state abortionist. To the extent that Sidley is facilitating abortions performed in violation of article 4512.1, it is exposing itself and each of its partners to felony criminal prosecution and disbarment.

We will also be introducing legislation next session that will impose additional civil and criminal sanctions on law firms that pay for abortions or abortion travel. The legislation that we will introduce will include each of the following provisions.

First. It will prohibit any employer in Texas from paying for elective abortions or reimbursing abortion-related expenses—regardless of where the abortion occurs, and regardless of the law in the jurisdiction where the abortion occurs. This provision will impose felony criminal sanctions on anyone who pays for these abortions to ensure that it remains enforceable against self-insured plans as a generally applicable criminal law.

Second. It will allow private citizens to sue anyone who pays for an elective abortion performed on a Texas resident, or who pays for or reimburses the costs associated with these abortions—regardless of where the abortion occurs, and regardless of the law in the jurisdiction where the abortion occurs. This provision will be modeled after the Texas Heartbeat Act and its private civil-enforcement mechanism.

Third. It will require the State Bar of Texas to disbar any lawyer who has violated article 4512.2 by “furnishing the means for procuring an abortion knowing the purpose intended,” or who violates any other abortion statute enacted by the Texas legislature. If the State Bar fails to disbar an attorney who has violated these laws, then any member of the public may sue the officers of the State Bar and obtain a writ of mandamus compelling them to impose the required disciplinary sanctions.

Fourth. The legislation that we will introduce next session will empower district attorneys from throughout the state to prosecute abortion-related crimes—including violations of article 4512.2 of the Revised Civil Statutes—when the local district attorney fails or refuses to do so. It will also eliminate the three-year statute of limitations that currently applies to violations of article 4512.2. The state of Texas will ensure that you and colleagues are held accountable for every abortion that you illegally assisted.

It also appears that Sidley may have aided or abetted drug-induced abortions in violation of the Texas Heartbeat Act, by paying for abortions (or abortion-related travel) in which the patient ingested the second drug in Texas after receiving the drugs from an out-of-state provider. Litigation is already underway to uncover the identity of those who aided or abetted these and other illegal abortions. In light of this pending litigation, as well as any anticipated litigation that might ensue, you and your colleagues at Sidley must preserve and retain all documents, data, and electronically stored information relating in any way to: (1) Any abortions performed or induced in Texas on or after September 1, 2021, in which a fetal heartbeat was detectable (or likely to be detectable if tested), including any such abortions that occurred while Judge Pitman’s injunction was in effect from October 6–8, 2021; (2) Any abortions performed or induced in Texas on or after June 24, 2022, including abortions performed while Judge Weems’s TRO was in effect from June 28, 2022, through July 1, 2022; (3) Any abortion that occurred on or after September 1, 2021, if there is any possibility that the patient might have opted for a drug-induced abortion and ingested either of the abortion drugs in Texas, even if the drugs were dispensed by a provider outside the state of Texas; and (4) The identity of any person or entity who has aided or abetted the abortions described in (1) – (3), including anyone at your firm, and anyone who paid for or in any way reimbursed the costs of those abortions.

You and your colleagues must preserve these items regardless of the medium, format, or device on which they are stored or hosted, and regardless of whether they appear in documents, drafts, notes, calendar entries, emails, text messages, voicemails, social-media posts, or any other form. Failure to preserve these documents could subject you and your colleagues to significant penalties.

Conduct yourselves accordingly.

Sincerely,

A handwritten signature in black ink, appearing to read "Mayes Middleton". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Rep. Mayes Middleton
Chairman, Texas Freedom Caucus

Enclosure: West's Texas Civil Statutes, articles 4512.1 – 4512.6 (1974)

cc: All attorneys at Sidley Austin LLP
Ken Paxton, Attorney General of Texas

deformity or injury, by any system or method, or to effect cures thereof.

2. Who shall diagnose, treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method, or to effect cures thereof and charge therefor, directly or indirectly, money or other compensation; provided, however, that the provisions of this Article shall be construed with and in view of Article 740, Penal Code of Texas¹ and Article 4504, Revised Civil Statutes of Texas as contained in this Act.

[1925 P.C.; Acts 1949, 51st Leg., p. 160, ch. 94, § 20(b); Acts 1953, 53rd Leg., p. 1029, ch. 426, § 11.]

¹ See, now, article 4504a.

Art. 4510b. Unlawfully Practicing Medicine; Penalty

Any person practicing medicine in this State in violation of the preceding Articles of this Chapter shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine of not less than Fifty Dollars (\$50), nor more than Five Hundred Dollars (\$500), and by imprisonment in the county jail for not more than thirty (30) days. Each day of such violation shall be a separate offense.

[1925 P.C.; Acts 1939, 46th Leg., p. 352, § 10.]

Art. 4511. Definitions

The terms, "physician," and "surgeon," as used in this law, shall be construed as synonymous, and the terms, "practitioners," "practitioners of medicine," and, "practice of medicine," as used in this law, shall be construed to refer to and include physicians and surgeons.

[Acts 1925, S.B. 84.]

Art. 4512. Malpractice Cause for Revoking License

Any physician or person who is engaged in the practice of medicine, surgery, osteopathy, or who belongs to any other school of medicine, whether they used the medicines in their practice or not, who shall be guilty of any fraudulent or dishonorable conduct, or of any malpractice, or shall, by any untrue or fraudulent statement or representations made as such physician or person to a patient or other person being treated by such physician or person, procure and withhold, or cause to be withheld, from another any money, negotiable note, or thing of value, may be suspended in his right to practice medicine or his license may be revoked by the district court of the county in which such physician or person resides, or of the county where such conduct or malpractice or false representations occurred, in the manner and form provided for revoking or suspending license of attorneys at law in this State.

[Acts 1925, S.B. 84.]

CHAPTER SIX ½. ABORTION

Article

- 4512.1 Abortion.
- 4512.2 Furnishing the Means.
- 4512.3 Attempt at Abortion.
- 4512.4 Murder in Producing Abortion.
- 4512.5 Destroying Unborn Child.
- 4512.6 By Medical Advice.

Art. 4512.1 Abortion

If any person shall designedly administer to a pregnant woman or knowingly procure to be administered with her consent any drug or medicine, or shall use towards her any violence or means whatever externally or internally applied, and thereby procure an abortion, he shall be confined in the penitentiary not less than two nor more than five years; if it be done without her consent, the punishment shall be doubled. By "abortion" is meant that the life of the fetus or embryo shall be destroyed in the woman's womb or that a premature birth thereof be caused.

[1925 P.C.]

Art. 4512.2 Furnishing the Means

Whoever furnishes the means for procuring an abortion knowing the purpose intended is guilty as an accomplice.

[1925 P.C.]

Art. 4512.3 Attempt at Abortion

If the means used shall fail to produce an abortion, the offender is nevertheless guilty of an attempt to produce abortion, provided it be shown that such means were calculated to produce that result, and shall be fined not less than one hundred nor more than one thousand dollars.

[1925 P.C.]

Art. 4512.4 Murder in Producing Abortion

If the death of the mother is occasioned by an abortion so produced or by an attempt to effect the same it is murder.

[1925 P.C.]

Art. 4512.5 Destroying Unborn Child

Whoever shall during parturition of the mother destroy the vitality or life in a child in a state of being born and before actual birth, which child would otherwise have been born alive, shall be confined in the penitentiary for life or for not less than five years.

[1925 P.C.]

Art. 4512.6 By Medical Advice

Nothing in this chapter applies to an abortion procured or attempted by medical advice for the purpose of saving the life of the mother.

[1925 P.C.]

July 15, 2022

Via Email To: info@toddrokita.com

Attorney General Todd Rokita
302 W. Washington St. IGCS 5th Floor
Indianapolis, IN 46204-2770

Re: Dr. Caitlin Bernard – Cease and Desist

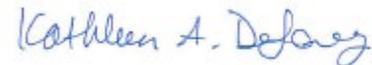
Dear General Rokita:

Our office represents Dr. Caitlin Bernard. Please immediately cease and desist making any false or misleading statements about Dr. Bernard. Your false and defamatory statements to Fox News on July 13, 2022, cast Dr. Bernard in a false light and allege misconduct in her profession. Even after the release of the TPR through public record requests, confirming that Dr. Bernard fully complied with all applicable reporting laws, your subsequent statements to local and national news sources on July 14, 2022, further cast Dr. Bernard in a false light and mislead consumers and patients. We are especially concerned that, given the controversial political context of the statements, such inflammatory accusations have the potential to incite harassment or violence from the public which could prevent Dr. Bernard, an Indiana licensed physician, from providing care to her patients safely.

Please cease and desist from making false and misleading statements about alleged misconduct by Dr. Bernard in her profession, which constitute defamation per se. Moreover, to the extent that any statement you make exceeds the general scope of your authority as Indiana's Attorney General, such a statement forms the basis of an actionable defamation claim.

This correspondence is not intended as a full recitation of the facts or a complete review of applicable law. Nothing contained in or omitted from this correspondence is or shall be deemed to be a limitation, restriction, or waiver of any of Dr. Bernard's rights or remedies, either at law or in equity, in connection with any of the matters raised herein, all of which are expressly reserved.

Sincerely,

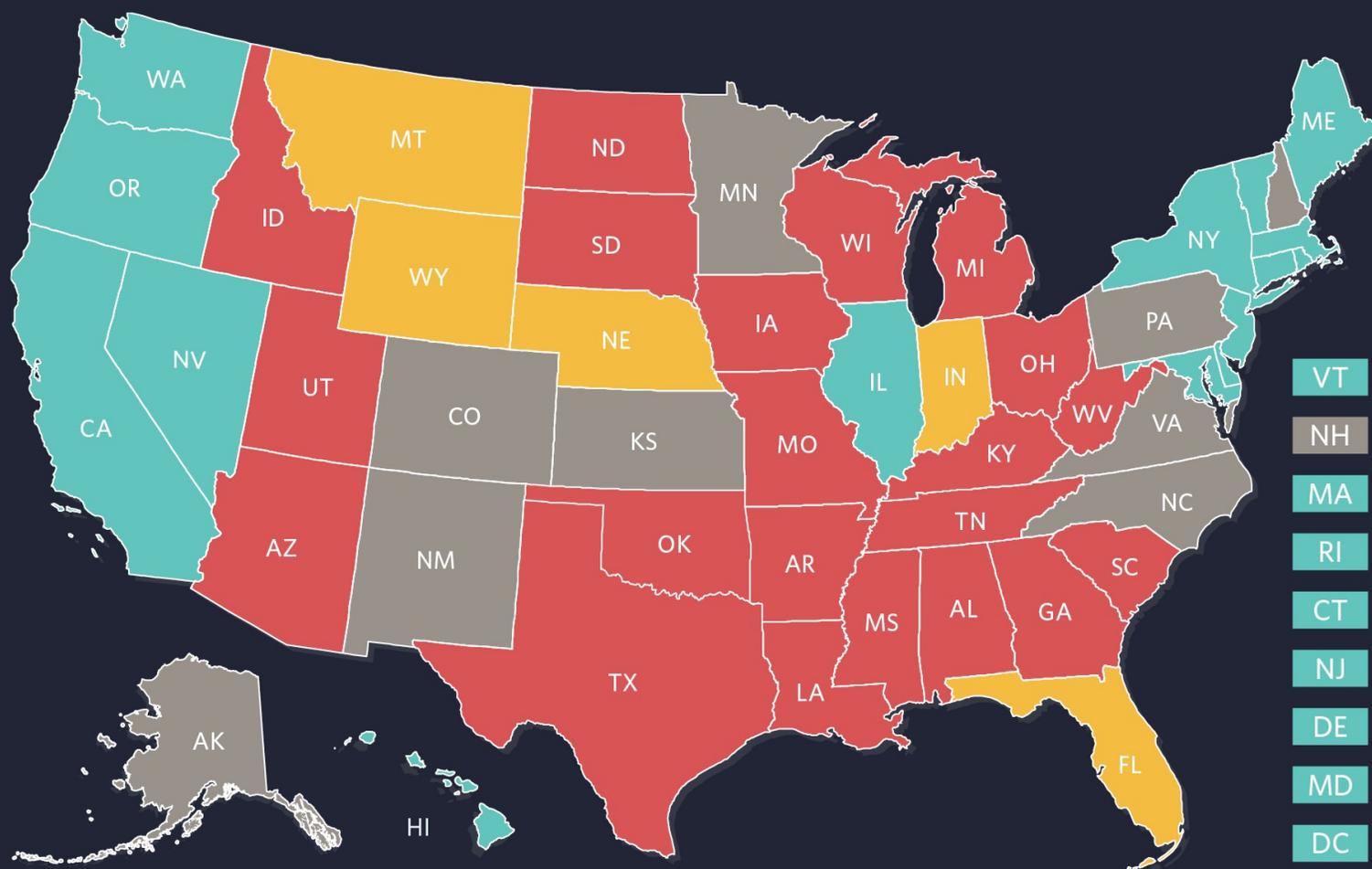


Kathleen A. DeLaney

Cc: Caitlin Bernard, M.D.

Legal Status of Abortion if Roe v. Wade Is Overturned

Twenty-six states are certain or likely to ban abortion if the Supreme Court overturns Roe v. Wade this year, according to the Guttmacher Institute, a research and policy organization that advocates for abortion rights. State laws and constitutions protect abortion rights in 15 states and Washington, D.C.



State action if Roe v. Wade is overturned:

- Certain to ban abortion
- Likely to ban abortion
- Law/constitution protects abortion rights
- Not expected to ban abortion within a year

Source: Guttmacher Institute

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THE OHIO ABORTION LANDSCAPE AFTER DOBBS V. JACKSON WOMEN'S HEALTH ORGANIZATION

OVERVIEW

Last updated: 7/12/22

This document answers some important questions about how the Supreme Court of the United States' (SCOTUS) decision in *Dobbs v. Jackson Women's Health Organization* will impact Ohioans. The ultimate SCOTUS decision closely resembles the leaked draft of the Supreme Court's opinion and overrules *Roe v. Wade* and *Planned Parenthood v. Casey*. This means that there is no longer a federal constitutional right to abortion and individual states have the authority to regulate or ban abortion altogether.

WHAT HAPPENS NOW IN OHIO?

Ohio is now enforcing a "heartbeat ban." These bans are also called six-week bans because they conflate embryonic cardiac cell activity with a fetal heartbeat. Since this cellular activity can be detected by some types of ultrasounds at approximately six-weeks' gestation and sometimes even earlier, "heartbeat" bans are essentially six-week gestational bans. This means abortion is legal in Ohio only until around six weeks gestation. (Six weeks of gestation is more like four weeks of actual embryonic development, however, since pregnancy is measured from the last day of a person's menstrual period (LMP) – or roughly two weeks before a person is actually pregnant.)

Ohio originally passed its six-week ban into law in 2019 (Senate Bill 23). It was quickly blocked from going into effect because it violated the constitutional rights established through the U.S. Supreme Court's decisions in *Roe* and *Casey*. The June 24, 2022, SCOTUS decision in *Dobbs* now allows states to prohibit abortion, allowing the law to take effect. Thus, an Ohio judge lifted the injunction blocking the six-week ban law within hours of the *Dobbs* decision. This means that a six-week ban is now enforced in Ohio (O.R.C. §§ 2919.19, 2919.191-2919.196).

HOW DOES OHIO DEFINE "FETAL HEARTBEAT"?

Ohio law defines a "fetal heartbeat" as "cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac" (ORC § 2919.19). This definition is not clinically accurate. Although ultrasound can detect embryonic cardiac activity at approximately six weeks of gestation or even earlier,^{1,2} the activity captured by such technology is just the cells that will eventually form the heart starting to fire. At six weeks of pregnancy, an embryo initially measures between one and two millimeters in length³ and has neither a fully developed heart nor cardiovascular system; therefore, it cannot have a heartbeat.⁴ According to the American College of Obstetricians and Gynecologists⁵, "until the chambers of the heart have been developed and can be detected via ultrasound (roughly 17 - 20 weeks of gestation), it is not accurate to characterize the embryo's or fetus's cardiac development as a heartbeat."

HOW DOES THE SIX-WEEK BAN IMPACT OHIOANS?

Since most people do not know they are pregnant at six weeks of gestation, the six-week ban prohibits almost all abortions in the state of Ohio. Forthcoming OPEN research⁶ indicates the potential implications of Ohio's six-week ban. Based on surveys with adults seeking medication or procedural abortions at seven clinics in Ohio between April 2020 and April 2021, 25% discovered their pregnancy after six weeks gestation and 89% of abortions occurred after six weeks gestation. Over half of study participants would now no longer be able to have an abortion, since the median gestation at termination was 57 days, or two weeks after Ohio's new six-week threshold. National data from the past two decades shows that most people only become aware of their pregnancy around 5.5 weeks gestation⁷. Aggregate national data also supports the finding that those who seek abortion usually access it after the sixth week of gestation.⁸

WHAT IS THE LIKELY LONG-TERM IMPACT OF DOBBS ON ABORTION ACCESS IN OHIO?

The Ohio state legislature is poised to totally ban abortion through the passage of a ban with criminal penalties (Senate Bill 123 or House Bill 598, which are functionally identical) or a ban modeled on the Texas “private bounty” law (House Bill 480). SB 123, HB 598, and HB 480 all ban abortion after fertilization. These bills define an “unborn child” as “an individual organism of the species homo sapiens from fertilization until live birth.” HB 480 additionally includes a personhood clause that would change all Ohio laws to consider the product of conception a “person,” except where the term is otherwise defined.

None of these bills include exceptions for rape or incest. Instead, both laws contain narrow “affirmative defenses” which place the burden on the physician to prove the abortion was necessary. Under HB 480, abortion would only be allowed to prevent the death of the pregnant person in the case of a physical medical emergency, and under SB 123/HB 598, abortion is allowed only to prevent the death or serious risks to the physical health of the pregnant person. If Ohio passes a trigger ban, exceptions for medical emergencies will include additional barriers to care - abortions would be required to take place at a hospital, be approved by multiple physicians before being permitted, and not consider mental health crises to be medical emergencies.

Importantly, people who help with, perform, or aid and abet abortions may face criminal charges and civil penalties, depending on which piece of legislation passes. HB 480 is like Texas’ SB 8 and would create a bounty system for reporting abortion providers through private civil actions. The other bills would create the crimes of “criminal abortion, abortion manslaughter,” and “promoting abortion.”

Pregnant people who attempt or complete an abortion would have immunity from prosecution under all proposed abortion bans, although HB 480’s personhood provision could result in criminalization of pregnant people for conduct during pregnancy.

ARE THERE ALTERNATE LEGAL AVENUES TO RESTORE ABORTION ACCESS BEYOND SIX WEEKS IN OHIO?

Yes. The ACLU, ACLU of Ohio, and Planned Parenthood have filed suit in the Ohio Supreme Court under the Ohio Constitution to get the six-week ban blocked.

ARE THERE OTHER ABORTION RESTRICTIONS AFFECTED BY THE DECISION?

Yes. In 2019, Ohio passed a ban on the most common second trimester, or procedural, abortion method, called dilation and extraction (D&E). Clinics use this method for abortions after roughly 15 weeks of gestation. A court initially blocked most of the D&E ban from going into effect. However, after the SCOTUS *Dobbs* decision negated *Roe*’s protections, an Ohio judge also let this ban take effect on June 24, 2022. Notably, the enactment of the six-week ban makes enactment of the D&E ban moot so long as the six-week ban is upheld.

Several other abortion restrictions are currently in litigation. For instance, there are federal-court challenges to several laws that affect abortion clinic licensing. These rules, also called targeted regulation of abortion providers (TRAP) laws, make it difficult and burdensome for abortion clinics to remain in operation. In addition, challenges are pending in state court to laws that 1) require cremation or burial of tissue from procedural abortions, 2) ban telemedicine for abortions performed with medication, and 3) make it difficult for clinics to operate. The SCOTUS decision will not immediately affect these laws.

WILL EMERGENCY CONTRACEPTION (EC) AND IUDS BE AFFECTED IF OHIO BANS ABORTION? WHAT ABOUT IN VITRO FERTILIZATION (IVF)?

These forms of health care would not be immediately affected because they do not qualify as “abortion” under current Ohio law. Ohio defines abortion as “the purposeful termination of a human pregnancy by any person, including the pregnant woman herself, with an intention other than to produce a live birth or to remove a dead fetus or embryo.”

Since EC, IUDs, and IVF do not involve the purposeful termination of an existing pregnancy, they do not fall under this definition. However, the Ohio legislature is currently considering bills that would go further and explicitly state that “personhood” status begins at fertilization (i.e., HB 480), which risks classifying EC and IUDs as abortifacients and has implications for unused fertilized eggs from IVF treatments.

WHAT IS SENATE JOINT RESOLUTION 7, OR THE OHIO CONSTITUTIONAL AMENDMENT TO GUARANTEE REPRODUCTIVE FREEDOM? IS IT LIKELY TO PASS?

Senate Joint Resolution 7 (S.J.R. 7) is a proposition to amend the Ohio Constitution to guarantee reproductive freedoms, which include “the right to make and effectuate decisions about all pregnancy matters, including prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care.” The resolution would need approval from 3/5 of both the Ohio House of Representatives and Senate to pass, which is unlikely given how current legislators have voted on abortion bans. Such a vote would not occur before the end of this year. If the resolution does pass, Ohioans would get to vote for or against the amendment on a general election ballot.

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OHIO 2020

Induced Abortions in Ohio

Ohio Department of Health

Ohio

Department
of Health

Prepared by:

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September, 2021

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Background

The 2020 Annual Abortion Report presents information derived from both the “Confidential Abortion Reports” and “Post-Abortion Care Reports for Complications” in Ohio; reporting forms are included as Appendices I and II. Readers should note that abortion statistics in this report are limited to terminations occurring in Ohio; they do not include Ohio residents who obtained abortions outside the state.

Characteristics of Induced Abortions Reported in Ohio, 2020

Induced abortion statistics have been prepared in Ohio since 1976. Several trend comparisons in the 2020 Annual Abortion Report date back to 2004. A total of 20,605 induced pregnancy terminations were reported in Ohio for 2020; including 19,438 obtained by Ohio resident women (94.3%). This represents a 3% increase in induced pregnancy terminations from 2019 to 2020. Overall, since 2000 there has been a steady decline in terminations. When examined from 2000 to 2020, the annual decline averaged approximately 720 per year (Figure 1).

Approximately one in twelve women who obtained abortions in 2020 were under 20 years of age; with another 29% between the ages of 20-24 years of age (Table 2). While the age distribution of women obtaining abortions has remained relatively unchanged since 2003, the age-specific abortion rates for women under age 25 have steadily decreased (Figure 5). Approximately 86% of women with known marital status who obtained abortions were never married, divorced, or widowed (Table 2). Approximately 14% of women who obtained abortions

and whose marital status was known were married or separated (Table 2). Approximately 44% of resident women who obtained abortions and for whom race was reported were White; 48% were African American; 3% were Asian/Pacific Islander; and 5% reported more than one race (Figure 2). Six percent of women with known ethnicity who obtained abortions were of Hispanic origin (Table 1).

The 2020 Ohio abortion rate was 8.7 per 1,000 resident women ages 15-44 years old; slightly increased from the rate in 2019 (Figure 4). The 2020 Ohio resident abortion ratio was 151 abortions per 1,000 live births; increased from the ratio in 2019 (Figure 4).

More than half of all induced abortions involved pregnancies of less than nine weeks (62%); with approximately 25% involving pregnancies of nine to twelve weeks (Table 2). The proportion involving abortions of less than nine weeks increased from 53% in 1998 while the proportion between nine and twelve weeks declined from 34% to 25% (Figure 7). There were 441 abortions in 2020 involving pregnancies of nineteen or more completed weeks of gestation (Table 2). That represents an increase from the 356 reported in 2019. The abortion reporting form requests methods used to determine gestational age: ultrasound was used in 93% of cases (Table 8b). The vast majority of reported abortions were obtained in six major metropolitan areas of Ohio (Table 6).

Mifepristone was the most used method of termination in 2020 (47%) (Table 7). That method has increased since 2015 when only 4% of terminations were non-surgical procedures using mifepristone. Curettage was reported as the second most frequent method with 8,323 procedures, followed by dilation and evacuation with 2,428 procedures.

Figure 1. Resident Induced Abortions, Ohio, 1977–2020

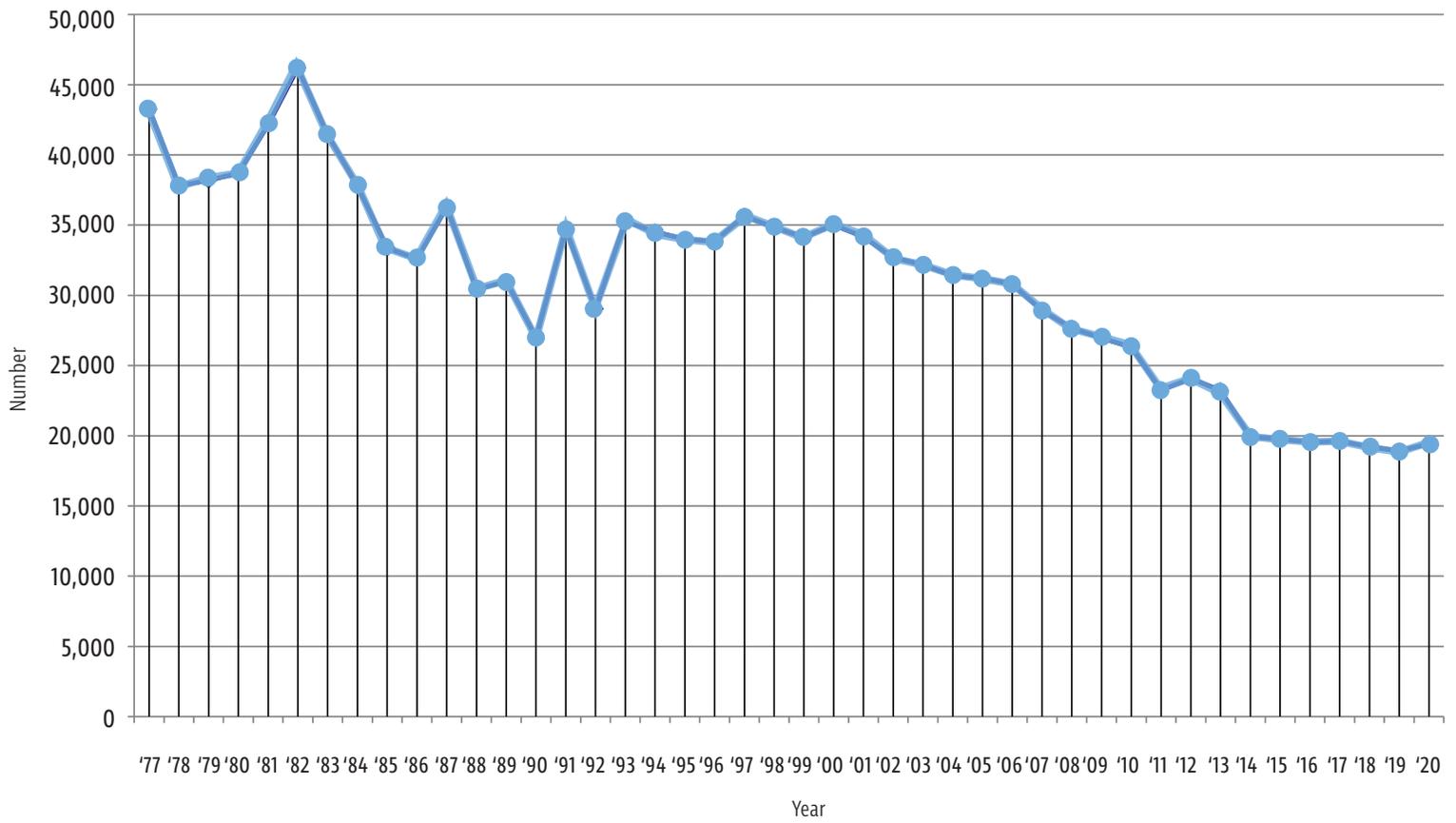
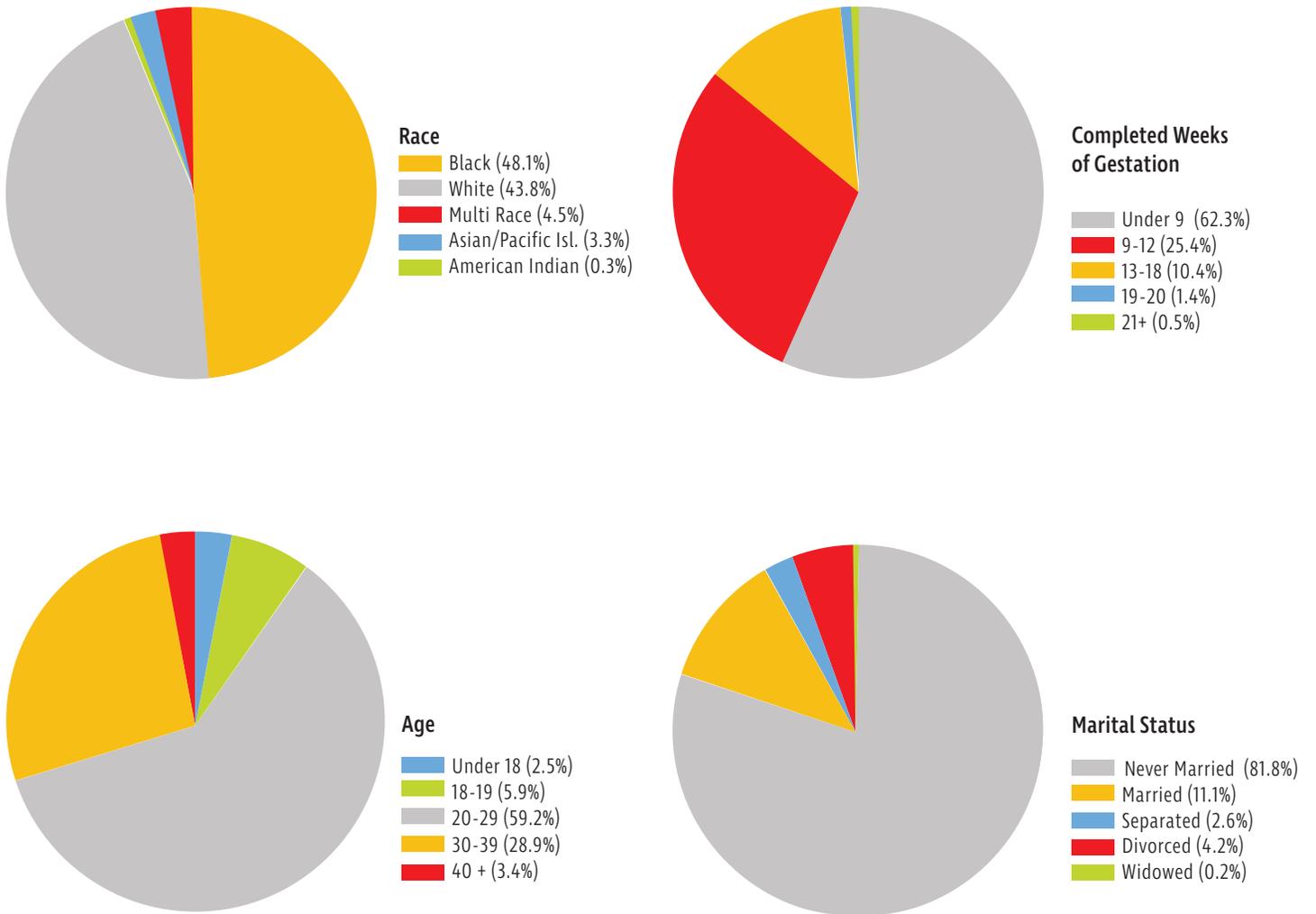
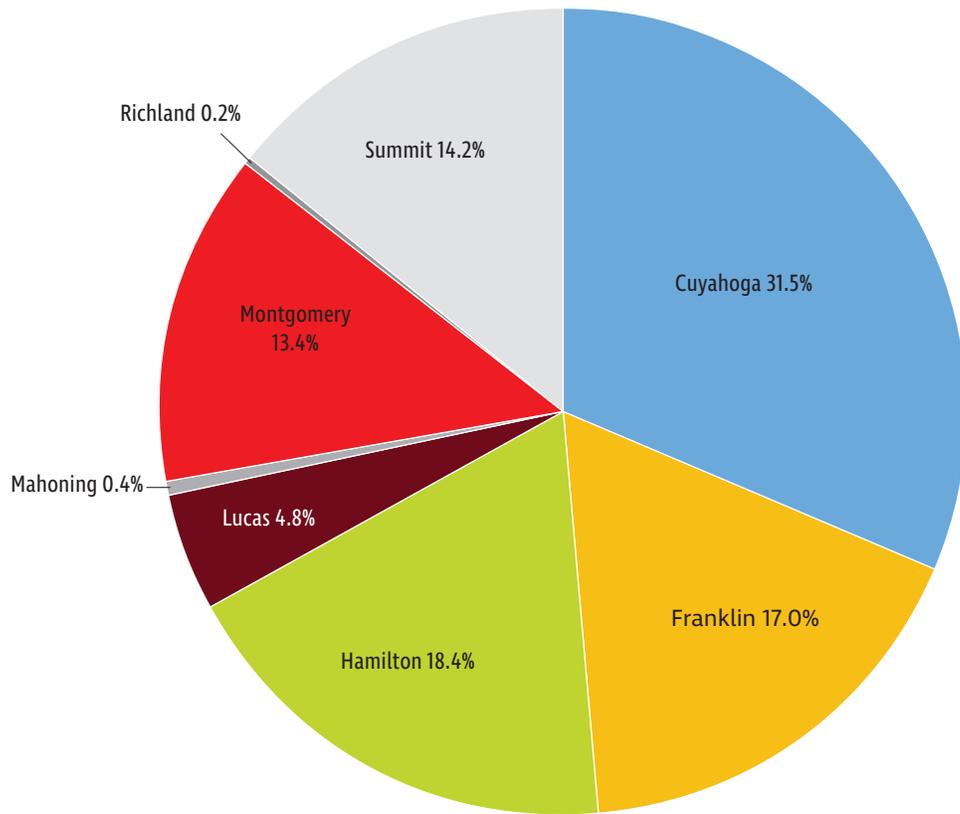


Figure 2. Selected Characteristics of Resident Induced Abortions in Ohio, 2020



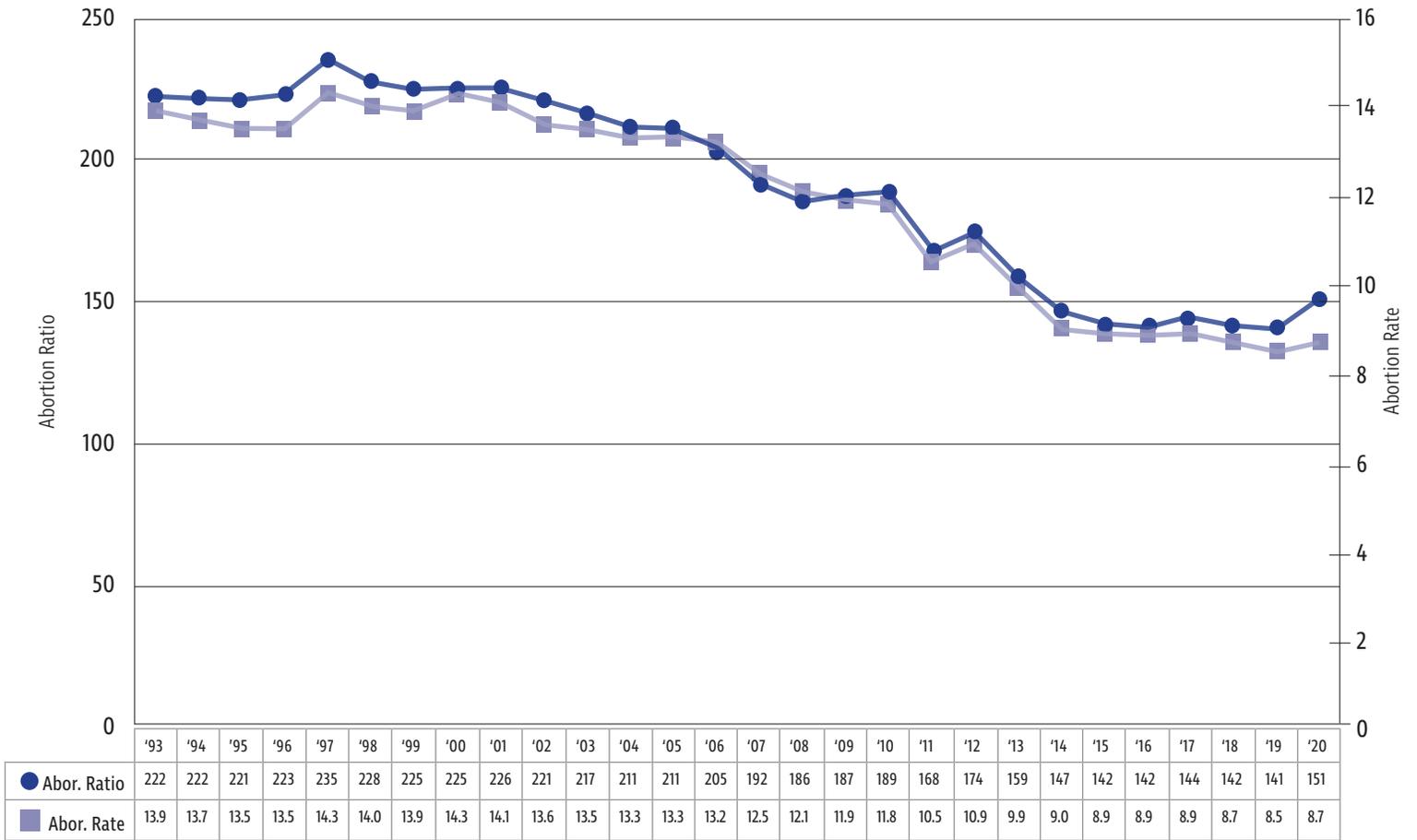
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Figure 3. Induced Abortions Reported in Ohio, by County of Occurrence, 2020



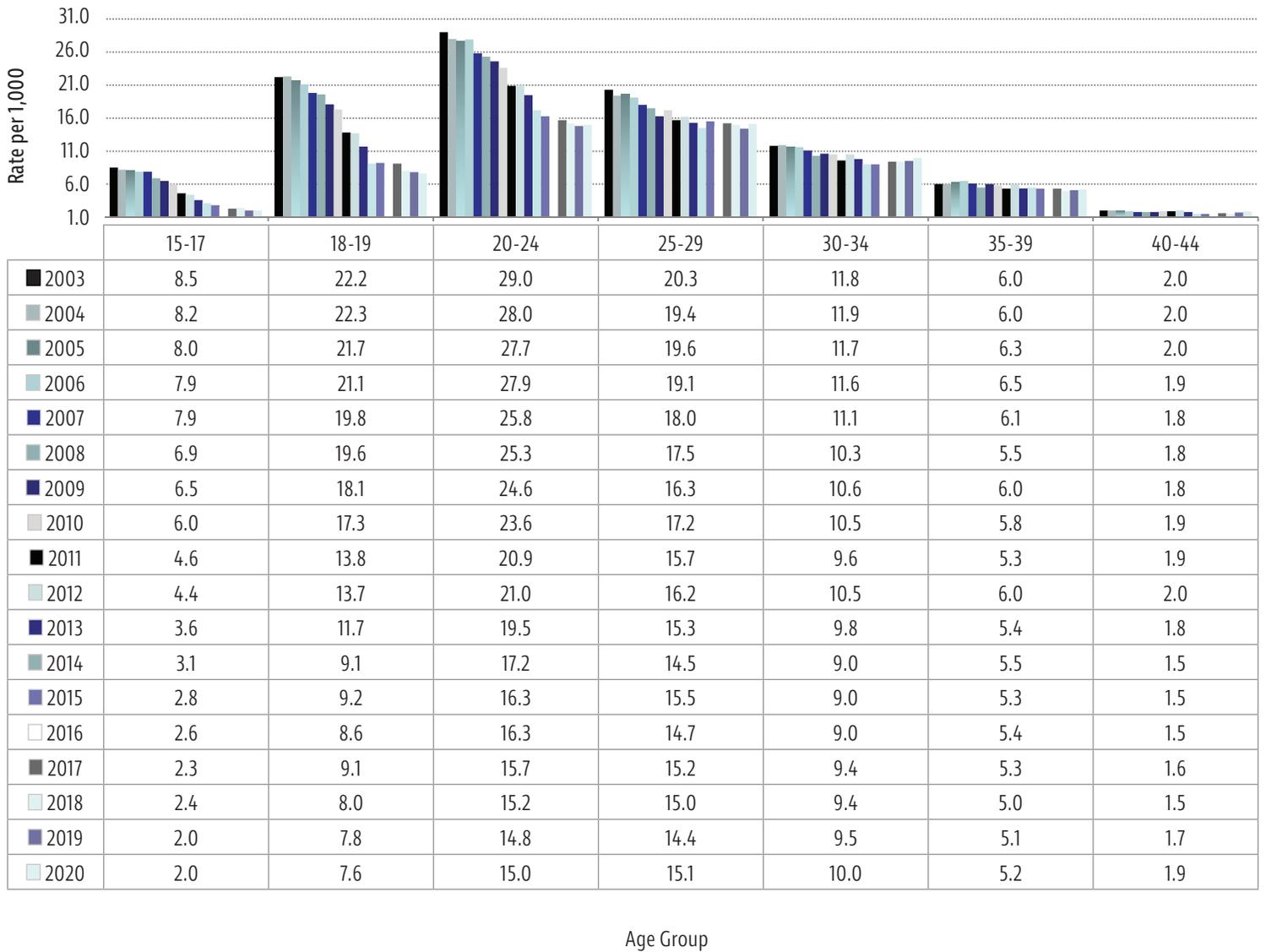
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Figure 4. Abortion Ratios and Abortion Rates, by Year, Ohio Residents, 1993-2020



Abortion ratio is number of abortions per 1,000 live births.
 Abortion rate is number of abortions per 1,000 women ages 15-44.

Figure 5. Induced Abortion Rates per 1,000 Women, by Age Group and Year, Ohio Residents, 2003-2020



Abortion rate is number of abortions per 1,000 female population in a specified age group.

Figure 6. Induced Abortion Ratios, by Age Group and Year, Ohio Residents, 2005-2020

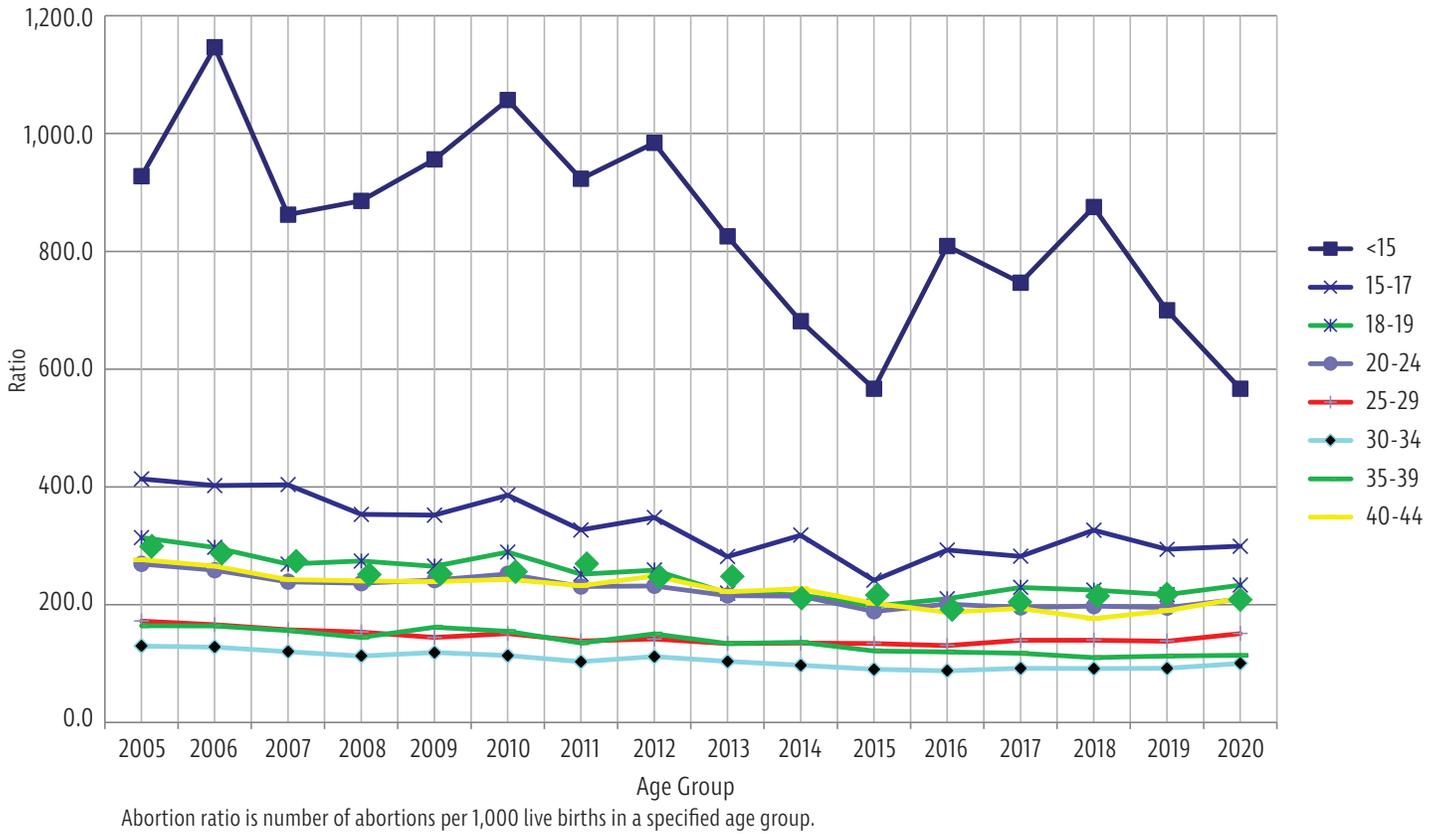


Figure 7. Total Induced Abortions, by Weeks of Gestation and by Year, 1998-2020

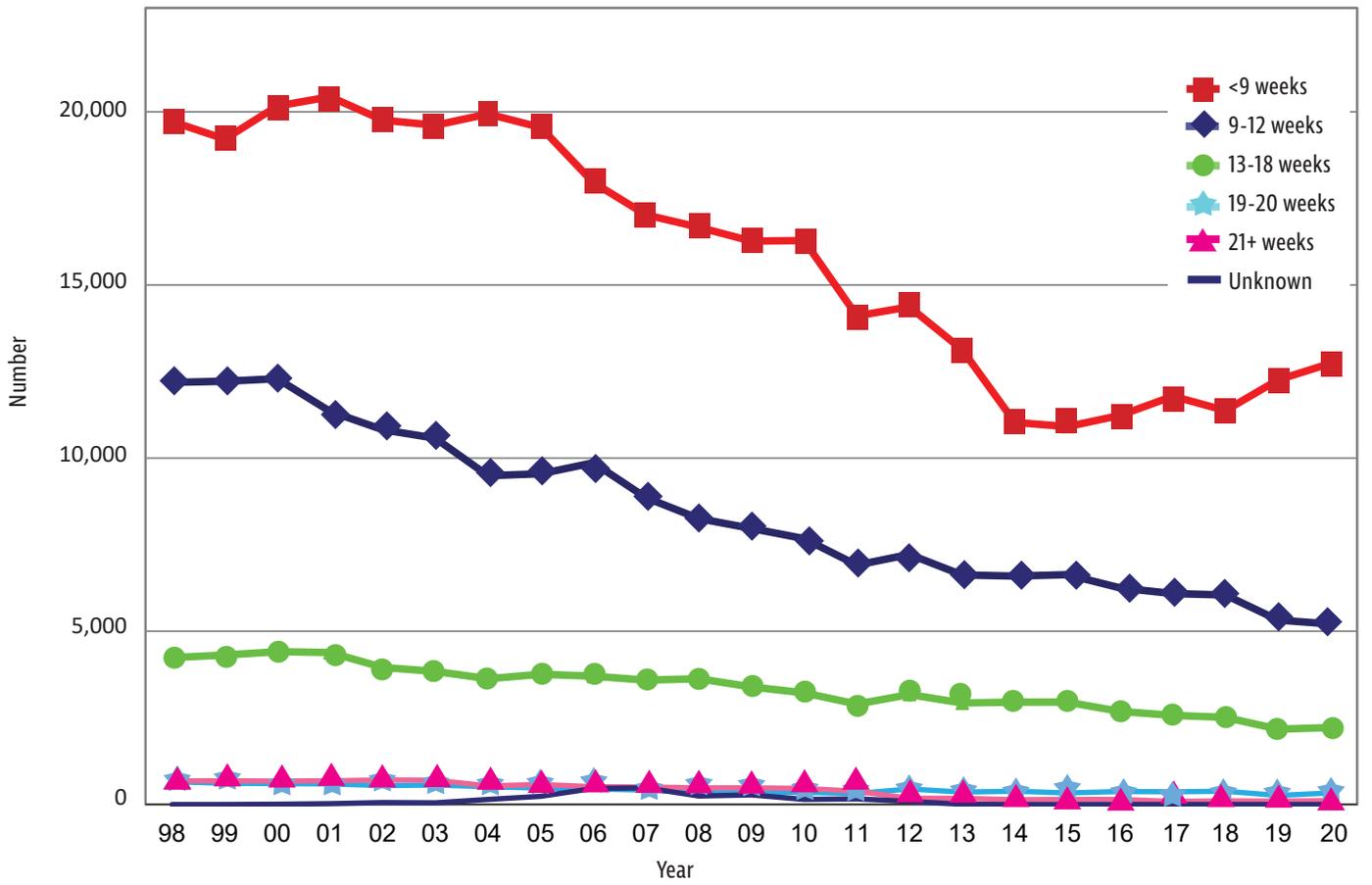


Table 1. Induced Abortions Summary Table, Ohio, 2020

CHARACTERISTICS	2020	PERCENT
TOTAL INDUCED ABORTIONS	20,605	100.0
RESIDENCE:		
Ohio Resident	19,438	94.3
Out-of-State Resident	1,167	5.7
Not Reported	0	0.0
AGE:		
Under 18 Years	521	2.5
18-19 Years	1,233	6.0
20-24 Years	5,915	28.7
25-55 Years	12,936	62.8
Age is outside of fertility range	0	0.0
Not Reported	0	0.0
RACE GROUP:		
White	8,667	42.1
Black	8,909	43.2
American Indian	63	0.3
Asian/Pacific Islander	618	3.0
More than one race	854	4.1
Unknown	1,096	5.3
Not Reported	398	1.9
HISPANIC:		
Non-Hispanic	15,955	77.4
Hispanic	956	4.6
Unknown	3,694	17.9
Not Reported	0	0.0
LEVEL OF EDUCATION:		
8 th grade or less	150	0.7
9 to 12 th grade, no diploma	2,193	10.6
High School graduate or GED	7,864	38.2
Some college credit, no degree	4,610	22.4
Associate Degree	1,379	6.7
Bachelor Degree	1,972	9.6
Masters Degree	580	2.8
Doctorate or Professional Degree	109	0.5
Unknown	1,748	8.5
Not Reported	0	0.0

MARITAL STATUS:		
Never Married	15,609	75.8
Married	2,140	10.4
Separated	518	2.5
Divorced	817	4.0
Widowed	40	0.2
Unknown	1,481	7.2
Not Reported	0	0.0
NUMBER OF LIVING CHILDREN:		
None	6,485	31.5
One	5,010	24.3
Two or More	7,913	38.4
Not Reported	1,197	5.8
COMPLETED WEEKS OF GESTATION:		
Less than 9 Weeks	12,739	61.8
9-12 Weeks	5,207	25.3
13-18 Weeks	2,218	10.8
19-20 Weeks	328	1.6
21 Weeks and Over	113	0.5
Not Reported	0.0	0.0

Table 2. Selected Characteristics of Induced Abortions Reported in Ohio, 2010-2020

Characteristic	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	
NUMBER OF ABORTIONS												
TOTAL INDUCED ABORTIONS	20,605	20,102	20,425	20,893	20,672	20,976	21,186	23,216	25,473	24,764	28,123	
Residence	Ohio Resident	19,438	18,913	19,213	19,615	19,543	19,765	20,018	22,011	24,080	23,250	26,322
	Out-of-State Resident	1,167	1,189	1,212	1,278	1,129	1,211	1,168	1,205	1,393	1,511	1,801
Age	Under 15 Years	52	63	54	61	76	73	77	111	130	125	182
	15-17 Years	469	475	571	576	622	615	753	863	1,074	1,132	1,500
	18-19 Years	1,233	1,262	1,313	1,448	1,373	1,499	1,500	1,936	2,255	2,367	3,009
	20-24 Years	5,915	5,887	6,128	6,323	6,651	6,809	7,157	8,004	8,623	8,545	9,562
	25-29 Years	6,285	6,057	6,206	6,216	5,921	5,975	5,590	5,806	6,204	6,014	6,636
	30-34 Years	3,945	3,720	3,639	3,646	3,457	3,441	3,459	3,693	3,993	3,640	3,937
	35-39 Years	1,993	1,983	1,912	2,013	1,968	1,909	1,967	1,919	2,163	1,949	2,244
	40-44 Years	680	617	553	575	558	602	611	675	759	730	752
	45 Years and Older	33	38	49	35	46	53	48	37	46	48	43
	Age is Outside of Fertility Range	0	0	0	0	0	0	3	27			
	Not Reported	0	0	0	0	0	0	21	145	226	214	258
Education	Less than Grade 9	150	190	175	190	179	194	213	272	334	342	445
	Grade 9-12	10,057	9,736	9,654	9,894	9,995	9,738	10,161	12,321	13,932	15,155	17,276
	One Or More College Years	8,650	8,846	9,041	9,538	9,425	9,403	9,390	9,566	10,177	8,789	9,857
	None/Unknown	1,748	1,330	1,555	1,271	1,073	1,641	1,422	1,057	1,030	478	545
Race	White	8,667	9,015	9,578	9,988	9,975	10,338	10,775	11,796	13,109	13,340	15,127
	Black	8,909	8,374	8,204	8,340	8,387	8,421	8,253	9,075	9,694	9,178	10,528
	Asian/Pacific Islander	618	680	692	732	636	615	635	636	697	610	654
	Other/Unknown/Not Reported	2,411	2,033	1,951	1,833	1,674	1,602	1,523	1,709	1,973	1,636	1,814
Marital Status	Never Married	15,609	15,080	14,755	15,079	13,115	12,512	14,552	17,738	19,618	19,224	21,876
	Married	2,140	2,120	2,140	2,274	1,978	1,855	2,145	2,295	2,514	2,632	2,813
	Separated	518	483	530	486	480	503	558	591	626	681	716
	Divorced	817	889	906	1,055	1,008	984	1,153	1,282	1,405	1,334	1,558
	Widowed	40	58	42	54	49	48	53	49	60	67	59
	Unknown	1,481	1,472	2,052	1,945	4,042	5,074	2,725	1,261	1,250	826	1,101
Number of Living Children	No Children	6,485	7,074	7,294	7,620	7,417	7,694	7,464	7,871	8,323	7,657	9,598
	One Child	5,010	4,963	5,288	5,307	5,403	5,532	5,676	6,168	6,841	6,658	7,578
	Two or More Children	7,913	7,585	7,665	7,748	7,584	7,600	7,562	8,168	9,027	8,577	9,709
	Not Reported	1,197	480	178	218	268	150	484	1,009	1,282	1,872	1,238
Completed Weeks of Gestation	Less than 9 Weeks	12,739	12,257	11,374	11,784	11,230	10,910	11,088	13,128	14,364	14,105	16,283
	9-12 Weeks	5,207	5,321	6,047	6,084	6,250	6,632	6,624	6,624	7,220	6,909	7,672
	13-18 Weeks	2,218	2,168	2,516	2,571	2,684	2,956	2,964	2,925	3,176	2,897	3,223
	19-20 Weeks	328	261	382	364	368	333	377	359	445	318	345
	21 Weeks and Over	113	95	106	90	140	145	133	173	180	378	458
	Not Reported	0	0	0	0	0	0	0	7	88	157	142

Table 2. Selected Characteristics of Induced Abortions Reported in Ohio, 2010-2020 (Part 2)

CHARACTERISTIC		2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	
PERCENTAGE DISTRIBUTION													
TOTAL INDUCED ABORTIONS		100.0											
Residence	Ohio Resident	94.3	94.1	94.1	93.9	94.5	94.2	94.5	94.8	94.5	93.9	93.6	
	Out-of-State Resident	5.7	5.9	5.9	6.1	5.5	5.8	5.5	5.2	5.5	6.1	6.4	
Age	Under 15 Years	0.3	0.3	0.2	0.3	0.4	0.3	0.4	0.5	0.5	0.5	0.6	
	15-17 Years	2.3	2.4	2.8	2.8	3.0	2.9	3.6	3.7	4.2	4.6	5.3	
	18-19 Years	6.0	6.3	6.4	6.9	6.6	7.1	7.1	8.3	8.9	9.6	10.7	
	20-24 Years	28.7	29.3	30.0	30.3	32.2	32.5	33.8	34.5	33.9	34.5	34.0	
	25-29 Years	30.5	30.1	30.4	29.8	28.6	28.5	26.4	25.0	24.4	24.3	23.6	
	30-34 Years	19.2	18.5	17.8	17.5	16.7	16.4	16.3	15.9	15.7	14.7	14.0	
	35-39 Years	9.7	9.9	9.4	9.6	9.5	9.1	9.3	8.3	8.5	7.9	8.0	
	40-44 Years	3.3	3.1	2.7	2.8	2.7	2.9	2.9	2.9	3.0	2.9	2.7	
	45 Years and Older	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2
	Age is Outside of Fertility Range	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1			
	Not Reported	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.6	0.9	0.9	0.9	
Education	Less than Grade 9	0.7	1.0	0.9	0.9	0.9	0.9	1.0	1.2	1.3	1.4	1.6	
	Grade 9-12	48.8	48.4	47.3	47.4	48.4	46.4	48.0	53.1	54.7	61.2	61.4	
	One or More College Years	42.0	44.0	44.3	45.7	45.6	44.8	44.3	41.2	40.0	35.5	35.0	
	None/Unknown	8.5	6.6	7.6	6.1	5.2	7.8	6.7	4.6	4.0	1.9	1.9	
Race	White	42.1	44.9	46.9	47.8	48.3	49.3	50.8	50.8	51.5	53.9	53.8	
	Black	43.2	41.7	40.2	39.9	40.6	40.1	39.0	39.1	38.1	37.1	37.4	
	Asian/Pacific Islander	3.0	3.4	3.4	3.5	3.1	2.9	3.0	2.7	2.7	2.5	2.3	
	Other/Unknown/Not Reported	11.7	10.1	9.6	8.8	8.1	7.6	7.2	7.4	7.7	6.6	6.5	
Marital Status	Never Married	75.8	75.0	72.2	72.2	63.4	59.6	68.7	76.4	77.0	77.6	77.8	
	Married	10.4	10.6	10.5	10.9	9.6	8.8	10.1	9.9	9.9	10.6	10.0	
	Separated	2.5	2.4	2.6	2.3	2.3	2.4	2.6	2.5	2.5	2.7	2.5	
	Divorced	4.0	4.4	4.4	5.1	4.9	4.7	5.4	5.5	5.5	5.4	5.5	
	Widowed	0.2	0.3	0.2	0.3	0.2	0.2	0.3	0.2	0.2	0.3	0.2	
	Unknown	7.2	7.3	10.0	9.3	19.6	24.2	12.9	5.4	4.9	3.3	3.9	
Number of Living Children	No Children	31.5	35.2	35.7	36.5	35.9	36.7	35.2	33.9	32.7	30.9	34.1	
	One Child	24.3	24.7	25.9	25.4	26.1	26.4	26.8	26.6	26.9	26.9	26.9	
	Two or More Children	38.4	37.7	37.5	37.1	36.7	36.2	35.7	35.2	35.4	34.6	34.5	
	Not Reported	5.8	2.4	0.9	1.0	1.3	0.7	2.3	4.3	5.0	7.6	4.4	
Completed Weeks of Gestation	Less than 9 Weeks	61.8	61.0	55.7	56.4	54.3	52.0	52.3	56.5	56.4	57.0	57.9	
	9-12 Weeks	25.3	26.5	29.6	29.1	30.2	31.6	31.3	28.5	28.3	27.9	27.3	
	13-18 Weeks	10.8	10.8	12.3	12.3	13.0	14.1	14.0	12.6	12.5	11.7	11.5	
	19-20 Weeks	1.6	1.3	1.9	1.7	1.8	1.6	1.8	1.5	1.7	0.9	1.2	
	21 Weeks and Over	0.5	0.5	0.5	0.4	0.7	0.7	0.6	0.7	0.7	1.5	1.6	
	Not Reported	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.6	0.5	

Table 3. Resident Induced Abortions Reported in Ohio, by County of Residence, 2010-2020

Table Restricted to Abortions Obtained by Ohio Residents

RESIDENCE	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
OHIO	19,438	18,913	19,213	19,615	19,543	19,765	20,018	22,011	24,080	23,250	26,322
Adams	19	15	13	17	11	10	15	18	11	17	22
Allen	107	95	98	105	93	98	78	90	142	146	191
Ashland	31	39	33	31	42	44	54	34	42	42	47
Ashtabula	95	109	121	116	110	108	129	147	149	157	175
Athens	54	64	44	77	74	82	66	79	89	83	109
Auglaize	26	26	24	19	25	24	23	32	22	28	28
Belmont	9	5	11	6	13	14	10	14	18	7	18
Brown	23	27	15	27	22	33	34	38	28	32	37
Butler	545	488	504	515	454	528	527	580	624	559	690
Carroll	18	20	25	15	20	24	25	21	24	28	23
Champaign	30	30	30	19	30	38	34	34	29	33	44
Clark	198	159	167	143	149	166	152	182	191	202	232
Clermont	178	158	176	201	202	195	213	233	269	233	258
Clinton	32	27	32	32	36	34	32	31	30	40	40
Columbiana	42	44	46	60	44	67	62	83	73	86	100
Coshocton	16	17	16	20	23	16	24	25	17	20	19
Crawford	32	38	37	47	34	35	32	32	30	33	32
Cuyahoga	4,523	4,381	4,518	4,721	4,921	4,895	5,185	5,499	5,663	5,828	6,598
Darke	29	25	25	24	25	25	22	21	36	27	32
Defiance	10	26	18	19	14	11	14	16	29	33	34
Delaware	131	149	118	149	132	149	141	145	155	164	144
Erie	110	114	121	131	123	111	96	161	151	101	161
Fairfield	151	123	136	118	149	141	136	144	163	149	163
Fayette	20	20	22	23	20	19	25	33	34	26	37
Franklin	3,115	3,166	3,056	3,258	3,158	3,333	3,376	3,448	3,771	3,529	3,448
Fulton	19	22	21	28	27	18	11	23	35	42	35
Gallia	6	7	9	6	9	7	8	7	5	10	6
Geauga	69	77	75	78	69	63	69	92	89	89	94
Greene	173	201	173	207	150	208	182	200	242	218	267
Guernsey	19	25	20	32	33	31	36	33	22	22	45
Hamilton	2,345	2,124	2,055	2,114	2,067	2,225	2,151	2,232	2,500	2,374	2,785
Hancock	37	39	51	52	45	49	30	72	74	51	76
Hardin	14	21	17	14	24	16	11	26	26	22	20
Harrison	5	4	3	3	3	9	1	5	7	6	10
Henry	10	11	14	13	7	15	7	22	13	17	28
Highland	20	16	29	24	18	36	23	27	27	24	38
Hocking	13	9	10	17	18	13	15	23	19	26	26
Holmes	5	14	8	5	6	7	15	10	8	16	22
Huron	39	55	53	44	52	51	36	71	67	59	64
Jackson	17	15	23	16	25	18	13	21	17	23	24
Jefferson	8	7	6	8	8	12	5	12	14	9	9
Knox	41	49	35	43	46	39	35	42	65	43	59
Lake	355	346	315	339	361	336	339	395	443	460	492
Lawrence	8	4	11	10	4	7	6	15	13	6	16

Table 3. Resident Induced Abortions Reported in Ohio, by County of Residence, 2011-2020 (Part 2)

Table Restricted to Abortions Obtained by Ohio Residents

RESIDENCE	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Licking	151	167	139	161	156	162	153	177	188	205	203
Logan	23	35	32	33	26	29	36	34	32	23	38
Lorain	483	562	514	524	545	508	537	554	653	570	695
Lucas	676	695	879	866	774	705	528	949	1,189	1,239	1,565
Madison	35	41	32	42	44	43	34	21	40	35	53
Mahoning	404	372	397	378	403	383	391	413	460	422	528
Marion	58	41	45	56	48	50	60	67	85	69	69
Medina	181	181	219	209	200	169	186	219	240	210	223
Meigs	1	8	3	3	9	6	7	9	10	7	13
Mercer	18	20	18	17	19	17	21	32	19	20	27
Miami	94	70	88	82	86	74	90	94	103	107	120
Monroe	5	6	7	3	8	3	9	26	31	22	46
Montgomery	1,292	1,176	1,202	1,054	1,035	1,038	1,018	1,158	1,101	1,096	1,367
Morgan	1	5	3	9	1	6	9	9	6	4	10
Morrow	9	17	15	20	24	17	11	21	26	32	28
Muskingum	69	61	62	80	66	83	75	82	91	81	85
Noble	2	0	6	9	5	7	6	6	3	9	8
Ottawa	19	31	20	28	26	21	23	36	37	37	47
Paulding	4	6	6	8	5	1	5	7	5	3	7
Perry	12	16	21	19	20	23	25	22	29	41	33
Pickaway	39	47	32	34	42	39	47	39	54	39	50
Pike	11	19	5	16	7	15	10	12	25	19	26
Portage	200	193	232	202	230	208	265	269	316	325	354
Preble	15	28	21	21	38	38	38	37	36	29	33
Putnam	11	10	14	9	6	14	9	12	17	17	20
Richland	124	108	112	131	107	100	118	122	157	161	156
Ross	44	44	57	54	41	57	80	69	68	57	83
Sandusky	45	43	45	50	35	28	38	59	72	72	96
Scioto	33	26	27	34	27	38	36	30	42	53	47
Seneca	34	27	36	43	32	19	23	42	61	53	55
Shelby	28	24	32	33	43	56	32	40	35	34	45
Stark	579	501	559	506	569	556	615	573	636	634	745
Summit	1,217	1,187	1,133	1,135	1,156	1,048	1,150	1,229	1,301	1,352	1,428
Trumbull	278	224	280	272	267	248	275	293	333	339	370
Tuscarawas	74	82	70	60	75	108	84	110	116	97	109
Union	37	40	41	44	38	53	27	47	45	45	58
Van Wert	7	10	13	15	8	10	9	8	11	0	0
Vinton	4	8	4	4	7	6	6	6	5	9	5
Warren	174	180	188	173	182	198	208	186	277	216	265
Washington	13	15	16	18	20	21	20	18	16	18	28
Wayne	59	63	82	84	92	88	106	92	119	121	115
Williams	18	13	23	13	13	12	8	20	31	22	35
Wood	92	89	131	104	101	85	63	146	166	172	222
Wyandot	17	11	18	13	11	15	8	12	23	14	14
Not Reported	1	0	0	0	0	0	21	136	294	0	0

Table 4. Resident Induced Abortions Reported in Ohio, by County of Residence and Age, 2020

Table Restricted to Abortions Obtained by Ohio Residents

RESIDENCE	AGE GROUP													*Not Rep/ Unclassifiable
	Total	<15	15	16	17	18	19	20-24	25-29	30-34	35-39	40-44	45+	
OHIO TOTAL	19,438	51	92	127	224	496	653	5,550	5,955	3,742	1,883	633	32	0
Adams	19	0	0	0	0	0	0	6	5	7	0	1	0	0
Allen	107	0	0	2	1	4	5	42	27	15	10	1	0	0
Ashland	31	0	0	0	1	1	1	9	11	6	2	0	0	0
Ashtabula	95	0	1	2	1	0	2	29	26	18	11	5	0	0
Athens	54	0	0	0	1	1	1	28	10	6	4	3	0	0
Auglaize	26	0	0	0	0	1	1	9	3	5	4	3	0	0
Belmont	9	0	0	0	0	0	1	0	7	1	0	0	0	0
Brown	23	0	1	0	0	1	1	5	6	4	2	2	1	0
Butler	545	1	1	6	7	12	21	153	146	105	63	29	1	0
Carroll	18	0	0	0	0	0	0	6	1	9	1	1	0	0
Champaign	30	0	0	1	0	1	0	10	9	6	3	0	0	0
Clark	198	0	1	0	6	12	7	56	55	37	23	1	0	0
Clermont	178	0	1	1	4	6	10	48	46	30	27	5	0	0
Clinton	32	0	2	0	1	0	1	13	9	1	4	1	0	0
Columbiana	42	0	0	0	1	2	1	9	9	15	4	1	0	0
Coshocton	16	0	1	0	0	0	0	5	5	3	1	1	0	0
Crawford	32	0	0	1	1	1	1	10	10	6	1	1	0	0
Cuyahoga	4,523	11	24	26	46	125	150	1,225	1,463	911	410	125	7	0
Darke	29	0	0	1	1	1	0	10	8	3	1	3	1	0
Defiance	10	0	0	0	0	0	0	2	6	1	1	0	0	0
Delaware	131	0	0	3	0	3	5	25	38	33	17	7	0	0
Erie	110	0	0	0	1	1	5	29	41	20	9	4	0	0
Fairfield	151	0	1	0	1	2	5	45	41	28	14	13	1	0
Fayette	20	0	0	0	0	0	1	9	2	4	1	3	0	0
Franklin	3,115	13	8	18	22	56	79	863	979	644	323	103	7	0
Fulton	19	0	0	0	0	0	1	3	8	2	5	0	0	0
Gallia	6	0	0	0	1	0	0	3	1	1	0	0	0	0
Geauga	69	0	0	0	1	1	1	21	22	9	9	5	0	0
Greene	173	0	0	2	2	8	5	61	43	30	14	8	0	0
Guernsey	19	0	0	0	0	1	1	7	5	4	1	0	0	0
Hamilton	2,345	8	11	13	30	52	86	681	682	468	249	63	2	0
Hancock	37	0	0	1	0	0	0	14	9	6	4	3	0	0
Hardin	14	0	0	1	1	1	1	1	4	2	2	1	0	0
Harrison	5	0	0	0	0	0	0	1	3	0	0	1	0	0
Henry	10	0	0	0	0	0	0	1	4	3	2	0	0	0
Highland	20	0	0	0	0	0	2	7	5	3	3	0	0	0
Hocking	13	0	0	0	0	0	1	5	7	0	0	0	0	0
Holmes	5	0	0	0	0	0	0	2	2	1	0	0	0	0
Huron	39	0	0	0	0	1	0	15	8	11	3	1	0	0
Jackson	17	0	0	0	3	1	0	3	5	3	1	0	1	0
Jefferson	8	0	0	0	0	1	0	2	3	1	1	0	0	0
Knox	41	0	0	0	0	0	3	13	11	11	2	0	1	0
Lake	355	0	3	1	5	9	15	88	101	77	40	15	1	0
Lawrence	8	0	0	0	0	1	0	3	3	0	0	1	0	0

Table 4. Resident Induced Abortions Reported in Ohio, by County of Residence and Age, 2020 (Part 2)

Table Restricted to Abortions Obtained by Ohio Residents

RESIDENCE	AGE GROUP													*Not Rep/ Unclassifiable
	Total	<15	15	16	17	18	19	20-24	25-29	30-34	35-39	40-44	45+	
Licking	151	0	0	0	2	5	5	36	42	37	20	4	0	0
Logan	23	0	1	1	0	0	1	7	7	3	3	0	0	0
Lorain	483	2	5	4	9	16	12	131	150	85	53	15	1	0
Lucas	676	0	4	5	2	20	23	194	231	112	63	22	0	0
Madison	35	0	0	0	0	0	2	7	15	6	3	2	0	0
Mahoning	404	3	1	5	6	11	19	112	142	66	26	12	1	0
Marion	58	1	0	0	0	4	4	12	19	8	8	2	0	0
Medina	181	0	0	3	1	1	8	44	47	43	21	13	0	0
Meigs	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Mercer	18	0	0	0	1	1	1	3	3	2	4	3	0	0
Miami	94	1	1	0	0	2	4	24	20	21	13	8	0	0
Monroe	5	0	0	0	0	0	0	1	2	1	1	0	0	0
Montgomery	1,292	6	9	5	15	27	41	378	417	250	110	34	0	0
Morgan	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Morrow	9	0	0	0	0	0	0	3	2	3	0	1	0	0
Muskingum	69	0	0	0	0	1	0	32	20	8	5	3	0	0
Noble	2	0	0	0	0	0	0	0	1	0	1	0	0	0
Ottawa	19	0	0	0	0	1	2	4	3	4	3	2	0	0
Paulding	4	0	0	0	0	0	1	1	0	2	0	0	0	0
Perry	12	0	1	0	0	1	0	6	1	2	1	0	0	0
Pickaway	39	0	0	0	0	0	0	11	14	7	7	0	0	0
Pike	11	0	0	0	0	0	0	7	3	0	0	0	1	0
Portage	200	0	0	2	1	9	3	75	56	30	18	5	1	0
Preble	15	0	0	0	0	0	1	5	4	2	1	2	0	0
Putnam	11	0	0	0	1	0	1	4	2	2	1	0	0	0
Richland	124	0	0	0	4	6	2	50	30	23	6	3	0	0
Ross	44	0	0	0	1	2	2	15	10	7	4	3	0	0
Sandusky	45	0	0	2	1	3	3	9	12	5	6	3	1	0
Scioto	33	0	0	0	1	0	4	9	7	8	3	1	0	0
Seneca	34	0	0	0	0	3	2	8	13	4	4	0	0	0
Shelby	28	0	0	2	0	2	1	9	7	6	1	0	0	0
Stark	579	3	4	6	10	13	21	176	185	106	41	14	0	0
Summit	1,217	1	8	7	20	34	50	362	381	211	102	39	2	0
Trumbull	278	0	1	2	4	8	8	95	88	38	25	9	0	0
Tuscarawas	74	0	0	2	2	4	3	24	21	13	5	0	0	0
Union	37	0	0	0	1	1	0	11	7	9	6	1	1	0
Van Wert	7	0	1	0	0	1	0	0	0	2	3	0	0	0
Vinton	4	0	0	0	0	0	0	3	0	0	0	1	0	0
Warren	174	0	1	1	2	5	5	40	46	41	22	10	1	0
Washington	13	0	0	0	0	0	1	2	7	1	1	1	0	0
Wayne	59	0	0	0	1	2	2	26	14	6	8	0	0	0
Williams	18	1	0	0	1	2	2	9	0	2	1	0	0	0
Wood	92	0	0	1	0	5	3	22	28	15	10	8	0	0
Wyandot	17	0	0	0	0	0	2	5	8	0	1	1	0	0
Not Reported	1	0	0	0	0	0	0	1	0	0	0	0	0	0

Table 5a. Resident Induced Abortions Reported in Ohio, by Selected Counties, Race, and Broad Age Groups, 2020

Table Restricted to Abortions Obtained by Ohio Residents

Age Group									
County of Residence	Race*	Total	Under 18	18-19	20-29	30-39	40-49	50 +	Not Rep/Unclassifiable
OHIO	TOTAL	19,438	494	1,149	11,505	5,625	663	2	0
	White	7,918	183	447	4,542	2,377	369	0	0
	Black	8,688	230	542	5,373	2,350	191	2	0
	Other/Unknown	2,832	81	160	1,590	898	103	0	0
Allen	TOTAL	107	3	9	69	25	1	0	0
	White	47	1	4	29	12	1	0	0
	Black	34	0	4	24	6	0	0	0
	Other/Unknown	26	2	1	16	7	0	0	0
Ashtabula	TOTAL	95	4	2	55	29	5	0	0
	White	84	4	2	48	25	5	0	0
	Black	5	0	0	3	2	0	0	0
	Other/Unknown	6	0	0	4	2	0	0	0
Athens	TOTAL	54	1	2	38	10	3	0	0
	White	40	1	1	26	9	3	0	0
	Black	7	0	1	6	0	0	0	0
	Other/Unknown	7	0	0	6	1	0	0	0
Butler	TOTAL	545	15	33	299	168	30	0	0
	White	280	9	14	158	80	19	0	0
	Black	143	3	9	72	52	7	0	0
	Other/Unknown	122	3	10	69	36	4	0	0
Clark	TOTAL	198	7	19	111	60	1	0	0
	White	109	4	13	58	33	1	0	0
	Black	63	1	2	39	21	0	0	0
	Other/Unknown	26	2	4	14	6	0	0	0
Clermont	TOTAL	178	6	16	94	57	5	0	0
	White	142	6	13	76	42	5	0	0
	Black	15	0	2	7	6	0	0	0
	Other/Unknown	21	0	1	11	9	0	0	0
Columbiana	TOTAL	42	1	3	18	19	1	0	0
	White	35	1	2	16	15	1	0	0
	Black	2	0	0	2	0	0	0	0
	Other/Unknown	5	0	1	0	4	0	0	0
Cuyahoga	TOTAL	4,523	107	275	2,688	1,321	131	1	0
	White	1,022	13	46	580	341	42	0	0
	Black	3,003	84	203	1,818	831	66	1	0
	Other/Unknown	498	10	26	290	149	23	0	0
Delaware	TOTAL	131	3	8	63	50	7	0	0
	White	78	3	7	39	27	2	0	0
	Black	17	0	0	10	6	1	0	0
	Other/Unknown	36	0	1	14	17	4	0	0

Table 5a. Resident Induced Abortions Reported in Ohio, by Selected Counties, Race, and Broad Age Groups, 2020 (Part 2)

Table Restricted to Abortions Obtained by Ohio Residents

Age Group									
County of Residence	Race*	Total	Under 18	18-19	20-29	30-39	40-49	50 +	Not Rep/ Unclassifiable
Erie	TOTAL	110	1	6	70	29	4	0	0
	White	69	0	4	40	21	4	0	0
	Black	21	1	1	17	2	0	0	0
	Other/Unknown	20	0	1	13	6	0	0	0
Fairfield	TOTAL	151	2	7	86	42	13	1	0
	White	89	1	5	49	26	8	0	0
	Black	46	1	1	30	10	3	1	0
	Other/Unknown	16	0	1	7	6	2	0	0
Franklin	TOTAL	3,115	61	135	1,842	967	110	0	0
	White	1,007	18	42	597	308	42	0	0
	Black	1,485	29	66	902	448	40	0	0
	Other/Unknown	623	14	27	343	211	28	0	0
Greene	TOTAL	173	4	13	104	44	8	0	0
	White	105	4	8	57	31	5	0	0
	Black	50	0	3	41	3	3	0	0
	Other/Unknown	18	0	2	6	10	0	0	0
Hamilton	TOTAL	2,345	62	138	1,363	717	65	0	0
	White	657	12	31	379	204	31	0	0
	Black	1,339	43	85	789	399	23	0	0
	Other/Unknown	349	7	22	195	114	11	0	0
Hancock	TOTAL	37	1	0	23	10	3	0	0
	White	28	0	0	20	6	2	0	0
	Black	4	1	0	0	3	0	0	0
	Other/Unknown	5	0	0	3	1	1	0	0
Jefferson	TOTAL	8	0	1	5	2	0	0	0
	White	6	0	1	4	1	0	0	0
	Black	1	0	0	1	0	0	0	0
	Other/Unknown	1	0	0	0	1	0	0	0
Knox	TOTAL	41	0	3	24	13	1	0	0
	White	36	0	3	20	12	1	0	0
	Black	2	0	0	2	0	0	0	0
	Other/Unknown	3	0	0	2	1	0	0	0
Lake	TOTAL	355	9	24	189	117	16	0	0
	White	220	4	18	112	73	13	0	0
	Black	92	4	5	52	30	1	0	0
	Other/Unknown	43	1	1	25	14	2	0	0

Table 5a. Resident Induced Abortions Reported in Ohio, by Selected Counties, Race, and Broad Age Groups, 2020 (Part 3)

Table Restricted to Abortions Obtained by Ohio Residents

Age Group									
County of Residence	Race*	Total	Under 18	18-19	20-29	30-39	40-49	50 +	Not Rep/ Unclassifiable
Licking	TOTAL	151	2	10	78	57	4	0	0
	White	110	1	3	66	38	2	0	0
	Black	15	0	4	4	6	1	0	0
	Other/Unknown	26	1	3	8	13	1	0	0
Lorain	TOTAL	483	20	28	281	138	16	0	0
	White	271	13	13	147	86	12	0	0
	Black	122	2	12	75	32	1	0	0
	Oth/Unk	90	5	3	59	20	3	0	0
Lucas	TOTAL	676	11	43	425	175	22	0	0
	White	250	2	16	146	75	11	0	0
	Black	283	7	20	182	65	9	0	0
	Other/Unknown	143	2	7	97	35	2	0	0
Mahoning	TOTAL	404	15	30	254	92	13	0	0
	White	151	3	10	93	37	8	0	0
	Black	212	11	17	135	45	4	0	0
	Other/Unknown	41	1	3	26	10	1	0	0
Marion	TOTAL	58	1	8	31	16	2	0	0
	White	49	0	6	27	14	2	0	0
	Black	5	0	2	3	0	0	0	0
	Other/Unknown	4	1	0	1	2	0	0	0
Medina	TOTAL	181	4	9	91	64	13	0	0
	White	155	3	8	75	57	12	0	0
	Black	8	0	1	7	0	0	0	0
	Other/Unknown	18	1	0	9	7	1	0	0
Miami	TOTAL	94	2	6	44	34	8	0	0
	White	78	0	4	38	29	7	0	0
	Black	6	0	0	4	2	0	0	0
	Other/Unknown	10	2	2	2	3	1	0	0
Montgomery	TOTAL	1,292	35	68	795	360	34	0	0
	White	401	12	22	220	129	18	0	0
	Black	742	16	41	497	175	13	0	0
	Other/Unknown	149	7	5	78	56	3	0	0
Portage	TOTAL	200	3	12	131	48	6	0	0
	White	133	2	9	86	31	5	0	0
	Black	47	1	2	34	10	0	0	0
	Other/Unknown	20	0	1	11	7	1	0	0
Richland	TOTAL	124	4	8	80	29	3	0	0
	White	74	2	6	44	20	2	0	0
	Black	33	2	1	24	6	0	0	0
	Other/Unknown	17	0	1	12	3	1	0	0

Table 5a. Resident Induced Abortions Reported in Ohio, by Selected Counties, Race, and Broad Age Groups, 2020 (Part 4)

Table Restricted to Abortions Obtained by Ohio Residents

County of Residence	Race*	Age Group							Not Rep/ Unclassifiable
		Total	Under 18	18-19	20-29	30-39	40-49	50 +	
Sandusky	TOTAL	45	3	6	21	11	4	0	0
	White	35	1	5	18	8	3	0	0
	Black	4	0	1	1	1	1	0	0
	Other/Unknown	6	2	0	2	2	0	0	0
Scioto	TOTAL	33	1	4	16	11	1	0	0
	White	31	1	4	16	9	1	0	0
	Black	0	0	0	0	0	0	0	0
	Other/Unknown	2	0	0	0	2	0	0	0
Seneca	TOTAL	34	0	5	21	8	0	0	0
	White	29	0	4	17	8	0	0	0
	Black	2	0	1	1	0	0	0	0
	Other/Unknown	3	0	0	3	0	0	0	0
Stark	TOTAL	579	23	34	361	147	14	0	0
	White	334	11	22	195	97	9	0	0
	Black	156	8	6	102	37	3	0	0
	Other/Unknown	89	4	6	64	13	2	0	0
Summit	TOTAL	1,217	36	84	743	313	41	0	0
	White	471	15	22	270	138	26	0	0
	Black	548	11	49	365	113	10	0	0
	Other/Unknown	198	10	13	108	62	5	0	0
Trumbull	TOTAL	278	7	16	183	63	9	0	0
	White	162	5	12	98	39	8	0	0
	Black	96	2	3	71	19	1	0	0
	Other/Unknown	20	0	1	14	5	0	0	0
Warren	TOTAL	174	4	10	86	63	11	0	0
	White	119	2	8	64	36	9	0	0
	Black	17	1	0	10	5	1	0	0
	Other/Unknown	38	1	2	12	22	1	0	0
Wayne	TOTAL	59	1	4	40	14	0	0	0
	White	49	0	3	34	12	0	0	0
	Black	3	0	0	2	1	0	0	0
	Other/Unknown	7	1	1	4	1	0	0	0
Wood	TOTAL	92	1	8	50	25	8	0	0
	White	77	1	7	40	23	6	0	0
	Black	3	0	0	2	0	1	0	0
	Other/Unknown	12	0	1	8	2	1	0	0

* "Other/Unknown" includes "Not Reported."

Not all counties are displayed in this table in order to prevent disclosure of confidential information.

Table 5b. Resident Induced Abortions Reported in Ohio, by Selected Counties, Race, and Age Group, 2020

Table Restricted to Abortions Obtained by Ohio Residents

County	Race*	Total	Age Group																Not Rep/ Unclassi- fiable
			<15	15	16	17	15-17	18	19	18-19	20	21	20-24	25-29	30-34	35-39	40-44	45+	
OHIO	TOTAL	19,438	51	92	127	224	443	496	653	1,149	914	1,059	5,550	5,955	3,742	1,883	633	32	0
	White	7,918	12	32	48	91	171	189	258	447	364	439	2,264	2,278	1,508	869	350	19	0
	Black	8,688	31	48	54	97	199	236	306	542	419	467	2,485	2,888	1,663	687	182	11	0
	Other/ Unknown	2,832	8	12	25	36	73	71	89	160	131	153	801	789	571	327	101	2	0
Butler	TOTAL	545	1	1	6	7	14	12	21	33	34	24	153	146	105	63	29	1	0
	White	280	1	1	3	4	8	6	8	14	21	11	79	79	48	32	18	1	0
	Black	143	0	0	1	2	3	1	8	9	8	4	33	39	34	18	7	0	0
	Other/ Unknown	122	0	0	2	1	3	5	5	10	5	9	41	28	23	13	4	0	0
Cuyahoga	TOTAL	4,523	11	24	26	46	96	125	150	275	199	213	1,225	1,463	911	410	125	7	0
	White	1,022	3	3	1	6	10	20	26	46	26	37	246	334	214	127	40	2	0
	Black	3,003	7	20	21	36	77	96	107	203	148	160	843	975	598	233	62	5	0
	Other/ Unknown	498	1	1	4	4	9	9	17	26	25	16	136	154	99	50	23	0	0
Franklin	TOTAL	3,115	13	8	18	22	48	56	79	135	124	151	863	979	644	323	103	7	0
	White	1,007	2	2	7	7	16	13	29	42	47	46	303	294	193	115	40	2	0
	Black	1,485	8	3	6	12	21	31	35	66	53	76	394	508	321	127	35	5	0
	Other/ Unknown	623	3	3	5	3	11	12	15	27	24	29	166	177	130	81	28	0	0
Greene	TOTAL	173	0	0	2	2	4	8	5	13	7	16	61	43	30	14	8	0	0
	White	105	0	0	2	2	4	6	2	8	4	7	30	27	21	10	5	0	0
	Black	50	0	0	0	0	0	1	2	3	3	7	25	16	3	0	3	0	0
	Other/ Unknown	18	0	0	0	0	0	1	1	2	0	2	6	0	6	4	0	0	0

Table 5b. Resident Induced Abortions Reported in Ohio, by Selected Counties, Race, and Age Group, 2020 (Part 2)

Table Restricted to Abortions Obtained by Ohio Residents

County	Race*	Total	Age Group															Not Rep/ Unclassi- fiable	
			<15	15	16	17	15-17	18	19	18-19	20	21	20-24	25-29	30-34	35-39	40-44		45+
Hamilton	TOTAL	2,345	8	11	13	30	54	52	86	138	112	132	681	682	468	249	63	2	0
	White	657	1	3	1	7	11	10	21	31	33	46	211	168	126	78	29	2	0
	Black	1,339	7	8	12	16	36	32	53	85	62	65	371	418	272	127	23	0	0
	Other/ Unknown	349	0	0	0	7	7	10	12	22	17	21	99	96	70	44	11	0	0
Lorain	TOTAL	483	2	5	4	9	18	16	12	28	22	24	131	150	85	53	15	1	0
	White	271	1	3	4	5	12	8	5	13	9	13	67	80	53	33	12	0	0
	Black	122	0	2	0	0	2	7	5	12	8	5	33	42	22	10	1	0	0
	Other/ Unknown	90	1	0	0	4	4	1	2	3	5	6	31	28	10	10	2	1	0
Lucas	TOTAL	676	0	4	5	2	11	20	23	43	28	44	194	231	112	63	22	0	0
	White	250	0	1	0	1	2	6	10	16	8	16	69	77	51	24	11	0	0
	Black	283	0	3	3	1	7	10	10	20	11	20	79	103	40	25	9	0	0
	Other/ Unknown	143	0	0	2	0	2	4	3	7	9	8	46	51	21	14	2	0	0
Montgomery	TOTAL	1,292	6	9	5	15	29	27	41	68	76	74	378	417	250	110	34	0	0
	White	401	2	2	2	6	10	12	10	22	21	21	102	118	90	39	18	0	0
	Black	742	3	5	2	6	13	12	29	41	46	46	237	260	125	50	13	0	0
	Other/ Unknown	149	1	2	1	3	6	3	2	5	9	7	39	39	35	21	3	0	0
Summit	TOTAL	1,217	1	8	7	20	35	34	50	84	66	71	362	381	211	102	39	2	0
	White	471	0	1	5	9	15	10	12	22	27	27	138	132	84	54	24	2	0
	Black	548	1	5	0	5	10	19	30	49	30	35	172	193	86	27	10	0	0
	Other/ Unknown	198	0	2	2	6	10	5	8	13	9	9	52	56	41	21	5	0	0

* "Other/Unknown" includes "Not Reported."

Not all counties are displayed in this table in order to prevent disclosure of confidential information.

Table 6. Induced Abortions Reported in Ohio, by County of Occurrence, 2006-2020

County of Occurrence	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006
TOTAL	20,605	20,102	20,425	20,893	20,672	20,976	21,186	23,216	25,473	24,764	28,123	28,721	29,613	30,859	32,936
Allen County	0	0	0	0	0	0	0	1	0	6	33	0	0	0	0
Brown County	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0
Butler County	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clark County	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Cuyahoga County	6,498	7,006	7,575	7,662	7,745	7,505	8,548	9,037	9,201	8,908	10,352	10,317	10,038	9,700	10,161
Delaware County	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Erie County	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Franklin County	3,501	3,933	3,706	4,844	4,476	4,715	4,137	4,966	5,698	5,640	5,391	5,581	5,222	6,594	6,778
Greene County	0	0	0	1	1	0	0	1	0	19	335	432	140	312	424
Hamilton County	3,797	3,306	3,060	3,225	3,057	3,303	3,890	4,171	4,601	4,363	4,995	4,825	5,663	5,114	5,583
Henry County	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Lake County	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
Lucas County	988	1,105	1,488	1,320	1,144	986	733	1,511	1,960	2,318	2,563	2,548	2,338	2,212	2,851
Mahoning County	90	62	0	0	0	0	0	0	0	0	20	572	690	817	820
Montgomery County	2,770	2,740	2,871	2,339	2,358	2,599	1,855	1,798	1,931	1,701	2,078	2,088	2,411	2,403	2,618
Richland County	45	50	0	0	0	0	0	0	0	0	0	0	0	0	0
Shelby County	0	0	0	0	2	0	1	1	2	0	0	0	0	0	0
Stark County	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
Summit County	2,915	1,899	1,725	1,501	1,886	1,864	2,022	1,730	2,075	1,808	2,355	2,358	3,109	3,667	3,701
Trumbull County	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Wayne County	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Wood County	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Ohio County Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	39	0

Total 2020 abortions reported in Ohio by source:

Ambulatory Surgical Facility = 18,712

Hospital = 83

Non-Surgical Clinic = 1,810

Table 7. Induced Abortions Reported in Ohio, by Method of Termination and County of Occurrence, 2020

County of Occurrence	Total	Surgical						Non-surgical					Not Reported
		Curettage Suction	D & Ext	D & Evac	Hystero-tomy	Hysterec-tomy	Other Surg	Total Non-Sur	Mife-Pristone	Metho-Trexate	Miso-Prostol	Other Non-Surg	
OHIO TOTAL	20,605	8,323	35	2,428	3	2	1	9,865	9,791	4	1,788	1	3
Butler	1	0	0	0	0	0	0	1	0	0	1	0	0
Cuyahoga	6,498	3,522	0	1,196	2	1	0	1,785	1,780	1	4	1	0
Franklin	3,501	408	33	289	0	0	1	2,803	2,798	2	1,402	0	1
Hamilton	3,797	1,831	1	575	1	0	0	1,392	1,386	0	6	0	2
Lucas	988	0	0	1	0	0	0	987	987	0	0	0	0
Mahoning	90	0	0	0	0	0	0	90	90	0	0	0	0
Montgomery	2,770	1,205	0	364	0	1	0	1,204	1,201	0	3	0	0
Richland	45	0	0	0	0	0	0	45	45	0	0	0	0
Summit	2,915	1,357	1	3	0	0	0	1,558	1,504	1	372	0	0

Note: More than one method can be reported for a procedure.

Table 8a. Total Induced Abortions Reported in Ohio, by Gestational Age, 2020

Gestational Age	Number	Percent
Total Abortions Reported	20,605	100.0
Less than 9 Weeks	12,739	61.8
9-12 Weeks	5,207	25.3
13-18 Weeks	2,218	10.8
19-20 Weeks	328	1.6
21-24 Weeks	113	0.6
25-36 Weeks	0	0.0
Not Reported	0	0.0

Table 8b. Method Used to Determine Gestational Age of Fetus, Ohio, 2020

Method	Number	Percent
Clinical Exam	15	0.1
Last Menstrual Period	1,450	7.0
Ultrasound	19,179	93.1
Other Reported Method	2	0.0
Not Reported	0	0.0

Note: More than one method of estimation can be reported.

Table 9. Resident Induced Abortions Reported in Ohio, by Age of Women Obtaining Abortion and by Number of Prior Induced Abortions, 2020

Table Restricted to Abortions Obtained by Ohio Residents

Age Group	Prior Induced Abortion							Not Reported
	Total	0	1	2	3	4	5+	
Total Abortions	19,438	10,394	4,535	1,969	720	323	224	1,273
Under 18	494	445	15	0	0	0	0	34
18-19	1,149	919	121	21	1	0	0	87
20-24	5,550	3,499	1,186	328	88	33	11	405
25-29	5,955	2,869	1,570	745	247	114	62	348
30-34	3,742	1,554	963	537	242	112	85	249
35-39	1,883	814	490	249	109	54	58	109
40-44	633	280	184	83	31	9	8	38
45-59	32	14	6	6	2	1	0	3
Age is Outside of Fertility Range	0	0	0	0	0	0	0	0
Not Reported	0	0	0	0	0	0	0	0

Table 10a. Total Induced Abortions in Ohio with Post-Abortion Complications, by Type of Complication, 2020

Data Source: Confidential Abortion Reporting Form, Box 23

Complication Type	Number of Complications	Percent of Abortions with Complications
Perforation of Uterus	2	8.7%
Cervical Laceration	2	8.7%
Hemorrhage	5	21.7%
Incomplete Abortion	2	8.7%
Hematometra	2	8.7%
Anesthetic	1	4.3%
Failed Abortion	1	4.3%
Infection	1	4.3%
Death	0	0.0%
Other	8	34.8%
Other Unknown Complication	8	34.8%
Total Number of Complications*	24	Not Applicable
Total Abortions with One or More Complications	23	100.00%

* One termination may have more than one reported complication.

Table 10b. Total Induced Abortions in Ohio with Post-Abortion Complications, by Type of Complication, 2020

Data Source: Post-Abortion Care Report for Complications, Box 8

Complication Type	Number of Complications	Percent of Abortions with Complications
Perforation of Uterus	0	0.0%
Cervical Laceration	0	0.0%
Hemorrhage	9	10.0%
Incomplete Abortion	27	30.0%
Hematometra	7	7.8%
Anesthetic	0	0.0%
Failed Abortion	46	51.1%
Infection	2	2.2%
Death	0	0.0%
Failure of Amniotic Fluid Ex	0	0.0%
RH Incompatibility	0	0.9%
Other	5	5.6%
Total Number of Complications*	96	Not Applicable
Total Abortions with One or More Complications	90	100.0%

* An abortion may have more than one reported complication.

Table 11. Total Induced Abortions in Ohio with Post-Abortion Complications, by Type of Complication and Gestation Period, 2020

Data Source: Post-Abortion Care Report for Complications, Box 4 and Box 8

Complication Type	Total	Gestation Period				Not Reported
		< 9 Wks	9-12 Wks	13-19 Wks	20+ Wks	
		(Number of Complications)				
Perforation of Uterus	0	0	0	0	0	0
Cervical Laceration	0	0	0	0	0	0
Hemorrhage	9	4	2	2	0	1
Incomplete Abortion	27	14	8	1	0	4
Hematometra	7	4	3	0	0	0
Anesthetic	0	0	0	0	0	0
Failed Abortion	46	29	17	0	0	0
Infection	2	1	0	0	0	1
Death	0	0	0	0	0	0
Failure of Amniotic Fluid Ex	0	0	0	0	0	0
RH Incompatibility	0	0	0	0	0	0
Other/Unreported	5	3	2	0	0	0
Total Number of Complications*	96	55	32	3	0	6
Total Abortions with One or More Complications	90	55	29	2	0	4

* An abortion may have more than one reported complication.

Table 12. Resident Induced Abortions, by Zip Code of Patient, Ohio, 2020

Zip Code	Total						
43003	4	43076	6	43202	31	43323	1
43004	52	43078	16	43203	49	43324	1
43006	1	43080	1	43204	93	43326	7
43008	2	43081	105	43205	60	43331	3
43009	1	43082	18	43206	77	43332	2
43010	1	43085	30	43207	118	43334	1
43011	10	43087	1	43208	1	43338	2
43013	1	43089	1	43209	48	43340	3
43014	3	43094	1	43210	8	43342	4
43015	39	43102	1	43211	87	43344	6
43016	57	43103	22	43212	50	43345	1
43017	48	43105	6	43213	143	43348	2
43018	1	43110	120	43214	36	43351	7
43019	5	43112	1	43215	46	43357	2
43020	2	43113	14	43217	5	43402	20
43021	4	43114	1	43218	1	43403	2
43022	5	43115	3	43219	114	43406	1
43023	8	43116	3	43220	47	43410	3
43025	7	43119	44	43221	37	43412	2
43026	75	43123	72	43222	13	43416	1
43028	5	43124	1	43223	66	43417	1
43029	1	43125	17	43224	141	43420	30
43031	5	43127	1	43225	3	43424	1
43033	1	43128	5	43226	2	43430	2
43035	43	43130	55	43227	99	43435	1
43037	2	43131	1	43228	133	43440	3
43040	22	43134	1	43229	192	43442	1
43044	3	43137	3	43230	93	43443	2
43046	2	43138	13	43231	61	43447	5
43050	16	43140	18	43232	198	43449	5
43051	1	43143	3	43235	67	43451	1
43053	1	43145	1	43236	1	43452	9
43054	32	43146	2	43239	1	43457	1
43055	66	43147	54	43240	26	43460	7
43056	16	43148	3	43252	1	43462	1
43060	2	43149	1	43255	1	43463	1
43061	2	43150	1	43257	1	43464	3
43062	37	43151	1	43270	1	43465	12
43064	9	43153	3	43277	1	43469	1
43065	28	43155	1	43282	1	43502	1
43066	1	43157	2	43302	46	43506	11
43067	2	43160	15	43311	14	43512	8
43068	168	43162	2	43314	2	43515	5
43069	1	43164	1	43315	4	43516	1
43072	4	43200	1	43316	6	43518	1
43074	7	43201	95	43318	1	43520	1

Table 12. Resident Induced Abortions by Zip Code of Patient, Ohio, 2020 (Part 2)

Zip Code	Total						
43521	2	43720	2	44005	3	44074	2
43527	1	43723	4	44007	1	44076	4
43528	16	43724	1	44009	1	44077	87
43534	1	43725	14	44010	1	44080	2
43537	27	43730	1	44011	26	44081	10
43540	2	43731	4	44012	19	44084	7
43542	3	43734	1	44017	24	44085	1
43543	1	43755	1	44019	1	44086	2
43545	8	43762	2	44020	1	44087	37
43551	29	43764	3	44021	3	44089	16
43557	1	43771	1	44022	13	44090	11
43558	8	43777	3	44023	18	44092	53
43560	14	43778	1	44024	22	44094	68
43566	4	43779	1	44025	1	44095	57
43567	6	43783	1	44026	3	44100	1
43569	2	43787	1	44027	2	44101	2
43570	5	43801	1	44028	7	44102	167
43571	2	43804	1	44030	10	44103	82
43601	1	43805	2	44032	2	44104	188
43603	3	43812	10	44034	1	44105	233
43604	26	43820	1	44035	138	44106	87
43605	51	43821	2	44036	2	44107	137
43606	38	43822	3	44039	33	44108	135
43607	56	43824	1	44040	3	44109	142
43608	28	43828	1	44041	20	44110	120
43609	45	43830	5	44042	1	44111	118
43610	14	43832	4	44044	23	44112	139
43611	21	43837	1	44045	1	44113	66
43612	93	43840	1	44046	1	44114	22
43613	42	43844	1	44047	4	44115	84
43614	42	43845	3	44050	6	44116	27
43615	72	43917	1	44052	89	44117	64
43616	22	43920	3	44053	34	44118	134
43617	6	43942	1	44054	18	44119	82
43619	4	43943	1	44055	56	44120	200
43620	13	43945	1	44056	19	44121	202
43623	31	43947	1	44057	26	44122	105
43635	1	43952	2	44059	1	44123	116
43660	1	43964	2	44060	56	44124	103
43697	1	43968	2	44062	5	44125	197
43701	55	43977	1	44064	1	44126	30
43703	1	43986	1	44065	8	44127	25
43704	1	43988	1	44067	17	44128	212
43705	1	44001	21	44069	1	44129	60
43713	2	44003	4	44070	52	44130	100
43719	2	44004	47	44072	6	44131	22

Table 12. Resident Induced Abortions by Zip Code of Patient, Ohio, 2020 (Part 3)

Zip Code	Total						
44132	127	44129	60	44320	97	44502	33
44133	39	44230	6	44321	26	44503	2
44134	51	44231	8	44326	1	44504	15
44135	90	44233	6	44333	12	44505	43
44136	33	44234	3	44370	1	44506	7
44137	171	44236	16	44385	1	44507	26
44138	25	44240	81	44401	1	44508	1
44139	28	44241	27	44403	3	44509	34
44140	11	44244	2	44405	20	44510	10
44141	6	44248	1	44406	12	44511	43
44142	34	44250	5	44408	5	44512	57
44143	71	44251	1	44410	15	44514	22
44144	63	44253	1	44411	5	44515	52
44145	36	44254	4	44412	2	44517	1
44146	137	44255	3	44418	1	44551	1
44147	27	44256	70	44420	21	44570	1
44149	20	44260	11	44425	8	44571	1
44152	1	44262	3	44426	1	44574	1
44153	1	44264	1	44428	1	44575	2
44166	1	44265	1	44429	4	44601	46
44170	1	44266	33	44430	1	44606	1
44175	1	44270	10	44432	7	44608	3
44177	2	44272	6	44436	5	44609	1
44178	1	44273	4	44437	1	44611	2
44184	1	44275	2	44438	5	44612	6
44201	4	44278	29	44442	1	44613	1
44202	17	44280	7	44443	1	44614	18
44203	64	44281	30	44444	13	44615	6
44204	2	44286	5	44445	2	44619	1
44205	2	44287	5	44446	32	44620	1
44209	2	44288	8	44448	1	44622	20
44210	1	44301	47	44449	2	44626	2
44212	53	44302	17	44451	3	44627	1
44214	1	44303	16	44452	3	44629	2
44215	4	44304	12	44455	1	44632	6
44216	11	44305	76	44460	19	44637	4
44217	2	44306	117	44470	2	44638	1
44218	1	44307	57	44471	9	44640	1
44219	1	44308	5	44473	2	44641	13
44221	43	44310	83	44481	9	44642	1
44223	32	44311	26	44482	1	44644	5
44224	46	44312	56	44483	59	44645	1
44225	2	44313	87	44484	28	44646	67
44126	30	44314	80	44485	57	44647	22
44127	25	44315	2	44488	1	44657	8
44128	212	44319	24	44490	2	44662	3

Table 12. Resident Induced Abortions by Zip Code of Patient, Ohio, 2020 (Part 4)

Zip Code	Total						
44663	31	44830	18	45036	31	45142	2
44666	3	44833	9	45039	24	45144	1
44667	12	44836	3	45040	66	45146	1
44672	4	44839	15	45041	1	45147	2
44675	2	44840	1	45042	43	45149	1
44676	2	44842	1	45044	92	45150	34
44677	4	44843	1	45045	1	45152	7
44680	1	44846	4	45046	1	45154	5
44681	1	44849	1	45048	1	45155	1
44682	1	44851	6	45049	1	45156	1
44683	8	44854	1	45050	20	45157	8
44684	1	44857	18	45051	1	45159	2
44685	27	44859	1	45052	3	45160	1
44688	1	44864	4	45053	2	45167	4
44691	29	44865	2	45054	2	45168	1
44693	1	44866	3	45055	2	45169	3
44699	1	44868	1	45056	28	45171	5
44702	2	44870	59	45058	1	45172	1
44703	31	44875	4	45061	1	45174	1
44704	16	44878	1	45062	2	45176	2
44705	44	44882	1	45064	3	45177	20
44706	25	44883	14	45065	5	45179	1
44707	32	44887	1	45066	16	45201	3
44708	44	44888	1	45067	13	45202	66
44709	44	44889	3	45068	4	45203	18
44710	26	44890	8	45069	64	45204	32
44714	35	44901	1	45071	2	45205	88
44718	20	44902	16	45081	1	45206	36
44720	34	44903	35	45093	1	45207	28
44721	17	44904	13	45102	29	45208	17
44730	6	44905	6	45103	36	45209	24
44783	1	44906	12	45104	1	45211	148
44802	2	44907	30	45105	1	45212	66
44804	1	44951	1	45106	4	45213	17
44805	15	45002	13	45107	6	45214	48
44807	2	45005	24	45113	1	45215	74
44810	1	45009	1	45117	1	45216	25
44811	5	45011	120	45120	3	45217	27
44813	3	45012	1	45121	5	45218	6
44814	1	45013	63	45122	9	45219	60
44817	1	45014	106	45123	5	45220	51
44820	12	45015	12	45130	5	45221	3
44822	1	45017	1	45132	1	45223	81
44824	4	45024	1	45133	6	45224	71
44826	1	45030	17	45135	2	45225	58
44827	8	45033	1	45140	55	45226	9

Table 12. Resident Induced Abortions by Zip Code of Patient, Ohio, 2020 (Part 5)

Zip Code	Total						
45227	27	45324	73	45415	32	45656	1
45229	56	45325	2	45416	39	45657	1
45230	44	45326	1	45417	147	45658	2
45231	154	45327	10	45418	1	45660	7
45232	48	45329	1	45419	22	45661	2
45233	12	45331	16	45420	59	45662	13
45234	5	45332	2	45423	1	45663	6
45235	1	45335	5	45424	98	45673	1
45236	42	45337	1	45426	91	45679	1
45237	108	45338	3	45429	48	45680	3
45238	143	45341	3	45430	6	45681	1
45239	100	45342	49	45431	28	45684	1
45240	104	45344	11	45432	16	45690	9
45241	27	45346	2	45433	4	45692	8
45242	23	45347	2	45434	7	45693	4
45243	9	45348	1	45439	30	45694	5
45244	24	45356	27	45440	26	45697	3
45245	24	45359	3	45449	49	45701	30
45246	52	45361	1	45453	1	45703	1
45247	23	45363	1	45458	35	45710	1
45248	28	45365	21	45459	33	45714	4
45249	18	45368	10	45460	1	45724	2
45250	3	45369	4	45477	1	45732	4
45251	44	45370	3	45480	1	45745	1
45252	3	45371	23	45488	1	45750	6
45255	27	45373	29	45489	1	45761	1
45256	1	45377	21	45502	10	45764	10
45257	5	45378	1	45503	50	45769	1
45259	1	45380	5	45504	22	45776	1
45280	1	45381	1	45505	49	45778	1
45281	1	45383	6	45506	34	45780	3
45301	1	45384	7	45601	32	45784	1
45302	3	45385	47	45612	3	45801	33
45303	2	45387	5	45614	2	45804	27
45304	1	45389	2	45621	1	45805	28
45305	10	45396	1	45622	1	45806	3
45309	9	45397	1	45628	1	45807	1
45311	3	45401	1	45631	4	45809	1
45312	1	45402	52	45634	1	45810	4
45314	1	45403	38	45638	4	45813	1
45315	1	45404	38	45640	8	45817	3
45318	1	45405	78	45647	1	45820	1
45320	9	45406	104	45648	6	45822	7
45321	1	45409	16	45650	1	45830	6
45322	31	45410	26	45651	1	45832	1
45323	12	45414	55	45654	2	45833	2

Table 12. Resident Induced Abortions by Zip Code of Patient, Ohio, 2020 (Part 6)

Zip Code	Total						
45840	28	45861	1	45879	1	45891	4
45844	1	45862	1	45882	4	45893	1
45845	1	45865	2	45883	1	45895	14
45850	1	45867	1	45884	1	45896	2
45854	1	45869	2	45885	6	45930	1
45856	3	45871	1	45887	2	99999	105
45858	2	45873	1	45889	1		

Table 13. Contraceptive History at Time of Conception and Contraception Recommendations Provided at Discharge, Ohio, 2020

Type of Contraception	History (at conception)	Recommended (after procedure)
Yes, Any Type	3,374	20,605
Cervical Cap	2	8
Hormone Implant	42	357
IUD	103	699
Condom, Male	1,138	8,969
Oral Contraceptive	1,415	4,317
Vaginal Ring	132	356
Contraceptive Injection	244	0
Condom, Female	27	26
Foam	8	0
Diaphragm	3	4
Hormone Patch	93	392
Rhythm	74	63
DepoProvera	1	938
Plan B	59	0
Abstinence	2	91
Withdrawal	52	2
Vasectomy	7	61
Tubal Ligation	4	202
Emergency Contraceptive	41	1
Essure	1	0
Own MD	0	699
Own Plans	0	0
Other	28	3,779
None	14,189	0
Unknown	3,042	0

Note: One termination may have more than one contraception type recommended.

Table 14. Pregnancy History of Women who Obtained Induced Terminations in Ohio, 2020

Number of specified pregnancies	Number of women with specified number of previous pregnancies	Number of women with specified number of prior spontaneous abortions	Number of women with specified number of prior induced abortions
0	4,234	15,062	11,085
1	3,605	3,016	4,757
2	3,486	734	2,056
3	2,791	187	744
4	2,091	75	329
5	1,388	24	125
6	811	15	57
7	459	8	23
8	241	3	11
9	146	1	7
10	83	3	3
11	54	1	2
12	16	0	1
13	14	0	0
14	9	0	2
15	7	0	0
16	3	0	0
17	4	0	0
18	1	0	0
19	0	0	0
20	1	0	0
Not Reported	1,161	1,476	1,403
Total Number of Previous Pregnancies of Specified Type	47,758	5,685	13,788

Table 15. Selected Medical Information from Confidential Abortion Reports, Ohio, 2020

Discharge instruction given as per O.A.C. 3701-47-02 (Restricted to women obtaining procedure at 14+ weeks gestation)	
Yes	2,100
No	9
Not Reported	0
Medical condition of the woman at time of abortion	
Good	20,581
Other	24
Type of procedure done immediately after the abortion	
None	20,594
Other	11

Table 16. Type of Counseling Provided to Women Obtaining Terminations, Ohio, 2020

Type of Counseling	Number
Psychological	43
Social Services	2,710
Pastoral	12
Medical	13,384
Other	3
None	7,211

Note: A single patient could receive one or more counseling types.

Table 17. Timing of Medical Exam for Terminations Performed, Induced, or Attempted After 19 Completed Weeks Gestation, Ohio, 2020

Medical Exam performed within 48 hours	
Yes	440
No	1
Not Reported	0

Table 18. Viability Determination and Type of Testing Used to Determine Viability for Terminations Performed, Induced, or Attempted After 19 Completed Weeks Gestation, Ohio, 2020

Viability Judgment	
Viable	0
Not Viable	441
Not Reported	0
Type of Viability Testing	
Ultrasound	441
Lung Maturity Testing	0
Genetic Testing	1
Amniocentesis	2
Chorionic Villus Sampling	0
Cordocentesis	0
Weight (Ultrasound Estimate)	2
Maternal Serum Alpha-Fetoprotein	0
Actual Fetal Biometrics	0
Other	1

Note: More than one type of test to determine viability may be reported.

Table 19. Probable Post-Fertilization Age (PPFA) Determination and Type of Method Used to Determine PPFA for Terminations Performed, Induced, or Attempted After 19 Completed Weeks Gestation, Ohio, 2020

Probable Post-Fertilization Age (PPFA) Judged to be 20 Weeks or Greater	
Yes	20
No	421
Method Used to Determine Probable Post-Fertilization Age (PPFA)	
Composite Ultrasound (Fourteen days after LMP)	438
LMP (Fourteen days after LMP)	5
Clinical Exam	7
Other	1
No Reported Method	0

More than one method to determine PPFA may be reported

Confidential Abortion Report

Ohio Department of Health
(Required pursuant to R.C.3701.79)

1. Facility Name:	2. Address:	Zip Code of Facility:
-------------------	-------------	-----------------------

General Information

3. Zip code of address of the woman:		County of Residence (specify):	State of Residence:
4. Woman's Identification number:	5. Age of woman:	6. Specify highest degree or level of school completed: <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9 th -12 th grade <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Some College/No degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Unknown	
7. Marital status, please select one: <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		8a. Race or ethnic group, please select all that apply: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	8b. Is the woman of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Medical History, Physical, and Assessment

9. Number of living children: <input type="checkbox"/> <input type="checkbox"/>		10. Date of last live birth: M M D D Y Y <input type="checkbox"/> Unknown ____/____/____	
11.a Number of prior spontaneous abortions: <input type="checkbox"/> <input type="checkbox"/>	11.b Number of prior induced abortions: <input type="checkbox"/> <input type="checkbox"/>	12. Date of last induced abortion: M M D D Y Y <input type="checkbox"/> Unknown ____/____/____	
13. Number of previous pregnancies: <input type="checkbox"/> <input type="checkbox"/>		14. Contraceptive History: Was the woman practicing contraception at the time of conception? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. Method. If yes to number 14, what was the method used? <input type="checkbox"/> Cervical Cap <input type="checkbox"/> Hormone Implant <input type="checkbox"/> IUD <input type="checkbox"/> Condom (male) <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> Vaginal Ring <input type="checkbox"/> Contraceptive Injection <input type="checkbox"/> Condom (female) <input type="checkbox"/> Foam <input type="checkbox"/> Diaphragm <input type="checkbox"/> Hormone Patch <input type="checkbox"/> Rhythm <input type="checkbox"/> Other (specify) _____			16. First day of last menstrual period: M M D D Y Y ____/____/____ <input type="checkbox"/> Unknown
17. <input type="checkbox"/> I attest that I do not have knowledge that the pregnant woman is seeking an abortion, in whole or in part, because of a test result indicating Down syndrome, a prenatal diagnosis of Down syndrome, or any other reason to believe that the unborn child has Down syndrome.			

Medical Procedure

18. Date of Termination: M M D D Y Y ____/____/____	19a. Clinical Estimate of Gestational Age: Weeks <input type="checkbox"/> <input type="checkbox"/> Days <input type="checkbox"/> <input type="checkbox"/>	19b. Method used to determine gestational age of the fetus: <input type="checkbox"/> Clinical Exam <input type="checkbox"/> LMP <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other (specify) _____	19c. If 18a is 14 weeks or greater, were discharge instructions given as per O.A.C. 3701-47-02? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Method of Termination: <input type="checkbox"/> Suction Dilation & Curettage <input type="checkbox"/> Dilation & Evacuation (D&E) <input type="checkbox"/> Medical (NonSurgical) (specify) <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Mifepristone (RU 486) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Dilation Extraction <input type="checkbox"/> Methotrexate <input type="checkbox"/> Other (specify) _____			
21. Medical condition of the woman at the time of abortion: <input type="checkbox"/> Good <input type="checkbox"/> Other (specify) _____		22. Type of procedure done immediately after the abortion: <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____	
23. Post Abortion Complications (Indicate all): <input type="checkbox"/> None <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Perforation of Uterus <input type="checkbox"/> Cervical Laceration <input type="checkbox"/> Infection <input type="checkbox"/> Anesthetic <input type="checkbox"/> Failed Abortion <input type="checkbox"/> Incomplete Abortion <input type="checkbox"/> Hematometra <input type="checkbox"/> Death <input type="checkbox"/> Other (specify) _____		24. Type of family planning recommended: <input type="checkbox"/> Cervical Cap <input type="checkbox"/> Hormone Implant <input type="checkbox"/> Condom (male) <input type="checkbox"/> Oral Contraceptive <input type="checkbox"/> Depo Provera <input type="checkbox"/> Condom (female) <input type="checkbox"/> Diaphragm <input type="checkbox"/> Hormone Patch <input type="checkbox"/> IUD <input type="checkbox"/> Vaginal Ring <input type="checkbox"/> Other (specify) _____	
25. Type of Counseling given: <input type="checkbox"/> None <input type="checkbox"/> Psychological <input type="checkbox"/> Social Service <input type="checkbox"/> Pastoral <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify) _____			
26. Physician's Name (type or print)		27. Physician's Signature: _____ Date: _____	

Send completed forms to:

Ohio Department of Health Confidential Reports A
 PO Box 118 Columbus, Ohio 43216 Email: VSReporting@odh.ohio.gov

HEA 1802 (Rev. 05/2021)

Medical Information for Abortions Performed, Induced or Attempted after 19 Completed Weeks of Gestation**(Required pursuant to R. C. 2919.171, 2919.201-2919.203, and O.A.C. 3701-47-03)**

Woman's Identification number:		For State Use Only	
Please respond to questions 30b-d and 31a-b and initial the document ONLY if you responded "YES" to question 29a, 29c or 30a.			
28a. Did you perform a medical examination of the pregnant woman within 48 hours before the performance of the abortion or the attempt to perform or induce the abortion? <input type="checkbox"/> Yes <input type="checkbox"/> No		28b. Date of medical examination: M M D D Y Y ____/____/____	
29a. In your good faith judgment, was the unborn child viable as defined in ORC 2919.16, paragraph M? <input type="checkbox"/> Yes <input type="checkbox"/> No	29b. Type of testing performed to determine viability: <input type="checkbox"/> Ultrasound <input type="checkbox"/> Lung Maturity Testing <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Chorionic Villus Sampling <input type="checkbox"/> Cordocentesis <input type="checkbox"/> Weight (Ultrasound Estimate) <input type="checkbox"/> Maternal Serum Alpha-Fetoprotein (MSAFP)		
29c. Based on inquires of the woman and performance of medical examinations or tests, is the Probable Post-Fertilization Age (PPFA), as defined in RC. 2919.20, twenty (20) weeks or greater, in the physician's reasonable medical judgment? <input type="checkbox"/> Yes <input type="checkbox"/> No	29d. Method used to determine PPFA <input type="checkbox"/> Composite Ultrasound (Fourteen (14) days after LMP) <input type="checkbox"/> LMP (Fourteen (14) days after LMP) <input type="checkbox"/> Clinical Exam <input type="checkbox"/> Other (specify) _____		
30a. The abortion was induced, performed or attempted because of a medical necessity or medical emergency (i.e. to prevent the death of the pregnant woman or a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman): <input type="checkbox"/> Yes <input type="checkbox"/> No			
30b. Please have the physician, who is not professionally related to the attending physician, certify the information in Question #30a. by printing and signing their name: By signing below, I certify that I am not professionally related to the attending physician and that the abortion was induced, performed, or attempted because of a medical necessity or medical emergency (i.e. to prevent the death of the pregnant woman or a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman). Print Name _____ Signature _____ M.D./ D.O.			
30c. Medical condition of the pregnant woman that constitutes medical necessity or medical emergency: <input type="checkbox"/> Diabetes <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Respiratory Failure <input type="checkbox"/> Preeclampsia (Toxemia) <input type="checkbox"/> Eclampsia <input type="checkbox"/> Inevitable Abortion <input type="checkbox"/> Acute Fatty Liver of Pregnancy <input type="checkbox"/> Infection <input type="checkbox"/> Premature Rupture of the Membrane <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Other _____		30d. Method or techniques considered when inducing or performing the abortion (check all that apply) <input type="checkbox"/> Suction Dilation & Curettage <input type="checkbox"/> Dilation Extraction (specify) <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Dilation & Evacuation (D&E) <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Medical (NonSurgical) <input type="checkbox"/> Mifepristone (RU 486) <input type="checkbox"/> Methotrexate <input type="checkbox"/> Other (specify) _____	
31a. Method or technique employed when inducing or performing the abortion: <input type="checkbox"/> Suction Dilation & Curettage <input type="checkbox"/> Dilation Extraction (specify) <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Dilation & Evacuation (D&E) <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Medical (NonSurgical) <input type="checkbox"/> Mifepristone (RU 486) <input type="checkbox"/> Methotrexate <input type="checkbox"/> Other (specify) _____		31b. Reason for choice of method or technique: <input type="checkbox"/> Gestational Age <input type="checkbox"/> Patient Safety <input type="checkbox"/> Patient Choice <input type="checkbox"/> Availability of Services <input type="checkbox"/> Other (specify) _____	

_____ By initialing I certify that the abortion was not based on a claim or diagnosis that the pregnant woman will engage in conduct that would result in the pregnant woman's death or a substantial and irreversible impairment of a major bodily function of the pregnant woman or on any reason related to the woman's mental health.

A physician who fails to submit the report described in Paragraph (A) of OAC 3701-47-03 more than thirty days after the fifteen-day deadline, shall be subject to a late fee of five hundred dollars for each additional thirty-day period or portion of a thirty-day period the report is overdue.

Post Abortion Care Report For Complications

Ohio Department of Health

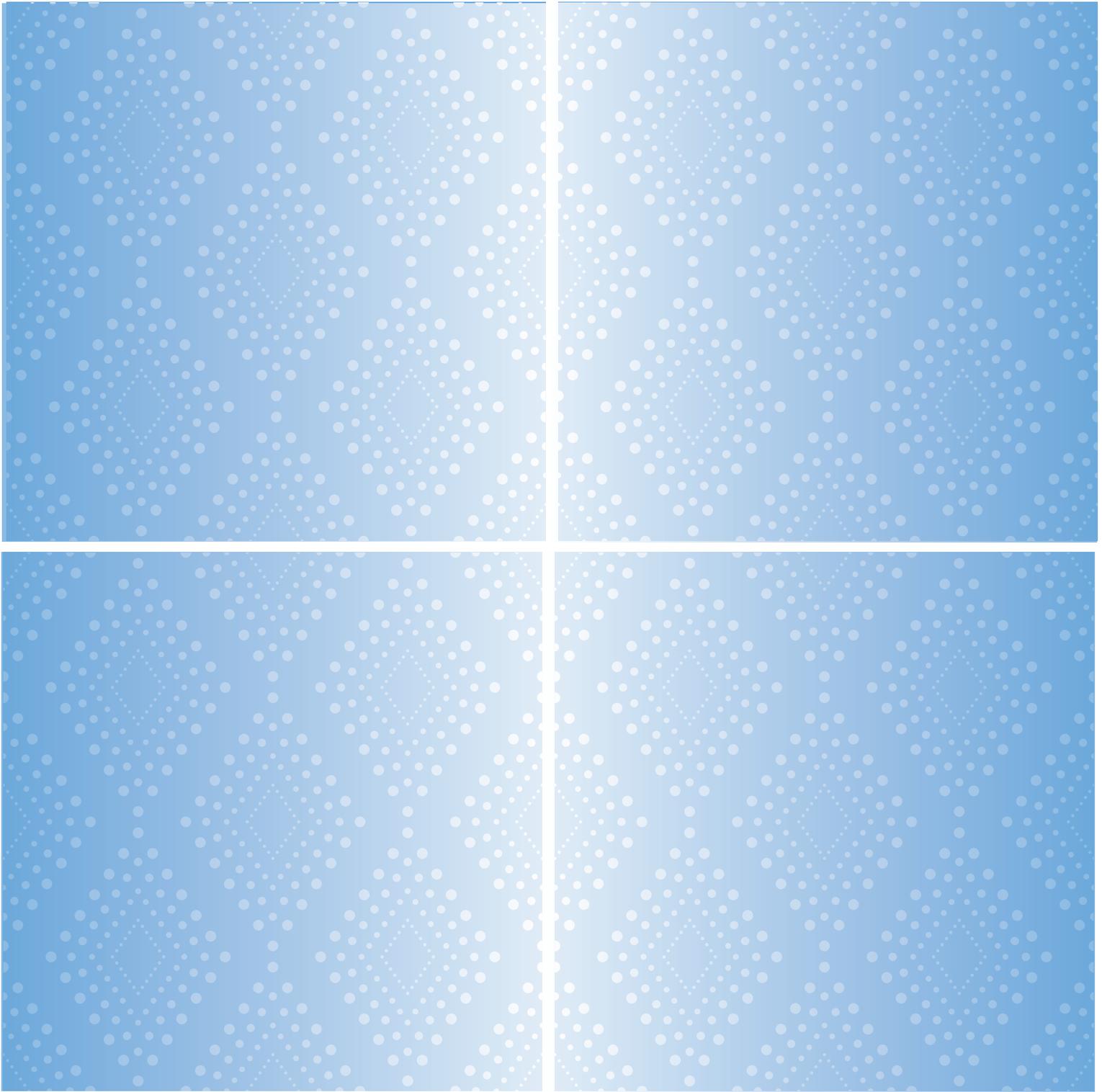
(Required Pursuant to O. A.C. 3701-47-03)

To be completed by the physician providing post-abortion care

				State Use Only	
Facility Where Post-Abortion Care was Provided					
Street or Post Number		City		State	Zip
Date of Abortion: Month Date Year			Weeks of Gestation		
Facility Where Abortion was Performed:					
Address of Facility: Street or Post Number		City		State	Zip
Date Post Abortion Care Began: Month Day Year			Patient Number:		
Complication(s) (Please check all that apply): <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Anesthetic <input type="checkbox"/> Hematometra <input type="checkbox"/> Perforation of Uterus <input type="checkbox"/> Failure of Amniotic Fluid Ex <input type="checkbox"/> RH Incompatibility <input type="checkbox"/> Cervical Laceration <input type="checkbox"/> Failed Abortion <input type="checkbox"/> Infection <input type="checkbox"/> Incomplete Abortion <input type="checkbox"/> Death <input type="checkbox"/> Other (Specify) _____					
Duration of Treatment: (indicate Number of Hours or Days) _____ Hours _____ Days					
Remarks					
Physician's Name Providing Care (Type or Print)		Physicians Signature <input type="checkbox"/> M.D. <input type="checkbox"/> D.O.		Date	

Send Completed Form to: Ohio Department of Health
 Confidential Reports A
 PO Box 118
 Columbus, Ohio 43216

HEA 1806 Rev. 9/2014



Mike DeWine, Governor
Bruce Vanderhoff, MD, MBA, Director of Health



Department
of Health