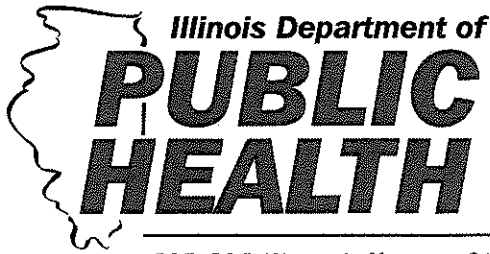




State of Illinois  
Illinois Department of Public Health

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# Illinois Abortion Statistics 2007



Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.idph.state.il.us](http://www.idph.state.il.us)

August 19, 2011

John J. Cullerton  
President of the Senate  
111 Capitol Building  
Springfield, IL 62706

Michael J. Madigan  
Speaker of the House  
300 Capitol Building  
Springfield, IL 62706

Christine Radogno  
Senate Minority Leader  
309-A Capitol Building  
Springfield, IL 62706

Tom Cross  
House Minority Leader  
316 Capitol Building  
Springfield, IL 62706

Pursuant to the Illinois Abortion Law of 1975 (720 ILCS 510/10), attached is the 2007 Illinois Department of Public Health report on pregnancy terminations performed in Illinois. The abortion law stipulates the report be submitted annually to the General Assembly.

Please note numerous columns in the accompanying pages have an asterisk denoting a field of information in which the amount is so small (50 or fewer) that the identity of any person(s) to whom it relates may be discerned. Under 77 Ill. Adm. Code 505.30, "aggregate data" expressly excludes the above-described data.

If you have questions, please contact Thomas J. Schafer, deputy director, Office of Health Promotion, at 217-785-1051 or [tom.schafer@illinois.gov](mailto:tom.schafer@illinois.gov).

Sincerely,

A handwritten signature in black ink that reads "Damon T. Arnold, M.D., MPH". The signature is written in a cursive style.

Damon T. Arnold, M.D., M.P.H.  
Director

c: Secretary of the Senate  
Clerk of the House  
Legislative Research Unit

## 2007 ILLINOIS ABORTION STATISTICS

REPORTED INDUCED PREGNANCY TERMINATION		Married (Illinois Residents)	
Illinois Residents	39,291	Yes	5,741
Out of State	4,042	No	32,794
Unknown	1,965	Unknown	756
<b>TOTAL</b>	<b>45,298</b>		

AGE (Illinois Residents)			
0 - 14	257	30 - 34	5,874
15 - 17	2,827	35 - 39	3,593
18 - 19	4,054	40 - 44	1,103
20 - 24	11,799	45+	51
25 - 29	9,481	AGE NOT REPORTED	192

REPORTED INDUCED PREGNANCY TERMINATIONS BY COUNTY OF RESIDENCE					
ADAMS	58	HARDIN	*****	MORGAN	*****
ALEXANDER	*****	HENDERSON	*****	MOULTRIE	*****
BOND	*****	HENRY	*****	OGLE	56
BOONE	82	IROQUOIS	*****	PEORIA	478
BROWN	*****	JACKSON	97	PERRY	*****
BUREAU	*****	JASPER	*****	PIATT	*****
CALHOUN	*****	JEFFERSON	57	PIKE	*****
CARROLL	*****	JERSEY	*****	POPE	*****
CASS	*****	JO DAVIESS	*****	PULASKI	*****
CHAMPAIGN	456	JOHNSON	*****	PUTNAM	*****
CHRISTIAN	*****	KANE	832	RANDOLPH	*****
CLARK	*****	KANKAKEE	109	RICHLAND	*****
CLAY	*****	KENDALL	112	ROCK ISLAND	*****
CLINTON	*****	KNOX	71	ST. CLAIR	793
COLES	63	LAKE	1,591	SALINE	*****
COOK	22,296	LASALLE	143	SANGAMON	358
CRAWFORD	*****	LAWRENCE	*****	SCHUYLER	*****
CUMBERLAND	*****	LEE	*****	SCOTT	*****
DEKALB	198	LIVINGSTON	*****	SHELBY	*****
DEWITT	*****	LOGAN	*****	STARK	*****
DOUGLAS	*****	MCDONOUGH	*****	STEPHENSON	*****
DUPAGE	1,963	MCHENRY	564	TAZEWELL	145
EDGAR	*****	MCLEAN	267	UNION	*****
EDWARDS	*****	MACON	150	VERMILION	124
EFFINGHAM	*****	MACOUPIN	52	WABASH	*****
FAYETTE	*****	MADISON	586	WARREN	*****
FORD	*****	MARION	*****	WASHINGTON	*****
FRANKLIN	51	MARSHALL	*****	WAYNE	*****
FULTON	*****	MASON	*****	WHITE	*****
GALLATIN	*****	MASSAC	*****	WHITESIDE	*****
GREENE	*****	MENARD	*****	WILL	953
GRUNDY	*****	MERCER	*****	WILLIAMSON	76
HAMILTON	*****	MONROE	*****	WINNEBAGO	623
HANCOCK	*****	MONTGOMERY	*****	WOODFORD	*****

\*\*\*\*\* denotes less than or equal to 50



**REPORT OF INDUCED TERMINATION OF PREGNANCY**

COMPLETE THIS FORM AND MAIL IT TO:

Illinois Department of Public Health, Division of Vital Records  
605 West Jefferson Street, Springfield, Illinois 62702-5097

(All information submitted herein shall be confidential pursuant to the Pregnancy Termination Report Code 77 Ill. Adm. Code 505)

1. FACILITY NAME (If not clinic or hospital, give address)

2. COUNTY OF PREGNANCY TERMINATION (See County Code Table)

3. PATIENT'S IDENTIFICATION NUMBER

4. PHYSICIAN'S LICENSE NUMBER

**PATIENT INFORMATION**

5a. RESIDENT STATE (See State Code Table)

5b. COUNTY (See County Code Table)

5c. ZIP CODE (Chicago Only)

6. RACE / ETHNICITY

6a. RACE

<input type="checkbox"/>	(1) American Indian
<input type="checkbox"/>	(2) Black
<input type="checkbox"/>	(3) White
<input type="checkbox"/>	(4) Asian
<input type="checkbox"/>	(5) Other (Specify)

6b. HISPANIC?

 Y/N

7. AGE LAST BIRTHDAY

8. MARRIED?

 Y/N

9. DATE OF PREGNANCY TERMINATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
MO	DAY	YR

10. EDUCATION (Specify only highest grade completed)

 (0-12)

 College (1-4 or 5+)

11. CLINICAL ESTIMATE OF GESTATION (Number of Weeks)

12. PREVIOUS PREGNANCIES (Complete each section)

LIVE BIRTHS

12a. NOW LIVING (Number)

12b. NOW DEAD (Number)

OTHER TERMINATIONS

12c. SPONTANEOUS (Number)

12d. INDUCED (Number) (Do not include this termination)

13. Rh DETERMINATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Done	Rh Pos	Rh Neg

14. IF RH NEGATIVE, ANTI-Rh

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given	Not offered to patient	Refused by patient	Medically not indicated

15. REASON FOR TERMINATION

<input type="checkbox"/>	<input type="checkbox"/>
Patient's Request	Other

16. TERMINATION PROCEDURES

16a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)

<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....
<input type="checkbox"/>	.....

- Suction Curettage
- Sharp Curettage
- Dilation and Evacuation (D & E)
- Intra-Uterine Saline Instillation
- Intra-Prostaglandin Instillation
- Hysterotomy
- Hysterectomy
- Other (Specify) \_\_\_\_\_

16b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)

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17. COMPLICATIONS OF PREGNANCY TERMINATION?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y/N	If yes, mark all that apply.	Hemorrhage	Uterine Perforation	Anesthetic	Retained Products	Cervical Laceration	Infection	Death	Other (Specify)

18. HOSPITALIZATION REQUIRED AS A RESULT OF COMPLICATION(S)?

 Y/N

**CONFIDENTIAL**

















2007	187	Warren	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
2007	189	Washington	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
2007	191	Wayne	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
2007	193	White	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

Year	Cnty Code	Cnty Name	Age 15-17	Age 18-19	Married Yes	Married No	Married Unk	Gest. 0-3	Gest. 4-7	Gest. 8-11	Gest. 12-15
2007	195	Whiteside	*****	*****	*****	*****	*****	*****	*****	*****	*****
2007	197	Will	*****	*****	*****	000753	*****	*****	000479	000326	000107
2007	199	Williamson	*****	*****	*****	000067	*****	*****	*****	*****	*****
2007	201	Winnebago	*****	*****	*****	000515	*****	*****	000276	000245	000077
2007	203	Woodford	*****	*****	*****	*****	*****	*****	*****	*****	*****
2007	217	Unk in Ill	*****	*****	000617	003863	000130	*****	001626	001977	000414
2007	900	Out of State	*****	*****	*****	003641	*****	*****	001980	001232	000412
2007	@@@	Unknown	*****	*****	000078	000798	001089	*****	000609	001099	000170
2007	600	Chicago(Zip)	000959	001345	001781	012647	000233	*****	005341	006405	001568
2007	000	Illinois	002827	004054	005741	032794	000756	*****	016390	015912	004065







2007 187 Warren  
 2007 189 Washington  
 2007 191 Wayne  
 2007 193 White

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Year	Cnty Code	Cnty Name	Gest. 16-19	Gest. 20-23	Gest. 24+	Gest. Unk	Live Bth Yes	Live Bth No	Live Bth Unk	Spon. Yes	Spon. No	Spon. Unk
2007	195	Whiteside	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
2007	197	Will	*****	*****	*****	*****	000578	*****	*****	*****	000822	*****
2007	199	Williamson	*****	*****	*****	*****	000056	*****	*****	*****	000061	*****
2007	201	Winnebago	*****	*****	*****	*****	000412	*****	*****	*****	000507	*****
2007	203	Woodford	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
2007	217	Unk in Ill	000287	000249	*****	000052	002680	*****	*****	*****	003946	*****
2007	900	Out of State	000212	000172	*****	*****	002408	*****	*****	*****	003355	*****
2007	@@@	Unknown	*****	*****	*****	000082	001406	*****	*****	*****	001657	*****
2007	600	Chicago(zip)	000640	000500	*****	000196	009225	*****	*****	*****	012685	*****
2007	000	Illinois	001459	000990	*****	000439	023904	*****	*****	*****	033828	*****



























Year	Cnty Code	Cnty Name	Comp Cerv	Comp Lac	Comp Inf	Comp Death	Comp Other	Hosp Yes	Hosp No	Hosp Unk
2007	187	Warren	*****	*****	*****	*****	*****	*****	*****	*****
2007	189	Washington	*****	*****	*****	*****	*****	*****	*****	*****
2007	191	Wayne	*****	*****	*****	*****	*****	*****	*****	*****
2007	193	White	*****	*****	*****	*****	*****	*****	*****	*****
Year	Cnty Code	Cnty Name	Comp Cerv	Comp Lac	Comp Inf	Comp Death	Comp Other	Hosp Yes	Hosp No	Hosp Unk
2007	195	Whiteside	*****	*****	*****	*****	*****	*****	*****	*****
2007	197	Will	*****	*****	*****	*****	*****	*****	000871	*****
2007	199	Williamson	*****	*****	*****	*****	*****	*****	*****	000070
2007	201	Winnebago	*****	*****	*****	*****	*****	*****	000620	*****
2007	203	Woodford	*****	*****	*****	*****	*****	*****	*****	*****
2007	217	Unk in Ill	*****	*****	*****	*****	*****	*****	003951	*****
2007	900	Out of State	*****	*****	*****	*****	*****	*****	*****	002974
2007	@@@	Unknown	*****	*****	*****	*****	*****	*****	*****	001538
2007	600	Chicago(Zip)	*****	*****	*****	*****	*****	*****	012718	*****
2007	000	Illinois	*****	*****	*****	*****	*****	*****	032578	*****

