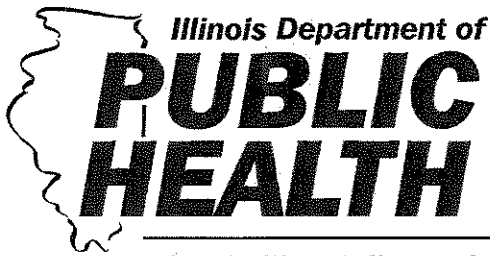




State of Illinois  
Illinois Department of Public Health

---

# Illinois Abortion Statistics 2009



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)

May 31, 2011

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President of the Senate  
111 Capitol Building  
Springfield, IL 62706

Michael J. Madigan  
Speaker of the House  
300 Capitol Building  
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Pursuant to the Illinois Abortion Law of 1975 (720 ILCS 510/10), attached is the 2009 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.

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

Sincerely,

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

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

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



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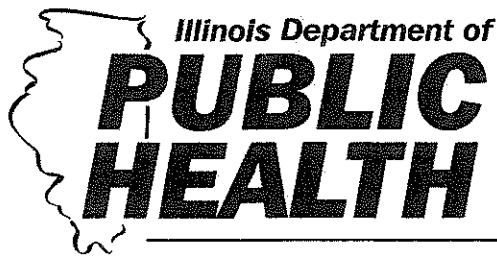
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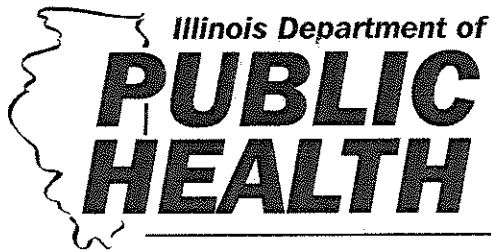
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June 2, 2011

The Honorable John J. Cullerton  
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Springfield, IL 62706

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## 2009 ILLINOIS ABORTION STATISTICS

REPORTED INDUCED PREGNANCY TERMINATIONS		MARRIED (Illinois Residents)	
Illinois Residents	41,307	Yes	4,905
Out of State	3,624	No	35,035
Unknown	1,146	Unknown	1,367
<b>TOTAL</b>	<b>46,077</b>		

AGE (Illinois Residents)			
0 - 14	257	30 - 34	6,293
15 - 17	2,734	35 - 39	3,781
18 - 19	4,221	40 - 44	1,230
20 - 24	12,664	45+	103
25 - 29	9,901	AGE NOT REPORTED	123

REPORTED INDUCED PREGNANCY TERMINATIONS BY COUNTY OF RESIDENCE					
ADAMS	61	HARDIN	*****	MORGAN	*****
ALEXANDER	*****	HENDERSON	*****	MOULTRIE	*****
BOND	*****	HENRY	*****	OGLE	86
BOONE	97	IROQUOIS	*****	PEORIA	569
BROWN	*****	JACKSON	132	PERRY	*****
BUREAU	*****	JASPER	*****	PLATT	*****
CALHOUN	*****	JEFFERSON	*****	PIKE	*****
CARROLL	*****	JERSEY	*****	POPE	*****
CASS	*****	JO DAVIESS	*****	PULASKI	*****
CHAMPAIGN	468	JOHNSON	*****	PUTNAM	*****
CHRISTIAN	*****	KANE	1,156	RANDOLPH	*****
CLARK	*****	KANKAKEE	123	RICHLAND	*****
CLAY	*****	KENDALL	222	ROCK ISLAND	*****
CLINTON	*****	KNOX	75	ST. CLAIR	732
COLES	*****	LAKE	1,474	SALINE	*****
COOK	25,196	LASALLE	174	SANGAMON	299
CRAWFORD	*****	LAWRENCE	*****	SCHUYLER	*****
CUMBERLAND	*****	LEE	*****	SCOTT	*****
DEKALB	270	LIVINGSTON	*****	SHELBY	*****
DEWITT	*****	LOGAN	*****	STARK	*****
DOUGLAS	*****	MCDONOUGH	*****	STEPHENSON	56
DUPAGE	2,155	MCHENRY	506	TAZEWELL	184
EDGAR	*****	MCLEAN	246	UNION	*****
EDWARDS	*****	MACON	133	VERMILION	101
EFFINGHAM	*****	MACOUPIN	*****	WABASH	*****
FAYETTE	*****	MADISON	516	WARREN	*****
FORD	*****	MARION	72	WASHINGTON	*****
FRANKLIN	*****	MARSHALL	*****	WAYNE	*****
FULTON	*****	MASON	*****	WHITE	*****
GALLATIN	*****	MASSAC	*****	WHITESIDE	*****
GREENE	*****	MENARD	*****	WILL	1,532
GRUNDY	51	MERCER	*****	WILLIAMSON	86
HAMILTON	*****	MONROE	*****	WINNEBAGO	511
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)  
Elementary / Secondary      College

  
(0-12)

  
(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)

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

<input type="checkbox"/>	Suction Curettage	<input type="checkbox"/>
<input type="checkbox"/>	Sharp Curettage	<input type="checkbox"/>
<input type="checkbox"/>	Dilation and Evacuation (D & E)	<input type="checkbox"/>
<input type="checkbox"/>	Intra-Uterine Saline Instillation	<input type="checkbox"/>
<input type="checkbox"/>	Intra-Prostaglandin Instillation	<input type="checkbox"/>
<input type="checkbox"/>	Hysterotomy	<input type="checkbox"/>
<input type="checkbox"/>	Hysterectomy	<input type="checkbox"/>
<input type="checkbox"/>	Other (Specify) _____	<input type="checkbox"/>

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"/>	
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**

















Year	Married	Married No	Cnty	Cnty Code	Cnty Name	White	Whiteside
2009	193	001245	197	197	Will	000752	000520
2009	195	000081	199	199	Williamson	000247	000182
2009	201	000448	203	203	Winnebago	000664	001526
2009	217	002407	217	217	Woodford	001629	001188
2009	900	003426	900	900	Unk in Ill	000306	000609
2009	@@	*****	@@	@@	Out of State	006093	006840
2009	600	013702	600	600	Chicago(Zip)	017112	016922
2009	000	035035	000	000	Illinois	004200	001447

Married	Unk	Gest. 0-3	Gest. 4-7	Gest. 8-11	Gest. 12-15	Gest. 16-19	Gest. 20-23	Gest. 24+	Gest. Unk	Live Bth Yes	Live Bth No	Live Bth	Spon. Yes
001367	000735	000306	000306	000609	000141	000629	000441	000179	010076	000583	025387	000139	002215
001031	000735	000306	000306	000609	000141	000629	000441	000179	010076	000583	025387	000139	002215
000735	000735	000306	000306	000609	000141	000629	000441	000179	010076	000583	025387	000139	002215
001367	000735	000306	000306	000609	000141	000629	000441	000179	010076	000583	025387	000139	002215



















Comp Inf	Year	Cnty Code	Cnty Name	Comp Death	Comp Other	Hosp Yes	Hosp No	Hosp Unk
*****	2009	001	Adams	*****	*****	*****	*****	*****
*****	2009	003	Alexander	*****	*****	*****	*****	*****
*****	2009	005	Bond	*****	*****	*****	*****	*****
*****	2009	007	Boone	*****	*****	000094	*****	*****
*****	2009	009	Brown	*****	*****	*****	*****	*****
*****	2009	011	Bureau	*****	*****	*****	*****	*****
*****	2009	013	Calhoun	*****	*****	*****	*****	*****
*****	2009	015	Carroll	*****	*****	*****	*****	*****
*****	2009	017	Cass	*****	*****	*****	*****	*****
*****	2009	019	Champaign	*****	*****	000455	*****	*****
*****	2009	021	Christian	*****	*****	*****	*****	*****
*****	2009	023	Clark	*****	*****	*****	*****	*****
*****	2009	025	Clay	*****	*****	*****	*****	*****
*****	2009	027	Clinton	*****	*****	*****	*****	*****
*****	2009	029	Coles	*****	*****	*****	*****	*****
*****	2009	031	Cook	*****	000187	000096	013850	011250
*****	2009	033	Crawford	*****	*****	*****	*****	*****
*****	2009	035	Cumberland	*****	*****	*****	*****	*****
*****	2009	037	De Kalb	*****	*****	*****	*****	000153
*****	2009	039	De Witt	*****	*****	*****	*****	*****
*****	2009	041	Douglas	*****	*****	*****	*****	*****
*****	2009	043	Du Page	*****	*****	*****	001302	*****
*****	2009	045	Edgar	*****	*****	*****	*****	*****
*****	2009	047	Edwards	*****	*****	*****	*****	*****
*****	2009	049	Effingham	*****	*****	*****	*****	*****
*****	2009	051	Fayette	*****	*****	*****	*****	*****
*****	2009	053	Ford	*****	*****	*****	*****	*****
*****	2009	055	Franklin	*****	*****	*****	*****	*****
*****	2009	057	Fulton	*****	*****	*****	*****	*****
*****	2009	059	Gallatin	*****	*****	*****	*****	*****
*****	2009	061	Greene	*****	*****	*****	*****	*****
*****	2009	063	Grundy	*****	*****	*****	*****	*****

Comp	Year	Cnty Code	Cnty Name	Comp Death	Comp Other	Hosp Yes	Hosp No	Hosp Unk
*****	2009	065	Hamilton	*****	*****	*****	*****	*****
*****	2009	067	Hancock	*****	*****	*****	*****	*****
*****	2009	069	Hardin	*****	*****	*****	*****	*****
*****	2009	071	Henderson	*****	*****	*****	*****	*****
*****	2009	073	Henry	*****	*****	*****	*****	*****
*****	2009	075	Iroquois	*****	*****	*****	*****	*****
*****	2009	077	Jackson	*****	*****	*****	*****	000120
*****	2009	079	Jasper	*****	*****	*****	*****	*****
*****	2009	081	Jefferson	*****	*****	*****	*****	*****
*****	2009	083	Jersey	*****	*****	*****	*****	*****
*****	2009	085	Jo Daviess	*****	*****	*****	*****	*****
*****	2009	087	Johnson	*****	*****	*****	*****	*****
*****	2009	089	Kane	*****	*****	*****	*****	000604
*****	2009	091	Kankakee	*****	*****	*****	000113	*****
*****	2009	093	Kendall	*****	*****	*****	*****	000169
*****	2009	095	Knox	*****	*****	*****	000073	*****
*****	2009	097	Lake	*****	*****	*****	001145	*****
*****	2009	099	La Salle	*****	*****	*****	000103	*****
*****	2009	101	Lawrence	*****	*****	*****	*****	*****
*****	2009	103	Lee	*****	*****	*****	*****	*****
*****	2009	105	Livingston	*****	*****	*****	*****	*****
*****	2009	107	Logan	*****	*****	*****	*****	*****
*****	2009	109	Mc Donough	*****	*****	*****	*****	*****
*****	2009	111	Mc Henry	*****	*****	*****	000407	*****
*****	2009	113	Mc Lean	*****	*****	*****	000238	*****
*****	2009	115	Macon	*****	*****	*****	000123	*****
*****	2009	117	Macoupin	*****	*****	*****	*****	*****
*****	2009	119	Madison	*****	*****	*****	*****	000513
*****	2009	121	Marion	*****	*****	*****	*****	000057
*****	2009	123	Marshall	*****	*****	*****	*****	*****
*****	2009	125	Mason	*****	*****	*****	*****	*****
*****	2009	127	Massac	*****	*****	*****	*****	*****



Comp	Year	Cnty Code	Cnty Name	Comp	Other	Hosp Yes	Hosp No	Hosp Unk
*****	2009	193	White	*****	*****	*****	*****	*****
*****	2009	195	Whiteside	*****	*****	*****	*****	*****
*****	2009	197	Will	*****	*****	*****	*****	*****
*****	2009	199	Williamson	*****	*****	*****	*****	*****
*****	2009	201	Winnebago	*****	*****	*****	*****	*****
*****	2009	203	Woodford	*****	*****	*****	*****	*****
*****	2009	217	Unk in Ill	*****	*****	*****	*****	*****
*****	2009	900	Out of State	*****	*****	*****	*****	*****
*****	2009	@@	@@Unknown	*****	*****	*****	*****	*****
*****	2009	600	Chicago(Zip)	*****	*****	*****	*****	*****
*****	2009	000	Illinois	*****	*****	*****	*****	*****