

ABORTION REPORT (2025)

2) FACILITY	
GMHA	0
Guam Polyclinic	0
Women's Clinic	0
Queen's University Medical Group	11
Total	11

TYPE OF ABORTION	
Therapeutic	7
Voluntary Termination	4
Partial-Birth Abortion & Certification	0
NP	0
Total	11

3) DATE OF ABORTION (month)	
January	4
February	2
March	5
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	11

4) PLACE OF RESIDENCE (Zip Codes)	
96251	0
96266	0
96916	0
96932	4
249-0004	0
91913	0
96208	0
96540	0
96542	0
96543	0
96657	0
96910	0
96912	0
96913	2
96915	0
96917	0
96921	2
96923	0
96928	0
96929	3
96931	0
969460	0
96950	0
Big Navy	0
Tumon	0
NOT SHOWN	0
Total	11

6) PATIENTS ETHNIC ORIGIN	
American Indian	0
Asian	2
Black	0
Caucasian	0
Hispanic	0
Pacific Islander	9
Not Provided	0
Total	11

9) HIGHEST EDUCATION	
College Graduate	4
College	2
High School Graduate	4
High School	0
Elementary	0
NP	1
Total	11

10) # OF LIVING CHILDREN	
0	3
1	2
2	1
3	3
4	0
5	2
6	0
7	0
Total	11

5) PATIENT'S AGE	
Younger than 13	0
13-17	0
18-22	0
23-27	6
28-32	1
33-37	2
38 and Over	2
NP	0
Total	11

25) GESTATIONAL AGE (IN WEEKS)	
1	0
2	0
3	0
4	0
5	0
6	5
7	2
8	1
9	2
10	0
11	1
Total	11

8) PREVIOUS PREGNANCIES	
0	3
1	1
2	2
3	1
4	0
5	3
6	1
7	0
8	0
9	0
10	0
12	0
13	0
Total	11

7) MARITAL STATUS	
Married	6
Single	4
Divorced	0
Widowed	0
NP	1
Total	11

11) # OF PREVIOUS INDUCED ABORTIONS	
0	9
1	2
2	0
3	0
Total	11

12) YEAR OF LAST ABORTION	
2018	0
2019	0
2020	0
2021	0
2022	0
NA	11
Total	11

13) YEAR LAST LIVE BIRTH	
2018	0
2019	0
2020	0
2021	0
2022	0
NA	11
Total	11

ABORTION REPORT (2025)

14) METHOD OF CONTRACEPTION	
Birth Control Pills	0
Condom	0
Depo Provera Shot	0
Encare	0
Foam	0
Herbal	0
IUD	0
None	0
Nuva Ring	0
Plan B	0
Rhythm	0
Not Provided	11
Total	11

16) MEDICAL CONDITION	
Elderly	0
Erythematosis/Systemic Lupus	0
Fetal Anencephaly	0
Fibroid Uterus	0
Fine	11
High Blood Pressure	0
Hyperemesis	0
Poor Hypspemesis Fainted	0
Rane Vutum	0
Rape Victim	0
Severe Depression, Hospitalized	0
Vein Thrombosis	0
Total	11

18) ABORTION PROCEDURES	
Cardiocentesis/Prgorin	0
Desoxyn Amnto	0
Digoxin Amnio	0
Methotrexate	0
Mifi Pristone	0
RC486/MTX	0
Saline Solution	0
Suction Curettage	0
Medication, Not Specified	11
Total	11

15) MONTH LAST MENSTRUAL (LMP)	
January	4
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
2024	4
None Provided	3
Total	11

17) BLOOD TYPE	
Positive	0
Negative	0
Not Provided	11
Total	11

21) FAMILY PLANNING	
BCP	0
BCP or IUD	0
Condom	0
Dypo Druvera	0
FCAN and Condom	0
IUD	0
IUD and Navy	0
None Provided	11
Total	11

22) ADDITIONAL COUNSELING	
BTL	0
Condom	0
Condom and Abstinence	0
Infection Prevention	0
None Provided	11
Total	11

19) COMPLICATIONS (IF ANY)	
A) During Procedure - None	11
Apparent Subseptate Uterus	0
Encountered Serrate Uterus	0
Retained Placenta	0
Retained Twins	0
Septate Uterus	0
Total	11
B) Post-Abortion - None	11
Atony	0
Negative	0
Retained Placenta	0
Retained Placenta, Anemia	0
Total	11

20) TYPE OF PROCEDURE AFTER ABORTION	
Admin-GMH Transfusion	0
Dilation and Curettage	0
Medical Drucol	0
Methergine and Massage	0
Mifidrex/Cytotec	0
None	11
Reaspirated	0
Total	11

**DATA ENTERED ONLY IF COMPLICATIONS
OCC.**

24A. FACILITY	
GMHA	0
Guam Polyclinic	0
Women's Clinic	0
None	11
Total	11
24C. DATE OF PROCEDURE (Month)	
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
None	11
Total	11
24D. NATURE OF ABORTION COMPLICATIONS	
None	11
Total	11


Sandra C. Cruz - Acting