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Induced Abortions in Minnesota January - December 2009: Report to the Legislature

July 2010

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Introduction

The 1998 session of the Minnesota Legislature amended Minnesota's abortion reporting requirement to include all physicians licensed and practicing in Minnesota who perform abortions and all Minnesota facilities in which abortions are performed (Minnesota Statutes, sections 145.4131 - 145.4136). A report must be completed and submitted to the Minnesota Department of Health (MDH) for each procedure performed. This law also expanded the content of the reporting form. The number of induced abortions performed out-of-state and paid for with state funds must be reported to MDH by the Minnesota Department of Human Services. Furthermore, any medical facility or any licensed, practicing physician in Minnesota who encounters an illness or injury that is the result of an induced abortion must submit a report of that complication on a separate form developed for that purpose. Both of these forms, *Report of Induced Abortion* and *Report of Complication(s) from Induced Abortion*, are included in the Appendix of this publication.

This report is issued in compliance with Minnesota Statutes, section 145.4134 which requires a yearly public report of induced abortion statistics for the previous calendar year and statistics for prior years adjusted to reflect any additional information from late and/or corrected report forms, beginning with October 1, 1998 data. This is the eleventh such report and covers the period from January 1, 2009 through December 31, 2009. No additional late or corrected *Report of Induced Abortion* or *Report of Complication(s) from Induced Abortion* forms were received since publication of the 2008 data in July of 2009.

The 2003 Minnesota Legislature enacted the Woman's Right to Know Act. This law [Minnesota Statutes, sections 145.4241 – 145.4249] requires physicians to provide women with certain information at least 24 hours prior to an abortion and to collect and report to the Minnesota Department of Health the number of women who were provided this information. Physicians were required to begin collecting this data on January 1, 2004 and to submit their 2009 data to the Department of Health by April 1, 2010. Data from this reporting requirement are published as Tables 25 through 27 on pages 31 through 33 of this report. Additional information about the Woman's Right to Know Act can be found at http://www.health.state.mn.us/wrtk/index.html.

The 2006 Minnesota Legislature amended the Woman's Right to Know Act (WRTK) regarding the circumstance of a patient seeking an abortion of an unborn child diagnosed with a fetal anomaly incompatible with life. Such a patient must be informed of available perinatal hospice services and offered this care as an alternative to abortion. If the patient accepts such care the information required under the WRTK need not be provided to her. If she declines hospice services and elects abortion, only information about medical risks, gestational age and anesthesia must be given. The WRTK reporting form was modified to accommodate the changes and Tables 25 and 26 have an additional line to report these cases. The revised version of the form, *Report of Informed Consent for Induced Abortion*, is included in the Appendix.

Technical Notes

Data included in this report are submitted to the Minnesota Department of Health by facilities and physicians who perform abortions in Minnesota. The ***Report of Induced Abortion*** (see Appendix, Figure 1) may be submitted by a facility/clinic on behalf of physicians who practice therein; or physicians may submit reports independently. A number of data items on the report form were specifically required by Minnesota Statutes. These items include: medical specialty of the physician performing the abortion, patient age, date of the abortion, clinical estimate of gestation, number of previous spontaneous and induced abortions, type of abortion procedure, intra-operative complications (post-operative complications are collected using the *Report of Complication(s) from Induced Abortion*), method of disposal of fetal remains, type of payment, health coverage type, and reason for the abortion. The items: type of admission, patient residence, date of last menses, and contraceptive use and method were included to provide continuity with previous abortion report forms. Marital status, Hispanic origin, race, education, and previous live births correspond to items on the Minnesota *Medical Supplement to the Certificate of Live Birth* and thus allow for statistical comparison with birth data and the calculation of pregnancy rates.

Report forms submitted with incomplete data are required by law to be returned to the clinic/facility or independently reporting physician for correction. Overall compliance and cooperation in completing the forms was excellent, however, some data remain unreported. In some cases this is due to a facility being unable to locate the record in question and in other instances due to a patient's refusal to provide the data. Continuing efforts are being made to further improve reporting compliance, completeness, and timeliness.

Due to the sensitivity of abortion data, there are concerns about revealing an individual's identity, whether patient or provider, from data presented in this publication. Minnesota Statutes, section 145.4134 states "The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion. All data included on the forms under sections 145.4131 to 145.4133 must be included on the public report except that the commissioner shall maintain as confidential, data which alone or in combination may constitute information from which an individual ....may be identified using epidemiologic principles."

In general, the policy is that when a single data item, such as age or race/ethnicity, is presented in a table that includes all of the cases, the large number of occurrences in each grouping makes it unnecessary to conceal, or suppress, those data. For example, a table of the age groups tallied for all of the reports received for 2008 would have such large numbers that none of the counts would have to be suppressed. No individual could possibly be identified.

Data generally are suppressed when there are such small numbers of two or more variables that it would be difficult to protect the confidentiality of individuals. For instance, age groups tallied for only a single town in Minnesota would most likely have small counts in some of the age groups. Likewise, a table of age group by race for each county in Minnesota would have small counts in cells for those counties with small populations and few minority residents. Suppression of those small counts would be necessary to protect the confidentiality of the individual.

As a hypothetical example, if the data were to include age and race/ethnicity, the only two Asian American women between the ages of 35 and 39 in a county with a low overall population might be identifiable.

Data by provider, Tables 1.1 and 1.2, are presented for individual clinics that have been publicly identified as abortion providers, but aggregated into a single group for independently reporting physicians. Table 1.2 presents data on individual physicians with no small-number suppression, as the law requires counts by physician by month. Physicians are simply identified as Physician A, Physician B, etc. to protect confidentiality. Please note that the identifiers are arbitrarily assigned to those physicians who reported in a given calendar year. Thus, Physician X in a prior year's report may not be the same individual as Physician X in this report. Data presented in frequency tables for the state as a whole have no small-number data suppressed. Likewise, Table 6, Country/State Residence of Woman, contains sufficiently large groups to confound identification of an individual. Table 7, County of Residence for Women Residing in Minnesota, is the only table for which counts of zero to five are suppressed. Some of the counties have a small population of females of childbearing age and/or a small number of physicians who may be qualified to provide abortion services and thus, though unlikely, it could be possible for a provider or patient to be identified.

Table 1.1
Abortions by Month and Provider, 2009

	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Total 2009
Midwest Health Center for Women	250	246	225	192	161	194	176	175	156	198	159	172	2,304
Women's Health Center	54	48	57	61	44	50	41	35	67	34	48	44	583
Meadowbrook Women's Clinic	217	206	226	205	184	210	207	174	193	174	154	184	2,334
Robbinsdale Clinic	116	118	104	102	106	102	123	85	89	104	91	87	1,227
GYN Special Services	63	66	58	66	57	66	61	46	46	65	49	53	696
Dr. Mildred Hansen Clinic	125	104	110	86	102	68	113	102	81	88	77	82	1,138
Planned Parenthood of Minnesota	324	333	319	361	347	344	367	315	345	343	268	330	3,996
Independent Physicians[1]	11	8	12	8	13	11	10	5	7	10	6	9	110
Total Minnesota Occurrence	1,160	1,129	1,111	1,081	1,014	1,045	1,098	937	984	1,016	852	961	12,388

[1]This represents 37 reporting physicians

Table 1.2
Abortions by Month and Provider, 2009

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician B	89	32	30	78	20	77	56	41	33	50	43	62	611
Physician C	63	48	100	26	62	71	29	31	45	84	79	43	681
Physician D	0	64	0	36	45	21	78	43	51	25	0	33	396
Physician E	1	0	0	1	0	0	2	0	2	0	0	0	6
Physician F	70	56	82	57	43	62	40	51	51	47	56	54	669
Physician G	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician H	116	118	103	100	106	101	122	85	89	103	91	87	1,221
Physician I	242	214	207	190	196	159	224	159	169	203	132	174	2,269
Physician J	0	2	15	31	0	1	2	9	1	1	2	8	72
Physician K	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician L	92	111	59	14	36	84	44	74	45	52	74	32	717
Physician M	8	6	0	0	0	14	0	0	8	3	11	3	53
Physician N	0	0	0	0	0	0	16	11	0	11	2	6	46
Physician O	0	0	1	1	1	0	1	1	1	0	0	0	6
Physician P	1	0	0	1	2	2	0	0	1	0	0	0	7
Physician Q	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician R	42	46	65	55	59	44	51	43	16	47	31	38	537
Physician S	44	20	1	0	20	21	23	25	40	34	0	17	245
Physician T	9	11	9	11	10	9	11	12	16	10	14	12	134
Physician U	12	0	17	14	0	0	0	0	0	0	0	10	53
Physician V	22	12	0	0	0	0	0	0	0	0	0	0	34
Physician W	0	0	0	0	0	0	0	0	0	0	2	0	2
Physician X	0	0	0	0	0	1	0	0	0	1	0	0	2
Physician Y	1	0	0	0	0	0	0	0	0	0	1	0	2
Physician Z	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AA	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BB	19	16	11	22	29	14	9	10	12	18	11	8	179
Physician CC	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician DD	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician EE	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician FF	0	1	0	0	0	0	0	0	0	0	0	1	2
Physician GG	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician HH	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician II	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician JJ	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician KK	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician LL	31	37	58	34	32	35	27	44	43	7	32	37	417
Physician MM	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician NN	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician OO	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician PP	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician QQ	1	2	0	1	1	0	0	0	0	0	0	0	5
Physician RR	1	1	0	0	1	1	1	0	1	0	0	0	6
Physician SS	2	0	0	0	2	0	0	0	0	0	0	0	4
Physician TT	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician UU	0	0	0	0	0	0	0	0	0	2	0	1	3
Physician VV	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician WW	0	7	0	0	0	0	0	0	0	0	0	0	7
Physician XX	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician YY	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician ZZ	0	1	0	0	0	0	0	1	0	0	0	0	2
Physician AB	0	0	0	0	0	0	1	0	1	0	0	0	2

Table 1.2
Abortions by Month and Provider, 2009

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AC	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AD	0	0	0	1	0	1	0	0	0	0	0	0	2
Physician AE	0	1	0	0	0	0	0	1	0	0	0	0	2
Physician AF	0	1	0	1	0	0	0	0	0	0	1	0	3
Physician AG	0	1	3	0	0	1	2	0	0	1	0	0	8
Physician AH	0	0	3	0	1	2	0	0	1	0	0	0	7
Physician AI	0	0	0	0	1	0	0	0	0	0	0	1	2
Physician AJ	0	0	2	0	0	1	0	0	0	1	0	0	4
Physician AK	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AL	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AM	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AN	0	0	0	1	1	0	0	0	0	0	1	0	3
Physician AO	1	0	0	0	0	0	0	13	17	38	29	38	136
Physician AP	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AQ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AR	23	15	29	47	26	37	30	28	40	24	9	28	336
Physician AS	1	100	89	59	47	37	51	67	36	41	14	29	571
Physician AT	105	64	60	60	76	56	62	19	90	34	30	62	718
Physician AU	33	47	32	34	0	0	0	0	0	0	0	0	146
Physician AV	33	23	31	17	24	19	14	4	6	14	22	16	223
Physician AW	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AX	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AY	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AZ	0	0	0	0	0	0	0	1	0	1	0	3	5
Physician BC	33	22	38	31	26	7	18	16	20	9	1	8	229
Physician BD	31	17	17	23	0	14	15	15	15	15	14	14	190
Physician BE	0	0	0	6	0	0	0	0	0	0	0	0	6
Physician BF	0	0	1	1	0	0	0	0	0	0	0	0	2
Physician BG	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BH	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician BI	28	24	12	25	10	25	26	0	0	14	23	0	187
Physician BJ	0	0	32	57	33	72	43	43	58	22	42	63	465
Physician BK	1	0	0	1	0	0	0	0	0	0	0	0	2
Physician BL	0	0	1	1	0	0	0	0	0	0	0	1	3
Physician BM	0	0	0	0	0	1	1	0	0	1	0	0	3
Physician BN	0	2	1	0	2	0	5	3	2	3	3	2	23
Physician BO	0	0	0	40	99	49	94	87	71	95	80	66	681
Physician BP	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician BQ	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BR	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BS	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BT	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BU	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BV	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BW	0	0	1	0	0	0	0	0	0	0	0	0	1
Total MN	1,160	1,129	1,111	1,081	1,014	1,045	1,098	937	984	1,016	852	961	12,388

Table 2
Medical Specialty of Physician, 2009

Obstetrics & Gynecology	7,934
Emergency Medicine	0
General/Family Practice	3,986
Other/Unspecified	468
Total	12,388

Table 3
Type of Admission, 2009

Clinic	10,450
Outpatient Hospital	756
Inpatient Hospital	21
Ambulatory Surgery	1
Other/Not Specified	1,160
Total Minnesota Occurrence	12,388

Table 4
Age of Woman, 2009

	Occurring in Minnesota	Minnesota Residents
< 15 Years	46	43
15 - 17 Years	533	472
18 - 19 Years	1,207	1,092
20 - 24 Years	4,188	3,887
25 - 29 Years	3,130	2,908
30 - 34 Years	1,781	1,648
35 - 39 Years	1,082	955
40 Years & Over	420	385
Not Reported	1	1
Total	12,388	11,391

Table 5
Marital Status, 2009

	Occurring in Minnesota	Minnesota Residents
Married	1,778	1,622
Not Married	10,395	9,563
Not Reported	215	206
Total	12,388	11,391

Table 6
Country/State of Residence, 2009

Minnesota	11,391
Other States	
Iowa	32
Michigan	27
North Dakota	66
South Dakota	55
Wisconsin	763
Other States	43
Canada	4
Other Foreign Countries	6
Not Reported	1
Total MN Occurrence	12,388

Table 7
County of Residence for Women Residing in Minnesota, 2009

State Total	11,391		
Aitkin	*	Marshall	*
Anoka	783	Martin	16
Becker	*	Meeker	21
Beltrami	59	Mille Lacs	37
Benton	55	Morrison	18
Big Stone	*	Mower	51
Blue Earth	113	Murray	*
Brown	29	Nicollet	54
Carlton	47	Nobles	11
Carver	123	Norman	*
Cass	26	Olmsted	251
Chippewa	8	Otter Tail	*
Chisago	77	Pennington	7
Clay	*	Pine	42
Clearwater	*	Pipestone	*
Cook	7	Polk	*
Cottonwood	*	Pope	*
Crow Wing	76	Ramsey	1,930
Dakota	910	Red Lake	*
Dodge	22	Redwood	15
Douglas	17	Renville	13
Faribault	15	Rice	87
Fillmore	15	Rock	*
Freeborn	42	Roseau	*
Goodhue	72	Saint Louis	413
Grant	*	Scott	219
Hennepin	4,286	Sherburne	126
Houston	10	Sibley	12
Hubbard	*	Stearns	196
Isanti	48	Steele	44
Itasca	48	Stevens	*
Jackson	*	Swift	9
Kanabec	17	Todd	13
Kandiyohi	46	Traverse	*
Kittson	*	Wabasha	28
Koochiching	12	Wadena	*
Lac Qui Parle	*	Waseca	11
Lake	16	Washington	434
Lake of the Woods	*	Watonwan	7
Le Sueur	30	Wilkin	*
Lincoln	*	Winona	51
Lyon	17	Wright	158
McLeod	29	Yellow Medicine	*
Mahnomen	*	Unknown County	5

*Counts of 0 to 5 are indicated by an asterisk.

Table 8
Hispanic Origin of Woman, 2009

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	11,385	10,431
Hispanic	711	681
Not Reported	292	279
Total	12,388	11,391

Table 9
Race of Woman, 2009

	Occurring in Minnesota	Minnesota Residents
White	7,469	6,588
Black	2,919	2,899
American Indian	343	312
Asian	912	877
Other	568	543
Not Reported	177	172
Total	12,388	11,391

Table 10
Education Level of Woman, 2009

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	238	229
Some High School	1,427	1,315
High School Graduate	4,268	3,899
Some College	3,443	3,157
College Graduate	1,390	1,254
Graduate Level	496	447
Not Reported	1,126	1,090
Total	12,388	11,391

Table 11
Clinical Estimate of Fetal Gestational Age, 2009

	Occurring in Minnesota	Minnesota Residents
<9 weeks	8,102	7,487
9 - 10 weeks	1,927	1,768
11 - 12 weeks	959	868
13 - 15 weeks	748	682
16 - 20 weeks	571	512
21 - 24 weeks	79	72
25 - 30 weeks	0	0
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	2	2
Total	12,388	11,391

Table 11a
Clinical Estimate of Fetal Gestational Age, 2009

First Trimester			Second Trimester			Third Trimester		
Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents
<3	11	9	14	234	215	28	0	0
3	10	10	15	145	131	29	0	0
4	111	104	16	109	98	30	0	0
5	1,157	1,070	17	120	108	31	0	0
6	2,550	2,347	18	104	92	32	0	0
7	2,510	2,335	19	128	113	33	0	0
8	1,753	1,612	20	110	101	34	0	0
9	1,241	1,146	21	71	66	35	0	0
10	686	622	22	5	4	36	0	0
11	575	513	23	3	2	37	0	0
12	384	355	24	0	0	38	0	0
13	369	336	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	11,357	10,459		1,029	930		0	0

Total Induced Abortions: Occurring in Minnesota: 12,386 Minnesota Residents: 11,389

Total does not include two records with unreported gestation weeks

Table 12
Prior Pregnancies, 2009

Number of Previous Live Births

	Occurring in Minnesota	Minnesota Residents
None	5,208	4,694
One	3,006	2,802
Two	2,421	2,257
Three	1,034	960
Four	445	416
Five	138	131
Six	72	69
Seven	16	15
Eight	21	21
Nine or more	17	16
Not Reported	10	10

Number of Previous Spontaneous Abortions (Miscarriages)

	Occurring in Minnesota	Minnesota Residents
None	10,190	9,345
One	1,665	1,548
Two	379	353
Three	107	101
Four	19	19
Five	13	11
Six	9	8
Seven	2	2
Eight	1	1
Nine or more	2	2
Not Reported	1	1

Number of Previous Induced Abortions

	Occurring in Minnesota	Minnesota Residents
None	7,351	6,643
One	2,890	2,688
Two	1,198	1,143
Three	482	461
Four	222	215
Five	113	111
Six	58	57
Seven	29	28
Eight	24	24
Nine or more	21	21
Not Reported	0	0

Table 13
Contraceptive Use and Method*, 2009

	Occurring in Minnesota	Minnesota Residents
Woman did not provide information	201	191
Woman did not know whether she used contraception	56	45
Woman has never used contraceptives	576	540
Woman has used contraceptives, but not at the time of conception	7,906	7,285
Woman used contraceptives at the time of conception	3,649	3,330
Method Used		
Condoms	1,803	1,669
Condoms & Spermicide	22	19
Spermicide Alone	53	48
Sterilization - Male	19	19
Sterilization - Female	5	5
Injectable (Depo-Provera)	58	52
IUD	36	32
Mini Pills	39	35
Combination Pills	921	823
Diaphragm & Spermicide	6	6
Diaphragm Alone	4	4
Cervical Cap	1	1
Rhythm/Natural Family Planning	78	71
Fertility Awareness	17	16
Withdrawal	174	160
Other	412	369
Method Not Reported	1	1

*The accuracy of reporting 'Use of Contraceptives at the Time of Conception' is dependent upon self-reporting by the woman. Thus, ***these data should not be interpreted as an indication of the effectiveness of any particular method of birth control.***

Table 14
Abortion Procedure, 2009

	Occurring in Minnesota	Minnesota Residents
Suction Currettage	9,294	8,533
Medical (non-surgical)	2,315	2,163
Dilation & Evacuation (D&E)	753	676
Intra-Uterine Instillation	6	3
Hysterectomy/otomy	1	1
Sharp Curettage (D&C)	8	8
Induction of Labor (Pitocin, etc.)	6	4
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	5	3
Total	12,388	11,391

Table 15
Method of Disposal of Fetal Remains, 2009

	Occurring in Minnesota	Minnesota Residents
Cremation	7,062	6,367
Burial	29	25
Not Reported*	5,297	4,999
Total	12,388	11,391

* 'Method of Disposal of Fetal Remains' is required to be reported only for those fetuses having reached the developmental stage outlined in Minnesota Statute 145.1621, subd. 2. Thus, not all reports contained this information.

Table 16
Payment Type and Health Insurance Coverage, 2009

Occurring in Minnesota

	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	594	477	1,861	2,932
Public Assistance	523	1,244 **	2,180	3,947
Self Pay	-	-	5,508	5,508
Unknown	-	-	1	1
Total	1,117	1,721	9,550	12,388

Minnesota Residents

	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	558	446	1,785	2,789
Public Assistance	519	1,241 **	2,167	3,927
Self Pay	-	-	4,674	4,674
Unknown	-	-	1	1
Total	1,077	1,687	8,627	11,391

**Denotes enrollment in managed care as reported by the provider or the client. Although a client may be covered under a capitated public assistance plan, i.e. 'mananged care', all abortion services are paid under fee-for-service.

Table 17
Reason for Abortion*, 2009

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	58	53
Pregnancy was a result of incest	17	15
Economic reasons	3,886	3,597
Does not want children at this time	7,881	7,269
Emotional health is at stake	615	569
Physical Health is at stake	487	450
Continued pregnancy will cause impairment of major bodily function	42	38
Pregnancy resulted in fetal anomalies	160	139
Unknown or the woman refused to answer	2,161	1,999
Other stated reason	2,720 **	2,475

*Note: No totals are given because a woman may have given more than one response.

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2009

Single parent of one or more children	841
Education goals; desire to finish high school and/or college	609
Already have children, do not intend to have more	383
Relationship issues, including abuse, separation, and extra-marital affairs	234
Other miscellaneous responses	2,264
Total*	4,331

*Total is greater than 'Other Stated Reason' total on Table 17 because some women stated more than one other reason.

Table 18
Intraoperative Complications*, 2009

	Occurring in Minnesota	Minnesota Residents
No Complications	12,378	11,383
Cervical laceration requiring suture or repair	6	5
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2	1
Uterine perforation	0	0
Other complication	1	1
Not Reported**	1	1
Total	12,388	11,391

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2009
reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	1
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5
Uterine perforation	0
Infection requiring inpatient treatment	6
Heavy bleeding/anemia requiring transfusion	1
Failed termination of pregnancy (continued viable pregnancy)	12
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	43
Other complication	11
Total Reported Complications	79 [1]

[1] 77 'Report of Complication(s) from Induced Abortion' forms were received.

*Neither location where the abortion was performed nor residence of patient is collected on the *Report of Complication(s) from Induced Abortion.* Therefore, these numbers cannot be directly correlated with counts of induced abortions in an attempt to seek a ratio of complications per procedure.

Table 20
Induced Abortions by Gestational Age
Performed Out of State and Paid for with State Funds[1]

reported by the Minnesota Department of Human Services, 2009

<9 weeks	62
9 - 10 weeks	36
11 - 12 weeks	20
13 - 15 weeks	19
16 - 20 weeks	3
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	0
Total Occurrence	140
Total state funds used to pay for out of state abortion procedures, including incidental expenses	$29,156.76

[1]All procedures occurred within the local trade area, that is, the "geographic area surrounding the person's residence, including portions of states other than Minnesota, which is commonly used by other persons in the same area to obtain similar necessary goods and services."

Table 21
Total and Resident Induced Abortions
1975 - 2009

	Occurring in Minnesota	Minnesota Residents	Resident Percent	Resident Rate[1]
1975	10,565	8,924	84.5	10.3
1976	14,124	11,109	78.7	12.5
1977	15,532	13,036	83.9	14.4
1978	17,262	14,521	84.1	15.6
1979	18,672	15,647	83.8	16.4
1980	19,028	16,490	86.7	17.2
1981	18,304	15,821	86.4	16.3
1982	17,758	15,559	87.6	15.8
1983	16,428	14,514	88.3	14.7
1984	17,314	15,556	89.8	15.7
1985	17,686	16,002	90.5	16.1
1986	17,383	15,716	90.4	15.8
1987	17,653	15,746	89.2	15.7
1988	17,975	16,124	89.7	15.8
1989	17,398	15,506	89.1	15.1
1990	17,156	15,280	89.1	14.9
1991	16,178	14,441	89.3	13.9
1992	15,546	13,846	89.1	13.1
1993	14,348	12,955	90.3	12.1
1994	14,027	12,702	90.6	11.8
1995	14,017	12,715	90.7	12.1
1996	14,193	12,876	90.7	12.1
1997	14,224	12,997	91.4	12.4
1998	14,422	13,050	90.5	12.4
1999	14,342	13,037	90.9	12.4
2000	14,477	13,208	91.2	12.2
2001	14,833	13,448	90.7	12.3
2002	14,239	12,953	91.0	11.8
2003	14,174	12,995	91.7	11.9
2004	13,788	12,753	92.5	11.6
2005	13,365	12,306	92.1	11.3
2006	14,065	12,948	92.1	12.1
2007	13,843	12,770	92.2	12.1
2008	12,948	11,896	91.9	11.3
2009	12,388	11,391	92.0	10.9 [2]

[1]Rate per 1,000 female population ages 15 through 44

[2]2009 population estimates not available at time of publication. 2008 estimate was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2005-2009

	1980	1990	2000	2005	2006	2007	2008 [3]	2009 [4]
Total Resident Abortions	24.3	22.5	19.6	17.4	17.6	17.3	16.5	16.1
Age Group*								
<15 Years	231.1	68.1	71.3	79.7	93.1	77.6	72.7	119.4
15-17 Years	80.2 [1]	69.2	40.2	42.3	43.6	41.2	34.3	39.7
18-19 Years		57.5	39.5	36.0	34.4	34.7	31.2	34.5
20-24 Years	26.9	35.6	31.8	28.1	27.9	27.8	26.6	27.6
25-29 Years	11.7	14.1	15.6	13.6	14.0	13.6	13.1	12.7
30-34 Years	10.8	11.2	10.5	9.6	9.9	9.5	9.0	8.7
35-39 Years	19.8	18.3	13.7	12.6	12.6	12.9	12.3	11.6
40 Years & Over	41.9	35.9	28.2	19.5	20.7	20.9	22.6	20.0
Race of Patient*								
White	22.5	20.9	14.5	13.9	14.1	13.5	13.1	13.6
African American	n/a	n/a	60.3	48.5	47.5	47.8	43.0	46.1
American Indian	n/a	n/a	26.3	20.9	15.9	20.4	18.8	23.1
Asian	n/a	n/a	34.8	21.4	21.3	18.4	17.7	18.8
All Other [2]	45.1	33.4	--	--	--	--	--	
Hispanic	n/a	n/a	18.4	13.3	12.8	14.2	13.3	12.2
Marital Status*								
Married	3.5	4.2	4.0	4.1	4.2	4.1	3.6	3.5
Not Married	159.3	48.4	56.9	48.2	46.0	43.9	40.8	40.7

*Unknowns are not included in ratios

[1]Ratio is for age 15-19. Separate data for 15-17 and 18-19 is not available for 1980.

[2]Race/Ethnicity data was collected differently prior to 1999, thus ratios are not available for individual categories other than 'White'.

[3]Figures have been updated from those published in the 2008 table with finalized 2008 birth data.

[4]Preliminary birth counts are used as 2009 data is not yet finalized at the time of this publication.

Table 23
Selected Statistics by Age Group, 2009
Minnesota Residents

	Total	<15 Years	15 - 17 Years	18 - 19 Years	20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 39 Years	40+ Years	Unkwn Age
Total Abortions	11,391	43	472	1,092	3,887	2,908	1,648	955	385	1
Marital Status:										
Married	1,622	1	0	8	185	393	477	384	174	0
Not Married	9,563	41	470	1,071	3,649	2,464	1,131	539	198	0
Unknown	206	1	2	13	53	51	40	32	13	1
Race/Ethnicity:										
White	6,588	20	276	631	2,276	1,600	935	583	266	1
African American	2,899	10	125	298	1,018	826	399	183	40	0
American Indian	312	4	15	37	116	78	38	20	4	0
Asian	877	4	21	47	235	248	155	115	52	0
Hispanic*	681	7	28	78	192	168	126	63	19	0
Gestation Estimate: **										
First Trimester	10,459	34	419	972	3,555	2,697	1,538	890	353	1
Second Trimester	930	9	53	120	332	210	110	65	31	0
Third Trimester	0	0	0	0	0	0	0	0	0	0
Unknown	2	0	0	0	0	1	0	0	1	0

*Persons of Hispanic origin are included in the race counts above.

**1st Trimester: 0-13 weeks, 2nd Trimester: 14-27 weeks, 3rd Trimester: 28-40+ weeks

Table 24
Contraceptive Use by Age Group and Marital Status, 2009
Minnesota Residents

	All Induced Abortions					Women with at Least One Prior Induced Abortion				
	Total	Never Used	Past Use, Not Now	Was Using	Unknown	Total	Never Used	Past Use, Not Now	Was Using	Unknown
Total Abortions	11,391	540	7,285	3,330	236	4,748	104	3,141	1,429	74
Age Group:										
<15 Years	43	19	14	10	0	1	0	0	1	0
15-17 Years	472	95	227	136	14	41	4	25	11	1
18-19 Years	1,092	68	718	285	21	204	4	152	47	1
20-24 Years	3,887	137	2,569	1,107	74	1,392	24	941	396	31
25-29 Years	2,908	115	1,885	862	46	1,432	31	972	414	15
30-34 Years	1,648	64	1,035	507	42	918	21	580	302	15
35-39 Years	955	28	601	301	25	551	15	341	188	7
40+ Years	385	14	235	122	14	209	5	130	70	4
Unknown Age	1	0	1	0	0	0	0	0	0	0
Marital Status:										
Married	1,622	79	983	498	62	673	23	407	230	13
Not Married	9,563	452	6,174	2,769	168	3,962	79	2,658	1,166	59
Unknown	206	9	128	63	6	113	2	76	33	2

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2009

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	10,222	4,542	14,764
In Person	279	116	395
Total Contacts	10,501	4,658	15,159

Information not provided:	
immediate abortion necessary to avert death	1
delay would create serious risk of substantial impairment	1
fetal anomaly: patient chose perinatal hospice services	5
Medical Risks Information section was left blank	15
Total reports received	15,181

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2009

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	88	7,111	1,562	5,974	14,735
In Person	57	229	33	104	423
Total Contacts	145	7,340	1,595	6,078	15,158

Information not provided:	
immediate abortion necessary to avert death	1
delay would create serious risk of substantial impairment	1
fetal anomaly incompatible with life	6
Medical Assistance & Printed Materials Information section was left blank	15
Total reports received	15,181

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2009

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	161	11	688	860
Patient did not obtain printed copies	11,430	82	2,762	14,274
Total	11,591	93	3,450	15,134
Patient Access to Printed Materials section was left blank				47
Total reports received				15,181

Appendix

Definitions

Induced Abortion:

The purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following a fetal death.

Fetal Death:

Death prior to the complete expulsion or extraction of a product of conception from its mother, irrespective of the duration of pregnancy. The death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Fetal Remains:

MN Statutes 145.1621, subd 2:Athe remains of a dead offspring of a human being that has reached a stage of development so that there are cartilaginous structures, fetal or skeletal parts after an abortion or miscarriage, whether or not the remains have been obtained by induced, spontaneous, or accidental means.

Method of Abortion:

Suction Curettage: Mechanical dilation of the cervix with removal of the uterine contents by low pressure suction created by an electric suction pump.
Medical: Administration of medication to induce abortion. This does not include administration of morning-after pills or post-coidal IUD insertion.
Dilation & Evacuation: Dilation of the cervix by insertion of laminaria several hours before removal of uterine contents by suction and/or sharp curettage.
Intra-Uterine Instillation: Induction of labor by injection of a sterile saline or prostaglandin (a naturally occurring hormone) solution into the amniotic sac. Laminaria are often inserted in the cervix several hours before the injection to aid dilation.
Hysterectomy/otomy: Removal of the fetus by means of a surgical incision made in the uterine wall. In the case of a hysterectomy, the entire uterus is removed.
Sharp Curettage: Mechanical dilation of the cervix with removal of uterine contents by scraping the uterine wall with a surgical curette.
Induction of Labor: Induction of labor by means of Pitocin and/or related medications which causes uterine contractions and expulsion of uterine contents.
Dilation & Extraction: Dilation of the cervix and removal of fetal tissues

REPORT OF INDUCED ABORTION

Center for Health Statistics
Minnesota Department of Health
85 East 7th Place , Box 64882
Saint Paul , MN 55164-0882
1-800-657-3900

1. Facility Reporting Code ☐☐☐☐

2. Physician Reporting Code ☐☐☐☐

3. Medical Specialty of the Physician Performing the Induced Abortion
☐ Obstetrics & Gynecology ☐ General/Family Practice
☐ Emergency Medicine
☐ Other *(Specify)* _____

4. Type of Admission
☐ Clinic ☐ Outpatient hospital ☐ Inpatient hospital ☐ Ambulatory surgery ☐ Other *(Specify)* _____

5. Patient Age at Last Birthday ☐☐ **6. Married** ☐ Yes ☐ No

7. Date of Pregnancy Termination _____/_____/_____
Month, Day, Year

8. Patient Residence
City:_____ County: _____
State: _____ Zip Code: ☐☐☐☐☐

9. Of Hispanic Origin
Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc.
☐ No
☐ Yes
(Specify):_____

10. Race
☐ American Indian
☐ Asian
☐ Black
☐ White
☐ Other
(Specify): _____

11. Education
(Specify only highest grade completed)
☐☐ *Elementary/Secondary (0-12)*
☐☐ *College (1-4 or 5+)*

12. Date Last Normal Menses Began
☐☐ *Month,* ☐☐ *Day,* ☐☐ *Year*

13. Clinical Estimate of Gestation
☐☐ *(LMP Weeks)*

14. Previous Pregnancies *(Complete each section)*

Live Births		***Other Terminations***	
14a. Now Living	14b. Now Dead	14c. Spontaneous	14d. Induced *(Do not include this abortion)*
Number ☐☐	Number ☐☐	Number ☐☐	Number ☐☐
☐ None	☐ None	☐ None	☐ None

15. Contraceptive Use at Time of Conception

A. Use Status: *(Check only one)*
☐ Unknown - patient did not know if they used a method. ***(Do not fill out Part B.)***
☐ Never used any contraceptive method ***(Do not fill out Part B.)***
☐ Has used contraception, but not at the estimated time of conception. ***(Do not fill out Part B.)***
☐ Method used at time of conception. ***(Fill out PART B, METHOD USED.)***
☐ Patient did not provide information.

B. Method Used:
☐ Condoms
☐ Condoms & Spermicide
☐ Spermicide alone
☐ Sterilization (M)
☐ Sterilization (F)
☐ Injectable (Depo-Provera)
☐ IUD
☐ Mini Pills
☐ Combination Pills
☐ Diaphragm & Spermicide
☐ Diaphragm alone
☐ Cervical cap
☐ Rhythm/Natural Fam. Planning
☐ Fertility Awareness
☐ Withdrawal
☐ Other *(Specify)*_____

16. Type of Abortion Procedure *(Check only one)*

☐ Suction Curettage
☐ Medical *(Nonsurgical)*,

*Specify Medication(s)*_____ → *Does not include administration of morning after pills or post coital IUD insertion.*

☐ Dilation and Evacuation (D&E)
☐ Intra-Uterine Instillation (Saline or Prostaglandin)
☐ Hysterectomy/otomy
☐ Sharp Curretage (D&C)
☐ Induction of Labor (Pitocin, etc.)
☐ Intact Dilation and Extraction (D&X)
☐ Other Dilation and Extraction (D&X)
☐ Other *(Specify)* _____

17. Intraoperative Complication(s) from Induced Abortion

Complications that occur during and immediately following the procedure, before patient has left facility.
(Check all that apply)

☐ No complication(s)
☐ Cervical laceration requiring suture or repair
☐ Heavy bleeding/hemorrhage with estimated blood loss of ≥500cc
☐ Uterine perforation
☐ Other *(Specify)* _____

For post-operative complications, please refer to the REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

18. Method of Disposal for Fetal Remains *(Check only one)*

☐ Cremation ☐ Interment by burial

19. Type of Payment *(Check only one)*

☐ Private coverage ☐ Public assistance health coverage ☐ Self pay

20. Type of Health Coverage *(Check only one)*

☐ Fee for service plan ☐ Capitated private plan ☐ Other/Unknown

21. Specific Reason for the Abortion *(Check all that apply)*

☐ Pregnancy was a result of rape
☐ Pregnancy was a result of incest
☐ Economic reasons
☐ Does not want children at this time
☐ Emotional health is at stake
☐ Physical health is at stake
☐ Will suffer substantial and irreversible impairment of major bodily function if the pregnancy continues
☐ Pregnancy resulted in fetal anomalies
☐ Unknown or the woman refused to answer
☐ Other _____

Center for Health Statistics
Minnesota Department of Health
85 East 7th Place, Box 64882
Saint Paul, MN 55164-0882
(800)657-3900

REPORT OF INDUCED ABORTION

Mandated reporters
All physicians or facilities that perform induced abortions by medical or surgical methods.

Induced abortion defined
For purpose of these reports, induced abortion means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

Importance of induced abortion reporting
Reports of induced abortion are not legal records and are not maintained permanently in the files of the State office of vital statistics. However, the data they provide are very important from both a demographic and a public health viewpoint. Data from reports of induced abortion provide unique information on the characteristics of women having induced abortions. Uniform annual data of such quality are nowhere else available. Medical and health information is provided to evaluate risks associated with induced abortion at various lengths of gestation and by the type of abortion procedure used. Information on the characteristics of the women is used to evaluate the impact that induced abortion has on the birth rate, teenage pregnancy, and out-of-wedlock births. Because these abortion data provide information necessary to promote and monitor health, it is important that the reports be completed carefully.

Physician and patient confidentiality
According to MN Statutes §145.4134, the commissioner shall issue a public report providing statistics for the previous calendar year compiled from the data submitted under sections 145.4131 to 145.4133. Each report shall provide the statistics for all previous calendar years, adjusted to reflect any additional information from late or corrected reports. The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion. All data included on the forms under sections 145.4131 to 145.4133 must be included in the public report except that the commissioner shall maintain as confidential data which alone or in combination may constitute information from which, using epidemiologic principles, an individual having performed or having had an abortion may be identified. Service cannot be contingent upon a patient=s answering, or refusing to answer, questions on this form.

MINNESOTA STATE LAW

ARTICLE 10, HEALTH DATA REPORTING

§145.4131 [RECORDING AND REPORTING ABORTION DATA.] Subdivision 1. [FORMS.] (a) Within 90 days of the effective date of this section, the commissioner shall prepare a reporting form for use by physicians or facilities performing abortions. A copy of this section shall be attached to the form. A physician or facility performing an abortion shall obtain a form from the commissioner. (b) The form shall require the following information: (1) the number of abortions performed by the physician in the previous calendar year, reported by month; (2) the method used for each abortion; (3) the approximate gestational age expressed in one of the following increments: (i) less than nine weeks; (ii) nine to ten weeks; (iii) 11 to 12 weeks; (iv) 13 to 15 weeks; (v) 16 to 20 weeks; (vi) 21 to 24 weeks; (vii) 25 to 30 weeks; (viii) 31 to 36 weeks; or (ix) 37 weeks to term; (4) the age of the woman at the time the abortion was performed; (5) the specific reason for the abortion, including, but not limited to, the following: (i) the pregnancy was a result of rape; (ii) the pregnancy was a result of incest; (iii) economic reasons; (iv) the woman does not want children at this time; (v) the woman's emotional health is at stake; (vi) the woman's physical health is at stake; (vii) the woman will suffer substantial and irreversible impairment of a major bodily function if the pregnancy continues; (viii) the pregnancy resulted in fetal anomalies; or (ix) unknown or the woman refused to answer; (6) the number of prior induced abortions; (7) the number of prior spontaneous abortions; (8) whether the abortion was paid for by: (i) private coverage; (ii) public assistance health coverage; or (iii) self-pay; (9) whether coverage was under: (i) a fee-for-service plan; (ii) a capitated private plan; or (iii) other; (10) complications, if any, for each abortion and for the aftermath of each abortion. Space for a description of any complications shall be available on the form; and (11) the medical specialty of the physician performing the abortion. Subd. 2. SUBMISSION.] A physician performing an abortion or a facility at which an abortion is performed shall complete and submit the form to the commissioner no later than April 1 for abortions performed in the previous calendar year. The annual report to the commissioner shall include the methods used to dispose of fetal tissue and remains. Subd. 3. [ADDITIONAL REPORTING.] Nothing in this section shall be construed to preclude the voluntary or required submission of other reports or forms regarding abortions.

REPORTING PROCEDURE

COMPLETION AND SUBMISSION OF REPORTS

1. Reporting by physician or facility
The Minnesota Department of Health (MDH), Center for Health Statistics, encourages physicians and facilities to develop internal policies for the completion and submission of the Report of Induced Abortion. MDH recommends that these policies designate either the physician or the facility as having the overall responsibility and authority to see that the report is completed and filed on time. This may help prevent duplicate reporting and failure to report. If facilities take the responsibility to report on behalf of their physicians MDH suggests the following reporting procedure:

* Notify physicians that the facility will be reporting on their behalf.
* Call the Minnesota Center for Health Statistics for assignment of facility reporting codes and physician reporting codes (See instructions #2-3).
* Assign physician reporting codes to physicians and maintain a list of these assignments.
* Develop efficient procedures for prompt preparation and filing of the reports.
* Collect and record the information required by the report.
* Prepare a correct and legible report for each abortion performed.
* Submit the reports to the Minnesota Center for Health Statistics within the time specified by the law.
* Cooperate with the Minnesota Center for Health Statistics concerning queries on report entries.
* Call on the Minnesota Center for Health Statistics for advice and assistance when necessary.

If a facility decides not to report on behalf of their physicians, or for physicians who perform induced abortions outside a hospital, clinic, or other institution, the physician performing the abortion is responsible for obtaining a physician reporting code from MDH (See instruction #3), collecting all of the necessary data, completing the report, and filing it with the Minnesota Center for Health Statistics within the time period specified by law (See instruction #7).

2. Facility reporting codes
All facilities reporting on behalf of physicians must be assigned a reporting code from MDH. This code is in addition to individual physician reporting codes (See instruction #3). Facilities must submit a name and address to receive a facility code. For facilities that have been reporting to MDH prior to October 1, 1998, already have a facility reporting code and may continue to use the same code for future reporting.

3. Physician reporting codes
All physicians must be assigned a reporting code in order to submit a Report of Induced Abortion. Reports submitted without a physician reporting code will be considered incomplete. To obtain a code, physicians, or facilities reporting on behalf of physicians (See instruction # 1), must call MDH to be assigned one code per physician. MDH will require that a valid mailing address be provided for the purposes of keying the reporting code, but no other identifying information will be asked or accepted. Addresses provided may be a business address, or an address established by the physician or facility, such as a PO Box. If facilities are reporting on behalf of their physicians, the facility address may be used for the physician address.

4. One report per induced termination of pregnancy
Complete one report for each termination of pregnancy procedure performed.

5. Criterion for a complete report
All items on the report should have a response, even if the response is “0, "None,” “Unknown,” or “Refuse to Answer.”

6. “Reason for abortion” question
MDH recommends that Item #21 on the report be reviewed with each patient. All responses can be reviewed with the patient before completing the question. If this question is transcribed to another piece of paper, or read to the patient, the question must be copied or read exactly as it is worded on the Report of Induced Abortion. If the patient does not complete the question because she refuses to answer, then the facility or physician must check the appropriate response, which is “Refuse to answer.”

7. Method of disposal for fetal remains
Reporters should be informed that this question applies to disposal of fetal remains as defined under MN Statutes §145.1621, subd.2.

8. Submission dates
Reports should be completed and submitted to the Center for Health Statistics as soon as possible following each procedure. MDH encourages facilities and physicians to submit reports on a monthly basis, but the final date for submitting reports is April 1 of the following year (e.g., all reports for procedures done in 1998 are due by April 1, 1999). (MN Statutes 1998, §145.411)

Center for Health Statistics
Minnesota Department of Health
85 East 7th Place, P.O. Box 64882
St. Paul, MN 55 164-0882
(800)657-3900

REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

A. **Facility where patient was attended for complication**:_____,_____
Name *City*

B. **Physician who treated patient's complication:** *(See instruction #1)*

Name: _____, _____ **or Physician code**: ____ ____ ____ ____
Last *First*

C. **Medical specialty of physician who treated patient's complication:**_____

D. **Date complication was diagnosed:** ____/____/____

E. **Exact date, or patient recall of the date, the induced abortion was performed:**

___ ___ Day ___ ___ Month ___ ___Year *(Please indicate numeric day, month, and year. If only month and/or year is known, please indicate in the spaces provided.)*

F. **Clinical or patient's estimate of gestation at time of induced abortion:** _____ (weeks)

G. **Has patient acknowledged being seen previously by another provider for the same complication?**
____Yes ____No

☐ 1. Cervical laceration requiring suture or repair

☐ 2. Heavy bleeding/hemorrhage with estimated blood loss of >=500 cc

☐ 3. Uterine Perforation

☐ 4. Infection requiring inpatient treatment

☐ 5. Heavy bleeding/anemia requiring transfusion

☐ 6. Failed termination of pregnancy (Continued viable pregnancy)

☐ 7. Incomplete termination of pregnancy (Retained products of conception requiring re-evacuation)

☐ 8. Other (M*ay include psychological complications, future reproductive complications, or other illnesses or injuries that in the physician's medical judgment occurred as a result of an induced abortion. Please specify diagnosis.)*

_____

_____

INSTRUCTIONS

MANDATED REPORTERS: Any physician licensed and practicing in the state who knowingly encounters an illness or injury that, in the physician's medical judgment, is related to an induced abortion, or the facility where the illness or injury is encountered shall complete and submit the Report of Complication(s) from Induced Abortion.

DEFINITION OF INDUCED ABORTION: For the purpose of these reports, induced abortion means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

PROCEDURE FOR COMPLETION AND SUBMISSION OF FORMS:

1. Completion of items

All forms should have completed information for items A-G. Physicians may choose to use their name or a physician reporting code when submitting the Report of Complication(s) from Induced Abortion. To obtain a code, physicians, or facilities reporting on behalf of physicians (See instruction # 3), must call MDH to be assigned one code per physician. MDH will require that a valid mailing address be provided for the purposes of keying the reporting code, but no other identifying information will be asked or accepted. Addresses provided may be a business address, or an address established by the physician or facility, such as a PO Box. If facilities are reporting on behalf of their physicians, the facility address may be used for the physician address. **Please note: physicians who perform abortions should use the same physician reporting code when submitting the Report of Complication(s) from Induced Abortion and the Report of Induced Abortion.**

2. Reporting complications not indicated on the current list

The category "Other" should be used for any diagnosed complications that are not part of the current list. The current complications list includes those complications that are supported both in the medical literature and by clinical opinion as being directly associated with induced abortion. Because there are clinical opinions and data that suggest that there may be more complications associated with induced abortion, the "Other" category is provided to capture those types of complications. If "Other" is used, be sure to clearly state the diagnosed complication in the space provided.

3. Reporting by physician or facility

The Minnesota Department of Health (MDH), Center for Health Statistics, encourages physicians and facilities to develop internal policies for the completion and submission of the Report of Complication(s) from Induced Abortion. These policies should designate either the individual physician or the facility as having the overall responsibility and authority to see that the reports are completed. This may help prevent duplicate reporting or a failure to report. When a complication from an induced abortion is encountered outside a hospital, clinic, or other institution, the physician who encounters the complication is responsible for obtaining all of the necessary data, completing the form, and filing it with the Center for Health Statistics.

4. Submission dates

The Report of Complication(s) from Induced Abortion, must be submitted by a physician or facility to the Center for Health Statistics as soon as practicable after the encounter with the abortion related illness or injury. (MN Statutes 1998, § 145.3132)

MINNESOTA STATE LAW

§145.4132 [RECORDING AND REPORTING ABORTION COMPLICATION DATA.] Subdivision 1. [FORMS.] (a) Within 90 days of the effective date of this section, the commissioner shall prepare an abortion complication reporting form for all physicians licensed and practicing in the state. A copy of this section shall be attached to the form. (b) The board of medical practice shall ensure that the abortion complication reporting form is distributed: (1) to all physicians licensed to practice in the state, within 120 days after the effective date of this section and by December 1 of each subsequent year; and (2) to a physician who is newly licensed to practice in the state, at the same time as official notification to the physician that the physician is so licensed.

Subd. 2. [REQUIRED REPORTING.] A physician licensed and practicing in the state who knowingly encounters an illness or injury that, in the physician's medical judgment, is related to an induced abortion or the facility where the illness or injury is encountered shall complete and submit an abortion complication reporting form to the commissioner.

Subd. 3. [SUBMISSION.] A physician or facility required to submit an abortion complication reporting form to the commissioner shall do so as soon as practicable after the encounter with the abortion related illness or injury.

Subd. 4. [ADDITIONAL REPORTING.] Nothing in this section shall be construed to preclude the voluntary or required submission of other reports or forms regarding abortion complications.

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IC# 140-0595
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Minnesota Department of Health
85 East 7th Place, Box 64882
St. Paul, MN 55164-0882
1-800-657-3900

REPORT OF INFORMED CONSENT RELATED TO INDUCED ABORTION

▶ Instructions

1. Reporting year is the year in which the required information was given to the patient.
2. Physician reporting code is required. This may be same code that is used for the "Report of Induced Abortion," but a separate code may be obtained. To obtain a code, contact the Minnesota Department of Health at 800-657-3900.

Reporting Year __ __ __ __ Physician Reporting Code __ __ __ __

Medical Risks Information

▶Check one box in question 1.

1. *Method used* to inform patient of:
   (i) the particular medical risks associated with the particular abortion procedure to be employed including, when medically accurate, the risks of infection, hemorrhage, breast cancer, danger to subsequent pregnancies, and infertility;
   (ii) the probable gestation age of the unborn child at the time the abortion is to be performed;
   (iii) the medical risks associated with carrying her child to term; and
   (iv) for abortions after 20 weeks gestational, whether or not an anesthetic or analgesic would eliminate or alleviate organic pain to the unborn child caused by the particular method of abortion to be employed, the particular medical benefits and risks associated with the particular anesthetic or analgesic, and any additional cost of the procedure for the administration of the anesthetic or analgesic.

Telephone by:
- ☐ referring physician
- ☐ physician who will perform the abortion

In Person by:
- ☐ referring physician
- ☐ physician who will perform the abortion

Information not provided because:
- ☐ an immediate abortion was necessary to avert patient's death.
  (Optional to write in the principal medical condition of the patient which would have caused the patient's death: _____)
- ☐ a delay would have created serious risk of substantial and irreversible impairment of a major bodily function. (Optional to write in the principal medical condition of the patient which would have caused the patient's impairment of a major bodily function:_____)
- ☐ the patient's unborn child was diagnosed with a fetal anomaly incompatible with life, the patient was informed of available perinatal hospice services and offered this care as an alternative to abortion, and the patient accepted perinatal hospice services.
  (Optional to write in the anomaly diagnosed:_____)

Medical Assistance and Printed Materials Information

▶ Check one box in question 2.

2. Method used to inform patient that:
   (i) medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
   (ii) the father is liable to assist in the support of her child, even in instances when the father has offered to pay for the abortion; and
   (iii) she has the right to review printed materials published by the Minnesota Department of Health and that these materials are available on a state-sponsored Web site, and what the Web site address is. (http://www.health.state.mn.us/wrtk/handbook.html)

Telephone by:
- ☐ referring physician
- ☐ agent of referring physician (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)
- ☐ physician performing abortion
- ☐ agent of physician performing abortion (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)

In Person by:
- ☐ referring physician
- ☐ agent of referring physician (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)
- ☐ physician performing abortion
- ☐ agent of physician performing abortion (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)

Information not provided because:
- ☐ an immediate abortion was necessary to avert patient's death.
  (Optional to write in the principal medical condition of the patient which would have caused the patient's death:_____)
- ☐ a delay would have created serious risk of substantial and irreversible impairment of a major bodily function.
  (Optional to write in the principal medical condition of the patient which would have caused the patient's impairment of a major bodily function: _____)
- ☐ the patient's unborn child was diagnosed with a fetal anomaly incompatible with life.
  (Optional to write in the anomaly diagnosed:_____)

Patient Access to Printed Materials

▶ Check one box under *either* question 3A or question 3B.

3A. Patient availed herself of the opportunity to obtain a printed copy of materials published by the Minnesota Department of Health, other than on the web site **and** to the best of your knowledge:

- ☐ Patient went on to obtain an abortion (optional to check one of the next two boxes: ☐ same facility ☐ different facility)
- ☐ Patient did not go on to obtain abortion.
- ☐ Do not know if patient went on to obtain abortion.

3B. Patient did *not* avail herself of the opportunity to obtain a printed copy of materials published by the Minnesota Department of Health, other than on the web site **and** to the best of your knowledge:

- ☐ Patient went on to obtain an abortion (optional to check one of the next two boxes: ☐ same facility ☐ different facility)
- ☐ Patient did not go on to obtain abortion.
- ☐ Do not know if patient went on to obtain abortion.

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