
Induced Abortions in Minnesota January - December 2012: Report to the Legislature

July 2013



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Upon request, this material will be made available in an alternative format such as large print, Braille, or cassette tape.

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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 fourteenth such report and covers the period from January 1, 2012 through December 31, 2012. No additional late or corrected *Report of Induced Abortion* or *Report of Complication(s) from Induced Abortion* forms were received since publication of the 2011 data in July of 2012.

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 2012 data to the Department of Health by April 1, 2013. 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 2011 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, 2012

	<u>Jan</u> <u>2012</u>	<u>Feb</u> <u>2012</u>	<u>Mar</u> <u>2012</u>	<u>Apr</u> <u>2012</u>	<u>May</u> <u>2012</u>	<u>Jun</u> <u>2012</u>	<u>Jul</u> <u>2012</u>	<u>Aug</u> <u>2012</u>	<u>Sep</u> <u>2012</u>	<u>Oct</u> <u>2012</u>	<u>Nov</u> <u>2012</u>	<u>Dec</u> <u>2012</u>	<u>Total</u> <u>2012</u>
Midwest Health Center for Women*	232	76	0	0	0	0	0	0	0	0	0	0	308
Women's Health Center	34	56	35	47	46	50	36	48	51	35	34	36	508
Meadowbrook Women's Clinic*	202	207	226	221	223	206	199	217	144	167	97	116	2,225
Robbinsdale Clinic	110	93	124	83	104	99	66	93	65	88	91	95	1,111
Dr. Mildred Hansen Clinic	100	102	109	51	83	78	75	72	46	65	54	64	899
Planned Parenthood of Minnesota	301	315	337	260	301	330	337	386	353	331	338	328	3,917
Whole Woman's Health, LLC	0	76	167	140	145	146	125	121	138	140	204	181	1,583
Independent Physicians ¹	12	16	12	9	15	16	11	14	13	14	13	5	150
Total Minnesota Occurrence	991	941	1,010	811	917	925	849	951	810	840	831	825	10,701

¹This represents 15 reporting physicians and small clinics

*Midwest Health Center for Women and Meadowbrook Women's Clinic were purchased by Whole Woman's Health, LLC in 2012.

Table 1.2
Abortions by Month and Provider, 2012

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician A	59	68	65	25	0	1	0	0	57	71	51	19	416
Physician B	80	93	99	67	59	62	50	48	31	57	47	49	742
Physician C	20	0	0	75	64	92	140	133	55	0	0	61	640
Physician D	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician E	49	16	0	0	0	0	0	0	0	0	0	0	65
Physician F	17	5	31	12	11	15	11	11	16	18	8	9	164
Physician G	109	93	124	83	104	99	66	93	65	88	92	95	1,111
Physician H	138	120	92	50	83	73	74	74	61	54	57	64	940
Physician I	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician J	131	94	30	25	59	30	48	33	26	48	57	40	621
Physician K	74	25	0	0	0	0	0	0	0	0	0	0	99
Physician L	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician M	1	0	0	0	1	1	0	0	1	0	0	1	5
Physician N	0	2	0	1	0	2	1	1	1	0	0	0	8
Physician O	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician P	3	13	53	36	0	25	37	32	19	20	24	25	287
Physician Q	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician R	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician S	9	10	10	18	12	8	12	12	12	11	8	8	130
Physician T	0	0	0	0	0	0	0	0	0	0	3	10	13
Physician U	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician V	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician W	1	0	0	0	0	0	0	0	0	1	0	0	2
Physician X	1	0	1	0	1	0	0	0	0	0	0	0	3
Physician Y	0	0	0	0	4	0	0	0	0	0	0	0	4
Physician Z	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AA	0	1	0	0	0	0	0	1	0	0	0	0	2
Physician BB	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician CC	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician DD	35	40	43	35	78	41	0	30	0	25	0	0	327
Physician EE	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician FF	0	0	1	0	0	0	0	0	0	1	0	0	2
Physician GG	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician HH	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician II	2	0	0	1	1	1	1	2	0	0	0	0	8
Physician JJ	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician KK	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician LL	0	0	0	0	0	2	1	0	0	1	0	0	4
Physician MM	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician NN	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician OO	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician PP	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician QQ	0	0	0	0	0	0	0	0	0	1	1	0	2
Physician RR	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician SS	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician TT	0	1	0	0	1	0	0	0	0	0	0	0	2
Physician UU	0	0	1	0	0	1	0	0	0	0	0	0	2
Physician VV	0	0	0	0	0	0	1	1	0	0	0	0	2
Physician WW	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician XX	0	0	0	1	0	0	0	0	0	0	1	0	2
Physician YY	0	0	0	0	1	1	0	0	0	0	0	0	2
Physician ZZ	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AB	0	0	0	0	0	0	0	0	1	0	0	0	1

Table 1.2
Abortions by Month and Provider, 2012

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician AC	47	36	29	36	58	31	0	18	14	12	30	24	335
Physician AD	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AE	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AF	2	66	55	64	19	51	20	51	93	72	45	45	583
Physician AG	0	0	0	0	0	0	0	0	0	1	1	0	2
Physician AH	11	33	11	18	22	32	14	23	9	17	14	19	223
Physician AI	0	0	0	0	1	0	0	0	0	1	1	0	3
Physician AJ	11	8	16	20	17	9	8	6	0	11	0	6	112
Physician AK	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AL	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AM	3	2	0	0	0	0	0	0	0	0	0	0	5
Physician AN	27	0	15	0	17	56	101	60	77	12	0	20	385
Physician AO	0	0	2	1	3	0	1	1	2	2	0	0	12
Physician AP	1	0	1	0	0	0	0	0	0	0	0	0	2
Physician AQ	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AR	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AS	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AT	24	37	33	11	33	14	9	43	19	29	14	34	300
Physician AU	23	27	32	37	38	28	36	12	21	36	25	10	325
Physician AV	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AW	0	0	0	0	0	0	1	0	0	0	0	1	2
Physician AX	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AY	0	0	0	0	6	0	0	0	2	1	0	0	9
Physician AZ	21	20	22	18	0	26	17	14	0	21	0	21	180
Physician BC	20	17	41	15	12	30	14	10	19	16	33	23	250
Physician BD	1	1	0	0	0	1	0	0	0	0	0	0	3
Physician BE	0	1	0	0	0	0	1	0	0	0	0	0	2
Physician BF	0	0	0	0	0	1	1	1	0	0	0	0	3
Physician BG	1	0	0	1	0	1	0	0	0	0	0	0	3
Physician BH	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BI	48	0	0	0	0	0	0	0	0	0	0	1	49
Physician BJ	16	17	17	18	22	16	0	12	0	0	12	0	130
Physician BK	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician BL	0	1	0	0	0	0	0	0	0	1	1	0	3
Physician BM	0	0	0	0	0	12	6	0	1	0	2	0	21
Physician BN	0	15	17	0	28	16	0	0	0	0	0	0	76
Physician BO	0	0	0	0	7	0	24	54	15	26	27	9	162
Physician BP	0	22	46	31	46	18	48	24	29	16	47	39	366
Physician BQ	0	13	4	5	0	0	0	0	0	0	0	0	22
Physician BR	0	41	62	70	52	54	39	37	43	42	60	62	562
Physician BS	0	0	54	34	50	73	36	61	64	83	96	61	612
Physician BT	0	1	1	0	0	0	1	0	1	0	0	0	4
Physician BU	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BV	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BW	0	0	0	0	0	0	30	47	50	40	70	68	305
Physician BX	0	0	0	0	0	0	0	2	0	0	0	0	2
Physician BY	0	0	0	0	1	1	0	0	0	0	0	0	2
Physician BZ	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician CD	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician CE	0	0	0	0	0	0	0	1	0	0	0	0	1
Total MN	991	941	1,010	811	917	925	849	951	810	840	831	825	10,701

Table 2
Medical Specialty of Physician, 2012

Obstetrics & Gynecology	6,744
Emergency Medicine	57
General/Family Practice	3,896
Other/Unspecified	4
	<hr/>
Total	10,701

Table 3
Type of Admission, 2012

Clinic	9,680
Outpatient Hospital	59
Inpatient Hospital	16
Ambulatory Surgery	6
Other/Not Specified	940
	<hr/>
Total Minnesota Occurrence	10,701

Table 4
Age of Woman, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
< 15 Years	39	34
15 - 17 Years	364	330
18 - 19 Years	826	743
20 - 24 Years	3,550	3,221
25 - 29 Years	2,788	2,564
30 - 34 Years	1,709	1,556
35 - 39 Years	1,014	933
40 Years & Over	409	375
Not Reported	2	2
	<hr/>	<hr/>
Total	10,701	9,758

Table 5
Marital Status, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Married	1,521	1,388
Not Married	8,663	7,903
Not Reported	517	467
	<hr/>	<hr/>
Total	10,701	9,758

Table 6
Country/State of Residence, 2012

Minnesota	9,758
Other States	
Iowa	17
Michigan	23
North Dakota	62
South Dakota	53
Wisconsin	743
Other States	40
Canada	1
Other Foreign Countries	2
Not Reported	2
	<hr/>
Total MN Occurrence	10,701

Table 7
County of Residence for Women Residing in Minnesota, 2012

State Total	9,758		
Aitkin	15	Marshall	*
Anoka	614	Martin	15
Becker	*	Meeker	14
Beltrami	48	Mille Lacs	27
Benton	44	Morrison	25
Big Stone	*	Mower	49
Blue Earth	134	Murray	*
Brown	16	Nicollet	22
Carlton	42	Nobles	*
Carver	86	Norman	*
Cass	27	Olmsted	219
Chippewa	13	Otter Tail	7
Chisago	50	Pennington	9
Clay	15	Pine	26
Clearwater	*	Pipestone	*
Cook	7	Polk	*
Cottonwood	7	Pope	6
Crow Wing	59	Ramsey	1,729
Dakota	722	Red Lake	*
Dodge	15	Redwood	7
Douglas	17	Renville	14
Faribault	6	Rice	71
Fillmore	12	Rock	*
Freeborn	33	Roseau	*
Goodhue	44	Saint Louis	321
Grant	*	Scott	207
Hennepin	3,740	Sherburne	107
Houston	11	Sibley	13
Hubbard	*	Stearns	200
Isanti	52	Steele	26
Itasca	44	Stevens	*
Jackson	*	Swift	*
Kanabec	*	Todd	10
Kandiyohi	48	Traverse	*
Kittson	*	Wabasha	20
Koochiching	11	Wadena	*
Lac Qui Parle	*	Waseca	10
Lake	13	Washington	335
Lake of the Woods	*	Watonwan	9
Le Sueur	25	Wilkin	*
Lincoln	*	Winona	46
Lyon	19	Wright	125
McLeod	31	Yellow Medicine	*
Mahnomen	*	Unknown County	3

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

Table 8
Hispanic Origin of Woman, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Non-Hispanic	9,372	8,493
Hispanic	660	639
Not Reported	669	626
	<hr/>	<hr/>
Total	10,701	9,758

Table 9
Race of Woman, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
White	6,115	5,314
Black	2,504	2,465
American Indian	224	197
Asian	758	724
Other	702	675
Not Reported	398	383
	<hr/>	<hr/>
Total	10,701	9,758

Table 10
Education Level of Woman, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
8th Grade or Less	150	140
Some High School	914	853
High School Graduate	3,005	2,719
Some College	3,219	2,884
College Graduate	1,321	1,201
Graduate Level	614	556
Not Reported	1,478	1,405
	<hr/>	<hr/>
Total	10,701	9,758

Table 11
Clinical Estimate of Fetal Gestational Age, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<9 weeks	6,751	6,203
9 - 10 weeks	1,826	1,646
11 - 12 weeks	779	705
13 - 15 weeks	742	678
16 - 20 weeks	527	459
21 - 24 weeks	71	62
25 - 30 weeks	3	3
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	2	2
	<hr/>	<hr/>
Total	10,701	9,758

Table 11a
Clinical Estimate of Fetal Gestational Age, 2012

First Trimester			Second Trimester			Third Trimester		
<u>Estimated Week</u>	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>	<u>Estimated Week</u>	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>	<u>Estimated Week</u>	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<3	4	3	14	227	204	28	1	1
3	9	8	15	178	162	29	0	0
4	78	75	16	140	125	30	0	0
5	842	780	17	110	95	31	0	0
6	1,997	1,833	18	105	92	32	0	0
7	2,251	2,083	19	80	70	33	0	0
8	1,570	1,421	20	92	77	34	0	0
9	1,100	1,003	21	56	47	35	0	0
10	726	643	22	14	14	36	0	0
11	460	420	23	1	1	37	0	0
12	319	285	24	0	0	38	0	0
13	337	312	25	0	0	39	0	0
			26	2	2	40+	0	0
			27	0	0			
Trimester Total	9,693	8,866		1,005	889		1	1
Total Induced Abortions:			Occurring in Minnesota:	10,699	Minnesota Residents:	9,756		

Table 12
Prior Pregnancies, 2012

Number of Previous Live Births

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	4,607	4,126
One	2,524	2,324
Two	1,958	1,795
Three	907	850
Four	416	387
Five	148	142
Six	53	50
Seven	26	26
Eight	12	11
Nine or more	28	28
Not Reported	22	19

Number of Previous Spontaneous Abortions (Miscarriages)

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	8,711	7,927
One	1,450	1,331
Two	368	341
Three	95	88
Four	35	32
Five	8	7
Six	7	7
Seven	3	3
Eight	4	4
Nine or more	4	4
Not Reported	16	14

Number of Previous Induced Abortions

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	6,389	5,722
One	2,450	2,251
Two	1,103	1,046
Three	386	375
Four	186	180
Five	75	74
Six	43	42
Seven	26	26
Eight	9	9
Nine or more	21	21
Not Reported	13	12

Table 13
Contraceptive Use and Method*, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Woman did not provide information	725	680
Woman did not know whether she used contraception	153	139
Woman has never used contraceptives	650	606
Woman has used contraceptives, but not at the time of conception	5,496	5,012
Woman used contraceptives at the time of conception	3,677	3,321
Method Used		
Condoms	1,821	1,645
Condoms & Spermicide	18	18
Spermicide Alone	17	12
Sterilization - Male	16	15
Sterilization - Female	3	3
Injectable (Depo-Provera)	53	49
IUD	73	69
Mini Pills	88	70
Combination Pills	768	698
Diaphragm & Spermicide	3	2
Diaphragm Alone	4	4
Cervical Cap	0	0
Rhythm/Natural Family Planning	58	54
Fertility Awareness	4	4
Withdrawal	181	161
Other	562	510
Method Not Reported	8	7

*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, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Suction Curettage	7,051	6,468
Medical (non-surgical)	2,678	2,438
Dilation & Evacuation (D&E)	952	836
Intra-Uterine Instillation	7	5
Hysterectomy/otomy	2	1
Sharp Curettage (D&C)	8	7
Induction of Labor (Pitocin, etc.)	2	2
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	1	1
	<hr/>	<hr/>
Total	10,701	9,758

Table 15
Method of Disposal of Fetal Remains, 2012

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Cremation	5,616	5,043
Burial	22	19
Not Reported*	5,063	4,696
	<hr/>	<hr/>
Total	10,701	9,758

* '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, 2012

Occurring in Minnesota				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	409	88	1,968	2,465
Public Assistance	595	113 **	2,929	3,637
Self Pay	-	-	4,598	4,598
Unknown	-	-	1	1
	1,004	201	9,496	10,701

Minnesota Residents				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	378	85	1,877	2,340
Public Assistance	592	113 **	2,918	3,623
Self Pay	-	-	3,795	3,795
Unknown	-	-	0	0
	970	198	8,590	9,758

**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. 'managed care', all abortion services are paid under fee-for-service.

Table 17
Reason for Abortion*, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Pregnancy was a result of rape	69	64
Pregnancy was a result of incest	18	18
Economic reasons	2,924	2,651
Does not want children at this time	7,191	6,583
Emotional health is at stake	776	707
Physical Health is at stake	564	502
Continued pregnancy will cause impairment of major bodily function	43	39
Pregnancy resulted in fetal anomalies	171	143
Unknown or the woman refused to answer	1,818	1,647
Other stated reason	788 **	734

*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, 2012

Single parent of one or more children	103
Education goals; desire to finish high school and/or college	83
Already have children, do not intend to have more	79
Relationship issues, including abuse, separation, and extra-marital affairs	66
Other miscellaneous responses	671
	<hr/>
Total*	1,002

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

Table 18
Intraoperative Complications*, 2012

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
No Complications	10,677	9,736
Cervical laceration requiring suture or repair	14	13
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	6	5
Uterine perforation	0	0
Other complication	2	2
Not Reported**	2	2
	<hr/>	<hr/>
Total	10,701	9,758

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2012
 reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	4
Uterine perforation	1
Infection requiring inpatient treatment	1
Heavy bleeding/anemia requiring transfusion	4
Failed termination of pregnancy (continued viable pregnancy)	19
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	53
Other complication	12
Complication not specified	0
Total Reported Complications	94 ¹

¹ 91 '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 Funds¹

reported by the Minnesota Department of Human Services, 2011

<9 weeks	70
9 - 10 weeks	48
11 - 12 weeks	21
13 - 15 weeks	23
16 - 20 weeks	1
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	1
Total Occurrence	164
Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$25,425.76

¹All 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 - 2012

	<u>Occurring in</u> <u>Minnesota</u>	<u>Minnesota</u> <u>Residents</u>	<u>Resident</u> <u>Percent</u>	<u>Resident</u> <u>Rate</u> 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
2010	11,505	10,570	91.9	10.1
2011	11,071	10,150	91.7	9.7
2012	10,701	9,758	91.2	9.3 ²

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

²2012 population estimates not available at time of publication. 2011 count was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2008-2012

	1980	1990	2000	2008	2009	2010	2011 ³	2012 ⁴
Total Resident Abortions	24.3	22.5	19.6	16.5	16.1	15.5	14.8	14.9
Age Group*								
<15 Years	231.1	68.1	71.3	72.7	116.2	89.4	71.4	85.0
15-17 Years	80.2 ¹	69.2	40.2	34.3	39.2	37.3	40.9	39.0
18-19 Years		57.5	39.5	31.2	34.4	30.5	34.4	32.0
20-24 Years	26.9	35.6	31.8	26.6	27.5	28.0	27.2	27.3
25-29 Years	11.7	14.1	15.6	13.1	12.7	12.0	11.8	12.2
30-34 Years	10.8	11.2	10.5	9.5	8.7	8.7	8.0	7.6
35-39 Years	19.8	18.3	13.7	12.3	11.6	11.5	10.7	11.8
40 Years & Over	41.9	35.9	28.2	22.6	20.0	20.1	21.6	20.0
Race of Patient*								
White	22.5	20.9	14.5	13.1	12.5	11.8	10.9	12.3
African American	n/a ²	n/a ²	60.3	43.0	43.9	40.1	38.7	39.0
American Indian	n/a ²	n/a ²	26.3	18.8	21.1	20.6	17.8	22.1
Asian	n/a ²	n/a ²	34.8	17.7	18.0	16.8	15.8	15.8
All Other	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	13.3	12.2	12.9	14.0	13.6
Marital Status*								
Married	3.5	4.2	4.0	4.1	3.6	3.4	3.2	3.1
Not Married	159.3	48.4	56.9	43.9	40.8	38.9	38.0	35.9

*Unknowns are not included in ratios

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

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

³Figures have been updated from those published in the 2011 table with finalized 2011 birth data.

⁴Preliminary birth counts are used as 2012 data is not yet finalized at the time of this publication.

Table 23
Selected Statistics by Age Group, 2012
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	9,758	34	330	743	3,221	2,564	1,556	933	375	2
Marital Status:										
Married	1,388	0	0	5	143	358	390	326	166	0
Not Married	7,903	32	316	695	2,923	2,096	1,092	551	196	2
Unknown	467	2	14	43	155	110	74	56	13	0
Race/Ethnicity:										
White	5,314	11	181	381	1,777	1,373	828	531	231	1
African American	2,465	10	78	188	826	709	381	209	64	0
American Indian	197	1	5	17	78	47	33	13	3	0
Asian	724	5	15	36	169	192	160	91	55	1
Hispanic*	639	6	29	70	224	146	100	51	13	0
Gestation Estimate: **										
First Trimester	8,866	28	276	645	2,887	2,376	1,433	869	350	2
Second Trimester	889	6	54	97	334	187	123	63	25	0
Third Trimester	1	0	0	0	0	1	0	0	0	0
Unknown	2	0	0	1	0	0	0	1	0	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, 2012
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	9,758	606	5,012	3,321	819	4,036	155	2,245	1,349	287
Age Group:										
<15 Years	34	15	7	4	8	0	0	0	0	0
15-17 Years	330	51	122	113	44	12	0	4	6	2
18-19 Years	743	68	359	238	78	127	6	83	33	5
20-24 Years	3,221	200	1,670	1,095	256	1,105	51	622	350	82
25-29 Years	2,564	123	1,373	851	217	1,244	41	716	397	90
30-34 Years	1,556	73	821	542	120	847	29	459	301	58
35-39 Years	933	48	467	349	69	503	14	258	194	37
40+ Years	375	28	192	129	26	197	14	102	68	13
Unknown Age	2	0	1	0	1	1	0	1	0	0
Marital Status:										
Married	1,388	102	688	479	119	530	22	265	210	33
Not Married	7,903	461	4,123	2,673	646	3,365	126	1,914	1,084	241
Unknown	467	43	201	169	54	141	7	66	55	13

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2012

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Total</u>
Telephone	9,688	3,626	13,314
In Person	51	23	74
Total Contacts	9,739	3,649	13,388
Information not provided:			
immediate abortion necessary to avert death			0
delay would create serious risk of substantial impairment			3
fetal anomaly: patient chose perinatal hospice services			2
Medical Risks Information section was left blank			38
Total reports received			13,431

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2012

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Agent of Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Agent of Physician Performing Abortion</u>	<u>Total</u>
Telephone	99	8,627	1,338	3,240	13,304
In Person	31	17	19	16	83
Total Contacts	130	8,644	1,357	3,256	13,387
Information not provided:					
immediate abortion necessary to avert death					0
delay would create serious risk of substantial impairment					3
fetal anomaly incompatible with life					6
Medical Assistance & Printed Materials Information section was left blank					35
Total reports received					13,431

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2012

	<u>Obtained Abortion</u>	<u>Did Not Obtain Abortion</u>	<u>Do Not Know</u>	<u>Total</u>
Patient obtained printed copies	268	5	45	318
Patient did not obtain printed copies	10,394	139	2,564	13,097
Total	10,662	144	2,609	13,415
Patient Access to Printed Materials section was left blank				16
Total reports received				13,431

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: The 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-coital 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 <input style="width: 100%; height: 20px;" type="text"/>	2. Physician Reporting Code <input style="width: 100%; height: 20px;" type="text"/>	3. Medical Specialty of the Physician Performing the Induced Abortion <input type="checkbox"/> Obstetrics & Gynecology <input type="checkbox"/> General/Family Practice <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> 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 <i>Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify): _____	10. Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify): _____	11. Education <i>(Specify only highest grade completed)</i> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Elementary/Secondary (0-12) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> College (1-4 or 5+)
--	---	---

12. Date Last Normal Menses Began <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month, <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Day, <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year	13. Clinical Estimate of Gestation <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (LMP Weeks)
--	--

14. Previous Pregnancies (Complete each section)

<i>Live Births</i>		<i>Other Terminations</i>	
14a. Now Living Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input type="checkbox"/> None	14b. Now Dead Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input type="checkbox"/> None	14c. Spontaneous Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input type="checkbox"/> None	14d. Induced (Do not include this abortion) Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input type="checkbox"/> 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:

<input type="checkbox"/> Condoms <input type="checkbox"/> Condoms & Spermicide <input type="checkbox"/> Spermicide alone <input type="checkbox"/> Sterilization (M) <input type="checkbox"/> Sterilization (F) <input type="checkbox"/> Injectable (Depo-Provera) <input type="checkbox"/> IUD <input type="checkbox"/> Mini Pills	<input type="checkbox"/> Combination Pills <input type="checkbox"/> Diaphragm & Spermicide <input type="checkbox"/> Diaphragm alone <input type="checkbox"/> Cervical cap <input type="checkbox"/> Rhythm/Natural Fam. Planning <input type="checkbox"/> Fertility Awareness <input type="checkbox"/> Withdrawal <input type="checkbox"/> 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 Curettage (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 ≥ 500 cc

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)



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 (May 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.



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.