

Induced Abortions in Minnesota January - December 2004: Report to the Legislature

July 2005

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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 (MN Statutes, 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 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 MN Statute 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 sixth such report and covers the period from January 1, 2004 through December 31, 2004. After publication of 2003 data, sixty-nine late Reports of Induced Abortion were received for that year. These 69 were not submitted by a single provider, but were spread among 4 facilities. In addition, 81 reports of 2003 procedures were found in the database with date of abortion entered incorrectly. These also had not been included in the report of 2003 data. Together, these 150 reports represent approximately one percent of the total number of reports received and thus would have minor effect on any rates that may have been calculated using the previously published counts. Seven additional Reports of Complication from Induced Abortion were located after the publication of 2003 data as well. The updated tables for 2003 are published in the appendix.

Several new features are incorporated into this year's report. As in the past, data is reported for all abortions occurring in Minnesota. In this report, the data items pertaining to patients rather than to the facility or physician are reported for Minnesota residents as well. Additionally, several new tables reporting on Minnesota residents are included and are numbered Table 21 through Table 24.

The 2003 Minnesota legislative session enacted the Woman's Right to Know Act. This legislation [Minnesota Statutes 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 2004 data to the Department of Health by April 1, 2005. Data from the new reporting requirements is 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>.

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 statute. 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 arises the concern of revealing an individual's identity, whether patient or provider, from data presented in this publication. MN Statute 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 individualmay 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 2004 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 statute 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, 2004

	<u>Jan</u> <u>2004</u>	<u>Feb</u> <u>2004</u>	<u>Mar</u> <u>2004</u>	<u>Apr</u> <u>2004</u>	<u>May</u> <u>2004</u>	<u>Jun</u> <u>2004</u>	<u>Jul</u> <u>2004</u>	<u>Aug</u> <u>2004</u>	<u>Sep</u> <u>2004</u>	<u>Oct</u> <u>2004</u>	<u>Nov</u> <u>2004</u>	<u>Dec</u> <u>2004</u>	<u>Total</u> <u>2004</u>
Midwest Health Center for Women	291	265	291	216	203	241	236	258	217	250	220	270	2,958
Women's Health Center	48	58	62	60	58	70	40	45	44	58	57	60	660
Meadowbrook Women's Clinic	291	257	275	284	255	228	221	228	266	242	231	248	3,026
Robbinsdale Clinic	169	150	154	120	156	144	156	149	157	170	148	152	1,825
GYN Special Services	66	48	81	52	54	49	35	54	46	69	55	52	661
Dr. Mildred Hansen Clinic	161	129	130	110	114	115	136	141	129	75	81	60	1,381
Planned Parenthood of Minnesota	308	273	250	254	304	261	300	269	245	220	246	244	3,174
Independent Physicians ¹	10	4	11	9	9	6	4	9	11	10	7	13	103
Total Minnesota Occurrence	1,344	1,184	1,254	1,105	1,153	1,114	1,128	1,153	1,115	1,094	1,045	1,099	13,788

¹This represents 40 reporting physicians

Table 1.2
Abortions by Month and Provider, 2004

	<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	90	117	182	88	122	104	102	126	129	130	96	137	1,423
Physician B	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician C	76	97	74	43	34	86	122	22	0	0	1	0	555
Physician D	115	29	100	76	89	65	56	51	111	60	21	96	869
Physician E	117	101	83	65	66	40	42	72	48	77	111	44	866
Physician F	19	91	51	81	56	80	87	51	56	60	64	73	769
Physician G	16	12	29	16	10	21	4	26	14	17	23	5	193
Physician H	17	23	15	17	15	29	26	15	26	18	36	49	286
Physician I	125	70	42	95	59	69	27	116	106	120	124	134	1,087
Physician J	169	112	154	120	156	144	142	148	157	171	148	152	1,773
Physician K	160	123	129	108	111	115	136	139	127	75	80	59	1,362
Physician L	102	105	66	100	141	43	60	83	2	30	51	46	829
Physician M	107	33	65	63	35	72	1	63	136	105	61	40	781
Physician N	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician O	96	133	119	76	77	134	136	123	84	85	104	108	1,275
Physician P	0	1	0	13	29	1	12	0	13	0	0	14	83
Physician Q	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician R	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician S	1	0	4	0	4	1	1	0	1	0	1	2	15
Physician T	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician U	15	7	16	9	12	1	10	0	0	19	0	10	99
Physician V	25	6	30	10	27	8	13	13	23	15	25	7	202
Physician W	2	1	0	0	0	0	0	0	1	0	0	2	6
Physician X	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician Y	1	0	1	0	0	0	0	0	0	1	0	0	3
Physician Z	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AA	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician BB	0	0	0	0	1	0	0	1	0	0	1	0	3
Physician CC	0	1	1	0	0	0	0	0	1	0	0	0	3
Physician DD	3	0	0	0	22	0	75	0	0	0	14	15	129
Physician EE	19	13	14	26	20	20	13	8	0	38	24	33	228
Physician FF	15	17	19	17	18	23	8	31	11	14	15	21	209
Physician GG	7	13	14	8	0	10	0	0	8	6	5	8	79
Physician HH	0	1	0	0	0	0	1	2	0	0	0	1	5
Physician II	0	0	0	0	0	0	0	1	0	1	0	0	2
Physician JJ	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician KK	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician LL	0	38	0	0	0	0	14	0	0	0	0	0	52
Physician MM	3	2	1	2	0	3	0	0	1	0	3	1	16
Physician NN	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician OO	0	0	1	1	0	1	0	1	0	0	1	1	6
Physician PP	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician QQ	0	0	0	0	0	0	0	1	1	2	0	0	4
Physician RR	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician SS	0	0	0	0	0	0	0	0	1	1	0	0	2
Physician TT	0	0	2	1	0	0	0	0	0	0	0	0	3
Physician UU	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician VV	38	36	39	63	43	42	35	54	50	44	34	34	512
Physician WW	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician XX	0	0	0	0	0	0	0	0	1	0	0	0	1

Table 1.2
Abortions by Month and Provider, 2004

	<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 YY	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician ZZ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AB	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AC	1	0	0	0	0	0	0	0	3	0	0	0	4
Physician AD	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AE	1	0	0	0	1	0	0	0	0	0	0	0	2
Physician AF	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AG	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AH	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AI	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AJ	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AK	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AL	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AM	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AN	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AO	0	0	0	0	0	0	0	0	0	2	0	0	2
Physician AP	0	0	0	0	0	0	0	1	3	1	0	0	5
Physician AQ	0	0	0	0	0	0	0	1	0	0	0	1	2
Physician AR	0	0	0	2	1	0	1	0	0	0	0	0	4
Physician AS	0	0	1	0	0	0	0	1	0	2	0	0	4
Physician AT	2	0	0	2	0	0	0	0	0	0	0	0	4
Physician AU	0	0	0	0	0	0	1	0	0	0	1	0	2
Physician AV	0	0	0	1	0	0	0	0	0	0	0	0	1
Total MN	1,344	1,184	1,254	1,105	1,153	1,114	1,128	1,153	1,115	1,094	1,045	1,099	13,788

Table 2
Medical Specialty of Physician, 2004

Obstetrics & Gynecology	9,297
Emergency Medicine	2
General/Family Practice	4,488
Other/Unspecified	1
	<hr/>
Total	13,788

Table 3
Type of Admission, 2004

Clinic	11,580
Outpatient Hospital	701
Inpatient Hospital	47
Ambulatory Surgery	0
Other/Not Specified	1,460
	<hr/>
Total Minnesota Occurrence	13,788

Table 4
Age of Woman, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
< 15 Years	53	50
15 - 17 Years	665	626
18 - 19 Years	1,362	1,249
20 - 24 Years	4,895	4,526
25 - 29 Years	3,164	2,943
30 - 34 Years	1,938	1,804
35 - 39 Years	1,243	1,139
40 Years & Over	468	416
Unknown Age*	0	0
	<hr/>	<hr/>
Total	13,788	12,753

*Item was left blank and could not be verified when queried.

Table 5
Marital Status, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Married	2,418	2,202
Not Married	11,210	10,402
Not Reported	160	149
	<hr/>	<hr/>
Total	13,788	12,753

Table 6
Country/State of Residence, 2004

Minnesota	12,753
Other States	1,026
Iowa	44
Michigan	23
North Dakota	59
South Dakota	31
Wisconsin	829
Other States	40
Canada	5
Other Foreign Countries	2
Unknown	2
	<hr/>
Total MN Occurrence	13,788

Table 7
County of Residence for Women Residing in Minnesota, 2004

State Total	12,753		
Aitkin	22	Marshall	*
Anoka	828	Martin	18
Becker	8	Meeker	17
Beltrami	47	Mille Lacs	35
Benton	67	Morrison	22
Big Stone	*	Mower	63
Blue Earth	128	Murray	*
Brown	21	Nicollet	40
Carlton	52	Nobles	8
Carver	133	Norman	*
Cass	37	Olmsted	295
Chippewa	14	Otter Tail	10
Chisago	71	Pennington	*
Clay	11	Pine	36
Clearwater	*	Pipestone	6
Cook	8	Polk	7
Cottonwood	*	Pope	*
Crow Wing	105	Ramsey	2,195
Dakota	1,020	Red Lake	*
Dodge	29	Redwood	14
Douglas	18	Renville	14
Faribault	12	Rice	79
Fillmore	10	Rock	*
Freeborn	36	Roseau	*
Goodhue	67	Saint Louis	388
Grant	*	Scott	242
Hennepin	4,962	Sherburne	153
Houston	14	Sibley	9
Hubbard	*	Stearns	256
Isanti	64	Steele	48
Itasca	33	Stevens	6
Jackson	*	Swift	10
Kanabec	23	Todd	9
Kandiyohi	46	Traverse	*
Kittson	*	Wabasha	30
Koochiching	16	Wadena	*
Lac Qui Parle	*	Waseca	20
Lake	15	Washington	449
Lake of the Woods	*	Watsonwan	7
Le Sueur	24	Wilkin	*
Lincoln	*	Winona	61
Lyon	16	Wright	170
McLeod	38	Yellow Medicine	12
Mahnomen	*	Unknown County	2

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

Table 8
Hispanic Origin of Woman, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Non-Hispanic	12,917	11,895
Hispanic	775	768
Not Reported	96	90
	<hr/>	<hr/>
Total	13,788	12,753

Table 9
Race of Woman, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
White	8,783	7,855
Black	3,012	2,988
American Indian	316	279
Asian	973	942
Other	388	376
Not Reported	316	313
	<hr/>	<hr/>
Total	13,788	12,753

Table 10
Education Level of Woman, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
8th Grade or Less	260	250
Some High School	1,360	1,269
High School Graduate	4,237	3,841
Some College	2,105	1,889
College Graduate	846	766
Graduate Level	374	343
Not Reported	4,606	4,395
	<hr/>	<hr/>
Total	13,788	12,753

Table 11
Clinical Estimate of Fetal Gestational Age, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<9 weeks	8,670	8,059
9 - 10 weeks	2,253	2,082
11 - 12 weeks	1,313	1,202
13 - 15 weeks	793	723
16 - 20 weeks	692	628
21 - 24 weeks	66	58
25 - 30 weeks	0	0
31 - 36 weeks	1	1
37 weeks & over	0	0
Unknown*	0	0
	<hr/>	<hr/>
Total	13,788	12,753

*Item was left blank and could not be verified when queried.

Table 11a
Clinical Estimate of Fetal Gestational Age, 2004

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	3	2	14	254	240	28	0	0
3	18	16	15	171	156	29	0	0
4	127	116	16	137	130	30	0	0
5	1,074	995	17	142	131	31	0	0
6	2,633	2,448	18	164	146	32	1	1
7	2,744	2,557	19	145	129	33	0	0
8	2,071	1,925	20	104	92	34	0	0
9	1,330	1,223	21	62	54	35	0	0
10	923	859	22	4	4	36	0	0
11	762	698	23	0	0	37	0	0
12	551	504	24	0	0	38	0	0
13	368	327	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	12,604	11,670		1,183	1,082		1	1
Total Induced Abortions:			Occurring in Minnesota:		13,788	Minnesota Residents:		12,753

Table 12
Prior Pregnancies, 2004

Number of Previous Live Births

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	5,804	5,316
One	3,444	3,206
Two	2,647	2,462
Three	1,147	1,059
Four	433	408
Five	178	173
Six	53	52
Seven	26	25
Eight	13	11
Nine or more	36	34
Not Reported	7	7

Number of Previous Spontaneous Abortions (Miscarriages)

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	11,504	10,610
One	1,761	1,654
Two	384	353
Three	88	86
Four	19	19
Five	16	15
Six	5	5
Seven	2	2
Eight	1	1
Nine or more	6	6
Not Reported	2	2

Number of Previous Induced Abortions

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	7,839	7,130
One	3,499	3,276
Two	1,410	1,340
Three	564	544
Four	245	236
Five	116	114
Six	55	55
Seven	28	26
Eight	11	11
Nine or more	19	19
Not Reported	2	2

Table 13
Contraceptive Use and Method*, 2004

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Woman did not provide information	694	674
Woman did not know whether she used contraception	62	49
Woman has never used contraceptives	429	403
Woman has used contraceptives, but not at the time of conception	8,920	8,256
Woman used contraceptives at the time of conception	3,683	3,371
Method Used		
Condoms	1,825	1,691
Condoms & Spermicide	50	48
Spermicide Alone	90	80
Sterilization - Male	25	21
Sterilization - Female	9	6
Injectable (Depo-Provera)	34	32
IUD	18	16
Mini Pills	23	23
Combination Pills	843	760
Diaphragm & Spermicide	10	10
Diaphragm Alone	11	10
Cervical Cap	1	1
Rhythm/Natural Family Planning	95	91
Fertility Awareness	12	11
Withdrawal	120	103
Other	504	455
Method Not Reported	13	13

*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, 2004

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Suction Curettage	11,704	10,836
Medical (non-surgical)	1,098	1,023
Dilation & Evacuation (D&E)	912	829
Intra-Uterine Instillation	18	13
Hysterectomy/otomy	2	1
Sharp Curettage (D&C)	39	36
Induction of Labor (Pitocin, etc.)	10	10
Intact Dilation & Extraction (D&X)	1	1
Other Dilation & Extraction (D&X)	1	1
Other Method	3	3
Not Reported*	0	0
	<hr/>	<hr/>
Total	13,788	12,753

*Item was left blank and could not be verified when queried.

Table 15
Method of Disposal of Fetal Remains, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Cremation	10,725	9,862
Burial	25	25
Not Reported*	3,038	2,866
	<hr/>	<hr/>
Total	13,788	12,753

* '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, 2004

<u>Occurring in Minnesota</u>				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	451	740	1,776	2,967
Public Assistance	609	1,191 **	2,150	3,950
Self Pay	-	-	6,871	6,871
Total	1,060	1,931	10,797	13,788

<u>Minnesota Residents</u>				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	426	706	1,721	2,853
Public Assistance	609	1,189 **	2,145	3,943
Self Pay	-	-	5,957	5,957
Total	1,035	1,895	9,823	12,753

**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*, 2004

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Pregnancy was a result of rape	69	59
Pregnancy was a result of incest	6	6
Economic reasons	2,647	2,456
Does not want children at this time	5,576	5,124
Emotional health is at stake	1,019	974
Physical Health is at stake	778	727
Continued pregnancy will cause impairment of major bodily function	31	27
Pregnancy resulted in fetal anomalies	133	109
Unknown or the woman refused to answer	5,440	5,076
Other stated reason	2,510 **	2,292

*Note: No total is given because a woman may have given more than one response.

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2004

Single parent of one or more children	752
Education goals; desire to finish high school and/or college	270
Already have children, do not intend to have more	230
Relationship issues, including abuse, separation, and extra-marital affairs	182
Other miscellaneous responses	1,242
	<hr/>
Total*	2,676

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

Table 18
Intraoperative Complications*, 2004

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
No Complications	13,765	12,730
Cervical laceration requiring suture or repair	12	12
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2	2
Uterine perforation	1	1
Other complication	5	5
Not Reported**	3	3
	<hr/>	<hr/>
Total	13,788	12,753

*Complication occurring at the time of the abortion procedure

**Item was left blank and could not be verified when queried.

Table 19
Postoperative Complications*, 2004
 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	31
Uterine perforation	0
Infection requiring inpatient treatment	11
Heavy bleeding/anemia requiring transfusion	5
Failed termination of pregnancy (continued viable pregnancy)	1
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	49
Other complication	47
Complication not indicated	1
	<hr/>
Total Reported Complications	145 ¹

¹126 '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, 2004

<9 weeks	60
9 - 10 weeks	38
11 - 12 weeks	37
13 - 15 weeks	32
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	0
	<hr/>
Total Occurrence	167
Total state funds used to pay for out of state abortion procedures, including incidental expenses	
	\$37,974.37

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 - 2004

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>	Resident <u>Percent</u>	Resident <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

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

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 1995, 2000-2004

	1980	1990	1995	2000	2001	2002	2003	2004 ³
Total Resident Abortions	24.3	22.5	20.1	19.6	20.2	19.0	18.4	17.8
Age Group*								
<15 Years	231.1	68.1	82.0	71.3	85.5	82.4	72.1	74.6
15-17 Years	80.2 ¹	69.2	42.8	40.2	45.7	41.2	46.0	43.2
18-19 Years		57.5	42.0	39.5	42.0	37.8	36.1	36.6
20-24 Years	26.9	35.6	32.4	31.8	33.0	30.4	30.2	30.3
25-29 Years	11.7	14.1	15.7	15.6	16.0	14.8	14.7	14.1
30-34 Years	10.8	11.2	10.3	10.5	10.6	10.8	10.0	9.6
35-39 Years	19.8	18.3	15.9	13.7	14.4	13.2	13.3	12.7
40 Years & Over	41.9	35.9	29.1	28.2	24.7	24.2	22.0	22.5
Race of Patient*								
White	22.5	20.9	16.6	14.5	14.9	14.0	13.6	15.0
African American	n/a	n/a	n/a	60.3	61.4	60.4	55.2	54.4
American Indian	n/a	n/a	n/a	26.3	25.4	23.2	22.2	21.6
Asian	n/a	n/a	n/a	34.8	32.1	26.5	27.7	23.2
All Other ²	45.1	33.4	42.4	--	--	--	--	--
Hispanic	n/a	n/a	n/a	18.4	17.3	16.7	15.5	14.4
Marital Status*								
Married	3.5	4.2	4.0	5.3	5.4	5.0	4.6	4.4
Not Married	159.3	48.4	68.9	56.9	60.6	54.7	54.0	51.6

*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'.

³Preliminary birth counts are used as 2004 data is not yet finalized at the time of this publication.

Table 23
Selected Statistics by Age Group, 2004

	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	12,753	50	626	1,249	4,526	2,943	1,804	1,139	416	0
Marital Status:										
Married	2,202	0	1	20	316	564	592	499	210	0
Not Married	10,402	50	625	1,216	4,160	2,341	1,182	627	201	0
Unknown	149	0	0	13	50	38	30	13	5	0
Race/Ethnicity:										
White	7,855	21	379	813	2,736	1,732	1,103	756	315	0
African American	2,988	22	154	276	1,143	750	408	195	40	0
American Indian	279	0	21	26	96	71	37	22	6	0
Asian	942	2	32	71	276	223	174	120	44	0
Hispanic*	768	2	26	58	264	221	119	63	15	0
Gestation Estimate: **										
First Trimester	11,670	38	548	1,109	4,133	2,738	1,667	1,048	389	0
Second Trimester	1,082	12	78	140	393	205	136	91	27	0
Third Trimester	1	0	0	0	0	0	1	0	0	0
Unknown	0	0	0	0	0	0	0	0	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, 2004

	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										
Age Group:										
<15 Years	50	17	23	6	4	2	0	1	0	1
15-17 Years	626	87	367	141	31	57	1	42	12	2
18-19 Years	1,249	60	851	284	54	228	3	155	58	12
20-24 Years	4,526	115	2,997	1,161	253	1,817	20	1,232	458	107
25-29 Years	2,943	57	1,897	828	161	1,628	17	1,062	458	91
30-34 Years	1,804	28	1,146	497	133	1,043	9	654	295	85
35-39 Years	1,139	21	733	319	66	639	3	410	187	39
40+ Years	416	18	242	135	21	207	11	111	77	8
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	2,202	66	1,409	619	108	977	24	621	284	48
Not Married	10,402	336	6,753	2,717	596	4,578	39	3,010	1,240	289
Unknown	149	1	94	35	19	66	1	36	20	9

Informed Consent

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2004

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Total</u>
Telephone	7,079	5,495	12,574
In Person	2,259	1,026	3,285
Total Contacts	9,338	6,521	15,859
Information not provided:			
immediate abortion necessary to avert death			3
delay would create serious risk of substantial impairment			10
Medical Risks Information section was left blank			4
Total reports received			15,876

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2004

<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	468	1,123	2,062	9,113	12,766
In Person	67	1,947	221	861	3,096
Total Contacts	535	3,070	2,283	9,974	15,862
Information not provided:					
immediate abortion necessary to avert death					2
delay would create serious risk of substantial impairment					3
Medical Assistance & Printed Materials Information section was left blank					9
Total reports received					15,876

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2004

	<u>Obtained Abortion</u>	<u>Did Not Obtain Abortion</u>	<u>Do Not Know</u>	<u>Total</u>
Patient obtained printed copies	483	12	16	511
Patient did not obtain printed copies	12,728	39	2,581	15,348
Total	13,211	51	2,597	15,859
Patient Access to Printed Materials section was left blank				17
Total reports received				15,876

Updates to 2003 Data

MN Statute 145.4134 requires that each yearly report provide the statistics for any previous calendar year for which additional information from late or corrected reports was received, adjusted to reflect these new numbers. Following the publication of the report for calendar year 2003 in July of 2004, sixty-nine additional ***Report of Induced Abortion*** forms for 2003 were submitted to the Minnesota Department of Health. Additionally, eighty-one 2003 records were found to have had the date of abortion entered incorrectly into the database and thus were not included in the previous publication. Seven more ***Report of Complication from Induced Abortion*** forms were located as well. The tables included in this section of the Appendix reflect these updated statistics. Tables where the data did not change - Tables 17a and 20 - have not been republished here.

Table 1.1
Abortions by Month and Provider, 2003

	<u>Jan</u> <u>2003</u>	<u>Feb</u> <u>2003</u>	<u>Mar</u> <u>2003</u>	<u>Apr</u> <u>2003</u>	<u>May</u> <u>2003</u>	<u>Jun</u> <u>2003</u>	<u>Jul</u> <u>2003</u>	<u>Aug</u> <u>2003</u>	<u>Sep</u> <u>2003</u>	<u>Oct</u> <u>2003</u>	<u>Nov</u> <u>2003</u>	<u>Dec</u> <u>2003</u>	<u>Total</u> <u>2003</u>
Midwest Health Center for Women	284	232	230	247	245	232	262	250	270	268	226	244	2,990
Women's Health Center	48	67	49	50	49	66	70	63	38	62	32	59	653
Meadowbrook Women's Clinic	343	311	316	314	297	296	226	256	235	256	214	251	3,315
Robbinsdale Clinic	199	194	201	174	183	174	156	184	154	152	142	156	2,069
GYN Special Services	66	54	63	70	62	50	43	50	50	60	43	50	661
Dr. Mildred Hansen Clinic	122	105	131	130	99	90	153	151	113	115	88	94	1,391
Planned Parenthood of Minnesota	292	263	230	257	276	225	251	212	251	284	216	248	3,005
Independent Physicians ¹	8	15	5	5	9	7	6	6	10	10	5	4	90
Total Minnesota Occurrence	1,362	1,241	1,225	1,247	1,220	1,140	1,167	1,172	1,121	1,207	966	1,106	14,174

¹This represents 40 reporting physicians

Table 1.2
Abortions by Month and Provider, 2003

	<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	101	66	71	95	107	117	82	68	63	50	36	92	948
Physician B	100	112	50	91	78	107	52	68	71	61	60	67	917
Physician C	66	68	141	114	113	72	39	77	60	97	89	38	974
Physician D	79	64	49	130	121	107	145	90	128	91	96	66	1,166
Physician E	0	1	0	1	0	0	0	0	0	0	0	0	2
Physician F	114	114	157	97	104	63	93	88	114	117	78	133	1,272
Physician G	139	115	131	133	99	90	152	141	113	113	88	94	1,408
Physician H	219	120	132	129	149	129	92	161	116	113	124	156	1,640
Physician I	0	44	24	15	21	62	26	83	28	75	60	62	500
Physician J	20	17	19	10	7	8	9	6	16	23	18	11	164
Physician K	22	17	19	31	22	18	16	9	17	16	11	8	206
Physician L	6	15	8	11	6	16	7	20	9	3	0	11	112
Physician M	0	0	5	0	0	0	0	1	0	0	0	0	6
Physician N	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician O	4	1	3	1	5	3	2	0	2	2	1	1	25
Physician P	1	0	0	0	0	0	0	0	0	0	0	0	1
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	0	1	0	0	1
Physician S	0	0	0	10	1	0	0	1	9	0	0	11	32
Physician T	74	55	56	78	117	85	164	142	120	151	91	97	1,230
Physician U	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician V	57	39	51	34	35	16	10	24	29	27	22	21	365
Physician W	119	151	123	121	123	71	42	37	89	104	80	104	1,164
Physician X	18	33	19	27	10	19	16	13	8	5	0	28	196
Physician Y	14	26	15	3	13	20	16	25	29	13	12	0	186
Physician Z	0	1	15	20	26	27	38	25	1	31	7	15	206
Physician AA	41	18	0	13	0	53	35	8	3	2	23	12	208
Physician BB	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician CC	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician DD	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician EE	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician FF	16	7	0	0	0	0	0	0	0	0	0	0	23
Physician GG	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician HH	0	1	0	1	0	0	0	0	0	0	0	1	3
Physician II	1	0	0	0	0	1	0	0	0	0	0	0	2
Physician JJ	0	0	1	0	0	0	1	0	0	0	0	1	3
Physician KK	0	0	0	1	0	0	0	1	0	0	0	0	2
Physician LL	0	1	0	0	1	0	0	0	0	0	0	0	2
Physician MM	18	5	12	17	27	8	11	14	8	17	18	20	175
Physician NN	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician OO	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician PP	0	2	0	1	0	0	1	0	0	0	0	0	4
Physician QQ	0	1	0	0	0	0	0	0	0	0	1	0	2
Physician RR	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician SS	1	3	0	0	0	1	1	0	0	0	0	0	6
Physician TT	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician UU	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician VV	74	63	53	16	0	0	55	44	40	48	29	54	476

Table 1.2
Abortions by Month and Provider, 2003

	<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 WW	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician XX	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician YY	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician ZZ	0	0	0	0	0	1	0	0	0	0	0	1	2
Physician AB	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AC	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AD	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AE	1	1	0	0	0	0	0	0	0	1	0	0	3
Physician AF	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician AG	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AH	0	0	0	0	0	0	0	2	4	3	1	0	10
Physician AI	54	71	68	43	31	44	60	21	37	39	17	0	485
Physician AJ	0	0	1	1	0	0	0	0	0	0	0	0	2
Physician AK	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AL	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AM	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AN	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AO	0	0	0	0	1	0	0	0	0	0	1	0	2
Physician AP	0	0	0	0	1	0	0	1	0	0	0	0	2
Physician AQ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AR	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AS	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AT	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AU	0	2	0	0	0	1	0	0	0	0	0	0	3
Physician AV	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AW	0	1	0	0	0	1	0	0	0	0	0	0	2
Physician AX	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AY	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AZ	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BA	0	0	0	0	0	0	0	0	0	0	0	2	2
<hr/>													
Total MN	1,362	1,241	1,225	1,247	1,220	1,140	1,167	1,172	1,121	1,207	966	1,106	14,174

Table 2
Medical Specialty of Physician, 2003

Obstetrics & Gynecology	9,905
Emergency Medicine	2
General/Family Practice	4,260
Other/Unspecified	7
	<hr/>
Total Minnesota Occurrence	14,174

Table 3
Type of Admission, 2003

Clinic	12,031
Outpatient Hospital	715
Inpatient Hospital	24
Ambulatory Surgery	13
Other/Not Specified	1,391
	<hr/>
Total MN Occurrence	14,174

Table 4
Age of Woman, 2003

< 15 Years	48
15 - 17 Years	734
18 - 19 Years	1,370
20 - 24 Years	4,905
25 - 29 Years	3,259
30 - 34 Years	2,109
35 - 39 Years	1,285
40 Years & Over	463
Unknown Age*	1
<hr/>	
Total MN Occurrence	14,174

*Item was left blank and could not be verified when queried.

Table 5
Marital Status of Woman, 2003

Married	2,572
Not Married	11,483
Not Reported	119
	<hr/>
Total MN Occurrence	14,174

Table 6
Country/State Residence of Woman, 2003

Minnesota	12,995
Other States	1,169
Iowa	52
Michigan	29
North Dakota	79
South Dakota	40
Wisconsin	927
Other States	42
Canada	6
Other Foreign Countries	3
Unknown	1
<hr/>	
Total MN Occurrence	14,174

Table 7
County of Residence for Women Residing in Minnesota*, 2003

State Total	12,995		
Aitkin	24	Marshall	*
Anoka	826	Martin	12
Becker	*	Meeker	14
Beltrami	50	Mille Lacs	31
Benton	67	Morrison	21
Big Stone	*	Mower	49
Blue Earth	135	Murray	*
Brown	28	Nicollet	53
Carlton	62	Nobles	8
Carver	135	Norman	*
Cass	34	Olmsted	205
Chippewa	15	Otter Tail	14
Chisago	85	Pennington	*
Clay	17	Pine	33
Clearwater	*	Pipestone	*
Cook	13	Polk	*
Cottonwood	6	Pope	8
Crow Wing	98	Ramsey	2,290
Dakota	1,049	Red Lake	*
Dodge	20	Redwood	12
Douglas	22	Renville	17
Faribault	12	Rice	110
Fillmore	18	Rock	*
Freeborn	40	Roseau	*
Goodhue	64	Saint Louis	379
Grant	*	Scott	256
Hennepin	5,101	Sherburne	115
Houston	10	Sibley	6
Hubbard	6	Stearns	251
Isanti	61	Steele	51
Itasca	36	Stevens	6
Jackson	*	Swift	9
Kanabec	15	Todd	15
Kandiyohi	42	Traverse	*
Kittson	*	Wabasha	32
Koochiching	22	Wadena	*
Lac Qui Parle	*	Waseca	20
Lake	16	Washington	473
Lake of the Woods	*	Watonwan	10
Le Sueur	29	Wilkin	*
Lincoln	*	Winona	61
Lyon	22	Wright	153
McLeod	54	Yellow Medicine	*
Mahnomen	*		

*as reported by the woman. Counts of 0 to 5 are indicated by an asterisk.

Table 8
Hispanic Origin of Woman, 2003

Non-Hispanic	13,265
Hispanic	780
Not Reported	129
	<hr/>
Total MN Occurrence	14,174

Table 9
Race of Woman, 2003

White	9,135
Black	2,952
American Indian	338
Asian	1,116
Other	372
Not Reported	261
	<hr/>
Total MN Occurrence	14,174

Table 10
Education Level of Woman, 2003

8 th grade or less	259
Some high school	1,498
High school graduate	4,326
Some college	2,406
College graduate	980
Graduate level	369
Not Reported	4,336
	<hr/>
Total MN Occurrence	14,174

Table 11
Clinical Estimate of Fetal Gestational Age, 2003

< 9 weeks	9,179
9 - 10 weeks	2,194
11 - 12 weeks	1,332
13 - 15 weeks	676
16 - 20 weeks	667
21 - 24 weeks	122
25 - 30 weeks	3
31 - 36 weeks	0
37 weeks & over	0
Unknown*	1
	<hr/>
Total MN Occurrence	14,174

*Item was left blank and could not be verified when queried.

Table 11a
Clinical Estimate of Fetal Gestational Age, 2003

<u>First Trimester</u>		<u>Second Trimester</u>		<u>Third Trimester</u>	
<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>
<3	7	14	194	28	0
3	31	15	161	29	0
4	170	16	132	30	0
5	1,278	17	129	31	0
6	2,762	18	128	32	0
7	2,816	19	159	33	0
8	2,115	20	119	34	0
9	1,284	21	110	35	0
10	910	22	12	36	0
11	752	23	0	37	0
12	580	24	0	38	0
13	321	25	1	39	0
		26	2	40+	0
		27	0		
Trimester Total	13,026		1,147		0
Total Induced Abortions		14,174 (Total includes 1 unknown)			

Table 12
Prior Pregnancies, 2003

Number of Previous Live Births

None	5,880
One	3,523
Two	2,732
Three	1,261
Four	444
Five	173
Six	66
Seven	42
Eight	14
Nine or more	32
Not Reported	7

Number of Previous Spontaneous Abortions (Miscarriages)

None	11,791
One	1,792
Two	415
Three	112
Four	35
Five	9
Six	5
Seven	4
Eight	2
Nine or more	8
Not Reported	1

Number of Previous Induced Abortions

None	8,037
One	3,681
Two	1,429
Three	579
Four	227
Five	107
Six	55
Seven	30
Eight	14
Nine or more	14
Not Reported	1

Table 13
Contraceptive Use and Method*, 2003

Woman did not provide information	267
Woman did not know whether she used contraception	64
Woman has never used contraceptives	581
Woman has used contraceptives, but not at the time of conception	9,260
Woman used contraceptives at the time of conception	4,002
Method Used	
Condoms	2,061
Condoms & Spermicide	100
Spermicide Alone	116
Sterilization - Male	33
Sterilization - Female	8
Injectable (Depo-Provera)	49
IUD	21
Mini Pills	34
Combination Pills	971
Diaphragm & Spermicide	26
Diaphragm Alone	10
Cervical Cap	3
Rhythm/Natural Family Planning	109
Fertility Awareness	18
Withdrawal	90
Other	343
Method not reported	10

*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, 2003

Suction Curettage	12,198
Medical (non-surgical)	981
Dilation & Evacuation (D&E)	911
Intra-Uterine Instillation	8
Hysterectomy/otomy	2
Sharp Curettage (D&C)	60
Induction of Labor	10
Intact Dilation & Extraction (D&X)	0
Other Dilation & Extraction (D&X)	0
Other Method	2
Not Reported*	2
<hr/>	
Total MN Occurrence	14,174

*Item was left blank and could not be verified when queried.

Table 15
Method of Disposal of Fetal Remains, 2003

Cremation	10,876
Burial	21
Not Reported*	3,277
	<hr/>
Total MN Occurrence	14,174

* '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, 2003

	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	480	791	1,921	3,192
Public Assistance	506	963**	2,373	3,842
Self Pay	-	-	7,137	7,137
No Response*	0	0	3	3
	<hr/>	<hr/>	<hr/>	<hr/>
Total	983	1,751	11,291	14,174

*Item was left blank and could not be verified when queried.

**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*, 2003

Pregnancy was a result of rape	75
Pregnancy was a result of incest	9
Economic reasons	2,499
Does not want children at this time	5,655
Emotional health is at stake	1,001
Physical health is at stake	844
Continued pregnancy will cause impairment of major bodily function	27
Pregnancy resulted in fetal anomalies	147
Unknown or the woman refused to answer	5,460
Other stated reason	2,479

*Note: No total is given because a woman may have given more than one response

Table 18
Intraoperative Complications*, 2003

No Complications	14,129
Cervical laceration requiring suture or repair	30
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	1
Uterine perforation	3
Other complication	6
Not Reported**	5
	<hr/>
Total Minnesota Occurrence	14,174

*Complications occurring at the time of the abortion procedure

**Item was left blank and could not be verified when queried

Table 19
Postoperative Complications*, 2003
 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	13
Uterine perforation	0
Infection requiring inpatient treatment	8
Heavy bleeding/anemia requiring transfusion	4
Failed termination of pregnancy (continued viable pregnancy)	5
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	68
Other complication	35
	<hr/>
Total Reported Complications	133 ¹

¹115 'Report of Complication(s) from Induced Abortion' forms were received

*The location where the abortion was performed is not collected on the *Report of Complication(s) from Induced Abortion*. Therefore, these numbers cannot be correlated with counts of induced abortions performed in Minnesota in an attempt to seek a ratio of complications per induced abortion.

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

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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 $\geq 500\text{cc}$ ☐ 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 _____



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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: **GGGG**
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:

GGDay **GG**Month **GG**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 FOR 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.
3. Note instructions for each question below.

Reporting Year ____

Physician Reporting Code ____

Medical Risks Information

► Check one box in question 1.

1. *Method used* to inform patient that:

- (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; and
- (iii) the medical risks associated with carrying her child to term.

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: _____)

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: _____)

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.