Induced Abortions in Minnesota January - December 2005: Report to the Legislature

July 2006

For more information, contact: Center for Health Statistics Minnesota Department of Health Golden Rule, 3rd Floor 85 East Seventh Place P.O. Box 64882 St. Paul, MN 55164-0882

Phone: (651) 201-5947 TDD/TTY: (651) 201-5797

As requested by Minnesota Statute 3.197: This report cost approximately \$15,000 to prepare, including staff time, printing, and mailing expenses.

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

Printed on recycled paper.

Table of Contents

Intro	duction		111
Tech	nical Note	s	vii
Table	es		
	Table 1.1	Abortions by Month and Provider for Facilities	3
	Table 1.2	Abortions by Month and Provider for Physicians	4
	Table 2	Medical Specialty of Physician	6
	Table 3	Type of Admission	6
	Table 4	Age of Woman	7
	Table 5	Marital Status of Woman	7
	Table 6	Country/State Residence of Woman	8
	Table 7	County of Residence for Women Residing in Minnesota	9
	Table 8	Hispanic Origin of Woman	10
	Table 9	Race of Woman	10
	Table 10	Education Level of Woman	11
	Table 11	Clinical Estimate of Fetal Gestational Age(grouped)	12
	Table 11a	Clinical Estimate of Fetal Gestational Age	13
	Table 12	Prior Pregnancies	14
	Table 13	Contraceptive Use and Method	15
	Table 14	Abortion Procedure	16
	Table 15	Method of Disposal of Fetal Remains	17
	Table 16	Payment Type and Health Insurance Coverage	18
	Table 17	Reason for Abortion	19
	Table 17a	Other Stated Reason for Abortion	20
	Table 18	Intraoperative Complications	21
	Table 19	Postoperative Complications	22
	Table 20	Induced Abortions by Gestational Age - Performed Out of	
		State and Paid for with State Funds	23
	Table 21	Total and Resident Induced Abortions, 1975-2004	24
	Table 22	Abortions per 100 Live Births by Selected Characteristics	25
	Table 23	Selected Statistics by Age Group	26
	Table 24	Contraceptive Use by Age Group and Marital Status	27
	Table 25	Medical Risks Information, Informed Consent	31
	Table 26	Medical Assistance/Printed Materials Information,	
		Informed Consent	. 32
	Table 27	Patient Access to Printed Materials, Informed Consent	33
Appe	ndix		
	Updates to	2004 Data	37
	Definition	s	67
	Data Colle	ection Instruments	
	Figure 1	Report of Induced Abortion	71
	Figure 2	Report of Complication(s) from Induced Abortion	75
	Figure 3	Report of Informed Consent for Induced Abortion	77

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 seventh such report and covers the period from January 1, 2005 through December 31, 2005. After publication of 2004 data, one late Report of Induced Abortion was received for that year. Two additional reports of 2004 procedures were found in the database with date of abortion entered incorrectly. These also had not been included in the report of 2004 data. Together, these 3 reports represent a tiny fraction of the total number of reports received and thus would have no effect on any rates that may have been calculated using the previously published counts. Six additional Reports of Complication from Induced Abortion and 77 Informed Consent forms were received after the publication of 2004 data as well. The updated tables for 2004 are published in the appendix.

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 2005 data to the Department of Health by April 1, 2006. Data from this reporting requirement 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 2005 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

<u>Abortions by Month and Provider, 2005</u>

	Jan <u>2005</u>	Feb 2005	Mar <u>2005</u>	Apr <u>2005</u>	May <u>2005</u>	Jun <u>2005</u>	Jul <u>2005</u>	Aug <u>2005</u>	Sep <u>2005</u>	Oct 2005	Nov <u>2005</u>	Dec <u>2005</u>	Total <u>2005</u>
Midwest Health Center for Women	296	273	288	234	262	256	222	207	209	232	180	238	2,897
Women's Health Center	63	50	63	46	44	53	46	58	57	45	36	57	618
Meadowbrook Women's Clinic	248	222	266	251	246	244	241	290	248	237	218	245	2,956
Robbinsdale Clinic	145	133	148	124	124	118	138	129	108	133	140	131	1,571
GYN Special Services	71	57	68	66	62	64	51	60	57	56	50	71	733
Dr. Mildred Hansen Clinic	102	99	131	124	113	119	135	147	129	132	96	133	1,460
Planned Parenthood of Minnesota	278	245	245	294	266	268	158	285	262	220	246	245	3,012
Independent Physicians ¹	13	6	11	5	7	12	12	9	10	9	10	11	115
Total Minnesota Occurrence	1,216	1,085	1,220	1,144	1,124	1,134	1,003	1,185	1,080	1,064	976	1,131	13,362

¹This represents 45 reporting physicians

Table 1.2
Abortions by Month and Provider, 2005

	<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	72	63	65	88	45	81	102	88	62	66	32	43	807
Physician B	63	80	111	63	89	61	57	77	69	52	101	81	904
Physician C	81	37	44	51	75	37	41	65	71	75	31	94	702
Physician D	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician E	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician F	183	156	145	102	96	138	119	123	110	111	89	103	1,475
Physician G	102	99	119	111	105	99	9	2	2	0	0	7	655
Physician H	143	116	148	123	123	118	137	128	108	133	140	131	1,548
Physician I	113	123	150	146	173	152	238	246	239	271	196	274	2,321
Physician J	0	1	5	0	2	0	0	0	0	0	0	0	. 8
Physician K	54	61	42	47	56	33	36	54	52	36	61	52	584
Physician L	26	11	17	9	20	23	17	15	12	20	18	21	209
Physician M	7	11	20	8	6	16	1	11	0	12	5	0	97
Physician N	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician O	0	0	0	0	0	0	0	0	0	0	2	0	2
Physician P	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician Q	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician R	3	0	1	2	0	2	2	1	2	2	1	2	18
Physician S	0	0	0	0	1	1	1	0	1	0	0	0	4
Physician T	1	17	26	38	53	72	28	49	12	0	0	0	296
Physician U	99	91	93	70	69	159	79	123	115	94	82	89	1,163
Physician V	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician W	42	52	54	31	36	18	30	32	34	29	31	48	437
Physician X	61	51	33	74	53	3	2	0	0	50	41	0	368
Physician Y	21	16	34	23	6	0	14	1	1	7	10	0	133
Physician Z	29	19	8	11	12	23	8	21	17	12	7	27	194
Physician AA	15	9	21	12	14	17	8	22	19	7	4	17	165
Physician BB	38	0	17	64	20	0	0	46	68	29	51	77	410
Physician CC	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician DD	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician EE	0	0	0	0	0	0	0	0	1	0	1	0	2
Physician FF	0	1	0	0	0	0	1	0	0	0	0	0	2
Physician GG	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician HH	18	6	11	19	26	6	24	12	27	7	10	29	195
Physician II	0	0	0	0	0	0	0	0	2	0	0	0	2
Physician JJ	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician KK	0	0	1	0	0	1	0	0	0	0	0	0	2
Physician LL	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician MM	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician NN	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician OO	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician PP	33	42	44	48	36	64	40	60	46	43	54	27	537
Physician QQ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician RR	0	0	0	0	1	0	0	1	0	1	0	0	3
Physician SS	0	0	1	0	0	0	1	0	0	0	0	0	2
Physician TT	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician UU	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician VV	0	0	0	0	0	0	0	2	0	0	1	0	3
Physician WW	0	2	0	0	0	0	0	2	0	0	0	0	4
Physician XX	1	0	2	0	3	4	2	1	0	1	0	0	14

4

Table 1.2

<u>Abortions by Month and Provider, 2005</u>

	<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>	Nov	<u>Dec</u>	<u>Total</u>
Physician YY	0	17	0	0	0	0	0	0	0	0	0	0	17
Physician ZZ	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AB	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AC	0	1	0	0	0	1	1	0	0	0	0	0	3
Physician AD	0	0	0	0	1	0	0	0	1	0	0	0	2
Physician AE	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AF	0	0	1	0	0	0	0	0	1	0	0	0	2
Physician AG	1	0	0	0	0	1	0	0	0	0	0	0	2
Physician AH	0	0	0	0	0	0	1	0	0	1	0	0	2
Physician Al	0	1	0	0	0	0	0	0	0	0	0	2	3
Physician AJ	1	0	3	0	0	0	1	0	0	0	1	1	7
Physician AK	0	0	0	0	0	0	0	0	0	1	2	3	6
Physician AL	1	0	1	0	1	0	0	0	0	0	0	0	3
Physician AM	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AN	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AO	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AP	0	0	1	0	0	0	0	1	0	0	0	0	2
Physician AQ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AR	1	0	0	0	0	0	0	0	0	0	1	0	2
Physician AS	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AT	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AU	1	0	1	0	2	1	0	0	1	1	2	0	9
Physician AV	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AW	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AX	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AY	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AZ	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BC	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician BD	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician BE	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BF	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BG	0	0	0	0	0	0	1	0	0	0	0	0	1
Total MN	1,216	1,085	1,220	1,144	1,124	1,134	1,003	1,185	1,080	1,064	976	1,131	13,362

5

Table 2

<u>Medical Specialty of Physician, 2005</u>

Obstetrics & Gynecology	9,453
Emergency Medicine	1
General/Family Practice	3,904
Other/Unspecified	4
Total	13,362

Table 3
Type of Admission, 2005

Clinic	11,014
Outpatient Hospital	803
Inpatient Hospital	34
Ambulatory Surgery	20
Other/Not Specified	1,491
Total Minnesota Occurrence	13,362

Table 4
Age of Woman, 2005

	Occurring in Minnesota	Minnesota Residents
< 15 Years	50	47
15 - 17 Years	632	578
18 - 19 Years	1,343	1,229
20 - 24 Years	4,569	4,216
25 - 29 Years	3,198	2,937
30 - 34 Years	1,905	1,765
35 - 39 Years	1,229	1,144
40 Years & Over	436	387
Unknown Age*	0	0
Total	13,362	12,303

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

Table 5 <u>Marital Status, 2005</u>

	Occurring in Minnesota	Minnesota Residents
Married	2,219	2,021
Not Married	10,995	10,147
Not Reported	148	135
Total	13,362	12,303

Table 6 Country/State of Residence, 2005

Minnesota	12,303
Other States	1,046
Iowa	51
Michigan	24
North Dakota	74
South Dakota	36
Wisconsin	827
Other States	34
Canada	6
Other Foreign Countries	6
Unknown	1
Total MN Occurrence	13,362
	. 0,00=

Table 7

<u>County of Residence for Women Residing in Minnesota, 2005</u>

State Total	12,303		
Aitkin	. 8	Marshall	*
Anoka	858	Martin	18
Becker	*	Meeker	16
Beltrami	33	Mille Lacs	39
Benton	68	Morrison	23
Big Stone	*	Mower	50
Blue Earth	139	Murray	6
Brown	22	Nicollet	60
Carlton	51	Nobles	*
Carver	96	Norman	*
Cass	29	Olmsted	261
Chippewa	19	Otter Tail	9
Chisago	79	Pennington	*
Clay	6	Pine	34
Clearwater	*	Pipestone	*
Cook	13	Polk	*
Cottonwood	*	Pope	6
Crow Wing	90	Ramsey	2,017
Dakota	985	Red Lake	*
Dodge	17	Redwood	12
Douglas	14	Renville	12
Faribault	10	Rice	94
Fillmore	20	Rock	*
Freeborn	37	Roseau	*
Goodhue	65	Saint Louis	375
Grant	*	Scott	280
Hennepin	4,763	Sherburne	117
Houston	9	Sibley	17
Hubbard	*	Stearns	230
Isanti	61	Steele	33
Itasca	37	Stevens	*
Jackson	*	Swift	7
Kanabec	10	Todd	9
Kandiyohi	48	Traverse	*
Kittson	*	Wabasha	24
Koochiching	10	Wadena	6
Lac Qui Parle	*	Waseca	30
Lake	17	Washington	501
Lake of the Woods	*	Watonwan	10
Le Sueur	34	Wilkin	*
Lincoln	*	Winona	62
Lyon	22	Wright	170
McLeod	42	Yellow Medicine	*
Mahnomen	*		

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

Table 8
<u>Hispanic Origin of Woman, 2005</u>

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	12,498	11,459
Hispanic	747	729
Not Reported	117	115
Total	13,362	12,303

Table 9 Race of Woman, 2005

	Occurring in	Minnesota
	Minnesota	Residents
White	8,529	7,583
Black	2,831	2,800
American Indian	308	279
Asian	971	942
Other	404	394
Not Reported	319	305
Total	13,362	12,303

Table 10
<u>Education Level of Woman, 2005</u>

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	275	265
Some High School	1,482	1,404
High School Graduate	4,134	3,720
Some College	2,595	2,347
College Graduate	1,063	969
Graduate Level	416	373
Not Reported	3,397	3,225
Total	13,362	12,303

Table 11
Clinical Estimate of Fetal Gestational Age, 2005

	Occurring in Minnesota	Minnesota Residents
<9 weeks	8,291	7,632
9 - 10 weeks	2,230	2,049
11 - 12 weeks	1,282	1,183
13 - 15 weeks	785	738
16 - 20 weeks	726	658
21 - 24 weeks	45	41
25 - 30 weeks	2	2
31 - 36 weeks	1	0
37 weeks & over	0	0
Unknown*	0	0
Total	13,362	12,303

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

Table 11a
Clinical Estimate of Fetal Gestational Age, 2005

F	First Trimester		Se	Second Trimester		7	Third Trimesto	er
Estimated	Occurring in	Minnesota	Estimated	Occurring in	Minnesota	Estimated	Occurring in	Minnesota
<u>Week</u>	Minnesota	<u>Residents</u>	<u>Week</u>	Minnesota	Residents	<u>Week</u>	Minnesota	<u>Residents</u>
<3	3	3	14	196	182	28	0	0
3	16	15	15	172	165	29	0	0
4	186	177	16	161	151	30	0	0
5	1,092	1,012	17	138	124	31	0	0
6	2,437	2,244	18	184	157	32	1	0
7	2,633	2,417	19	148	138	33	0	0
8	1,925	1,765	20	95	88	34	0	0
9	1,362	1,253	21	41	38	35	0	0
10	867	795	22	3	2	36	0	0
11	725	659	23	0	0	37	0	0
12	557	524	24	1	1	38	0	0
13	417	391	25	1	1	39	0	0
			26	1	1	40+	0	0
			27	0	0			
Trimester								
Total	12,220	11,255		1,141	1,048		1	0
Total Induce	ed Abortions:		Occurring in	n Minnesota:	13,362	Minnesota	Residents:	12,303

Table 12 Prior Pregnancies, 2005

Number of Previous Live Births

	Occurring in	Minnesota
	Minnesota	Residents
None	5,666	5,151
One	3,197	2,955
Two	2,588	2,405
Three	1,172	1,090
Four	421	397
Five	160	153
Six	71	67
Seven	33	33
Eight	22	21
Nine or more	30	29
Not Reported	2	1

Number of Previous Spontaneous Abortions (Miscarriages)

	Occurring in	Minnesota
	<u>Minnesota</u>	Residents
None	11,119	10,221
One	1,711	1,595
Two	383	350
Three	99	91
Four	21	19
Five	13	13
Six	4	3
Seven	3	3
Eight	2	2
Nine or more	7	6
Not Reported	0	0

Number of Previous Induced Abortions

	Occurring in Minnesota	Minnesota <u>Residents</u>
None	7,766	7,053
One	3,277	3,045
Two	1,353	1,279
Three	493	471
Four	221	210
Five	135	129
Six	55	54
Seven	23	23
Eight	20	20
Nine or more	18	18
Not Reported	1	1

Table 13
Contraceptive Use and Method*, 2005

	Occurring in Minnesota	Minnesota <u>Residents</u>
Woman did not provide information	659	631
Woman did not know whether she used contraception	65	60
Woman has never used contraceptives	384	359
Woman has used contracetives, but not at the time of conception	8,422	7,756
Woman used contraceptives at the time of conception	3,832	3,497
Method Used Condoms Condoms & Spernicide Spermicide Alone Sterilization - Male Sterilization - Female Injectable (Depo-Provera) IUD Mini Pills Combination Pills Diaphragm & Spermicide Diaphragm Alone Cervical Cap Rhythm/Natural Family Planning Fertility Awareness Withdrawal Other Method Not Reported	2,027 45 78 34 7 37 19 21 918 8 7 0 76 11 80 452	1,873 43 74 32 6 35 19 18 799 8 7 0 70 11 74 418

^{*}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, 2005

	Occurring in Minnesota	Minnesota <u>Residents</u>
Suction Currettage	11,142	10,278
Medical (non-surgical)	1,262	1,150
Dilation & Evacuation (D&E)	901	825
Intra-Uterine Instillation	8	5
Hysterectomy/otomy	1	0
Sharp Curettage (D&C)	32	29
Induction of Labor (Pitocin, etc.)	15	15
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	0	0
Not Reported*	1	1
Total	13,362	12,303

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

Table 15
Method of Disposal of Fetal Remains, 2005

	Occurring in Minnesota	Minnesota <u>Residents</u>
Cremation	9,716	8,918
Burial	41	37
Not Reported*	3,605	3,348
Total	13,362	12,303

^{* &#}x27;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, 2005

	Fee for Service	<u>Capitated</u>	Other/Unknown and No Response	Total
Private Coverage	672	638	1,703	3,013
Public Assistance	502	1,291 **	2,056	3,849
Self Pay	-	-	6,499	6,499
Unknown	-	-	1	1
Total	1,174	1,929	10,259	13,362

Minnesota Residents

	Fee for Service	<u>Capitated</u>	Other/Unknown and No Response	Total
Private Coverage	628	611	1,661	2,900
Public Assistance	500	1,285 **	2,055	3,840
Self Pay	-	-	5,562	5,562
Unknown	-	-	1	1
Total	4.400	4.000	0.070	40,000
Total	1,128	1,896	9,279	12,303

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

Table 17
Reason for Abortion*, 2005

	Occurring in Minnesota	Minnesota <u>Residents</u>
Pregnancy was a result of rape	71	64
Pregnancy was a result of incest	6	5
Economic reasons	4,091	3,785
Does not want children at this time	8,281	7,658
Emotional health is at stake	1,206	1,138
Physical Health is at stake	808	762
Continued pregnancy will cause impairment of major bodily function	20	18
Pregnancy resulted in fetal anomalies	129	111
Unknown or the woman refused to answer	2,310	2,111
Other stated reason	3,536 *	* 3,204

^{*}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, 2005

Single parent of one or more children	793
Education goals; desire to finish high school and/or college	838
Already have children, do not intend to have more	434
Relationship issues, including abuse, separation, and extra-	
marital affairs	417
Other miscellaneous responses	1,558
Total*	4,040

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

Table 18 <u>Intraoperative Complications*, 2005</u>

	Occurring in Minnesota	Minnesota <u>Residents</u>
No Complications	13,327	12,272
Cervical laceration requiring suture or repair	19	17
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	3	2
Uterine perforation	0	0
Other complication	10	9
Not Reported**	3	3
Total	13 362	12 303
Total	13,362	12,303

^{*}Complication occurring at the time of the abortion procedure

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

Table 19 Postoperative Complications*, 2005

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	19
Uterine perforation	0
Infection requiring inpatient treatment	6
Heavy bleeding/anemia requiring transfusion	6
Failed termination of pregnancy (continued viable pregnancy)	5
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	70
Other complication	33
Complication not indicated	4
Total Reported Complications	143 ¹

¹136 '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, 2005

<9 weeks	44
9 - 10 weeks	47
11 - 12 weeks	28
13 - 15 weeks	17
16 - 20 weeks	2
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	0
Total Occurrence	138
Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$31,633.36

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 - 2005

	Occurring in	Minnesota	Resident	Resident
	<u>Minnesota</u>	Residents	<u>Percent</u>	Rate ¹
1975	10,565	8,924	84.5	10.3
1975	14,124	11,109	78.7	12.5
1970	15,532	13,036	83.9	14.4
1977	17,262	14,521	84.1	15.6
1979	18,672	15,647	83.8	16.4
1979	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	13,362	12,303	92.1	11.2 ²
-	-,	, = = =	-	

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

²2005 population estimates not available at time of publication. 2004 estimate was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics

Minnesota Residents; 1980, 1990, 2000-2005

	1980	1990	2000	2001	2002	2003	2004	2005 ³
Total Resident Abortions	24.3	22.5	19.6	20.2	19.0	18.4	18.1	17.3
Age Group*								
<15 Years	231.1	68.1	71.3	85.5	82.4	72.1	71.4	81.0
15-17 Years	80.2 ¹	69.2	40.2	45.7	41.2	46.0	42.4	43.0
18-19 Years		57.5	39.5	42.0	37.8	36.1	36.3	36.3
20-24 Years	26.9	35.6	31.8	33.0	30.4	30.2	30.2	28.2
25-29 Years	11.7	14.1	15.6	16.0	14.8	14.7	14.0	13.6
30-34 Years	10.8	11.2	10.5	10.6	10.8	10.0	9.6	9.6
35-39 Years	19.8	18.3	13.7	14.4	13.2	13.3	12.7	12.6
40 Years & Over	41.9	35.9	28.2	24.7	24.2	22.0	22.8	19.2
Race of Patient*								
White	22.5	20.9	14.5	14.9	14.0	13.6	14.4	14.6
African American	n/a	n/a	60.3	61.4	60.4	55.2	53.2	49.6
American Indian	n/a	n/a	26.3	25.4	23.2	22.2	20.6	21.7
Asian	n/a	n/a	34.8	32.1	26.5	27.7	23.1	21.6
All Other ²	45.1	33.4						
Hispanic	n/a	n/a	18.4	17.3	16.7	15.5	14.4	13.3
Marital Status*								
Marital Status* Married	3.5	4.2	4.0	5.3	5.4	5.0	4.4	4.1
Not Married	3.5 159.3	48.4	68.9	56.9	60.6	54.7	50.9	48.8

^{*}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 2005 data is not yet finalized at the time of this publication.

Table 23 Selected Statistics by Age Group, 2005 <u>Minnesota Residents</u>

	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	12,303	47	578	1,229	4,216	2,937	1,765	1,144	387	0
Marital Status:										
Married	2,021	1	2	22	304	489	566	460	177	0
Not Married	10,147	46	573	1,200	3,876	2,416	1,172	664	200	0
Unknown	135	0	3	7	36	32	27	20	10	0
Race/Ethnicity:										
White	7,583	20	346	768	2,554	1,793	1,043	769	290	0
African American	2,800	19	119	268	1,051	709	392	190	52	0
American Indian	279	1	22	33	89	68	43	19	4	0
Asian	942	4	41	69	290	203	194	114	27	0
Hispanic*	729	3	31	73	246	195	107	61	13	0
Gestation Estimate: *	*									
First Trimester	11,255	39	506	1,088	3,837	2,724	1,646	1,059	356	0
Second Trimester	1,048	8	72	141	379	213	119	85	31	0
Third Trimester	0	0	0	0	0	0	0	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
<u>Minnesota Residents</u>

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	12,303	359	7,756	3,497	691	5,249	60	3,349	1,510	330
Age Group:										
<15 Years	47	8	31	5	3	2	0	2	0	0
15-17 Years	578	71	329	154	24	37	1	28	7	1
18-19 Years	1,229	40	812	319	58	217	2	155	47	13
20-24 Years	4,216	117	2,695	1,179	225	1,560	17	1,016	436	91
25-29 Years	2,937	53	1,855	860	169	1,581	13	1,005	464	99
30-34 Years	1,765	43	1,116	502	104	1,011	17	649	284	61
35-39 Years	1,144	20	678	363	83	651	8	381	211	51
40+ Years	387	7	240	115	25	190	2	113	61	14
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	2,021	76	1,275	570	100	909	18	577	265	49
Not Married	10,147	278	6,407	2,886	576	4,284	40	2,741	1,227	276
Unknown	135	5	74	41	15	56	2	31	18	5

Informed Consent

Table 25 Medical Risks Information Report of Informed Consent for Induced Abortion, 2005

Contact	Referring	Physician Performing	
Method	Physician	Abortion	Total
Telephone	7,187	4,257	11,444
In Person	2,466	833	3,299
Total Contacts	9,653	5,090	14,743
Information not pri immediate abortion delay would creat	1		
Medical Risks Info	8		
Total reports rece	14,752		

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2005

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total_			
Telephone	677	2,526	1,129	7,134	11,466			
In Person	68	2,300	87	811	3,266			
Total Contacts	745	4,826	1,216	7,945	14,732			
Information not provided: immediate abortion necessary to avert death delay would create serious risk of substantial impairment 2								
Medical Assistance & Printed Materials Information section was left blank								
Total reports received								

32

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2005

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total		
Patient obtained printed copies	332	9	78	419		
Patient did not obtain printed copies	11,924	63	2,331	14,318		
Total	12,256	72	2,409	14,737		
Patient Access to Printed Materials section was left blank						
Total reports received				14,752		

Updates to 2004 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 2004 in July of 2005, one additional *Report of Induced Abortion* form for 2004 was submitted to the Minnesota Department of Health. Additionally, two 2004 records were found to have had the date of abortion entered incorrectly into the database and thus were not included in the previous publication. Six *Report of Complication from Induced Abortion* forms and seventy-seven *Report of Informed Consent for Induced Abortion* were received 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

<u>Abortions by Month and Provider, 2004</u>

	Jan <u>2004</u>	Feb <u>2004</u>	Mar <u>2004</u>	Apr <u>2004</u>	May <u>2004</u>	Jun <u>2004</u>	Jul <u>2004</u>	Aug <u>2004</u>	Sep <u>2004</u>	Oct 2004	Nov <u>2004</u>	Dec <u>2004</u>	Total <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	222	228	266	242	231	248	3,027
Robbinsdale Clinic	169	150	154	120	156	145	156	149	157	170	148	152	1,826
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	246	220	246	244	3,175
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	1,115	1,129	1,153	1,116	1,094	1,045	1,099	13,791

¹This represents 41 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	57	51	111	60	21	96	870
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	145	142	148	157	171	148	152	1,774
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	85	85	104	108	1,276
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

40

Table 1.2

<u>Abortions by Month and Provider, 2004</u>

	<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>	Nov	<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 Al	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	1,115	1,129	1,153	1,116	1,094	1,045	1,099	13,791

Table 2

<u>Medical Specialty of Physician, 2004</u>

Obstetrics & Gynecology	9,299
Emergency Medicine	2
General/Family Practice	4,489
Other/Unspecified	1
Total	13,791

Table 3 Type of Admission, 2004

Clinic	11,583
Outpatient Hospital	701
Inpatient Hospital	47
Ambulatory Surgery	0
Other/Not Specified	1,460
Total Minnesota Occurrence	13,791

Table 4
Age of Woman, 2004

	Occurring in Minnesota	Minnesota Residents
< 15 Years	53	50
15 - 17 Years	665	626
18 - 19 Years	1,362	1,249
20 - 24 Years	4,897	4,528
25 - 29 Years	3,165	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
Total	13,791	12,755

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

Table 5
Marital Status, 2004

	Occurring in Minnesota	Minnesota Residents
Married	2,419	2,203
Not Married	11,212	10,403
Not Reported	160	149
Total	13,791	12,755

Table 6 Country/State of Residence, 2004

Minnesota	12,755
Other States	1,027
Iowa	44
Michigan	23
North Dakota	59
South Dakota	31
Wisconsin	830
Other States	40
Canada	5
Other Foreign Countries	2
Unknown	2
Total MN Occurrence	13,791

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

State Total	12,755		
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	4,964	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	*	Watonwan	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
<u>Hispanic Origin of Woman, 2004</u>

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	12,920	11,897
Hispanic	775	768
Not Reported	96	90
Total	13,791	12,755

Table 9
Race of Woman, 2004

	Occurring in	Minnesota
	Minnesota	Residents
White	8,785	7,856
Black	3,012	2,988
American Indian	316	279
Asian	974	943
Other	388	376
Not Reported	316	313
Total	13,791	12,755

Table 10
Education Level of Woman, 2004

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	260	250
Some High School	1,360	1,269
High School Graduate	4,238	3,841
Some College	2,105	1,889
College Graduate	846	766
Graduate Level	374	343
Not Reported	4,608	4,397
Total	12 701	12.755
ıvlai	13,791	12,755

Table 11
Clinical Estimate of Fetal Gestational Age, 2004

	Occurring in Minnesota	Minnesota Residents
<9 weeks	8,672	8,061
9 - 10 weeks	2,253	2,082
11 - 12 weeks	1,313	1,202
13 - 15 weeks	794	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
Total	13,791	12,755

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

Table 11a
Clinical Estimate of Fetal Gestational Age, 2004

F	First Trimester		Se	Second Trimester		7	Third Trimesto	er
Estimated	Occurring in	Minnesota	Estimated	Occurring in	Minnesota	Estimated	Occurring in	Minnesota
<u>Week</u>	Minnesota	Residents	<u>Week</u>	Minnesota	Residents	<u>Week</u>	Minnesota	<u>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	1,075	996	17	142	131	31	0	0
6	2,633	2,448	18	164	146	32	1	1
7	2,745	2,558	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	369	327	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester								
Total	12,607	11,672		1,183	1,082		1	1
Total Induce	ed Abortions:		Occurring in	n Minnesota:	13,791	Minnesota	Residents:	12,755

Table 12 Prior Pregnancies, 2004

Number of Previous Live Births

	Occurring in	Minnesota
	<u>Minnesota</u>	Residents
None	5,805	5,317
One	3,444	3,206
Two	2,649	2,463
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)

	Occurring in	Minnesota
	<u>Minnesota</u>	Residents
None	11,506	10,612
One	1,762	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

	Occurring in Minnesota	Minnesota <u>Residents</u>
None	7,840	7,131
One	3,501	3,277
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 Minnesota	Minnesota <u>Residents</u>
Woman did not provide information	695	675
Woman did not know whether she used contraception	62	49
Woman has never used contraceptives	429	403
Woman has used contracetives, but not at the time of conception	8,921	8,256
Woman used contraceptives at the time of conception	3,684	3,372
Method Used Condoms Condoms & Spernicide Spermicide Alone Sterilization - Male Sterilization - Female Injectable (Depo-Provera) IUD Mini Pills Combination Pills Diaphragm & Spermicide Diaphragm Alone Cervical Cap Rhythm/Natural Family Planning Fertility Awareness Withdrawal Other Method Not Reported	1,826 50 90 25 9 34 18 23 843 10 11 1 95 12 120 504	1,692 48 80 21 6 32 16 23 760 10 10 11 11 103 455 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 Minnesota	Minnesota <u>Residents</u>
Suction Currettage	11,707	10,838
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
Total	13,791	12,755

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

Table 15
Method of Disposal of Fetal Remains, 2004

	Occurring in Minnesota	Minnesota <u>Residents</u>
Cremation	10,727	9,863
Burial	25	25
Not Reported*	3,039	2,867
Total	13,791	12,755

^{* &#}x27;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

	0	Occurring in Minnesota				
	Fee for Service	<u>Capitated</u>	Other/Unknown and No Response	Total		
Private Coverage	452	740	1,777	2,969		
Public Assistance	609	1,191 **	2,150	3,950		
Self Pay			6,872	6,872		
Total	1,061	1,931	10,799	13,791		

		Minnesota Residents				
	Fee for Service	<u>Capitated</u>	Other/Unknown and No Response	Total		
Private Coverage	427	706	1,722	2,855		
Public Assistance	609	1,189 **	2,145	3,943		
Self Pay	-	-	5,957	5,957		
Total	1,036	1,895	9,824	12,755		

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

Table 17
Reason for Abortion*, 2004

	Occurring in Minnesota	Minnesota <u>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	5,443	5,078
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 18 <u>Intraoperative Complications*, 2004</u>

	Occurring in Minnesota	Minnesota <u>Residents</u>
No Complications	13,768	12,732
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
Total	13,791	12,755
i Olai	13,791	12,733

^{*}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	6
Failed termination of pregnancy (continued viable pregnancy)	1
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	54
Other complication	47
Complication not indicated	1
Total Reported Complications	151 ¹

¹132 '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 21
Total and Resident Induced Abortions

1975 - 2004

	Occurring in	Minnesota	Resident	Resident
	<u>Minnesota</u>	<u>Residents</u>	<u>Percent</u>	Rate ¹
1975	10,565	8,924	84.5	10.3
1976	14,124	11,109	78.7	12.5
1977	15,532	13,036	83.9	14.4
1978	17,262	14,521	84.1	15.6
1979	18,672	15,647	83.8	16.4
1980	19,028	16,490	86.7	17.2
1981	18,304	15,821	86.4	16.3
1982	17,758	15,559	87.6	15.8
1983	16,428	14,514	88.3	14.7
1984	17,314	15,556	89.8	15.7
1985	17,686	16,002	90.5	16.1
1986	17,383	15,716	90.4	15.8
1987	17,653	15,746	89.2	15.7
1988	17,975	16,124	89.7	15.8
1989	17,398	15,506	89.1	15.1
1990	17,156	15,280	89.1	14.9
1991	16,178	14,441	89.3	13.9
1992	15,546	13,846	89.1	13.1
1993	14,348	12,955	90.3	12.1
1994	14,027	12,702	90.6	11.8
1995	14,017	12,715	90.7	12.1
1996	14,193	12,876	90.7	12.1
1997	14,224	12,997	91.4	12.4
1998	14,422	13,050	90.5	12.4
1999	14,342	13,037	90.9	12.4
2000	14,477	13,208	91.2	12.2
2001	14,833	13,448	90.7	12.3
2002	14,239	12,953	91.0	11.8
2003	14,174	12,995	91.7	11.9
2004	13,791	12,755	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
Total Resident Abortions	24.3	22.5	20.1	19.6	20.2	19.0	18.4	18.1
Age Group*								
<15 Years	231.1	68.1	82.0	71.3	85.5	82.4	72.1	71.4
15-17 Years	80.2 ¹	69.2	42.8	40.2	45.7	41.2	46.0	42.4
18-19 Years		57.5	42.0	39.5	42.0	37.8	36.1	36.3
20-24 Years	26.9	35.6	32.4	31.8	33.0	30.4	30.2	30.2
25-29 Years	11.7	14.1	15.7	15.6	16.0	14.8	14.7	14.0
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	22.8
Race of Patient*								
White	22.5	20.9	16.6	14.5	14.9	14.0	13.6	14.4
African American	n/a	n/a	n/a	60.3	61.4	60.4	55.2	53.2
American Indian	n/a	n/a	n/a	26.3	25.4	23.2	22.2	20.6
Asian	n/a	n/a	n/a	34.8	32.1	26.5	27.7	23.1
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 Ctatus*								
Marital Status*	2.5	4.2	4.0	5 2	E 1	5 0	4.6	1.1
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	50.9

^{*}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'.

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	12,755	50	626	1,249	4,528	2,943	1,804	1,139	416	0
Marital Status:										
Married	2,203	0	1	20	317	564	592	499	210	0
Not Married	10,403	50	625	1,216	4,161	2,341	1,182	627	201	0
Unknown	149	0	0	13	50	38	30	13	5	0
Race/Ethnicity:										
White	7,856	21	379	813	2,737	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	943	2	32	71	277	223	174	120	44	0
Hispanic*	768	2	26	58	264	221	119	63	15	0
Gestation Estimate: **										
First Trimester	11,772	38	548	1,109	4,235	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

<u>Contraceptive Use by Age Group and Marital Status, 2004</u>

		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	12,755	403	8,256	3,372	724	5,622	64	3,667	1,545	346
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	4,528	115	2,997	1,162	254	1,818	20	1,232	458	108
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	2,203	66	1,409	619	109	978	24	621	284	49
Not Married	10,403	336	6,753	2,718	596	4,579	39	3,010	1,241	289
Unknown	149	1	94	35	19	66	1	36	20	9

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

			Physician			
C	ontact	Referring	Performing			
М	ethod	Physician	Abortion_	Total		
Te	elephone	7,142	5,498	12,640		
In	Person	2,269	1,026	3,295		
To	otal Contacts	9,411	6,524	15,935		
In im de	3 10					
Medical Risks Information section was left blank						
Total reports received						

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

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total		
Telephone	468	1,137	2,062	9,175	12,842		
In Person	67	1,947	221	861	3,096		
Total Contacts	535	3,084	2,283	10,036	15,938		
Information not provided: immediate abortion necessary to avert death delay would create serious risk of substantial impairment							
Medical Assistance & Printed Materials Information section was left blank 10							
Total reports received 15,953							

63

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

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total	
Patient obtained printed copies	483	12	17	512	
Patient did not obtain printed copies	12,733	40	2,651	15,424	
Total	13,216	52	2,668	15,936	
Patient Access to Printed Materials section was left blank 17					
Total reports received				15,953	

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:

<u>Suction Curettage:</u> Mechanical dilation of the cervix with removal of the uterine contents by low pressure suction created by an electric suction pump.

<u>Medical</u>: Administration of medication to induce abortion. This does not include administration of morning-after pills or post-coidal IUD insertion.

<u>Dilation & Evacuation:</u> Dilation of the cervix by insertion of laminaria several hours before removal of uterine contents by suction and/or sharp curettage.

<u>Intra-Uterine Instillation:</u> 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.

<u>Hysterectomy/otomy:</u> 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.

<u>Sharp Curettage:</u> Mechanical dilation of the cervix with removal of uterine contents by scraping the uterine wall with a surgical curette.

<u>Induction of Labor:</u> 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 St. Paul, MN 55164-0882 1-800-657-3900

1. Facility Reporting Code	2. Physician Reporting Code Obstetrics & Gynecology General/Family Practice Emergency Medicine Other (Specify)					
4. Type of Ad		<u>/</u>				
Clinic C	Outpatient hospital	Inpatient hospit	tal Ambulatory surger	y Other (Specify)		
5. Patient Age	e at Last Birthday	6	6. Married	0		
7. Date of Pre	gnancy Termination					
8. Patient Res		Month, Day,				
State:			_ County Zip Code	:		
9. Of Hispanic Origin Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc. No Yes (Specify): Other (Specify): Cspecify): Cspecify): College (1-4 or 5+)						
l ——	: Normal Menses Beg		13. Clinic	cal Estimate of Gestation (LMP Weeks)		
14. Previous F	Pregnancies (Complete ea	ach section)				
A.A. Name I indicate	Live Births	al	Other Terminations 14c Spontaneous 14d Induced (Do not include this phortion)			
14a. Now Living Number	14b. Now De		14c. Spontaneous Number	14d. Induced (Do not include this abortion) Number		
☐ None			None	□None		
15. Contraceptive Use at Time of Conception A. Use Status: (Check only one) Unknown - patient did not know if they used a method. (Do not fill out Part B.) Never used any contraceptive method (Do not fill out Part B.) Has used contraception, but not at the estimated time of conception. (Do not fill out Part B.) Method used at time of conception. (Fill out PART B, METHOD USED.) Patient did not provide information. B. Method Used: Condoms Condoms Condoms Diaphragm & Spermicide Spermicide alone Sterilization (M) Sterilization (F) Injectable (Depo-Provera) Mini Pills Other (Specify)						

16. Type of Abortion Procedure (Check only one) Suction Curettage Medical (Nonsurgical), Specify Medication(s) Dilation and Evacuation (D&E) Intra-Uterine Instillation (Saline or Prostaglandin) Hysterectomy/otomy Sharp Curretage (D&C) Induction of Labor (Pitocin, etc.) Intact Dilation and Extraction (D&X) Other (Specify) Other (Specify)
17. Intraoperative Complication(s) from Induced Abortion Complications that occur during and immediately following the procedure, before patient has left facility. (Check all that apply) No complication(s) Cervical laceration requiring suture or repair Heavy bleeding/hemorrhage with estimated blood loss of ≥500cc Uterine perforation Other (Specify) *For post-operative complications, please refer to the REPORT OF COMPLICATION(S) FROM INDUCED ABORTION
18. Method of Disposal for Fetal Remains (Check only one) ☐ Cremation ☐ Interment by burial
19. Type of Payment (Check only one) ☐ Private coverage ☐ Public assistance health coverage ☐ Self pay
20. Type of Health Coverage (Check only one) ☐ Fee for service plan ☐ Capitated private plan ☐ Other/Unknown
21. Specific Reason for the Abortion (Check all that apply) Pregnancy was a result of rape Pregnancy was a result of incest Economic reasons Does not want children at this time Emotional health is at stake Physical health is at stake Will suffer substantial and irreversible impairment of major bodily function if the pregnancy continues Pregnancy resulted in fetal anomalies Unknown or the woman refused to answer Other



Center for Health Statistics Minnesota Department of Health 85 East 7th Place, Box 64882 St. 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 <u>addition to</u> 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

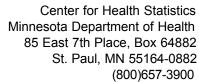
MDH recommends that Item #21 on the report be reviewed with each patient. All responses can be reviewed with the patient before completing the question. If this question is transcribed to another piece of paper, or read to the patient, the question must be copied or read exactly as it is worded on the 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

Α.	Facility where patient was attended for complication:
В.	Name City Physician who treated patient's complication: (See instruction #1)
	Name:, or Physician code: GGGG
_	Last
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:
C	GGDay GGMonth GGYear (Please indicate numeric day, month, and year. If only month and/or year is known, please indicate in the spaces provided.)
_	
۲.	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?
	YesNo
″	1. Continue languagion requiring outure or repair
	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
"	
••	Heavy bleeding/anemia requiring transfusion
,,	C. Failed towningtion of programmy (Continued viable programmy)
	6. Failed termination of pregnancy (Continued viable pregnancy)
″	7. Incomplete termination of pregnancy (Retained products of conception requiring re-evacuation)
	7. Incomplete termination of pregnancy (rectained products of conception requiring to 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.	
Method used to inform patient that: (i) the particular medical risks associated with the infection, hemorrhage, breast cancer, dang (ii) the probable gestation age of the unborn child (iii) the medical risks associated with carrying hemosphere).	ne particular abortion procedure to be employed including, when medically accurate, the risks of er to subsequent pregnancies, and infertility; d at the time the abortion is to be performed; and r 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 a (Optional to write in the principal medical of a delay would have created serious risk of medical condition of the patient which would	overt patient's death. ondition of the patient which would have caused the patient's death: substantial and irreversible impairment of a major bodily function. (Optional to write in the principal have caused the patient's impairment of a major bodily function.)
Medical Assistance and Printed Materials Info ▶ Check one box in question 2.	rmation
2. Method used to inform patient that: (i) medical assistance benefits may be available (ii) the father is liable to assist in the support of she has the right to review printed materials sponsored Web site, and what the Web	e for prenatal care, childbirth, and neonatal care; her child, even in instances when the father has offered to pay for the abortion; and published by the Minnesota Department of Health and that these materials are available on a state-site address is. (http://www.health.state.mn.us/wrtk/handbook.html)
	title of the agent [ex nurse, counselor, etc.]:) 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.]:) to write in title of the agent [ex nurse, counselor, etc.]:)
Information not provided because:	atient's death. n of the patient which would have caused the patient's death: n of the patient which would have caused the patient's death n of the patient which would have caused the patient's impairment of a major
Patient Access to Printed Materials ► Check one box under either question 3A or que	estion 3B.
3A. Patient availed herself of the opportunity to obtain a site and to the best of your knowledge:	a printed copy of materials published by the Minnesota Department of Health, other than on the web
 Patient went on to obtain an abortion (opti Patient did not go on to obtain abortion. Do not know if patient went on to obtain al 	onal to check one of the next two boxes: same facility different facility) bortion.
3B. Patient did <i>not</i> avail herself of the opportunity to obweb site and to the best of your knowledge:	tain a printed copy of materials published by the Minnesota Department of Health, other than on the
 Patient went on to obtain an abortion (opti Patient did not go on to obtain abortion. Do not know if patient went on to obtain al 	onal to check one of the next two boxes: same facility different facility) bortion.