

Induced Abortions in Minnesota January - December 2006: Report to the Legislature

July 2007

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Introduction

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

This report is issued in compliance with Minnesota Statutes, section 145.4134 which requires a yearly public report of induced abortion statistics for the previous calendar year and statistics for prior years adjusted to reflect any additional information from late and/or corrected report forms, beginning with October 1, 1998 data. This is the eighth such report and covers the period from January 1, 2006 through December 31, 2006. After publication of 2005 data, three additional reports were identified. These three 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. Twenty-nine additional Informed Consent forms were received after the publication of 2005 data as well. The updated tables for 2005 are published in the Appendix.

The 2003 Minnesota Legislature enacted the Woman's Right to Know Act. This law [Minnesota Statutes, sections 145.4241 – 145.4249] requires physicians to provide women with certain information at least 24 hours prior to an abortion and to collect and report to the Minnesota Department of Health the number of women who were provided this information. Physicians were required to begin collecting this data on January 1, 2004 and to submit their 2006 data to the Department of Health by April 1, 2007. Data from this reporting requirement are published as Tables 25 through 27 on pages 31 through 33 of this report. Additional information about the Woman's Right to Know Act can be found at <http://www.health.state.mn.us/wrtk/index.html>.

Technical Notes

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

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

Due to the sensitivity of abortion data, there are concerns about revealing an individual's identity, whether patient or provider, from data presented in this publication. Minnesota Statutes, section 145.4134 states "The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion. All data included on the forms under sections 145.4131 to 145.4133 must be included on the public report except that the commissioner shall maintain as confidential, data which alone or in combination may constitute information from which an 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 2006 would have such large numbers that none of the counts would have to be suppressed. No individual could possibly be identified.

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

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

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

Table 1.1
Abortions by Month and Provider, 2006

	<u>Jan 2006</u>	<u>Feb 2006</u>	<u>Mar 2006</u>	<u>Apr 2006</u>	<u>May 2006</u>	<u>Jun 2006</u>	<u>Jul 2006</u>	<u>Aug 2006</u>	<u>Sep 2006</u>	<u>Oct 2006</u>	<u>Nov 2006</u>	<u>Dec 2006</u>	<u>Total 2006</u>
Midwest Health Center for Women	260	235	238	194	204	281	199	232	213	228	189	218	2,691
Women's Health Center	44	59	78	54	37	60	49	44	42	46	64	42	619
Meadowbrook Women's Clinic	301	284	274	220	254	258	224	232	221	232	235	224	2,959
Robbinsdale Clinic	155	144	124	105	145	134	124	118	144	108	121	127	1,549
GYN Special Services	86	73	72	59	67	84	55	70	77	67	57	62	829
Dr. Mildred Hansen Clinic	169	140	169	135	172	155	80	174	119	113	96	116	1,638
Planned Parenthood of Minnesota	289	233	310	247	280	326	318	327	311	353	312	354	3,660
Independent Physicians ¹	11	6	12	9	9	17	10	9	6	10	9	12	120
Total Minnesota Occurrence	1,315	1,174	1,277	1,023	1,168	1,315	1,059	1,206	1,133	1,157	1,083	1,155	14,065

¹This represents 44 reporting physicians

Table 1.2
Abortions by Month and Provider, 2006

	<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	1	0	2	1	0	0	0	0	2	0	1	0	7
Physician B	134	88	110	67	117	105	84	138	61	74	78	53	1,109
Physician C	0	0	9	132	170	150	3	0	1	0	0	0	465
Physician D	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician E	67	63	30	58	78	29	74	53	57	114	84	25	732
Physician F	109	99	98	68	89	99	29	63	68	21	42	80	865
Physician G	59	82	95	49	39	87	95	78	47	56	61	59	807
Physician H	4	8	34	0	4	11	0	2	0	0	0	0	63
Physician I	22	28	5	11	8	10	6	5	6	5	5	0	111
Physician J	46	77	40	38	68	49	30	30	46	69	52	92	637
Physician K	0	0	2	2	8	0	1	6	1	0	7	6	33
Physician L	296	287	316	149	85	208	203	286	284	236	199	223	2,772
Physician M	153	143	124	105	145	134	114	113	144	108	121	127	1,531
Physician N	13	31	20	13	21	23	24	21	8	23	19	15	231
Physician O	14	14	11	20	0	0	0	0	0	0	0	12	71
Physician P	18	17	12	20	30	19	19	32	21	18	13	49	268
Physician Q	1	0	0	0	2	0	1	0	0	0	1	1	6
Physician R	41	20	34	59	37	37	31	36	34	37	38	40	444
Physician S	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician T	88	61	105	148	75	118	188	115	87	123	44	102	1,254
Physician U	0	0	5	0	0	0	0	0	0	0	0	0	5
Physician V	1	0	0	0	0	0	0	0	0	1	0	0	2
Physician W	0	0	0	3	1	0	0	0	0	0	0	0	4
Physician X	1	1	1	0	0	1	1	0	0	2	0	1	8
Physician Y	65	38	49	45	47	42	26	38	45	40	42	58	535
Physician Z	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AA	0	0	0	0	0	0	0	0	0	2	0	1	3
Physician BB	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician CC	0	0	1	0	0	0	0	0	0	0	1	0	2
Physician DD	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician EE	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician FF	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician GG	32	16	11	22	23	29	11	13	24	7	12	18	218
Physician HH	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician II	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician JJ	0	1	0	0	0	1	0	0	0	0	0	0	2
Physician KK	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician LL	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician MM	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician NN	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician OO	119	79	135	3	100	122	20	0	1	0	12	0	591
Physician PP	17	14	15	0	10	10	13	0	7	0	12	0	98
Physician QQ	0	1	2	0	2	1	0	0	2	0	0	1	9
Physician RR	0	0	1	1	1	0	2	0	0	1	2	0	8
Physician SS	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician TT	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician UU	0	0	0	0	0	1	0	1	1	0	0	0	3
Physician VV	0	0	1	0	1	2	0	1	0	0	0	0	5
Physician WW	1	0	0	0	0	0	0	0	0	1	1	0	3
Physician XX	0	0	0	0	1	0	1	0	0	0	0	0	2

Physician YY	0	0	0	0	0	13	24	33	33	38	15	23	179
Physician ZZ	0	0	0	3	1	0	1	0	0	1	1	0	7
Physician AB	1	2	1	0	1	0	0	0	1	0	0	0	6
Physician AC	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AD	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AE	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AF	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AG	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AH	0	0	0	0	0	0	9	4	0	0	0	0	13
Physician AI	0	0	0	0	0	3	0	1	0	0	1	1	6
Physician AJ	3	0	0	0	0	1	0	2	2	2	0	0	10
Physician AK	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AL	0	1	0	0	0	1	0	0	1	1	4	1	9
Physician AM	0	0	0	0	0	0	1	0	0	1	0	0	2
Physician AN	0	0	0	0	0	1	2	0	0	0	0	0	3
Physician AO	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AP	0	0	0	0	0	0	0	0	0	13	19	6	38
Physician AQ	0	0	0	0	0	0	0	0	0	0	18	0	18
Physician AR	0	0	0	0	0	0	0	40	33	69	42	19	203
Physician AS	0	0	0	0	0	0	41	90	115	91	127	125	589
Physician AT	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AU	0	0	0	0	0	0	0	0	0	0	4	9	13
Physician AV	0	0	0	0	0	0	0	0	0	2	0	0	2
Physician AW	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AX	2	2	1	0	0	2	1	0	1	0	0	0	9
Physician AY	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AZ	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BC	1	0	1	0	0	0	1	0	0	1	2	1	7
Physician BD	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician BE	0	0	1	0	0	0	0	1	0	0	0	0	2
Physician BF	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BG	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BH	0	0	1	3	0	2	0	1	0	0	0	1	8
Physician BI	0	0	0	1	1	0	0	0	0	0	0	0	2
Physician BJ	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BK	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BL	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BM	0	0	0	0	0	1	0	0	0	0	0	1	2
Physician BN	0	0	0	0	0	1	0	0	0	0	0	0	1
Total MN	1,315	1,174	1,277	1,023	1,168	1,315	1,059	1,206	1,133	1,157	1,083	1,155	14,065

Table 2
Medical Specialty of Physician, 2006

Obstetrics & Gynecology	10,200
Emergency Medicine	2
General/Family Practice	3,860
Other/Unspecified	3
	<hr/>
Total	14,065

Table 3
Type of Admission, 2006

Clinic	11,421
Outpatient Hospital	904
Inpatient Hospital	38
Ambulatory Surgery	5
Other/Not Specified	1,697
	<hr/>
Total Minnesota Occurrence	14,065

Table 4
Age of Woman, 2006

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
< 15 Years	63	54
15 - 17 Years	730	668
18 - 19 Years	1,348	1,221
20 - 24 Years	4,789	4,392
25 - 29 Years	3,465	3,209
30 - 34 Years	1,964	1,830
35 - 39 Years	1,267	1,173
40 Years & Over	439	401
Unknown Age*	0	
	<hr/>	<hr/>
Total	14,065	12,948

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

Table 5
Marital Status, 2006

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Married	2,300	2,114
Not Married	11,639	10,717
Not Reported	126	117
	<hr/>	<hr/>
Total	14,065	12,948

Table 6
Country/State of Residence, 2006

Minnesota	12,948
Other States	
Iowa	42
Michigan	33
North Dakota	85
South Dakota	51
Wisconsin	856
Other States	44
Canada	5
Other Foreign Countries	1
Unknown	0
	<hr/>
Total MN Occurrence	14,065

Table 7
County of Residence for Women Residing in Minnesota, 2006

State Total	12,948		
Aitkin	12	Marshall	*
Anoka	917	Martin	17
Becker	10	Meeker	14
Beltrami	42	Mille Lacs	50
Benton	61	Morrison	20
Big Stone	*	Mower	61
Blue Earth	131	Murray	*
Brown	27	Nicollet	70
Carlton	49	Nobles	6
Carver	154	Norman	*
Cass	33	Olmsted	281
Chippewa	11	Otter Tail	8
Chisago	73	Pennington	*
Clay	11	Pine	48
Clearwater	*	Pipestone	*
Cook	12	Polk	*
Cottonwood	6	Pope	*
Crow Wing	100	Ramsey	2,228
Dakota	1,050	Red Lake	*
Dodge	25	Redwood	16
Douglas	22	Renville	13
Faribault	16	Rice	83
Fillmore	28	Rock	*
Freeborn	35	Roseau	6
Goodhue	63	Saint Louis	414
Grant	*	Scott	279
Hennepin	4,801	Sherburne	136
Houston	15	Sibley	6
Hubbard	7	Stearns	229
Isanti	70	Steele	42
Itasca	53	Stevens	7
Jackson	8	Swift	7
Kanabec	21	Todd	10
Kandiyohi	39	Traverse	*
Kittson	*	Wabasha	27
Koochiching	14	Wadena	*
Lac Qui Parle	*	Waseca	30
Lake	11	Washington	519
Lake of the Woods	*	Watsonwan	12
Le Sueur	42	Wilkin	*
Lincoln	*	Winona	47
Lyon	22	Wright	186
McLeod	40	Yellow Medicine	11
Mahnomen	*	Unknown County	1

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

Table 8
Hispanic Origin of Woman, 2006

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Non-Hispanic	13,163	12,073
Hispanic	796	772
Not Reported	106	103
	<hr/>	<hr/>
Total	14,065	12,948

Table 9
Race of Woman, 2006

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
White	8,847	7,854
Black	3,059	3,038
American Indian	279	244
Asian	1,003	971
Other	601	578
Not Reported	276	263
	<hr/>	<hr/>
Total	14,065	12,948

Table 10
Education Level of Woman, 2006

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
8th Grade or Less	280	265
Some High School	1,775	1,662
High School Graduate	4,785	4,358
Some College	3,542	3,242
College Graduate	1,400	1,277
Graduate Level	609	560
Not Reported	1,674	1,584
	<hr/>	<hr/>
Total	14,065	12,948

Table 11
Clinical Estimate of Fetal Gestational Age, 2006

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<9 weeks	8,913	8,272
9 - 10 weeks	2,281	2,077
11 - 12 weeks	1,268	1,143
13 - 15 weeks	817	744
16 - 20 weeks	733	667
21 - 24 weeks	47	40
25 - 30 weeks	5	4
31 - 36 weeks	1	1
37 weeks & over	0	0
Unknown*	0	0
	<hr/>	<hr/>
Total	14,065	12,948

Table 11a
Clinical Estimate of Fetal Gestational Age, 2006

First Trimester			Second Trimester			Third Trimester		
<u>Estimated</u> <u>Week</u>	<u>Occurring in</u> <u>Minnesota</u>	<u>Minnesota</u> <u>Residents</u>	<u>Estimated</u> <u>Week</u>	<u>Occurring in</u> <u>Minnesota</u>	<u>Minnesota</u> <u>Residents</u>	<u>Estimated</u> <u>Week</u>	<u>Occurring in</u> <u>Minnesota</u>	<u>Minnesota</u> <u>Residents</u>
<3	7	6	14	228	206	28	0	0
3	17	15	15	168	154	29	0	0
4	152	138	16	135	126	30	0	0
5	1,052	975	17	143	130	31	0	0
6	2,633	2,442	18	186	169	32	0	0
7	2,995	2,792	19	153	136	33	0	0
8	2,057	1,904	20	116	106	34	0	0
9	1,373	1,246	21	34	29	35	1	1
10	908	831	22	5	4	36	0	0
11	706	632	23	6	6	37	0	0
12	562	511	24	2	1	38	0	0
13	421	384	25	2	1	39	0	0
			26	1	1	40+	0	0
			27	2	2			
Trimester Total	12,883	11,876		1,181	1,071		1	1
Total Induced Abortions:			Occurring in Minnesota:		14,065	Minnesota Residents:		12,948

Table 12
Prior Pregnancies, 2006

Number of Previous Live Births

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	6,037	5,472
One	3,385	3,149
Two	2,674	2,458
Three	1,250	1,182
Four	430	408
Five	148	142
Six	68	67
Seven	25	24
Eight	19	19
Nine or more	25	24
Not Reported	4	3

Number of Previous Spontaneous Abortions (Miscarriages)

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	11,833	10,871
One	1,715	1,589
Two	366	344
Three	109	103
Four	26	25
Five	5	5
Six	1	1
Seven	3	3
Eight	1	1
Nine or more	6	6
Not Reported	0	0

Number of Previous Induced Abortions

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	8,224	7,416
One	3,342	3,130
Two	1,405	1,340
Three	597	576
Four	243	237
Five	115	113
Six	58	56
Seven	43	42
Eight	15	15
Nine or more	23	23
Not Reported	0	0

Table 13
Contraceptive Use and Method*, 2006

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Woman did not provide information	189	176
Woman did not know whether she used contraception	64	62
Woman has never used contraceptives	431	410
Woman has used contraceptives, but not at the time of conception	9,130	8,401
Woman used contraceptives at the time of conception	4,251	3,899
Method Used		
Condoms	2,266	2,093
Condoms & Spermicide	46	42
Spermicide Alone	77	71
Sterilization - Male	37	36
Sterilization - Female	9	8
Injectable (Depo-Provera)	51	45
IUD	23	19
Mini Pills	23	22
Combination Pills	997	884
Diaphragm & Spermicide	6	6
Diaphragm Alone	10	9
Cervical Cap	0	0
Rhythm/Natural Family Planning	58	57
Fertility Awareness	13	10
Withdrawal	103	100
Other	521	486
Method Not Reported	11	11

*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, 2006

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Suction Curettage	11,433	10,501
Medical (non-surgical)	1,642	1,545
Dilation & Evacuation (D&E)	944	860
Intra-Uterine Instillation	9	9
Hysterectomy/otomy	1	1
Sharp Curettage (D&C)	13	13
Induction of Labor (Pitocin, etc.)	11	9
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	1	1
Other Method	11	9
Not Reported*	0	0
	<hr/>	<hr/>
Total	14,065	12,948

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

Table 15
Method of Disposal of Fetal Remains, 2006

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Cremation	9,439	8,630
Burial	22	18
Not Reported*	4,604	4,300
	<hr/>	<hr/>
Total	14,065	12,948

* '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, 2006

<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	546	650	2,147	3,343
Public Assistance	453	1,280 **	2,236	3,969
Self Pay	-	-	6,750	6,750
Unknown	-	-	3	3
Total	999	1,930	11,136	14,065

<u>Minnesota Residents</u>				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	500	631	2,081	3,212
Public Assistance	452	1,274 **	2,231	3,957
Self Pay	-	-	5,777	5,777
Unknown	-	-	2	2
Total	952	1,905	10,091	12,948

**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*, 2006

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Pregnancy was a result of rape	90	82
Pregnancy was a result of incest	12	11
Economic reasons	5,020	4,659
Does not want children at this time	9,598	8,890
Emotional health is at stake	699	649
Physical Health is at stake	588	553
Continued pregnancy will cause impairment of major bodily function	30	29
Pregnancy resulted in fetal anomalies	162	142
Unknown or the woman refused to answer	1,681	1,494
Other stated reason	3,145 **	2,878

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

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2006

Single parent of one or more children	791
Education goals; desire to finish high school and/or college	616
Already have children, do not intend to have more	485
Relationship issues, including abuse, separation, and extra- marital affairs	318
Other miscellaneous responses	1,413
	<hr/>
Total*	3,623

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

Table 18
Intraoperative Complications*, 2006

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
No Complications	14,037	12,921
Cervical laceration requiring suture or repair	9	8
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	6	6
Uterine perforation	0	0
Other complication	8	8
Not Reported**	5	5
	<hr/>	<hr/>
Total	14,065	12,948

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2006
 reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	1
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	12
Uterine perforation	2
Infection requiring inpatient treatment	8
Heavy bleeding/anemia requiring transfusion	4
Failed termination of pregnancy (continued viable pregnancy)	6
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	87
Other complication	16
Complication not indicated	4
	<hr/>
Total Reported Complications	140 ¹

¹129 '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, 2006

<9 weeks	45
9 - 10 weeks	47
11 - 12 weeks	30
13 - 15 weeks	15
16 - 20 weeks	2
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	0
<hr/>	
Total Occurrence	139
Total state funds used to pay for out of state abortion procedures, including incidental expenses	
	\$32,076.30

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 - 2006

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

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

²2006 population estimates not available at time of publication. 2005 estimate was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents: 1980, 1990, 2000, 2002-2006

	1980	1990	2000	2002	2003	2004	2005	2006 ³
Total Resident Abortions	24.3	22.5	19.6	19.0	18.4	18.1	17.4	17.6
Age Group*								
<15 Years	231.1	68.1	71.3	82.4	72.1	71.4	79.7	98.2
15-17 Years	80.2 ¹	69.2	40.2	41.2	46.0	42.4	42.3	44.3
18-19 Years		57.5	39.5	37.8	36.1	36.3	36.0	34.7
20-24 Years	26.9	35.6	31.8	30.4	30.2	30.2	28.1	28.0
25-29 Years	11.7	14.1	15.6	14.8	14.7	14.0	13.6	14.1
30-34 Years	10.8	11.2	10.5	10.8	10.0	9.6	9.6	9.9
35-39 Years	19.8	18.3	13.7	13.2	13.3	12.7	12.6	12.6
40 Years & Over	41.9	35.9	28.2	24.2	22.0	22.8	19.5	20.6
Race of Patient*								
White	22.5	20.9	14.5	14.0	13.6	14.4	13.9	14.8
African American	n/a	n/a	60.3	60.4	55.2	53.2	48.5	48.4
American Indian	n/a	n/a	26.3	23.2	22.2	20.6	20.9	16.6
Asian	n/a	n/a	34.8	26.5	27.7	23.1	21.4	21.4
All Other ²	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	16.7	15.5	14.4	13.3	12.9
Marital Status*								
Married	3.5	4.2	4.0	5.4	5.0	4.4	4.1	4.2
Not Married	159.3	48.4	56.9	54.7	54.0	50.9	48.2	46.5

*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 2006 data is not yet finalized at the time of this publication.

Table 23
Selected Statistics by Age Group, 2006
Minnesota Residents

	Total	<15 Years	15 - 17 Years	18 - 19 Years	20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 39 Years	40+ Years	Unkwn Age
Total Abortions	12,948	54	668	1,221	4,392	3,209	1,830	1,173	401	0
Marital Status:										
Married	2,114	0	5	20	303	541	567	483	195	0
Not Married	10,717	53	659	1,188	4,048	2,633	1,250	682	204	0
Unknown	117	1	4	13	41	35	13	8	2	0
Race/Ethnicity:										
White	7,854	18	418	764	2,614	1,901	1,044	781	314	0
African American	3,038	29	147	288	1,092	804	447	195	36	0
American Indian	244	0	19	25	80	59	33	26	2	0
Asian	971	3	32	60	285	244	195	114	38	0
Hispanic*	772	5	39	68	256	220	116	55	13	0
Gestation Estimate: **										
First Trimester	11,876	47	570	1,089	4,040	2,959	1,716	1,092	363	0
Second Trimester	1,071	7	98	132	352	250	114	81	37	0
Third Trimester	1	0	0	0	0	0	0	0	1	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, 2006
Minnesota Residents

	All Induced Abortions					Women with at Least One Prior Induced Abortion				
	Total	Never Used	Past Use, Not Now	Was Using	Unknown	Total	Never Used	Past Use, Not Now	Was Using	Unknown
Total Abortions	12,948	410	8,401	3,899	238	5,532	76	3,683	1,682	91
Age Group:										
<15 Years	54	18	21	14	1	1	0	1	0	0
15-17 Years	668	73	371	209	15	65	0	38	26	1
18-19 Years	1,221	43	814	343	21	229	2	154	69	4
20-24 Years	4,392	125	2,905	1,294	68	1,628	31	1,113	460	24
25-29 Years	3,209	74	2,119	957	59	1,690	13	1,140	509	28
30-34 Years	1,830	41	1,170	582	37	1,056	13	682	344	17
35-39 Years	1,173	26	743	377	27	669	13	428	214	14
40+ Years	401	10	258	123	10	194	4	127	60	3
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	2,114	88	1,341	631	54	884	17	557	291	19
Not Married	10,717	317	6,984	3,237	179	4,599	57	3,088	1,383	71
Unknown	117	5	76	31	5	49	2	38	8	1

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2006

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Total</u>
Telephone	7,930	3,406	11,336
In Person	2,523	841	3,364
Total Contacts	10,453	4,247	14,700
Information not provided:			
immediate abortion necessary to avert death			0
delay would create serious risk of substantial impairment			2
Medical Risks Information section was left blank			15
Total reports received			14,717

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2006

<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	112	4,460	546	6,223	11,341
In Person	60	2,393	95	813	3,361
Total Contacts	172	6,853	641	7,036	14,702
Information not provided:					
immediate abortion necessary to avert death					1
delay would create serious risk of substantial impairment					5
Medical Assistance & Printed Materials Information section was left blank					9
Total reports received					14,717

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2006

	<u>Obtained Abortion</u>	<u>Did Not Obtain Abortion</u>	<u>Do Not Know</u>	<u>Total</u>
Patient obtained printed copies	280	7	102	389
Patient did not obtain printed copies	11,686	60	2,565	14,311
Total	11,966	67	2,667	14,700
Patient Access to Printed Materials section was left blank				17
Total reports received				14,717

Appendix

Updates to 2005 Data

Minnesota Statutes, section 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 2005 in July of 2006, three additional ***Report of Induced Abortion*** records for 2005 were identified. Twenty-nine additional ***Report of Informed Consent for Induced Abortion*** forms were received as well. The tables included in this section of the Appendix reflect these updated statistics. Tables where the data did not change have not been republished here.

Table 1.1
Abortions by Month and Provider, 2005

	<u>Jan 2005</u>	<u>Feb 2005</u>	<u>Mar 2005</u>	<u>Apr 2005</u>	<u>May 2005</u>	<u>Jun 2005</u>	<u>Jul 2005</u>	<u>Aug 2005</u>	<u>Sep 2005</u>	<u>Oct 2005</u>	<u>Nov 2005</u>	<u>Dec 2005</u>	<u>Total 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	117	138	129	108	133	140	131	1,570
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	270	158	285	262	220	246	246	3,015
Independent Physicians ¹	13	6	11	5	8	12	12	9	10	9	10	11	116
Total Minnesota Occurrence	1,216	1,085	1,220	1,144	1,125	1,135	1,003	1,185	1,080	1,064	976	1,132	13,365

¹This represents 45 reporting physicians

Table 2
Medical Specialty of Physician, 2005

Obstetrics & Gynecology	9,457
Emergency Medicine	1
General/Family Practice	3,903
Other/Unspecified	4
	<hr/>
Total	13,365

Table 3
Type of Admission, 2005

Clinic	11,016
Outpatient Hospital	803
Inpatient Hospital	34
Ambulatory Surgery	21
Other/Not Specified	1,491
	<hr/>
Total Minnesota Occurrence	13,365

Table 4
Age of Woman, 2005

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
< 15 Years	50	47
15 - 17 Years	633	579
18 - 19 Years	1,343	1,229
20 - 24 Years	4,568	4,215
25 - 29 Years	3,198	2,937
30 - 34 Years	1,907	1,767
35 - 39 Years	1,229	1,144
40 Years & Over	437	388
Unknown Age*	0	0
	<hr/>	<hr/>
Total	13,365	12,306

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

Table 5
Marital Status, 2005

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Married	2,220	2,022
Not Married	10,997	10,149
Not Reported	148	135
	<hr/>	<hr/>
Total	13,365	12,306

Table 6
Country/State of Residence, 2005

Minnesota	12,306
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
	<hr/>
Total MN Occurrence	13,365

Table 7
County of Residence for Women Residing in Minnesota, 2005

State Total	12,306		
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	986	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	4,765	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	*	Watsonwan	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
Hispanic Origin of Woman, 2005

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Non-Hispanic	12,500	11,461
Hispanic	747	729
Not Reported	118	116
	<hr/>	<hr/>
Total	13,365	12,306

Table 9
Race of Woman, 2005

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
White	8,530	7,584
Black	2,831	2,800
American Indian	308	279
Asian	972	943
Other	404	394
Not Reported	320	306
	<hr/>	<hr/>
Total	13,365	12,306

Table 10
Education Level of Woman, 2005

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
8th Grade or Less	275	265
Some High School	1,483	1,405
High School Graduate	4,134	3,720
Some College	2,596	2,348
College Graduate	1,063	969
Graduate Level	417	374
Not Reported	3,397	3,225
	<hr/>	<hr/>
Total	13,365	12,306

Table 11
Clinical Estimate of Fetal Gestational Age, 2005

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<9 weeks	8,295	7,636
9 - 10 weeks	2,229	2,048
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
	<hr/>	<hr/>
Total	13,365	12,306

Table 11a
Clinical Estimate of Fetal Gestational Age, 2005

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	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	2,439	2,246	18	184	157	32	1	0
7	2,633	2,417	19	148	138	33	0	0
8	1,926	1,766	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	12,223	11,258		1,141	1,048		1	0
Total Induced Abortions:			Occurring in Minnesota:		13,365	Minnesota Residents:		12,306

Table 12
Prior Pregnancies, 2005

Number of Previous Live Births

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
None	5,667	5,152
One	3,197	2,955
Two	2,589	2,406
Three	1,173	1,091
Four	421	398
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 <u>Minnesota</u>	Minnesota <u>Residents</u>
None	11,121	10,223
One	1,712	1,596
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 <u>Minnesota</u>	Minnesota <u>Residents</u>
None	7,767	7,054
One	3,279	3,047
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

	<u>Occurring in Minnesota</u>	<u>Minnesota 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 contraceptives, but not at the time of conception	8,424	7,758
Woman used contraceptives at the time of conception	3,833	3,498
Method Used		
Condoms	2,027	1,873
Condoms & Spermicide	45	43
Spermicide Alone	78	74
Sterilization - Male	34	32
Sterilization - Female	7	6
Injectable (Depo-Provera)	37	35
IUD	19	19
Mini Pills	21	18
Combination Pills	919	800
Diaphragm & Spermicide	8	8
Diaphragm Alone	7	7
Cervical Cap	0	0
Rhythm/Natural Family Planning	76	70
Fertility Awareness	11	11
Withdrawal	80	74
Other	452	418
Method Not Reported	12	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, 2005

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Suction Curettage	11,145	10,281
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
	<hr/>	<hr/>
Total	13,365	12,306

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

Table 15
Method of Disposal of Fetal Remains, 2005

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Cremation	9,718	8,920
Burial	42	38
Not Reported*	3,605	3,348
	<hr/>	<hr/>
Total	13,365	12,306

* '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

<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	671	639	1,703	3,013
Public Assistance	502	1,291 **	2,057	3,850
Self Pay	-	-	6,500	6,500
Unknown	-	-	2	2
Total	1,173	1,930	10,262	13,365

<u>Minnesota Residents</u>				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	627	612	1,662	2,901
Public Assistance	500	1,285 **	2,056	3,841
Self Pay	-	-	5,563	5,563
Unknown	-	-	1	1
Total	1,127	1,897	9,282	12,306

**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*, 2005

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Pregnancy was a result of rape	71	64
Pregnancy was a result of incest	6	5
Economic reasons	4,093	3,787
Does not want children at this time	8,284	7,661
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.

Table 18
Intraoperative Complications*, 2005

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
No Complications	13,330	12,275
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
	<hr/>	<hr/>
Total	13,365	12,306

*Complication occurring at the time of the abortion procedure

Table 23
Selected Statistics by Age Group, 2005
Minnesota Residents

	Total	<15 Years	15 - 17 Years	18 - 19 Years	20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 39 Years	40+ Years	Unkwn Age
Total Abortions	12,306	47	579	1,229	4,215	2,937	1,767	1,144	388	0
Marital Status:										
Married	2,022	1	2	22	304	489	566	460	178	0
Not Married	10,149	46	574	1,200	3,875	2,416	1,174	664	200	0
Unknown	135	0	3	7	36	32	27	20	10	0
Race/Ethnicity:										
White	7,584	20	347	768	2,553	1,793	1,044	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	943	4	41	69	290	203	195	114	27	0
Hispanic*	729	3	31	73	246	195	107	61	13	0
Gestation Estimate: **										
First Trimester	11,258	39	507	1,088	3,836	2,724	1,648	1,059	357	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, 2005
Minnesota Residents

	All Induced Abortions					Women with at Least One Prior Induced Abortion				
	Total	Never Used	Past Use, Not Now	Was Using	Unknown	Total	Never Used	Past Use, Not Now	Was Using	Unknown
Total Abortions	12,306	359	7,758	3,498	691	5,251	60	3,351	1,510	330
Age Group:										
<15 Years	47	8	31	5	3	2	0	2	0	0
15-17 Years	579	71	330	154	24	38	1	29	7	1
18-19 Years	1,229	40	812	319	58	217	2	155	47	13
20-24 Years	4,215	117	2,695	1,179	224	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	1,767	43	1,117	503	104	1,012	17	650	284	61
35-39 Years	1,144	20	678	363	83	651	8	381	211	51
40+ Years	388	7	240	115	26	190	2	113	61	14
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	2,022	76	1,275	570	101	909	18	577	265	49
Not Married	10,149	278	6,409	2,887	575	4,286	40	2,743	1,227	276
Unknown	135	5	74	41	15	56	2	31	18	5

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

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Total</u>
Telephone	7,215	4,257	11,472
In Person	2,467	833	3,300
Total Contacts	9,682	5,090	14,772
Information not provided:			
immediate abortion necessary to avert death			1
delay would create serious risk of substantial impairment			0
Medical Risks Information section was left blank			8
Total reports received			14,781

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

<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	678	2,540	1,129	7,148	11,495
In Person	68	2,300	87	811	3,266
Total Contacts	746	4,840	1,216	7,959	14,761
Information not provided:					
immediate abortion necessary to avert death					2
delay would create serious risk of substantial impairment					2
Medical Assistance & Printed Materials Information section was left blank					16
Total reports received					14,781

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

	<u>Obtained Abortion</u>	<u>Did Not Obtain Abortion</u>	<u>Do Not Know</u>	<u>Total</u>
Patient obtained printed copies	332	9	78	419
Patient did not obtain printed copies	11,952	63	2,332	14,347
Total	12,284	72	2,410	14,766
Patient Access to Printed Materials section was left blank				15
Total reports received				14,781

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

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 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	2. Physician Reporting Code <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	3. Medical Specialty of the Physician Performing the Induced Abortion <input type="checkbox"/> Obstetrics & Gynecology <input type="checkbox"/> General/Family Practice <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Other (Specify) _____
--	---	--

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

5. Patient Age at Last Birthday

6. Married ☐ Yes ☐ No

7. Date of Pregnancy Termination ____/____/____

Month,
Day,
Year

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

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

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

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

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

13. Clinical Estimate of Gestation
 (LMP Weeks)

14. Previous Pregnancies (Complete each section)

Live Births	Other Terminations
14a. Now Living Number <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	14b. Now Dead Number <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None
14c. Spontaneous Number <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	14d. Induced (Do not include this abortion) Number <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None

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

B. Method Used:

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

16. Type of Abortion Procedure *(Check only one)*☐ Suction Curettage☐ Medical *(Nonsurgical)*,*Specify Medication(s)* _____ → *Does not include administration of morning after pills or post coital IUD insertion.*☐ Dilation and Evacuation (D&E)☐ Intra-Uterine Instillation (Saline or Prostaglandin)☐ Hysterectomy/otomy☐ Sharp Curettage (D&C)☐ Induction of Labor (Pitocin, etc.)☐ Intact Dilation and Extraction (D&X)☐ Other Dilation and Extraction (D&X)☐ Other *(Specify)* _____**17. Intraoperative Complication(s) from Induced Abortion***Complications that occur during and immediately following the procedure, before patient has left facility.**(Check all that apply)*☐ No complication(s)☐ Cervical laceration requiring suture or repair☐ Heavy bleeding/hemorrhage with estimated blood loss of $\geq 500\text{cc}$ ☐ 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:

GG Day **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.