

Induced Abortions in Minnesota January - December 2007: Report to the Legislature

July 2008

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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 ninth such report and covers the period from January 1, 2007 through December 31, 2007. No additional late or corrected *Report of Induced Abortion* or *Report of Complication(s) from Induced Abortion* forms were received since publication of the 2006 data in July of 2007.

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 2007 data to the Department of Health by April 1, 2008. Data from this reporting requirement are published as Tables 25 through 27 on pages 31 through 33 of this report. After publication of 2006 data, 265 additional 2006 *Report of Informed Consent for Induced Abortion* forms were received or identified. The updated Woman's Right to Know tables for 2006 are published in the Appendix. Additional information about the Woman's Right to Know Act can be found at <http://www.health.state.mn.us/wrtk/index.html>.

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

Technical Notes

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

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

Due to the sensitivity of abortion data, there are concerns about revealing an individual's identity, whether patient or provider, from data presented in this publication. Minnesota Statutes, section 145.4134 states "The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion. All data included on the forms under sections 145.4131 to 145.4133 must be included on the public report except that the commissioner shall maintain as confidential, data which alone or in combination may constitute information from which an 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 2007 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, 2007

	<u>Jan</u> <u>2007</u>	<u>Feb</u> <u>2007</u>	<u>Mar</u> <u>2007</u>	<u>Apr</u> <u>2007</u>	<u>May</u> <u>2007</u>	<u>Jun</u> <u>2007</u>	<u>Jul</u> <u>2007</u>	<u>Aug</u> <u>2007</u>	<u>Sep</u> <u>2007</u>	<u>Oct</u> <u>2007</u>	<u>Nov</u> <u>2007</u>	<u>Dec</u> <u>2007</u>	<u>Total</u> <u>2007</u>
Midwest Health Center for Women	316	276	297	252	217	252	231	265	235	231	235	202	3,009
Women's Health Center	38	52	53	52	57	47	55	64	36	45	41	48	588
Meadowbrook Women's Clinic	297	258	249	234	228	206	205	218	191	253	173	174	2,686
Robbinsdale Clinic	140	124	149	118	120	131	140	127	111	128	106	111	1,505
GYN Special Services	64	71	86	69	63	67	35	70	50	55	50	51	731
Dr. Mildred Hansen Clinic	147	114	120	91	114	137	97	107	88	93	102	98	1,308
Planned Parenthood of Minnesota	314	340	354	313	316	317	340	343	303	306	328	337	3,911
Independent Physicians ¹	9	10	9	4	10	7	12	5	8	9	9	13	105
Total Minnesota Occurrence	1,325	1,245	1,317	1,133	1,125	1,164	1,115	1,199	1,022	1,120	1,044	1,034	13,843

¹This represents 43 reporting physicians

Table 1.2
Abortions by Month and Provider, 2007

	<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	95	33	40	73	63	62	82	67	58	19	70	34	696
Physician B	59	86	81	37	66	62	30	52	58	91	54	51	727
Physician C	96	106	70	98	56	50	49	59	34	96	24	53	791
Physician D	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician E	100	63	69	80	93	81	59	74	65	57	66	45	852
Physician F	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician G	140	123	147	118	120	131	140	127	111	128	106	111	1,502
Physician H	301	262	300	255	198	288	221	224	223	214	245	226	2,957
Physician I	9	5	0	0	0	0	0	0	0	9	0	0	23
Physician J	117	117	97	71	98	76	89	104	75	86	112	68	1,110
Physician K	0	11	7	11	10	7	4	5	0	3	2	0	60
Physician L	21	10	25	16	0	13	5	12	17	28	1	12	160
Physician M	0	1	0	1	0	1	2	0	1	1	0	3	10
Physician N	0	0	0	1	0	1	1	0	0	2	1	0	6
Physician O	17	108	38	48	75	86	134	54	21	54	32	0	667
Physician P	42	33	29	32	35	35	35	37	42	37	39	40	436
Physician Q	1	0	0	0	0	1	1	2	1	0	0	0	6
Physician R	64	16	0	32	20	26	32	40	22	0	0	52	304
Physician S	0	0	0	0	0	0	2	0	1	0	0	0	3
Physician T	0	13	0	0	0	0	0	0	0	0	0	0	13
Physician U	17	11	20	13	12	10	16	37	9	0	13	12	170
Physician V	0	0	0	0	7	1	0	3	0	0	0	0	11
Physician W	11	12	12	0	12	0	8	13	10	12	0	10	100
Physician X	52	47	36	16	13	17	1	58	40	60	34	47	421
Physician Y	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician Z	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AA	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BB	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician CC	1	1	0	0	0	0	0	0	0	0	0	0	2
Physician DD	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician EE	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician FF	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician GG	0	0	1	0	0	0	1	0	0	0	0	0	2
Physician HH	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician II	10	18	27	12	29	24	14	22	9	0	16	20	201
Physician JJ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician KK	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician LL	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician MM	1	0	0	0	0	0	1	0	0	0	0	0	2
Physician NN	0	0	0	0	1	0	1	0	0	0	0	0	2
Physician OO	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician PP	44	34	55	25	44	33	43	38	40	44	26	38	464
Physician QQ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician RR	0	0	1	0	0	0	0	0	2	1	0	0	4
Physician SS	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician TT	2	1	4	0	1	2	0	0	2	0	0	0	12
Physician UU	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician VV	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician WW	0	0	0	0	0	0	0	0	1	0	0	0	1

Table 1.2
Abortions by Month and Provider, 2007

	<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 XX	1	0	0	0	0	0	0	1	0	0	0	0	2
Physician YY	2	0	0	0	0	0	0	0	0	0	0	0	2
Physician ZZ	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AB	0	0	1	0	0	0	0	1	0	0	0	0	2
Physician AC	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AD	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AE	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AF	0	0	0	0	0	2	0	0	0	1	0	0	3
Physician AG	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AH	0	2	1	0	0	0	3	0	1	0	1	0	8
Physician AI	0	0	1	0	0	0	0	3	0	1	0	0	5
Physician AJ	0	0	0	0	0	0	0	0	1	1	0	0	2
Physician AK	0	1	0	0	1	0	1	1	0	0	1	0	5
Physician AL	0	1	1	0	2	1	1	0	0	0	0	1	7
Physician AM	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AN	0	0	0	0	0	0	0	0	1	1	0	0	2
Physician AO	0	0	0	0	1	0	0	0	0	0	0	2	3
Physician AP	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AQ	2	0	1	0	0	0	1	0	0	1	1	2	8
Physician AR	5	15	0	0	0	0	5	0	3	7	6	6	47
Physician AS	0	2	0	0	0	0	0	1	0	0	0	0	3
Physician AT	0	0	0	0	0	0	0	0	1	0	0	4	5
Physician AU	0	0	0	0	0	0	1	0	0	0	1	0	2
Physician AV	0	0	50	20	16	0	0	23	21	18	19	3	170
Physician AW	83	79	72	37	85	98	61	49	47	54	100	70	835
Physician AX	18	0	21	33	4	15	19	41	27	19	0	52	249
Physician AY	0	0	88	65	24	16	33	37	41	53	37	26	420
Physician AZ	12	15	21	21	26	25	17	11	16	20	13	13	210
Physician BC	0	15	0	16	9	0	0	0	16	0	0	15	71
Physician BD	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BE	0	0	0	0	0	0	0	0	0	0	19	14	33
Physician BF	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician BG	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BH	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BI	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BJ	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician BK	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BL	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician BM	0	0	0	0	0	0	1	0	0	0	0	0	1
Total MN	1,325	1,245	1,317	1,133	1,125	1,164	1,115	1,199	1,022	1,120	1,044	1,034	13,843

Table 2
Medical Specialty of Physician, 2007

Obstetrics & Gynecology	8,494
Emergency Medicine	0
General/Family Practice	5,347
Other/Unspecified	2
	<hr/>
Total	13,843

Table 3
Type of Admission, 2007

Clinic	11,687
Outpatient Hospital	781
Inpatient Hospital	33
Ambulatory Surgery	15
Other/Not Specified	1,327
	<hr/>
Total Minnesota Occurrence	13,843

Table 4
Age of Woman, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
< 15 Years	55	52
15 - 17 Years	669	626
18 - 19 Years	1,413	1,270
20 - 24 Years	4,697	4,326
25 - 29 Years	3,424	3,186
30 - 34 Years	1,915	1,782
35 - 39 Years	1,240	1,138
40 Years & Over	430	390
	<hr/>	<hr/>
Total	13,843	12,770

Table 5
Marital Status, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Married	2,216	2,044
Not Married	11,475	10,581
Not Reported	152	145
	<hr/>	<hr/>
Total	13,843	12,770

Table 6
Country/State of Residence, 2007

Minnesota	12,770
Other States	
Iowa	41
Michigan	33
North Dakota	67
South Dakota	58
Wisconsin	832
Other States	31
Canada	4
Other Foreign Countries	7
	<hr/>
Total MN Occurrence	13,843

Table 7
County of Residence for Women Residing in Minnesota, 2007

State Total	12,770		
Aitkin	15	Marshall	*
Anoka	834	Martin	18
Becker	6	Meeker	19
Beltrami	42	Mille Lacs	30
Benton	53	Morrison	23
Big Stone	*	Mower	37
Blue Earth	154	Murray	*
Brown	18	Nicollet	47
Carlton	60	Nobles	*
Carver	120	Norman	*
Cass	23	Olmsted	273
Chippewa	17	Otter Tail	19
Chisago	73	Pennington	*
Clay	7	Pine	31
Clearwater	*	Pipestone	*
Cook	7	Polk	6
Cottonwood	10	Pope	*
Crow Wing	97	Ramsey	2,218
Dakota	988	Red Lake	*
Dodge	27	Redwood	11
Douglas	23	Renville	14
Faribault	8	Rice	96
Fillmore	17	Rock	*
Freeborn	42	Roseau	*
Goodhue	63	Saint Louis	391
Grant	*	Scott	300
Hennepin	4,857	Sherburne	141
Houston	6	Sibley	10
Hubbard	8	Stearns	256
Isanti	52	Steele	53
Itasca	47	Stevens	5
Jackson	9	Swift	7
Kanabec	25	Todd	13
Kandiyohi	49	Traverse	*
Kittson	*	Wabasha	30
Koochiching	13	Wadena	*
Lac Qui Parle	*	Waseca	17
Lake	10	Washington	509
Lake of the Woods	*	Watonwan	10
Le Sueur	31	Wilkin	*
Lincoln	*	Winona	80
Lyon	16	Wright	186
McLeod	35	Yellow Medicine	9
Mahnomen	*	Unknown County	2

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

Table 8
Hispanic Origin of Woman, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Non-Hispanic	12,637	11,601
Hispanic	859	839
Not Reported	347	330
	<hr/>	<hr/>
Total	13,843	12,770

Table 9
Race of Woman, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
White	8,410	7,477
Black	3,209	3,182
American Indian	350	309
Asian	951	917
Other	554	524
Not Reported	369	361
	<hr/>	<hr/>
Total	13,843	12,770

Table 10
Education Level of Woman, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
8th Grade or Less	299	286
Some High School	1,656	1,554
High School Graduate	4,676	4,262
Some College	3,680	3,358
College Graduate	1,508	1,374
Graduate Level	606	563
Not Reported	1,418	1,373
	<hr/>	<hr/>
Total	13,843	12,770

Table 11
Clinical Estimate of Fetal Gestational Age, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<9 weeks	8,827	8,180
9 - 10 weeks	2,205	2,001
11 - 12 weeks	1,161	1,065
13 - 15 weeks	829	771
16 - 20 weeks	754	694
21 - 24 weeks	65	57
25 - 30 weeks	1	1
31 - 36 weeks	1	1
37 weeks & over	0	0
	<hr/>	<hr/>
Total	13,843	12,770

Table 11a
Clinical Estimate of Fetal Gestational Age, 2007

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	11	11	14	249	233	28	0	0
3	13	10	15	159	143	29	0	0
4	169	153	16	178	166	30	0	0
5	977	908	17	142	130	31	1	1
6	2,754	2,560	18	157	146	32	0	0
7	2,979	2,778	19	158	143	33	0	0
8	1,924	1,760	20	119	109	34	0	0
9	1,302	1,178	21	56	48	35	0	0
10	903	823	22	4	4	36	0	0
11	645	594	23	5	5	37	0	0
12	516	471	24	0	0	38	0	0
13	421	395	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	1	1			
Trimester Total	12,614	11,641		1,228	1,128		1	1
Total Induced Abortions:			Occurring in Minnesota:	13,843	Minnesota Residents:		12,770	

Table 12
Prior Pregnancies, 2007

Number of Previous Live Births

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	5,870	5,341
One	3,470	3,217
Two	2,577	2,378
Three	1,182	1,124
Four	447	430
Five	165	152
Six	51	51
Seven	21	17
Eight	18	18
Nine or more	36	36
Not Reported	6	6

Number of Previous Spontaneous Abortions (Miscarriages)

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	11,552	10,619
One	1,708	1,592
Two	391	371
Three	108	107
Four	36	33
Five	16	16
Six	8	8
Seven	6	6
Eight	1	1
Nine or more	17	17
Not Reported	0	0

Number of Previous Induced Abortions

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	8,106	7,343
One	3,314	3,096
Two	1,373	1,309
Three	543	525
Four	247	241
Five	113	110
Six	64	63
Seven	35	35
Eight	15	15
Nine or more	32	32
Not Reported	1	1

Table 13
Contraceptive Use and Method*, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Woman did not provide information	200	191
Woman did not know whether she used contraception	97	88
Woman has never used contraceptives	521	487
Woman has used contraceptives, but not at the time of conception	8,664	8,009
Woman used contraceptives at the time of conception	4,361	3,995
Method Used		
Condoms	2,299	2,136
Condoms & Spermicide	27	24
Spermicide Alone	54	44
Sterilization - Male	31	26
Sterilization - Female	7	6
Injectable (Depo-Provera)	47	42
IUD	48	44
Mini Pills	31	27
Combination Pills	1,086	973
Diaphragm & Spermicide	8	8
Diaphragm Alone	5	5
Cervical Cap	0	0
Rhythm/Natural Family Planning	57	55
Fertility Awareness	11	8
Withdrawal	154	142
Other	457	421
Method Not Reported	39	34

*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, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Suction Curettage	11,004	10,131
Medical (non-surgical)	1,822	1,703
Dilation & Evacuation (D&E)	963	886
Intra-Uterine Instillation	11	7
Hysterectomy/otomy	1	1
Sharp Curettage (D&C)	20	20
Induction of Labor (Pitocin, etc.)	15	15
Intact Dilation & Extraction (D&X)	2	2
Other Dilation & Extraction (D&X)	2	2
Other Method	3	3
	<hr/>	<hr/>
Total	13,843	12,770

Table 15
Method of Disposal of Fetal Remains, 2007

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Cremation	8,808	8,036
Burial	18	16
Not Reported*	5,017	4,718
	<hr/>	<hr/>
Total	13,843	12,770

* '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, 2007

Occurring in Minnesota				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	546	690	1,956	3,192
Public Assistance	447	1,284 **	2,229	3,960
Self Pay	-	-	6,690	6,690
Unknown	-	-	1	1
	993	1,974	10,876	13,843
Minnesota Residents				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	512	665	1,894	3,071
Public Assistance	446	1,282 **	2,219	3,947
Self Pay	-	-	5,751	5,751
Unknown	-	-	1	1
	958	1,947	9,865	12,770

**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*, 2007

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Pregnancy was a result of rape	91	83
Pregnancy was a result of incest	7	7
Economic reasons	5,148	4,781
Does not want children at this time	10,190	9,463
Emotional health is at stake	828	784
Physical Health is at stake	651	607
Continued pregnancy will cause impairment of major bodily function	21	19
Pregnancy resulted in fetal anomalies	155	134
Unknown or the woman refused to answer	1,280	1,137
Other stated reason	3,334 **	3,015

*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, 2007

Single parent of one or more children	1,024
Education goals; desire to finish high school and/or college	886
Already have children, do not intend to have more	341
Relationship issues, including abuse, separation, and extra-marital affairs	364
Other miscellaneous responses	1,519
	<hr/>
Total*	4,134

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

Table 18
Intraoperative Complications*, 2007

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
No Complications	13,821	12,750
Cervical laceration requiring suture or repair	7	7
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	7	6
Uterine perforation	1	0
Other complication	6	6
Not Reported**	1	1
	<hr/>	<hr/>
Total	13,843	12,770

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2007
 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	4
Uterine perforation	1
Infection requiring inpatient treatment	5
Heavy bleeding/anemia requiring transfusion	1
Failed termination of pregnancy (continued viable pregnancy)	17
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	47
Other complication	18
Complication not indicated	5
	<hr/>
Total Reported Complications	99 ¹

¹97 '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, 2007

<9 weeks	51
9 - 10 weeks	48
11 - 12 weeks	36
13 - 15 weeks	22
16 - 20 weeks	2
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	0
Total Occurrence	159
Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$36,461.91

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 - 2007

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

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

²2007 population estimates not available at time of publication. 2006 estimate was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2003-2007

	1980	1990	2000	2003	2004	2005	2006 ³	2007 ⁴
Total Resident Abortions	24.3	22.5	19.6	18.4	18.1	17.4	17.6	17.4
Age Group*								
<15 Years	231.1	68.1	71.3	72.1	71.4	79.7	93.1	82.5
15-17 Years	80.2 ¹	69.2	40.2	46.0	42.4	42.3	43.6	41.7
18-19 Years		57.5	39.5	36.1	36.3	36.0	34.4	35.0
20-24 Years	26.9	35.6	31.8	30.2	30.2	28.1	27.9	28.1
25-29 Years	11.7	14.1	15.6	14.7	14.0	13.6	14.0	13.6
30-34 Years	10.8	11.2	10.5	10.0	9.6	9.6	9.9	9.6
35-39 Years	19.8	18.3	13.7	13.3	12.7	12.6	12.6	12.9
40 Years & Over	41.9	35.9	28.2	22.0	22.8	19.5	20.7	20.9
Race of Patient*								
White	22.5	20.9	14.5	13.6	14.4	13.9	14.1	14.1
African American	n/a	n/a	60.3	55.2	53.2	48.5	47.5	48.8
American Indian	n/a	n/a	26.3	22.2	20.6	20.9	15.9	21.5
Asian	n/a	n/a	34.8	27.7	23.1	21.4	21.3	18.6
All Other ²	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	15.5	14.4	13.3	12.8	14.3
Marital Status*								
Married	3.5	4.2	4.0	5.0	4.4	4.1	4.2	4.1
Not Married	159.3	48.4	56.9	54.0	50.9	48.2	46.0	44.5

*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'.

³Figures have been updated from those published in the 2006 table with finalized 2006 birth data.

⁴Preliminary birth counts are used as 2007 data is not yet finalized at the time of this publication.

Table 23
Selected Statistics by Age Group, 2007
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	12,770	52	626	1,270	4,326	3,186	1,782	1,138	390	0
Marital Status:										
Married	2,044	0	1	18	305	524	549	446	201	0
Not Married	10,581	52	621	1,248	3,975	2,618	1,209	673	185	0
Unknown	145	0	4	4	46	44	24	19	4	0
Race/Ethnicity:										
White	7,477	29	386	748	2,481	1,811	1,006	741	275	0
African American	3,182	18	155	322	1,190	831	426	194	46	0
American Indian	309	1	17	43	97	80	39	29	3	0
Asian	917	1	19	58	268	230	187	109	45	0
Hispanic*	839	5	44	80	277	239	111	69	14	0
Gestation Estimate: **										
First Trimester	11,641	39	544	1,116	3,935	2,952	1,648	1,050	357	0
Second Trimester	1,128	13	82	153	391	234	134	88	33	0
Third Trimester	1	0	0	1	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, 2007
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	12,770	487	8,009	3,995	279	5,427	88	3,496	1,729	114
Age Group:										
<15 Years	52	13	27	12	0	2	1	0	1	0
15-17 Years	626	90	333	193	10	46	2	25	19	0
18-19 Years	1,270	60	836	344	30	223	3	154	63	3
20-24 Years	4,326	158	2,747	1,325	96	1,566	33	1,020	473	40
25-29 Years	3,186	81	1,999	1,039	67	1,696	18	1,090	552	36
30-34 Years	1,782	42	1,109	595	36	1,029	16	672	321	20
35-39 Years	1,138	28	717	368	25	658	9	413	227	9
40+ Years	390	15	241	119	15	207	6	122	73	6
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	2,044	83	1,226	676	59	906	21	561	309	15
Not Married	10,581	393	6,689	3,286	213	4,443	64	2,887	1,398	94
Unknown	145	11	94	33	7	78	3	48	22	5

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2007

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Total</u>
Telephone	8,570	2,969	11,539
In Person	2,239	679	2,918
Total Contacts	10,809	3,648	14,457
Information not provided:			
immediate abortion necessary to avert death			0
delay would create serious risk of substantial impairment			1
fetal anomaly: patient chose perinatal hospice services			2
Medical Risks Information section was left blank			9
Total reports received			14,469

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2007

<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	195	5,149	228	5,893	11,465
In Person	73	2,184	49	673	2,979
Total Contacts	268	7,333	277	6,566	14,444
Information not provided:					
immediate abortion necessary to avert death					1
delay would create serious risk of substantial impairment					2
fetal anomaly incompatible with life					8
Medical Assistance & Printed Materials Information section was left blank					14
Total reports received					14,469

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2007

	<u>Obtained Abortion</u>	<u>Did Not Obtain Abortion</u>	<u>Do Not Know</u>	<u>Total</u>
Patient obtained printed copies	300	3	72	375
Patient did not obtain printed copies	11,573	104	2,398	14,075
Total	11,873	107	2,470	14,450
Patient Access to Printed Materials section was left blank				19
Total reports received				14,469

Updates to 2006 Data

Minnesota Statutes, sections 145.4134 and 145.4246 require 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 2006 in July of 2007, 265 additional ***Report of Informed Consent for Induced Abortion*** forms were received or identified. 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 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	8,119	3,465	11,584
In Person	2,533	847	3,380
Total Contacts	10,652	4,312	14,964
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			16
Total reports received			14,982

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	4,558	575	6,348	11,593
In Person	60	2,402	96	816	3,374
Total Contacts	172	6,960	671	7,164	14,967
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					14,982

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	282	7	104	393
Patient did not obtain printed copies	11,855	60	2,657	14,572
Total	12,137	67	2,761	14,965
Patient Access to Printed Materials section was left blank				17
Total reports received				14,982

Definitions

Induced Abortion:

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

Fetal Death:

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

Fetal Remains:

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

Method of Abortion:

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

Medical: Administration of medication to induce abortion. This does not include administration of morning-after pills or post-coital IUD insertion.

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

Intra-Uterine Instillation: Induction of labor by injection of a sterile saline or prostaglandin (a naturally occurring hormone) solution into the amniotic sac. Laminaria are often inserted in the cervix several hours before the injection to aid dilation.

Hysterectomy/otomy: Removal of the fetus by means of a surgical incision made in the uterine wall. In the case of a hysterectomy, the entire uterus is removed.

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

Induction of Labor: Induction of labor by means of Pitocin and/or related medications which causes uterine contractions and expulsion of uterine contents.

Dilation & Extraction: Dilation of the cervix and removal of fetal tissues

REPORT OF INDUCED ABORTION

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

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

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

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

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

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

9. Of Hispanic Origin <i>Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify): _____	10. Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify): _____	11. Education <i>(Specify only highest grade completed)</i> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Elementary/Secondary (0-12) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> College (1-4 or 5+)
--	---	---

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

14. Previous Pregnancies (Complete each section)

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

15. Contraceptive Use at Time of Conception

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

B. Method Used:

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

16. Type of Abortion Procedure (Check only one)

Suction Curettage

Medical (Nonsurgical),

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

Dilation and Evacuation (D&E)

Intra-Uterine Instillation (Saline or Prostaglandin)

Hysterectomy/otomy

Sharp Curettage (D&C)

Induction of Labor (Pitocin, etc.)

Intact Dilation and Extraction (D&X)

Other Dilation and Extraction (D&X)

Other (Specify) _____

17. Intraoperative Complication(s) from Induced Abortion

Complications that occur during and immediately following the procedure, before patient has left facility.

(Check all that apply)

No complication(s)

Cervical laceration requiring suture or repair

Heavy bleeding/hemorrhage with estimated blood loss of ≥ 500 cc

Uterine perforation

Other (Specify) _____

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

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

Cremation Interment by burial

19. Type of Payment (Check only one)

Private coverage

Public assistance health coverage

Self pay

20. Type of Health Coverage (Check only one)

Fee for service plan

Capitated private plan

Other/Unknown

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

Pregnancy was a result of rape

Pregnancy was a result of incest

Economic reasons

Does not want children at this time

Emotional health is at stake

Physical health is at stake

Will suffer substantial and irreversible impairment of major bodily function if the pregnancy continues

Pregnancy resulted in fetal anomalies

Unknown or the woman refused to answer

Other _____



Center for Health Statistics
Minnesota Department of Health
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Saint Paul, MN 55164-0882
(800)657-3900

REPORT OF INDUCED ABORTION

Mandated reporters

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

Induced abortion defined

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

Importance of induced abortion reporting

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

Physician and patient confidentiality

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

MINNESOTA STATE LAW

ARTICLE 10, HEALTH DATA REPORTING

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

REPORTING PROCEDURE

COMPLETION AND SUBMISSION OF REPORTS

1. Reporting by physician or facility

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

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

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

2. Facility reporting codes

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

3. Physician reporting codes

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

4. One report per induced termination of pregnancy

Complete one report for each termination of pregnancy procedure performed.

5. Criterion for a complete report

All items on the report should have a response, even if the response is "0, "None," "Unknown," or "Refuse to Answer."

6. "Reason for abortion" question

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

7. Method of disposal for fetal remains

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

8. Submission dates

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



REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

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

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

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

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

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

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

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

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

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

____ Yes ____ No

1. Cervical laceration requiring suture or repair
2. Heavy bleeding/hemorrhage with estimated blood loss of >=500 cc
3. Uterine Perforation
4. Infection requiring inpatient treatment
5. Heavy bleeding/anemia requiring transfusion
6. Failed termination of pregnancy (Continued viable pregnancy)
7. Incomplete termination of pregnancy (Retained products of conception requiring re-evacuation)
8. Other (May include psychological complications, future reproductive complications, or other illnesses or injuries that in the physician's medical judgment occurred as a result of an induced abortion. Please specify diagnosis.)

INSTRUCTIONS

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

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

PROCEDURE FOR COMPLETION AND SUBMISSION OF FORMS:

1. Completion of items

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

2. Reporting complications not indicated on the current list

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

3. Reporting by physician or facility

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

4. Submission dates

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

MINNESOTA STATE LAW

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

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

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

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



REPORT OF INFORMED CONSENT RELATED TO INDUCED ABORTION

► Instructions

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

Reporting Year _____

Physician Reporting Code _____

Medical Risks Information

► Check one box in question 1.

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

Telephone by:
referring physician
physician who will perform the abortion

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

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

Medical Assistance and Printed Materials Information

► Check one box in question 2.

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

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

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

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

Patient Access to Printed Materials

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

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

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

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

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