
Induced Abortions in Minnesota January - December 2001: Report to the Legislature

July 2002



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As requested by Minnesota Statute 3.197: This report cost approximately \$17,000 to prepare, including staff time, printing, and mailing expenses.

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

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Introduction

Introduction

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

This report is issued in compliance with MN Statute 145.4134 which requires a yearly public report of induced abortion statistics for the previous calendar year and statistics for prior years adjusted to reflect any additional information from late and/or corrected report forms, beginning with October 1, 1998 data. This is the third such report and covers the period from January 1, 2001 through December 31, 2001. Twenty-seven late records were received after publication of the previous report covering the period from January 1, 2000 through December 31, 2000. Thus, the updated tables for calendar year 2000 are here published in the first part of the Appendix. Table 20, which reports the number of procedures performed out of state and paid with state funds, has also been updated for 2000 to correct a miscalculation of dollars spent. The number of abortions by weeks of gestation has also been updated to include those that had been reported as 'Not available'.

Technical Notes

Technical Notes

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

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

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

In general, the policy is that when a single data item, such as age or race/ethnicity, is presented in a table that includes all of the cases, the large number of occurrences in each grouping makes it unnecessary to conceal, or suppress, those data. For example, a table of the age groups tallied for all of the reports received for 2001 would have such large numbers that none of the counts would have to be suppressed. No individual could possibly be identified.

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

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

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

Tables

Table 1.1
Abortions by Month and Provider, 2001

	<u>Jan</u> <u>2001</u>	<u>Feb</u> <u>2001</u>	<u>Mar</u> <u>2001</u>	<u>Apr</u> <u>2001</u>	<u>May</u> <u>2001</u>	<u>Jun</u> <u>2001</u>	<u>Jul</u> <u>2001</u>	<u>Aug</u> <u>2001</u>	<u>Sep</u> <u>2001</u>	<u>Oct</u> <u>2001</u>	<u>Nov</u> <u>2001</u>	<u>Dec</u> <u>2001</u>	<u>Total</u> <u>2001</u>
Midwest Health Center for Women	265	255	304	266	286	240	283	299	258	242	262	251	3,211
Women's Health Center	59	77	52	67	77	67	82	60	39	74	48	79	781
Meadowbrook Women's Clinic	354	286	345	364	319	360	351	352	266	315	298	263	3,873
Robbinsdale Clinic	169	166	195	158	126	162	157	154	140	124	160	145	1,856
GYN Special Services ¹	59	66	78	69	63	58	68	56	58	76	58	56	765
Dr. Mildred Hansen Clinic	146	160	110	121	121	126	95	139	120	106	100	95	1,439
Planned Parenthood of Minnesota	243	232	266	259	233	166	246	236	208	249	220	231	2,789
Independent Physicians ²	9	12	9	13	7	11	12	14	6	10	7	9	119
Total Minnesota Occurrence	1,304	1,254	1,359	1,317	1,232	1,190	1,294	1,310	1,095	1,196	1,153	1,129	14,833

¹ Formerly Surgical Specialties Clinic

² This represents 39 reporting physicians

Table 1.2
Abortions by Month and Provider, 2001

	<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	111	64	91	133	89	113	132	103	74	128	80	66	1,184
Physician B	138	189	159	136	109	144	73	142	49	74	32	56	1,301
Physician C	103	0	84	94	122	103	121	107	103	49	140	96	1,122
Physician D	133	131	110	78	169	90	131	123	84	123	122	126	1,420
Physician E	0	0	0	0	0	0	0	0	0	3	0	0	3
Physician F	120	133	163	125	91	136	127	133	133	74	126	118	1,479
Physician G	144	160	110	121	120	126	95	139	120	106	100	95	1,436
Physician H	132	115	179	167	109	125	116	158	124	120	150	97	1,592
Physician I	0	0	0	0	0	0	0	0	0	2	0	0	2
Physician J	13	8	13	9	4	9	9	6	15	22	7	26	141
Physician K	22	25	11	28	28	11	13	18	17	17	13	7	210
Physician L	13	13	22	16	16	14	23	22	19	26	24	12	220
Physician M	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician N	1	6	3	8	2	5	8	5	7	9	0	0	54
Physician O	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician P	4	8	8	0	5	3	7	4	0	0	0	0	39
Physician Q	1	0	0	1	0	1	1	0	0	1	1	0	6
Physician R	2	2	2	1	1	2	4	0	1	2	1	2	20
Physician S	0	0	1	0	1	1	0	0	0	0	1	0	4
Physician T	2	0	0	0	0	0	0	0	1	2	0	0	5
Physician U	10	13	11	0	12	8	9	1	0	31	7	0	102
Physician V	71	61	55	53	59	38	76	60	35	86	56	86	736
Physician W	0	14	10	14	14	14	0	7	0	0	0	0	73
Physician X	23	26	27	29	26	9	35	23	26	4	36	17	281
Physician Y	139	118	159	128	122	60	114	130	144	109	107	126	1,456
Physician Z	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AA	29	57	36	38	19	32	24	7	18	53	0	35	348
Physician BB	19	20	16	29	42	25	14	31	21	21	10	44	292
Physician CC	11	0	0	0	16	10	44	22	0	0	38	0	141
Physician DD	0	0	0	33	0	37	0	15	2	17	12	0	116
Physician EE	0	1	1	2	0	0	1	0	0	0	0	1	6
Physician FF	2	3	0	1	2	0	0	1	1	1	0	0	11
Physician GG	0	0	1	0	0	1	0	0	0	0	0	0	2
Physician HH	0	0	0	1	0	0	0	1	0	0	1	1	4
Physician II	0	0	0	0	0	0	0	1	0	1	1	0	3
Physician JJ	0	2	0	2	0	0	0	0	1	1	1	0	7
Physician KK	1	0	0	2	0	1	1	0	0	0	0	0	5
Physician LL	1	2	0	0	0	0	0	5	0	0	0	0	8
Physician MM	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician NN	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician OO	0	0	0	0	0	2	1	1	1	0	0	1	6
Physician PP	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician QQ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician RR	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician SS	0	0	1	1	0	3	0	0	0	0	13	7	25
Physician TT	3	5	19	6	8	10	7	1	0	0	0	4	63
Physician UU	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician VV	0	0	0	1	0	0	0	0	0	0	0	0	1

Table 1.2
Abortions by Month and Provider, 2001

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician WW	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician XX	0	0	0	0	0	0	13	0	38	56	37	40	184
Physician YY	0	0	0	0	0	1	1	0	0	0	0	0	2
Physician ZZ	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AB	0	1	0	0	0	0	0	1	0	0	0	0	2
Physician AC	0	0	0	0	0	1	0	0	0	1	0	0	2
Physician AD	0	0	0	0	0	0	0	1	0	0	0	1	2
Physician AE	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AF	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AG	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AH	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AI	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AJ	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AK	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AL	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AM	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AN	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AO	50	75	56	54	43	51	75	39	57	48	32	58	638
Physician AP	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AQ	0	0	1	0	0	0	0	0	1	0	0	1	3
Physician AR	0	0	1	0	0	0	0	0	0	1	0	0	2
Physician AS	0	1	0	0	0	0	1	0	0	0	0	0	2
Physician AT	1	0	0	0	0	0	0	0	0	0	0	0	1
Physican AU	0	0	0	0	0	0	1	0	0	0	0	0	1
Unk Physicians*	4	1	6	4	0	3	16	0	2	5	3	4	48
<hr/>													
Total MN	1,304	1,254	1,359	1,317	1,232	1,190	1,294	1,310	1,095	1,196	1,153	1,129	14,833

*These numbers are the count from forms where it is unclear which physician performed the abortion. Follow-up on obtaining physician number is incomplete at the time of publication of this report and will be completed by the time of the next publication.

Table 2
Medical Specialty of Physician, 2001

Obstetrics & Gynecology	10,915
Emergency Medicine	0
General/Family Practice	3,916
Other/Unspecified	2
<hr/>	
Total Minnesota Occurrence	14,833

Table 3
Type of Admission, 2001

Clinic	12,523
Outpatient Hospital	822
Inpatient Hospital	42
Ambulatory Surgery	11
Other/Not Specified	1,435
<hr/>	
Total MN Occurrence	14,833

Table 4
Age of Woman, 2001

< 15 Years	63
15 - 17 Years	775
18 - 19 Years	1,675
20 - 24 Years	5,052
25 - 29 Years	3,251
30 - 34 Years	2,181
35 - 39 Years	1,342
40 Years & Over	491
Not Reported*	3
<hr/>	
Total MN Occurrence	14,833

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

Table 5
Marital Status of Woman, 2001

Married	2,947
Not Married	11,478
Not Reported	408
<hr/>	
Total MN Occurrence	14,833

Table 6
Country/State Residence of Woman, 2001

Minnesota	13,448
Other States	1,359
Iowa	56
Michigan	23
North Dakota	68
South Dakota	37
Wisconsin	1,117
Other States	58
Canada	10
Other Foreign Countries	2
Not Reported	14
<hr/>	
Total MN Occurrence	14,833

Table 7
County of Residence for Women Residing in Minnesota*, 2001

State Total	13,448		
Aitkin	19	Marshall	*
Anoka	832	Martin	11
Becker	6	Meeker	14
Beltrami	42	Mille Lacs	39
Benton	62	Morrison	29
Big Stone	*	Mower	63
Blue Earth	123	Murray	*
Brown	17	Nicollet	43
Carlton	62	Nobles	*
Carver	128	Norman	*
Cass	27	Olmsted	268
Chippewa	10	Otter Tail	*
Chisago	108	Pennington	*
Clay	9	Pine	42
Clearwater	*	Pipestone	*
Cook	9	Polk	9
Cottonwood	*	Pope	8
Crow Wing	98	Ramsey	2,405
Dakota	1034	Red Lake	*
Dodge	22	Redwood	13
Douglas	21	Renville	8
Faribault	18	Rice	81
Fillmore	17	Rock	*
Freeborn	51	Roseau	*
Goodhue	69	Saint Louis	428
Grant	*	Scott	211
Hennepin	5,371	Sherburne	127
Houston	15	Sibley	11
Hubbard	7	Stearns	226
Isanti	61	Steele	57
Itasca	45	Stevens	*
Jackson	*	Swift	13
Kanabec	14	Todd	7
Kandiyohi	69	Traverse	*
Kittson	*	Wabasha	29
Koochiching	13	Wadena	*
Lac Qui Parle	*	Waseca	38
Lake	15	Washington	465
Lake of the Woods	7	Watonwan	10
Le Sueur	33	Wilkin	*
Lincoln	*	Winona	60
Lyon	14	Wright	167
McLeod	38	Yellow Medicine	*
Mahnomen	*	No Response	28

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

Table 8
Hispanic Origin of Woman, 2001

Non-Hispanic	13,895
Hispanic	791
Not Reported	147
	<hr/>
Total MN Occurrence	14,833

Table 9
Race of Woman, 2001

White	9,651
Black	2,823
American Indian	352
Asian	1,221
Other	505
Not Reported	281
	<hr/>
Total MN Occurrence	14,833

Table 10
Education Level of Woman, 2001

8 th grade or less	315
Some high school	1,669
High school graduate	5,257
Some college	3,015
College graduate	1,270
Graduate level	492
Not Reported	2,815
	<hr/>
Total MN Occurrence	14,833

Table 11
Clinical Estimate of Fetal Gestational Age, 2001

< 9 weeks	9,008
9 - 10 weeks	2,601
11 - 12 weeks	1,627
13 - 15 weeks	773
16 - 20 weeks	685
21 - 24 weeks	123
25 - 30 weeks	8
31 - 36 weeks	0
37 weeks & over	0
Not Reported*	8
<hr/>	
Total MN Occurrence	14,833

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

Table 11a
Clinical Estimate of Fetal Gestational Age, 2001

<u>First Trimester</u>		<u>Second Trimester</u>		<u>Third Trimester</u>	
<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>
<3	3	14	228	28	0
3	27	15	159	29	1
4	174	16	138	30	0
5	897	17	132	31	0
6	2,398	18	152	32	0
7	3,155	19	154	33	0
8	2,354	20	109	34	0
9	1,529	21	113	35	0
10	1,072	22	9	36	0
11	947	23	1	37	0
12	680	24	0	38	0
13	386	25	0	39	0
		26	6	40+	0
		27	1		
Trimester Total		13,622	1,202		1
Total Induced Abortions		14,833	(Total includes 8 unknowns)		

Table 12
Prior Pregnancies, 2001

Number of Previous Live Births

None	6,380
One	3,479
Two	2,833
Three	1,192
Four	454
Five	185
Six	99
Seven	52
Eight	32
Nine or more	48
Not Reported	79

Number of Previous Spontaneous Abortions (Miscarriages)

None	12,436
One	1,860
Two	388
Three	100
Four	28
Five	8
Six	7
Seven	4
Eight	1
Nine or more	0
Not Reported	1*

Number of Previous Induced Abortions

None	8,809
One	3,705
Two	1,370
Three	547
Four	215
Five	85
Six	40
Seven	26
Eight	12
Nine or more	23
Not Reported	1*

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

Table 13
Contraceptive Use and Method*, 2001

Woman did not provide information	374
Woman did not know whether she used contraception	113
Woman has never used contraceptives	825
Woman has used contraceptives, but not at the time of conception	9,606
Woman used contraceptives at the time of conception	3,915
Method Used	
Condoms	2,089
Condoms & Spermicide	114
Spermicide Alone	114
Sterilization - Male	27
Sterilization - Female	11
Injectable (Depo-Provera)	44
IUD	25
Mini Pills	34
Combination Pills	1,091
Diaphragm & Spermicide	36
Diaphragm Alone	10
Cervical Cap	2
Rhythm/Natural Family Planning	99
Fertility Awareness	20
Withdrawal	104
Other	63
Method not reported	32

*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, 2001

Suction Curettage	13,477
Medical (non-surgical)	355
Dilation & Evacuation (D&E)	967
Intra-Uterine Instillation	3
Hysterectomy/otomy	0
Sharp Curettage (D&C)	2
Induction of Labor	24
Intact Dilation & Extraction (D&X)	0
Other Dilation & Extraction (D&X)	1
Other Method	2
Not Reported*	2
<hr/>	
Total MN Occurrence	14,833

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

Table 15
Method of Disposal of Fetal Remains, 2001

Cremation	10,915
Burial	37
Not Reported*	3,881
<hr/>	
Total MN Occurrence	14,833

* '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, 2001

	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	602	1,030	1,834	3,466
Public Assistance	255	1,049	1,806	3,110
Self Pay	-	-	8,251	8,251
No Response*	0	0	6	6
	<hr/>	<hr/>	<hr/>	<hr/>
Total Mn	857	2,079	11,897	14,833

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

Table 17
Reason for Abortion*, 2001

Pregnancy was a result of rape	98
Pregnancy was a result of incest	7
Economic reasons	2,512
Does not want children at this time	6,482
Emotional health is at stake	859
Physical health is at stake	636
Continued pregnancy will cause impairment of major bodily function	34
Pregnancy resulted in fetal anomalies	158
Unknown or the woman refused to answer	4,618
Other stated reason	3,227**

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

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2001

Single parent of one or more children	724
Education Goals; desire to finish high school and/or college	872
Already have children, do not intend to have more	369
Relationship Issues, including abuse, separation, and extra- marital affairs	498
Other miscellaneous responses	1,294
	<hr/>
Total*	3,757

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

Table 18
Intraoperative Complications*, 2001

No Complications	14,786
Cervical laceration requiring suture or repair	18
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5
Uterine perforation	0
Other complication	8
Not Reported**	16
	<hr/>
Total Minnesota Occurrence	14,833

*Complications occurring at the time of the abortion procedure

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

Table 19
Postoperative Complications*, 2001
 reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	6
Uterine perforation	2
Infection requiring inpatient treatment	5
Heavy bleeding/anemia requiring transfusion	1
— Failed termination of pregnancy (continued viable pregnancy)	8
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	37
Other complication	16
	<hr/>
Total Reported Complications	75 ¹

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

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

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, 2001

<9 weeks	42
9 - 10 weeks	28
11 - 12 weeks	16
13 - 15 weeks	16
16 - 20 weeks	2
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & Over	0
<hr/>	
Total Occurrence	104
Total state funds used to pay for out of state abortion procedures, including incidental expenses	
	\$22,512.97

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."

Appendix

Updates to 2000 Data

MN Statute 145.4134 requires that each yearly report provide the statistics for any previous calendar year for which additional information from late or corrected reports was received, adjusted to reflect these new numbers. Following the publication of the report for calendar year 2000 in July of 2001, twenty-seven additional reports for 2000 were submitted to the Minnesota Department of Health (MDH). Additionally, the Department of Human Services (DHS) discovered an error in their calculation of state funds paid for abortion procedures performed outside of Minnesota and has provided an updated figure to MDH. DHS was also able to obtain the gestation weeks for those cases in 2000 for which that data had been missing due to the closure of an out-of-state facility. The tables included in this section of the Appendix reflect the updated statistics from both MDH and DHS.

Table 1.1
Abortions by Month and Provider, 2000

	<u>Jan</u> <u>2000</u>	<u>Feb</u> <u>2000</u>	<u>Mar</u> <u>2000</u>	<u>Apr</u> <u>2000</u>	<u>May</u> <u>2000</u>	<u>Jun</u> <u>2000</u>	<u>Jul</u> <u>2000</u>	<u>Aug</u> <u>2000</u>	<u>Sep</u> <u>2000</u>	<u>Oct</u> <u>2000</u>	<u>Nov</u> <u>2000</u>	<u>Dec</u> <u>2000</u>	<u>Total</u> <u>2000</u>
Midwest Health Center for Women	239	253	264	223	304	267	228	240	234	249	212	209	2,922
Women's Health Center	69	70	80	44	67	54	65	75	53	64	51	51	743
Meadowbrook Women's Clinic	382	363	427	316	342	379	304	362	294	315	287	300	4,071
Robbinsdale Clinic	152	161	158	158	164	155	147	180	128	122	152	169	1,846
GYN Special Services ¹	81	103	82	66	109	79	65	64	57	64	77	55	902
Dr. Mildred Hansen Clinic	83	93	102	74	136	176	125	150	126	124	83	143	1,415
Planned Parenthood of Minnesota	220	228	240	249	52	162	117	266	208	253	258	199	2,452
Independent Physicians ²	9	9	17	11	9	12	10	14	7	9	7	12	126
Total Minnesota Occurrence	1,235	1,280	1,370	1,141	1,183	1,285	1,061	1,351	1,107	1,200	1,127	1,138	14,477

¹ Formerly Surgical Specialties Clinic

² This represents 39 reporting physicians

Table 1.2
Abortions by Month and Provider, 2000

	<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	68	90	109	112	109	180	155	100	87	71	77	92	1,250
Physician B	168	127	163	118	138	114	52	149	116	143	96	114	1,498
Physician C	145	145	156	86	95	85	98	113	92	101	114	94	1,324
Physician D	122	112	118	84	190	116	121	142	112	125	117	104	1,463
Physician E	117	141	125	129	114	122	107	98	121	124	95	105	1,398
Physician F	83	93	122	83	136	191	125	150	126	124	83	143	1,459
Physician G	154	130	158	158	164	142	147	144	128	122	146	117	1,710
Physician H	15	33	14	8	18	8	7	10	6	5	12	52	188
Physician I	27	32	29	23	39	8	10	7	33	15	30	19	272
Physician J	26	28	33	12	12	24	19	10	8	24	8	19	223
Physician K	6	0	2	0	0	2	0	0	0	4	0	0	14
Physician L	3	10	0	6	3	3	0	4	1	7	12	7	56
Physician M	3	0	4	8	12	1	10	10	3	0	0	9	60
Physician N	3	0	1	4	2	3	0	1	2	2	0	1	19
Physician O	38	71	53	76	17	70	47	54	48	61	75	53	663
Physician P	9	13	13	6	0	33	1	24	9	14	0	10	132
Physician Q	24	15	24	25	0	1	26	21	23	26	10	24	221
Physician R	116	109	127	101	34	0	2	127	99	109	148	101	1,073
Physician S	12	9	13	29	1	33	24	18	19	18	12	0	188
Physician T	29	50	51	31	43	34	30	36	31	32	33	44	444
Physician U	30	12	20	13	24	20	34	18	22	22	18	7	240
Physician V	10	8	9	0	0	0	0	22	0	10	0	0	59
Physician W	21	0	0	0	0	0	17	0	0	12	0	0	50
Physician X	1	1	1	0	1	1	5	4	1	2	1	4	22
Physician Y	1	0	0	0	0	0	0	0	0	1	0	0	2
Physician Z	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AA	1	0	0	0	0	0	0	0	1	0	0	0	2
Physician BB	0	32	0	0	0	17	0	20	0	0	0	0	69
Physician CC	0	11	10	11	0	1	0	8	10	11	13	11	86
Physician DD	0	2	1	0	0	0	0	0	0	0	0	0	3
Physician EE	0	2	1	1	0	1	0	1	0	0	0	0	6
Physician FF	0	1	0	1	1	2	0	1	1	0	1	1	9
Physician GG	0	1	0	0	0	0	0	1	0	1	0	0	3
Physician HH	0	0	1	1	0	0	0	0	0	0	0	1	3
Physician II	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician JJ	0	0	1	0	0	1	0	0	0	0	0	0	2
Physician KK	0	0	1	0	0	0	1	0	0	0	0	0	2
Physician LL	0	0	3	1	0	0	2	0	0	0	0	0	6
Physician MM	0	0	1	0	1	0	0	0	0	0	0	0	2
Physician NN	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician OO	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician PP	0	0	0	1	1	0	0	0	0	0	0	0	2
Physician QQ	0	0	0	1	0	24	0	13	0	0	0	0	38
Physician RR	0	0	0	1	0	1	0	0	0	0	0	0	2
Physician SS	0	0	0	9	22	25	19	8	5	9	18	1	116
Physician TT	0	0	0	0	3	1	0	7	1	0	3	0	15
Physician UU	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician VV	0	0	0	0	0	10	0	16	0	0	0	0	26

Table 1.2
Abortions by Month and Provider, 2000

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician WW	0	0	0	0	0	6	0	0	0	0	0	0	6
Physician XX	0	0	0	0	0	3	2	0	1	0	0	1	7
Physician YY	0	0	0	0	0	0	0	8	0	0	0	0	8
Physician ZZ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AB	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AC	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AD	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AE	0	0	0	0	0	0	0	0	0	0	2	1	3
Physician AF	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AG	0	0	0	1	2	0	0	0	0	0	0	0	3
Physician AH	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AI	0	1	2	0	0	0	0	0	0	0	0	0	3
Physician AJ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AK	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AL	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AM	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AN	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AO	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AP	0	0	0	0	0	0	0	0	0	0	0	0	1
Physician AQ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AR	0	0	0	0	0	0	0	2	0	0	0	1	3
Physician AS	1	1	1	0	0	0	0	0	0	1	0	1	5
<hr/>													
Total MN	1,235	1,280	1,370	1,141	1,183	1,284	1,061	1,351	1,107	1,200	1,127	1,138	14,477

Table 2
Medical Specialty of Physician, 2000

Obstetrics & Gynecology	11,012
Emergency Medicine	1
General/Family Practice	3,463
Other/Unspecified	1
	<hr/>
Total Minnesota Occurrence	14,477

Table 3
Type of Admission, 2000

Clinic	12,054
Outpatient Hospital	964
Inpatient Hospital	39
Ambulatory Surgery	4
Other/Not Specified	1,416
	<hr/>
Total MN Occurrence	14,477

Table 4
Age of Woman, 2000

< 15 Years	69
15 - 17 Years	757
18 - 19 Years	1,629
20 - 24 Years	4,795
25 - 29 Years	3,237
30 - 34 Years	2,128
35 - 39 Years	1,285
40 Years & Over	554
Not Reported*	23
<hr/>	
Total MN Occurrence	14,477

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

Table 5
Marital Status of Woman, 2000

Married	2,934
Not Married	10,810
Not Reported	733
<hr/>	
Total MN Occurrence	14,477

Table 6
Country/State Residence of Woman, 2000

Minnesota	13,208
Other States	1,249
Iowa	58
Michigan	35
North Dakota	39
South Dakota	16
Wisconsin	1,051
Other States	50
Canada	15
Other Foreign Countries	1
Not Reported	4
<hr/>	
Total MN Occurrence	14,477

Table 7
County of Residence for Women Residing in Minnesota*, 2000

State Total	13,208		
Aitkin	14	Marshall	*
Anoka	840	Martin	20
Becker	8	Meeker	26
Beltrami	52	Mille Lacs	24
Benton	51	Morrison	33
Big Stone	*	Mower	49
Blue Earth	115	Murray	*
Brown	23	Nicollet	34
Carlton	55	Nobles	*
Carver	110	Norman	*
Cass	36	Olmsted	233
Chippewa	46	Otter Tail	6
Chisago	76	Pennington	*
Clay	7	Pine	30
Clearwater	*	Pipestone	*
Cook	6	Polk	33
Cottonwood	6	Pope	9
Crow Wing	94	Ramsey	2,456
Dakota	892	Red Lake	*
Dodge	19	Redwood	7
Douglas	56	Renville	16
Faribault	18	Rice	72
Fillmore	18	Rock	*
Freeborn	53	Roseau	*
Goodhue	61	Saint Louis	407
Grant	*	Scott	181
Hennepin	5,376	Sherburne	120
Houston	17	Sibley	11
Hubbard	*	Stearns	220
Isanti	62	Steele	47
Itasca	37	Stevens	*
Jackson	10	Swift	6
Kanabec	22	Todd	12
Kandiyohi	52	Traverse	*
Kittson	*	Wabasha	30
Koochiching	16	Wadena	*
Lac Qui Parle	*	Waseca	31
Lake	19	Washington	452
Lake of the Woods	*	Watonwan	11
Le Sueur	34	Wilkin	*
Lincoln	*	Winona	70
Lyon	13	Wright	155
McLeod	34	Yellow Medicine	*
Mahnomen	*	No Response	22

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

Table 8
Hispanic Origin of Woman, 2000

Non-Hispanic	13,579
Hispanic	746
Not Reported	152
	<hr/>
Total MN Occurrence	14,477

Table 9
Race of Woman, 2000

White	9,512
Black	2,661
American Indian	344
Asian	1,208
Other	399
Not Reported	353
	<hr/>
Total MN Occurrence	14,477

Table 10
Education Level of Woman, 2000

8 th grade or less	308
Some high school	1,647
High school graduate	4,758
Some college	3,183
College graduate	1,326
Graduate level	508
Not Reported	2,747
	<hr/>
Total MN Occurrence	14,477

Table 11
Clinical Estimate of Fetal Gestational Age, 2000

< 9 weeks	8,707
9 - 10 weeks	2,668
11 - 12 weeks	1,532
13 - 15 weeks	784
16 - 20 weeks	671
21 - 24 weeks	105
25 - 30 weeks	9
31 - 36 weeks	0
37 weeks & over	0
Not Reported/Unknown	1
<hr/>	
Total MN Occurrence	14,477

Table 11a
Clinical Estimate of Fetal Gestational Age, 2000

<u>First Trimester</u>		<u>Second Trimester</u>		<u>Third Trimester</u>	
<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>
<3	0	14	218	28	1
3	35	15	160	29	0
4	103	16	129	30	0
5	615	17	132	31	0
6	2,261	18	138	32	0
7	3,303	19	149	33	0
8	2,390	20	123	34	0
9	1,617	21	97	35	0
10	1,051	22	7	36	0
11	916	23	1	37	0
12	616	24	0	38	0
13	406	25	0	39	0
		26	7	40+	0
		27	1		
<u>Trimester Total</u>			<u>1,162</u>		<u>1</u>
<u>Total Induced Abortions</u>			<u>14,477</u>		

Table 12
Prior Pregnancies, 2000

Number of Previous Live Births

None	6,133
One	3,483
Two	2,733
Three	1,120
Four	472
Five	205
Six	119
Seven	63
Eight	37
Nine or more	41
Not Reported	70

Number of Previous Spontaneous Abortions (Miscarriages)

None	12,199
One	1,722
Two	396
Three	90
Four	40
Five	12
Six	6
Seven	4
Eight	2
Nine or more	3
Not Reported	3*

Number of Previous Induced Abortions

None	8,464
One	3,676
Two	1,404
Three	554
Four	184
Five	88
Six	38
Seven	25
Eight	20
Nine or more	21
Not Reported	3*

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

Table 13
Contraceptive Use and Method*, 2000

Woman did not provide information	295
Woman did not know whether she used contraception	85
Woman has never used contraceptives	704
Woman has used contraceptives, but not at the time of conception	9,262
Woman used contraceptives at the time of conception	4,131
Method Used	
Condoms	2,222
Condoms & Spermicide	112
Spermicide Alone	154
Sterilization - Male	31
Sterilization - Female	3
Injectable (Depo-Provera)	69
IUD	13
Mini Pills	70
Combination Pills	1,049
Diaphragm & Spermicide	46
Diaphragm Alone	12
Cervical Cap	2
Rhythm/Natural Family Planning	126
Fertility Awareness	16
Withdrawal	103
Other	75
Method not reported	28

*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, 2000

Suction Curettage	13,444
Medical (non-surgical)	60
Dilation & Evacuation (D&E)	935
Intra-Uterine Instillation	2
Hysterectomy/otomy	1
Sharp Curettage (D&C)	7
Induction of Labor	27
Intact Dilation & Extraction (D&X)	0
Other Dilation & Extraction (D&X)	0
Other Method	0
Not Reported*	1
<hr/>	
Total MN Occurrence	14,477

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

Table 15
Method of Disposal of Fetal Remains, 2000

Cremation	10,481
Burial	31
Not Reported*	3,965
<hr/>	
Total MN Occurrence	14,477

* '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, 2000

	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	628	1009	1,750	3,387
Public Assistance	236	875	1,569	2,680
Self Pay	-	-	8,407	8,407
No Response*	0	0	3	3
	<hr/>	<hr/>	<hr/>	<hr/>
Total Mn	864	1,884	11,729	14,477

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

Table 17
Reason for Abortion*, 2000

Pregnancy was a result of rape	124
Pregnancy was a result of incest	6
Economic reasons	2,379
Does not want children at this time	5,618
Emotional health is at stake	793
Physical health is at stake	584
Continued pregnancy will cause impairment of major bodily function	44
Pregnancy resulted in fetal anomalies	210
Unknown or the woman refused to answer	4,767
Other stated reason	3,315**

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

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2000

Single parent of one or more children	788
Education Goals; desire to finish high school and/or college	754
Already have children, do not intend to have more	406
Relationship Issues, including abuse, separation, and extra- marital affairs	490
Other miscellaneous responses	1,604
	<hr/>
Total*	4,042

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

Table 18
Intraoperative Complications*, 2000

No Complications	14,438
Cervical laceration requiring suture or repair	21
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2
Uterine perforation	1
Other complication	12
Not Reported**	3
	<hr/>
Total Minnesota Occurrence	14,477

*Complications occurring at the time of the abortion procedure

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

Table 19
Postoperative Complications*, 2000
 reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5
Uterine perforation	0
Infection requiring inpatient treatment	3
Heavy bleeding/anemia requiring transfusion	0
Failed termination of pregnancy (continued viable pregnancy)	2
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	39
Other complication	27
Not Specified	1
	<hr/>
Total Reported Complications	77 ¹

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

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

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, 2000

<9 weeks	49
9 - 10 weeks	20
11 - 12 weeks	16
13 - 15 weeks	11
16 - 20 weeks	1
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & Over	0
	<hr/>
Total Occurrence	97
Total state funds used to pay for out of state abortion procedures, including incidental expenses	
	\$19,644.61

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."

Definitions

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

Data Collection Instruments



Center for Health Statistics
Minnesota Department of Health
717 Delaware Street S.E., Box 9441
Minneapolis, MN 55440-9441
(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 INDUCED ABORTION

Center for Health Statistics
Minnesota Department of Health
717 Delaware Street S.E., Box 9441
Minneapolis, MN 55440-9441
1-800-657-3900

1. Facility Reporting Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	2. Physician Reporting Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></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 <input type="checkbox"/> Clinic <input type="checkbox"/> Outpatient hospital <input type="checkbox"/> Inpatient hospital <input type="checkbox"/> Ambulatory surgery <input type="checkbox"/> Other (Specify) _____				
5. Patient Age at Last Birthday <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> 6. Married <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Date of Pregnancy Termination _____ / _____ / _____ <div style="text-align: center; font-size: small;">Month, Day, Year</div>				
8. Patient Residence City: _____ County: _____ State: _____ Zip Code: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>				
9. Of Hispanic Origin Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc. <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 (Specify only highest grade completed) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Elementary/Secondary (0-12) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> College (1-4 or 5+)		
12. Date Last Normal Menses Began <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Month, <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Day, <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Year	13. Clinical Estimate of Gestation <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (LMP Weeks)			
14. Previous Pregnancies (Complete each section)				
Live Births		Other Terminations		
14a. Now Living Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	14b. Now Dead Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 14c. Spontaneous Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None </td> <td style="width: 50%; padding: 5px;"> 14d. Induced (Do not include this abortion) Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None </td> </tr> </table>	14c. Spontaneous Number <div style="border: 1px solid black; width: 40px; 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: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None
14c. Spontaneous Number <div style="border: 1px solid black; width: 40px; 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: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None			
15. Contraceptive Use at Time of Conception A. Use Status: (Check only one) <input type="checkbox"/> Unknown - patient did not know if they used a method. (Do not fill out Part B.) <input type="checkbox"/> Never used any contraceptive method (Do not fill out Part B.) <input type="checkbox"/> Has used contraception, but not at the estimated time of conception. (Do not fill out Part B.) <input type="checkbox"/> Method used at time of conception. (Fill out PART B, METHOD USED.) <input type="checkbox"/> Patient did not provide information. B. Method Used: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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 </div> <div style="width: 50%;"> <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) _____ </div> </div>				

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
717 Delaware Street S.E., Box 9441
Minneapolis, MN 55440-9441
(800)657-3900

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.

HE 01539-01

IC# 140-0595

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