

Induced Abortions in Minnesota January - December 2003: Report to the Legislature

July 2004

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Introduction

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

This report is issued in compliance with MN Statute 145.4134 which requires a yearly public report of induced abortion statistics for the previous calendar year and statistics for prior years adjusted to reflect any additional information from late and/or corrected report forms, beginning with October 1, 1998 data. This is the fifth such report and covers the period from January 1, 2003 through December 31, 2003. After publication of 2002 data, fifty-three late Reports of Induced Abortion were received for that year. These 53 were not submitted by a single provider, but were spread among 6 facilities. This represents fewer than one percent of the total number of reports received and thus would have no effect on any rates that may have been calculated using the previously published counts. The updated tables for 2002 are published in the appendix. It should be noted that the revised Table 2 shows a decrease in the count of abortions performed by Emergency Medicine specialty physicians. This is due to the correction of a coding error on records from one of the facilities.

The 2003 Minnesota legislative session enacted the Woman's Right to Know Act. This legislation [Minnesota Statutes 145.4241 – 145.4249] requires physicians to provide women with certain information at least 24 hours prior to an abortion and to collect and report to the Minnesota Department of Health the number of women who were provided this information. Physicians were required to begin collecting this data on January 1, 2004 and are required to submit their 2004 data to the Department of Health by April 1, 2005. Data from the new reporting requirements will be available and published by July 1, 2005. Additional information about the Woman's Right to Know Act can be found at www.health.state.mn.us/wrtk/index.html.

Technical Notes

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

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

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

In general, the policy is that when a single data item, such as age or race/ethnicity, is presented in a table that includes all of the cases, the large number of occurrences in each grouping makes it unnecessary to conceal, or suppress, those data. For example, a table of the age groups tallied for all of the reports received for 2003 would have such large numbers that none of the counts would have to be suppressed. No individual could possibly be identified.

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

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

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

Table 1.1
Abortions by Month and Provider, 2003

	<u>Jan</u> <u>2003</u>	<u>Feb</u> <u>2003</u>	<u>Mar</u> <u>2003</u>	<u>Apr</u> <u>2003</u>	<u>May</u> <u>2003</u>	<u>Jun</u> <u>2003</u>	<u>Jul</u> <u>2003</u>	<u>Aug</u> <u>2003</u>	<u>Sep</u> <u>2003</u>	<u>Oct</u> <u>2003</u>	<u>Nov</u> <u>2003</u>	<u>Dec</u> <u>2003</u>	<u>Total</u> <u>2003</u>
Midwest Health Center for Women	284	232	230	247	245	232	262	250	270	268	226	244	2,990
Women's Health Center	48	67	49	50	49	66	69	63	38	62	32	59	652
Meadowbrook Women's Clinic	338	307	315	309	292	294	226	255	235	254	210	251	3,286
Robbinsdale Clinic	199	190	201	173	182	174	155	183	154	152	142	153	2,058
GYN Special Services	66	53	63	70	61	49	43	50	50	60	43	50	658
Dr. Mildred Hansen Clinic	121	104	130	129	98	89	153	148	111	112	88	93	1,376
Planned Parenthood of Minnesota	290	261	229	254	272	224	249	209	250	283	214	180	2,915
Independent Physicians ¹	8	15	5	5	9	7	6	6	10	10	5	3	89
Total Minnesota Occurrence	1,354	1,229	1,222	1,237	1,208	1,135	1,163	1,164	1,118	1,201	960	1,033	14,024

¹This represents 40 reporting physicians

Table 1.2
Abortions by Month and Provider, 2003

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician A	101	66	71	95	105	117	82	68	63	50	35	92	945
Physician B	96	110	50	88	77	105	52	68	71	61	59	67	904
Physician C	65	67	140	112	111	72	39	76	60	97	87	38	964
Physician D	79	64	49	130	121	107	145	90	128	91	96	66	1,166
Physician E	0	1	0	1	0	0	0	0	0	0	0	0	2
Physician F	114	114	157	97	104	63	93	88	114	117	78	133	1,272
Physician G	138	114	130	132	98	89	152	138	111	110	88	93	1,393
Physician H	219	117	132	129	149	129	91	160	116	113	124	153	1,632
Physician I	0	44	24	15	21	62	26	83	28	75	60	62	500
Physician J	20	17	19	10	7	8	9	6	16	23	18	11	164
Physician K	22	17	19	31	22	18	16	9	17	16	11	8	206
Physician L	6	14	8	11	6	15	7	20	9	3	0	11	110
Physician M	0	0	5	0	0	0	0	1	0	0	0	0	6
Physician N	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician O	4	1	3	1	5	3	2	0	2	2	1	1	25
Physician P	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician Q	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician R	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician S	0	0	0	10	1	0	0	1	8	0	0	0	20
Physician T	74	54	55	78	115	85	163	139	120	150	91	84	1,208
Physician U	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician V	56	39	51	34	35	16	10	24	29	27	22	11	354
Physician W	119	150	123	119	121	70	41	37	89	104	80	84	1,137
Physician X	18	33	19	27	10	19	15	13	8	5	0	28	195
Physician Y	14	26	15	3	13	20	16	25	29	13	12	0	186
Physician Z	0	1	15	20	26	27	38	25	1	31	7	15	206
Physician AA	40	18	0	12	0	53	35	8	3	2	21	0	192
Physician BB	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician CC	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician DD	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician EE	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician FF	16	7	0	0	0	0	0	0	0	0	0	0	23
Physician GG	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician HH	0	1	0	1	0	0	0	0	0	0	0	0	2
Physician II	1	0	0	0	0	1	0	0	0	0	0	0	2
Physician JJ	0	0	1	0	0	0	1	0	0	0	0	1	3
Physician KK	0	0	0	1	0	0	0	1	0	0	0	0	2
Physician LL	0	1	0	0	1	0	0	0	0	0	0	0	2
Physician MM	18	5	12	17	26	8	11	14	8	17	18	20	174
Physician NN	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician OO	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician PP	0	2	0	1	0	0	1	0	0	0	0	0	4
Physician QQ	0	1	0	0	0	0	0	0	0	0	1	0	2
Physician RR	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician SS	1	3	0	0	0	1	1	0	0	0	0	0	6
Physician TT	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician UU	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician VV	74	62	53	16	0	0	55	44	40	46	29	54	473

Table 1.2
Abortions by Month and Provider, 2003

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician WW	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician XX	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician YY	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician ZZ	0	0	0	0	0	1	0	0	0	0	0	1	2
Physician AB	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AC	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AD	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AE	1	1	0	0	0	0	0	0	0	1	0	0	3
Physician AF	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AG	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AH	0	0	0	0	0	0	0	2	4	3	1	0	10
Physician AI	54	70	68	42	30	44	60	21	37	39	17	0	482
Physician AJ	0	0	1	1	0	0	0	0	0	0	0	0	2
Physician AK	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AL	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AM	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AN	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AO	0	0	0	0	1	0	0	0	0	0	1	0	2
Physician AP	0	0	0	0	1	0	0	1	0	0	0	0	2
Physician AQ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AR	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AS	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AT	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AU	0	2	0	0	0	1	0	0	0	0	0	0	3
Physician AV	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AW	0	1	0	0	0	1	0	0	0	0	0	0	2
Physician AX	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AY	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AZ	0	0	0	0	0	0	0	0	1	0	0	0	1
<hr/>													
Total MN	1,354	1,229	1,222	1,237	1,208	1,135	1,163	1,164	1,118	1,201	960	1,033	14,024

Table 2
Medical Specialty of Physician, 2003

Obstetrics & Gynecology	9,805
Emergency Medicine	2
General/Family Practice	4,210
Other/Unspecified	7
	<hr/>
Total Minnesota Occurrence	14,024

Table 3
Type of Admission, 2003

Clinic	11,901
Outpatient Hospital	711
Inpatient Hospital	24
Ambulatory Surgery	13
Other/Not Specified	1,375
	<hr/>
Total MN Occurrence	14,024

Table 4
Age of Woman, 2003

< 15 Years	47
15 - 17 Years	726
18 - 19 Years	1,353
20 - 24 Years	4,858
25 - 29 Years	3,219
30 - 34 Years	2,085
35 - 39 Years	1,277
40 Years & Over	458
Unknown Age*	1
	<hr/>
Total MN Occurrence	14,024

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

Table 5
Marital Status of Woman, 2003

Married	2,551
Not Married	11,359
Not Reported	114
	<hr/>
Total MN Occurrence	14,024

Table 6
Country/State Residence of Woman, 2003

Minnesota	12,857
Other States	1,157
Iowa	52
Michigan	29
North Dakota	79
South Dakota	39
Wisconsin	916
Other States	42
Canada	6
Other Foreign Countries	3
Unknown	1
	<hr/>
Total MN Occurrence	14,024

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

State Total	12,857		
Aitkin	23	Marshall	*
Anoka	820	Martin	12
Becker	*	Meeker	14
Beltrami	50	Mille Lacs	30
Benton	66	Morrison	21
Big Stone	*	Mower	47
Blue Earth	131	Murray	*
Brown	28	Nicollet	51
Carlton	62	Nobles	8
Carver	135	Norman	*
Cass	34	Olmsted	204
Chippewa	15	Otter Tail	14
Chisago	83	Pennington	*
Clay	17	Pine	33
Clearwater	*	Pipestone	*
Cook	13	Polk	*
Cottonwood	6	Pope	8
Crow Wing	98	Ramsey	2,254
Dakota	1,029	Red Lake	*
Dodge	20	Redwood	12
Douglas	22	Renville	17
Faribault	12	Rice	109
Fillmore	18	Rock	*
Freeborn	40	Roseau	*
Goodhue	64	Saint Louis	378
Grant	*	Scott	254
Hennepin	5,060	Sherburne	111
Houston	10	Sibley	6
Hubbard	6	Stearns	250
Isanti	61	Steele	50
Itasca	36	Stevens	6
Jackson	*	Swift	8
Kanabec	15	Todd	15
Kandiyohi	42	Traverse	*
Kittson	*	Wabasha	32
Koochiching	22	Wadena	*
Lac Qui Parle	*	Waseca	20
Lake	16	Washington	467
Lake of the Woods	*	Watonwan	10
Le Sueur	29	Wilkin	*
Lincoln	*	Winona	61
Lyon	22	Wright	150
McLeod	53	Yellow Medicine	*
Mahnomen	*		

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

Table 8
Hispanic Origin of Woman, 2003

Non-Hispanic	13,124
Hispanic	772
Not Reported	128
	<hr/>
Total MN Occurrence	14,024

Table 9
Race of Woman, 2003

White	9,040
Black	2,922
American Indian	337
Asian	1,104
Other	365
Not Reported	256
	<hr/>
Total MN Occurrence	14,024

Table 10
Education Level of Woman, 2003

8 th grade or less	245
Some high school	1,491
High school graduate	4,312
Some college	1,689
College graduate	978
Graduate level	358
Not Reported	4,951
	<hr/>
Total MN Occurrence	14,024

Table 11
Clinical Estimate of Fetal Gestational Age, 2003

< 9 weeks	9,082
9 - 10 weeks	2,165
11 - 12 weeks	1,323
13 - 15 weeks	669
16 - 20 weeks	660
21 - 24 weeks	121
25 - 30 weeks	3
31 - 36 weeks	0
37 weeks & over	0
Unknown*	1
	<hr/>
Total MN Occurrence	14,024

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

Table 11a
Clinical Estimate of Fetal Gestational Age, 2003

<u>First Trimester</u>		<u>Second Trimester</u>		<u>Third Trimester</u>	
<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>
<3	7	14	194	28	0
3	31	15	158	29	0
4	167	16	131	30	0
5	1,266	17	128	31	0
6	2,740	18	128	32	0
7	2,778	19	154	33	0
8	2,093	20	119	34	0
9	1,265	21	109	35	0
10	900	22	12	36	0
11	746	23	0	37	0
12	577	24	0	38	0
13	317	25	1	39	0
		26	2	40+	0
		27	0		
Trimester Total	12,887		1,136		0
Total Induced Abortions	14,024 (Total includes 1 unknown)				

Table 12
Prior Pregnancies, 2003

Number of Previous Live Births

None	5,807
One	3,484
Two	2,704
Three	1,249
Four	437
Five	170
Six	69
Seven	42
Eight	20
Nine or more	31
Not Reported	11

Number of Previous Spontaneous Abortions (Miscarriages)

None	11,658
One	1,781
Two	411
Three	111
Four	35
Five	9
Six	5
Seven	4
Eight	2
Nine or more	7
Not Reported	1

Number of Previous Induced Abortions

None	7,952
One	3,641
Two	1,412
Three	574
Four	225
Five	107
Six	55
Seven	29
Eight	14
Nine or more	14
Not Reported	1

Table 13
Contraceptive Use and Method*, 2003

Woman did not provide information	263
Woman did not know whether she used contraception	64
Woman has never used contraceptives	574
Woman has used contraceptives, but not at the time of conception	9,159
Woman used contraceptives at the time of conception	3,964
Method Used	
Condoms	2,038
Condoms & Spermicide	99
Spermicide Alone	116
Sterilization - Male	36
Sterilization - Female	9
Injectable (Depo-Provera)	52
IUD	21
Mini Pills	34
Combination Pills	964
Diaphragm & Spermicide	26
Diaphragm Alone	10
Cervical Cap	3
Rhythm/Natural Family Planning	109
Fertility Awareness	17
Withdrawal	90
Other	330
Method not reported	10

*The accuracy of reporting 'Use of Contraceptives at the Time of Conception' is dependent upon self-reporting by the woman. Thus, *these data should not be interpreted as an indication of the effectiveness of any particular method of birth control.*

Table 14
Abortion Procedure, 2003

Suction Curettage	12,073
Medical (non-surgical)	964
Dilation & Evacuation (D&E)	903
Intra-Uterine Instillation	8
Hysterectomy/otomy	2
Sharp Curettage (D&C)	60
Induction of Labor	10
Intact Dilation & Extraction (D&X)	0
Other Dilation & Extraction (D&X)	0
Other Method	2
Not Reported*	2

Total MN Occurrence	14,024

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

Table 15
Method of Disposal of Fetal Remains, 2003

Cremation	10,754
Burial	21
Not Reported*	3,249
	<hr/>
Total MN Occurrence	14,024

* 'Method of Disposal of Fetal Remains' is required to be reported only for those fetuses having reached the developmental stage outlined in Minnesota Statute 145.1621, subd. 2. Thus, not all reports contained this information.

Table 16
Payment Type and Health Insurance Coverage, 2003

	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	478	791	1,878	3,147
Public Assistance	505	960	2,346	3,811
Self Pay	-	-	7,064	7,064
No Response*	0	0	2	2
	<hr/>	<hr/>	<hr/>	<hr/>
Total Mn	983	1,751	11,290	14,024

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

Table 17
Reason for Abortion*, 2003

Pregnancy was a result of rape	75
Pregnancy was a result of incest	9
Economic reasons	2,493
Does not want children at this time	5,621
Emotional health is at stake	995
Physical health is at stake	841
Continued pregnancy will cause impairment of major bodily function	27
Pregnancy resulted in fetal anomalies	146
Unknown or the woman refused to answer	5,357
Other stated reason	2,473**

*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, 2003

Single parent of one or more children	802
Education Goals; desire to finish high school and/or college	500
Already have children, do not intend to have more	351
Relationship Issues, including abuse, separation, and extra-marital affairs	335
Other miscellaneous responses	1,109
	<hr/>
Total*	3,097

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

Table 18
Intraoperative Complications*, 2003

No Complications	13,979
Cervical laceration requiring suture or repair	30
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	1
Uterine perforation	3
Other complication	6
Not Reported**	5
	<hr style="width: 10%; margin-left: auto; margin-right: 0;"/>
Total Minnesota Occurrence	14,024

*Complications occurring at the time of the abortion procedure

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

Table 19
Postoperative Complications*, 2003

reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	13
Uterine perforation	0
Infection requiring inpatient treatment	8
Heavy bleeding/anemia requiring transfusion	4
Failed termination of pregnancy (continued viable pregnancy)	5
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	65
Other complication	29
Total Reported Complications	124 ¹

¹108 '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, 2003

<9 weeks	43
9 - 10 weeks	44
11 - 12 weeks	34
13 - 15 weeks	30
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & Over	0
Unknown	1
Total Occurrence	152
Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$33,565.77

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.”

Updates to 2002 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 2002 in July of 2003, fifty-three additional ***Report of Induced Abortion*** forms for 2002 were submitted to the Minnesota Department of Health. The tables included in this section of the Appendix reflect these updated statistics. Table 2, Medical Specialty of Physician, also shows a reduction in the number of Emergency Medicine physicians due to the correction of a coding error. Tables where the data did not change - Tables 17a, 19, and 20 - have not been republished here.

Table 1.1
Abortions by Month and Provider, 2002

	<u>Jan</u> <u>2002</u>	<u>Feb</u> <u>2002</u>	<u>Mar</u> <u>2002</u>	<u>Apr</u> <u>2002</u>	<u>May</u> <u>2002</u>	<u>Jun</u> <u>2002</u>	<u>Jul</u> <u>2002</u>	<u>Aug</u> <u>2002</u>	<u>Sep</u> <u>2002</u>	<u>Oct</u> <u>2002</u>	<u>Nov</u> <u>2002</u>	<u>Dec</u> <u>2002</u>	<u>Total</u> <u>2002</u>
Midwest Health Center for Women	301	263	274	257	226	227	255	260	248	246	252	243	3,052
Women's Health Center	76	66	52	80	62	62	81	40	50	61	57	47	734
Meadowbrook Women's Clinic	342	312	321	321	318	248	280	309	264	268	265	279	3,527
Robbinsdale Clinic	184	146	173	146	135	143	126	149	140	143	152	167	1,804
GYN Special Services	71	85	60	59	58	58	68	65	55	46	48	39	712
Dr. Mildred Hansen Clinic	134	106	110	79	111	115	96	122	117	71	101	110	1,272
Planned Parenthood of Minnesota	257	249	216	262	262	271	263	274	223	265	218	260	3,020
Independent Physicians ¹	10	12	10	12	13	11	9	7	9	10	11	4	118
Total Minnesota Occurrence	1,375	1,239	1,216	1,216	1,185	1,135	1,178	1,226	1,106	1,110	1,104	1,149	14,239

¹This represents 44 reporting physicians

Table 1.2
Abortions by Month and Provider, 2002

	<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	131	124	98	137	108	83	117	81	109	115	143	138	1,384
Physician B	0	0	0	0	0	0	0	0	0	2	0	0	2
Physician C	140	104	123	111	75	93	127	174	139	131	60	67	1,344
Physician D	118	67	104	122	71	65	60	114	75	77	106	79	1,058
Physician E	123	106	102	48	86	94	76	53	58	87	60	51	944
Physician F	54	94	73	110	89	54	106	83	82	47	60	102	954
Physician G	0	0	0	2	0	2	0	0	2	0	2	0	8
Physician H	13	16	22	0	8	5	21	19	2	5	8	6	125
Physician I	19	28	19	22	16	16	14	9	27	14	14	3	201
Physician J	46	83	80	76	13	15	17	21	13	21	12	14	411
Physician K	165	113	150	83	149	134	89	113	102	98	155	152	1,503
Physician L	146	106	110	89	119	124	107	122	117	71	101	120	1,332
Physician M	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician N	135	168	117	135	154	152	68	128	93	98	88	125	1,461
Physician O	48	0	0	23	29	24	44	25	23	28	27	51	322
Physician P	0	0	0	0	0	0	2	0	0	0	0	0	2
Physician Q	74	80	87	104	74	95	134	120	89	138	62	52	1,109
Physician R	0	0	0	1	1	1	0	0	2	0	0	0	5
Physician S	1	0	0	0	1	0	0	0	0	0	0	0	2
Physician T	2	4	0	0	1	0	1	0	2	3	4	1	18
Physician U	0	0	0	0	2	0	0	0	1	0	0	0	3
Physician V	51	48	47	40	68	11	0	3	0	1	1	6	276
Physician W	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician X	0	0	0	1	1	0	2	1	0	0	1	0	6
Physician Y	0	1	1	0	13	16	28	16	6	29	26	15	151
Physician Z	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AA	1	0	2	1	1	0	1	1	0	0	2	0	9
Physician BB	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician CC	2	0	1	0	3	5	0	0	0	0	2	0	13
Physician DD	0	1	11	0	0	0	14	0	17	0	40	32	115
Physician EE	11	0	0	0	1	0	0	0	0	0	0	0	12
Physician FF	0	0	1	0	1	0	0	0	1	0	0	0	3
Physician GG	19	29	7	30	19	21	18	19	19	7	10	13	211
Physician HH	45	36	45	50	32	25	36	5	25	26	21	19	365
Physician II	0	0	0	0	1	0	1	0	0	0	0	0	2
Physician JJ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician KK	0	0	0	1	1	0	0	0	0	0	0	0	2
Physician LL	0	0	1	0	0	1	0	0	0	0	0	0	2
Physician MM	0	0	0	0	0	0	0	2	0	0	1	0	3
Physician NN	0	0	0	0	1	23	38	52	49	55	37	40	295
Physician OO	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician PP	0	1	1	1	0	1	0	0	1	0	0	0	5
Physician QQ	0	0	0	0	0	0	0	1	0	0	0	1	2
Physician RR	0	0	0	0	0	1	0	1	0	0	0	0	2
Physician SS	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician TT	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician UU	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician VV	4	0	0	0	0	1	0	0	0	0	0	0	5

Table 1.2
Abortions by Month and Provider, 2002

	<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	22	23	10	21	21	20	15	16	10	6	12	16	192
Physician XX	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician YY	0	1	0	1	0	0	0	0	0	1	0	0	3
Physician ZZ	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AB	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AC	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AD	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AE	1	1	1	1	0	1	0	0	0	1	0	0	6
Physician AF	0	1	0	0	0	1	0	2	0	1	0	0	5
Physician AG	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AH	0	0	1	0	0	0	0	0	1	0	0	0	2
Physician AI	0	0	1	0	0	0	0	0	0	0	1	0	2
Physician AJ	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AK	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AL	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AM	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AN	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AO	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AP	0	0	0	0	23	50	36	42	38	44	45	43	321
Physician AQ	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AR	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AS	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AT	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AU	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AV	0	0	0	0	0	0	0	0	1	1	0	2	4
Physician AW	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AX	0	0	0	0	1	0	0	0	0	0	1	0	2
Physician AY	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AZ	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BC	1	1	0	0	0	0	0	1	0	0	0	0	3
Physician BD	0	0	0	1	0	0	0	1	0	0	0	0	2
Physician BE	0	0	0	0	0	0	0	0	0	1	0	0	1
<hr/>													
Total MN	1,375	1,239	1,216	1,216	1,185	1,135	1,178	1,226	1,106	1,110	1,104	1,149	14,239

Table 2
Medical Specialty of Physician, 2002

Obstetrics & Gynecology	10,269
Emergency Medicine	11
General/Family Practice	3,959
Other/Unspecified	0
	<hr/>
Total Minnesota Occurrence	14,239

Table 3
Type of Admission, 2002

Clinic	12,145
Outpatient Hospital	773
Inpatient Hospital	39
Ambulatory Surgery	13
Other/Not Specified	1,269
	<hr/>
Total MN Occurrence	14,239

Table 4
Age of Woman, 2002

< 15 Years	62
15 - 17 Years	706
18 - 19 Years	1,493
20 - 24 Years	4,882
25 - 29 Years	3,115
30 - 34 Years	2,230
35 - 39 Years	1,247
40 Years & Over	504
	<hr/>
Total MN Occurrence	14,239

Table 5
Marital Status of Woman, 2002

Married	2,764
Not Married	11,260
Not Reported	215
	<hr/>
Total MN Occurrence	14,239

Table 6
Country/State Residence of Woman, 2002

Minnesota	12,953
Other States	1,271
Iowa	51
Michigan	36
North Dakota	86
South Dakota	44
Wisconsin	1,014
Other States	40
Canada	10
Other Foreign Countries	5
	<hr/>
Total MN Occurrence	14,239

Table 7
County of Residence for Women Residing in Minnesota*, 2002

State Total	12,953		
Aitkin	13	Marshall	*
Anoka	790	Martin	19
Becker	10	Meeker	16
Beltrami	56	Mille Lacs	29
Benton	71	Morrison	22
Big Stone	*	Mower	62
Blue Earth	107	Murray	*
Brown	15	Nicollet	52
Carlton	62	Nobles	6
Carver	106	Norman	*
Cass	31	Olmsted	250
Chippewa	17	Otter Tail	12
Chisago	77	Pennington	*
Clay	17	Pine	43
Clearwater	*	Pipestone	*
Cook	9	Polk	7
Cottonwood	10	Pope	*
Crow Wing	90	Ramsey	2,279
Dakota	996	Red Lake	*
Dodge	17	Redwood	10
Douglas	14	Renville	15
Faribault	11	Rice	101
Fillmore	18	Rock	*
Freeborn	40	Roseau	*
Goodhue	80	Saint Louis	436
Grant	*	Scott	196
Hennepin	5,233	Sherburne	114
Houston	15	Sibley	11
Hubbard	8	Stearns	221
Isanti	40	Steele	45
Itasca	33	Stevens	6
Jackson	*	Swift	*
Kanabec	21	Todd	19
Kandiyohi	46	Traverse	*
Kittson	*	Wabasha	22
Koochiching	18	Wadena	*
Lac Qui Parle	*	Waseca	23
Lake	13	Washington	468
Lake of the Woods	*	Watonwan	9
Le Sueur	32	Wilkin	*
Lincoln	*	Winona	61
Lyon	21	Wright	171
McLeod	32	Yellow Medicine	8
Mahnomen	*	No Response	1

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

Table 8
Hispanic Origin of Woman, 2002

Non-Hispanic	13,276
Hispanic	789
Not Reported	174
	<hr/>
Total MN Occurrence	14,239

Table 9
Race of Woman, 2002

White	9,255
Black	2,921
American Indian	343
Asian	1,060
Other	387
Not Reported	273
	<hr/>
Total MN Occurrence	14,239

Table 10
Education Level of Woman, 2002

8 th grade or less	312
Some high school	1,546
High school graduate	4,694
Some college	2,500
College graduate	1,026
Graduate level	356
Not Reported	3,805
	<hr/>
Total MN Occurrence	14,239

Table 11
Clinical Estimate of Fetal Gestational Age, 2002

< 9 weeks	9,105
9 - 10 weeks	2,408
11 - 12 weeks	1,303
13 - 15 weeks	704
16 - 20 weeks	605
21 - 24 weeks	109
25 - 30 weeks	4
31 - 36 weeks	1
37 weeks & over	0
	<hr/>
Total MN Occurrence	14,239

Table 11a
Clinical Estimate of Fetal Gestational Age, 2002

<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	15	14	207	28	1
3	26	15	132	29	0
4	248	16	100	30	0
5	1,163	17	144	31	0
6	2,602	18	114	32	1
7	2,933	19	142	33	0
8	2,118	20	105	34	0
9	1,451	21	98	35	0
10	957	22	10	36	0
11	720	23	0	37	0
12	583	24	1	38	0
13	365	25	1	39	0
		26	0	40+	0
		27	2		
<u>Trimester Total</u>	<u>13,181</u>		<u>1,056</u>		<u>2</u>
<u>Total Induced Abortions</u>	<u>14,239</u>				

Table 12
Prior Pregnancies, 2002

Number of Previous Live Births

None	5,875
One	3,546
Two	2,705
Three	1,224
Four	457
Five	173
Six	106
Seven	46
Eight	27
Nine or more	40
Not Reported	40

Number of Previous Spontaneous Abortions (Miscarriages)

None	11,889
One	1,821
Two	371
Three	101
Four	29
Five	8
Six	8
Seven	4
Eight	1
Nine or more	7

Number of Previous Induced Abortions

None	8,438
One	3,527
Two	1,354
Three	503
Four	222
Five	105
Six	38
Seven	19
Eight	14
Nine or more	19

Table 13
Contraceptive Use and Method*, 2002

Woman did not provide information	277
Woman did not know whether she used contraception	58
Woman has never used contraceptives	895
Woman has used contraceptives, but not at the time of conception	9,296
Woman used contraceptives at the time of conception	3,713
Method Used	
Condoms	1,978
Condoms & Spermicide	66
Spermicide Alone	137
Sterilization - Male	31
Sterilization - Female	6
Injectable (Depo-Provera)	56
IUD	18
Mini Pills	25
Combination Pills	948
Diaphragm & Spermicide	19
Diaphragm Alone	12
Cervical Cap	0
Rhythm/Natural Family Planning	94
Fertility Awareness	15
Withdrawal	84
Other	131
Method not reported	92

*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, 2002

Suction Curettage	12,543
Medical (non-surgical)	802
Dilation & Evacuation (D&E)	840
Intra-Uterine Instillation	11
Hysterectomy/otomy	1
Sharp Curettage (D&C)	23
Induction of Labor	15
Intact Dilation & Extraction (D&X)	0
Other Dilation & Extraction (D&X)	0
Other Method	4
	<hr/>
Total MN Occurrence	14,239

Table 15
Method of Disposal of Fetal Remains, 2002

Cremation	11,413
Burial	28
Not Reported*	2,798
	<hr/>
Total MN Occurrence	14,239

* '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, 2002

	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	568	693	2,208	3,469
Public Assistance	339	919	2,295	3,553
Self Pay	-	-	7,209	7,209
No Response*	2	0	6	8
	<hr/>	<hr/>	<hr/>	<hr/>
Total Mn	909	1,612	11,718	14,239

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

Table 17
Reason for Abortion*, 2002

Pregnancy was a result of rape	81
Pregnancy was a result of incest	14
Economic reasons	2,553
Does not want children at this time	6,102
Emotional health is at stake	850
Physical health is at stake	627
Continued pregnancy will cause impairment of major bodily function	30
Pregnancy resulted in fetal anomalies	115
Unknown or the woman refused to answer	5,079
Other stated reason	2,239**

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

**See Table 17a

Table 18
Intraoperative Complications*, 2002

No Complications	14,172
Cervical laceration requiring suture or repair	58
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	4
Uterine perforation	0
Other complication	3
Not Reported**	2
	<hr/>
Total Minnesota Occurrence	14,239

*Complications occurring at the time of the abortion procedure

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

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
717 Delaware Street S.E., Box 9441
Minneapolis, MN 55440-9441
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+)
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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)
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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) _____
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16. Type of Abortion Procedure (Check only one)

Suction Curettage

Medical (Nonsurgical),

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

Dilation and Evacuation (D&E)

Intra-Uterine Instillation (Saline or Prostaglandin)

Hysterectomy/otomy

Sharp Curettage (D&C)

Induction of Labor (Pitocin, etc.)

Intact Dilation and Extraction (D&X)

Other Dilation and Extraction (D&X)

Other (Specify) _____

17. Intraoperative Complication(s) from Induced Abortion

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

(Check all that apply)

No complication(s)

Cervical laceration requiring suture or repair

Heavy bleeding/hemorrhage with estimated blood loss of ≥ 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 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.