
Induced Abortions in Minnesota January - December 2011: Report to the Legislature

July 2012



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

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Table of Contents

Introduction	iii
Technical Notes	vii
Tables	
Table 1.1 Abortions by Month and Provider for Facilities	3
Table 1.2 Abortions by Month and Provider for Physicians	4
Table 2 Medical Specialty of Physician	6
Table 3 Type of Admission	6
Table 4 Age of Woman	7
Table 5 Marital Status of Woman	7
Table 6 Country/State Residence of Woman	8
Table 7 County of Residence for Women Residing in Minnesota	9
Table 8 Hispanic Origin of Woman	10
Table 9 Race of Woman	10
Table 10 Education Level of Woman	11
Table 11 Clinical Estimate of Fetal Gestational Age(grouped).....	12
Table 11a Clinical Estimate of Fetal Gestational Age	13
Table 12 Prior Pregnancies	14
Table 13 Contraceptive Use and Method	15
Table 14 Abortion Procedure	16
Table 15 Method of Disposal of Fetal Remains	17
Table 16 Payment Type and Health Insurance Coverage	18
Table 17 Reason for Abortion	19
Table 17a Other Stated Reason for Abortion	20
Table 18 Intraoperative Complications	21
Table 19 Postoperative Complications	22
Table 20 Induced Abortions by Gestational Age - Performed Out of State and Paid for with State Funds	23
Table 21 Total and Resident Induced Abortions, 1975-2011	24
Table 22 Abortions per 100 Live Births by Selected Characteristics	25
Table 23 Selected Statistics by Age Group	26
Table 24 Contraceptive Use by Age Group and Marital Status	27
Table 25 Medical Risks Information, Informed Consent	31
Table 26 Medical Assistance/Printed Materials Information, Informed Consent	32
Table 27 Patient Access to Printed Materials, Informed Consent	33
Appendix	
Definitions	37
Data Collection Instruments	
Figure 1 Report of Induced Abortion	43
Figure 2 Report of Complication(s) from Induced Abortion	47
Figure 3 Report of Informed Consent for Induced Abortion	49

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

This report is issued in compliance with Minnesota Statutes, section 145.4134 which requires a yearly public report of induced abortion statistics for the previous calendar year and statistics for prior years adjusted to reflect any additional information from late and/or corrected report forms, beginning with October 1, 1998 data. This is the thirteenth such report and covers the period from January 1, 2011 through December 31, 2011. No additional late or corrected *Report of Induced Abortion* or *Report of Complication(s) from Induced Abortion* forms were received since publication of the 2010 data in July of 2011.

The 2003 Minnesota Legislature enacted the Woman's Right to Know Act. This law [Minnesota Statutes, sections 145.4241 – 145.4249] requires physicians to provide women with certain information at least 24 hours prior to an abortion and to collect and report to the Minnesota Department of Health the number of women who were provided this information. Physicians were required to begin collecting this data on January 1, 2004 and to submit their 2011 data to the Department of Health by April 1, 2012. Data from this reporting requirement are published as Tables 25 through 27 on pages 31 through 33 of this report. Additional information about the Woman's Right to Know Act can be found at <http://www.health.state.mn.us/wrtk/index.html>.

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

Technical Notes

Technical Notes

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

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

Due to the sensitivity of abortion data, there are concerns about revealing an individual's identity, whether patient or provider, from data presented in this publication. Minnesota Statutes, section 145.4134 states "The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion. All data included on the forms under sections 145.4131 to 145.4133 must be included on the public report except that the commissioner shall maintain as confidential, data which alone or in combination may constitute information from which an individual ... may 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 2011 would have such large numbers that none of the counts would have to be suppressed. No individual could possibly be identified.

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

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

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

Tables

Table 1.1
Abortions by Month and Provider, 2011

	Jan <u>2011</u>	Feb <u>2011</u>	Mar <u>2011</u>	Apr <u>2011</u>	May <u>2011</u>	Jun <u>2011</u>	Jul <u>2011</u>	Aug <u>2011</u>	Sep <u>2011</u>	Oct <u>2011</u>	Nov <u>2011</u>	Dec <u>2011</u>	Total <u>2011</u>
Midwest Health Center for Women	164	186	180	189	123	161	145	168	154	164	160	186	1,980
Women's Health Center	35	36	48	50	32	42	41	37	31	36	46	38	472
Meadowbrook Women's Clinic	213	202	219	207	159	172	166	205	200	166	168	211	2,288
Robbinsdale Clinic	94	97	92	96	83	96	90	106	79	80	94	106	1,113
GYN Special Services*	57	62	67	64	37	53	44	55	29	36	42	19	565
Dr. Mildred Hansen Clinic	100	96	93	73	65	80	81	66	63	71	47	50	885
Planned Parenthood of Minnesota	284	338	361	320	312	306	318	246	289	249	282	303	3,608
Independent Physicians ¹	19	15	14	14	13	13	14	15	11	10	9	13	160
Total Minnesota Occurrence	966	1,032	1,074	1,013	824	923	899	898	856	812	848	926	11,071

¹This represents 14 reporting physicians

*GYN Special Services discontinued abortion services in mid-December.

Table 1.2
Abortions by Month and Provider, 2011

	<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	0	0	0	0	0	1	0	0	5	0	0	0	6
Physician B	0	1	0	39	38	74	57	81	79	39	0	87	495
Physician C	70	88	58	55	36	63	36	43	46	46	61	37	639
Physician D	70	46	63	45	35	21	47	40	37	43	66	59	572
Physician E	1	0	0	31	14	28	53	57	24	84	94	98	484
Physician F	99	105	104	94	52	97	78	75	116	76	39	18	953
Physician G	7	6	24	7	0	1	0	0	0	1	0	0	46
Physician H	147	162	136	135	110	130	105	35	95	89	80	104	1,328
Physician I	94	97	92	95	83	96	90	106	79	80	94	106	1,112
Physician J	0	0	0	0	0	0	0	66	1	1	4	6	78
Physician K	47	44	59	43	30	34	18	33	22	26	47	28	431
Physician L	11	12	12	13	8	12	15	10	9	11	11	15	139
Physician M	36	0	0	0	0	0	18	0	0	0	0	0	54
Physician N	7	29	26	26	28	33	38	32	22	50	40	22	353
Physician O	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician P	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician Q	1	0	0	0	1	1	0	1	1	0	0	0	5
Physician R	0	0	1	0	0	4	0	1	1	2	0	0	9
Physician S	1	3	0	1	0	0	0	0	0	0	0	0	5
Physician T	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician U	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician V	12	17	17	5	4	5	10	7	11	9	12	3	112
Physician W	1	0	0	0	0	0	0	0	0	0	0	1	2
Physician X	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician Y	0	0	0	0	0	0	0	1	1	1	0	0	3
Physician Z	0	0	0	0	1	0	0	0	0	0	1	0	2
Physician AA	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BB	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician CC	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician DD	1	0	0	0	0	0	0	1	1	0	0	0	3
Physician EE	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician FF	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician GG	2	0	0	0	0	0	0	0	0	0	2	1	5
Physician HH	0	1	1	0	0	0	0	0	0	0	0	0	2
Physician II	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician JJ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician KK	45	41	58	54	41	15	26	40	37	38	27	30	452
Physician LL	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician MM	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician NN	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician OO	14	22	16	26	13	5	10	16	11	8	6	8	155
Physician PP	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician QQ	0	1	0	0	0	1	0	1	0	0	0	0	3
Physician RR	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician SS	0	1	0	1	0	0	0	0	0	0	1	0	3
Physician TT	0	0	0	0	0	0	0	0	0	0	2	0	2
Physician UU	36	3	0	33	71	104	82	18	57	22	40	85	551
Physician VV	0	0	0	0	0	0	0	0	0	3	6	0	9
Physician WW	27	8	31	19	23	29	12	0	0	0	0	0	149
Physician XX	0	0	0	0	0	0	0	1	0	0	0	1	2
Physician YY	48	47	45	31	72	0	35	37	46	43	22	49	475
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	0	0	0	1	1

Table 1.2
Abortions by Month and Provider, 2011

	<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 AC	0	0	1	1	0	0	0	0	0	2	0	1	5
Physician AD	1	0	1	0	1	0	1	0	1	0	0	0	5
Physician AE	0	0	0	0	0	0	0	0	1	0	1	1	3
Physician AF	3	0	0	0	0	1	0	0	1	0	0	1	6
Physician AG	1	3	1	2	0	0	1	2	0	1	1	0	12
Physician AH	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AI	0	0	0	1	0	0	0	1	0	0	0	2	4
Physician AJ	15	13	23	6	5	29	28	41	21	6	17	27	231
Physician AK	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AL	51	134	124	64	67	26	0	0	0	0	0	0	466
Physician AM	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AN	1	1	1	0	2	2	1	0	0	0	0	1	9
Physician AO	0	0	0	2	0	0	0	0	0	0	0	0	2
Physician AP	0	0	0	0	0	0	0	0	2	11	11	0	24
Physician AQ	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AR	27	27	40	18	10	0	0	0	0	0	14	0	136
Physician AS	2	0	1	0	3	0	0	2	1	0	0	0	9
Physician AT	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AU	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AV	8	16	20	27	15	17	14	27	13	25	15	22	219
Physician AW	0	0	0	0	0	1	0	0	0	0	0	1	2
Physician AX	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AY	0	0	0	0	1	0	1	0	0	0	0	0	2
Physician AZ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician BC	0	1	1	0	1	0	0	1	0	0	0	0	4
Physician BD	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BE	0	0	0	0	0	0	0	0	5	0	0	0	5
Physician BF	0	0	0	0	0	0	0	1	0	0	0	1	2
Physician BG	0	0	2	1	0	1	0	0	0	0	0	0	4
Physician BH	0	0	1	2	0	0	0	0	0	0	0	0	3
Physician BI	35	22	33	49	30	16	21	28	42	35	39	28	378
Physician BJ	37	69	69	74	23	50	53	61	35	24	22	8	525
Physician BK	0	0	0	0	0	0	2	0	0	0	2	0	4
Physician BL	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician BM	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician BN	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BO	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician BP	0	0	0	0	0	0	1	0	0	0	0	3	4
Physician BQ	8	7	10	9	3	21	28	7	19	23	24	18	177
Physician BR	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BS	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BT	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician BU	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BV	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BW	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BX	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician BY	0	0	0	0	0	0	15	20	9	11	0	9	64
Physician BZ	0	0	0	0	0	0	0	0	1	0	45	40	86
Physician CD	0	0	0	0	0	0	0	0	0	0	0	1	1
Total MN	966	1,032	1,074	1,013	824	923	899	898	856	812	848	926	11,071

Table 2
Medical Specialty of Physician, 2011

Obstetrics & Gynecology	7,028
Emergency Medicine	0
General/Family Practice	4,039
Other/Unspecified	4
	<hr/>
Total	11,071

Table 3
Type of Admission, 2011

Clinic	9,551
Outpatient Hospital	602
Inpatient Hospital	15
Ambulatory Surgery	27
Other/Not Specified	876
	<hr/>
Total Minnesota Occurrence	11,071

Table 4
Age of Woman, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
< 15 Years	31	30
15 - 17 Years	414	380
18 - 19 Years	964	873
20 - 24 Years	3,653	3,322
25 - 29 Years	2,828	2,620
30 - 34 Years	1,764	1,634
35 - 39 Years	956	876
40 Years & Over	461	415
Not Reported	0	0
	<hr/>	<hr/>
Total	11,071	10,150

Table 5
Marital Status, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Married	1,608	1,460
Not Married	9,272	8,510
Not Reported	191	180
	<hr/>	<hr/>
Total	11,071	10,150

Table 6
Country/State of Residence, 2011

Minnesota	10,150
Other States	
Iowa	28
Michigan	17
North Dakota	50
South Dakota	45
Wisconsin	729
Other States	42
Canada	5
Other Foreign Countries	5
Not Reported	0
	<hr/>
Total MN Occurrence	11,071

Table 7
County of Residence for Women Residing in Minnesota, 2011

State Total	10,150		
Aitkin	13	Marshall	*
Anoka	651	Martin	11
Becker	7	Meeker	14
Beltrami	37	Mille Lacs	28
Benton	53	Morrison	21
Big Stone	*	Mower	52
Blue Earth	117	Murray	*
Brown	23	Nicollet	43
Carlton	38	Nobles	*
Carver	107	Norman	*
Cass	32	Olmsted	241
Chippewa	7	Otter Tail	*
Chisago	52	Pennington	*
Clay	*	Pine	21
Clearwater	*	Pipestone	*
Cook	6	Polk	*
Cottonwood	*	Pope	*
Crow Wing	63	Ramsey	1,714
Dakota	802	Red Lake	*
Dodge	22	Redwood	9
Douglas	17	Renville	7
Faribault	7	Rice	69
Fillmore	18	Rock	*
Freeborn	31	Roseau	*
Goodhue	53	Saint Louis	325
Grant	*	Scott	234
Hennepin	3,827	Sherburne	114
Houston	7	Sibley	12
Hubbard	*	Stearns	210
Isanti	51	Steele	40
Itasca	37	Stevens	*
Jackson	11	Swift	7
Kanabec	10	Todd	12
Kandiyohi	35	Traverse	*
Kittson	*	Wabasha	31
Koochiching	10	Wadena	*
Lac Qui Parle	*	Waseca	14
Lake	10	Washington	407
Lake of the Woods	*	Watonwan	6
Le Sueur	29	Wilkin	*
Lincoln	*	Winona	57
Lyon	23	Wright	156
McLeod	36	Yellow Medicine	7
Mahnomen	*	Unknown County	1

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

Table 8
Hispanic Origin of Woman, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Non-Hispanic	9,905	9,050
Hispanic	674	645
Not Reported	492	455
	<hr/>	<hr/>
Total	11,071	10,150

Table 9
Race of Woman, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
White	6,479	5,696
Black	2,566	2,536
American Indian	293	257
Asian	828	789
Other	662	642
Not Reported	243	230
	<hr/>	<hr/>
Total	11,071	10,150

Table 10
Education Level of Woman, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
8th Grade or Less	146	138
Some High School	1,047	981
High School Graduate	3,546	3,211
Some College	3,225	2,919
College Graduate	1,325	1,227
Graduate Level	508	457
Not Reported	1,274	1,217
	<hr/>	<hr/>
Total	11,071	10,150

Table 11
Clinical Estimate of Fetal Gestational Age, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<9 weeks	7,063	6,514
9 - 10 weeks	1,841	1,683
11 - 12 weeks	833	751
13 - 15 weeks	704	637
16 - 20 weeks	561	503
21 - 24 weeks	67	60
25 - 30 weeks	1	1
31 - 36 weeks	1	1
37 weeks & over	0	0
Not Reported	0	0
	<hr/>	<hr/>
Total	11,071	10,150

Table 11a
Clinical Estimate of Fetal Gestational Age, 2010

	First Trimester		Second Trimester		Third Trimester	
	<u>Estimated Week</u>	<u>Occurring in Minnesota Residents</u>	<u>Estimated Week</u>	<u>Occurring in Minnesota Residents</u>	<u>Estimated Week</u>	<u>Occurring in Minnesota Residents</u>
<3	2	1	14	213	28	0
3	5	5	15	148	29	1
4	130	122	16	136	30	0
5	931	853	17	117	31	1
6	2,281	2,091	18	116	32	0
7	2,108	1,956	19	93	33	0
8	1,606	1,486	20	99	34	0
9	1,084	976	21	56	35	0
10	757	707	22	10	36	0
11	469	417	23	0	37	0
12	364	334	24	1	38	0
13	343	307	25	0	39	0
			26	0	40+	0
			27	0		0
Trimester Total	10,080	9,255		989		2
Total Induced Abortions:						
				11,071		10,150

Table 12
Prior Pregnancies, 2011

Number of Previous Live Births

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	4,708	4,260
One	2,592	2,389
Two	2,104	1,931
Three	966	920
Four	399	365
Five	158	147
Six	65	62
Seven	23	22
Eight	5	5
Nine or more	22	21
Not Reported	29	28

Number of Previous Spontaneous Abortions (Miscarriages)

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	8,998	8,214
One	1,536	1,429
Two	372	348
Three	92	88
Four	29	28
Five	19	19
Six	8	7
Seven	2	2
Eight	1	1
Nine or more	4	4
Not Reported	10	10

Number of Previous Induced Abortions

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	6,464	5,819
One	2,688	2,498
Two	1,109	1,055
Three	431	412
Four	186	177
Five	80	78
Six	44	43
Seven	17	17
Eight	17	16
Nine or more	21	21
Not Reported	14	14

Table 13
Contraceptive Use and Method*, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Woman did not provide information	374	354
Woman did not know whether she used contraception	81	74
Woman has never used contraceptives	482	450
Woman has used contraceptives, but not at the time of conception	6,514	5,990
Woman used contraceptives at the time of conception	3,620	3,282
Method Used		
Condoms	1,775	1,612
Condoms & Spermicide	19	15
Spermicide Alone	31	27
Sterilization - Male	15	11
Sterilization - Female	6	6
Injectable (Depo-Provera)	63	59
IUD	64	59
Mini Pills	38	35
Combination Pills	926	832
Diaphragm & Spermicide	6	6
Diaphragm Alone	6	6
Cervical Cap	0	0
Rhythm/Natural Family Planning	52	48
Fertility Awareness	3	3
Withdrawal	149	138
Other	461	419
Method Not Reported	6	6

*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, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Suction Curettage	8,017	7,343
Medical (non-surgical)	2,175	2,018
Dilation & Evacuation (D&E)	846	761
Intra-Uterine Instillation	7	7
Hysterectomy/otomy	2	1
Sharp Curettage (D&C)	16	14
Induction of Labor (Pitocin, etc.)	8	6
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	0	0
	<hr/>	<hr/>
Total	11,071	10,150

Table 15
Method of Disposal of Fetal Remains, 2011

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Cremation	6,350	5,752
Burial	30	28
Not Reported*	4,691	4,370
	<hr/>	<hr/>
Total	11,071	10,150

* '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, 2011

Occurring in Minnesota				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	454	506	1,654	2,614
Public Assistance	556	747 **	2,488	3,791
Self Pay	-	-	4,663	4,663
Unknown	-	-	3	3
	1,010	1,253	8,808	11,071

Minnesota Residents				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	422	481	1,586	2,489
Public Assistance	551	743 **	2,476	3,770
Self Pay	-	-	3,888	3,888
Unknown	-	-	3	3
	973	1,224	7,953	10,150

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

Table 17
Reason for Abortion*, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Pregnancy was a result of rape	51	47
Pregnancy was a result of incest	11	10
Economic reasons	3,796	3,520
Does not want children at this time	7,431	6,827
Emotional health is at stake	873	803
Physical Health is at stake	486	444
Continued pregnancy will cause impairment of major bodily function	46	37
Pregnancy resulted in fetal anomalies	204	182
Unknown or the woman refused to answer	1,440	1,299
Other stated reason	2,374 **	2,165

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

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2011

Single parent of one or more children	650
Education goals; desire to finish high school and/or college	501
Already have children, do not intend to have more	333
Relationship issues, including abuse, separation, and extra-marital affairs	250
Other miscellaneous responses	1,052
	<hr/>
Total*	2,786

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

Table 18
Intraoperative Complications*, 2011

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
No Complications	11,057	10,138
Cervical laceration requiring suture or repair	6	5
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	4	3
Uterine perforation	0	0
Other complication	4	4
Not Reported**	0	0
	<hr/>	<hr/>
Total	11,071	10,150

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2011
 reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	1
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	7
Uterine perforation	0
Infection requiring inpatient treatment	4
Heavy bleeding/anemia requiring transfusion	2
Failed termination of pregnancy (continued viable pregnancy)	24
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	42
Other complication	13
Complication not specified	0
Total Reported Complications	93 ¹

¹ 87 'Report of Complication(s) from Induced Abortion' forms were received.

*Neither location where the abortion was performed nor residence of patient is collected on the *Report of Complication(s) from Induced Abortion*. Therefore, these numbers cannot be directly correlated with counts of induced abortions in an attempt to seek a ratio of complications per procedure.

Table 20
Induced Abortions by Gestational Age
Performed Out of State and Paid for with State Funds¹

reported by the Minnesota Department of Human Services, 2010

<9 weeks	77
9 - 10 weeks	36
11 - 12 weeks	18
13 - 15 weeks	15
16 - 20 weeks	2
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	0
Total Occurrence	148
Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$29,436.00

¹All procedures occurred within the local trade area, that is, the "geographic area surrounding the person's residence, including portions of states other than Minnesota, which is commonly used by other persons in the same area to obtain similar necessary goods and services."

Table 21
Total and Resident Induced Abortions
1975 - 2011

	<u>Occurring in</u> <u>Minnesota</u>	<u>Minnesota</u> <u>Residents</u>	<u>Resident</u> <u>Percent</u>	<u>Resident</u> <u>Rate</u> ¹
1975	10,565	8,924	84.5	10.3
1976	14,124	11,109	78.7	12.5
1977	15,532	13,036	83.9	14.4
1978	17,262	14,521	84.1	15.6
1979	18,672	15,647	83.8	16.4
1980	19,028	16,490	86.7	17.2
1981	18,304	15,821	86.4	16.3
1982	17,758	15,559	87.6	15.8
1983	16,428	14,514	88.3	14.7
1984	17,314	15,556	89.8	15.7
1985	17,686	16,002	90.5	16.1
1986	17,383	15,716	90.4	15.8
1987	17,653	15,746	89.2	15.7
1988	17,975	16,124	89.7	15.8
1989	17,398	15,506	89.1	15.1
1990	17,156	15,280	89.1	14.9
1991	16,178	14,441	89.3	13.9
1992	15,546	13,846	89.1	13.1
1993	14,348	12,955	90.3	12.1
1994	14,027	12,702	90.6	11.8
1995	14,017	12,715	90.7	12.1
1996	14,193	12,876	90.7	12.1
1997	14,224	12,997	91.4	12.4
1998	14,422	13,050	90.5	12.4
1999	14,342	13,037	90.9	12.4
2000	14,477	13,208	91.2	12.2
2001	14,833	13,448	90.7	12.3
2002	14,239	12,953	91.0	11.8
2003	14,174	12,995	91.7	11.9
2004	13,788	12,753	92.5	11.6
2005	13,365	12,306	92.1	11.3
2006	14,065	12,948	92.1	12.1
2007	13,843	12,770	92.2	12.1
2008	12,948	11,896	91.9	11.3
2009	12,388	11,391	92.0	10.9
2010	11,505	10,570	91.9	10.1
2011	11,071	10,150	91.7	9.7 ²

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

²2011 population estimates not available at time of publication. 2010 census count was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2007-2011

	1980	1990	2000	2007	2008	2009	2010 ³	2011 ⁴
Total Resident Abortions	24.3	22.5	19.6	17.3	16.5	16.1	15.5	15.1
Age Group*								
<15 Years	231.1	68.1	71.3	77.6	72.7	116.2	89.4	71.4
15-17 Years	80.2 ¹	69.2	40.2	41.2	34.3	39.2	37.3	42.6
18-19 Years		57.5	39.5	34.7	31.2	34.4	30.5	35.1
20-24 Years	26.9	35.6	31.8	27.8	26.6	27.5	28.0	27.9
25-29 Years	11.7	14.1	15.6	13.6	13.1	12.7	12.0	12.1
30-34 Years	10.8	11.2	10.5	9.5	9.5	8.7	8.7	8.2
35-39 Years	19.8	18.3	13.7	12.9	12.3	11.6	11.5	10.9
40 Years & Over	41.9	35.9	28.2	20.9	22.6	20.0	20.1	22.0
Race of Patient*								
White	22.5	20.9	14.5	13.5	13.1	12.5	11.8	11.0
African American	n/a	n/a	60.3	47.8	43.0	43.9	40.1	41.2
American Indian	n/a	n/a	26.3	20.4	18.8	21.1	20.6	34.0
Asian	n/a	n/a	34.8	18.4	17.7	18.0	16.8	16.5
All Other ²	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	14.2	13.3	12.2	12.9	14.1
Marital Status*								
Married	3.5	4.2	4.0	4.1	3.6	3.5	3.4	3.2
Not Married	159.3	48.4	56.9	43.9	40.8	40.4	38.9	38.8

*Unknowns are not included in ratios

¹Ratio is for age 15-19. Separate data for 15-17 and 18-19 is not available for 1980.

²Race/Ethnicity data was collected differently prior to 1999, thus ratios are not available for individual categories other than 'White'.

³Figures have been updated from those published in the 2010 table with finalized 2010 birth data.

⁴Preliminary birth counts are used as 2011 data is not yet finalized at the time of this publication.

Table 23
Selected Statistics by Age Group, 2011
Minnesota Residents

	Total	<15 Years	15 - 17 Years	18 - 19 Years	20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 39 Years	40+ Years	Unkwn Age
Total Abortions	10,150	30	380	873	3,322	2,620	1,634	876	415	0
Marital Status:										
Married	1,460	0	0	11	160	359	419	327	184	0
Not Married	8,510	29	377	846	3,106	2,213	1,186	525	228	0
Unknown	180	1	3	16	56	48	29	24	3	0
Race/Ethnicity:										
White	5,696	13	217	506	1,856	1,402	898	519	285	0
African American	2,536	12	90	226	865	730	391	177	45	0
American Indian	257	0	21	16	80	72	47	16	5	0
Asian	789	2	10	43	190	214	170	107	53	0
Hispanic*	645	3	31	58	209	171	101	48	24	0
Gestation Estimate: **										
First Trimester	9,255	23	326	784	3,023	2,419	1,495	808	377	0
Second Trimester	893	7	54	89	299	201	138	68	37	0
Third Trimester	2	0	0	0	0	0	1	0	1	0
Unknown	0	0	0	0	0	0	0	0	0	0

*Persons of Hispanic origin are included in the race counts above.

**1st Trimester: 0-13 weeks, 2nd Trimester: 14-27 weeks, 3rd Trimester: 28-40+ weeks

Table 24
Contraceptive Use by Age Group and Marital Status, 2011
Minnesota Residents

	All Induced Abortions				Women with at Least One Prior Induced Abortion					
	Total	Never Used	Past Use, Not Now	Was Using, Unknown	Total	Never Used	Past Use, Not Now	Was Using, Unknown		
Total Abortions	10,150	450	5,990	3,282	428	4,330	84	2,759	1,349	138
Age Group:										
<15 Years	30	13	10	5	2	1	0	1	0	0
15-17 Years	380	74	167	117	22	19	0	11	7	1
18-19 Years	873	66	494	281	32	140	2	89	44	5
20-24 Years	3,322	120	1,969	1,090	143	1,181	24	746	372	39
25-29 Years	2,620	96	1,586	850	88	1,368	32	913	393	30
30-34 Years	1,634	36	985	542	71	899	13	553	303	30
35-39 Years	876	31	532	258	55	499	10	316	149	24
40+ Years	415	14	247	139	15	223	3	130	81	9
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	1,460	59	865	447	89	607	11	383	184	29
Not Married	8,510	379	5,026	2,787	318	3,644	69	2,325	1,148	102
Unknown	180	12	99	48	21	79	4	51	17	7

Informed Consent

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2011

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Total</u>
Telephone	10,336	3,188	13,524
In Person	59	36	95
Total Contacts	10,395	3,224	13,619
Information not provided:			
immediate abortion necessary to avert death			0
delay would create serious risk of substantial impairment			2
fetal anomaly: patient chose perinatal hospice services			3
Medical Risks Information section was left blank			21
Total reports received			13,645

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2011

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Agent of Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Agent of Physician Performing Abortion</u>	<u>Total</u>
Telephone	54	7,294	783	5,359	13,490
In Person	39	36	18	28	121
Total Contacts	93	7,330	801	5,387	13,611
Information not provided:					
immediate abortion necessary to avert death					0
delay would create serious risk of substantial impairment					2
fetal anomaly incompatible with life					7
Medical Assistance & Printed Materials Information section was left blank					25
Total reports received					13,645

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2011

	<u>Obtained Abortion</u>	<u>Did Not Obtain Abortion</u>	<u>Do Not Know</u>	<u>Total</u>
Patient obtained printed copies	271	4	537	812
Patient did not obtain printed copies	9,818	127	2,854	12,799
Total	10,089	131	3,391	13,611
Patient Access to Printed Materials section was left blank				34
Total reports received				13,645

Appendix

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

REPORT OF INDUCED ABORTION

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

1. Facility Reporting Code <input style="width: 100%; height: 20px;" type="text"/>	2. Physician Reporting Code <input style="width: 100%; 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; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Elementary/Secondary (0-12) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> College (1-4 or 5+)
--	---	---

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

14. Previous Pregnancies (Complete each section)

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

15. Contraceptive Use at Time of Conception

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

B. Method Used:

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

16. Type of Abortion Procedure (Check only one)

Suction Curettage

Medical (Nonsurgical),

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

Dilation and Evacuation (D&E)

Intra-Uterine Instillation (Saline or Prostaglandin)

Hysterectomy/otomy

Sharp Curettage (D&C)

Induction of Labor (Pitocin, etc.)

Intact Dilation and Extraction (D&X)

Other Dilation and Extraction (D&X)

Other (Specify) _____

17. Intraoperative Complication(s) from Induced Abortion

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

(Check all that apply)

No complication(s)

Cervical laceration requiring suture or repair

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

Uterine perforation

Other (Specify) _____

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

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

Cremation Interment by burial

19. Type of Payment (Check only one)

Private coverage Public assistance health coverage Self pay

20. Type of Health Coverage (Check only one)

Fee for service plan Capitated private plan Other/Unknown

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

Pregnancy was a result of rape

Pregnancy was a result of incest

Economic reasons

Does not want children at this time

Emotional health is at stake

Physical health is at stake

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

Pregnancy resulted in fetal anomalies

Unknown or the woman refused to answer

Other _____



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

REPORT OF INDUCED ABORTION

Mandated reporters

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

Induced abortion defined

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

Importance of induced abortion reporting

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

Physician and patient confidentiality

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

MINNESOTA STATE LAW

ARTICLE 10, HEALTH DATA REPORTING

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

REPORTING PROCEDURE

COMPLETION AND SUBMISSION OF REPORTS

1. Reporting by physician or facility

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

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

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

2. Facility reporting codes

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

3. Physician reporting codes

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

4. One report per induced termination of pregnancy

Complete one report for each termination of pregnancy procedure performed.

5. Criterion for a complete report

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

6. "Reason for abortion" question

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

7. Method of disposal for fetal remains

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

8. Submission dates

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



REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

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

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

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

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

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

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

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

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

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

____ Yes ____ No

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

INSTRUCTIONS

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

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

PROCEDURE FOR COMPLETION AND SUBMISSION OF FORMS:

1. Completion of items

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

2. Reporting complications not indicated on the current list

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

3. Reporting by physician or facility

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

4. Submission dates

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

MINNESOTA STATE LAW

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

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

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

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



REPORT OF INFORMED CONSENT RELATED TO INDUCED ABORTION

► Instructions

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

Reporting Year _____

Physician Reporting Code _____

Medical Risks Information

► Check one box in question 1.

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

Telephone by:
 referring physician
 physician who will perform the abortion

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

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

Medical Assistance and Printed Materials Information

► Check one box in question 2.

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

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

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

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

Patient Access to Printed Materials

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

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

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

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

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

