
Induced Abortions in Minnesota January - December 2014: Report to the Legislature

July 2015



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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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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 sixteenth such report and covers the period from January 1, 2014 through December 31, 2014. No additional late or corrected *Report of Induced Abortion* forms were received since publication of the 2013 data in July of 2014. However, seven additional 2013 *Report of Complication(s) from Induced Abortion* forms were submitted. Table 19, on which this data is reported, is included in the appendix with the updated counts for 2013.

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 2014 data to the Department of Health by April 1, 2015. 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 2014 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, 2014

	<u>Jan</u> <u>2014</u>	<u>Feb</u> <u>2014</u>	<u>Mar</u> <u>2014</u>	<u>Apr</u> <u>2014</u>	<u>May</u> <u>2014</u>	<u>Jun</u> <u>2014</u>	<u>Jul</u> <u>2014</u>	<u>Aug</u> <u>2014</u>	<u>Sep</u> <u>2014</u>	<u>Oct</u> <u>2014</u>	<u>Nov</u> <u>2014</u>	<u>Dec</u> <u>2014</u>	<u>Total</u> <u>2014</u>
Women's Health Center	39	39	39	39	41	40	34	35	35	22	30	40	433
Robbinsdale Clinic	104	96	104	101	102	69	99	95	88	79	64	87	1,088
Dr. Mildred Hansen Clinic	57	64	62	48	59	48	70	57	75	74	58	76	748
Planned Parenthood of Minnesota*	446	413	431	370	453	438	417	387	408	447	370	401	4,981
Whole Woman's Health, LLC	311	252	213	227	237	219	230	242	206	194	186	251	2,768
Independent Physicians ¹	12	9	7	10	12	2	8	8	6	10	6	15	105
Total Minnesota Occurrence	969	873	856	795	904	816	858	824	818	826	714	870	10,123

¹This represents 10 reporting physicians and small clinics
*Counts include both St. Paul and Rochester locations.

December counts, and thus totals, for Planned Parenthood and Whole Woman's Health were corrected on July 13, 2015. The count for Planned Parenthood decreased by 9, while that for Whole Woman's Health increased by 9.

Table 1.2
Abortions by Month and Provider, 2014

	<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	28	39	47	19	38	13	8	1	28	30	26	54	331
Physician B	0	0	1	0	0	0	0	0	0	0	1	0	2
Physician C	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician D	0	0	0	0	0	0	0	1	0	0	0	1	2
Physician E	26	0	4	0	0	0	0	0	0	0	0	1	31
Physician F	103	96	103	101	102	69	98	94	87	79	63	85	1,080
Physician G	59	71	66	40	27	38	74	28	47	16	32	53	551
Physician H	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician I	59	52	30	51	65	69	66	69	28	44	45	47	625
Physician J	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician K	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician L	0	0	0	0	1	1	0	2	0	0	0	1	5
Physician M	0	0	0	0	1	0	1	0	1	0	0	0	3
Physician N	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician O	31	27	34	24	47	34	11	51	11	14	15	27	326
Physician P	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician Q	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician R	10	13	10	10	15	15	4	16	12	12	18	13	148
Physician S	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician T	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician U	1	0	0	0	0	0	0	0	1	0	0	0	2
Physician V	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician W	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician X	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician Y	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician Z	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AA	0	0	0	0	1	0	0	0	0	1	0	0	2
Physician BB	0	0	0	0	2	0	0	0	0	0	0	0	2
Physician CC	0	0	0	0	0	0	0	0	2	0	0	0	2
Physician DD	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician EE	0	0	1	0	0	0	0	1	0	1	0	0	3
Physician FF	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician GG	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician HH	0	0	0	0	0	2	0	0	0	0	0	0	2
Physician II	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician JJ	1	1	0	1	1	0	0	0	0	1	0	0	5
Physician KK	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician LL	2	1	0	0	0	0	1	0	0	2	0	0	6
Physician MM	1	0	0	0	0	0	1	1	0	0	1	1	5
Physician NN	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician OO	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician PP	31	13	12	9	17	16	27	21	18	19	8	9	200
Physician QQ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician RR	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician SS	118	107	159	144	126	160	157	112	125	159	103	101	1,571
Physician TT	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician UU	2	0	0	0	0	0	0	0	0	0	0	0	2
Physician VV	0	0	0	0	0	0	0	1	1	0	0	0	2
Physician WW	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician XX	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician YY	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician ZZ	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AB	1	2	1	1	1	0	0	0	0	0	0	0	6

Table 1.2
Abortions by Month and Provider, 2014

	<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	1	0	1	0	0	0	0	1	0	0	2	0	5
Physician AD	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AE	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AF	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AG	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AH	3	0	0	0	0	0	0	0	0	0	0	0	3
Physician AI	0	0	0	1	0	1	0	0	0	0	1	0	3
Physician AJ	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AK	13	36	28	20	35	29	15	24	26	30	33	31	320
Physician AL	44	29	25	43	34	30	48	27	33	27	0	0	340
Physician AM	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AN	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AO	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AP	37	28	24	9	30	27	11	33	16	14	0	0	229
Physician AQ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AR	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AS	0	0	0	0	0	0	0	1	1	0	0	1	3
Physician AT	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AU	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AV	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AW	0	0	0	0	0	0	0	0	0	2	0	0	2
Physician AX	0	0	35	0	0	0	0	0	0	0	0	0	35
Physician AY	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AZ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician BC	9	30	31	16	19	19	22	16	43	1	38	45	289
Physician BD	38	27	19	48	36	27	31	0	0	10	4	8	248
Physician BE	1	9	10	27	21	15	19	18	24	32	32	27	235
Physician BF	161	106	65	73	96	67	98	72	64	56	55	51	964
Physician BG	1	0	0	0	1	0	1	0	0	0	0	0	3
Physician BH	0	0	0	0	0	1	0	0	0	1	0	0	2
Physician BI	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BJ	1	0	0	1	0	0	0	0	0	0	0	1	3
Physician BK	91	83	51	46	77	48	53	31	76	42	39	70	707
Physician BL	1	2	0	0	0	0	0	0	0	0	0	0	3
Physician BM	1	1	0	0	0	0	0	0	0	0	0	0	2
Physician BN	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BO	0	0	0	0	1	0	0	0	0	1	0	0	2
Physician BP	0	0	1	0	0	0	0	1	0	0	0	0	2
Physician BQ	0	0	0	0	1	0	0	0	0	0	1	0	2
Physician BR	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician BS	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician BT	2	0	0	2	4	1	1	10	2	2	0	0	24
Physician BU	64	55	46	36	27	47	24	47	17	22	5	26	416
Physician BV	0	0	0	0	0	0	1	0	0	0	0	1	2
Physician BW	0	1	4	1	4	3	0	12	33	7	13	18	96
Physician BX	0	0	0	0	0	0	0	0	2	0	0	0	2
Physician BY	0	0	1	2	0	3	1	0	0	0	0	0	7
Physician BZ	0	0	1	0	0	0	6	0	6	14	32	14	73
Physician CD	3	1	3	7	3	3	4	4	8	1	1	0	38
Physician CE	0	0	0	2	0	4	0	2	1	0	0	0	9
Physician CF	0	0	0	2	0	0	0	0	0	0	0	0	2
Physician CG	0	0	0	0	0	0	0	1	0	0	1	0	2
Physician CH	10	23	27	36	26	29	32	36	24	14	25	32	314

Table 1.2
Abortions by Month and Provider, 2014

	<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 CI	0	10	11	9	36	19	7	30	27	36	6	23	214
Physician CJ	0	1	0	0	1	0	0	0	0	0	0	0	2
Physician CK	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician CL	0	0	0	0	2	18	30	20	8	11	4	0	93
Physician CM	1	0	0	0	0	0	0	0	21	78	51	52	203
Physician CN	0	0	0	0	0	1	0	0	1	0	0	1	3
Physician CO	2	0	0	0	0	0	0	36	17	38	53	62	208
Physician CP	0	0	0	0	0	0	0	0	1	2	0	2	5
Physician CQ	0	0	0	0	0	1	0	0	0	0	0	1	2
Physician CR	1	1	0	0	0	0	0	0	0	0	0	0	2
Physician CS	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician CT	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician CU	0	0	0	0	0	0	0	0	0	1	0	1	2
Physician CV	0	1	0	0	0	0	0	0	0	1	0	0	2
Physician CW	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician CX	2	0	1	1	2	1	1	1	0	0	1	2	12
Physician CY	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician CZ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician DE	1	0	1	1	0	0	1	1	0	0	0	0	5
Physician DF	1	0	0	1	0	0	0	1	0	0	1	2	6
Physician DG	0	0	0	0	1	0	0	0	1	0	0	1	3
Physician DH	0	0	0	2	1	0	0	0	0	0	0	3	6
Physician DI	0	0	0	1	0	0	0	0	0	0	0	0	1
Total MN	969	873	856	795	904	816	858	824	818	826	714	870	10,123

Table 2
Medical Specialty of Physician, 2014

Obstetrics & Gynecology	6,953
Emergency Medicine	3
General/Family Practice	3,163
Other/Unspecified	4
	<hr/>
Total	10,123

Table 3
Type of Admission, 2014

Clinic	9,168
Outpatient Hospital	68
Inpatient Hospital	31
Ambulatory Surgery	8
Other/Not Specified	848
	<hr/>
Total Minnesota Occurrence	10,123

Table 4
Age of Woman, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
< 15 Years	32	30
15 - 17 Years	275	235
18 - 19 Years	667	598
20 - 24 Years	3,136	2,800
25 - 29 Years	2,756	2,538
30 - 34 Years	1,821	1,675
35 - 39 Years	1,037	941
40 Years & Over	399	363
Not Reported	0	0
	<hr/>	<hr/>
Total	10,123	9,180

Table 5
Marital Status, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Married	1,423	1,285
Not Married	7,880	7,122
Not Reported	820	773
	<hr/>	<hr/>
Total	10,123	9,180

Table 6
Country/State of Residence, 2014

Minnesota	9,180
Other States	
Iowa	36
Michigan	37
North Dakota	59
South Dakota	57
Wisconsin	712
Other States	35
Canada	4
Other Foreign Countries	2
Not Reported	1
	<hr/>
Total MN Occurrence	10,123

Table 7
County of Residence for Women Residing in Minnesota, 2014

State Total	9,172		
Aitkin	9	Marshall	*
Anoka	592	Martin	14
Becker	9	Meeker	12
Beltrami	39	Mille Lacs	31
Benton	54	Morrison	22
Big Stone	*	Mower	51
Blue Earth	125	Murray	*
Brown	15	Nicollet	36
Carlton	39	Nobles	8
Carver	67	Norman	*
Cass	25	Olmsted	168
Chippewa	*	Otter Tail	7
Chisago	47	Pennington	*
Clay	6	Pine	31
Clearwater	*	Pipestone	*
Cook	*	Polk	*
Cottonwood	10	Pope	6
Crow Wing	61	Ramsey	1,681
Dakota	689	Red Lake	*
Dodge	12	Redwood	6
Douglas	13	Renville	9
Faribault	9	Rice	73
Fillmore	16	Rock	*
Freeborn	20	Roseau	*
Goodhue	47	Saint Louis	282
Grant	*	Scott	211
Hennepin	3,496	Sherburne	99
Houston	9	Sibley	7
Hubbard	*	Stearns	176
Isanti	48	Steele	28
Itasca	31	Stevens	*
Jackson	*	Swift	6
Kanabec	8	Todd	10
Kandiyohi	33	Traverse	*
Kittson	*	Wabasha	17
Koochiching	8	Wadena	6
Lac Qui Parle	*	Waseca	12
Lake	12	Washington	330
Lake of the Woods	*	Watonwan	7
Le Sueur	25	Wilkin	*
Lincoln	*	Winona	51
Lyon	17	Wright	116
McLeod	26	Yellow Medicine	*
Mahnomen	*	Unknown County	1

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

Table 8
Hispanic Origin of Woman, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Non-Hispanic	8,751	7,897
Hispanic	606	580
Not Reported	766	703
	<hr/>	<hr/>
Total	10,123	9,180

Table 9
Race of Woman, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
White	5,336	4,563
Black	2,295	2,264
American Indian	253	226
Asian	718	692
Other	902	859
Not Reported	619	576
	<hr/>	<hr/>
Total	10,123	9,180

Table 10
Education Level of Woman, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
8th Grade or Less	123	117
Some High School	626	569
High School Graduate	2,461	2,221
Some College	3,030	2,687
College Graduate	1,191	1,066
Graduate Level	471	421
Not Reported	2,221	2,099
	<hr/>	<hr/>
Total	10,123	9,180

Table 11
Clinical Estimate of Fetal Gestational Age, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
<9 weeks	6,638	6,053
9 - 10 weeks	1,466	1,334
11 - 12 weeks	743	671
13 - 15 weeks	684	623
16 - 20 weeks	495	419
21 - 24 weeks	95	78
25 - 30 weeks	2	2
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	0	0
	<hr/>	<hr/>
Total	10,123	9,180

Table 11a
Clinical Estimate of Fetal Gestational Age, 2014

Estimated Week	First Trimester		Second Trimester		Third Trimester			
	Occurring in Minnesota	Minnesota Residents	Occurring in Minnesota	Minnesota Residents	Occurring in Minnesota	Minnesota Residents		
<3	4	4	14	222	202	28	0	0
3	6	5	15	179	165	29	0	0
4	92	87	16	145	126	30	0	0
5	960	853	17	99	86	31	0	0
6	2,219	2,042	18	100	85	32	0	0
7	1,956	1,785	19	74	64	33	0	0
8	1,401	1,277	20	77	58	34	0	0
9	908	831	21	71	57	35	0	0
10	558	503	22	18	16	36	0	0
11	449	408	23	5	4	37	0	0
12	294	263	24	1	1	38	0	0
13	283	256	25	1	1	39	0	0
			26	0	0	40+	0	0
			27	1	1			
Trimester Total	9,130	8,314	993	866			0	0
Total Induced Abortions:			Occurring in Minnesota:	10,123	Minnesota Residents:	9,180		

Table 12
Prior Pregnancies, 2014

Number of Previous Live Births

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	4,186	3,722
One	2,401	2,179
Two	1,942	1,784
Three	954	884
Four	350	327
Five	157	154
Six	62	62
Seven	28	27
Eight	14	14
Nine or more	21	20
Not Reported	8	7

Number of Previous Spontaneous Abortions (Miscarriages)

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	8,106	7,320
One	1,487	1,383
Two	357	328
Three	110	96
Four	32	27
Five	8	6
Six	7	5
Seven	4	4
Eight	2	2
Nine or more	6	6
Not Reported	4	3

Number of Previous Induced Abortions

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
None	6,049	5,373
One	2,411	2,220
Two	978	927
Three	385	370
Four	164	158
Five	63	61
Six	35	34
Seven	10	10
Eight	5	5
Nine or more	18	18
Not Reported	5	4

Table 13
Contraceptive Use and Method*, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Woman did not provide information	688	643
Woman did not know whether she used contraception	181	157
Woman has never used contraceptives	796	729
Woman has used contraceptives, but not at the time of conception	5,331	4,823
Woman used contraceptives at the time of conception	3,127	2,828
Method Used		
Condoms	1,324	1,202
Condoms & Spermicide	13	13
Spermicide Alone	19	17
Sterilization - Male	13	11
Sterilization - Female	8	8
Injectable (Depo-Provera)	83	78
IUD	76	71
Mini Pills	82	70
Combination Pills	607	542
Diaphragm & Spermicide	2	2
Diaphragm Alone	4	4
Cervical Cap	1	1
Rhythm/Natural Family Planning	38	33
Fertility Awareness	7	5
Withdrawal	73	66
Other	774	702
Method Not Reported	3	3

*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, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Suction Curettage	6,537	5,916
Medical (non-surgical)	2,845	2,617
Dilation & Evacuation (D&E)	704	614
Intra-Uterine Instillation	16	16
Hysterectomy/otomy	1	1
Sharp Curettage (D&C)	10	8
Induction of Labor (Pitocin, etc.)	9	7
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	1	1
	<hr/>	<hr/>
Total	10,123	9,180

Table 15
Method of Disposal of Fetal Remains, 2014

	Occurring in <u>Minnesota</u>	Minnesota <u>Residents</u>
Cremation	4,417	3,897
Burial	35	34
Not Reported*	5,671	5,249
	<hr/>	<hr/>
Total	10,123	9,180

* '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, 2014

Occurring in Minnesota				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	296	2	2,127	2,425
Public Assistance	660	4 **	3,194	3,858
Self Pay	-	-	3,837	3,837
Unknown	-	-	3	3
	956	6	9,161	10,123

Minnesota Residents				
	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	276	2	2,012	2,290
Public Assistance	660	4 **	3,180	3,844
Self Pay	-	-	3,043	3,043
Unknown	-	-	3	3
	936	6	8,238	9,180

**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*, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
Pregnancy was a result of rape	74	65
Pregnancy was a result of incest	13	12
Economic reasons	2,712	2,405
Does not want children at this time	6,998	6,370
Emotional health is at stake	747	657
Physical Health is at stake	595	513
Continued pregnancy will cause impairment of major bodily function	37	31
Pregnancy resulted in fetal anomalies	188	163
Unknown or the woman refused to answer	1,594	1,450
Other stated reason	582 **	512

*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, 2014

Single parent of one or more children	4
Education goals; desire to finish high school and/or college	15
Already have children, do not intend to have more	38
Relationship issues, including abuse, separation, and extra-marital affairs	49
Other miscellaneous responses	478
	<hr/>
Total*	584

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

Table 18
Intraoperative Complications*, 2014

	<u>Occurring in Minnesota</u>	<u>Minnesota Residents</u>
No Complications	10,102	9,159
Cervical laceration requiring suture or repair	10	10
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2	2
Uterine perforation	1	1
Other complication	7	7
Not Reported**	1	1
	<hr/>	<hr/>
Total	10,123	9,180

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2014
 reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	4
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	6
Uterine perforation	2
Infection requiring inpatient treatment	6
Heavy bleeding/anemia requiring transfusion	4
Failed termination of pregnancy (continued viable pregnancy)	7
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	26
Other complication	7
Complication not specified	0
Total Reported Complications	62 ¹

¹ 47 '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, 2013

<9 weeks	38
9 - 10 weeks	30
11 - 12 weeks	17
13 - 15 weeks	5
16 - 20 weeks	2
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	44
<hr style="width: 20%; margin: 0 auto;"/>	
Total Occurrence	136
Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$20,463.63

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 - 2014

	<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
2012	10,701	9,758	91.2	9.3
2013	9,903	9,030	91.2	8.6
2014	10,123	9,180	90.7	8.7 ²

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

²2014 population estimates not available at time of publication. 2013 count was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2010-2014

	1980	1990	2000	2010	2011	2012	2013 ³	2014
Total Resident Abortions	24.3	22.5	19.6	15.5	14.8	14.2	13.1	13.1
Age Group*								
<15	231.1	68.1	71.3	89.4	71.4	79.1	80.6	130.4
15-17 Years	80.2 ¹	69.2	40.2	37.3	40.9	37.4	31.8	33.2
18-19 Years		57.5	39.5	30.5	34.4	30.8	30.3	29.9
20-24 Years	26.9	35.6	31.8	28.0	27.2	26.4	24.6	24.4
25-29 Years	11.7	14.1	15.6	12.0	11.8	11.7	11.0	11.7
30-34 Years	10.8	11.2	10.5	8.7	8.0	7.3	7.5	7.3
35-39 Years	19.8	18.3	13.7	11.5	10.7	11.4	9.7	10.3
40 Years & Over	41.9	35.9	28.2	20.1	21.6	19.3	18.2	19.6
Race of Patient*								
White	22.5	20.9	14.5	11.8	10.9	10.2	8.8	8.7
African American	n/a ²	n/a ²	60.3	40.1	38.7	35.0	29.8	28.7
American Indian	n/a ²	n/a ²	26.3	20.6	17.8	14.6	12.8	17.5
Asian	n/a ²	n/a ²	34.8	16.8	15.8	13.4	12.1	12.5
All Other	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	12.9	14.0	13.2	10.9	12.4
Marital Status*								
Married	3.5	4.2	4.0	3.4	3.2	3.0	2.6	2.7
Not Married	159.3	48.4	56.9	38.9	38.0	34.7	30.8	31.5

*Unknowns are not included in ratios

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

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

³Figures have been updated from those published in the 2013 table with finalized 2013 birth data.

Table 23
Selected Statistics by Age Group, 2014
Minnesota Residents

	<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	9,180	30	235	598	2,800	2,538	1,675	941	363	0
Marital Status:										
Married	1,285	0	1	7	131	321	381	297	147	0
Not Married	7,122	29	201	532	2,425	2,027	1,157	563	188	0
Unknown	773	1	33	59	244	190	137	81	28	0
Race/Ethnicity:										
White	4,563	11	119	314	1,367	1,213	846	507	186	0
African American	2,264	5	55	123	750	699	400	179	53	0
American Indian	226	1	10	19	74	63	29	23	7	0
Asian	692	2	7	31	154	172	169	104	53	0
Hispanic*	580	9	14	50	221	138	81	45	22	0
Gestation Estimate: **										
First Trimester	8,314	24	200	524	2,515	2,321	1,532	862	336	0
Second Trimester	866	6	35	74	285	217	143	79	27	0
Third Trimester	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0

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

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

Table 24
Contraceptive Use by Age Group and Marital Status, 2014
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	9,180	729	4,823	2,828	800	3,807	221	2,135	1,189	262
Age Group:										
<15 Years	30	13	10	4	3	3	0	3	0	0
15-17 Years	235	42	79	79	35	11	3	2	5	1
18-19 Years	598	67	298	162	71	69	7	38	16	8
20-24 Years	2,800	236	1,477	857	230	956	70	517	302	67
25-29 Years	2,538	167	1,349	831	191	1,206	52	687	386	81
30-34 Years	1,675	115	888	525	147	856	48	477	273	58
35-39 Years	941	62	511	276	92	520	29	299	154	38
40+ Years	363	27	211	94	31	186	12	112	53	9
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	1,285	130	641	381	133	467	42	252	137	36
Not Married	7,122	520	3,831	2,200	571	3,065	162	1,741	966	196
Unknown	773	79	351	247	96	275	17	142	86	30

Informed Consent

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2014

<u>Contact Method</u>	<u>Referring Physician</u>	<u>Physician Performing Abortion</u>	<u>Total</u>
Telephone	10,526	1,583	12,109
In Person	96	26	122
Total Contacts	10,622	1,609	12,231
Information not provided:			
immediate abortion necessary to avert death			0
delay would create serious risk of substantial impairment			1
fetal anomaly: patient chose perinatal hospice services			3
Medical Risks Information section was left blank			26
Total reports received			12,261

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2014

<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	592	9,316	278	1,846	12,032
In Person	42	120	11	10	183
Total Contacts	634	9,436	289	1,856	12,215
Information not provided:					
immediate abortion necessary to avert death					0
delay would create serious risk of substantial impairment					1
fetal anomaly incompatible with life					15
Medical Assistance & Printed Materials Information section was left blank					30
Total reports received					12,261

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2014

	<u>Obtained Abortion</u>	<u>Did Not Obtain Abortion</u>	<u>Do Not Know</u>	<u>Total</u>
Patient obtained printed copies	149	2	59	210
Patient did not obtain printed copies	9,779	88	2,151	12,018
Total	9,928	90	2,210	12,228
Patient Access to Printed Materials section was left blank				33
Total reports received				12,261

Appendix

Updates to 2013 Data

Minnesota Statutes, sections 145.4134 and 145.4246 require that each yearly report provide the statistics for any previous calendar year for which additional information from late or corrected reports was received, adjusted to reflect these new numbers. Following the publication of the report for calendar year 2013 in July of 2014, seven additional ***Report of Complication(s) from Induced Abortion*** forms were received. Table 19, on which these complications are tabulated, is included in this section of the Appendix and reflects the updated counts. Tables for which the data did not change have not been republished here.

Table 19
Postoperative Complications*, 2013
 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	2
Uterine perforation	2
Infection requiring inpatient treatment	1
Heavy bleeding/anemia requiring transfusion	2
Failed termination of pregnancy (continued viable pregnancy)	9
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	40
Other complication	5
Complication not specified	0
Total Reported Complications	<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> 61 ¹

¹ 58 '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.

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) _____
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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
 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.

