

**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:  
*First* *Last*

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:

Check if date not known:

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

H. Indicate the complication(s) diagnosed. Select all that apply and/or specify any complication not listed:

1. Cervical laceration requiring suture or repair
2. Heavy bleeding/hemorrhage with estimated blood loss of  $\geq 500$  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 for Completing Report of Complication(s) from Induced Abortion

**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 all items A-H. 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 contacting the physician should a report be incomplete, 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. **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 may be more complications associated with induced abortion, the "Other" category is provided to capture those additional 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.