Induced Abortions in Minnesota

January - December 2015:

Report to the Legislature

July 2016

MDH Minnesota Department *of* Health
MINNESOTA CENTER FOR HEALTH STATISTICS

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Introduction

Introduction

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 seventeenth such report and covers the period from January 1 through December 31, 2015. No additional late or corrected *Report of Induced Abortion* forms, *Report of Complication(s) from Induced Abortion* forms or *Report of Informed Consent Related to Induced Abortion* forms were received since publication of the 2014 data in July of 2015.

History

The 1998 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.

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 MDH 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 2015 data to MDH by April 1, 2016. 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. The patient must be informed of available perinatal hospice services and offered this care as an alternative to abortion. If the patient accepts the 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 2015 Minnesota Legislature enacted the "Born Alive Infant Protection Act" a portion of which amended the abortion reporting requirements to add whether an abortion results in a born alive infant. Information collected includes medical actions taken to preserve the life of the infant, whether the infant survived and the status of a surviving infant. The text of this act can be found in the Appendix of this publication. [Minnesota Statutes, sections 145.4131, subdivision 1 and 145.423, subdivisions 1 through 9]

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 are 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 is 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 having performed or having had an abortion may be identified using epidemiologic principles."

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 are be necessary to protect the confidentiality of the individual.

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, 2015

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Total 2015
Women's Health Center	37	27	44	44	35	24	35	30	34	31	26	31	398
Robbinsdale Clinic	96	90	88	67	90	87	89	90	109	91	69	73	1,039
Dr. Mildred Hansen Clinic	91	79	99	72	66	82	84	90	92	79	57	63	954
Planned Parenthood of Minnesota*	485	442	458	451	444	385	423	282	333	429	444	472	5,048
Whole Woman's Health, LLC	260	212	186	181	186	174	199	214	198	194	137	187	2,328
Independent Physicians[1]	7	14	8	4	8	11	10	6	10	6	5	5	94
Total Minnesota Occurrence	976	864	883	819	829	763	840	712	776	830	738	831	9,861

[1]This represents 7 reporting physicians, small clinics and hospitals
*Counts include both St. Paul and Rochester locations.

Table 1.2
Abortions by Month and Provider, 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	37	12	31	29	21	6	75	60	13	21	10	18	333
Physician B	96	90	88	67	90	87	89	90	109	91	69	73	1,039
Physician C	22	9	41	28	23	37	1	2	46	31	23	21	284
Physician D	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician E	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician F	51	39	40	21	20	7	25	16	26	27	8	52	332
Physician G	36	70	82	22	38	46	33	21	37	39	21	49	494
Physician H	0	0	0	0	2	1	0	0	0	0	0	0	3
Physician I	0	2	1	0	0	1	0	2	1	0	0	0	7
Physician J	73	28	32	52	34	0	17	12	18	32	26	28	352
Physician K	0	15	14	14	14	11	10	12	21	10	12	12	145
Physician L	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician M	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician N	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician O	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician P	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician Q	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician R	0	0	1	0	1	0	0	0	0	0	0	0	2
Physician S	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician T	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician U	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician V	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician W	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician X	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician Y	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician Z	1	1	1	1	1	0	2	0	1	0	0	0	8
Physician AA	0	1	1	0	0	1	2	0	1	0	0	0	6
Physician BB	0	0	0	0	0	0	1	0	1	0	0	1	3
Physician CC	1	0	0	0	1	1	0	0	0	0	0	0	3
Physician DD	0	2	1	0	0	0	1	0	0	1	0	0	5
Physician EE	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician FF	0	0	0	1	0	0	0	0	1	0	0	0	2
Physician GG	9	10	19	15	20	5	6	0	6	0	0	0	90
Physician HH	140	127	157	113	70	106	83	62	61	77	98	82	1,176
Physician II	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician JJ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician KK	0	1	0	0	1	0	0	0	0	0	0	0	2
Physician LL	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician MM	1	0	0	0	0	1	0	0	0	1	0	0	3
Physician NN	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician OO	1	3	1	0	0	1	0	0	1	2	3	0	12
Physician PP	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician QQ	35	34	31	34	16	36	32	21	37	14	21	27	338
Physician RR	12	10	15	22	15	19	33	31	25	28	27	20	257
Physician SS	0	29	0	0	0	8	0	6	0	0	4	0	47
Physician TT	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician UU	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician VV	2	0	0	0	0	0	0	0	0	0	0	0	2
Physician WW	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician XX	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician YY	0	1	1	0	0	1	1	0	0	0	0	1	5
Physician ZZ	0	0	1	1	0	0	0	1	0	1	0	0	4
Physician AB	0	0	2	1	0	0	0	0	1	0	0	0	4

Table 1.2
Abortions by Month and Provider, 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AC	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AD	0	0	0	0	0	0	0	0	1	1	0	0	2
Physician AE	38	17	0	56	59	59	28	40	33	42	53	71	496
Physician AF	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AG	0	0	0	30	15	26	45	21	12	29	34	16	228
Physician AH	26	35	33	24	24	25	5	30	21	25	13	28	289
Physician AI	60	58	31	64	58	61	48	60	50	59	37	43	629
Physician AJ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AK	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AL	46	69	43	31	77	8	36	29	45	51	51	50	536
Physician AM	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AN	0	1	0	0	0	1	0	1	0	0	0	0	3
Physician AO	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AP	0	0	0	0	0	0	0	0	0	0	1	1	2
Physician AQ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AR	1	0	0	0	0	0	0	0	1	0	0	0	2
Physician AS	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AT	0	0	1	0	0	0	1	0	1	0	0	0	3
Physician AU	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AV	34	14	21	25	22	27	41	36	44	38	23	18	343
Physician AW	0	10	7	0	13	1	10	12	14	7	9	12	95
Physician AX	17	16	0	14	18	33	65	9	15	20	16	16	239
Physician AY	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician AZ	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician BC	30	25	20	18	21	32	22	12	39	18	26	33	296
Physician BD	40	32	24	20	19	19	28	16	24	23	21	14	280
Physician BE	2	0	0	0	0	0	0	0	0	0	0	0	2
Physician BF	0	1	0	1	0	0	2	1	0	1	0	1	7
Physician BG	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BH	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BI	12	0	0	6	0	0	0	0	0	0	0	0	18
Physician BJ	86	39	57	43	63	46	60	31	4	0	0	40	469
Physician BK	55	54	44	22	36	22	21	41	0	2	0	10	307
Physician BL	4	0	4	0	0	0	0	0	0	0	0	0	8
Physician BM	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BN	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BO	0	0	15	22	18	15	0	9	0	0	0	0	79
Physician BP	0	0	20	16	13	0	14	0	15	13	33	34	158
Physician BQ	2	0	0	0	1	0	0	18	0	11	11	0	43
Physician BR	0	0	0	0	0	0	0	1	38	86	64	45	234
Physician BS	0	0	0	0	0	0	0	0	10	14	15	12	51
Physician BT	0	0	0	0	0	7	0	7	0	13	7	0	34
Physician BU	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BV	0	0	0	0	0	1	1	1	0	0	0	0	3
Physician BW	0	0	0	0	0	0	0	0	1	0	0	1	2
Physician BX	0	0	0	0	1	0	0	0	0	0	0	0	1
Total MN	976	864	883	819	829	763	840	712	776	830	738	831	9,861

Table 2
Medical Specialty of Physician, 2015

Obstetrics & Gynecology	6,734
Emergency Medicine	3
General/Family Practice	3,118
Other/Unspecified	6
Total	9,861

Table 3
Type of Admission, 2015

Clinic	8,801
Outpatient Hospital	38
Inpatient Hospital	18
Ambulatory Surgery	40
Other/Not Specified	964
Total Minnesota Occurrence	9,861

Table 4
Age of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
< 15 Years	18	16
15 - 17 Years	228	205
18 - 19 Years	626	547
20 - 24 Years	2,939	2,615
25 - 29 Years	2,690	2,455
30 - 34 Years	1,912	1,747
35 - 39 Years	1,107	1,009
40 Years & Over	341	304
Not Reported	0	0
Total	9,861	8,898

Table 5
Marital Status, 2015

	Occurring in Minnesota	Minnesota Residents
Married	1,472	1,302
Not Married	7,640	6,912
Not Reported	749	684
Total	9,861	8,898

Table 6
Country/State of Residence, 2015

Minnesota	8,898
Other States	
Iowa	61
Michigan	35
North Dakota	89
South Dakota	74
Wisconsin	665
Other States	31
Canada	2
Other Foreign Countries	5
Not Reported	1
Total MN Occurrence	9,861

Table 7
County of Residence for Women Residing in Minnesota, 2015

State Total	8,898		
Aitkin	6	Marshall	*
Anoka	541	Martin	14
Becker	*	Meeker	20
Beltrami	39	Mille Lacs	23
Benton	63	Morrison	19
Big Stone	*	Mower	47
Blue Earth	134	Murray	6
Brown	18	Nicollet	37
Carlton	40	Nobles	8
Carver	87	Norman	*
Cass	26	Olmsted	185
Chippewa	9	Otter Tail	*
Chisago	53	Pennington	*
Clay	17	Pine	29
Clearwater	*	Pipestone	*
Cook	8	Polk	*
Cottonwood	8	Pope	*
Crow Wing	57	Ramsey	1,627
Dakota	757	Red Lake	*
Dodge	12	Redwood	8
Douglas	19	Renville	9
Faribault	9	Rice	51
Fillmore	12	Rock	*
Freeborn	23	Roseau	*
Goodhue	45	Saint Louis	265
Grant	*	Scott	167
Hennepin	3,312	Sherburne	82
Houston	12	Sibley	7
Hubbard	6	Stearns	181
Isanti	41	Steele	31
Itasca	29	Stevens	6
Jackson	7	Swift	*
Kanabec	10	Todd	6
Kandiyohi	41	Traverse	*
Kittson	*	Wabasha	14
Koochiching	7	Wadena	*
Lac Qui Parle	*	Waseca	9
Lake	10	Washington	314
Lake of the Woods	*	Watonwan	13
Le Sueur	27	Wilkin	*
Lincoln	*	Winona	41
Lyon	10	Wright	112
McLeod	23	Yellow Medicine	6
Mahnomen	*	Unknown County	0

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

Table 8
Hispanic Origin of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,597	7,719
Hispanic	628	600
Not Reported	636	579
Total	9,861	8,898

Table 9
Race of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
White	5,283	4,514
Black	2,413	2,360
American Indian	234	202
Asian	762	716
Other	887	849
Not Reported	282	257
Total	9,861	8,898

Table 10
Education Level of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	120	115
Some High School	510	464
High School Graduate	2,240	1,986
Some College	2,752	2,426
College Graduate	1,158	1,036
Graduate Level	501	457
Not Reported	2,580	2,414
Total	9,861	8,898

Table 11
Clinical Estimate of Fetal Gestational Age, 2015

	Occurring in Minnesota	Minnesota Residents
<9 weeks	6,542	5,947
9 - 10 weeks	1,446	1,296
11 - 12 weeks	716	635
13 - 15 weeks	577	521
16 - 20 weeks	458	397
21 - 24 weeks	121	101
25 - 30 weeks	1	1
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	0	0
Total	9,861	8,898

Table 11a
Clinical Estimate of Fetal Gestational Age, 2015

First Trimester			Second Trimester			Third Trimester		
Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents
<3	4	3	14	210	190	28	0	0
3	12	11	15	148	138	29	1	1
4	87	80	16	143	123	30	0	0
5	1,131	1,049	17	90	77	31	0	0
6	2,144	1,948	18	89	77	32	0	0
7	1,792	1,629	19	74	68	33	0	0
8	1,372	1,227	20	62	52	34	0	0
9	935	847	21	71	59	35	0	0
10	511	449	22	32	27	36	0	0
11	428	378	23	13	11	37	0	0
12	288	257	24	5	4	38	0	0
13	219	193	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	8,923	8,071		937	826		1	1

Total Induced Abortions: Occurring in Minnesota: 9,861 Minnesota Residents: 8,898

Table 12
Prior Pregnancies, 2015

Number of Previous Live Births

	Occurring in Minnesota	Minnesota Residents
None	3,942	3,471
One	2,305	2,102
Two	2,035	1,842
Three	901	835
Four	433	412
Five	144	140
Six	60	56
Seven	21	20
Eight	11	11
Nine or more	9	9
Not Reported	0	0

Number of Previous Spontaneous Abortions (Miscarriages)

	Occurring in Minnesota	Minnesota Residents
None	7,787	7,022
One	1,482	1,337
Two	406	370
Three	107	95
Four	43	41
Five	19	19
Six	6	6
Seven	4	1
Eight	3	3
Nine or more	3	3
Not Reported	1	1

Number of Previous Induced Abortions

	Occurring in Minnesota	Minnesota Residents
None	5,902	5,185
One	2,308	2,120
Two	948	907
Three	390	379
Four	150	148
Five	75	72
Six	35	35
Seven	19	18
Eight	15	15
Nine or more	19	19
Not Reported	0	0

Table 13
Contraceptive Use and Method*, 2015

	Occurring in Minnesota	Minnesota Residents
Woman did not provide information	927	847
Woman did not know whether she used contraception	135	120
Woman has never used contraceptives	861	783
Woman has used contraceptives, but not at the time of conception	5,543	4,983
Woman used contraceptives at the time of conception	2,395	2,165
Method Used		
Condoms	890	807
Condoms & Spermicide	12	9
Spermicide Alone	3	2
Sterilization - Male	12	12
Sterilization - Female	5	4
Injectable (Depo-Provera)	63	59
IUD	77	70
Mini Pills	93	84
Combination Pills	418	372
Diaphragm & Spermicide	4	3
Diaphragm Alone	1	1
Cervical Cap	0	0
Rhythm/Natural Family Planning	21	18
Fertility Awareness	4	4
Withdrawal	57	51
Other	731	665
Method Not Reported	4	4

*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, 2015

	Occurring in Minnesota	Minnesota Residents
Suction Currettage	5,870	5,331
Medical (non-surgical)	3,149	2,830
Dilation & Evacuation (D&E)	816	716
Intra-Uterine Instillation	7	7
Hysterectomy/otomy	1	1
Sharp Curettage (D&C)	7	6
Induction of Labor (Pitocin, etc.)	7	4
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	4	3
Total	9,861	8,898

Table 15
Method of Disposal of Fetal Remains, 2015

	Occurring in Minnesota	Minnesota Residents
Cremation	4,040	3,586
Burial	13	10
Not Reported*	5,808	5,302
Total	9,861	8,898

* '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, 2015

	Occurring in Minnesota			
	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	253	0	1,990	2,243
Public Assistance	656	17 **	3,594	4,267
Self Pay	-	-	3,348	3,348
Unknown	-	-	3	3
Total	909	17	8,935	9,861

	Minnesota Residents			
	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	231	0	1,855	2,086
Public Assistance	653	17 **	3,571	4,241
Self Pay	-	-	2,568	2,568
Unknown	-	-	3	3
Total	884	17	7,997	8,898

**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*, 2015

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	77	64
Pregnancy was a result of incest	17	16
Economic reasons	2,532	2,276
Does not want children at this time	6,897	6,253
Emotional health is at stake	790	697
Physical Health is at stake	552	490
Continued pregnancy will cause impairment of major bodily function	38	33
Pregnancy resulted in fetal anomalies	194	161
Unknown or the woman refused to answer	1,449	1,305
Other stated reason	449 **	395

*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, 2015

Physical or mental health issues and concerns	76
Education, career and employment issues	21
Not ready or prepared for a child or more children at this time or family already completed	97
Relationship issues, including abuse, separation, divorce and extra-marital affairs	43
Other miscellaneous responses	80
"Other Reason" was indicated, but not specified	152
Total**	469

*Note that these categories have been changed from those of previous years. The categories previously used are no longer representative of the typical responses given for 'Other Reason".

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

Table 18
Intraoperative Complications*, 2015

	Occurring in Minnesota	Minnesota Residents
No Complications	9,846	8,885
Cervical laceration requiring suture or repair	4	3
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	3	3
Uterine perforation	1	1
Other complication	7	6
Not Reported**	0	0
Total	9,861	8,898

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2015
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	5
Uterine perforation	2
Infection requiring inpatient treatment	5
Heavy bleeding/anemia requiring transfusion	2
Failed termination of pregnancy (continued viable pregnancy)	8
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	44
Other complication	10
Complication not specified	0
Total Reported Complications	77 [1]

[1] 68 '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 Funds[1]

reported by the Minnesota Department of Human Services, 2014[2]

<9 weeks	0
9 - 10 weeks	0
11 - 12 weeks	0
13 - 15 weeks	0
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	128
Total Occurrence	128
Total state funds used to pay for out of state abortion procedures, including incidental expenses	$20,949.32

[1]All 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."

[2]Gestation weeks were not reported on claims data received by DHS for 2014.

Table 21
Total and Resident Induced Abortions
1975, 1980 - 2015

	Occurring in Minnesota	Minnesota Residents	Resident Percent	Resident Rate[1]
1975	10,565	8,924	84.5	10.3
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
2015	9,861	8,898	90.2	8.4 [2]

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

[2]2015 population estimates not available at time of publication. 2014 count was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2011-2015

	1980	1990	2000	2011	2012	2013	2014 [3]	2015
Total Resident Abortions	24.3	22.5	19.6	14.8	14.2	13.1	13.1	12.7
Age Group*								
<15	231.1	68.1	71.3	71.4	79.1	80.6	130.4	72.7
15-17 Years	80.2 [1]	69.2	40.2	40.9	37.4	31.8	33.2	34.5
18-19 Years		57.5	39.5	34.4	30.8	30.3	29.9	30.6
20-24 Years	26.9	35.6	31.8	27.2	26.4	24.6	24.4	24.1
25-29 Years	11.7	14.1	15.6	11.8	11.7	11.0	11.7	11.4
30-34 Years	10.8	11.2	10.5	8.0	7.3	7.5	7.3	7.4
35-39 Years	19.8	18.3	13.7	10.7	11.4	9.7	10.3	10.4
40 Years & Over	41.9	35.9	28.2	21.6	19.3	18.2	19.6	16.4
Race of Patient*								
White	22.5	20.9	14.5	10.9	10.2	8.8	8.7	10.9
African American	n/a [2]	n/a [2]	60.3	38.7	35.0	29.8	28.7	31.3
American Indian	n/a [2]	n/a [2]	26.3	17.8	14.6	12.8	17.5	19.4
Asian	n/a [2]	n/a [2]	34.8	15.8	13.4	12.1	12.5	14.3
All Other	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	14.0	13.2	10.9	12.4	12.4
Marital Status*								
Married	3.5	4.2	4.0	3.2	3.0	2.6	2.7	2.8
Not Married	159.3	48.4	56.9	38.0	34.7	30.8	31.5	30.8

*Unknowns are not included in ratios

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

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

[3]Figures have been updated from those published in the 2014 table with finalized 2014 birth data.

Table 23
Selected Statistics by Age Group, 2015
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	8,898	16	205	547	2,615	2,455	1,747	1,009	304	0
Marital Status:										
Married	1,302	0	1	5	106	327	381	360	122	0
Not Married	6,912	14	180	469	2,311	1,969	1,231	583	155	0
Unknown	684	2	24	73	198	159	135	66	27	0
Race/Ethnicity:										
White	4,514	4	95	276	1,271	1,223	900	578	167	0
African American	2,360	7	55	134	739	705	452	211	57	0
American Indian	202	0	5	19	67	45	42	20	4	0
Asian	716	0	12	31	155	195	173	111	39	0
Hispanic*	600	3	24	47	228	146	86	48	18	0
Gestation Estimate: **										
First Trimester	8,071	10	172	484	2,336	2,278	1,603	911	277	0
Second Trimester	826	6	33	63	279	176	144	98	27	0
Third Trimester	1	0	0	0	0	1	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, 2015
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	8,898	783	4,983	2,165	967	3,713	241	2,161	937	374
Age Group:										
<15 Years	16	9	2	1	4	0	0	0	0	0
15-17 Years	205	53	81	41	30	9	1	5	3	0
18-19 Years	547	76	285	122	64	70	6	39	21	4
20-24 Years	2,615	217	1,506	622	270	833	61	498	200	74
25-29 Years	2,455	186	1,402	631	236	1,173	70	706	289	108
30-34 Years	1,747	139	949	445	214	945	60	516	259	110
35-39 Years	1,009	74	594	227	114	524	34	312	122	56
40+ Years	304	29	164	76	35	159	9	85	43	22
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	1,302	145	695	302	160	491	42	262	131	56
Not Married	6,912	560	3,981	1,681	690	2,981	171	1,780	754	276
Unknown	684	78	307	182	117	241	28	119	52	42

Informed Consent

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2015

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	9,681	1,738	11,419
In Person	117	69	186
Total Contacts	9,798	1,807	11,605

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	0
fetal anomaly: patient chose perinatal hospice services	3
Medical Risks Information section was left blank	54
Total reports received	11,662

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2015

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	65	8,640	851	1,704	11,260
In Person	32	54	191	16	293
Total Contacts	97	8,694	1,042	1,720	11,553

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	0
fetal anomaly incompatible with life	10
Medical Assistance & Printed Materials Information section was left blank	99
Total reports received	11,662

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2015

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	139	4	69	212
Patient did not obtain printed copies	8,665	107	1,595	10,367
Total	8,804	111	1,664	10,579
Patient Access to Printed Materials section was left blank				1083
Total reports received				11,662

Born Alive Infants Protection Act

Born Alive Infants Protection Act Report

The 2015 Minnesota Legislature enacted the “Born Alive Infants Protection Act” (section 145.423) recognizing a born alive infant resulting from an induced abortion as a human person (section 145.423, subdivision 1) and requiring that “reasonable measures consistent with good medical practice shall be taken by the responsible medical personnel to preserve the life and health of the born alive infant.” (section 145.423, subdivision 5). As part of this act, the abortion reporting requirements were modified to include the following information:

- Whether the abortion resulted in a born alive infant, as defined by section 145.423, subdivision 4
- What medical actions were taken to preserve the life of the infant
- Whether the infant survived
- The status, if known, of a surviving infant.

Reporting was required beginning July 1, 2015. The text of the amended sections can be found in the appendix.

For the six month period of July 1, 2015 through December 31, 2015 none of the five clinics specified in Table 1.1 of this report reported **any abortion procedure that resulted in a born alive infant**.

Two hospitals, included in Table 1.1 as ‘Independent Physicians’, reported a total of 5 abortion procedures resulting in a born alive infant. All of these infants were reported to have lethal fetal anomalies incompatible with life and thus no measures were taken to preserve the life of these infants. None survived.

Appendix

Minnesota Statutes 2014, section 145.4131, subdivision 1, is amended to read:

Subdivision 1. **Forms**.
(a) Within 90 days of July 1, 1998, 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.

(a) 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;

(11) the medical specialty of the physician performing the abortion

(12) whether the abortion resulted in a born alive infant, as defined in section 145.423, subdivision 4, and:

(i) any medical actions taken to preserve the life of the born alive infant;

(ii) whether the born alive infant survived; and

(iii) the status of the born alive infant, should the infant survive, if known

Sec. 44. Minnesota Statutes 2014, section 145.423, is amended to read:

145.423 ABORTION; LIVE BIRTHS.

Subdivision 1. **Recognition; medical care.**
A born alive infant as a result of an abortion shall be fully recognized as a human person, and accorded immediate protection under the law. All reasonable measures consistent with good medical practice, including the compilation of appropriate medical records, shall be taken by the responsible medical personnel to preserve the life and health of the born alive infant.

Subd. 2. **Physician required.**
When an abortion is performed after the twentieth week of pregnancy, a physician, other than the physician performing the abortion, shall be immediately accessible to take all reasonable measures consistent with good medical practice, including the compilation of appropriate medical records, to preserve the life and health of any

born alive infant that is the result of the abortion.

Subd. 3. **Death.**
If a born alive infant described in subdivision 1 dies after birth, the body shall be disposed of in accordance with the provisions of section 145.1621.

Subd. 4. **Definition of born alive infant.**

(a) In determining the meaning of any Minnesota statute, or of any ruling, regulation, or interpretation of the various administrative bureaus and agencies of Minnesota, the words "person," "human being," "child," and "individual" shall include every infant member of the species Homo sapiens who is born alive at any stage of development.

(b) As used in this section, the term "born alive," with respect to a member of the species Homo sapiens, means the complete expulsion or extraction from his or her mother of that member, at any stage of development, who, after such expulsion or extraction, breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of a natural or induced labor, cesarean section, or induced abortion.

(c) Nothing in this section shall be construed to affirm, deny, expand, or contract any legal status or legal right applicable to any member of the species Homo sapiens at any point prior to being born alive, as defined in this section.

Subd. 5. **Civil and disciplinary actions.**

(a) Any person upon whom an abortion has been performed, or the parent or guardian of the mother if the mother is a minor, and the abortion results in the infant having been born alive, may maintain an action for death of or injury to the born alive infant against the person who performed the abortion if the death or injury was a result of simple negligence, gross negligence, wantonness, willfulness, intentional conduct, or another violation of the legal standard of care.

(b) Any responsible medical personnel that does not take all reasonable measures consistent with good medical practice to preserve the life and health of the born alive infant, as required by subdivision 1, may be subject to the suspension or revocation of that person's professional license by the professional board with authority over that person. Any person who has performed an abortion and against whom judgment has been rendered pursuant to paragraph (a) shall be subject to an automatic suspension of the person's professional license for at least one year and said license shall be reinstated only after the person's professional board requires compliance with this section by all board licensees.

(c) Nothing in this subdivision shall be construed to hold the mother of the born alive infant criminally or civilly liable for the actions of a physician, nurse, or other licensed health care provider in violation of this section to which the mother did not give her consent.

Subd. 6. **Protection of privacy in court proceedings.**

In every civil action brought under this section, the court shall rule whether the anonymity of any female upon whom an abortion has been performed or attempted shall be preserved from public disclosure if she does not give her consent to such disclosure. The court, upon motion or sua sponte, shall make such a ruling and, upon determining that her anonymity should be preserved, shall issue orders to the parties, witnesses, and counsel and shall direct the sealing of the record and exclusion of individuals from courtrooms or hearing rooms to the extent necessary to safeguard her identity from public disclosure. Each order must be accompanied by specific written findings explaining why the anonymity of the female should be preserved from public disclosure, why the order is essential to that end, how the order is narrowly tailored to serve that interest, and why no reasonable, less restrictive alternative exists. This section may not be construed to conceal the identity of the plaintiff or of witnesses from the defendant.

Subd. 7. **Status of born alive infant.**

Unless the abortion is performed to save the life of the woman or fetus, or, unless one or both of the parents of the born alive infant agree within 30 days of the birth to accept the parental rights and responsibilities for the child, the child shall be an abandoned ward of the state and the parents shall have no parental rights or obligations as if the parental rights had been terminated pursuant to section 260C.301. The child shall be provided for pursuant to chapter 256J.

Subd. 8. **Severability.**

If any one or more provision, section, subdivision, sentence, clause, phrase, or word of this section or the application of it to any person or circumstance is found to be unconstitutional, it is declared to be severable and the balance of this section shall remain effective notwithstanding such unconstitutionality. The legislature intends that it would have passed this section, and each provision, section, subdivision, sentence, clause, phrase, or word, regardless of the fact that any one provision, section, subdivision, sentence, clause, phrase, or word is declared unconstitutional.

Subd. 9. **Short title.**

This act may be cited as the "Born Alive Infants Protection Act."

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-coidal 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 ☐☐☐☐

2. Physician Reporting Code ☐☐☐☐

3. Medical Specialty of the Physician Performing the Induced Abortion
☐ Obstetrics & Gynecology ☐ General/Family Practice
☐ Emergency Medicine
☐ 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
Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc.
☐ No
☐ Yes
(Specify):_____

10. Race
☐ American Indian
☐ Asian
☐ Black
☐ White
☐ Other
(Specify): _____

11. Education
(Specify only highest grade completed)
☐☐ *Elementary/Secondary (0-12)*
☐☐ *College (1-4 or 5+)*

12. Date Last Normal Menses Began
☐☐ *Month,* ☐☐ *Day,* ☐☐ *Year*

13. Clinical Estimate of Gestation
☐☐ *(LMP Weeks)*

14. Previous Pregnancies *(Complete each section)*

Live Births		***Other Terminations***	
14a. Now Living	14b. Now Dead	14c. Spontaneous	14d. Induced *(Do not include this abortion)*
Number ☐☐	Number ☐☐	Number ☐☐	Number ☐☐
☐ None	☐ None	☐ None	☐ 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:
☐ Condoms
☐ Condoms & Spermicide
☐ Spermicide alone
☐ Sterilization (M)
☐ Sterilization (F)
☐ Injectable (Depo-Provera)
☐ IUD
☐ Mini Pills
☐ Combination Pills
☐ Diaphragm & Spermicide
☐ Diaphragm alone
☐ Cervical cap
☐ Rhythm/Natural Fam. Planning
☐ Fertility Awareness
☐ Withdrawal
☐ 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 Curretage (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 ≥500cc
☐ 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)

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St. Paul, MN 55164-0882
(800)657-3900

REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

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

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

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

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

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

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

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

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

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

☐ 1. Cervical laceration requiring suture or repair

☐ 2. Heavy bleeding/hemorrhage with estimated blood loss of >=500 cc

☐ 3. Uterine Perforation

☐ 4. Infection requiring inpatient treatment

☐ 5. Heavy bleeding/anemia requiring transfusion

☐ 6. Failed termination of pregnancy (Continued viable pregnancy)

☐ 7. Incomplete termination of pregnancy (Retained products of conception requiring re-evacuation)

☐ 8. Other (M*ay 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.

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Minnesota Department of Health
85 East 7th Place, Box 64882
St. Paul, MN 55164-0882
1-800-657-3900

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.