Induced Abortions in Minnesota, January-December 2023

REPORT TO THE LEGISLATURE

December 31, 2024

Induced Abortions in Minnesota, January-December 2023: Report to the Legislature

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As requested by Minnesota Statute 3.197: This report cost approximately $4,000 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.

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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 report covers the period from January 1 through December 31, 2023. Updated tables for 2022 will not be included in this report to protect individual identities as only 18 new cases were submitted since the previous report.

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 (Minn. Stat. § 145.413 and 145.4134). 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 *Report of Induced Abortion* form is included in the Appendix of this publication.

In 2023, the Minnesota Legislature repealed Minn. Stat. § 145.413, 145.4132, 145.4133, 145.4135, and 145.4136. Additionally, Minn. Stat. § 145.4131, 145.4134, and 145.423 were amended. The text of these amended statutes can be found in the Appendix of this publication. Details of additional changes can be found in the 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. From the inception of abortion reporting through the 2016 reporting year, reporting was done on paper forms that were mailed to the Minnesota Department of Health for data entry. A secure web-based abortion reporting system was launched in March of 2017 as a module of the Minnesota Registration & Certification system (MR&C). Reporting forms were also updated at this time, in accordance with national standards and Minnesota Statute requirements. Key elements that were removed or changed from any of the current and previous reporting forms are summarized below.

In 2023, the Minnesota State Legislature made significant changes to data collection and reporting requirements that were enacted mid-year. Significant changes to the forms and statutes are listed in this section. **All listed forms and statutes are provided in the way providers saw them in 2023.**

Forms and statute changes

Report of Induced Abortion form

In 2023, Minn. Stat. § 145.4131 was amended to remove the following required reporting items:

- the specific reason for the abortion
- the number of prior induced abortions
- the number of prior spontaneous abortions
- the method of payment
- type of insurance coverage
- whether the abortion resulted in a born alive infant
- any medical actions taken to preserve the life of the born alive infant
- whether the born alive infant survived; and
- the status of the born alive infant, should the infant survive, if known

As a result, reporting of these fields is no longer required and historical tables addressing "payment type and health insurance coverage," "reason for abortion," and "other reason for abortion," as seen in reports prior to this report, have been removed from this year's report. While no longer required, in the interest of public health, the number of prior induced and spontaneous abortions will continue to be collected for reporting to the Centers for Disease Control and Prevention (CDC) and can be found in Table 12 of this report. With reporting forms changing mid-year, both versions of the form can be found in this appendix. Additionally, physicians were required to begin collecting annual data on January 1 and to submit their annual data to MDH by September 30 of the subsequent year.

Report of Complication(s) from Induced Abortion form

In 2023, Minn. Stat. § 145.4132 was repealed. As reporting of complications is no longer required, historical tables addressing "postoperative complications" as seen in reports prior to this report, have been removed from this report.

Report of Out of State Abortions Paid with State Funds

In 2023, Minn. Stat. § 145.4133 was repealed. As reporting of out-of-state procedures paid partially or fully is no longer required, tables addressing "induced abortions – performed out of state and paid with state funds," as seen in reports prior to this report, have been removed from this report.

Report of Informed Consent Related to Induced Abortion form

In 2023, Minn. Stat. § 145.4242 and 145.4243 were repealed. As informed consent is no longer required, historical tables addressing "medical risks information, informed consent," "medical assistance/printed materials information, informed consent," and "patient access to printed materials, informed consent," as seen in reports prior to this report, have been removed from this report.

Report of Born Alive Infants

In 2023, the Minnesota Legislature repealed the Women's Right to Know Act as well as Minn. Stat. § 145.4132. Minn. Stat. § 145.4131 was amended to remove data collection on this field. As reporting of complications is no

longer required, historical tables addressing "postoperative complications" as seen in reports prior to this report, have been removed from this report.

Release of the Commissioner's public report

In 2023, Minn. Stat. § 145.4134 amended the release data of the Commissioner's public report from July 31 to December 31.

Data confidentiality

Due to the sensitivity of abortion data, there are concerns about revealing individuals' (patient or provider) identity, from data presented in this publication. In 2023, Minn. Stat. § 145.4134 was revised to reflect the repeal of previously referenced statutes and now 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 section 145.4131 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 is 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 identified as Physician A, B, C, etc. to protect confidentiality. 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 as Physician X in this report. Data presented in frequency tables for the state as a whole have no small-number data suppressed. Table 6, Country/State Residence of Woman, has historically had sufficiently large groups to obscure identification of an individual but in order to expand data reporting additional states with 10 or more cases and those from Canada are reported. Table 7, County of Residence for Women Residing in Minnesota, is the only table where 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.

A full update of 2022 numbers will also be suppressed as only 18 additional cases were reported and it has been established that a reasonably skilled individual could look at differences across the previous and updated report and identify the individuals by noting differences in key demographic measures. The revised total for 2022 is reported in Table 16 of this year's report to reflect these additional cases.

Tables

Table 1.1. Abortions by month and facility, 2023

Facility	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Carafem	39	49	70	74	68	44	77	67	53	103	111	83	**838**
Just the Pill	141	124	165	74	139	150	137	99	72	53	61	102	**1,317**
Planned Parenthood of Minnesota *	629	592	662	655	698	659	609	686	644	642	562	495	**7,533**
Red River Women's Clinic	101	82	129	74	101	86	85	69	100	53	108	84	**1,072**
Robbinsdale Clinic	58	62	66	60	52	61	68	51	57	52	69	70	**726**
Whole Woman's Health, LLC	167	104	145	125	129	134	116	186	133	104	163	158	**1,664**
Women's Health Center	45	38	57	33	37	62	36	53	44	43	48	34	**530**
Independent Physicians **	44	28	42	37	39	36	45	33	36	30	36	38	**444**
Total Minnesota Occurrence	**1,224**	**1,079**	**1,336**	**1,132**	**1,263**	**1,232**	**1,173**	**1,244**	**1,139**	**1,080**	**1,158**	**1,064**	**14,124**

* Planned Parenthood of Minnesota: Counts include all Planned Parenthood locations in Minnesota during the reporting year.

** This represents 13 reporting physicians, small clinics, or hospitals.

Table 1.2. Abortions by month and provider, by physician, 2023

Physician	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Physician A	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician B	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician C	68	40	19	9	14	9	3	16	7	10	9	9	**213**
Physician D	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician E	0	0	3	0	3	0	0	0	0	0	0	0	**8**
Physician F	2	0	0	0	0	2	0	0	0	0	0	0	**7**
Physician G	0	0	0	0	0	0	0	0	0	0	0	2	**2**
Physician H	0	0	0	0	0	6	9	0	6	0	6	3	**31**
Physician I	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician J	0	0	0	0	0	2	0	0	0	0	0	0	**4**
Physician K	71	57	51	50	58	0	11	7	13	12	6	36	**372**
Physician L	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician M	0	0	0	0	0	0	0	2	0	0	0	0	**3**
Physician N	8	19	21	3	0	14	10	20	25	24	27	28	**199**
Physician O	0	16	4	0	0	0	11	0	3	0	0	3	**38**
Physician P	0	0	0	0	0	0	0	0	0	0	3	6	**9**
Physician Q	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician R	0	0	0	0	0	0	0	0	0	0	2	0	**5**
Physician S	14	8	22	28	12	40	14	22	21	11	18	23	**233**
Physician T	0	0	0	0	0	11	0	0	0	0	0	0	**11**
Physician U	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician V	13	11	11	0	0	16	0	13	0	0	7	0	**71**
Physician W	0	3	6	4	34	0	0	0	0	0	0	0	**47**
Physician X	0	0	0	0	0	0	0	0	26	49	41	28	**145**
Physician Y	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician Z	0	0	0	0	2	0	0	2	0	0	0	0	**6**
Physician AA	0	0	2	2	2	0	0	0	0	0	0	0	**9**
Physician BB	0	0	0	0	0	3	0	3	0	2	2	4	**17**
Physician CC	146	124	165	0	139	150	137	64	34	12	27	27	**1,026**
Physician DD	0	2	4	6	2	0	0	0	2	2	0	3	**21**
Physician EE	58	62	66	60	52	61	68	51	57	52	69	70	**726**
Physician FF	0	0	0	0	0	0	4	0	7	5	0	6	**24**
Physician GG	0	0	0	0	0	0	0	0	0	0	0	0	**4**
Physician HH	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician II	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician JJ	57	45	129	135	80	101	134	147	123	131	103	96	**1,281**
Physician KK	3	7	19	0	0	0	0	0	0	0	0	0	**29**
Physician LL	0	0	0	0	0	0	0	0	0	10	16	8	**34**
Physician MM	17	0	0	27	0	0	0	24	22	29	26	25	**170**
Physician NN	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician OO	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician PP	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician QQ	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician RR	0	5	7	0	24	14	16	9	7	14	16	9	**121**
Physician SS	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician TT	0	0	0	0	0	0	0	0	0	0	2	0	**2**
Physician UU	0	0	0	0	0	0	0	0	0	0	0	0	**1**

Physician	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Physician VV	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician WW	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician XX	0	0	0	0	0	0	2	0	0	0	0	0	**3**
Physician YY	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician ZZ	24	5	2	5	3	3	2	6	3	7	9	2	**71**
Physician AB	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician AC	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician AD	35	28	65	66	52	77	42	37	75	47	52	83	**659**
Physician AE	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician AF	0	0	4	10	0	40	22	0	0	0	0	0	**76**
Physician AG	0	0	0	0	0	0	0	0	0	13	4	0	**17**
Physician AH	0	0	0	0	0	0	0	0	0	0	0	0	**4**
Physician AI	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician AJ	0	0	10	10	0	8	12	12	12	15	7	2	**89**
Physician AK	0	2	0	0	0	0	0	0	0	0	0	0	**4**
Physician AL	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician AM	11	6	9	15	7	10	9	12	7	12	13	11	**122**
Physician AN	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician AO	34	12	2	4	3	3	10	5	3	0	30	31	**137**
Physician AP	0	2	0	0	0	0	0	0	0	0	0	0	**3**
Physician AQ	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician AR	2	0	0	0	0	0	0	0	0	0	0	0	**4**
Physician AS	8	13	0	0	0	0	0	0	0	2	0	0	**23**
Physician AT	0	0	0	0	0	0	0	0	0	3	5	0	**8**
Physician AU	3	0	0	0	0	0	0	0	0	0	0	0	**5**
Physician AV	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician AW	24	12	42	19	16	15	16	8	49	28	20	10	**259**
Physician AX	24	70	53	45	22	43	43	29	16	39	28	19	**431**
Physician AY	0	0	0	10	54	32	26	46	38	14	35	41	**296**
Physician AZ	0	0	0	0	0	0	0	0	0	0	0	0	**4**
Physician BA	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician BB	0	0	0	0	0	0	0	11	0	0	0	0	**11**
Physician BC	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician BD	0	0	0	0	2	0	0	0	0	0	0	0	**4**
Physician BE	0	0	0	2	0	0	0	0	0	0	0	0	**7**
Physician BF	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician BG	0	4	7	6	9	3	0	21	0	0	0	0	**50**
Physician BH	0	0	0	0	0	0	3	0	0	0	0	0	**6**
Physician BI	27	35	37	34	38	21	34	19	31	55	66	5	**402**
Physician BJ	24	11	14	24	23	14	11	31	0	18	15	12	**197**
Physician BK	0	18	24	0	0	0	0	0	0	0	22	0	**64**
Physician BL	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician BM	0	0	0	0	0	0	0	0	0	0	0	0	**3**
Physician BN	5	4	9	12	0	4	0	0	0	0	0	0	**34**
Physician BO	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician BP	0	0	0	0	0	0	5	18	10	4	3	0	**40**
Physician BQ	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician BR	0	0	3	5	10	13	8	10	12	0	9	0	**70**
Physician BS	4	2	4	2	7	7	8	5	7	7	0	4	**58**

Physician	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Physician BT	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician BU	0	0	0	0	0	0	0	0	0	0	0	0	**3**
Physician BV	0	0	0	2	0	0	0	0	0	0	0	0	**4**
Physician BW	0	0	0	0	0	0	2	2	0	0	2	0	**10**
Physician BX	0	0	0	0	0	0	2	0	0	0	0	0	**6**
Physician BY	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician BZ	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CA	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CB	0	0	0	0	0	0	0	0	0	0	0	0	**4**
Physician CC	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CD	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician CE	0	0	0	0	0	0	0	0	0	0	0	0	**3**
Physician CF	44	29	22	26	24	33	15	17	28	21	21	13	**293**
Physician CG	20	16	15	18	7	11	11	7	0	0	0	0	**106**
Physician CH	0	0	0	0	11	5	12	5	8	0	4	6	**51**
Physician CI	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician CJ	0	0	0	0	0	0	0	0	0	0	0	2	**3**
Physician CK	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CL	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CM	7	0	0	46	0	0	0	11	16	12	8	14	**114**
Physician CN	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CO	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CP	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CQ	0	0	23	9	32	20	20	34	7	20	25	0	**190**
Physician CR	10	30	11	0	13	13	0	0	0	0	0	6	**83**
Physician CS	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CT	0	2	3	0	12	7	8	0	0	0	0	0	**32**
Physician CU	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CV	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician CW	0	12	12	14	0	3	18	23	23	0	19	8	**133**
Physician CX	34	32	48	18	30	52	27	30	37	31	35	23	**397**
Physician CY	101	64	105	74	101	86	85	69	100	53	86	84	**1,008**
Physician CZ	6	3	4	2	3	8	6	7	3	4	3	2	**51**
Physician DA	102	83	106	113	120	125	98	129	104	105	91	33	**1,209**
Physician DB	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician DC	0	0	0	0	11	0	0	0	0	0	0	0	**12**
Physician DD	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician DE	0	0	0	0	0	0	2	2	2	0	0	0	**8**
Physician DF	2	0	0	0	0	0	0	0	0	0	0	0	**3**
Physician DG	0	0	0	0	0	0	0	0	0	0	0	0	**3**
Physician DH	6	2	3	0	0	0	0	0	0	0	0	0	**11**
Physician DI	0	0	0	0	3	0	0	0	0	0	0	0	**4**
Physician DJ	42	30	0	46	49	26	14	12	54	22	0	24	**319**
Physician DK	0	0	0	0	3	0	0	0	0	0	0	0	**3**
Physician DL	0	0	0	0	0	0	13	29	13	41	31	26	**153**
Physician DM	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician DN	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician DO	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician DP	0	0	0	0	0	0	0	0	0	0	0	0	**1**

Physician	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Physician DQ	0	0	0	0	0	0	3	24	0	0	9	21	**59**
Physician DR	13	11	20	21	19	15	8	14	11	0	0	13	**145**
Physician DS	26	42	8	0	0	0	0	0	0	0	0	0	**76**
Physician DT	0	0	0	0	0	0	3	16	3	16	0	10	**48**
Physician DU	0	0	0	0	0	2	2	0	0	3	5	2	**17**
Physician DV	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician DW	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician DX	0	0	0	0	0	0	0	0	0	0	0	0	**4**
Physician DY	0	0	0	0	0	0	0	0	0	0	0	0	**5**
Physician DZ	0	0	0	2	0	0	0	0	0	0	0	0	**4**
Physician EA	3	2	0	0	2	2	4	0	0	0	0	2	**19**
Physician EB	7	10	23	27	32	19	38	30	12	44	42	78	**362**
Physician EC	3	0	0	0	0	0	0	0	0	0	0	0	**5**
Physician ED	0	0	2	2	2	2	0	0	0	0	0	0	**10**
Physician EE	4	13	19	15	24	0	17	29	12	23	8	5	**169**
Physician EF	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician EG	22	17	6	12	24	7	10	14	13	7	25	0	**157**
Physician EH	71	42	69	57	45	15	18	25	25	0	0	0	**367**
Physician EI	0	0	0	0	0	0	0	0	0	0	0	11	**11**
Physician EJ	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Physician EK	0	0	0	2	2	0	0	0	0	0	0	0	**6**
Physician EL	0	0	5	0	2	0	0	0	0	0	3	0	**14**
Physician EM	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Physician EN	36	0	0	14	12	43	50	48	33	37	23	30	**326**
Physician EO	0	0	0	0	0	2	0	0	0	0	0	0	**5**
Total Minnesota	**1,241**	**1,063**	**1,318**	**1,113**	**1,251**	**1,218**	**1,156**	**1,227**	**1,120**	**1,066**	**1,138**	**1,019**	**14,124**

Table 2. Medical specialty of physician, 2023

Medical specialty of physician	Count
Obstetrics and gynecology	6,342
Emergency medicine	2,199
General/family practice	5,551
Other/unspecified	32
Total	**14,124**

Table 3. Type of admission, 2023

Type of admission	Occurring in Minnesota
Clinic	11,848
Outpatient hospital	105
Inpatient hospital	26
Ambulatory surgery	20
Doctor's	56
Other/unspecified	2,069
Total Minnesota occurrence	**14,124**

Table 4. Age of woman, 2023

Age of woman	Occurring in Minnesota	Minnesota residents
< 15 years	38	29
15-17 years	365	264
18-19 years	922	690
20-24 years	4,090	3,181
25-29 years	3,770	3,006
30-34 years	2,779	2,213
35-39 years	1,568	1,271
40 years and over	551	455
Not reported	41	31
Total	**14,124**	**11,140**

Table 5. Marital status of woman, 2023

Marital status of woman	Occurring in Minnesota	Minnesota residents
Married	1,865	1,389
Not married	11,236	8,894
Not reported	1,023	857
Total	**14,124**	**11,140**

Table 6. Country/state residence of woman, 2023

Country/state of residence	2023	2022	Difference
Minnesota	11,140	10,205	935
Contiguous state: Iowa	520	174	346
Contiguous state: Michigan	12	10	2
Contiguous state: North Dakota	825	383	442
Contiguous state: South Dakota	394	270	124
Contiguous state: Wisconsin	896	875	21
Non-contiguous state (n>10): Missouri	13	13	0
Non-contiguous state(n>10): Nebraska	127	24	103
Non-contiguous state(n>10): Texas	104	144	(40)
Other non-contiguous states (occurrences for these states fell below 10 in the reporting year)	85	93	(8)
Canada	2	0	2
Other foreign countries	2	2	0
Not reported	4	0	4
Total Minnesota occurrence	**14,124**	**12,193**	**1,931**

Table 7. County of residence for women residing in Minnesota, 2023

County of residence	Count (0 to 5 indicated by --)
State total	**11,140**
Aitkin	17
Anoka	672
Becker	40
Beltrami	72
Benton	55
Big Stone	--
Blue Earth	164
Brown	17
Carlton	56
Carver	109
Cass	41
Chippewa	13
Chisago	72
Clay	141
Clearwater	13
Cook	15
Cottonwood	8
Crow Wing	81
Dakota	841
Dodge	21
Douglas	32
Faribault	16
Fillmore	15
Freeborn	39
Goodhue	68
Grant	--
Hennepin	3,830
Houston	28
Hubbard	28
Isanti	57
Itasca	58
Jackson	15
Kanabec	11
Kandiyohi	45
Kittson	--
Koochiching	15
Lac qui Parle	--
Lake	--
Lake of the Woods	--
Le Sueur	27
Lincoln	--
Lyon	27
McLeod	33

County of residence	Count (0 to 5 indicated by --)
Mahnomen	6
Marshall	6
Martin	14
Meeker	20
Mille Lacs	38
Morrison	21
Mower	55
Murray	6
Nicollet	40
Nobles	25
Norman	--
Olmsted	304
Otter Tail	46
Pennington	19
Pine	33
Pipestone	7
Polk	33
Pope	6
Ramsey	1,717
Red Lake	--
Redwood	12
Renville	23
Rice	70
Rock	13
Roseau	19
Saint Louis	311
Scott	227
Sherburne	165
Sibley	11
Stearns	235
Steele	53
Stevens	13
Swift	8
Todd	14
Traverse	--
Wabasha	24
Wadena	17
Waseca	16
Washington	416
Watonwan	9
Wilkin	7
Winona	75
Wright	150
Yellow Medicine	11
Unknown county	18

Table 8a. Hispanic origin of woman, 2023

Hispanic origin of woman	Occurring in Minnesota	Minnesota residents
Non-Hispanic	11,106	8,607
Hispanic	1,792	1,455
Not reported	1,226	1,078
Total	**14,124**	**11,140**

Table 8b. Race of woman, 2023

Race of woman	Occurring in Minnesota	Minnesota residents
White	6,744	4,821
Black	3,410	3,030
American Indian	549	345
Asian	756	652
Other	1,530	1,300
Not reported	1,135	992
Total	**14,124**	**11,140**

Table 9a. Race and Hispanic ethnicity of woman, Minnesota occurrence, 2023

For consistency with national race/ethnicity reporting standards, race and Hispanic origin are now cross-classified and presented to distinguish the non-Hispanic race groups and Hispanic aggregate group.

Race of woman	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	528	5,949	267	6,744
Black	74	3,142	194	3,410
American Indian	82	421	46	549
Asian	31	689	36	756
Other	770	694	66	1,530
Not reported	307	211	617	1,135
Total	**1,792**	**11,106**	**1,226**	**14,124**

Table 9b. Race and Hispanic ethnicity of woman, Minnesota residents, 2023

For consistency with national race/ethnicity reporting standards, race and Hispanic origin are now cross-classified and presented to distinguish the non-Hispanic race groups and Hispanic aggregate group.

Race of woman	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	402	4,203	216	4,821
Black	68	2,777	185	3,030
American Indian	67	244	34	345
Asian	29	591	32	652
Other	633	606	61	1,300
Not reported	256	186	550	992
Total	**1,455**	**8,607**	**1,078**	**11,140**

Table 10. Education level of woman, 2023

Education level of woman	Occurring in Minnesota	Minnesota residents
Eighth grade or less	105	84
Some high school	1,203	930
High school graduate	3,850	2,944
Some college	4,127	3,163
College graduate	1,685	1,294
Graduate level	471	386
Not reported	2,683	2,339
Total	**14,124**	**11,140**

Table 11. Clinical estimate of fetal gestational age (grouped), 2023

Clinical estimate of fetal gestational age	Occurring in Minnesota	Minnesota residents
< 9 weeks	9,960	8,032
9-10 weeks	1,945	1,546
11-12 weeks	693	497
13-15 weeks	642	450
16-20 weeks	455	301
21-24 weeks	219	155
25-30 weeks	2	1
31-36 weeks	0	0
37 weeks and over	0	0
Not reported	208	158
Total	**14,124**	**11,140**

Table 11a. Clinical estimate of fetal gestational age by trimester, 2023

Clinical estimate of fetal gestational age: Estimated week	Occurring in Minnesota	Minnesota residents
First trimester: < 3	9	5
First trimester: 3	58	53
First trimester: 4	682	558
First trimester: 5	2193	1808
First trimester: 6	3089	2442
First trimester: 7	2223	1797
First trimester: 8	1706	1369
First trimester: 9	1196	977
First trimester: 10	749	569
First trimester: 11	399	288
First trimester: 12	294	209
First trimester: 13	282	198
First trimester total	**12,880**	**10,273**
Second trimester: 14	188	135
Second trimester: 15	172	117
Second trimester: 16	140	91
Second trimester: 17	99	71
Second trimester: 18	67	42
Second trimester: 19	70	43
Second trimester: 20	79	54
Second trimester: 21	78	51
Second trimester: 22	82	59
Second trimester: 23	58	44
Second trimester: 24	1	1
Second trimester: 25	1	0
Second trimester: 26	0	0
Second trimester: 27	0	0
Second trimester total	**1,035**	**708**
Third trimester: 28	0	0
Third trimester: 29	1	1
Third trimester: 30	0	0
Third trimester: 31	0	0
Third trimester: 32	0	0
Third trimester: 33	0	0
Third trimester: 34	0	0
Third trimester: 35	0	0
Third trimester: 36	0	0
Third trimester: 37	0	0
Third trimester: 38	0	0
Third trimester: 39	0	0
Third trimester: 40+	0	0
Third trimester total	**1**	**1**
Total induced abortions	**13,916 ***	**10,982 ****

* Total for *Occurring in Minnesota* is missing 208 with gestational age not reported.
** Total for *Minnesota residents* is missing 158 with gestational age not reported.

Table 12a. Previous live births in prior pregnancies, 2023

Previous live births	Occurring in Minnesota	Minnesota Residents
None	6,281	4,821
One	3,028	2,453
Two	2,542	2,024
Three	1,291	1,058
Four	590	461
Five	227	187
Six	83	63
Seven	29	27
Eight	19	19
Nine or more	15	9
Not reported	19	18
Total	**14,124**	**11,140**

Table 12b. Previous spontaneous abortions (miscarriages) in prior pregnancies, 2023

Previous spontaneous abortions	Occurring in Minnesota	Minnesota Residents
None	11,325	8,900
One	2,012	1,607
Two	509	411
Three	146	111
Four	60	47
Five	18	16
Six	13	12
Seven	3	3
Eight	4	4
Nine or more	15	10
Not reported	19	19
Total	**14,124**	**11,140**

Table 12c. Previous induced abortions in prior pregnancies, 2023

Previous induced abortions	Occurring in Minnesota	Minnesota Residents
None	8,723	6,641
One	3,143	2,530
Two	1,257	1,048
Three	509	463
Four	236	216
Five	124	114
Six	48	46
Seven	27	26
Eight	14	14
Nine or more	19	18
Not reported	24	24
Total	**14,124**	**11,140**

Table 13. Abortion procedure, 2023

Abortion procedure	Occurring in Minnesota	Minnesota Residents
Surgical: Dilation and curettage (D&C)	4,198	3,036
Surgical: Dilation and evacuation (D&E)	768	545
Surgical: Hysterectomy/otomy	0	0
Surgical: Other surgical	1	0
Medical: Mifepristone	9,119	7,527
Medical: Misoprostol	27	24
Medical: Methotrexate	0	0
Medical: Other medication (includes labor induction)	7	5
Intra-uterine instillation	1	1
Unknown	3	2
Total	**14,124**	**11,140**

Table 14. Method of disposal of fetal remains, 2023

Method of disposal of fetal remains is required to be reported only for those fetuses having reached the developmental stage outlined in Minn. Stat. § 145.1621, subd. 2. Thus, not all reports contained this information.

Method of disposal of fetal remains	Occurring in Minnesota	Minnesota residents
Cremation	3,018	2,082
Burial	34	23
No fetal remains	11,072	9,035
Unknown	0	0
Total	**14,124**	**11,140**

Table 15. Intraoperative complications, 2023

Complication occurring at the time of the abortion procedure. Complication reporting allows marking all that apply, thus totals may not match the total number of abortions and so are not shown.

Intraoperative complication	Occurring in Minnesota	Minnesota residents
No complications	14,032	11,067
Cervical laceration requiring suture or repair	11	4
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5	4
Uterine perforation	0	0
Other complication	78	65

Table 16. Total and resident induced abortions, 1980-2023

Year	Occurring in Minnesota	Minnesota residents	Resident percent	Resident rate*
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
2016	10,017	9,114	91.0	8.6
2017	10,134	9,196	90.7	8.6
2018	9,910	8,896	89.8	8.3
2019	9,922	9,034	91.1	8.3
2020	10,339	9,366	90.6	7.6
2021	10,138	9,129	90.0	8.4 **
2022	12,193	10,205	83.7	9.3 **
2023	14,124	11,140	78.9	10.1

* Resident rate: Rate per 1,000 female resident population ages 15 through 44.

** Rates were updated from 2022 report using newer population data from ACS 5-year estimates for 2021 and 2022.

Appendices

- Updates to 2022 data
- Minn. Stat. § 145.4131
- Minn. Stat. § 145.4134
- Minn. Stat. § 145.423
- Definitions
- Data collection instruments and instructions

Updates to 2022 data

Minn. Stat. § 145.4134 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. In 2023, supporting statute 145.4246 was repealed.

Following the publication of the report for calendar year 2022 in December of 2023, 18 additional *Report of Induced Abortion* forms were received. Due to the low number of additional reports, the full 2022 report will not be updated as such small numbers may allow a person with reasonable epidemiological skills to identify these individuals with the data provided.

Minn. Stat. § 145.4131

145.4131 RECORDING AND REPORTING ABORTION DATA.

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.

(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) 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;

(6) the medical specialty of the physician performing the abortion; and

(7) if the abortion was performed via telehealth, the facility code for the patient and the facility code for the physician.

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 September 30 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.

History: 1998 c 407 art 10 s 2; 2015 c 71 art 8 s 43; 1Sp2017 c 6 art 10 s 95; 1Sp2021 c 7 art 6 s 28; 2023 c 70 art 4 s 53,54

Minn. Stat. § 145.4134

145.4134 COMMISSIONER'S PUBLIC REPORT.

(a) By December 31 of each year, 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 and sections 145.4241 to 145.4249. 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 section 145.4131 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 an individual having performed or having had an abortion may be identified using epidemiologic principles.

(b) The commissioner may, by rules adopted under chapter 14, alter the submission dates established under section 145.4131 for administrative convenience, fiscal savings, or other valid reason, provided that physicians or facilities submit the required information once each year and the commissioner issues a report once each year.

History: 1998 c 407 art 10 s 5; 2003 c 14 art 2 s 1; 2022 c 98 art 14 s 8; 2023 c 70 art 4 s 55

Minn. Stat. § 145.423

145.423 RECOGNITION OF INFANT WHO IS BORN ALIVE.

Subdivision 1. **Recognition**; care. An infant who is born alive 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 care for the infant who is born alive.

Subd. 2. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

Subd. 3. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

Subd. 4. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

Subd. 5. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

Subd. 6. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

Subd. 7. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

Subd. 8. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

Subd. 9. MS 2022 [Repealed, 2023 c 70 art 4 s 113]

History: 1976 c 170 s 1; 1997 c 215 s 4; 2015 c 71 art 8 s 44; 2023 c 70 art 4 s 56,112

Definitions

- **Induced abortion**: The purposeful interruption of an intrauterine pregnancy with the intention other than to produce a liveborn 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**: Minn. Stat. § 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

Surgical procedures

- **Dilation and curettage (D&C)**: Surgical procedures performed prior to 14 weeks 0 days gestation are called dilation and curettage (D&C) procedures. Other terms for this type of procedure include: **aspiration curettage**, **suction curettage**, **manual vacuum aspiration**, or **menstrual extraction**. This type of procedure may also be called **sharp curettage**, if a sharp curette is used to confirm complete evacuation of uterine contents. A very early termination by D&C is sometimes called **menstrual regulation**.
- **Dilation and evacuation (D&E)**: Surgical procedures performed after 14 weeks 0 days gestation are called dilation and evacuation (D&E) procedures. This type of surgical procedure typically requires a greater degree of cervical dilation and the use of grasping forceps.
- **Hysterectomy/otomy**: Termination of pregnancy by removing the fetus through an incision in the uterus or by removing the uterus.

Medical methods

Administration of medication to induce abortion. The medicines used for the ACOG endorsed and FDA approved protocols include mifepristone (also called RU486 or Mifeprix®). Other options for early medical termination of pregnancy include methotrexate (Amethopterin, MTX) and misoprostol (Cytotec®). Each of these medications can be used alone or in combination with each other.

- **Intra-uterine instillation**: Termination of pregnancy induced through intra-amniotic injection (amniocentesis-injection) of a substance such as saline, urea, or a prostaglandin.

Data collection instruments

- Report of Induced Abortion, Original (2017)
- Report of Induced Abortion, Revised (2023)
- Instructions: Report of Induced Abortion

DEPARTMENT OF HEALTH

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

REPORT OF INDUCED ABORTION

CASE INFORMATION

1a. FACILITY CODE _____ **1b. PHYSICIAN CODE** _____ **1c. Medical Speciality of Physician**
(OBGYN GP/Fam Emergency Med Pediatrics Other)

2. LOCAL TRACKING NUMBER _____

3. TYPE OF ADMISSION
Clinic Outpatient Hospital Inpatient Hospital Ambulatory Surgery
Doctor's Office, Other

4. DATE OF PREGNANCY TERMINATION
(MM/DD/CCYY)
____/____/_____

PATIENT DEMOGRAPHICS

5. RESIDENCE OF PATIENT

a. STATE _____
(If not in US, list Country)

b. COUNTY _____
(If not in US, enter N/A)

c. CITY _____

6. PATIENT AGE AT LAST BIRTHDAY
(YEARS)
_____

7. PATIENT MARRIED? *(At pregnancy termination, conception or any time between)*
☐ Yes ☐ No ☐ Unknown

8. PATIENT EDUCATION
(Check the box that best describes the highest degree or level of school completed)
- ☐ 8th grade or less
- ☐ 9th-12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associates degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

9. PATIENT OF HISPANIC ORIGIN?
(Check the boxes that best describe whether the mother is Spanish/Hispanic/Latina)
- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Spanish/Hispanic/Latina
  (specify) _____
- ☐ Unknown

10. PATIENT RACE
(Check one or more races to indicate what the patient considers herself to be)
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  (Name of enrolled or principal tribe)
  _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
  (specify) _____
- ☐ Other (specify) _____
- ☐ Unknown

11. NUMBER OF PREVIOUS LIVE BIRTHS

a. Now Living
Number _____
☐ None
☐ Unknown

b. Now Dead
Number _____
☐ None
☐ Unknown

12. NUMBER OF PREVIOUS PREGNANCY TERMINATIONS

a. Spontaneous
Number _____
☐ None
☐ Unknown

b. Induced
Number _____
☐ None
☐ Unknown

MEDICAL AND HEALTH INFORMATION

13. CLINICIAN'S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS
(If a fraction of a week is given, round down to the next whole week; e.g., record 6.2 weeks as 6 weeks, record 7.6 weeks as 7 weeks)
_____ ☐ Unknown

14. DATE LAST NORMAL MENSES BEGAN
(MM/DD/CCYY)
____/____/_____ ☐ Unknown

15. METHOD OF TERMINATION (Check only the method that terminated the pregnancy)

Surgical (check the type of surgical procedure)
- ☐ D & C (Dilation and Curettage)*
- ☐ D & E (Dilation and Evacuation
- ☐ Hysterectomy/Hysterotomy
- ☐ Other surgical (specify)

_____

Medical/Non-surgical - includes early medical terminations and labor induction (check the principle medication or medications)
- ☐ Mifepristone (RU486, Mifeprex®)
- ☐ Misoprostol (Cytotec®), or another prostaglandin**
- ☐ Methotrexate (Amethopterin, MTX)
- ☐ Other medication (specify)

_____

- ☐ Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea)
- ☐ Unknown

* Additional terms that may be used include: aspiration curettage, suction surettage, manual vacuum aspiration, menstrual extraction, and sharp curettage.

** Some commonly used prostraglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol).

MINNESOTA MANDATED INFORMATION

16. 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 complications
- ☐ 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 COMPLICATIONS(S) FROM INDUCED ABORTION

17. METHOD OF DISPOSAL FOR FETAL REMAINS (Check only one)

☐ Cremation ☐ Interment by burial ☐ No 'Fetal Remains' as defined by statute

18. TYPE OF PAYMENT (Check only one)

☐ Private coverage ☐ Public assistance health coverage ☐ Self pay

19. TYPE OF HEALTH COVERAGE (Check only one)

☐ Fee for service plan ☐ Capitated private plan ☐ Other/Unknown

20. 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 pregnancy continues
- ☐ Pregnancy resulted in fetal anomalies
- ☐ Unknown or the woman refused to answer
- ☐ Other _____

21. DID ABORTION RESULT IN A BORN-ALIVE INFANT?

☐ No ☐ Yes

If yes, describe steps taken to preserve the life of the infant:

Did the infant survive? ☐ No ☐ Yes

Current status of surviving infant:
- ☐ Parent(s) assumed rights/responsibilities
- ☐ Infant is abandoned ward of the state
- ☐ Status unknown

Center for Health Statistics
Minnesota Dept. of Health
625 Robert Street N
PO Box 64975
St. Paul, MN 55164-0975
Phone: 1-800-657-3900
Fax: 800-269-7194

DEPARTMENT OF HEALTH

REPORT OF INDUCED ABORTION

CASE INFORMATION

1a. FACILITY CODE _____

1b. PHYSICIAN CODE _____

1c. Medical Speciality of Physician

OB/GYN GP/FAM Emergency Med

Pediatrics Other _____

2. LOCAL TRACKING NUMBER _____

3. TYPE OF ADMISSION

Clinic Outpatient Hospital Inpatient Hospital Ambulatory Surgery Doctor's Office Telehealth Other _____

4. DATE OF PREGNANCY TERMINATION *(MM/DD/CCYY)* ____/____/_____

PATIENT DEMOGRAPHICS

5. RESIDENCE OF PATIENT

a. STATE _____ *(If not in US, list Country)*

b. COUNTY _____ *(If not in US, enter N/A)*

c. CITY _____

6. PATIENT AGE AT LAST BIRTHDAY *(YEARS)*

_____

7. PATIENT MARRIED? *(At pregnancy termination, conception or any time between)*

☐ Yes ☐ No ☐ Unknown

8. PATIENT EDUCATION

(Check the box that best describes the highest degree or level of school completed)

- ☐ 8th grade or less
- ☐ 9th-12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associates degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

9. PATIENT OF HISPANIC ORIGIN?

(Check the boxes that best describe whether the mother is Spanish/Hispanic/Latina)

- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Spanish/Hispanic/Latina (specify) _____
- ☐ Unknown

10. PATIENT RACE

(Check one or more races to indicate what the patient considers herself to be)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify) _____
- ☐ Other (specify) _____
- ☐ Unknown

11. NUMBER OF PREVIOUS LIVE BIRTHS

a. Now Living

Number _____

☐ None ☐ Unknown

b. Now Dead

Number _____

☐ None ☐ Unknown

12. NUMBER OF PREVIOUS PREGNANCY TERMINATIONS

a. Spontaneous

Number _____

☐ None ☐ Unknown

b. Induced

Number _____

☐ None ☐ Unknown

MEDICAL & HEALTH INFO

13. CLINICIAN'S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS

(If a fraction of a week is given, round down to the next whole week; e.g., record 6.2 weeks as 6 weeks, record 7.6 weeks as 7 weeks)

_____ ☐ Unknown

14. DATE LAST NORMAL MENSES BEGAN

(MM/DD/CCYY)

____/____/_____ ☐ Unknown

MEDICAL & HEALTH INFO, cont.

15. METHOD OF TERMINATION (Check only the method that terminated the pregnancy)

Surgical (check the type of surgical procedure)

- ☐ D & C (Dilation and Curettage)*
- ☐ D & E (Dilation and Evacuation
- ☐ Hysterectomy/Hysterotomy
- ☐ Other surgical (specify)

_____

Medical/Non-surgical - includes early medical terminations and labor induction (check the principle medication or medications)

- ☐ Mifepristone (RU486, Mifeprex®)
- ☐ Misoprostol (Cytotec®), or another prostaglandin**
- ☐ Methotrexate (Amethopterin, MTX)
- ☐ Other medication (specify)

_____

- ☐ Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea)
- ☐ Unknown

* Additional terms that may be used include: aspiration curettage, suction surettage, manual vacuum aspiration, menstrual extraction, and sharp curettage.

** Some commonly used prostraglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol).

MN MANDATED INFORMATION

16. 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 complications
- ☐ 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 COMPLICATIONS(S) FROM INDUCED ABORTION

DEPARTMENT OF HEALTH

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, but reporting is required by state law (§145.4131). 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 the health of women of reproductive age. Because these data provide information important in promoting and monitoring health, it is important that the reports be completed accurately.

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. However, service cannot be contingent upon a patient 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 and physician reporting codes (See instructions #2-3). (800-657-3900)
* Assign physician reporting codes to physicians and maintain a list of these assignments.
* Develop efficient procedures for prompt preparation and filing of the reports.
* Prepare a complete and accurate report for each abortion performed. Reports must be submitted on-line via the web-based reporting system (https://vital.health.state.mn.us/mrc/faces/xhtml/home/MrcHomePage.xhtml) unless the facility reports only a few procedures per year. In that case a paper copy of the form may be printed from the web site and submitted via U.S. mail (http://www.health.state.mn.us/divs/chs/abrpt/reporting.html).
* 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 the Minnesota Center for Health Statistics for advice and assistance when necessary (800-657-3900).

If a facility chooses not to report on behalf of their physicians and 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. Facilities that have been reporting to MDH prior to January 1, 2017 may continue to use the previously-assigned code for current 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 contacting the physician if a report is incomplete or needs corrections, 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.

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. Detailed instructions for completing a report

A User Guide with detailed descriptions of each data item and instructions for completing and submitting the report using the web-based reporting system can be found on the MDH website at (http://www.health.state.mn.us/divs/chs/abrpt/reporting.html).

7. “Reason for abortion” question

MDH recommends that Item #21 on the report be reviewed with each 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.” More than one response may be selected.

8. 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.

9. 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 calendar year. (MN Statutes 1998, §145.411)