SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

A public report providing statistics compiled from all abortions reported to DHEC

2018



INTRODUCTION

SC Code of Law 44-41-60 requires that all abortions performed in the state be reported to the South Carolina Department of Health and Environment Control (SC DHEC). This report contains the data reported to SC DHEC, Vital Statistics, for abortions performed in South Carolina in 2018 as required by SC Code of Law 44-41-460.

To comply with changes required by South Carolina statute, Vital Statistics adopted a new form on September 25, 2017. As a result, during 2017, two different forms were utilized for reporting data. The first form (Appendix A) was used from January 1, 2017, to September 24, 2017. The second form (Appendix B) became effective on September 25, 2017.

Table 1.

Abortions by Probable Postfertilization Age (Weeks)

By Year, South Carolina, 2017* - 2018

,	Year	Total	6 or less	s weeks	7 - 13	weeks	14 - 19	weeks	20 - 23	weeks	24 or mo	re weeks
	rear	TOtal	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	2018	4,646	2,050	44.1	2,579	55.5	11	0.2	6	0.1	-	0
	2017*	1,237	544	44.0	691	55.9	2	0.2	-	0	-	0

^{*}Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 2.

Ultrasound Used to Determine Probable Postfertilization Age
By Year, South Carolina, 2017* - 2018

Year	Total	Yes		No		Unknown	
i Gai	TOtal	Number	Percent	Number	Percent	Number	Percent
2018	4,646	4,646	100.0	1	0	-	0
2017*	1,237	1,235	99.8	2	0.2	-	0

^{*}Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 3.

Abortions by Method and Probable Postfertilizition Age (Weeks)

By Year, South Carolina, 2017* - 2018

Year	Method of Abortion	Total	Weeks Gestation							
i cai			Under 6	7 - 13	14 - 19	20 - 23	24 or more	Unknown		
	Total	4,646	2,050	2,579	11	6	-	-		
	Dilation and Curettage	566	57	509	-	-	-	-		
	Manual Vacuum Aspiration	159	77	82	-	-	-	-		
	Electrical Vacuum Aspiration	1,323	368	955	- 7	-	-	-		
	Dilation and Evacuation	13	-	6	/	-	-	-		
2018	Combined Induction Abortion and Dilation and Evacuation Medication Abortion	2.500	- 1 E 1 O	1 027	1	- 2	-	-		
	Induction Abortion with Prostaglandins	2,580 4	1,548	1,027	2	3	_	_		
	Induction Abortion with Intra-Amniotic Instillation	-	_	_	-	_	_	_		
	Induction Abortion - other	-	-	-	-	-	-	-		
	Hysterotomy / Hysterectomy	-	-	-	-	-	-	-		
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-	-	-		
	Other	-	-	-	-	-	-	-		
	Total	1,237	544	691	2	-	-	-		
	Dilation and Curettage	128	22	106	-	-	-	-		
	Manual Vacuum Aspiration	89	39	50	-	-	-	-		
	Electrical Vacuum Aspiration	300	66	234	-	-	-	-		
	Dilation and Evacuation	5	-	4	1	-	-	-		
	Combined Induction Abortion and Dilation and Evacuation	-	-	-	-	-	-	-		
2017*	Medication Abortion	714	417	296	1	-	-	-		
	Induction Abortion with Prostaglandins	1	-	1	-	-	-	-		
	Induction Abortion with Intra-Amniotic Instillation	-	-	-	-	-	-	-		
	Induction Abortion - other	-	-	-	-	-	-	-		
	Hysterotomy / Hysterectomy	-	-	-	-	-	-	-		
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-	-	-		
	Other	-	-	-	-	-	-	_		

^{*}Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 4.
Intra-fetal Injection Used in an Attempt to Induce Fetal Demise
By Year, South Carolina, 2017* - 2018

Year	Total	Yes		N	lo	Unknown		
	i Otai	Number	Percent	Number	Percent	Number	Percent	
2018	4,646	5	0.1	4,641	99.9	1	0	
2017*	1,237	-	0	1,237	100.0	-	0	

^{*}Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 5.
Abortions by Maternal Age
South Carolina, 2017 - 2018

Age Group	20	18	2017		
Age Group	Number	Percent	Number	Percent	
Total	4,646	100.0	5,112	100.0	
Under 15	14	0.3	10	0.2	
15 - 16	49	1.1	57	1.1	
17-19	400	8.6	431	8.4	
20-24	1,360	29.3	1,500	29.3	
25-29	1,343	28.9	1,506	29.5	
30-34	814	17.5	885	17.3	
35 & Over	666	14.3	722	14.1	
Unknown	-	0	1	0.0	

Table 6.

Reason for the Abortion if Probable Postfertilization Age is 20 Weeks or More

By Year, South Carolina, 2017* - 2018

Year	Total	Medical Emergency		Fetal A	nomaly	Unknown		
	Total	Number	Percent	Number	Percent	Number	Percent	
2018	6	-	0	6	100.0	-	0	
2017*	-	-	0	-	0	-	0	

^{*}Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 7.

Method of Abortion Used that, in Reasonable Medical Judgement, Provided the Best Opportunity for the Unborn Child to Survive, If Probable Postfertilization Age is 20 Weeks or More

By Year, South Carolina, 2017* - 2018

Year	Total	Ye	es	N	lo	Unkr	nown
real	TOtal	Number	Percent	Number	Percent	Number	Percent
2018	6	6	100.0	1	0	1	0
2017*	-	-	0	-	0	-	0

^{*}Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Appendix A



REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

	FACILITY NAME (if not clinic or hospital, give	e address)		OR LOCATION OF TERMINATION	3. COUNTY OF PREGNAN	CY TERMINATION		
	4. AGE LAST BIRTHDAY		 ARRIED? Yes □ No		6. DATE OF PREGNANCY (Month, Day, Year)	TERMINATION		
	7a. RESIDENCE-STATE 7b. COUNTY		7c. CITY, TOWN C	R LOCATION	7d. INSIDE CITY LIMITS?	7e. ZIP CODE		
					☐ Yes ☐ No			
	8. OF HISPANIC ORIGIN? No, not Spanish/Hispanic/Latina Yes, Mexican, Mexican American, Chicana Yes, Puerto Rican Yes, Cuban Specify: 11. DATE LAST NORMAL MENSES BEGAN	(Name of the e	ndian or Alaska Nativ enrolled or principal tr n e n (Specify) raiian	e (ibe)	10. EDUCATION (Specify only highest grade completed) 8 m grade or less 9 n-12 m grade, no diploma High school graduate or GED completed Some college credit, but no degree Associate 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 or professional degree (e.g., PhD, EdD)			
	(Month, Day, Year)		1.15.75		1	,		
	12. DATE OF CONCEPTION		LIVE	BIRTHS	OTHER TERM	MINATIONS		
	(Month, Day, Year) 13. CLINICAL ESTIMATE OF GESTATION	Nı	Now Living umber None	14b. Now Dead Number ————— None	14c. Spontaneous Number ——— None	14d. Induced (Do not include this termination)		
	(Weeks)		None	None	Number			
			15. TERMINATION PROCEDURES					
	15a. PROCEDURE THAT TERMINATED PREC (Check only one)	GNANCY T	YPE OF TERMINA	TION PROCEDURES	15b. ADDITIONAL PROCED THIS TERMINATIO (Check all that a	N, IF ANY		
	2	Ir (Nonsurgical), Spe	Sharp CuDilation and EvacIntra-Uterine Sal ntra-Uterine Prostag Hysterotomy/H ecify Medication(s) ecify) Non 16–17. CONSEN	rettageuation (D & E)ne Instillation				
ITEM 16 MUST →	16a. WAS INFORMED WRITTEN CONSENT O	•		16c. IF PATIENT HAS BE	EN COURT ADJUDGED MENT			
BE COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE.	☐ Yes ☐ No 16b. IF NO, INFORMED WRITTEN CONSENT V (check one) 1 ☐ Medical Emergency 2 ☐ Incest 3 ☐ Not Capable/Mentally Incompetent 4 ☐ None of the above	D DUE TO:	16c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM: (check one) 1 □ Spouse 2 □ Parent 3 □ Legal Guardian 4 □ None of the above					
ITEM 17 MUST → BE COMPLETED FOR EACH PATIENT UNDER 17 YEARS OF AGE.	17a. IF PATIENT IS UNDER 17 YEARS OF AGE CONSENT OBTAINED FROM: (check one) 1 □ Parent 2 □ Legal Guardian 3 □ Grandparent 4 □ Person in Loco Parentis 5 □ None of the above	, ADDITIONAL INFO	ORMED WRITTEN		gency			
	18. DATE REPORT COMPLETED (Mont	h, Day, Year)		STATE OFFICE USE ONLY DATE REPORT RECEIVED				

Appendix B

Modhec	REPORT OF INDUCED TERMINATION OF PREGNANCY						STATE FILE NUMBER			
Patient's ID Number (Do Not Enter Patential Control Patential	ient's Name)	2. Age (Last B	irthday)			3. Date of	f Pregnancy Termination (Month, Day, Year)			
4. Facility Name		5. City/Town o	r Location o	of Pregnanc	y Termination	6. County	r of Pregnancy Termination			
7. Residence - State or Foreign Country					8. Residence - C	County				
9. Of Hispanic Origin? No, not Spanish/Hispanic/Latina Yes, Mexican/Mexican American/Chic Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latina Specify	African American Indian or Alaska Native enrolled or principal tribe) ian Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (Specify) Other (Specify) Other (Specify)			Asian (Specify) Hawaiian anian or Chamorro an Pacific Islander (S	pecify)	11. Education (Specify the highest degree or level completed Вth grade or less 9th -12th grade no diploma High school graduate or GED completed Some college credit, but no degree Associate degree (e.g., AA, AS) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, MEd, MSW Doctorate or professional degree (e.g., PhD,	√, MBA)			
12. Patient Married? ☐ Yes ☐ No			13. Da	ate Last No	rmal Menses Bega	ın (Month, Day, `	Year)			
14. Previous Pregnancies LIVE BI	DTUC				OTL	IER TERMINAT	SIAON			
14a. Now Living	D. Now Dead MBER □ NO		4c. Spontan			14d. Indu	ced (DO NOT INCLUDE THIS TERMINATION) NONE			
	-	-	4, of the Co	de of Laws	of South Carolina,	1976, as amen	ded)			
15. Was a Determination of Probable Pos ☐ YES - Go to question 17 ☐ NO 16. Enter the basis of the determination t Specify:	- Go to question 16	gency existed:		1	Was the reas b. If Medical En woman had a necessitate trisk of substate	on for the abortinergency, provida condition which he abortion of he antial and irrever	is 20 or more weeks: on? Medical Emergency, go to Question 18b. Fetal Anomaly, go to Question 18c. e the basis of the determination that the pregnan a so complicated her medical condition as to er pregnancy to avert her death or to avert the se sible physical impairment of a major bodily function.	nt erious		
Go to question 20						not including psychological or emotional conditions: Specify: Go to Question 18c.				
Probable Postfertilization Age Tra. Enter weeks of Probable Postfertilization Age	ation Age:				c. Was the meth provided the	nod of abortion ubest opportunity	ised one that, in reasonable medical judgment, for the unborn child to survive?			
17b. Was Ultrasound used to determine If less than 20 weeks Probable Postfel If 20 weeks or MORE Probable Postfel	tilization Age, go t	o question 20	IYES 🗆 N	7	9. Provide the bas (best opportunit or of the substa	is of the determi y) would pose a ntial and irrevers ychological or e	nation that termination of the pregnancy in that m greater risk either of the death of the pregnant w sible physical impairment of a major bodily function motional conditions, of the woman than would oth	oman on,		
					OCEDURES					
20a. PRIMARY PROCEDURE USED TO Check Only One Primary Procedure	TERMINATE THE	PREGNANCY (LY ONE) of Procedur		DITIONAL PROC	CEDURES USED IF ANY (CHECK ALL THAT API Check all Additional Procedures Used	PLY)		
		Dil	ation and C	urettage (Da	&C)					
□ <u></u>		N	lanual Vacu	um Aspiratio	on		□			
□Med	lication Abortion (su	ch as, but not li	mited to, mit	fepristone/n	nisoprostol or meth	otrexate/misopr	ostol)			
	Induction Abortion	with Intra-Amni	iotic Instillati	ion (such as	s, but not limited to	, saline or urea)				
		Intact Dila	ysterotomy/ ation and Fx	Hysterector	ny artial hirth)					
		Oth	ner - Specify							
21. Was an intra-fetal injection used in a			ch as, but n	ot limited to	, intra-fetal potass	ium chloride or o	digoxin)? ☐ YES ☐ NO			
ITEM 22 MUST BE 22a. WAS INFORM	ED WRITTEN CON	SENT OBTAINE	ED FROM T	HE PATIEN	IT? ☐ Yes ☐ No		NT HAS BEEN COURT ADJUDGED MENTALLY			
COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE. 22b. IF NO, INFOR Dedical Emerging Medical Emerging Incest	jency 3	NSENT WAS N ☐ Not Capable ☐ None of the	/Mentally In		O: (check one)	FROM: (check 1 Spouse 2 Parent	IT, INFORMED WRITTEN CONSENT OBTAINED one) 3 □ Legal Guardian 4 □ None of the above	J		
ITEM 23 MUST BE COMPLETED FOR EACH PATIENT, UNDER 17 YEARS OF AGE. 23a. IF PATIENT IS CONSENT OBTAIN 1 □ Parent 2 □ Legal Guardia 3 □ Grandparent	ED FROM:(check of		co Parentis		VRITTEN	INFORMED W	der 5 ☐ None of the above			
24. Date Report Completed										