

SOUTH CAROLINA  
DEPARTMENT OF HEALTH  
AND ENVIRONMENTAL CONTROL

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

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2017



## 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 2017 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, and was used until December 31, 2017. Due to the mandatory changes, some data are presented in separate tables that correspond to each form.

Table 1A.  
 Abortions by Clinical Estimate of Gestation (Weeks)  
 South Carolina, 2017 (Jan 1 - Sept 24)

Weeks	Number	Percent
Total	3,875	100.0
6 or less	1,321	34.1
7 - 13	2,531	65.3
14 - 19	17	0.4
20 - 23	6	0.2
24 or more	-	0

Table 1B.  
 Abortions by Probable Postfertilization Age (Weeks)  
 South Carolina, 2017 (Sept 25 - Dec 31)

Weeks	Number	Percent
Total	1,237	100.0
6 or less	544	44.0
7 - 13	691	55.9
14 - 19	2	0.2
20 - 23	-	0
24 or more	-	0

Table 2.  
 Ultrasound Used to Determine  
 Probable Postfertilization Age  
 South Carolina, 2017 (Sept 25 - Dec 31)

	Number	Percent
Total	1,237	100.0
Yes	1,235	99.8
No	2	0.2
Unknown	-	0

Table 3A.  
 Abortions by Method and Clinical Estimate of Gestation  
 South Carolina, 2017 (Jan 1 - Sept 24)

Method of Abortion	Total	Weeks Gestation					
		Under 6	7 - 13	14 - 19	20 - 23	24 or more	Unknown
Total	3,875	1,321	2,531	17	6	-	-
Suction Curettage	1,623	251	1,370	2	-	-	-
Dilation and Evacuation	11	-	-	10	1	-	-
Intra-Uterine Saline Instillation	1	-	-	-	1	-	-
Intra-Uterine Prostaglandin Instillation	3	-	-	2	1	-	-
Hysterotomy/Hysterectomy	1	-	-	1	-	-	-
Medical	2,235	1,070	1,161	1	3	-	-
Other	1	-	-	1	-	-	-

Table 3B.  
 Abortions by Method and Probable Postfertilization Age  
 South Carolina, 2017 (Sept 25 - Dec 31)

Method of Abortion	Total	Weeks Gestation					
		Under 6	7 - 13	14 - 19	20 - 23	24 or more	Unknown
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	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-

Table 4.  
 Intra-fetal Injection Used in an Attempt to Induce Fetal Demise  
 South Carolina, 2017 (Sept 25 - Dec 31)

	Number	Percent
Total	1,237	100.0
Yes	-	0
No	1,237	100.0
Unknown	-	0

Table 5.  
 Abortions by Maternal Age  
 South Carolina, 2017

Age Group	Number	Percent
Total	5,112	100.0
Under 15	10	0.2
15-16	57	1.1
17-19	431	8.4
20-24	1,500	29.3
25-29	1,506	29.5
30-34	885	17.3
35 & Over	722	14.1
Unknown	1	0.0

Table 6.  
 Reason for the Abortion if Probable Postfertilization Age is 20 Weeks  
 or More  
 South Carolina, 2017 (Sept 25 - Dec 31)

	Number	Percent
Total	-	0
Medical Emergency	-	0
Fetal Anomaly	-	0
Unknown	-	0

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  
 South Carolina, 2017 (Sept 25 - Dec 31)

	Number	Percent
Total	-	0
Yes	-	0
No	-	0
Unknown	-	0

## Appendix A



# REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

1. FACILITY NAME (if not clinic or hospital, give address)		2. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION		3. COUNTY OF PREGNANCY TERMINATION	
4. AGE LAST BIRTHDAY		5. MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. DATE OF PREGNANCY TERMINATION (Month, Day, Year)	
7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY, TOWN OR LOCATION		7d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	7e. ZIP CODE
8. OF HISPANIC ORIGIN? <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina Specify: _____		9. RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		10. EDUCATION (Specify only highest grade completed) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree, (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree, (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree, (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate or professional degree (e.g., PhD, EdD)	
11. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)		14. PREVIOUS PREGNANCIES (Complete each section)			
12. DATE OF CONCEPTION (Month, Day, Year)		LIVE BIRTHS		OTHER TERMINATIONS	
13. CLINICAL ESTIMATE OF GESTATION (Weeks)		14a. Now Living Number _____ <input type="checkbox"/> None	14b. Now Dead Number _____ <input type="checkbox"/> None	14c. Spontaneous Number _____ <input type="checkbox"/> None	14d. Induced (Do not include this termination) Number _____ <input type="checkbox"/> None
15. TERMINATION PROCEDURES					
15a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)		TYPE OF TERMINATION PROCEDURES		15b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)	
1		Suction Curettage		1	
2		Sharp Curettage		2	
3		Dilation and Evacuation (D & E)		3	
4		Intra-Uterine Saline Instillation		4	
5		Intra-Uterine Prostaglandin Instillation		5	
6		Hysterotomy/Hysterectomy		6	
7		Medical (Nonsurgical), Specify Medication(s) _____		7	
8		Other (Specify) _____		8	
		None		0	
16-17. CONSENT REQUIREMENTS (Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended)					
16a. WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		16c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM: (check one)			
16b. IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO: (check one)		1			
1 <input type="checkbox"/> Medical Emergency		1 <input type="checkbox"/> Spouse			
2 <input type="checkbox"/> Incest		2 <input type="checkbox"/> Parent			
3 <input type="checkbox"/> Not Capable/Mentally Incompetent		3 <input type="checkbox"/> Legal Guardian			
4 <input type="checkbox"/> None of the above		4 <input type="checkbox"/> None of the above			
17a. IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM: (check one)		17b. IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW: (check one)			
1 <input type="checkbox"/> Parent		1 <input type="checkbox"/> Emancipated Minor			
2 <input type="checkbox"/> Legal Guardian		2 <input type="checkbox"/> Court Order			
3 <input type="checkbox"/> Grandparent		3 <input type="checkbox"/> Medical Emergency			
4 <input type="checkbox"/> Person in Loco Parentis		4 <input type="checkbox"/> Incest			
5 <input type="checkbox"/> None of the above		5 <input type="checkbox"/> None of the above			
18. DATE REPORT COMPLETED (Month, Day, Year)		19. DATE REPORT RECEIVED			

ITEM 16 MUST BE COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE.

ITEM 17 MUST BE COMPLETED FOR EACH PATIENT UNDER 17 YEARS OF AGE.



## Appendix B



REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

1. Patient's ID Number (Do Not Enter Patient's Name) 2. Age (Last Birthday) 3. Date of Pregnancy Termination (Month, Day, Year) 4. Facility Name 5. City/Town or Location of Pregnancy Termination 6. County of Pregnancy Termination

7. Residence - State or Foreign Country 8. Residence - County

9. Of Hispanic Origin? 10. Race 11. Education (Specify the highest degree or level completed)

12. Patient Married? 13. Date Last Normal Menses Began (Month, Day, Year)

14. Previous Pregnancies LIVE BIRTHS OTHER TERMINATIONS

(Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended)

15. Was a Determination of Probable Postfertilization Age Made? 18. If Probable Postfertilization Age is 20 or more weeks:

16. Enter the basis of the determination that a medical emergency existed: 18b. If Medical Emergency, provide the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert the serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions:

17. Probable Postfertilization Age 17a. Enter weeks of Probable Postfertilization Age: 17b. Was Ultrasound used to determine Probable Postfertilization Age? 19. Provide the basis of the determination that termination of the pregnancy in that manner (best opportunity) would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the woman than would other available methods:

20. TERMINATION PROCEDURES 20a. PRIMARY PROCEDURE USED TO TERMINATE THE PREGNANCY (CHECK ONLY ONE) 20b. ADDITIONAL PROCEDURES USED IF ANY (CHECK ALL THAT APPLY)

21. Was an intra-fetal injection used in an attempt to induce fetal demise (such as, but not limited to, intra-fetal potassium chloride or digoxin)?

ITEM 22 MUST BE COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE. 22a. WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT? 22b. IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO: 22c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM:

ITEM 23 MUST BE COMPLETED FOR EACH PATIENT, UNDER 17 YEARS OF AGE. 23a. IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM: 23b. IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW:

24. Date Report Completed