SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND ENVIRONMENTAL CONTROL

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

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)

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3,875</td>
<td>100.0</td>
</tr>
<tr>
<td>6 or less</td>
<td>1,321</td>
<td>34.1</td>
</tr>
<tr>
<td>7 - 13</td>
<td>2,531</td>
<td>65.3</td>
</tr>
<tr>
<td>14 - 19</td>
<td>17</td>
<td>0.4</td>
</tr>
<tr>
<td>20 - 23</td>
<td>6</td>
<td>0.2</td>
</tr>
<tr>
<td>24 or more</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,237</td>
<td>100.0</td>
</tr>
<tr>
<td>6 or less</td>
<td>544</td>
<td>44.0</td>
</tr>
<tr>
<td>7 - 13</td>
<td>691</td>
<td>55.9</td>
</tr>
<tr>
<td>14 - 19</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>20 - 23</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>24 or more</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,237</td>
<td>100.0</td>
</tr>
<tr>
<td>Yes</td>
<td>1,235</td>
<td>99.8</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 3A.
Abortions by Method and Clinical Estimate of Gestation
South Carolina, 2017 (Jan 1 - Sept 24)

<table>
<thead>
<tr>
<th>Method of Abortion</th>
<th>Total</th>
<th>Under 6</th>
<th>7 - 13</th>
<th>14 - 19</th>
<th>20 - 23</th>
<th>24 or more</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3,875</td>
<td>1,321</td>
<td>2,531</td>
<td>17</td>
<td>6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Suction Curettage</td>
<td>1,623</td>
<td>251</td>
<td>1,370</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dilation and Evacuation</td>
<td>11</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Intra-Uterine Saline Instillation</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Intra-Uterine Prostaglandin Instillation</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hysterotomy/Hysterectomy</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medical</td>
<td>2,235</td>
<td>1,070</td>
<td>1,161</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Method of Abortion</td>
<td>Total</td>
<td>Under 6</td>
<td>7 - 13</td>
<td>14 - 19</td>
<td>20 - 23</td>
<td>24 or more</td>
<td>Unknown</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------</td>
<td>---------</td>
<td>--------</td>
<td>---------</td>
<td>---------</td>
<td>------------</td>
<td>---------</td>
</tr>
<tr>
<td>Total</td>
<td>1,237</td>
<td>544</td>
<td>691</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dilation and Curettage</td>
<td>128</td>
<td>22</td>
<td>106</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Manual Vacuum Aspiration</td>
<td>89</td>
<td>39</td>
<td>50</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Electrical Vacuum Aspiration</td>
<td>300</td>
<td>66</td>
<td>234</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dilation and Evacuation</td>
<td>5</td>
<td>-</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Combined Induction Abortion and Dilation and Evacuation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medication Abortion</td>
<td>714</td>
<td>417</td>
<td>296</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Induction Abortion with Prostaglandins</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Induction Abortion with Intra-Amniotic Instillation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Induction Abortion - other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hysterotomy / Hysterectomy</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Intact Dilation and Extraction (partial birth)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 4.
Intra-fetal Injection Used in an Attempt to Induce Fetal Demise
South Carolina, 2017 (Sept 25 - Dec 31)

| Yes | 0   |
| No  | 1,237 |
| Unknown | 0 |

Table 5.
Abortions by Maternal Age
South Carolina, 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5,112</td>
<td>100.0</td>
</tr>
<tr>
<td>Under 15</td>
<td>10</td>
<td>0.2</td>
</tr>
<tr>
<td>15-16</td>
<td>57</td>
<td>1.1</td>
</tr>
<tr>
<td>17-19</td>
<td>431</td>
<td>8.4</td>
</tr>
<tr>
<td>20-24</td>
<td>1,500</td>
<td>29.3</td>
</tr>
<tr>
<td>25-29</td>
<td>1,506</td>
<td>29.5</td>
</tr>
<tr>
<td>30-34</td>
<td>885</td>
<td>17.3</td>
</tr>
<tr>
<td>35 &amp; Over</td>
<td>722</td>
<td>14.1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason for the Abortion</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Fetal Anomaly</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Method of Abortion</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Yes</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>
# 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?**
   - Yes
   - No

6. **DATE OF PREGNANCY TERMINATION**
   - (Month, Day, Year)

7a. **RESIDENCE-STATE**
7b. **COUNTY**
7c. **CITY, TOWN OR LOCATION**
7d. **INSIDE CITY LIMITS?**
   - Yes
   - No
7e. **ZIP CODE**

8. **OF HISPANIC ORIGIN?**
   - No, not Spanish/Hispanic/Latina
   - Yes, Mexican, Mexican American, Chicana
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, other Spanish/Hispanic/Latina
   - Specify: ___________________________

9. **RACE**
   - White
   - Black or African American
   - American Indian or Alaska Native
   - Asian Indian
   - Chinese
   - Filipino
   - Japanese
   - Korean
   - Vietnamese
   - Other Asian (Specify) __________________________
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander (Specify) __________________________
   - Other (Specify) __________________________

10. **EDUCATION**
    - (Specify only highest grade completed)
    - 8th 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, MBA)
    - Doctorate or professional degree (e.g., PhD, EdD)

11. **DATE LAST NORMAL MENSES BEGAN**
    - (Month, Day, Year)

12. **DATE OF CONCEPTION**
    - (Month, Day, Year)

13. **CLINICAL ESTIMATE OF GESTATION**
    - (Weeks)

14. **PREVIOUS PREGNANCIES** (Complete each section)

   14a. **LIVE BIRTHS**
       - Number
       - None

   14b. **OTHER TERMINATIONS**
       - Number
       - None

   14c. **Spontaneous**
       - Number
       - None

   14d. **Induced**
       - (Do not include this termination)
       - Number
       - None

15. **TERMINATION PROCEDURES**

   15a. **PROCEDURE THAT TERMINATED PREGNANCY**
       - (Check only one)

   15b. **TYPE OF TERMINATION PROCEDURES**

   15c. **ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY**
       - (Check all that apply)

16. **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?**
       - Yes
       - No

   16b. **IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO:**
       (check one)
       - 1 Medical Emergency
       - 2 Incest
       - 3 Not Capable/Mentally Incompetent
       - 4 None of the above

   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

   17a. **IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM:**
       (check one)
       - 1 Parent
       - 2 Legal Guardian
       - 3 Grandparent
       - 4 Person in Loco Parentis
       - 5 None of the above

   17b. **IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW:**
       (check one)
       - 1 Emancipated Minor
       - 2 Court Order
       - 3 Medical Emergency
       - 4 Incest
       - 5 None of the above

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

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

18. **DATE REPORT COMPLETED**
    - (Month, Day, Year)

19. **DATE REPORT RECEIVED**

   FOR STATE OFFICE USE ONLY
## 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**

### Residence

7. **State or Foreign Country**

8. **County**

### Race

9. **Or Hispanic Origin?**

- [ ] No, not Spanish/Hispanic/Latino
- [ ] Yes, Mexican/Mexican American/Chicana
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latina

### Education

11. **Education**

- [ ] (Specify the highest degree or level completed):
  - [ ] 8th 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, MBA)
  - [ ] Doctorate or professional degree (e.g., PhD, MD)

### Probable Postfertilization Age

16. **Was a Determination of Probable Postfertilization Age Made?**

- [ ] Yes - Go to question 17
- [ ] No - Go to question 16

### Medical Emergency

18. **If Probable Postfertilization Age is 20 or more weeks:**

- a. **Was the reason for the abortion?**
  - [ ] Medical Emergency, go to Question 18b.
  - [ ] Fetal Anomaly, go to Question 18c.

- b. **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 aver 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:**
  - [ ] Specify:
  - [ ] Go to Question 18b.

- c. **Was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive?**
  - [ ] Yes - Go to question 20
  - [ ] No - Go to question 19

### Date Last Normal Menstrual Cycle

19. **Provide the basis of the determination that the 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:**

- [ ] Specify:

### Termination Procedures

20a. **PRIMARY PROCEDURE USED TO TERMINATE THE PREGNANCY (CHECK ONLY ONE)**

- [ ] Dilation and Curettage (D&C)
- [ ] Manual Vacuum Aspiration
- [ ] Electrical Vacuum Aspiration
- [ ] Dilation and Evacuation (D&E)
- [ ] Combined Induction Abortion and Dilation and Evacuation
- [ ] Medication Abortion (such as, but not limited to, mifepristone/misoprostol or methotrexate/misoprostol)
- [ ] Induction Abortion with Prostaglandins
- [ ] Induction Abortion with Intra-Amniotic Instillation (such as, but not limited to, saline or urea)
- [ ] Induction Abortion - Other
- [ ] Hysterotomy/Hysterectomy
- [ ] Intrauterine Dilation and Extraction (partial birth)
- [ ] Other - Specify

20b. **ADDITIONAL PROCEDURES USED IF ANY (CHECK ALL THAT APPLY)**

### Consent

22a. **WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT?**

- [ ] Yes
- [ ] No

22b. **IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO:**

- [ ] Medical Emergency (check one)
  - [ ] Parent
  - [ ] Medical Emergency
  - [ ] Person in Loco Parentis
  - [ ] None of the above

23a. **IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM:**

- [ ] Parent
- [ ] Legal Guardian
- [ ] Grandparent

23b. **IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW:**

- [ ] Emancipated Minor
- [ ] Incest
- [ ] Court Order
- [ ] Medical Emergency

### Date Report Completed

24. **Date Report Completed**

**DHEC 3172 (07/2017)**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**