

SOUTH CAROLINA
DEPARTMENT OF PUBLIC
HEALTH

A Public Report Providing Statistics
Compiled from All Abortions
Reported to DPH

2025



INTRODUCTION

South Carolina Code Ann. § 44-41-60 requires that all abortions performed in the state be reported to the South Carolina Department of Public Health (DPH).

To comply with changes required by South Carolina statute, DPH Vital Statistics adopted a new reporting form on August 23, 2023. This report is based on data collected utilizing this form (See Appendix). In many instances in this report, for consistency in comparison, data reported for 2023 only includes that from 8/23/23 through 12/31/23. Those 2023 data points are indicated with an asterisk (*). It is important to understand that for those counts, the 2023 total represents data from a little more than four months, in contrast to the 2024 total which reflects twelve months. Data prior to 8/23/23 can be found on previous abortion reports on our website: <https://dph.sc.gov/professionals/public-health-data/biostatistics-publications>.

The data presented in this report is based on data for abortions occurring or prescribed in South Carolina, also referred to as occurrence data.

Due to privacy and confidentiality concerns, DPH will apply suppression rules for all reports containing 2023 data and forward. DPH's suppression rule is that values less than 5 will be suppressed on all Vital Statistics forms. This is reflected as "<5" in the report whenever the true value is 1-4. Additionally, in locations where only one number in a dataset is suppressed or if reidentification of the true value would still be possible, the report suppresses the next lowest number in the dataset. This is reflected as "#" in the report. For example, in the below sample dataset the rules would be applied in the following manner:

Unsuppressed Values:

Year	Total	Value 1	Value 2	Value 3
2023	25	12	9	4
2024	27	20	4	3
2025	30	12	7	11

Suppressed Values:

Year	Total	Value 1	Value 2	Value 3
2023	25	12	#	<5
2024	27	20	<5	<5
2025	30	12	7	11

Table 1.
Abortions by Probable Gestational Age
by Year, South Carolina, 2023* - 2025

Year	Total	6 or less weeks		7 - 13 weeks		14 - 19 weeks		20 - 23 weeks	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
2025	2,534	2,483	97.99	25	0.99	16	0.63	10	0.39
2024	3,025	2,946	97.39	55	1.82	18	0.60	6	0.20
2023*	790	772	97.72	9	1.14	9	1.14	-	0.00

Table 2.
Abortions by Fetal Heartbeat Detected**
by Year, South Carolina, 2023* - 2025

Year	Total	Yes		No	
		Number	Percent	Number	Percent
2025	2,534	42	1.66	2,492	98.34
2024	3,025	39	1.29	2,986	98.71
2023*	790	13	1.65	777	98.35

Table 3.
Abortions by Probable Gestational Age if a Heartbeat was Not Detected
by Year, South Carolina, 2023* - 2025

Year	Total	6 or less weeks		7 - 13 weeks		14 - 19 weeks		20 - 23 weeks	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
2025	2,492	2,482	99.60	10	0.4	-	0	-	0
2024	2,986	2,945	98.63	41	1.37	-	0	-	0
2023*	777	772	99.36	5	0.64	-	0	-	0

Table 3.a
Abortions by Probable Gestational Age if a Heartbeat was Detected
by Year, South Carolina, 2023* - 2025

Year	Total	6 or less weeks		7 - 13 weeks		14 - 19 weeks		20 - 23 weeks	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
2025	42	< 5	#	15	35.71	16	38.10	#	#
2024	39	< 5	#	14	35.90	18	46.15	#	#
2023*	13	-	0	< 5	#	#	#	-	0

*Data for 2023 is from 8/23/23 through 12/31/23. Data prior to 8/23/23 can be found on previous abortion reports on our website: <https://dph.sc.gov/professionals/public-health-data/biostatistics-publications>

**As defined by S.C. Code Ann. § 44-41-610(6)

Table 4.
Reason for the Abortion if Probable Gestational Age is 12 Weeks or Less and a Heartbeat was Detected
by Year, South Carolina, 2023* - 2025

Year	Total	Medical Emergency		Fatal Fetal Anomaly		Rape/Incest	
		Number	Percent	Number	Percent	Number	Percent
2025	15	8	53.33	< 5	#	< 5	#
2024	11	5	45.45	< 5	#	< 5	#
2023*	< 5	< 5	#	< 5	#	< 5	#

Table 5.
Reason for the Abortion if Probable Gestational Age is Over 12 Weeks
by Year, South Carolina, 2023* - 2025

Year	Total	Medical Emergency		Fatal Fetal Anomaly		No Heartbeat Detected	
		Number	Percent	Number	Percent	Number	Percent
2025	27	9	33.33	20	74.07	-	0
2024	28	8	28.57	21	75.00	-	0
2023*	9	< 5	#	#	#	-	0

Table 6.
If the reason for abortion was due to a medical emergency, did method used provide the best opportunity for the
unborn child to survive?
by Year, South Carolina, 2023* - 2025

Year	Total	Yes		No	
		Number	Percent	Number	Percent
2025	17	8	47.06	9	52.94
2024	36	28	77.78	8	22.22
2023*	13	#	#	< 5	#

Table 7.
If the method of abortion did not provide the best opportunity for the unborn child to survive, did the provider specify
on the report the basis of the determination that a different method of abortion would pose a greater risk of death or
irreversible physical impairment to the mother?
by Year, South Carolina, 2023* - 2024

Year	Total	Yes		No	
		Number	Percent	Number	Percent
2025	9	9	100.00	-	0
2024	8	8	100.00	-	0
2023*	< 5	< 5	100.00	-	0

*Data for 2023 is from 8/23/23 through 12/31/23. Data prior to 8/23/23 can be found on previous abortion reports on our website: <https://dph.sc.gov/professionals/public-health-data/biostatistics-publications>

Table 8.
Abortions by Facility
by Year, South Carolina, 2023* - 2025

Year	Facility Name	Number of abortions
2025	Greenville Women's Clinic	1,162
	Planned Parenthood -- Columbia	709
	Planned Parenthood -- Charleston	608
	MUSC Medical Center	17
	Prisma Health Greenville Memorial Hospital	15
	Prisma Health Richland	9
	Lowcountry OBGYN - Mount Pleasant	8
	AnMed Medical Center - Anderson	< 5
	Spartanburg Medical Center	< 5
	Low Country OBGYN - Charleston	< 5
	Prisma Health Patewood Hospital	< 5
	Total	2,534
	2024	Greenville Women's Clinic
Planned Parenthood -- Columbia		873
Planned Parenthood -- Charleston		521
MUSC Medical Center		20
Prisma Health Greenville Memorial Hospital		9
Lowcountry OBGYN - Mount Pleasant		8
Prisma Health Richland		6
Spartanburg Medical Center		< 5
East Cooper OBGYN - Mullis Office		< 5
Total		3,025
2023*		Greenville Women's Clinic
	Planned Parenthood Columbia	130
	Planned Parenthood Charleston	84
	MUSC Medical Center	7
	Prisma Health Richland	<5
	Prisma Health Greenville Memorial Hospital	<5
	Prisma Health Patewood Hospital	<5
	Spartanburg Medical Center	<5
	Total	790

*Data for 2023 is from 8/23/23 through 12/31/23. Data prior to 8/23/23 can be found on previous abortion reports on our website: <https://dph.sc.gov/professionals/public-health-data/biostatistics-publications>

Table 8.a
 Abortions by Facility and Race
 by Year, South Carolina, 2024 - 2025

Year	Facility Name	White	Black	Other	Unknown	Total
2025	Greenville Women's Clinic	714	371	77	0	1,162
	Planned Parenthood -- Columbia	205	455	41	8	709
	Planned Parenthood -- Charleston	285	271	24	28	608
	MUSC Medical Center	9	6	< 5	0	17
	Prisma Health Greenville Memorial Hospital	10	< 5	< 5	< 5	15
	Prisma Health Richland	5	< 5	0	0	9
	Lowcountry OBGYN - Mount Pleasant	7	< 5	0	0	8
	AnMed Medical Center - Anderson	0	< 5	0	0	< 5
	Spartanburg Medical Center	0	< 5	0	< 5	< 5
	Lowcountry OBGYN - Charleston	< 5	0	0	0	< 5
	Prisma Health Patewood Hospital	< 5	0	0	0	< 5
	Total	1,237	1,113	143	41	2,534
2024	Greenville Women's Clinic	963	532	89	0	1,584
	Planned Parenthood -- Columbia	285	529	45	14	873
	Planned Parenthood -- Charleston	292	192	#	#	521
	MUSC Medical Center	11	9	0	0	20
	Prisma Health Greenville Memorial Hospital	5	< 5	< 5	< 5	9
	Lowcountry OBGYN - Mount Pleasant	#	< 5	0	0	8
	Prisma Health Richland	< 5	< 5	0	0	6
	Spartanburg Medical Center	< 5	0	0	< 5	< 5
	East Cooper OBGYN - Mullis Office	0	< 5	0	0	< 5
	Total	1,567	1,270	160	28	3,025

Table 9.
 Abortions by Method and Probable Gestational Age
 by Year, South Carolina, 2024 - 2025

Year	Method of Abortion	Total	Weeks Gestation			
			Under 6 weeks	7 - 13 weeks	14 - 19 weeks	20 - 23 weeks
2025	Total	2,534	2,483	25	16	10
	Dilation and Curettage	233	219	14	-	-
	Manual Vacuum Aspiration	134	#	< 5	-	-
	Electrical Vacuum Aspiration	68	#	-	-	< 5
	Dilation and Evacuation	19	< 5	< 5	13	< 5
	Combined Induction Abortion and Dilation and Evacuation	< 5	-	-	-	< 5
	Medication Abortion	2,073	2,063	#	< 5	< 5
	Induction Abortion with Prostaglandins	< 5	-	-	-	< 5
	Induction Abortion with Intra-Amniotic Instillation	-	-	-	-	-
	Induction Abortion - other	< 5	-	-	-	< 5
	Hysterotomy / Hysterectomy	< 5	< 5	-	< 5	-
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-
	Other	< 5	-	-	< 5	-
2024	Total	3,025	2,946	55	18	6
	Dilation and Curettage	158	140	18	-	-
	Manual Vacuum Aspiration	194	#	< 5	-	-
	Electrical Vacuum Aspiration	96	#	< 5	-	-
	Dilation and Evacuation	18	-	-	#	< 5
	Combined Induction Abortion and Dilation and Evacuation	< 5	< 5	-	-	-
	Medication Abortion	2,552	2,520	#	< 5	-
	Induction Abortion with Prostaglandins	< 5	-	-	< 5	< 5
	Induction Abortion with Intra-Amniotic Instillation	-	-	-	-	-
	Induction Abortion - other	< 5	-	-	< 5	-
	Hysterotomy / Hysterectomy	-	-	-	-	-
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-
	Other	-	-	-	-	-

Table 10.
 Intra-fetal Injection Used in an Attempt to Induce Fetal Demise
 by Year, South Carolina, 2024 - 2025

Year	Total	Yes		No	
		Number	Percent	Number	Percent
2025	2,534	-	0	2,534	100
2024	3,025	-	0	3,025	100

Table 11.
 Abortions by Maternal Age
 by Year, South Carolina, 2024 - 2025

Age Group	2025		2024	
	Number	Percent	Number	Percent
Total	2,534	100	3,025	100
Under 15	6	0.24	< 5	#
15 - 16	18	0.71	#	#
17-19	196	7.73	204	6.74
20-24	644	25.41	828	27.37
25-29	664	26.2	800	26.45
30-34	558	22.02	673	22.25
35 & Over	448	17.68	495	16.36

Table 12.
 Abortions for SC Residents vs. Out of State Residents
 by Month, South Carolina, 2024 - 2025

Patient Residence	Month of Termination (1/1/2025 - 12/31/2025)												Total
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	
SC Residence	219	175	223	228	216	207	202	174	191	186	179	188	2,388
Out of State	15	7	10	19	8	17	10	8	13	10	17	12	146
Total	234	182	233	247	224	224	212	182	204	196	196	200	2,534
Patient Residence	Month of Termination (1/1/2024 - 12/31/2024)												Total
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	
SC Residence	279	248	284	231	266	208	219	201	199	245	213	175	2,768
Out of State	29	33	26	19	26	25	22	16	12	12	19	18	257
Total	308	281	310	250	292	233	241	217	211	257	232	193	3,025



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? <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 _____	10. 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) _____	11. Education (Specify the highest degree or level completed) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th -12th 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, MD)
---	---	--

12. Patient Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Date Last Normal Menses Began (Month, Day, Year)
---	--

14. Previous Pregnancies	
LIVE BIRTHS	OTHER TERMINATIONS
14a. Now Living NUMBER _____ <input type="checkbox"/> NONE	14c. Spontaneous NUMBER _____ <input type="checkbox"/> NONE
14b. Now Dead NUMBER _____ <input type="checkbox"/> NONE	14d. Induced (DO NOT INCLUDE THIS TERMINATION) NUMBER _____ <input type="checkbox"/> NONE

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

15. Fetal Heartbeat and Probable Gestational Age a. Was a fetal heartbeat detected? <input type="checkbox"/> Yes <input type="checkbox"/> No – See instructions. b. Enter weeks of probable gestational age: _____ If 12 weeks or less, go to question 15c. If more than 12 weeks, go to question 16. c. Was the reason for the abortion due to rape or incest? <input type="checkbox"/> Yes – Go to question 20. <input type="checkbox"/> No – Go to question 16. <small>(Terminations performed due to rape or incest must be reported within 24 hours to the county sheriff where the termination is performed.)</small>	18. Medical Emergency a. Did a medical emergency exist that required the termination of the pregnancy? <input type="checkbox"/> Yes – Go to Question 18b. <input type="checkbox"/> No – Go to question 19. b. Specify the type of medical emergency that existed: _____ c. Specify the rationale that made the termination necessary to avert the death or serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions: _____ Go to question 19.
---	--

16. Did a fatal fetal anomaly exist that required the termination of the pregnancy? <input type="checkbox"/> Yes – Go to Question 17. <input type="checkbox"/> No – Go to question 18.	19. Best Opportunity for Survival a. Was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive? <input type="checkbox"/> Yes – Go to question 20. <input type="checkbox"/> No – Go to question 19b. b. 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: Specify: _____ Go to question 20.
---	---

17. Specify the medical rationale for the determination of a fatal fetal anomaly: _____ _____ _____
--

20. TERMINATION PROCEDURES

20a. PRIMARY PROCEDURE USED TO TERMINATE THE PREGNANCY (CHECK ONLY ONE)	20b. ADDITIONAL PROCEDURES USED IF ANY (CHECK ALL THAT APPLY)
Check Only One Primary Procedure	Check all Additional Procedures Used
<input type="checkbox"/> Dilation and Curettage (D&C)	<input type="checkbox"/>
<input type="checkbox"/> Manual Vacuum Aspiration	<input type="checkbox"/>
<input type="checkbox"/> Electrical Vacuum Aspiration	<input type="checkbox"/>
<input type="checkbox"/> Dilation and Evacuation (D&E)	<input type="checkbox"/>
<input type="checkbox"/> Combined Induction Abortion and Dilation and Evacuation	<input type="checkbox"/>
<input type="checkbox"/> Medication Abortion (such as, but not limited to, mifepristone/misoprostol or methotrexate/misoprostol)	<input type="checkbox"/>
<input type="checkbox"/> Induction Abortion with Prostaglandins	<input type="checkbox"/>
<input type="checkbox"/> Induction Abortion with Intra-Amniotic Instillation (such as, but not limited to, saline or urea)	<input type="checkbox"/>
<input type="checkbox"/> Induction Abortion - Other	<input type="checkbox"/>
<input type="checkbox"/> Hysterotomy/Hysterectomy	<input type="checkbox"/>
<input type="checkbox"/> Intact Dilation and Extraction (partial birth)	<input type="checkbox"/>
<input type="checkbox"/> Other - Specify _____	<input type="checkbox"/>

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)? <input type="checkbox"/> YES <input type="checkbox"/> NO

ITEM 22 MUST BE COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE.	22a. WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	22c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM: (check one) 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Parent 3 <input type="checkbox"/> Legal Guardian 4 <input type="checkbox"/> None of the above
	22b. IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO: (check one) 1 <input type="checkbox"/> Medical Emergency 2 <input type="checkbox"/> Incest 3 <input type="checkbox"/> Not Capable/Mentally Incompetent 4 <input type="checkbox"/> None of the above	

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: (check one) 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian 3 <input type="checkbox"/> Grandparent 4 <input type="checkbox"/> Person in Loco Parentis 5 <input type="checkbox"/> None of the above	23b. 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"/> Emancipated Minor 2 <input type="checkbox"/> Court Order 3 <input type="checkbox"/> Medical Emergency 4 <input type="checkbox"/> Incest 5 <input type="checkbox"/> None of the above
--	--	---

24. Date Report Completed

SC DEPARTMENT OF PUBLIC HEALTH

Vital Statistics

Report of Induced Termination of Pregnancy (ITOP) – 3172-ENG-DPH

PURPOSE: In accordance with the South Carolina Law Ann. § 44-41-60 and Department of Public Health Regulation 60-19, Vital Statistics, Section 1000, every induced termination of pregnancy performed in South Carolina must be reported to Vital Statistics.

AUDIENCE: Facilities that have performed an induced termination of pregnancy within the state of South Carolina.

INSTRUCTIONS:

Item #1: Patient's ID Number (Do Not Enter Patient's Name) – Enter a unique number that identifies the patient only to facility staff, such as a medical record number. Do not use Social Security Number, part of the Social Security Number, date of birth, or any other number that could possibly allow an individual outside of the facility to identify the patient.

Item #2: Age (Last Birthday) – Enter the age of the patient in completed years at her last birthday.

Item #3: Date of Pregnancy Termination (Month, Day, Year) – Enter the exact month, day, and year of the pregnancy termination.

Item #4: Facility Name – Enter the full name of the hospital or clinic where the pregnancy termination occurred.

Item #5: City/Town or Location of Pregnancy Termination – Enter the name of the city, town, or location where the pregnancy termination occurred.

Item #6: County of Pregnancy Termination – Enter the name of the county where the pregnancy termination occurred.

Item #7: Residence - State or Foreign Country – Enter the U.S. state or territory of the patient's residence. In cases of Canadian addresses, enter the name of the province. If the residence is not in the U.S. or Canada, enter the name of the country.

Item #8: Residence - County – Enter the county name of the patient's residence. If the residence is not in the U.S., leave this item blank.

Item #9: Of Hispanic Origin? – Check the box that best describes the patient's Hispanic origin. The entry in this item should reflect the response of the patient. Hispanic origin refers to those persons whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. This item is not part of race (Item #10). A person of Hispanic origin may be of any race.

Item #10: Race – Check the box or boxes that best describe the race of the patient. The entry in this item should reflect the response of the patient. This item is independent of Hispanic origin (Item #9) and a person of Hispanic origin may be of any race.

Item #11: Education – Check the appropriate box to indicate the highest degree or level of school completed at the time of termination.

Item #12: Patient Married? – Check "Yes" if the patient is currently married, married at the time of conception, or any time between the conception and induced termination. Otherwise, check "No."

Item #13: Date Last Normal Menses Began (Month, Day, Year) – Enter the exact month, day, and year of the first day of the patient's last normal menstrual period, as obtained from the hospital or clinic record, or from the patient herself.

Item #14: Previous Pregnancies (Complete each section; do not include children by adoption.)

#14a: Now Living – Enter the number of children born alive to this patient who are still living at the time of this termination. If none, check the corresponding box.

#14b: Now Dead – Enter the number of children born alive to this patient who are no longer living at the time of this termination. If none, check the corresponding box.

#14c: Spontaneous – Enter the number of previous pregnancies that ended spontaneously and did not result in a live-born infant. This should not include induced terminations. If none, check the corresponding box.

#14d: Induced (DO NOT INCLUDE THIS TERMINATION) – Enter the number of previous induced terminations that the patient has had. If none, check the corresponding box.

Item #15: Fetal Heartbeat and Probable Gestational Age

#15a: Was a fetal heartbeat detected? – Check "Yes" or "No." If "No" and the weight of the fetus was more than 350 grams, a Report of Fetal Death needs to be filed.

#15b: Enter weeks of probable gestational age – Enter the number in weeks and follow the appropriate prompt, depending on the number entered. Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended, 'Gestational age' is defined as the age of an unborn child as calculated from the first day of the last menstrual period of a pregnant woman.

#15c: Was the reason for the abortion due to rape or incest? – Check "Yes" or "No" and follow the appropriate prompt.

Item #16: Did a fatal fetal anomaly exist that required the termination of the pregnancy? – Check "Yes" or "No" and follow the appropriate prompt.

Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended, 'Fatal fetal anomaly' means that, in reasonable medical judgment, the unborn child has a profound and irremediable congenital or chromosomal anomaly that, with or without the provision of life-preserving treatment, would be incompatible with sustaining life after birth.

Item #17: Specify the medical rationale for the determination of a fatal fetal anomaly: – Specify the information.

Item #18: Medical Emergency – Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended, 'Medical emergency' means that, in reasonable medical judgment, a condition exists that has complicated the pregnant woman's medical condition and necessitates an abortion to prevent death or a serious risk of a substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions. A condition must not be considered a medical emergency if based on a claim or diagnosis that a woman will engage in conduct that she intends to result in her death or in a substantial and irreversible physical impairment of a major bodily function.

#18a: Did a medical emergency exist that required the termination of pregnancy? – Check "Yes" or "No" and follow the appropriate prompt.

#18b: Specify the type of medical emergency that existed: – Specify the information.

#18c: Specify the rationale that made the termination necessary to avert the death or serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions: – Specify the information.

Item #19: Best Opportunity For Survival

#19a: Was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive?

– Check “Yes” or “No” and follow the appropriate prompt.

#19b: 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: – Specify the information.

Item #20: Termination Procedures

#20a: Primary Procedure Used to Terminate the Pregnancy (Check Only One) – Check the box that describes the procedure that actually terminated the pregnancy.

#20b: Additional Procedures Used If Any (Check All That Apply) – Check the box that describes any additional procedure(s) used in the termination of this pregnancy.

Item #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)? – Check “Yes” or “No.”

Item #22: Written Consent – Must be completed for each patient, regardless of age

#22a: Was informed written consent obtained from the patient? – Check “Yes” or “No.”

#22b: If no, informed written consent was not obtained due to: (check one) – Check the appropriate box if consent was not obtained from the patient.

#22c: If patient has been court adjudged mentally incompetent, informed written consent obtained from: (check one) – Check the appropriate box.

Item #23: Written Consent – 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: (check one) – Check the appropriate box.

#23b: If patient is under 17 years of age and additional informed written consent was not obtained, check reason below: (check one) – Check the appropriate box.

Item #24: Date Report Completed – Enter the exact month, day, and year that the form was completed.

OFFICE MECHANICS AND FILING: Completed reports submitted to Vital Statistics will be filed and maintained for one year after date of termination under retention schedule 17774.

SAMPLE