

SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND ENVIRONMENTAL CONTROL

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

2019



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 2019 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. This report is based on data collected utilizing this form.

Table 1.
 Abortions by Probable Postfertilization Age (Weeks)
 by Year, South Carolina, 2017* - 2019

Year	Total	6 or less weeks		7 - 13 weeks		14 - 19 weeks		20 - 23 weeks		24 or more weeks	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2019	5,101	2,323	45.5	2,748	53.9	25	0.5	5	0.1	-	0
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* - 2019

Year	Total	Yes		No		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2019	5,101	5,101	100.0	-	0	-	0
2018	4,646	4,646	100.0	-	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 Postfertilization Age (Weeks)
 by Year, South Carolina, 2017* - 2019

Year	Method of Abortion	Total	Weeks Gestation					Unknown
			Under 6	7 - 13	14 - 19	20 - 23	24 or more	
2019	Total	5,101	2,323	2,748	25	5	-	-
	Dilation and Curettage	598	42	556	-	-	-	-
	Manual Vacuum Aspiration	192	82	110	-	-	-	-
	Electrical Vacuum Aspiration	1,179	369	810	-	-	-	-
	Dilation and Evacuation	22	-	4	17	1	-	-
	Combined Induction Abortion and Dilation and Evacuation	4	-	1	3	-	-	-
	Medication Abortion	3,100	1,830	1,267	1	2	-	-
	Induction Abortion with Prostaglandins	5	-	-	3	2	-	-
	Induction Abortion with Intra-Amniotic Instillation	-	-	-	-	-	-	-
	Induction Abortion - other	-	-	-	-	-	-	-
	Hysterotomy / Hysterectomy	1	-	-	1	-	-	-
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	
2018	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	-	-	-	-
	Dilation and Evacuation	13	-	6	7	-	-	-
	Combined Induction Abortion and Dilation and Evacuation	1	-	-	1	-	-	-
	Medication Abortion	2,580	1,548	1,027	2	3	-	-
	Induction Abortion with Prostaglandins	4	-	-	1	3	-	-
	Induction Abortion with Intra-Amniotic Instillation	-	-	-	-	-	-	-
	Induction Abortion - other	-	-	-	-	-	-	-
	Hysterotomy / Hysterectomy	-	-	-	-	-	-	-
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	
2017*	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	-	-	-	-	-	-	-	

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Table 4.
Intra-fetal Injection Used in an Attempt to Induce Fetal Demise
by Year, South Carolina, 2017* - 2019

Year	Total	Yes		No		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2019	5,101	2	0.0	5,099	100.0	-	0
2018	4,646	5	0.1	4,641	99.9	-	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 - 2019

Age Group	2019		2018		2017	
	Number	Percent	Number	Percent	Number	Percent
Total	5,101	100.0	4,646	100.0	5,112	100.0
Under 15	10	0.2	14	0.3	10	0.2
15 - 16	58	1.1	49	1.1	57	1.1
17-19	441	8.7	400	8.6	431	8.4
20-24	1,403	27.5	1,360	29.3	1,500	29.3
25-29	1,500	29.4	1,343	28.9	1,506	29.5
30-34	961	18.8	814	17.5	885	17.3
35 & Over	728	14.3	666	14.3	722	14.1
Unknown	-	0	-	0	1	0.0

Table 6.
Reason for the Abortion if Probable Postfertilization Age is 20 Weeks or More
by Year, South Carolina, 2017* - 2019

Year	Total	Medical Emergency		Fetal Anomaly		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2019	5	3	60.0	2	40.0	-	0
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* - 2019

Year	Total	Yes		No		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2019	5	3	60.0	2	40.0	-	0
2018	6	6	100.0	-	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 8.

Was the Basis of the Determination of Method of Abortion Used Provided? by Year, South Carolina, 2017* - 2019

Year	Total	Yes		No	
		Number	Percent	Number	Percent
2019	2	2	100.0	-	0
2018	-	-	0	-	0
2017*	-	-	0	-	0

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

Appendix



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 12. Patient Married? 13. Date Last Normal Menses Began (Month, Day, Year) 14. Previous Pregnancies 15. Was a Determination of Probable Postfertilization Age Made? 16. Enter the basis of the determination that a medical emergency existed: 17. Probable Postfertilization Age 18. If Probable Postfertilization Age is 20 or more weeks: 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 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)? 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: 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