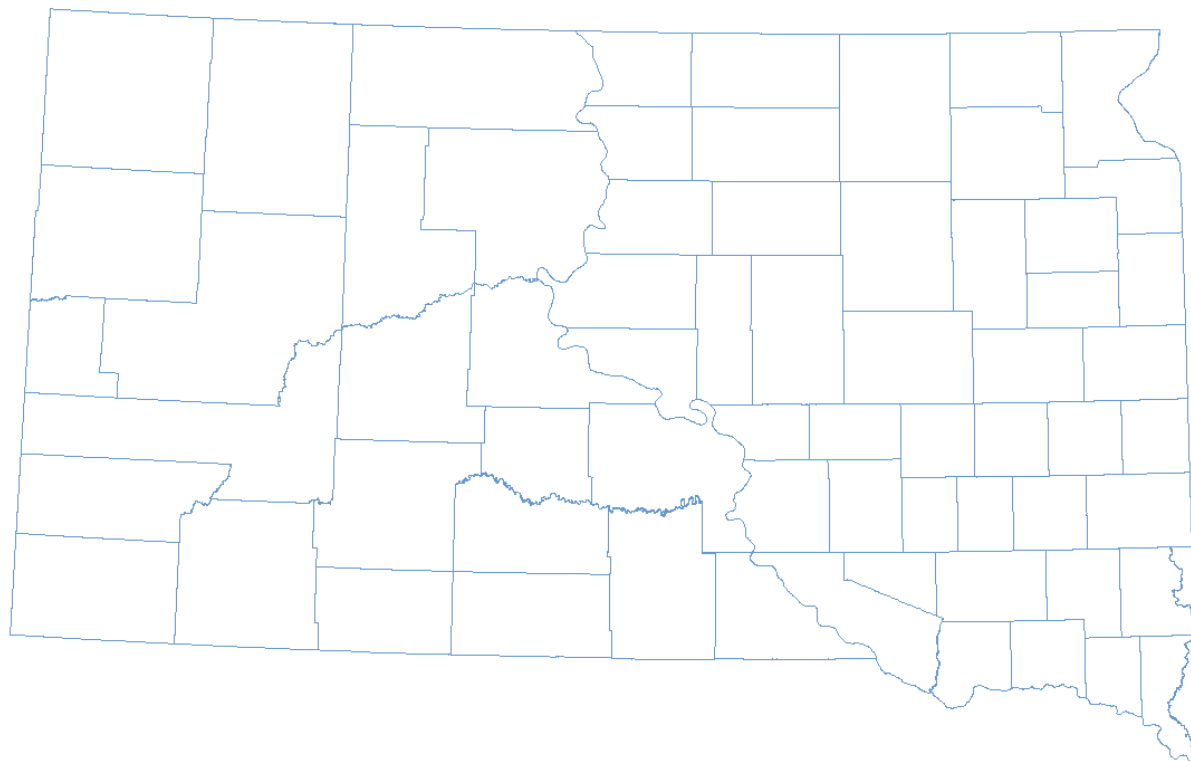

SOUTH DAKOTA
2019 REPORT OF INDUCED ABORTIONS-
Provisional



South Dakota Department of Health

Office of Health Statistics

June 29, 2019

South Dakota
2019 Report of Induced Abortions

South Dakota Department of Health

Office of Health Statistics

615 E 4th Street

Pierre, SD 57501

Table of Contents

South Dakota Induced Abortions, 2019 Introduction 1

List of Tables

Table 1: Induced Abortions Occurring in South Dakota by Resident State and Age, 2019 1

Table 2: South Dakota Resident Induced Abortions Occurring in South Dakota by Resident County, 2019..... 1

Table 3: South Dakota Resident Induced Abortions Occurring in South Dakota by Resident City, 2019..... 2

Table 4: Induced Abortions Occurring in South Dakota by Residence and Age, 2019 2

Table 5: Induced Abortions Occurring in South Dakota by Age and Race, 2019 2

Table 6: Induced Abortions Occurring in South Dakota by Education and Marital Status, 2019 3

Table 7: Induced Abortions Occurring in South Dakota by Payment and Insurance Coverage Type, 2019 4

Table 8: Induced Abortions Occurring in South Dakota by Fetal Abnormality, 2019 9

Table 9: Induced Abortions Occurring in South Dakota by Method of Disposal, 2019 9

Table 10: Induced Abortions Occurring in South Dakota by Any Additional Procedures Used, 2019 10

Table 11: Induced Abortions Occurring in South Dakota by Reason for Abortion, 2015-2019 11

List of Figures

Figure 1: Induced Abortions Occurring in South Dakota by Ethnicity, 2019 3

Figure 2: Percent of Induced Abortions Occurring in South Dakota by Fee Collected for Abortion, 2015-2019 4

Figure 3: Percent of Induced Abortions Occurring in South Dakota by the Number of Pregnant Mother’s Children Who Are Now Living, 2015-2019 5

Figure 4: Percent of Induced Abortions Occurring in South Dakota by Previous Spontaneous Terminations, 2015-2019 5

Figure 5: Induced Abortions Occurring in South Dakota by Previous Induced Abortions, 2015-2019..... 6

Figure 6: Induced Abortions Occurring in South Dakota by Month of Abortion, 2019 7

Figure 7: Induced Abortions Occurring in South Dakota by Number of Weeks Since Last Normal Menses Began, 2019 7

Figure 8: Induced Abortions Occurring in South Dakota by Approximate Gestational Age, 2015-2019 8

Figure 9: Induced Abortions Occurring in South Dakota by Weight of Fetus, 2019..... 8
Figure 10: Induced Abortions Occurring in South Dakota by Primary Procedure Used, 2019 9
Figure 11: Induced Abortions Occurring in South Dakota by Type of Anesthetic Used, 2019 10
Figure 12: Induced Abortions Occurring in South Dakota by Physician’s Specialty, 2019..... 11

Appendix A: Forms 13-18

Induced Abortion- Provisional Data

According to South Dakota Codified Law chapter 34-23A, physicians are required to submit to the Department of Health the Report of Induced Abortion Form, a Voluntary and Informed Consent Form for all abortions, and a Parental Notice Form where applicable. The forms are provided at the end of the report.

An Overview: 2019

Total Induced Abortions Performed in South Dakota	414
Total Induced Abortions Performed in South Dakota on South Dakota Residents	332

Patient Information

There were 414 abortions performed in South Dakota in 2019, up from 382 abortions performed in 2018. Of the 414 abortions performed in South Dakota, 332

or 80 percent were performed on South Dakota residents. Table 1, below, provides the residence and age breakdown for the abortions performed in South Dakota.

**Table 1
Induced Abortions Occurring in South Dakota by State
of Residence and Age, 2019**

	Total	Age					
		0-17	18-19	20-24	25-29	30-34	35 +
Number	414	14	29	129	117	61	64
Percent	100	3.4	7.0	31.2	28.3	14.7	15.5
<u>State of Residence</u>							
South Dakota	332	11	23	107	94	52	45
Iowa	40	1	2	11	12	4	10
Minnesota	33	2	3	11	5	4	8
Other	9	0	1	0	6	1	1

Source: South Dakota Department of Health, Office of Health Statistics

Table 2, below, shows the breakdown of abortions by county of residence and Table 3, on the next page, shows the breakdown of abortions by city of residence for 2019.

NOTE: To protect the privacy of the pregnant mother, only counties or cities with at least 10 events are included in each table.

**Table 2
South Dakota Resident Induced Abortions Occurring in South Dakota
by Resident County, 2019**

County	Induced Abortions	County	Induced Abortions
Brookings	19	Minnehaha	172
Lincoln	20	Pennington	12

Source: South Dakota Department of Health, Office of Health Statistics

Table 3
South Dakota Resident Induced Abortions Occurring
in South Dakota by Resident City, 2019

Resident City	Number	Resident City	Number
Brandon	10	Rapid City	11
Brookings	16	Sioux Falls	163

Source: South Dakota Department of Health, Office of Health Statistics

Table 70, below, indicates that pregnant mothers in the 20-24 and 25-29 age groups comprised the largest percentage of the induced abortions occurring in South

Dakota. This is also true for induced abortions occurring in South Dakota to South Dakota residents.

Table 4
Induced Abortions Occurring in South Dakota by Residence and Age, 2019

Mothers' Age	Occurring in South Dakota		South Dakota Residents	
	Number	Percent	Number	Percent
0-17	14	3.4	11	3.3
18-19	29	7.0	23	6.9
20-24	129	31.2	107	32.2
25-29	117	28.3	94	28.3
30-34	61	14.7	52	15.7
35-39	45	10.9	29	8.7
40+	19	4.6	16	4.8
Total	414	100	332	100

Source: South Dakota Department of Health, Office of Health Statistics

Table 5, below, indicates that of the abortions that occurred in South Dakota, 63.6 percent were white, non-Hispanic, 11.3 percent were black, non-Hispanic, 8.8

percent were American Indian, non-Hispanic, 8.1 percent were Hispanic, and 4.9 percent were Asian, non-Hispanic.

Table 5
Induced Abortions Occurring in South Dakota by Age and Race, 2019

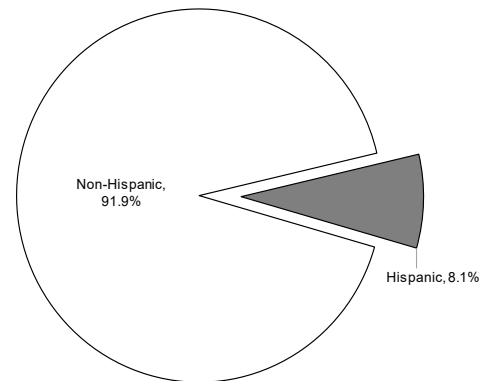
Age	Mothers' Race					
	White, non-Hispanic	Black, non-Hispanic	American Indian, non-Hispanic	Hispanic	Asian, non-Hispanic	Multi-race, non-Hispanic
Number	259	46	36	33	20	13
Percent	63.6	11.3	8.8	8.1	4.9	3.2
0-17	8	2	1	3	0	0
18-19	17	3	4	1	2	2
20-24	79	11	16	12	2	5
25-29	70	14	10	9	0	3
30-34	41	9	3	3	2	2
35-39	32	4	2	5	1	0
40 +	12	3	0	0	3	1

Source: South Dakota Department of Health, Office of Health Statistics

Note: Failure of races to add to the total is due to unknown races.

Figure 1, to the right, illustrates that most of the pregnant mothers, 91.9 percent, were non-Hispanic. South Dakota's population consists of 4.4 percent Hispanic women age 15 to 44 based on the 2018 U.S. Census estimates.

Figure 1
Induced Abortions Occurring in South Dakota by Ethnicity, 2019



Source: South Dakota Department of Health, Office of Health Statistics

Table 6
Induced Abortions Occurring in South Dakota by Education and Marital Status, 2019

Education of Mother	Marital Status					
	Total		Single		Married	
	Number	%	Number	%	Number	%
	414	100	329	79.5	85	20.5
High School Graduate or Less	202	100	169	83.7	33	16.3
Some College, but No Degree	98	100	85	86.7	13	13.3
Vo-Tech, Teacher's Certificate, Associate Degree/Bachelor's Degree/Master's Degree/Doctorate	112	100	73	65.2	39	34.8

Note: Failure to add to total is due to unknown education.

Source: South Dakota Department of Health, Office of Health Statistics

Payment Information

The Report of Induced Abortion Form asks questions about how much the abortion cost and who paid for the abortion. Table 7, on the next page, indicates that in 2019, 82.6 percent of all abortions performed in South Dakota were self-pay while 12.8 percent were paid by private insurance and 4.6

percent were paid by public health plans. Of the 72 abortions paid by private insurance or a public health plan, 44 were paid by a fee-for-service insurance company, and 26 were paid by a managed care insurance company. Two were reported as some other type of insurance company.

Table 7
Induced Abortions Occurring in South Dakota by
Payment and Insurance Coverage Type, 2019

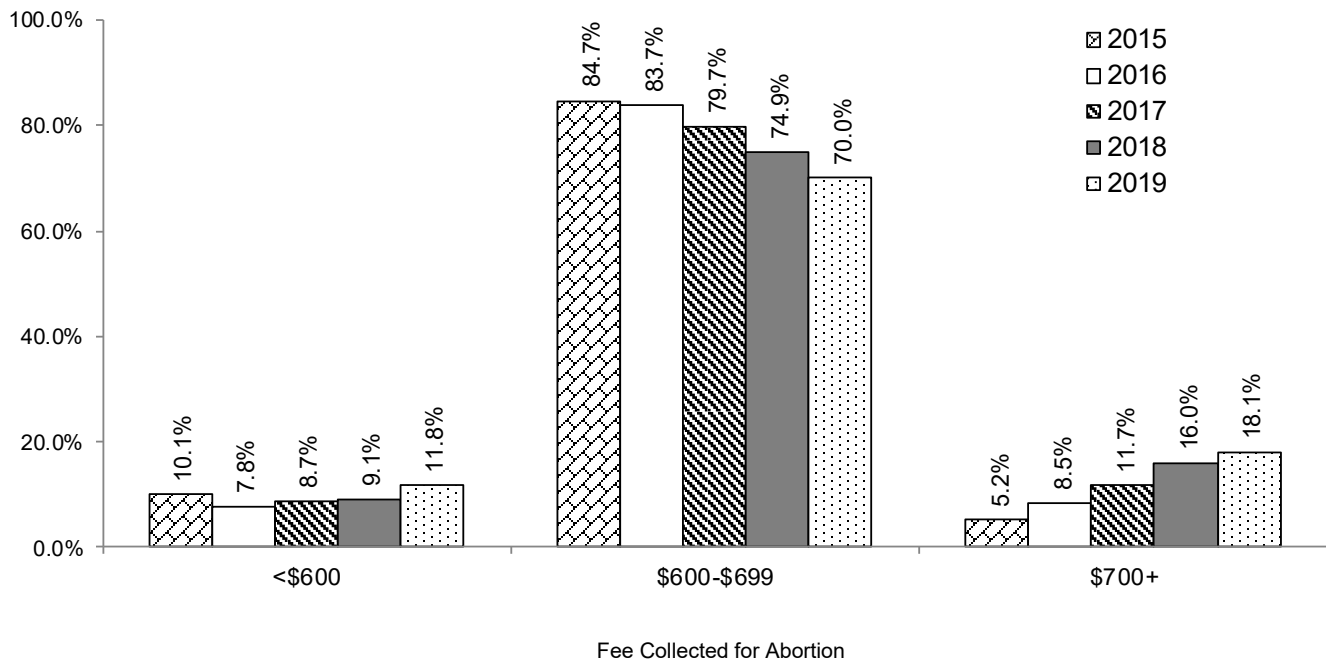
Payment Source	Total	Fee-for-service Insurance Co.	Managed Care Company	No Insurance Used	Other
Private Insurance	53	44	9	0	0
Public Health Plan	19	0	17	0	2
Self	342	0	0	342	0
Total	414	44	26	342	2

Source: South Dakota Department of Health, Office of Health Statistics

In 2019, the majority of abortions, 70 percent, cost between \$600 and \$699.

Figure 2, below, displays a comparison of the fees for abortions for each year from 2015 to 2019.

Figure 2
Percent of Induced Abortions Occurring in South Dakota by Fee Collected for Abortion, 2015-2019



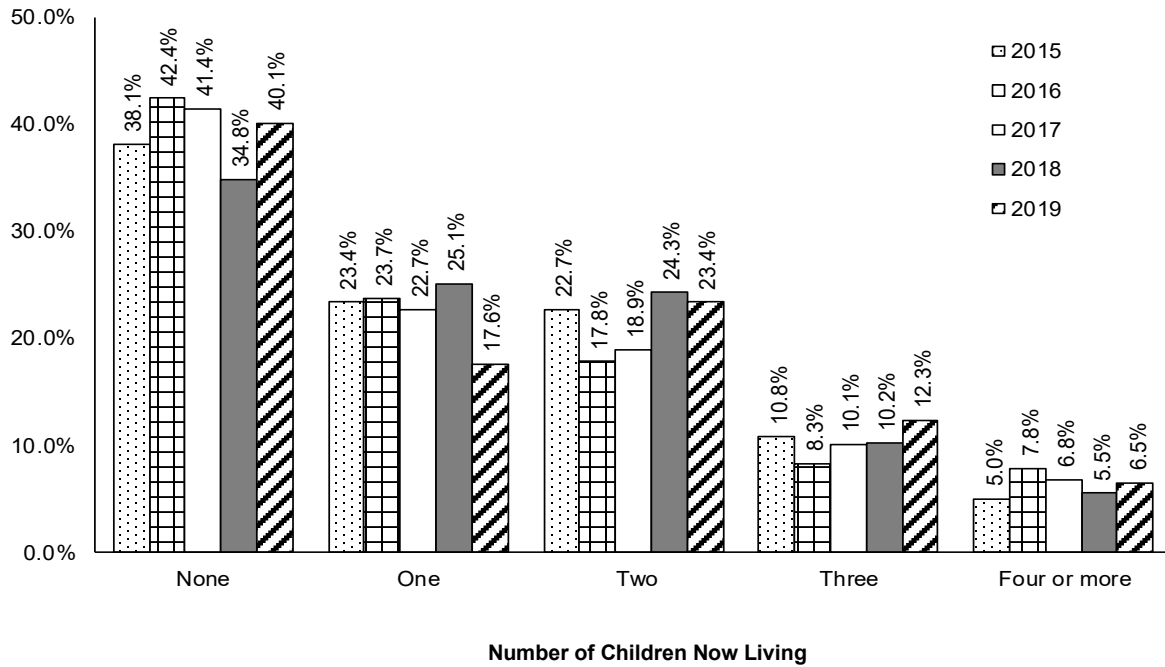
Source: South Dakota Department of Health, Office of Health Statistics

Previous Pregnancies

The Report of Induced Abortion Form also includes a series of questions about previous pregnancies. Figure 3, on the next page, illustrates the number of children now living reported by the pregnant mothers who received abortions in South Dakota for the past five years.

Of the pregnant mothers reporting in 2019, 40.1 percent reported having no living children. Less than three percent had one or more live births that are now deceased.

Figure 3
Percent of Induced Abortions Occurring in South Dakota by the Number of Pregnant Mother's Children Who are Now Living, 2015-2019

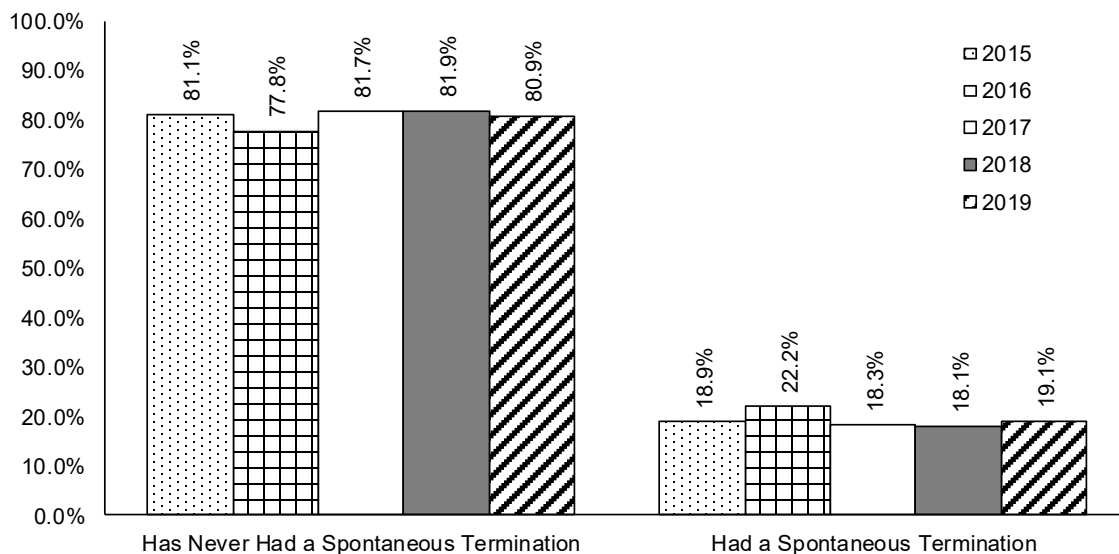


Source: South Dakota Department of Health, Office of Health Statistics

Figure 4, below, indicates that 19.1 percent of pregnant mothers had a spontaneous termination in the past. For this report, a spontaneous termination is defined as a termination in which the process starts of its

own accord through natural causes. The majority of pregnant mothers, 80.9 percent, who obtained induced abortions in 2019 reported they had never had a spontaneous termination.

Figure 4
Percent of Induced Abortions Occurring in South Dakota by Previous Spontaneous Terminations, 2015-2019

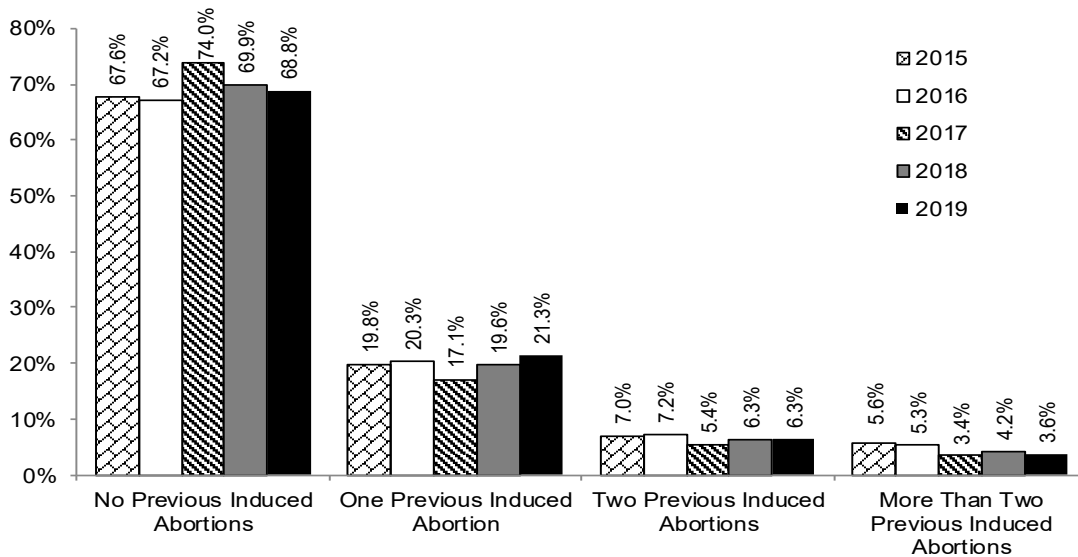


Source: South Dakota Department of Health, Office of Health Statistics

Figure 5, below, illustrates the number of previous induced abortions reported by the pregnant mother. An induced abortion is statutorily defined as the use of any means to intentionally terminate the pregnancy of a

patient known to be pregnant with knowledge that the termination with those means will, with reasonable likelihood, cause the death of the fetus.

Figure 5
Induced Abortions Occurring in South Dakota by Previous Induced Abortions, 2015-2019



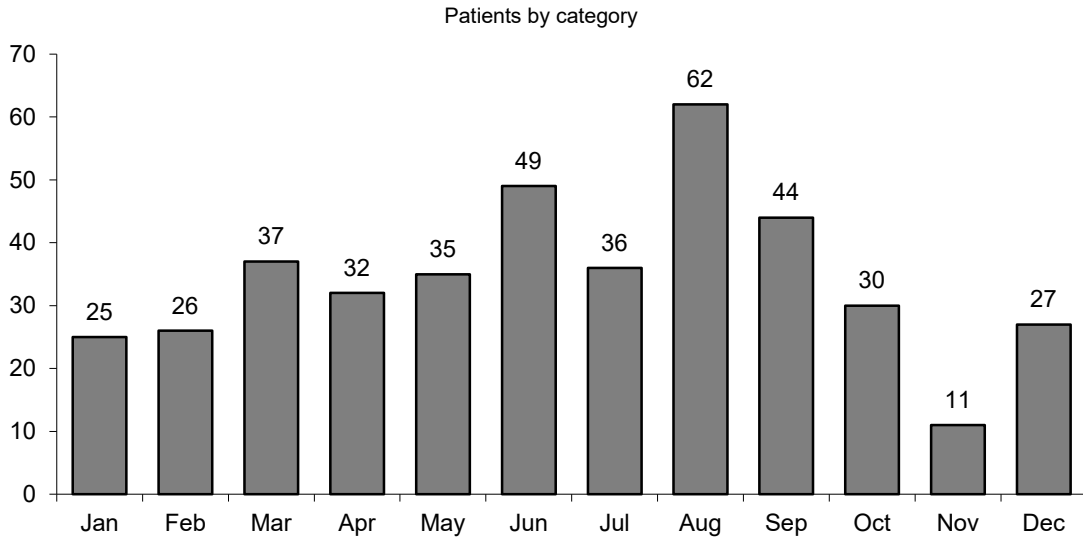
Source: South Dakota Department of Health, Office of Health Statistics

As seen in Figure 5, above, the majority of pregnant mothers, 68.8 percent, reported that they had no previous induced abortions. In 2019, 21.3 percent had obtained one previous induced abortion and 9.9 percent had obtained more than one previous induced abortion. In 2018, 19.6 percent had one previous induced abortion while 10.5 percent had more than one previous induced abortion.

Medical Information

The Report of Induced Abortion Form also asked a series of questions aimed at obtaining medical information. Figure 6, on the next page, lists the number of induced abortions performed in South Dakota during 2019 by month of occurrence. The fewest numbers of abortions were performed in November while the greatest occurred in August.

Figure 6
Induced Abortions Occurring in South Dakota by Month of Abortion, 2019

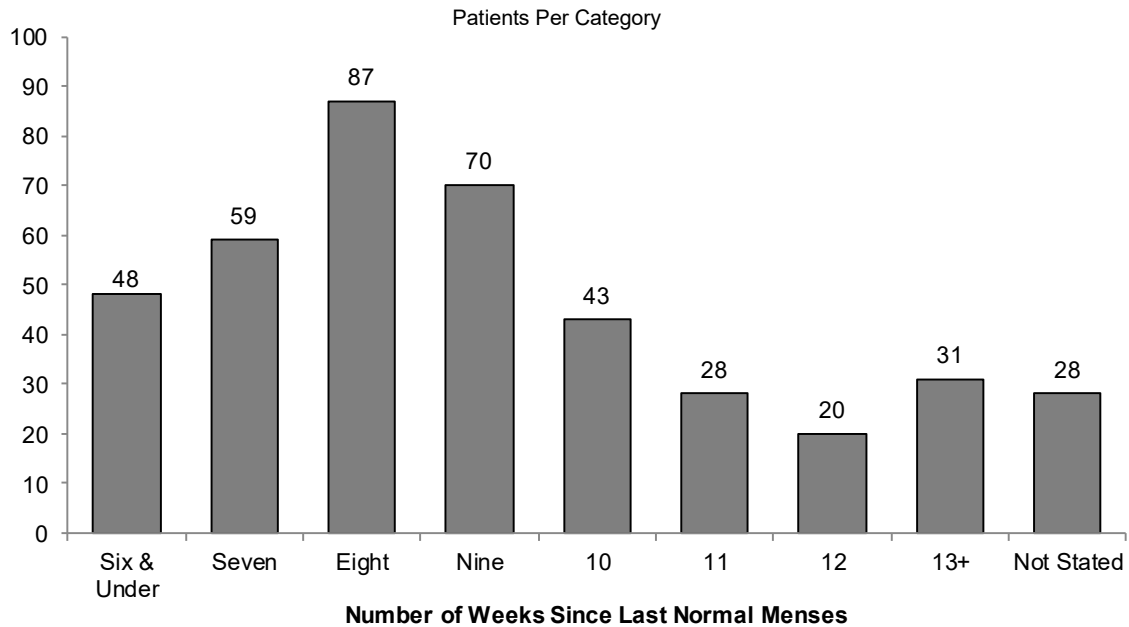


Source: South Dakota Department of Health, Office of Health Statistics

Figure 7, below, shows the number of weeks between the date the last normal menses began and the abortion date. Most

of the pregnant women, 307, reported that their last normal menses began within 10 weeks prior to the induced abortion date.

Figure 7
Induced Abortions Occurring in South Dakota
by Number of Weeks Since Last Normal Menses Began, 2019

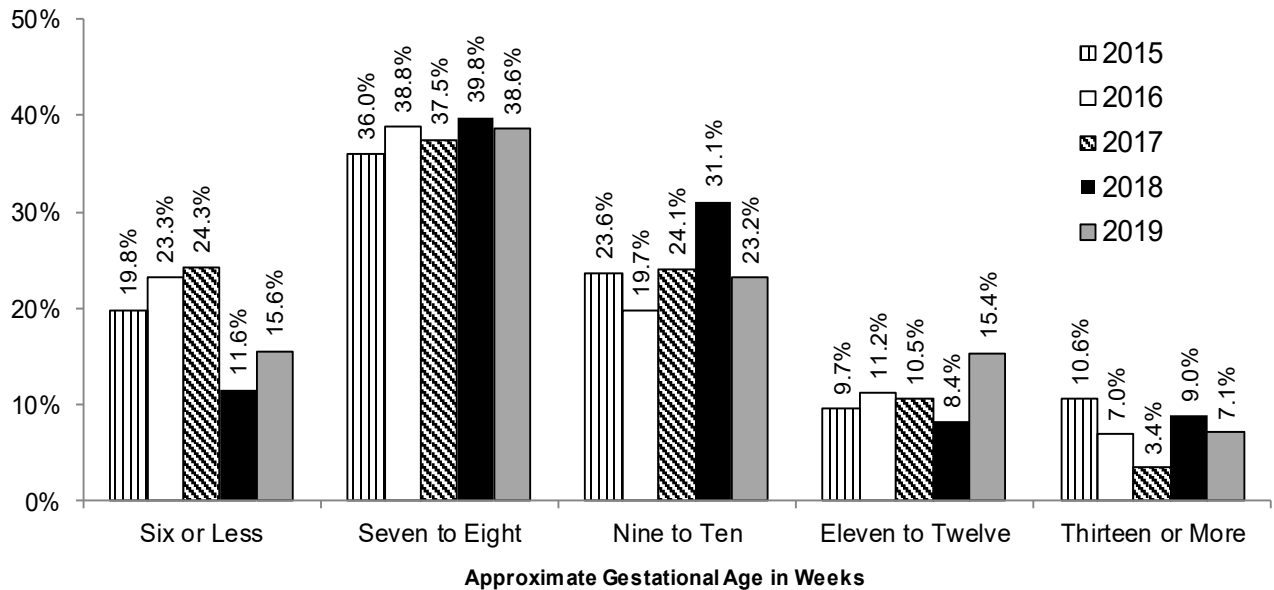


Source: South Dakota Department of Health, Office of Health Statistics

Figure 8, below, shows the number of induced abortions occurring in South Dakota from 2015 to 2019 by the clinical estimated weeks of gestation.

The largest percentage of pregnant mothers in 2019, 38.6 percent, received abortions at seven to eight weeks of estimated gestation.

Figure 8
Induced Abortions Occurring in South Dakota by Approximate Gestational Age, 2015-2019

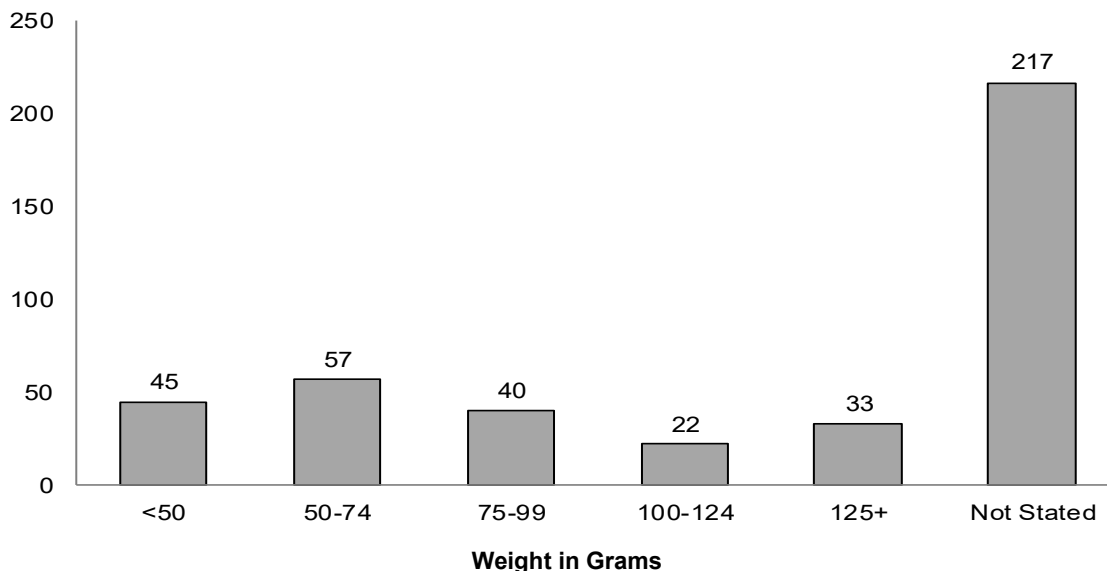


Source: South Dakota Department of Health, Office of Health Statistics

Figure 9, below, lists the number of induced abortions occurring in South Dakota by the weight of the fetus. The category with the largest number of occurrences was the 50

to 74-gram category with 57 induced abortions. That is equivalent to approximately 1.8 to 2.6 ounces.

Figure 9
Induced Abortions Occurring in South Dakota by Weight of Fetus, 2019



Note: One gram equals approximately 0.0353 ounces or one ounce equals approximately 28.3 grams.
 Source: South Dakota Department of Health, Office of Health Statistics

Table 8, to the right, illustrates the number of abortions that were performed with the knowledge that a fetal abnormality existed. Of the abortions performed in 2019, seven of the forms indicated that there was a fetal abnormality present at the time of the abortion. Most of the forms indicated that it was unknown if a fetal abnormality was present at the time of the abortion.

Table 8
Induced Abortions Occurring in South Dakota by Fetal Abnormality, 2019

Presence of Fetal Abnormality	Number	Percentage
Yes	7	1.7%
No	3	0.7%
Unknown	404	97.6%
Total	414	100%

Source: South Dakota Department of Health, Office of Health Statistics

Table 9
Induced Abortions Occurring in South Dakota by Method of Disposal, 2019

Method of Disposal	Number	Percentage
Incineration	273	65.9%
Burial	10	2.4%
Unknown/ Medical	131	31.6%
Total	414	100%

Source: South Dakota Department of Health, Office of Health Statistics

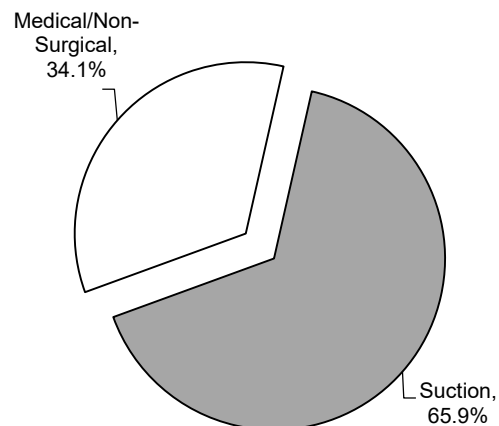
Table 9, to the left, indicates the method used to dispose of the fetus in 2019. The main method of disposal in 2019 was incineration with 273 or 65.9 percent.

Termination Procedure

The Report of Induced Abortion Form also asked questions about the termination procedure. Figure 10, to the right, illustrates the primary procedures used to perform induced abortions in South Dakota in 2019.

In 2019, medical/non-surgical was used for 34.1 percent of the abortions while 65.9 percent of the abortions used suction.

Figure 10
Induced Abortions Occurring in South Dakota by Primary Procedure Used, 2019



Source: South Dakota Department of Health, Office of Health Statistics

Table 10, to the right, indicates additional procedures that were used to terminate the pregnancy in 2019. No abortions required an additional procedure in 2019. There were four cases of maternal complications reported to the Department of Health in 2019.

**Table 10
Induced Abortions Occurring in South Dakota by
Any Additional Procedures Used, 2019**

Additional Procedures Used	Number	Percentage
No Additional Procedure	414	100%

Source: South Dakota Department of Health, Office of Health Statistics

**Figure 11
Induced Abortions Occurring in South Dakota
by Type of Anesthetic Used, 2019**

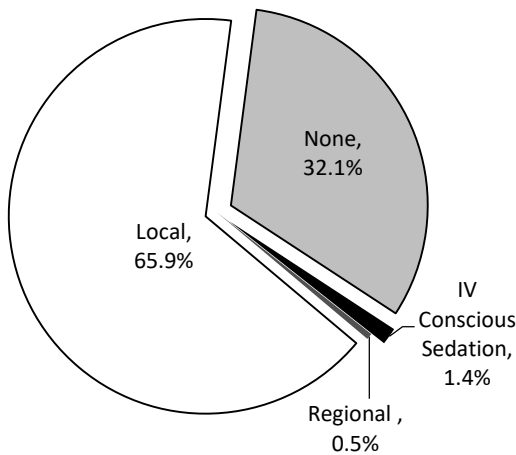


Figure 11, to the left, illustrates the type of anesthetic used for abortions performed in South Dakota. In 2019, 65.9 percent of pregnant mothers were given a local anesthetic, 1.4 percent were given an IV conscious sedation, and 0.5 percent were given a regional anesthetic. Pregnant mothers who received no anesthetic made up 32.1 percent.

Source: South Dakota Department of Health, Office of Health Statistics

Reason for the Induced Abortion

The Report of Induced Abortion Form asked a question about the reason for the induced abortion. Table 11, on the next page, illustrates the reasons that pregnant mothers had induced abortions from 2015 to 2019. The mother did not desire to have the child has been the highest response for all five years.

The mother could not afford the child has been the second highest response for all five years. In 2019, 41.3 percent of pregnant mothers gave more than one response while in 2018, 42.4 percent of pregnant mothers gave more than one response.

Table 11
Induced Abortions Occurring in South Dakota by Reason for Abortion, 2015-2019

Reason for Induced Abortion	2015		2016		2017		2018		2019	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
The mother did not desire to have the child	280	63.1%	301	63.8%	324	65.2%	244	63.9%	290	70.0%
The mother could not afford the child	210	47.3%	211	44.7%	221	44.5%	198	51.8%	200	48.3%
The mother's emotional health was at risk	53	11.9%	74	15.7%	72	14.5%	65	17.0%	86	20.8%
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued	13	2.9%	31	6.6%	17	3.4%	8	2.1%	15	3.6%
The pregnancy was a result of rape or incest	5	1.1%	4	0.8%	8	1.6%	4	1.0%	8	1.9%
Other	108	24.3%	91	19.3%	79	15.9%	70	18.3%	70	16.9%

Note: Percents do not add to 100 because multiple reasons can be given.
 Source: South Dakota Department of Health, Office of Health Statistics

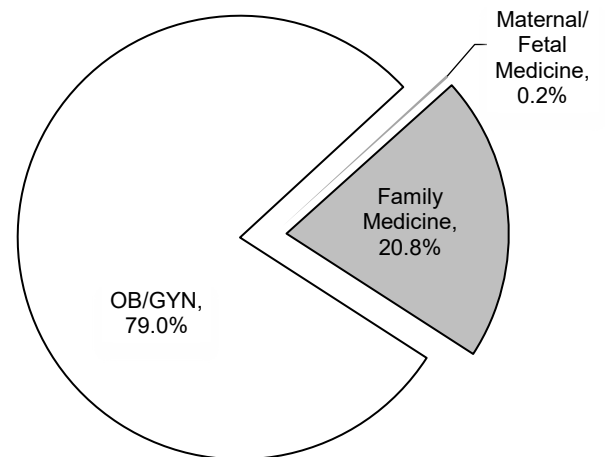
Physician Specialty Information

Figure 12, to the right, illustrate the specialty of the physicians who performed abortions in South Dakota in 2019. Most abortions were performed by an obstetrician/gynecologist. During the 2019 reporting period, none of the physicians who performed induced abortions in South Dakota had their license revoked or suspended or had been subject to other professional sanctions.

Voluntary and Informed Consent Form

Of the 414 report forms received by the South Dakota Department of Health for induced abortions performed in 2019, 412 indicated that patients received the required disclosures.

Figure 12
Induced Abortions Occurring in South Dakota by Physician's Specialty, 2019



Source: South Dakota Department of Health, Office of Health Statistics

The Voluntary and Informed Consent form is used to collect data regarding informed consent information supplied to abortion patients.

There was a total of 492 Voluntary and Informed Consent forms received. Of those, 414 indicated that the pregnant mother went on to obtain the induced abortion while 78 did not have the procedure.

Three pregnant mothers obtained an induced abortion and were not provided information. Two were because of a medical emergency. One was because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function.

The data showed that of the 492 Voluntary and Informed Consent forms received, 450 received the medical information in person. Of the 492 forms that were received, 452 indicated that the medical information was provided by the physician performing the induced abortion.

Physicians performing the abortion supplied 486 of the pregnant mothers with the resource information. Two reported receiving the information from an agent of the performing physician, and one reported receiving the information from the performing physician and from a referring physician. A total of 482 pregnant mothers reported receiving the resource information by telephone and seven reported receiving the information in person.

Of the 492 forms received, 489 indicated that the pregnant mother was offered the printed materials on public and private assistance agencies. It was reported that 10 pregnant mothers accepted this information, while 478 did not accept the information. One form did not indicate whether the offer was accepted.

Of the 492 forms received, 489 indicated that the pregnant mother was offered the Fetal Growth and Development Booklet. It was reported that 10 accepted this information, while 478 did not accept the information. One form did not indicate whether the offer was accepted.

Of the 492 forms received, 489 indicated that the pregnant mother was offered the DOH website address for "Information on Fetal Development, Birth, Abortion and Adoption". It was reported that 12 pregnant mothers accepted this information, while 476 did not accept the information. One form did not indicate whether the offer was accepted.

Of the 492 forms received, 486 indicated that the pregnant mother was offered the opportunity to view the sonogram. Of these, 249 accepted the opportunity to view the sonogram, while 237 did not accept the opportunity to view the sonogram.

Beginning July 1, 2019, pregnant mothers were offered the opportunity to hear the heartbeat of the unborn child. Of the 233 forms received, 72 indicated that the pregnant mother accepted the opportunity to hear the heartbeat, while 158 did not accept the opportunity to hear the heartbeat.

Parental Notice

Of the 14 Parental Consent forms received, 14 indicated the pregnant mother was an unemancipated minor. Thirteen forms indicated notice was given to the pregnant mother's parent. One form indicated that notice was not given to the pregnant mother's parent because a judge of a circuit court, after an appropriate hearing, authorized a physician to perform the induced abortion without prior notice. All 14 minor pregnant mothers went on to have the induced abortion.

Appendix A: Forms

Physician's Induced Abortion Reporting Form

Parental Notice

South Dakota Codified Law §§ 34-23A-39 and 34-23A-7

(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))

South Dakota Department of Health

615 East 4th Street

Pierre, South Dakota 57501-2536

SDCL 34-23A-43 (verification purposes)	
Name of Hospital, Clinic or Physician's Office: _____	Date of Report ____ / ____ / ____
_____	Patient ID Number: _____
The patient is (check one box): SDCL 34-23A-7	
<input type="checkbox"/> Emancipated minor (if checked, please skip to letter C)	
<input type="checkbox"/> Unemancipated minor, with parental notice required	
<input type="checkbox"/> Unemancipated minor, with guardian notice required due to court-ordered guardianship or conservatorship	
<input type="checkbox"/> Incompetent minor or adult, with guardian notice required due to court-ordered guardianship or conservatorship	
Complete questions A or B and question C.	
A. Notice was provided , per SDCL §§ 34-23A-39(1) and 34-23A-7, to patient's: <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian/Conservator (if checked, please skip to letter C).	
OR	
B. Notice was not provided , per SDCL 34-23A-7, to patient's: <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian/Conservator because one of the following three notice exceptions applies (check applicable exception):	
1. <input type="checkbox"/> A medical emergency existed with insufficient time to provide the required notice. SDCL 34-23A-7(1).	
<input type="checkbox"/> Verbal notice was provided to parent/guardian within 24 hours after the abortion. SDCL §§ 34-23A-39(2), 34-23A-39(4), and 34-23A-7(1).	
<input type="checkbox"/> Mandatory written notice was provided to parent/guardian after the abortion. SDCL §§ 34-23A-39(2), 34-23A-39(4), 34-23A-7(1).	
OR	
<input type="checkbox"/> Judge of circuit court authorizes waiver of required notice, per SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1), because:	
<input type="checkbox"/> Judge determined patient is mature and capable of giving informed consent. SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1).	
OR	
<input type="checkbox"/> Judge determined patient is not mature, or patient does not claim to be mature, and Judge determines performance of abortion without notification of parent would be in patient's best interests. SDCL §§ 34-23A-39(2), 34-23A-39(3), 34-23A-39(4), and 34-23A-7(1).	
2. <input type="checkbox"/> The parent or guardian entitled to notice certifies in writing that s/he was notified , with the parent or guardian's signature notarized. SDCL §§ 34-23A-39(1) and 34-23A-7(2).	
3. <input type="checkbox"/> Any judge of a circuit court , after an appropriate hearing, authorizes a physician to perform the induced abortion without prior notice . SDCL §§ 34-23A-39(3) and 34-23A-7(3).	
C. Patient obtained induced abortion: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown SDCL §§ 34-23A-39(1), 34-23A-39(2), 34-23A-39(3), and 34-23A-39(4).	

**Return completed report to: South
Dakota Department of Health
615 East 4th Street
Pierre, SD 57501-2536**

Physician's Induced Abortion Reporting Form
Voluntary and Informed Consent
South Dakota Codified Law § 34-23A-37
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
 South Dakota Department of Health
 Office of Health Statistics
 615 East 4th Street
 Pierre, South Dakota 57501-2536

Name of Hospital, Clinic or Physician's Office: _____ Date of Report ____/____/____
 _____ Patient ID Number: _____

SDCL 34-23A-43 (verification purposes)

Complete the appropriate categories regarding informed consent information supplied to female patients. This includes information described in SDCL 34-23A-10.1(1), information described in SDCL 34-23A-10.1(2), printed educational materials described in SDCL 34-23A-10.3, and opportunity to view sonogram in SDCL 34-23A-37(3A).

- Patient was timely provided the information as described in **SDCL 34-23A-10.1(1)**.
 Information was provided:
 - in person (face-to-face) during telephone conversation
 - Information was provided by:
 - referring physician physician performing induced abortion
- Patient was timely provided the information as described in **SDCL 34-23A-10.1(2)**.
 Information was provided:
 - in person (face-to-face) during telephone conversation
 - Information was provided by:
 - referring physician physician performing induced abortion
 - agent of referring physician agent of physician performing induced abortion
- Patient was offered the printed materials as described in **SDCL §§ 34-23A-10.3**.
 - Patient accepted the printed materials on public and private assistance agencies.
 - Patient did not accept the printed materials on public and private assistance agencies.

AND

 - Patient accepted the Fetal Growth and Development booklet.
 - Patient did not accept the Fetal Growth and Development booklet.
- Patient was offered the DOH website address for "Information on Fetal Development, Birth, Abortion and Adoption."
 - Patient accepted the DOH website address.
 - Patient did not accept the DOH website address.
- Patient was offered the opportunity to view a **sonogram** of her unborn child prior to the procedure as described in **SDCL 34-23A-37(3A) and 34-23A-52**.
 - Patient accepted the opportunity to view a sonogram of her unborn child.

OR

 - Patient did not accept the opportunity to view a sonogram of her unborn child.

Patient obtained induced abortion: Yes No Unknown SDCL 34-23A-37(3), 34-23A-37(3A), and 34-23A-52.

Patient obtained induced abortion. **Patient was not provided the information** described in SDCL §§ 34-23A-10.1(1) or 34-23A-10.1(2) **because of a medical emergency** which so complicated the medical condition of the pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death, on the basis of the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1), and 34-23A-56. Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

Patient obtained induced abortion. **Patient was not provided the information** described in SDCL §§ 34-23A-10.1(1) or 34-23A-10.1(2) **because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function**, in the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1), and 34-23A-56. Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

Return completed report to:
South Dakota Department of Health
Office of Health Statistics
615 East 4th Street
Pierre, South Dakota 57501-2536

Physician's Induced Abortion Reporting Form
Voluntary and Informed Consent
South Dakota Codified Law § 34-23A-37
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
Office of Health Statistics
615 East 4th Street
Pierre, South Dakota 57501-2536

Name of Hospital, Clinic or Physician's Office: _____

Date of Report ____/____/____

Patient ID Number: _____

SDCL 34-23A-43 (verification purposes)

Complete the appropriate categories regarding informed consent information supplied to pregnant mothers. This includes information described in SDCL 34-23A-10.1(1), information described in SDCL 34-23A-10.1(2), printed educational materials described in SDCL 34-23A-10.3, and opportunity to view sonogram in SDCL 34-23A-37(4).

- Pregnant mother was timely provided the information as described in **SDCL 34-23A-10.1(1)**.
Information was provided:
 - in person (face-to-face)
 - during telephone conversationInformation was provided by:
 - referring physician
 - physician performing induced abortion
- Pregnant mother was timely provided the information as described in **SDCL 34-23A-10.1(2)**.
Information was provided:
 - in person (face-to-face)
 - during telephone conversationInformation was provided by:
 - referring physician
 - physician performing induced abortion
 - agent of referring physician
 - agent of physician performing induced abortion
- Pregnant mother was offered the printed materials as described in **SDCL §§ 34-23A-10.3**.
 - Pregnant mother accepted the printed materials on public and private assistance agencies.
 - Pregnant mother did not accept the printed materials on public and private assistance agencies.AND
 - Pregnant mother accepted the Fetal Growth and Development booklet.
 - Pregnant mother did not accept the Fetal Growth and Development booklet.
- Pregnant mother was offered the DOH website address for "Information on Fetal Development, Birth, Abortion and Adoption."
 - Pregnant mother accepted the DOH website address.
 - Pregnant mother did not accept the DOH website address.
- Pregnant mother was offered the opportunity to view a **sonogram** of her unborn child prior to the procedure as described in **SDCL 34-23A-37(4)** and **34-23A-52**.
 - Pregnant mother accepted the opportunity to view a sonogram of her unborn child.OR
 - Pregnant mother did not accept the opportunity to view a sonogram of her unborn child.
- Pregnant mother was offered the opportunity to hear the **heartbeat** of her unborn child prior to the procedure as described in **SDCL 34-23A-37(4)** and **34-23A-52**.
 - Pregnant mother accepted the opportunity to hear the heartbeat of her unborn child.OR
 - Pregnant mother did not accept the opportunity to hear the heartbeat of her unborn child.

Continue to next page

Pregnant mother obtained induced abortion: Yes No Unknown SDCL 34-23A-37(3), 34-23A-37(4), and 34-23A-52.

Pregnant mother obtained induced abortion. **Pregnant mother was not provided the information** described in SDCL §§ 34-23A-10.1(1) or 34-23A-10.1(2) **because of a medical emergency** which so complicated the medical condition of the pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death, on the basis of the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1), and 34-23A-56. Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

Pregnant mother obtained induced abortion. **Pregnant mother was not provided the information** described in SDCL §§ 34-23A-10.1(1) or 34-23A-10.1(2) **because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function**, in the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1), and 34-23A-56. Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

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Office of Health Statistics
615 East 4th Street
Pierre, South Dakota 57501-2536**

REPORT OF INDUCED ABORTION
South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
Office of Health Statistics
615 East 4th Street
Pierre, South Dakota 57501-2536

PLACE OF OCCURRENCE			
Name of Hospital, Clinic or Physician's Office: State: _____ County: _____ City: _____		Date of Report (Month/Day/Year) ____/____/____	Patient ID Number:
PATIENT INFORMATION			
Residence: State: _____ County: _____ City: _____		Residence Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: Married? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Code: _____		Of Hispanic Origin? (check the boxes that best describe the patient's Hispanic Origin): <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian) (Specify: _____)	
Race: (check the boxes that best describe the patient's race): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian: (specify) _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify): _____		Specify Tribe: _____	
Education: (check the box that best describe the patient's education level. If patient is currently enrolled, check the box that indicates the previous grade or highest degree received): <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Associate degree (AA, AS, etc.) <input type="checkbox"/> Teacher's Certificate <input type="checkbox"/> 9-12 th grade, no diploma <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) <input type="checkbox"/> VoTech <input type="checkbox"/> High School Grad./GED <input type="checkbox"/> Master's degree (MA, MS, MBA, etc.) <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Doctorate (PhD, etc.) or Professional degree (MD, DDS, etc.)		Age on Last Birthday: _____ Age, if known, of unborn child's father (if patient was younger than 16 years of age at conception): _____	
PAYMENT INFORMATION			
Payment for this Procedure: <input type="checkbox"/> Private Insurance <input type="checkbox"/> Public Health Plan <input type="checkbox"/> Other (Specify): _____		Insurance Coverage Type: <input type="checkbox"/> Fee-for-service Insurance Co. <input type="checkbox"/> Managed Care Company <input type="checkbox"/> Other (Specify): _____	Fee Collected for Performing or Treating the Induced Abortion: \$ _____
PREVIOUS PREGNANCIES (complete each section)			
Live Births		Other Terminations	
Now Living <input type="checkbox"/> None Number _____	Now Dead <input type="checkbox"/> None Number _____	Spontaneous <input type="checkbox"/> None Number _____	Previous Induced <input type="checkbox"/> None Number _____
MEDICAL INFORMATION			
Date of Induced Abortion (Month/Day/Year) ____/____/____	Date Last Normal Menses Began (Month/Day/Year) ____/____/____	Patient Received Required Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presence of Fetal Abnormality? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Approximate Gestational Age _____ weeks	Measurement/Weight of Fetus _____ <input type="checkbox"/> Unknown (refer to instructions)	Method of Disposal: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Incineration <input type="checkbox"/> Unknown/Medical	
Rhesus factor (Rh) information: Patient received Rh test: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? <input type="checkbox"/> Patient provided info from elsewhere <input type="checkbox"/> Info is in patient's chart Patient is positive or negative for Rh factor: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown Patient received Rho (D) immune globulin injection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sex of the unborn child: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown If sex is known: Did mother use a sex-determining test? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of sex-determining test was used? _____ Approximate gestational age of unborn child, in weeks, when the test was taken: _____			
Post-fertilization age: _____ weeks How was the post-fertilization age determined?: _____ If post-fertilization age was not determined, what was the basis of the determination that an exception existed? _____ _____			
Was an intra-fetal injection used in an attempt to induce fetal demise? <input type="checkbox"/> Yes <input type="checkbox"/> No If the unborn child was deemed capable of experiencing pain, what was the basis of the determination that it was a medical emergency? _____ _____			

-OVER-

REPORT OF INDUCED ABORTION
South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
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If the unborn child was deemed capable of experiencing pain, did the method of abortion provide the best opportunity for the unborn child to survive? Yes No

If such a method was not used, what was the basis of the determination that termination in that manner 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 a psychological or emotional condition, of the woman than other available methods? _____

MEDICAL PROCEDURES

Primary Procedure That Terminated Pregnancy <i>(check only one)</i>	Type of Termination Procedure	Any Additional Procedures Used <i>(check all that apply)</i>
<input type="checkbox"/>	Suction	<input type="checkbox"/>
<input type="checkbox"/>	Medical/Non-surgical	<input type="checkbox"/>
<input type="checkbox"/>	Dilation and Evacuation	<input type="checkbox"/>
<input type="checkbox"/>	Intra-uterine Instillation	<input type="checkbox"/>
<input type="checkbox"/>	Sharp Curettage	<input type="checkbox"/>
<input type="checkbox"/>	Hysterotomy/Hysterectomy	<input type="checkbox"/>
<input type="checkbox"/>	Other (Specify) _____	<input type="checkbox"/>
Type of Anesthetic Used: <input type="checkbox"/> None <input type="checkbox"/> General <input type="checkbox"/> Regional <input type="checkbox"/> Local <input type="checkbox"/> IV Conscious Sedation	Maternal Complications from the Abortion: <input type="checkbox"/> None 1. _____ 2. _____ 3. _____	

REASON FOR INDUCED ABORTION

Check the boxes that best describe the patient's reason:

The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued

The pregnancy was the result of rape

The mother could not afford the child

The mother's emotional health was at risk

The pregnancy was a result of incest

The mother did not desire to have the child

Other, which shall be specified: _____

PHYSICIAN INFORMATION

Name of Physician and License Number:	Physician Has Been Subject To:
	License Revocation <input type="checkbox"/> Yes <input type="checkbox"/> No
	License Suspension <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician's Specialty: _____	Other Professional Sanction <input type="checkbox"/> Yes <input type="checkbox"/> No