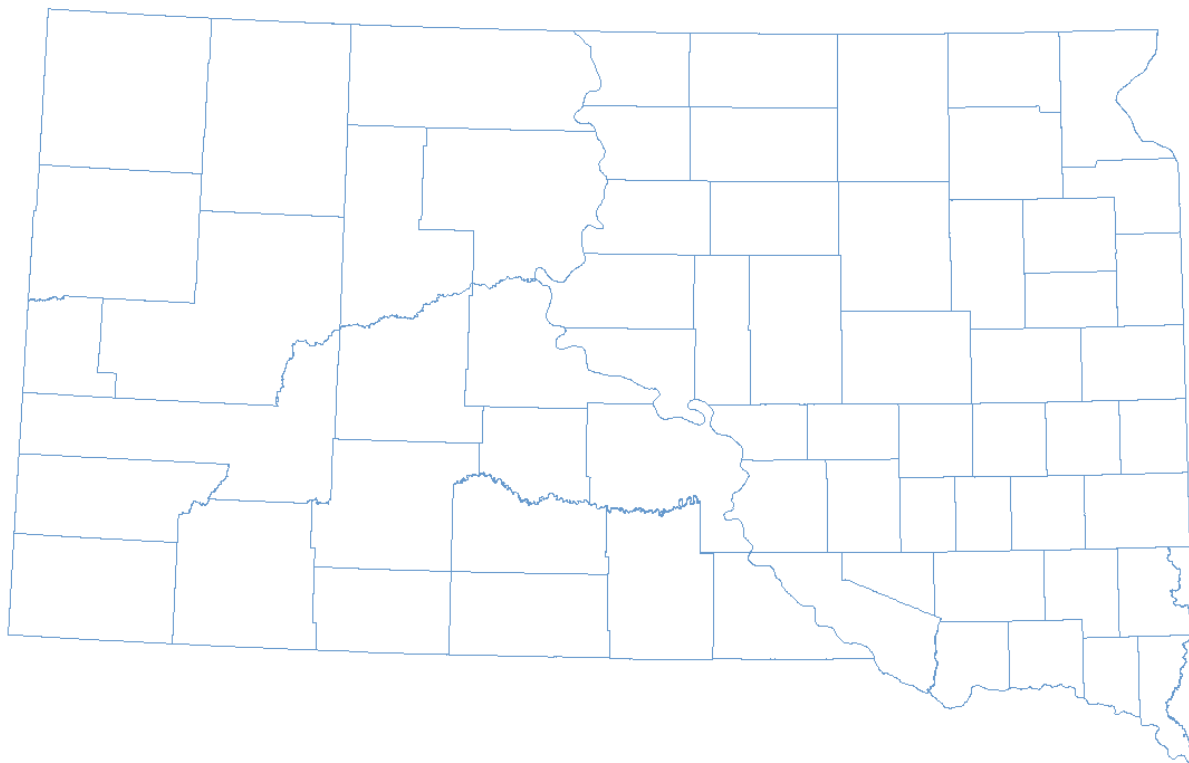


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# SOUTH DAKOTA

## 2018 REPORT OF INDUCED ABORTIONS

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South Dakota Department of Health

Office of Health Statistics

June 28, 2019

South Dakota  
2018 Report of Induced Abortions

South Dakota Department of Health

Office of Health Statistics

615 E 4<sup>th</sup> Street

Pierre, SD 57501

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# Induced Abortion

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: 2018

Total Induced Abortions Performed in South Dakota	382
Total Induced Abortions Performed in South Dakota on South Dakota Residents	297

## Patient Information

There were 382 abortions performed in South Dakota in 2018, down from 497 abortions performed in 2017. Of the 382 abortions performed in South Dakota, 297

or 77.7 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, 2018**

	Total	Age					
		0-17	18-19	20-24	25-29	30-34	35 +
<b>Number</b>	<b>382</b>	<b>10</b>	<b>31</b>	<b>112</b>	<b>109</b>	<b>79</b>	<b>41</b>
<b>Percent</b>	<b>100</b>	<b>2.6</b>	<b>8.1</b>	<b>29.3</b>	<b>28.5</b>	<b>20.7</b>	<b>10.7</b>
<b>State of Residence</b>							
South Dakota	297	6	28	84	84	65	30
Iowa	52	4	0	18	13	10	7
Minnesota	21	0	2	6	6	4	3
Other	12	0	1	4	6	0	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 2018.

**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, 2018**

County	Induced Abortions	County	Induced Abortions
Brookings	14	Lincoln	19
Clay	11	Minnehaha	154

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

**Table 3**  
**South Dakota Resident Induced Abortions Occurring**  
**in South Dakota by Resident City, 2018**

Resident City	Number	Resident City	Number
Brookings	10	Sioux Falls	151

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

Table 4, 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, 2018**

Mothers' Age	Occurring in South Dakota		South Dakota Residents	
	Number	Percent	Number	Percent
0-17	10	2.6	6	2.0
18-19	31	8.1	28	9.4
20-24	112	29.3	84	28.3
25-29	109	28.5	84	28.3
30-34	79	20.7	65	21.9
35-39	31	8.1	22	7.4
40+	10	2.6	8	2.7
<b>Total</b>	<b>382</b>	<b>100</b>	<b>297</b>	<b>100</b>

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

Table 5, below, indicates that of the abortions that occurred in South Dakota, 70.6 percent were white, 13.4 percent black,

8.7 percent American Indian, and 7.3 percent were of some other race.

**Table 5**  
**Induced Abortions Occurring in South Dakota by Age and Race, 2018**

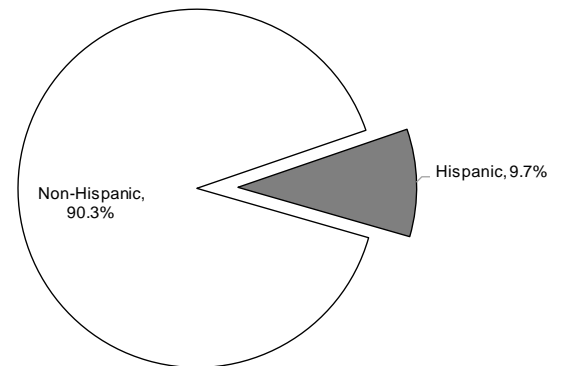
Age	Mothers' Race				
	White	Black	American Indian	Asian	Other
<b>Number</b>	<b>269</b>	<b>51</b>	<b>33</b>	<b>12</b>	<b>16</b>
<b>Percent</b>	<b>70.6</b>	<b>13.4</b>	<b>8.7</b>	<b>3.1</b>	<b>4.2</b>
0-17	6	2	1	0	1
18-19	19	6	2	2	2
20-24	82	11	11	2	6
25-29	77	18	6	5	3
30-34	56	10	9	2	2
35-39	22	2	4	0	2
40 +	7	2	0	1	0

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, 90.3 percent, were non-Hispanic. South Dakota's population consists of 4.1 percent Hispanic women age 15 to 44 based on the 2017 U.S. Census estimates.

**Figure 1  
Induced Abortions Occurring in South Dakota by Ethnicity, 2018**



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

**Table 6  
Induced Abortions Occurring in South Dakota by Education and Marital Status, 2018**

Education of Mother	Marital Status					
	Total		Single		Married	
	Number	%	Number	%	Number	%
	382	100	311	81.4	71	18.6
High School Graduate or Less	181	100	154	85.1	27	14.9
Some College, but No Degree	104	100	88	84.6	16	15.4
Vo-Tech, Teacher's Certificate, Associate Degree/Bachelor's Degree/Master's Degree/Doctorate	97	100	69	71.1	28	28.9

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 2018, 88.2 percent of all abortions performed in South Dakota were self-pay while 7.3 percent were paid by private insurance and 4.5

percent were paid by public health plans. Of the 45 abortions paid by private insurance or a public health plan, 28 were paid by a fee-for-service insurance company, and 16 were paid by a managed care insurance company. One was reported as some other type of insurance company.

**Table 7**  
**Induced Abortions Occurring in South Dakota by**  
**Payment and Insurance Coverage Type, 2018**

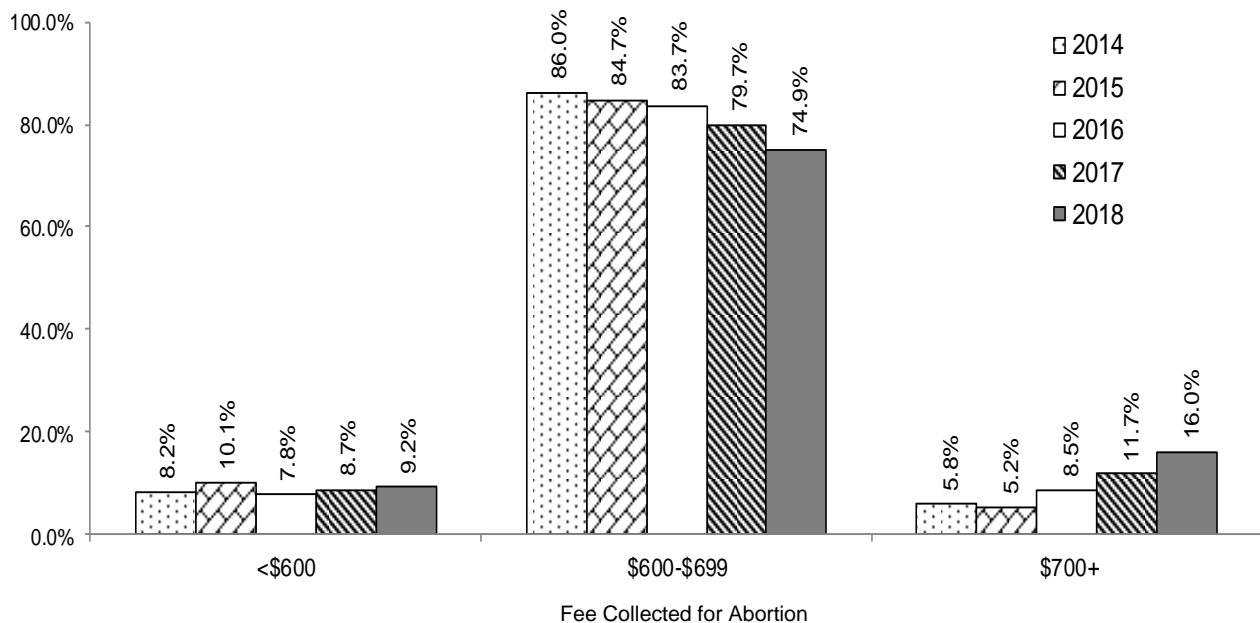
Payment Source	Total	Fee-for-service Insurance Co.	Managed Care Company	No Insurance Used	Other
Private Insurance	28	28	0	0	0
Public Health Plan	17	0	16	0	1
Self	337	0	0	337	0
<b>Total</b>	<b>382</b>	<b>28</b>	<b>16</b>	<b>337</b>	<b>1</b>

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

In 2018, the majority of abortions, 74.9 percent, cost between \$600 and \$699.

Figure 2, below, displays a comparison of the fees for abortions for each year from 2014 to 2018.

**Figure 2**  
**Percent of Induced Abortions Occurring in South Dakota by Fee Collected**  
**for Abortion, 2014-2018**



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

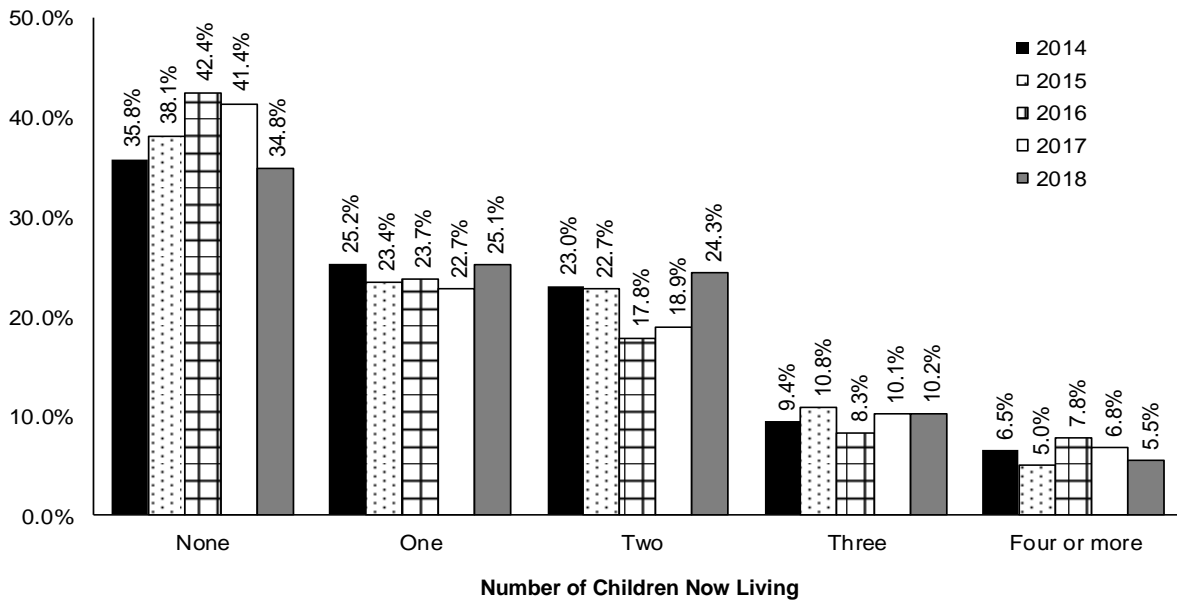
**Previous Pregnancies**

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 2018, 34.8 percent reported having no living children. Less than one 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, 2014-2018**

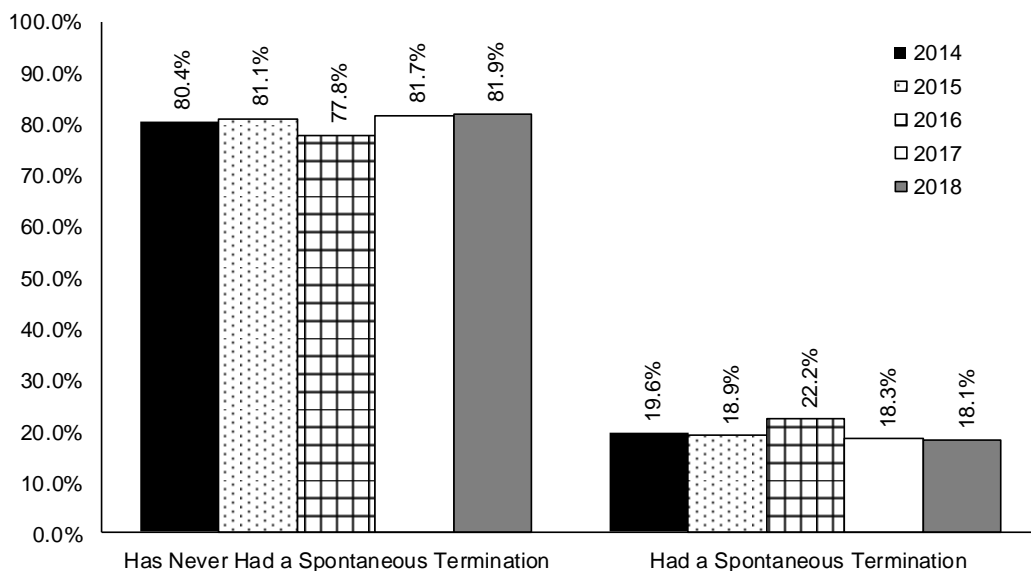


Source: South Dakota Department of Health, Office of Health Statistics

Figure 4, below, indicates that 18.1 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, 81.9 percent, who obtained induced abortions in 2018 reported they had never had a spontaneous termination.

**Figure 4**  
**Percent of Induced Abortions Occurring in South Dakota by Previous Spontaneous Terminations, 2014-2018**

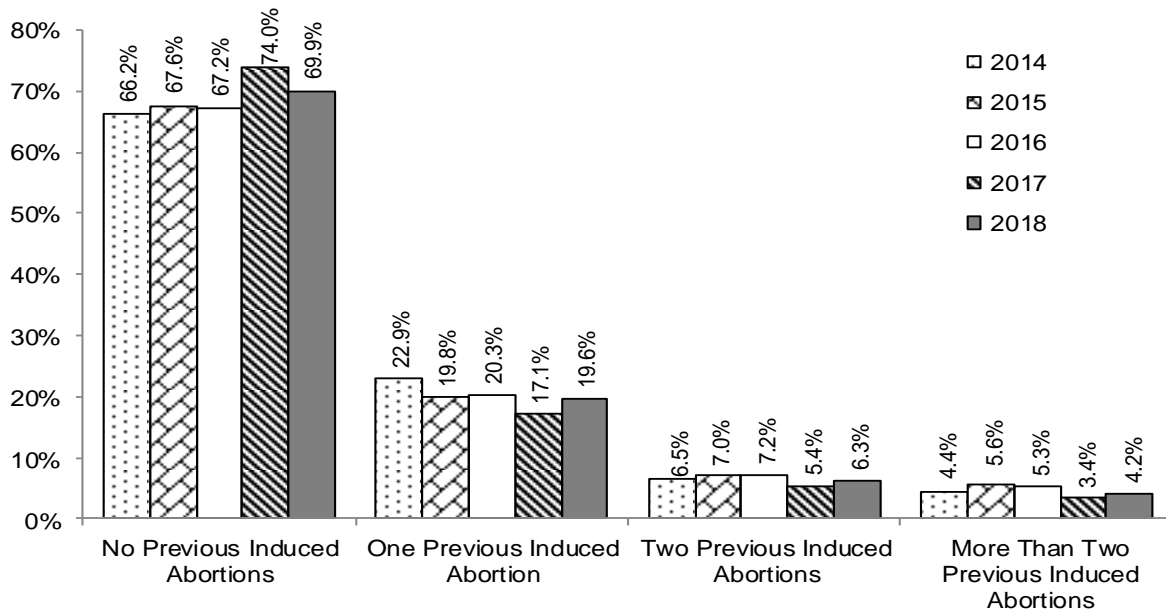


Source: South Dakota Department of Health, Office of Health Statistics

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, 2014-2018**



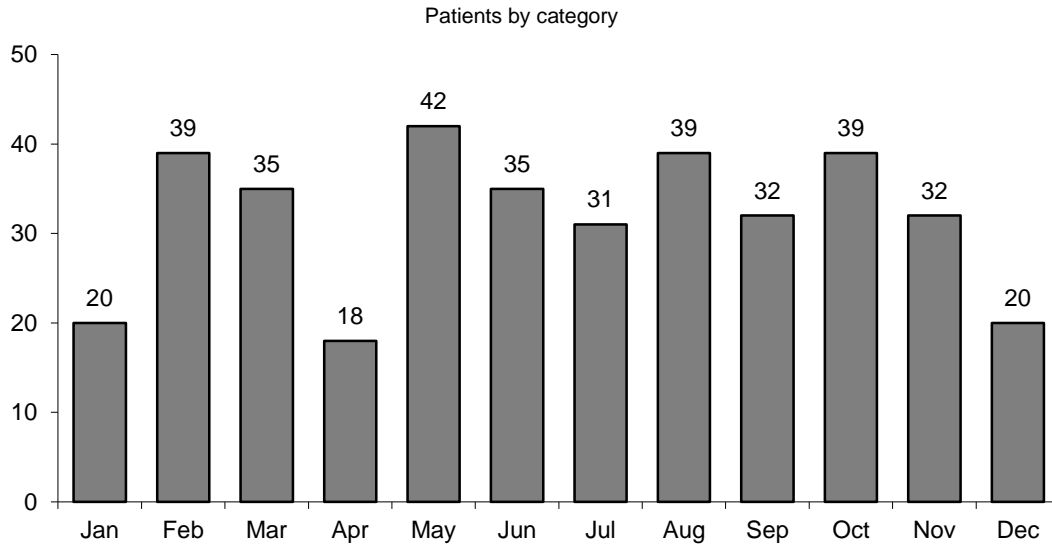
Source: South Dakota Department of Health, Office of Health Statistics

As seen in Figure 5, above, the majority of pregnant mothers, 69.9 percent, reported that they had no previous induced abortions. In 2018, 19.6 percent had obtained one previous induced abortion and 10.5 percent had obtained more than one previous induced abortion. In 2017, 17.1 percent had one previous induced abortion while 8.9 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 2018 by month of occurrence. The fewest numbers of abortions were performed in April while the greatest occurred in May.

**Figure 6**  
**Induced Abortions Occurring in South Dakota by Month of Abortion, 2018**

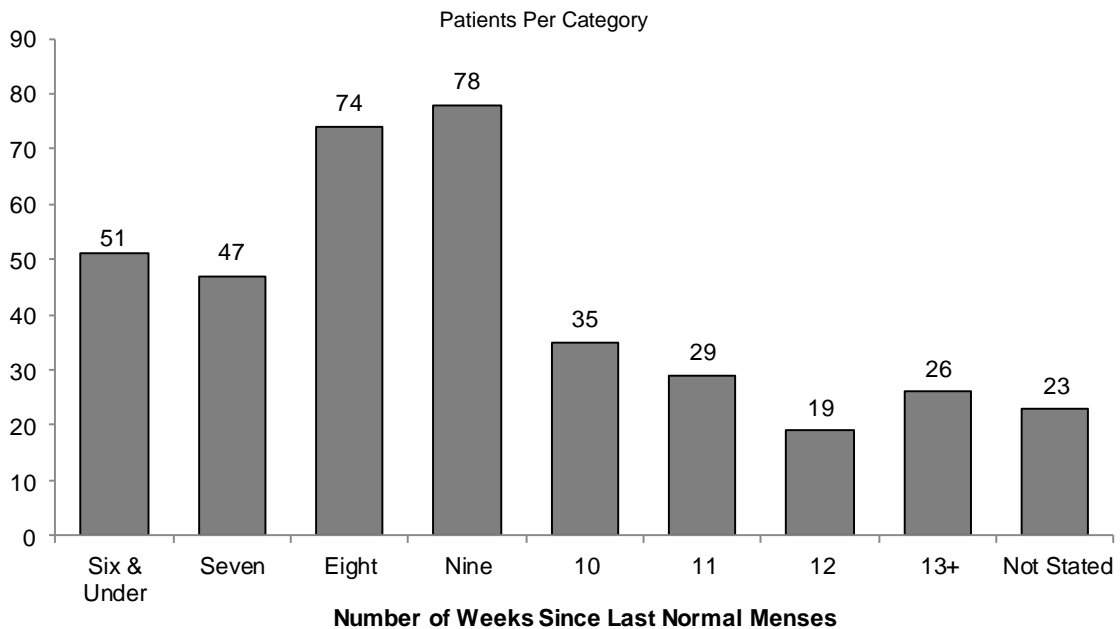


Source: South Dakota Department of Health, Office of Health Statistics

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

of the pregnant mothers, 285, 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, 2018**

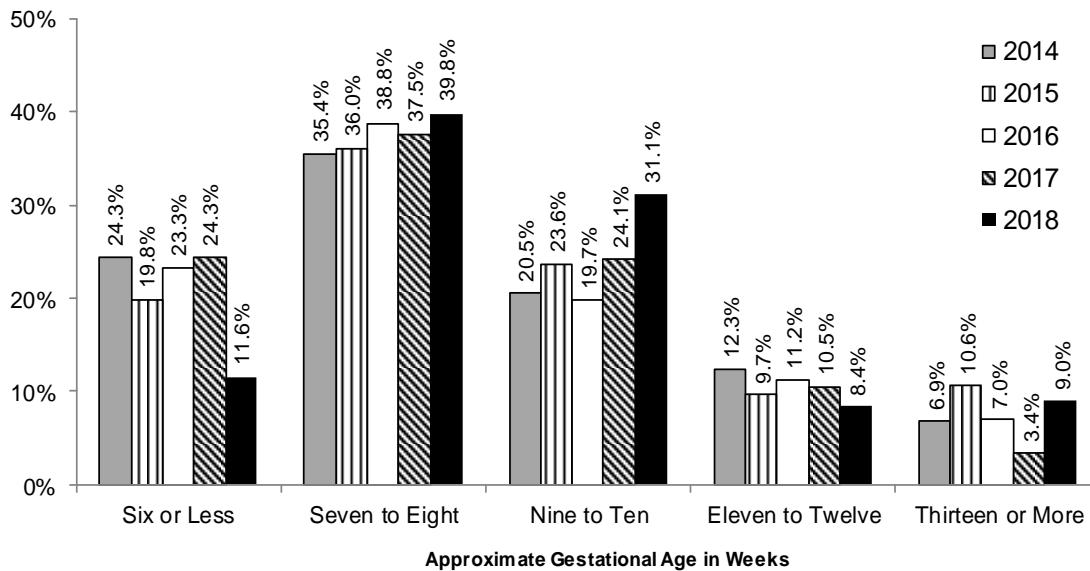


Source: South Dakota Department of Health, Office of Health Statistics

Figure 8, below, shows the number of induced abortions occurring in South Dakota from 2014 to 2018 by the clinical estimated weeks of gestation.

The largest percentage of pregnant mothers in 2018, 39.8 percent, received abortions at seven to eight weeks of estimated gestation.

**Figure 8**  
**Induced Abortions Occurring in South Dakota by Approximate Gestational Age, 2014-2018**

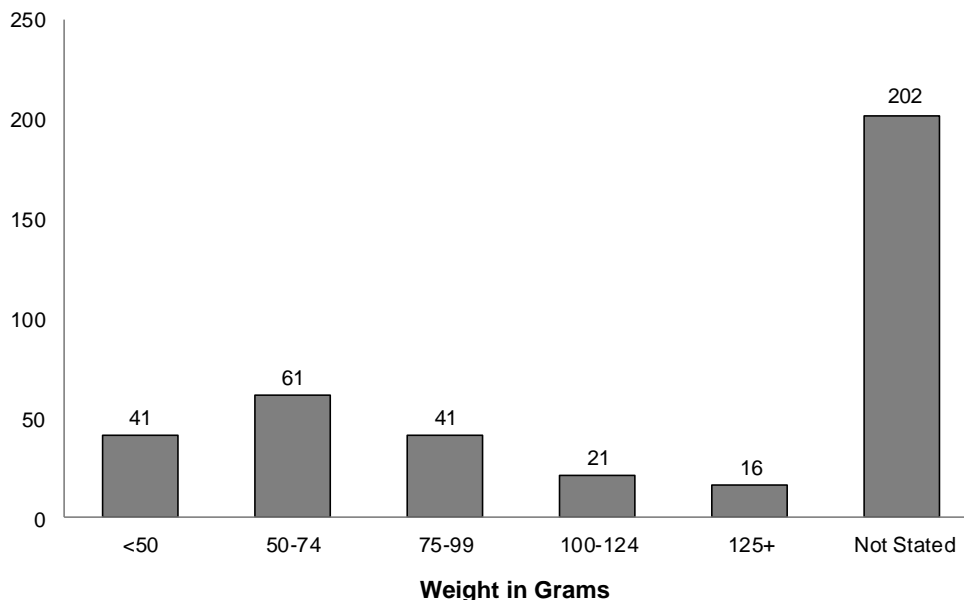


Source: South Dakota Department of Health, Office of Health Statistics

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 61 induced abortions.

to 74 gram category with 61 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, 2018**



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 2018, two of the forms indicated that there was a fetal abnormality present at the time of the abortion. A majority 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, 2018**

Presence of Fetal Abnormality	Number	Percentage
Yes	2	0.5%
No	1	0.3%
Unknown	379	99.2%
<b>Total</b>	<b>382</b>	<b>100%</b>

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

**Table 9**  
**Induced Abortions Occurring in South Dakota by Method of Disposal, 2018**

Method of Disposal	Number	Percentage
Incineration	244	63.9%
Burial	1	0.3%
Unknown/ Medical	137	35.9%
<b>Total</b>	<b>382</b>	<b>100%</b>

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

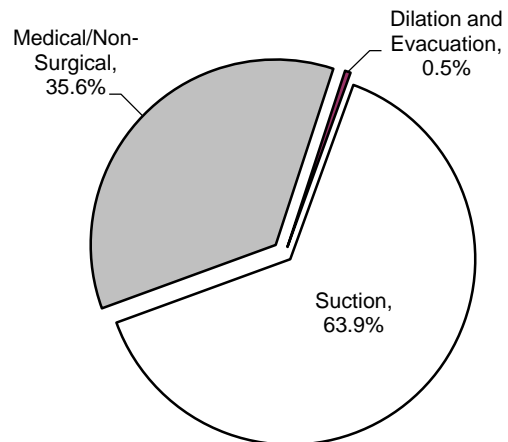
Table 9, to the left, indicates the method used to dispose of the fetus in 2018. The main method of disposal in 2018 was incineration with 244 or 63.9 percent.

### 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 2018.

In 2018, medical/non-surgical was used for 35.6 percent of the abortions while dilation and evacuation was used for less than one percent of abortions. The majority used suction in 2018 with an overall percentage of 63.9 percent.

**Figure 10**  
**Induced Abortions Occurring in South Dakota by Primary Procedure Used, 2018**



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 2018. The majority of abortions, 99.5 percent, did not require an additional procedure. There was one case of maternal complications reported to the Department of Health in 2018.

**Table 10**  
**Induced Abortions Occurring in South Dakota by Any Additional Procedures Used, 2018**

Additional Procedures Used	Number	Percentage
No Additional Procedure	380	99.5%
Sharp Curettage	2	0.5%

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

**Figure 11**  
**Induced Abortions Occurring in South Dakota by Type of Anesthetic Used, 2018**

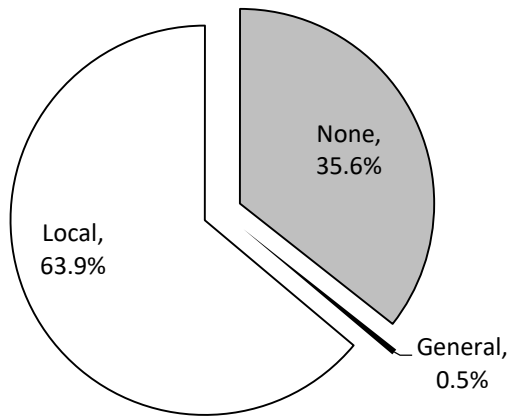


Figure 11, to the left, illustrates the type of anesthetic used for abortions performed in South Dakota. In 2018, 63.9 percent of pregnant mothers were given a local anesthetic, and 0.5 percent were given a general anesthetic. Pregnant mothers who received no anesthetic made up 35.6 percent.

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 2014 to 2018. 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 2018, 42.4 percent of pregnant mothers gave more than one response while in 2017, 35.4 percent of pregnant mothers gave more than one response.

**Table 11**  
**Induced Abortions Occurring in South Dakota by Reason for Abortion, 2014-2018**

Reason for Induced Abortion	2014		2015		2016		2017		2018	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
The mother did not desire to have the child	345	62.6%	280	63.1%	301	63.8%	324	65.2%	244	63.9%
The mother could not afford the child	263	47.7%	210	47.3%	211	44.7%	221	44.5%	198	51.8%
The mother's emotional health was at risk	64	11.6%	53	11.9%	74	15.7%	72	14.5%	65	17.0%
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued	34	6.2%	13	2.9%	31	6.6%	17	3.4%	8	2.1%
The pregnancy was a result of rape or incest	4	0.7%	5	1.1%	4	0.8%	8	1.6%	4	1.0%
Other	115	20.9%	108	24.3%	91	19.3%	79	15.9%	70	18.3%

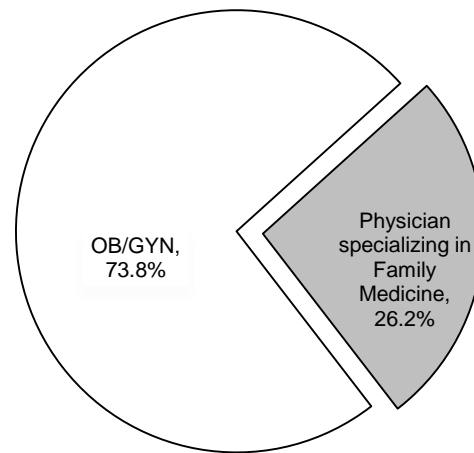
Note: Percents do not add to 100 because multiple reasons can be given.  
 Source: South Dakota Department of Health, Office of Health Statistics

Physician Specialty Information

Figure 12, to the right, illustrate the specialty of the physicians who performed abortions in South Dakota in 2018. The majority of abortions were performed by an obstetrician/gynecologist. During the 2018 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.

Of the 382 report forms received by the South Dakota Department of Health for induced abortions performed in 2018, 381 indicated that patients received the required disclosures.

**Figure 12**  
**Induced Abortions Occurring in South Dakota by Physician's Specialty, 2018**



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 were a total of 449 Voluntary and Informed Consent forms received. Of those, 382 indicated that the pregnant mother went on to obtain the induced abortion while 67 did not have the procedure.

One pregnant mother obtained an induced abortion and was not provided information. This 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 449 Voluntary and Informed Consent forms received, 381 received the medical information in person. Of the 449 forms that were received, 381 indicated that the medical information was provided by the physician performing the induced abortion.

Physicians performing the abortion supplied 446 of the pregnant mothers with the resource information. One reported receiving the information from a referring physician, the physician performing the abortion, and an agent of the physician performing the abortion. One reported receiving the information from a referring physician and an agent of the physician performing the abortion. A total of 446 pregnant mothers reported receiving the resource information by telephone and two reported receiving the information in person.

Of the 449 forms received, 448 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 436 did not accept the information.

Two forms did not indicate whether the offer was accepted.

Of the 449 forms received, 448 indicated that the pregnant mother was offered the Fetal Growth and Development Booklet. It was reported that 9 accepted this information, while 437 did not accept the information. Two forms did not indicate whether the offer was accepted.

Of the 449 forms received, 448 indicated that the pregnant mother was offered the DOH website address for "Information on Fetal Development, Birth, Abortion and Adoption". It was reported that 10 pregnant mothers accepted this information, while 446 did not accept the information. Two forms did not indicate whether the offer was accepted.

Of the 449 forms received, 448 indicated that the pregnant mother was offered the opportunity to view the sonogram. Of these, 220 accepted the opportunity to view the sonogram, while 227 did not accept the opportunity to view the sonogram. One form did not indicate whether the offer was accepted.

#### Parental Notice

Of the 10 Parental Consent forms received, 10 indicated the pregnant mother was an unemancipated minor. Eight forms indicated notice was given to the pregnant mother's parent. Two forms 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 10 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	
<b>Complete questions A or B and question C.</b>	
A. <b>Notice was provided</b> , 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. <b>Notice was not provided</b> , per SDCL 34-23A-7, to patient's: <input type="checkbox"/> Parent or <input type="checkbox"/> Guardian/Conservator <b>because one of the following three notice exceptions applies</b> (check applicable exception):	
1. <input type="checkbox"/> <b>A medical emergency</b> 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"/> <b>The parent or guardian entitled to notice certifies in writing that s/he was notified</b> , with the parent or guardian's signature notarized. SDCL §§ 34-23A-39(1) and 34-23A-7(2).	
3. <input type="checkbox"/> Any <b>judge of a circuit court</b> , after an appropriate hearing, <b>authorizes a physician to perform the induced abortion without prior notice</b> . 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**

**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**

<b>PLACE OF OCCURRENCE</b>			
Name of Hospital, Clinic or Physician's Office: State: _____ County: _____ City: _____		Date of Report (Month/Day/Year) ____/____/____	Patient ID Number:
<b>PATIENT INFORMATION</b>			
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"/> Other (specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (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 <sup>th</sup> grade or less <input type="checkbox"/> Associate degree (AA, AS, etc.) <input type="checkbox"/> Teacher's Certificate <input type="checkbox"/> 9-12 <sup>th</sup> 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): _____	
<b>PAYMENT INFORMATION</b>			
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: \$ _____
<b>PREVIOUS PREGNANCIES (complete each section)</b>			
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 _____
<b>MEDICAL INFORMATION</b>			
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))**  
**South Dakota Department of Health**  
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**615 East 4th Street**  
**Pierre, South Dakota 57501-2536**

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