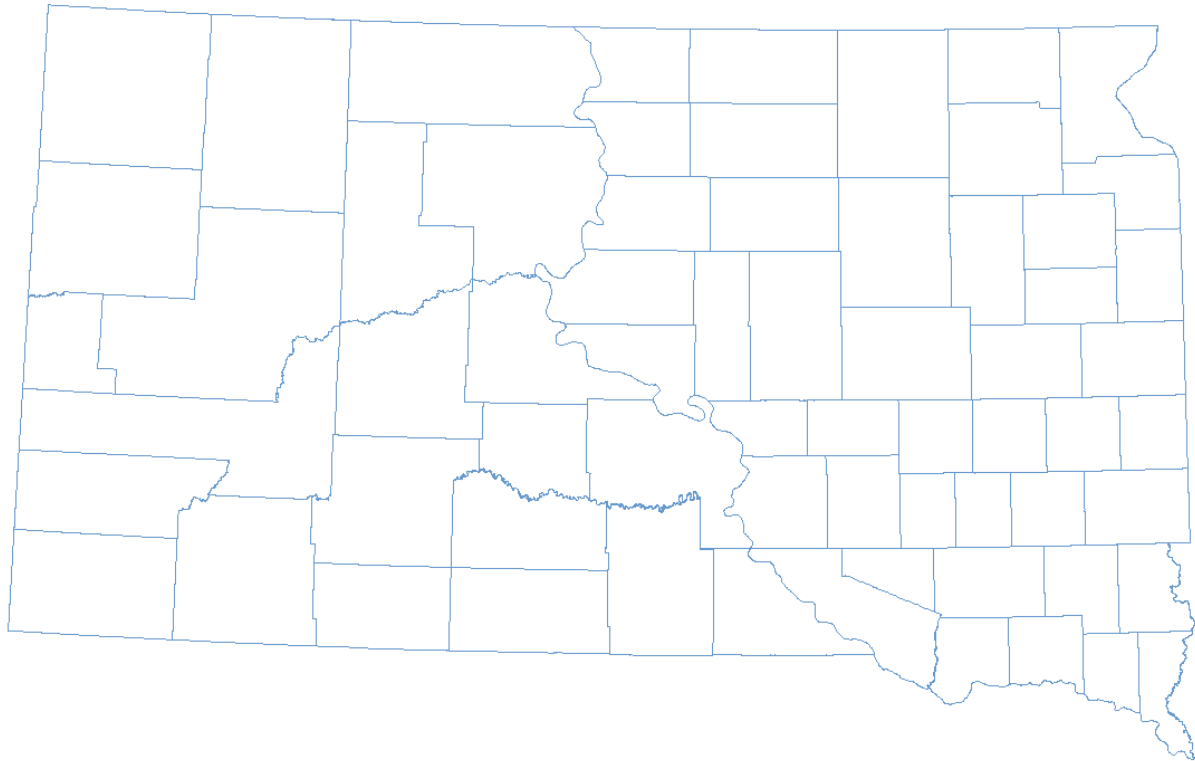

SOUTH DAKOTA

2021 REPORT OF INDUCED ABORTIONS



South Dakota Department of Health

Office of Health Statistics

June 29, 2022



South Dakota
2021 Report of Induced Abortions

South Dakota Department of Health
Office of Health Statistics
615 E 4th 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: 2021

Total Induced Abortions Performed in South Dakota	192
Total Induced Abortions Performed in South Dakota on South Dakota Residents	175

Patient Information

There were 192 abortions performed in South Dakota in 2021.

Of the 192 abortions performed in South Dakota, 175 (91%) 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, 2021

	Total	Age					
		0-17	18-19	20-24	25-29	30-34	35+
Number	192	6	15	60	54	35	22
Percent	100	3.1	7.8	31.3	28.1	18.2	11.5
<u>State of Residence</u>							
South Dakota	175	5	14	55	46	34	21
Iowa	8	0	0	2	5	0	1
Minnesota	9	1	1	3	3	1	0

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 2021.

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, 2021

County	Induced Abortions	County	Induced Abortions
Minnehaha	91	Lincoln	15

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

Table 3
South Dakota Resident Induced Abortions Occurring
in South Dakota by Resident City, 2021

Resident City	Number
Sioux Falls	94

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, 2021

Mothers' Age	Occurring in South Dakota		South Dakota Residents	
	Number	Percent	Number	Percent
0-17	6	3.1	5	2.9
18-19	15	7.8	14	8.0
20-24	60	31.3	55	31.4
25-29	54	28.1	46	26.3
30-34	35	18.2	34	19.4
35-39	20	10.4	19	10.9
40+	2	1.0	2	1.1
Total	192	100	175	100

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

Table 5, below, indicates that of the abortions that occurred in South Dakota, 53.1 percent were white, non-Hispanic, 12.5 percent were black, non-Hispanic, 11.5

percent were American Indian, non-Hispanic, 4.7 percent were Asian, non-Hispanic, and 7.8 percent were Hispanic.

Table 5
Induced Abortions Occurring in South Dakota by Age and Race, 2021

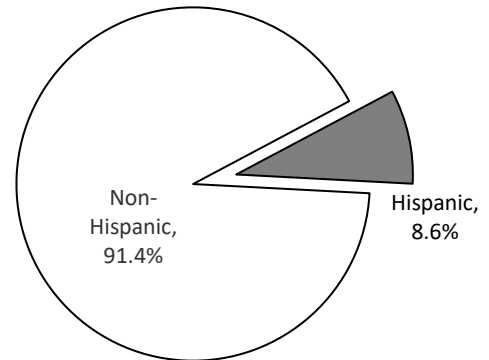
Age	Mothers' Race					
	White, non-Hispanic	Black, non-Hispanic	American Indian, non-Hispanic	Hispanic	Asian, non-Hispanic	Multi-race, non-Hispanic
Number	102	24	22	15	9	2
Percent	58.6	13.8	12.6	8.6	5.2	1.1
0-17	2	2	1	1	0	0
18-19	10	1	0	2	0	1
20-24	36	4	7	2	3	1
25-29	24	5	8	6	5	0
30-34	16	10	3	2	1	0
35-39	13	2	3	2	0	0
40 +	1	0	0	0	0	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, 91.4 percent, were non-Hispanic. South Dakota's population consists of 4.9 percent Hispanic women age 15 to 44 based on the 2020 U.S. Census estimates.

Figure 1
Induced Abortions Occurring in South Dakota by Ethnicity, 2021



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

Table 6
Induced Abortions Occurring in South Dakota by Education and Marital Status, 2021

Education of Mother	Marital Status					
	Total		Single		Married	
	Number	%	Number	%	Number	%
	192	100	167	87.0	25	13.0
High School Graduate or Less	120	100	105	87.5	15	12.5
Some College, but No Degree	36	100	34	94.4	2	5.6
Vo-Tech, Teacher's Certificate, Associate Degree/Bachelor's Degree/Master's Degree/Doctorate	36	100	28	77.8	8	22.2

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 2021, 83.3 percent of all abortions performed in South Dakota were self-pay while 14.1 percent were paid by private insurance and 2.6

percent were paid by public health plans. Of the 32 abortions paid by private insurance or a public health plan, 28 were paid by a fee-for-service insurance company, and 4 were paid by a managed care insurance company.

Table 7
Induced Abortions Occurring in South Dakota by
Payment and Insurance Coverage Type, 2021

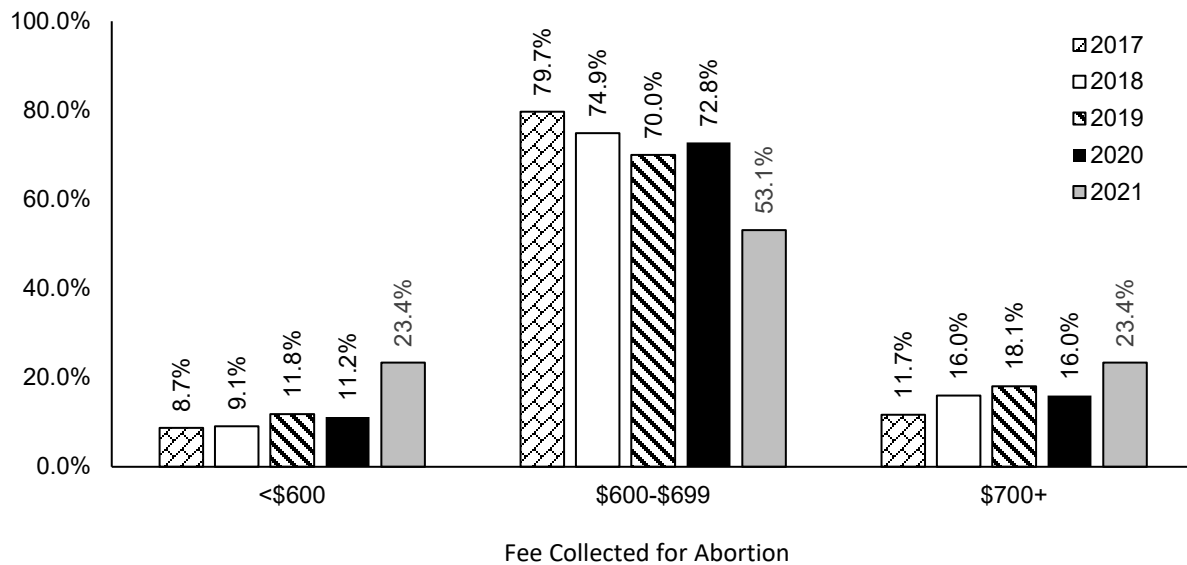
Payment Source	Total	Fee-for-service Insurance Co.	Managed Care Company	No Insurance Used
Private Insurance	27	27	0	0
Public Health Plan	5	1	4	0
Self Pay	160	0	0	160
Total	192	28	4	160

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

In 2021, the majority of abortions, 53.1 percent, cost between \$600 and \$699.

Figure 2, below, displays a comparison of the fees for abortions for each year from 2017 to 2021.

Figure 2
Percent of Induced Abortions Occurring in South Dakota by Fee Collected for Abortion, 2017-2021



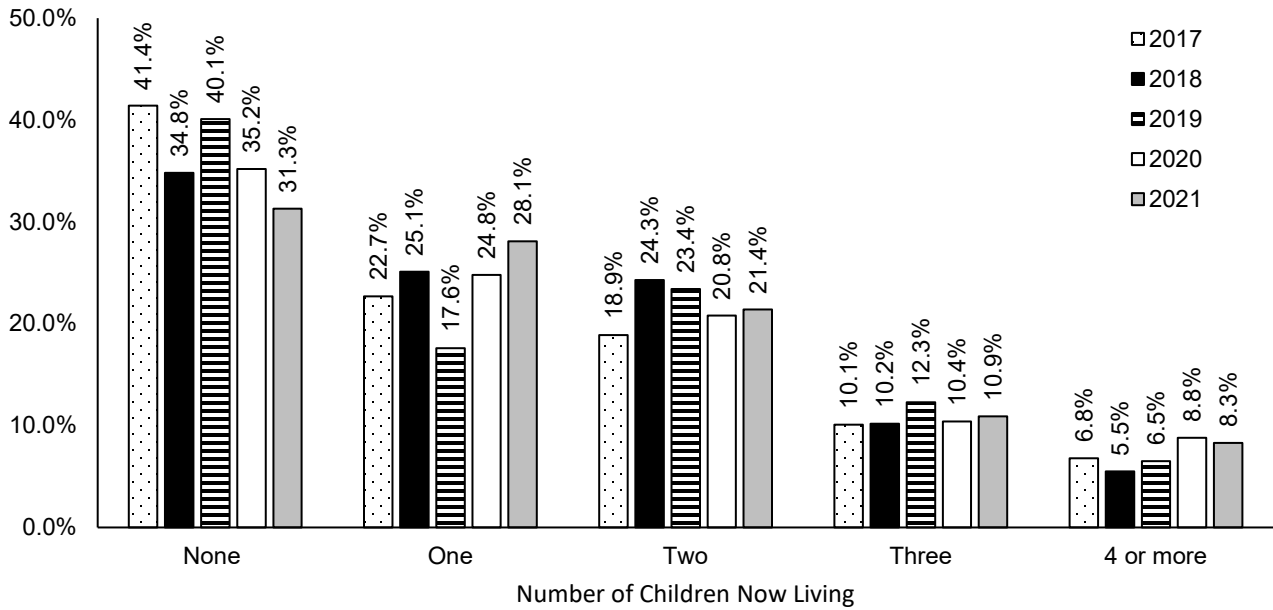
Source: South Dakota Department of Health, Office of Health Statistics

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 2021, 31.3 percent reported having no living children. Less than two 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, 2017-2021

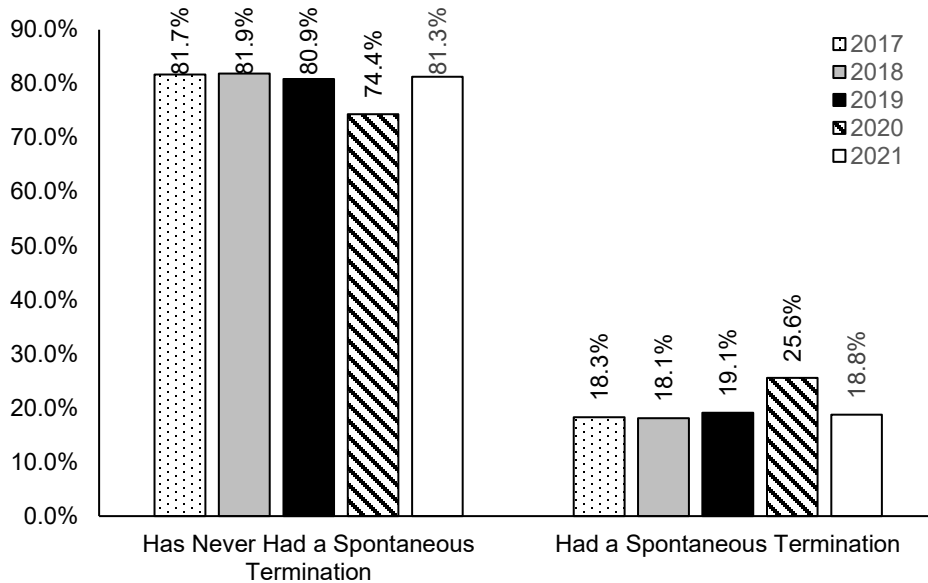


Source: South Dakota Department of Health, Office of Health Statistics

Figure 4, below, indicates that 18.8 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, 81.3 percent, who obtained induced abortions in 2021 reported they had never had a spontaneous termination.

Figure 4
Percent of Induced Abortions Occurring in South Dakota by Previous Spontaneous Terminations, 2017-2021

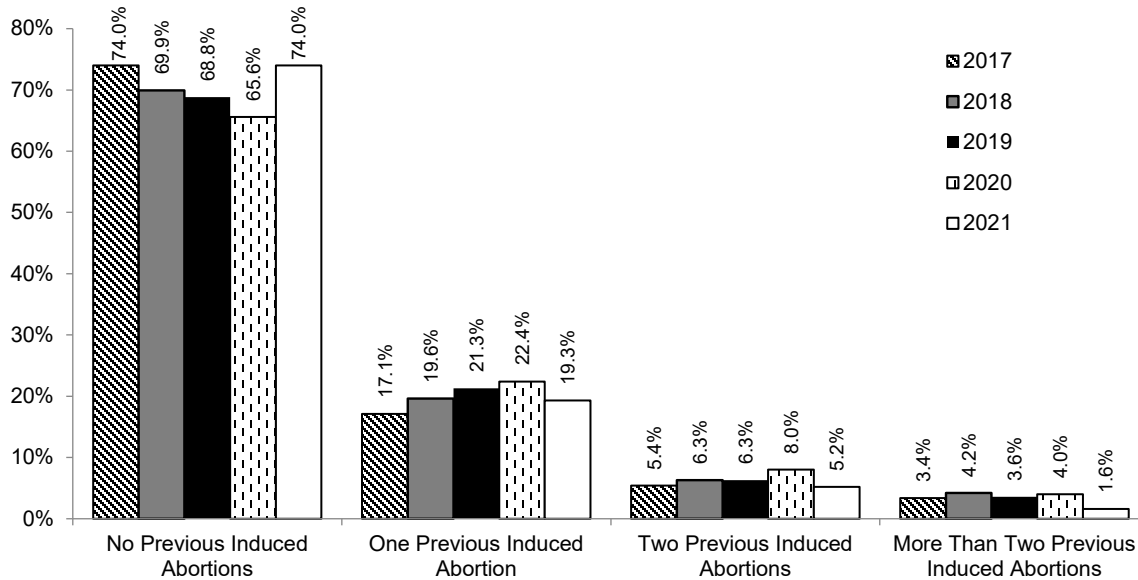


Source: South Dakota Department of Health, Office of Health Statistics

Figure 5, below, illustrates the number of previous induced abortions reported by the pregnant mother. An induced abortion is statutorily defined as the intentional

termination of the life of a human being in the uterus.

Figure 5
Induced Abortions Occurring in South Dakota by Previous Induced Abortions, 2017-2021



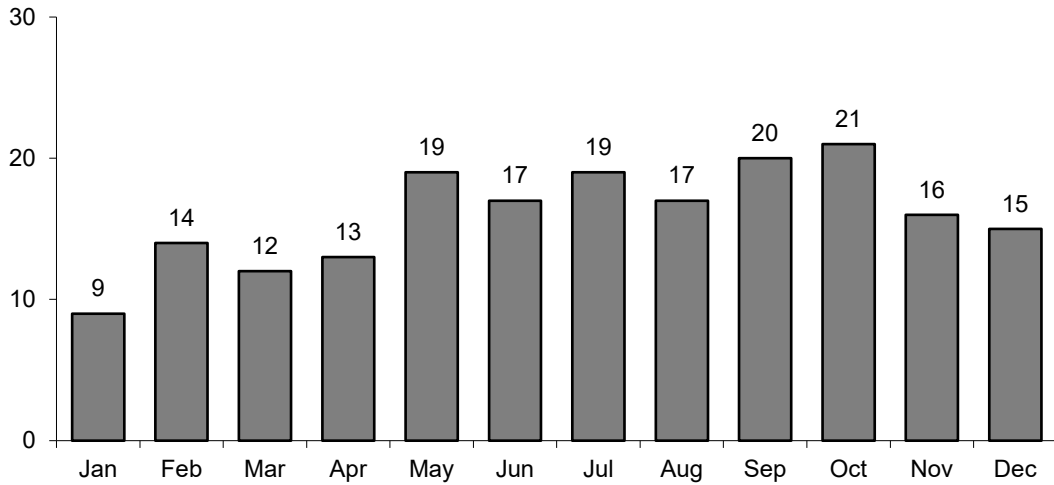
Source: South Dakota Department of Health, Office of Health Statistics

As seen in Figure 5, above, the majority of pregnant mothers, 74.0 percent, reported that they had no previous induced abortions. In 2021, 19.3 percent had obtained one previous induced abortion and 6.8 percent had obtained 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 2021 by month of occurrence. The fewest numbers of abortions were performed in January while the greatest occurred in October.

Figure 6
Induced Abortions Occurring in South Dakota by Month of Abortion, 2021

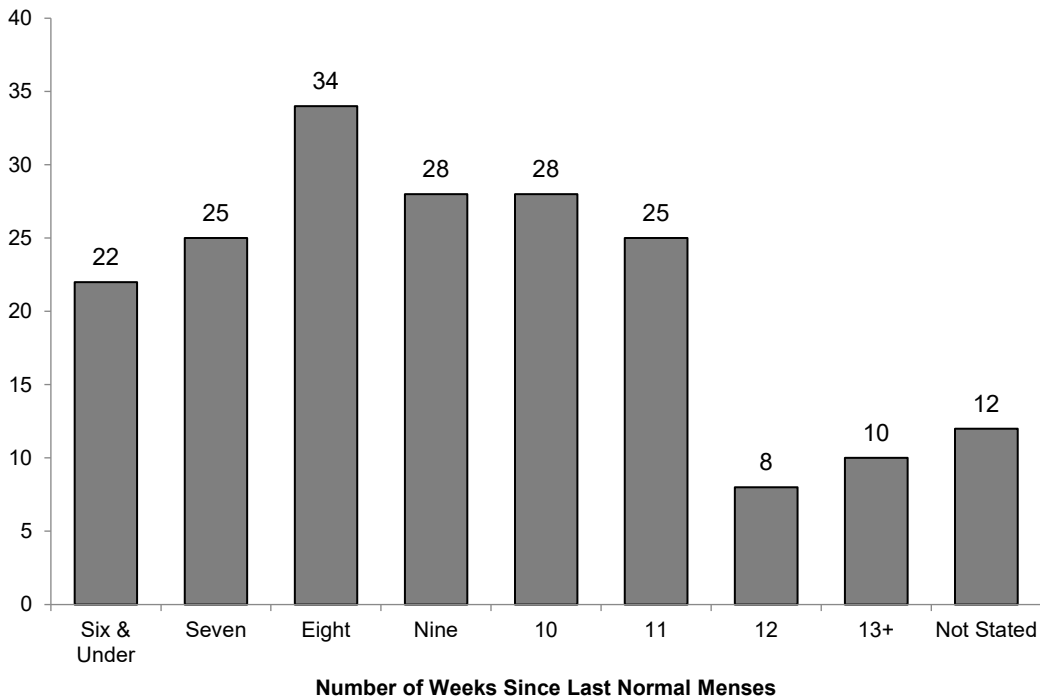


Source: South Dakota Department of Health, Office of Health Statistics

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, 137, 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, 2021

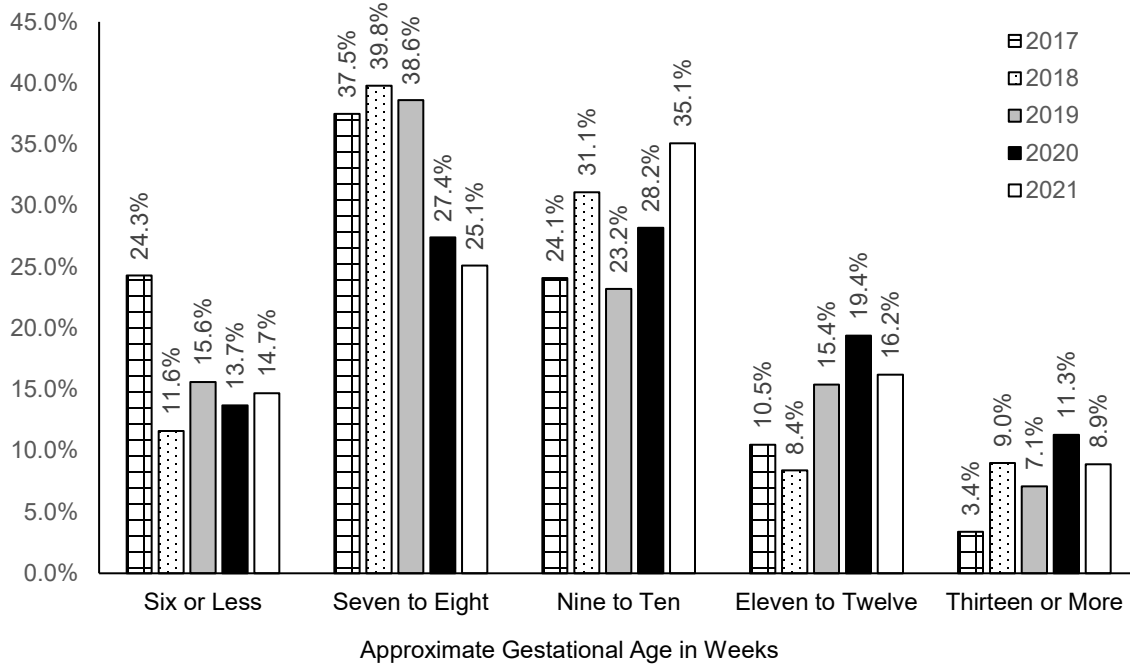


Source: South Dakota Department of Health, Office of Health Statistics

Figure 8, below, shows the number of induced abortions occurring in South Dakota from 2017 to 2021 by the clinical estimated weeks of gestation.

The largest percentage of pregnant mothers in 2021, 35.1 percent, received abortions at nine to ten weeks of estimated gestation.

Figure 8
Induced Abortions Occurring in South Dakota by
Approximate Gestational Age, 2017-2021

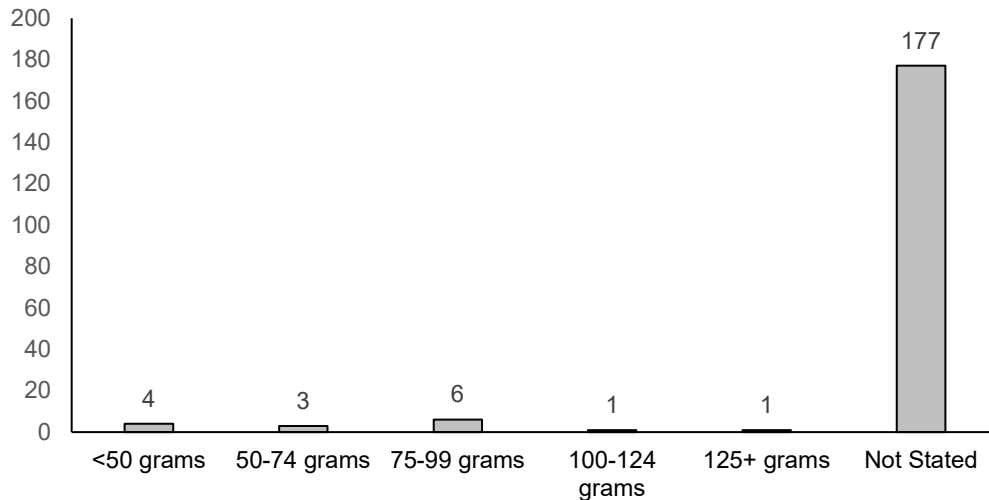


Source: South Dakota Department of Health, Office of Health Statistics

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 75

to 99-gram category with six induced abortions. That is equivalent to approximately 2.6 to 3.5 ounces.

Figure 9
Induced Abortions Occurring in South Dakota by Weight of Fetus, 2021



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 2021, two 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, 2021

Presence of Fetal Abnormality	Number	Percentage
Yes	2	1.0
No	0	0.0
Unknown	190	99.0
Total	192	100%

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

Table 9
Induced Abortions Occurring in South Dakota by Method of Disposal, 2021

Method of Disposal	Number	Percentage
Incineration	119	62.0
Unknown/ Medical	73	38.0
Total	192	100%

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

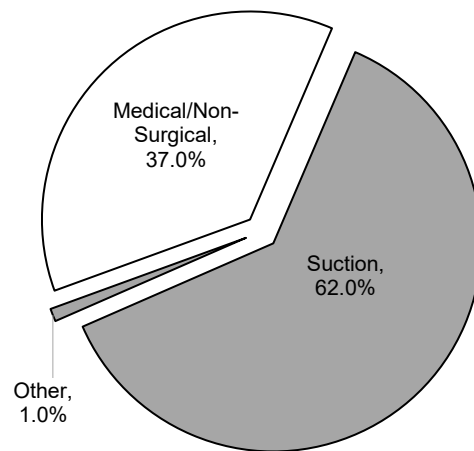
Table 9, to the left, indicates the method used to dispose of the fetus in 2021. The main method of disposal in 2021 was incineration with 119 or 62.0 percent.

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 2021.

In 2021, suction was used for 62.0 percent of the abortions while 37.0 percent of the abortions used medical/non-surgical.

Figure 10
Induced Abortions Occurring in South Dakota by Primary Procedure Used, 2021



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

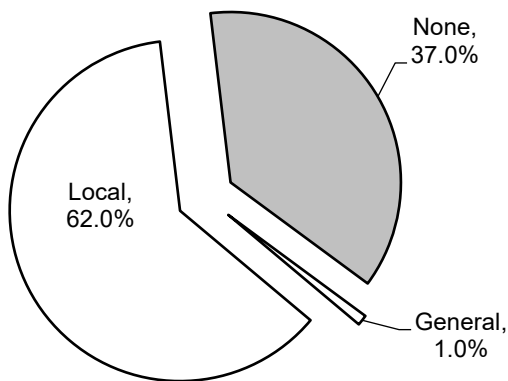
Table 10, to the right, indicates additional procedures that were used to terminate the pregnancy in 2021. No abortions required an additional procedure in 2021. There were no cases of maternal complications reported to the Department of Health in 2021.

Table 10
Induced Abortions Occurring in South Dakota by Any Additional Procedures Used, 2021

Additional Procedures Used	Number	Percentage
No Additional Procedure	192	100%

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

Figure 11
Induced Abortions Occurring in South Dakota by Type of Anesthetic Used, 2021



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

Figure 11, to the left, illustrates the type of anesthetic used for abortions performed in South Dakota. In 2021, 62.0 percent of pregnant mothers were given a local anesthetic while 1.0 percent were given a general anesthetic. Pregnant mothers who received no anesthetic made up 37.0 percent.

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 2017 to 2021. 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 2021, 44.3 percent of pregnant mothers gave more than one response while in 2020, 43.2 percent of pregnant mothers gave more than one response.

**Table 11
Induced Abortions Occurring in South Dakota by Reason for Abortion, 2017-2021**

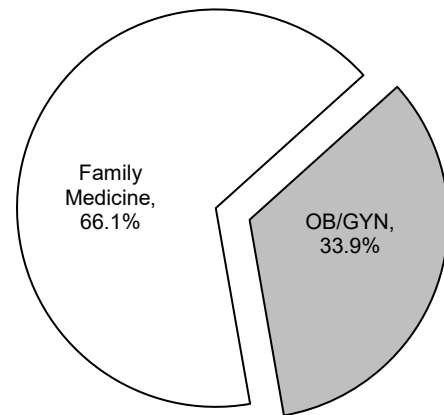
Reason for Induced Abortion	2017		2018		2019		2020		2021	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
The mother did not desire to have the child	324	65.2%	244	63.9%	290	70.0%	88	70.4%	132	68.8%
The mother could not afford the child	221	44.5%	198	51.8%	200	48.3%	63	50.4%	89	46.4%
The mother's emotional health was at risk	72	14.5%	65	17.0%	86	20.8%	22	17.6%	44	22.9%
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued	17	3.4%	8	2.1%	15	3.6%	4	3.2%	6	3.1%
The pregnancy was a result of rape or incest	8	1.6%	4	1.0%	8	1.9%	0	0.0%	6	3.1%
Other	79	15.9%	70	18.3%	70	16.9%	16	12.8%	33	17.2%

Note: Percentages 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, illustrates the specialty of the physicians who performed abortions in South Dakota in 2021. Most abortions were performed by a family medicine physician. During the 2021 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.

**Figure 12
Induced Abortions Occurring in South Dakota by Physician's Specialty, 2021**



Voluntary and Informed Consent Form

Of the 192 report forms received by the South Dakota Department of Health for induced abortions performed in 2021, 192 indicated that patients received the required disclosures.

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 222 Voluntary and Informed Consent forms received. Of those, 192 indicated that the pregnant mother went on to obtain the induced abortion while 30 did not have the procedure.

The data showed that of the 222 Voluntary and Informed Consent forms received, 210 received the medical information. Of those 210, 209 received the medical information in person, and one received the medical information over the telephone. Of the 222 forms that were received, 208 indicated that the medical information was provided by the physician performing the induced abortion. One received this information from a referring physician, while one received this information from both the physician performing the induced abortion as well as a referring physician. Of the 222 forms received, 220 indicated the patient was provided the resource information. Two received the information in person, while the remaining 218 received the information by telephone. A total of 219 pregnant mothers reported receiving the resource information from the physician performing the induced abortion, while one received the information from the physician performing the induced abortion and from a referring physician.

Of the 222 forms received, 220 indicated that the pregnant mother was offered the printed materials on public and private assistance agencies. It was reported that five pregnant mothers accepted this information, while 215

did not accept the information. Of the 222 forms received, 220 indicated that the pregnant mother was offered the Fetal Growth and Development Booklet. It was reported that four accepted this information, while 216 did not accept the information. Of the 222 forms received, 220 indicated that the pregnant mother was offered the DOH website address for "Information on Fetal Development, Birth, Abortion and Adoption". It was reported that five pregnant mothers accepted this information, while 215 did not accept the information.

Of the 222 forms received, 221 indicated that the pregnant mother was offered the opportunity to view the sonogram. Of these, 116 accepted the opportunity to view the sonogram, while 105 did not accept the opportunity to view the sonogram. Of the 222 forms received, 221 indicated the pregnant mother was offered the opportunity to hear the heartbeat of the unborn child. It was reported that 77 pregnant mothers accepted the opportunity to hear the heartbeat, while 144 did not accept the opportunity to hear the heartbeat.

Parental Notice

Of the six Parental Consent forms received, six indicated the pregnant mother was an unemancipated minor. Six forms indicated notice was given to the pregnant mother's parent or guardian. All six 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 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 conversation
 Information 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 conversation
 Information 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.

**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

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: 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 Specify Tribe: _____ <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): _____		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: _____)	
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? _____ _____			

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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

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

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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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 (specify): _____ <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 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? _____ _____			

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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____		
Was the infant born alive? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what medical action was taken to preserve the life of the infant? _____ Did the infant survive? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of death? _____		
REASON FOR INDUCED ABORTION		
Primary Procedure That Terminated Pregnancy <i>(check only one)</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of Termination Procedure Suction Medical/Non-surgical Dilation and Evacuation Intra-uterine Instillation Sharp Curettage Hysterotomy/Hysterectomy Other (Specify) _____	Any Additional Procedures Used <i>(check all that apply)</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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: <input type="checkbox"/> The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued <input type="checkbox"/> The pregnancy was the result of rape <input type="checkbox"/> The mother could not afford the child <input type="checkbox"/> The mother's emotional health was at risk <input type="checkbox"/> The pregnancy was a result of incest <input type="checkbox"/> The mother did not desire to have the child <input type="checkbox"/> 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 Other Professional Sanction <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Specialty: _____		