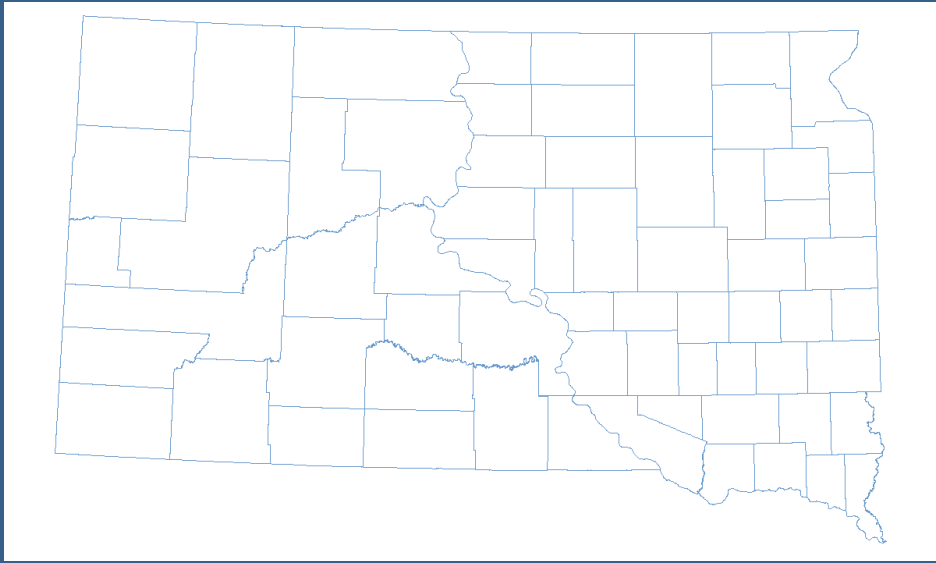




SOUTH DAKOTA
DEPARTMENT OF HEALTH



SOUTH DAKOTA DEPARTMENT OF HEALTH **2025 Report of Induced Abortions**

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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 this report.

In 2025, per South Dakota Codified Law chapter 34-21A-1(1), an induced abortion was statutorily defined as the intentional termination of the life of a human being in the uterus.

AN OVERVIEW: 2025

Total Induced Abortions Performed in South Dakota 2

Total Induced Abortions Performed in South Dakota
on South Dakota Residents 1

PATIENT INFORMATION

There were two abortions performed in South Dakota in 2025. Of the two abortions performed in South Dakota, one (50%) was performed on South Dakota residents.

NOTE: To protect the privacy of pregnant mothers, county and city level data are not provided.

RACE

Of the two abortions that occurred in South Dakota, 100% were white, non-Hispanic.

EDUCATION AND MARITAL STATUS

Considering marital status, 50% of the two pregnant mothers who received an induced abortion in South Dakota were not married, while 50% reported being married. Fifty percent of pregnant mothers who received an induced abortion in South Dakota reported high school graduation or GED, while 50% reported some college, but no degree.

PAYMENT INFORMATION

The Report of Induced Abortion Form asks questions about how much the abortion cost and who paid for the abortion. In 2025, 50% of induced abortions reported payment through private insurance managed by a managed care company, while the remaining 50% did not report a payment type but did indicate insurance coverage through a managed care company.

In 2025, 0% of the induced abortion reporting forms indicated a fee for the induced abortion.

PREVIOUS PREGNANCIES

The Report of Induced Abortion Form also includes a series of questions about previous pregnancies. Of the pregnant mothers reported in 2025, 50% reported having no living or deceased children, while 50% had one or more live births.

In 2025, 50% of the two reported pregnant mothers reported that they had no previous induced abortions, while 50% had one previous induced abortion.

MEDICAL INFORMATION

The Report of Induced Abortion Form also asks a series of questions aimed at obtaining medical information. Induced abortions performed in South Dakota in 2025, occurred in June and December.

One-hundred percent of the pregnant mothers received the Rh test and tested positive for the Rh-negative factor. Fifty percent of the pregnant mothers did not receive the Rho(D) immune globulin injection and 50% did not indicate on the report.

Fifty percent of the induced abortions occurred approximately nine weeks since the last normal menses, while 50% did not report a last known menstrual period.

Fifty percent of the pregnant mothers reported having an induced abortion in 2025, received abortion at nine to ten weeks of estimated gestation, while 50% received abortion at twenty to twenty-one weeks of estimated gestation.

Maternal sepsis was documented as the determining factor for a medical emergency in 50% of the reported induced abortions in which the unborn child was deemed capable of experiencing pain. Fifty percent of reported induced abortions reported not applicable to the unborn child deemed capable of experiencing pain.

METHOD OF DISPOSAL

Fifty percent of reported induced abortions in 2025 indicate the method used to dispose of the fetus was cremation, while 50% reported unknown/medical.

TERMINATION PROCEDURE

The Report of Induced Abortion Form asks questions about the termination procedure. In 2025, suction was used for 50% of the abortions, while 50% were reported as medical/non-surgical. One abortion required sharp curettage as an additional procedure in 2025. Zero percent reported use of an intra-fetal injection in an attempt to induce fetal demise.

There was one case of maternal complication reported to the Department of Health in 2025 resulting in adherent placenta and hemorrhage.

In 2025, 50% of pregnant mothers receiving induced abortion were given a general anesthetic, while 50% were given intravenous conscious sedation.

SEX OF THE UNBORN CHILD

In 2025, 50% of the induced abortions reported the sex of the unborn child as male and 50% reported as unknown.

REASON FOR INDUCED ABORTION

The Report of Induced Abortion Form asks a question about the reason for induced abortion as outlined in SDCL 34-21A-34.

In 2025, 100% of pregnant mothers reported reason for induced abortion was, “The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued.”

PHYSICIAN SPECIALTY INFORMATION

In 2025, 100% of reported induced abortions were performed by an obstetrician gynecologist. During the 2025 reporting period, none of the physicians who performed induced abortions in South Dakota had their license revoked, suspended, or had been subject to other professional sanctions.

VOLUNTARY AND INFORMED CONSENT FORM

Of the two reports received by the South Dakota Department of Health for induced abortions performed in 2025, 100% indicated that patients received the required disclosures.

The Voluntary and Informed Consent form is used to collect data regarding informed consent information supplied to abortion patients. There was a total of two Voluntary and Informed Consent forms received. Of those, two indicated that the pregnant mother went onto obtain the induced abortion.

The data showed that of the two Voluntary and Informed Consent forms received, two received the medical information in-person. Of the two forms that were received, two indicated that the medical information was provided by the physician performing the induced abortion and that the physicians performing the induced abortion supplied the pregnant mothers with the resource information in-person.

Of the two forms received, two indicated that pregnant mothers were offered the printed materials on public and private assistance agencies. It was reported that one pregnant mother accepted the information, while one did not accept the information.

Of the two forms received, two indicated that the pregnant mother was offered the Fetal Growth and Development Booklet. It was reported that two did not accept the information.

Of the two forms received, two indicated that the pregnant mother was offered the South Dakota Department of Health website address for “Information on Fetal Development, Birth, Abortion and Adoption.” It was reported that two pregnant mothers did not accept the information.

Of the two forms received, two indicated that the pregnant mother was offered the opportunity to view the sonogram. Of these, two did not accept the opportunity to view the sonogram.

Of the two forms received, two indicated the pregnant mother was offered the opportunity to hear the heartbeat of the unborn child. It was reported that one pregnant mother accepted the opportunity to hear the heartbeat, while one did not accept the opportunity to hear the heartbeat.

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: _____		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 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))
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? <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's Specialty: _____	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	

DOH Rev. 06/21