



# WEST VIRGINIA WOMEN'S RIGHT TO KNOW ACT

Annual Report 2019

## **Women's Right to Know Act Annual Report 2019**

The following report is filed in compliance with West Virginia Code §16-2I-1, *et seq.*, known as the Women's Right to Know Act (WRTK Act) by the West Virginia Department of Health and Human Resources (DHHR).

Passed in 2002, the WRTK Act requires the voluntary and informed consent by a woman before an abortion can be provided to her. The DHHR has developed printed and internet materials in accordance with the WRTK Act, as well as an informational website, which is accessible at [www.wvdhhr.org/wrtk](http://www.wvdhhr.org/wrtk).

Abortion procedures are reported by healthcare providers to the Health Statistics Center in DHHR's Bureau for Public Health using the Report of Induced Termination of Pregnancy (ITOP) forms. The ITOP form currently in use is included in the report. The ITOP forms were most recently revised in 2018, to enable provider certification that patient counseling and guidance was conducted in accordance with the WRTK Act for all non-emergency abortion procedures.

For the calendar year (CY) 2019, 1,183 abortion procedures were reported to the Health Statistics Center. Of the procedures reported, 99.6 percent were non-emergency procedures. In addition, 99.7 percent of the ITOP forms submitted in 2019 contained certification of patient counseling and informational guidance.

This report, prepared December 2020, reflects the best information available to DHHR and includes statistics for CY2004 through CY2019.

**Report Under the Provisions of Women's Right to Know Act  
West Virginia Abortion Data, 2004-2019**

	2004		2005		2006		2007		2008		2009	
	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)
<b>Total Abortions</b>	<b>1,945</b>		<b>1,674</b>		<b>2,037</b>		<b>1,849</b>		<b>1,982</b>		<b>1,772</b>	
1. Number of females who were provided with counseling and informational guidance as required by WV State Code §16-2I-1, et. seq., for all non-emergency procedures.												
Received counseling	817	96.9%	342	22.7%	2,033	100.0%	1,848	99.9%	1,972	99.8%	1,766	99.8%
Did not receive counseling	71	8.4%	1,176	78.1%	1	0.0%	1	0.1%	4	0.2%	4	0.2%
Unknown	1,102		168		3		0		6		2	
2. Number of abortions performed in cases of medical emergency.												
Medical emergency	1	0.1%	1	0.1%	6	0.3%	2	0.1%	1	0.1%	8	0.5%
Non-medical emergency	1,944	99.9%	1,671	99.9%	2,031	99.7%	1,846	99.9%	1,968	99.9%	1,762	99.5%
Unknown	0		2		0		1		13		2	

Source: WV Health Statistics Center, Vital Statistics System, August 2020

**Report Under the Provisions of Women's Right to Know Act  
West Virginia Abortion Data, 2004-2019**

	2010		2011		2012		2013		2014		2015	
	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)
<b>Total Abortions</b>	<b>1,999</b>		<b>1,507</b>		<b>1,828</b>		<b>1,876</b>		<b>1,730</b>		<b>1,516</b>	
1. Number of females who were provided with counseling and informational guidance as required by WV State Code §16-2l-1, et. seq., for all non-emergency procedures.												
Received counseling	1,997	99.9%	1,506	99.9%	1,827	99.9%	1,872	99.8%	1,725	99.8%	1,511	99.7%
Did not receive counseling	2	0.1%	1	0.1%	1	0.1%	3	0.2%	4	0.2%	5	0.3%
Unknown	0		0		0		1		1		0	
2. Number of abortions performed in cases of medical emergency.												
Medical emergency	5	0.3%	3	0.2%	1	0.1%	1	0.1%	2	0.1%	4	0.3%
Non-medical emergency	1,993	99.7%	1,504	99.8%	1,827	99.9%	1,874	99.9%	1,728	99.9%	1,516	100.0%
Unknown	1		0		0		1		0		0	

Source: WV Health Statistics Center, Vital Statistics System, August 2020

**Report Under the Provisions of Women's Right to Know Act  
West Virginia Abortion Data, 2004-2019**

	2016		2017		2018		2019*	
	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)	Number of Abortions	Percent (Excluding Unknown)
<b>Total Abortions</b>	<b>1,428</b>		<b>1,436</b>		<b>1,507</b>		<b>1,183</b>	
1. Number of females who were provided with counseling and informational guidance as required by WV State Code §16-2I-1, et. seq., for all non-emergency procedures.								
Received counseling	1,419	99.4%	1,432	99.7%	1,506	99.9%	1,180	99.7%
Did not receive counseling	9	0.6%	4	0.3%	1	0.1%	3	0.3%
Unknown	0		0		0		0	
2. Number of abortions performed in cases of medical emergency.								
Medical emergency	4	0.3%	7	0.5%	3	0.2%	5	0.4%
Non-medical emergency	1,424	99.7%	1,429	99.5%	1,504	99.8%	1,178	99.6%
Unknown	0		0		0		0	

Source: WV Health Statistics Center, Vital Statistics System, August 2020

\*2019 data are unedited, cumulative and may change

**REPORT OF INDUCED TERMINATION OF PREGNANCY (ITOP)**

Induced Termination of Pregnancy (ITOP) means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

1. Facility Name (if not clinic or hospital, give address also)		2. Facility City, Town, Location		3. County of Pregnancy Termination	
4. Patient ID	5. Age	6. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		7. Date of Pregnancy Termination	
8a. Patient Residence - State		8b. Patient Residence - County		month	day
9. Patient of Hispanic Origin? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, Specify: _____		10. Patient Race (Mark All Applicable) <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____		11. Education (Circle <i>only highest grade completed</i> ) 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+	
12. Date Last Normal Menses Began		13. Previous Pregnancies (Complete each section)			
month      day      year		Number of Live Births		Number of Other Terminations	
		13a. Now Living _____ <input type="checkbox"/> None	13b. Now Dead _____ <input type="checkbox"/> None	13c. Spontaneous _____ <input type="checkbox"/> None	13d. Induced (Not including this termination) _____ <input type="checkbox"/> None
14. Was a determination of probable gestational age made? <input type="checkbox"/> NO - go to Question 15. <input type="checkbox"/> YES - go to Question 16.					
15. No determination of probable gestational age was made because: <input type="checkbox"/> A medical emergency existed: <input type="checkbox"/> Uncontrolled obstetric hemorrhage <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Fetus non-medically viable <input type="checkbox"/> Lethal fetal defect (specify) _____ <input type="checkbox"/> Other (specify) _____ <b>Go to Question 20.</b>			16. Was ultrasound used to determine probable gestational age? <input type="checkbox"/> NO <input type="checkbox"/> YES  17. Enter weeks of probable gestational age (completed whole weeks): [ ] [ ] <b>If less than 20 weeks probable gestational age, go to Question 20.</b> <b>If 20 weeks or MORE probable gestational age, go to Question 18.</b>		
18. If probable gestational age is 20 or more weeks: a. Provide the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the termination of her pregnancy to avert her death or to avert the serious risk of substantial and irreversible physical impairment of a major bodily function AND/OR the determination of a non-medically viable fetus: <input type="checkbox"/> Severe pre-eclampsia/eclampsia <input type="checkbox"/> Severe/life-threatening cardiac disease <input type="checkbox"/> Severe/life-threatening pulmonary disease <input type="checkbox"/> Severe/life-threatening liver disease <input type="checkbox"/> Severe/life-threatening chorioamnionitis/sepsis <input type="checkbox"/> Uncontrolled obstetrical hemorrhage (placental abruption, placenta previa) <input type="checkbox"/> Advanced state malignancy needing immediate radiation, surgery or chemotherapy which would be harmful to the fetus <input type="checkbox"/> Other severe/life-threatening condition (specify) _____ <input type="checkbox"/> Non-medically viable fetus due to (specify) _____ b. Was the method of termination used one that, in reasonable medical judgment, provided the best opportunity for the fetus to survive? <input type="checkbox"/> NO - go to Question 19. <input type="checkbox"/> YES - go to Question 20.			19. Provide the basis of the determination that termination of the pregnancy in that manner (best opportunity for the fetus to survive) 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: <input type="checkbox"/> Severe pre-eclampsia/eclampsia <input type="checkbox"/> Severe/life-threatening cardiac disease <input type="checkbox"/> Severe/life-threatening pulmonary disease <input type="checkbox"/> Severe/life-threatening liver disease <input type="checkbox"/> Severe/life-threatening chorioamnionitis/sepsis <input type="checkbox"/> Uncontrolled obstetrical hemorrhage (placental abruption, placenta previa) <input type="checkbox"/> Advanced state malignancy needing immediate radiation, surgery or chemotherapy which would be harmful to the fetus <input type="checkbox"/> Other severe/life-threatening condition (specify) _____ <b>Go to Question 20.</b>		
20. Method of Termination (Check ONLY the method that terminated the pregnancy)					
<input type="checkbox"/> Surgical (check the type of surgical procedure) <input type="checkbox"/> D & C (Dilation and Curettage)* <input type="checkbox"/> D & E (Dilation and Evacuation)  <input type="checkbox"/> Hysterectomy/Hysterotomy <input type="checkbox"/> Other surgical (specify) _____			<input type="checkbox"/> Medical/Non-surgical includes early medical terminations and labor induction (check the principle medication or medications) <input type="checkbox"/> Mifepristone (RU486, Mifeprex®) <input type="checkbox"/> Misoprostol (Cytotec®), or another prostaglandin** <input type="checkbox"/> Methotrexate (Amethopterin, MTX) <input type="checkbox"/> Other medication (specify) _____		
<input type="checkbox"/> Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea) <input type="checkbox"/> Unknown					
*Additional terms that may be used include: aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction, and sharp curettage. **Some commonly used prostaglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol).					
21. Was procedure performed because of a known fetal genetic defect? <input type="checkbox"/> UNK <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, specify _____					
22. Was this an emergency procedure performed on the basis of a physician's prudent and reasonable medical judgment to avert death or serious risk of substantial and irreversible impairment of a major bodily function? <input type="checkbox"/> NO <input type="checkbox"/> YES					
23. Source of PRIMARY payment for procedure <input type="checkbox"/> SELF PAY <input type="checkbox"/> PRIVATE INSURANCE <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER (specify) _____					
24. Counseling & Informational Guidance required by W.Va. Code §16-2I-1 et seq. for all non-emergency procedures was provided. <input type="checkbox"/> NO <input type="checkbox"/> YES					
25. Attending Physician _____			26. Person Completing the Report _____		

## SUPPLEMENTAL FORM - FOR ALL PATIENTS LESS THAN 18 YEARS OLD

W.Va. Code §16-2F-6 states, in part, that, "A physician performing an abortion upon an unemancipated minor shall provide the secretary a written report of the procedure within thirty days after having performed the abortion." W.Va. Code §16-2F-2(4) states, that, "Unemancipated minor means any person less than 18 years of age who is not, or has not been, married, who is under the care, custody, and control of the person's parent or parents, guardian, or court of competent jurisdiction pursuant to applicable federal law or as provided in §49-4-115 of this code."

### ANSWER THE FOLLOWING 2 QUESTIONS FOR ALL PATIENTS LESS THAN 18 YEARS OLD

Has patient ever been married?  NO  YES

Has patient been emancipated by the order of a court or some other function of state or federal law?  NO  YES

**IF EITHER OF THE ABOVE QUESTIONS CAN BE ANSWERED "YES" AND DOCUMENTED BY THE PATIENT, DO NOT FILL OUT THE REST OF THIS PAGE.**

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### PARENTAL NOTIFICATION OR WAIVER

1. Whether parental notification or waiver, which of the following occurred? (mark only one line A.- G. below):

A. \_\_\_\_\_ Minor was accompanied to the procedure, or the initial request for the procedure, by a parent or legal guardian who gave permission for the procedure.

B. \_\_\_\_\_ Minor's parent or legal guardian waived notice by certifying in writing that he/she has already been notified.

C. \_\_\_\_\_ Minor's parent or legal guardian was notified in person, by telephone, or by hand-delivered letter by the physician or his/her personal agent.

D. \_\_\_\_\_ Minor's parent or legal guardian was notified by certified letter at their usual place of residence.

E. \_\_\_\_\_ Minor requested and received a waiver of parental notification from a circuit court.

*If so, mark one or both as is applicable:*

The judge waived parental notification on the basis that:

\_\_\_\_\_ the unemancipated minor is mature and well-informed sufficiently to make the decision to proceed with the abortion independently and without the notification or involvement of her parent or legal guardian, and/or

\_\_\_\_\_ notification to the person or persons to whom notification would otherwise be required would not be in the best interest of the unemancipated minor.

F. \_\_\_\_\_ Minor's denied request from a circuit court was presented to the West Virginia Supreme Court of Appeals and a waiver of parental notification was received from said court.

G. \_\_\_\_\_ Parental notification was not necessary due to the fact that this was an emergency procedure and that continuation of the pregnancy constituted an immediate threat and grave risk to the life of the pregnant minor.

2. Complications of this termination, pre-existing, during, or afterward:

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail completed forms to:

Completed forms are due no later than the 10th of the month following the month the procedure was performed.

ATTN: Registration Unit - ITOP  
Vital Registration Office  
PO Box 11012  
Charleston, WV 25339-1012