Impact of legislation on adolescent reproductive health, contraception, and sex education in South Carolina

Kristl Tomlin, MD FACOG
Pediatric and Adolescent Gynecology
Prisma Health—Midlands/ USC School of Medicine
Objectives

• Discuss the impact of reproductive legislation on South Carolina adolescents
  • Sex education
  • Contraceptive Access
  • Abortion access

• Updates on availability of comprehensive sex education for South Carolina adolescents

• Considerations for non-Ob/Gyn providers to provide adolescent sexual healthcare
Disclosures

- None
Isn’t this an Ob/Gyn problem?

ADOLESCENT PREGNANCY → LONG-TERM MORBIDITY

- Gestational diabetes
- Hypertensive disorders of pregnancy
- Premature delivery
- Postpartum Hemorrhage
- Cesarean Delivery
- Low birthweight infant
- Postpartum depression

- Obesity
- Diabetes
- Asthma
- Substance abuse disorders
- Asthma

Teen Pregnancy Linked to Premature Death, Study Finds
A large analysis in Canada finds that teenagers who had babies were twice as likely to die before age 31.

Teen pregnancy increases the chances that a young woman will drop out of school and struggle with poverty, research has shown. Teenagers are also more likely to develop serious medical complications during pregnancy.
A brief recap...

• January 2021- SC passes a 6-week fetal ‘heartbeat’ bill. Immediately tied up in courts.
• June 2022- Supreme court overturns Roe v Wade
• January 2023- SC supreme court strikes down decision keeping abortion in SC legal up to 20 weeks gestational age
• February 2023- SC supreme court Justice Kaye Hearn retires and is replaced
• August 2023- SC Supreme Court votes 6-week abortion ban is constitutional
Immediate impacts on reproductive health in SC

Justice John Few, who voted to strike down the previous six-week law, switched his vote in this decision.

He cited changes made by the General Assembly to ensure access to contraception, including emergency contraception called “Plan B.”

“The most impactful change from the 2021 Act to the 2023 Act is actually a category of changes that are designed to approach the idea of choice in terms of promoting active family planning,” Few wrote in a concurring opinion. “First, the 2023 Act encourages couples to avoid unwanted pregnancies by providing insured access to contraceptives.”

Provisional South Carolina abortion statistics

South Carolina’s latest fetal heartbeat law was upheld by the state Supreme Court in August 2023 leading to a drop in abortions performed in the state, according to provisional data.
How does this influence SC adolescents?

SEXUAL EDUCATION

CONTRACEPTIVE ACCESS

ABORTION ACCESS
Sexual education
Comprehensive Sex Education (CSE)

- Global understanding of CSE
- United Nations Educational, Scientific and Cultural Organization
- World Health Organization
- Sexuality Information and Education Council of the United States
- American Academy of Pediatrics
- American College of Ob/Gyn
- North American Society for Pediatric and Adolescent Gynecology

The benefits of CSE include:

- Access to accurate and reliable medical information in an age and developmentally appropriate fashion
- Reduced frequency of unprotected sex/increased contraceptive use
- Lower rates of sexually transmitted infections
- Decreases in child sexual abuse and intimate partner violence
- Promotion of safe and healthy interpersonal relationships both in person and online
- Recognition of gender equity, rights, and social justice for all individuals

NASPAG Position Statement: Comprehensive Sexuality Education for Adolescents

Swetha Naroj, MD, Kristi Tomin, MD

Published: October 9, 2023 • DOI: 10.1016/j.pdag.2023.09.010 • Check for updates

This NASPAG Position Statement was created by Swetha Naroj, MD, MBA and Kristi Tomin, MD, in collaboration with NASPAG Advocacy Committee members: Shelby Davies, MD, Rachel Goldstein, MD, Megan Harrison MD, FRCP, Olga Kucik, MD, Andrew Lupo, MD, Megan McCracken, MD, Mary Romano, MD, Mary Rome, MD, MPH, Lauryn Roth, MD, Kathryn Stambough, MD, Megan Sumida, MD. It was approved by the NASPAG Board of Directors July 2023.

NASPAG asserts that comprehensive sexuality education (CSE) is vital to improving the physical and reproductive health of adolescents worldwide while also promoting the development of self-esteem and healthy interpersonal relationships.

CSE is an approach to sex education that provides accurate, age- and developmentally appropriate, unbiased, comprehensive information about sexuality and reproductive health. It aims to equip individuals with the knowledge, skills, attitudes, and culturally appropriate values necessary to make informed decisions about sexual and reproductive health.
"There's nowhere else to learn about sex," the suburban boy told me. "And porn stars know what they are doing."
Sticky areas

• Parental communication and involvement
  • Recognition of importance of parental involvement
  • Respectful and open communication between educators and caregivers

• Religious and cultural value systems
  • Recognition of the intersectionality of sexuality with society, religion, and cultural values including faith-based education
(4) "Pregnancy prevention education" means instruction intended to:
(a) **stress the importance of abstaining from sexual activity until marriage**; Instruction in sexual education prior to 9th grade, is at the ‘discretion of the school board’. (c) explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. **Contraceptive information must be given in the context of future family planning.**
In order to develop its curriculum, each local school board must “appoint a [13]-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students (one being the president of the student body of a high school), and two other persons not employed by the local school district.” South Carolina also states that the State Department of Education and local school boards must provide “staff development activities” for educators participating in the comprehensive health program.
# Personal Health and Wellness

## Growth and Development / Sexual Health and Responsibility

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>District Supported Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-HS.1.1 Describe physical, social, and emotional changes that occur during adolescence.</td>
<td>“Health and Wellness” Teacher Edition</td>
</tr>
<tr>
<td>G-HS.1.2 Examine health behaviors that are specifically related to the male and female reproductive systems (e.g., self-examination).</td>
<td>“Pearson Health” Teacher Edition</td>
</tr>
<tr>
<td>G-HS.1.3 Describe the benefits of abstinence.</td>
<td>“Safer Choices” – Level 1 and 2</td>
</tr>
<tr>
<td>G-HS.1.4 Identify the benefits, effectiveness, and risks of pregnancy prevention.</td>
<td></td>
</tr>
<tr>
<td>G-HS.1.5 Explain signs, symptoms, methods of treatment, and prevention of sexually transmitted infections and diseases (STIs/STDs), human immunodeficiency virus (HIV), and acquired immunodeficiency disease (AIDS).</td>
<td></td>
</tr>
<tr>
<td>G-HS.1.6 Describe the scientific processes of fertilization, pregnancy, fetal development, and childbirth.</td>
<td></td>
</tr>
<tr>
<td>G-HS.1.7 Discuss responsible prenatal, perinatal, and postnatal care.</td>
<td></td>
</tr>
<tr>
<td>G-HS.1.8 Identify the benefits of adoption.</td>
<td></td>
</tr>
<tr>
<td>G-HS.2.1 Analyze the effects of family, peers, the media, and other factors on attitudes and behaviors regarding relationships and sexuality.</td>
<td></td>
</tr>
<tr>
<td>G-HS.2.2 Compare and contrast the potentially positive and negative roles of technology and social media in relationships.</td>
<td></td>
</tr>
<tr>
<td>G-HS.2.3 Discuss the influence of friends, family, media, society, and culture on the expression of gender, self-concept, and body image.</td>
<td></td>
</tr>
<tr>
<td>G-HS.2.4 Describe the impact of STIs/STDs, HIV, and AIDS on individuals, families, and society.</td>
<td></td>
</tr>
<tr>
<td>G-HS.2.5 Describe the impact of adolescent pregnancy on individuals, families, and communities.</td>
<td></td>
</tr>
<tr>
<td>G-HS.2.6 Examine laws related to sexting.</td>
<td></td>
</tr>
<tr>
<td>G-HS.2.7 Examine the laws related to bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, and dating violence.</td>
<td></td>
</tr>
<tr>
<td>G-HS.3.1 Access local resources for promoting reproductive health (e.g., obstetrician, gynecologist, urologist, state and county health departments).</td>
<td></td>
</tr>
<tr>
<td>G-HS.3.2 Research local resources to help a survivor recover from sexual violence or abuse.</td>
<td></td>
</tr>
<tr>
<td>G-HS.3.3 Identify valid resources for help if they or someone they know is experiencing bullying, cyberbullying, sexual harassment, sexual abuse, sexual assault, rape, domestic violence, and dating violence.</td>
<td></td>
</tr>
</tbody>
</table>

Note: The lessons used for Erin’s Law Instruction during the Injury Prevention and Safety unit could be used for many of the Growth and Development unit performance indicators as well.

It is recommended to teach Erin’s Law during the Injury Prevention and Safety unit because parents may not opt their student out of Erin’s Law instruction.

Parents can opt their student out of certain parts of the Growth and Development unit.

This will ensure that all students will receive Erin’s Law instruction.
Could I somehow email me/get me a copy of some of the sex ed material that the kids get at [redacted]?

He is tasked

Cheers!

He says there is no official curriculum, just gym teachers

Our Curriculum At-A-Glance

GIRIOLOGY®
A comprehensive 10-part girl’s puberty program ideal for 4th and 5th grade

GUZIOLOGY®
Our “Just the Facts” 9-part boy’s puberty program ideal for 4th and 5th grade

SCIENCE OF REPRODUCTION®
Age-appropriate puberty education, ideal for 5th or 6th grade small-group sessions.

MORE ESSENTIAL CLASSES
Our programs cover every key topic from media literacy, body image, anxiety, etc.

A Sample Learning Path.

We’ll help you create a custom learning path that is best for your school:

4th Grade
- Giriology & Guziology Puberty Classes

5th Grade
- The Science of Reproduction

6th Grade
- Be YOU (Body + Emotional Wellness)

EMAIL US FOR MORE INFO
SC sex education may be changing

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

SC sex education may be changing

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new

Section 52-3-14.A (d) of the S.C. Code is amended to read:

Providing many new
Contraceptive Access
### SC adolescent access to contraception

#### Minors’ Access to Contraceptive Services

<table>
<thead>
<tr>
<th>State</th>
<th>Explicitly Allows All Minors to Consent to Services*</th>
<th>Explicitly Affirms Certain Minors May Consent to Services†</th>
<th>No Explicit Policy‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Carolina</td>
<td>X</td>
<td>X</td>
<td>16 years or Mature minor</td>
</tr>
<tr>
<td>South Dakota</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>X</td>
<td>X</td>
<td>Mature Minor</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>23 + DC</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

---

*US Supreme Court rulings have extended privacy rights to include a minor’s decision to obtain contraceptives.
* State policy does not specifically address contraceptive services but applies to medical care in general.
† State law confers the rights and responsibilities of adulthood to minors who are married.
‡ Physician may, but is not required to, inform the minor’s parents.
§ The state funds a statewide program that gives minors access to confidential contraceptive care.
◊ State funds may not be used to provide minors with confidential contraceptive services.
Contraceptive access is changing rapidly.

**Birth control pills now available without a prescription in SC, but access still unclear**

BY SEANNA ADOLFI SADCHE@POSTANDCOURIER.COM
DEC 2, 2022

A pack of birth control pills. File.

**FDA Approves First Nonprescription Daily Oral Contraceptive**

For Immediate Release: July 13, 2023

Today, the U.S. Food and Drug Administration approved Opill (norethindrone) tablet for nonprescription use to prevent pregnancy—the first daily oral contraceptive approved for use in the U.S. without a prescription. Approval of this progestin-only oral contraceptive pill provides an option for consumers to purchase oral contraceptive medicine without a prescription at drug stores, convenience stores and grocery stores, as well as online.

The timeline for availability and price of this nonprescription product is determined by the manufacturer. Other approved formulations and dosages of other oral contraceptives will remain available by prescription only.

“Today’s approval marks the first time a nonprescription daily oral contraceptive will be an available option for millions of people in the United States,” said Patrizia Cavazzoni, M.D., director of the FDA’s Center for Drug Evaluation and Research. “When used as directed, daily oral contraception is safe and is expected to be more effective than currently available nonprescription contraceptive methods in preventing unintended pregnancy.”
Access to contraceptive care in SC

- 30% of South Carolina counties have no OB/GYN providers.
- Average distance to a family medicine practitioner is 37 miles.
- 300,000 women in need of publicly funded contraceptive services.
Chen et al (2022)

**TABLE 1**
Proportion of physicians prescribing pill, patch, or ring by provider type

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Pill n</th>
<th>Pill %</th>
<th>Patch n</th>
<th>Patch %</th>
<th>Ring n</th>
<th>Ring %</th>
<th>Total providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrician-gynecologist</td>
<td>36,857</td>
<td>73.1</td>
<td>36,389</td>
<td>73.0</td>
<td>15,168</td>
<td>30.0</td>
<td>50,499</td>
</tr>
<tr>
<td>Family medicine physician</td>
<td>72,725</td>
<td>51.4</td>
<td>72,529</td>
<td>51.3</td>
<td>6541</td>
<td>4.7</td>
<td>141,455</td>
</tr>
<tr>
<td>Internal medicine physician</td>
<td>28,527</td>
<td>19.8</td>
<td>28,314</td>
<td>19.6</td>
<td>1110</td>
<td>0.8</td>
<td>44,155</td>
</tr>
<tr>
<td>Pediatricist</td>
<td>23,080</td>
<td>32.4</td>
<td>23,027</td>
<td>32.4</td>
<td>1247</td>
<td>1.7</td>
<td>37,057</td>
</tr>
<tr>
<td>Other physicians</td>
<td>24,770</td>
<td>34.6</td>
<td>24,723</td>
<td>34.3</td>
<td>671</td>
<td>0.9</td>
<td>39,163</td>
</tr>
<tr>
<td>Total</td>
<td>185,697</td>
<td>17.8</td>
<td>184,861</td>
<td>17.6</td>
<td>7040</td>
<td>0.7</td>
<td>374,260</td>
</tr>
</tbody>
</table>

**TABLE 2**
Number and proportion of contraception providers providing shot, IUD, or implant by provider type

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Injection providers n</th>
<th>Injection providers %</th>
<th>IUD providers n</th>
<th>IUD providers %</th>
<th>Implant providers n</th>
<th>Implant providers %</th>
<th>Total providers n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrician-gynecologist</td>
<td>5456</td>
<td>50.2</td>
<td>10,075</td>
<td>92.8</td>
<td>6103</td>
<td>56.2</td>
<td>10,860</td>
</tr>
<tr>
<td>Family medicine physician</td>
<td>10,817</td>
<td>52.2</td>
<td>3402</td>
<td>16.4</td>
<td>2831</td>
<td>13.7</td>
<td>20,734</td>
</tr>
<tr>
<td>Internal medicine physician</td>
<td>1891</td>
<td>34.7</td>
<td>140</td>
<td>2.6</td>
<td>96</td>
<td>1.8</td>
<td>5406</td>
</tr>
<tr>
<td>Pediatricist</td>
<td>2035</td>
<td>34.1</td>
<td>37</td>
<td>0.6</td>
<td>245</td>
<td>4.0</td>
<td>6050</td>
</tr>
<tr>
<td>Other physicians</td>
<td>887</td>
<td>4.9</td>
<td>244</td>
<td>1.4</td>
<td>124</td>
<td>0.7</td>
<td>1,019</td>
</tr>
<tr>
<td>Total</td>
<td>21,116</td>
<td>34.5</td>
<td>13,888</td>
<td>22.7</td>
<td>9399</td>
<td>15.4</td>
<td>61,124</td>
</tr>
</tbody>
</table>

Differences among all provider specialties were statistically significant (P<0.05) with Bonferroni corrections for multiple comparisons, with 1 exception. The differences between other physicians and other health professionals (excluding the two physician specialties) were significant (P=0.001). The “other health professionals” category includes >200 providers and includes specialties that are not typically considered primary care or women’s health physicians, e.g., anesthesiologist, general surgeon, physician, and dermatologist. We included these categories into a single category for analysis. The “other health professionals” category includes >200 providers that are not typically considered primary care or women’s specialty care, e.g., certified nurse anesthetist, physical therapist, and dentist. We combined these categories into a single category for analysis.

• 8,000 primary care providers across 50 states, Washington DC, Puerto Rico and Canada
• Open to all PCPs including, but not limited to:
  • Family Practice physicians and residents
  • Internal Medicine
  • Nurse Practitioners and Physician Assistances
  • Certified Nurse Midwives
  • Pediatricians

Local networks = Clusters with aims of:
• Building local connections to facilitate clinical discussion and training
• Supporting clinicians within the context of their organizations to teach and advocate for sexual and reproductive health care
• Support integration of comprehensive sexual and reproductive care into sites and practices
• Partner with state and local organizations to advocate
Her life, her right.

By providing free and low-cost birth control, we enable women to pursue education and employment opportunities and plan for children — if they want — on their own timelines.

480,000+

women provided with contraceptive services

---

**UP TO**

**104,000**

unwanted or mistimed pregnancies averted¹

**UP TO**

**49,000**

unplanned births prevented¹

We serve women in every corner of South Carolina, giving them the chance to live life on their own terms. This is especially critical for low-income and uninsured women in rural areas.
“SECTION 11. The Public Employee Benefit Authority and the State Health Plan shall cover prescribed contraceptives for dependents under the same terms and conditions that the Plan provides contraceptive coverage for employees and spouses. The State Health Plan shall not apply cost-sharing provisions to covered contraceptives.
Emergency Contraception access
Abortion access
### Parental Involvement in Minors' Abortions

<table>
<thead>
<tr>
<th>State</th>
<th>Parental Involvement</th>
<th>Other relatives allowed to consent</th>
<th>Parent must provide:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Consent only</td>
<td>Notification and consent</td>
<td>Identification</td>
</tr>
<tr>
<td>South Carolina‡</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>South Dakota</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Utah</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Virginia</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Wyoming</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                  |                       | Proof of parenthood               | Minor must provide identification |
|                  |                       |                                   |                                    |
|                  |                       |                                   |                                    |
|                  |                       |                                   |                                    |
|                  |                       |                                   |                                    |
|                  |                       |                                   |                                    |
|                  |                       |                                   |                                    |
|                  |                       |                                   |                                    |
| TOTAL            | 21                    | 6                                 | 9                                  |

**State abbreviations:**
- SC: South Carolina
- SD: South Dakota
- TN: Tennessee
- TX: Texas
- UT: Utah
- VA: Virginia
- WV: West Virginia
- WI: Wisconsin
- WY: Wyoming

**Notes:**
- Except where indicated, policies require the involvement of one parent.
- ▼ Permanently enjoined by court order; policy not in effect.
- ▼ Temporarily enjoined by court order; policy not in effect.
- ‡ Parental consent documentation must be notarized, which requires the parent to provide government-issued identification. In Louisiana and Oklahoma, the parent must also provide identification to the abortion provider.
- † Allows specified health professionals to waive parental involvement in limited circumstances.
- ‡ In Delaware, Massachusetts and Montana, applies to patients younger than 16; in South Carolina, applies to those younger than 17.
- ‡ Missouri law requires the consenting parent or guardian to notify any other custodial parent or guardian that the minor is having an abortion.
How much does an abortion cost?

An in-clinic abortion can cost up to around $800 in the first trimester, but it’s often less. The average cost of a first trimester in-clinic abortion at Planned Parenthood is about $600. The cost of a second trimester abortion at Planned Parenthood varies depending on how many weeks pregnant you are. The average ranges from about $715 earlier in the second trimester to $1,500-2,000 later in the second trimester.
Bible quotes didn’t help Columbia anti-abortion protester. Federal judge found him guilty

BY JOHN MONK
UPDATED MARCH 14, 2024 10:52 AM

Steven Lafemine, an anti-abortion activist, was convicted Monday, March 11, 2024, of obstructing the entrance to a Planned Parenthood clinic in Columbia. JOHN MONK fmonk@thestate.com
Consent for an abortion in a minor
- Informed written consent signed and witnessed by minor AND parent/legal guardian/grandparent/locus parentis  or  
- Informed written consent of minor AND court order  or  
- Patient may petition the court for an order granting her the right to an abortion as Jane Doe

Requirements
- Distribution of a brochure from DSS
- DHEC Right to Know (24 hours maturation)
- Gestational age verified by ultrasound
- Presence of fetal heartbeat if present and viewable
  - Explanation of heartbeat if seen including statistical chances of carrying pregnancy to term
  - Legal phrases to be embedded in notes

Timing
- No abortion can be performed if fetal cardiac activity is visible (5-6 weeks gestational age)
- Rape /Incest abortions allowed up to 12 weeks gestational age

Penalties
- Felony conviction for abortion provider
- Between 2-5 years imprisonment
- Fine no more than $5,000
The abortion landscape is fragmented and increasingly polarized. Many states have abortion restrictions or bans in place that make it difficult, if not impossible, for people to get care. Other states have taken steps to protect abortion rights and access. Our interactive map groups states into one of seven categories based on abortion policies they currently have in effect. Users can select any state to see details about abortion policies, characteristics of state residents and key abortion statistics.

Note: You may need to clear your browser's cache or open this page in an incognito window to ensure you are viewing the most recent version.

March 13, 2024 (policies are current as of this date)

FAQ | Methodology | Contact Us
Adolescent pregnancy trends

Trends in pregnancy rates among women aged 24 or younger - , by age-group, 1973-2017
Rates for all other age-groups shown in gray

State levels and trends in pregnancy, birth and abortion (Appendix Tables 8-40)

All other state rates shown in gray
Teenage Pregnancy Rates - SC
What can you do?

• This impacts all healthcare providers: educate your community!
• Engage with your local politicians about contraception and emergency contraception access
• Be involved in school board sex education planning
• Consider commercial sex education programs like Girl-ology to your community
• Talk to your local pharmacy about access to over-the-counter birth control

• Engage with local resources:
  • Choose Well
  • Women’s Rights Empowerment Network
  • Reproductive Health Access Network