Induced Termination of Pregnancy (ITOP) Report Quarter 3: July-September 2024



West Virginia Health Statistics Center Statistical Services Branch Division of Epidemiology

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BACKGROUND

West Virginia Code §16-5-22 requires reporting of induced terminations of pregnancy (ITOP) to the West Virginia Health Statistics Center. The data elements required to be collected include:

- Gestational age of the fetus;
- State and county of residence of the patient;
- Age of the patient;
- Type of medical or surgical procedure performed;
- Method of payment for the procedure;
- Whether birth defects were known, and if so, what birth defects;
- Date the termination was performed; and
- The exception contained in West Virginia Code §16-2R-3 under which the termination was performed.

The code also requires an analysis of the compiled information relating to ITOP to be included in the annual report of vital statistics. Due to the time required to collect and analyze data, the annual vital statistics report is published 18-24 months after the end of the calendar year in which data were collected.

In September 2022, West Virginia Code §16-2R-1 *et seq.* was enacted, which prohibits ITOP except under certain circumstances including (1) the embryo or fetus is nonviable, (2) the pregnancy is ectopic, (3) a medical emergency exists, (4) gestation eight weeks or less if the pregnancy was a result of sexual assault or incest (adults), or (5) gestation 14 weeks or less if the pregnancy was a result of sexual assault or incest (children). Due to this change and a change in §16-5-22 to require quarterly reporting, this report presents Quarter 3 2024 statistics for ITOP occurring July-September 2024.

The ITOP forms and instructions are distributed to all physicians licensed to practice in West Virginia each year by the Office of Maternal, Child, and Family Health (OMCFH) within the West Virginia Department of Health (DH) Bureau for Public Health. Completed ITOP reports are due to the West Virginia Health Statistics Center, within DH's Bureau for Public Health, by the 10th of the month following the month the procedure was performed.

ANALYSIS

In Quarter 3 of 2024 (July-September), a total of five induced terminations of pregnancy were reported as being performed in West Virginia. Table 1 includes the number of ITOP performed by month for July-September 2024.

Month	2024
January	5
February	2
March	0
April	2
Мау	2
June	3
July	1
August	3
September	1
October	
November	
December	
Total	19

Table 1 Induced Terminations of Pregnancy West Virginia Occurrences, 2024 By Month

*One ITOP had a missing date, which was not included in the total.

During Quarter 3, two of the five ITOP performed were among West Virginia residents. For year-to-date 2024, 66.7% of ITOP performed in West Virginia were among state residents. Table 2 includes the state of residence for each time period.

Table 2Induced Terminations of PregnancyWest Virginia Occurrences, 2024 by QuarterBy State of Residence

State of Residence	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Kentucky	1	1	0		2
Ohio	0	1	1		2
Pennsylvania	1	0	1		2
West Virginia	st Virginia 5 5		2		12
Total	7	7	5		18

*One ITOP had a missing date and one ITOP had a missing state of residence, which were not included in the total.

County of residence of the women who received an ITOP was also analyzed for this report. Table 3 displays the residence county for only West Virginia residents.

Table 3Induced Terminations of PregnancyWest Virginia Occurrences, 2024 by QuarterBy County of Residence for WV Residents

County	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Barbour	0	0	0		
Berkeley	1	1	0		2
Boone	0	0	0		
Braxton	0		1		1
Brooke	0	0	0		
Cabell	1	1	0		2
Calhoun	0	0	0		
Clay	0	0	0		
Doddridge	0	0	0		
Fayette	0	0	0		
Gilmer	0	0	0		
Grant	0	0	0		
Greenbrier	0	0	0		
Hampshire	0	0	0		
Hancock	0	0	0		
Hardy	0	0	0		
Harrison	0	0	0		
Jackson	0	0	0		
Jefferson	0	0	0		
Kanawha	0	1	1		2
Lewis	0	0	0		
Lincoln	0	0	0		
Logan	0	0	0		
Marion	1	0	0		1
Marshall	0	0	0		
Mason	0	0	0		
McDowell	0	0	0		
Mercer	0	0	0		
Mineral	1	0	0		1
Mingo	0	0	0		
Monongalia	0	0	0		
Monroe	0	0	0		
Morgan	0	0	0		
Nicholas	0	0	0		
Ohio	0	0	0		

Pendleton	0	0	0	
	0	0	0	
Pleasants	0	0	0	
Pocahontas	0	0	0	
Preston	0	0	0	
Putnam	0	0	0	
Raleigh	0	0	0	
Randolph	0	1		 1
Ritchie	1	0	0	 1
Roane	0	0	0	
Summers	0	0	0	
Taylor	0	0	0	
Tucker	0	0	0	
Tyler	0	0	0	
Upshur	0			
Wayne	0	1		 1
Webster	0	0	0	
Wetzel	0	0	0	
Wirt	0	0	0	
Wood	0	0	0	
Wyoming				
Total	5	5	3	 12

* One ITOP had a missing date and one ITOP had a missing county, which were not included in the total. Six ITOP were out of state residents.

Age of the women who received an ITOP was also analyzed for this report. For Quarter 3, 40.0% of ITOP were among women aged 20-24, and 60.0% were performed on women aged 25-29. For year-to-date 2024, women in their 20s represented 57.9% of ITOP and women in their 30s represented 36.8% of the ITOP performed in WV. Table 4 displays the number of ITOP by age of women.

Table 4Induced Terminations of PregnancyWest Virginia Occurrences, 2024 by QuarterBy Age of Women

Age Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Less than 15	0	0	0		0
15-19	1	0	0		1
20-24	0	3	2		5
25-29	2	1	3		6
30-34	4	3	0		7
35-39	0	0	0		0
40 and Older	0	0	0		0
Total	7	7	5		19

*One ITOP had a missing date, which was not included in the total.

In terms of the frequency distribution for Quarter 3, induced terminations by probable gestational age, 20.0% occurred at nine to 10 weeks gestation, 60.0% occurred at 13-15 weeks gestation, and 20.0% occurred at 20+ weeks gestation. For year-to-date 2024, a majority of terminations took place at 13 or more weeks gestation. Table 5 displays the gestational age of the fetus for 2024.

Table 5
Induced Terminations of Pregnancy
West Virginia Occurrences, 2024 by Quarter
By Probable Gestational Age in Weeks

		Probable Gestational Age (Weeks)						
Q	uarter	<=8	9-10	11-12	13-15	16-19	20+	Total
Quarter	Procedures (#)	1	0	1	1	3	0	6
1	Percent Distribution	16.6%	0.0%	16.6%	16.6%	50.0%	0.0%	100.0%
Quarter	Procedures (#)	3	0	0	0	3	1	7
2	Percent Distribution	42.9%	0.0%	0.0%	0.0%	28.6%	14.3%	100.0%
Quarter	Procedures (#)	0	1	0	3	0	1	5
3	Percent Distribution	0.0%	20.0%	0.0%	60.0%	0.0%	20.0%	100.0%
Quarter	Procedures (#)							
4	Percent Distribution							
Total	Procedures (#)	4	1	1	4	6	2	18
	Percent Distribution	22.2%	5.6%	5.6%	22.2%	33.3%	11.1%	100.0%

* One ITOP had a missing date and one ITOP had a missing gestational age, which were not included in the total.

The primary termination methods in Quarter 3 were surgical, making up 60.0%. The primary termination methods utilized in 2024 were medical methods, making up 57.9% of ITOP. Table 6 displays the method of termination.

Table 6

Induced Terminations of Pregnancy West Virginia Occurrences, 2024 by Quarter By Method of Termination

		Method of Termination					
			Surgio	Total			
Quarter		Dilation and Curettage (D&C)	Dilation and Evacuation (D&E)	Other Surgical	Total Surgical	Medical (Non- Surgical)	Total
Quarter	Procedures (#)	0	1	1	2	5	7
1	Percent Distribution	0.0%	50.0%	50.0%	28.6%	71.4%	100.0%
Quarter	Procedures (#)	0	1	0	1	6	7
2	Percent Distribution	0.0%	100.0%	0.0%	14.3%	85.7%	100.0%
Quarter	Procedures (#)	0	3	0	3	2	5
3	Percent Distribution	0.0%	100%	0.0%	60.0%	40.0%	100%
Quarter	Procedures (#)						
4	Percent Distribution						
Total	Procedures (#)	0	5	1	6	11	19
	Percent Distribution	0.0%	83.3%	16.7%	31.6%	57.9%	100.0%

*One ITOP had a missing date, which was not included in the total.

In Quarter 3, analysis of payment sources for the ITOP procedure indicated two were paid by Medicaid, one by private insurance, and two were unknown. For year-to-date 2024, 50.0% of ITOP were paid by private insurance, 42.9% were paid by Medicaid, 7.1% were self-pay, and six were unknown.

Three of the ITOP performed in Quarter 3 of 2024 indicated that the fetus was nonmedically viable. The reasons included anencephaly, anencephaly/acrania, and alobar holoprosencephaly. For year-to-date 2024, 44.4% of ITOP indicated they were conducted because the fetus was non-medically viable, 33.3% were performed due to ectopic pregnancy, and 16.7% were performed due to emergency medical conditions of the mother.

CONTACT INFORMATION

Questions regarding the content of this report should be directed to the West Virginia Health Statistics Center:

Tonya Chaney, Statistical Services Branch Manager West Virginia Health Statistics Center 350 Capitol Street, Room 165 Charleston, West Virginia 25301-2701 (304) 558-2931 Tonya.A.Chaney@wy.gov