

# **Induced Termination of Pregnancy (ITOP) Report**

## **Quarter 3: July–September 2025**

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(ITOP) Report  
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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 was 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 2025 statistics for ITOP occurring July–September 2025.

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 10<sup>th</sup> of the month following the month the procedure was performed.

## **ANALYSIS**

In Quarter 3 of 2025 (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 2025.

**Table 1**  
**Induced Terminations of Pregnancy**  
**West Virginia Occurrences, 2025**  
**By Month**

<b>Month</b>	<b>2025</b>
January	6
February	1
March	1
April	1
May	2
June	1
July	0
August	5
September	0
October	-
November	-
December	-
<b>Total</b>	<b>17</b>

During Quarter 3, all five ITOP performed were among West Virginia residents. For year-to-date 2025, 93.8% of ITOP performed in West Virginia were among state residents. Table 2 includes the state of residence for each time period.

**Table 2**  
**Induced Terminations of Pregnancy**  
**West Virginia Occurrences, 2025 by Quarter**  
**By State of Residence**

<b>State of Residence</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
Ohio	1	0	0	-	1
West Virginia	6	4	5	-	15
<b>Total</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>-</b>	<b>16</b>

\*One ITOP had a missing state of residence, which was 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 3**  
**Induced Terminations of Pregnancy**  
**West Virginia Occurrences, 2025 by Quarter**  
**By County of Residence for WV Residents**

County	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Barbour	0	0	0	-	0
Berkeley	0	0	0	-	0
Boone	0	0	0	-	0
Braxton	0	0	0	-	0
Brooke	0	0	0	-	0
Cabell	3	2	2	-	7
Calhoun	0	0	0	-	0
Clay	0	0	0	-	0
Doddridge	0	0	0	-	0
Fayette	0	0	0	-	0
Gilmer	0	0	0	-	0
Grant	0	0	0	-	0
Greenbrier	0	0	0	-	0
Hampshire	0	0	0	-	0
Hancock	1	0	0	-	1
Hardy	0	0	0	-	0
Harrison	1	0	0	-	1
Jackson	0	0	0	-	0
Jefferson	0	1	0	-	1
Kanawha	0	0	0	-	0
Lewis	0	0	0	-	0
Lincoln	0	0	0	-	0
Logan	0	0	0	-	0
Marion	1	0	0	-	1
Marshall	0	0	0	-	0
Mason	0	0	0	-	0
McDowell	0	0	0	-	0
Mercer	0	0	0	-	0
Mineral	0	0	0	-	0
Mingo	0	0	0	-	0
Monongalia	0	0	0	-	0
Monroe	0	0	0	-	0
Morgan	0	0	0	-	0
Nicholas	0	0	0	-	0
Ohio	0	0	0	-	0
Pendleton	0	0	0	-	0
Pleasants	0	0	0	-	0
Pocahontas	0	0	0	-	0

Preston	0	0	0	-	0
Putnam	0	0	0	-	0
Raleigh	0	0	0	-	0
Randolph	0	0	0	-	0
Ritchie	0	0	0	-	0
Roane	0	0	0	-	0
Summers	0	0	0	-	0
Taylor	0	0	0	-	0
Tucker	0	0	0	-	0
Tyler	0	0	0	-	0
Upshur	1	0	0	-	1
Wayne	0	0	0	-	0
Webster	0	0	0	-	0
Wetzel	0	0	0	-	0
Wirt	0	0	0	-	0
Wood	0	1	2	-	3
Wyoming	0	0	0	-	0
<b>Total</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>-</b>	<b>15</b>

\* Two ITOP had a missing county, which were not included in the total.

Age of the women who received an ITOP was also analyzed for this report. For Quarter 3, 20.0% of ITOP were among women aged 20–24, 20.0% were performed on women aged 25–29, 40.0% were performed on women aged 30–34, and 20.0% were performed on women aged 35–39. For year-to-date 2025, women in their teens represented 11.8%, women in their 20s represented 52.9% of ITOP, and women in their 30s represented 35.3% of the ITOP performed in WV. Table 4 displays the number of ITOP by age of women.

**Table 4**  
**Induced Terminations of Pregnancy**  
**West Virginia Occurrences, 2025 by Quarter**  
**By Age of Women**

<b>Age Group</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
Less than 15	0	0	0	-	0
15–19	1	1	0	-	2
20–24	3	0	1	-	4
25–29	3	1	1	-	5
30–34	1	2	2	-	5
35–39	0	0	1	-	1
40 and Older	0	0	0	-	0
<b>Total</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>-</b>	<b>17</b>

In terms of the frequency distribution for Quarter 3, induced termination by probable gestational age, 60.0% occurred at less than eight weeks gestation, 20.0% occurred at

13–15 weeks gestation, and 20.0% occurred at 20+ weeks gestation. For year-to-date 2025, a majority of terminations took place at 15 weeks or less gestation. Table 5 displays the gestational age of the fetus for 2025.

**Table 5**  
**Induced Terminations of Pregnancy**  
**West Virginia Occurrences, 2025 by Quarter**  
**By Probable Gestational Age in Weeks**

Quarter		Probable Gestational Age (Weeks)						
		<=8	9–10	11–12	13–15	16–19	20+	Total
Quarter 1	Procedures (#)	2	0	0	3	1	1	7
	Percent Distribution	28.6%	0.0%	0.0%	42.9%	14.3%	14.3%	100.0%
Quarter 2	Procedures (#)	1	0	0	2	0	0	3
	Percent Distribution	33.3%	0.0%	0.0%	66.7%	0.0%	0.0%	100.0%
Quarter 3	Procedures (#)	3	0	0	1	0	1	5
	Percent Distribution	60.0%	0.0%	0.0%	20.0%	0.0%	20.0%	100.0%
Quarter 4	Procedures (#)	-	-	-	-	-	-	-
	Percent Distribution	-	-	-	-	-	-	-
Total	Procedures (#)	6	0	0	6	1	2	15
	Percent Distribution	40.0%	0.0%	0.0%	40.0%	6.7%	13.3%	100.0%

\* Two ITOP had a missing/unknown gestational age, which were not included in the total.

Four of the five ITOP performed in Quarter 3 were medical, or performed using prescription medications. The primary methods utilized in 2025 were medical methods making up 76.5%. Table 6 displays the method of termination.

**Table 6**  
**Induced Terminations of Pregnancy**  
**West Virginia Occurrences, 2025 by Quarter**  
**By Method of Termination**

Quarter		Method of Termination					Total
		Surgical				Total Medical (Non-Surgical)	
		Dilation and Curettage (D&C)	Dilation and Evacuation (D&E)	Other Surgical	Total Surgical		
Quarter 1	Procedures (#)	2	1	0	3	5	8
	Percent Distribution	66.7%	33.3%	0.0%	37.5%	62.5%	100.0%
Quarter 2	Procedures (#)	0	0	0	0	4	100.0%
	Percent Distribution	0	0.0%	0	0.0%	100.0%	100.0%
Quarter 3	Procedures (#)	0	1	0	1	4	5
	Percent Distribution	0.0%	100.0%	0.0%	20.0%	80.0%	100.0%
Quarter 4	Procedures (#)	-	-	-	-	-	-
	Percent Distribution	-	-	-	-	-	-
Total	Procedures (#)	2	2	0	4	13	17
	Percent Distribution	50.0%	50.0%	0.0%	23.5%	76.5%	100.0%

In Quarter 3, analysis of payment sources for the ITOP procedure indicated three were paid by Medicaid and two were paid by private insurance. For year-to-date 2025, 47.1% of ITOP were paid by Medicaid, 41.2% were paid by private insurance, and 11.8% were paid by other insurance.

All ITOP performed in Quarter 3 of 2025 indicated that the fetus was non-medically viable and three indicated they were due to ectopic pregnancies. The other reasons for a non-medically viable fetus included anencephaly and bilateral renal agenesis. For year-to-date 2025, 88.2% of ITOP indicated they were conducted because the fetus was non-medically viable, 47.1% of those were performed due to ectopic pregnancy.

## **CONTACT INFORMATION**

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

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