

Publication Report



Abortion Statistics

Year ending 31 December 2010

Publication date - 31 May 2011



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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

Induced abortion (sometimes referred to as 'termination of pregnancy') is carried out under the terms of the Abortion Act 1967, which applies to England, Wales and Scotland. Two doctors must agree that termination of pregnancy is necessary for one of the grounds, specified in the 1991 Regulations; these are classified by the letters A to E (see Glossary). There is a legal requirement to notify the Chief Medical Officer in Scotland of all terminations carried out in Scotland. The Information Services Division is responsible for the collation of data derived from notifications of abortions on behalf of the Chief Medical Officer in Scotland.

The quality of the data is thought to be high, although occasional omissions and administrative errors in submitting notification forms are inevitable, leading to some under-reporting. All late submissions of notification forms are included in the following year's statistics release as revised figures.

In this 2010 statistics release, a small number of abortion notifications with outstanding data queries have been excluded. These will be included in the 2011 report.

The most significant growth in abortions occurred in the four years immediately following the implementation of the 1967 Abortion Act, with numbers rising from 1,500 in 1967 to over 7,500 in 1971. Since then, numbers and rates continued to rise, reaching a peak in 2008 of 13,902 then falling in the last two years.

The Royal College of Obstetrics and Gynaecology Guidelines (2004) recommend that termination of pregnancy should be carried out early since this reduces the risk of physical complications. Prior to 1991, most terminations were performed surgically. In 1991 medical methods of termination were licensed for use in the United Kingdom. Medical methods of termination are carried out using drugs such as mifepristone and prostaglandin. The Abortion (Scotland) Regulations 1991 reflect this change in abortion provision and also place an upper limit of 24 weeks on abortions for most reasons. We recently introduced data on abortions carried out on gestations less than 9 completed weeks (63 days) to monitor the NHS Quality Improvement Scotland (now NHS Healthcare Improvement Scotland) standard introduced in March 2008 that 70% of women seeking terminations of pregnancy undergo the procedure at less than 9 completed weeks (ie less than 63 days) gestation.

Key points

- For the past two years there has been a fall in the number and rate of abortions with 12,826 in 2010 compared to 13,108 in 2009 and 13,902 in 2008 (representing rates of 12.3 per 1000 women aged 15-44 in 2010, 12.6 in 2009 and 13.3 in 2008). This fall is a change to the overall pattern of increase since the implementation of the 1967 Abortion Act, although small dips for short periods have been observed before.
- As in previous years, the rate of terminations in 2010 was highest in younger women, 16-19 (21.4 per 1000) and those aged 20-24 (22.4 per 1000). Lower rates are seen in the older age groups; women aged 25-29 (15.3 per 1000); aged 30-34 (10.8 per 1000); aged 35-39 (6.3 per 1000) and in women aged over 40 (2.1 per 1000).
- The proportion of early terminations has been rising steadily in recent years, with 65.2% of all terminations performed at less than 9 weeks in 2010, compared to 62.2% in 2009. There has also been a sustained increase in the use of medical methods compared to surgical terminations.
- In 2010, the rate of abortions continues to show a clear link with the level of deprivation. In areas of high deprivation the rate is 16.0 per 1000, nearly double the rate of 9.2 per 1000 for the least deprived areas of Scotland.
- More than a quarter (28.4%) of the 12,826 women having a termination in 2010 had a previous termination. The proportion of women having had a previous termination varies across NHS boards from 21.3% in the NHS Island Boards (Orkney, Shetland and Western Isles) to 35.2% in NHS Tayside.
- In 2010, the vast majority (12,074; 94.0%) of terminations were carried out under Ground C. There were 142 terminations carried out under Ground E of which 23 were for Down's syndrome, 13 for other chromosomal conditions, 18 for anencephaly with the remaining 88 being for spina bifida and other conditions.

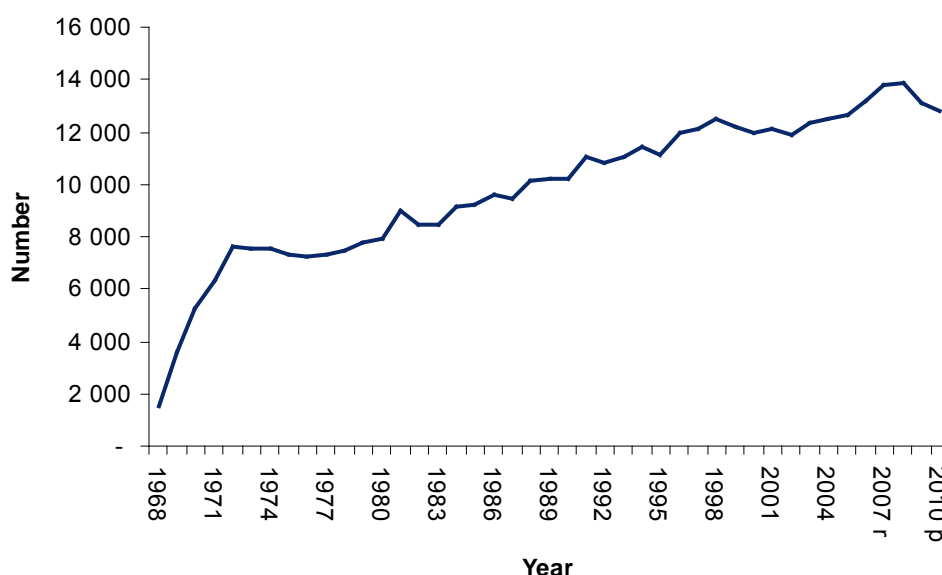
Results and Commentary

Abortions performed in Scotland, 1968 – 2010

For the past two years there has been a fall in the number and rate of abortions with 12,826 in 2010 compared to 13,108 in 2009 and 13,902 in 2008 (representing rates of 12.3 per 1000 women aged 15-44 in 2010, 12.6 in 2009 and 13.3 in 2008). This fall is a change to the overall pattern of increase since the implementation of the 1967 Abortion Act, although small dips for short periods have been observed before.

A fall in abortion rates has also been observed in England & Wales, starting more than a year earlier than the Scottish fall. The rates in England and Wales remain higher than those of Scotland.

Abortions ¹ performed in Scotland; 1968 – 2010 ^p



Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

¹ Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

^p Provisional.

For further information on abortions in Scotland see:

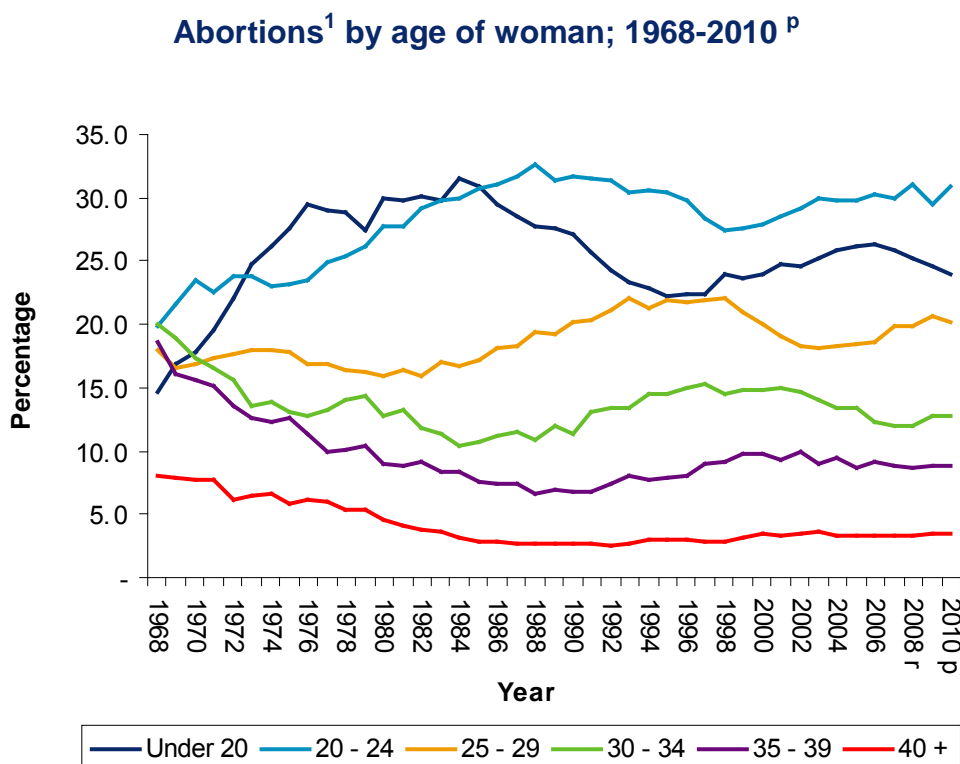
[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

[Table 6: Abortions performed in Scotland and on Scottish residents in England and Wales](#)

Age of women

As in previous years, the rate of terminations in 2010 was highest in younger women, 16-19 (21.4 per 1000) and those aged 20-24 (22.4 per 1000). Lower rates are seen in the older age groups; women aged 25-29 (15.3 per 1000); aged 30-34 (10.8 per 1000); aged 35-39 (6.3 per 1000) and in women aged over 40 (2.1 per 1000).

The chart below shows the percentage distribution by age (see Table 1 for rates).



Source : Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

1 Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

p Provisional.

For further information on terminations by age see:

[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

[Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence](#)

[Table 5: Abortions by age and by local council area of residence](#)

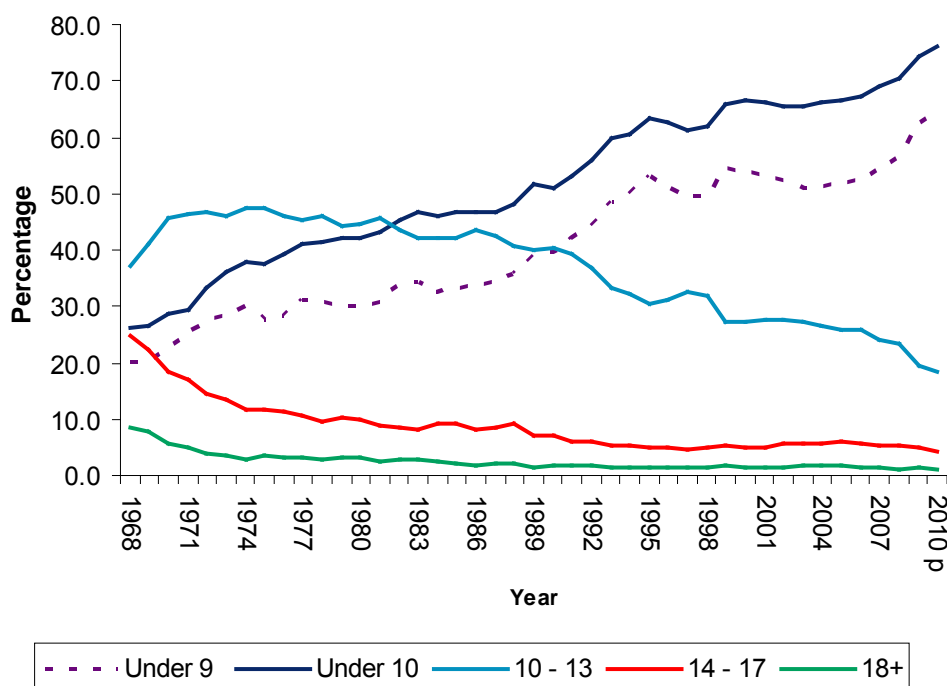
[Table 7: Abortions by age and year](#)

Estimated gestation

The proportion of early terminations has been rising steadily in recent years, with 65.2% of all terminations performed at less than 9 weeks in 2010, compared to 62.2% in 2009.

The chart below shows the percentage breakdown by gestation. The dashed line represents terminations performed under 9 completed weeks gestation (63 days), which is a subset of the under 10 week group.

Abortions ¹ by estimated gestation (weeks), 1968-2010 ^p



Source : Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

¹ Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

^p Provisional.

Further information about termination of pregnancy key clinical indicators (KCI's) can be found on the [KCI for Sexual Health Publication](#) webpage.

For further information on terminations by estimated gestation see:

[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

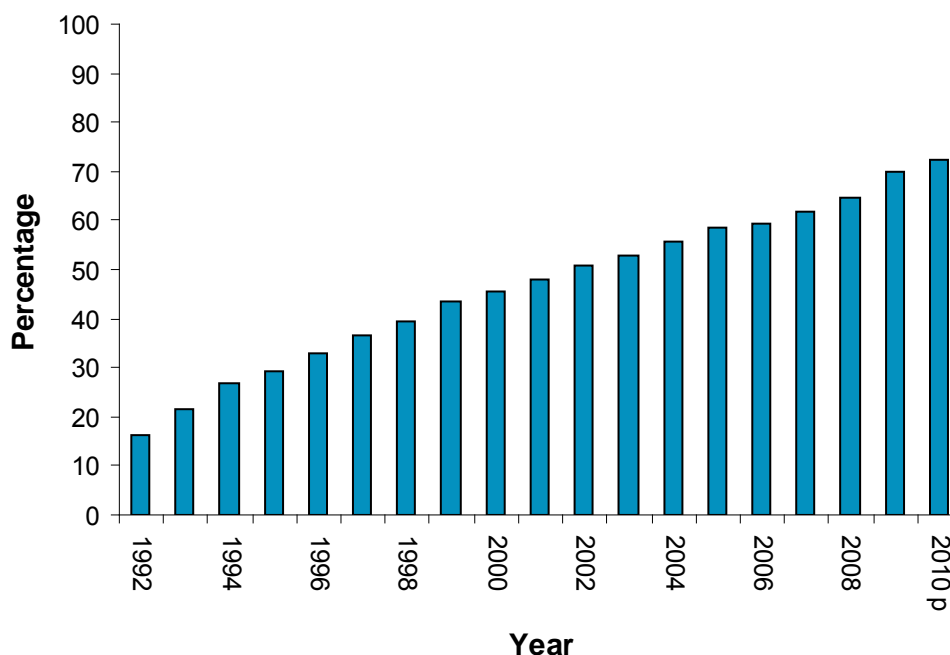
[Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence](#)

[Table 8: Abortions by estimated gestation](#)

Method of termination

The use of medical methods continues to increase, with 72.5% of terminations (at all gestations) performed medically in 2010, a rise from 16.4% in 1992. Of terminations performed at less than 9 weeks gestation, 82.6% are now carried out medically (see Table 2 for terminations under 9 completed weeks).

Abortions ¹ by medical method; 1992-2010^p



Source : Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

¹ Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

^p Provisional.

For further information on method of termination see:

[Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence](#)

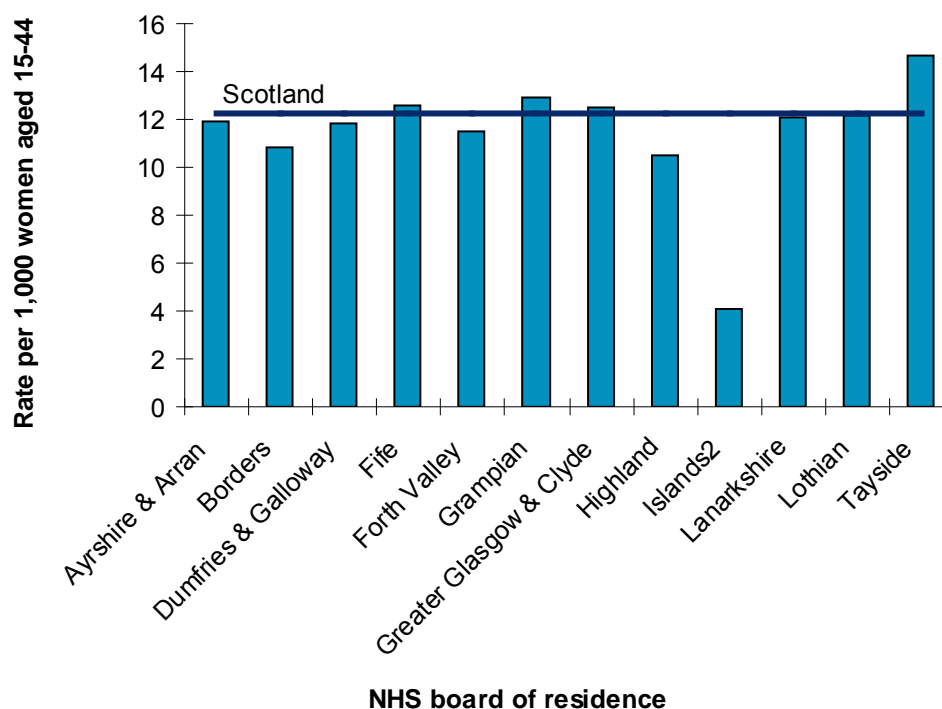
[Table 9: Abortions by method of termination](#)

NHS board of residence

Although the data refer to the board of residence of the patient rather than the board within which the termination is performed, it is possible that people who are temporarily resident in a particular board, such as students, will have their residence ascribed to their temporary address, whereas the denominators are based on permanent residents. This may give artificially high rates in areas where there is a high proportion of temporary residents, for example, where there are many students. Similarly, some women travel to Scotland from countries where abortions are not so accessible and may be counted as Scottish residents if they provide a temporary Scottish address/postcode.

The rates of terminations are highest in NHS Tayside (14.7); NHS Grampian (12.9); NHS Fife (12.6) and NHS Greater Glasgow and Clyde (12.5), per 1000 women aged 15-44. The Island Boards (Orkney, Shetland and Western Isles) have the lowest rate at 4.1 per 1000.

Abortions ¹ by NHS board of residence; year ending 31st December 2010 ^P



Source: Notifications (to the Chief medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

¹ Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

² Includes Orkney, Shetland and Western Isles.

^P Provisional.

For further information on terminations by health board see:

[Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence](#)

[Table 3: Abortions by NHS board of treatment and NHS board of residence](#)

[Table 10: Abortions by NHS board of residence](#)

Deprivation

In 2010, the rate of abortions continues to show a clear link with the level of deprivation. In areas of high deprivation the rate is 16.0 per 1000, nearly double the rate of 9.2 per 1000 for the least deprived areas of Scotland. The differences in rates in deprivation vary across NHS boards, and the rate between most and least deprived can be more than double, as in NHS Grampian (23.0 and 10.9), NHS Forth Valley (17.4 and 8.0) and NHS Fife (16.7 and 7.4) per 1000 women aged 15-44.

Abortions ^{1, 2} performed in Scotland by NHS board of residence and deprivation quintile; year ending 31st December 2010 ^P

NHS board of residence	Deprivation (SIMD) quintile ^{4,5}				
	1 - Most deprived	2	3	4	5 - Least Deprived
Scotland	16.0	13.7	11.9	10.0	9.2
Ayrshire & Arran	14.5	12.2	11.2	9.2	8.8
Borders	11.1	18.4	11.9	8.7	5.7
Dumfries & Galloway	15.1	14.3	10.6	9.6	10.4
Fife	16.7	14.4	14.4	9.9	7.4
Forth Valley	17.4	13.5	10.5	9.2	8.0
Grampian	23.0	17.5	12.2	10.8	10.9
Greater Glasgow & Clyde	15.3	12.6	11.3	9.5	9.2
Highland	16.1	10.2	9.3	10.2	9.7
Islands ³	-	4.6	3.5	4.7	-
Lanarkshire	13.8	12.8	13.1	8.9	9.2
Lothian	16.9	14.6	12.7	11.2	8.8
Tayside	20.6	18.3	14.8	10.6	10.1

Source: Notifications (to the Chief medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

1 Refers to therapeutic abortions notified in accordance with Abortion Act 1967.

2 Rates per 1,000 women aged 15-44.

3 Orkney, Shetland and Western isles NHS board areas.

4 Scottish Index of multiple deprivation 2009.

5 Some cases could not be assigned to a quintile.

^P Provisional.

For further information on terminations by deprivation category see:

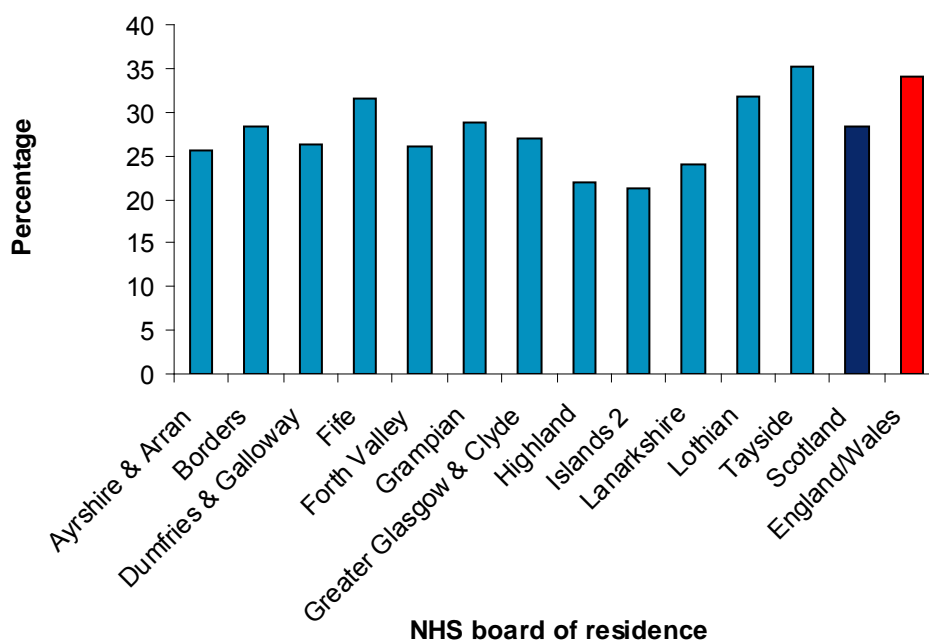
[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

[Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence](#)

Previous abortions

More than a quarter (28.4%) of the 12,826 women having a termination in 2010 had a previous termination. The proportion of women having had a previous termination varies across NHS boards from 21.3% in the NHS Island Boards (Orkney, Shetland and Western Isles) to 35.2% in NHS Tayside. The rate of previous termination in England & Wales for 2010 is 34%.

Previous abortions ¹ by NHS board of residence; 2010 ^p



Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967
Office for National Statistics (for abortions performed in England & Wales).

¹ Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

^p Provisional.

For further information on previous terminations see:

[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

[Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence](#)

Grounds for termination

In 2010, the vast majority (12,074; 94.0%) of terminations were carried out under Ground C. There were 142 terminations carried out under Ground E of which 23 were for Down's syndrome, 13 for other chromosomal conditions, 18 for anencephaly, with the remaining 88 being for spina bifida and other conditions (see Table 1 for trend data).

Abortions ¹ performed in Scotland by Grounds ²; year ending 31st December 2010 ^p

Grounds ² for abortion	number	%
A	*	*
B	*	*
C	12,074	94.0
D	613	4.8
E	142	1.1
F	*	*
G	*	*

Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

1 Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

2 [Grounds for termination](#)

A - the continuance of the pregnancy would involve risk to the life of the pregnant women greater than if the pregnancy were terminated.

B - the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.

C - the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.

D - the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.

E - there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

F - it was necessary to save the life of the woman.

G - it was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.

p Provisional .

* Indicates values that have been suppressed due to the potential risk of disclosure.

For further information on grounds for termination see:

[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

[Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence](#)

Glossary

Abortion	refers to therapeutic abortions notified in accordance with the Abortion Act 1967.
Approved place	defined as in Section 1(3) of the Abortion Act 1967.
Grounds for Abortion	as some notifications record more than one Statutory Ground, the numbers and percentages of Grounds exceed the total number of abortions.
Medical termination	involves termination of a pregnancy without a surgical procedure. It usually involves oral administration of a drug followed 1-3 days later by vaginal administration of another drug.
Parity	the number of previous completed pregnancies.

Grounds for termination

Non-Emergency

A - the continuance of the pregnancy would involve risk to the life of the pregnant women greater than if the pregnancy were terminated.

B - the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.

C - the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.

D - the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman.

E - there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Emergency

F - it was necessary to save the life of the woman.

G - it was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.

List of Tables

Table No.	Name	Time period	File & size
1	Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland	2001-2010	Excel [750kb]
2	Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence	2001-2010	Excel [750kb]
3	Abortions by NHS board of treatment and NHS board of residence	2008-2010	Excel [750kb]
4	Abortions by local council area of residence	1998-2010	Excel [750kb]
5	Abortions by age and by local council area of residence	2008-2010	Excel [750kb]
6	Abortions performed in Scotland and on Scottish residents in England and Wales	1968-2010	
7	Abortions by age and year	1968-2010	Excel [750kb]
8	Abortions by estimated gestation	1968-2010	Excel [750kb]
9	Abortions by method of termination	1992-2010	Excel [750kb]
10	Abortions by NHS board of residence	1991-2010	

List of Charts

Chart No.	Name	Time period	File & size
1	Number of abortion performed in Scotland	1968-2010	Excel [750kb]
2	Abortion by age of woman	1968-2010	Excel [750kb]
3	Abortions by estimated gestation	1968-2010	Excel [750kb]
4	Abortions by medical method	1992-2010	Excel [750kb]
5	Abortions by NHS board of residence	2010	Excel [750kb]
6	Previous abortions by NHS board of residence	2010	Excel [750kb]

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Further Information

Further information can be found on the [ISD website](#)

A1 – Background information

Notification of Abortion form

All terminations performed in Scotland are legally required to be notified to the Chief Medical Officer in Scotland. For every termination, a notification of abortion form must be completed. An example of the 'yellow form' is available to view [here](#).

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Abortions
Description	Annual update on notifications of termination of pregnancy carried out under the 1967 Abortion Act. Information about the woman, the method/grounds for termination and geography are available.
Theme	Health and Social Care
Topic	Sexual Health services
Format	Excel workbooks
Data source (s)	Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.
Date that data is acquired	Data extracted at end April for previous calendar year.
Release date	31/05/2011
Frequency	Annual
Timeframe of data and timeliness	Calendar year, data generally complete by mid April. Generally no delays.
Continuity of data	Reports data from 1968.
Revisions statement	Data are noted as provisional, in case of receipt of late returns (expected late returns generally <30). The data are then revised at following year's update. In July 2010, we discovered an error in one of the published tables. This was corrected and the amended analysis was uploaded with an explanatory note on the Abortion welcome page.
Concepts and definitions	See Glossary
Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provision of services and provides comparative information.
Accuracy	Information on forms is clerically checked, with additional validation on data entry. Data also compared to previous year's figures.
Completeness	Considered complete. There may be a very small number of late returns received and data would be revised at the following year's release.
Comparability	Scottish data are directly comparable with data for England and Wales which is available online at (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116039). Scottish abortion data are regularly provided to ONS, Department of Health for contribution to both UK and International reports/databases eg UK Health Statistics, Annual Abstract, European Health for All database. In these comparisons, data are provided only at national (Scotland) level or may be aggregated to UK.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. See attached link for further details: http://www.isdscotland.org/About-ISD/Accessibility
Coherence and clarity	Abortion tables and charts are accessible via the ISD website: http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/
Value type and unit of measure	Numbers and crude rates are presented.

Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed: http://www.isdscotland.org/Products-and-Services/Data-Protection-and-Confidentiality
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority.
Help email	NSS.isdmaternity@nhs.net
Date form completed	November 2010
Date form revised	May 2011

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)