

# **Abortion Statistics**

**Year ending 31 December 2012**

**Publication date – 28 May 2013**



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## 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 G (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 (going back over 4 years) are included in the following year's statistics release as revised figures.

In this 2012 statistics release, a small number of abortion notifications with outstanding data queries have been excluded. There are approximately 92 such queries (less than 1% of the total), which will not significantly alter the interpretation of the data. These data will be included in the 2013 report, due to be published in 2014.

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 13,904 then falling in the last four years.

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.

Some information in this publication refers to abortions in England and Wales reported in the Department of Health's abortion statistics, however, at the time of publication these statistics were not available. The Department of Health published 2012 abortion data for England and Wales on 11 July 2013. The following tables and charts have now been updated: Summary table of rates and numbers of abortions in Scotland and England and Wales (Pg 4); Figure of previous abortions (Pg 12); Table 6 (list of tables Pg 15); and Chart 6 (list of charts Pg 15).

Unless otherwise stated in the footnotes accompanying tables and charts, all data are derived from Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

## Key points

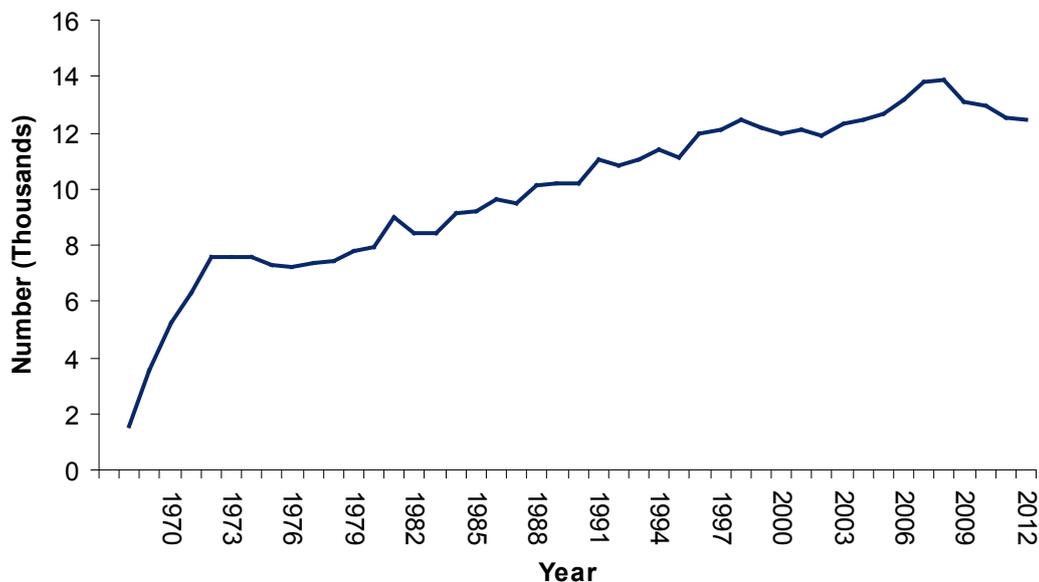
- For the past four years there has been a fall in the number and rate of abortions with 12,447 in 2012 compared to 13,904 in 2008 (representing rates of 12.0 per 1,000 women aged 15-44 in 2012, and 13.3 in 2008). This fall is a change to the overall pattern of increase since the implementation of the 1967 Abortion Act, although small dips for short periods have been observed before. Birth rates also peaked in 2008, but whereas there has been a 9.5% fall in abortion rates between 2008 and 2012, there has only been a 5.2% fall in live birth rates over this period (NRS Preliminary Annual Figures: <http://www.gro-scotland.gov.uk/files2/stats/births-marriages-deaths-preliminary/bdve-2012-preliminary-tablep1b.xls>).
- The fall in abortion rates between the peak of 2008 and 2012 has been greatest in younger women, with a reduction of 27.5% in those aged 16 to 19.
- Although there has been a recent marked reduction in abortions in younger women, the rate of terminations in 2012 is still highest in this group, at 17.8 per 1,000 aged 16-19 and 21.1 per 1,000 in those aged 20-24. Lower rates are seen in the older age groups: women aged 25-29 (15.5 per 1,000); aged 30-34 (11.2 per 1,000); aged 35-39 (6.8 per 1,000) and in women aged 40 and over (2.5 per 1,000).
- The proportion of early terminations has been rising steadily in recent years, with 69.8% of all terminations performed at less than 9 weeks in 2012, compared to 62.2% in 2009. There has also been a sustained increase in the use of medical methods compared to surgical terminations.
- In 2012, the rate of abortions continues to show a clear link with the level of deprivation. In areas of high deprivation the rate is 16.1 per 1,000, nearly double the rate of 8.6 per 1,000 for the least deprived areas of Scotland.
- Approaching a third (30.7%) of the 12,447 women having a termination in 2012 had a previous termination. The proportion of women having had a previous termination varies across mainland NHS boards from 26.9% in the NHS Fife to 36.8% in NHS Tayside. The Island boards (Orkney, Shetland and Western Isles) recorded the lowest proportion at 20.6%.
- In 2012, the vast majority (11,761; 94.5%) of terminations were carried out under Ground C where “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”. There were 159 terminations carried out under Ground E “...substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped” of which 30 were for Down’s syndrome, 15 for anencephaly, 13 for musculoskeletal conditions and 12 for other chromosomal conditions.

## Results and Commentary

### Abortions performed in Scotland; 1968 – 2012

For the past four years there has been a fall in the number and rate of abortions with 12,447 in 2012 compared to 13,904 in 2008 (representing rates of 12.0 per 1,000 women aged 15-44 in 2012, 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. Birth rates also peaked in 2008, but whereas there has been a 9.5% fall in abortion rates between 2008 and 2012, there has only been a 5.2% fall in live birth rates over this period (NRS Preliminary Annual Figures: <http://www.gro-scotland.gov.uk/files2/stats/births-marriages-deaths-preliminary/bdve-2012-preliminary-tablep1b.xls>).

#### Abortions<sup>1</sup> performed in Scotland; 1968 – 2012<sup>p</sup>



<sup>1</sup> Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

<sup>p</sup> Provisional for 2012.

Post-2007, a fall in abortion rates was observed in England & Wales, starting more than a year earlier than the Scottish fall. The table below shows numbers and rates from 2008, comparing Scotland with England and Wales.

Year	Scotland		England & Wales	
	Number	Rate <sup>1</sup>	Number <sup>2</sup>	Rate <sup>1,2</sup>
2008	13 904	13.3	202 158	17.6
2009	13 111	12.6	195 743	17.0
2010	12 939	12.4	196 109	17.1
2011	12 554	12.1	196 082	17.2
2012	12 447	12.0	190 972	16.4

<sup>1</sup> Rate per 1,000 women aged 15-44.

<sup>2</sup> 2012 data released on 11 July 2013.

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

## Age of women

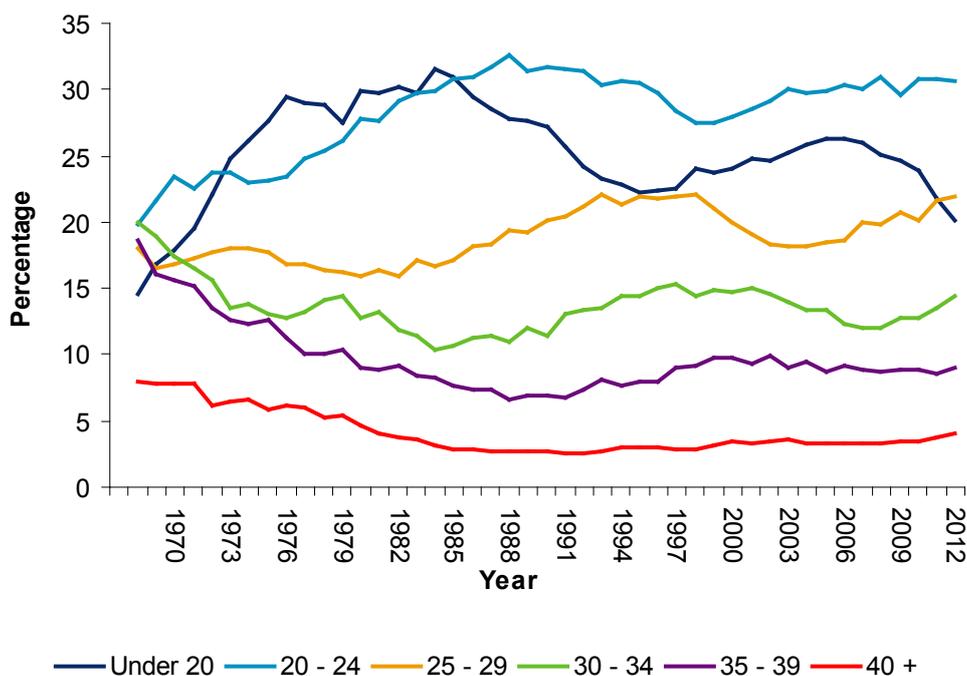
As in previous years, the rate of terminations in 2012 was highest in younger women, 16-19 (17.8 per 1,000) and those aged 20-24 (21.1 per 1,000). Lower rates are seen in the older age groups; women aged 25-29 (15.5 per 1,000); aged 30-34 (11.2 per 1,000); aged 35-39 (6.8 per 1,000) and in women aged over 40 (2.5 per 1,000).

Although lower rates of termination are exhibited in the four older age groups (25 years and over), the rates in each of these age groups have increased slightly since last year. In the group of women aged 40 and over there was a 7% rise in the rate of terminations between 2011 and 2012.

The fall in abortion rates between the peak of 2008 and 2012 has been greatest in younger women compared to older women, with a reduction of 27.5% in those aged 16 to 19.

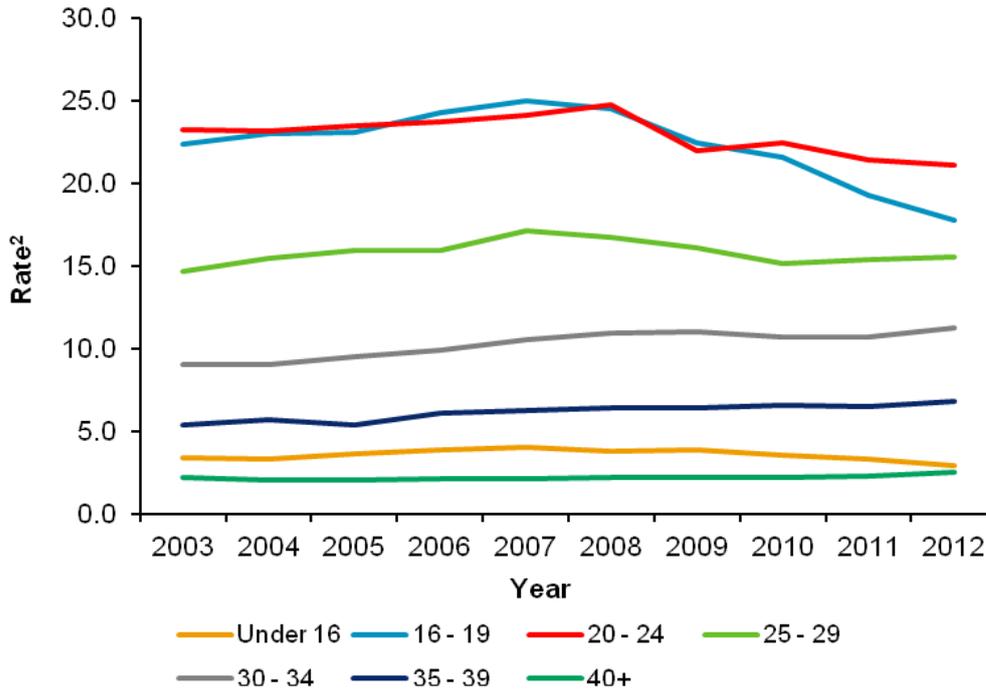
The charts below show the percentage distribution and rates by each age group.

**Percentage of abortions<sup>1</sup> by age of woman; 1968-2012<sup>p</sup>**



<sup>1</sup> Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.  
<sup>p</sup> Provisional for 2012.

**Rates of abortion<sup>1,2</sup> by age of woman; 2003-2012<sup>p,R</sup>**



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

2 Rates per 1,000 women in each age group (rate for under 16's calculated using female population aged 13-15).

p Provisional for 2012.

R November 2013 - an error was identified with the rates for 2007 which were entered incorrectly. There has been a minor change in the rates that has resulted in a change in the values presented from no change to an increase/decrease of 1.2.

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](#)

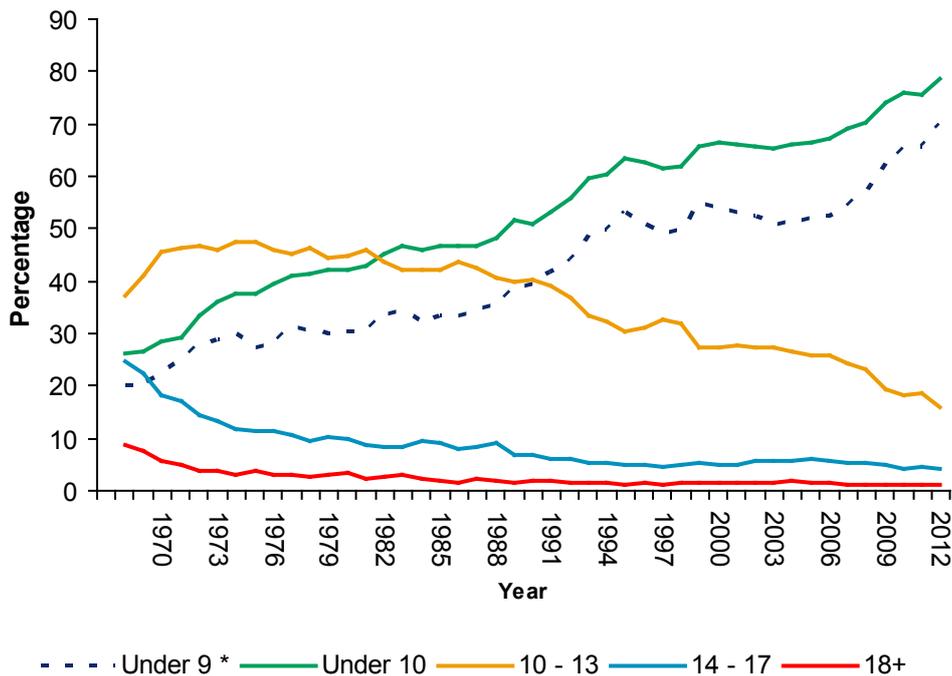
[Table 7: Abortions by age and year](#)

## Estimated gestation

The proportion of early terminations has been rising steadily in recent years, with 69.8% of all terminations performed at less than 9 weeks in 2012, 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<sup>1</sup> by estimated gestation (weeks); 1968-2012<sup>p</sup>**



<sup>1</sup> Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.

<sup>p</sup> Provisional for 2012.

\* Subset of under 10 week group.

## Key Clinical Indicator (KCI) - Termination of pregnancy

The KCI was introduced in March 2008 by NHS Healthcare Improvement Scotland and states that 70% of women seeking a termination should undergo the procedure at less than 9 weeks (under 63 days) gestation. The indicator seeks to promote optimal quality of care by helping to remove delays that can increase distress and also reduce the possibility of complications that are more likely with increased gestation.

The following table illustrates the percentage of women undergoing an abortion under 9 weeks gestation in Scotland in 2011 and 2012, by deprivation (SIMD) quintile.

Scotland	Deprivation (SIMD) quintile <sup>1</sup>					Scotland <sup>2</sup>
	1 – Most deprived	2	3	4	5 – Least deprived	
2011	62.9	65.2	65.9	68.3	67.8	65.5
2012 <sup>p</sup>	68.1	69.6	69.7	71.4	72.1	69.8

1 SIMD (Scottish Index of Multiple Deprivation) 2012.

Further information about SIMD at: <http://www.isdscotland.org/Products-and-Services/Deprivation/Deprivation-Overview/>

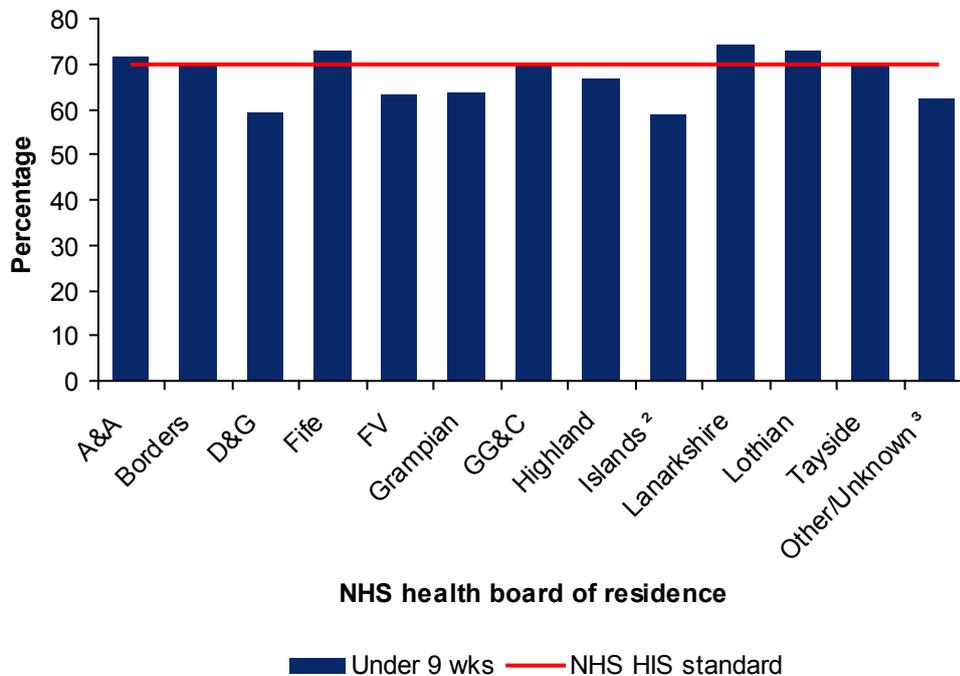
2 Includes residents where SIMD is not known.

p Provisional

There is considerable variation reported among NHS boards. In 2012, NHS Dumfries and Galloway recorded 59.4% of women undergoing an abortion under 9 weeks gestation, whilst in NHS Lanarkshire it was 74.5%.

The chart below shows the distribution by NHS board.

**Percentage of abortions<sup>1</sup> performed < 9 weeks gestation by NHS health board; 2012<sup>p</sup>**



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

2 Orkney, Shetland and Western Isles NHS board areas.

3 Patients resident outwith Scotland or Scottish residents who cannot be assigned to a NHS board.

p Provisional.

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](#)

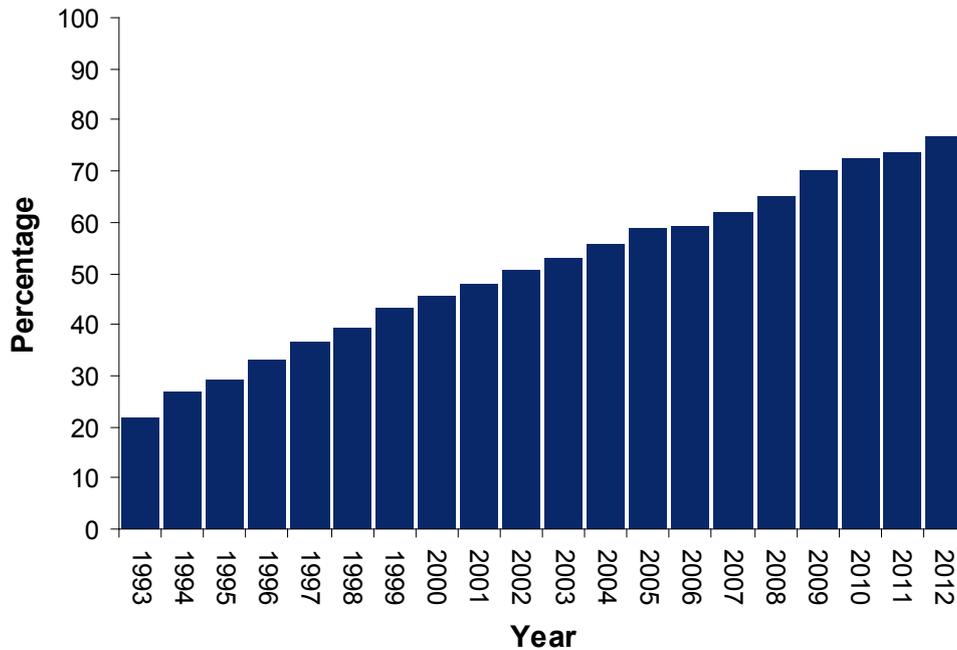
[Table 8: Abortions by estimated gestation](#)

[Table 11: Abortions by deprivation, estimated gestation in weeks and age group](#)

## Method of termination

The use of medical methods compared to surgical methods continues to increase, with 76.7% of terminations (at all gestations) performed medically in 2012, a rise from 21.6% in 1993. Of terminations performed at less than 9 weeks gestation, 85.7% are now carried out medically (see Table 2 for terminations under 9 completed weeks).

**Abortions<sup>1</sup> by medical method; 1993-2012<sup>p</sup>**



1 Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.  
 p Provisional for 2012.

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](#)

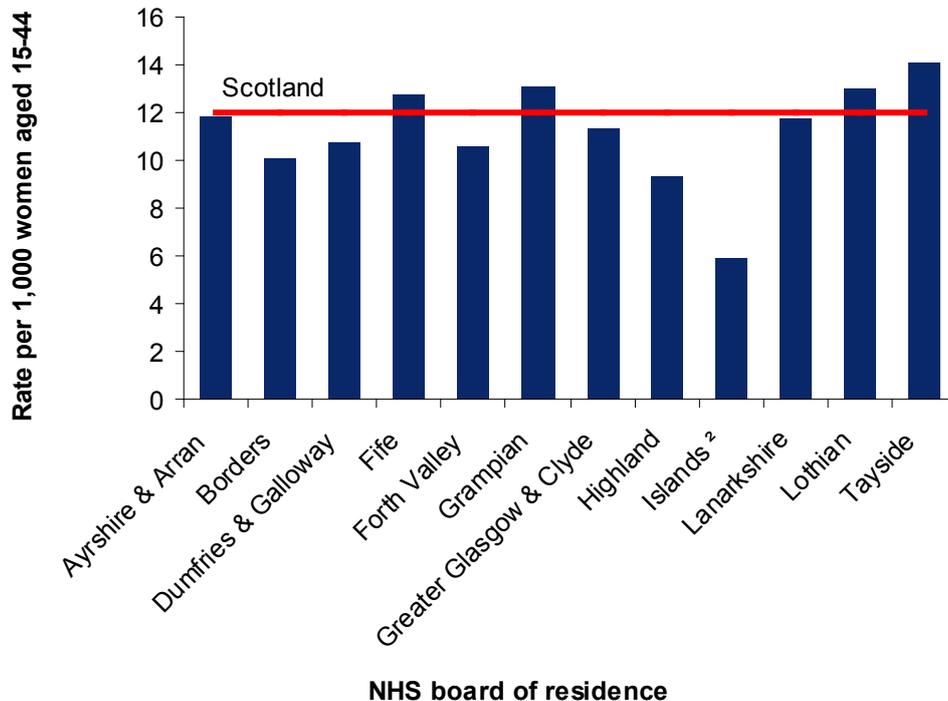
[Table 9: Abortions by method of termination](#)

## 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 (14.1 per 1,000 women aged 15-44), which is a slight reduction from the figure of 15.0 in 2011. The next highest board is Grampian, at 13.1 per 1,000 women. The lowest rate is 5.9 per 1,000 women in the Island boards, and the lowest mainland board is Highland at 9.3 per 1,000 women.

### Abortion<sup>1</sup> rates by NHS board of residence; year ending 31<sup>st</sup> December 2012<sup>p</sup>



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 2012, the rate of abortions continues to show a clear link with the level of deprivation. In areas of high deprivation the rate is 16.1 per 1,000, nearly double the rate of 8.6 per 1,000 for the least deprived areas of Scotland. The differences in rates in deprivation vary across NHS boards and are listed in the table below.

### Abortion rates<sup>1, 2</sup> in Scotland by NHS board of residence and deprivation quintile; year ending 31<sup>st</sup> December 2012<sup>p</sup>

NHS board of residence	Deprivation (SIMD) quintile <sup>4,5</sup>				
	1 – Most deprived	2	3	4	5 – Least deprived
Scotland	16.1	13.6	11.1	9.9	8.6
Ayrshire & Arran	14.5	12.5	9.0	9.6	9.1
Borders	15.1	11.3	10.0	8.8	10.2
Dumfries & Galloway	16.7	14.0	8.0	10.8	6.2
Fife	17.4	16.2	11.6	11.2	7.3
Forth Valley	15.8	12.3	9.5	7.7	8.1
Grampian	22.2	17.8	13.2	10.6	11.0
Greater Glasgow & Clyde	14.4	12.3	9.7	8.4	7.3
Highland	14.5	9.5	8.0	9.4	7.4
Islands <sup>3</sup>	-	6.0	5.8	6.4	-
Lanarkshire	14.3	13.2	11.0	8.4	7.7
Lothian	20.8	14.9	13.9	12.3	8.4
Tayside	21.4	15.4	13.6	10.6	10.5

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 SIMD 2012.

5 Some records could not be assigned to a quintile.

p Provisional.

For further information on terminations by deprivation category see:

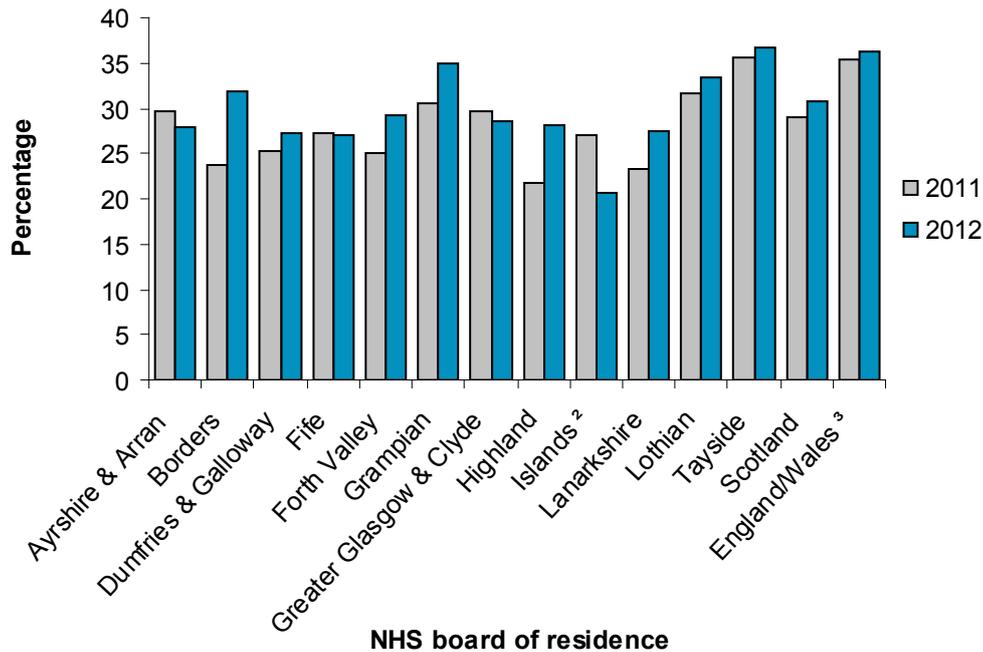
[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

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

## Previous abortions

Approaching a third (30.7%) of the 12,447 women having a termination in 2012 had a previous termination. The proportion of women having had a previous termination varies markedly across NHS boards.

**Previous abortions<sup>1</sup> by NHS board of residence and country; 2011-2012<sup>p</sup>**



Source: Department of Health (for abortions performed in England & Wales).

- 1 Refers to therapeutic abortions notified in accordance with the Abortion Act 1967.
- 2 Includes Orkney, Shetland and Western Isles.
- 3 England and Wales data released on 11 July 2013.

p Provisional for 2012.

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

There are seven statutory grounds for abortion (Ground A to Ground G) and at least one must be recorded for a termination of pregnancy. Occasionally, notifications may record more than one statutory ground resulting in the numbers and percentages of grounds exceeding the total number of abortions.

In 2012, the vast majority (11,761; 94.5%) of terminations were carried out under Ground C. There were 159 terminations carried out under Ground E, of which 30 were for Down's syndrome, 15 for anencephaly, 13 for musculoskeletal conditions and 12 for other chromosomal conditions. (see Table 1 for trend data).

### Abortions<sup>1</sup> performed in Scotland by Grounds<sup>2</sup>; 2012<sup>p</sup>

Grounds <sup>2</sup> for abortion	Number	%
A	*	*
B	7	0.1
C	11761	94.5
D	519	4.2
E	159	1.3
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 or termination	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	A legally induced abortion must be certified by two registered medical practitioners as justified under one or more of the Statutory Grounds A to G (see list below).
KCI	Key Clinical Indicator.
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.
NRS	National Records of Scotland.
Parity	The number of previous completed pregnancies.
SIMD	Scottish Index of Multiple Deprivation quintiles; 1 is most deprived and 5 in least deprived. Deprivation for individuals is estimated from aggregate data derived from the census and other routine sources. These are used to estimate the deprivation of individuals in small geographical areas. The Scottish Index of Multiple Deprivation has seven domains (income, employment, education, housing, health, crime, and geographical access), which have been combined into an overall index to pick out area concentrations of multiple deprivation.

## 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	<a href="#">Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland</a>	2003-2012	Excel [169kb]
2	<a href="#">Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence</a>	2003-2012	Excel [935kb]
3	<a href="#">Abortions by NHS board of treatment and NHS board of residence</a>	2010-2012	Excel [76kb]
4	<a href="#">Abortions by local council area of residence</a>	2003-2012	Excel [60kb]
5	<a href="#">Abortions by age and by local council area of residence</a>	2010-2012	Excel [41kb]
6	<a href="#">Abortions performed in Scotland and on Scottish residents in England and Wales</a>	1968-2012	Excel [45kb]
7	<a href="#">Abortions by age and year</a>	1968-2012	Excel [26kb]
8	<a href="#">Abortions by estimated gestation</a>	1968-2012	Excel [23kb]
9	<a href="#">Abortions by method of termination</a>	1992-2012	Excel [20kb]
10	<a href="#">Abortions by NHS board of residence</a>	2003-2012	Excel [46kb]
11	<a href="#">Abortions in Scotland by deprivation, estimated gestation in weeks and age group</a>	2011-2012	Excel [48kb]

## List of Charts

Chart No.	Name	Time period	File & size
1	<a href="#">Number of abortion performed in Scotland</a>	1968-2012	Excel [100kb]
2	<a href="#">Abortion by age of woman (percentage and rates)</a>	1968-2012	Excel [63kb]
3	<a href="#">Abortions by estimated gestation (Scotland and NHS board)</a>	1968-2012	Excel [82kb]
4	<a href="#">Percentage of abortions by medical method</a>	1993-2012	Excel [57kb]
5	<a href="#">Abortion rates by NHS board of residence</a>	2012	Excel [59kb]
6	<a href="#">Previous abortions by NHS board of residence</a>	2011-2012	Excel [45kb]

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## Further Information

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

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Appendix

## **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)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	Abortion Statistics
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 are acquired	Data extracted in April for previous calendar year.
Release date	28/05/13
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	2012 data are noted as provisional, in case of receipt of late returns (expected late returns generally <30). The data are revised for the most recent 5 years, thus accounting for any late submissions of notifications.
Revisions relevant to this publication	<p>30 July 2013: this publication has been updated with England and Wales abortion data published by the Department of Health on 11/7/13. The initial delay was due to the change in geographical health areas in England, triggering a consultation process to agree on the new format of some of the tables.</p> <p>November 2013 – An error was recently identified in Table 1 in the 2013 report which affected the rates/percentages for 2007 only. The 2007 rates/percentages had been entered incorrectly and have been revised. The revisions fall into two categories. For parity the table previously only showed 100% under the 5+ category. The correct percentage distribution of parity is now presented. For the other categories there has been a minor change in the rates/percentages that has resulted in a change in the values presented from no change to an increase/decrease of 1.2. This error also affected the 2007 value in Chart 2 – Rates of abortion by age of women 2003-2013. Updated versions of Table 1 and Chart 2 have been placed on the ISD website.</p>
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. Monitoring of the KCI. To respond to information requests for a variety of customers e.g. researchers, charities, public companies, Freedom of Information requests. To provide information to support answers to Parliamentary Questions.
Accuracy	Information on forms is clerically checked, with additional validation on

	data entry. Data also compared to previous year's figures.
Completeness	Generally considered complete. There are approximately 92 terminations with outstanding data queries. These have been excluded from the 2012 report but will be included in the 2013 report. 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 comparable with data for England and Wales. 2012 statistics are available at: <a href="https://www.gov.uk/government/statistical-data-sets/statistics-on-abortions-carried-out-in-england-and-wales-in-2012">https://www.gov.uk/government/statistical-data-sets/statistics-on-abortions-carried-out-in-england-and-wales-in-2012</a> 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 <a href="#">published guidelines</a> .
Coherence and clarity	Abortion tables and charts are accessible via the ISD website: <a href="http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/">http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/</a>
Value type and unit of measurement	Numbers, percentages and crude rates are presented.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority <a href="http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-121---statistics-on-sexual-health-in-scotland.pdf">http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-121---statistics-on-sexual-health-in-scotland.pdf</a>
Last published	29/05/12
Next published	27/05/14
Date of first publication	1968
Help email	<a href="mailto:NSS.isdmaternity@nhs.net">NSS.isdmaternity@nhs.net</a>
Date form completed	23/04/13 (updated 16/07/13)

## **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)

## A4 – ISD and Official Statistics

### 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](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.