

Termination of Pregnancy Statistics

Year ending December 2015

Publication date – 31 May 2016



Contents

Contents.....	1
Introduction	3
Terminations.....	3
Main points.....	4
Results and Commentary.....	5
Terminations by country.....	6
Age of women.....	7
Estimated gestation	9
Sexual Health Standard	9
Method of termination.....	13
NHS Board of residence.....	15
Deprivation	16
Previous terminations	18
Grounds for termination	19
Glossary	21
List of Tables	22
List of Figures	22
Contact.....	23
Further Information.....	23
Rate this publication.....	23
Appendices	24
A1 – Background Information	24
Notification of termination of pregnancy.....	24
Legislation pertaining to the Abortion Act 1967	24
Quality of the data	24
Changes to NHS Boards	24
Population.....	25
Deprivation	25

A2 – Publication Metadata (including revisions details)	26
A3 – Early Access details (including Pre-Release Access)	28
A4 – ISD and Official Statistics	29

Introduction

This release provides an annual update on the number of terminations in Scotland. Information is provided by age, gestation, method of termination, NHS Board of residence, deprivation category, previous termination and ground for termination.

This report also monitors NHS Healthcare Improvement Scotland's 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.

Terminations

A termination of pregnancy (also referred to as a therapeutic or induced abortion) is carried out under the terms of the Abortion Act 1967, which applies to England, Wales and Scotland. Two doctors must agree that a termination of pregnancy is necessary under one of the grounds as specified in the 1991 Regulations. There is a legal requirement to notify the Chief Medical Officer in Scotland of all terminations carried out in Scotland.

The Information Services Division (ISD) is responsible for the collation of data derived from notifications of terminations 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 occur, leading to some under-reporting. Further information on this is available in [Appendix A1](#).

Main points

- The number of terminations in Scotland increased by 306 between 2014 and 2015 from 11,776 to 12,082; a rise of 2.6%.
- Termination rates continue to decline in women under 20 years old but have increased among older women, particularly those aged 35-39 years.
- The increase in terminations in 2015 mainly occurred in women living in the most deprived areas of Scotland. Termination rates are higher among women living in more deprived areas.
- The majority of terminations are performed in early pregnancy using medical (involving the use of drugs) rather than surgical methods.

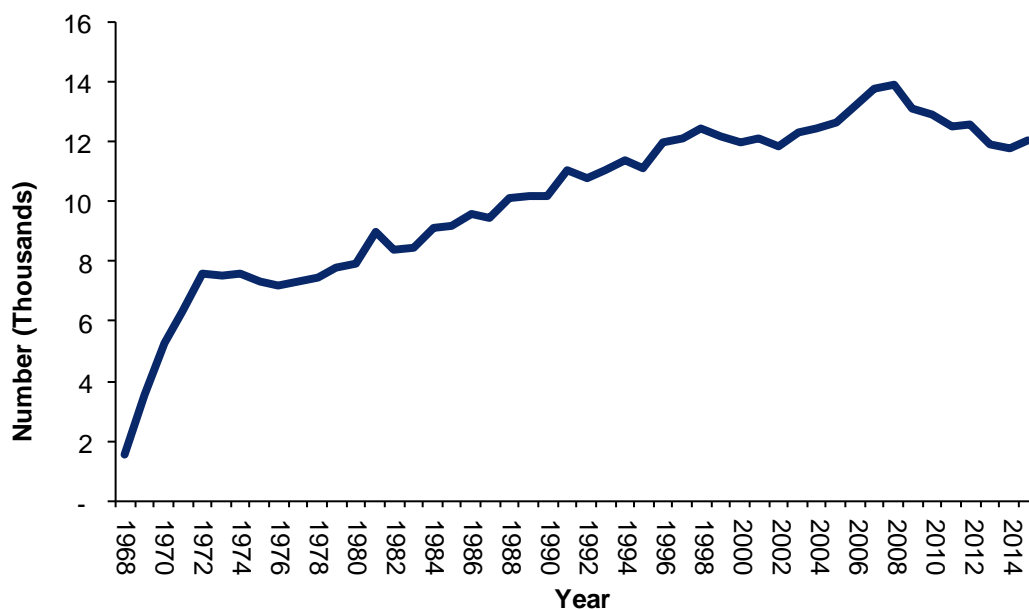
Results and Commentary

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

Terminations performed in Scotland - 1968 to 2015

The most significant growth in terminations occurred in the four years immediately following the implementation of the 1967 Abortion Act, with numbers rising from 1,500 in 1968 to over 7,500 in 1972. Since then numbers (and rates) climbed to a peak of 13,908 (13.1 per 1,000 women aged 15-44) in 2008 before falling steadily to 11,776 (11.3 per 1,000 women aged 15-44) in 2014. In 2015, the number of terminations rose by 306 (2.6%) to 12,082 (11.6 per 1000 women aged 15-44).

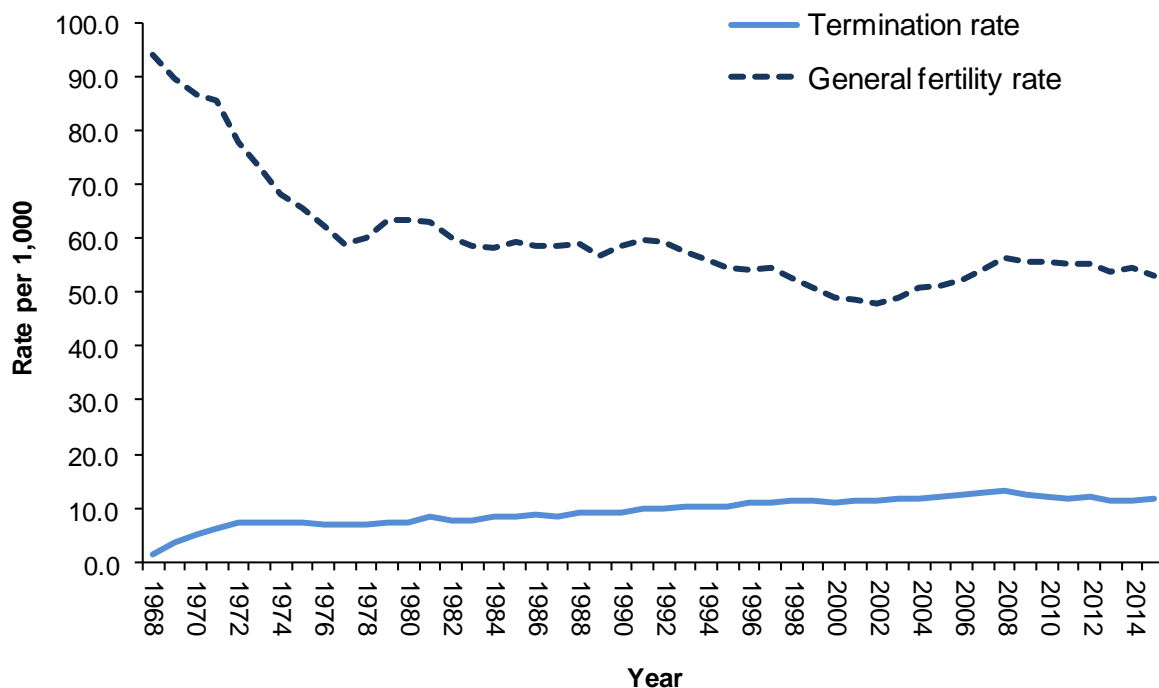
Figure 1a: Number of terminations of pregnancy, Scotland 1968 – 2015¹



1. 2015 termination data are provisional and 2006 to 2014 data have been revised.

Figure 1b compares termination rates with the general fertility rate (GFR), which is the number of live births per thousand women of child-bearing age (15-44). The general fertility rate has fallen steadily since 2008.

Figure 1b: Termination ¹ and General Fertility rates ², Scotland 1968 – 2015³



1. Number of terminations per 1,000 women aged 15-44.

2. Number of live births per 1,000 women aged 15-44.

3. 2015 termination data are provisional and 2006 to 2014 data have been revised.

Source: Notifications of abortions to Chief Medical Officer (Scotland) and the National Records of Scotland

(<http://www.nrscotland.gov.uk/files/statistics/vital-events-ref-tables/2014/section-3/14-vital-events-ref-tab-3-4.xlsx>). The NRS 2015 rate is provisional.

Terminations by country

Table A below shows the difference in termination rates between Scotland and England and Wales. Rates in England and Wales have consistently been higher than those in Scotland.

Table A: Termination numbers and rates by country

Year	Scotland		England & Wales	
	Number	Rate ¹	Number	Rate ¹
2011	12,558	11.9	196,082	17.2
2012	12,570	12.0	190,972	16.4
2013	11,946	11.5	190,800	16.5
2014	11,776	11.3	190,092	16.5
2015	12,082	11.6	191,014	17.0

1. Rate per 1,000 women aged 15-44.

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

Age of women

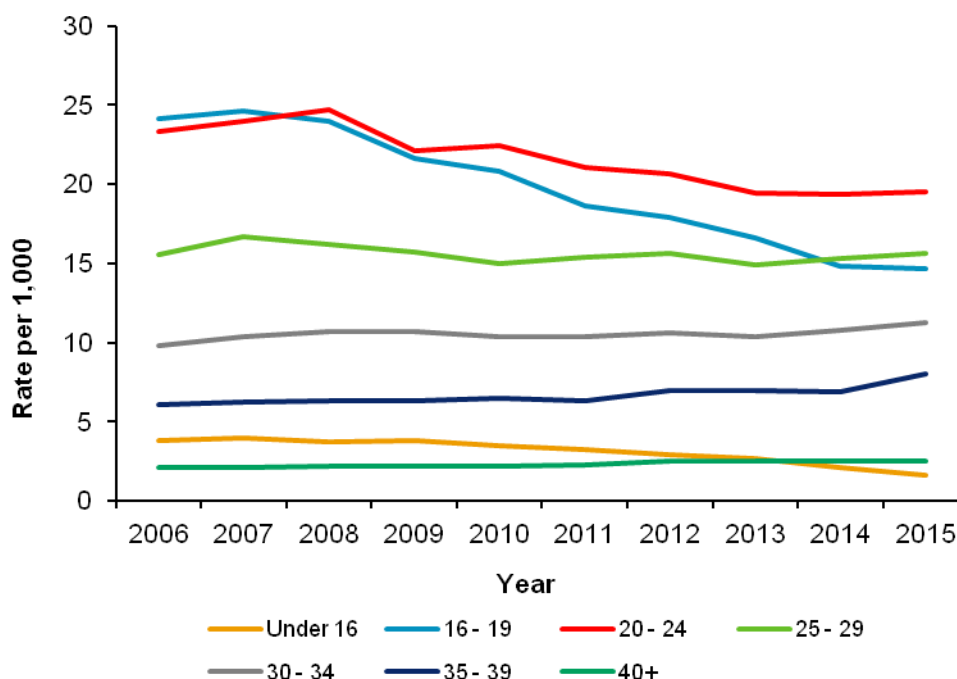
In 2015 the highest rates of termination were in the 20-24 (19.5 per 1,000 women aged 20-24) and 25-29 (15.6 per 1,000 women aged 25-29) age groups.

Historically the highest rates of termination have been in the 16-19 and 20-24 groups, although in the last two years the 25-29 group has overtaken the 16-19 year olds. The lowest rates have tended to occur in the 40+ age group, however for the second successive year since 2001 (when the under 16 rate was introduced), the under 16s recorded the lowest rate of any age group (1.6 per 1,000 women aged 13-15). The 40+ group has remained static at 2.5 per 1,000 women aged 40-44 since 2012.

The biggest increase on the previous year was in the 35-39 age group, rising from 6.9 (per 1,000 women aged 35-39) to 8.1, equating to a 17.5% increase.

Since 2007 there has been a sustained decrease in the rates observed in women under twenty. The rate in the under 16 group dropped from 4.0 per 1,000 women aged 13-15 in 2007 to 1.6 per 1,000 women aged 13-15 in 2015; a decrease of 58.9%. In the same period the rate in the 16-19 group decreased from 24.6 per 1,000 women aged 16-19 to 14.6 per 1,000 women aged 16-19 (40.5%).

Figure 2a: Termination rates¹ by age group of woman; 2006 – 2015²



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

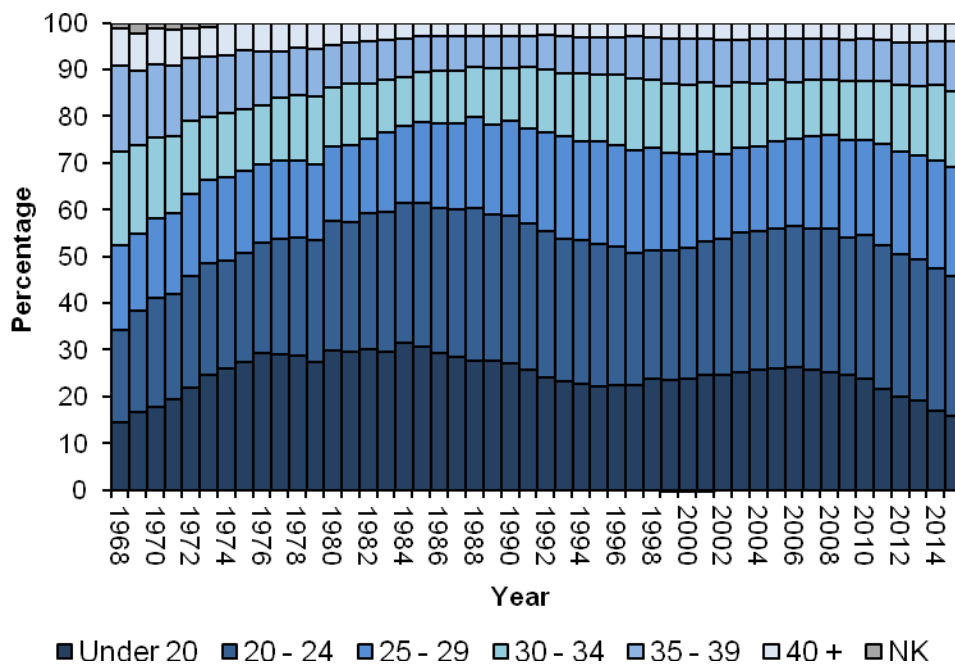
2. 2015 data are provisional and 2006 to 2014 data have been revised.

Further background info on the use of the 2014 mid-year population estimates is available in Appendix 1.

In terms of age distribution (Figure 2b), the figures for 2015 indicate that: 30% of terminations were to women aged 20-24; 23% to women aged 25-29; 16% to women aged 30-34; 16% to woman aged under 20; 11% to women aged 35-39; and 4% to those women aged 40 or over.

Some significant changes have occurred to the age distribution over the years, for example, the proportion of terminations provided to under 20s has fluctuated considerably and the current percentage is within two percentage points of the lowest percentage reported for this age group (15% reported in 1968).

Figure 2b: Percentage of terminations by age of woman; 1968 – 2015¹



1. 2015 data are provisional and 2006 to 2014 data have been revised.

For further information on terminations by age:

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

[Table 2: Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence](#)

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

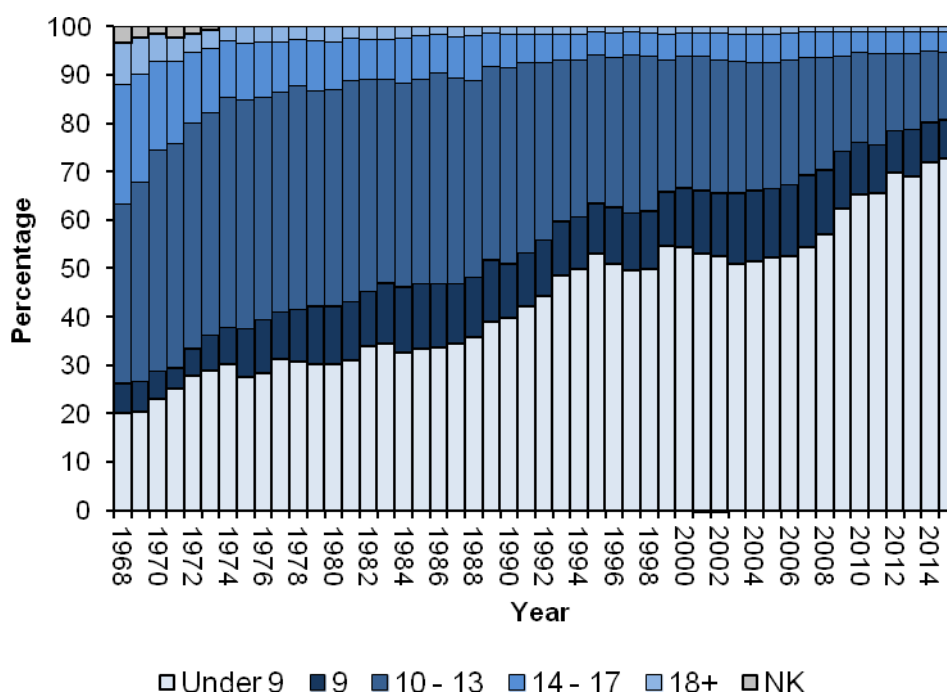
[Table 7: Terminations by age and year](#)

Estimated gestation

In 2015 the proportion of early terminations performed at less than 9 weeks gestation was 72.5%, a slight increase from 71.9% in 2014. A fifth of all terminations in 2015 were performed at 10 weeks or over compared to 70.5% in 1968. The percentage of late gestation terminations (18+ weeks) have reduced from 8.6% in 1968 to 1.2% in 2015.

Figure 3a illustrates the percentage breakdown by gestation.

Figure 3a: Terminations by estimated gestation (weeks); 1968 – 2015¹



1. 2015 data are provisional and 2006 to 2014 data have been revised.

Sexual Health Standard

In March 2008 standards for sexual health were published by NHS Quality Improvement Scotland (now Healthcare Improvement Scotland), one of which was on termination of pregnancy. The standard stated that 70% of women seeking a termination should undergo the procedure at less than 9 weeks (under 63 days) gestation. The standard 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 standards are available on the Healthcare Improvement Scotland website: [Standards for sexual health services](#).

Table B shows the percentage of women undergoing a termination under 9 weeks gestation in Scotland in 2014 and 2015 by deprivation category. Women from more deprived areas are less likely to undergo their termination at under 9 weeks than women from more affluent areas. Women from the most deprived areas of Scotland narrowly missed the 70% standard.

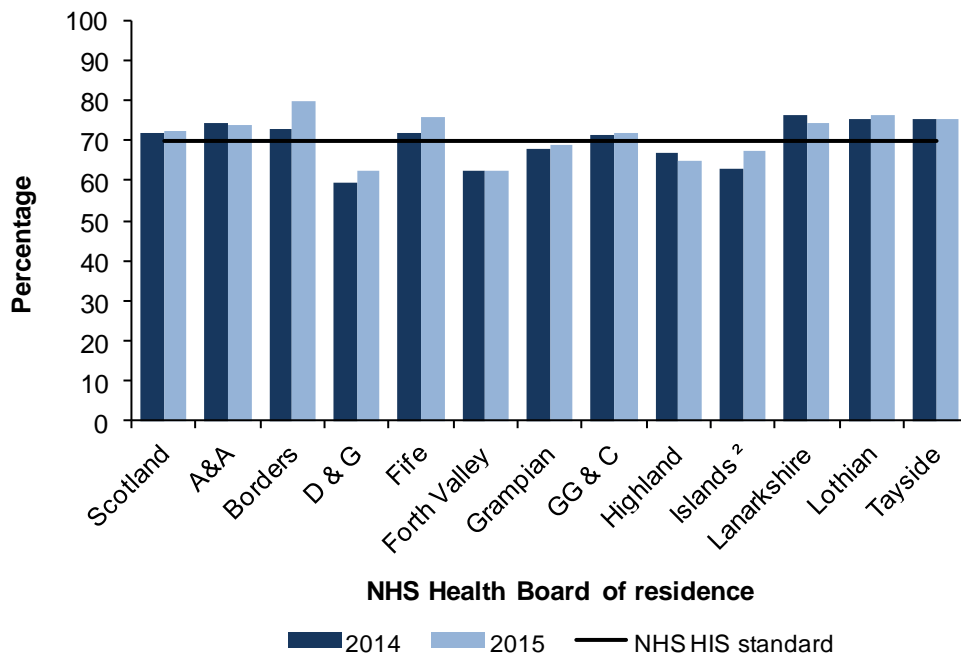
Table B: Percentage of terminations performed under 9 weeks gestation

Scotland	Deprivation category ¹					Scotland ²
	1 - Most deprived	2	3	4	5 - Least deprived	
2014 ^r	69.6	70.8	72.6	74.0	75.2	71.9
2015 ^p	69.4	71.1	75.3	73.5	76.9	72.5

- For each year the most appropriate Scottish Index of Multiple Deprivation (SIMD) release was used: 2014 and 2015 use SIMD 2012. Further information about SIMD can be found in Appendix A1 and at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/>
 - Includes residents where SIMD is not known.
- p Provisional.
r Revised.

In 2015, seven out of the eleven mainland NHS Boards continued to meet the minimum of 70% of terminations at less than 9 weeks gestation. The remaining four mainland Boards reported less than 70% - NHS Dumfries & Galloway (62.6%), NHS Forth Valley (62.6%), NHS Grampian (69.0%) and NHS Highland (65.1%). The combined data for the Island Boards showed that 67.3% of terminations were performed at under 9 weeks in 2015. Figure 3b shows the distribution by NHS Board for 2014 and 2015.

Figure 3b: Percentage of terminations performed < 9 weeks gestation¹ by NHS Health Board; 2014^r and 2015^p



- Healthcare Improvement Scotland standard: 70% of women seeking a termination should have the procedure at under 9 weeks gestation.
 - Orkney, Shetland and Na h-Eileanan Siar NHS Board areas.
- p Provisional.
r Revised.

For further information on terminations by estimated gestation:

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

[Table 2: Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence](#)

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

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

Method of termination

A termination of pregnancy can be performed surgically (eg vacuum aspiration, dilation and curettage) or medically. Medical methods of termination are carried out using drugs such as mifepristone (an antiprogestosterone) and misoprostol (a prostaglandin).

Medical terminations using mifepristone and prostaglandin were first approved in France in 1988 followed by the United Kingdom in 1991. In the UK, the licensing of Mifepristone allowed for medical terminations up to 9 weeks gestation.

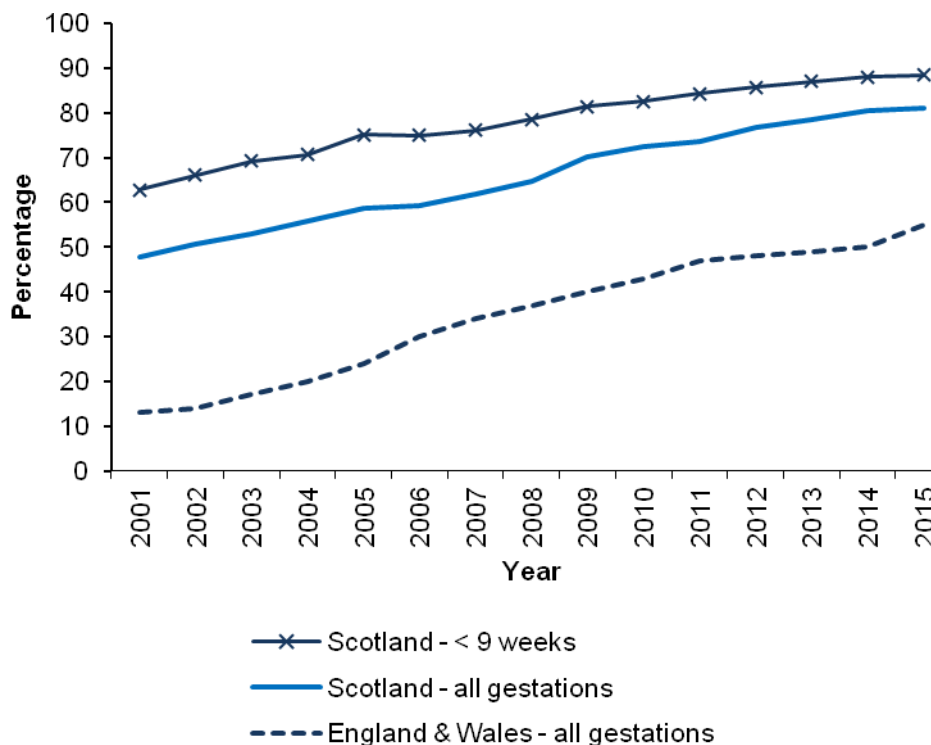
In 1992, the first year since being licensed, 16.4% of terminations were performed medically and within 5 years this rose to over a third.

The use of medical methods compared to surgical methods continues to increase, with 81.1% of terminations (at all gestations) performed medically in 2015.

In Scotland in 2015, 88.4% of terminations under 9 weeks were performed medically.

The proportion of all terminations that are carried out medically is considerably higher in Scotland than in England and Wales.

Figure 4: Percentage of terminations by medical method in Scotland and England and Wales; 2001 – 2015¹



1. 2015 data are provisional and 2006 to 2014 data have been revised for Scotland. Source: ISD (Scotland data) and Department of Health (data for England and Wales).

For further information on method of termination:

[Table 2: Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence](#)

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

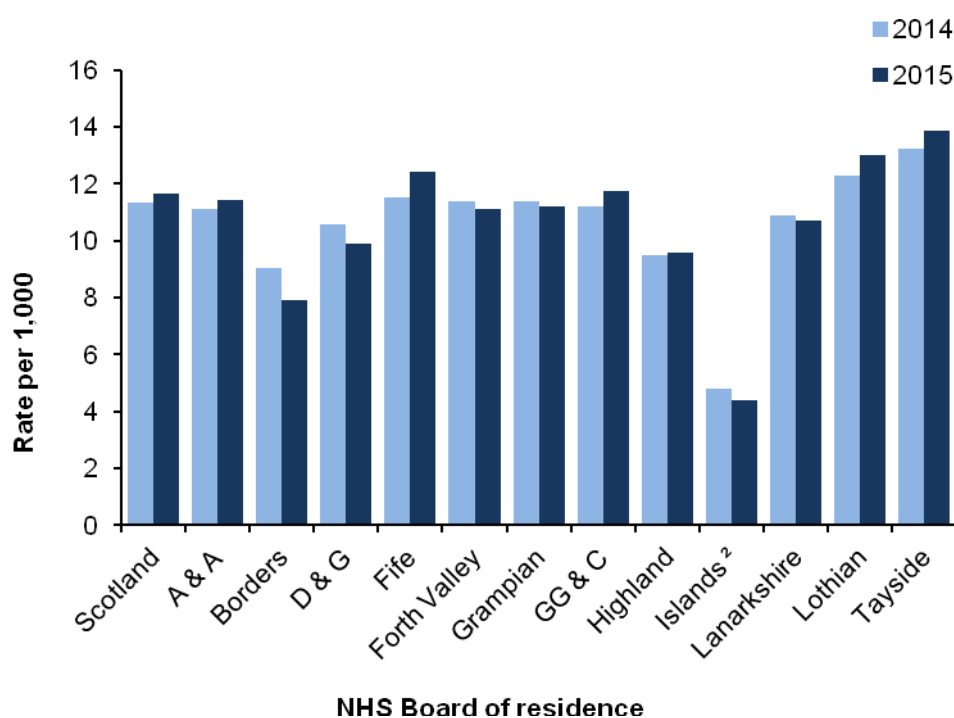
NHS Board of residence

2014 NHS Board boundaries came into effect on 01 April 2014 and are used throughout this publication. Further information about this is available in [Appendix A1](#).

The data published here refers to the Board of residence of the patient rather than the Board within which the termination is performed. It is possible however that people who are temporarily resident in a particular Board, such as students, will have their residence ascribed to their temporary address. In these calculations the denominators are based on permanent residents which may give artificially high rates in areas where there is a high proportion of temporary residents, for example, where there are many students. Similarly, a small number of women travel to Scotland from countries where terminations are not so accessible and may be counted as Scottish residents if they provide a temporary Scottish address/postcode.

In general, termination rates are highest in urban east coast Boards (NHS Fife, NHS Lothian and NHS Tayside) and lowest in the Island Boards (NHS Orkney, NHS Shetland and NHS Na h-Eileanan Siar) and the more rural Boards of mainland Scotland (Figure 5).

Figure 5: Termination rates¹ by NHS Board of residence; 2014^r and 2015^p



1. Rate per 1,000 women aged 15-44.
2. Includes NHS Orkney, Shetland and Na h-Eileanan Siar NHS Boards.
- p Provisional.
- r Revised.

For further information on terminations by Health Board:

[Table 2: Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence](#)

[Table 3: Terminations by NHS Board of treatment and NHS Board of residence](#)

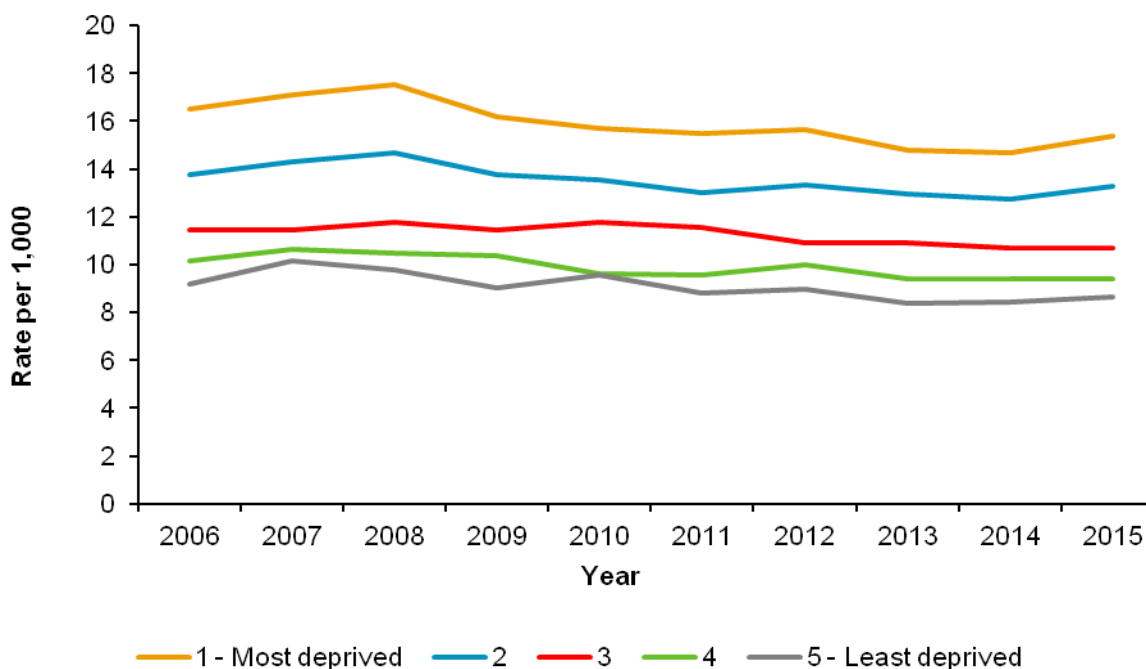
[Table 10: Terminations by NHS Board of residence](#)

Deprivation

There is a strong association between deprivation and termination rates. In 2015, the termination rate among women from the most deprived areas of Scotland was 1.8 times that among women from the least deprived areas (15.4 compared to 8.7 per 1,000 women aged 15-44).

Between 2008 and 2014, the absolute difference (gap between most and least deprived) in termination rates among women from the most and least deprived areas has declined as did the overall rate of terminations during this time. However the gap has widened slightly in 2015 as most of the increase in terminations seen in that year were amongst women in the most deprived areas.

Figure 6: Rate of terminations¹ performed in Scotland by deprivation category²; 2006 - 2015³



1. Rate per 1,000 women aged 15-44.
2. For each year the most appropriate Scottish Index of Multiple Deprivation (SIMD) release was used: 2006 uses SIMD 2006; 2007 to 2009 uses SIMD 2009V2; 2010 to 2015 uses SIMD 2012. Further information about SIMD can be found in Appendix A1 and at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/>
3. 2015 data are provisional and 2006 to 2014 data have been revised.

There was a similar pattern of deprivation in the termination rates across all mainland NHS Boards. Boards with the highest overall termination rates tended to have the highest absolute and relative inequalities in termination rates between their most and least deprived areas (Table C). Some care should be applied when examining rates by deprivation for specific Boards as numbers of terminations occurring in specific deprivation groups in the less populous NHS Boards may be small. (The numbers by NHS Health Board are available in [Table 2](#)).

Table C: Termination rates¹ in Scotland by NHS Board of residence and deprivation category; 2015^p

NHS Board of residence	Deprivation category ^{3,4}				
	1 - Most deprived	2	3	4	5 - Least deprived
Scotland	15.4	13.3	10.7	9.4	8.7
Ayrshire & Arran	12.7	12.7	9.6	9.6	9.1
Borders	11.6	10.0	8.9	6.1	5.1
Dumfries & Galloway	15.1	10.6	9.7	7.7	7.7
Fife	18.0	13.7	12.5	10.4	7.5
Forth Valley	15.2	14.1	9.5	9.3	7.4
Grampian	18.9	16.5	10.8	9.2	9.0
Greater Glasgow & Clyde	14.3	12.6	10.9	8.8	7.7
Highland	12.3	10.2	8.9	9.2	8.4
Islands ²	-	4.8	3.9	5.1	-
Lanarkshire	12.1	11.9	10.3	8.1	8.1
Lothian	21.0	14.7	12.3	11.9	9.5
Tayside	20.6	16.0	11.7	10.2	10.5

1. Rates per 1,000 women aged 15-44.
 2. Orkney, Shetland and Na h-Eileanan Siar NHS Board areas.
 3. For each year the most appropriate SIMD release was used: 2015 uses SIMD 2012.
 4. Some records could not be assigned to a quintile.
- p Provisional.

The rates in Table C are available in Table 2. Further information by deprivation category can also be found in:

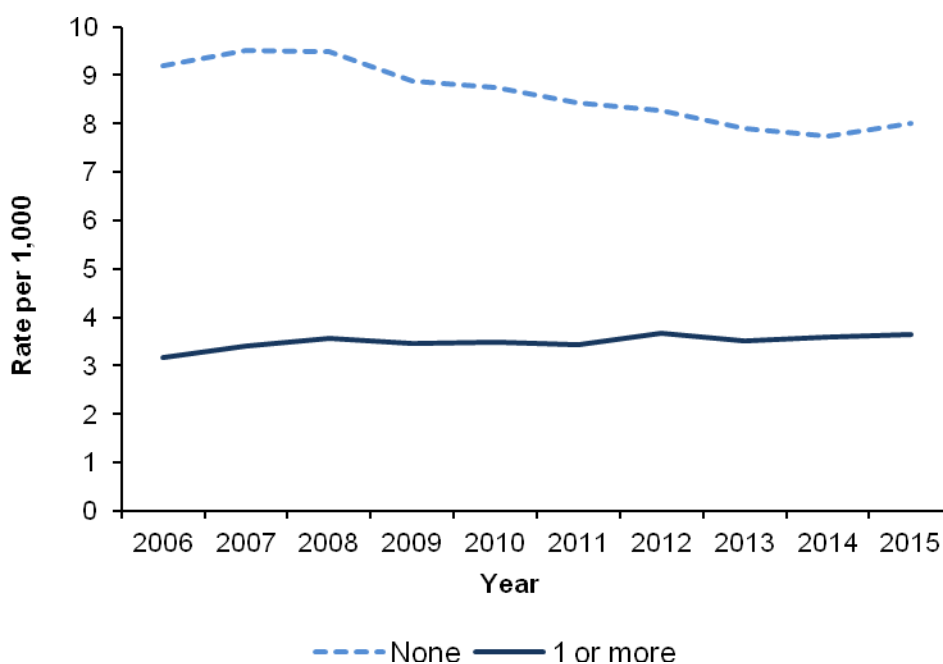
[Table 1: Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland](#)

[Table 2: Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence](#)

Previous terminations

The decline in the termination rate seen between 2008 and 2014 reflects a decline in the number of first terminations (ie those provided to women who had never had a previous termination). The number of repeat terminations (ie those to women who had had at least one previous termination) increased slightly over this period. This is congruous with the observation that termination rates declined mainly in younger women as younger women are less likely to be having a repeat procedure. In contrast to the recent trend, the small increase in terminations seen in 2015 was mainly due to an increase in first terminations.

Figure 7: Previous termination rates¹ in Scotland; 2006 to 2015²



1. Rates per 1,000 women aged 15-44; based on 2014 mid-year population estimates.
2. 2006 to 2014 data are revised and 2015 data is provisional.

Data from England and Wales showed first and repeat termination rates of 10.6 and 6.4 per 1,000 women aged 15-44 respectively in 2015.

For further information on previous terminations:

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

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

Grounds for termination

There are seven statutory grounds for termination of pregnancy and at least one must be recorded on every notification form. Occasionally, notifications may record more than one statutory ground resulting in the numbers and percentages of grounds exceeding the total number of terminations.

As per previous years, the vast majority of terminations (11,877; 98.3%) are carried out because “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.”

Terminations on the grounds where there was “...substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped” dropped to a ten-year low in 2011 (136 terminations) although this trend has reversed in recent years, reaching a peak in 2015 of 186. Of these, 78 were for chromosomal abnormalities (such as Down’s syndrome), 30 for congenital anomalies of the nervous system, and 47 for other specific congenital anomalies (such as of the cardiovascular or urinary systems).

There were 11 terminations performed in 2015 where “the continuance of the pregnancy would involve risk to the life of the pregnant women greater than if the pregnancy were terminated.” Prior to 2015 the average was fewer than 5 per year.

Table D below shows the split by grounds. Further information about specific Ground E diagnoses is available in [Table 1](#).

Table D: Terminations performed in Scotland by Grounds; 2015^p

Ground	Definition	Number	%
A	The continuance of the pregnancy would involve risk to the life of the pregnant women greater than if the pregnancy were terminated.	11	0.1
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.	11,877	98.3
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.	6	0.0
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.	186	1.5
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:

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

[Table 2: Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence](#)

Glossary

Approved place	Defined as in Section 1(3) of the Abortion Act 1967.
Deprivation category (SIMD)	Scottish Index of Multiple Deprivation categories are population weighted quintiles where each quintile consists of approximately 20% of the population living in Scotland. Deprivation quintiles are ordered from 1 (most deprived) to 5 (least deprived).
Gestation	The process or period of developing inside the womb between conception and birth.
Grounds for termination	A legally induced termination must be certified by two registered medical practitioners as justified under one or more of the Statutory Grounds A to G (definitions are listed in Table D).
Medical termination	Involves termination of a pregnancy without a surgical procedure. It usually involves oral administration of a drug (an antiprogestosterone) followed 1-3 days later by vaginal administration of a prostaglandin.
Parity	The number of previous completed pregnancies.
Termination of pregnancy	Refers to a therapeutic termination of pregnancy notified in accordance with the Abortion Act 1967.

List of Tables

Table No.	Name	Time period	File & size
1	Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland	2006-2015	Excel [26kb]
2	Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence	2006-2015	Excel [108kb]
3	Terminations by NHS Board of treatment and NHS Board of residence	2013-2015	Excel [21kb]
4	Terminations by local council area of residence	2006-2015	Excel [19kb]
5	Terminations by age and by local council area of residence	2013-2015	Excel [20kb]
6	Terminations performed in Scotland and on Scottish residents in England and Wales	1968-2015	Excel [15kb]
7	Terminations by age and year	1968-2015	Excel [17kb]
8	Terminations by estimated gestation	1968-2015	Excel [13kb]
9	Terminations by method of termination	1992-2015	Excel [12kb]
10	Terminations by NHS Board of residence	2006-2015	Excel [15kb]
11	Terminations in Scotland by deprivation, estimated gestation in weeks and age group	2014-2015	Excel [19kb]

List of Figures

Fig. No.	Name	Time period	File & size
1	Number of terminations performed in Scotland	1968-2015	Excel [54kb]
2a and b	Terminations by age of woman (percentage and rates)	1968-2015	Excel [40kb]
3a and b	Terminations by estimated gestation (Scotland and NHS Board)	1968-2015	Excel [39kb]
4	Percentage of terminations by medical method	2001-2015	Excel [30kb]
5	Terminations rates by NHS Board of residence	2014-2015	Excel [22kb]
6	Rate of terminations performed in Scotland by deprivation	2006-2015	Excel [16kb]
7	Rate of previous terminations performed in Scotland & by NHS Board	2006-2015	Excel [25kb]

Contact

Samantha Clarke

Senior Information Analyst

samanthaclarke@nhs.net

0131 275 6149

Kirsten Monteath

Senior Information Analyst

kirsten.monteath@nhs.net

0131 275 6839

Further Information

Information on terminations of pregnancy and other sexual health topics, for example, teenage pregnancies, is available on [ISDs Sexual Health homepage](#).

For general enquiries about Sexual Health please email: Nss.isdmaternity@nhs.net

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

Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

Appendices

A1 – Background Information

An abortion is defined as a termination of pregnancy and is either induced (therapeutic) or spontaneous (miscarriage). An induced abortion can be either medical (using approved drugs) or surgical. Data in this report are for induced (therapeutic) abortion only.

Notification of termination of pregnancy

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.

[Sample notification form.](#)

Legislation pertaining to the Abortion Act 1967

The original Abortion Act 1967 is available to view in pdf format via the link:

http://www.legislation.gov.uk/ukpga/1967/87/pdfs/ukpga_19670087_en.pdf

The provisions of the Act are available to view via the link:

<http://www.legislation.gov.uk/ukpga/1967/87/introduction>

The Abortion (Scotland) Regulations 1991 may be viewed via the link:

<http://www.legislation.gov.uk/uksi/1991/460/contents/made>

Quality of the data

The quality of the data is thought to be high, although occasional omissions and administrative errors in submitting notification forms occur, leading to some under-reporting. Late submissions of notification forms are included in the following year's statistics release as revised figures for the relevant year. In this 2015 statistics release, forty-six notifications with outstanding data queries have been excluded. These account for 0.4% of all terminations which will not significantly alter the interpretation of the data and they will be included in the 2016 report due to be published in May 2017.

Changes to NHS Boards

On 1st April 2014, NHS Board boundaries were changed to align with those of local authorities. To allow direct comparisons over time among NHS Boards the new boundaries have been applied to the pre-2014 data. The main impact of this change is to NHS Lanarkshire and NHS Greater Glasgow & Clyde. Approximately 2,600 postcodes moved from NHS Greater Glasgow & Clyde to NHS Lanarkshire. Further information including a list of those postcodes affected by the boundary changes is available at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Geography/NHS-Board-Boundary-Changes/>.

Population

National Records of Scotland (NRS) have recently released the 2015 mid-year population estimates, however these have not been used in this publication and the 2014 mid-year population estimates have been used instead. The reason for this is as follows: this publication includes population by deprivation category, which is based on small area population estimates (SAPE). The mid-year SAPE for 2015 will be released by NRS in August 2016, and to prevent the populations used in this publication being out of sync, the decision was taken to retain the 2014 mid-year population estimates. This decision was made following a sensitivity analysis using 2015 mid-year population estimates. The impact to the rates per age group were found to be negligible and did not affect the interpretation of the data.

Last year, National Records of Scotland (NRS) became aware of errors mainly affecting the age distribution of the mid-year population estimates for 2002-2010 and 2012-2014. NRS have recently corrected the issue for years 2012-2014, however this issue will not be corrected for small area population estimates until August 2016. Further information can be found on the [NRS website](#).

Please Note: This publication only uses the **uncorrected** 2014 mid-year populations.

Deprivation

Data are analysed using the Scottish Index of Multiple Deprivation (SIMD) Scottish level population-weighted quintiles. Each quintile consists of approximately 20% of the population living in Scotland. Deprivation quintiles are ordered from 1 (most deprived) to 5 (least deprived).

The Scottish Index of Multiple Deprivation is the Scottish Government's official tool for identifying areas in Scotland of concentrations of deprivation by incorporating several different aspects of deprivation (multiple-deprivations) and combining them into a single index.

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. These concentrations of deprivation are identified in SIMD at Data Zone level and can be analysed using this small geographical unit. Data Zones were introduced in 2004 to replace postcode sectors as the key small area geography for Scotland. The SIMD identifies deprived areas, not deprived individuals.

There have been SIMD releases in 2004, 2006, 2009 and 2012. This report uses the most appropriate SIMD for each year: year 2006 use SIMD 2006; years 2007 to 2009 use SIMD 2009V2; and years 2010 to 2015 use SIMD 2012.

Further information on SIMD is available at:

<http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/>

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Termination of Pregnancy Statistics
Description	Annual update on notifications of termination of pregnancy carried out under the 1967 Abortion Act. Information about the termination including the method, grounds for termination and geography are available.
Theme	Health and Social Care
Topic	Sexual Health Services
Format	Excel workbooks and pdf report
Data source(s)	Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.
Date that data are acquired	Notifications are submitted throughout the year and an extract is taken from the database in April for the previous calendar year.
Release date	31/05/2016
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	The most recent year is noted as provisional in case of receipt of late returns (expected late returns generally <30) and also to account for those notifications which have outstanding data queries (the forms with queries are not entered on the pregnancy termination database). The data are revised for the most recent 10 years to pick up any late submissions of notifications and include the outstanding queries.
Revisions relevant to this publication	There was a planned revision of historic data going back to 2006 in order to pick up late submissions of the notifications.
Concepts and definitions	See Glossary Unless otherwise stated in the footnotes accompanying the tables and figures, all data are derived from the Notifications (to the Chief Medical Officer for Scotland) of terminations performed under the Abortion Act 1967, i.e. terminations performed in Scotland.
Relevance and key uses of the statistics	This information should be available for public and parliamentary scrutiny, for planning, epidemiology, provision of services and also for comparative information. Monitoring of the Healthcare Improvement Scotland standard. 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	Completing and submitting notifications of abortion is a legal requirement

	therefore the quality of the data is thought to be high, although occasional omissions and administrative errors in submitting notification forms may occur. Information on forms is clerically checked, with additional validation on data entry. Unit level data are released to lead clinicians for quality assuring their own data as part of Early Access for Quality Assurance. Comparisons with data from previous years are also undertaken.
Completeness	Generally considered complete. In this 2015 statistics release, forty-six notifications with outstanding data queries have been excluded. These account for 0.4% of all terminations which will not significantly alter the interpretation of the data and they will be included in the 2016 report due to be published in May 2017. Late submissions of notification forms are included in the following year's statistics release as revised figures for the relevant year.
Comparability	Scottish data are comparable with data for England and Wales in the Report on abortion statistics in England and Wales for 2015 . Scottish termination 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 level.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Termination of pregnancy tables and figures are accessible via the ISD website: http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/
Value type and unit of measurement	Numbers, percentages and crude rates are presented.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority http://www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-121---statistics-on-sexual-health-in-scotland.pdf
Last published	26/05/2015
Next published	May 2017
Date of first publication	1968
Help email	nss.isdmaternity@nhs.net
Date form completed	27/04/2016

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.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

- Clinical Leads

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.