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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](http://isdwebsite).
Introduction
Induced abortion is one of the most commonly performed gynaecological procedures (Royal College of Obstetrics and Gynaecology Guidelines 2004). These procedures are carried out under the terms of the Abortion Act 1967, which applies to England, Wales and Scotland. Doctors have 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 administration of abortions on behalf of the Chief Medical Officer in Scotland.

Since the Act was passed in 1967 there has been a steady increase in the number of terminations of pregnancy carried out in Scotland. The most significant growth in abortions was in the four years following the introduction of the Abortion Act, from 1,500 in 1967 to over 7,500 in 1971.
Key points

• In 2009 there were 13,005 abortions performed compared to 13,835 in 2008. This drop in numbers is a change to the pattern we have seen in the previous 6 years, when numbers increased year on year. In 2009, the rate per women aged 15-44 was 12.4 for every 1000 women compared to 13.2 in 2008.

• As in previous years, the rate of terminations in 2009 was highest in younger women, 16-19 (22.3 per 1000) and those aged 20-24 (22.0 per 1000). Lower rates are seen in the older age groups; women aged 25-29 (16.4 per 1000); aged 30-34 (10.9 per 1000); aged 35-39 (6.1 per 1000) and in women aged over 40 (2.2 per 1000).

• The proportion of early terminations has been rising steadily in recent years, with 62.1% of all terminations performed at less than 9 weeks in 2009, compared to 56.7% in 2008.

• The use of medical methods continues to increase with nearly 70% of terminations (at all gestations) performed medically in 2009, a rise from 16.4% in 1992. Of terminations performed at less than 9 weeks gestation, 81.2% are now carried out medically.

• The rates of terminations are highest in NHS Tayside (15.9); NHS Grampian (13.8); Fife (13.3) and NHS Lothian (13.2), per 1000 women aged 15-44. The Island Boards (Orkney, Shetland and Western Isles) have the lowest rate at 6.9 per 1000.

• In 2009, the rate of abortions continues to show a clear link with the level of deprivation. In areas of high deprivation the rate is 16.5 per 1000, nearly double the rate of 8.7 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 (25.0 and 11.9), NHS Forth Valley (16.7 and 5.9) and NHS Fife (19.0 and 7.2) per 1000 women aged 15-44.

• More than a quarter (28.0%), of the 13,005 women having a termination in 2009 have had a previous termination. The proportion of women having had a previous termination varies across NHS boards from 21.5% in the NHS Borders to 33.8% in NHS Tayside.

• In 2009, the vast majority (12,293; 94.5%) of terminations were undertaken under Ground C. There were 152 terminations carried out under Ground E of which 27 were for Down syndrome, 24 for other chromosomal conditions, 16 for anencephaly with the remaining 85 being for spina bifida and other conditions.

• Of the 13,005 abortions performed in Scotland during 2009, 99.7% were carried out in NHS premises.
Results and Commentary

Abortions performed in Scotland, 1968 – 2009

In 2009 there were 13,005 abortions performed compared to 13,835 in 2008. This drop in numbers is a change to the pattern we have seen in the previous 6 years, when numbers increased year on year. In 2009, the rate per women aged 15-44 was 13.0 for every 1000 women compared to 12.5 in 2008.

Abortions \(^1\) performed in Scotland; 1968 – 2009 \(^p\)

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 see:
Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland, 2001-2009
Age of women

As in previous years, the rate of terminations in 2009 was highest in younger women, 16-19 (24.9 per 1000) and those aged 20-24 (24.1 per 1000). Lower rates are seen in the older age groups; women aged 25-29 (17.1 per 1000); aged 30-34 (10.5 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. Rates are available in Table 1.

Abortions¹ by age of woman; 1968-2009 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 see:
Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland, 2001-2009
Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence, 2001-2009
Table 5: Abortions by age and local council area of residence, 2008-2009
Table 7: Abortions by age and year; Scotland, 1968-2009
Estimated gestation

The proportion of early terminations has been rising steadily in recent years, with 62.1% of all terminations performed at less than 9 weeks in 2009, compared to 56.7% in 2008.

The chart below shows breakdown of gestation at under 10 weeks. See Table 2 for figures on abortions performed at under 9 completed weeks gestation (63 days).

![Abortion chart](chart.png)

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 see:

Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland, 2001-2009.

Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence; 2001-2009.

Table 8: Abortions by estimated gestation; Scotland, 1968-2009
Method of termination

The use of medical methods continues to increase with nearly 70% of terminations (at all gestations) performed medically in 2009, a rise from 16.4% in 1992. Of terminations performed at less than 9 weeks gestation, 81.2% are now carried out medically.

Abortions \(^1\) by method; 1992-2009 \(^p\)

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.

See Appendix A1 - Background information

For further information see:
Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence; 2001-2009.

Table 9: Abortions by method of termination; Scotland, 1992-2009
Information Services Division

NHS board of residence

The rates of terminations are highest in NHS Tayside (15.9); NHS Grampian (13.8); Fife (13.3) and NHS Lothian (13.2), per 1000 women aged 15-44. The Island Boards (Orkney, Shetland and Western Isles) have the lowest rate at 6.9 per 1000.

**Abortions \(^1\) by NHS board of residence; year ending 31\(^{st}\) December 2009 \(^p\)**

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**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 see:

- **Table 2:** Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence; 2001-2009

- **Table 3:** Abortions by NHS board of treatment and NHS board of residence; 2008-2009

- **Table 10:** Abortions by NHS board of residence; 1991-2009
In 2009, the rate of abortions continues to show a clear link with the level of deprivation. In areas of high deprivation the rate is 16.5 per 1000, nearly double the rate of 8.7 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 (25.0 and 11.9), NHS Forth Valley (16.7 and 5.9) and NHS Fife (19.0 and 7.2) per 1000 women aged 15-44.

**Abortions** \(^1,^2\) performed in Scotland by NHS board of residence and deprivation quintile; year ending 31st December 2009 \(^p\)

<table>
<thead>
<tr>
<th>NHS board of residence</th>
<th>Deprivation (SIMD) quintile (^4,^5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - Most deprived</td>
</tr>
<tr>
<td>Scotland</td>
<td>16.5</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>13.0</td>
</tr>
<tr>
<td>Borders</td>
<td>11.0</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>17.1</td>
</tr>
<tr>
<td>Fife</td>
<td>19.0</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>16.7</td>
</tr>
<tr>
<td>Grampian</td>
<td>25.0</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>16.1</td>
</tr>
<tr>
<td>Highland</td>
<td>11.9</td>
</tr>
<tr>
<td>Islands (^3)</td>
<td>-</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>12.3</td>
</tr>
<tr>
<td>Lothian</td>
<td>19.5</td>
</tr>
<tr>
<td>Tayside</td>
<td>23.4</td>
</tr>
</tbody>
</table>

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 see: Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence; 2001-2009
Previous abortions

More than a quarter (28.0%), of the 13,005 women having a termination in 2009 have had a previous termination. The proportion of women having had a previous termination varies across NHS boards from 21.5% in the NHS Borders to 33.8% in NHS Tayside.

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 see:

Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland, 2001-2009.

Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence; 2001-2009
Grounds for termination

In 2009, the vast majority (12,293; 94.5%) of terminations were undertaken under Ground C. There were 152 terminations carried out under Ground E of which 27 were for Down syndrome, 24 for other chromosomal conditions, 16 for anencephaly with the remaining 85 being for spina bifida and other conditions.

**Abortions ¹ performed in Scotland by Grounds ²; year ending 31st December 2009 ³**

<table>
<thead>
<tr>
<th>Grounds ² for abortion</th>
<th>number</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>B</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>C</td>
<td>12293</td>
<td>94.5</td>
</tr>
<tr>
<td>D</td>
<td>560</td>
<td>4.3</td>
</tr>
<tr>
<td>E</td>
<td>152</td>
<td>1.2</td>
</tr>
<tr>
<td>F</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>G</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

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.

³ Provisional.
* Indicates values that have been suppressed due to the potential risk of disclosure.

For further information see:
**Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland, 2001-2009.**

**Table 2: Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence; 2001-2009**
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.

Parity the number of preceding completed pregnancies.

Nulliparous a woman who has no previous completed pregnancies (parity = 0).

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.

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>
<thead>
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<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
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<td>Excel [57kb]</td>
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<td>3</td>
<td>Abortions by NHS board of treatment and NHS board of residence</td>
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<td>Abortions by local council area of residence</td>
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<td>5</td>
<td>Abortions by age and by local council area of residence</td>
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<td>Abortions performed in Scotland and on Scottish residents in England and Wales</td>
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<td>Abortions by age and year, Scotland</td>
<td>1968-2009</td>
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<td>8</td>
<td>Abortions by estimated gestation, Scotland</td>
<td>1968-2009</td>
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<tr>
<td>10</td>
<td>Abortions by NHS board of residence</td>
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List of Charts

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<td>Abortions by estimated gestation</td>
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<td>Abortions by method</td>
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<td>Abortions by NHS board of residence</td>
<td>2009</td>
<td>Excel [79kb]</td>
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<td>6</td>
<td>Previous abortions by NHS board of residence</td>
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Contact

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Further Information
Further information can be found on the ISD website
Appendix

A1 – Background Information

Notes on interpretation

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 for abortion under 10 weeks gestation. Medical methods of termination are carried out using drugs such as mifepristone with or without the addition of 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).

Two doctors must agree that termination of pregnancy is necessary for one of the reasons i.e. Grounds, specified in the 1991 Regulations; these are classified by the letters A to E (see Glossary).
### A2 – Publication Metadata (including revisions details)

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<td>Abortion Statistics</td>
</tr>
<tr>
<td>Description</td>
<td>Annual update on notifications of termination of pregnancy carried out in Scotland under the 1967 Abortion Act. Information about the woman, the method/grounds for termination and geography are available.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
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<td>Topic</td>
<td>Sexual Health services</td>
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<tr>
<td>Format</td>
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<td>Data source(s)</td>
<td>Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.</td>
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<td>Date that data is acquired</td>
<td>data extracted from the AAS database at end April for previous calendar year.</td>
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</tr>
<tr>
<td>Frequency</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>Calendar year, data generally complete by mid April. Generally no delays.</td>
</tr>
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<td>Continuity of data</td>
<td>Reports data from 1968.</td>
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<td>Revisions statement</td>
<td>Data are noted as provisional, in case of receipt of late returns (expected late returns generally &lt;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 analyses was uploaded with an explanatory note on the Abortion welcome page.</td>
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<tr>
<td>Concepts and definitions</td>
<td>See Glossary and Appendix A1</td>
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<tr>
<td>Relevance and key uses of the statistics</td>
<td>Making information publicly available for planning, epidemiology, provision of services and provides comparative information.</td>
</tr>
<tr>
<td>Accuracy</td>
<td>Information on forms is clerically checked, with additional validation on data entry. Data also compared to previous year's figures.</td>
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<tr>
<td>Completeness</td>
<td>Considered complete. There may be a very small number of late returns received and data would be revised at following year's release.</td>
</tr>
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<td>Comparability</td>
<td>Scottish data are directly comparable with data for England and Wales which is available online at (<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116039">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116039</a>). Scottish abortion data are regularly provided to ONS, Department of Health for contribution to both UK and International reports/databases e.g. 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.</td>
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<tr>
<td>Accessibility</td>
<td>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: <a href="http://www.isdscotland.org/About-ISD/Accessibility">http://www.isdscotland.org/About-ISD/Accessibility</a></td>
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<td>Coherence and clarity</td>
<td>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></td>
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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)