

Publication Report



Abortion Statistics

Year ending 31 December 2013

Publication date – 27 May 2014



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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 (definitions in 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 2013 statistics release, a small number of abortion notifications with outstanding data queries have been excluded. There are approximately 170 such queries, accounting for just over 1% of all terminations, which will not significantly alter the interpretation of the data. These data will be included in the 2014 report, due to be published in May 2015.

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 five 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 places an upper limit of 24 weeks on abortions for most reasons. We recently introduced the reporting of 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 the latest statistics were not available. On 12 June 2014 the Department of Health published 2013 abortion data for England and Wales. 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 13); Table 6 (list of tables Pg 16); and Chart 6 (list of charts Pg 16).

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

Key points

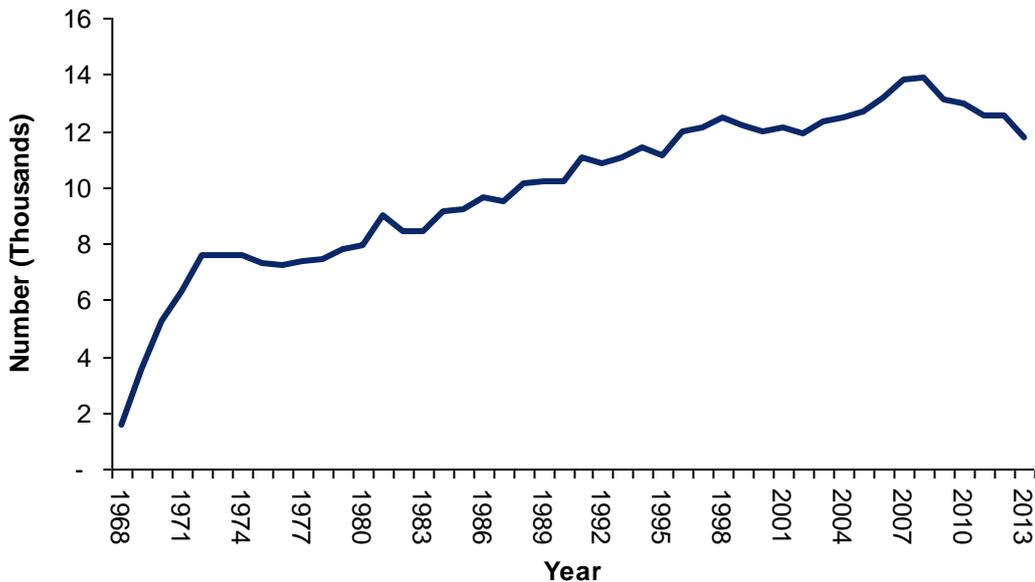
- Over the last five years there has been a reduction in the number and rate of abortions with 11,777 in 2013 compared to 13,904 in 2008 (representing rates of 11.2 per 1,000 women aged 15-44 in 2013, and 13.3 in 2008). This fall since 2008 is a change to the overall pattern of increase since the implementation 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 15.5% fall in abortion rates between 2008 and 2013, there has only been a 9.0% fall in live birth rates over this period.
- The fall in abortion rates between the peak of 2008 and 2013 has been greatest in younger women, with a reduction of 33.7% in those aged 16 to 19, closely followed by a 32.4% reduction in the under sixteen's.
- Although there has been a recent marked reduction in abortions in younger women, the rate of terminations in 2013 is still highest in this group, at 16.3 per 1,000 aged 16-19 and 19.1 per 1,000 in those aged 20-24. Lower rates are seen in the older age groups: women aged 25-29 (14.8 per 1,000); aged 30-34 (10.4 per 1,000); aged 35-39 (6.6 per 1,000) and in women aged 40 and over (2.4 per 1,000).
- The proportion of early terminations has been rising steadily in recent years, with 69.2% of all terminations performed at less than 9 weeks in 2013, compared to 62.2% in 2009. There has also been a sustained increase in the use of medical methods compared to surgical terminations.
- In 2013 the vast majority of terminations (11,614; 98.6%) were carried out under Ground 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). There were 142 terminations carried out under Ground 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), of which 47 were for chromosomal abnormalities (such as Down's syndrome), 37 were for congenital anomalies of the nervous system, and 28 were for other specific congenital anomalies (such as of the cardiovascular or urinary systems).

Results and Commentary

Abortions performed in Scotland; 1968 - 2013

Over the last five years there has been a reduction in the number and rate of abortions with 11,777 in 2013 compared to 13,904 in 2008 (representing rates of 11.2 per 1,000 women aged 15-44 in 2013, and 13.3 in 2008). This fall since 2008 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 15.5% fall in abortion rates between 2008 and 2013, there has only been a 9.0% fall in live birth rates over this period (Table P1b NRS Preliminary Annual Figures: <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/general/bmd-preliminary/2013.html>).

Chart 1: Abortions¹ performed in Scotland; 1968 - 2013²



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

2 2013 data are provisional and 2009 to 2012 data have been revised.

Over recent years, abortion rates have been consistently higher in England and Wales than in Scotland.

Year	Scotland		England & Wales	
	Number	Rate ¹	Number ²	Rate ^{1,2}
2009	13 111	12.4	195 743	17.0
2010	12 940	12.2	196 109	17.1
2011	12 557	11.9	196 082	17.2
2012	12 561	11.9	190 972	16.4
2013	11 777	11.2	190 800	16.5

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

2 2013 data released on 12 June 2014.

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

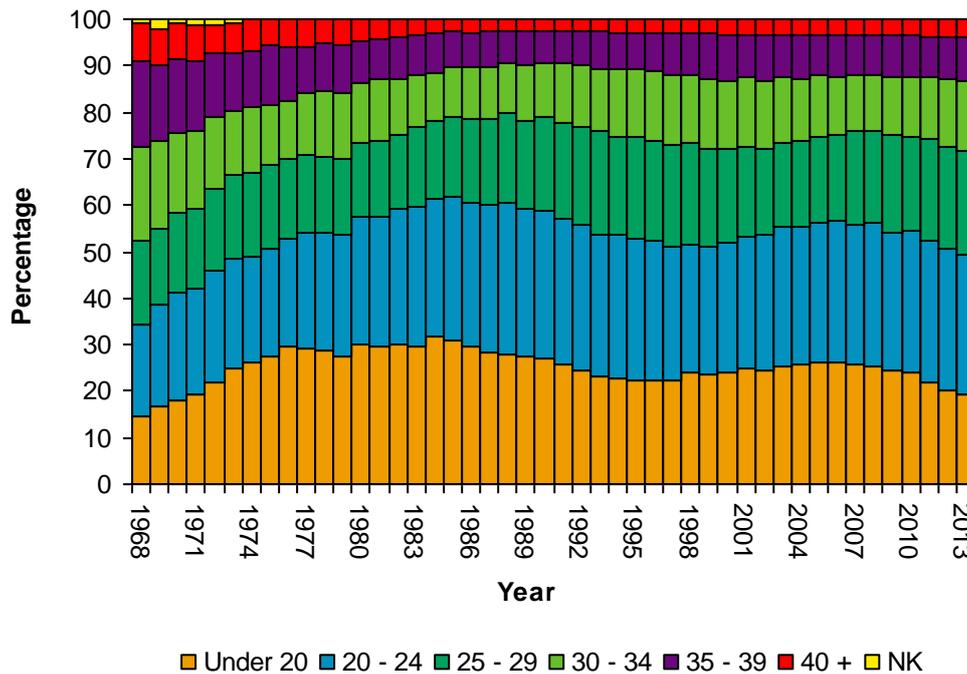
As in previous years, the rate of terminations in 2013 was highest in younger women, 16-19 (16.3 per 1,000) and those aged 20-24 (19.1 per 1,000). Lower rates are seen in the older age groups; women aged 25-29 (14.8 per 1,000); aged 30-34 (10.4 per 1,000); aged 35-39 (6.6 per 1,000) and in women aged over 40 (2.4 per 1,000).

Between 2012 and 2013 the rate of terminations decreased in all age groups. This was most notable in the under 16 group with a 10.7% reduction, and in the 16-19 group, which saw a 9.2% reduction in rates. In the group of women aged 40 and over there was a 6.0% reduction in the rate of terminations in this period. Conversely, between 2011 and 2012 the rates for this group had increased by 10.3%.

The fall in abortion rates between the peak of 2008 and 2013 has been greatest in younger women, with a reduction of 33.7% in those aged 16 to 19.

Charts 2a and 2b show the percentage distribution and rates by each age group.

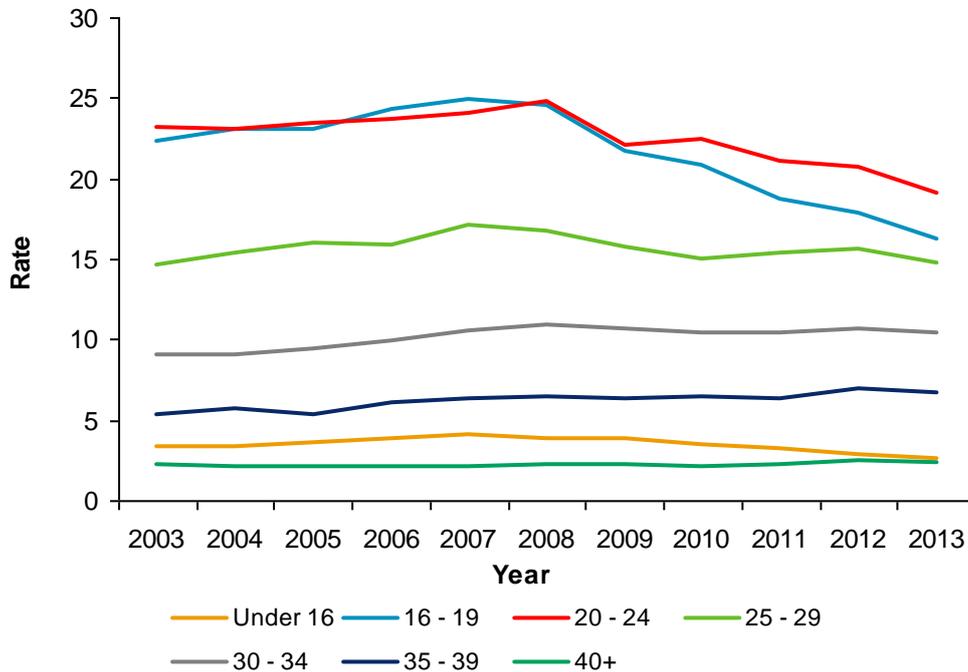
Chart 2a: Percentage of abortions¹ by age of woman; 1968 - 2013²



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

2 2013 data are provisional and 2009 to 2012 data have been revised.

Chart 2b: Rates of abortion^{1,2} by age of woman; 2003 - 2013³



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).
 3 2013 data are provisional and 2009 to 2012 data have been revised.

For further information on terminations by age:

[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](#)

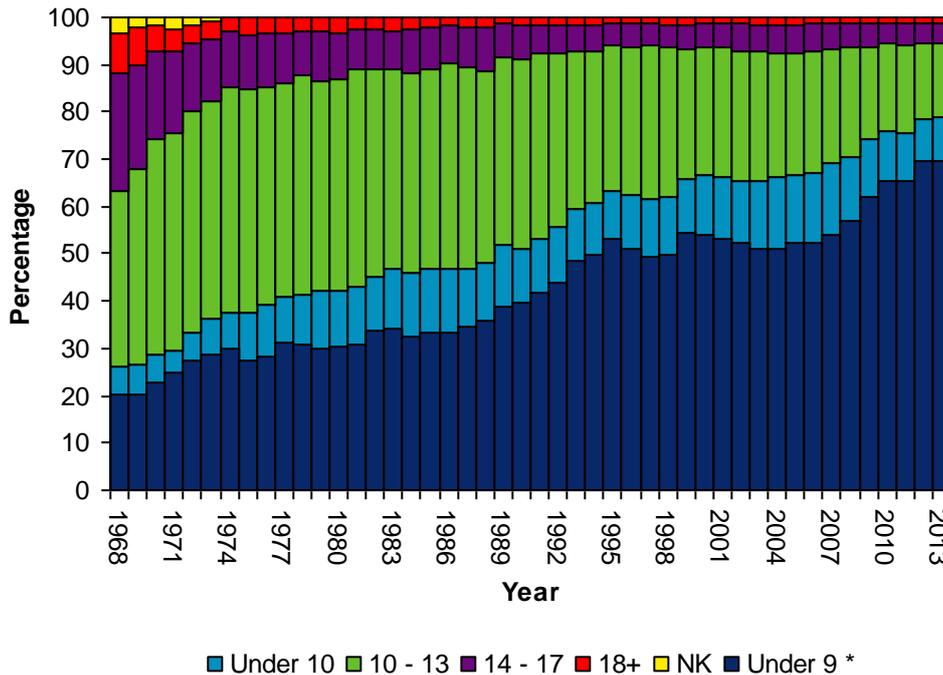
[Table 7: Abortions by age and year](#)

Estimated gestation

The proportion of early terminations performed at less than 9 weeks gestation has increased from 62.2% in 2009 to 69.2% in 2013.

Chart 3a illustrates the percentage breakdown by gestation. The group for under 9 completed weeks gestation (63 days) is a subset of the under 10 week group.

Chart 3a: Abortions¹ by estimated gestation (weeks); 1968 - 2013²



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

2 2013 data are provisional and 2009 to 2012 data have been revised.

* 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 2012 and 2013, by deprivation (SIMD) quintile.

Scotland	Deprivation (SIMD) quintile ¹					Scotland ²
	1 - Most deprived	2	3	4	5 - Least deprived	
2012 ^r	68.0	69.6	69.7	71.4	72.1	69.8
2013 ^p	65.4	68.6	69.7	72.7	73.4	69.2

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.

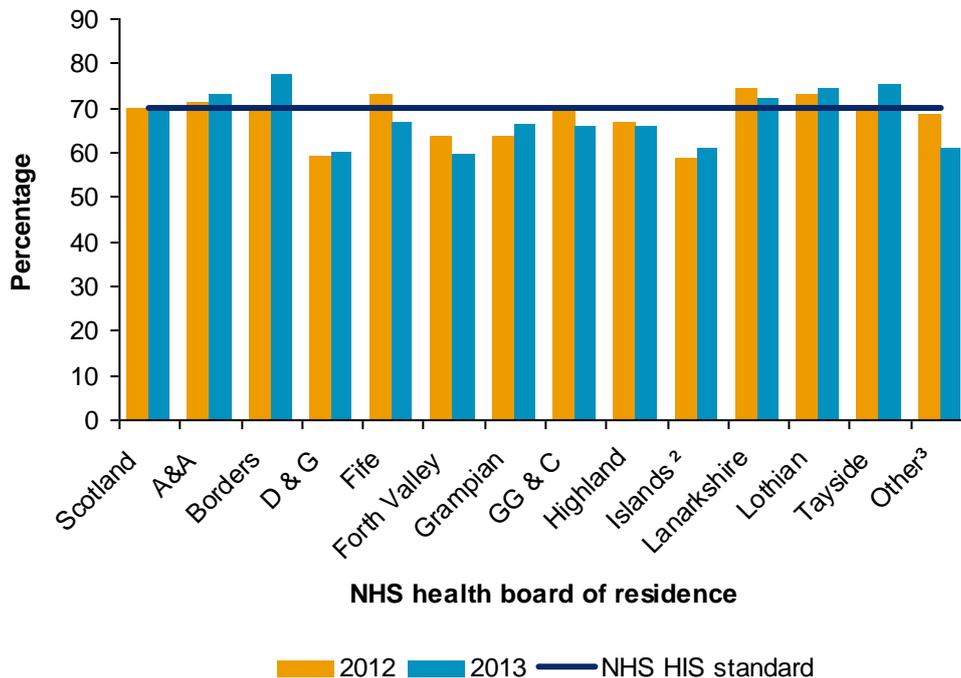
p Provisional.

r Revised.

There is considerable variation reported among NHS boards. In 2013, NHS Forth Valley recorded 59.4% of women undergoing an abortion under 9 weeks gestation, whilst in NHS Borders it was 77.3% (up from 70.4% in 2012).

Chart 3b shows the distribution by NHS board for 2012 and 2013.

Chart 3b: Percentage of abortions¹ performed < 9 weeks gestation by NHS health board; 2012^r and 2013^p



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.

r Revised.

For further information on terminations by estimated gestation:

[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](#)

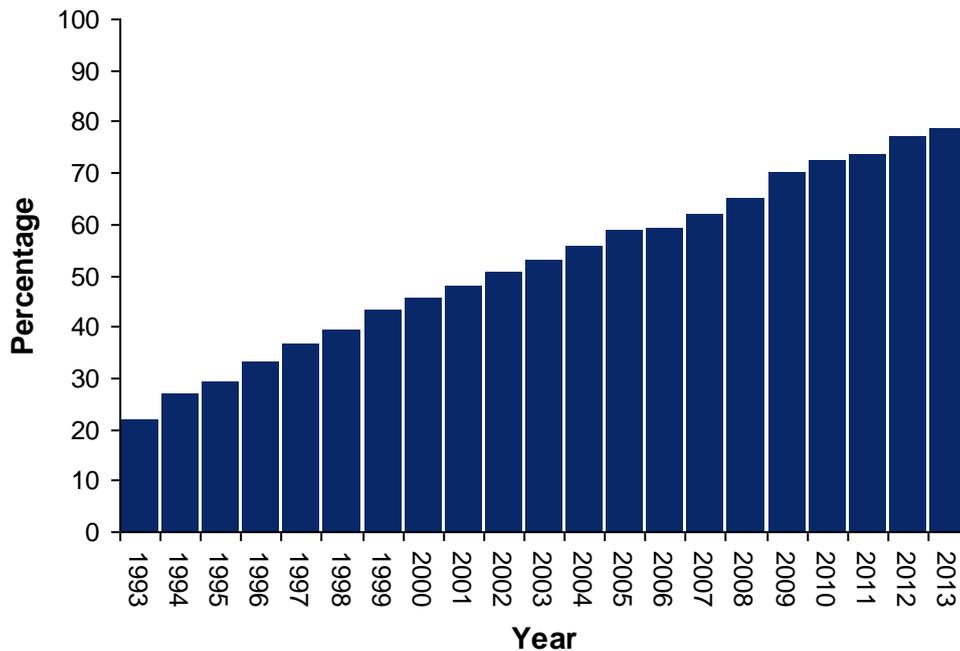
[Table 8: Abortions by estimated gestation](#)

[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 78.6% of terminations (at all gestations) performed medically in 2013, a rise from 21.6% in 1993. Of terminations performed at less than 9 weeks gestation, 87.2% are now carried out medically (85.7% in 2012). Information on terminations under 9 completed weeks is available in Table 2.

Chart 4: Abortions¹ by medical method; 1993 - 2013²



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

2 2013 data are provisional and 2009 to 2012 data have been revised.

For further information on method of termination:

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

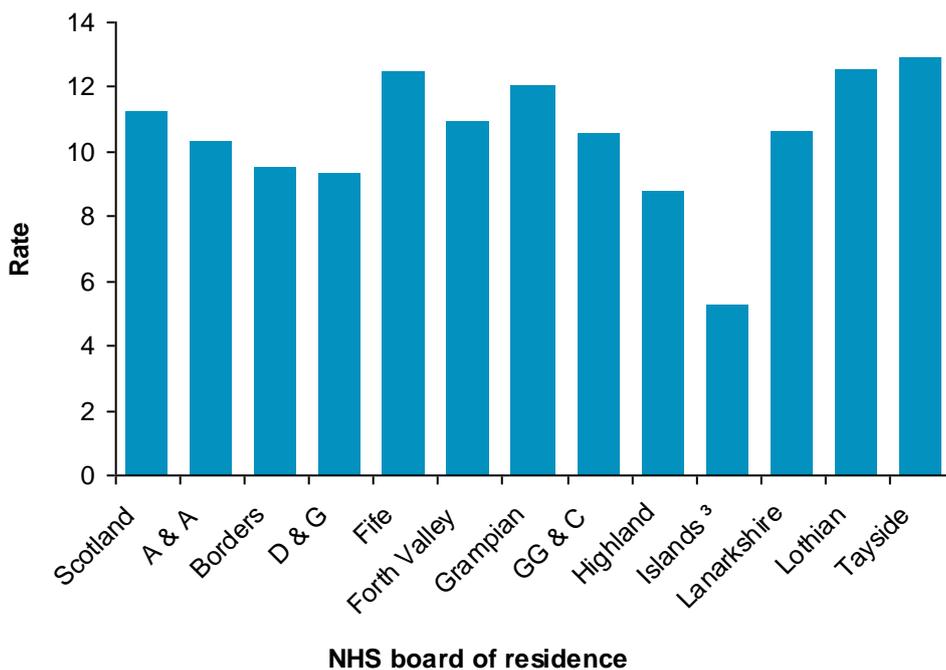
[Table 9: Abortions by method of termination](#)

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 termination rate for Scotland is 11.2 per 1,000 women, down slightly from 11.9 in 2012. The rates of terminations (shown in Chart 5) are highest in NHS Tayside (12.9 per 1,000 women aged 15-44), although this rate has reduced from a peak of 17.1 in 2007. NHS Tayside is closely followed by NHS Lothian and NHS Fife, both with rates of 12.5 per 1,000 women. The lowest rate is recorded by the Island boards (5.2 per 1,000 women), and the lowest mainland board is Highland at 8.8 per 1,000 women.

Chart 5: Abortion¹ rates by NHS board of residence; 2013^p



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:

[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 2013, the rate of abortions continued to show a clear link with the level of deprivation. Nationally, in areas of high deprivation the rate was 14.4 per 1,000 women aged 15-44, 75% higher than the rate of 8.2 for the least deprived areas. The differences in rates in deprivation vary across NHS boards and are listed in the table below.

Abortion rates^{1,2} in Scotland by NHS board of residence and deprivation quintile; 2013^p

NHS board of residence	Deprivation (SIMD) quintile ^{4,5}				
	1 - Most deprived	2	3	4	5 - Least deprived
Scotland	14.4	12.7	10.6	9.2	8.2
Ayrshire & Arran	12.1	11.0	8.6	8.1	7.9
Borders	14.5	12.4	8.9	7.6	11.1
Dumfries & Galloway	13.7	12.2	7.7	7.1	8.8
Fife	16.9	13.6	14.1	11.5	6.7
Forth Valley	15.5	12.7	12.1	8.0	6.5
Grampian	19.7	18.9	11.8	9.2	9.7
Greater Glasgow & Clyde	13.0	11.0	9.4	8.3	7.1
Highland	11.2	10.6	7.2	8.5	7.9
Islands ³	-	3.2	5.4	6.3	-
Lanarkshire	12.5	11.8	10.1	8.2	6.3
Lothian	18.1	14.9	12.8	11.4	8.9
Tayside	18.9	12.9	12.6	10.7	9.3

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:

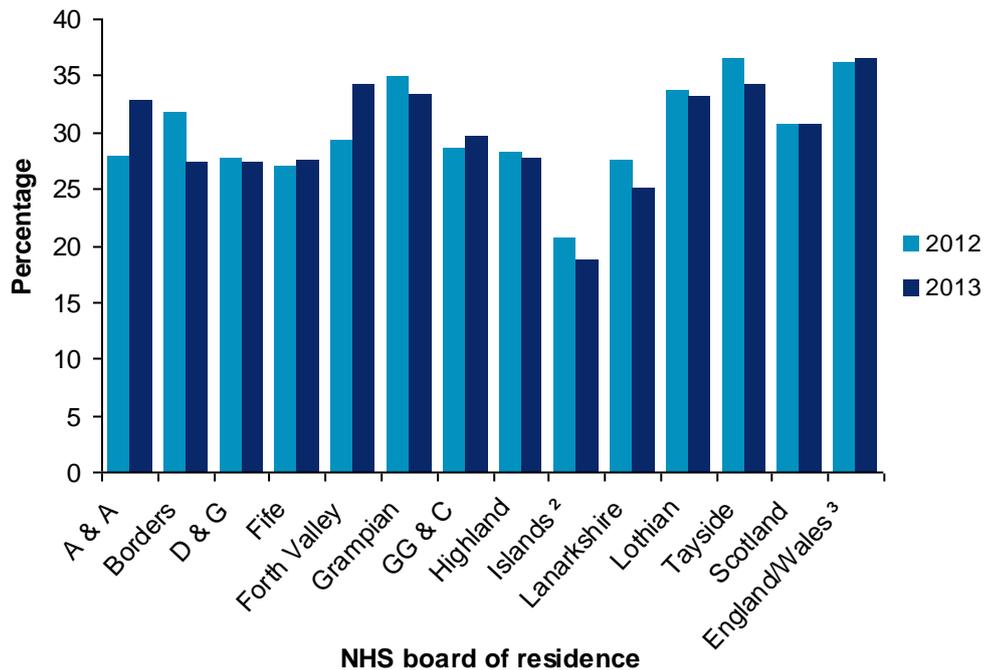
[Table 1: Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland](#)

[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 11,777 women having a termination in 2013 had a previous termination. The proportion of women having had a previous termination varies across mainland NHS boards from 25.0% in NHS Lanarkshire to 34.3% in NHS Tayside. The Island boards (Orkney, Shetland and Western Isles) recorded the lowest proportion at 18.8%. This distribution is displayed in Chart 6.

Chart 6: Previous abortions¹ by NHS board of residence and country; 2012^r and 2013^p



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

² Includes Orkney, Shetland and Western Isles.

³ 2013 England and Wales data released on 12 June 2014.

^p Provisional.

^r Revised.

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

For further information on previous terminations:

[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 2013, as in previous years, the vast majority (11,614; 98.6%) 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 142 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 47 were for chromosomal abnormalities (such as Down’s syndrome), 37 were for congenital anomalies of the nervous system, and 28 were for other specific congenital anomalies (such as of the cardiovascular or urinary systems). Table 1 includes trend data for specific Ground E diagnoses.

Abortions¹ performed in Scotland by Grounds²; 2013^p

Grounds for abortion	Number	%
A	*	*
B	*	*
C	11 614	98.6
D	18	0.2
E	142	1.2
F	*	*
G	*	*

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:

[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 the 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).
NHS board definitions	A&A - Ayrshire & Arran, D&G - Dumfries & Galloway, GG&C - Greater Glasgow & Clyde.
KCI	Key Clinical Indicator.
Medical termination	Involves termination of a pregnancy without a surgical procedure. It usually involves oral administration of a drug (an antiprogesterone) followed 1-3 days later by vaginal administration of another drug (a prostaglandin).
NRS	National Records of Scotland, previously GROS.
Parity	The number of previous completed pregnancies.
SIMD	Scottish Index of Multiple Deprivation quintiles; 1 is most deprived and 5 is 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	Abortions by place, age, deprivation, gestation, parity, repeat abortions and grounds for termination; Scotland	2004-2013	Excel [90kb]
2	Abortions by age, deprivation, gestation, method, repeat abortions, grounds for termination and NHS board of residence	2004-2013	Excel [968kb]
3	Abortions by NHS board of treatment and NHS board of residence	2011-2013	Excel [76kb]
4	Abortions by local council area of residence	2004-2013	Excel [60kb]
5	Abortions by age and by local council area of residence	2011-2013	Excel [60kb]
6	Abortions performed in Scotland and on Scottish residents in England and Wales	1968-2013	Excel [46kb]
7	Abortions by age and year	1968-2013	Excel [30kb]
8	Abortions by estimated gestation	1968-2013	Excel [25kb]
9	Abortions by method of termination	1992-2013	Excel [22kb]
10	Abortions by NHS board of residence	2004-2013	Excel [46kb]
11	Abortions in Scotland by deprivation, estimated gestation in weeks and age group	2012-2013	Excel [48kb]

List of Charts

Chart No.	Name	Time period	File & size
1	Number of abortion performed in Scotland	1968-2013	Excel [100kb]
2a and b	Abortion by age of woman (percentage and rates)	1968-2013	Excel [63kb]
3a and b	Abortions by estimated gestation (Scotland and NHS board)	1968-2013	Excel [82kb]
4	Percentage of abortions by medical method	1993-2013	Excel [57kb]
5	Abortion rates by NHS board of residence	2013	Excel [59kb]
6	Previous abortions by NHS board of residence	2012-2013	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](#).

Legislation pertaining to the Abortion Act 1967

The original Abortion Act 1967 is available to view in pdf format via this link:
http://www.legislation.gov.uk/ukpga/1967/87/pdfs/ukpga_19670087_en.pdf

The provisions of the Act are available to view via this link:
<http://www.legislation.gov.uk/ukpga/1967/87/introduction>

The Abortion (Scotland) Regulations 1991 may be viewed via this link:
<http://www.legislation.gov.uk/uksi/1991/460/contents/made>

Scottish Index of Multiple Deprivation (SIMD)

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	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	27/05/14
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 abortion database). The data are revised for the most recent 5 years to pick up any late submissions of notifications and include the outstanding queries.
Revisions relevant to this publication	At the time of going to publication (27/05/14) the termination data for England and Wales was not available. This publication was updated on 12 June 2014 to include the Department of Health 2013 abortion data. A list of the tables and charts affected is available in this report's introduction.
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 years' figures.
Completeness	Generally considered complete. There are approximately 170 terminations with outstanding data queries. These have been excluded from the 2013 report but will be included in the 2014 report. There may be a very small number of late returns received and data would be revised at the following year's release.
Comparability	<p>Scottish data are comparable with data for England and Wales. 2013 statistics are available at: https://www.gov.uk/government/statistical-data-sets/abortion-statistics-england-and-wales-2013</p> <p>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.</p>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Abortion tables and charts are accessible via the ISD website: http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/
Value type and unit of 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	<p>Assessed by UK Statistics Authority</p> <p>http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-121---statistics-on-sexual-health-in-scotland.pdf</p>
Last published	28/05/13
Next published	26/05/15
Date of first publication	1968
Help email	NSS.isdmaternity@nhs.net
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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
- Directorate for Chief Medical Officer

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)

Early Access for Quality Assurance

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

- NHS Lothian Department of Gynaecology

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.