

Publication Report



Termination of Pregnancy Statistics

Year ending 31 December 2014

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Introduction

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 for one of the grounds as 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 (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. Late submissions of notification forms are included in the following year's statistics release as revised figures for the relevant year.

In this 2014 statistics release, a small number of termination notifications with outstanding data queries have been excluded. There are approximately 250 such queries, accounting for just over 2% of all terminations, which will not significantly alter the interpretation of the data. These data will be included in the 2015 report due to be published in May 2016.

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) continued to rise to a peak of 13,908 (13.1 per 1,000 women aged 15-44) in 2008 and have then fallen over the last six 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 termination provision and also places an upper limit of 24 weeks on terminations for most reasons.

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.

Some information in this publication refers to terminations in England and Wales reported in the Department of Health's termination statistics. At the time of publication 2014 statistics were not available. On 9 June 2015 the Department of Health published 2014 abortion data for England and Wales. The following tables and figures have now been updated: Summary table of rates and numbers of terminations in Scotland and England and Wales (Pg 5); Figure 4 - Method of termination (Pg 11); Previous termination rate (Pg 17) and Table 6 (list of tables Pg 22).

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.

Key Points

- There were 11,475 terminations in 2014, the lowest reported since 1995. The number of terminations in Scotland peaked in 2008 (13,908) but since then the number of terminations has reduced by 17.5%. This has been the most sustained period of reduction, although small dips for short periods have been observed previously.
- Termination rates have tended to be higher in women aged 20-24 and 16-19. Since 2008 the rates in both age groups have been falling, particularly in the 16-19 group. In 2014 the rate for the 16-19 age group dipped below the 25-29 age group termination rate. Historically, the lowest termination rates have been in the 40+ age group but in 2014 the lowest rate was in the under 16s.
- Between 2008 and 2014 the rate of terminations in Scotland dropped from 13.1 per 1,000 women aged 15-44 to 11.0 per 1,000. The overall rate of terminations has been falling since 2008, however the rate of repeat terminations has remained fairly static. The repeat termination rate has fluctuated slightly, from 3.6 per 1,000 in 2008 to 3.5 per 1,000 in 2014, peaking at 3.7 per 1,000 in 2012.
- Under the [published standards for Sexual Health Services](#), 70% of women seeking termination of pregnancy should undergo the procedure at nine weeks gestation or earlier. In 2014, this was the case for 72.1% women (69.0% in 2013).

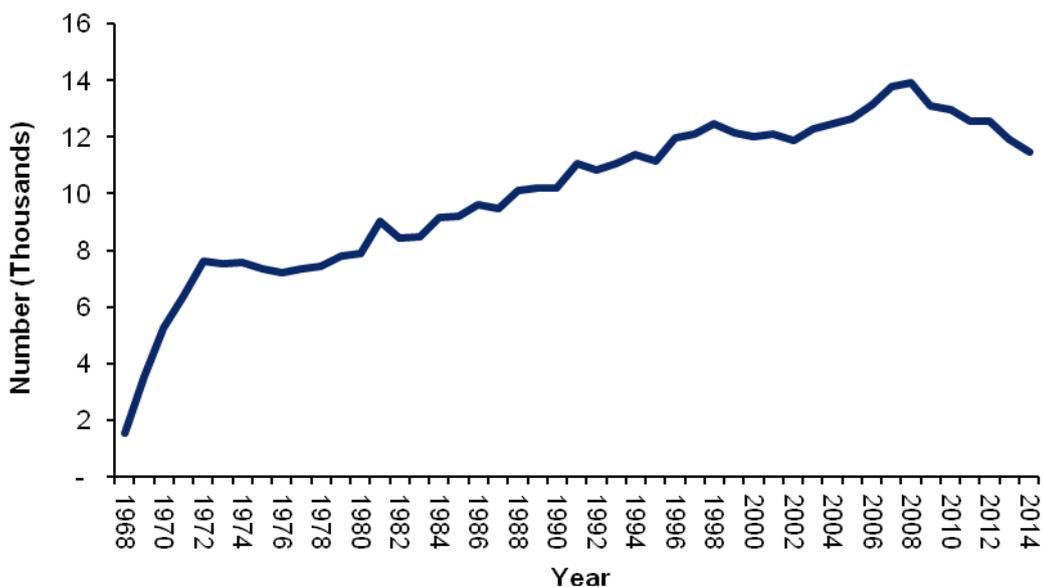
Results and Commentary

Terminations performed in Scotland; 1968 - 2014

The downward trend in the number and rate of terminations reported in recent years continued in 2014. Since peaking in 2008, the number of terminations has reduced from 13,908 to 11,475 in 2014. The decline since 2008 represents a 17.5% reduction in the number of terminations. This fall is a change to the overall pattern of increase since the implementation of the 1967 Abortion Act. Although small dips for short periods have been observed before, to date, this has been the most sustained reduction.

Similarly, the birth rate also saw a peak in 2008, but while the termination rate fell by 15.8% between 2008 and 2014 (from 13.1 to 11.0 per 1,000), the live birth rate fell by 8.1% (from 11.54 to 10.6 per 1,000). ([Table P1b National Records for Scotland Preliminary Annual Figures - 2014](#)).

Figure 1: Terminations performed in Scotland; 1968 - 2014¹



¹ 2014 data are provisional and 2005 to 2013 data have been revised.

Table A below shows the difference in termination rates between Scotland and England & 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 ²	Rate ^{1,2}
2010	12 948	12.2	196 109	17.1
2011	12 557	11.9	196 082	17.2
2012	12 569	12.0	190 972	16.4
2013	11 908	11.4	190 800	16.5
2014	11 475	11.0	190 092	16.5

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

2 2014 data released on 9 June 2015.

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 & Wales).

Age of women

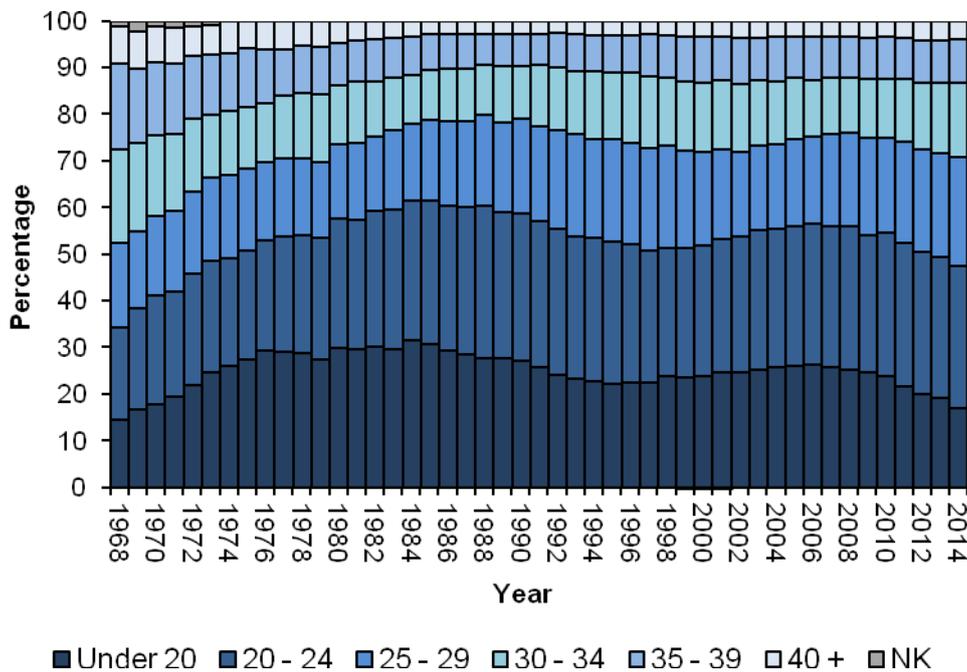
In 2014 the highest rates of termination were reported in the 20-24 (18.9 per 1,000) and 25-29 (15.1 per 1,000) age groups, compared to 2013 when the termination of pregnancy rates were highest in the 16-19 (16.6 per 1,000) and 20-24 (19.4 per 1,000) age groups.

Although lower termination rates continued to be recorded in the mature reproductive age groups: women aged 30-34 (10.5 per 1,000); women aged 35-39 (6.7 per 1,000) and in women aged 40 and over (2.3 per 1,000); the lowest reported rate was for young women under 16 (2.0 per 1,000 women aged 13-15). Historically the lowest rates have been reported in the 40+ age group, however for the first time since 2001 (when the under 16 rate was introduced) the under 16s recorded the lowest rate in any of the age groups.

Between 2013 and 2014 there was a small increase in the rate of termination for women aged 25-29 (from 14.8 to 15.1 per 1,000 women aged 25-29) and women aged 30-34 (up from 10.3 to 10.5 per 1,000 women aged 30-34). In the same period, the largest drop in termination rates was reported in the under 16 group, which reduced by 23.9% from 2.7 per 1,000 in 2013 to 2.0 per 1,000 in 2014. Reductions in the termination rates were also seen in the 16-19 group (down by 13.4%), the 40+ group (8.5% reduction) and in the 20-24 age group (down by 2.7%) in this period.

Figure 2a illustrates the percentage distribution for each of the age groups.

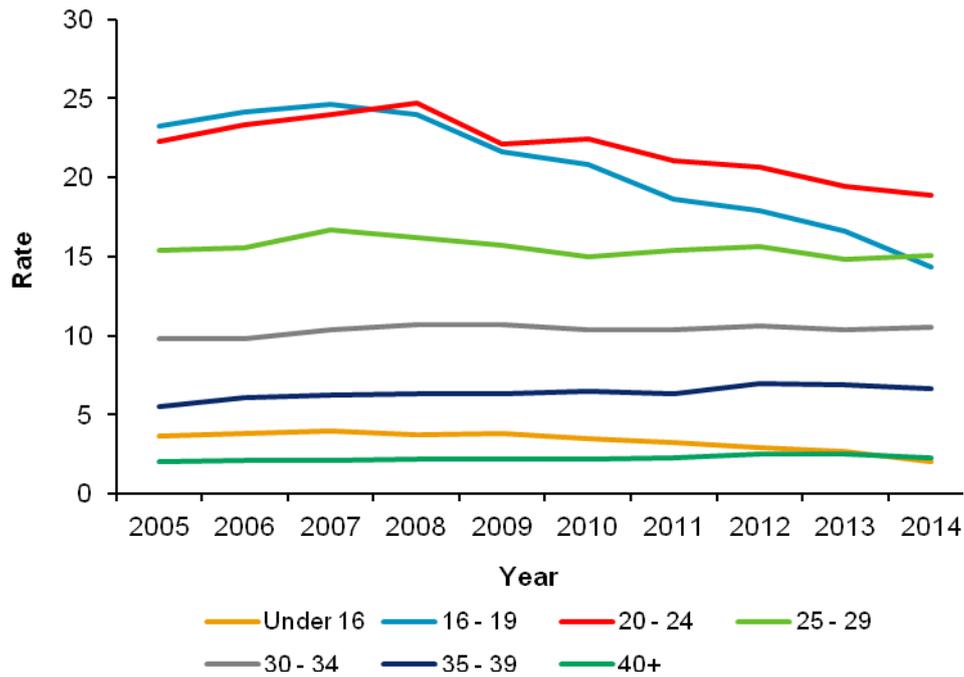
Figure 2a: Percentage of terminations by age of woman; 1968 – 2014¹



¹ 2014 data are provisional and 2005 to 2013 data have been revised.

As noted previously, the rate of termination peaked in Scotland in 2008 at 13.1 per 1,000 women aged 15-44. Although the highest termination rates have historically been reported in the 16-19 and 20-24 age groups, downward trends are evident. Since 2008, the rates for the 16-19s dropped from 24.0 to 14.3 per 1,000 (down by 40%) and the 20-24s dropped from 24.7 per 1,000 to 18.9 per 1,000 (down by 24%). The under 16 rate also reduced in this period, from 3.8 per 1,000 to 2.0 per 1,000 (down by 46%). These trends are shown in Figure 2b.

Figure 2b: Rates of termination¹ by age of woman; 2005 – 2014²



1 Rates per 1,000 women in each age group (rate for under 16's calculated using female population aged 13-15).
 2 2014 data are provisional and 2005 to 2013 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](#)

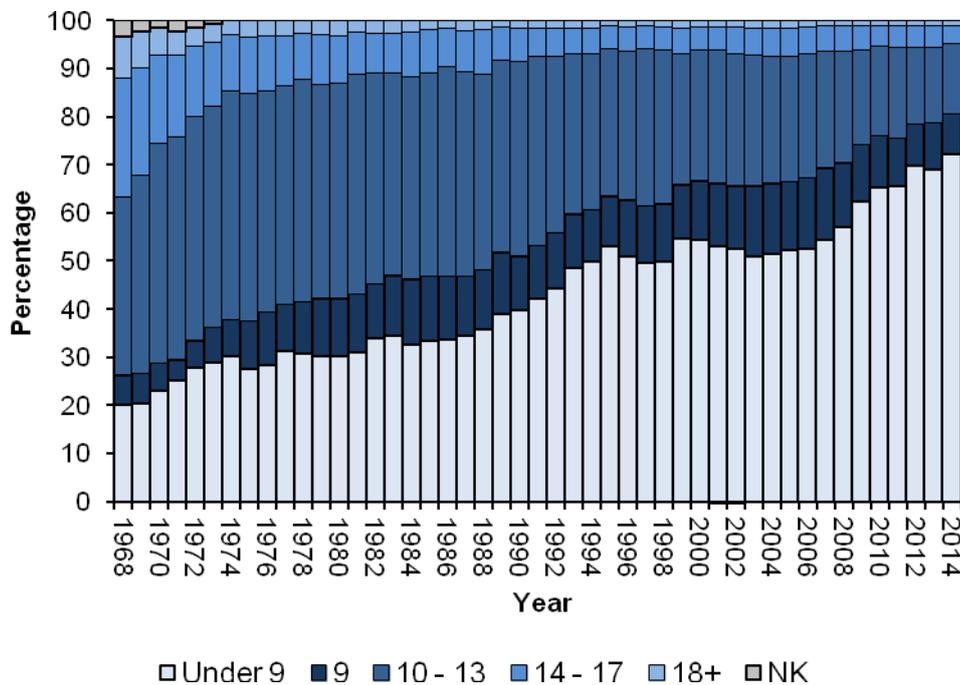
Estimated gestation

The proportion of early terminations performed at less than 9 weeks gestation was 72.1% in 2014, up from 69.0% in 2013. In comparison, shortly after the Abortion Act was introduced, only about a fifth of terminations were performed at less than nine weeks gestation.

On average, since 1968, 97.3% of terminations were carried out at 17 weeks gestation or under.

Figure 3a illustrates the percentage breakdown by gestation.

Figure 3a: Terminations by estimated gestation (weeks); 1968 – 2014¹



¹ 2014 data are provisional and 2005 to 2013 data have been revised.

Sexual Health Standard - Termination of pregnancy

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 NHS HIS website: [Standards for sexual health services](#).

Table B shows the percentage of women undergoing a termination under 9 weeks gestation in Scotland in 2013 and 2014, by deprivation (SIMD) quintile.

Table B: Percentage of terminations performed < 9 weeks gestation

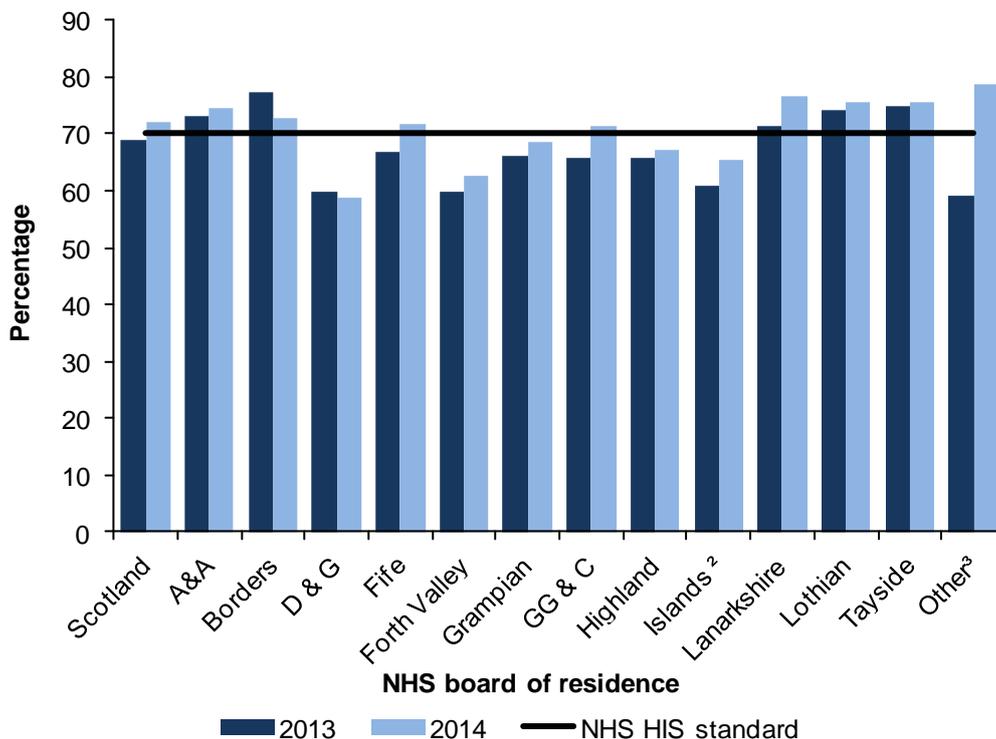
Scotland	Deprivation (SIMD) quintile ¹					Scotland ²
	1 - Most deprived	2	3	4	5 - Least deprived	
2013 ^r	65.3	68.5	69.4	72.7	73.1	69.0
2014 ^p	69.7	70.7	72.9	74.5	75.7	72.1

1 For each year the most appropriate SIMD release was used: 2013 and 2014 use SIMD 2012.
 Further information about SIMD at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/>
 2 Includes residents where SIMD is not known.
 p Provisional.
 r Revised.

In 2014, seven out of the eleven mainland NHS boards met the minimum of 70% of terminations at less than 9 weeks gestation. The remaining four mainland boards had less than 70% - NHS Dumfries & Galloway (58.8%), NHS Forth Valley (62.7%), NHS Grampian (68.7%) and NHS Highland (67.0%).

Almost all the NHS boards reported rises in the proportion of terminations performed under nine weeks gestation between 2013 and 2014 with the exception of NHS Borders and NHS Dumfries & Galloway. Figure 3b shows the distribution by NHS board for 2013 and 2014.

Figure 3b: Percentage of terminations performed < 9 weeks gestation¹ by NHS health board; 2013^r and 2014^p



1 NHS HIS standard: 70% of women seeking a termination should have the procedure at under 9 wks gestation.
 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: 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](#)

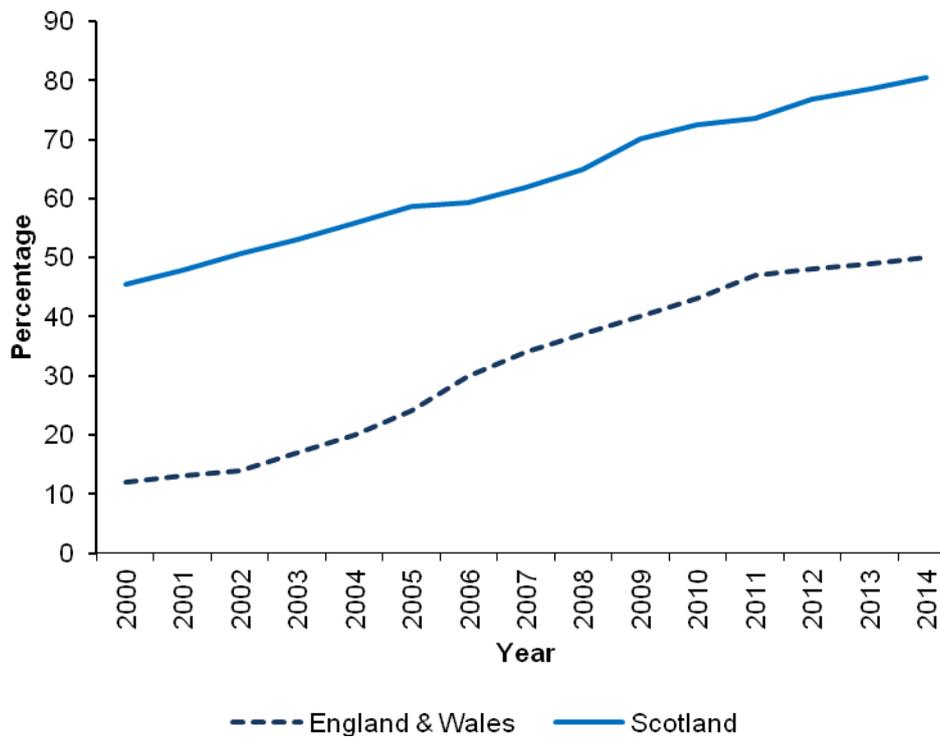
[Table 11: Terminations by deprivation, estimated gestation in weeks and age group](#)

Method of termination

The use of medical methods compared to surgical methods continues to increase, with 80.4% of terminations (at all gestations) performed medically in 2014 compared to 78.4% in 2013. The antiprogesterone, Mifepristone, was licensed for use in medical terminations at up to 9 weeks gestation in the UK in 1991. In the following year, 16.4% of terminations were performed medically and within 5 years this rose to over a third.

The percentage of medical terminations also increased in England and Wales from 12% in 2000 to 50% in 2014.

Figure 4: Terminations (all gestations) by medical method in Scotland and England & Wales; 2000 – 2014¹



¹ 2014 data are provisional and 2005 to 2013 data have been revised for Scotland. Source: ISD (Scotland data) and Department of Health (data for England & Wales).

Of terminations performed in Scotland at less than 9 weeks gestation, 88.0% were carried out medically (87.1% in 2013). Information on terminations under 9 completed weeks is available in Table 2.

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](#)

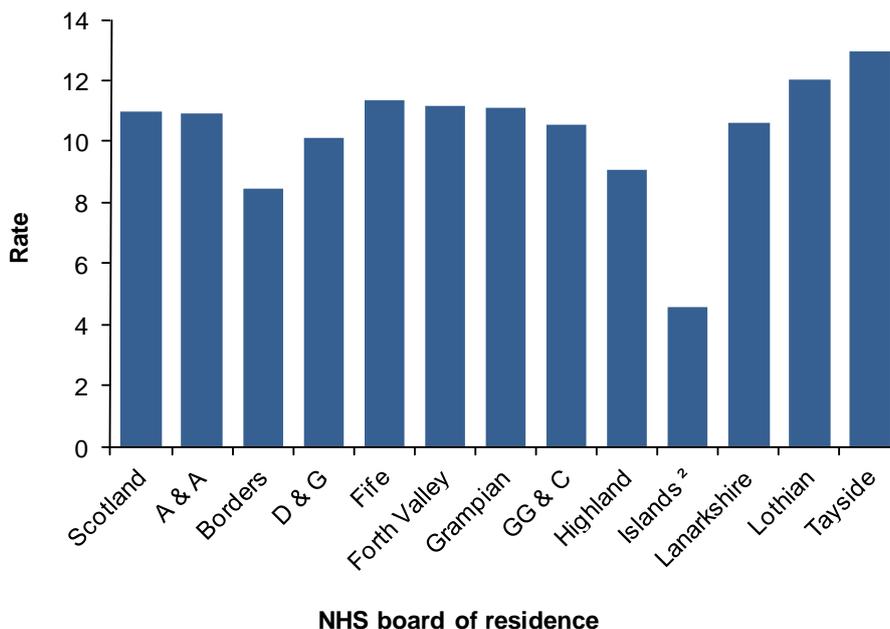
NHS board of residence

On 1st April 2014, NHS board boundaries were changed to align with those of local authorities. The purpose of the change was to help NHS boards and local authorities work closer together in the provision of care in the local community. To allow direct comparisons over time between NHS boards this alignment has also been applied to pre-2014 data. The main impact of the re-alignment affected NHS Lanarkshire and NHS Greater Glasgow and Clyde (approx. 2,600 postcodes changed from Greater Glasgow and Clyde to 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/>.

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, 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.

The termination rate for Scotland in 2014 was 11.0 per 1,000 women aged 15-44, down from 11.4 in 2013. The rate of termination (shown in Fig. 5a) was highest in NHS Tayside (13.0 per 1,000), although this rate has reduced from a peak of 16.7 in 2007. The lowest rate was recorded by the Island boards (4.6 per 1,000), and the lowest mainland board was NHS Borders at 8.5 per 1,000 women aged 15-44. The rates dropped between 2013 and 2014 in all boards except NHS Ayrshire & Arran (up 0.4 per 1,000) and NHS Dumfries & Galloway (up by 0.6 per 1,000).

Figure 5a: Termination rates¹ by NHS board of residence; 2014^p



¹ Rate per 1000 women aged 15-44.

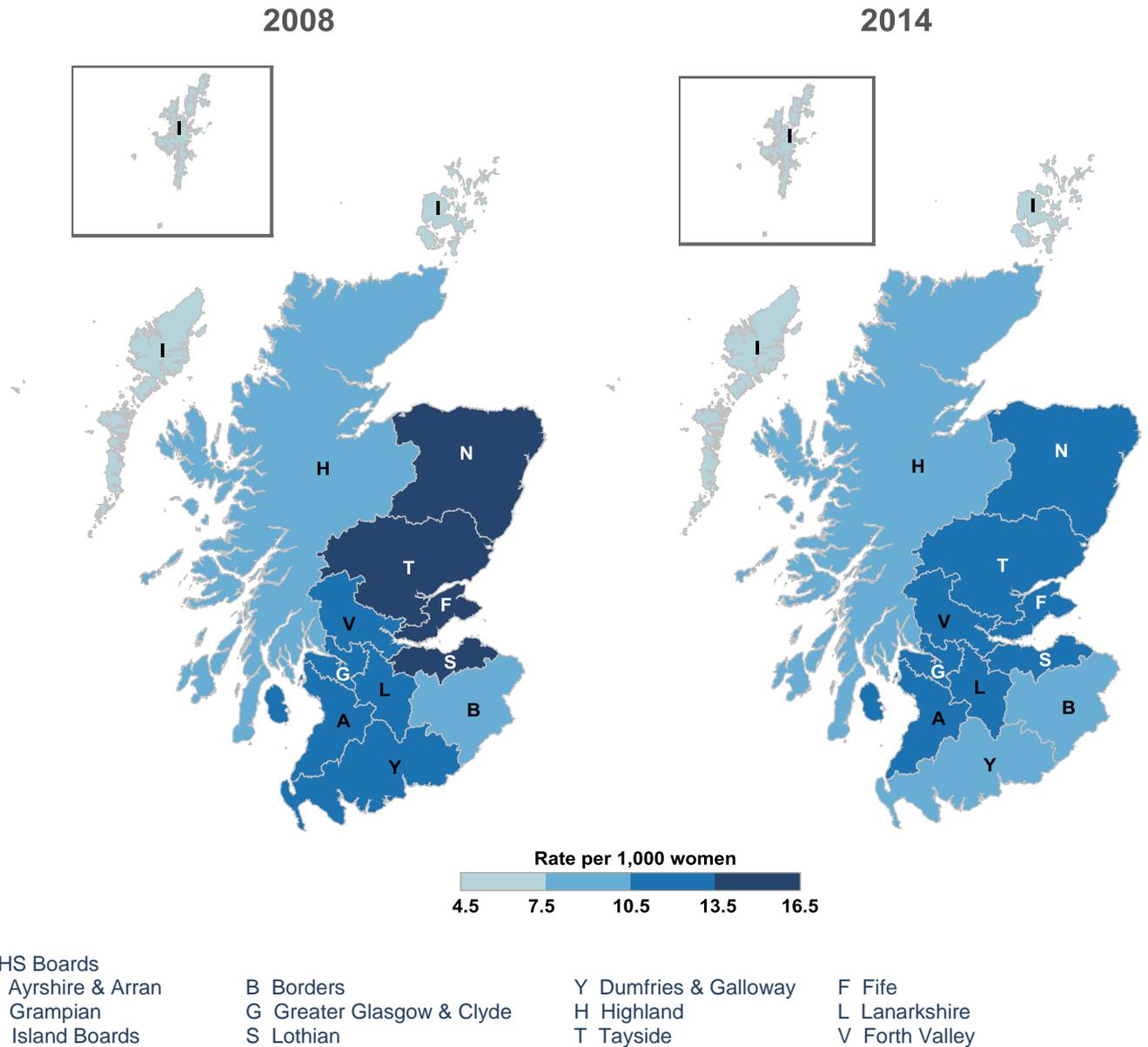
² Includes NHS Orkney, Shetland and Western Isles.

^p Provisional.

NHS board of residence comparison of termination rates

Between 2008 and 2014 all the NHS boards saw a reduction in termination of pregnancy rates. The termination rates reduced by between 10% and 21% in the majority of NHS boards, with the exception of NHS Ayrshire and Arran (down by 5%), NHS Highland (down by 3%) and NHS Forth Valley (down by 3%). Figure 5b illustrates this change in rates.

Figure 5b: Termination rates¹ by NHS board of residence²; 2008 and 2014³



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

2 The island boards are NHS Orkney, Shetland and Western Isles. NHS Shetland is inset.

3 2014 data are provisional and 2005 data have been 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](#)

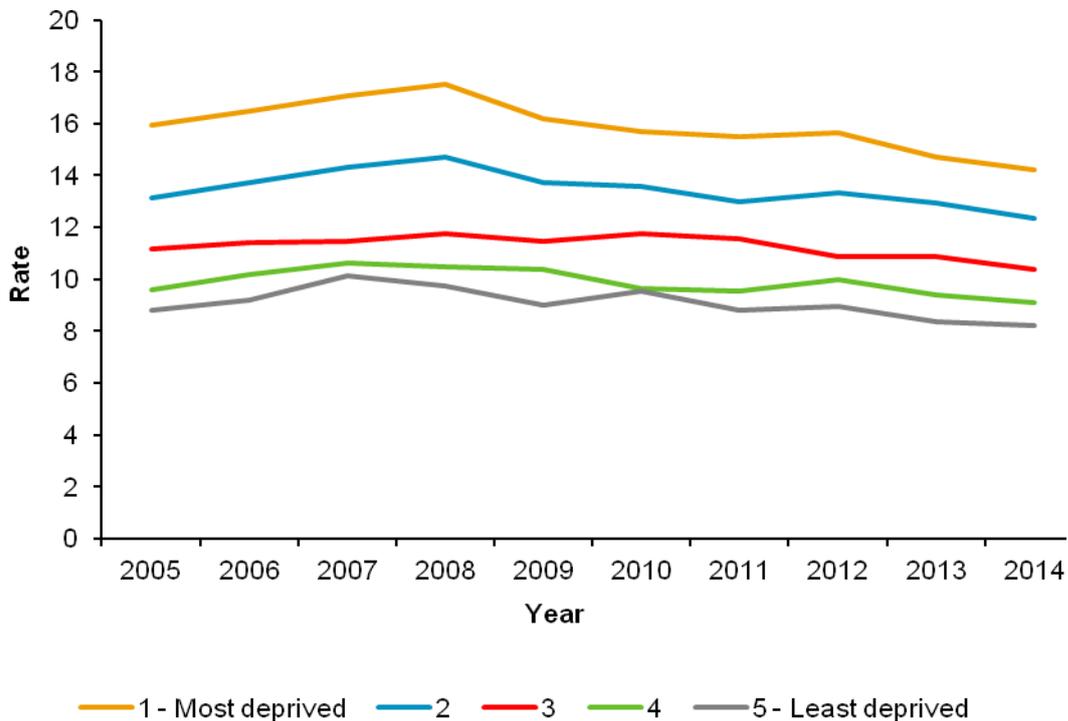
[Table 3: Terminations by NHS board of treatment and NHS board of residence](#)

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

Deprivation

The termination rate continued to show a clear link with the level of deprivation (Figure 6). In 2014, just over half of terminations were provided to women living in the two most deprived quintiles (SIMD1 and SIMD2). Nationally, in areas of high deprivation (SIMD1) the rate was 14.2 per 1,000 women aged 15-44, 73.4% higher than the rate of 8.2 per 1,000 for the least deprived (SIMD5) areas.

Figure 6: Rate of terminations¹ performed in Scotland by deprivation (SIMD) quintile²; 2005 - 2014³



1 Rate per 1000 women aged 15-44.

2 For each year the most appropriate SIMD release was used: 2005 to 2006 uses SIMD 2006; 2007 to 2009 uses SIMD 2009V2; 2010 to 2014 uses SIMD 2012. Further information about SIMD can be found at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/>

3 2014 data are provisional and 2005 to 2013 data have been revised.

The differences in rates in deprivation vary considerably across NHS boards. However, some care should be applied when interpreting rates by deprivation as numerators in the less populated NHS boards may be small. The rates are shown in Table C below.

Table C: Termination rates¹ in Scotland by NHS board of residence and deprivation quintile; 2014^p

NHS board of residence	Deprivation (SIMD) quintile ^{3,4}				
	1 - Most deprived	2	3	4	5 - Least deprived
Scotland	14.2	12.4	10.4	9.1	8.2
Ayrshire & Arran	12.2	11.6	9.8	10.3	7.7
Borders	6.0	9.9	8.7	8.5	5.2
Dumfries & Galloway	14.5	11.9	8.9	8.1	10.0
Fife	16.1	12.0	11.1	9.4	8.0
Forth Valley	17.1	12.0	11.2	8.4	8.0
Grampian	19.1	16.2	11.0	9.4	8.5
Greater Glasgow & Clyde	13.0	11.1	9.3	8.1	7.0
Highland	13.2	10.6	7.8	8.6	6.0
Islands ²	-	3.6	5.2	4.4	4.7
Lanarkshire	12.3	11.0	10.2	8.8	8.2
Lothian	16.3	15.2	12.3	10.7	8.6
Tayside	19.7	13.1	12.5	9.4	10.3

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

2 Orkney, Shetland and Western Isles NHS board areas.

3 For each year the most appropriate SIMD release was used: 2014 uses SIMD 2012.

4 Some records could not be assigned to a quintile.

p Provisional.

For further information on terminations by deprivation category:

[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](#)

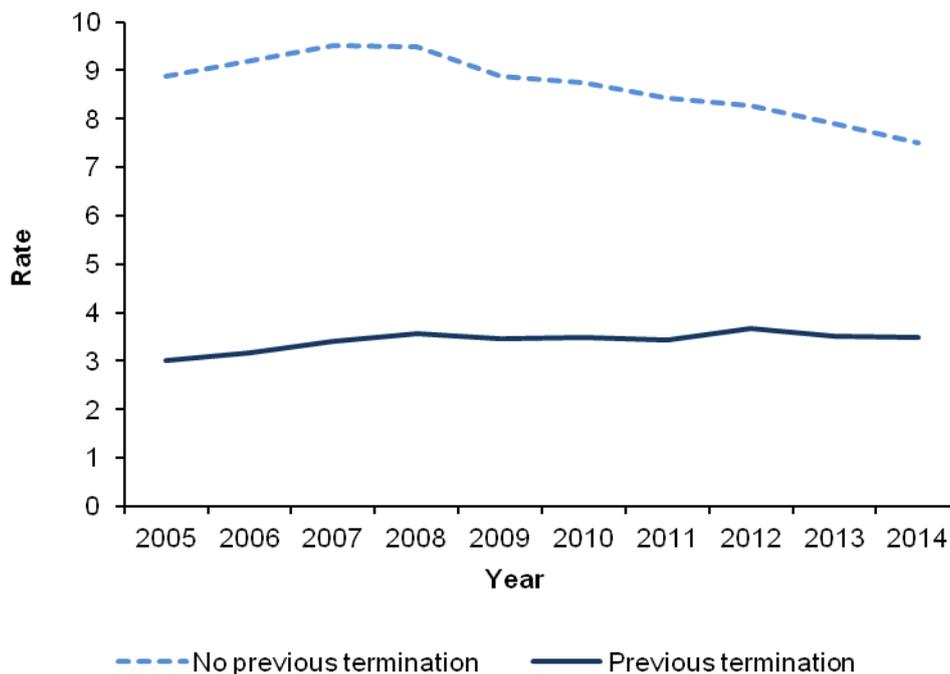
Previous terminations

In previous publications, repeat terminations have been presented as a proportion of all terminations. The total number of all terminations has decreased markedly in recent years but the number of repeat terminations has shown less of a reduction. This may be because repeat terminations tend to occur in an older age group than first terminations and the recent fall in termination rates is more pronounced in younger women. The result of these trends is that the proportion of repeat terminations of all terminations appears to be rising however the rate, expressed as a proportion of all women of reproductive age, is fairly static. This latter rate is likely to be a more useful reflection of the overall frequency of repeat terminations and this revised methodology has been adopted this year.

In 2014 in Scotland 3,635 terminations out of 11,475 were to women who had a previous termination; this equates to a rate of 3.5 per 1,000 women aged 15-44. The rate of previous terminations fluctuated between 3.6 per 1,000 in 2008 and 3.5 per 1,000 in 2014, peaking at 3.7 per 1,000 in 2012 (Fig. 7a).

The latest data on repeat terminations in England & Wales (2014) showed a rate of 6.2 per 1,000 women aged 15-44.

Figure 7a: Rates of termination¹ in Scotland for previous and no previous terminations; 2005 to 2014²

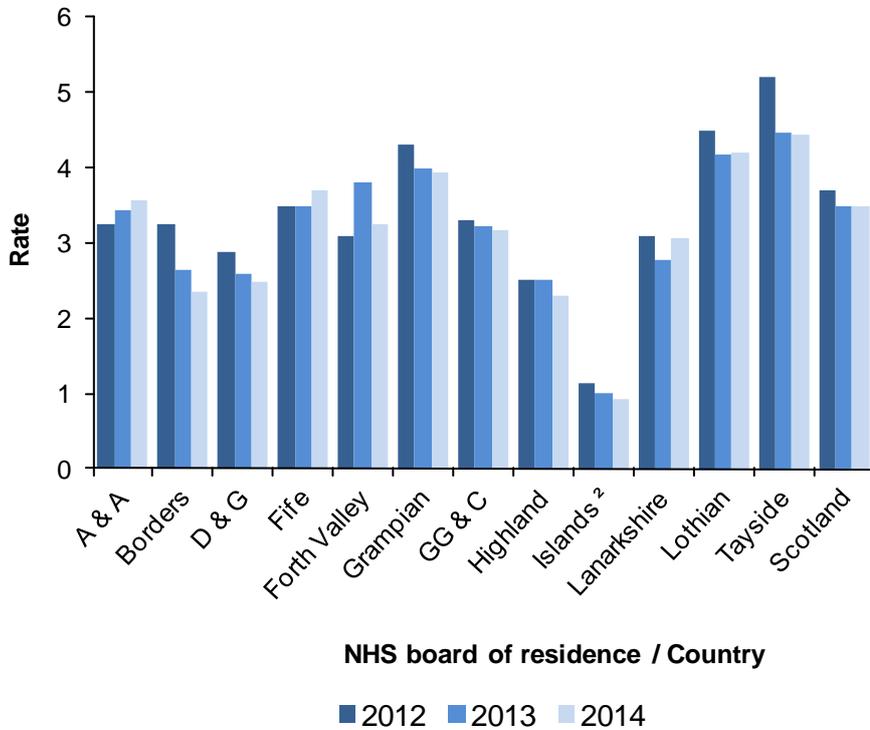


1 Rates per 1,000 women aged 15-44; based on 2013 mid-year population estimates.

2 2005 to 2013 data are revised and 2014 data is provisional.

NHS Tayside and NHS Lothian had the highest rates of repeat terminations (4.4 and 4.2 per 1,000 respectively). The lowest mainland board rates were in NHS Highland and NHS Borders (2.3 and 2.4 per 1,000 respectively). Figure 7b shows previous termination rates over the last three years.

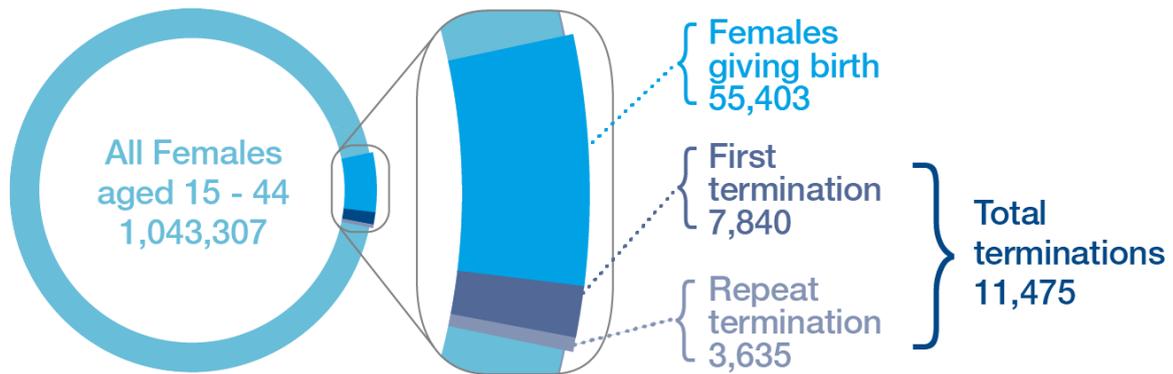
Figure 7b: Previous termination rates¹ by NHS board of residence; 2012 to 2014²



1 Rates per 1,000 women aged 15-44; based on 2013 mid-year population estimates.
 2 2012 and 2013 data are revised and 2014 data is provisional.
 3 Includes Orkney, Shetland and Western Isles.

Terminations of pregnancy in context to female population of reproductive age and women giving birth.

Figure 7c: Number of females aged 15-44, number giving birth^{1,2,3} and number having terminations and repeat terminations, Scotland 2014



1 The number of females giving birth is not yet available for 2014 so the figure for 2013 is provided.

2 Females giving birth includes live and stillbirths.

3 Miscarriage data is not included - accurate assessment of the number of miscarriages is not possible as only miscarriages that require hospital inpatient or day-case treatment are recorded. It is likely that some, particularly early miscarriages, are either managed solely by General Practitioners or may not be recognised by the women and so are never referred to hospital.

Sources: National Records of Scotland, Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

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 (Ground A to Ground G) and at least one must be recorded. Occasionally, notifications may record more than one statutory ground resulting in the numbers and percentages of grounds exceeding the total number of terminations.

In 2014, as in previous years, the vast majority (11,314; 98.5%) of terminations were carried out under Ground C where “the pregnancy has not exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman”. There were 152 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 66 were for chromosomal abnormalities (such as Down’s syndrome), 40 were for congenital anomalies of the nervous system, and 36 were for other specific congenital anomalies (such as of the cardiovascular or urinary systems). Table D below shows the split by grounds and further information about specific Ground E diagnoses is available in Table 1.

Table D: Terminations performed in Scotland by Grounds¹; 2014^p

Grounds for termination	Number	%
A	*	*
B	*	*
C	11,314	98.5
D	13	0.1
E	152	1.3
F	*	*
G	*	*

¹ **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: 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

Termination of pregnancy	Refers to a therapeutic termination of pregnancy notified in accordance with the Abortion Act 1967.
Approved place	Defined as in Section 1(3) of the Abortion Act 1967.
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 listed below).
NHS board definitions	A&A - Ayrshire & Arran, D&G - Dumfries & Galloway, GG&C - Greater Glasgow & Clyde.
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	Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland	2005-2014	Excel [90kb]
2	Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS board of residence	2005-2014	Excel [968kb]
3	Terminations by NHS board of treatment and NHS board of residence	2012-2014	Excel [76kb]
4	Terminations by local council area of residence	2005-2014	Excel [60kb]
5	Terminations by age and by local council area of residence	2012-2014	Excel [60kb]
6	Terminations performed in Scotland and on Scottish residents in England and Wales	1968-2014	Excel [46kb]
7	Terminations by age and year	1968-2014	Excel [30kb]
8	Terminations by estimated gestation	1968-2014	Excel [25kb]
9	Terminations by method of termination	1992-2014	Excel [22kb]
10	Terminations by NHS board of residence	2005-2014	Excel [46kb]
11	Terminations in Scotland by deprivation, estimated gestation in weeks and age group	2013-2014	Excel [48kb]

List of Figures

Fig. No.	Name	Time period	File & size
1	Number of terminations performed in Scotland	1968-2014	Excel [100kb]
2a and b	Terminations by age of woman (percentage and rates)	1968-2014	Excel [63kb]
3a and b	Terminations by estimated gestation (Scotland and NHS board)	1968-2014	Excel [82kb]
4	Percentage of terminations by medical method	2000-2014	Excel [57kb]
5	Terminations rates by NHS board of residence	2014	Excel [59kb]
6	Rate of terminations performed in Scotland by deprivation	2005-2014	Excel [45kb]
7a and b	Rate of previous terminations performed in Scotland & by NHS board	2005-2014	Excel [54kb]

Contact

Samantha Clarke

Senior Information Analyst

Nss.isdmaternity@nhs.net

0131 275 6149

Kirsten Monteath

Senior Information Analyst

Nss.isdmaternity@nhs.net

0131 275 6839

Further Information

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

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Appendix

A1 – Background Information

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>

Scottish Index of Multiple Deprivation (SIMD)

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. 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: the years 2005 to 2006 use SIMD 2006; years 2007 to 2009 use SIMD 2009V2; and years 2010 to 2014 use SIMD 2012.

Further information on SIMD is available at:

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

A more detailed explanation about the application of SIMD, its advantages and disadvantages is available at:

<http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/docs/PHI-Deprivation-Guidance-version-2.2-122014.pdf>

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 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	26/05/2015
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	<p>At the time of going to publication (26/5/15) the termination data for England and Wales was not available. This publication was updated on 10 June 2015 to include the Department of Health 2014 termination data. A list of the tables and charts affected is available in this report's introduction.</p> <p>In previous publications, repeat terminations have been presented as a proportion of all terminations. This has been changed to rates, expressed as a proportion of all women of reproductive age. The reasons for this change are explained in the previous termination section of this report.</p> <p>On 1st April 2014, NHS board boundaries were changed to align with those of local authorities. The purpose of the change was to help NHS boards and local authorities work closer together in the provision of care in the local community. To allow direct comparisons over time between NHS boards this alignment has also been applied to pre-2014 data. The main</p>

	<p>impact of the re-alignment affected NHS Lanarkshire and NHS Greater Glasgow and Clyde (approx. 2,600 postcodes changed from Greater Glasgow and Clyde to 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/.</p>
Concepts and definitions	See Glossary
Relevance and key uses of the statistics	<p>Making information publicly available for planning, epidemiology, provision of services and provides comparative information. Monitoring of the NHS HIS 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.</p>
Accuracy	<p>Information on forms is clerically checked, with additional validation on data entry. Data also compared to previous years' figures.</p>
Completeness	<p>Generally considered complete. There are approximately 250 terminations with outstanding data queries. These have been excluded from the 2014 report but will be included in the 2015 report. There may be a very small number of late returns received and data would be revised at the following year's release.</p>
Comparability	<p>Scottish data are comparable with data for England and Wales. The latest statistics (2014) are available at: https://www.gov.uk/government/statistics/report-on-abortion-statistics-in-england-and-wales-for-2014</p> <p>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.</p>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>Termination of pregnancy tables and figures are accessible via the ISD website: http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/</p>
Value type and unit of measurement	<p>Numbers, percentages and crude rates are presented.</p>
Disclosure	<p>The ISD protocol on Statistical Disclosure Protocol is followed.</p>
Official Statistics designation	<p>National Statistics.</p>
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-</p>

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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.

Standard Pre-Release Access:

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