Termination of Pregnancy Statistics

Year ending December 2016

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A National Statistics Publication for Scotland

Contents

Introduction

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

This report also monitors NHS Healthcare Improvement Scotland's standard introduced in March 2008 that 70% of women seeking terminations of pregnancy undergo the procedure at less than 9 completed weeks (ie less than 63 days) gestation. The effect rurality (Scottish Government Urban Rural Classification) may have on meeting this standard is also presented in this release.

Terminations

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

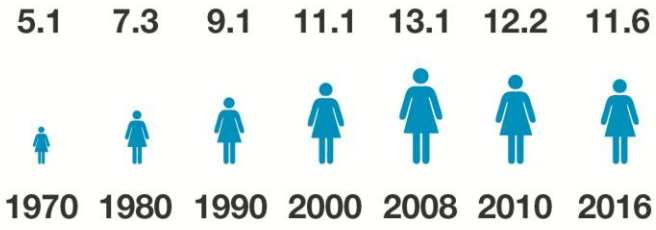
Information Services Division (ISD) is responsible for the collation of data derived from notifications of terminations on behalf of the Chief Medical Officer in Scotland.

The quality of the data is thought to be high, although occasional omissions and administrative errors in submitting notification forms occur, which may lead to some under-reporting. Further information on this is available in Appendix A1.

Infographic

Termination of pregnancy

Termination rates peaked in 2008

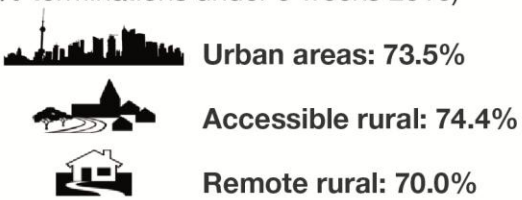


Strong association between deprivation and termination rates

1,845 fewer terminations in 2016 compared to 2008

Rurality can impact on accessibility

(% terminations under 9 weeks 2016)



Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967, ISD
Further information: http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/

Main points

- The number of terminations of pregnancy in Scotland in 2016 was 12,063; down from 12,134 in 2015, remaining below the 2008 peak of 13,908 terminations.
- For the third successive year the lowest termination rate was in the under 16 age group. The under 16 rate has decreased year on year since 2009.
- Since 2013, a widening gap in termination rates has been evident between women from the most and least deprived areas. In 2016 termination rates for women in the most deprived areas was twice as high as those from the least deprived areas.
- Although the number of terminations performed 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) accounted for less than 2% of all terminations performed in Scotland, this has steadily increased from 136 in 2011 to a high of 214 in 2016.

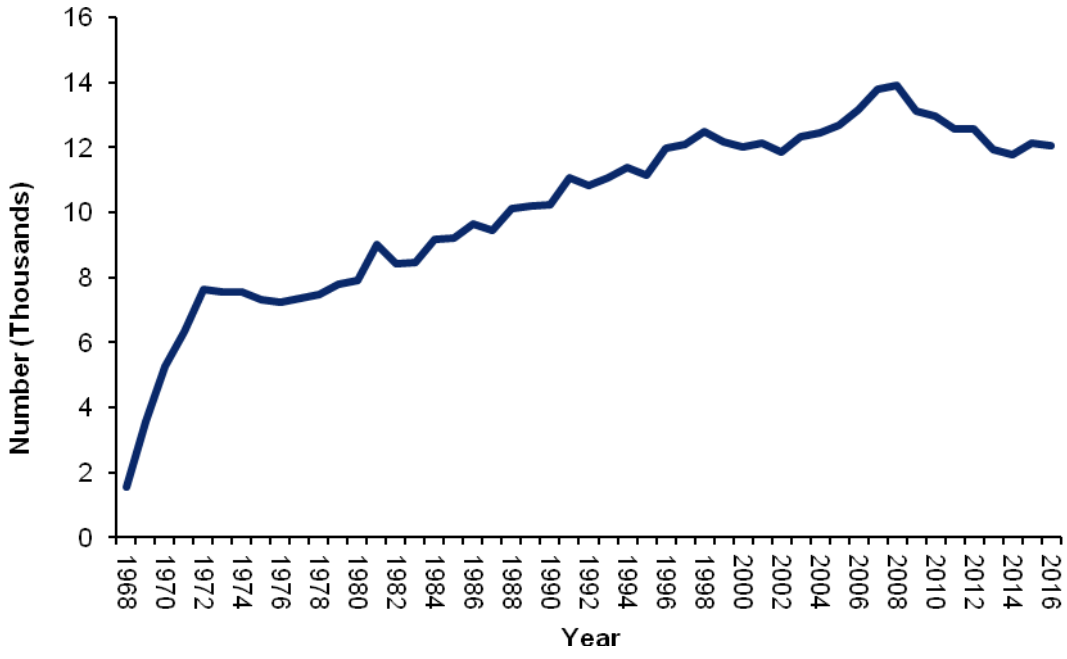
Results and Commentary

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

Terminations performed in Scotland between 1968 and 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) climbed to a peak of 13,908 (13.1 per 1,000 women aged 15-44) in 2008 before falling steadily to 11,778 (11.4 per 1,000 women aged 15-44) in 2014. An increase in the number of terminations in 2015 to 12,134 (11.7 per 1,000), was followed by a reduction in 2016 to 12,063 (11.6 per 1,000).

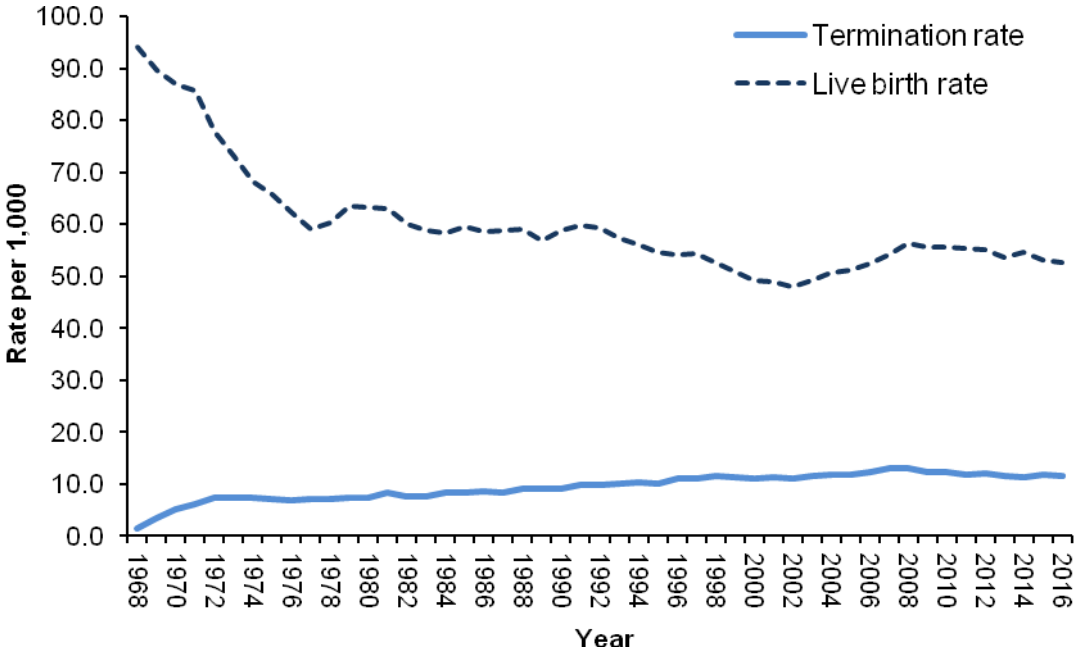
Figure 1a: Number of terminations of pregnancy, Scotland 1968 – 2016 [1]



1. 2016 termination data are provisional and 2012 to 2015 data have been revised.

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

Figure 1b: Termination [1] and General Fertility rates [2], Scotland 1968 – 2016 [3]



1. Number of terminations per 1,000 women aged 15-44.
2. Number of live births per 1,000 women aged 15-44.
3. 2016 termination data are provisional and 2012 to 2015 data have been revised.

Source: Notifications of abortions to Chief Medical Officer (Scotland) and the National Records of Scotland (Table 3.4 Birth rate, gross and net reproduction rates and general and total fertility rates, Scotland, 1971 to 2015). The NRS 2016 rate is provisional.

Terminations in Great Britain

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

Table A: Termination numbers and rates by country

	Scotland		England & Wales	
Year	Number	Rate [1]	Number	Rate [1]
2012	12,570	12.0	190,972	16.4
2013	11,946	11.5	190,800	16.5
2014	11,778	11.4	190,092	16.5
2015	12,134	11.7	191,014	17.0
2016	12,063	11.6	190,406	16.6

1. Rate per 1,000 women aged 15-44; based on 2015 mid-year population estimates.

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).

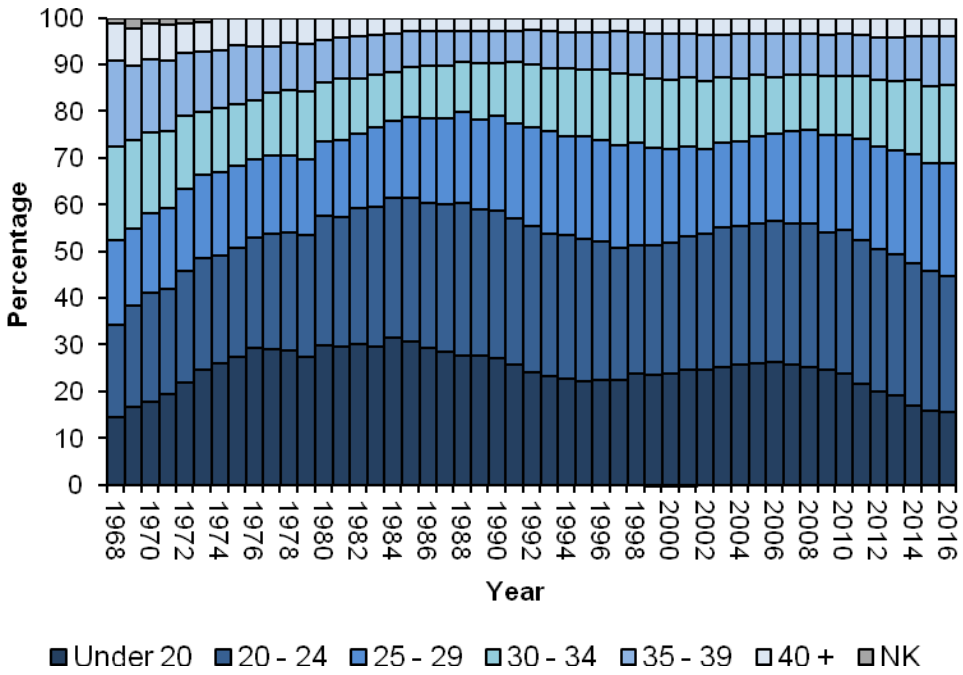
Age of women

In 2016, more terminations were to women aged 20-24 (29.3%) than in any other age group. This has remained unchanged since 1985.

The proportion of terminations to women aged 25-29 and 30-34 increased between 2006 and 2016. In 2006, terminations to young women (under 25) accounted for 56.6% of all terminations, and by 2016 this had dropped to 44.9%; a reduction of just over a fifth. Conversely, the proportion of terminations to women in their late twenties and thirties rose from 40.1% to 51.2% in these ten years (a 28% increase).

The fluctuations in age distribution since 1968 are shown in Figure 2a.

Figure 2a: Percentage of terminations by age of woman; 1968 – 2016 [1]



1. 2016 data are provisional and 2012 to 2015 data have been revised.

Overall, the trend since 2007 showed termination rates steadily decreasing among younger women (women under 25 years), and although rates tended to be lower in the mature age groups, these rates rose slightly over this period.

Specifically, in 2016 the highest termination rate was in the 20-24 age group at 19.1 per 1,000 women aged 20-24. Since 2008 termination rates to women aged 20-24 have been consistently higher than for any other age group. For the third successive year the lowest termination rate was reported in the under 16 group (1.5 per 1,000 women aged 13-15). This was also the sixth consecutive drop in the under 16 age group rate.

Termination rates between 2015 and 2016 decreased in the following age groups:

- under 16 group dropped from 1.7 to 1.5 per 1,000 women aged 13-15; down by 11%.
- 16-19 group dropped from 15.0 to 14.6 per 1,000 women aged 16-19; down by 2.8%.
- 20-24 group dropped from 19.6 to 19.1 per 1,000 women aged 20-24; down by 2.3%.
- 35-39 group dropped from 8.0 to 7.6 per 1,000 women aged 35-39; down by 4.4%.

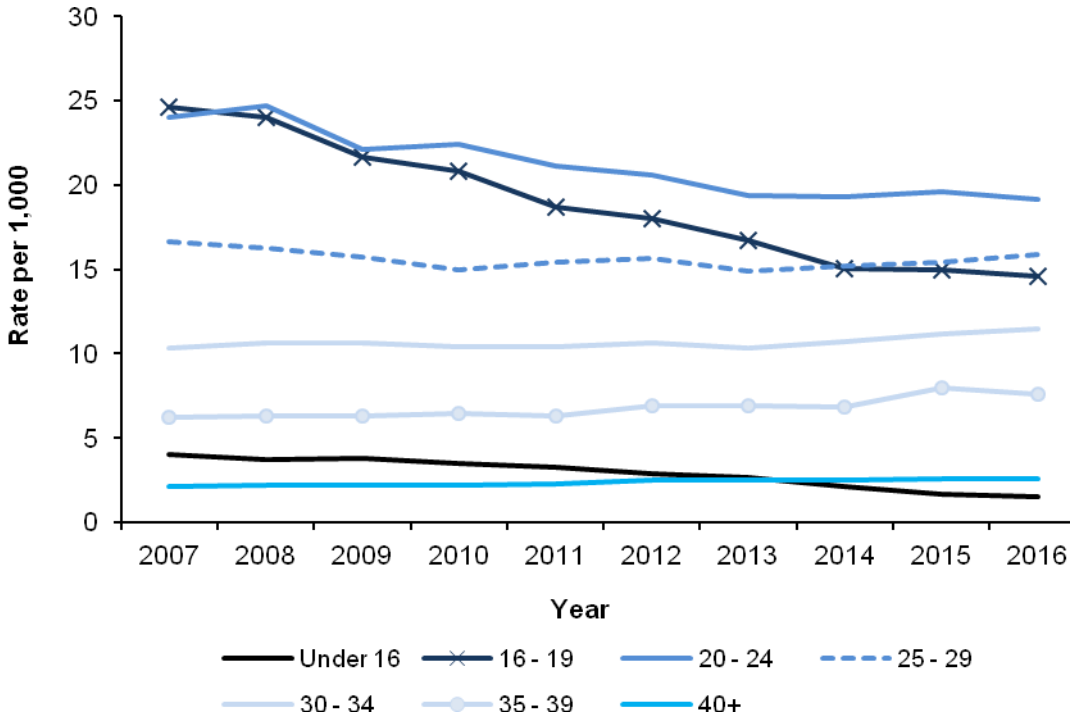
Between 2015 and 2016 termination rates increased in the following groups:

- 25-29 group increased from 15.4 to 15.9 per 1,000 women aged 25-29; up by 3.0%.
- 30-34 group increased from 11.2 to 11.5 per 1,000 women aged 30-34; up by 2.3%.

There was no change to the rate in the 40+ age group between 2015 and 2016, remaining at 2.6 per 1,000 women age 40-44. However, it should be noted that this rate was the highest recorded (based on data available from 2002).

Figure 2b illustrates trends in termination rates by age group.

Figure 2b: Termination rates [1] by age group of woman; 2007 – 2016 [2]



1. Rates per 1,000 women in each age group (rate for under 16s calculated using female population aged 13-15).
2. 2016 data are provisional and 2012 to 2015 data have been revised.

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

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

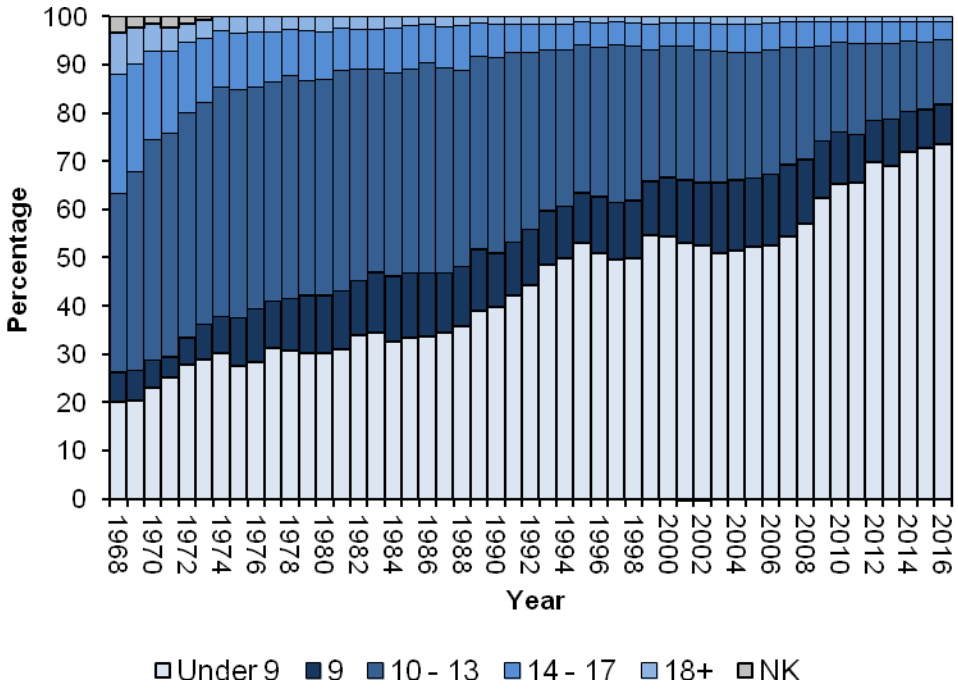
Estimated gestation

The proportion of terminations carried out at less than 9 weeks gestation increased again in 2016 to 73.5%, up from 72.5% in 2015. More terminations than ever are now performed at less than 9 weeks gestation, predominantly due to the greater provision of early medical terminations.

The proportion of all terminations performed at 10 weeks and over was just under 20% in 2016 compared to 70.5% in 1968. The percentage of late gestation terminations (18+ weeks) reduced from 8.6% in 1968 to 1.3% in 2016 (1.2% in 2015).

Figure 3a illustrates the percentage breakdown by gestation.

Figure 3a: Terminations by estimated gestation (weeks); 1968 – 2016 [1]



1. 2016 data are provisional and 2012 to 2015 data have been revised.

Sexual Health Standard

In March 2008 standards for sexual health were published by NHS Quality Improvement Scotland (now Healthcare Improvement Scotland), one of which related to 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 to view on the Healthcare Improvement Scotland website: Standards for sexual health services.

Table B below shows the percentage of women undergoing terminations under 9 weeks gestation in Scotland in 2015 and 2016 by deprivation category. Women from more deprived areas are the least likely to undergo their termination at under 9 weeks. In 2016, the 70% standard was met across all deprivation categories.

A further breakdown by age group (Table 11) showed that the under 16 and 16-19 groups in the most deprived category did not meet the standard in 2016 (61.7% and 69.3% respectively). Further, the under 16 group only met the standard once, in deprivation category 3. Within the least deprived category the only other age group not meeting the standard (apart from the under 16s; 55.6%) was the 40+ group (69.3%).

Table B: Percentage of terminations performed under 9 weeks gestation

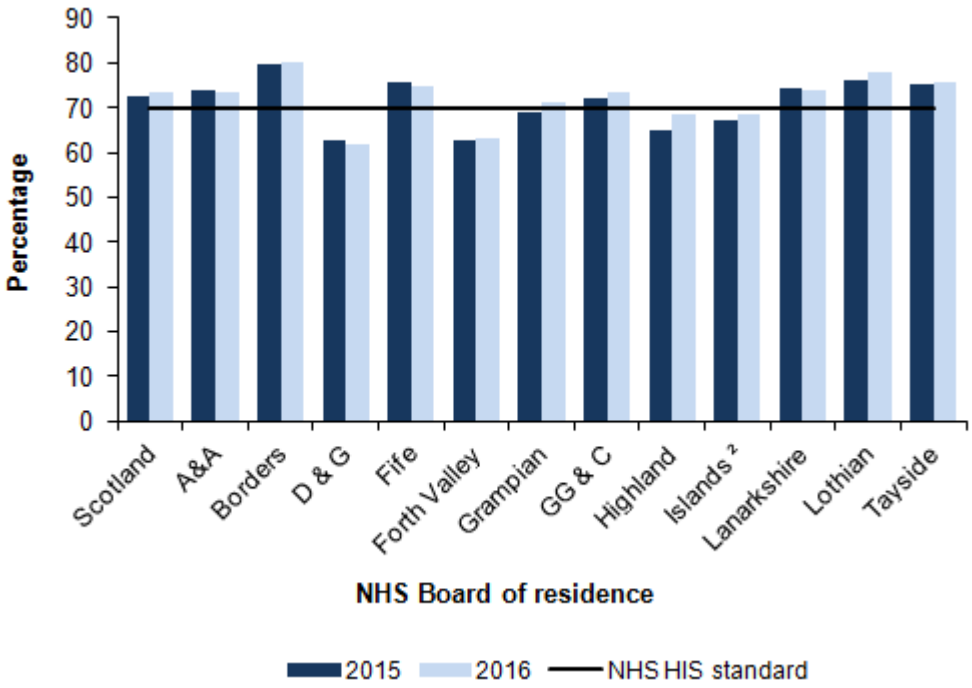
	Deprivation category [1]					
Scotland	1 - Most deprived	2	3	4	5 - Least deprived	Scotland [2]
2015 [r]	69.3	71.1	74.0	74.5	77.3	72.5
2016 [p]	71.0	73.1	72.5	76.0	78.1	73.5

1. For each year the most appropriate Scottish Index of Multiple Deprivation (SIMD) release was used: 2015 and 2016 use SIMD 2016.
   Further information about SIMD can be found in Appendix A1 and at:
   http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/
2. Includes residents where SIMD is not known.

p Provisional.
r Revised.

In 2016 three mainland boards remained below the 70% standard for terminations performed at less than 9 weeks gestation: NHS Dumfries & Galloway (62.0%); NHS Forth Valley (63.2%); and NHS Highland (68.7%). The Island Boards (NHS Orkney, Shetland and Western Isles) edged closer to meeting the standard by increasing from 67.3% in 2015 to 68.3%. NHS Highland recorded the greatest improvement, from 65.1% in 2015 to 68.7%. Figure 3b illustrates this distribution by NHS Board.

Figure 3b: Percentage of terminations performed < 9 weeks gestation [1] by NHS Board of residence; 2015 [r] and 2016 [p]



1. Healthcare Improvement Scotland standard: 70% of women seeking a termination should have the procedure at under 9 weeks gestation.
2. Orkney, Shetland and Western Isles NHS Boards.

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Terminations by rurality

The Scottish Government Urban Rural Classification provides a standard definition of rural areas in Scotland. There are 4 classifications in this scheme: 2-fold, 3-fold, 6-fold and 8-fold. This publication used the 3-fold classification to examine the impact rurality may have on the Sexual Health Standard that 70% of women seeking a termination should undergo the procedure at less than 9 weeks (under 63 days) gestation.

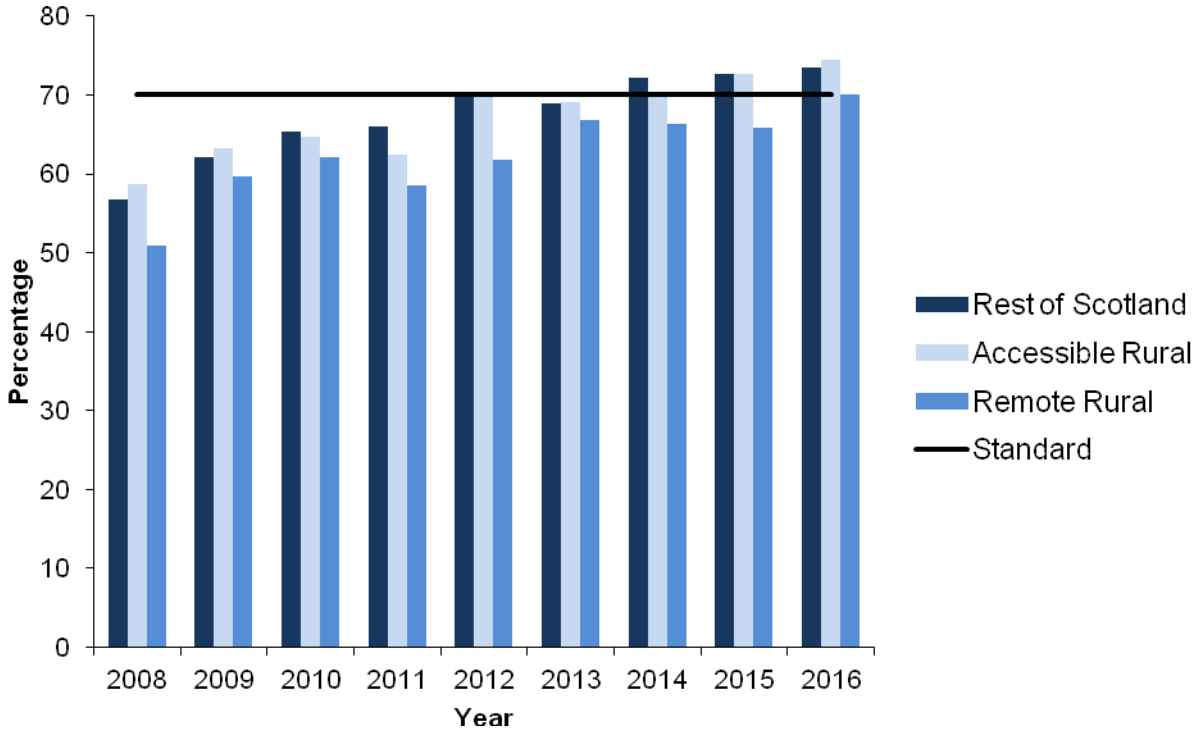
The 3-fold classification is defined as:

- Rest of Scotland - Settlements of 3,000 or more people.
- Accessible rural - Settlements of less than 3,000 people and within 30 minutes drive of a settlement of 10,000 or more.
- Remote rural - Settlements of less than 3,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.

Further information about urban rural classification is available on the Scottish Government and ISD websites.

Each year since the sexual health standard was introduced (in 2008), the lowest proportions of terminations carried out at under 9 weeks gestation were in the remote rural category, that is, those settlements of less than 3,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more. By 2016 all 3 groups were meeting the 70% standard, although the remote rural category remained the lowest. Women living in remote rural localities appeared to be at a disadvantage when accessing termination services early in pregnancy.

Figure 3c: Percentage of terminations under 9 weeks [1] gestation by rurality, Scotland; 2008 to 2016 [2]



1. Healthcare Improvement Scotland standard: 70% of women seeking a termination should have the procedure at under 9 weeks gestation.
2. 2016 data is provisional and 2012 to 2015 data are revised.

For further information on terminations by estimated gestation:

Table 1: Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland

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

Table 8: Terminations by estimated gestation

Table 11: Terminations by deprivation, estimated gestation in weeks and age group

Method of termination

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

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

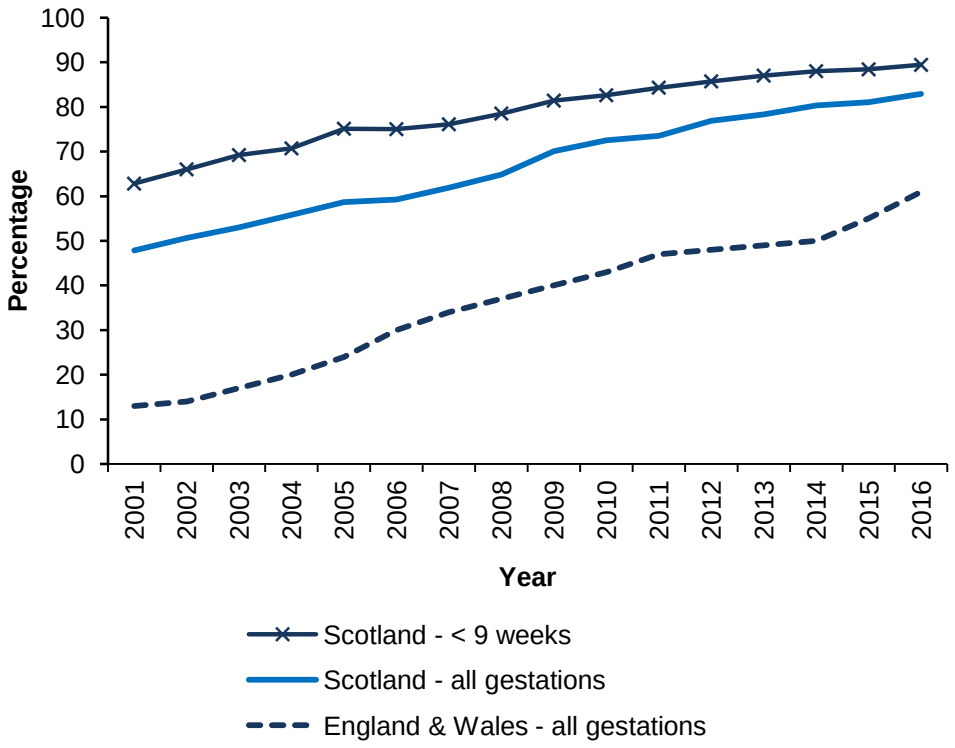
In 1992, the first year since being licensed, 16.4% of terminations were performed medically and within 5 years this rose to over a third. By 2002 more terminations (50.7%) were performed medically than by surgical methods.

The use of medical methods compared to surgical methods has continued to increase, with 82.9% of terminations (at all gestations) performed medically in 2016.

In Scotland in 2016, 89.4% of terminations under 9 weeks were performed medically.

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

Figure 4: Percentage of terminations by medical method in Scotland and England and Wales; 2001 – 2016 [1]



1. 2016 data are provisional and 2012 to 2015 data have been revised for Scotland.
Source: ISD (Scotland data) and Department of Health (data for England and Wales).

For further information on method of termination:

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

Table 9: Terminations by method of termination

NHS Board of residence

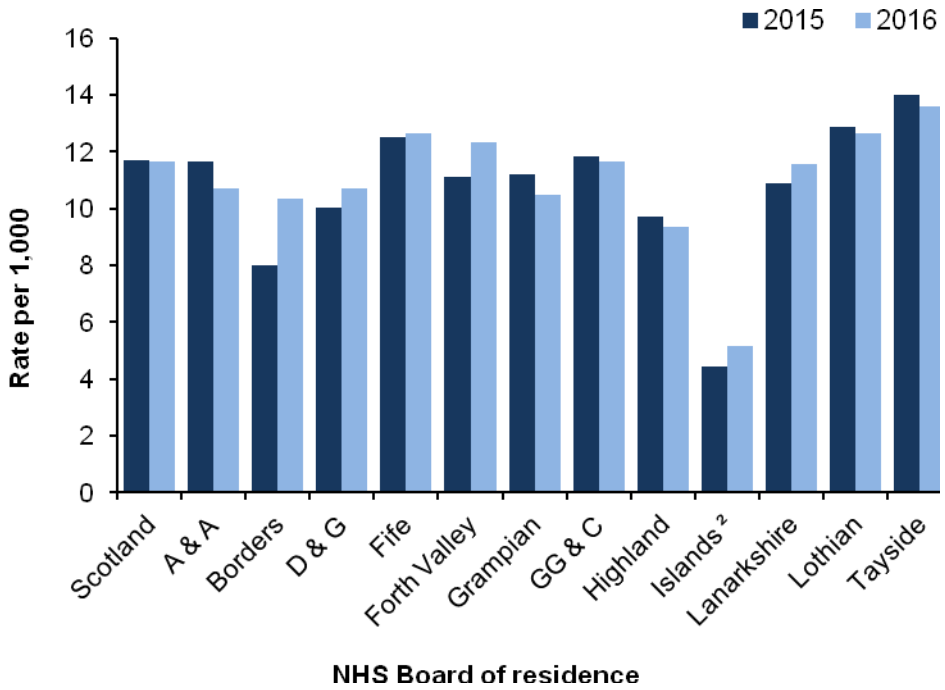
2014 NHS Board boundaries came into effect on 1 April 2014 and are used throughout this publication. Further information about this is available in Appendix A1.

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

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

The highest rate in 2016 was reported by NHS Tayside (13.6 per 1,000 women aged 15-44), although this was 2.8% lower than in 2015 (14.0 per 1,000 women aged 15-44). The lowest mainland rate recorded was 9.3 (per 1,000 women aged 15-44) in NHS Highland. NHS Borders reported the largest percentage increase in rates between 2015 and 2016, increasing by nearly 30%, from 8.0 in 2015 to 10.3 in 2016. This increase was in contrast to recent trends, in which rates in NHS Borders reduced over five consecutive years from 11.1 (per 1,000 women aged 15-44) in 2010 to a seven year low of 8.0 (per 1,000 women aged 15-44) in 2015.

Figure 5: Termination rates [1] by NHS Board of residence; 2015 [r] and 2016 [p]



1. Rate per 1,000 women aged 15-44; based on 2015 mid-year population estimates.
2. Includes NHS Orkney, Shetland and Western Isles NHS Boards.

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r Revised.

For further information on terminations by Health Board:

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

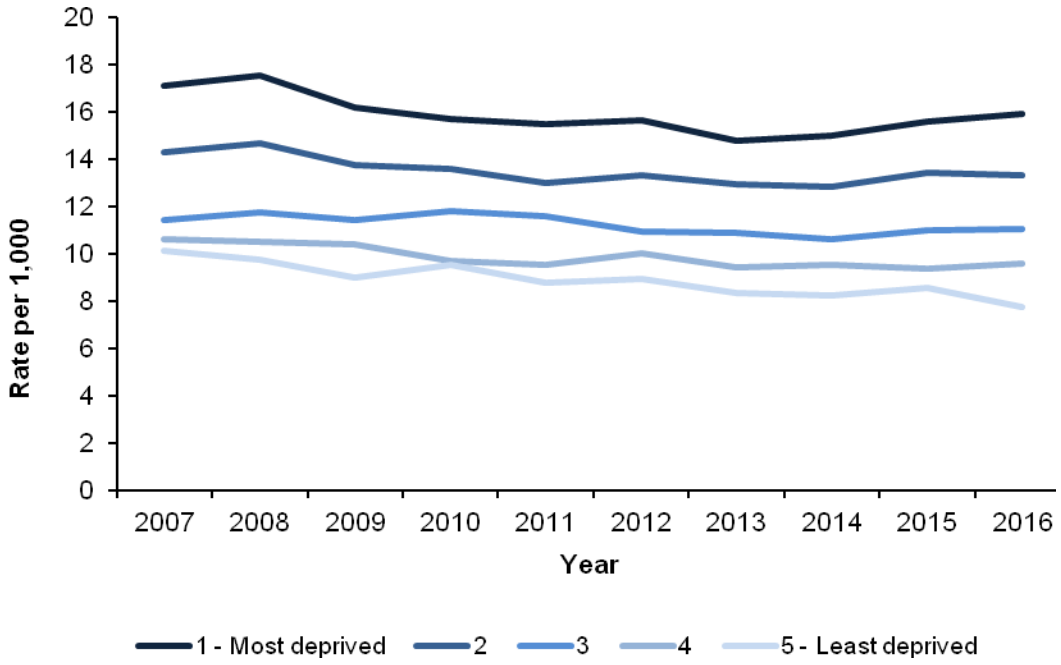
Table 3: Terminations by NHS Board of treatment and NHS Board of residence

Table 10: Terminations by NHS Board of residence

Deprivation

There continued to be a strong association between deprivation and termination rates. While rates across the deprivation groups have generally been decreasing or remained relatively stable, since 2013 a widening gap has been evident between women from the most and least deprived areas. In 2016 the rate of terminations for women in the most deprived areas was twice as high as those from the least deprived areas (15.9 compared to 7.8 per 1,000 women aged 15-44).

Figure 6: Rate of terminations [1] performed in Scotland by deprivation category [2]; 2007 – 2016 [3]



1. Rate per 1,000 women aged 15-44.
2. For each year the most appropriate SIMD release was used: 2007 to 2009 uses SIMD 2009; 2010 to 2013 uses SIMD 2012; 2014 onwards uses SIMD2016. Further information about SIMD can be found in Appendix A1 and at: http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/
3. 2016 data are provisional and 2012 to 2015 data have been revised.

There was a similar pattern of deprivation in the termination rates across all mainland NHS Boards. In nine of the eleven mainland boards the termination rate in the most deprived area was at least twice that in the least deprived area (Table C); the exceptions were NHS Highland and NHS Lanarkshire (both slightly less than twice the rate).

Some care should be applied when examining rates by deprivation for specific Boards as numbers of terminations occurring in specific deprivation groups in the less populous NHS Boards may be small. (The numbers by NHS Health Board are available in Table 2).

Table C: Termination rates [1] in Scotland by NHS Board of residence and deprivation category; 2016 [p]

NHS Board of residence	Deprivation category [3,4] 1 - Most deprived	2	3	4	5 - Least deprived
Scotland	15.9	13.3	11.1	9.6	7.8
Ayrshire & Arran	13.1	10.4	11.8	7.1	6.6
Borders	12.6	14.0	10.9	8.8	5.3
Dumfries & Galloway	16.7	10.8	9.9	9.5	8.0
Fife	18.1	14.4	13.5	11.3	6.3
Forth Valley	17.9	17.0	10.5	9.5	6.7
Grampian	21.2	15.0	11.0	8.7	8.0
Greater Glasgow & Clyde	14.9	11.8	10.2	9.4	7.2
Highland	13.7	11.5	7.9	8.6	8.1
Islands [2]	-	5.8	5.1	4.9	7.1
Lanarkshire	13.6	12.2	11.3	9.7	8.0
Lothian	20.3	15.2	12.4	11.2	8.4
Tayside	19.2	15.3	13.4	10.6	9.6

1. Rates per 1,000 women aged 15-44.
2. Orkney, Shetland and Western Isles NHS Boards.
3. For each year the most appropriate SIMD release was used: 2016 uses SIMD 2016.
4. Some records could not be assigned to a quintile.

p Provisional.

The rates in Table C are available in Table 2. Further information by deprivation category is available in:

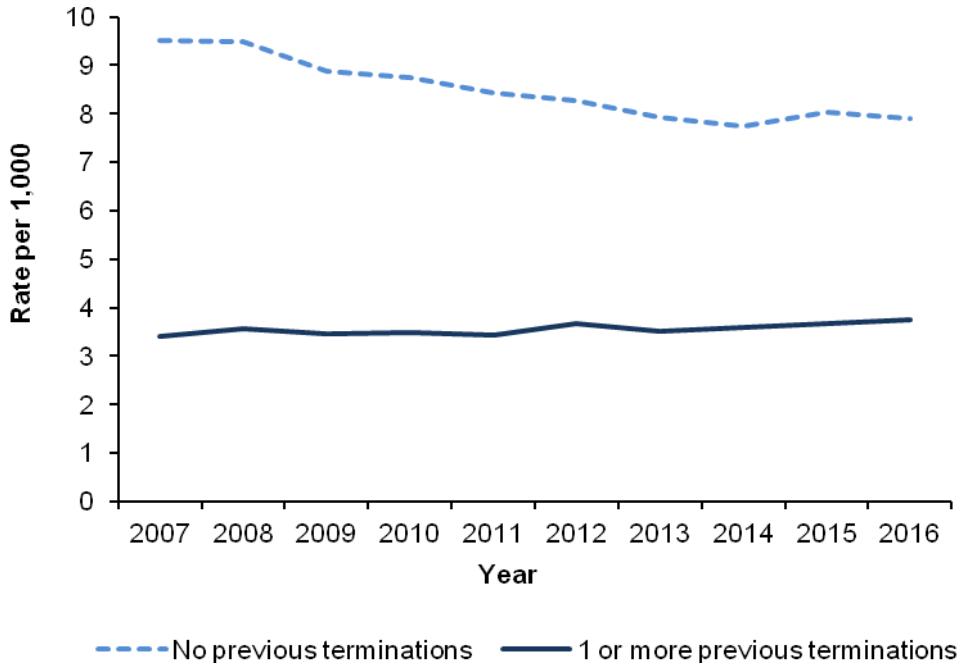
Table 1: Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland

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

Previous terminations

The decline in the termination rate seen between 2008 and 2014 reflects a decline in the number of first terminations (ie those provided to women who had never had a previous termination). The number of repeat terminations (ie those to women who had had at least one previous termination) increased slightly over this period, however, the rate of repeat terminations remained unchanged between 2015 and 2016 at 3.7 per 1,000 women aged 15-44.

Figure 7: Previous termination rates [1] in Scotland; 2007 to 2016 [2]



1. Rates per 1,000 women aged 15-44; based on 2015 mid-year population estimates.
2. 2016 data is provisional and 2012 to 2015 data are revised.

For further information on previous terminations:

Table 1: Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland

Table 2: Terminations by age, deprivation, gestation, method, repeat termination, grounds for termination and NHS Board of residence

Grounds for termination

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

As in previous years, the vast majority of terminations (11,841; 98.2%) are carried out because "the pregnancy has not exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman."

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

Table D: Terminations performed in Scotland by Grounds; 2016 [p]

Ground	Definition	Number	%
A	The continuance of the pregnancy would involve risk to the life of the pregnant women greater than if the pregnancy were terminated.	*	*
B	The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.	*	*
C	The pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.	11 841	98.2
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.	214	1.8
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.

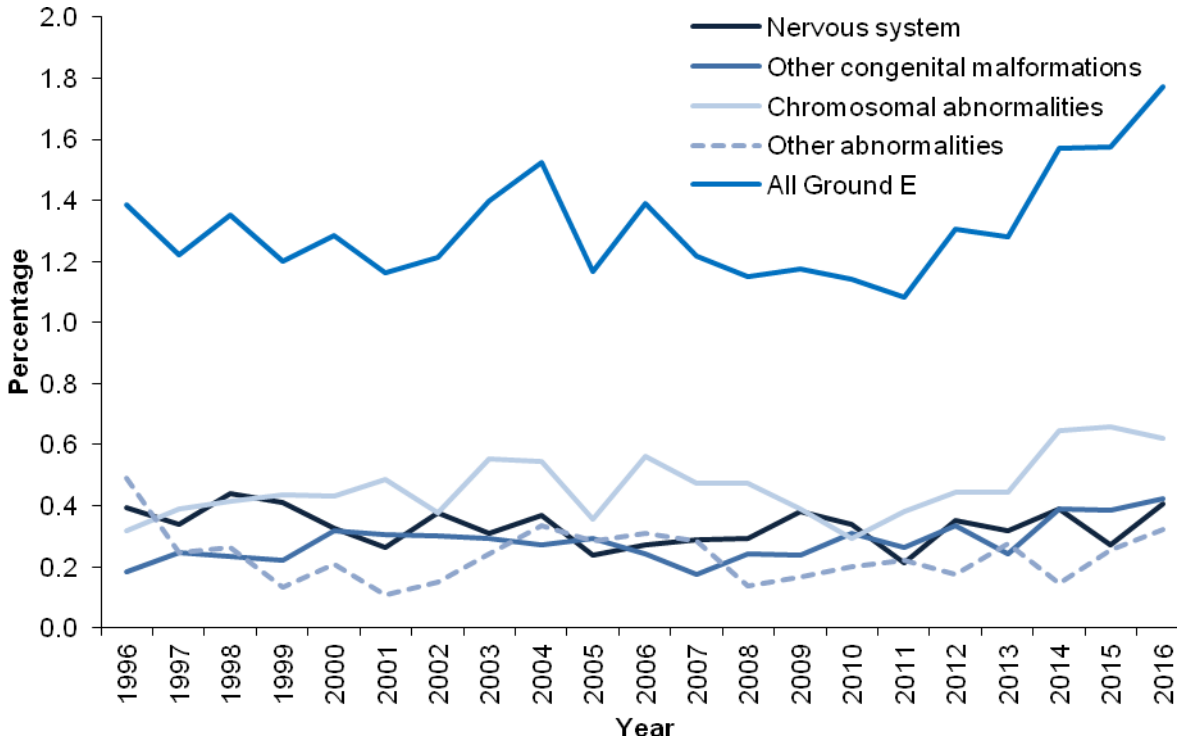
Ground E terminations

Terminations on the grounds where there was "...substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped" dropped to a low in 2011 (136 terminations) but subsequently increased, reaching a peak in 2016 of 214. Of these, 75 were for chromosomal abnormalities (such as Down's syndrome), 51 for other specific congenital anomalies (such as of the cardiovascular or urinary systems), and 49 for congenital anomalies of the nervous system.

Relatively few terminations were carried out under Ground E in Scotland, accounting for less than 2% of all terminations performed. Information on the breakdown of grounds and diagnoses were available from 1996 and are shown in Figure 8.

The proportion of terminations performed under Ground E rose in recent years, driven mainly by terminations for chromosomal abnormalities. A possible factor contributing to this increase may be the updated advice from the UK National Screening Committee and the recommendations of the NHS Quality Improvement Scotland Health Technology Assessment Report 5 – Routine Ultrasound Scanning before 24 Weeks of Pregnancy. This set out a number of changes and developments to strengthen and extend the pregnancy and newborn screening programmes, including the introduction of a combined first trimester screen for Down's syndrome and all Board areas to universally offer a second trimester fetal anomaly ultrasound examination.

Figure 8: Percentage of terminations carried out as Ground E[1] in Scotland; 1996 to 2016[2]



1. Ground E terminations: There is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
2. 2016 data is provisional and 2012 to 2015 data are revised.

Further information on screening in pregnancy is available to view at:

National Services Division: Pregnancy Screening Programs

National Services Division: Scottish Down's syndrome and Fetal Anomaly Screening Programmes Protocols

Further data on grounds for termination are available from:

Table 1: Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland

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

Glossary

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

List of Tables

Table No.	Name	Time period	File & size
1	Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination; Scotland	2007-2016	Excel [26kb]
2	Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence	2007-2016	Excel [108kb]
3	Terminations by NHS Board of treatment and NHS Board of residence	2014-2016	Excel [21kb]
4	Terminations by local council area of residence	2007-2016	Excel [19kb]
5	Terminations by age and by local council area of residence	2014-2016	Excel [20kb]
6	Terminations performed in Scotland and on Scottish residents in England and Wales	1968-2016	Excel [15kb]
7	Terminations by age and year	1968-2016	Excel [17kb]
8	Terminations by estimated gestation	1968-2016	Excel [13kb]
9	Terminations by method of termination	1992-2016	Excel [12kb]
10	Terminations by NHS Board of residence	2007-2016	Excel [15kb]
11	Terminations in Scotland by deprivation, estimated gestation in weeks and age group	2015-2016	Excel [19kb]

List of Figures

Fig. No.	Name	Time period	File & size
1	Number of terminations performed in Scotland	1968-2016	Excel [57kb]
2a and b	Terminations by age of woman (percentage and rates)	a) 2007-2016 b) 1968-2016	Excel [47kb]
3a and b	Terminations by estimated gestation (Scotland and NHS Board)	a) 1968-2016 b) 2015-2016	Excel [45kb]
3c	Percentage of terminations at under 9 weeks by rurality in Scotland	2008-2016	Excel [15kb]
4	Percentage of terminations by medical method	2001-2016	Excel [32kb]
5	Terminations rates by NHS Board of residence	2015-2016	Excel [24kb]
6	Rate of terminations performed in Scotland	2007-2016	Excel [18kb]

	by deprivation		
7a and b	Rate of previous terminations performed in Scotland & by NHS Board (7b includes E&W repeat termination rates)	a) 2007-2016 b) 2014-2016	Excel [26kb]
8	Percentage of terminations carried out as Ground E in Scotland	1996-2016	Excel [20kb]

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Further Information

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

For general enquiries about this report or other Sexual Health topics please email:
Nss.isdmaternity@nhs.net

Further information can be found on the ISD website

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Appendices

A1 – Background Information

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

Notification of termination of pregnancy

All terminations performed in Scotland are legally required to be notified to the Chief Medical Officer in Scotland. For every termination, a notification of abortion form must be completed. Sample notification form.

Legislation pertaining to the Abortion Act 1967

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

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

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

Quality of the data

The quality of the data is thought to be high, although occasional omissions and administrative errors in submitting notification forms occur, leading to some under-reporting. Late submissions of notification forms are included in the following year's statistics release as revised figures for the relevant year. In this 2016 statistics release, 19 notifications with outstanding data queries have been excluded. These account for 0.2% of all terminations which will not significantly alter the interpretation of the data and they will be included in the 2017 report due to be published in May 2018.

NHS Boards and Council Areas

NHS boards are responsible for the healthcare of the Scottish population and report to the Scottish Government. On 1st April 2014, NHS Board boundaries were changed to align with those of local authorities. The purpose of the change is to help NHS Boards and local authorities work closer together in the provision of care in the local community.

Since 1996, for local government purposes, Scotland has been divided into 32 areas designated as 'council areas' (also known as local authorities). Each of these areas is governed by a unitary authority known as a 'council'. These council areas replaced the pre-existing structure of 9 regions and 53 districts.

Further information on geography is available at: http://www.isdscotland.org/Products-and-Services/GPD-Support/Population/Estimates/

Population

In the release, rates are calculated using the 2015 mid-year population estimates. Mid-year population estimates are based on the results of the last published Census. The 2002-2011 populations are based on the 2011 Census and are the latest and best available estimates.

Further information on population estimates is available at:
http://www.isdscotland.org/Products-and-Services/GPD-Support/Population/Estimates/

Deprivation

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

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

The Scottish Index of Multiple Deprivation has seven domains (income, employment, education, housing, health, crime, and geographical access), which have been combined into an overall index to pick out area concentrations of multiple deprivation. These concentrations of deprivation are identified in SIMD at Data Zone level and can be analysed using this small geographical unit. Data Zones were introduced in 2004 to replace postcode sectors as the key small area geography for Scotland. The SIMD identifies deprived areas, not deprived individuals.

There have been SIMD releases in 2004, 2006, 2009, 2012 and most recently, 2016. This report uses the most appropriate SIMD for each year:

SIMD version	Data Zone version	Use with 'point in time' health data for these years
SIMD 2009	2001	2007, 2008, 2009
SIMD 2012	2001	2010, 2011, 2012, 2013
SIMD 2016	2011	2014 onwards

SIMD 2016 is based on 2011 Data Zones, whereas all older versions of SIMD are based on 2001 Data Zones.

Further information on SIMD is available at:
http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Termination of Pregnancy Statistics
Description	Annual update on notifications of termination of pregnancy carried out under the 1967 Abortion Act. Information about the termination including the method, grounds for termination and geography are available.
Theme	Health and Social Care
Topic	Sexual Health Services
Format	Excel workbooks and pdf report
Data source(s)	Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.
Date that data are acquired	Notifications are submitted throughout the year and an extract is taken from the database in April for the previous 5 calendar years.
Release date	30/05/2017
Frequency	Annual
Timeframe of data and timeliness	Calendar year, dataset generally complete by the end of March. 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 5 years to pick up any late submissions of notifications and include the outstanding queries.
Revisions relevant to this publication	There was a planned revision of historic data going back to 2012 in order to pick up late submissions of the notifications. The report was updated on 13 June 2017 to include termination of pregnancy data from England and Wales released on this date.
Concepts and definitions	See Glossary Unless otherwise stated in the footnotes accompanying the tables and figures, all data are derived from the Notifications (to the Chief Medical Officer for Scotland) of terminations performed under the Abortion Act 1967, i.e. terminations performed in Scotland.
Relevance and key uses of the statistics	This information should be available for public and parliamentary scrutiny, for planning, epidemiology, provision of services and also for comparative information. Monitoring of the Healthcare Improvement Scotland standard. To respond to information requests for a variety of customers e.g. researchers, charities, public companies, Freedom of Information requests. To provide information to support answers to Parliamentary Questions.

Accuracy	Completing and submitting of notifications of abortion is a legal requirement therefore the quality of the data is thought to be high, although occasional omissions and administrative errors in submitting notification forms may occur. Information on forms is clerically checked, with additional validation on data entry. Unit level data are released to lead clinicians for quality assuring their own data as part of Early Access for Quality Assurance. Comparisons with data from previous years are also undertaken.
Completeness	Generally considered complete due to the statutory nature of notification submissions. In this 2016 statistics release, 19 notifications with outstanding data queries have been excluded. These account for 0.2% of all terminations which will not significantly alter the interpretation of the data and they will be included in the 2017 report due to be published in May 2018. Late submissions of notification forms are included in the following year's statistics release as revised figures for the relevant year.
Comparability	Scottish data are comparable with data for England and Wales in the Report on abortion statistics in England and Wales for 2016. Scottish termination data are regularly provided to ONS, Department of Health for contribution to both UK and International reports/databases eg UK Health Statistics, Annual Abstract, European Health for All database. In these comparisons, data are provided only at national (Scotland) level or may be aggregated to UK level.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	Termination of pregnancy tables and figures are accessible via the ISD website: http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/
Value type and unit of measurement	Numbers, percentages and crude rates are presented.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/assessment-report-121---statistics-on-sexual-health-in-scotland.pdf
Last published	31/05/2016
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Date of first publication	1968
Help email	nss.isdmaternity@nhs.net
Date form completed	05/05/2017

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Quality Assurance

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

Sexual Health Clinical Leads

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

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

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

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