

Teenage Pregnancy

Year of conception ending 31 December 2015

Publication date – 04 July 2017



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Introduction

This release from the Information Services Division (ISD) provides an annual update on teenage pregnancy statistics in Scotland. As this is based on age at conception and presented by year of conception, the most recent information is for the calendar year ending 31 December 2015. The main tables and charts show numbers and rates for women, presented across three age groups: under 16, under 18 and under 20.

The source data are registrations of live and stillbirths from the National Records of Scotland (NRS) with multiple births counted as one event, and the number of legal abortions notified to the Chief Medical Officer (Scotland) in accordance with the Abortion Act 1967.

A number of teenage girls experience unintended or unwanted pregnancies, although for some this may be a positive life choice. Scotland has a higher rate of teenage pregnancy than most other Northern and Western European countries and reducing unintended teenage pregnancy is a priority for the Scottish Government¹.

In March 2016 the Scottish Government published 'The Pregnancy and Parenthood in Young People (PPYP) Strategy'¹ which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in young people under the age of 18. The strategy notes that 'evidence shows that having a pregnancy at a young age can contribute to a cycle of poor health and poverty as a result of associated socio-economic circumstances before and after pregnancy (as opposed to the biological effects of young maternal age)'.

The strategy has a number of short, medium and long term outcomes. One of the long term outcomes is a 'reduction in pregnancies and subsequent unintended pregnancies in young people'.

New interactive visual content

For the first time in this publication we have included some new interactive visual content in the [Teenage Pregnancy Dashboard](#). Information is presented over time, by deprivation area, maternal age group and outcome of pregnancy.

¹<http://www.gov.scot/Resource/0049/00495068.pdf>

Main points

- Teenage pregnancies continue to decline: rates in the under 20s have dropped from the most recent peak of 57.7 per 1,000 women in 2007 to 32.4 in 2015, a decrease of 43.8%.
- Teenagers from deprived areas are more likely to get pregnant: women aged under 20 and living in the most deprived areas had pregnancy rates five times higher than those in the least deprived (62.1 compared to 11.6 per 1,000 women).
- Teenagers from deprived areas are more likely to deliver, while those in the least deprived areas are more likely to terminate their pregnancy.
- Younger teenagers (under 16s) are more likely to have a termination than a delivery, while older teenagers (under 18s and under 20s) are more likely to have a delivery than a termination.

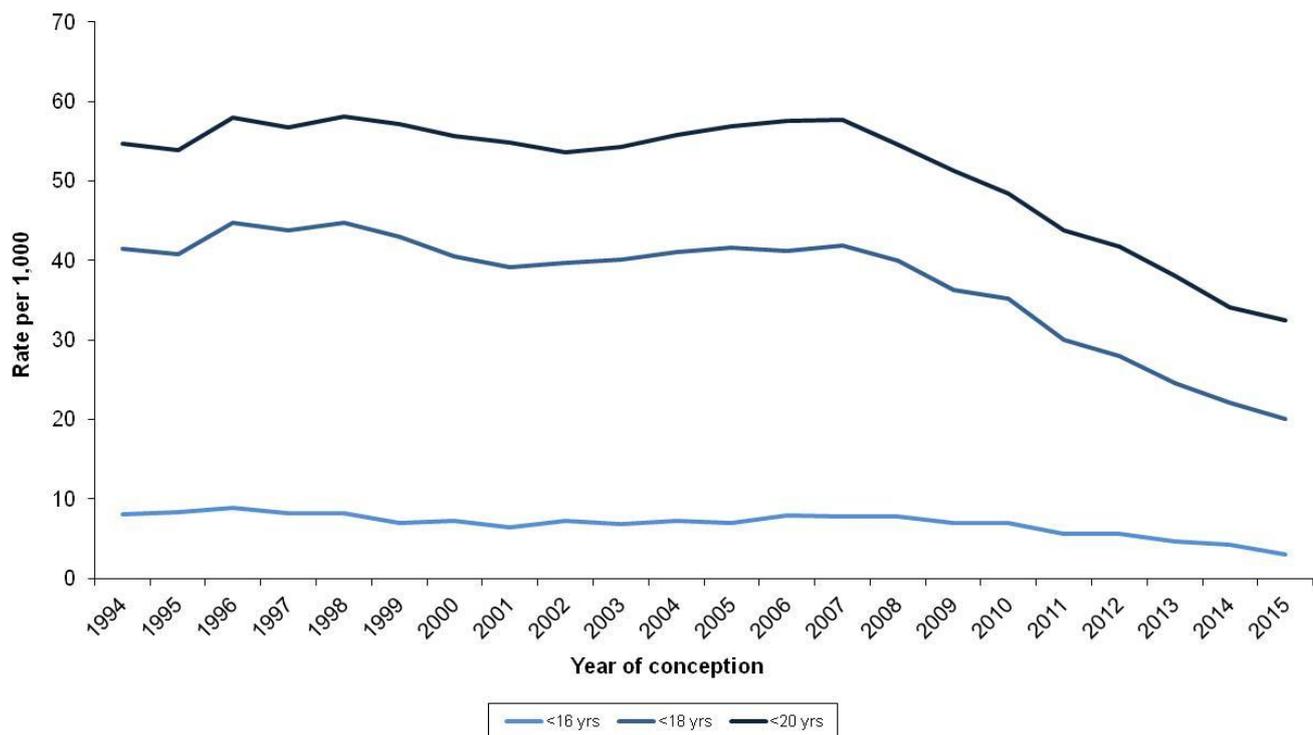
Results and commentary

Teenage pregnancy by age group at conception

Unless stated otherwise ‘teenage pregnancy’ throughout this publication refers to the conception itself regardless of whether the woman goes on to deliver or terminate. Rates are presented per 1,000 women for each of the respective age groups.

While it has been noted that Scotland has a higher rate of teenage pregnancy than most other Northern and Western European countries, rates in all age groups have shown a decline in recent years.

Chart 1: Teenage pregnancy by age group at conception, 1994-2015



Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.

Between 1994 and 2007 teenage pregnancy rates varied but were generally much higher than presently. Rates hit a recent peak in 2007 before starting to fall.

Since 2007, rates per 1,000 in the under 20 age group have decreased by 43.8% (from 57.7 to 32.4 in 2015). Rates for under 18s have decreased by 52.1% (from 41.9 in 2007 to 20.1 in 2015) and rates for under 16s have decreased by 61% (from 7.8 in 2007 to 3.0 in 2015).

In terms of the actual number of teenage pregnancies between 2007 and 2015, the total (under 20 age group) decreased from 9,362 to 4,808 in 2015. Under 18s dropped from 4,019 to 1,713 and under 16s from 731 to 244.

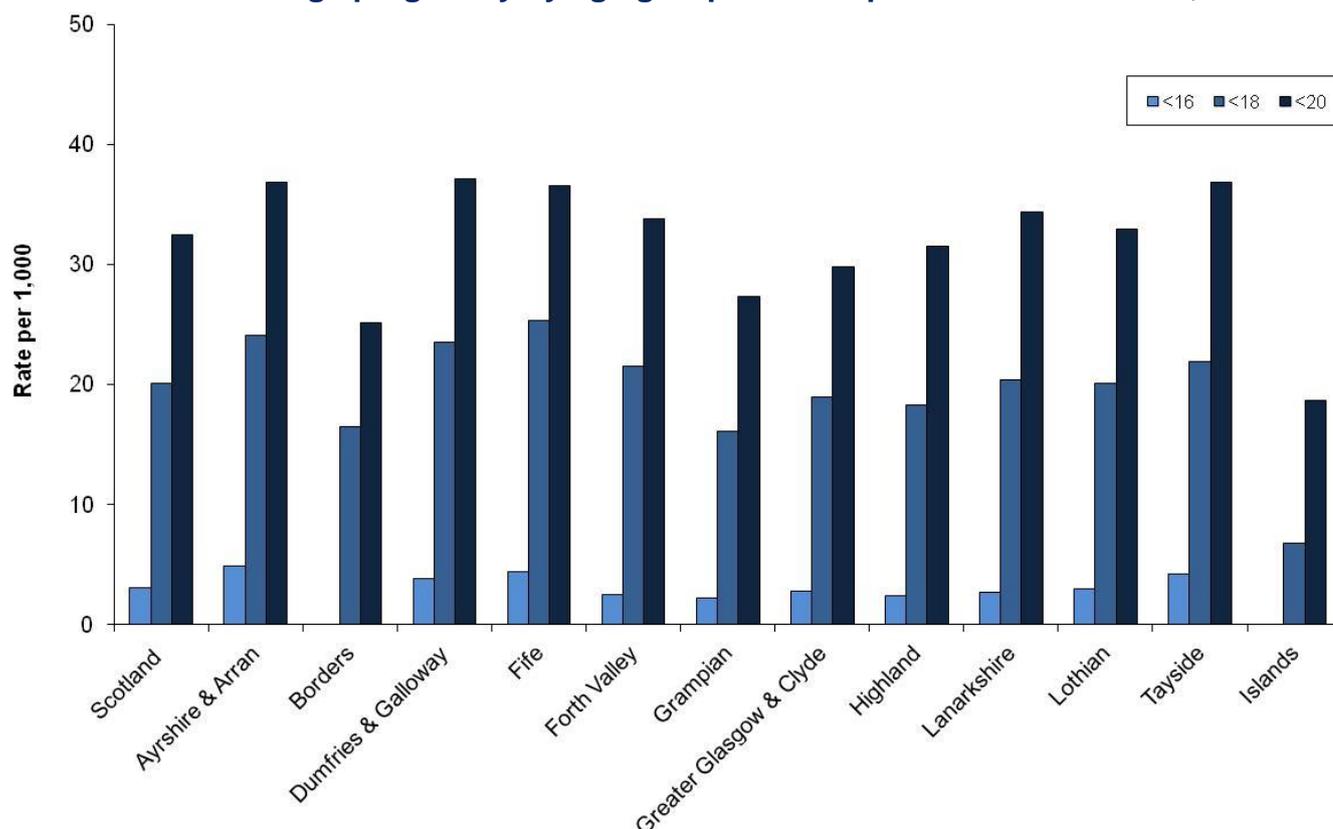
For further information see [Table 1](#).

Teenage pregnancy by NHS Board of residence

Rates of teenage pregnancy varied across the 11 mainland and 3 Island NHS Board areas in Scotland. All areas have seen a reduction in the number and rate of teenage pregnancy since the most recent peak in 2007, with the largest observed in NHS Tayside, where rates decreased from 73.4 per 1,000 in 2007 to 36.8 in 2015.

More recently (between 2014 and 2015), two mainland NHS Board areas have seen an increase in rates. The teenage pregnancy rate in NHS Ayrshire & Arran increased from 34.5 to 36.8 per 1,000 and from 33.5 to 37.1 per 1,000 in NHS Dumfries & Galloway.

Chart 2: Teenage pregnancy by age group at conception and NHS Board, 2015



Rates for <16s in Borders and the Island Boards have been suppressed due to potential risk of disclosure. Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.

In 2015, of the mainland NHS Boards, NHS Borders recorded the lowest rate of teenage pregnancy per 1,000 in the under 20 age group (25.1) while NHS Grampian recorded the lowest rate in the under 18 age group (16.1).

In contrast, NHS Dumfries & Galloway recorded the highest rate of teenage pregnancy in the under 20 age group (37.1) while NHS Fife recorded the highest rate in the under 18 age group (25.4).

For further information see [Table 2](#).

Teenage pregnancy by council area of residence

Suppression of small numbers has been applied throughout these data in line with ISD's [Statistical Disclosure Control Protocol](#) in order to protect patient confidentiality. Therefore data for the under 16 and under 18 age groups at council area have been aggregated (3 year periods) to increase the robustness of the data and lessen the possibility of small numbers. Numbers and rates for each council area by individual year are provided for the under 20 age group.

Since 1996, for local government purposes, Scotland has been divided into 32 areas designated as 'council areas' (also known as local authorities). All council areas reported a reduction in the number and rate of teenage pregnancy since the most recent peak in 2007, with the largest decrease observed in Dundee City where rates decreased from 89.0 per 1,000 in 2007 to 51.8 in 2015.

More recently (between 2014 and 2015) however, some council areas have seen increases in teenage pregnancy rates. The largest of which was observed in Argyll & Bute where rates increased from 21.7 to 27.3 per 1,000.

For the single year of 2015 in the under 20 age group, East Dunbartonshire had the lowest rate per 1,000 (15.3) while Dundee City had the highest (51.8).

Over the three year period 2013-2015, the lowest rate for under 18s was recorded in East Renfrewshire (7.3) while the highest was recorded in Dundee City (41.3).

Data on teenage pregnancy is also available by intermediate zone and NHS Board in the ScotPHO profiles at <http://www.scotpho.org.uk/>. Select 'click here to access the ScotPHO online profiles tool' and then select 'Health & Wellbeing Profiles'. After selecting a geography level, teenage pregnancy data can be found in the 'Women's & Children's Health' domain. Due to the sensitive nature of the topic and the presence of small numbers at lower geography levels, data have been aggregated into 3 year periods and suppression of small numbers has also been applied.

For further information see [Table 3](#).

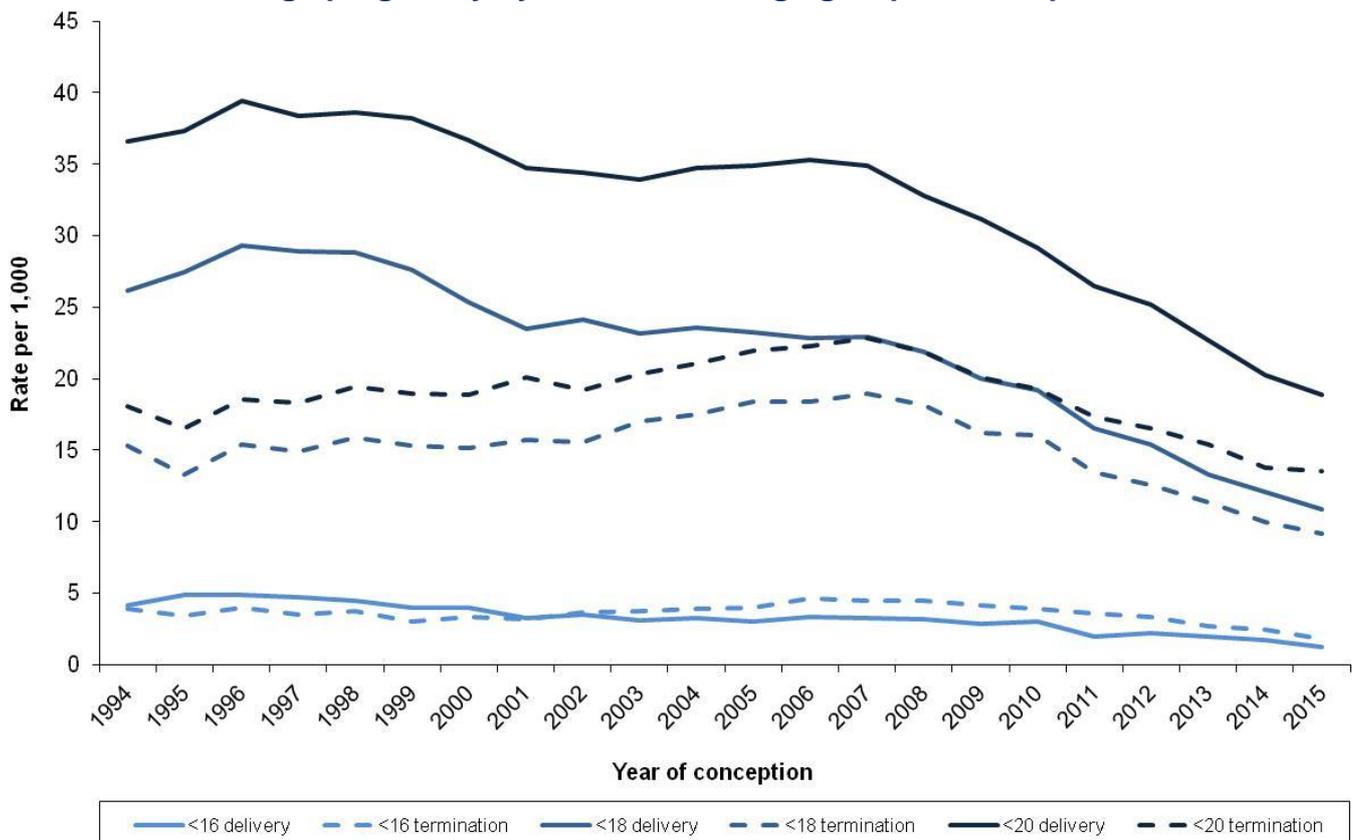
Teenage pregnancy by outcome

Outcome of pregnancy by age

Women in the youngest age group (under 16) are more likely to have a termination than a delivery, while women in the older age groups (under 18 and under 20) are more likely to have a delivery than a termination.

For the period reported (1994-2015) termination rates for both the under 20 and under 18 age groups have remained lower than delivery rates, however the difference between the rates has narrowed. In contrast, termination rates for under 16s have remained higher than delivery rates since 2002.

Chart 3: Teenage pregnancy by outcome and age group at conception, 1994-2015



Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.

In 2015 the delivery rate in Scotland for the under 20 age group was 18.9 and the termination rate was 13.5 per 1,000. Under 18s had a delivery rate of 10.9 and termination rate of 9.2 while under 16s had a delivery rate of 1.2 and a termination rate of 1.8.

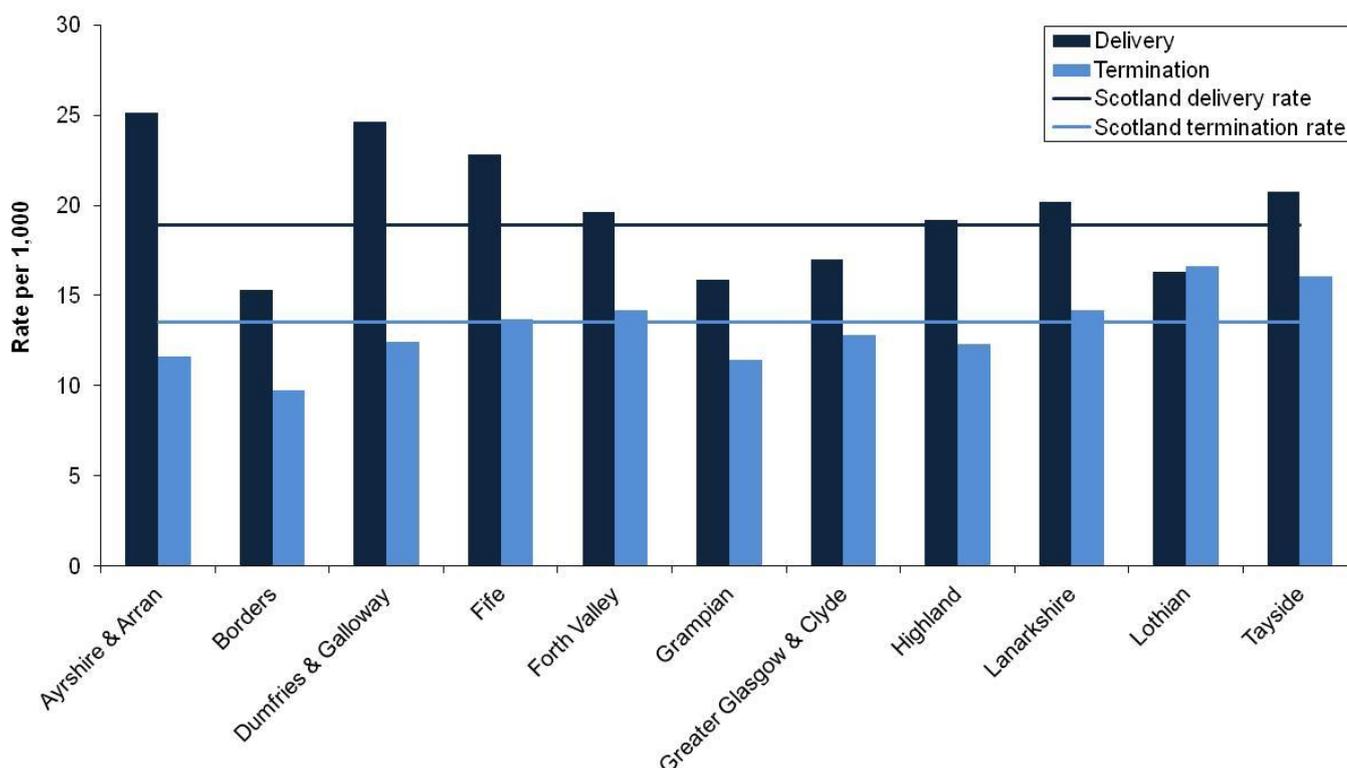
For further information see [Table 4](#).

Outcome of pregnancy by NHS Board of residence

Since the most recent peak of teenage pregnancy rates in 2007, all mainland NHS Boards have seen a reduction in their respective delivery and termination rates.

Between 2007 and 2015 the largest decrease in both delivery and termination rate was observed in NHS Tayside where the delivery rate fell from 41.5 to 20.8 and the termination rate fell from 31.9 to 16.1 per 1,000.

Chart 4: Teenage pregnancy by outcome and NHS Board, 2015



Rates for the Island Boards have been suppressed due to potential risk of disclosure.
Includes all pregnancies in women aged <20.
Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.

Delivery and termination rates varied between NHS Boards. In 2015, for the first time in the 10 year period reported (2006-2015), NHS Lothian was the only mainland NHS Board that had a rate of termination higher than delivery (16.6 and 16.3 per 1,000 respectively).

In the under 20 age group for mainland NHS Boards, NHS Borders had the lowest termination rate (9.8 per 1,000) while NHS Lothian had the highest (16.6 per 1,000).

NHS Borders also had the lowest delivery rate (15.3 per 1,000) while NHS Ayrshire & Arran had the highest (25.1 per 1,000).

For further information see [Table 5](#).

Teenage pregnancy by deprivation

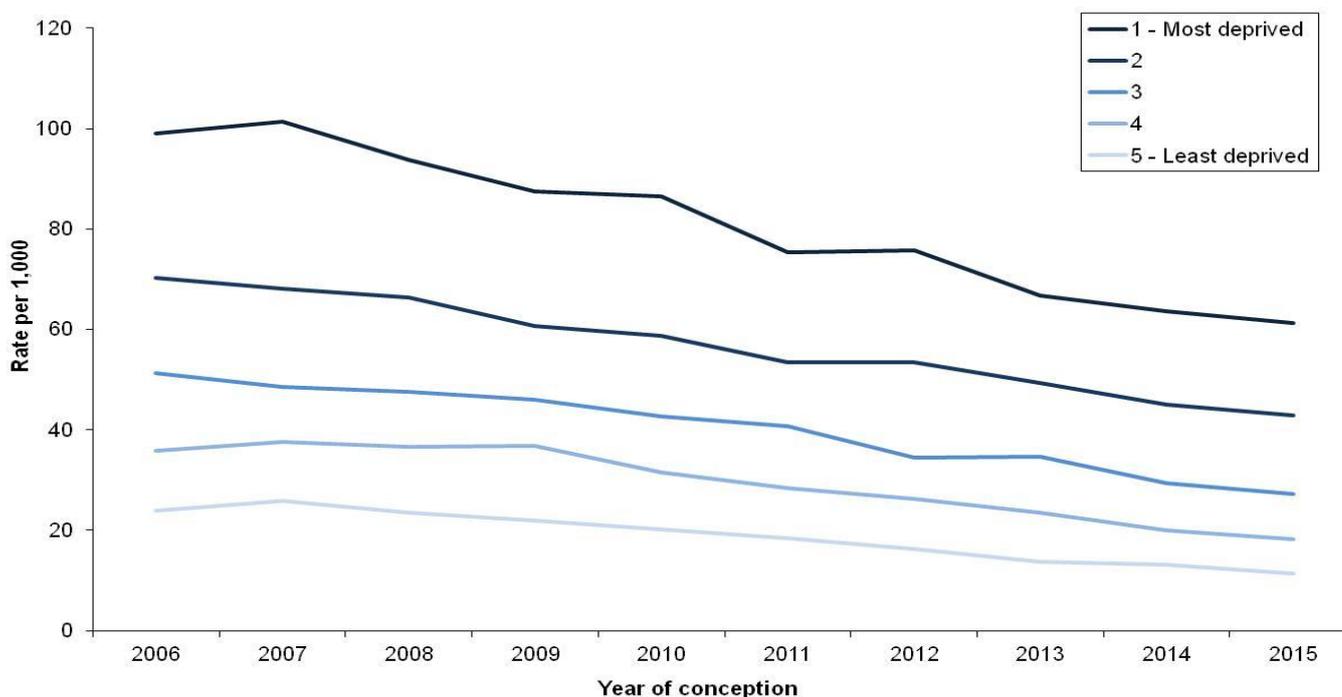
Deprivation and pregnancy

There is a strong correlation between deprivation and teenage pregnancy. Deprivation area is calculated using the Scottish Index of Multiple Deprivation (SIMD) which is an area-based measurement of multiple deprivation. More information on SIMD is available in the [glossary](#) and [appendix](#).

Teenage pregnancy rates have decreased in recent years and this has occurred across all levels of deprivation.

In 2015, the pregnancy rate in Scotland was 32.4 per 1,000 women in the under 20 age group; however, rates varied depending on where a woman lived. Those living in the areas of highest deprivation had pregnancy rates five times higher than those in the least deprived areas (62.1 compared to 11.6 per 1,000).

Chart 5: Teenage pregnancy by deprivation area, 2006-2015



Includes all pregnancies in women aged <20.

Deprivation areas are based on the SIMD. The appropriate SIMD for year has been used (see note in appendix).

Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.

For the 10 year period reported, teenage pregnancy rates in both the most and least deprived areas peaked in 2007. Since then, rates for under 20s living in the most deprived areas decreased from the peak of 101.3 in 2007 to 62.1 per 1,000 in 2015. For the least deprived, the rate fell from 25.8 to 11.6 per 1,000.

While teenage pregnancy rates have reduced across all levels of deprivation between 2007 and 2015, rates in the most deprived areas have fallen more, narrowing the gap between the most and least deprived areas.

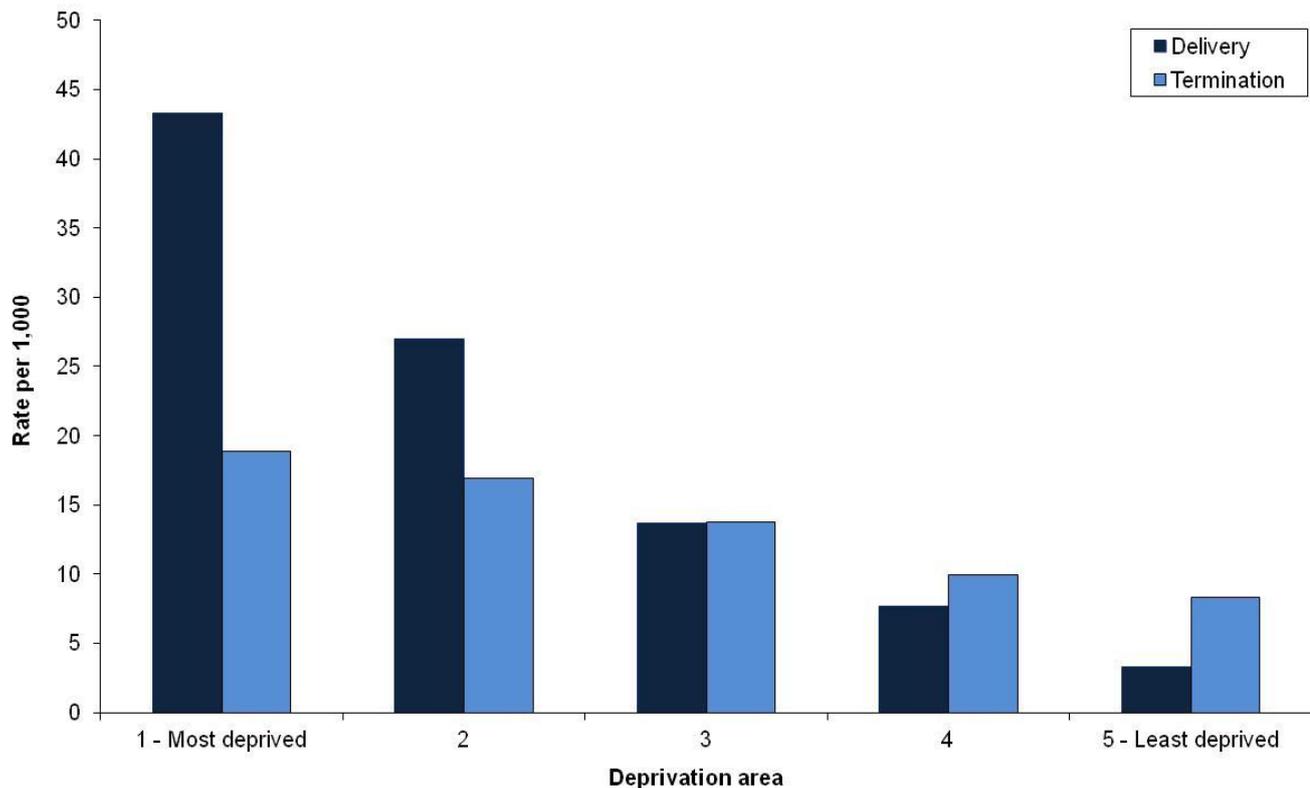
Under 18s in the most deprived areas had a teenage pregnancy rate of 79.7 per 1,000 in 2007 compared to 40.2 in 2015. Meanwhile, rates fell from 19.4 to 5.7 per 1,000 in the least deprived areas.

Deprivation and outcome of pregnancy

Deprivation is also a factor in regards to the outcome (delivery or termination) of pregnancy.

The chart below shows that once pregnant, those aged under 20 and living in the most deprived areas are more likely to deliver than to terminate their pregnancy. In contrast, those living in the least deprived areas are more likely to terminate their pregnancy than to go on to deliver.

Chart 6: Teenage pregnancy by deprivation area and outcome, 2015



Includes all pregnancies in women aged <20.
 Deprivation areas are based on the SIMD. The appropriate SIMD for year has been used (see note in appendix).
 Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.

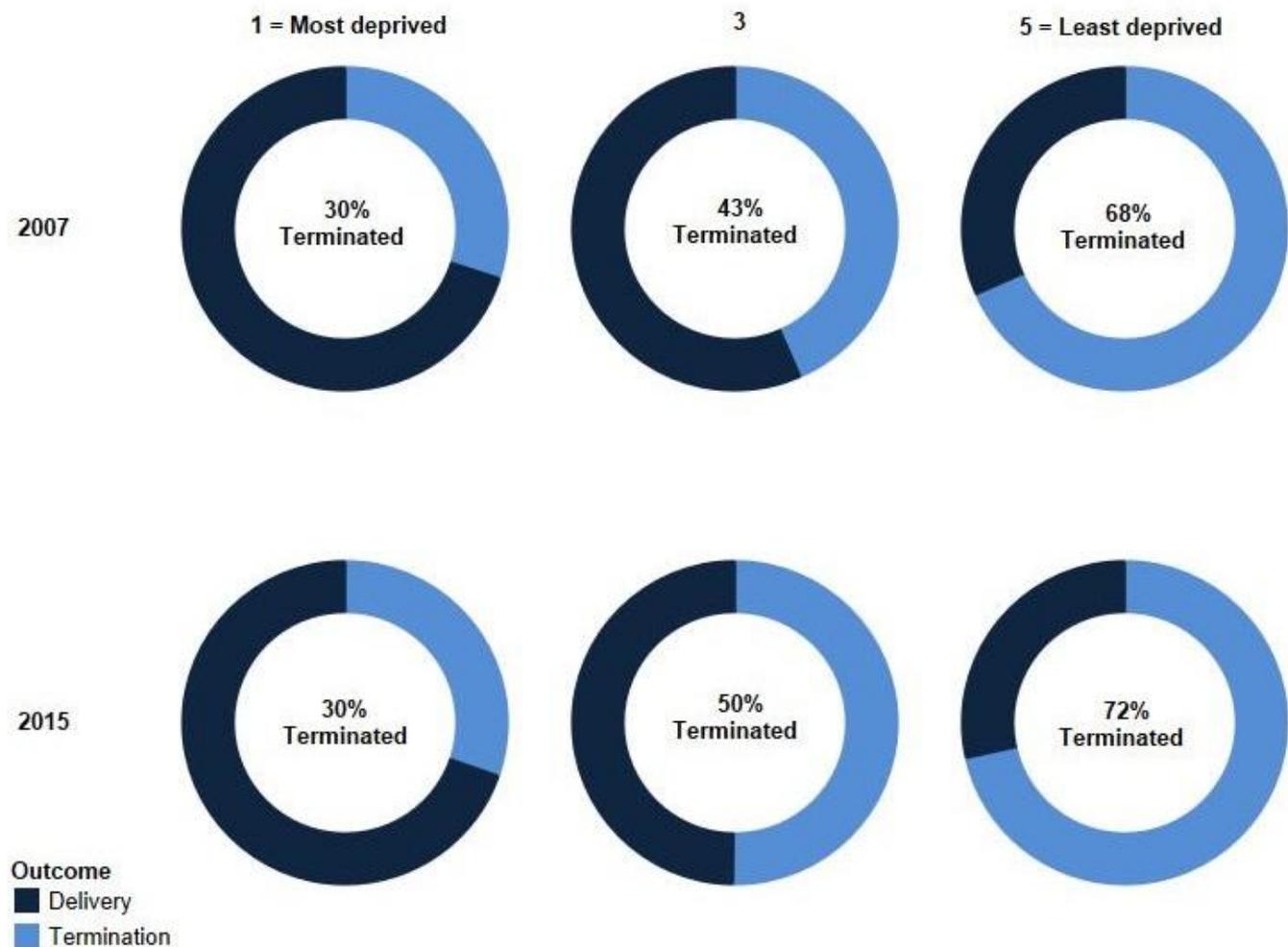
In the under 20 age group in 2015, the most deprived areas had 13 times the rate of delivery compared to the least deprived areas (43.3 compared to 3.3) and more than double the rate of termination of pregnancy (18.9 compared to 8.3 per 1,000).

For the under 18s, the most deprived areas had 22 times the rate of delivery (25.1 compared to 1.1) and more than three times the rate of termination of pregnancy (15.1 compared to 4.5 per 1,000).

Deprivation and outcome of pregnancy, 2007 compared to 2015

Women living in the most deprived areas are less likely to have a termination than those in the least deprived areas.

Chart 7: Teenage pregnancy by deprivation area and outcome, 2007 & 2015



Percentages were calculated using figures available in Table 6.
 Deprivation areas are based on the SIMD. The appropriate SIMD for year has been used (see note in appendix).
 Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967.

In the most deprived areas the proportion of women choosing to terminate their pregnancy remained stable at around 30% each year. Women in the least deprived areas saw a small increase in the percentage of pregnancies terminated, rising from 68% in 2007 to 72% in 2015.

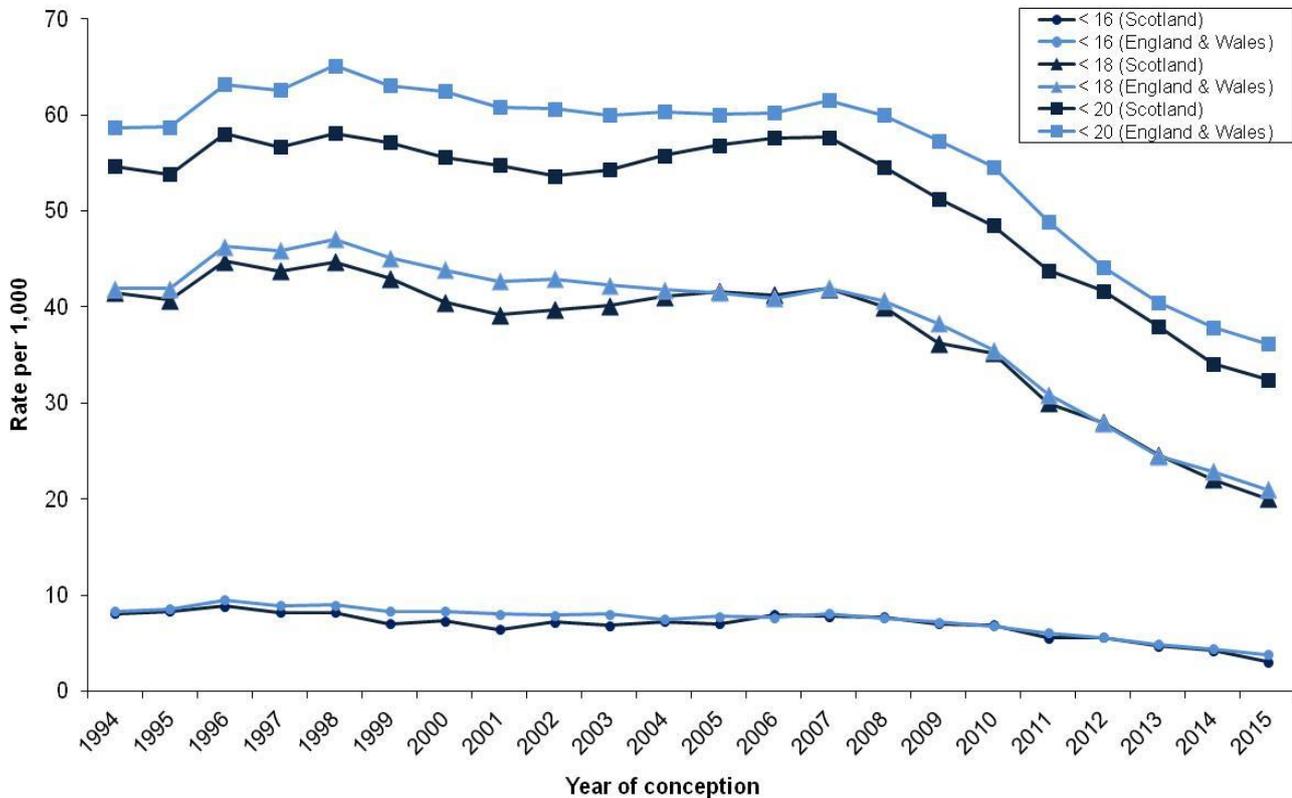
While rates of teenage pregnancy have decreased between the recent peak in 2007 and 2015 across all levels of deprivation, the proportion of women choosing to deliver or terminate fluctuated between years but saw little overall change. This gap, in regards to outcome of pregnancy in the most and least deprived areas has not narrowed despite the overall teenage pregnancy rate having done so.

For further information see [Table 6](#) and [Table 7](#).

Teenage pregnancy in Scotland compared to England & Wales

The chart below shows the different rates in each age group, comparing those for Scotland against those in England & Wales.

Chart 8: Teenage pregnancy in Scotland compared to England & Wales, 1994-2015



Source: NRS birth registrations & Notifications of abortions performed under the Abortion Act 1967 & ONS Birth & Abortion Statistics.

Further information on figures for England & Wales can be found on the [ONS website](#).

Glossary

Conception	The term 'at conception' used in this publication refers to when a woman conceived, not when she delivered or terminated.
Delivery	Refers to a single maternity producing one or more live or stillbirths.
Deprivation area	Scottish Index of Multiple Deprivation (SIMD) categories, also known as deprivation areas, 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.
Island Boards	NHS Orkney, Shetland and Western Isles.
Mainland Boards	NHS Boards in Scotland excluding the three Island NHS Boards; Orkney, Shetland and Western Isles.
Maternity	A pregnancy which results in the birth of 1 or more live or stillbirths.
Outcome	In the context of this publication, the 'outcome' of a pregnancy can be a delivery or a termination. Pregnancy statistics included in this publication do not include miscarriages or illegal terminations.
Pregnancy	Pregnancies include maternities and terminations sourced from abortion notifications and birth registrations.
Stillbirth	A child which had issued forth from its mother after the 24th week of pregnancy and which did not breathe or show any other sign of life.
SIMD	The SIMD has seven domains (income, employment, education, housing, health, crime and geographical access). These are combined into an overall index to pick out areas with concentrations of multiple deprivation.
Termination	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	Teenage Pregnancy by age at conception: Scotland	1994-2015	Excel [47kb]
2	Teenage Pregnancy by age group at conception: NHS Board	2006-2015	Excel [83kb]
3	Teenage Pregnancy by age group at conception: council area	2004-2015	Excel [131kb]
4	Teenage Pregnancy by age group at conception and outcome: Scotland	1994-2015	Excel [40kb]
5	Teenage Pregnancy by age group at conception and outcome: NHS Board	2006-2015	Excel [59kb]
6	Teenage Pregnancy by age group at conception, deprivation and outcome: Scotland	2006-2015	Excel [66kb]
7	Teenage Pregnancy by age group at conception and deprivation: NHS Board	2006-2015	Excel [274kb]

List of charts

Chart No.	Name	Time period	File & size
1	Teenage Pregnancy by age group at conception: Scotland	1994-2015	Excel [40kb]
2	Teenage Pregnancy by age group at conception: NHS Board	2015	Excel [39kb]
3	Teenage Pregnancy by age group at conception and outcome: Scotland	1994-2015	Excel [43kb]
4	Teenage Pregnancy by outcome: NHS Board	2015	Excel [31kb]
5	Teenage Pregnancy by deprivation: Scotland	2006-2015	Excel [79kb]
6	Teenage Pregnancy by age group at conception, deprivation and outcome: Scotland	2015	Excel [74kb]
7	Teenage Pregnancy by deprivation and outcome: Scotland	2007 & 2015	Excel [2646kb]
8	Teenage Pregnancy by age group at conception: Scotland compared to England & Wales	1994-2015	Excel [49kb]

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Further Information

The Information Services Division publishes a wide range of information on birth, pregnancy and sexual health, including teenage pregnancies and terminations of pregnancy in Scotland. Further information can be found on our [Maternity and Births](#) and [Sexual Health](#) pages.

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Appendices

A1a – Background Information

Sources

The source data are registrations of live and stillbirths from the National Records of Scotland (NRS) with multiple births counted as one event, and the number of legal abortions notified in accordance with the Abortion Act 1967.

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. Likewise any birth, live or still, which occurs in Scotland must be registered within twenty-one days by the Registrar of Births, Deaths and Marriages.

The data presented are based on year of conception and age at conception. The date of conception for each pregnancy is calculated from the recorded gestation minus fourteen days for stillbirths and terminations. The correction is because the length of gestation is traditionally measured from the first day of the last menstrual period, and it is assumed that conception starts two weeks after this date. For live births, as gestation is not available, the date of conception is presumed to be 38 weeks before birth.

Disclosure and small numbers

Where statistics provide information on small numbers of individuals, Information Services Division (ISD) have a duty, under the Data Protection Act, to avoid directly or indirectly revealing any personal details.

Suppression of small numbers has been applied throughout these data in line with ISD's [Statistical Disclosure Control Protocol](#) in order to protect patient confidentiality. These are shown in the publication tables as asterisks. In addition, some secondary suppression may be required to prevent the calculation of suppressed data.

Data are presented for Scotland, NHS Board and council area geographies. However, data for the under 16 and under 18 age groups at council area have been aggregated (3 year periods) to increase the robustness of the data and lessen the possibility of small numbers. Likewise, the number of conceptions in NHS Shetland, NHS Orkney and NHS Western Isles are now very small therefore the three have been combined into the single category of 'Island Boards'.

Populations used for calculating rates

NRS recently released the 2016 mid-year population estimates for Scotland, Health Board and council area which have been used in this publication. However, this publication also includes population by deprivation category, which is based on small area population estimates (SAPE) based on the 2015 mid-year population estimates.

Population figures based on updates of Census data are used to calculate rates per 1,000 women for each of the age groups presented (under 16, under 18 and under 20). For the under 20 age group rates, all conceptions in women under 20 are included as the numerator but only the 15-19 age group population figures are used as the denominator. This is because less than 2% of under 20 conceptions are to girls aged under 15 and including the younger age groups in the base population may produce misleading results. The same principle applies for the under 18 and under 16 rates, which use females aged 15-17 and 13-15 respectively. This methodology is also used by ONS which allows for comparisons with England & Wales.

Scottish Index of Multiple Deprivation (SIMD)

There have been SIMD releases in 2004, 2006, 2009, 2012 and 2016. This report uses the most appropriate SIMD for each year. Data for 2006 uses SIMD 2006; years 2007 to 2009 use SIMD 2009V2; years 2010 to 2013 use SIMD2012 and years 2014 onwards use SIMD 2016.

Further information on SIMD is available in the Glossary and online:

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

Geographies

This publication presents data at NHS Board and council area geographies. Since 1996, Scotland has been divided into 32 areas designated as 'council areas' (also known as local authorities). On 1st April 2014, NHS Board boundaries were changed to align with those of local authorities. Health and Social Care Partnerships (HSCP) were then introduced on the 1st April 2016. Their aim was to bring together NHS Boards and local council care services under one partnership arrangement for each area. Currently there are 31 partnerships in Scotland which share the same boundaries as the 32 council areas as Stirling and Clackmannanshire merged to form the one HSCP.

Council area	Health Board
East Ayrshire	Ayrshire & Arran
North Ayrshire	
South Ayrshire	
Scottish Borders	Borders
Dumfries & Galloway	Dumfries & Galloway
Fife	Fife
Clackmannanshire	Forth Valley
Falkirk	
Stirling	
Aberdeen City	Grampian
Aberdeenshire	
Moray	
East Dunbartonshire	Greater Glasgow & Clyde
East Renfrewshire	
Glasgow City	
Inverclyde	
Renfrewshire	
West Dunbartonshire	

Council area	Health Board
Argyll & Bute	Highland
Highland	
North Lanarkshire	Lanarkshire
South Lanarkshire	
East Lothian	Lothian
Edinburgh City	
Midlothian	
West Lothian	Orkney
Orkney Islands	
Shetland Islands	Shetland
Angus	Tayside
Dundee City	
Perth & Kinross	
Na h-Eileanan Siar	Western Isles

A1b – Methodology

Method of deriving information adopted from 2007

Introduction

Prior to the October 2007 update, there were substantial differences between Scotland and England & Wales in the ways in which teenage pregnancy rates were calculated. These differences meant that the data were not directly comparable. In the past this has led to misreporting and misinterpretation.

Background

Description of the methodology used by ISD prior to the 2007 update:

- Scottish data used to include miscarriages derived from SMR01, although a table excluding miscarriages was included in some publications. Miscarriages increased the level of teenage pregnancy by approximately 6% for the 13-15 age group and approximately 8% for the 16-19 group (and the 13-19 group overall).
- SMR02 submissions were used to derive the number of births and stillbirths. This allowed the actual gestation at birth to be used, which is important as more than 10% of babies are born either three weeks or more before their due date, or more than one week after it. This advantage was offset by the fact that approximately 2% of births are not recorded on SMR02 and there can be delays or incompleteness of SMR02 returns.
- The termination data were derived from SMR01 and SMR02 returns rather than notifications of legal abortions.
- The data were usually presented in specific age bands (13-15, 16-19, and 13-19) with both numerator and denominator within these bands.
- The data were usually presented by financial year rather than calendar year.
- The Scottish data were presented by date of the measured event rather than the date of conception. Thus a woman who conceived in 2003 and had her baby in 2004 would be included in the data for 2004 in Scotland, but 2003 in England & Wales.

Approach since 2007 update

As far as possible we have emulated the approach used in England & Wales (see <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/qmis/conceptionstatisticsqmi>). Registration data are obtained from the NRS for live and stillbirths. These are processed to ensure that multiple births are treated as a single conception. For all live births, the date of conception is calculated as being 38 weeks prior to the date of delivery. For stillbirths, the recorded gestation in weeks is used, and two weeks are subtracted from this number to produce the estimated time between conception and birth. This number is used to derive the likely conception date. For the very small numbers of stillbirths in which the gestation is not recorded, 32 weeks is assumed. The completeness and accuracy of the termination data is assessed, and the gestation is used to calculate the date of conception. For the small number of cases where gestation is missing, nine weeks is assumed. Although this approach is not absolutely identical to the approach used in England & Wales it is considered to be as close as practicable and satisfactory for direct comparisons. The numerators and denominators are derived in the same way as those used in England & Wales.

Comparative Information

A comparison of teenage pregnancy rates in Scotland and those in England & Wales is available in [Chart 8](#).

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Teenage Pregnancy.
Description	Update of annual statistical information on teenage pregnancies in Scotland.
Theme	Health and Social Care.
Topic	Maternity and pregnancy services.
Format	Excel workbooks.
Data source(s)	NRS birth registrations and notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.
Date that data are acquired	May 2017.
Release date	04 July 2017.
Frequency	Annual.
Timeframe of data and timeliness	Delays not expected. NRS birth registrations are finalised and provided to ISD while termination data is published by ISD prior to the release of teenage pregnancy statistics.
Continuity of data	Reports data from 1994.
Revisions statement	Data are considered final. Receipt of late abortion notifications may be received after publication, with figures being revised at next update.
Revisions relevant to this publication	N/A
Concepts and definitions	See Glossary
Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provision of services and comparative information.
Accuracy	Abortion notification information on forms is clerically checked and also validated at data entry and NRS birth registrations data are not supplied to ISD until considered final. Statistics are compared to previous year's figures.
Completeness	Considered complete. There may be a very small number of late abortion notification forms received. Data are then revised at following year's update.
Comparability	Scottish data are directly comparable with data for England and Wales. See appendix A1b or online at: http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates
Accessibility	It is the policy of ISD Scotland to make its websites and products accessible according to published guidelines .
Coherence and clarity	Teenage Pregnancy tables and charts are accessible via the ISD website at http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy .
Value type and unit of measurement	Numbers and crude rates are presented.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics	National Statistics.

designation	
UK Statistics Authority Assessment	Assessed by UK Statistics Authority. https://www.statisticsauthority.gov.uk/publications-list/?type=assessment-report (Assessment Report 110).
Last published	July 2016.
Next published	July 2018.
Date of first publication	First published in this format in June 2008.
Help email	nss.isdmaternity@nhs.net
Date form completed	June 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

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.