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Introduction

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

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 area, previous termination and ground(s) 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 nine completed weeks (ie less than 63 days) gestation.

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 CMO in Scotland of all terminations carried out in Scotland within 7 days of the termination of pregnancy.

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.

Changes in the provision of termination services in Scotland have recently been introduced via a Ministerial approval (under the 1967 Abortion Act), allowing misoprostol (the second drug used in a medical termination) to be taken in the home of the woman. There are rigorous measures in place that ensure prior to any woman being allowed to self-administer misoprostol at home she meets the set criteria. The change in provision came into effect on 27 October 2017. We are monitoring the uptake of women electing to administer the second drug at home and data on this service are included for the first time in this report.

On 6 November 2017 the Scottish Parliament amended legislation via an Order to allow women from Northern Ireland to access termination services on the NHS in Scotland free of charge. It is therefore planned that we will monitor how many women from Northern Ireland utilise termination services in Scotland in future releases of this report.
Main Points

- The number of terminations in Scotland was at a five year high in 2017. There were 12,212 terminations of pregnancy in Scotland in 2017. This was 106 more terminations than reported in 2016; an increase of just under one percent. The number of terminations remained below the 2008 high of 13,908.

- For the fourth successive year the lowest termination rate was in the under 16 age group. The under 16 termination rate has been falling since 2007, down from 4.0 to 1.3 per 1,000 women aged 13-15.

- Year on year increases in the termination rates (between 2013 and 2017) have been recorded in the most deprived areas. Termination rates in the most deprived areas were twice as high as those from the least deprived areas.

- Women living in remote rural localities remain at a disadvantage when accessing termination services early in pregnancy. In 2017 women having a termination under nine weeks in the remote rural category remained below the Sexual Health Standard of 70% falling to 66.5% from 69.9% 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 CMO, Scotland) of terminations of pregnancy performed under the Abortion Act 1967, that is, terminations performed in Scotland.

Termination of pregnancy performed in Scotland between 1968 and 2017

The most significant growth in terminations occurred in the four years immediately following the implementation of the 1967 Abortion Act. From this point the number of terminations (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. In 2017 terminations were at a 5 year high of 12,212 (11.8 per 1,000 women aged 15-44).

Figure 1a: Number of terminations of pregnancy, Scotland 1968 – 2017

1. 2017 data are provisional and 2013 to 2016 data have been revised.
Figure 1b compares termination rates with the general fertility rate (GFR), that is, the number of live births per thousand women of child-bearing age (15-44). The GFR has fallen steadily since 2008, generally mirroring the trend in termination rates. In 2017 the GFR continued to fall while termination rates rose slightly.

**Figure 1b: Termination \(^1\) and General Fertility \(^2\) rates, Scotland 1968 – 2017 \(^3\)**

1. Number of terminations per 1,000 women aged 15-44.
2. Number of live births per 1,000 women aged 15-44 (2016 mid-year population estimates).
3. 2017 termination data are provisional and 2013 to 2016 data have been revised.

Source: Notifications to the CMO (Scotland) and the National Records of Scotland.
Termination of pregnancy in Great Britain

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

Table A: Termination of pregnancy by country; number and rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Scotland (N)</th>
<th>Scotland (Rate)</th>
<th>England &amp; Wales (N)</th>
<th>England &amp; Wales (Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>13,908</td>
<td>13.1</td>
<td>202,158</td>
<td>17.6</td>
</tr>
<tr>
<td>2009</td>
<td>13,112</td>
<td>12.4</td>
<td>195,743</td>
<td>17.0</td>
</tr>
<tr>
<td>2010</td>
<td>12,948</td>
<td>12.2</td>
<td>196,109</td>
<td>17.1</td>
</tr>
<tr>
<td>2011</td>
<td>12,558</td>
<td>11.9</td>
<td>196,082</td>
<td>17.2</td>
</tr>
<tr>
<td>2012</td>
<td>12,570</td>
<td>12.0</td>
<td>190,972</td>
<td>16.4</td>
</tr>
<tr>
<td>2013</td>
<td>11,946</td>
<td>11.5</td>
<td>190,800</td>
<td>16.5</td>
</tr>
<tr>
<td>2014</td>
<td>11,778</td>
<td>11.4</td>
<td>190,092</td>
<td>16.5</td>
</tr>
<tr>
<td>2015</td>
<td>12,134</td>
<td>11.7</td>
<td>191,014</td>
<td>17.0</td>
</tr>
<tr>
<td>2016</td>
<td>12,106</td>
<td>11.7</td>
<td>190,406</td>
<td>16.6</td>
</tr>
<tr>
<td>2017</td>
<td>12,212</td>
<td>11.8</td>
<td>194,668</td>
<td>17.0</td>
</tr>
</tbody>
</table>

1. Rate per 1,000 women aged 15-44; based on 2016 mid-year population estimates.
Source: Notifications to the CMO (Scotland) and Department of Health (for terminations performed in England & Wales).
Age of women at termination of pregnancy
There continued to be more terminations to women aged 20-24 (28.6%) in 2017 than in any other age group. This has remained unchanged since 1985.

The most significant reduction in terminations in the last decade has been to women aged under 20. This dropped from 25.2% in 2008 to 15.6% in 2016 and to 15% in 2017.

Proportionately fewer women aged 40 and over have terminations, although there has been a small but gradual rise from 2.5% in 1992 to 3.9% in 2016 and to 4% in 2017.

In 2017 43.6% of terminations were to women under 25 compared to 56.1% in 2008.

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

Figure 2a: Percentage of terminations by age of woman; 1968 – 2017 ¹

1. 2017 data are provisional and 2013 to 2016 data have been revised.

The prevailing trend since 2008 showed termination rates steadily decreasing among younger women (women under 25 years), and although rates tended to be lower in the mature age groups (over 35s), these rates rose slightly over this period.

In 2017 the highest termination rate was in the 20-24 age group at 19.2 per 1,000 women aged 20-24. Since 2008 termination rates to women aged 20-24 have remained above the other age group rates.

For the fourth successive year the lowest termination rate was reported in the under 16 group (1.3 per 1,000 women aged 13-15). This rate has continued to fall since the recorded high in 2007 (4.0% per 1,000 women aged 13-15).
Termination rates between 2016 and 2017 decreased in the following age groups:

- under 16 group dropped from 1.5 to 1.3 per 1,000 women aged 13-15; down by 12.4%.
- 16-19 group dropped from 14.8 to 14.5 per 1,000 women aged 16-19; down by 2.4%.
- 20-24 group dropped from 19.4 to 19.2 per 1,000 women aged 20-24; down by 1.4%.

Between 2016 and 2017 termination rates increased in the following groups:

- 25-29 group increased from 15.5 to 15.6 per 1,000 women aged 25-29; up by 0.8%.
- 30-34 group increased from 11.4 to 11.8 per 1,000 women aged 30-34; up by 3.5%.
- 35-39 group increased from 7.5 to 8.2 per 1,000 women aged 35-39; up by 8.8%.
- 40 and over group increased from 2.7 to 2.8 per 1,000 women aged 40-44; up by 1.9%.

**Figure 2b: Termination rates \(^1\) by age group of woman; 2008 – 2017 \(^2\)**

1. Rates per 1,000 women in each age group (rate for under 16s calculated using female population aged 13-15); based on 2016 mid-year population estimates.
2. 2017 data are provisional and 2013 to 2016 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 latest figures showed that 72.1% of terminations were performed at less than 9 weeks gestation. More terminations are 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 2017 compared to 70.5% in 1968, and showed a slight rise from 18.3% in 2016. The percentage of late gestation terminations (18 weeks and over) reduced from 8.6% in 1968 to 1.3% in 2017.

Figure 3a illustrates the percentage breakdown by gestation.

**Figure 3a: Terminations by estimated gestation (weeks); 1968 – 2017**

1. 2017 data are provisional and 2013 to 2016 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 2016 and 2017 by deprivation area. Women from more deprived areas are the least likely to undergo their termination at under 9 weeks. In 2017 the 70% standard was met across all deprivation areas except in the most deprived category (SIMD1) which dropped from 71.0% in 2016 to 69.8% in 2017.

A further breakdown by age group (Table 11) showed that the under 16, 16-19 and 35-39 age groups in the most deprived category did not meet the standard in 2017 (69.0%, 66.2% and 66.7% respectively). Further, similar to 2016 the under 16 group only met the standard once, in deprivation area 4 (SIMD 4). Published data from England and Wales suggests that women under the age of 18 are more likely than older women to report delays at the early stages of the decision-making process for termination of pregnancy for the following reasons:

- having a suspicion of pregnancy but not doing anything about it;
- not being sure what they would do if they were pregnant (leading to a delay in taking a pregnancy test);
- concern about what termination of pregnancy involved, so waiting to ask for one.

Women under 18 were also more likely to report delays in decision making about pregnancy management because of concerns about how their parents would react.

Table B: Percentage of terminations performed under 9 weeks gestation by deprivation area \(^1\); 2016 \(^r\) and 2017 \(^p\)

<table>
<thead>
<tr>
<th>Year</th>
<th>SIMD 1 - Most deprived</th>
<th>SIMD 2</th>
<th>SIMD 3</th>
<th>SIMD 4</th>
<th>SIMD 5 - Least deprived</th>
<th>Scotland (^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>71.0</td>
<td>73.0</td>
<td>72.4</td>
<td>75.8</td>
<td>78.1</td>
<td>73.4</td>
</tr>
<tr>
<td>2017</td>
<td>69.8</td>
<td>72.0</td>
<td>73.0</td>
<td>71.9</td>
<td>76.4</td>
<td>72.1</td>
</tr>
</tbody>
</table>

1. For each year the most appropriate Scottish Index of Multiple Deprivation (SIMD) release was used: 2016 and 2017 use SIMD 2016.
2. Further information about SIMD can be found in Appendix A1 and on the ISD website.

\(^{p}\) Provisional.
\(^{r}\) Revised.

\(^a\) Lee and Ingram. Best Practice & Research: Clinical Obstetrics & Gynaecology, 2010-08-01, Volume 24, Issue 4, Pages 479-489
In 2017 four mainland Boards were below the 70% standard for terminations performed at less than 9 weeks gestation: NHS Dumfries & Galloway (62.9%); NHS Highland (65.8%); NHS Forth Valley (69.1%); and NHS Tayside (69.3%). Of these four Boards, only Tayside had achieved the target in 2016. Between 2016 and 2017 NHS Forth Valley recorded the greatest improvement, increasing from 63.2% to 69.1%. Figure 3b illustrates the distribution by NHS Board.

**Figure 3b: Percentage of terminations under 9 weeks gestation** \(^1\) by NHS Board of residence; 2016 \(^r\) and 2017 \(^p\)

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.
3. Patients resident outwith Scotland or Scottish residents who cannot be assigned to a NHS board.  
\(^p\) Provisional.
\(^r\) Revised.
Termination of pregnancy 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](https://www.gov.scot) and [ISD](https://www.isdscotland.org) 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. In the last report for terminations in 2016 we reported that all 3 groups met the 70% standard, however, in 2017 the remote rural category slipped to 66.5%. Women living in remote rural localities remain at a disadvantage when accessing termination services early in pregnancy.
Figure 3c: Percentage of terminations under 9 weeks gestation by rurality, Scotland; 2008 - 2017

1. Healthcare Improvement Scotland standard: 70% of women seeking a termination should have the procedure at under 9 weeks gestation.
2. 2017 data are provisional and 2013 to 2016 data have been 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 (e.g., 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 initial 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 in Scotland 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 83.7% of terminations (at all gestations) in Scotland performed medically in 2017 compared to 83.0% in 2016.

In Scotland in 2017, 90.1% of terminations under 9 weeks were performed medically compared to 89.4% in 2016.

The proportion of terminations performed medically was considerably higher in Scotland than in England and Wales, although in recent years this gap has been reducing.

**Figure 4: Percentage of medical terminations in Scotland and England and Wales**

1. Data for England and Wales added 7 June 2018 (pre-2005 data not available).
2. 2017 data are provisional and 2013 to 2016 data have been revised for Scotland.
Source: ISD (Scotland data) and Department of Health (data for England and Wales).
Early medical abortion with self-administration of misoprostol in the home setting

Changes in the provision of termination of pregnancy services in Scotland have recently been introduced via a Ministerial approval\(^b\), allowing the second stage of early medical abortion treatment to be undertaken in a patient’s home in certain circumstances. Women meeting the inclusion criteria will be required to attend the clinic so that the first drug (mifepristone) may be administered. The inclusion criteria include, but are not limited to:

- fulfils the criteria set out in the Abortion Act 1967;
- should be 16 years of age or above;
- no significant medical conditions or contraindications to medical abortion;
- less than or equal to 9 weeks + 6 days confirmed pregnancy on the day of mifepristone administration ie the date the first drug is administered.

By the end of 2017 there were 58 medical terminations of pregnancy in which the women met the criteria for administering misoprostol in their own home. This accounted for less than one percent of all medical terminations. The majority of these cases were treated in NHS Lothian.

Further information on method of termination is available at:

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 postal address.

In general, termination rates are highest in urban east coast Boards (NHS Tayside, NHS Fife and NHS Lothian) 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 2017 was again reported by NHS Tayside (14.1 per 1,000 women aged 15-44). The lowest mainland rate recorded was 8.7 per 1,000 women aged 15-44 in NHS Highland. NHS Ayrshire & Arran reported the largest percentage increase in rates between 2016 and 2017, increasing by 6% from 10.9 to 11.5 per 1,000 women aged 15-44. In contrast NHS Highland experienced the largest drop from 9.5 to 8.7 per 1,000 woman aged 15-44 (down by 8%).
Figure 5: Termination rates \(^1\) by NHS Board of residence; 2016 \(^r\) and 2017 \(^p\)

1. Rate per 1,000 women aged 15-44; based on 2016 mid-year population estimates.
2. Includes NHS Orkney, Shetland and Western Isles NHS Boards.

\(p\) Provisional.
\(r\) 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 continue to be a strong association between deprivation and termination rates. While rates across the deprivation categories 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 2017 the rate of terminations for women in the most deprived areas remained around as twice as high as those from the least deprived areas (16.2 compared to 8.2 per 1,000 women aged 15-44). However, the gap reduced slightly from 2016 because the rate in least deprived area increased in 2017.

Figure 6: Termination rate \(^1\) in Scotland by deprivation area \(^2\); 2008 – 2017 \(^3\)

1. Rate per 1,000 women aged 15-44.
2. For each year the most appropriate SIMD release was used: 2008 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 on the ISD website.
3. 2017 data are provisional and 2013 to 2016 data have been revised.

There was a similar pattern of deprivation in the termination rates across all mainland NHS Boards (Table C). The main exception was NHS Fife where the termination rate in the most deprived area was almost three times higher than the least deprived.

Some care should be applied when examining rates by deprivation for specific Boards as numbers of terminations occurring in specific deprivation categories 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 area \(^2,3\); 2017 \(^p\)

<table>
<thead>
<tr>
<th>NHS Board of residence</th>
<th>SIMD 1 - Most deprived</th>
<th>SIMD 2</th>
<th>SIMD 3</th>
<th>SIMD 4</th>
<th>SIMD 5 - Least deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>16.2</td>
<td>13.4</td>
<td>11.1</td>
<td>9.6</td>
<td>8.2</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>14.3</td>
<td>12.1</td>
<td>10.8</td>
<td>8.1</td>
<td>6.8</td>
</tr>
<tr>
<td>Borders</td>
<td>17.6</td>
<td>12.8</td>
<td>13.6</td>
<td>6.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>14.9</td>
<td>12.3</td>
<td>9.9</td>
<td>8.4</td>
<td>10.2</td>
</tr>
<tr>
<td>Fife</td>
<td>19.7</td>
<td>14.5</td>
<td>13.3</td>
<td>11.0</td>
<td>6.7</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>18.3</td>
<td>14.6</td>
<td>9.2</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Grampian</td>
<td>17.6</td>
<td>16.2</td>
<td>10.5</td>
<td>10.0</td>
<td>8.1</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>14.6</td>
<td>11.4</td>
<td>9.7</td>
<td>8.7</td>
<td>7.7</td>
</tr>
<tr>
<td>Highland</td>
<td>12.1</td>
<td>9.6</td>
<td>8.4</td>
<td>8.1</td>
<td>6.7</td>
</tr>
<tr>
<td>Islands (^4)</td>
<td>-</td>
<td>4.4</td>
<td>4.8</td>
<td>6.7</td>
<td>18.2</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>14.5</td>
<td>12.2</td>
<td>11.4</td>
<td>11.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Lothian</td>
<td>20.1</td>
<td>15.7</td>
<td>13.0</td>
<td>10.5</td>
<td>8.4</td>
</tr>
<tr>
<td>Tayside</td>
<td>21.3</td>
<td>16.3</td>
<td>13.6</td>
<td>9.3</td>
<td>10.6</td>
</tr>
</tbody>
</table>

1. Rates per 1,000 women aged 15-44.
2. For each year the most appropriate SIMD release was used: 2017 uses SIMD 2016.
3. Some records could not be assigned to a quintile.
4. Orkney, Shetland and Western Isles NHS Boards.

\(p\) Provisional.

The rates in Table C are also available in Table 2. Further information by deprivation area 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 termination of pregnancy
The overall 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 women who had at least one previous termination has fluctuated very little in the last decade. In 2008 the rate was 3.6 and in 2017 it was 3.7 per 1,000 women aged 15-44. The average over this ten year period was 3.6 per 1,000 women aged 15-44 (range 3.4 to 3.8).

Figure 7: Rate for previous terminations of pregnancy \(^1\) in Scotland; 2008 to 2017 \(^2\)

1. Rates per 1,000 women aged 15-44; based on 2016 mid-year population estimates.
2. 2017 data are provisional and 2013 to 2016 data have been 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 (12,005; 98.3%) were 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.

**Table D: Terminations performed in Scotland by statutory ground; 2017**

<table>
<thead>
<tr>
<th>Grounds</th>
<th>Definition</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The continuance of the pregnancy would involve risk to the life of the pregnant women greater than if the pregnancy were terminated.</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>B</td>
<td>The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>C</td>
<td>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.</td>
<td>12,005</td>
<td>98.3</td>
</tr>
<tr>
<td>D</td>
<td>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.</td>
<td>9</td>
<td>0.1</td>
</tr>
<tr>
<td>E</td>
<td>There is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.</td>
<td>193</td>
<td>1.6</td>
</tr>
<tr>
<td>F</td>
<td>It was necessary to save the life of the woman.</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>G</td>
<td>It was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.</td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

* 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) then peaking 2016 at 218. There was a slight reduction in 2017 to 193. Of these, 66 were for chromosomal abnormalities (such as Down’s syndrome), 43 for other specific congenital anomalies (such as of the cardiovascular or urinary systems), and 49 for congenital anomalies of the nervous system (eg anencephaly).

Relatively few terminations were carried out under Ground E in Scotland, accounting for slightly less than 2% of the total number of terminations performed. In the *Report on abortion statistics in England and Wales 2017*, the rate of Ground E terminations was also 2%. 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 - 2017\(^2\)**

---

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. 2017 data are provisional and 2013 to 2016 data have been revised.

Between some Boards with comparable overall rates of termination of pregnancy, there remain noticeable differences in percentages of those terminations undertaken under Ground E. Work is ongoing at ISD to ascertain if any under-reporting of Ground E terminations may be taking place.
Further information on screening in pregnancy can be found 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
**Information Services Division**

### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deprivation category or area (SIMD)</td>
<td>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).</td>
</tr>
<tr>
<td>Gestation</td>
<td>The process or period of developing inside the womb between conception and birth.</td>
</tr>
<tr>
<td>Grounds for termination</td>
<td>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).</td>
</tr>
<tr>
<td>Medical termination</td>
<td>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.</td>
</tr>
<tr>
<td>Parity</td>
<td>The number of previous completed pregnancies (live or stillbirth). One pregnancy may result in the delivery of more than one baby but the episode would be counted as one pregnancy.</td>
</tr>
<tr>
<td>Termination of pregnancy</td>
<td>Refers to a therapeutic termination of pregnancy notified in accordance with the Abortion Act 1967.</td>
</tr>
</tbody>
</table>
### List of Tables

<table>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination: Scotland</td>
<td>Excel 26 Kb</td>
</tr>
<tr>
<td>Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence</td>
<td>Excel 108 Kb</td>
</tr>
<tr>
<td>Terminations by NHS Board of treatment and NHS Board of residence</td>
<td>Excel 21 Kb</td>
</tr>
<tr>
<td>Terminations by local council area of residence</td>
<td>Excel 19 Kb</td>
</tr>
<tr>
<td>Terminations by age and by local council area of residence</td>
<td>Excel 20 Kb</td>
</tr>
<tr>
<td>Terminations performed in Scotland and on Scottish residents in England and Wales</td>
<td>Excel 15 Kb</td>
</tr>
<tr>
<td>Terminations by age and year</td>
<td>Excel 17 Kb</td>
</tr>
<tr>
<td>Terminations by estimated gestation</td>
<td>Excel 13 Kb</td>
</tr>
<tr>
<td>Terminations by method of termination</td>
<td>Excel 12 Kb</td>
</tr>
<tr>
<td>Terminations by NHS Board of residence</td>
<td>Excel 15 Kb</td>
</tr>
<tr>
<td>Terminations by deprivation, estimated gestation in weeks and age group</td>
<td>Excel 19 Kb</td>
</tr>
</tbody>
</table>

### List of Figures

<table>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of terminations performed in Scotland</td>
<td>Excel 57 Kb</td>
</tr>
<tr>
<td>Terminations by age of woman (percentage and rates)</td>
<td>Excel 47 Kb</td>
</tr>
<tr>
<td>Terminations by estimated gestation (Scotland and NHS Board)</td>
<td>Excel 45 Kb</td>
</tr>
<tr>
<td>Percentage of terminations at under 9 weeks by rurality</td>
<td>Excel 15 Kb</td>
</tr>
<tr>
<td>Percentage of terminations by medical method</td>
<td>Excel 32 Kb</td>
</tr>
<tr>
<td>Termination rates by NHS Board of residence</td>
<td>Excel 24 Kb</td>
</tr>
<tr>
<td>Termination rates by deprivation</td>
<td>Excel 18 Kb</td>
</tr>
<tr>
<td>Previous termination rates by NHS Board of residence</td>
<td>Excel 26 Kb</td>
</tr>
<tr>
<td>Percentage of Ground E terminations</td>
<td>Excel 20 Kb</td>
</tr>
</tbody>
</table>
Contact

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Phone: 0131 275 6149
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Further Information

Further information can be found on the ISD website.
For more information see the Termination of pregnancy section of our website. For related topics, please see the Sexual Health pages.
The next release of this publication will be 28 May 2019.

Rate this publication

Please provide feedback on this publication to help us improve our services.
Appendices

Appendix 1 – 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 CMO in Scotland. For every termination, a notification of abortion form must be completed and submitted within 7 days of the termination taking place - sample notification form.

Data quality
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. At the time of the data extract (26 March 2018), 57 notifications with dates of termination in 2017 had not been keyed into the termination database as these were being queried with the treatment centres. They were not included in this report.

ISD also continues to receive notification of abortion forms many weeks and months past the seven day statutory submission period. Late submissions and outstanding queries will be included in the 2018 report due to be published in May 2019.

The table below shows the current number of late submissions or outstanding queries for 2017 terminations of pregnancy by NHS Board of treatment not included in this release.

<table>
<thead>
<tr>
<th>NHS Board of treatment</th>
<th>Late notifications or queries</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS GG&amp;C</td>
<td>121</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>6</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>5</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>5</td>
</tr>
<tr>
<td>NHS D&amp;G</td>
<td>&lt;5</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>&lt;5</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

The majority of late forms in NHS GG&C were from the Royal Alexandra Hospital.
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 is available on the ISD geography page.

Population

In the release, rates are calculated using the 2016 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 is available on the ISD population page.

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:

<table>
<thead>
<tr>
<th>SIMD version</th>
<th>Data Zone version</th>
<th>Use with ‘point in time’ health data for these years</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIMD 2016</td>
<td>2011</td>
<td>2014 onwards</td>
</tr>
</tbody>
</table>

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

Further information is available on the [ISD SIMD page](#).

### Legislation pertaining to the Abortion Act 1967


### Source for infographic images

The images were sourced from [The Noun Project](http://thennounproject.com) and designers were Maneer A. Safia (line chart, amended), Rémy Méard, Marc Serre and Symbolon (buildings, amended), and Maxim Kulikov (figures, amended).
## Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Termination of Pregnancy Statistics</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Sexual Health Services</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks and pdf report</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>Notifications (to the CMO for Scotland) of abortions performed under the Abortion Act 1967.</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>28 March 2018</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>29 May 2018</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Annual</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>Calendar year, dataset generally complete by the end of March. Generally no delays.</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>Reports data from 1968.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>The most recent year is noted as provisional in case of receipt of late returns (expected late returns generally &lt;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.</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>There was a planned revision of historic data going back to 2013 in order to pick up late submissions of the notifications. The report will also be updated in June 2018 to include data from England and Wales after the Department of Health report is published.</td>
</tr>
<tr>
<td><strong>Concepts and definitions</strong></td>
<td>See <a href="#">Glossary</a>. Unless otherwise stated in the footnotes accompanying the tables and figures, all data are derived from the Notifications (to the CMO for Scotland) of terminations performed under the Abortion Act 1967, ie terminations performed in Scotland.</td>
</tr>
<tr>
<td><strong>Relevance and key uses of the statistics</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>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. Comparisons with data from previous years are also undertaken.</td>
</tr>
<tr>
<td><strong>Completeness</strong></td>
<td>Generally considered complete due to the statutory nature of notification submissions. In this 2017 statistics release, 57 notifications with outstanding data queries have been excluded. These account for 0.5% of all terminations which will not significantly alter the interpretation of the data. They will be included in the 2018 report due to be published in May 2019. These queries and any late submissions of notification forms are included in the following year’s statistics release as revised figures for the relevant year.</td>
</tr>
<tr>
<td><strong>Comparability</strong></td>
<td>Scottish data are comparable with data for England and Wales in the Report on abortion statistics in England and Wales for 2017. 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.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td><strong>Coherence and clarity</strong></td>
<td>Termination of pregnancy tables and figures can be accessed via the Sexual health pages on our website.</td>
</tr>
<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>Numbers, percentages and crude rates are presented.</td>
</tr>
<tr>
<td><strong>Disclosure</strong></td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td><strong>Official Statistics designation</strong></td>
<td>National Statistics.</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>30 May 2017</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>28 May 2019</td>
</tr>
<tr>
<td><strong>Date of first publication</strong></td>
<td>1968</td>
</tr>
<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:nss.isdmaternity@nhs.net">nss.isdmaternity@nhs.net</a></td>
</tr>
<tr>
<td><strong>Date form completed</strong></td>
<td>18 April 2018</td>
</tr>
</tbody>
</table>
Appendix 3 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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
Appendix 4 – 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](#).