Teenage Pregnancy

Year of conception, ending 31 December 2016

Publication date 3 July 2018
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Introduction
This release from 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 2016. The main tables 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 (Scotland) Regulations 1991. These statistics do not include conceptions which resulted in miscarriage or illegal termination.

Many teenage women experience unintended or unwanted pregnancies, although for some this may be planned and a positive life choice. Scotland has historically had 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 Government.

Island Boards
The ‘Islands’ NHS Board presented consists of NHS Orkney, Shetland and Western Isles. These have been grouped together into one category in order to protect patient confidentiality against the disclosure of small numbers. Unless stated otherwise, text commentary provided in this report refers to the mainland NHS Boards only, and not the combined Islands Board.

Interactive visual content
We have included some interactive visual content in the Teenage Pregnancy Dashboard. Information is presented over time, by deprivation area, maternal age group and outcome of pregnancy.

Scotland’s Strategy
In March 2016 the Scottish Government published ‘The Pregnancy and Parenthood in Young People (PPYP) Strategy’ which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in young people. 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’.

A progress report published in October 2017 summarised progress against the strategy’s aims and actions for the period March 2016 to September 2017. It concluded that ‘firm foundations have been established in the first period of implementation of the PPYP strategy which will enable its effective delivery over its ten year lifetime’. Its next steps are to focus on a second set of priorities, moving implementation of the strategy forward.
Main Points
For women aged under 20:

- Teenage pregnancies in Scotland are at their lowest level since reporting began in 1994. Rates decreased for the ninth consecutive year to 31.6 per 1,000 women in 2016.

- The absolute gap between the most and least deprived is narrowing. While teenage pregnancy rates have reduced across all levels of deprivation in recent years, rates in the most deprived areas have fallen more.

- Deliveries remain more common than terminations. In 2016, the teenage delivery rate was 18.1 and the termination rate was 13.5 per 1,000 women.

- Delivery rates have fallen faster than termination rates. In 2016, the percentage of teenage pregnancies that ended in termination was the highest since reporting began.

- Teenagers from the most deprived areas are more likely to deliver than to terminate their pregnancy. In contrast, teenagers from the least deprived areas are more likely to terminate than to deliver. This difference in outcome of pregnancy between the most and least deprived has not changed over recent years.
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 historically had a higher rate of teenage pregnancy than most other Northern and Western European countries, rates in all three teenage age groups have shown a decline in recent years.

Figure 1: Teenage pregnancy by age group at conception, 1994-2016

Between 1994 and 2007 teenage pregnancy rates varied but were generally much higher than they are at present. 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 45.1% (from 57.7 to 31.6 in 2016). Rates for under 18s have decreased by 55% (from 41.9 to 18.9) and rates for under 16s have decreased by 60.6% (from 7.8 to 3.1).

In terms of the actual number of teenage pregnancies, the total (under 20 age group) decreased from 9,362 in 2007 to 4,622 in 2016. Of the 4,622 in 2016, under 16s accounted for just 5%, with the majority of pregnancies (66%) among those aged 18 and 19.

Between 2015 and 2016, rates dropped in the under 20 and under 18 age groups (32.4 to 31.6 and 20.1 to 18.9 per 1,000). However, under 16s saw a slight increase (3.0 to 3.1). Since the most recent peak in 2007 overall numbers and rates of teenage pregnancy have decreased year on year and are currently at the lowest recorded level since reporting began.

For further information see Table 1.
Teenage pregnancy by NHS Board of residence

Rates of teenage pregnancy varied across the different NHS Board areas in Scotland.

All areas have seen a reduction in the number and rate of teenage pregnancy since the recent peak in 2007, with the largest observed in NHS Tayside, where rates decreased from 73.4 per 1,000 to 37.3 in 2016. NHS Tayside however, had a slight increase in rate between 2015 and 2016. Three other NHS Board areas have also seen an increase in rates since 2015; NHS Borders, NHS Fife and NHS Lanarkshire. The largest of these was in NHS Borders where the rate increased from 25.1 to 28.6 per 1,000.

In contrast, NHS Dumfries & Galloway, which had the highest rate in 2015, saw the largest decrease between 2015 and 2016, falling from 37.1 to 31.6 per 1,000.

**Figure 2: Teenage pregnancy by age group at conception and NHS Board, 2016**

In 2016, NHS Grampian recorded the lowest rate of teenage pregnancy per 1,000 in the under 20 (26.7) and under 18 (14.0) age groups. NHS Fife recorded the highest rate of teenage pregnancy in the under 20 age group (38.5) and joint highest in the under 18 age group (22.4) alongside NHS Tayside.

Data for under 16s at NHS Board level has been suppressed in some instances in line with ISD’s [Statistical Disclosure Control Protocol](https://www.isd.scot) to protect patient confidentiality. Furthermore, due to the small number of pregnancies in this age group, comparing individual years by NHS Board is less reliable as a small increase or decrease in cases can have a large impact on the reported rates.

For further information see [Table 2](#).
Teenage pregnancy by council area of residence

As per ISD’s Statistical Disclosure Control Protocol, data for the under 16 and under 18 age groups at council area have been aggregated into 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, 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 50.8 in 2016. This council area sits within NHS Tayside which also saw the largest decrease over this time period at NHS Board level.

More recently (between 2015 and 2016) however, some council areas have seen an increase in teenage pregnancy rates. They are: Aberdeenshire, East Dunbartonshire, East Lothian, Falkirk, Fife, Glasgow City, Perth & Kinross, Scottish Borders and South Lanarkshire. The largest of which was in South Lanarkshire, with an increase from 29.7 to 35.1 per 1,000. The largest decrease between 2015 and 2016 was observed in Midlothian where the rate fell from 45.1 to 34.6 per 1,000.

In 2016 East Renfrewshire had the lowest rate of all council areas (14.5 per 1,000) while Dundee City had the highest (50.8) for the second year running, despite having a slight decrease in rate between 2015 and 2016.

**Figure 3: Teenage pregnancy rates (lowest & highest) in mainland council areas, 2016**

![Figure 3](image)

Includes all pregnancies in women aged <20.

Due to the smaller area sizes and fewer cases in each area, there can be more variability from year to year when looking at council area geographies as opposed to NHS Board areas or Scotland as a whole.

For further information see **Table 3**.
Teenage pregnancy by outcome

Outcome of pregnancy by age
Typically, 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 (1994-2016) termination rates for both the under 20 and under 18 age groups have remained lower than delivery rates, however the difference between them has narrowed. In 2016, the difference between delivery and termination rates was the lowest in the reported period for both of these age groups.

In contrast, termination rates for under 16s have remained higher than delivery rates since 2002. In recent years the difference between delivery and termination rates for under 16s has also narrowed, with 2016 being the fifth consecutive year of narrowing rates.

**Figure 4a: Teenage pregnancy by outcome and age group at conception, 1994-2016**

In 2016 the delivery rate in Scotland for the under 20 age group was 18.1 and the termination rate was 13.5 per 1,000. In the past year (since 2015) delivery rates fell from 18.9 while termination rates remained stable.

Under 18s had a delivery rate of 10.0 and termination rate of 8.9 while under 16s had a delivery rate of 1.4 and a termination rate of 1.7 per 1,000. Compared to 2015, under 18s saw a decrease in both rates while under 16s saw a decrease in termination but a small increase in delivery rates.
Outcome of pregnancy over time
As shown in Figure 4a, the difference between termination and delivery rates has narrowed.

While numbers and rates of both termination and delivery have decreased since 1994, delivery rates have fallen faster than termination rates. As such, the proportions of each outcome have shown a gradual change.

Figure 4b: Teenage pregnancy resulting in termination (%), 1994-2016

The percentage of teenage pregnancies that result in termination rather than delivery has increased over time. Between 1994 and 2016 the percentage of conceptions that ended in termination increased from 33.1% to 42.7%.

There has been a slight increase year on year since 2011 when terminations represented 39.5% of teenage conceptions. In 2016, the percentage that ended in termination was the highest in the reported period (since 1994).

For further information see Table 4.
Outcome of pregnancy by NHS Board of residence
Delivery and termination rates vary between NHS Boards. It has been noted that all NHS Board areas have seen a reduction in teenage pregnancy rate since the recent peak in 2007. This applies not just to the overall pregnancy rate but to both termination and delivery rates.

Between 2007 and 2016 the largest decrease in delivery rate was observed in NHS Ayrshire & Arran, falling from 41.3 to 20.1 per 1,000. Meanwhile, the largest decrease in termination rate was observed in NHS Tayside, falling from 31.9 to 16.1 per 1,000.

Figure 5a: Teenage pregnancy rates by outcome and NHS Board, 2016

NHS Lothian had the highest termination rate in 2014, 2015 and 2016 (16.4, 16.6 and 16.2 per 1,000). For the second year running, NHS Lothian was the only NHS Board that had a rate of termination higher than delivery. NHS Highland had the lowest termination rate in 2016 (11.1 per 1,000).

NHS Fife had the highest delivery rate (24.7) while NHS Grampian and NHS Lothian had the joint lowest (15.1 per 1,000). NHS Fife was one of four NHS Boards that saw an increase in delivery rate between 2015 and 2016.

NHS Ayrshire & Arran went from having the highest delivery rate in 2015 (25.1 per 1,000) to observing the largest decrease in delivery rate (falling to 20.1 in 2016). The biggest change in termination rate was in NHS Borders where there was an increase from 9.8 to 11.8 per 1,000.

Figure 5a is useful for exploring the different rates of outcome in each NHS Board area and Scotland as a whole, while Figure 5b is better used for comparing the proportions (percentage) of pregnancy outcome between NHS Boards.
For example, looking at Figure 5a, an area with a high teenage pregnancy rate (such as NHS Fife) may have a higher termination rate than an area which has a low pregnancy rate (such as NHS Borders). In this specific example, the higher termination rate in NHS Fife isn't necessarily suggestive of an increased likelihood of termination compared to NHS Borders; rather it shows a higher rate of termination which is a reflection of there being more teenage pregnancies in NHS Fife to being with. There were more terminations because there were more pregnancies.

Figure 5b shows that in fact when comparing the outcome of pregnancy in NHS Fife to NHS Borders; a smaller percentage of teenage pregnancies result in termination than delivery.

**Figure 5b: Teenage pregnancy (%) by outcome and NHS Board, 2016**

![Bar chart showing percentage of teenage pregnancies terminated or delivered by NHS Board]

In terms of the percentage of pregnancies that ended in termination, NHS Lothian had the highest (51.7%) while NHS Fife had the lowest (35.8%).

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. Areas are divided into five groups, each consisting of approximately 20% of the population, with decreasing levels of deprivation in each. More information on SIMD is available in the appendix.

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

In 2016, the teenage pregnancy rate in Scotland was 31.6 per 1,000 women; however, rates varied depending on where a woman lived. Moving through the five deprivation areas from most to least deprived, the rate of teenage pregnancy decreased with each area of reduced deprivation. Those living in the areas of highest deprivation had pregnancy rates five times higher than those in the least deprived areas (58.9 compared to 11.8 per 1,000).

Figure 6: Teenage pregnancy by deprivation area, 2007-2016

For the 10 year period reported, teenage pregnancy rates in both the most and least deprived areas peaked in 2007. Since then, the rate for under 20s living in the most deprived areas decreased from 101.3 to 58.9 per 1,000 in 2016. For the least deprived areas, the rate fell from 25.8 to 11.8 per 1,000.

While teenage pregnancy rates have reduced across all levels of deprivation between 2007 and 2016, rates in the most deprived areas have fallen more, narrowing the absolute gap between the most and least deprived. In the last year (between 2015 and 2016) the teenage pregnancy rate in the most deprived areas decreased while it increased in the least deprived areas.
(rising from 11.6 to 11.8 per 1,000). The slight increase in 2016 was the first time in the reported period where the least deprived areas recorded an increase between years.

Under 18s in the most deprived areas had a teenage pregnancy rate of 79.7 per 1,000 in 2007 compared to 36.4 in 2016. Meanwhile, rates fell from 19.4 to 6.6 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.

Figure 7a: Teenage pregnancy by deprivation area and outcome, 2016

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).

In the under 20 age group in 2016, the most deprived areas had 12 times the rate of delivery compared to the least deprived areas (40.2 compared to 3.3) and more than double the rate of termination of pregnancy (18.7 compared to 8.5 per 1,000).

For under 18s, the most deprived areas had 16 times the rate of delivery (22.5 compared to 1.4) and more than twice the rate of termination of pregnancy (13.9 compared to 5.3 per 1,000).
Deprivation and outcome of pregnancy: 10 year comparison
Women living in the most deprived areas are less likely to have a termination than those in the least deprived areas.

Comparing the recent peak in 2007 to 2016; the proportion of women choosing to terminate their pregnancy in the most deprived areas remained relatively stable at around 30% each year. Women in the least deprived areas saw only a small increase in the percentage of pregnancies terminated, rising from 68% in 2007 to 72% in 2016.

Figure 7b: Teenage pregnancy by deprivation area and outcome, 2007 & 2016

While rates of teenage pregnancy have decreased between the recent peak in 2007 and 2016 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. Figures for England & Wales have been sourced from Office for National Statistics (ONS) and can be found on the ONS website.

Figure 8: Teenage pregnancy in Scotland compared to England & Wales, 1994-2016

Teenage pregnancy rates across all three age groups in both Scotland and England & Wales followed a similar pattern from 1994 to 2016. Both saw a peak in 2007 (Scotland with 57.7, England & Wales with 61.4) and have decreased year on year since.

In 2016 Scotland had a teenage pregnancy rate of 31.6, while England & Wales had a rate of 34.3 per 1,000 women.

Rates of teenage pregnancy in the younger age groups (under 16s and under 18s) for Scotland were similar to those in England & Wales. However, there was a slight difference in the overall (under 20) rate which will be due to lower rates in Scotland for 18-19 year olds.

For further information see Table 8.
# 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 pregnancy producing one or more live or stillbirths.

**Deprivation area**

Scottish Index of Multiple Deprivation (SIMD) quintiles, also known as deprivation areas. Each area consists of approximately 20% of the population living in Scotland. They are ordered from 1 (most deprived) to 5 (least deprived).

**Gestation**

The process or period of developing inside the womb between conception and birth.

**Islands Board**

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 (Scotland) Regulations 1991.
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Further Information
Further Information can be found on the ISD website.

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.

The next release of this publication will be July 2019.

Rate this publication
Please provide feedback on this publication to help us improve our services.
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 (Scotland) Regulations 1991.

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, 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 teenage 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 ‘Islands Board’.

Populations used for calculating rates
The 2016 mid-year population estimates for Scotland, Health Board and council area have been used in this publication. This report also includes rates by deprivation categories, which are based on small area 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 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 by NHS Board and council area geographies. On 1st April 2014, NHS Board boundaries were changed to align with those of local authorities (also known as council areas). 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.

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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 lead 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/conceptio nandfertilityrates/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 Table 8.
### Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Publication title</td>
<td>Teenage Pregnancy.</td>
</tr>
<tr>
<td>Description</td>
<td>Update of annual statistical information on teenage pregnancies in Scotland.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care.</td>
</tr>
<tr>
<td>Topic</td>
<td>Maternity and pregnancy services.</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks.</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>NRS birth registrations and notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion (Scotland) Regulations 1991.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>May 2018.</td>
</tr>
<tr>
<td>Release date</td>
<td>03 July 2018.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual.</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>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.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Reports data from 1994.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>Data are considered final. Receipt of late abortion notifications may be received after publication, with figures being revised at next update.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>N/A</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>See Glossary</td>
</tr>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>Making information publicly available for planning, epidemiology, provision of services and comparative information.</td>
</tr>
<tr>
<td>Accuracy</td>
<td>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.</td>
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<tr>
<td>Completeness</td>
<td>Considered complete. There may be a very small number of late abortion notification forms received. Data are then revised at following year’s update.</td>
</tr>
<tr>
<td>Comparability</td>
<td>Scottish data are directly comparable with data for England and Wales. See appendix A1b.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its websites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
<td>Teenage Pregnancy tables and charts are accessible via the ISD website at <a href="http://www.isdscotland.org/Health-Topics/Sexual-Health/Teenage-Pregnancy/">http://www.isdscotland.org/Health-Topics/Sexual-Health/Teenage-Pregnancy/</a></td>
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<tr>
<td>Value type and unit of measurement</td>
<td>Numbers and crude rates are presented.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
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<tr>
<td>Next</td>
<td>July 2019.</td>
</tr>
<tr>
<td>published</td>
<td></td>
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<tr>
<td><strong>Date of first publication</strong></td>
<td>First published in this format in June 2008.</td>
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<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:nss.isdmaternity@nhs.net">nss.isdmaternity@nhs.net</a></td>
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<td><strong>Date form completed</strong></td>
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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.