Termination of pregnancy
Year ending December 2018

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Introduction

Information Services Division (ISD) is responsible for the collation of data derived from notifications of terminations of pregnancy 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.

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 seven 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 were introduced over recent years 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 continuing to monitor the uptake of women electing to administer the second drug at home and data on this service are included 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 planned that we will monitor how many women from Northern Ireland utilise termination services in Scotland and data on this service are also included in this report.
Main Points

- The number and rate of terminations of pregnancy in Scotland in 2018 were at a ten year high: there were 13,286 terminations which is a rate of 12.9 per 1,000 women (aged 15-44). It is not yet clear exactly which factors have led to the apparent increase in terminations from 2015 to 2018.

- Over the last five years the rate and number of terminations of pregnancy have increased across all age groups except the under 20s. Within this particular group there has been a significant decline in the number of terminations. In 2018, 14% (1,817 out of 13,286) of all terminations were in the under 20 age group compared with 25% a decade ago (3,233 out of 13,112).

- The highest rate in 2018 was in the 20-24 group (21.3 per 1,000 women aged 20-24). For the fifth consecutive year, the lowest termination rate was in the under 16 age group (1.4 per 1,000 women aged 13-15).

- This publication provides the first full year of data allowing reporting on the number of women now able to take misoprostol (the second drug used in a medical termination) in the home setting, where strict inclusion criteria must be met for administering of misoprostol. In 2018, nearly 30% of medical terminations involved self-administration of misoprostol in the home setting. This proportion varied significantly by NHS Board of treatment (ranging from 2.8% to 85.7%).

- From late 2017 onwards women from Northern Ireland have been able to access termination services in Scotland free of charge. This publication also provides the first full year of data on the number of women giving a Northern Ireland address of residence who accessed termination services in Scotland. Fewer than ten women gave a Northern Ireland address but had a termination of pregnancy in Scotland in 2018.
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 of pregnancy performed in Scotland.

Termination of pregnancy performed in Scotland between 1968 and 2018

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. The prevailing trend since 2014 showed terminations rising. This rise continued in 2018 when there were 13,286 terminations (12.9 per 1,000 women aged 15-44). This was higher than in any other year since recording started apart from in 2007 and 2008.

Figure 1a: Number of terminations of pregnancy, Scotland 1968 – 2018

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 been falling fairly steadily in the last decade, although from 2014 this decline was more pronounced. In 2014 the GFR was 54.7 per 1,000 women age 15-44 and in 2018 it was 49.8, a 9% drop. Conversely, the termination rate has been increasing slightly. In the same period it increased by 14%, from 11.4 to 12.9 per 1,000 women aged 15-44.

1. 2018 data are provisional and 2014 to 2017 data have been revised.
**Figure 1b: Termination and General Fertility rates, Scotland 1968 – 2018**

1. Number of terminations per 1,000 women aged 15-44 (2017 mid-year population estimates).
2. Number of live births per 1,000 women aged 15-44 (2017 mid-year population estimates).
3. 2018 termination data are provisional and 2014 to 2017 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 were consistently higher than those in Scotland.

<table>
<thead>
<tr>
<th>Year</th>
<th>Scotland (N)</th>
<th>Scotland (Rate 1)</th>
<th>England &amp; Wales (N 2)</th>
<th>England &amp; Wales (Rate 1,2)</th>
</tr>
</thead>
<tbody>
<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>12,114</td>
<td>11.7</td>
<td>190,406</td>
<td>16.6</td>
</tr>
<tr>
<td>2017</td>
<td>12,443</td>
<td>12.1</td>
<td>194,668</td>
<td>17.0</td>
</tr>
<tr>
<td>2018</td>
<td>13,286</td>
<td>12.9</td>
<td>..</td>
<td>..</td>
</tr>
</tbody>
</table>

1. Rate per 1,000 women aged 15-44; based on 2017 mid-year population estimates.
2. 2018 data for England and Wales will be added once published by the Dept. of Health after 13 June 2019.

Source: Notifications to the CMO (Scotland) and Department of Health (for terminations performed in England & Wales).
Age of women at termination of pregnancy - number and percent

The number of terminations has reduced most dramatically in the under 20 age group, down from 3,573 in 2007 to 1,817 in 2018, a drop of 49%. In all but the under 20 age group, terminations have risen in recent years. This increase was notable in the 25-29, 30-34 and 35-39 age groups with terminations up by 20%, 35% and 41% respectively between 2013 and 2018.

With the exception of the under 20 group, there was an increase in terminations from 2017 to 2018. The most significant of these increases were in the 30-34 group (up by 12.8%) and the 35-39 group (up by 13.2%).

**Figure 2a: Number of terminations by age group of woman; 1968 – 2018**

Proportionately there were fewer older women having terminations, although a small and steady rise has been occurring in the 35-39 and 40 and over age groups. Together, both groups accounted for 12.3% of terminations in 2011 and 15.8% in 2018 (Figure 2b).

There continued to be more terminations to women in the 20-24 age group than in any other group. This has been the established pattern since 1985, prior to which there were proportionately more terminations to women in the under 20 group.

In 2018, 13.7% of terminations were to women aged under 20, the lowest recorded proportion since records began.

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1. 2018 data are provisional and 2014 to 2017 data have been revised.
Figure 2b: Percentage of terminations by age group of woman; 1968 – 2018

1. 2018 data are provisional and 2014 to 2017 data have been revised.
Age of women at termination of pregnancy - rates
Between 2017 and 2018 the 16-19 age group was the only group to see a reduction in termination rates, down from 15.2 to 14.8 per 1,000 women aged 16-19.

For the fifth successive year the lowest termination rates were in the under 16 group. The 20-24 age group continued to record the highest termination rates.

Termination rates tended to be lower in the more mature age groups (over 35s), however these rates have been gradually increasing and were at a ten year high in women aged 40+ in 2018 (3.2 per 1,000 women aged 40-44).

Figure 2c: Termination rates \(^1\) by age group of woman; 2009 – 2018 \(^2\)

1. Rates per 1,000 women in each age group (rate for under 16s calculated using female population aged 13-15); based on 2017 mid-year population estimates.
2. 2018 data are provisional and 2014 to 2017 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
In recent years, eight out of ten terminations of pregnancy were performed at less than 10 weeks gestation. This was not always the case: in 1972 only one third were performed at under 10 weeks. More terminations are being performed at less than 9 weeks gestation predominantly due to the service providers offering women early medical terminations. The latest figures showed that 73% of terminations were at less than 9 weeks gestation. This has not fluctuated very much since 2014.

The percentage of late gestation terminations (18 weeks and over) fell rapidly between 1968 and 1974 and then steadily tailed off, until in 2018 it fell to under 1% for the first time since recording began.

Figure 3a illustrates the percentage breakdown by gestation.

Figure 3a: Terminations by estimated gestation (weeks); 1968 – 2018

1. 2018 data are provisional and 2014 to 2017 data have been revised.
Terminations under 9 weeks gestation

Healthcare Improvement Scotland (HIS) published sexual health standards in 2008. One of the standards monitored by ISD in this termination of pregnancy publication was:

- 70% of women seeking a termination should undergo the procedure at less than 9 weeks (under 63 days) gestation.

After assessing the validity of these standards, and in consultation with stakeholders in early 2019, HIS withdrew the 2008 sexual health standards from their website. At this time no new standards have been proposed.

Although no longer a sexual health standard, ISD will continue to include information on the proportion of women undergoing a termination of pregnancy at under 9 weeks gestation.

Table B below shows the percentage of women undergoing terminations under 9 weeks gestation in Scotland in 2017 and 2018 by deprivation area. Women from more deprived areas are the least likely to undergo their termination at under 9 weeks. However, in 2018 all deprivation areas attained at least 70% or over.

Table B: Percentage of terminations performed under 9 weeks gestation by deprivation area ¹; 2017 ² and 2018 ³

<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>2017</td>
<td>69.3</td>
<td>71.8</td>
<td>73.1</td>
<td>71.9</td>
<td>76.3</td>
<td>71.9</td>
</tr>
<tr>
<td>2018</td>
<td>70.8</td>
<td>73.2</td>
<td>72.1</td>
<td>76.0</td>
<td>76.9</td>
<td>73.2</td>
</tr>
</tbody>
</table>

1. For each year the most appropriate Scottish Index of Multiple Deprivation (SIMD) release was used: 2017 and 2018 use SIMD 2016.

Further information about SIMD can be found in Appendix A1 and on the ISD website.

2. Includes residents where SIMD is not known.

p Provisional.

r Revised.

A further breakdown by age group and deprivation is available in Table 11. This showed that in the most deprived areas rates improved in almost every age group between 2017 and 2018. The one age group in which this trend was not mirrored was in the 40 and over group, dropping from 71.3% to 67.0%.

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 than older women to report delays in decision making about pregnancy management because of concerns about how their parents would react\textsuperscript{a}.

Two mainland NHS Boards had less than 70% of women having a termination under 9 weeks gestation in 2018. These were NHS Fife (68.6%) and NHS Highland (62.3%). NHS Lothian had the highest rate (80%) of terminations under 9 weeks gestation.

**Figure 3b: Percentage of terminations under 9 weeks gestation by NHS Board of residence; 2017 \textsuperscript{r} and 2018 \textsuperscript{p}**

1. Orkney, Shetland and Western Isles NHS Boards.
   - \textsuperscript{p} Provisional.
   - \textsuperscript{r} Revised.

\textsuperscript{a} Lee and Ingram. Best Practice & Research: Clinical Obstetrics & Gynaecology, 2010-08-01, Volume 24, Issue 4, Pages 479-489
Termination of pregnancy by rurality

The Scottish Government Urban Rural Classification provides a standard definition of rural areas in Scotland. This publication used the 3-fold classification to examine the impact rurality may have on the percentage of women seeking a termination at less than 9 weeks (under 63 days) gestation.

The 3-fold classification is defined as:

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

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

Over the last ten years, 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. There had been evidence that this situation was improving when in 2016 70.3% of women underwent terminations at less than 9 weeks, however, the following two years saw the rates slip slightly reaching 66% in 2018. Women living in remote rural localities therefore remain at a disadvantage when accessing termination services early in pregnancy.

Figure 3c: Percentage of terminations under 9 weeks gestation by rurality, Scotland; 2009 - 2018

1. 2018 data are provisional and 2014 to 2017 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 (eg vacuum aspiration, dilation and curettage) or medically. Medical methods of termination are carried out using drugs such as mifepristone (an antiprogesterone) and misoprostol (a prostaglandin).

Medical terminations using mifepristone and prostaglandin were first approved in France in 1988 followed by the United Kingdom in 1991. In the UK, the 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 five years this rose to over a third. By 2002 half of all terminations were performed medically (50.7%). The use of medical over surgical methods of termination of pregnancy has continued to increase, with 86.1% of terminations (at all gestations) in Scotland performed medically in 2018 compared to 83.6% in 2017.

Up until 2017 the proportion of terminations performed medically were higher in Scotland than in England and Wales, although in recent years the gap has reduced. The 2018 data from England and Wales are awaited, and once published on 13 June 2019 Figure 4 will be updated.

Figure 4: Percentage of medical terminations in Scotland and England and Wales ¹; 2009 – 2018 ²

1. 2018 data for England and Wales will be added when it becomes available.
2. 2018 data are provisional and 2014 to 2017 data have been revised for Scotland.
Source: ISD (Scotland data) and Department of Health (data for England and Wales).
In 2016, restrictions on surgical terminations at some clinics in England and Wales resulted in more women under-going medical terminations. As a result of this change in provision a larger increase was reported in the proportions of medical abortions compared to previous years b.

Early medical abortion with self-administration of misoprostol in the home setting

Changes in the provision of termination of pregnancy services in Scotland have been introduced in recent years via a Ministerial approval, 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.

The change in provision occurred in October 2017, so this publication provides the first full year of data.

In 2018, nearly 30% of medical terminations involved self-administration of misoprostol in the home setting. This proportion varied significantly by NHS Board of treatment as indicated in Table C below.

Table C: Percentage of medical terminations 1 undertaken as early medical abortions with self-administration of misoprostol in the home setting; 2018 p

<table>
<thead>
<tr>
<th>NHS Board of treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>29.9</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>-</td>
</tr>
<tr>
<td>Borders</td>
<td>69.7</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>-</td>
</tr>
<tr>
<td>Fife</td>
<td>-</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>47.4</td>
</tr>
<tr>
<td>Grampian</td>
<td>40.8</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>30.9</td>
</tr>
<tr>
<td>Highland</td>
<td>-</td>
</tr>
<tr>
<td>Islands 2</td>
<td>85.7</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>-</td>
</tr>
<tr>
<td>Lothian</td>
<td>61.9</td>
</tr>
<tr>
<td>Tayside</td>
<td>2.8</td>
</tr>
</tbody>
</table>

1. Excludes records where method of termination is not known.
2. Orkney, Shetland and Western Isles NHS Boards.

p Provisional.
- No terminations reported of misoprostol taken in the home setting.

Updated guidance was issued to units on how to record the use of misoprostol in the home setting on the notification of abortion form. Although no units reported issues coding misoprostol in the home setting, it should be acknowledged that because this is the first year of reporting, the data should be interpreted with a degree of caution.

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
Terminations of pregnancy to women from Northern Ireland
In November 2017 the Scottish Parliament amended legislation via an Order\(^d\) which resulted in women from Northern Ireland being able to access termination services on the NHS in Scotland free of charge.

The 2018 termination report provides the first full year of analysable data since the Order came into effect.

In 2018, the number of notification forms submitted with patient postal addresses of Northern Ireland was under ten for the whole of Scotland. Over the years there have been instances of women coming from Northern Ireland to Scotland for their terminations, however, because these numbers are so small we are unable to provide an annual breakdown. Based on the last ten years of data the NHS in Scotland dealt with nearly 20 terminations to women from Northern Ireland.

To date, the change in the provision of this service in the NHS in Scotland for Northern Irish women appears to have had very little impact. ISD will continue to monitor and report on this.

**NHS Board of residence**

The data published here refers to the NHS Board of residence of the patient rather than the NHS Board within which the termination is performed. It is possible however that people who are temporarily resident in a particular NHS 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 NHS 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 NHS Boards of mainland Scotland (Figure 5).

Data from the last decade showed that the highest termination rates were consistently reported in NHS Tayside. In 2018 this rate was 15.6 per 1,000 women aged 15-44. These rates were most pronounced in Dundee City (19.5 per 1,000 women aged 15-44), followed by Angus (14.1 per 1,000 women aged 15-44) and Perth and Kinross (11.5 per 1,000 women aged 15-44).

Similarly to last year, NHS Highland recorded the lowest mainland rate of 10.7 per 1,000 women aged 15-44. Apart from NHS Fife and the Island Boards, all NHS Boards recorded increased termination rates between 2017 and 2018. Although NHS Highland had the lowest recorded mainland rate, it saw the largest percentage increase over the last two years, up by 15.6%, from 9.2 to 10.7 per 1,000 women aged 15-44.

Further information about NHS Boards is available in Appendix A1 and on the ISD website.
Figure 5: Termination rates \(^1\) by NHS Board of residence; 2017 \(^r\) and 2018 \(^p\)

1. Rate per 1,000 women aged 15-44; based on 2017 mid-year population estimates.
2. Includes NHS Orkney, Shetland and Western Isles NHS Boards.

For further information on terminations by NHS Board:

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

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

Table 10: Terminations by NHS Board of residence
Deprivation
There continued to be a strong association between deprivation and termination rates. In recent years termination rates increased across all five deprivation groups. The gap between most and least deprived increased gradually between 2013 and 2016, but since then the gap has reduced marginally. This was due latterly to higher termination rates in the least deprived area (up from 7.8 in 2016 to 8.9 per 1,000 women aged 15-44 in 2018).

The termination rates for women in the most deprived areas remained about twice as high as those from the least deprived areas. In 2018, the rate was 17.8 in the most deprived area compared with 8.9 per 1,000 women aged 15-44 in the least deprived area.

Figure 6: Termination rates ¹ in Scotland by deprivation area ²; 2009 – 2018 ³

1. Rate per 1,000 women aged 15-44.
2. For each year the most appropriate SIMD release was used: 2009 uses SIMD 2009; 2010 to 2013 uses SIMD 2012; 2014 onwards uses SIMD 2016. Further information about SIMD can be found in Appendix A1 and on the ISD website.
3. 2018 data are provisional and 2014 to 2017 data have been revised.

There was a similar pattern of deprivation in the termination rates across all mainland NHS Boards (Table C). However, rates between the most and least deprived areas were around three times greater in NHS Forth Valley, NHS Borders and NHS Fife.

Some care should be applied when examining rates by deprivation for specific NHS Boards as numbers of terminations occurring in specific deprivation areas in the less populous NHS Boards may be small. (The numbers by NHS Board are available in Table 2).
Table C: Termination rates \(^1\) in Scotland by NHS Board of residence and deprivation area \(^2,3\); 2018 \(^p\)

<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>17.8</td>
<td>15.0</td>
<td>11.7</td>
<td>10.5</td>
<td>8.9</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>15.4</td>
<td>14.4</td>
<td>11.3</td>
<td>9.5</td>
<td>9.9</td>
</tr>
<tr>
<td>Borders</td>
<td>15.2</td>
<td>13.6</td>
<td>10.4</td>
<td>11.3</td>
<td>5.4</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>17.0</td>
<td>10.6</td>
<td>11.8</td>
<td>10.7</td>
<td>8.1</td>
</tr>
<tr>
<td>Fife</td>
<td>18.4</td>
<td>14.6</td>
<td>13.2</td>
<td>12.2</td>
<td>6.8</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>23.3</td>
<td>15.9</td>
<td>10.8</td>
<td>12.2</td>
<td>7.8</td>
</tr>
<tr>
<td>Grampian</td>
<td>18.7</td>
<td>16.8</td>
<td>12.2</td>
<td>10.0</td>
<td>9.5</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>16.8</td>
<td>13.9</td>
<td>10.7</td>
<td>9.4</td>
<td>7.9</td>
</tr>
<tr>
<td>Highland</td>
<td>15.9</td>
<td>11.8</td>
<td>9.0</td>
<td>10.7</td>
<td>9.3</td>
</tr>
<tr>
<td>Islands (^4)</td>
<td>-</td>
<td>7.7</td>
<td>3.9</td>
<td>3.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>16.7</td>
<td>14.0</td>
<td>11.2</td>
<td>9.9</td>
<td>9.8</td>
</tr>
<tr>
<td>Lothian</td>
<td>19.0</td>
<td>17.0</td>
<td>14.2</td>
<td>11.6</td>
<td>9.2</td>
</tr>
<tr>
<td>Tayside</td>
<td>24.0</td>
<td>18.8</td>
<td>13.2</td>
<td>11.0</td>
<td>11.5</td>
</tr>
</tbody>
</table>

1. Rates per 1,000 women aged 15-44.
2. For each year the most appropriate SIMD release was used: 2018 uses SIMD 2016.
3. Some records could not be assigned to a deprivation area.
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 2009 and 2014 reflected 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 (range 3.4 to 4.3 per 1,000 women aged 15-44). The rate for women who had one or more previous terminations between 2017 and 2018 increased by 11% (from 3.8 to 4.3 per 1,000 women aged 15-44) and in the same period the rate for women with no previous terminations rose by nearly 5% (from 8.3 to 8.6 per 1,000 women aged 15-44).

Figure 7: Rate for previous terminations of pregnancy ¹ in Scotland; 2009 to 2018 ²

1. Rates per 1,000 women aged 15-44; based on 2017 mid-year population estimates.
2. 2018 data are provisional and 2014 to 2017 data have been revised.

Nine of the eleven mainland NHS Boards reported slight rises in the rate of women having one or more previous terminations in the period between 2017 and 2018. The largest increase occurred in NHS Forth Valley, which increased from 3.2 to 4.5 per 1,000 women aged 15-44 (40%). Conversely, the rates reduced in NHS Borders and NHS Dumfries & Galloway by 10% and 14% respectively. Information about previous termination rates is available in Chart 7b and Table 1.

For further information on previous terminations:

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

Table 2: Termination by age, deprivation, gestation, method, repeat terminations, 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 (13,121; 98.8%) 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; 2018

<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>5</td>
<td>0.0</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>13,121</td>
<td>98.8</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>*</td>
<td>*</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>159</td>
<td>1.2</td>
</tr>
<tr>
<td>F</td>
<td>In case of emergency: It was necessary to save the life of the woman.</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>G</td>
<td>In case of emergency: 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>

p Provisional.
* Indicates values that have been suppressed due to the potential risk of disclosure.

Ground E terminations

Ground E terminations are those carried out because there was “...substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped”.

Ground E terminations dropped to a low in 2011 (136 terminations) before peaking in 2016 at 218. Since then the number of Ground E terminations has fallen again. In 2018 there were 159 Ground E terminations accounting for 1.2% of the total number of terminations in Scotland that year. This was the lowest proportion of Ground E terminations since 2011 when 1.1% of terminations were for Ground E.
The highest percentage of terminations performed as Ground E, were for chromosomal abnormalities. This has been the case in most of the years since reporting first started on Ground E groups in 1996. The percentage of all terminations performed within the Ground E group has reduced since 2016.

In 2018 there were 63 Ground E terminations for chromosomal abnormalities (such as Down’s syndrome), 28 for nervous system anomalies (for example anencephaly), 37 for other specific congenital anomalies (such as of the cardiovascular or urinary systems), and 31 for other (for example family history of heritable disorder).

Figure 8: Percentage of terminations carried out as Ground E ¹ in Scotland; 2009 – 2018 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. 2018 data are provisional and 2014 to 2017 data have been revised.

Work is ongoing at ISD, and in conjunction with NHS Boards, 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
**Glossary**

- **Approved place**: Defined as in Section 1(3) of the Abortion Act 1967 and updated in The Abortion Act 1967 (Place for Treatment for the Termination of Pregnancy) (Approval) (Scotland) 2017.

- **Deprivation category or area (SIMD)**: Scottish Index of Multiple Deprivation categories are population weighted quintiles where each quintile consists of approximately 20% of the population living in Scotland. Deprivation quintiles are ordered from 1 (most deprived) to 5 (least deprived).

- **Gestation**: The process or period of developing inside the womb between conception and birth.

- **Grounds for termination**: A legally induced termination must be certified by two registered medical practitioners as justified under one or more of the Statutory Grounds A to G (definitions are listed in Table D).

- **Medical termination**: Involves termination of a pregnancy without a surgical procedure. It usually involves oral administration of a drug (an antiprogesterone) followed 1-3 days later by vaginal administration of a prostaglandin.

- **Mifepristone**: The first drug normally administered in a medical termination. This stops the hormone progesterone, which is necessary to maintain a pregnancy.

- **Misoprostol**: The second drug taken in a medical termination. It induces contractions of the uterus and expulsion of the pregnancy. It is normally administered 24 to 48 hours after mifepristone.

- **Parity**: 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.

- **Surgical termination**: This involves a undergoing a surgical procedure to end the pregnancy, for example, a vacuum aspiration, or a dilation and evacuation. These may be carried out under local anaesthetic (where the area is numbed), or general anaesthetic (where you are put to sleep).

- **Termination of pregnancy**: Refers to a therapeutic termination of pregnancy notified in accordance with the Abortion Act 1967.
List of Tables

<table>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1: Terminations by place, age, deprivation, gestation, parity, repeat terminations and grounds for termination: Scotland</td>
<td>Excel 28 Kb</td>
</tr>
<tr>
<td>Table 2: Terminations by age, deprivation, gestation, method, repeat terminations, grounds for termination and NHS Board of residence</td>
<td>Excel 132 Kb</td>
</tr>
<tr>
<td>Table 3: Terminations by NHS Board of treatment and NHS Board of residence</td>
<td>Excel 22 Kb</td>
</tr>
<tr>
<td>Table 4: Terminations by local council area of residence</td>
<td>Excel 20 Kb</td>
</tr>
<tr>
<td>Table 5: Terminations by age and by local council area of residence</td>
<td>Excel 20 Kb</td>
</tr>
<tr>
<td>Table 6: Terminations performed in Scotland and on Scottish residents in England and Wales</td>
<td>Excel 15 Kb</td>
</tr>
<tr>
<td>Table 7: Terminations by age and year</td>
<td>Excel 17 Kb</td>
</tr>
<tr>
<td>Table 8: Terminations by estimated gestation</td>
<td>Excel 13 Kb</td>
</tr>
<tr>
<td>Table 9: Terminations by method of termination</td>
<td>Excel 12 Kb</td>
</tr>
<tr>
<td>Table 10: Terminations by NHS Board of residence</td>
<td>Excel 15 Kb</td>
</tr>
<tr>
<td>Table 11: Terminations by deprivation, estimated gestation in weeks and age group</td>
<td>Excel 21 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>Fig 1: Number of terminations performed in Scotland</td>
<td>Excel 24 Kb</td>
</tr>
<tr>
<td>Fig 2: Terminations by age of woman (percentage and rates)</td>
<td>Excel 46 Kb</td>
</tr>
<tr>
<td>Fig 3a and b: Terminations by estimated gestation (Scotland and NHS Board)</td>
<td>Excel 31 Kb</td>
</tr>
<tr>
<td>Fig 3c: Percentage of terminations at under 9 weeks by rurality</td>
<td>Excel 15 Kb</td>
</tr>
<tr>
<td>Fig 4: Percentage of terminations by medical method</td>
<td>Excel 22 Kb</td>
</tr>
<tr>
<td>Fig 5: Termination rates by NHS Board of residence</td>
<td>Excel 23 Kb</td>
</tr>
<tr>
<td>Fig 6: Termination rates by deprivation</td>
<td>Excel 16 Kb</td>
</tr>
<tr>
<td>Fig 7: Previous termination rates by NHS Board of residence</td>
<td>Excel 21 Kb</td>
</tr>
<tr>
<td>Fig 8: Percentage of Ground E terminations</td>
<td>Excel 17 Kb</td>
</tr>
</tbody>
</table>
Contact

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Phone: 0131 275 6839
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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 26 May 2020.

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 (29 March 2019), 81 notifications with dates of termination in 2018 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 2019 report due to be published in May 2020.

The table below shows the current number of late submissions or outstanding queries for 2018 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 Greater Glasgow &amp; Clyde</td>
<td>52</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>10</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>7</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>6</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>&lt;5</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>&lt;5</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>&lt;5</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>&lt;5</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>&lt;5</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

Most queries were to NHS Greater Glasgow & Clyde, with the Royal Alexandra Hospital accounting for 40% of these.
When a unit returns a notification form with incomplete or inaccurate information an email is sent to the unit asking for the correct or missing data. A technical issue was recently discovered resulting in some units being unable to receive these emails. This is currently being investigated. This does not affect the key messages contained in this report.

**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 this release, rates are calculated using the 2017 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.

For the most part the population figures include females aged 15 to 44, that is, women considered to be of child-bearing age. The population in this age range is used when calculating the rates at Scotland, Board and Council Area level.

Although there are occasionally women aged 45 and over who have a termination of pregnancy, they account for less than one half percent of all terminations in Scotland in the last ten years, so including the 45 and over populations in the denominator may produce misleading results.

This publication also reports on termination rates for under 16s. The denominator in this instance is females aged 13 to 15.

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 2009</td>
<td>2001</td>
<td>2009</td>
</tr>
<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

The original Abortion Act 1967 is available to view in pdf format via the link:

The provisions of the Act are available to view via the link:

The Abortion (Scotland) Regulations 1991 may be viewed via the link:

CMO letter for approval for misoprostol to be taken at home:

Northern Ireland residents coming to Scotland for termination of pregnancy

Information regarding the termination process for women from Northern Ireland is available on the NHS Inform website, accessed at:
https://www.nhsinform.scot/tests-and-treatments/surgical-procedures/abortion#northern-ireland-residents-coming-to-scotland-for-an-abortion
## Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
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<tr>
<td>Publication title</td>
<td>Termination of Pregnancy Statistics.</td>
</tr>
<tr>
<td>Description</td>
<td>Annual update on notifications of termination of pregnancy carried out under the 1967 Abortion Act. Information is included on the termination including the method, grounds for termination and geography.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care.</td>
</tr>
<tr>
<td>Topic</td>
<td>Sexual Health Services.</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks and pdf report.</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Notifications (to the CMO for Scotland) of abortions performed under the Abortion Act 1967.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>29 March 2019.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Calendar year. Dataset is generally thought to be complete by end of March. There are generally no delays in receiving this data.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Reports data from 1968.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>The most recent year is noted as provisional in case of receipt of late returns and also to account for those notifications which have outstanding data queries (the forms with queries are not entered on the 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>Revisions relevant to this publication</td>
<td>The report will be updated after the Department of Health published their 2018 termination data for England and Wales.</td>
</tr>
<tr>
<td>Concepts and definitions</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>Relevance and key uses of the statistics</td>
<td>This information should be available for public and parliamentary scrutiny, for planning, epidemiology, provision of services and also for comparative information. 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>Accuracy</td>
<td>Completing and submitting of notifications of abortion is a legal requirement therefore the quality of the data is thought to be relatively 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>Completeness</td>
<td>Generally considered complete due to the statutory nature of notification submissions. In this 2018 statistics release, 81 notifications with outstanding data queries have been excluded. These accounted for 0.6% of all terminations, which will not significantly alter the interpretation of the data. They will be included in the 2019 report due to be published in May 2020. 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>Comparability</td>
<td>Scottish data may be compared with data for England and Wales in the <a href="#">Report on abortion statistics in England and Wales for 2017</a>. 2018 data for England and Wales will be added when it becomes available on 13 June</td>
</tr>
</tbody>
</table>
2019. 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.

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coherence and clarity</td>
<td>Termination of pregnancy tables and figures can be accessed via the Sexual health pages on our website.</td>
</tr>
<tr>
<td>Value type and unit of measurement</td>
<td>Numbers, percentages and crude rates are presented.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td>Last published</td>
<td>29 May 2018</td>
</tr>
<tr>
<td>Next published</td>
<td>26 May 2020</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>1968</td>
</tr>
<tr>
<td>Help email</td>
<td><a href="mailto:nss.isdmaternity@nhs.net">nss.isdmaternity@nhs.net</a></td>
</tr>
<tr>
<td>Date form completed</td>
<td>15 April 2019</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.