Teenage Pregnancy
Year of conception, ending 31 December 2017

Publication date
2 July 2019
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Introduction
This release by Information Services Division (ISD) provides an annual update on teenage pregnancy statistics in Scotland. This is based on age at conception and presented by year of conception and the most recent information is for the calendar year ending 31 December 2017. The main tables and charts show numbers and rates for women presented across three age groups: under 16, under 18 and under 20.

Many teenage women experience unintended or unwanted pregnancies, although for some women this may be a planned, 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 remains a priority for the Scottish Government.

A reduction in teenage pregnancy rate has been observed since the most recent peak in 2007. While this may be due to various interventions such as Scotland’s ‘Pregnancy and Parenthood in Young People Strategy’, a report by The British Pregnancy Advisory Service (BPAS) suggests that changing lifestyle factors such as reduced risk-taking behaviour and reduced alcohol consumption may have also contributed to the decline.

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 June 2019 provided an update on the priorities identified by the PPYP Steering Group up to the end of 2018/19, as well as actions within the strategy itself. It concluded that while rates of teenage pregnancy in Scotland have declined, addressing the needs of young people around pregnancy and parenthood remains a priority for the Scottish Government.
Main Points
For women aged under 20 years:

- Teenage pregnancy rates in Scotland are at their lowest level since reporting began in 1994. Rates decreased for the tenth consecutive year from 31.7 per 1,000 women in 2016 to 30.2 in 2017.

- In 2017 NHS Grampian recorded the lowest overall rate of teenage pregnancy while NHS Fife recorded the highest (23.8 and 37.0 per 1,000 women respectively).

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

- Deliveries are more common than terminations, but delivery rates have fallen faster than termination rates. In 2017 the percentage of teenage pregnancies that ended in termination was the highest since reporting began (45%).

- 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 in recent years.
Results and Commentary
Teenage pregnancy by age group at conception

Throughout this publication, unless stated otherwise, ‘teenage pregnancy’ refers to the conception itself regardless of whether the woman went on to deliver or terminate. Rates are presented per 1,000 women for each of the respective age groups (under 16, under 18 and under 20). Text commentary provided in this report refers to the mainland NHS Boards only, and not the combined Islands Board.

Between 1994 and 2007 teenage pregnancy rates varied but were generally much higher than they are at present. The trend of decreasing rates of teenage pregnancy in Scotland continued for the tenth consecutive year in 2017, with decreases observed since 2007. Numbers and rates of teenage pregnancy are currently at the lowest recorded level since reporting began.

**Figure 1: Teenage pregnancy by age group at conception, 1994-2017**

Since 2007, rates per 1,000 in the under 20 age group have fallen by almost a half (from 57.7 to 30.2 in 2017). Similarly, rates for under 18s and under 16s decreased by more than 60% and almost 70% respectively.

In terms of the actual number of teenage pregnancies, the total (under 20 age group) decreased from 9,362 in 2007 to 4,276 in 2017. Of the 4,276 in 2017, under 16s accounted for just 4.5%, with the majority of pregnancies (69%) among those aged 18 and 19.

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

Rates of teenage pregnancy vary across the different NHS Board areas in Scotland. However, over the last decade all NHS Board areas have seen a reduction in the numbers and rates of teenage pregnancy. The largest reduction was observed in NHS Dumfries & Galloway where rates dropped by more than a half (53%), from 63.2 per 1,000 in 2008 to 29.9 in 2017.

More recently, in the three year period between 2015 and 2017 there has been a general downward trend in rates for most NHS Boards in Scotland.

Figure 2: Teenage pregnancy by NHS Board, 2015-2017

Includes all pregnancies in women aged <20.

In 2017, NHS Grampian recorded the lowest overall rate of teenage pregnancy while NHS Fife recorded the highest (23.8 and 37.0 per 1,000). This is mirrored in the under 18 age group.

Data for under 16s at NHS Board level has been suppressed in some instances in line with ISD’s Statistical Disclosure Control Protocol to protect patient confidentiality. Furthermore, due to the small numbers in this age group, comparing individual years by NHS Board is less reliable as a small annual increase or decrease 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 three year periods to increase the robustness of the data and lessen the possibility of patient disclosure.

Since 1996, Scotland has been divided into 32 areas designated as 'council areas' (also known as 'local authorities'). 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.

Over the last decade, all council areas reported a reduction in the numbers and rates of teenage pregnancy. The largest decrease was observed in Clackmannanshire where rates fell from 80.3 per 1,000 in 2008 to 35.9 in 2017.

In 2017, East Renfrewshire had the lowest rate of all council areas (13.8) for the second year running, while Dundee City had the highest (45.1) for the third year running, despite observing a large decrease between 2016 and 2017.

Figure 3: Teenage pregnancy rates (lowest & highest) in mainland council areas, 2017

![Image showing teenage pregnancy rates](#)

Includes all pregnancies in women aged <20

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 are more likely to have a delivery than a termination.

For the period reported (1994-2017) termination rates for both the under 20 and under 18 age groups have remained lower than delivery rates, although the gap between delivery and termination rates narrowed, and was at its lowest in 2017.

In contrast, termination rates for under 16s have remained higher than delivery rates since 2002. There have been slight fluctuations but this difference has also generally been narrowing in recent years.

Figure 4a: Teenage pregnancy by outcome and age group at conception, 1994-2017

Between 2016 and 2017, all age groups saw both delivery rates and termination rates decrease.

In 2017 the delivery rate in Scotland for the under 20 age group was 16.7 and the termination rate was 13.4 per 1,000. The delivery rate saw the larger decrease, dropping from 18.1 while the termination rate only fell slightly, from 13.5.

Under 18s had a delivery rate of 8.5 and a termination rate of 7.8 compared to 10.0 and 8.9 the year prior. Likewise, under 16s had a delivery rate of 1.0 and a termination rate of 1.4 compared to 1.4 and 1.7 per 1,000.
Outcome of pregnancy over time
As noted above and illustrated in Figure 4a, the difference between termination and delivery rates has narrowed since reporting began.

While numbers and rates of both termination and delivery have decreased since 1994, delivery rates have fallen faster. As a result the percentage of teenage pregnancies that result in termination rather than delivery has increased gradually over time.

Figure 4b: Teenage pregnancy resulting in termination (%), 1994-2017

Between 1994 and 2017 the percentage of pregnancies that ended in termination increased from around a third to around 45%.

In 2017 the percentage of pregnancies that ended in termination was the highest in the reported period and was also the largest increase between years since 2001.

For further information see Table 4.
Outcome of pregnancy by NHS Board of residence

Similar to the overall rate of teenage pregnancy, delivery and termination rates vary between the different NHS Board areas in Scotland. It has been noted that all NHS Board areas have seen a reduction in teenage pregnancy rate over the last decade and this applies not only to the overall rate but to both termination and delivery.

Between 2008 and 2017 the largest decrease in delivery rate was observed in NHS Dumfries & Galloway, falling from 42.9 to 18.0 per 1,000. Meanwhile, the largest decrease in termination rate was observed in NHS Fife, falling from 25.2 to 14.7.

Figure 5a: Teenage pregnancy by outcome and NHS Board, 2017

In 2017 NHS Tayside had the highest termination rate (16.9 per 1,000) and for the second consecutive year NHS Highland had the lowest termination rate (9.7). For the third consecutive year NHS Lothian was the only NHS Board that had a rate of termination higher than delivery. This was first observed in 2015 and continued in 2016 and 2017.

The highest delivery rate in 2017 was observed in NHS Fife (22.3 per 1,000) for the second year in a row. Meanwhile, the lowest delivery rate was observed in NHS Grampian (12.7).

Figure 5a shows the different rates of outcome in each NHS Board area and Scotland as a whole, while Figure 5b shows 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 Grampian). In this specific example, the higher termination rate in NHS Fife is not...
necessarily suggestive of an increased likelihood of termination (once pregnant) compared to NHS Grampian. Rather it shows a higher rate of termination which is a reflection of there being more teenage pregnancies in NHS Fife to begin with. There were more terminations because there were more pregnancies.

Figure 5b shows that in fact when comparing the outcome of teenage pregnancy in NHS Fife to NHS Grampian, a smaller percentage of pregnancies actually resulted in termination.

Figure 5b: Teenage pregnancy resulting in termination (%) by NHS Board, 2017

In terms of the percentage of pregnancies that ended in termination, NHS Lothian had the highest (52.8%) while NHS Ayrshire & Arran had the lowest (36.9%).

For further information see Table 5.
Teenage pregnancy by deprivation

Deprivation and pregnancy
There is a strong correlation between deprivation and teenage pregnancy, with rates of teenage pregnancy higher in more materially deprived areas. Deprivation is calculated using the Scottish Index of Multiple Deprivation (SIMD), 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. For the ten year period reported, teenage pregnancy rates in both the most and least deprived areas were at their highest in 2008, and at their lowest in 2017. Since 2008, the rate for under 20s living in the most deprived areas decreased from 93.7 to 56.0 per 1,000 in 2017. Meanwhile, the rate fell from 23.4 to 11.5 for those living in the least deprived areas.

In 2017 the teenage pregnancy rate in Scotland was 30.2 per 1,000; however, rates varied depending on where a woman lived. Those living in the areas of highest deprivation had pregnancy rates almost five times higher than those in the least deprived areas (56.0 compared to 11.5 per 1,000).

Figure 6: Teenage pregnancy by deprivation area, 2008-2017

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).

While teenage pregnancy rates have reduced across all levels of deprivation between 2008 and 2017, rates in the most deprived areas have fallen more, narrowing the absolute gap
between the most and least deprived. However, percentage falls were larger in the least deprived areas.

In the most recent year (between 2016 and 2017) the teenage pregnancy rate in the most deprived areas dropped from 58.9 to 56.0 per 1,000 while the least deprived areas saw rates fall from 11.7 to 11.5. Similar patterns were observed for the under 18s.
Deprivation and outcome of pregnancy

In addition to the likelihood of teenage pregnancy occurring in the first place, deprivation is also a factor in regards to the outcome (delivery or termination) of pregnancy.

The most deprived areas had 12 times the rate of delivery compared to the least deprived areas (37.8 compared to 3.1 per 1,000) and more than double the rate of termination of pregnancy (18.3 compared to 8.4). This pattern is mirrored in the under 18 age group.

![Figure 7a: Teenage pregnancy by deprivation area and outcome, 2017](image)

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).

Figure 7a also 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.
**Deprivation and outcome of pregnancy: 10 year comparison**

The proportion of women choosing to terminate rather than deliver has increased across all levels of deprivation.

Comparing 2008 to 2017, the percentage of women choosing to terminate their pregnancy in the most deprived areas saw a small increase, rising from 30% to 33%. Women in the least deprived areas also saw an increase in the percentage of pregnancies terminated, rising from 68% to 73%.

*Figure 7b: Teenage pregnancy resulting in termination (%) by deprivation area, 2008 & 2017*

![Diagram showing the percentage of teenage pregnancies resulting in termination by deprivation area for 2008 and 2017.]

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 recent years the overall number and rate of teenage pregnancy has decreased across all levels of deprivation. However, a gap remains in regards to outcome of pregnancy in the most and least deprived areas. Figure 7b shows that in 2008 the gap between the most and least deprived was 38% (30% terminated compared to 68%). In 2017 it was 40% (33% terminated compared to 73%).

This gap has therefore not narrowed despite the gap in overall teenage pregnancy rate having done so.

For further information see [Table 6] and [Table 7].
Teenage pregnancy in Scotland compared to England & Wales

Figure 8 shows the different teenage pregnancy rates in each age group, comparing those for Scotland against those in England & Wales.

**Figure 8: Teenage pregnancy in Scotland compared to England & Wales, 1994-2017**

Teenage pregnancy rates across all three age groups in both Scotland and England & Wales have followed a very similar declining pattern between 1994 and 2017.

In 2017, both saw rates decrease for the tenth consecutive year. Scotland had an overall teenage pregnancy rate of 30.2 per 1,000, while England & Wales had a rate of 33.0.

For further information see **Table 8**.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition/Description</th>
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<tbody>
<tr>
<td>Conception</td>
<td>The term ‘at conception’ used in this publication refers to when a woman conceived, not when she delivered or terminated.</td>
</tr>
<tr>
<td>Delivery</td>
<td>Refers to a single pregnancy producing one or more live or stillbirths.</td>
</tr>
<tr>
<td>Deprivation area</td>
<td>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).</td>
</tr>
<tr>
<td>Gestation</td>
<td>The process or period of developing inside the womb between conception and birth.</td>
</tr>
<tr>
<td>Islands Board</td>
<td>NHS Orkney, NHS Shetland and NHS Western Isles.</td>
</tr>
<tr>
<td>Mainland Boards</td>
<td>NHS Boards in Scotland excluding the three Island NHS Boards; Orkney, Shetland and Western Isles.</td>
</tr>
<tr>
<td>Maternity</td>
<td>A pregnancy which results in the delivery of one or more live and/or stillbirth.</td>
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<tr>
<td>Outcome</td>
<td>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.</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Pregnancies include maternities and terminations sourced from abortion notifications and birth registrations.</td>
</tr>
<tr>
<td>Stillbirth</td>
<td>A child which had issued forth from its mother on or after the 24th week of pregnancy and which did not breathe or show any other sign of life.</td>
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<tr>
<td>SIMD</td>
<td>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.</td>
</tr>
<tr>
<td>Termination</td>
<td>Refers to a therapeutic termination of pregnancy notified in accordance with the Abortion (Scotland) Regulations 1991.</td>
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List of Tables

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<td>7. Teenage Pregnancy by age group, outcome and deprivation: Scotland</td>
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<td>8. Teenage Pregnancy by age group: Scotland compared to England &amp; Wales</td>
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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 births, pregnancy and sexual health. Further information can be found on the Maternity and Births and Sexual Health pages.

Interactive visual content can be accessed in the Teenage Pregnancy Dashboard. Information is presented over time, by deprivation area, maternal age group and outcome of pregnancy.

The next release of this publication will be July 2020.

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

A1a – Background Information

Sources
The source data are (i) registrations of live and stillbirths from the National Records of Scotland (NRS) with multiple births counted as one event, and (ii) 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 pregnancies which resulted in miscarriage or illegal termination.

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 21 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 14 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 from birth registrations, 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 level have been aggregated (three year periods) to increase the robustness of the data and lessen the possibility of small numbers. Likewise, the number of teenage pregnancies 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 2017 mid-year population estimates for Scotland, Health Board and council area have been used in this publication. This report also includes rates by deprivation area, 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 2008 to 2009 use SIMD2009; years 2010 to 2013 use SIMD2012 and years 2014 onwards use SIMD2016.

Further information on SIMD is available in the Glossary and online: [http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/](http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/)

**Geographies**
This publication presents data by NHS Board and council area geographies. There are 31 Health and Social Care Partnerships (HSCP) in Scotland. They share the same boundaries as the 32 council areas, except that Stirling and Clackmannanshire have 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/conceptionandfertilityrates/qmis/conceptionstatisticsqmi). Registration data are obtained from the NRS for live and stillbirths. These are processed to ensure that multiple births are treated as a single conception. For all live births, the date of conception is calculated as being 38 weeks prior to the date of delivery. For stillbirths, the recorded gestation in weeks is used, and two weeks are subtracted from this number to produce the estimated time between conception and birth. This number is used to derive the likely conception date. For the very small numbers of stillbirths in which the gestation is not recorded, 32 weeks is assumed. The completeness and accuracy of the termination data is assessed, and the gestation is used to calculate the date of conception. For the small number of cases where gestation is missing, nine weeks is assumed. Although this approach is not absolutely identical to the approach used in England & Wales it is considered to be as close as practicable and satisfactory for direct comparisons. The numerators and denominators are derived in the same way as those used in England & Wales.

Comparative Information
A comparison of teenage pregnancy rates in Scotland and those in England & Wales is available in Table 8.
## Appendix 2 – Publication Metadata

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<td>Data source(s)</td>
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<td>Release date</td>
<td>02 July 2019.</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 then being revised in the next annual report 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.</td>
</tr>
<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 &amp; 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>
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<tr>
<td>Disclosure</td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td>Last published</td>
<td>July 2018.</td>
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<td>Next published</td>
<td>July 2020.</td>
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<tr>
<td>Date of first publication</td>
<td>First published in this format in June 2008.</td>
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<tr>
<td>Help email</td>
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<td>Date form completed</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.