Public Health Scotland

Termination of pregnancy

Year ending December 2019

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A National Statistics release for Scotland

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Introduction

Public Health Scotland (PHS) 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 through the assessment of a variety of measures recorded at the time of the termination, including:

- age of woman at time of termination
- gestation in completed weeks
- the method of termination
- NHS Board of residence
- deprivation category
- previous termination rate
- grounds under which the termination was carried out

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 data is generally considered to be of a high quality, although occasional omissions and administrative errors in submitting notification forms can occur, and may lead to some under-reporting. Further information on data quality is available in Appendix A1.

In recent years there have been amendments to legislation regarding the provision of terminations of pregnancy in Scotland. The changes (up to the 31 December 2019 cut-off date for this report) were:

- 27 October 2017 - changes in the provision of termination services in Scotland were introduced via a Ministerial approval (under the 1967 Abortion Act), allowing misoprostol (the second drug used in a medical termination) to be taken in the home of the woman.
- 6 November 2017 - 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.

Further information relating to these changes is available in the results and commentary section of this report.

Main Points

- In 2019, the second highest number of terminations was recorded since the Regulations were introduced: 13,583 (13 per 1,000 women aged 15-44).
- Half of all terminations were to women in their twenties in 2019.
- Termination rates in the 40 plus age group have been steadily rising. In the early 2000s the termination rate was 2 per 1,000 women aged 40-44 and by 2019 it reached 4 per 1,000 women aged 40-44.
- Almost half of medical terminations in 2019 involved self-administration of misoprostol in the home setting. This is the second stage of treatment for early medical terminations; the first drug (mifepristone) has been taken at the clinic. This proportion varied significantly by NHS Board of treatment - ranging from 10% in NHS Highland to 75% in NHS Lothian.

Results and Commentary

Unless otherwise stated all the information within this report are sourced from the Notifications of Abortion to the Chief Medical Officer for Scotland (CMO) under the Abortion (Scotland) Regulations 1991. Throughout the report therapeutic abortions are referred to as terminations of pregnancy to avoid confusion with spontaneous abortions (miscarriages). The 2019 data are considered provisional.

Termination of pregnancy performed in Scotland, 1968 to 2019

The most significant growth in terminations happened straight after the implementation of the Act between 1967 and 1971. After this, there was a steady increase in the number of terminations, climbing 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. Since then termination numbers have started to rise again. In 2019 the number of terminations was 13,583, the second highest number recorded, and the termination rate was 13.2 per 1,000 women aged 15-44.

Figure 1a: Number of terminations of pregnancy in Scotland, 1968 to 2019

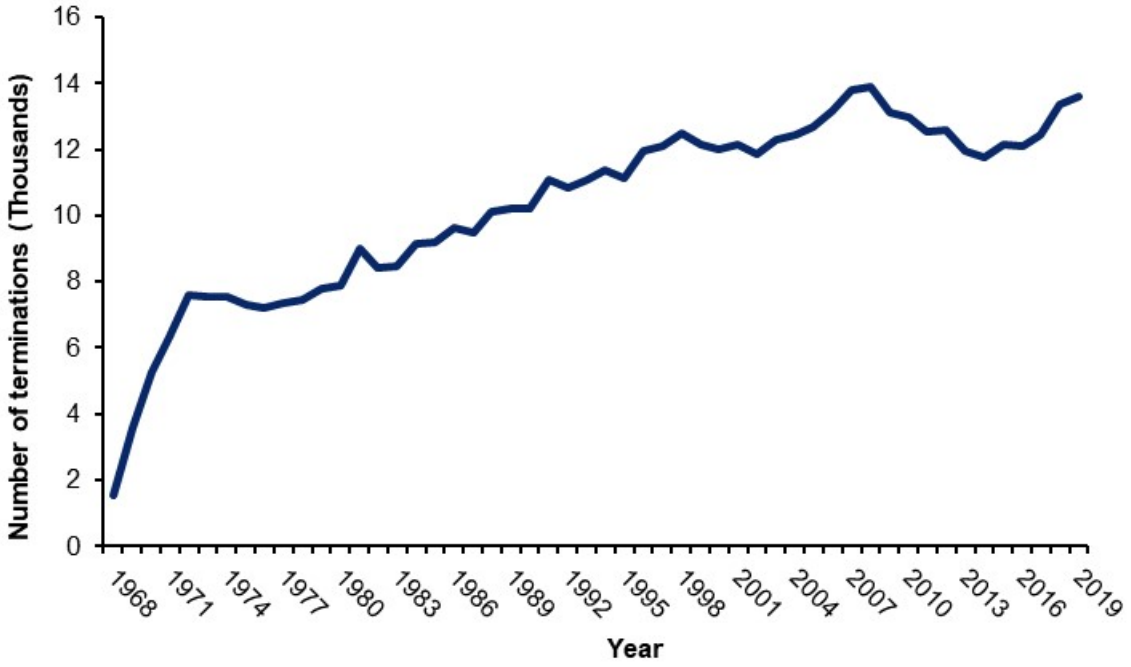
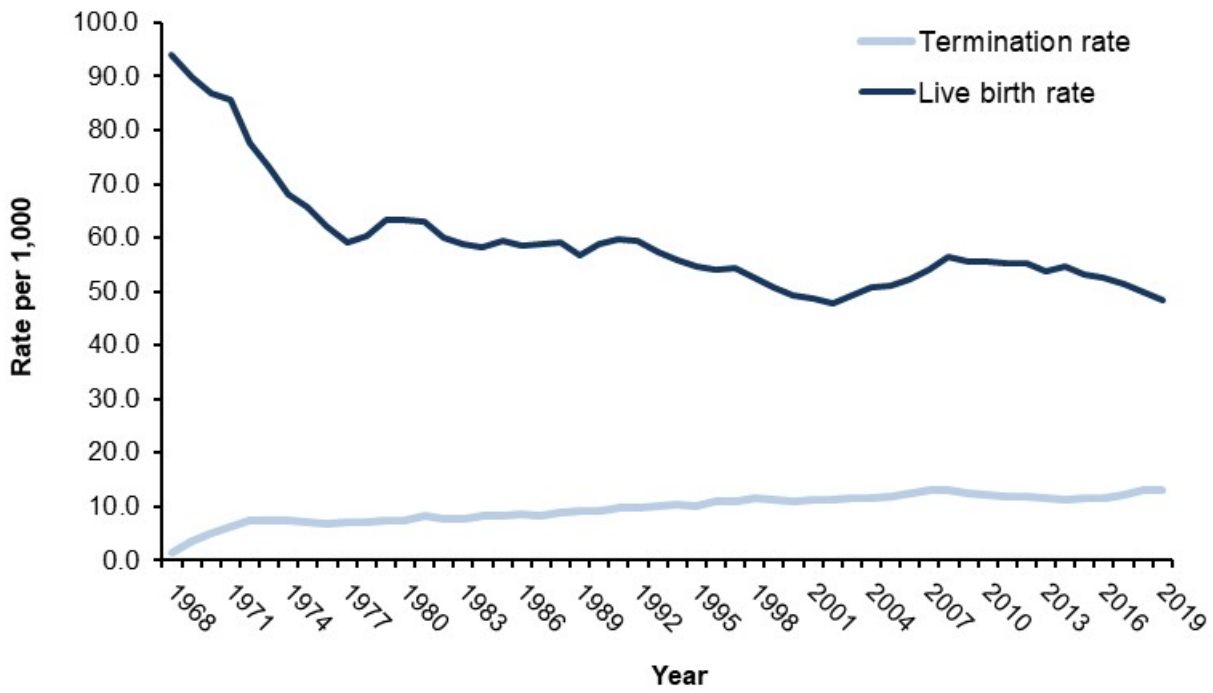


Figure 1b compares the termination rate with the general fertility rate (GFR). The GFR is the number of live births per thousand women of child-bearing age (15-44). Further definitional information about the GFR is available on the National Records of Scotland website. Overall the GFR has reduced by almost half between the late 1960s and 2019 (94 to 48 per 1,000 women aged 15-44). Conversely, in the same period the termination rate has increased from 4 to 13 per 1,000 women aged 15-44.

Figure 1b: Rates of termination[1] and general fertility[2] in Scotland, 1968 to 2019



1. Number of terminations per 1,000 women aged 15-44 (2019 mid-year population estimates).
2. Number of live births per 1,000 women aged 15-44 (2019 mid-year population estimates).

Termination of pregnancy in Great Britain

Table A below provides a comparison between Scotland, and England and Wales. In 2019 England and Wales recorded the highest number (and rate) of terminations since the Act was introduced. Termination rates rose steadily from 2016 for both, however, rates in Scotland remained below those in England and Wales.

Table A: Total terminations by country; number and rates[1]

Year	Scotland (N)	Scotland (Rate[1])	England & Wales (N)	England & Wales (Rate[1])
2010	12,949	12.2	196,109	17.1
2011	12,558	11.9	196,082	17.2
2012	12,570	12.0	190,972	16.4
2013	11,946	11.5	190,800	16.5
2014	11,778	11.4	190,092	16.5
2015	12,135	11.7	191,014	17.0
2016	12,118	11.7	190,406	16.6
2017	12,452	12.1	197,533	17.3
2018	13,347	13.0	205,295	18.0
2019	13,583	13.2	209,519	18.6

1. Rate per 1,000 women aged 15-44; based on 2019 mid-year population estimates.

Source: Notifications to the CMO (Scotland) and Department of Health (for terminations performed in England & Wales).

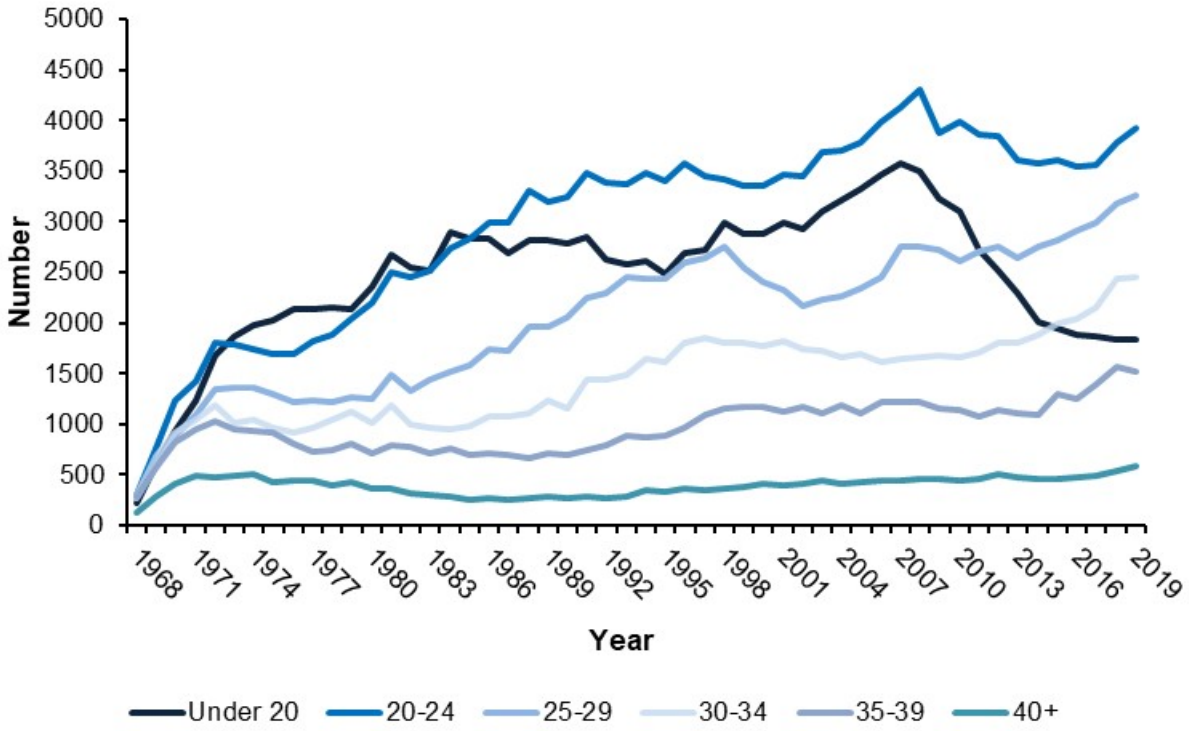
Age of women at termination of pregnancy: number and percentage

Overall, the trends in each of the age groups illustrated in Figure 2a below remained largely unchanged in recent years.

Although women in the 40 plus group accounted for the lowest number of terminations of any age group since the Act was introduced, this number has gradually increased from 256 in 1985 to an all-time high of 581 terminations in 2019.

Since 2014 the rate of decrease in the number of terminations in the under 20 group has slowed. In fact, for the first time since 2007 an increase, albeit a small one, has occurred in this age group.

Figure 2a: Number of terminations by age group of woman; 1968 to 2019

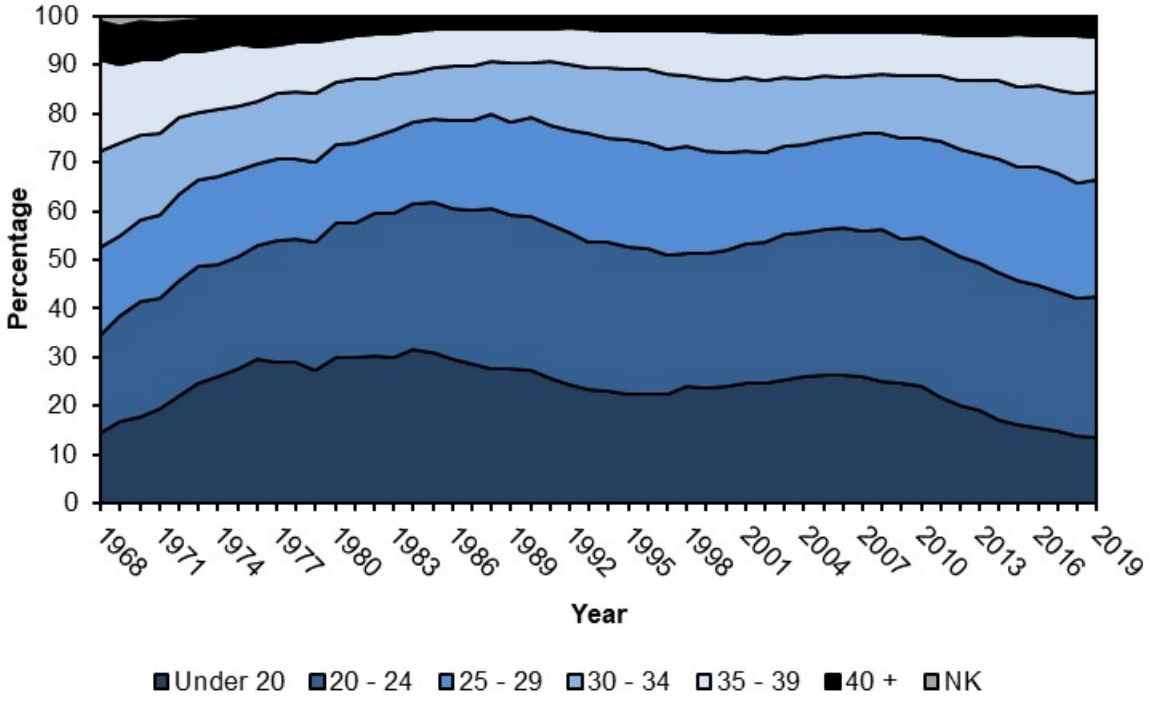


So, although proportionately fewer older women were having terminations, as a total of all termination, there are now proportionately more in the 40 plus age group than previously (2.8% of all terminations in 1985 rising to 4.3% in 2019; Figure 2b).

In contrast, every three in ten terminations are now in women aged 20-24. There have been more terminations (both absolutely numbers and proportionately) in women in this age group since 1985.

The proportion of terminations in the under 20 group continued to fall and in 2019 reached its lowest level to date of 13.5% of all terminations.

Figure 2b: Percentage of terminations by age group of woman; 1968 to 2019

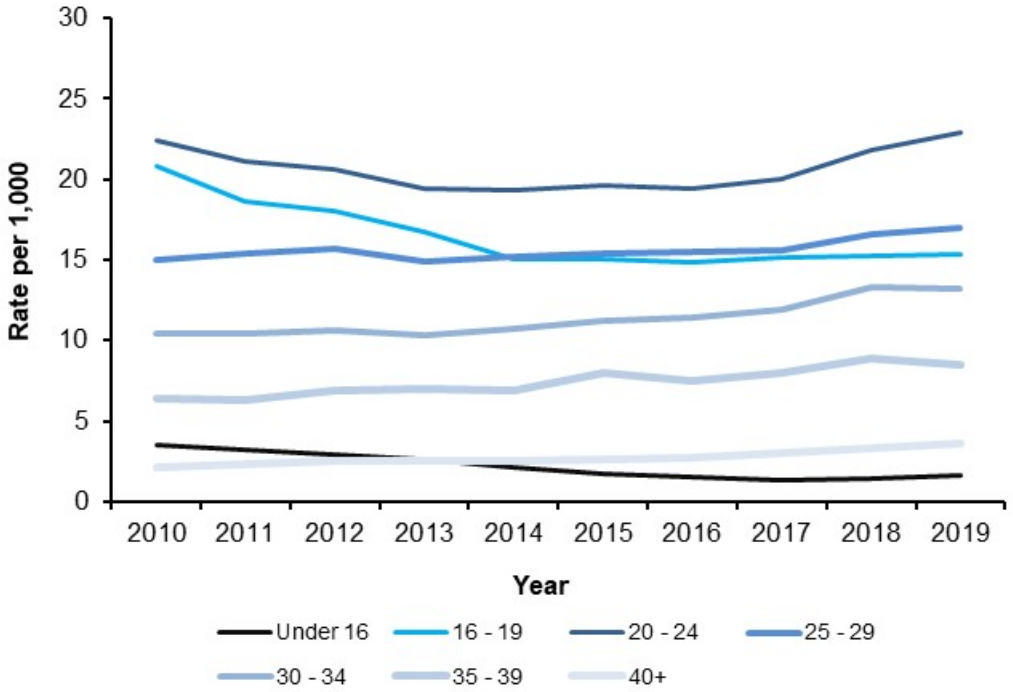


Age of women at termination of pregnancy - rates

When the under 20 age group is separated out into under 16 and 16-19, this showed that in 2019 and for the sixth successive year, the lowest termination rate was reported in the under 16 age group (1.6 per 1,000 women aged 13-15). Until 2013 the lowest rates were seen in the 40 plus age group. The highest rate continued to be in the 20-24 group (22.9 per 1,000 women aged 20-24).

Over the last decade the termination rate reduced most in the under 16 group (from 3.5 to 1.6 per 1,000 women aged 13-15, down by 17.5%). The largest increase in rates was in the 40 and over group (from 2.2 to 3.6 per 1,000 women aged 40-44, up by 65%).

Figure 2c: Termination rates[1] by age group of woman; 2010 to 2019



1. Rates per 1,000 women in each age group (rate for under 16s calculated using female population aged 13-15); based on 2019 mid-year population estimates.

Estimated gestation

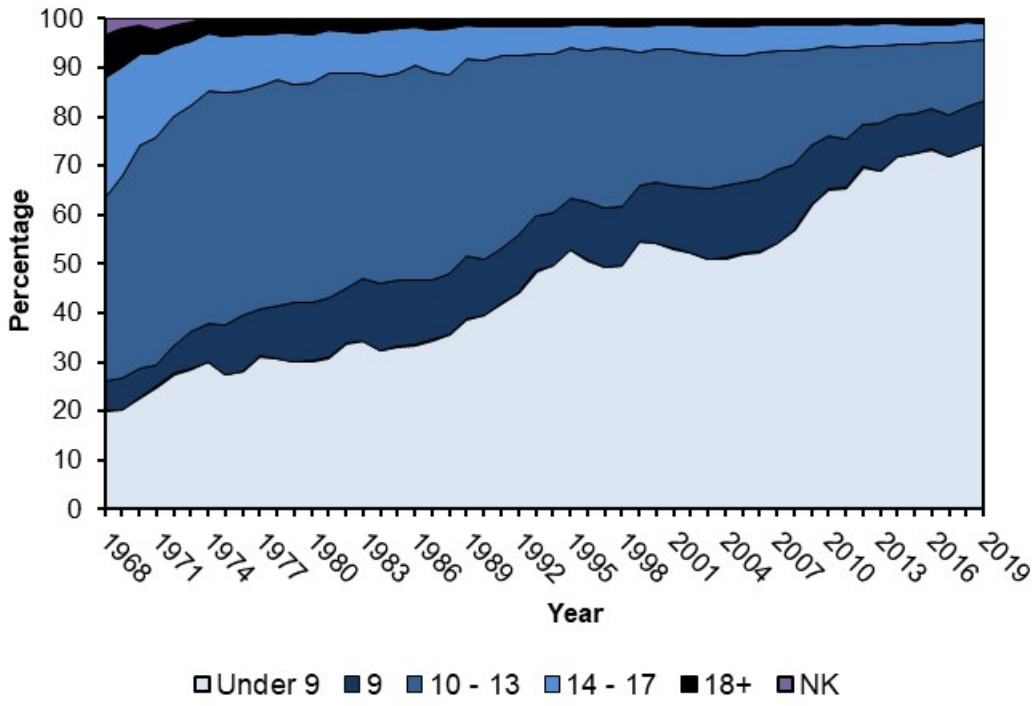
In recent years, eight out of ten terminations of pregnancy were performed at less than 10 weeks gestation. This was not always the case: in 1972 only one third of terminations were performed at under 10 weeks.

More than ever, terminations are being performed at less than 9 weeks gestation, which is predominantly due to the service providers offering women early medical terminations. The latest data showed that three quarters of all terminations (74.6%) were carried out at less than 9 weeks gestation.

The percentage of late gestation terminations (18 weeks and over) fell rapidly between 1968 and 1974 from 9% to 3%, reducing further until in 2018 it fell to under 1% for the first time since recording began. The rate reported in 2019 was also just under 1%.

The figure below illustrates the percentage breakdown by gestation.

Figure 3a: Terminations by estimated gestation (weeks); 1968 to 2019



Terminations under 9 weeks gestation

Healthcare Improvement Scotland (HIS) published sexual health standards in 2008. One of the standards monitored by PHS 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, PHS continued 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 2018 and 2019 by deprivation area. In both years more than 70% of women received their termination before 9 weeks gestation in all five deprivation areas. However, women from the least deprived areas were more likely to have a termination at less than 9 weeks gestation than those from the most deprived group. In 2018, the gap was 7 percentage points, which had slightly increased to 8.6 percentage points in 2019 (79.4% in least deprived women versus 70.8% in the most deprived group).

Table B: Percentage of terminations performed under 9 weeks gestation by deprivation area[1]; 2018 and 2019

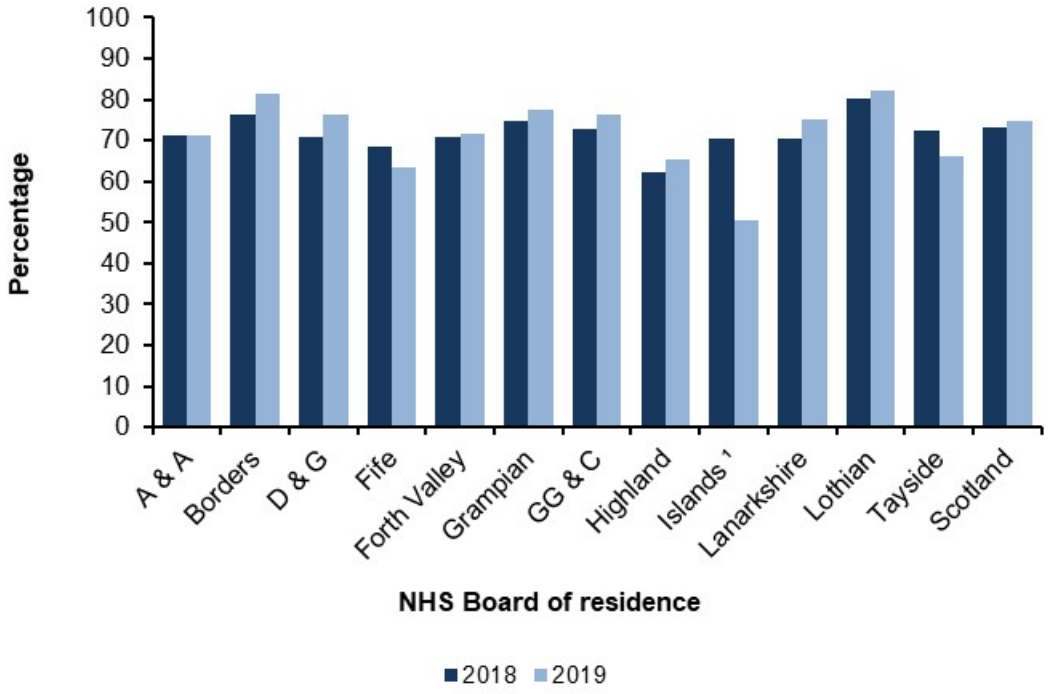
Year	SIMD 1 - Most deprived	SIMD 2	SIMD 3	SIMD 4	SIMD 5 - Least deprived	Scotland [2]
2018	70.9	72.9	72.1	75.0	77.9	73.2
2019	70.8	74.5	74.8	77.9	79.4	74.6

1. For each year the most appropriate Scottish Index of Multiple Deprivation (SIMD) release was used: 2018 and 2019 use SIMD 2020.

Further analysis by age group and deprivation (available in the excel file Table 11) showed that young women, and especially those under 16, were least likely to have their termination carried out under 9 weeks gestation in every deprivation area in 2019. This ranged from 59% in the most deprived areas to 75% in the least deprived areas. Comparing with the 40 and over age group: 72% in the most deprived to 78% in the least deprived areas.

Figure 3b below showed that among the mainland Boards in 2019, NHS Tayside, NHS Highland and NHS Fife reported the lowest rates for terminations under 9 weeks (66%, 65% and 63% respectively). The proportion observed in the Island Boards was 51% in 2019.

Figure 3b: Percentage of terminations under 9 weeks gestation by NHS Board of residence and Scotland level; 2018 and 2019



1. Orkney, Shetland and Western Isles NHS Boards.

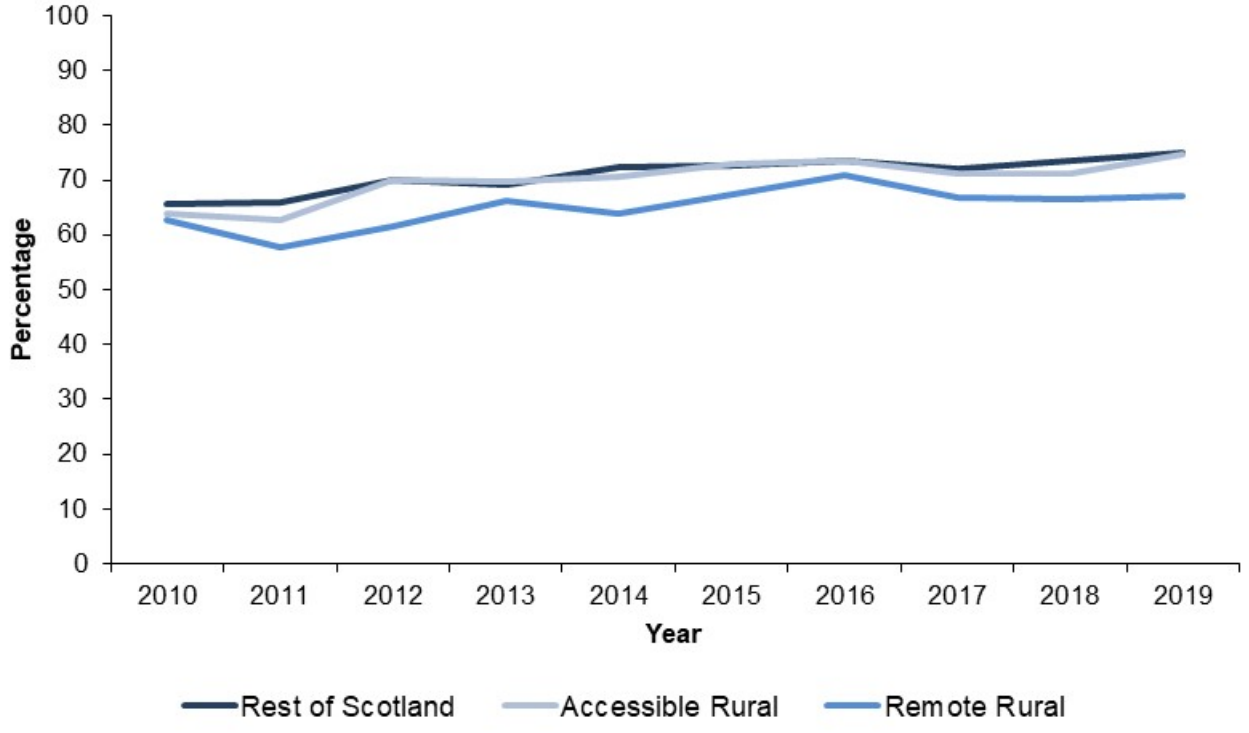
Termination of pregnancy by rurality

Women living in remote rural localities appear to remain at a disadvantage when accessing termination services early in pregnancy. This disadvantage is not present for women in accessible remote areas of Scotland.

In each of the three classifications (see Appendix 1 for classification scheme) the proportion of terminations performed under 9 weeks has increased over the last decade (Figure 3c). And although there was variation over this period between Rest of Scotland and Accessible Rural groups, proportionately fewer terminations were carried out under 9 weeks in the Remote Rural category. In 2019, for Rest of Scotland and Accessible Rural the rate was 75% and in Remote Rural it was 67%.

Service providers could seek to mitigate barriers to early termination in remote rural localities through exploring opportunities for appropriate remote consultation and assessment. It is important to also ensure that Pharmacy/medication policies in different Boards do not inadvertently contribute to, or accentuate, inequalities in access to services for remote rural communities.

Figure 3c: Percentage of all terminations under 9 weeks gestation by rurality, Scotland; 2010 to 2019



Method of termination

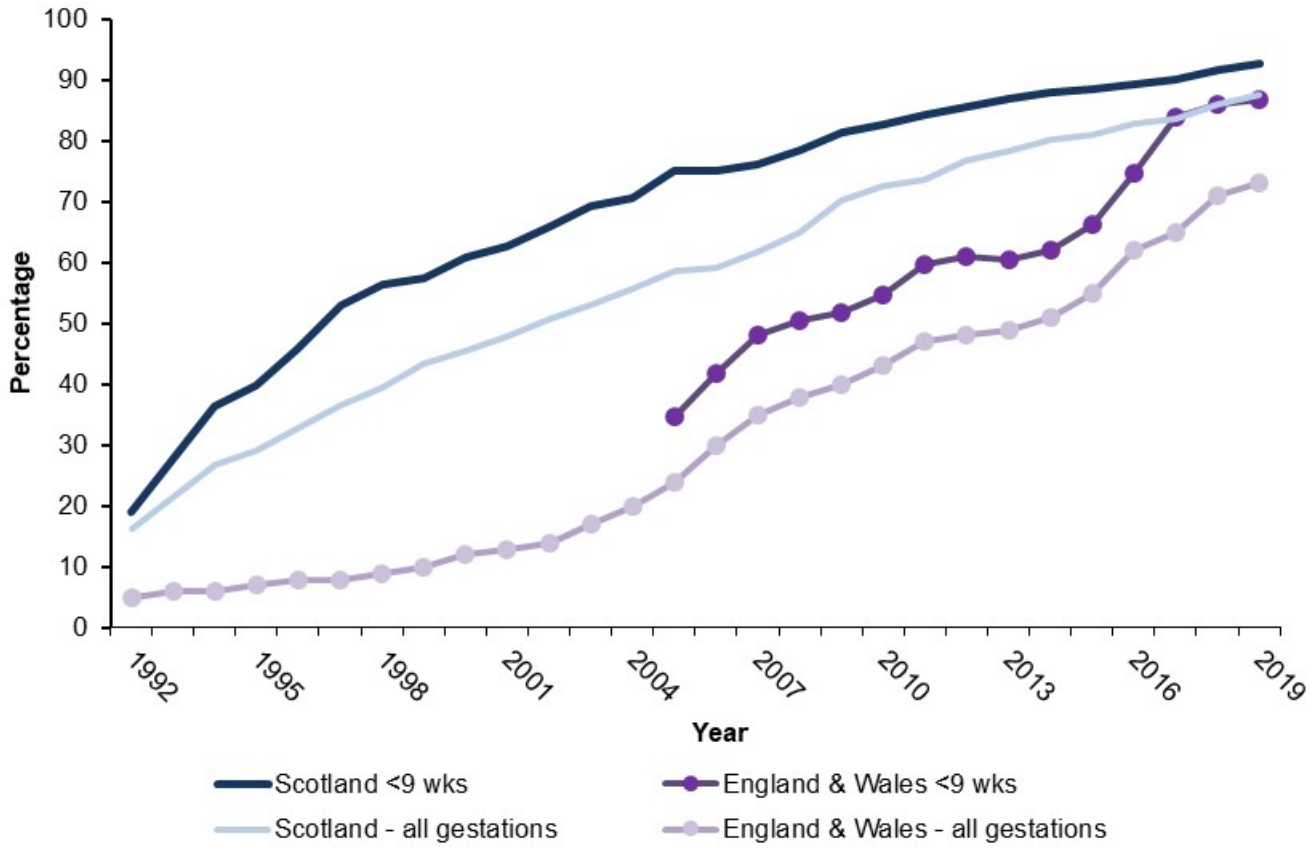
There are two types of method used in the termination of pregnancy:

- surgical – for example, vacuum aspiration, dilation and curettage
- medical – the pregnancy is ended by the administration of two drugs, an antiprogesterone (eg mifepristone) followed 24 to 48 hours later by a prostaglandin (eg misoprostol)

In 1992, when PHS was first able to report on the method of termination, 16% of all 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. In recent years the use of medical methods continued to increase, with 88% of terminations (at all gestations) in Scotland performed medically in 2019.

For these medical terminations just over nine out of every ten performed were at under 9 weeks gestation. Figure 4 also compares the rate of medical terminations in Scotland with those in England and Wales.

Figure 4: Percentage of medical terminations in Scotland and England and Wales[1]; 1992 to 2019



1. Data for medical terminations carried out at under 9 weeks gestation were unavailable for E&W.
Source: PHS (Scotland data) and Department of Health (data for England and Wales).

Early medical abortion at home (EMAH)

Changes in the provision of termination of pregnancy services in Scotland have been introduced in recent years via a Ministerial approval[a], 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 and because this is an incomplete year these data were not included in this report.

Almost half of medical terminations in Scotland in 2019 involved self-administration of misoprostol in the home setting compared to 30% in 2018. Table C shows that this proportion varied significantly by NHS Board of treatment. The large variation reported in the Islands Board was due to their low numbers of terminations ie the denominator was small. There has been an error in the recording of data for this field from NHS Fife which prevents the data for EMAH being presented for Fife in this report.

Table C: Percentage of medical terminations undertaken as early medical abortions with self-administration of misoprostol in the home setting; 2018 and 2019

NHS Board of treatment	2018	2019
Ayrshire & Arran	-	19.5
Borders	69.7	69.6
Dumfries & Galloway	-	47.2
Fife	-	-
Forth Valley	47.3	72.0
Grampian	40.8	63.7
Greater Glasgow & Clyde	30.5	44.2
Highland	-	10.5
Islands [2]	85.7	28.6
Lanarkshire	-	41.5
Lothian	61.9	75.4
Tayside	2.8	37.3
Scotland	**29.9**	**49.3**

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

\- No terminations recorded of misoprostol being taken in the home setting.

[a] http://www.sehd.scot.nhs.uk/cmo/CMO(2017)14.pdf

Terminations of pregnancy to women from Northern Ireland

In November 2017 the Scottish Parliament amended legislation via an Order[b] which resulted in women from Northern Ireland being able to access termination services on the NHS in Scotland free of charge.

This report provides two complete years of analysable data since the Order came into effect.

In 2019, 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. PHS will continue to monitor and report on this.

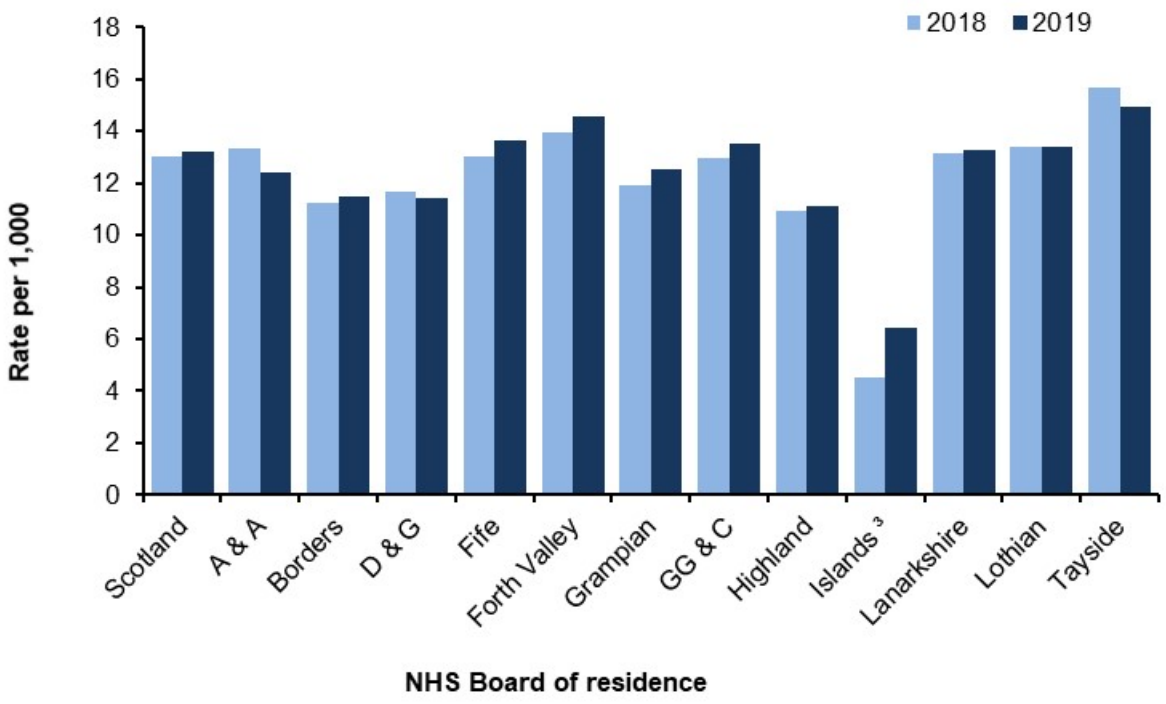
[b] https://www.sehd.scot.nhs.uk/dl/DL(2017)23.pdf

NHS Board of residence

The data published here refer to the NHS Board of residence of the patient rather than the NHS Board within which the termination is performed. In these calculations the denominators are based on permanent residents. This may give artificially high rates in areas where there is a high proportion of temporary residents, for example, where there are many students who will have their residence ascribed to their temporary address. 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, although we would no longer expect this to be the case for women travelling from Northern Ireland.

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).

Figure 5: Termination rates [1] by NHS Board of residence; 2018 and 2019



1. Rate per 1,000 women aged 15-44; based on 2019 mid-year population estimates.
2. Orkney, Shetland and Western Isles NHS Boards.

The rates observed in 2019 showed that the highest rates were reported in NHS Tayside and NHS Forth Valley at around 15 per 1,000 women aged 15-44, which was similar to the previous year.

In mainland Boards there was little variation between the 2018 and 2019 rates. The Island Board rate was also comparable with 2018 rate, although these rates have remained consistently below those of mainland Boards.

Analysis by council area indicated the highest rate in 2019 was in Clackmannanshire (20 per 1,000 women) and the lowest in the Islands (6 per 1,000 women) and Argyll & Bute (9 per 1,000 women). The Clackmannanshire rate has been rising since 2015 and has now surpassed Dundee City (18 per 1,000 women), which had historically reported the highest rates.

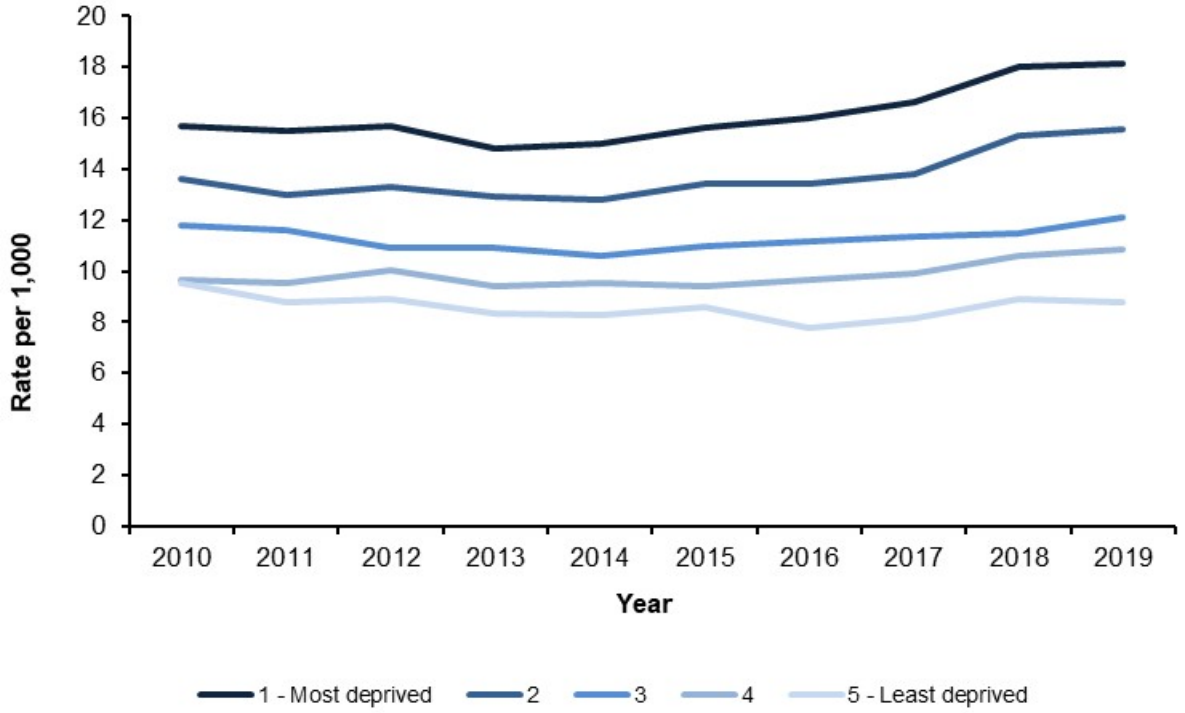
Further information about NHS Boards is available in Appendix A1 and on the PHS website.

Deprivation

There continued to be a strong association between deprivation and termination rates. In recent years termination rates increased across the deprivation groups, although this was more pronounced in the most deprived areas (Figure 6). The gap between most (SIMD 1) and least deprived (SIMD 5) increased over the last decade:

- in 2010 the rate was 1.6 times higher in the most deprived areas compared to least deprived areas. Most deprived 15.7 and least deprived 9.6 per 1,000 women aged 15-44
- in 2019 the rate was 2.1 times higher in the most deprived areas compared to least deprived areas. Most deprived 18.2 and least deprived 8.8 per 1,000 women aged 15-44

Figure 6: Termination rates [1] in Scotland by deprivation area [2]; 2010 to 2019



1. Rate per 1,000 women aged 15-44; based on 2018 mid-year population estimates.
2. For each year the most appropriate SIMD release was used: 2010 to 2013 uses SIMD 2012; 2014 to 2016 uses SIMD 2016; 2017 onwards uses SIMD 2020. Further information about SIMD can be found in Appendix A1 and on the PHS website.

This doubling of rates between the most and least deprived areas was mirrored across mainland Boards (Table C), although it was closer to three times greater in NHS Fife and NHS Forth Valley.

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.

Table C: Termination rates[1] in Scotland by NHS Board of residence and deprivation area[2, 3]; 2019

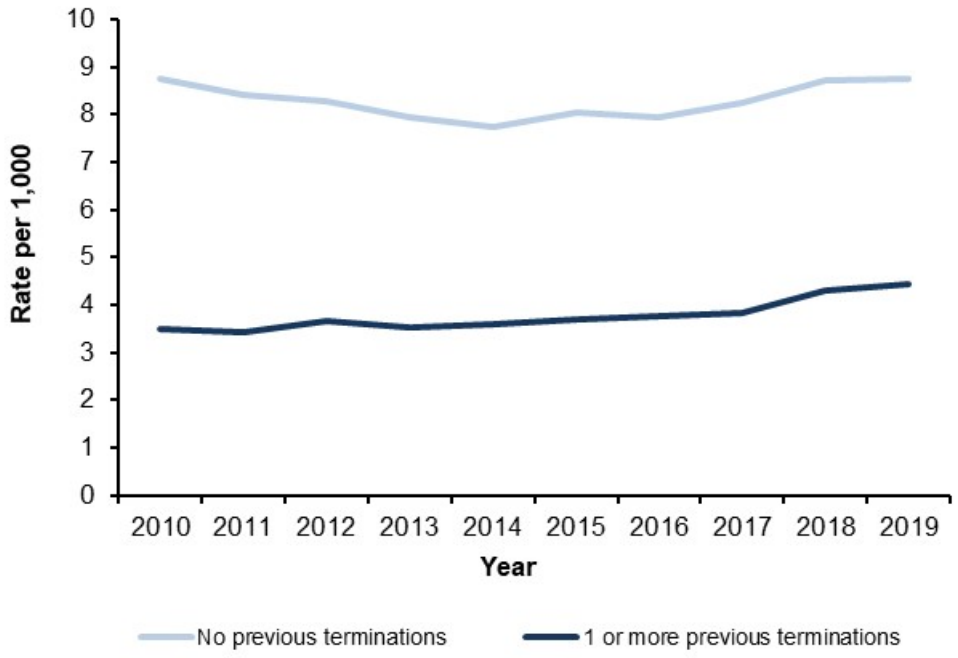
NHS Board of residence	SIMD 1 - Most deprived	SIMD 2	SIMD 3	SIMD 4	SIMD 5 - Least deprived
Ayrshire & Arran	15.5	11.9	11.6	8.6	9.0
Borders	12.7	16.4	11.0	10.2	5.5
Dumfries & Galloway	15.3	13.0	10.7	8.8	8.4
Fife	19.2	17.2	14.8	10.7	6.4
Forth Valley	24.0	17.5	12.4	11.2	8.6
Grampian	20.2	16.1	13.6	10.2	9.8
Greater Glasgow & Clyde	17.6	14.9	12.2	11.3	7.9
Highland	13.4	11.2	11.0	10.8	8.2
Islands [4]	-	5.8	6.2	6.6	-
Lanarkshire	15.8	15.1	11.4	10.4	10.4
Lothian	21.3	17.3	12.2	12.6	9.1
Tayside	22.4	17.6	13.1	10.9	9.5
Scotland	**18.2**	**15.5**	**12.1**	**10.9**	**8.8**

1. Rates per 1,000 women aged 15-44; based on 2018 mid-year population estimates.
2. For each year the most appropriate SIMD release was used: 2019 uses SIMD 2020.
3. Some records could not be assigned to a deprivation area.
4. Orkney, Shetland and Western Isles NHS Boards.

Previous termination of pregnancy

For those women having a termination in 2019, the rate of women who have had at least one previous termination was 4.4 per 1,000 women aged 15-44. The equivalent rate was 3.5 per 1,000 women aged 15-44 in 2010. Similarly, for those women having a termination in 2019, the rate for having had no previous terminations was 8.7 per 1,000 women aged 15-44 in 2019, which was the same as the rate in 2010, having fallen a bit lower in the intervening time period.

Figure 7: Rate for no or one or more previous terminations of pregnancy[1] in Scotland for those women having a termination; 2010 to 2019



1. Rates per 1,000 women aged 15-44; based on 2019 mid-year population estimates.

Between 2018 and 2019 all the previous terminations rates increased slightly in every Board except NHS Ayrshire & Arran, NHS Highland and NHS Lanarkshire. As in previous years the highest rate recorded was in NHS Tayside (6.1 per 1,000 women aged 15-44). NHS Borders rate was the lowest of the mainland Boards at 3.2 per 1,000 women, and the Islands rate was 1.2 per 1,000 women.

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 (13,365; 98%) were carried out under Ground C (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 distribution by ground.

Table D: Terminations performed in Scotland by statutory ground; 2019

Grounds	Definition	Number	Percent
A	The continuance of the pregnancy would involve risk to the life of the pregnant women greater than if the pregnancy were terminated.	*	*
B	The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.	*	*
C	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.	13 365	98.4
D	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.	7	0.1
E	There is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.	211	1.6
F	In case of emergency: It was necessary to save the life of the woman.	*	*
G	In case of emergency: It was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.	*	*

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

All NHS Boards reported similarly high Ground C termination rates but this dropped slightly in NHS Dumfries and Galloway to 96% as proportionately more terminations were recorded as Ground E, higher than in any other Board: 4% compared with a Scotland average of 2%.

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".

Variation has been identified in the number of Ground E terminations notified from different NHS Boards over recent years which suggests that Ground E terminations have been under-reported in some settings. For example, in 2017 Ground E terminations accounted for between 0.4% and 3.9% of all terminations carried out on women living in different NHS Board areas. In 2019, the level of variation seen was less (ranging from 1.2% to 2.6% across Boards) but still greater than would be expected.

PHS is currently supporting Boards to address quality improvement in data submission for Ground E terminations to ensure complete reporting. It is noted that more complete reporting of Ground E terminations could lead to an apparent increase in both Ground E terminations and overall terminations in the future.

It is possible to record more than one condition per termination, so although there were 211 Ground E terminations in 2019, this equated to 215 conditions being recorded. These conditions were classified under the International Classification of Disease version 10 (ICD-10). The distribution by main condition group was: 61 for chromosomal abnormalities (for example Down's or Edwards' syndrome); 59 for the nervous system (for example anencephaly); 48 for other conditions (for example family history of heritable disorder); and 47 for other specific congenital anomalies (such as of the cardiovascular or urinary systems).

More detailed information on the number of babies affected by major congenital anomalies, and associated pregnancy outcomes (spontaneous pregnancy loss, termination of pregnancy or live birth), is provided in PHS's annual report on Congenital Anomalies in Scotland. The most recent report provides information on pregnancies ending in the years 2012 to 2017.

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 the end of pregnancy.
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 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.

Contact

Kirsten Monteath, Senior Information Analyst
Population Health
Phone: 0131 275 6839
Email: phs.isdmaternity@nhs.net

Samantha Clarke, Senior Information Analyst
Population Health
Phone: 0131 275 6149
Email: phs.isdmaternity@nhs.net

Further Information

Further information can be found on the PHS 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 25 May 2021.

Open data

Data from this publication is available to download from the Scottish Health and Social Care Open Data Portal.

Rate this publication

Let us know what you think about this publication via. the link at the bottom of this publication page on the PHS website.

Appendices

Appendix 1 – Background information

An abortion can be induced (therapeutic) or spontaneous (miscarriage). An induced abortion can be performed either medically (using approved drugs) or surgically. This annual publication reports on induced (therapeutic) abortions only. Throughout the report induced abortions are referred to as terminations of pregnancy to avoid confusion with spontaneous abortions (miscarriages).

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.

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 most recent year reported is considered to be provisional and the preceding 4 years are generally revised every year to account for late submissions and forms generating queries requiring a response from treatment centres.

The quality of the data is thought to be relatively good because these are statutory notifications. However, occasional omissions and administrative errors in submitting notification forms do occur. Forms with information requiring clarification by the treatment centres are not able to be keyed onto the system and are therefore not included in the report. In 2019 less than half a percent of forms fell into this category. We consider this level of under-reporting to have no major impact on the overall Scottish picture.

PHS also continues to receive notification of abortion forms several weeks and months beyond the 7 days statutory submission period. Late submissions and outstanding queries will be included in the 2020 report due to be published in May 2021.

The table below shows the current number of late submissions or outstanding queries for 2019 terminations of pregnancy by NHS Board of treatment which were excluded from this release.

NHS Board of treatment	Late notifications or queries
NHS Greater Glasgow & Clyde	50
NHS Lothian	6
NHS Grampian	6
NHS Tayside	<5
NHS Highland	<5

The largest number of queries (42%) were with the Queen Elizabeth University Hospital in NHS Greater Glasgow and Clyde.

Issues around the reporting of Ground E terminations have raised the possibility that this group of could be under-reported in some settings. PHS is working with Boards to help address this.

Rural classification

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 PHS websites.

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 PHS geography page.

Population

In this release, rates are calculated using the 2019 mid-year population estimates, except in Table 2 (by deprivation) which used 2018 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 PHS 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.

SIMD 2020 was originally published on 28 January 2020. Due to an error with the Income domain rank, a revised SIMD 2020v2 was published in April 2020. More information about SIMD 2020v2 has been published and can be found here at the Scottish Government website.

A total of 32 indicators were used in the 2020 release, including indicators relating to geographical access to key services (travel times for driving and public transport) which are the best available indicators to measure difficulties in accessing local amenities as a problem specific to rural deprivation.

This report uses the most appropriate SIMD for each year:

SIMD version	Data Zone version	Use with 'point in time' health data for these years
SIMD 2012	2001	2010 to 2013
SIMD 2016	2011	2014 to 2016
SIMD 2020v2	2011	2017 onwards

Further information is available on the PHS SIMD page.

Legislation pertaining to the Abortion Act

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

http://www.legislation.gov.uk/ukpga/1967/87/pdfs/ukpga_19670087_en.pdf

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

http://www.legislation.gov.uk/ukpga/1967/87/introduction

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

http://www.legislation.gov.uk/uksi/1991/460/contents/made

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

https://www.sehd.scot.nhs.uk/cmo/CMO(2017)14.pdf

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

Information on pregnancy screening, including for fetal anomalies and Down's syndrome is available at:

National Services Division: Pregnancy Screening Programs

Appendix 2 – Publication Metadata

Metadata Indicator	Description
Publication title	Termination of Pregnancy Statistics.
Description	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.
Theme	Health and Social Care.
Topic	Sexual Health Services.
Format	Excel workbooks and pdf report.
Data source(s)	Notifications (to the CMO for Scotland) of abortions performed under the Abortion Act 1967.
Date that data are acquired	13 July 2020
Release date	25 August 2020
Frequency	Annual.
Timeframe of data and timeliness	Calendar year. Dataset is generally thought to be complete by end of March, however due to the combined effects of the release of a new version of the termination database and COVID-19 data the release of the 2019 report was postponed until August 2020.
Continuity of data	Reports data from 1968.
Revisions statement	The most recent year is noted as provisional to mitigate against late submissions of forms and forms that cannot be entered onto the database because they contain queries requiring input from the treatment centre. The data are revised for the most recent 5 years to pick up any late submissions of notifications and include the outstanding queries.
Revisions relevant to this publication	No revisions are anticipated.
Concepts and definitions	See Glossary. 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.
Relevance and key uses of the statistics	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 eg researchers, charities, public companies, Freedom of Information requests. To provide information to support answers to Parliamentary Questions.
Accuracy	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 to ensure the data look sensible.
Completeness	Generally considered complete due to the statutory nature of notification submissions. In this 2019 statistics release, some notifications with outstanding data queries have been excluded. These accounted for 0.5% of all terminations, which will not significantly alter the interpretation of the data. They will be included in the 2020 report due to be published in May 2021. 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.

Comparability	Scottish data may be compared with data for England and Wales in the Report on abortion statistics in England and Wales for 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 and may also be aggregated with other UK nations..
Accessibility	It is the policy of PHS Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	Termination of pregnancy tables and figures can be accessed via the Sexual health pages on our website.
Value type and unit of measurement	Numbers, percentages and crude rates are presented.
Disclosure	The PHS protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority: https://uksa.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-assessmentreport121statisticsonsexualhealthinscotlan_tcm97-40706.pdf
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Help email	phs.isdmaternity@nhs.net
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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", PHS 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 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public's health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the 'five safes'.