

## Termination of Pregnancy

Percentage of termination of pregnancy procedures taking place at less than nine completed weeks (i.e. 63 days) gestation per NHS Board.

### **Important note:**

**This KCI was modified in the 2009 publication (reporting on 2008 data) to reflect standard 6.1 from the QIS sexual health standards and this is the second successive year of reporting the indicator as such. Data from this report and the 2009 publication can not be compared to previous years' reports.**

**See Appendix 1 for details of the modification.**

**For analyses using SIMD 2009, ISD have changed their labelling to bring it in line with the Scottish Government. The category labels are now 1=most deprived to 5=least deprived. Our method of population-weighting the categories (i.e. equal population denominator in each quintile) remains unchanged and still differs to the method adopted by the Scottish Government**

### **Evidence Base**

There is a wide variation in the gestation at which termination of pregnancy procedures are performed between NHS boards. There is evidence that organisational change can improve access and efficiency.

All women need time to consider their position and seek counselling as necessary. For some women, undertaking the procedure as soon as possible may not be beneficial, but for women in general, the earlier the procedure is performed, the less physical complications and psychological distress experienced (*The Care of Women Requesting Induced Abortion Guideline, Royal College of Obstetricians and Gynaecologists, September 2004*).

The indicator seeks to promote optimal quality of care for this group of women, by helping to remove delays or inefficiencies that can increase distress and also reduce the possibility of complications that are more likely with increasing gestation.

It is recognised that a small minority of women may need longer to make a decision, present late or delay the decision; this is however a small proportion of women and will not substantially affect a board's performance. It is intended that this indicator will help to decrease the amount of time a woman has to wait to access advice or have the procedure once she has made her decision.

### **Data Collection**

No additional data was required over and above that already collected in accordance with the 1967 Abortion Act. The data are analysed by age and deprivation category to help identify potential inequalities in opportunities to access services due to poverty.

## Data for 2009

**Table 3.1**

Percentage of all women having terminations performed in Scotland<sup>1</sup> at less than 9 completed weeks of gestation, by NHS Board of Residence, 2008<sup>f</sup> and 2009<sup>p</sup>.

NHS Board of Residence	% at less than 9 completed weeks*	
	2008 <sup>f</sup>	2009 <sup>p</sup>
Ayrshire & Arran	48.3	57.8
Borders	74.4	75.8
Dumfries & Galloway	53.8	59.7
Fife	61.3	62.6
Forth Valley	58.5	60.1
Grampian	55.8	68.0
Greater Glasgow & Clyde	59.6	62.4
Highland	57.9	53.4
Lanarkshire	66.5	67.8
Lothian	47.5	61.4
Orkney	61.9	74.1
Shetland	50.0	71.0
Tayside	56.9	54.8
Western Isles	27.8	34.8
<b>All Areas</b>	<b>56.7</b>	<b>62.1</b>

Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

\* Under 63 days gestation

<sup>1</sup> Refers to therapeutic abortions notified in accordance with the Abortions Act 1967.

<sup>f</sup> Revised

<sup>p</sup> Provisional

## Data for QIS Sexual Health Standards

Table 3.1 shows the performance of the NHS boards against QIS standard 6.1 which states “70% of women seeking termination of pregnancy undergo the procedure at 9 weeks gestation or earlier”.

No additional data is required to monitor progress against this standard.

## Commentary

The proportion of early terminations has been rising steadily in more recent years, with 62.1% of all terminations performed at less than 9 completed weeks gestation in 2009. This figure has risen by 5.4 percentage points from 2008 making it the highest it has been for the past decade.

The use of medical methods for termination procedures continues to increase. Of all terminations performed at less than 9 completed weeks gestation in 2009, 81.2% of them were performed by use of medical methods and 18.8% were carried out surgically. These figures were 78.4% and 21.6% respectively for 2008. Since 1999 the use of medical methods has seen a 23.7 percentage point rise (57.5% to 81.2%).

In 2009, twelve of the fourteen boards (85.7%) showed an increase in the percentage of terminations performed at less than 9 completed weeks gestation.

Between 2008 and 2009 the greatest increases in early terminations were seen in

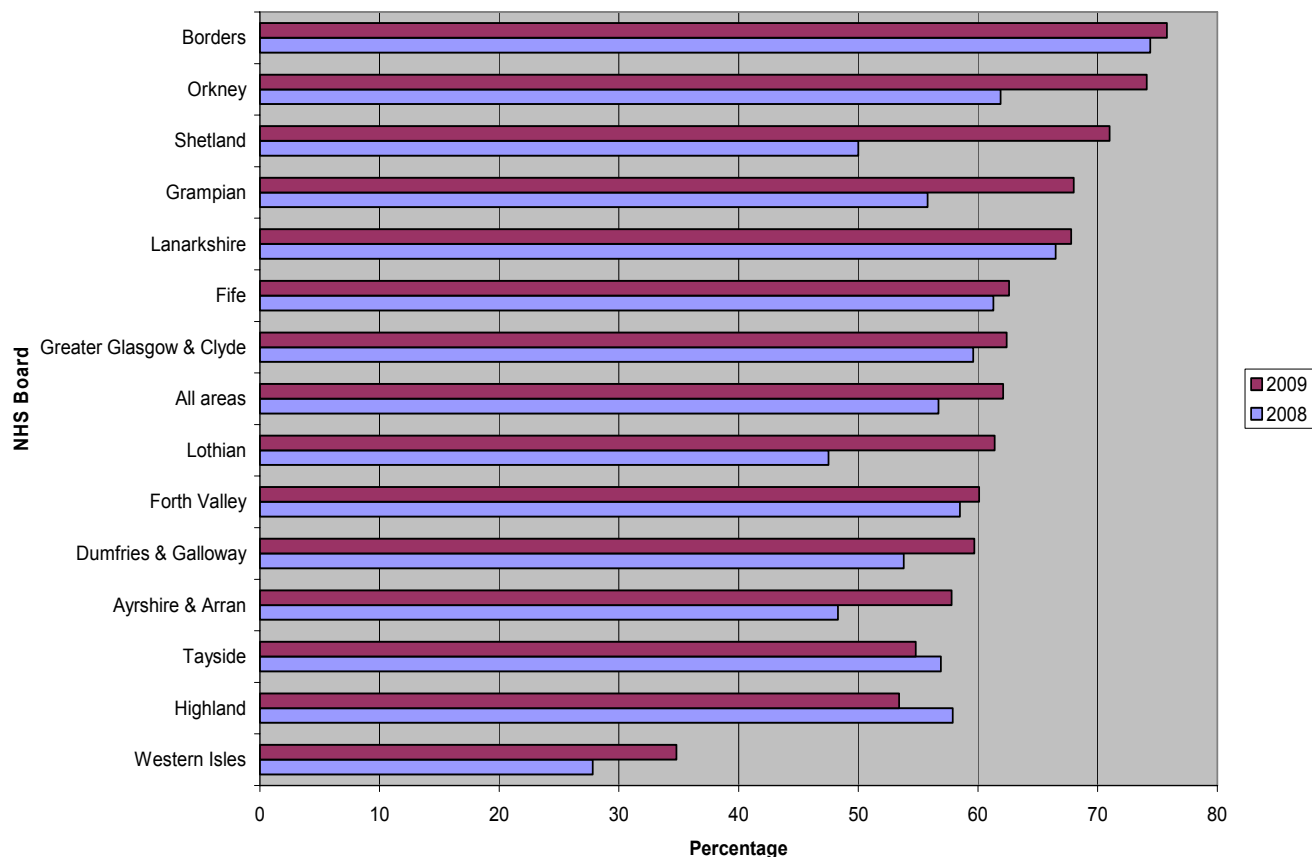
- NHS Shetland (+21%)
- NHS Lothian (+13.9%)
- NHS Orkney (+12.2%)
- NHS Grampian (+12.2%)
- NHS Ayrshire and Arran (+9.5%)

Decreases in the percentage of early terminations between 2008 and 2009 were seen in

- NHS Highland (-4.5%)
- NHS Tayside (-2.1%)

**Figure 3.1**

Percentage of all terminations at <9 weeks\* completed gestation by NHS board of residence, 2008<sup>r</sup> and 2009<sup>p</sup>



Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

\* Under 63 days gestation

<sup>r</sup> Revised

<sup>p</sup> Provisional

- NHS Borders had the highest percentage of early terminations in 2009 at 75.8%, an increase of 1.4 percentage points from 2008.
- Of the mainland boards NHS Highland had the lowest percentage of early terminations in 2009 at 53.4%, a decrease of 4.5 percentage points since 2008.
- Of all the boards, NHS Western Isles had the lowest percentage of early terminations in 2009 at 34.8%, an increase of 7 percentage points from 2008.

### Termination of Pregnancy by Age and Deprivation

In 2009, the total number of terminations was 1753 in SIMD 5 (the least deprived) compared to 3723 in SIMD 1 (the most deprived).

The percentage of these terminations performed at less than 9 completed weeks gestation were 67.5% in SIMD5 (the least deprived) and 58.5% in SIMD1 (the most deprived).

**Table 3.2**Terminations<sup>1</sup> performed in residents in Scotland at <9 weeks completed gestation by deprivation and age band, 2009<sup>p</sup>.

	SIMD <sup>2</sup> 1			SIMD <sup>2</sup> 2			SIMD <sup>2</sup> 3			SIMD <sup>2</sup> 4			SIMD <sup>2</sup> 5			All Scottish residents <sup>3</sup>		
	<9 weeks	Total	%	<9 weeks	Total	%	<9 weeks	Total	%	<9 weeks	Total	%	<9 weeks	Total	%	<9 weeks	Total	%
<16	55	103	53.4	44	88	50.0	43	73	58.9	27	48	56.3	23	31	74.2	192	344	55.8
16-19	418	759	55.1	377	632	59.7	310	531	58.4	312	522	59.8	272	413	65.9	1 698	2 870	59.2
20-24	690	1175	58.7	576	904	63.7	440	672	65.5	379	577	65.7	327	491	66.6	2 426	3 838	63.2
25-29	531	868	61.2	414	650	63.7	307	474	64.8	248	393	63.1	206	304	67.8	1 710	2 697	63.4
30-34	287	478	60.0	237	381	62.2	196	300	65.3	168	265	63.4	160	229	69.9	1 052	1 661	63.3
35-39	152	268	56.7	165	270	61.1	120	211	56.9	127	210	60.5	128	180	71.1	695	1 143	60.8
40+	46	72	63.9	50	81	61.7	79	104	76.0	58	88	65.9	68	105	64.8	302	452	66.8
<b>Total</b>	<b>2179</b>	<b>3723</b>	<b>58.5</b>	<b>1863</b>	<b>3006</b>	<b>62.0</b>	<b>1495</b>	<b>2365</b>	<b>63.2</b>	<b>1319</b>	<b>2103</b>	<b>62.7</b>	<b>1184</b>	<b>1753</b>	<b>67.5</b>	<b>8075</b>	<b>13 005</b>	<b>62.1</b>

Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

<sup>1</sup> Refers to therapeutic abortions notified in accordance with the Abortion Act 1967<sup>2</sup> Scottish index of multiple deprivation revised version 2009 (1 = most deprived, 5= least deprived)<sup>3</sup> Includes residents where deprivation is not known<sup>p</sup> Provisional

**Table 3.3**

Terminations performed at <9 completed weeks gestation by deprivation, 2008 and 2009

	<b>SIMD1 Most deprived</b>	<b>SIMD2</b>	<b>SIMD3</b>	<b>SIMD4</b>	<b>SIMD5 Least deprived</b>
<b>2008*</b>	56.5	55.4	56.5	57.6	59.0
<b>2009</b>	58.5	62.0	63.2	62.7	67.5

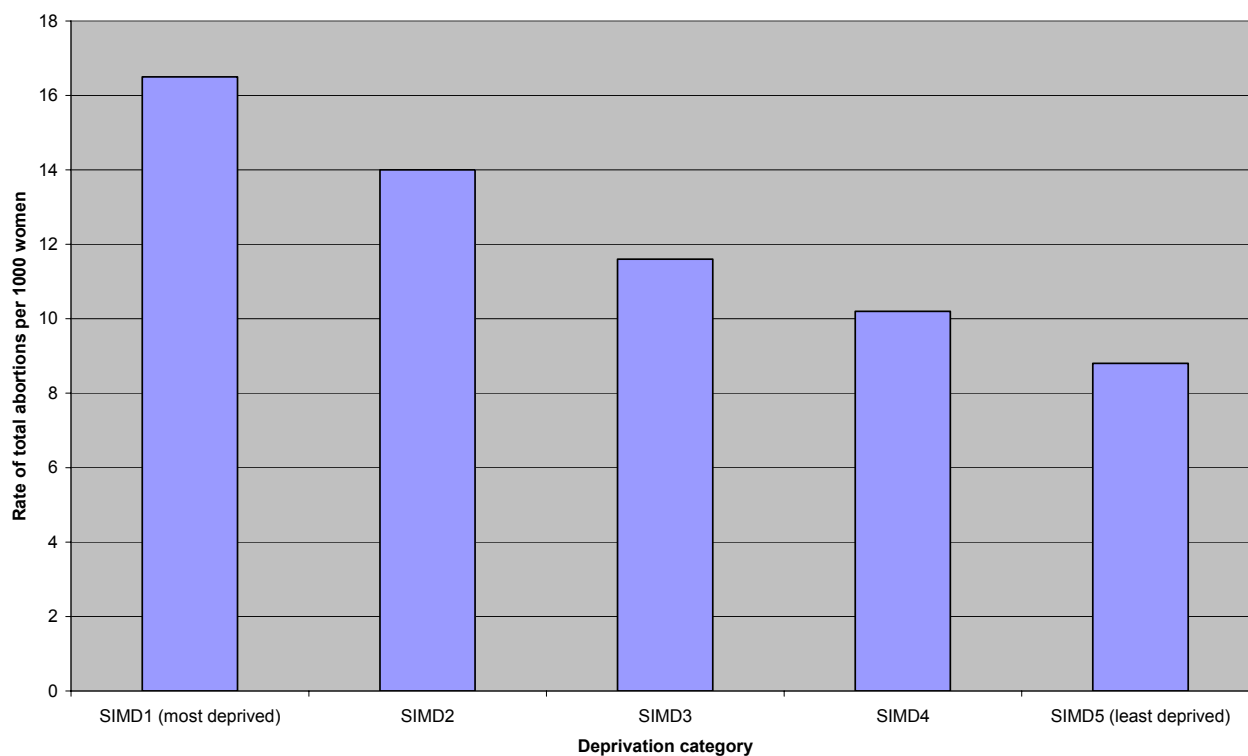
\* 2008 data has been reordered from last publication to fit with the new SIMD 2009 deprivation labelling.

There has been an increase in the difference of access to early abortions between the deprivation categories. In 2009 there was a 9 percentage-point difference between the least deprived category and the most deprived category, suggesting that deprivation may have had an influence whether women accessed services rapidly. This follows a difference of 2.5 percentage-point in 2008 and 6.3 percentage-point in 2007.

Early access increased in 2009 for women in all the deprivation categories, with SIMD1 (the least deprived) showing the largest increase.

**Figure 3.2**

Rate of all terminations<sup>1</sup> in Scotland by deprivation category, 2009<sup>p</sup>



Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

<sup>1</sup> Refers to therapeutic abortions notified in accordance with the Abortion Act 1967

<sup>p</sup> Provisional

The rate of abortions in SIMD1 (most deprived) for 2009 is 16.5 per 1000 women compared to 8.8 for SIMD5 (least deprived). This indicates that women in the most deprived areas are more likely to use termination services than those in the least deprived areas.

### Conclusion

The percentage of abortions performed at an early gestation (less than 9 weeks completed gestation) across Scotland continues to increase.

Total terminations remain consistently higher in deprived areas and data for 2009 show that deprivation may have had an influence in whether women accessed services rapidly.

It should be noted that small numbers might affect a board's performance in the data above.

Further data on abortions can be obtained at [www.isdscotland.org/abortions](http://www.isdscotland.org/abortions)

## **Appendix 1 - Details of change to TOP KCI**

In previous years' reports (on data for 2005 until 2007 inclusive) the KCI for termination of pregnancy reported on terminations at 'under 10 weeks' where this was taken to be procedures performed up to and including 69 days gestation (9 weeks and 6 days gestation i.e. less than 10 completed weeks).

In the 2009 publication of the report, on 2008 data, the KCI was amended to reflect QIS sexual health standard 6.1 which is concerned with women seeking a termination at 9 weeks gestation or earlier. This was accepted to be procedures carried out up to and including 63 days gestation.

It should be noted that all data on termination of pregnancy, including gestation, are taken from notification of abortion forms. The information on gestation is recorded as number of completed weeks only. These data are then aggregated to allow for reporting of procedures performed at under 9 completed weeks, under 10 completed weeks etc. Therefore it is not possible to report on those procedures performed exactly at 63 days (9 weeks) gestation.