



Department
of Health



Abortion Statistics, England and Wales: 2012

Summary information from the abortion notification forms returned to the Chief Medical Officers of England and Wales.

April 2014

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Prepared by Abortion Statistics, DH

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Executive summary

This report presents statistics on abortions carried out in England and Wales in 2012.

In 2012, for women resident in England and Wales:

- The total number of abortions was 185,122, 2.5% less than in 2011 (189,931) and 5.2% more than in 2002 (175,932).
- The age-standardised abortion rate was 16.5 per 1,000 resident women aged 15-44, 5.4% lower than in 2011, and 2.7% lower than in 2002 (17.0); the lowest rate for 16 years.
- The abortion rate was highest at 31 per 1,000 for women aged 21, compared to 33 per 1,000 for women aged 20 in 2011
- The under-16 abortion rate was 3.0 per 1,000 women and the under-18 rate was 12.8 per 1,000 women, both lower than in 2011 (3.4 and 15.0 per 1,000 women respectively) and in the year 2002 (3.7 and 17.8 per 1,000 women respectively).
- 97% of abortions were funded by the NHS. Over half (62%) took place in the independent sector under NHS contract, up slightly from 61% in 2011
- 91% of abortions were carried out at under 13 weeks gestation, 77% were at under 10 weeks compared to 78% in 2011 and 57% in 2002.
- Medical abortions accounted for 48% of the total, the same as in 2011, and 14% in 2002.
- 2,692 abortions (1%) were carried out under ground E (risk that the child would be born handicapped).

Non-residents:

- In 2012, there were 5,850 abortions for non-residents carried out in hospitals and clinics in England and Wales (6,151 in 2011). The 2012 total is the lowest in any year since 1969.

1. Introduction

- 1.1 This report presents statistics on abortions carried out in England and Wales in 2012. It is the eleventh in an annual series published by the Department of Health (DH), the first of which was for abortions in 2002. These are available on the GOV.UK website¹. Statistics for years from 1974 to 2001 were published by the Office for National Statistics (ONS) in their Abortion Statistics Series AB, Nos 1 to 28. The reports for 1991 to 2001 are available electronically on request to abortion.statistics@dh.gsi.gov.uk. Statistics for years from 1968 to 1973 were published in the Registrar General's Statistical Review of England and Wales, Supplement on Abortion.

The legislative context

- 1.2 The Abortion Act 1967, as amended by the Human Fertilisation and Embryology Act 1990, permits termination of a pregnancy by a registered medical practitioner subject to certain conditions. Legal requirements apply to the certification and notification of abortion procedures. Within the terms of the Abortion Act, only a registered practitioner can terminate a pregnancy. The doctor taking responsibility for the procedure is legally required to notify the Chief Medical Officer (CMO) of the abortion within 14 days of the termination, whether carried out in the NHS or an approved independent sector place and whether or not the woman is a UK resident. The Department of Health provides form HSA4 for this purpose. Further details are available on the GOV.UK:

<https://www.gov.uk/government/organisations/department-of-health/series/abortion-statistics-for-england-and-wales#statistical-data-sets>

- 1.3 Except in an emergency, any treatment for the termination of pregnancy can only be carried out in an NHS hospital or in a place approved for the purpose by the Secretary of State, and after 24 weeks, only in an NHS hospital. Through contractual arrangements with Clinical Commissioning Groups (CCGs), some approved independent sector places perform NHS-funded abortions.
- 1.4 A legally induced abortion must be certified by two registered medical practitioners as justified under one or more of the following grounds:

A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated (Abortion Act, 1967 as amended, section 1(1)(c))

¹ <http://transparency.dh.gov.uk/category/statistics/abortion>

- B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman (section 1(1)(b))
- C the pregnancy has not exceeded its twenty-fourth 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 (section 1(1)(a))
- D the pregnancy has not exceeded its twenty-fourth 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 any existing children of the family of the pregnant woman (section 1(1)(a))
- E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped (section 1(1)(d))

or, in an emergency, certified by the operating practitioner as immediately necessary:

- F to save the life of the pregnant woman (section 1(4))
- G to prevent grave permanent injury to the physical or mental health of the pregnant woman (section 1(4))

How the statistics are produced

- 1.5 The doctor taking responsibility for an abortion is legally required to notify the Chief Medical Officer (CMO) within 14 days of the termination. Abortion notification forms (HSA4s) can be submitted online or on paper.
- 1.6 The Department of Health use a thorough process for inspecting and recording the information received on the forms in order to monitor compliance with the legislation and the extent to which best practice guidance from the Department of Health is followed. The methods used ensure good quality, accurate statistics can be derived from the data. Annex A contains further information about data quality.
- 1.7 The format of the tables have been revised in the light of the judgment handed down by the High Court in the case relating to the release of information on principal medical condition for abortions performed under ground E. A more limited degree of suppression has been applied, where necessary, to avoid the disclosure of personal data.

1.8 This publication is a National Statistic. It is a statutory requirement that National Statistics should be produced in accordance with the standards set out in the Code of Practice for Official Statistics. The UK Statistics Authority assesses all National Statistics for compliance with the Code of Practice. The results of the assessment of abortion statistics were published in February 2012 and are available at <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html>. The Statistics Authority confirmed that the statistics could continue to be designated as National Statistics.

Abortion Statistics consultation

1.9 The Department of Health consulted users of abortion statistics between 15 April 2013 and 10 June 2013. The aim of the consultation was to ensure the abortion statistics reports remain as relevant and as useful to users as possible within resource constraints.

1.10 This report includes some additional tables and information from previous years based on suggestions from users. Additionally, with new arrangements in place, the vast majority of users felt that the local level tables would be more useful if data were presented by Clinical Commissioning Group (CCG) as PCTs no longer exist.

1.11 Users requested the following additional information which is presented in this publication.

- Method of abortion by gestation for abortions performed under ground E (Table 7c)
- Grounds by region of residence (Table 8b)
- All mentions of medical conditions for abortions performed under ground E (Table 9a)
- Totals and rates by age and Local Authority (Table 10a and 10b)
- Local data for method of abortion (Table 11b)
- Local data for repeat abortions for all ages (Table 11b)
- Information about ground C medical conditions (Commentary 2.10)
- Further information about abortions performed under ground F and ground G (Commentary 2.12)
- Information about deaths following abortion (Commentary 2.27)

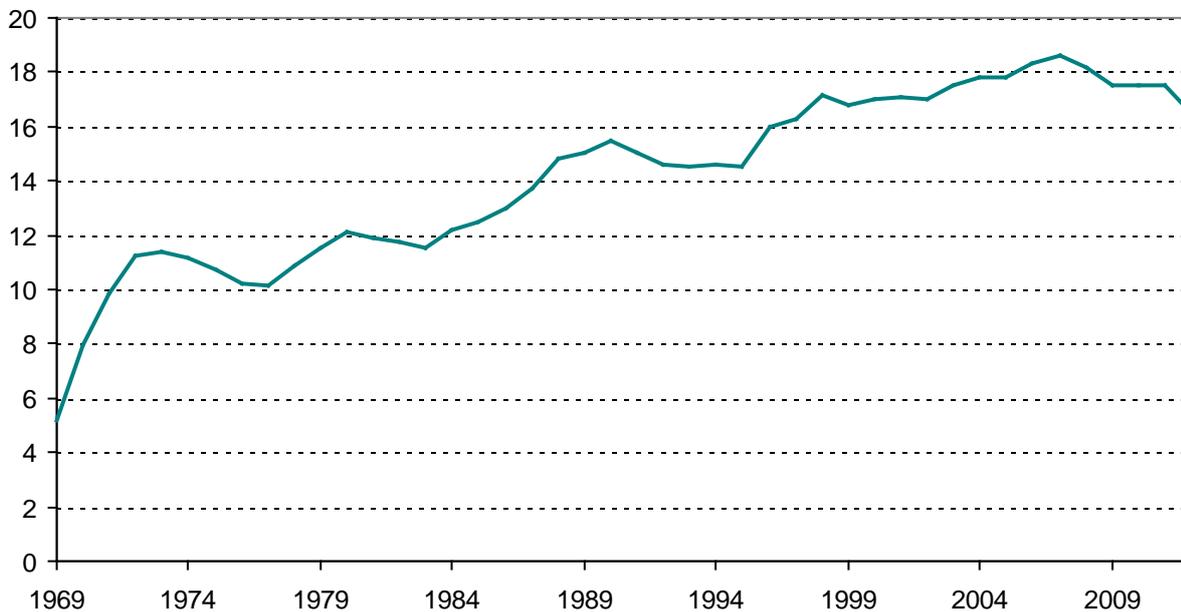
2. Commentary

Unless specified, the following commentary, charts and tables relate to abortions carried out in England and Wales for residents of England and Wales only, rather than all abortions carried out in England and Wales. Figures in all but Table 13 exclude abortions for residents of England and Wales that are carried out in other parts of the United Kingdom or outside the UK.

Overall number and rate of abortions

2.1 In total, there were 190,972 abortions notified as taking place in England and Wales in 2012. There were 185,122 abortions to residents of England and Wales in 2012. This represents an age-standardised abortion rate of 16.5 per 1,000 resident women aged 15-44². This is the lowest rate since 1997: 6% lower than in 2011, 3% lower than in 2002 but more than double the rate of 8.0 recorded in 1970 (See Table 1 and Figure 1).

Figure 1: Age-standardised abortion rate per 1,000 women aged 15-44, England and Wales, 1969 to 2012

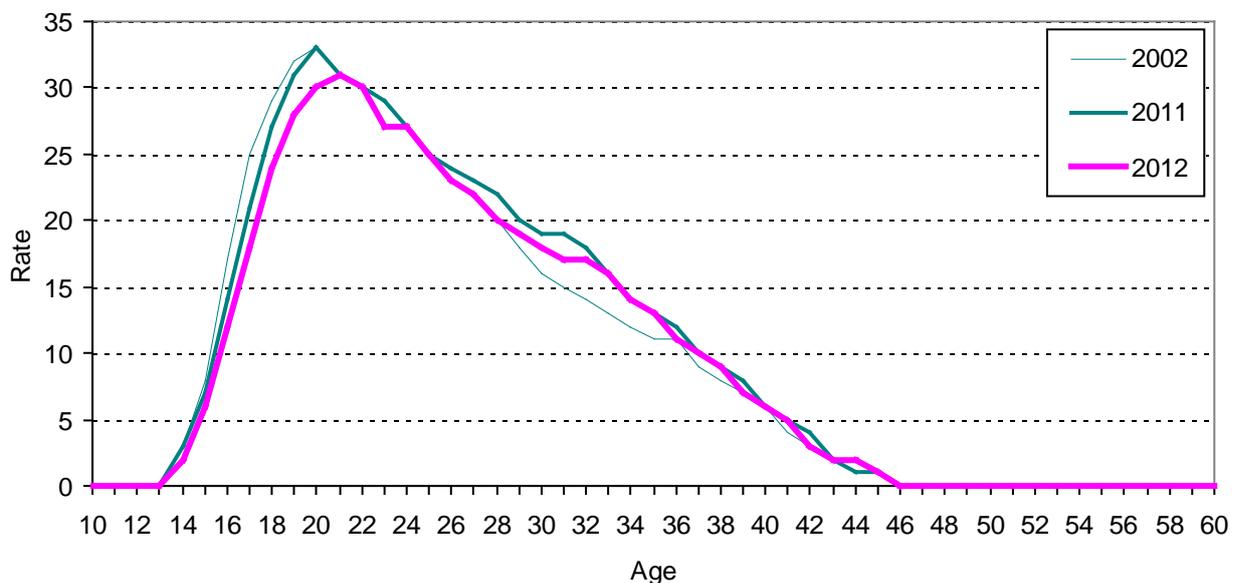


Age

2.2 The abortion rate in 2012 was highest, at 31 per 1,000, for women aged 21. There were 841 abortions to women aged under 15 (less than one per cent of the total) and 689 to women aged 45 or over (less than a half of one per cent) (See Table 4a and Figure 2).

² See Annex A for details about how the rate is derived.

Figure 2: Abortion rate per 1,000 population by single year of age, England and Wales, 2002, 2011 and 2012



2.3 The under-16 abortion rate was 3.0 in 2012 compared with 3.4 in 2011 and 3.7 in 2002 and the under-18 rate was 12.8 in 2012, compared with 15.0 in 2011 and 17.8 in 2002. Rates for women up to age 33 were all lower than in 2011, and rates for women over age 33 were about the same as in 2011 (Table 3b).

Marital status

2.4 About four-fifths (81%) of abortions in 2012 were carried out for single women, a proportion that has risen slowly from 75% since 2002 (See Table 3a.v).

Ethnicity

2.5 The revised HSA4 forms introduced in 2002 allowed for the recording of ethnicity, as self-reported by the women involved. This information was not previously recorded. Ethnicity was recorded on 96% of the forms received for 2012 compared with 80% in 2003, the first full year of collection. Of women whose ethnicity was recorded in 2012, 76% were reported as White, 10% as Asian or Asian British and 9% as Black or Black British (See Table 3a.vi).

2.6 The percentage of women having an abortion in 2012 who had one or more previous abortions varies by ethnic group. 33% of Asian women having abortions in 2012 had previously had an abortion, compared with 49% of Black women (See Table A below).

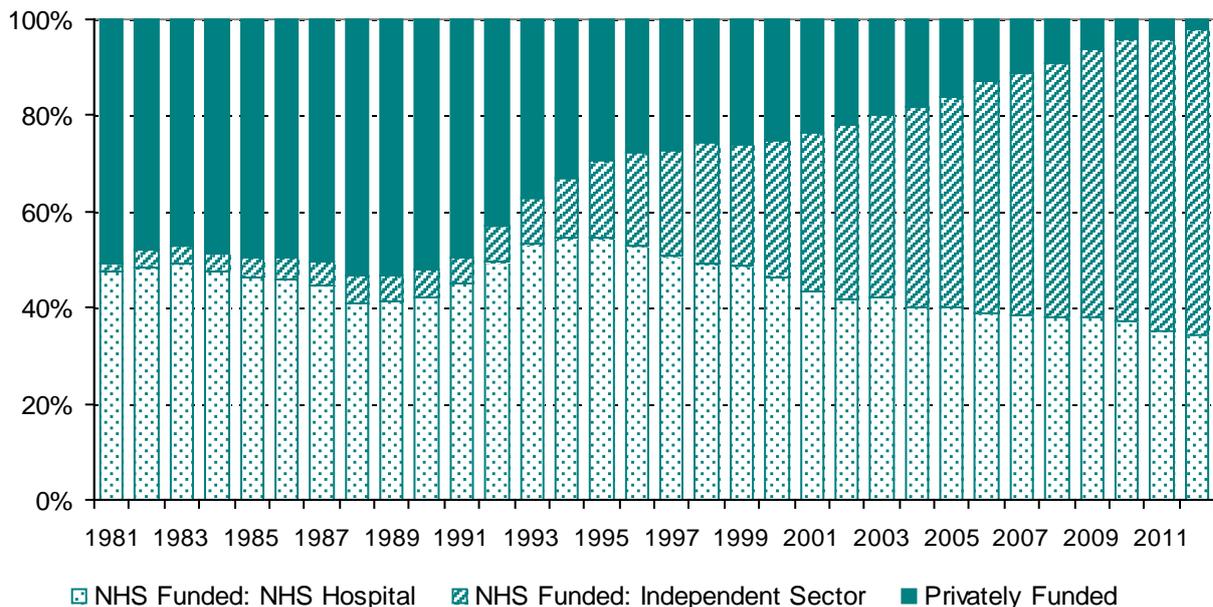
Table A: Percentage of women who had one or more previous abortions, by ethnicity, England and Wales, 2012

Ethnicity	% of women who had one or more previous abortions
Asian or Asian British	33%
Black or Black British	49%
Chinese or other ethnic group	34%
Mixed	46%
White	36%
All women	37%

Location and funding of abortions

2.7 Table 3a.i and Figure 3 show that in 2012, 35% of abortions were performed in NHS hospitals and 62% in approved independent sector places under NHS contract (previously named NHS Agency), making a total of 97% of abortions funded by the NHS. The remaining 3% were privately funded. The proportion performed under NHS contract has been rising steadily since this information was collected in 1981, while the proportions of NHS hospital and private abortions have been falling since 1995 and 1988 respectively.

Figure 3: Abortions by purchaser / provider, England and Wales, 1981 to 2012



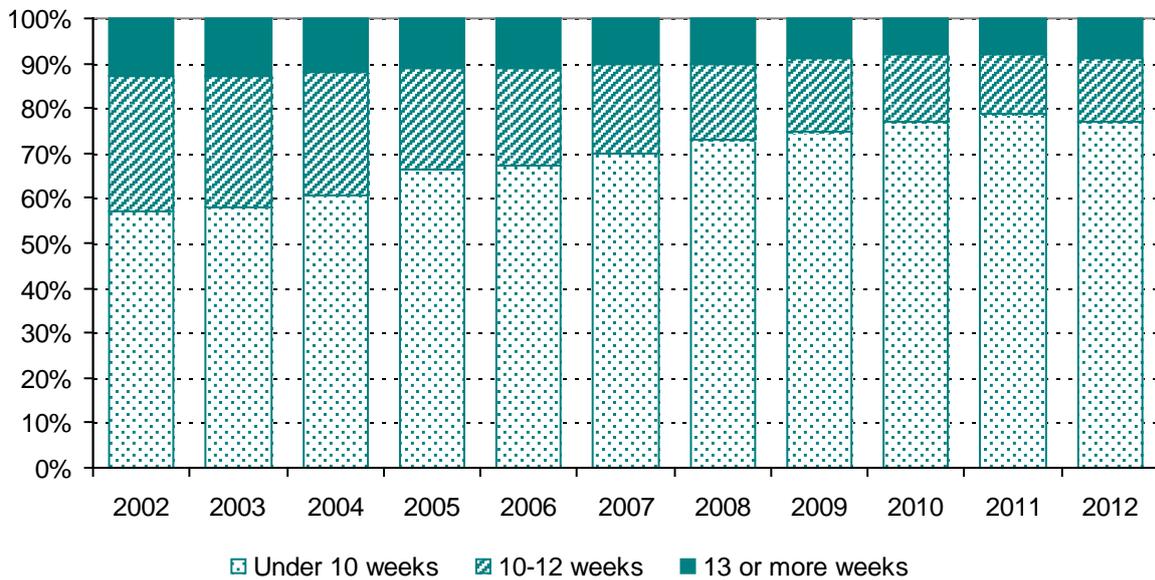
Statutory grounds for abortion

- 2.8 In 2012, the vast majority (97%; 180,117) of abortions were undertaken under ground C and a further 1% (2,122) under ground D. A similar proportion was carried out under ground E (1%; 2,692). Grounds A and B together accounted for about a tenth of one per cent of abortions (190). The proportion of ground C abortions has risen steadily with a corresponding reduction in ground D cases (See Table 3a.ii).
- 2.9 The vast majority (99.94%) of ground C only terminations were reported as being performed because of a risk to the woman's mental health. No further breakdown for F99 (mental disorder, not otherwise specified) is included in the International Classification of Diseases and therefore no further breakdown is possible within the report.
- 2.10 Main medical diagnoses for abortions performed under ground C which were not due to mental health (108 cases) were those performed because of; complications of pregnancy (51 cases) including hypertension, excessive vomiting, diabetes, amniotic fluid disorders and premature rupture of membranes; diseases of the circulatory system (8 cases); diseases of the blood and blood forming organs (7 cases); diseases of the genitourinary system (4 cases), and other maternal conditions unrelated to pregnancy such as cancer and epilepsy. At the time of publication, 17 cases did not have enough information to allocate a diagnosis code and are being followed up.
- 2.11 Grounds for abortion vary between regions. The proportion of abortions performed under ground D ranged between 6% in Wales and less than 1% in the South of England. (Table 8b)
- 2.12 The methods used for abortions performed under ground E are of interest to those working in fetal anomaly screening and medicine. In 2012, 75% of ground E abortions were performed medically compared to 48% of all abortions (Tables 9c and 7a).
- 2.13 Abortions are rarely performed under grounds F or G. In the past 10 years, 3 such abortions have been performed, 1 in each of years 2006, 2011 and 2012.
- 2.14 Congenital malformations were reported as the principal medical condition in nearly half (44%; 1,197) of the 2,692 cases undertaken under ground E. The most commonly reported malformations were of the nervous system (23% of all ground E cases; 607) and the cardiovascular system (7%; 191). Chromosomal abnormalities were reported as the principal medical condition for just over a third (38%; 1012) of ground E cases. Down's syndrome was the most commonly reported chromosomal abnormality (20%; 544) (See Table 9a).
- 2.15 The Abortion Notification form HSA4 allows the recording of all medical conditions and other details associated with the ground. In previous years, only the principal medical condition was published. In 2012, Table 9a shows totals for all mentions of any medical condition recorded. For example, there were 1,676 mentions of a congenital malformation within the 2,692 Ground E cases.
- 2.16 No abortions in 2012 were associated with rubella under ground E. In the past 10 years, there have been 7 abortions associated with rubella: 2 in 2003, 3 in 2005, 1 in 2006 and 1 in 2007.

Gestation period

2.17 The vast majority of abortions are performed at under 13 weeks (91% in 2012). There has been a continuing increase in the proportion of abortions that are performed under 10 weeks since 2002. In 2012, 77% of abortions were performed at under 10 weeks, compared to 78% in 2011 and 57% in 2002. In 2012 and 2011, there were similarities in the proportion performed later: in 2012, 14% were performed at 10-12 weeks (compared to 13% in 2011 and 30% in 2002) and 9% at 13 weeks or more (compared to 9% in 2011 and 13% in 2002) (See Table 3a.iii and Figure 4).

Figure 4: Abortions by gestation, England and Wales, 2001 to 2012



2.18 Over three quarters (77%) of NHS funded abortions took place at under 10 weeks, ranging from 50% in NHS Barnsley to 88% in NHS Swindon (See Table 11). Department of Health policy is that women who are legally entitled to an abortion should have access to the procedure as soon as possible. Evidence shows that the risk of complications increases the later the gestation.

2.19 Abortions where gestation has exceeded its twenty-fourth week account for less than 0.1% of the total. There were 160 such abortions in 2012 (See Table 5 and Table 9a).

Previous abortions

2.20 In 2012, 37% of women undergoing abortions had one or more previous abortions. The proportion has risen from 31% since 2002 (See Table 3a.ix and Table 4b). 27% of abortions to women aged under 25 were to women who had one or more abortions (See Table 11b). Repeat unintended pregnancy and subsequent abortion is a complex issue associated with increased age as it allows longer for exposure to pregnancy risks (See Table B).

Table B: Percentage of women who had one or more previous abortions, by age, England and Wales, 2012

Age	% of women who had one or more previous abortions
Under 18	8%
18-19	19%
20-24	34%
25-29	44%
30-34	47%
35 or over	46%
All women	37%

Previous obstetric history

2.21 In 2012, 52% of women undergoing abortions had one or more previous pregnancies that resulted in a live or stillbirth, up from 47% in 2002 (See Table 3a.vii). 17% of women had a previous pregnancy resulting in a miscarriage or ectopic pregnancy, up from 13% in 2002, when the information was first collected (See Table 3a.viii).

Method of abortion

2.22 Different methods may be used to terminate a pregnancy, depending on the duration of gestation, and other circumstances relating to the individual woman. There is one principal medical method, involving the use of the abortifacient drug Mifegyne (mifepristone, also known as RU486). The main surgical methods are vacuum aspiration, recommended at up to 15 weeks gestation, and dilatation and evacuation (D&E) recommended where gestation is greater than 15 weeks. D&E may be used in combination with vacuum aspiration; such cases are recorded in the statistics as D&E.

2.23 Medical abortions accounted for 48% of the total in 2012. The proportion of medical abortions has more than trebled in the last ten years, from 14% in 2002. There has been a continuing upward trend in medical abortions since 1991 when Mifegyne was licensed for use in the UK, when only 4% of abortions were undertaken using a medical procedure (See Table 3a.iv and Table 5). In 2012, 61% of abortions under 9 weeks were medical abortions compared with 18% in 2002. The choice of early medical abortion as a method of abortion is likely to have contributed to the increase in the overall percentage of

abortions performed at under 10 weeks gestation (57% in 2002 compared with 77% in 2012). Early medical abortion is less invasive than a surgical procedure and does not involve use of anaesthetics.

- 2.24 The surgical procedure vacuum aspiration was used for 47% of all abortions in 2012; and Dilatation and Evacuation (D&E) alone in about 5% (See Table 3a.iv).
- 2.25 For abortions at 22 weeks or beyond, feticide is recommended prior to the evacuation of the uterus to stop the fetal heart. In 2012, of the 1,312 abortions performed at 22 weeks and over, 71% were reported as preceded by a feticide and a further 26% were performed by a method whereby the fetal heart is stopped as part of the procedure. 3% of abortions at 22 weeks or beyond were confirmed as having no feticide. For the remaining 8 cases, at the time of publication, we had not been able to confirm whether feticide had been performed.

Length of stay

- 2.26 In 2012, 320 women (0.2%) were reported as having a duration of stay of one or more nights. More than half of these stays were for abortions performed at later gestations of 20 weeks and over (See Table C).

Table C: Abortions requiring a length of stay of one or more nights, percentage breakdown by gestation, England and Wales, 2012

Gestation (weeks)	% of those requiring a length of stay of one or more nights (Total = 100%)	% of all abortions (Total = 100%)
Under 10	11%	77%
10-12	8%	14%
13-19	28%	7%
20 or over	54%	2%

Complications

- 2.27 Complications were reported in 278 cases in 2012, a rate of about one in every 700 abortions, the same as in 2011 and 41 per cent lower than in 2002 (See Table 8).
- 2.28 There were no deaths following abortion reported on form HSA4 in 2012. Deaths related to pregnancy and abortion are published in the 'Confidential Enquiry into Maternal Deaths in the UK' published by The Centre for Maternal and Child Enquiries (CMACE).

Selective terminations

2.29 In 2012, there were 82 abortions which involved selective terminations. In 38 cases, two fetuses were reduced to one fetus. In 28 cases, three fetuses were reduced to two fetuses and in 11 cases three fetuses were reduced to one fetus. Over three quarters (76%) of the selective terminations were performed under ground E.

Chlamydia screening

2.30 The revised HSA4 forms introduced in 2002 allowed for the recording of whether chlamydia screening was offered. The Royal College of Obstetricians and Gynaecologists recommend that all women undergoing an abortion should be screened for *C. trachomatis* and undergo a risk assessment for other STIs. Chlamydia is the most commonly diagnosed STI in England. Infection of varying degrees of severity may occur after medical or surgical abortion and is usually caused by pre-existing infection. Prophylactic antibiotic use and bacterial screening for lower genital tract infection reduces this risk. Analysis of returned data for 2012 shows that 87% of women having abortions in 2012 were offered chlamydia screening, up from 65% in 2002. The figure for women aged under 25 is slightly higher (90%) (See Table 3a.x).

Place of residence within England and Wales

2.31 The place of residence details provided on the HSA4 form, are used to allocate each record to a Clinical Commissioning Group (CCG) for analysis. For Wales, records are allocated to their equivalents, Local Health Boards. Tables 10a, 10b and 11 show information for these areas.

Women resident outside England and Wales

2.32 In 2012, there were 5,850 abortions to women resident outside England and Wales, compared with 6,151 in 2011. Principally, these non-residents were from the Irish Republic (68%) and Northern Ireland (15%). See Tables 12a, c, and d. The number of abortions to non-residents has fallen each year since 2002, when the figure was 9,453. The 2012 total is the lowest in any year since 1969 (See Table 1 and Table 12a).

Abortions carried out in Great Britain

2.33 There were 203,419 abortions carried out in Great Britain in 2012, of which 94% took place in England and Wales and 6% took place in Scotland (See Table 13). Scotland perform the majority of abortions medically 86% compared to those performed in England and Wales where the proportions were surgical 53% and medical 47%. The proportion of women undergoing abortions who had one or more previous abortions was higher for women having abortions in England and Wales (36%) than those having abortions in Scotland (31%).