



Department
of Health &
Social Care



Abortion Statistics, England and Wales: 2017

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

June 2018, revised December 2018

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Key points in 2017

<p>Total abortions have increased for residents of England & Wales</p>		<p>There were 192,900 abortions for women resident in England and Wales in 2017 and 197,533 abortions including non-residents. This is an increase of 4% since 2016, the highest level since 2008.</p>
<p>16.7 per 1,000 resident women had an abortion</p>		<p>Abortion rate increased from 16.0 per 1,000 women in 2016. The rate has declined since 2007, when 17.9 per 1,000 of resident women had an abortion.</p>
<p>Abortions for non-residents of England & Wales decreased to the lowest level since 1968</p>		<p>4,633 abortions for non-residents were carried out in England and Wales, a similar level to 2016. The 2017 total is a decrease of 38% since 2007. 65% of non-residents travel from the Republic of Ireland and 19% from Northern Ireland.</p>
<p>Over the last 10 years abortion rates have been decreasing for women aged under 25, particularly for women aged under 20. Abortion rates have been increasing for women aged 30 and over</p>		<p>The highest abortion rate is amongst women aged 20-24 (28.2 per 1,000 resident women). This is an increase on 2016 (27.0 per 1,000), but the rate has declined steadily since 2007 (32.6 per 1,000).</p> <p>The under 18 abortion rate for 2017 is 8.3 per 1,000 resident women. This is less than half the 2007 rate of 19.8 per 1,000.</p> <p>The abortion rate for 30-34 year olds was 18.5 per 1,000 resident women in 2017. This has increased from a rate of 15.1 per 1,000 women in 2007.</p>
<p>Almost all abortions in England & Wales were funded by the NHS in 2016, with most of these abortions taking place in the independent sector</p>		<p>98% of abortions were funded by the NHS, the same level since 2013, but an increase from 88% in 2007.</p> <p>70% of NHS funded abortions took place in the independent sector, an increase of 2 percentage points from 2016 and an increase from 50% in 2007.</p>
<p>9 out of 10 abortions were carried out under 13 weeks.</p>		<p>This figure has remained constant since 2007. Around four out of every five abortions were carried out under 10 weeks gestation.</p>
<p>3,314 abortions were due to the risk that the child would be born seriously handicapped¹</p>		<p>This represents 2% of the total number of abortions. This is a similar level to 2016 when there were 3,208 (2%) abortions for this reason.</p>
<p>66% of abortions were medically induced</p>		<p>This is higher than in 2016 (62%), and almost double the proportion in 2007 (34%).</p>
<p>38% of women who had an abortion had one or more previous abortions</p>		<p>This is the same as 2016 (38%), and an increase of 6 percentage points since 2007.</p>

¹ Under "ground E" of the Abortion Act. See main publication for details on methodology and data quality.

Introduction

- 1.1 This report provides statistics on abortions recorded in England and Wales in 2017. The information presented is based on abortion notification forms (HSA4) submitted by clinics and hospitals to the Chief Medical Officer (CMO) at the Department of Health & Social Care (DHSC). DHSC monitor the forms to ensure that there is full compliance with the legislation set out in the Abortion Act, 1967.
- 1.2 Further details on the legislative context of the Abortion Act, in addition to methodological and technical information on the data can be found in the 'Guide to Abortion Statistics 2017':
<https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales>

Previous publications

- 1.3 The Department of Health & Social Care (DHSC) has published abortion statistics annually since 2002. 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.
- 1.4 The most recent versions of the publication are available from the GOV.UK website:
<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>

Data quality

- 1.5 During the compilation of the 2017 Abortion Statistics publication it was found that the date of termination used to assign an abortion to a given year had not been identified for some records by the abortions notification system (ANS). This caused a shortfall of around 3,000 cases (1.5% of the total) missing from the official figures, as described in the 2017 report. At the time it was thought that this issue also affected the 2016 publication, but following further investigation it was found that this was not the case. Therefore, no revisions are required for the 2016 figures.
- 1.6 This revision therefore includes an additional 3,041 records to the 2017 total, net of the removal of 176 duplicate records for non-residents discovered after the original publication. There was no substantial difference in the distribution of these forms across the various categories from those already included. Therefore the various proportions shown in this revision show little change from the original report. Further information can be found in the Guide to Abortion Statistics.

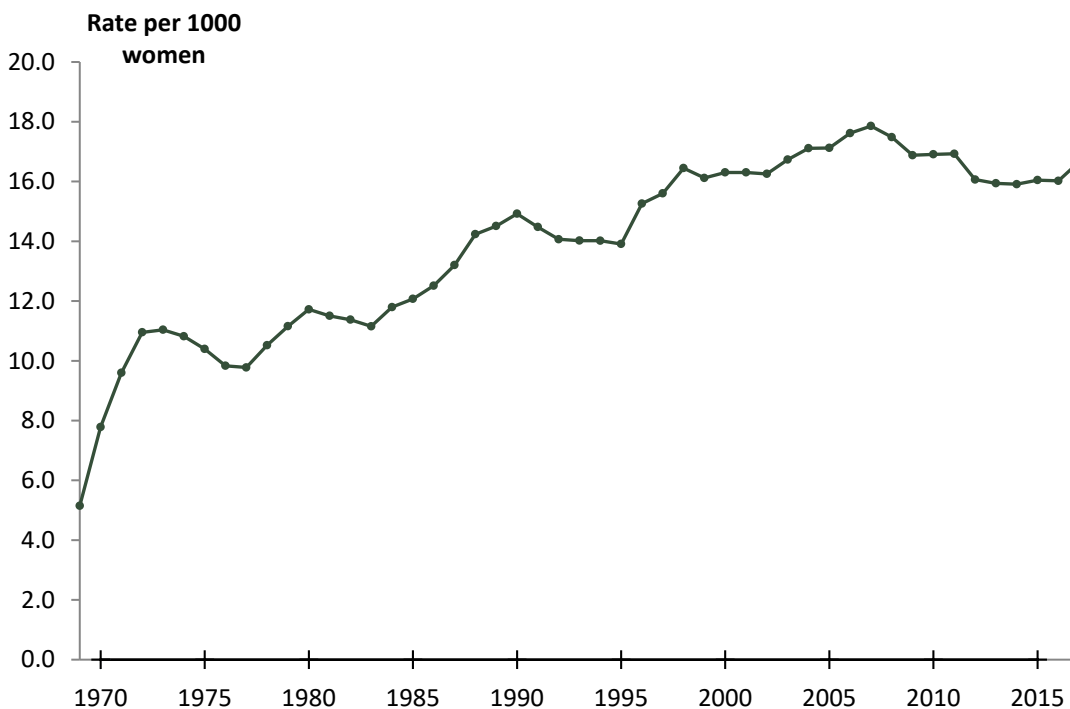
Commentary

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 do not include abortions for residents of England and Wales that are carried out in other parts of the United Kingdom or outside the UK (except in Table 13).

Overall number and rate of abortions

2.1 In total, there were 197,533 abortions notified as taking place in England and Wales in 2017, of which 192,900 were to residents of England and Wales. This represents an age-standardised abortion rate of 16.7 per 1,000 resident women aged 15-44². The 2017 rate has increased since 2016 (16.0 per 1,000 resident women aged 15-44) and is more than triple the rate of 5.1 per 1,000 resident women aged 15-44 recorded in 1969. In the last ten years the rate has declined from the peak in 2007 of 17.9 abortions per 1,000 resident women, and has been relatively stable at around 16 per 1,000 women since 2011. (Table 1 and Figure 1).

Figure 1: Age standardised abortion rate per 1,000 women aged 15-44, England and Wales, 1969 to 2017

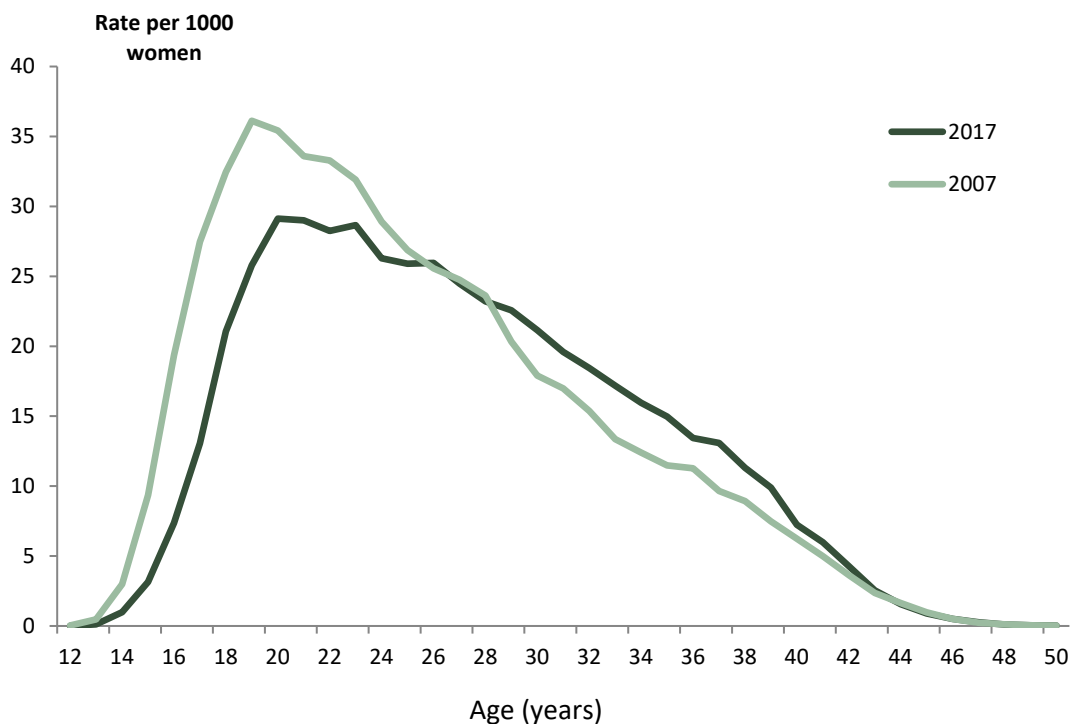


² All age standardised rates presented in this publication are based on the 2013 ESP. See Annex A for the 2013 ESP and how the rate is derived.

Age

- 2.2 The abortion rate in 2017 was highest for women at the age of 20 (at 29.1 per 1,000 women). Last year the highest rate was for women aged 22 (27.9 per 1,000 women) and in 2007 the highest rate was for women aged 19 at 36.0 per 1,000 women.
- 2.3 There were 1,313 abortions to girls aged under 16 (0.7% of the total). Of these, 338 were to girls aged under 15 (0.2% of the total). There were also 779 to women aged 45 or over (0.4%) (Table 4a and Figure 2a).

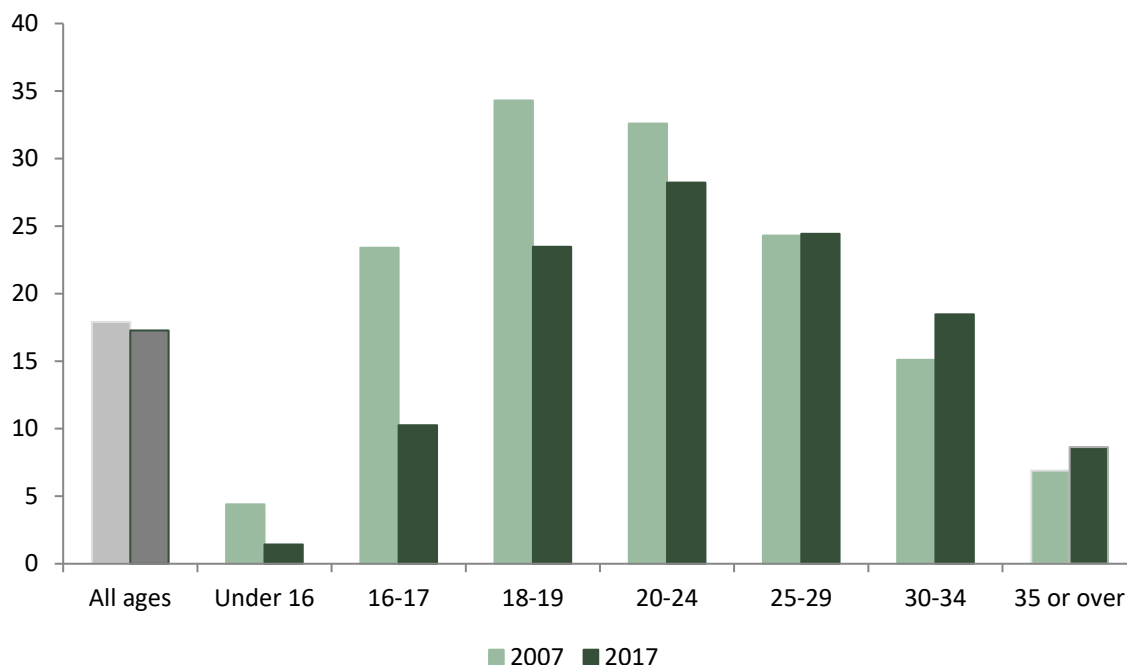
Figure 2a: Abortion rate per 1,000 women by single year of age, England and Wales, 2007 and 2017



- 2.4 Abortion rates for those aged under 25 have declined over the last ten years. The decline is particularly marked in the under-16 and 16-17 age groups where rates have halved since 2007. In particular the abortion rate in the 16-17 age group declined from a peak of 23.4 per 1,000 women in 2007, to 10.3 per 1,000 women in 2017.
- 2.5 The abortion rate for 18-19 year olds also declined from 34.3 per 1,000 women in 2007 to 23.5 per 1,000 women in 2017, and for those aged 20-24 the rate also declined from 32.6 per 1,000 women in 2007 to 28.2 per 1,000 women in 2017, though this represents an increase from 27.0 per 1,000 women in 2016.
- 2.6 For women over the age of 25, abortion rates have seen marginal increases in recent years. Rates for those aged 25-29 in 2017 (24.4 per 1,000 women) are very similar to 2007 (24.3 per 1,000 women), but rates have increased over the last four years, having fallen to 21.8 per 1,000 women in 2012.

2.7 The rates for women aged 30-34 have increased steadily from 15.1 per 1,000 women in 2007 to 18.5 in 2017, and rates for women aged 35 and over have also increased from 6.9 per 1,000 women in 2007 to 8.6 per 1,000 women in 2017. (Table 3b and Figure 2b).

Figure 2b: Abortion rate per 1000 women by age, England and Wales, comparison 2007 and 2017



Marital status

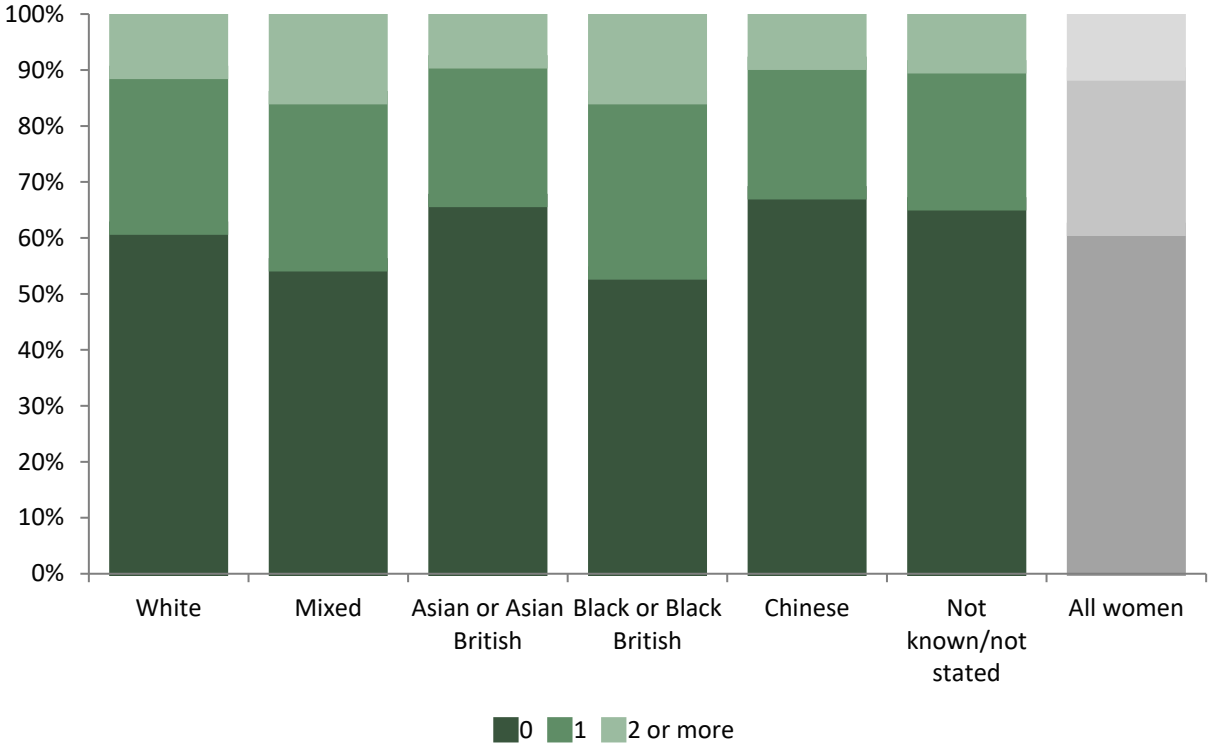
2.8 About four-fifths (81%) of abortions in 2017 were carried out on single women, a proportion that has remained roughly constant for the last 10 years. (Table 3a.v).

Ethnicity

2.9 The revised HSA4 forms introduced in 2002 allowed for the recording of ethnicity, as self-reported by the women. This information was not previously recorded. Ethnicity was recorded on 98% of the forms received for 2017 compared with 93% in 2007. Of women whose ethnicity was recorded in 2017, 78% were reported as White, 9% as Asian or Asian British and 8% as Black or Black British (Table 3a.vi).

2.10 The percentage of women having an abortion in 2017 who had had one or more previous abortions varies by ethnic group. 33% of Asian women having abortions in 2017 had previously had an abortion, compared with 46% of Black women (Figure 2c). 38% of White women having an abortion in 2017 had previously had an abortion.

Figure 2c: Percentage of women by ethnicity and number of previous abortions, England and Wales, 2017

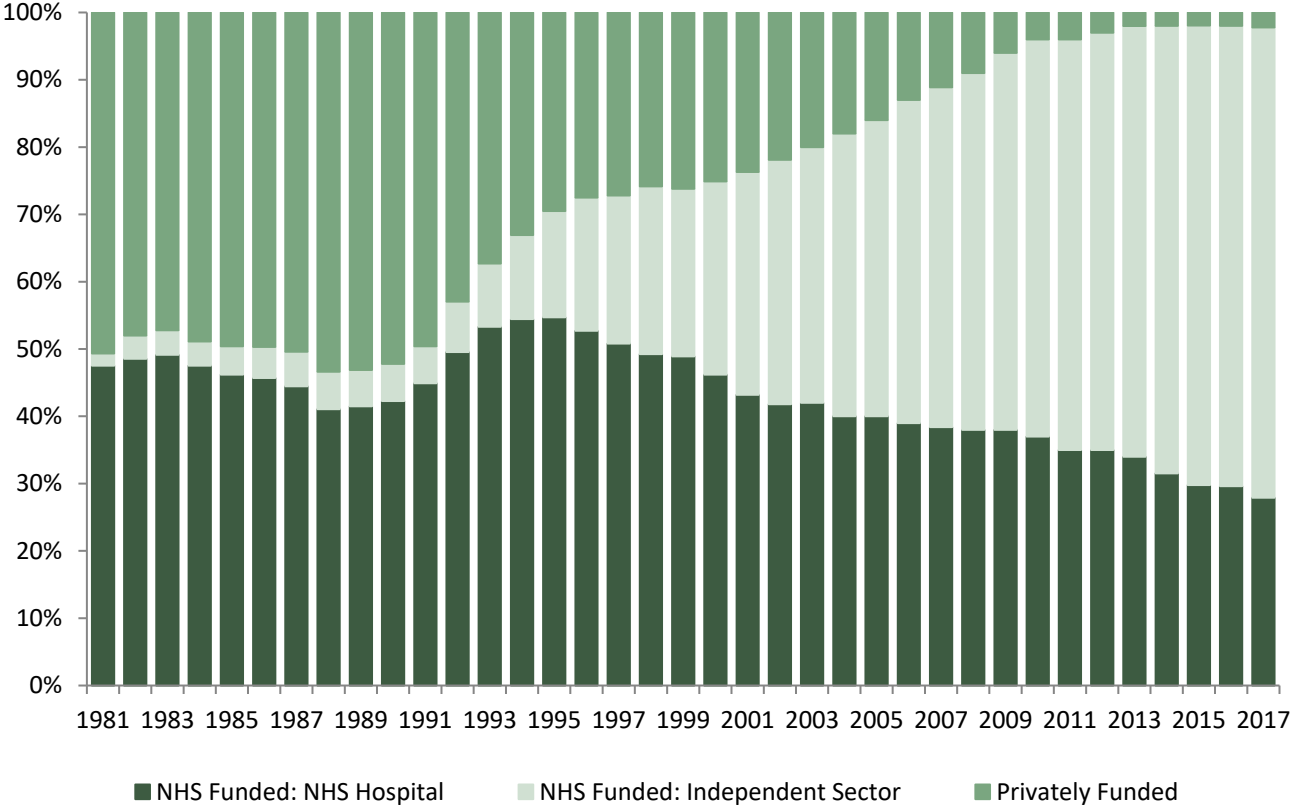


Location and funding of abortions

2.11 Table 3a.i and Figure 3 show that in 2017, 28% of abortions were performed in NHS hospitals and 70% in approved independent sector places under NHS contract, making a total of 98% of abortions funded by the NHS. The remaining 2% were privately funded.

2.12 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: Percentage of abortions by purchaser/provider, England and Wales, 1981 to 2017



Statutory grounds for abortion

2.13 Two medical practitioners must agree upon the grounds under which an abortion can be performed. For more information about the grounds for abortion page iv of the Guide to Abortion Statistics.

2.14 In 2017, 98% of abortions (188,307) were performed under ground C. A further 2% were carried out under ground E (3,314 abortions) with 1% (1,091 abortions) under ground D. Grounds A and B together accounted for very few abortions (180). The remaining 8 cases were performed under grounds F or G. Ground C abortions have consistently accounted for over 97% of abortions over the last 10 years. (Table 3a.ii).

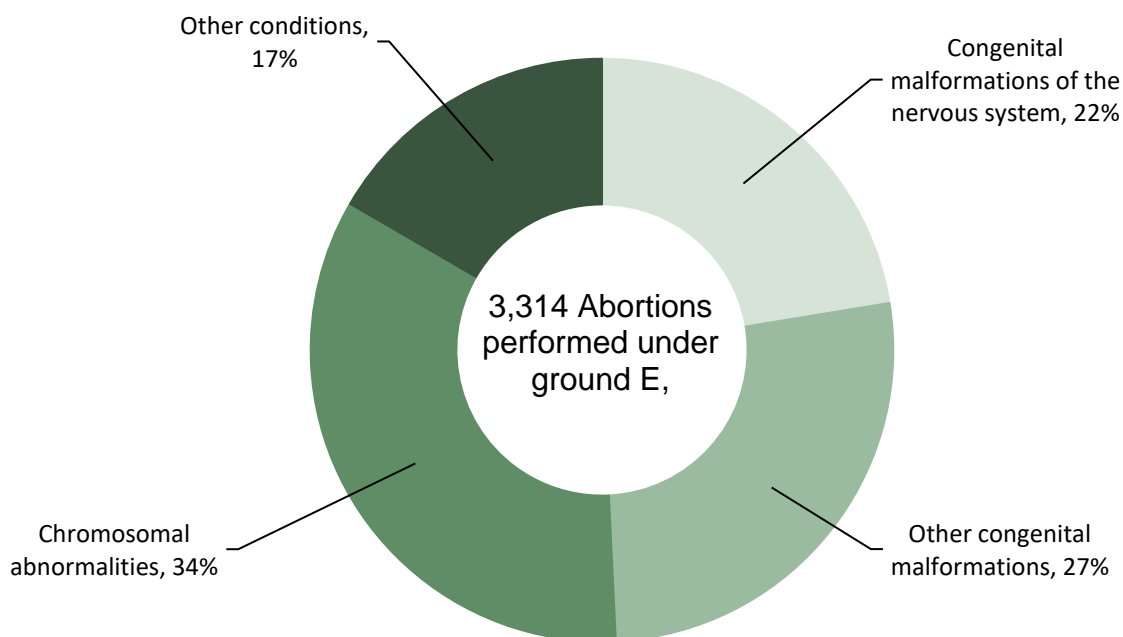
2.15 The vast majority (99.4%) of abortions carried out under ground C alone were reported as being performed because of a risk to the woman’s mental health. These were classified as F99 (mental disorder, not otherwise specified) under the International Classification of Disease version 10 (ICD-10) and therefore no further breakdown is possible within the report.

2.16 The main medical diagnoses for abortions performed under ground C alone which were not due to mental health or missing (425 cases); were those performed because of complications of pregnancy (29 cases).

Legal abortions performed under ground E

- 2.17 Ground E abortions are those performed because of fetal abnormality at any gestation. There were a total of 3,314 ground E abortions in 2017. The medical diagnoses are coded to the International Classification of Diseases (ICD10). For more information on issues with the reporting of ground E abortions see the Guide to Abortion Statistics (page vi).
- 2.18 In 2017, 74% of ground E abortions were performed medically compared to 66% of all abortions (Tables 9c and 7a). The methods used for abortions performed under ground E are of importance to those working in fetal anomaly screening and medicine.
- 2.19 The age group with the highest proportion of abortions performed under ground E is 35 and over (4% of abortions for this age group were for ground E, 1,281 abortions), compared to 0.3% of abortions performed for women aged under 20 (75 abortions). (Table 2).
- 2.20 Congenital malformations were reported as the principal medical condition in nearly half (49%; 1,632) of the 3,314 cases undertaken under ground E. The most commonly reported malformations were of the nervous system (22% of all ground E cases; 743) and the cardiovascular system (9%; 305). Chromosomal abnormalities were reported as the principal medical condition for just over a third (34%; 1,131) of ground E cases. Down's syndrome was the most commonly reported chromosomal abnormality (20%; 655). Other conditions account for 17% of ground E abortions, this includes cases where the fetus was affected by maternal factors, hydrops fetalis, family history of heritable disorders, and Cystic Hygroma. (Full details in table 9a and Figure 4).
- 2.21 The Abortion Notification form HSA4 allows the recording of all medical conditions and other details associated with the ground for abortion. Table 9a shows totals for all mentions of any medical condition recorded. For example, in 2017, there were 2,376 mentions of a congenital malformation within the 3,158 Ground E cases, even though it may not have been the principal reason for abortion.
- 2.22 Abortions are rarely performed under grounds F or G. In the past 10 years 24 such abortions have been reported.

Figure 4: Principal medical conditions for abortions performed under ground E (percentage), England and Wales, 2017



Gestation period

2.23 Department of Health & Social Care policy is that women who are legally entitled to an abortion should have access to the procedure as soon as possible.

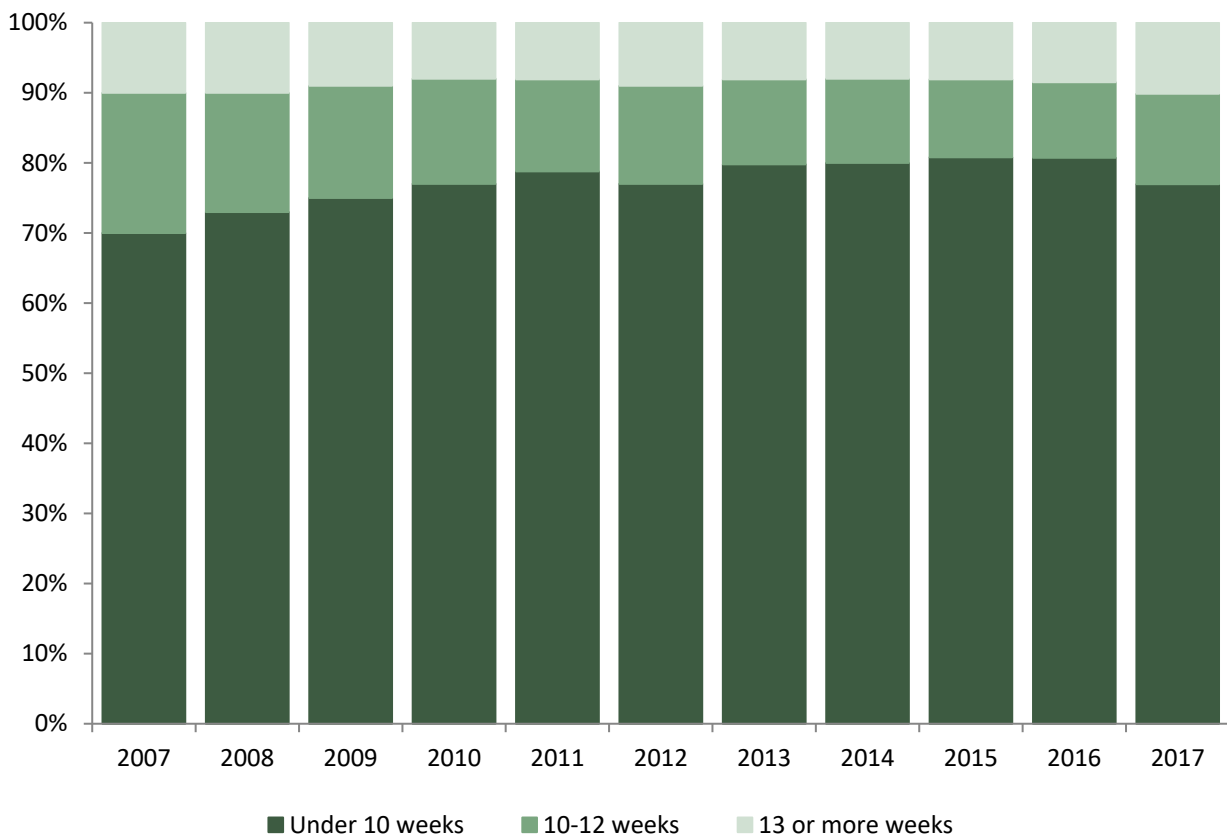
2.24 There has been a continuing increase in the proportion of abortions that are performed under 10 weeks since 2007. In 2017, 77% of abortions were performed under 10 weeks, a decrease of four percentage points since 2016 but increasing from 70% in 2007. In 2017, 13% were performed at 10-12 weeks. This proportion has increased since 2016, but since 2007 the proportion has decreased from 20%. Abortions carried out at 13 weeks or later gestation represented 10% which is an increase from 2016 and unchanged from 2007. (Table 3a.iii and Figure 5).

2.25 Over three quarters (77%) of NHS funded abortions took place at under 10 weeks (Table 11a).

2.26 Abortions where gestation is 24 weeks or over account for a very small number of abortions (0.1% of the total). There were 252 such abortions in 2017 (Table 5a and Table 9a)³.

³ In previous years and up to 2014, a distinction was made between gestations of 24 weeks plus 0 days and 24 weeks plus 1 or more days. In tables up to 2014, abortions that were 24 weeks plus 0 days were included with gestations of 23 weeks and footnoted as such. In this publication, abortions that were performed at 24 weeks plus 0 days are included in the 24 week table.

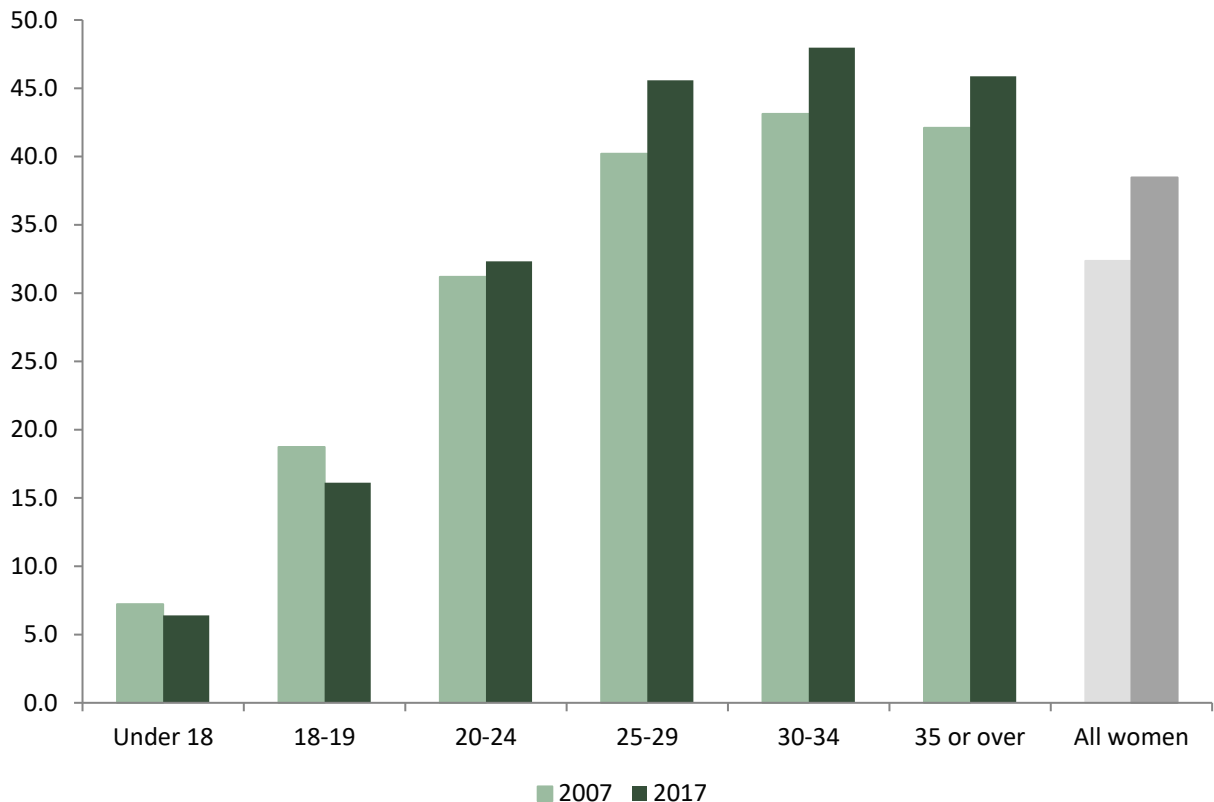
Figure 5a: Abortions by gestation (weeks), England and Wales, 2007-2017



Previous abortions

- 2.27 In 2017, 38% of women undergoing abortions had had one or more previous abortions. The proportion has increased steadily from 32% in 2007 (Table 3a.ix and Table 4b).
- 2.28 Of women aged under 20 who had an abortion in 2017, 13% had had one or more previous abortions. Since 2007 the proportion of women under 20 who had one or more abortion has fallen.
- 2.29 For women aged 30 and over who had an abortion in 2017, 47% had previously had one or more abortion. Since 2007 the proportion of women who had one or more abortion has increased for women aged over 30, as well as for women aged from 25-29 (Table 4b and Figure 5b).
- 2.30 Repeat unintended pregnancy and subsequent abortion is a complex issue associated with increased age as it allows longer for exposure to pregnancy risks.

Figure 5b: Percentage of women who had had one or more previous abortions, by age, England and Wales, 2017



Previous obstetric history

2.31 In 2017, 55% of women undergoing abortions had had one or more previous pregnancies that resulted in a live or stillbirth, up from 47% in 2007 (See Table 3a.vii). 20% of women had had a previous pregnancy resulting in a miscarriage or ectopic pregnancy, up from 14% in 2007. (Table 3a.viii).

Method of abortion

2.32 Different methods can 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).

2.33 The main surgical methods are:

- I. vacuum aspiration, recommended at up to 15 weeks gestation
- II. dilatation and evacuation (D&E) recommended where gestation is greater than 15 weeks

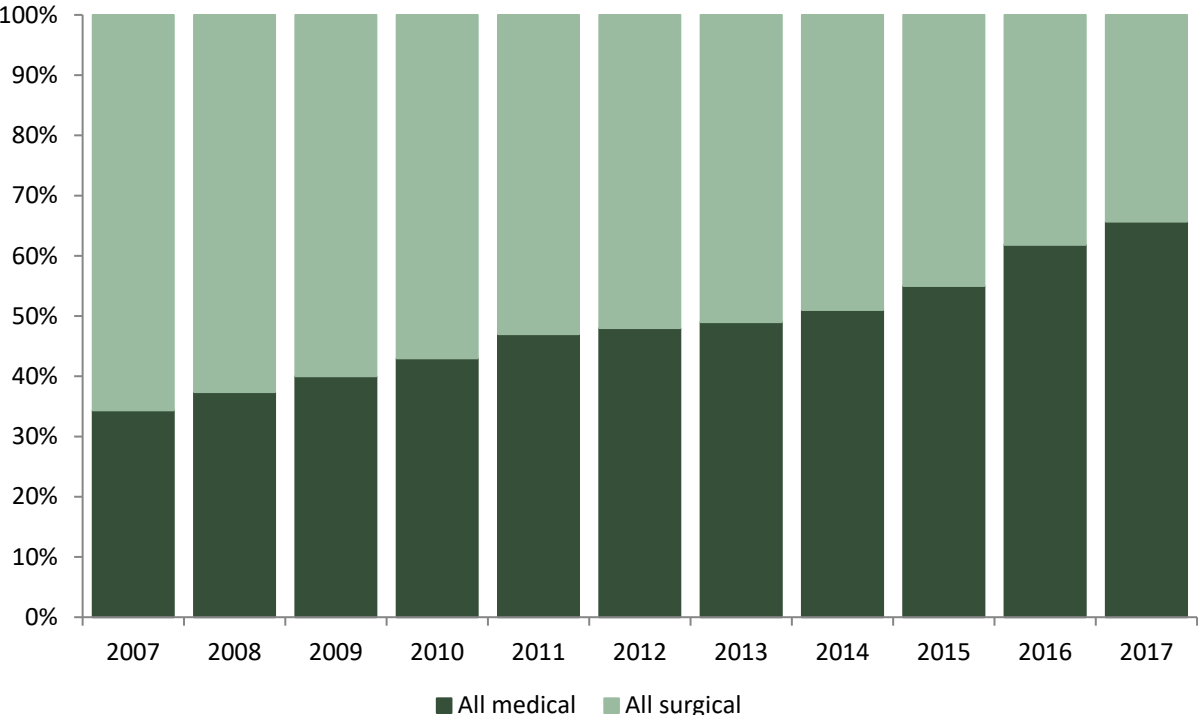
D&E may be used in combination with vacuum aspiration; such cases are recorded in the statistics as D&E.

2.34 In autumn 2016, restrictions were placed on the provision of surgical abortions at some clinics resulting in some women who had, or would have, opted for a surgical abortion

switching to a medical procedure. Although the proportion of medical abortions compared to surgical abortions has been increasing, this change of service provision in around 30 clinics resulted in a larger increase in the proportions of medical abortions from previous years.

2.35 Medical abortions accounted for 66% of total abortions in 2017. The proportion of medical abortions has almost doubled in the last ten years from 34% in 2007, and since 2014, medical abortions have been the most common method of abortion. (Table 3a.iv, Table 5 and Figure 6). 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.

Figure 6: Abortions by method, England and Wales, 2007-2017



2.36 In 2017, 80% of abortions under ten weeks were medical abortions compared with 43% in 2007. (Table 7a).

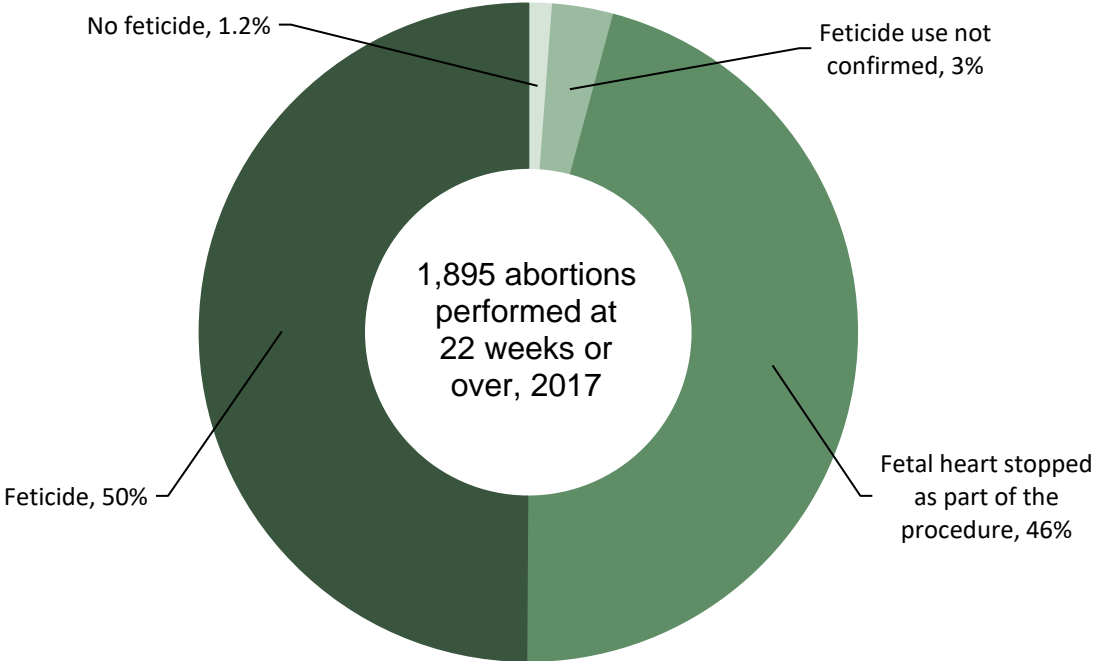
2.37 The choice of early medical abortion as a method of abortion is likely to have contributed to the increase in the overall percentage of abortions performed at under ten weeks gestation (70% in 2007 compared with 77% in 2017). Early medical abortion is less invasive than a surgical procedure and does not involve use of anaesthetics.

2.38 The surgical procedure vacuum aspiration was used for 28% of all abortions in 2017; and Dilatation and Evacuation (D&E) for 6% of all abortions. (Table 3a.iv and Table 7a).

2.39 For abortions at 22 weeks or beyond, feticide is recommended by the Royal College of Obstetricians and Gynaecologists prior to the evacuation of the uterus to stop the fetal heart. In 2017, of the 1,895 abortions performed at 22 weeks and over, 50% were reported as preceded by a feticide and a further 46% were performed by a method whereby the fetal heart is stopped as part of the procedure. 22 (1%) of abortions at 22 weeks or beyond were confirmed as having no feticide. For the remaining 58 cases (3%),

at the time of publication, the Department of Health & Social Care had no further details available. (Figure 7).

Figure 7: Abortions performed at 22 weeks gestation and over (percentage), England and Wales, 2017



Length of stay in hospital/clinic

2.40 It is very rare for an abortion treatment to require a stay in hospital of one or more nights. In 2017, 317 women (0.2%) were reported as having duration of stay of one or more nights in a hospital or clinic after their abortion. 87 of these stays (2.4%) were for abortions performed at later gestations of 20 weeks and over (Table A).

Table A: Abortions requiring a length of stay of one or more nights, percentage breakdown by gestation weeks, England and Wales, 2017

Gestation	Number of abortions requiring a length of one or more nights	% of abortions by gestation that require a length of stay of one or more nights
3 - 9	50	0.0
10 - 12	48	0.2
13 - 19	132	0.8
20 and over	87	2.4
All gestations	317	0.2

Complications

- 2.41 Complications were reported in 303 cases in 2017, a rate of about one in every 637 abortions, which is very similar to the rate in 2016 and lower than 2007 (1 in every 500; 370 cases) (Table 8).
- 2.42 There were no deaths following an abortion reported on HSA4 forms in 2017. There have been two deaths reported in the last five years following an abortion. Deaths related to pregnancy and abortion will be published in the MBRRACE_UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK. See: <https://www.npeu.ox.ac.uk/mbrpace-uk>

Selective terminations

- 2.43 Pregnancies following fertility treatments such as in vitro fertilisation (IVF) may result in more than one embryo being implanted in the womb. In such cases, the outcome of the pregnancy may be more successful if the number of fetuses is reduced. This reduction usually occurs at about 12 weeks' gestation.
- 2.44 In 2017, there were 111 abortions which involved selective terminations, a decrease compared to 2016 (141 cases). In most cases (66%, 73 cases) this involved the reduction from 2 fetuses to 1 fetus. Over three quarters (84%) of the selective terminations were performed under ground E.

Table B: Selective reduction abortions by number of original foetuses, England and Wales, 2017

	Total	Original number of fetuses				
		2 reduced to 1	3 reduced to 2	3 reduced to 1	4*	5+*
2011	72	37	18	9	7	7
2012	82	38	28	11	5	0
2013	125	74	28	10	10	3
2014	132	80	35	14	3	0
2015	119	63	35	14	6	1
2016	141	92	33	11	5	0
2017	111	73	25	11	2	0

*Represents the original number of fetuses prior to any selective reduction.
Numbers are not broken down further for these two groups due to disclosure control.

- 2.45 Abortions that are selective abortions are more likely to be for women who are married (64% of women who have a selective reduction are married compared to 16% for all women who had an abortion), aged 30 and over (79%, compared to 36% of all women who had an abortion) and are less likely to have had a previous abortion: 4% of cases reported a previous abortion compared to 38% for all women.

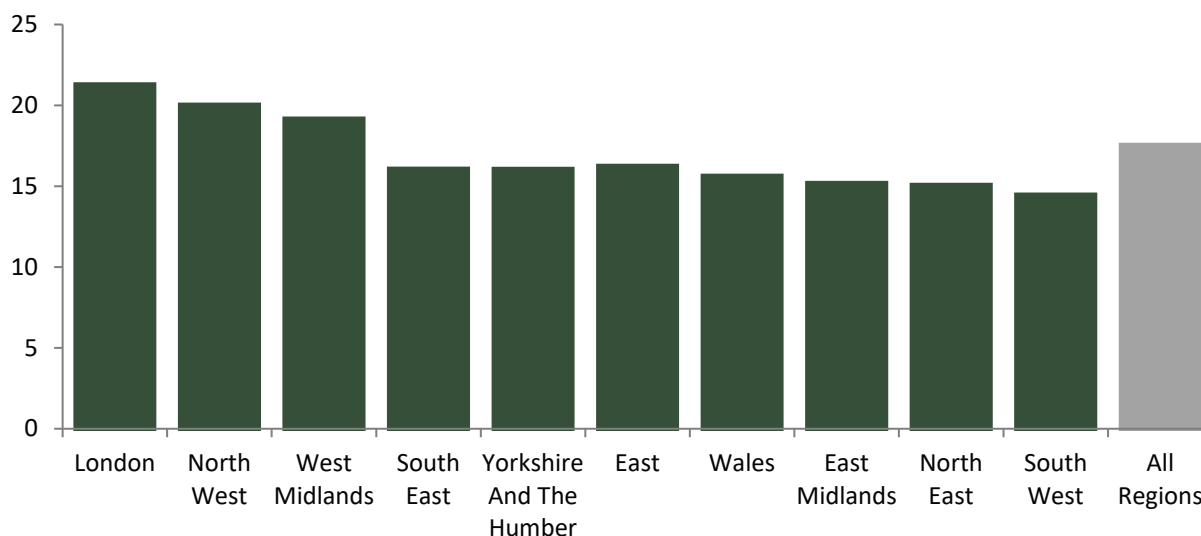
Chlamydia screening

- 2.46 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.
- 2.47 Analysis of returned data for 2017 shows that 89% of women having abortions in 2017 were offered chlamydia screening, up from 73% in 2007. (Table 3a.x). The figure for women aged under 20 is slightly higher (94%).

Area of residence within England & Wales

- 2.48 Place of residence details are collected for each abortion, with detailed data on numbers and rates of abortions in England and Wales shown in tables 10 and 11. This information is provided for Local Authorities and Clinical Commissioning Groups (CCG) or Local Health Boards in Wales.
- 2.49 The variation observed across Local Authorities could be due to a range of factors, including random variation, but could also be influenced by local policy decisions such as differences in local practice relating to post-abortion contraception advice. For example, the proportion of women undergoing repeat abortions in 2017 ranged from 25% to 49%. (Table 11b).
- 2.50 There are also variations across larger regions. Rates of abortion are highest in London (21.0 per 1,000 women aged 15-44) and lowest in the South West (14.2 per 1,000 women), (Figure 8).

Figure 8: Abortion rates, per 1,000 women aged 15-44, by region in England and Wales, 2017



Women resident outside England and Wales

- 2.51 In 2017, there were 4,633 abortions to women recorded as residing outside England and Wales. Most non-residents travelled from the Irish Republic (65%) and Northern Ireland (19%). (Table 12a and Figure 9a).
- 2.52 The number of abortions to non-residents has fallen each year since 2003, when the figure was 9,078. The 2017 figure is the lowest in any year since 1969 (Table 1 and Table 12a).
- 2.53 Data for abortions carried out in Great Britain is shown in table 13. The information for abortions performed in Scotland was published by the Scottish Government on 29th May 2017. See: <http://www.isdscotland.org/Health-Topics/Sexual-Health/Abortions/>

Abortions for women from Northern Ireland

- 2.54 On 29 June 2017 the Government announced that it would fund, via the Government Equalities Office (GEO), abortions for women ordinarily resident in Northern Ireland. The Central Booking System went live on 8th March 2018.
- 2.55 The Abortion Act 1967 does not extend to Northern Ireland and an abortion is only available there in very limited circumstances. Prior to the June 2017 announcement women from Northern Ireland could access abortions in the rest of the UK, but would have to make their own arrangements and fund all aspects of the procedure.
- 2.56 This section looks in more detail at trends in women resident in Northern Ireland having abortions in England and Wales throughout 2017 and since the announcement.
- 2.57 In 2017 there were 861 abortions for women from Northern Ireland. This is an increase of from 2016 and is the highest level since 2012 (905). However, looking at the historical series, numbers of Northern Ireland residents having an abortion in England and Wales has generally declined since a peak of 1,855 in 1990.

2.58 The number of Republic of Ireland residents having an abortion in England and Wales has also been declining since 2001 when 6,673 women had the procedure. In 2017, 3,019 women from the Republic of Ireland had an abortion in England and Wales, less than half the number than in 2001 and a further 8% decline from 2016 (Table 12a and Figure 9a).

Figure 9a: Number of abortions for residents of Northern Ireland and the Irish Republic: 1970 – 2017



2.59 There has been an increase in the number of women from Northern Ireland having an abortion in England and Wales since the funding announcement. The volume in quarter 3 and quarter 4 (Figure 9b), 2017 increased by 36% and 58% respectively from the same quarters in 2016.

Figure 9b: Number of abortions for residents of Northern Ireland, quarterly data, 2017

