



Department
of Health &
Social Care



Abortion Statistics, England and Wales: 2018

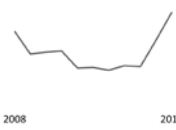







**Summary information from the abortion notification
forms returned to the Chief Medical Officers of England
and Wales**

Published 13 June 2019

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Key points in 2018

<p>Total abortions have increased for residents of England & Wales.</p>		<p>There were 200,608 abortions for women resident in England and Wales in 2018 and 205,295 abortions including non-residents. The figure for women resident in England and Wales is an increase of 4% since 2017 and the highest number recorded.</p>
<p>17.4 per 1,000¹ resident women had an abortion.</p>		<p>Abortion rate increased from 16.7 per 1,000 women in 2017. The rate has decreased from 2008, when 17.5 per 1,000 of resident women had an abortion.</p>
<p>Abortions for non-residents of England & Wales increased slightly from 2017.</p>		<p>4,687 abortions for non-residents were carried out in England and Wales, slightly above the number carried out in 2017 (4,633). The 2018 total is a decrease of 32% since 2008.</p> <p>61% of non-residents travel from the Republic of Ireland and 22% from Northern Ireland.</p>
<p>Over the last 10 years abortion rates have decreased year on year for women aged under 18. Abortion rates have been increasing for women aged over 35.</p>		<p>The under 18 crude abortion rate for 2018 is 8.1 per 1,000 resident women. This is less than half the 2008 rate of 18.9 per 1,000.</p> <p>The abortion rate for women aged 35 or over is 9.2 per 1,000 resident women in 2018. This increased from a rate of 6.7 per 1,000 women in 2008.</p>
<p>Almost all abortions in England & Wales were funded by the NHS in 2018, 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 91% in 2008.</p> <p>72% of abortions took place in the independent sector, an increase of 2 percentage points from 2017 and an increase of 19 percentage points from 2008.</p>
<p>9 out of 10 abortions were carried out under 13 weeks.</p>		<p>This figure has remained constant since 2008. Four out of every five abortions were carried out under 10 weeks gestation in 2018.</p>
<p>3,269 abortions were due to the risk that the child would be born seriously handicapped²</p>		<p>This represents 2% of the total number of abortions. This is a similar level to 2017 when there were 3,314 (2%) abortions for this reason.</p>
<p>71% of abortions were medically induced</p>		<p>This is higher than in 2017 (66%), and almost double the proportion in 2008 (37%).</p>

¹ Based on Age Standardised Rate (ASR). 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.

² Under "ground E" of the Abortion Act. See main publication for details of methodology and data quality.

39% of women who had an abortion had one or more previous abortions



This is an increase of 1 percentage point since 2017 (38%), and an increase of 6 percentage points since 2008.

1. Introduction

- 1.1 This report provides statistics on abortions recorded in England and Wales in 2018. 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 2018’](#).

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@dhsc.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](#).

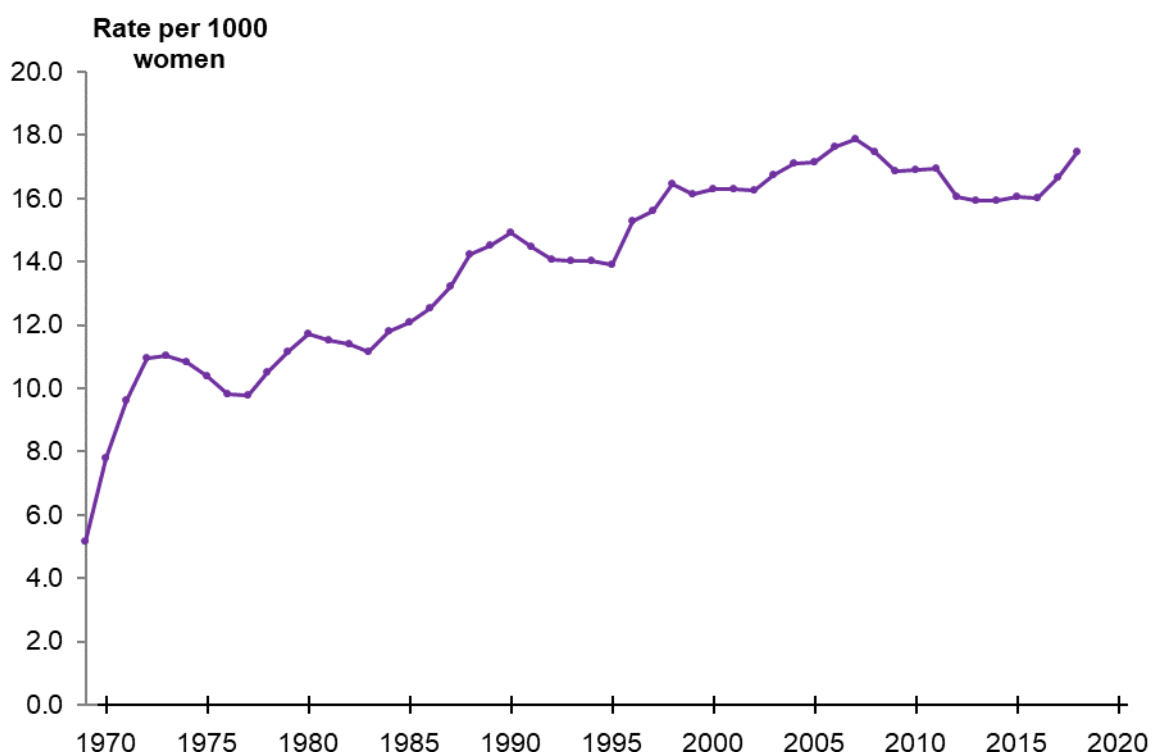
2. Commentary

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 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 205,295 abortions notified as taking place in England and Wales in 2018, of which 200,608 were to residents of England and Wales. This represents an age-standardised abortion rate of 17.4 per 1,000 resident women aged 15-44³. The 2018 rate has increased since 2017 (16.7 per 1,000 resident women aged 15-44) but is lower than the peak in 2007 of 17.9 abortions per 1,000 resident women. (Table 1 and Figure 1).

Figure 1: Age Standardised abortion rate per 1,000 women aged 15-44, England and Wales, 1970 to 2018



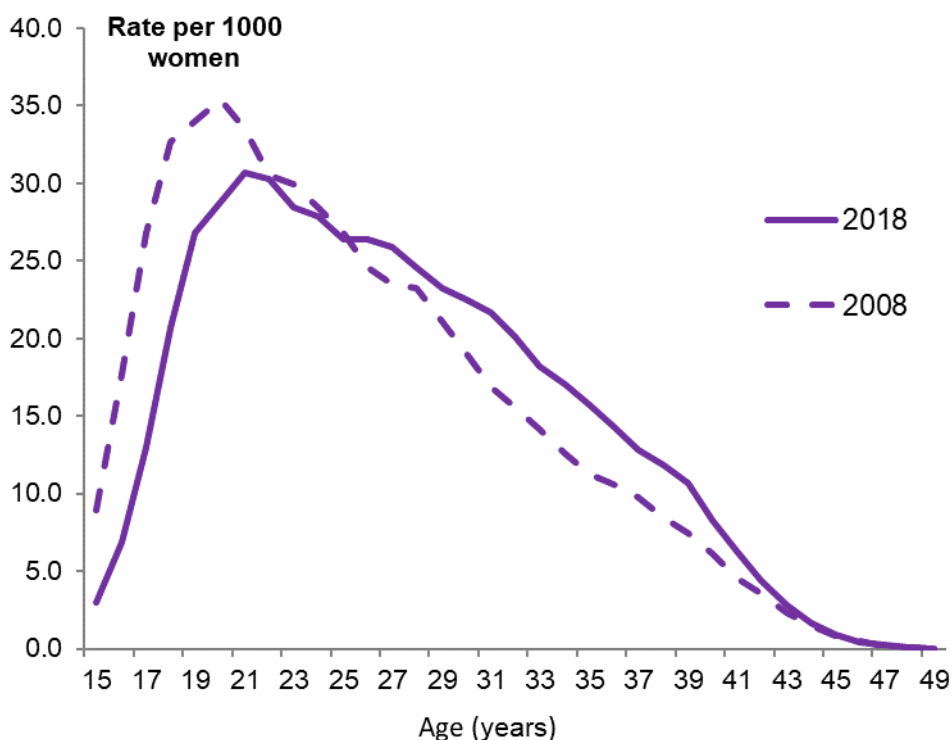
³ All age standardised rates presented in this publication are based on the 2013 ESP. See Annex A for the 2013 ESP and how the rate is derived.

Age

2.2 The abortion rate in 2018 was highest for women at the age of 21 (at 30.7 per 1,000 women). Last year the highest rate was for women aged 20 (29.1 per 1,000 women).

2.3 There were 1,267 abortions to girls aged under 16 (0.6% of the total). Of these, 363 were to girls aged under 15 (0.2% of the total). There were also 746 to women aged 45 or over (0.4%). (Table 4a).

Figure 2a: Abortion rate per 1,000 women by single year of age, England and Wales, 2008 and 2018



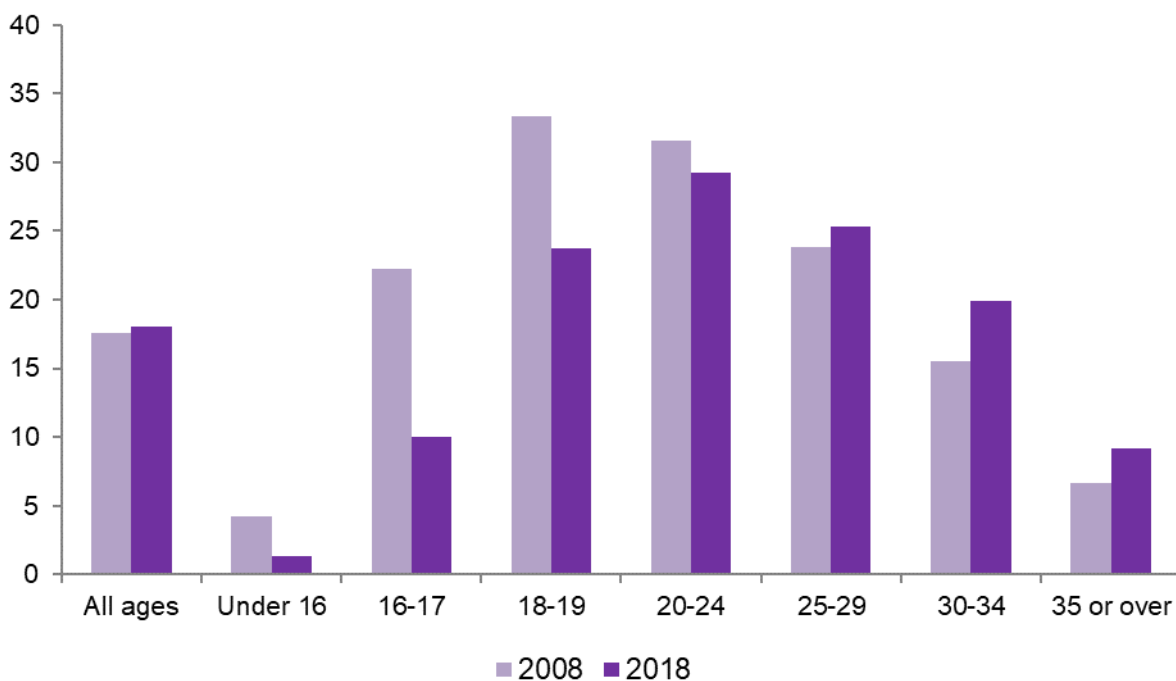
2.4 Abortion rates for those aged under 18 have declined over the last ten years. The decline is particularly marked in the under-16 age group where the rates are less than a third of what they were in 2008. The abortion rate in the 16-17 age group has more than halved from a peak of 22.2 per 1,000 women in 2008, to 10.0 per 1,000 women in 2018.

2.5 The abortion rate for 18-19-year olds also declined from 33.3 per 1,000 women in 2008 to 23.8 per 1,000 women in 2018, and for those aged 20-24 the rate declined from 31.6 per 1,000 women in 2008 to 29.2 per 1,000 women in 2018, though there has been a slight increase for those aged 20-24 from 28.2 per 1,000 women in 2017.

2.6 For women aged of 25-29, the rate of abortion per 1,000 women was 25.3 in 2018. This is an increase from 23.9 in 2008. Rates for this age group have increased in recent years, from their lowest level in 2012 of 21.8 abortions per 1,000 women.

2.7 The rates for women aged 30-34 have increased from 15.6 per 1,000 women in 2008 to 19.9 in 2018, and rates for women aged 35 and over have also increased from 6.7 per 1,000 women in 2008 to 9.2 per 1,000 women in 2018. (Table 3b and Figure 2b).

Figure 2b: Abortion rate per 1,000 women by age, England and Wales, 2008 and 2018



Marital status

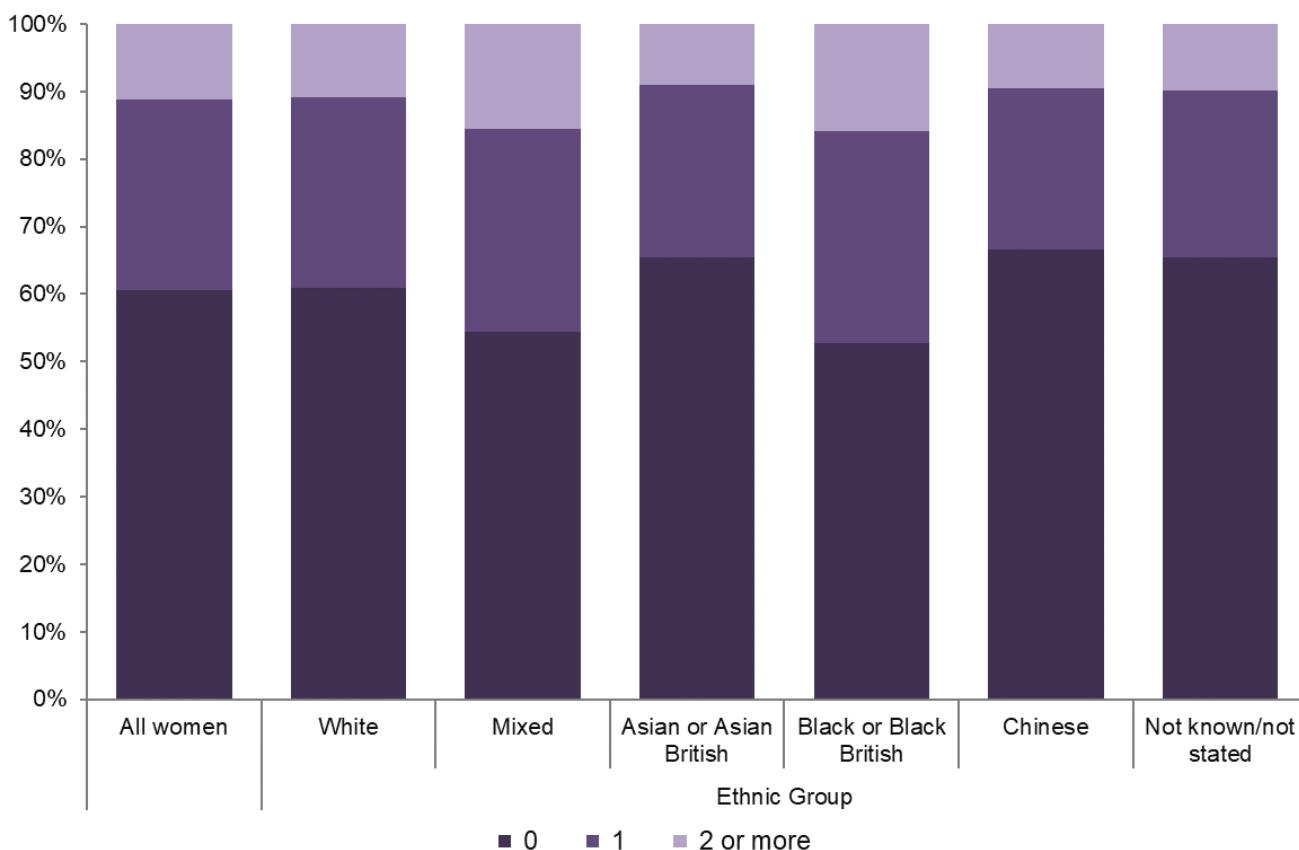
2.8 About four-fifths (81%) of abortions in 2018 were carried out on single women, a proportion that has remained roughly constant for the last 10 years. (Table 3a.v).

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 97% of the forms received for 2018, this compares with 94% in 2008. Of women whose ethnicity was recorded in 2018, 78% were reported as White, 8% as Asian or Asian British, 8% as Black or Black British, 4% as Mixed and 2% as Chinese or other ethnic group (Table 3a.vi).

2.10 The percentage of women having an abortion in 2018 who had had one or more previous abortions varies by ethnic group. 35% of Asian women having abortions in 2018 had previously had an abortion, compared with 47% of Black women (Figure 2c). 39% of White women having an abortion in 2018 had previously had an abortion.

Figure 2c: Percentage of women by ethnicity and number of previous abortions, England and Wales, 2018

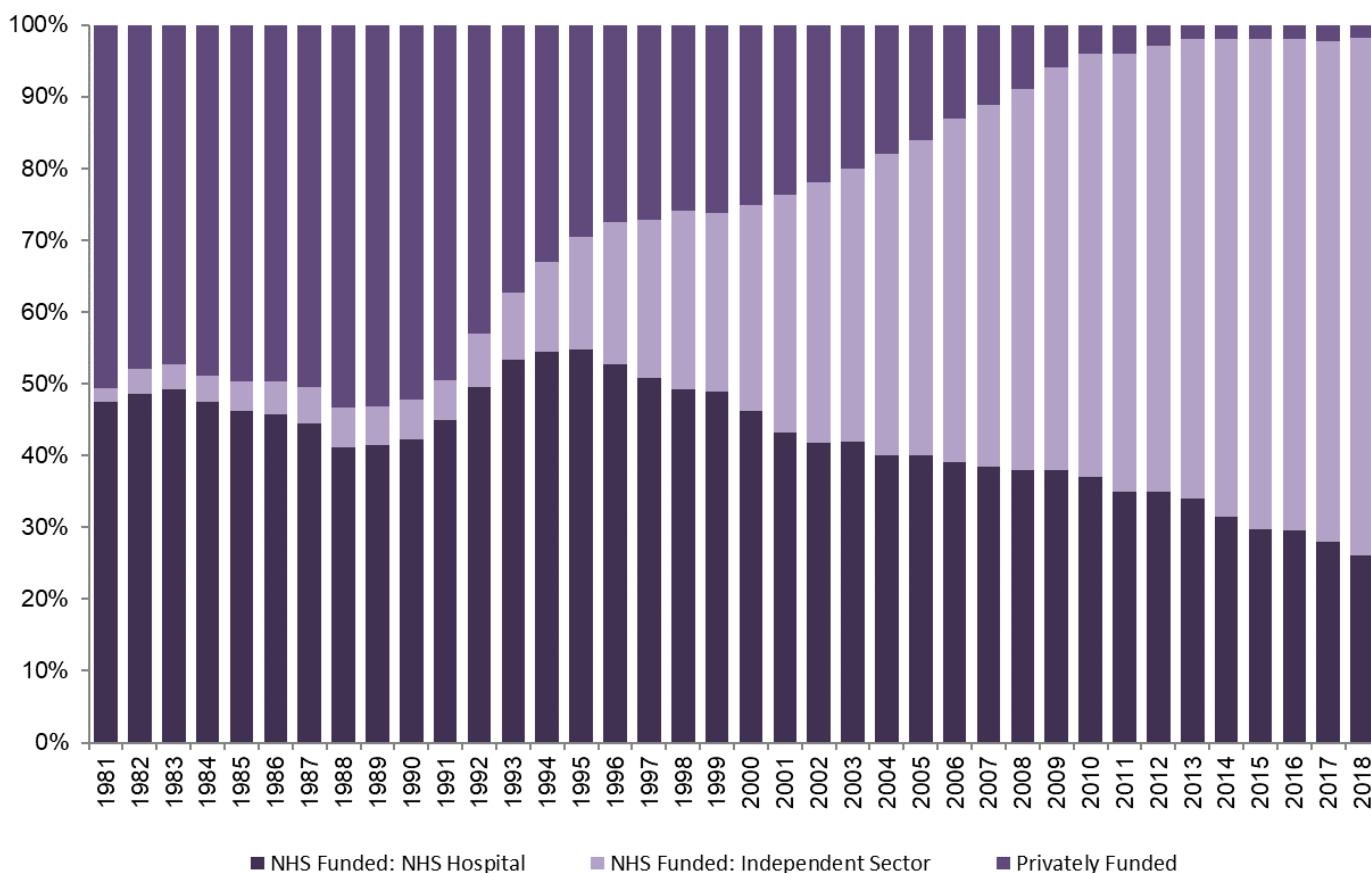


Location and funding of abortions

2.11 Table 3a.i. and Figure 3 show that in 2018, 26% of abortions were performed in NHS hospitals and 72% 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 increased almost every year since this information was collected in 1981, while the proportions of NHS hospital and private abortions has fallen over this time.

Figure 3: Percentage of abortions by purchaser/provider, England and Wales, 1981 to 2018



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 2018, 97.7% of abortions (196,083) were performed under ground C. A further 1.6% were carried out under ground E (3,269 abortions) with 0.6% (1,104 abortions) under ground D. Grounds A and B together accounted for very few abortions (145). The remaining 7 cases were performed under grounds F or G. Ground C abortions have consistently accounted for 97% or more of abortions over the last 10 years. (Table 3a.ii).
- 2.15 The vast majority (99.9%) 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.

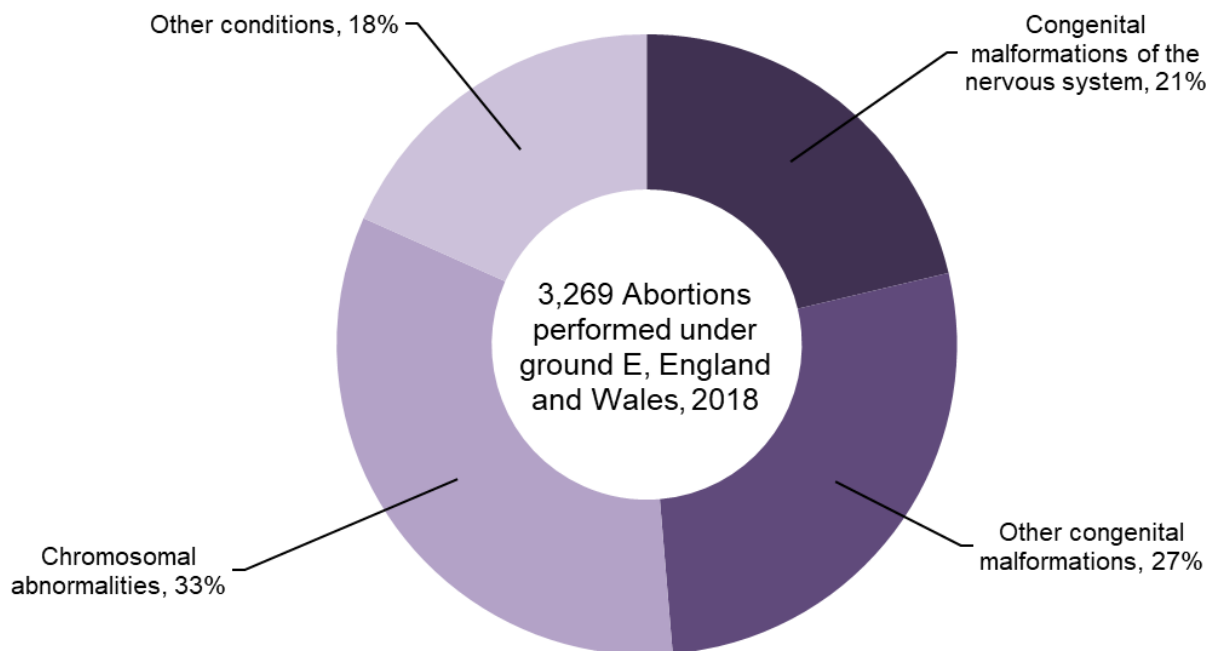
- 2.16 The main medical diagnoses for abortions performed under ground C alone which were not due to mental health or missing (176) were those performed because of complications of pregnancy.

Legal abortions performed under ground E

- 2.17 Ground E abortions are those performed because of fetal abnormality at any gestation. There was a total of 3,269 ground E abortions in 2018. 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 vii).
- 2.18 In 2018, 75% of ground E abortions were performed medically compared to 71% 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 (3.7% of abortions for this age group were for ground E, 1,272 abortions), compared to 0.3% of abortions performed for women aged under 20 (69 abortions). (Table 2).
- 2.20 Congenital malformations were reported as the principal medical condition in nearly half (49%; 1,591) of the 3,269 cases undertaken under ground E. The most commonly reported malformations were of the nervous system (21% of all ground E cases; 696) and the cardiovascular system (10%; 323). Chromosomal abnormalities were reported as the principal medical condition for approximately a third (33%; 1,079) of ground E cases. Down's syndrome was the most commonly reported chromosomal abnormality (19%; 618). Other conditions account for 18% of ground E abortions, this includes cases where the fetus was affected by maternal factors, hydrops fetalis, Cystic Hygroma and family history of heritable disorders. (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 2018, there were 2,399 mentions of a congenital malformation within the 3,269 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 5 years, 28 such abortions have been reported.

Figure 4: Principle medical conditions for abortions performed under ground E (as a percentage), England and Wales, 2018



Gestation period

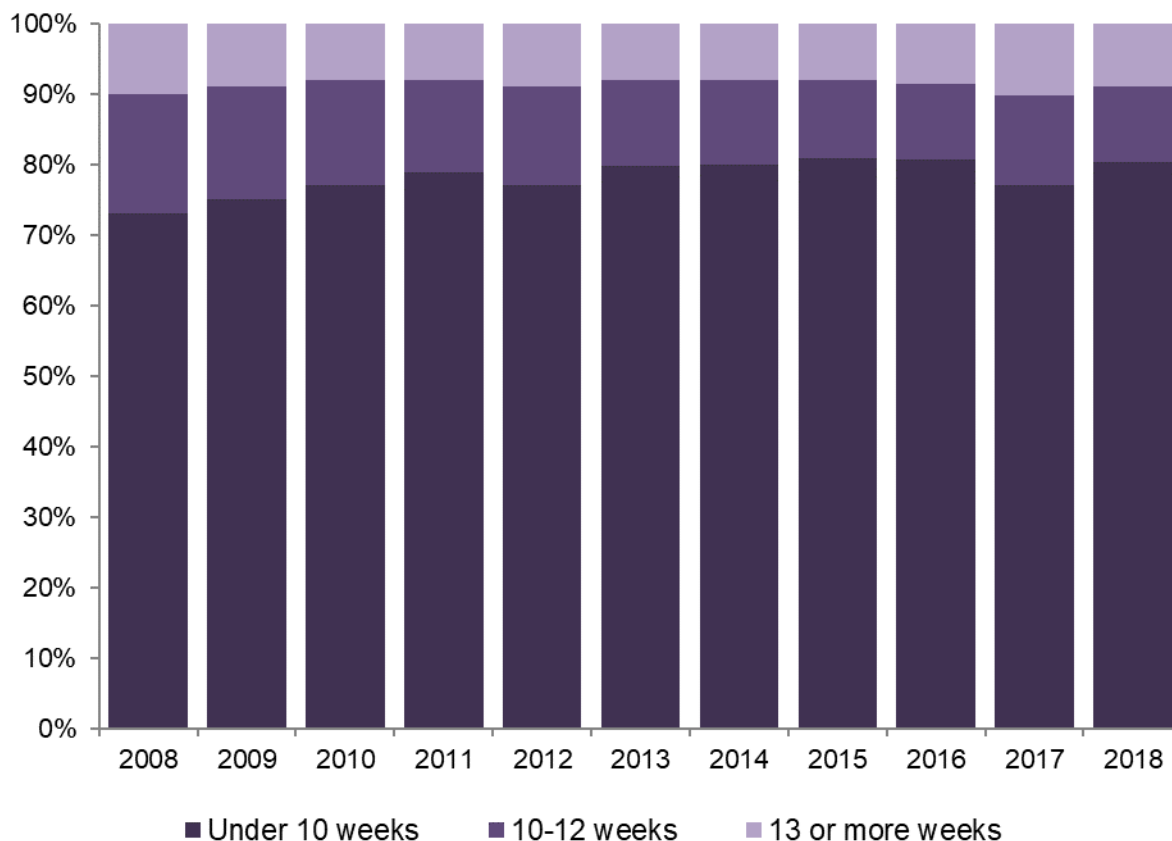
2.23 Department of Health & Social Care policy is that women who are legally entitled to an abortion should have access to the procedure as soon as possible.

2.24 Since 2008, the proportion of abortions performed at 12 weeks or less, and the proportion performed at 13 weeks or later has remained broadly similar, with just over 9 in 10 abortions being performed at 12 weeks or less. There has been an increase in the proportion of abortions that are performed at under 10 weeks since 2008. In 2018, 80% of abortions were performed under 10 weeks, increasing from 73% in 2008. This is also an increase of three percentage points since 2017. The proportion of abortions performed between 10-12 weeks in 2018 was 11%. This proportion has decreased since 2008 from 17%. (Table 3a.iii and Figure 5a).

2.25 Over three quarters (80%) 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 289 such abortions in 2018. (Table 5a and Table 9a).

Figure 5a: Abortions by gestation (weeks), England and Wales, 2008 to 2018



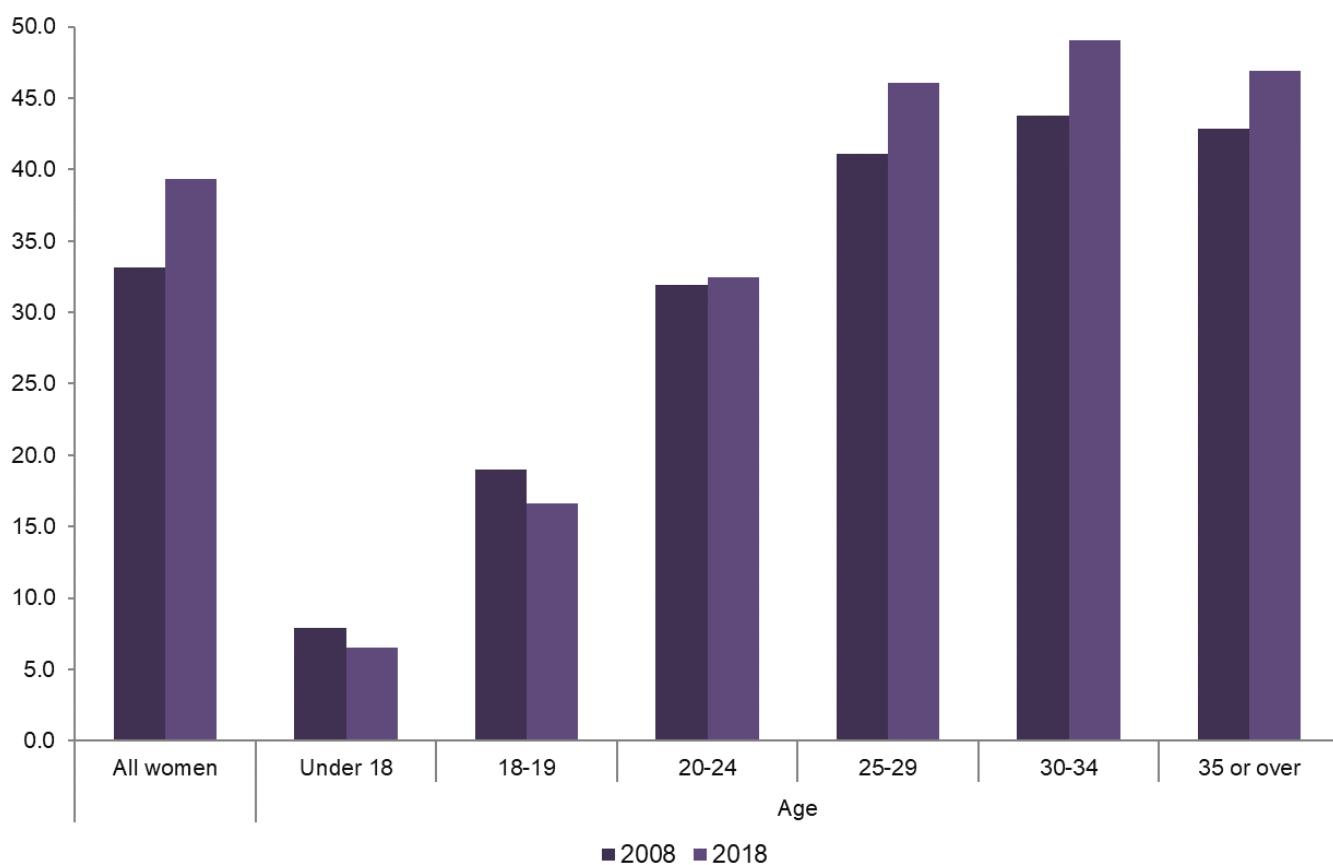
Previous abortions

2.27 In 2018, 39% of women undergoing abortions had had one or more previous abortions. The proportion has increased steadily from 33% in 2008 (Table 3a.ix and Table 4b).

2.28 Of women aged under 20 who had an abortion in 2018, 13% had had one or more previous abortions. This is a slight fall since 2008, when 14% of women under 20 who had an abortion had previously had one or more abortions.

2.29 For women aged 30 and over who had an abortion in 2018, 48% had previously had one or more abortion. Since 2008 the proportion of women who had one or more abortions has increased for women aged over 30 (43%), as well as for women aged from 25-29 (Table 4b and Figure 5b).

Figure 5b: Percentage of women who had one or more previous abortions, by age, England and Wales, 2018



Previous obstetric history

2.30 In 2018, 56% of women undergoing abortions had had one or more previous pregnancies that resulted in a live or stillbirth, up from 48% in 2008 (See Table 3a.vii). 20% of women had had a previous pregnancy resulting in a miscarriage or ectopic pregnancy, up from 15% in 2008. (Table 3a.viii).

Method of abortion

2.31 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).

2.32 The main surgical methods are:

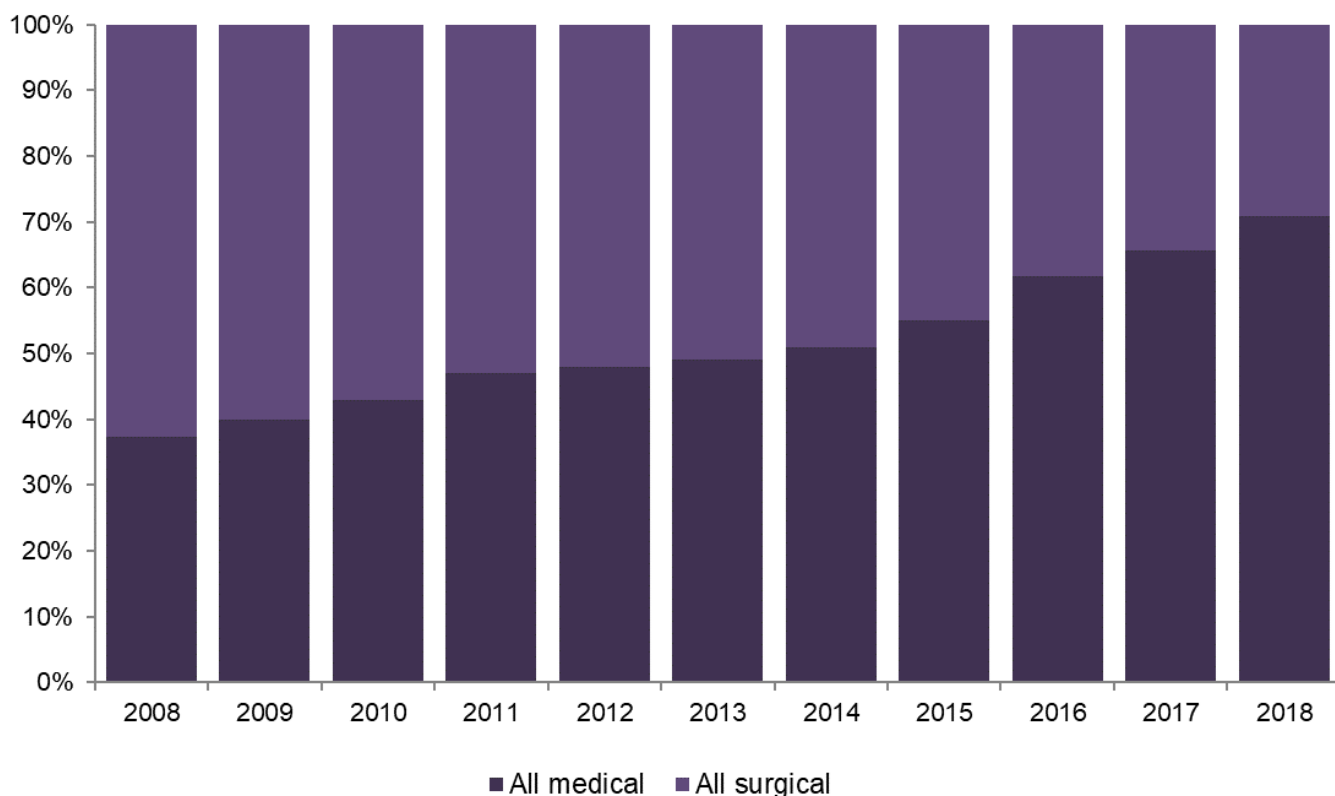
- I. vacuum aspiration, recommended at up to 15 weeks gestation

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.

- 2.33 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.
- 2.34 Medical abortions accounted for 71% of total abortions in 2018. The proportion of medical abortions has almost doubled in the last ten years from 37% in 2008, 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 first licensed for use in the UK. In that year only 4% of abortions were undertaken using a medical procedure.
- 2.35 Early medical abortion in the first 10 weeks of pregnancy requires the administration of two tablets. The first stage of treatment must be administered at an NHS hospital or independent sector abortion clinic approved by the Secretary of State for Health and Social Care. Since the end of 2018, women in England have been allowed to administer the second stage of treatment at home. This brings England into line with Scotland and Wales. Data collection on HSA4 forms will allow uptake of home use early medical abortions to be monitored in future.

Figure 6: Abortion by method, England and Wales, 2008 to 2018



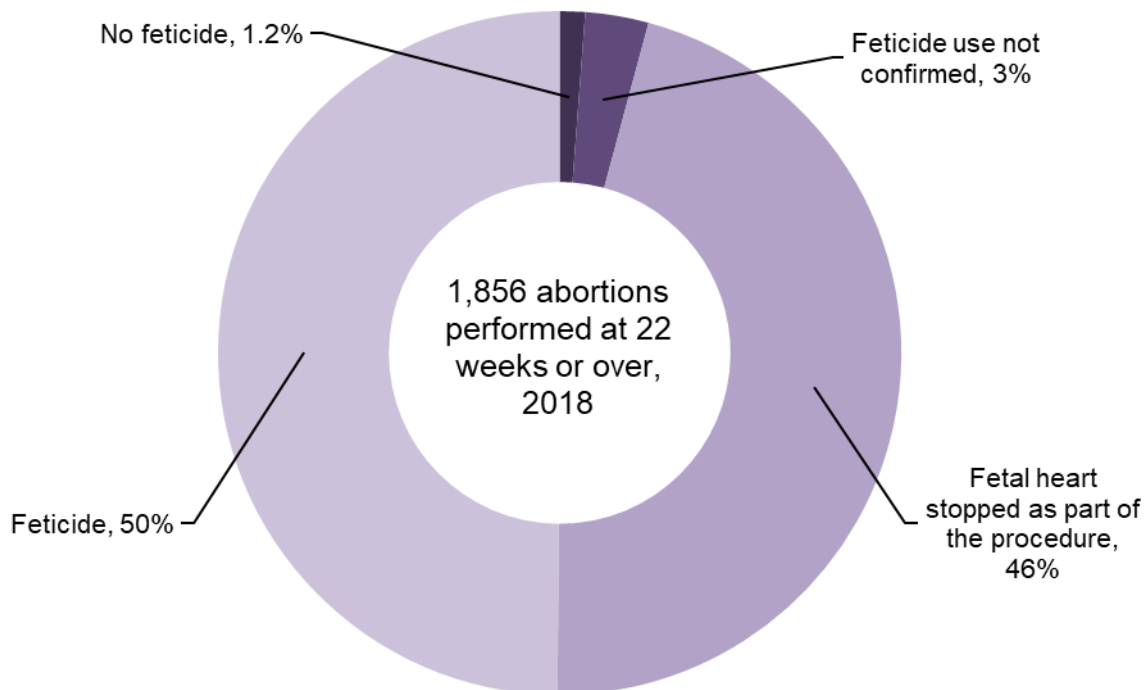
2.36 In 2018, 83% of abortions under ten weeks were medical abortions compared with 46% in 2008. (Table 7a).

2.37 The availability of medical abortions 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 (73% in 2008 compared with 80% in 2018). 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 24% of all abortions in 2018; and Dilatation and Evacuation (D&E) for 5% 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 2018, of the 1,856 abortions performed at 22 weeks and over, 51% were reported as preceded by a feticide and a further 45% were performed by a method whereby the fetal heart is stopped as part of the procedure. 23 (1.2%) of abortions at 22 weeks or beyond were confirmed as having no feticide. For the remaining 51 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, 2018



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 2018, 320 women (0.2%) were reported as having duration of stay of one or more nights in a hospital or clinic after their abortion. 134 of these stays (3.7%) 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, 2018

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	7	0.0%
10 - 12	27	0.1%
13 - 19	152	1.1%
20 and over	134	3.7%
All gestations	320	0.2%

Complications

2.41 Complications were reported in 336 cases in 2018, a rate of one in every 597 abortions (1.7), which is slightly higher than the rate in 2017 (1.6) and in 2008 (1.5) (Table 8).

Selective terminations

2.42 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.

2.43 In 2018, there were 111 abortions which involved selective terminations, which is the same as the number in 2017. In most cases (67%, 74 cases) this involved the reduction from 2 fetuses to 1 fetus. Over three quarters (86%) of the selective terminations were performed under ground E.

Table B: Selective reduction abortions by number of original fetuses, England and Wales, 2018

Year	Original number of fetuses					
	Total	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
2018	111	74	30	6	1	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

2.44 Abortions that are selective abortions are more likely to be for women who are married (66% of women who have a selective reduction are married or in a civil partnership compared to 15% for all women who had an abortion), aged 30 and over (79%, compared to 37% of all women who had an abortion) and are less likely to have had a previous abortion: 5% of cases reported a previous abortion compared to 39% for all women.

Chlamydia screening

2.45 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.

2.46 Analysis of analysis of HSA4 forms shows that 90% of women having abortions in 2018 were offered chlamydia screening, up from 73% in 2008. (Table 3a.x). The figure for women aged under 20 is slightly higher than that for all women (96%).

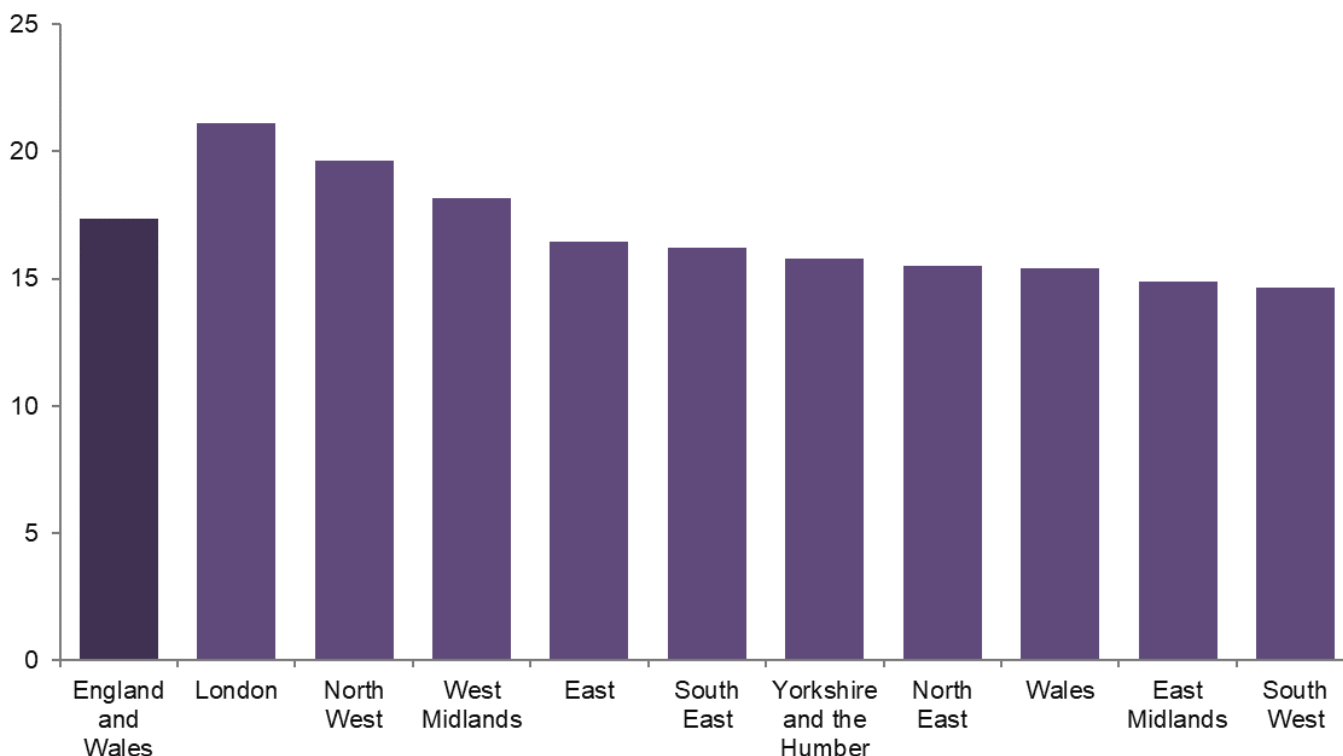
Area of residence within England & Wales

2.47 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.

2.48 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 2018 ranged from 24% to 51% across LAs. (Table 11b).

2.49 There are also variations across larger regions. Rates of abortion are highest in London (21.1 per 1,000 women aged 15-44) and lowest in the South West (14.6 per 1,000 women). (Figure 8).

Figure 8: Abortion rates, per 1,000 women aged 15-44, by region in England and Wales, 2018



Women resident outside England and Wales

- 2.50 In 2018, there were 4,687 abortions to women recorded as residing outside England and Wales. Most non-residents came from from the Irish Republic (61%) and Northern Ireland (22%). (Table 12a and Figure 9a).
- 2.51 The number of abortions to non-residents increased between 2017 to 2018 by 54, from 4,633 in 2017 to 4,687. Since 1970, the number of abortions to non-residents has generally been falling, the figure in 2017 was the lowest in any year since 1969. (Table 1 and Table 12a).
- 2.52 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 28th May 2018.

Abortions for women from Northern Ireland

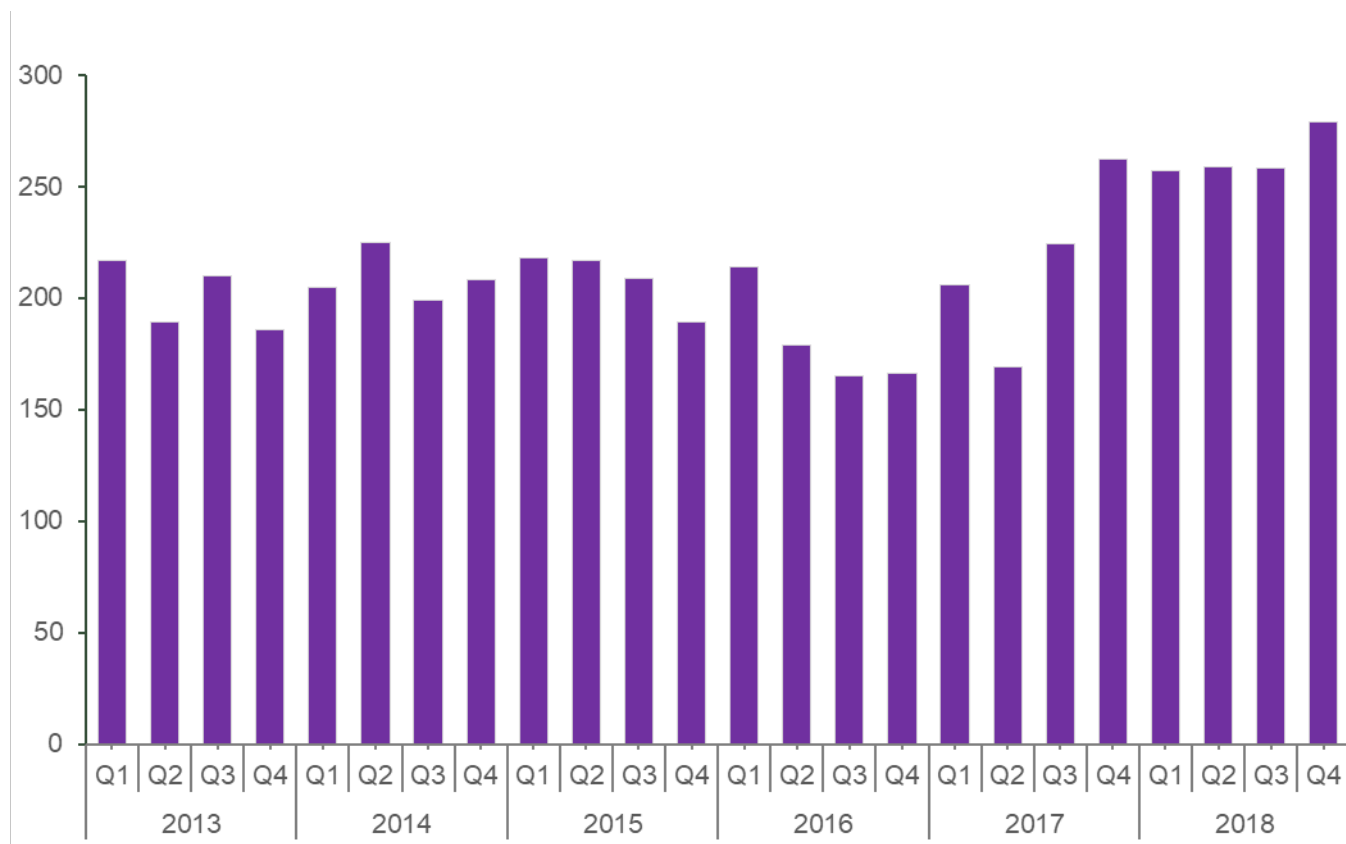
- 2.53 On 29 June 2017 the Government announced that it would fund, via the Government Equalities Office (GEO), abortions for women ordinarily resident in Northern Ireland. The Central Booking System went live on 8th March 2018.
- 2.54 The Abortion Act 1967 does not extend to Northern Ireland and an 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.
- 2.55 This section looks in more detail at trends in women resident in Northern Ireland having abortions in England and Wales throughout 2018 and since the announcement.
- 2.56 In 2018 there were 1,053 abortions for women from Northern Ireland. This is an increase of 192 from 2017. However, looking at the historical series, numbers of Northern Ireland residents having an abortion in England and Wales is lower than when it reached a peak of 1,855 in 1990.
- 2.57 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 2018, 2,879 women from the Republic of Ireland had an abortion in England and Wales, less than half the number than in 2001 and a 5% decline from 2017 (Table 12a and Figure 9a).

Figure 9a: Number of abortions for residents of Northern Ireland and the Irish Republic: 1970 to 2018



- 2.58 There has been an increase in the number of women from Northern Ireland having an abortion in England and Wales since the funding announcement.
- 2.59 In May 2018 the ban on abortion in Republic of Ireland was overturned, repealing the eighth amendment of the constitution. Abortion services are currently being rolled out and it is too early to see any changes in the statistics for 2018, but trends in women coming from the Republic of Ireland and Northern Ireland will continue to be monitored.

Figure 9b: Number of abortions for residents of Northern Ireland, quarterly data, 2018



Abortion rates by Index of Multiple Deprivation deciles

2.60 The Index of Multiple Deprivation, (IMD) is divided into 10 deciles. Decile 1 is the most deprived and decile 10 the least deprived. It is calculated using 7 weighted domains. Abortion rates for each decile were calculated at national and regional levels and by age ranges. For further information about the indices see:

[English Index of Multiple Deprivation 2015](#)

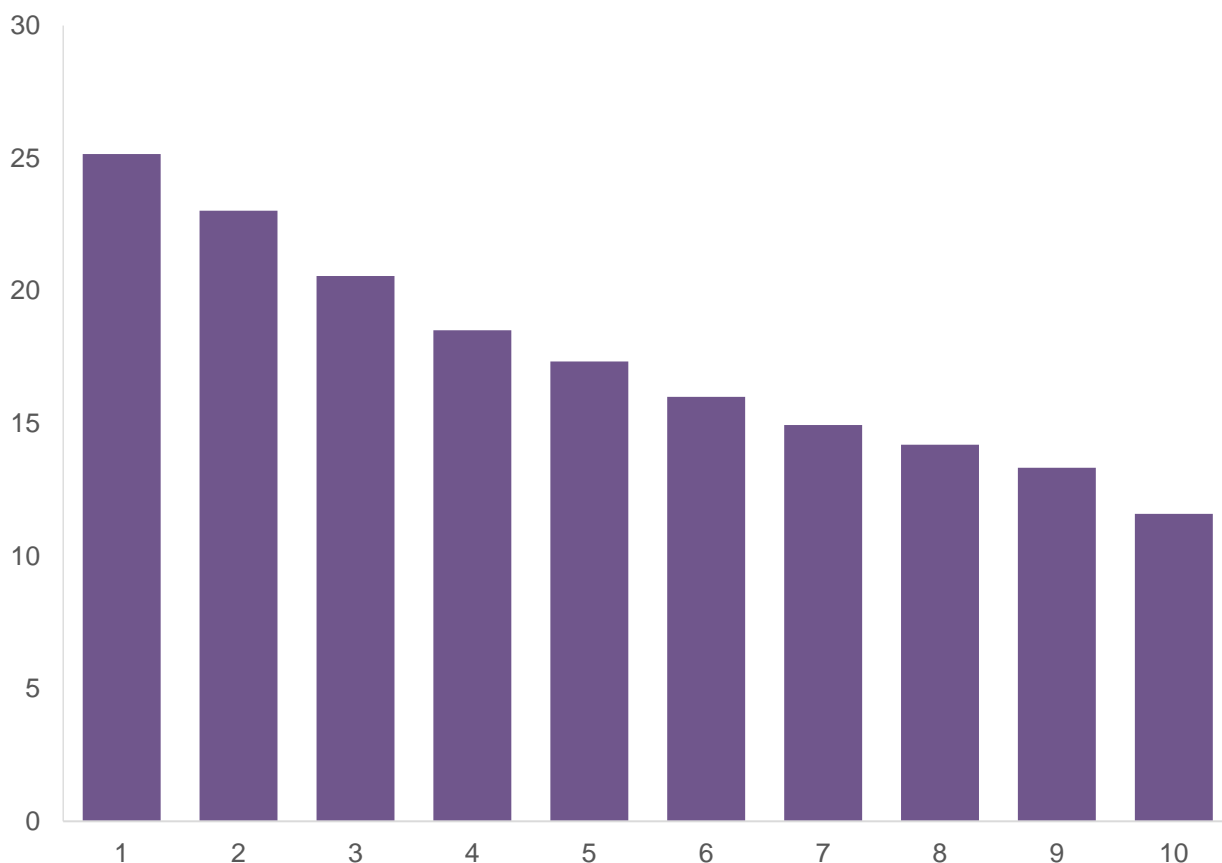
[Welsh Index of Multiple Deprivation 2014](#)

2.61 This is a new way of analysing the abortion data we hold. After age is considered, deprivation is also a key factor. This means: of two women of the same age, the one from the area of greater deprivation is more likely to have an abortion.

Regional analysis by IMD

2.62 Abortion rates increase as levels of deprivation increase (Figure 10). The rate in the most deprived decile is 25.2. This is over twice the rate in the least deprived decile of 11.6.

Figure 10: Crude abortion rate, England and Wales, by IMD decile, 2018

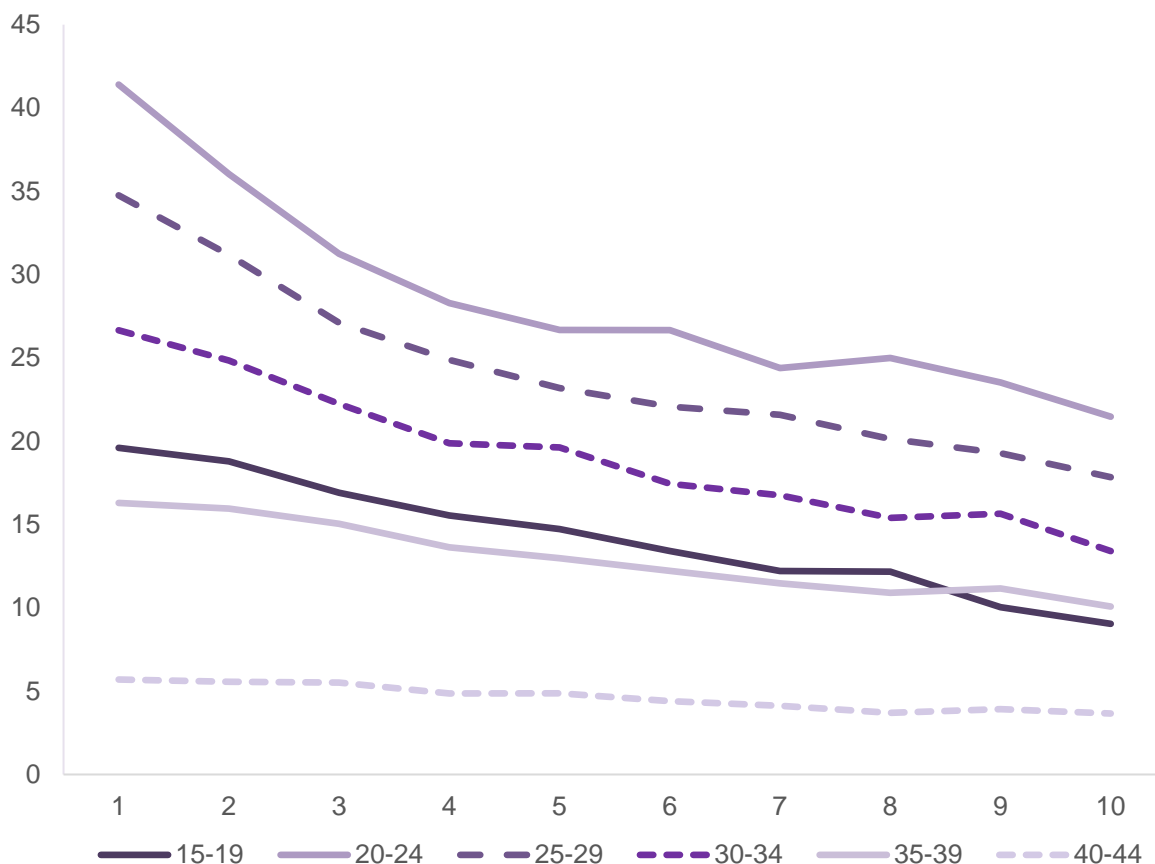


2.63 The trend of abortion rates increasing as levels of deprivation increase remains consistent when the abortion data is studied at both regional and national level (Table 14). The largest difference in rates between the most and least deprived deciles is for London, (29.1 - 13.0), and the smallest for the East Midlands, (21.7 - 11.5).

Age range analysis by IMD

2.64 The trend of rates increasing as levels of deprivation increase is also persistent across all age ranges, despite differing sample sizes (Figure 11).

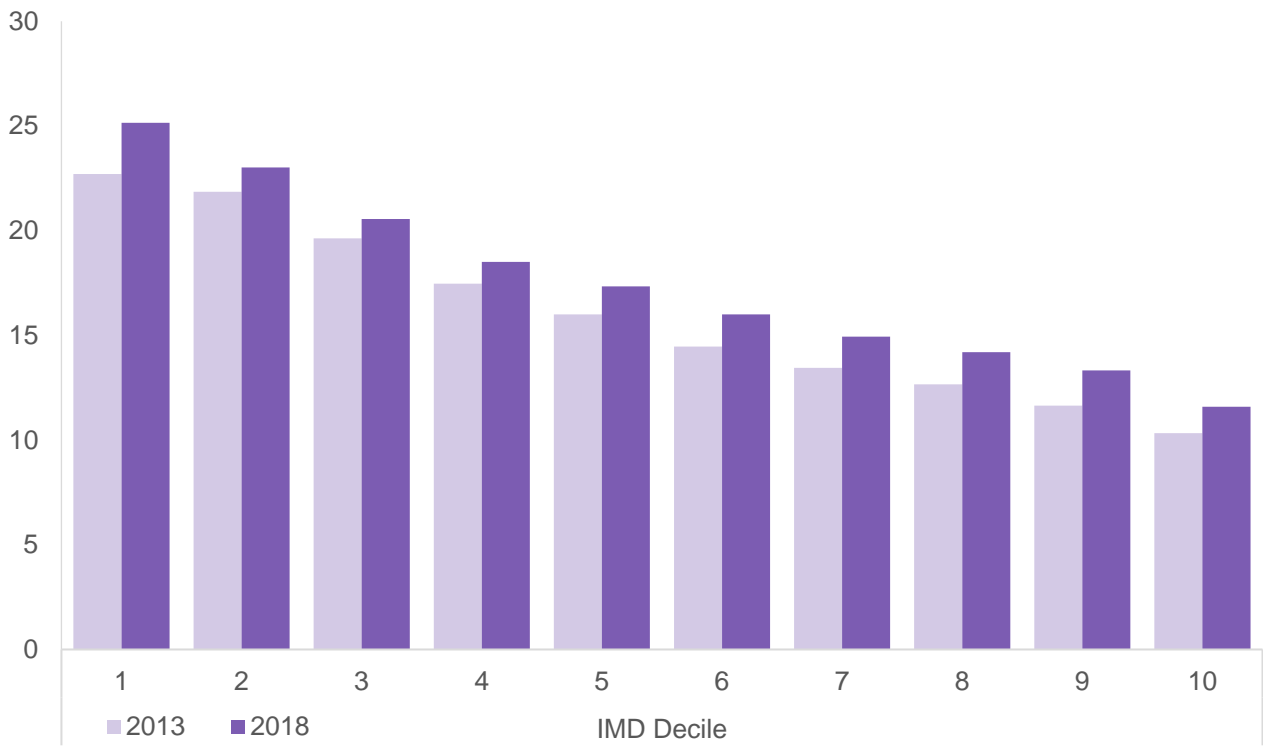
Figure 11: Crude abortion rate, England and Wales, by age and IMD decile, 2018



Comparison over time by IMD

2.65 The same trend has persisted over time. Crude abortion rates for 2013 and 2018 both show abortion rates increasing as levels of deprivation increase, and that rates have increased in all IMD deciles between these dates (Figure 12).

Figure 12: Crude abortion rate, England and Wales, by IMD decile, 2013 and 2018



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