



Jersey Abortion Statistics 2015

June 2016

States 
of Jersey

The States of Jersey Department for
Health & Social Services

Health Intelligence Unit
healthintelligence@health.gov.je

Document purpose	Jersey Abortion Statistics 2015
------------------	---------------------------------

Title	Jersey Abortion Statistics 2015
Author	Health Intelligence Unit
Publication date	8 July 2016
Target audience	Public
Circulation list	HSSD staff, CMEX, Statistics Unit.
Description	Annual report on Abortions conducted in Jersey in 2015 under the Termination of Pregnancy (Jersey) Law 1997. Information on demography, the method and the grounds for termination are presented.
Data Sources	Notifications (to the Medical Officer of Health) of abortions performed under the Termination of Pregnancy (Jersey) Law 1997
Date that data are acquired	Data normally extracted in June for the previous calendar year.
Frequency	Annual
Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provisions of services and provides comparative information. To respond to information requests for a variety of customers e.g. researchers, charities, public companies, Freedom of Information requests. To provide information to support answers to Ministerial Questions.
Accuracy	Information on forms is clerically checked, with additional validations on data entry. Data also compared to previous years' figures.
Completeness	Generally considered complete
Value Type	Numbers, percentages and crude rates are presented.
Amendment history	
Officer	Amendment date and detail
K Jervis & M Clarke	<p>Report compiled June 2016 using 2015 abortion data, compiled from Termination of Pregnancy notification forms returned to the Jersey Medical Officer of Health for calendar year 2015.</p> <p>Report updated to include comparative statistics for England which were released on 1 June 2016.</p>
Contact details	HealthIntelligence@health.gov.je

Embargo/confidentiality	Embargoed until 00:01 8 July 2016
-------------------------	-----------------------------------

Abortion Statistics for Jersey 2015

Summary:

This is the fifth report in the series of annual Abortion Statistics derived from the Notifications to the Jersey Medical Officer of Health under the Termination of Pregnancy (Jersey) Law 1997. This release includes annual data to December 2015.

Key Findings:

In the year ending December 2015:

- 191 abortions were performed in Jersey. This was an increase (14 per cent) on the previous year, however 2014 had itself been the lowest number recorded since 2000;
- The abortion rate was 10 abortions per 1,000 women aged 15-44 years, higher than in 2014 (8 per 1,000); but lower than the rate seen at the start of the century (15 per 1,000 in 2001);
- More than half (54 per cent) of abortions conducted in 2015 were to women between the ages of 20 and 29;
- The under-16 abortion rate was 1 per 1,000 in 2015, this number has remained the same for the past five years; and the under-18 rate was 2 per 1,000 in 2015 compared with 4 per 1,000 in 2014 and 5 per 1,000 in 2013;
- The surgical procedure vacuum aspiration was used in just over half (52 per cent) of all abortions in 2015, compared with 96 per cent a decade earlier; this is the lowest rate recorded in Jersey since 2000.
- Whilst there was an increase (12 per cent) in the numbers of women having a first abortion from 2014 to 2015, the percentage of women having a first abortion remains at a similar rate to the 2000-2014 average (74 per cent);
- 85 per cent of abortions were performed before the 10th week of the pregnancy; the rate has remained around this figure since 2011;
- The majority (98 per cent) of abortions were undertaken due to distress of the women (Ground D), whilst the remaining 2 per cent were conducted because of foetal abnormalities (Ground C);
- In 2015, 9 Jersey residents had an abortion in England and Wales, nearly double the number (5 abortions) in 2014. Whilst this is an increase on 2014 it is similar to the average since 2010.

Introduction:

Induced abortion (also referred to as a 'termination of pregnancy') is carried out under the terms of the Termination of Pregnancy (Jersey) Law 1997. There is a legal requirement to notify the Medical Officer of Health in Jersey of all terminations carried out in Jersey. The Health Intelligence Unit is responsible for the collation of data derived from notifications on behalf of the Medical Officer of Health.

All notifications are validated prior to analysis. Occasionally, this results in information queries being sent to the named contact in the setting where the termination occurred. Data quality is, therefore, considered to be high and given the timescale in reporting on calendar year 2015 abortions, any omissions or administrative errors in submitting notification forms will have been rectified over this time period.

This report is the fifth in a series of annual reports on abortions taking place in Jersey each year. The reports are intended to make publically available information relating to abortions being carried out in the Island. Information on demography, methods used and grounds for termination are presented using numbers, percentages and crude rates where appropriate. The report on abortions taking place during 2016 will be available in June 2017.

Legislative context:

It is the legal requirement under Article 10 of the Termination of Pregnancy (Jersey) Law 1997 that any medical practitioner carrying out a termination in Jersey supplies information relating to the termination to the Jersey Medical Officer of Health. Within the terms of the Termination of Pregnancy (Jersey) Law 1997, only a registered medical practitioner can terminate a pregnancy.

Prior to 2005 Article 9 of the above law also required the Medical Officer of Health to lodge an annual report with the States of Jersey. The information contained in the report was derived from the notification forms (Certificate F) and summarised to aggregate numbers. Since 2005, information on abortions has been provided on an ad hoc basis. This series of reports is designed to make this information available annually and to provide answers to requests for information from a variety of sources, including Freedom of Information requests.

A legally induced abortion must be certified by one (or more where necessary) medical practitioners as justified under one of the following grounds:

- A. the termination was immediately necessary to save the life of the women (Termination of Pregnancy (Jersey) Law 1997 as amended, section 2 (1))
- B. the termination was necessary to save the life of the women or to prevent grave permanent injury to her physical or mental health (section 2 (2)(a))

- C. 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 2 (2)(b))
- D. the woman's condition causes her distress and the requirements for consultation ('first consultation') have been complied with, the termination being carried out before the end of the twelfth week of pregnancy and the woman is ordinarily resident in the Island or has been resident in Jersey for the period of 90 days immediately preceding that day (section 2 (2)(c)).

How the statistics are produced:

The medical practitioner taking responsibility for a termination of a pregnancy is legally required to notify the Medical Officer of Health within 14 days of the termination. Notification forms (Certificate F) are submitted on paper.

The Health Intelligence Unit use a process for inspecting and recording the information received in order to monitor compliance with the legislation and the Medical Officer of Health is notified of any major discrepancy. The methods used ensure accurate, high quality statistics.

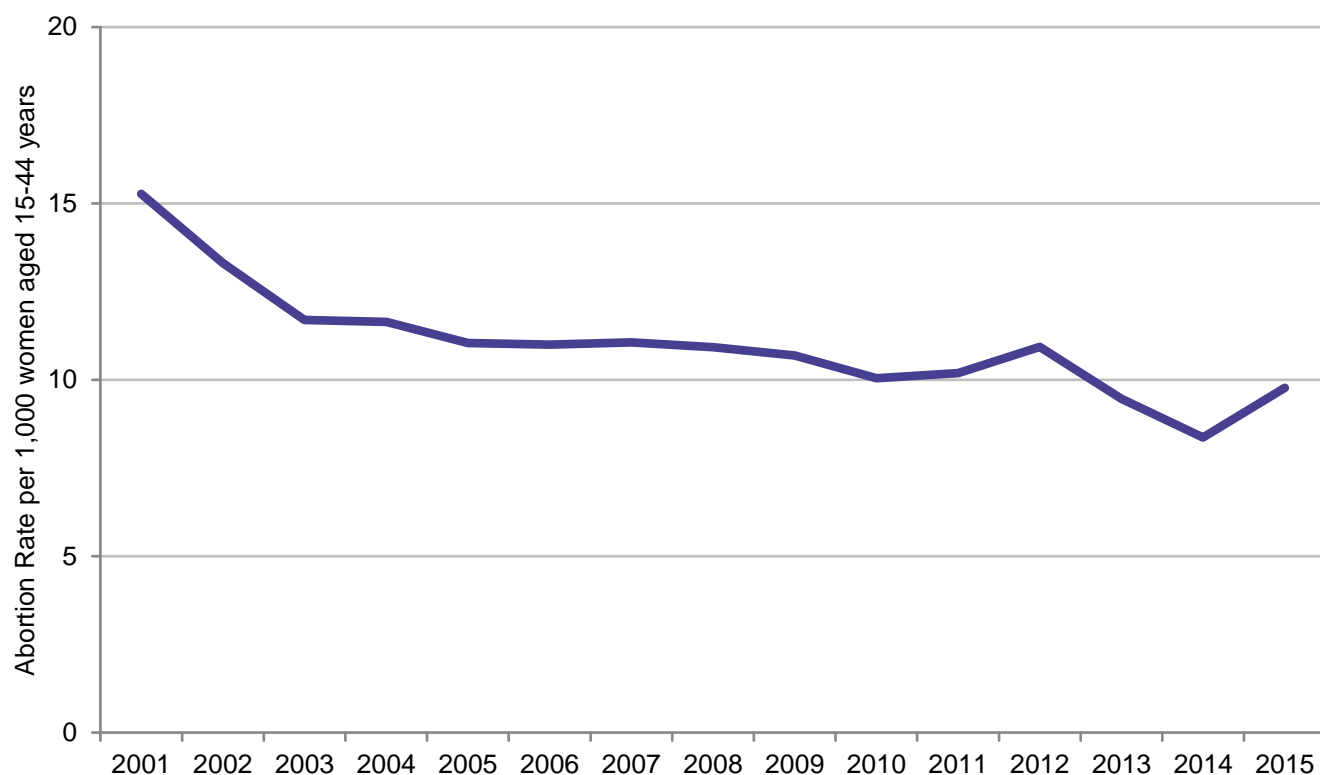
The data reported on includes the suppression of small numbers, where necessary, to avoid the disclosure of personal data.

Overall Number and rate of Abortions

A total of 191 abortions were performed in Jersey in the year ending December 2015, representing an increase of 14 per cent on the previous year, 2014. While this may be a significant increase, the 2014 figure was itself, the lowest number of abortions reported for Jersey since the introduction of the Termination of Pregnancy (Jersey) Law 1997. The 2015 figure is lower than the figures recorded for 2000-2012.

The abortion rate (abortions per 1,000 women aged 15-44 years) was 10 in 2015. Whilst this is an increase on the 2014 rate (8 per 1,000) it maintains the low rate seen in recent years and a significant decrease from that recorded in the early 2000's (see Figure 1).

Figure 1: Annual (crude) abortion rate per 1,000 women aged 15-44 years



The abortion rate for Jersey has been consistently lower than that seen in England and Wales (Figure 2) and marginally lower than that seen for Scotland in recent years (Table 1).

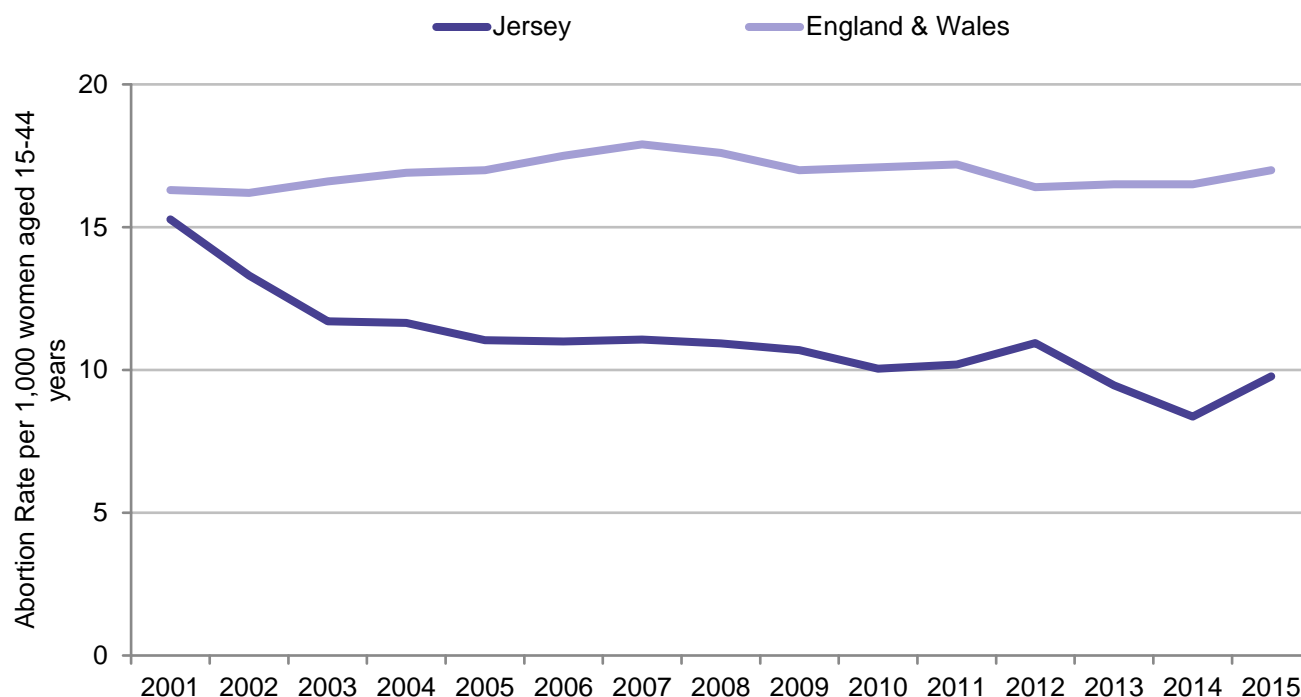
Table 1: Annual (crude) abortion rate per 1,000 women aged 15-44 years for Jersey, England & Wales and Scotland, 2013-2015

Year	Jersey		England & Wales		Scotland	
	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate
2013	187	9	185,331	16.5	11,908	11.4
2014	164	8	184,571	16.5	11,761*	11.3*
2015	191	10	185,824	17.0	12,066	11.6

Source: Jersey Health Intelligence Unit, Department of Health, Information Services Division Scotland

*2014 figures revised

Figure 2: Annual (crude) abortion rate per 1,000 women aged 15-44 years, Jersey and England & Wales



Source: Jersey Health Intelligence Unit, Department of Health Abortion Statistics England & Wales 2014

The total period abortion rate measures the average number of abortions that a women would have during their life (based on current age-specific abortion rates). The total period abortion rate for Jersey in 2015 was 0.3 or 300 abortions per 1,000 women. This compares with the latest available rate for England and Wales¹ of 0.49 in 2014.

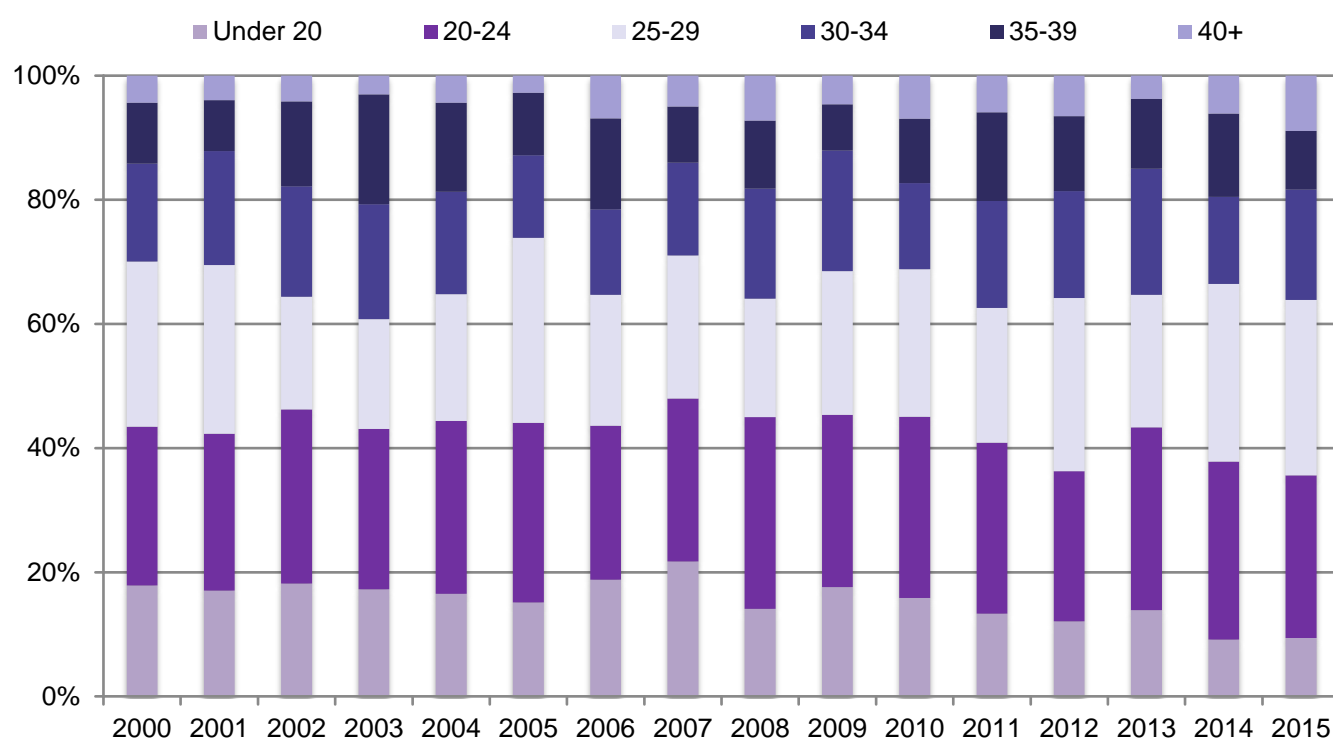
Age of women

In Jersey, women aged 20-29 years have more abortions than any other age group, accounting for over half (54 per cent) of all abortions performed in 2015 (Figure 3). Within this, there were slightly higher numbers of 25-29 year olds (28 per cent) who had a termination, rather than 20-24 year olds (26 per cent).

Around one in every 11 abortions (9 per cent) was carried out for women aged 40 years and over in 2015.

¹ HSCIC Indicator P00609 for England & Wales 2014, published January 2016, available from www.indicators.ic.nhs.uk

Figure 3: Percentage of abortions by age of women, 2000-2015



The Jersey abortion rate for women aged 15-19 years has increased up from 6 per 1,000 in 2014 to 7 per 1,000 in 2015. However there continues to be a trend of a notable and significant decrease in the Jersey abortion rates for women aged 15-19 years, down from 23 per 1,000 in 2001.

The under-16 abortion rate was 1 per 1,000 in 2015, similar to that seen in the previous five years, and the under-18 rate was 2 per 1,000 in 2015 compared with 4 per 1,000 in 2014. Comparative rates for England and Wales in 2015² were 2.0 and 9.9 per 1,000 for under-16 and under-18, respectively.

Marital Status

Just under half (46 per cent) of abortions in 2015 were carried out for single women, whilst around a third (29 per cent) were for co-habiting women. This latest year continues the trend from 2014 of increased proportions of co-habiting women being seen since the category of co-habiting was added to forms in 2009. Between 2009 and 2013, co-habiting women constituted on average 16 per cent of annual abortions.

The proportion of married women having an abortion in 2015, nearly a fifth (19 per cent), remained similar to previous years.

² Abortion Statistics, England and Wales, 2015; Department of Health, published 1 June 2016, available from www.dh.gov.uk

Statutory Grounds for Abortion

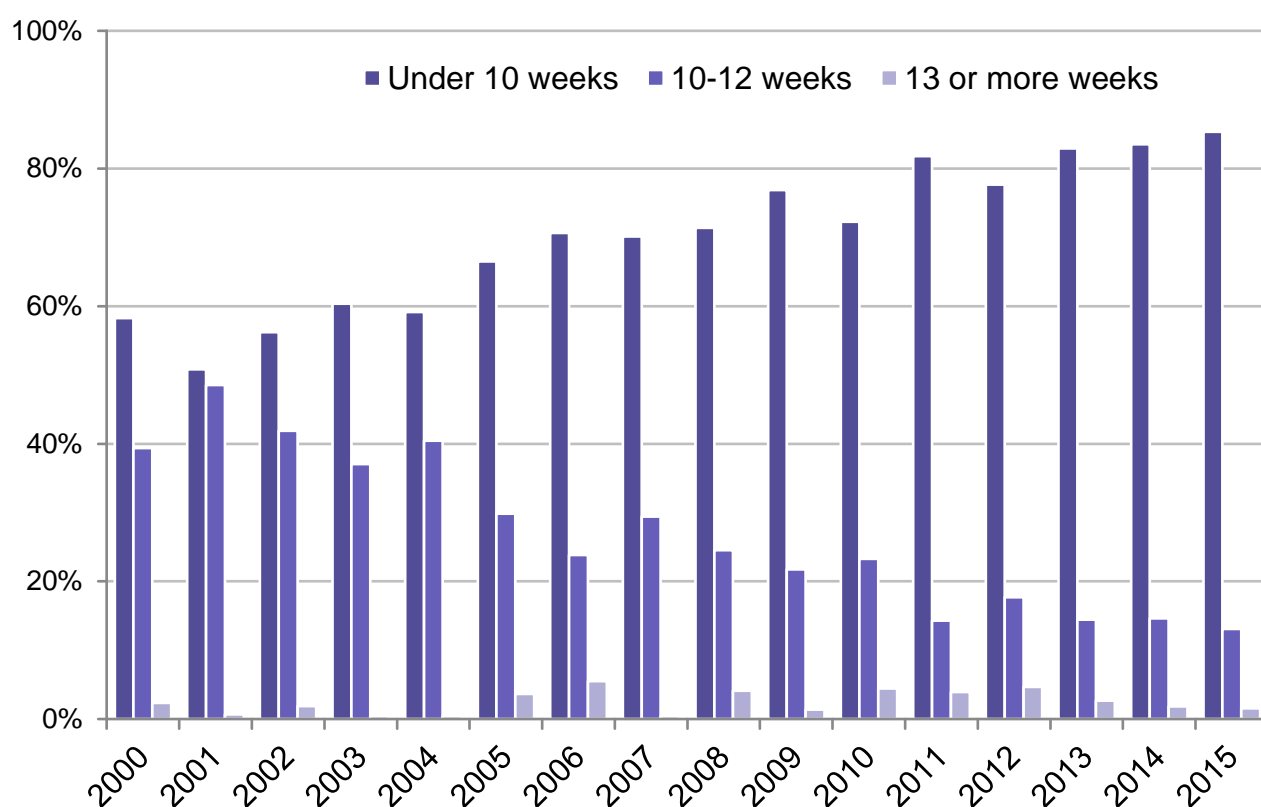
In 2015, the vast majority (98 per cent) of abortions were undertaken due to distress of the women, whilst the remaining 2 per cent were conducted because of foetal abnormalities.

Gestation Period

A greater proportion of abortions are now performed earlier in the pregnancy, relative to a decade ago. In 2015, over four fifths (85 per cent) of abortions were performed in the 9th week of gestation or earlier, compared with around two-thirds (67 per cent) a decade earlier, in 2005. In contrast, 13 per cent of abortions were performed between the 10th and 12th week in 2015, compared with 30 per cent in 2005. Evidence shows that the risk of complications from abortions increases the later the gestation.

A similar trend has been seen in England and Wales.

Figure 4: Abortions by gestation, 2000-2015

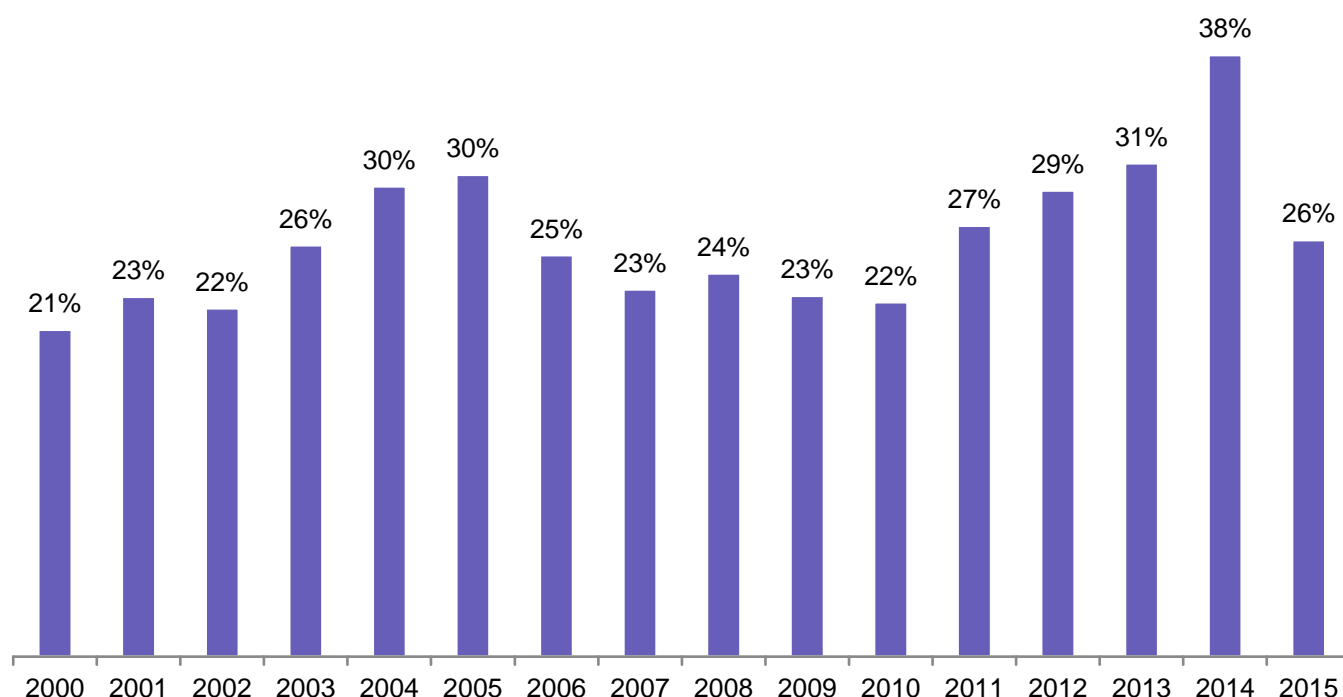


There were no abortions in 2015 where gestation exceeded twenty-four weeks.

Previous Abortions

In 2015, around a quarter (26 per cent) of women undergoing abortions had had one or more previous terminations. This is a significant decrease of 12 per cent on the 2014 figure, which represented the greatest proportion recorded to date (Figure 5). The 2015 figure is a return to the 2006-2011 proportions. This latest figure is significantly lower than that seen for England & Wales³ of 38 per cent in 2015.

Figure 5: Percentage of women who had one or more previous abortions, 2000-2015



Around a sixth (15 per cent) of abortions to women aged under 25 in 2015 were to women who had one or more previous abortions. This was lower than 2014 where the figure was around a quarter (24 per cent).

Previous Obstetric History

In 2015, around half (49 per cent) of women undergoing abortions had one or more previous pregnancies that resulted in a live or stillbirth. Just under a fifth (18 per cent) of women had a previous pregnancy resulting in a miscarriage.

³ Abortion Statistics, England and Wales, 2015; Department of Health, published 1 June 2016, available from www.dh.gov.uk

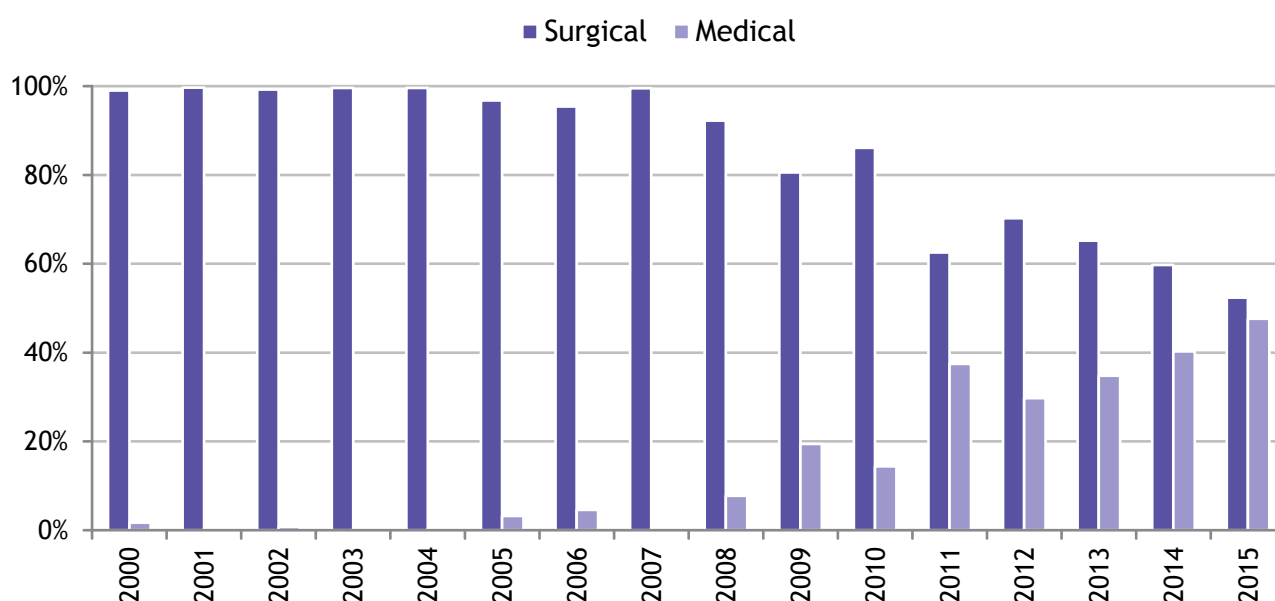
Method of Termination

Different methods may be used to terminate a pregnancy, depending on the duration of the gestation, and other circumstances relating to the individual woman. There is one principal medical method, involving the use of abortifacient drugs. The main surgical methods are vacuum aspiration, recommended at up to 15 weeks gestation, and dilation and evacuation (D&E) recommended where gestation is greater than 15 weeks.

Medical methods accounted for 48 per cent of the total in 2015. The proportion of medical abortions has increased since 2008, before which less than one in ten abortions used this method (Figure 6). In 2015, just under half (46 per cent) of abortions were medical abortions under ten weeks. The choice of early medical abortion as a method of abortion is likely to be contributing to the increase in the overall percentage of medical abortions. Early medical termination is less invasive than a surgical procedure and does not involve use of anaesthetics.

The surgical procedure vacuum aspiration was used in just over half (52 per cent) of all abortions in Jersey in 2015. In 2005, 96 per cent of all terminations were completed using this method.

Figure 6: Percentage of abortions by method, 2000-2015



Complications and Deaths

Complications were reported in 4 per cent of abortions in 2015. There were no deaths reported.

Place of residence

In 2015, there were no terminations to women who were temporarily resident in the Island.

Abortions carried out for Jersey Residents in England and Wales

In 2015, 9 Jersey residents had an abortion in England and Wales, as reported in the Abortion Statistics, England and Wales annual reports⁴. Whilst this is an increase on 2014 figure (5 abortions) it is similar to the average figure since 2010. The number of abortions performed each year in England and Wales for Jersey residents has ranged from 5 to 24 in any one year since 2003.

Background Notes

1. Abortion is defined as foetal loss excluding stillbirths. Induced abortions are those initiated voluntarily with the intention of terminating a pregnancy. All other abortions are called spontaneous abortions (miscarriages), even if an external cause is involved, such as injury or high fever.
2. All abortion statistics and derived abortion rates included in this report are based on legally induced abortions registered in Jersey. In Jersey the grounds on which an abortion is permitted are described in the Termination of Pregnancy (Jersey) Law 1997. In any year, 94-100 per cent of abortions are performed because of (serious) danger to the mental health of the woman. No information is available on spontaneous abortions.
3. All notifications are validated prior to analysis. Occasionally, this results in information queries being sent to the named contact in the setting where the termination occurred. This report is published six months in arrears to allow any queries to be dealt with prior to publication.
4. The results are based on analysis of all abortions occurring in Jersey in calendar year 2015 that were notified to the Medical Officer of Health.
5. A crude abortion rate refers to the number of abortions per 1,000 women aged 15-44 years.
6. Total period abortion rates use the age-specific abortion rates to measure the average number of abortions per woman, or 1,000 women during their life. For comparative purposes, the rate is based on women aged 11-49 years, as per the HSCIC indicator; for more information on this indicator see www.indicators.ic.nhs.uk.
7. Percentages may not add up to 100 per cent due to rounding.

⁴ Abortion Statistics, England and Wales, 2015; Department of Health, published 1 June 2016, available from www.dh.gov.uk

8. This report provides statistics on a number of areas which have policy relevance. This report is also designed to answer Freedom of Information requests and information requests from a number of customers e.g. researchers, epidemiologists and charities.
9. Jersey rates for annual data are calculated using the average of the two corresponding end-year population estimates as published by the States of Jersey Statistics Unit. This estimate of the mid-year population assumes that half of births, deaths and migration occurs in the first half of the calendar year.
10. The 2015 population update published by the states of Jersey Statistics Unit included a revised population estimate for 2014. Therefore, figures for 2014 contained in this report have been updated to take account of the new population figure for 2014.
11. All enquiries and feedback should be directed to:

Health Intelligence Unit
Public Health
Maison Le Pape
The Parade
St Helier
JE2 3PU
HealthIntelligence@health.gov.je.