
Subject: Abortions Report 2024
Date of report: 19 June 2025

Introduction

This Public Health Annual Report on abortions provides a comprehensive overview of termination of pregnancy trends, statistics, and insights for the year 2024.

The report aims to inform policymakers, healthcare providers, and the public about the current state of abortion services, highlighting key data on abortion rates, methods, and demographics.

Through detailed analysis, the report seeks to support informed decision-making and enhance understanding of the factors influencing termination trends in our community. This year's findings will help guide future public health strategies and improve reproductive health services.

Background

An abortion is a procedure to end a pregnancy, also referred to as 'termination of pregnancy' or TOP. Induced abortion 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 of all abortions carried out in Jersey. Public Health Jersey collate the data derived from these notifications. A full data table is provided in the Appendix.

Data Completeness and Quality

This report is based on data from Termination of Pregnancy Certificate submissions, which provide essential details on abortion care in Jersey.

Of the 280 terminations recorded in 2024, around five certificates were not available at the time of reporting. As a result, there may be slight undercounts in some indicators (e.g. gestational age, method, or repeat abortions). However, overall trends are unlikely to be significantly affected.

Public Health continues to work with healthcare providers to improve data completeness in future reports.

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Summary of findings

In 2024:

- around 280 abortions were reported in Jersey, an increase from 260 in 2023 and the highest annual figure since 2002
- Jersey's abortion rate reached 14.9 per 1,000 women aged 15–44, however, this increase from 13.9 in 2023 was not statistically significant; the gap with England and Wales continues to narrow
- the abortion ratio rose to 390 per 1,000 live births, the highest on record for Jersey and above rates reported in Great Britain, Sweden, and the EU average
- 93% of abortions in Jersey occurred before 10 weeks' gestation, a figure broadly in line with early access levels in England and Wales (90% in 2022); this continues Jersey's steady improvement since the early 2000s
- medical abortions accounted for 92% of terminations, continuing the long-term shift away from surgical procedures
- fewer than five abortions were carried out in England and Wales for Jersey residents, in line with recent years

In 2022-2024:

- the highest abortion rate was among women aged 25–29, rising to 25.7 per 1,000 - a statistically significant increase and the highest ever recorded for this group
- rates also rose among women aged 30–34 and 40+, continuing gradual upward trends, while remaining stable for under-20s and those aged 20–24
- 73% of abortions were first-time terminations; 20% were second abortions, and 6% involved women with three or more previous abortions
- among women under 25, 19% of abortions were repeat terminations, a stable trend over the past two decades and notably lower than the 28% reported in England

Abortion Statistics

In 2024:

- there were around 280 abortions notified as having taken place in Jersey,¹ a slightly higher figure than 2023 (260); the 2024 total remains significantly higher than the average for the period since 2003 (210)
- looking at longer-term trends, abortion numbers declined steadily between 2001 and 2014, falling from 310 to a low of 160; since then, the figures have fluctuated modestly before rising more consistently in recent years; the increase from 190 abortions in 2020 to 280 in 2024 represents a 52% rise over a four-year period
- the number of abortions performed in England and Wales for Jersey residents has generally declined over the past two decades. From a peak of 24 in 2007, the number has fluctuated year to year but shows a clear downward trend, falling to fewer than 5 cases annually since 2020

Figure 1: Number of abortions carried out annually, Jersey, (2000 to 2024)



Source: Health and Care Jersey
Rounded to the nearest 10

Abortion rate: abortions per 1,000 women aged 15-44 years

The abortion rate is important because it measures the level of abortion in the population of women at risk of pregnancy. It allows for comparisons over time and between populations.

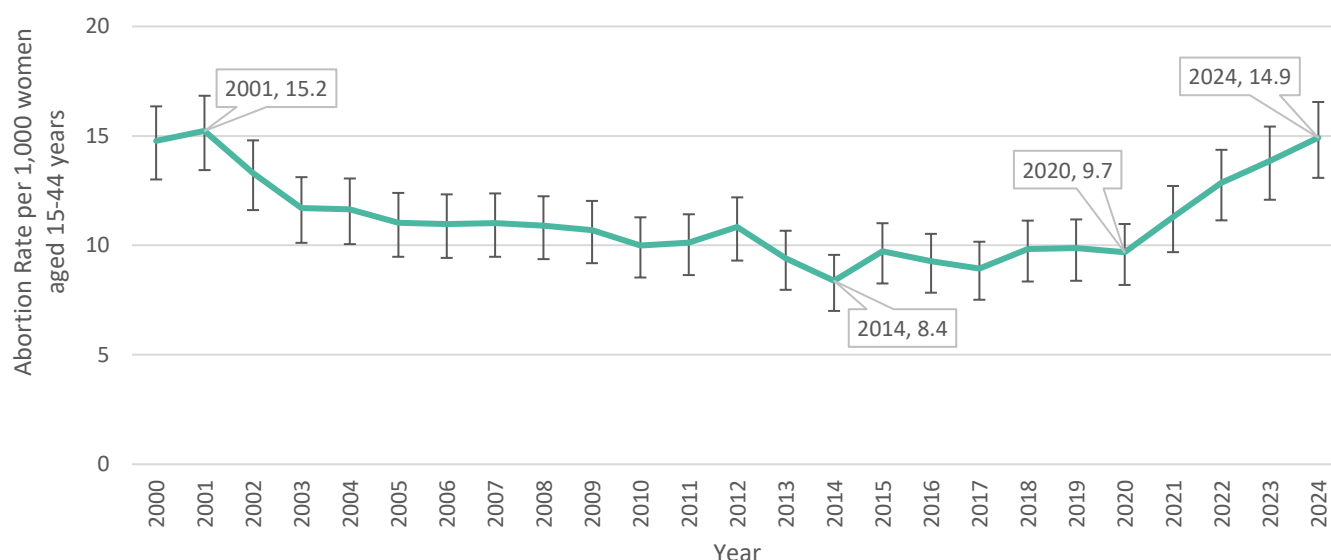
In 2024:

- in 2024, the abortion rate reached 14.9 per 1,000, continuing a marked increase from 9.7 in 2020
- abortion rates in Jersey declined steadily from a peak of 15.2 per 1,000 women aged 15–44 in 2001 to a low of 8.4 in 2014; however, the trend has reversed in recent years

A full data table for abortion rate per 1,000 women aged 15-44 years can be found in Appendix table A1.

¹ The commentary, charts and tables relate to abortions carried out in Jersey for Jersey residents only. Figures do not include abortions for Jersey residents that are carried out in England or outside the UK

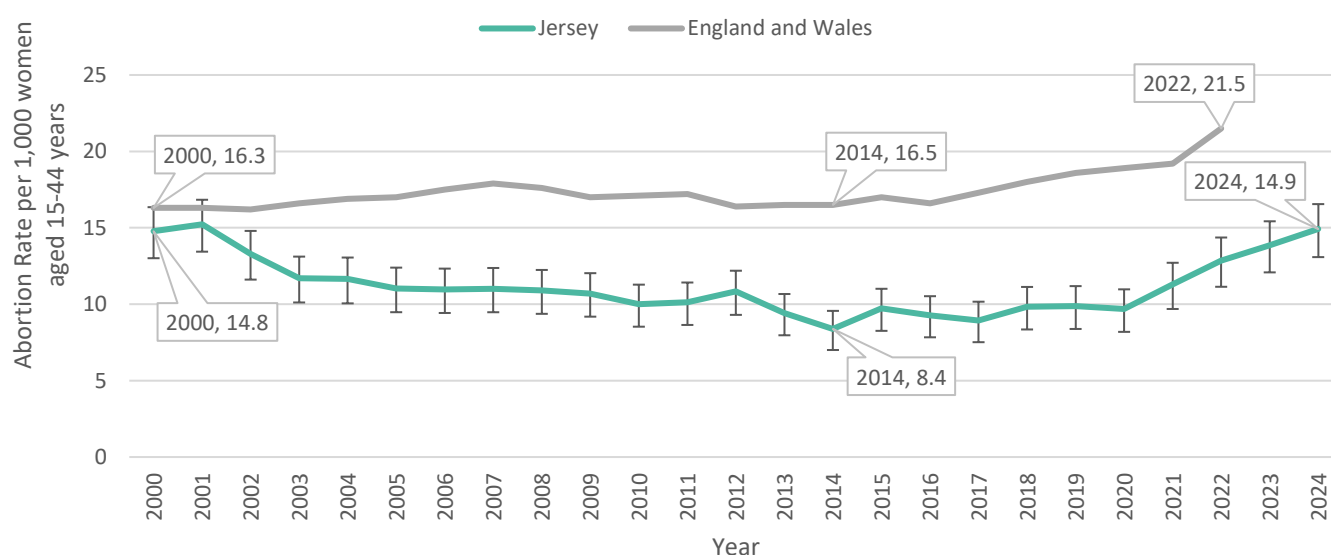
Figure 2: Abortion rate per 1,000 women aged 15-44 years, Jersey (2000 to 2024)



Source: Health and Care Jersey

- between 2002 and 2024, Jersey's abortion rate has consistently remained lower than that of England and Wales.
- Jersey's rate declined steadily from 14.8 in 2000 to a low of 8.4 in 2014, when the rate in England and Wales was nearly double (16.5)
- since then, the gap has narrowed and by 2024, Jersey's rate rose to 14.9, while the latest available rate for England and Wales (2022) was 21.5,² indicating ongoing convergence but with Jersey still remaining below (Figure 3)

Figure 3: Abortion rate per 1,000 women aged 15-44 years - Jersey compared to England & Wales (2000 to 2024)



Source: Health and Care Jersey

² www.gov.uk National Statistics, Abortion Statistics for England and Wales: 2022 (Abortion Statistics: Data Tables)

Table 1: Number and crude rate (number per 1,000 women aged 15-44 years) of abortions in Jersey and in England and Wales

Year	Jersey		England & Wales	
	Number	Rate	Number	Rate
2015	190	9.9	191,010	16.6
2016	180	9.5	190,410	16.6
2017	170	9.1	197,530	17.3
2018	190	9.5	205,300	18.0
2019	190	10.0	209,520	18.6
2020	190	9.8	210,860	18.9
2021	210	11.3	214,256	19.2
2022	240	12.8	251,377	20.6
2023	260	13.9	*	*
2024	280	14.9	*	*

Source: Health and Care Jersey

*2023 and 2024 abortion statistics for England and Wales not available at time of publication of this report

Abortion ratio: abortions per 1,000 live births

The abortion ratio is a key indicator that places abortion in the context of pregnancy outcomes. It reflects how common abortion is relative to live births, helping to monitor reproductive trends and inform service planning.

In 2024:

- Jersey recorded an abortion ratio of 390 abortions per 1,000 live births, the highest level seen in the past 25 years; this marks a continued year-on-year rise from 327 in 2023 and 288 in 2022 driven not only by small year on year increases in the number of abortions being conducted but also by a significant reduction in the number of live births in recent years³
- the abortion ratio had steadily declined from the early 2000s, reaching a low of 167 per 1,000 live births in 2014; however, since 2020, the trend has reversed sharply, with the ratio increasing by over 83% in just four years

Table 2 presents comparative abortion ratios for Jersey (2024), the EU average, and selected countries using the most recent available data from 2021 and 2022⁴

- Jersey's abortion ratio of 390 is notably higher than many European countries; it exceeds the most recently reported figures for Sweden (339), Great Britain (328), the EU average (199), and is significantly higher than those for Ireland (142) and Germany (141)

While international comparisons should be interpreted with caution due to variations in legislation, data collection, and service access, Jersey's relatively high abortion ratio may reflect improved access to abortion care and a broader shift in reproductive decision-making.

³ [WWW.gov.je Births and Breastfeeding Profile 2023](https://www.gov.je/Births-and-Breastfeeding-Profile-2023)

⁴⁴ World Health Organisation, European Health Information Gateway, Abortions per 1000 live births - [Abortions per 1000 live births - European Health Information Gateway \(who.int\)](https://www.euro.who.int/en/health-topics/abortion)

Table 2: Abortions per 1,000 live births (2021-2022) selected countries, 2024 Jersey

Country	Abortions per 1,000 live births
<i>Poland</i>	0.3*
<i>Germany</i>	141
<i>Ireland</i>	142
<i>Portugal</i>	199
<i>EU Members (average)</i>	199
<i>Spain</i>	299
<i>Russia</i>	303
<i>Great Britain</i>	328
<i>Sweden</i>	339
Jersey (2024)	390

* Abortion in Poland is illegal except in cases where the pregnancy is a result of a criminal act or when the woman's life or health is in danger

Source: World Health Organisation⁵

By age of woman

Abortion rates by age are reported using a 3-year rolling average, which smooths year-to-year fluctuations and provides a more reliable view of trends over time. Full data are provided in Appendix Table A2.

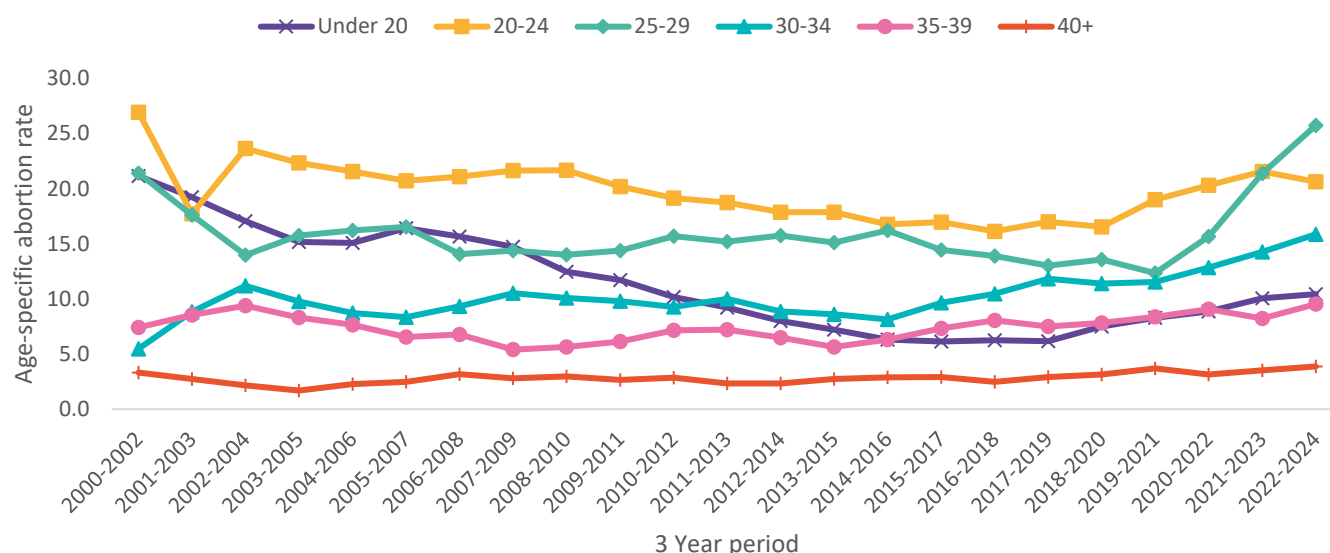
In 2022–2024, abortion rates in Jersey were calculated per 1,000 women in each age group.⁶ Patterns were stable across most age bands, with one group showing a statistically significant increase:

- women aged 25–29 had the highest abortion rate at 25.7 per 1,000, up from 21.4 in the previous period – a statistically significant rise and the highest ever recorded for this group; this continues a marked upward trend from rates below 16 a decade ago
- rates among under-20s (10.4), 20–24s (20.6), 30–34s (15.9), 35–39s (9.5), and 40+ (3.9) were similar to those in the previous period, with no statistically significant differences; overall, patterns appear broadly stable, with a continued long-term decline among younger age groups and gradual upward trends among women in their 30s and 40s

⁵ World Health Organisation, European Health Information Gateway, Abortions per 1000 live births - [Abortions per 1000 live births - European Health Information Gateway \(who.int\)](#)

⁶ Age was not recorded for around 2% of abortions in 2024, as some Certificates were unavailable at the time of reporting; age-specific rates are calculated based on the remaining cases where age information was provided

Figure 4: Age-specific abortion rates per 1,000 women, Jersey, 3-year averages (2000-2002 to 2022-2024)



Source: Health and Care Jersey

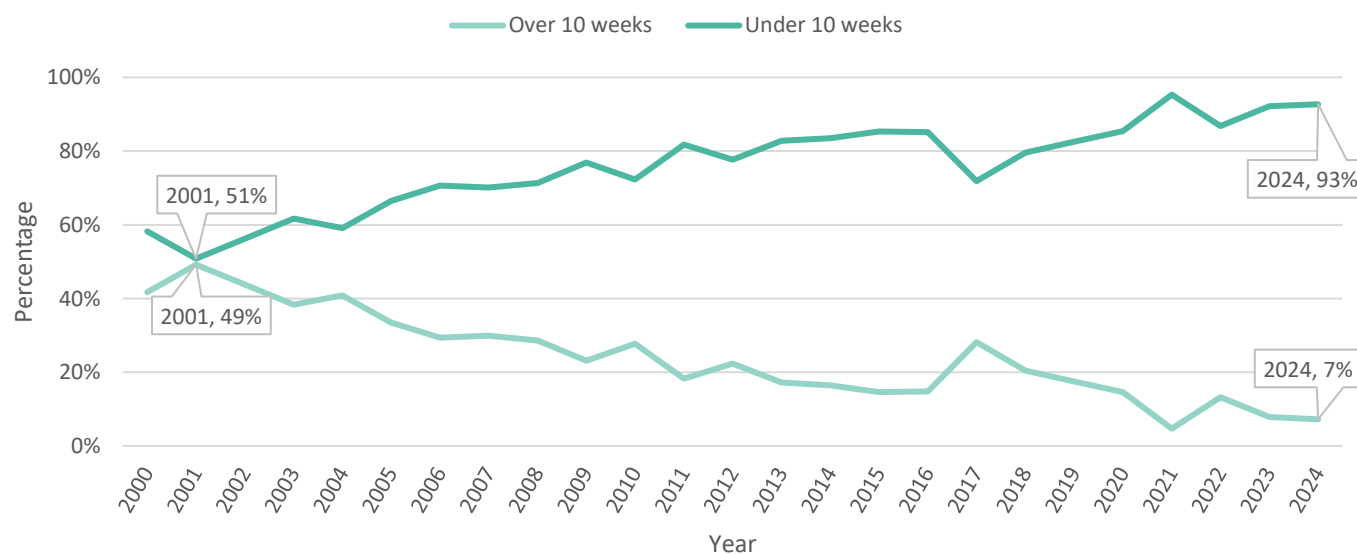
By gestation period

Gestation period reflects how early in pregnancy women are able to access care. Earlier abortions are generally safer, less complex, and less distressing.

In 2024:

- the proportion of abortions performed before 10 weeks' gestation rose from 51% in 2001 to 93% in 2024
- the proportion of abortions under 10 weeks has steadily increased since the early 2000s, indicating better early pregnancy recognition and service access
- abortions at over 10 weeks' gestation have declined from 49% in 2001 to 7% in 2024
- Jersey's early access rate (93% of abortions before 10 weeks' gestation) is similar to the figure reported for England and Wales in 2022 (88%)
- late gestation abortions (13+ weeks) remain rare, averaging 2% annually (2000–2024)

Figure 5: Proportion of abortions by gestation period, Jersey (2000 to 2024)



Source: Health and Care Jersey

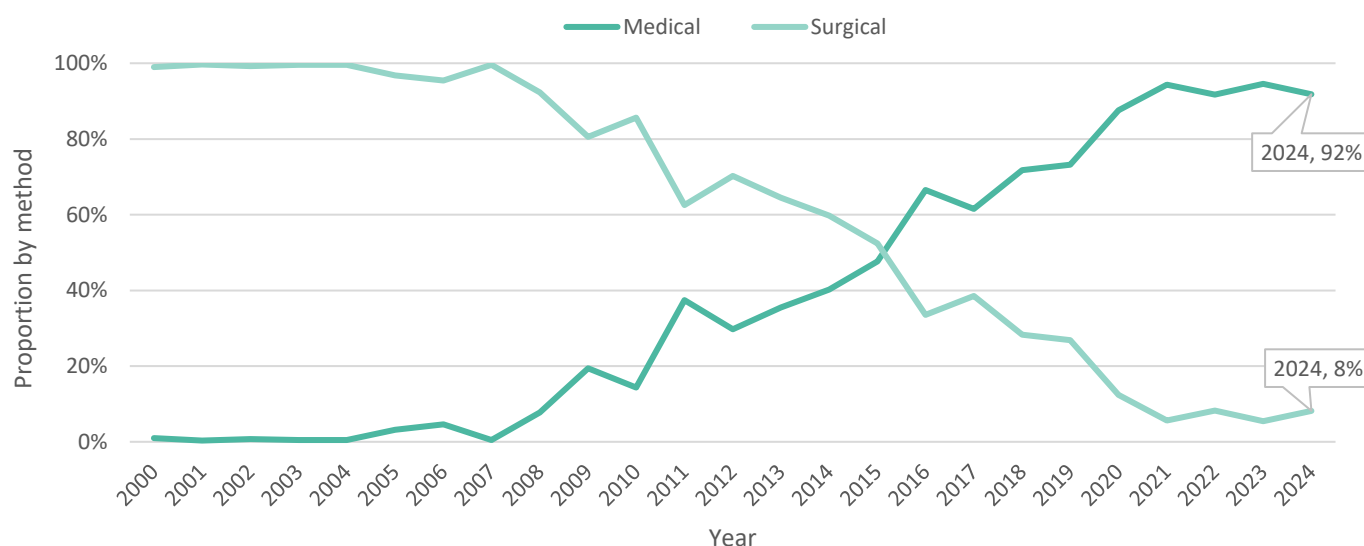
By method of termination

In 2024:

- surgical methods accounted for 8% of all abortions in Jersey in 2024, similar to recent years (5% in 2023 and 8% in 2022); this reflects a long-term decline from the early 2000s, when almost all abortions were performed surgically

The continued shift away from surgical abortion reflects increasing access to and acceptance of early medical abortion, which is now the primary method of termination in Jersey.

Figure 6: Proportion of terminations by method of termination, Jersey (2000 to 2024)



Source: Health and Care Jersey

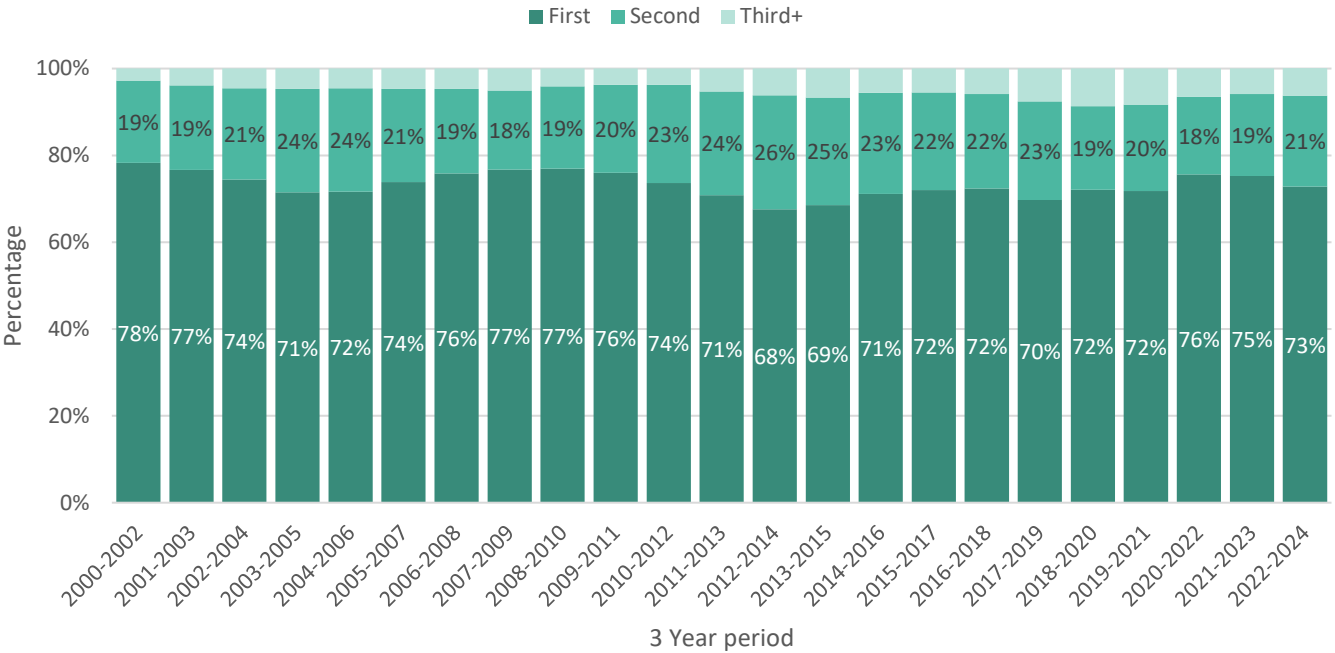
By number of previous terminations

In 2022-2024:

- 73% of abortions were first-time terminations, unchanged from 2021–2023 and in line with figures reported over the past decade; this compares with 68% in 2013–2015
- around 50 individuals had three or more previous terminations, representing 6% of all abortions recorded during that time; the proportion has gradually increased from 3% in 2000-2002 to a peak of 9% in 2020, remaining between 6–8% in recent years
- in Jersey, 19% of abortions among women aged under 25 years in 2022–2024 were repeat terminations, consistent with the trend since 2010 where repeat rates have remained between 16% and 20%; this is notably lower than the 28% reported in England in 2022⁷
- the majority of abortions in this under 25 age group continue to be first-time terminations (81%), highlighting comparatively lower repeat rates among younger women in Jersey

⁷ [Abortion statistics for England and Wales 2022 \(table 11d\)](#)

Figure 7: The proportion of women having an abortion by number of previous abortions, Jersey, 3-year averages (2000-2002 to 2022-2024)



Source: Health and Care Jersey

Statutory grounds for abortion

In 2022-2024

- the majority of abortions (97%) were carried out on the grounds of the woman’s distress, consistent with previous years and in line with Jersey’s legal framework

Appendix: Table A1

Total number of terminations, abortion rate, distribution by gestation period, method, and number of previous terminations, 2000-2024

Numbers less than 10 have been suppressed to prevent disclosure and shown by the symbol '+' below.

All other numbers have been rounded independently to the nearest 10

Year	Total number	Abortion rate ⁸	Number of terminations by gestation Period			Number of terminations by method		Number of terminations by previous terminations	
			<10 Weeks	10-12 Weeks	13 or more weeks	Surgical	Medical	No previous terminations	At least one previous termination
2000	300	14.8	170	120	+	290	+	240	60
2001	310	15.2	160	150	+	300	+	240	70
2002	270	13.3	150	110	+	260	+	210	60
2003	230	11.7	140	90	+	230	+	170	60
2004	230	11.6	140	90	+	230	+	160	70
2005	220	11.0	150	70	+	210	+	150	70
2006	220	11.0	150	50	10	210	10	160	60
2007	220	11.0	160	70	+	220	+	170	50
2008	220	10.9	160	50	+	200	20	170	50
2009	220	10.7	170	50	+	170	40	170	50
2010	200	10.0	150	50	+	170	30	160	50
2011	200	10.1	170	30	+	130	80	150	60
2012	220	10.8	170	40	10	150	60	150	60
2013	190	9.4	150	30	+	120	70	130	60
2014	160	8.4	140	20	+	100	70	100	60
2015	190	9.7	160	30	+	100	90	140	50
2016	180	9.3	160	20	+	60	120	140	40
2017	170	8.9	130	50	+	70	110	110	60
2018	190	9.8	150	40	+	50	140	140	50
2019	190	9.9	160	30	+	50	140	130	60
2020	190	9.7	160	20	+	20	160	140	50
2021	210	11.3	200	10	+	10	200	160	60
2022	240	12.8	210	20	+	20	220	190	50
2023	260	13.9	240	10	+	10	240	190	70
2024	280	14.9	250	20	+	20	250	180	90

⁸ Abortion rate per 1,000 population of women aged 15-44.

Appendix: Table A2

Age-specific rates of termination 2001-2024 (3-year averages)

Due to small numbers, three years of data have been combined to calculate the specific rates

3-YEAR PERIOD	UNDER 20 YRS	20-24 YRS	25-29 YRS	30-34 YRS	35-39 YRS	40-44 YRS
2000-02	21.2	26.9	21.4	5.5	7.4	3.3
2001-03	20.1	25.1	17.6	12.4	8.5	2.8
2002-04	17.9	23.5	13.9	11.0	9.3	2.5
2003-05	15.7	22.2	15.7	9.6	8.2	2.1
2004-06	15.6	21.4	16.2	8.5	7.5	2.8
2005-07	16.8	20.6	16.5	8.2	6.4	2.8
2006-08	16.2	21.0	14.0	9.1	6.7	3.6
2007-09	15.5	21.4	14.3	10.2	5.3	3.1
2008-10	13.1	21.5	14.0	10.0	5.5	3.3
2009-11	11.7	20.2	14.4	9.8	6.1	2.6
2010-12	10.2	19.1	15.7	9.3	7.1	2.8
2011-13	9.2	18.7	15.2	10.0	7.2	2.3
2012-14	8.0	17.9	15.7	8.9	6.5	2.3
2013-15	7.2	17.9	15.1	8.6	5.6	2.7
2014-16	6.3	16.8	16.2	8.1	6.3	2.9
2015-17	6.1	17.0	14.4	9.7	7.3	2.9
2016-18	6.2	16.1	13.9	10.5	8.0	2.5
2017-19	6.2	17.0	13.0	11.8	7.5	2.9
2018-20	7.5	16.5	13.6	11.4	7.8	3.1
2019-21	8.3	19.0	12.3	11.5	8.4	3.7
2020-22	8.9	20.3	15.7	12.8	9.1	3.1
2021-23	10.1	21.6	21.4	14.3	8.2	3.5
2022-24	10.4	20.6	25.7	15.9	9.5	3.9

+ See methodology section for details on data revisions and population updates.

Notes

Terminology

In this report, the terms “**abortion**”, “**termination**”, and “**termination of pregnancy**” are used interchangeably. “Termination of pregnancy” is the legal and clinical term used in Jersey under the Termination of Pregnancy (Jersey) Law 1997, while “abortion” is used in statistical contexts and for consistency with reporting practices in England, Wales, and international public health sources.

Time Limits and Legal Grounds

Under the *Termination of Pregnancy (Jersey) Law 1997*, abortions are generally not permitted after 12 weeks unless specific legal grounds are met. These include:

- to save the woman’s life or prevent serious permanent injury to her physical or mental health (no gestational time limit)
- where there is a serious risk of severe foetal abnormality (up to 24 weeks)
- where the woman is no more than 12 weeks pregnant, and her condition causes her distress

Pregnancy length is calculated from the first day of the last menstrual period or based on a doctor’s assessment if unknown. Abortions after 12 weeks that do not meet the criteria above must be performed off-Island, typically in the UK.

As of 2021, Jersey legislation no longer requires a mandatory seven-day waiting period between consultations, bringing the process more in line with international standards.

Eligibility

On the day of the procedure, the woman must have been ordinarily resident in Jersey for at least 90 days.

Methods of Abortion

The method used depends on gestational age and clinical factors:

- **medical abortion** is the most common and involves two tablets (typically within the first 9 weeks; extended to 10 weeks during the COVID-19 pandemic)
- **surgical methods** include:
 - *Vacuum aspiration* (recommended up to 15 weeks)
 - *Dilatation and evacuation (D&E)* (used beyond 15 weeks, sometimes alongside aspiration)

Population Estimates

Abortion rates are calculated using data for women aged 15–44.

For 2011–2021, Statistics Jersey’s 2024 estimates were used, which may differ from earlier publications. Rates for 2024 use the 2023 population estimate, as 2024 data were not yet available.

Abortion Ratio

The abortion ratio is defined as: $(\text{Number of abortions} \div \text{Number of live births}) \times 1,000$

Confidence Intervals and Statistical Significance

Confidence intervals (CIs) are used to show the precision of estimates and the range within which the true population value likely lies. Comparisons over time or between jurisdictions (e.g. Jersey and England) are only described as ‘increased’, ‘decreased’, ‘higher’, or ‘lower’ when the difference is statistically significant at the 95% confidence level.

Revisions to age-specific data:

The age-specific abortion table in this report has been revised to exclude all data outside the 15–44 age group, aligning with the standard reproductive age range used in public health reporting. In addition, population figures

from 2011 onward have been updated using the most recent mid-year estimates published by Statistics Jersey. These revisions improve consistency and comparability across reporting periods.

Data Completeness and Quality

Of the 280 abortions recorded in 2024, around 275 Form F submissions (98%) were received.

The forms that were not being available at the time of reporting (2%) may cause underreporting in indicators such as gestational age, method, or repeat abortions. However, overall trends are unlikely to be significantly affected.

Public Health continues to work with healthcare providers to improve data completeness in future reports.

Data Sources

Abortion data: Health and Care Jersey (Completed Notification Certificates submissions)

Population estimates: Statistics Jersey

Comparative data: Office for National Statistics (ONS) and Department of Health and Social Care (England and Wales); World Health Organisation, European Health Information Gateway

Data Suppression and Confidentiality

To protect confidentiality, counts below 10 are suppressed and shown with a '+'. All figures are rounded to minimise disclosure risk, in line with Jersey data protection standards.

Repeat Abortions

Repeat abortions are recorded based on clinical records and self-reporting, defined as second or subsequent terminations for the same individual.

Feedback

If you would like to provide feedback, then please contact us on the following address or email us at:

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