



# JERSEY ABORTION STATISTICS 2016

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PUBLIC HEALTH STATISTICS UNIT

States   
of Jersey

PHSU INFORMATION READER

Document purpose	Jersey Abortion Statistics 2016
Title	Jersey Abortion Statistics 2016
Author	Public Health Statistics Unit
Publication date	30 June 2017
Circulation List	HSSD staff, CMEX, Statistics Unit.
Description	Annual report on Abortions conducted in Jersey in 2016 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 received by Public Health is clerically checked, with additional validation on data entry. Data is also compared to previous year's figures and data providers are asked to confirm reported figures are correct prior to publication.
Completeness	Generally considered complete
Value Type	Numbers, percentages and crude rates are presented.
Amendment history	
Officer	Amendment date and detail
K Jervis & M Clarke	Report compiled June 2017 using 2016 abortion data, compiled from Termination of Pregnancy notification forms returned to the Jersey Medical Officer of Health for calendar year 2016.  Report updated to include comparative statistics for England which were released on 13 June 2017.
Contact details	PublicHealthStatistics@gov.je
Embargo/confidentiality	Embargoed until 12:00 30 June 2017

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# Jersey Abortion Statistics 2016

180

Total number of abortions in 2016

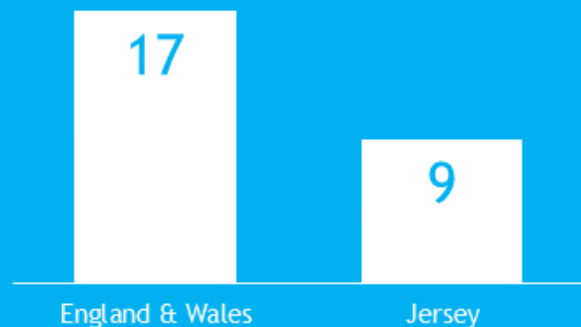
This latest total is around 20% lower than a decade ago



Over half of women having an abortion were aged in their 20's

The Jersey crude abortion rate is around half that of England and Wales

Crude rate per 1,000 women



85% of abortions were performed before 10 weeks gestation



The percentage of women having a first abortion

## SUMMARY

This is the sixth 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 2016.

## KEY FINDINGS

In the year ending December 2016:

- 180 abortions<sup>1</sup> were performed in Jersey, slightly fewer than the previous year (190 in 2015)
- the abortions rate was 9 abortions per 1,000 women aged 15-44 years; similar to the previous year, 2015 (10 per 1,000), and lower than the rate seen at the start of the millennium (15 per 1,000 in 2001)
- more than half (53 per cent) of abortions conducted in 2016 were to women aged 20-29 years. This proportion has remained relatively constant for the past decade
- the under-16 abortion rate was 1 per 1,000 in 2016; this rate has remained static since 2011
- the under-18 rate was 3 per 1,000, similar to the previous year (2 per 1,000)
- medical abortions became the most common method of abortion, accounting for two-thirds (67 per cent) of all abortions performed in 2016; this compares to only 5 per cent of total abortions a decade ago
- the surgical procedure vacuum aspiration was used in a third (33 per cent) of all abortions in 2016, compared with 95 per cent a decade earlier; the 2016 proportion is the lowest recorded in Jersey since 2000
- the percentage of women having a first abortion (76 per cent) is similar to the longer-term average 2000-2015 (74 per cent)
- 85 per cent of abortions were performed before the 10<sup>th</sup> week of the pregnancy; a similar proportion to that seen since 2011
- the majority (98 per cent) of abortions were undertaken due to distress of the women (Ground D); the remaining 2 per cent were conducted to save life, physical or mental health (Ground B), or because of foetal abnormalities (Ground C)
- in 2016, fewer than 10 Jersey residents had an abortion in England and Wales, a similar number as in 2015

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<sup>1</sup> All numbers in this report have been rounded to the nearest 10

## 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 Public Health Statistics 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 2016 abortions, any omissions or administrative errors in submitting notification forms will have been rectified over this time period.

This report is the sixth 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 2017 will be available in June 2018.

## 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.

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 women 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 Public Health Statistics Unit inspect and record the information received in order to monitor compliance with the legislation and the Medical Officer of Health is notified of any major discrepancy.

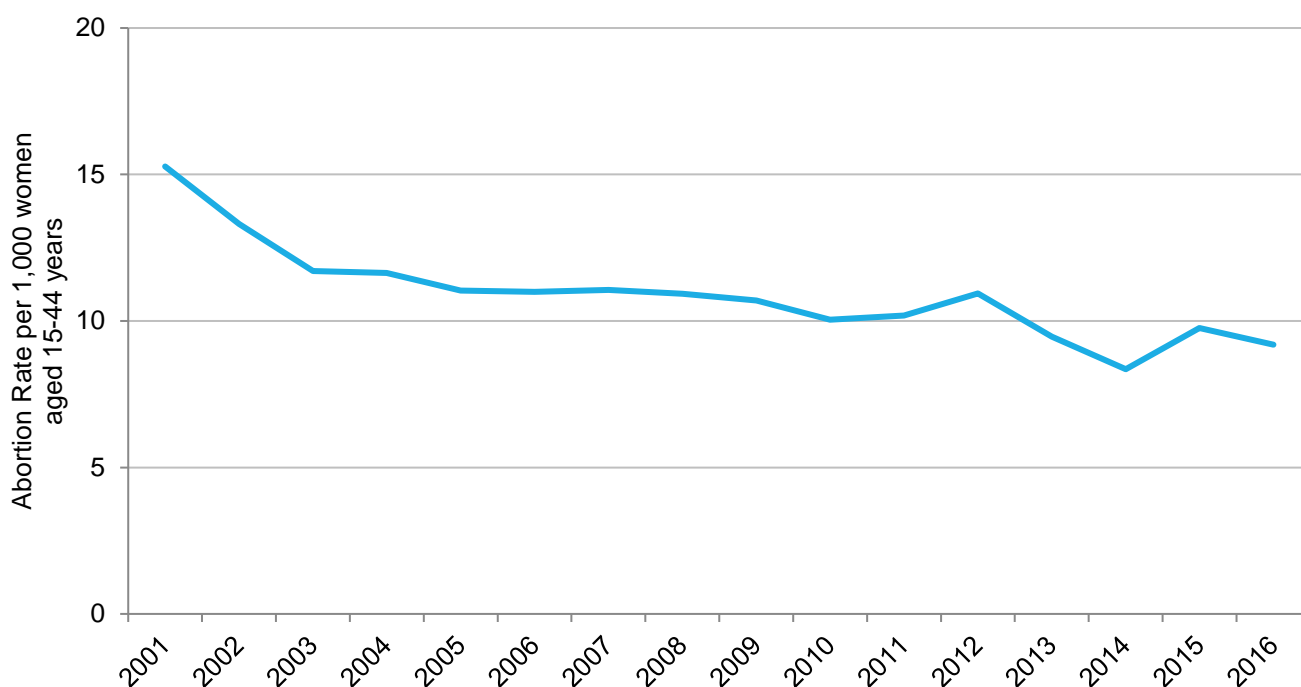
The data reported on includes the suppression of small numbers, where necessary, to avoid the disclosure of personal data. All numbers in this report have been rounded to the nearest 10.

OVERALL NUMBER AND RATE OF ABORTIONS

180 abortions were performed in Jersey in the year ending December 2016, which is slightly fewer than in 2015 (190). The 2016 figure is around 20 per cent lower than that recorded a decade earlier, in 2006 (220).

The abortions rate was 9 abortions per 1,000 women aged 15-44 years; similar to the previous year, 2015 (10 per 1,000), and lower than the rate seen at the start of the millennium (15 per 1,000 in 2001) (see Figure 1).

FIGURE 1: ANNUAL (CRUDE) ABORTION RATE PER 1,000 WOMEN AGED 15-44 YEARS



Source: Jersey Public Health Statistics Unit

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).



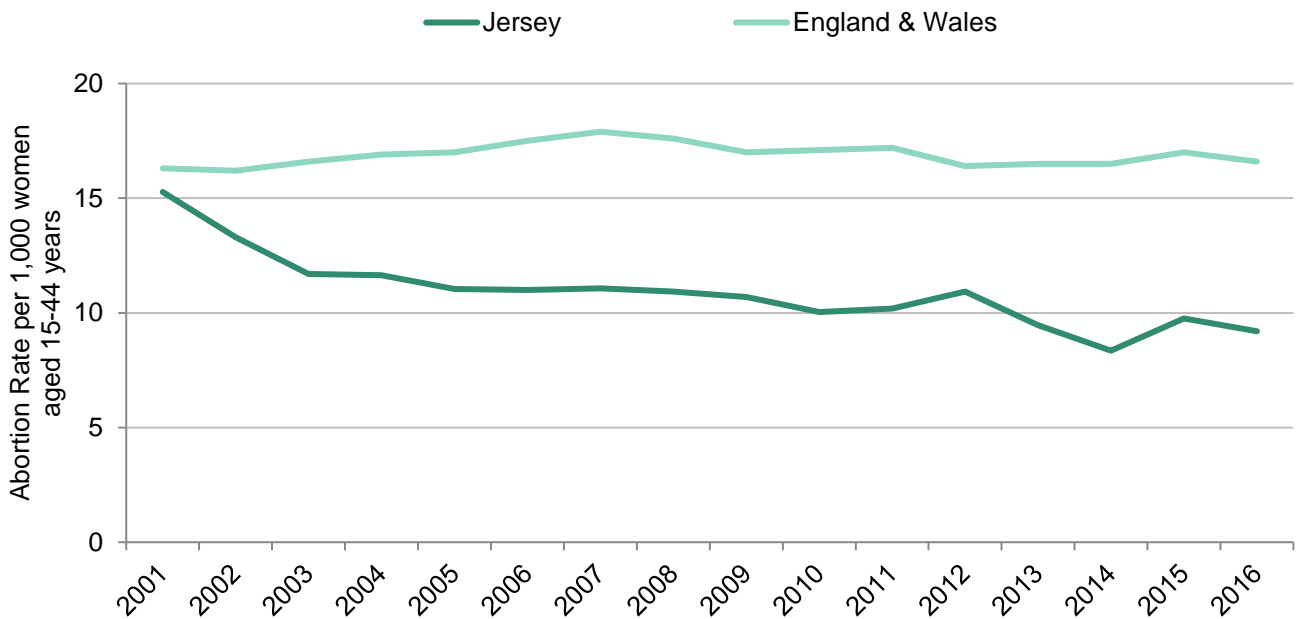
TABLE 1: ANNUAL (CRUDE) ABORTION RATE PER 1,000 WOMEN AGED 15-44 YEARS FOR JERSEY, ENGLAND & WALES AND SCOTLAND, 2014-2016

Year	Jersey		England & Wales		Scotland	
	Number	Crude Rate	Number	Crude Rate	Number	Crude Rate
2014	160	8	184,571	17	11,778*	11*
2015	190	10	185,824	17	12,134*	12*
2016	180	9	185,596	17	12,063*	12*

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

\* Scotland - 2016 termination data are provisional whilst 2014 to 2015 data have been revised

FIGURE 2: ANNUAL (CRUDE) ABORTION RATE PER 1,000 WOMEN AGED 15-44 YEARS, JERSEY AND ENGLAND & WALES



Source: Jersey Public Health Statistics Unit, Department of Health Abortion Statistics England & Wales 2016

The total period abortion rate measures the average number of abortions that would occur per women in an area, if women experience the current age-specific abortion rates of that area throughout their childbearing ages. The total period abortion rate for Jersey in 2016 was 0.3, corresponding to 300

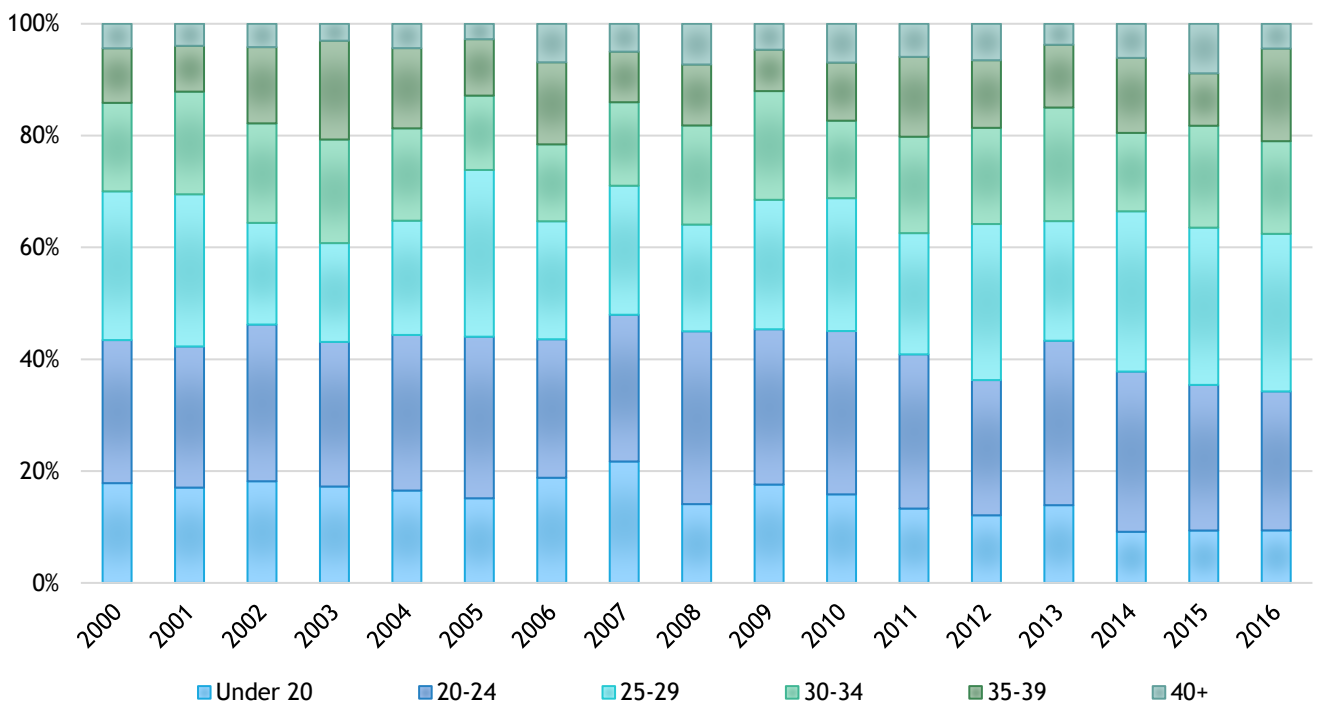
abortions per 1,000 women. This compares with the latest available rate for England and Wales<sup>2</sup> of 0.5 in 2015.

## AGE OF WOMEN

In Jersey, women aged 20-29 years accounted for over half (53 per cent) of all abortions performed in 2016 (Figure 3), a proportion consistent with recent years.

In 2016, 4 per cent of all abortions were carried out for women aged 40 years or over, a rate similar to the average between 2000-2015 of 5 per cent.

FIGURE 3: PERCENTAGE OF ABORTIONS BY AGE OF WOMEN, 2000-2016



Source: Jersey Public Health Statistics Unit

<sup>2</sup> NHS Digital Indicator P00609 for England & Wales 2015, published May 2017, available from [www.dh.gov.uk](http://www.dh.gov.uk)

There has been a significant decrease in the abortion rates for women in the 15-19 years' age-group since 2001, when the rate was 23 per 1,000. The latest rate was 6 per 1,000 women in 2016, and has remained relatively stable since 2014.

The under-16 abortion rate was 1 per 1,000 in 2016, similar to that seen in each of the previous six years. The under-18 rate was 3 per 1,000 in 2016; similar to the previous year of 2 per 1,000 in 2015. Comparative rates for England and Wales in 2016<sup>3</sup> were 2 per 1,000 for under-16 and 9 per 1,000 for under-18.

## MARITAL STATUS

Just under half (49 per cent) of abortions in 2016 were carried out for single women, whilst around a third (30 per cent) were for co-habiting women.

The proportion of married women having an abortion in 2016, around a sixth (16 per cent) was similar to that in the previous year, 2015.

## STATUTORY GROUNDS FOR ABORTION

In 2016, the majority (98 per cent) of abortions were undertaken due to distress of the women; of the remaining 2 per cent, approximately half were conducted because of foetal abnormalities and half to save life, physical or mental health of the woman.

## GESTATION PERIOD

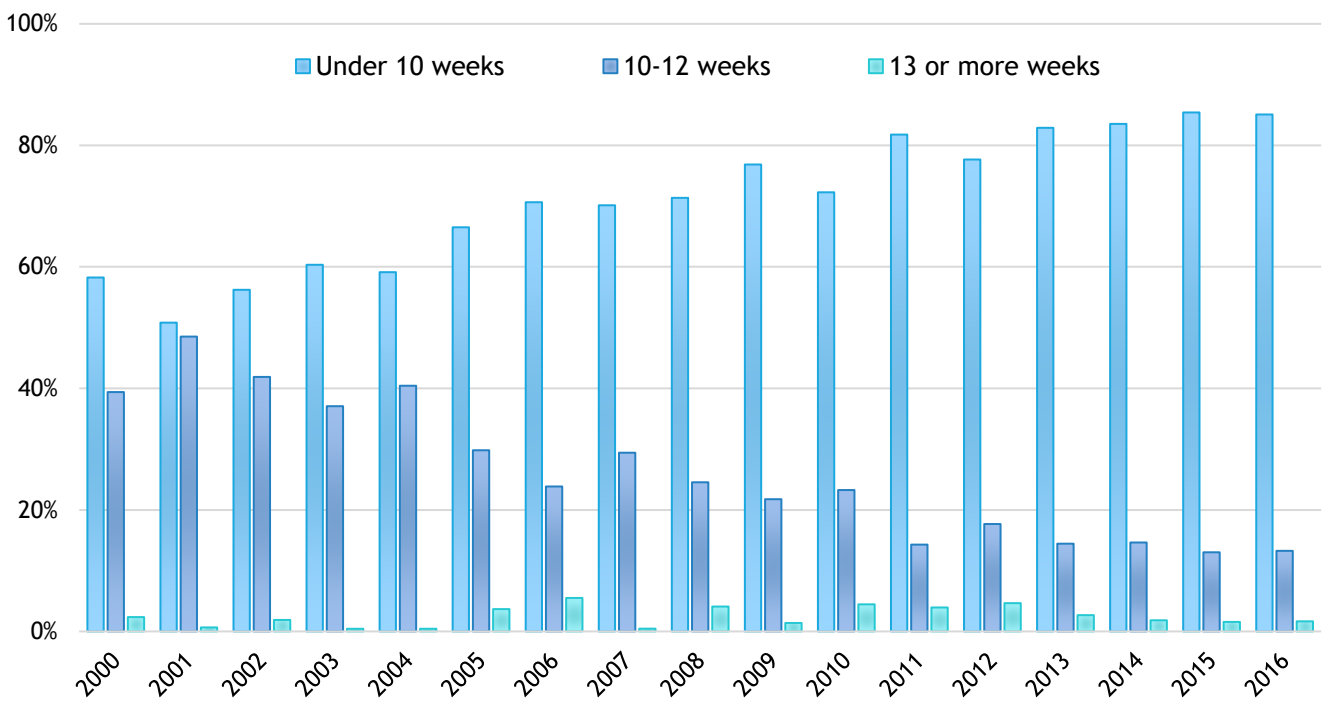
Compared to a decade ago a greater proportion of abortions are now performed earlier in the pregnancy. In 2016, 85 per cent of abortions were performed in the 9<sup>th</sup> week of gestation or earlier, compared with 71 per cent a decade earlier. In contrast, 13 per cent of abortions were performed between the 10<sup>th</sup> and 12<sup>th</sup> week in 2016, compared with 24 per cent in 2006.

A similar pattern of abortions now occurring earlier in gestation has been seen in England and Wales.

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<sup>3</sup> Abortion Statistics, England and Wales, 2016; Department of Health, published 13 June 2017, available from [www.dh.gov.uk](http://www.dh.gov.uk)

FIGURE 4: ABORTIONS BY GESTATION, 2000-2016



Source: Jersey Public Health Statistics Unit

There were no abortions in Jersey in 2016 where gestation exceeded twenty-four weeks.

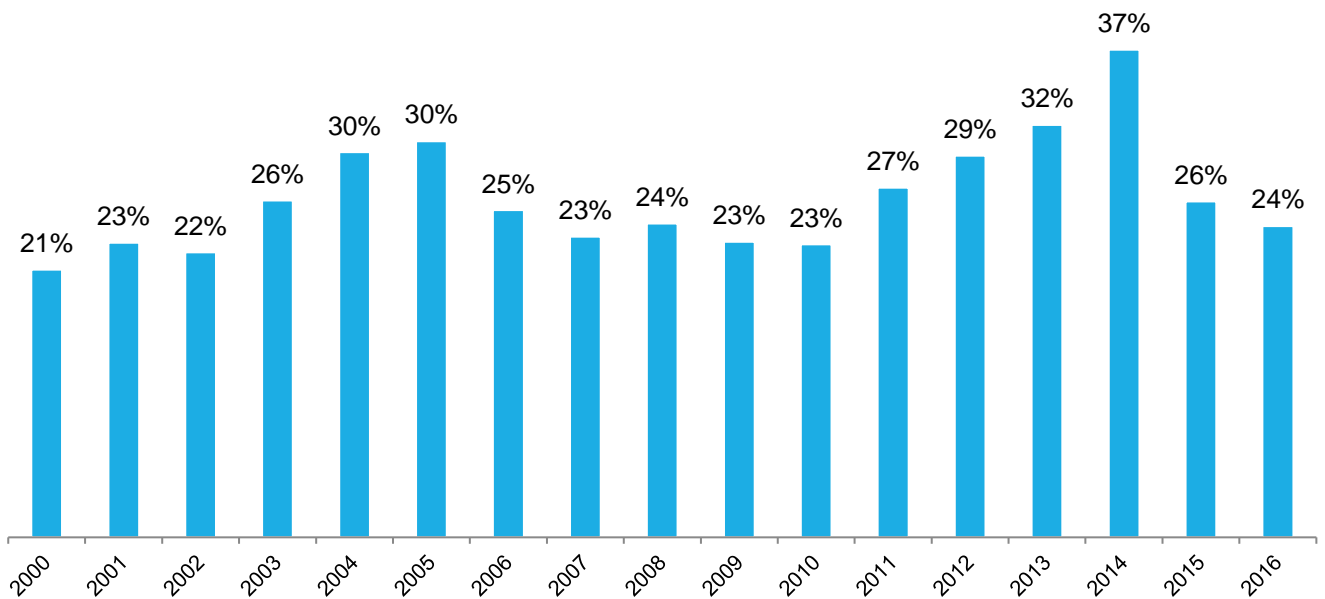
## PREVIOUS ABORTIONS

In 2016, around a quarter (24 per cent) of women undergoing abortions had had one or more previous terminations, a proportion similar to that in 2015, and a significant decrease on that in 2014 (38 per cent), which represented the greatest proportion recorded to date (Figure 5). The 2016 proportion is similar to the 2006-2011 proportions.

This latest proportion is lower than that seen for England & Wales<sup>4</sup> (38 per cent in 2016).

<sup>4</sup> Abortion Statistics, England and Wales, 2016; Department of Health, published 13 June 2017, available from [www.dh.gov.uk](http://www.dh.gov.uk)

FIGURE 5: PERCENTAGE OF WOMEN WHO HAD ONE OR MORE PREVIOUS ABORTIONS, 2000-2016



Source: Jersey Public Health Statistics Unit

In 2016, more than a sixth (18 per cent) of abortions to women aged under 25 years were to women who had had one or more previous abortions, a similar proportion to that seen in 2015 (15 per cent).

## PREVIOUS OBSTETRIC HISTORY

In 2016, around two-fifths (42 per cent) of women undergoing abortions had one or more previous pregnancies that resulted in a live or stillbirth. Almost a sixth (15 per cent) of women undergoing an abortion in 2016 had reported having a previous pregnancy resulting in a miscarriage.

## METHOD OF TERMINATION

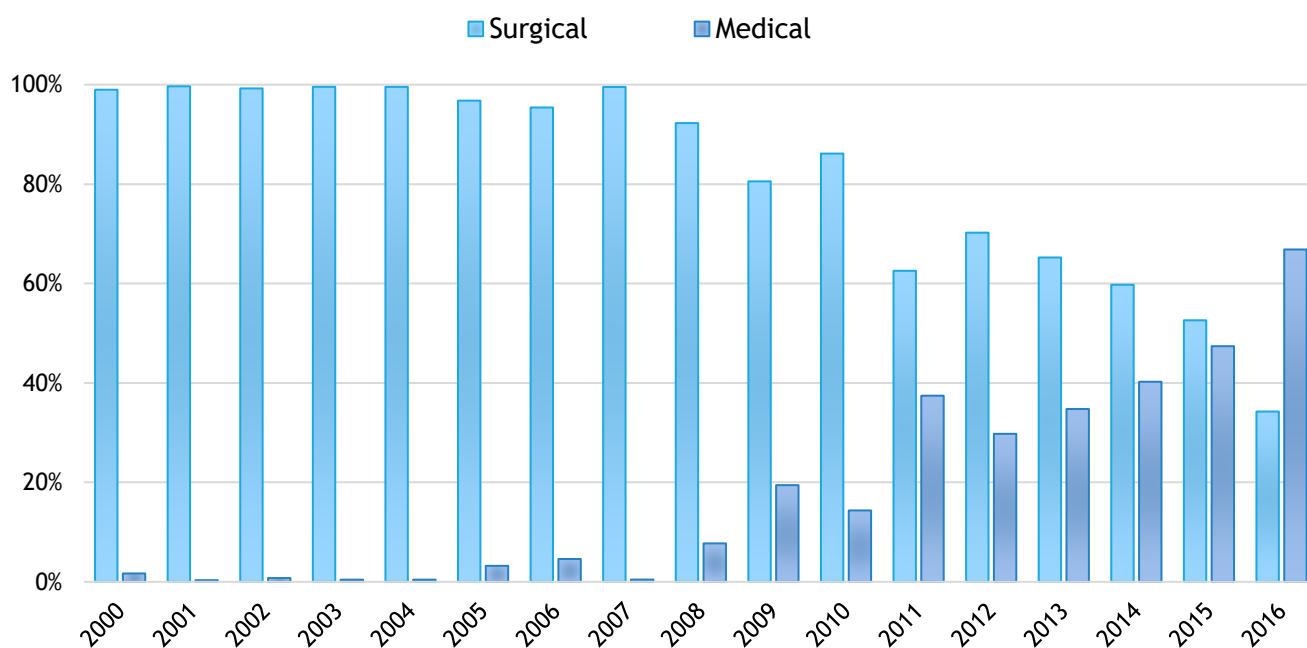
Different methods may be used to terminate a pregnancy, depending on the duration of the gestation, and other circumstances relating to the individual woman. The principal medical method involves the use of abortifacient drugs. The main surgical methods are vacuum aspiration (recommended at up to 15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

In 2016, medical abortions accounted for two-thirds (67 per cent) of all abortions in Jersey. A decade ago only 5 per cent of abortions in Jersey were performed using this method (Figure 6).

Nearly two thirds (65 per cent) of all abortions in 2016 were medical abortions performed under ten weeks.

The surgical procedure vacuum aspiration was used in a third (33 per cent) of all abortions in Jersey in 2016. A decade ago, in 2006, 95 per cent of all terminations were completed using this method.

FIGURE 6: PERCENTAGE OF ABORTIONS BY METHOD, 2000-2016



Source: Jersey Public Health Statistics Unit

## COMPLICATIONS AND DEATHS

Complications were reported in 7 per cent of abortions in 2016. There were no deaths of women reported.

## PLACE OF RESIDENCE

In 2016, there were fewer than 10 terminations for woman who were temporarily resident in the Island.

## ABORTIONS CARRIED OUT FOR JERSEY RESIDENTS IN ENGLAND AND WALES

In 2016, fewer than 10 Jersey residents had an abortion in England and Wales, as reported in the Abortion Statistics, England and Wales annual reports<sup>5</sup>. This latest number is similar to that reported for 2015 and similar to the average number is each year since 2012. The number of abortions performed each year in England and Wales for Jersey residents has ranged from fewer than 10 to around 20 in any one year since 2003.

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<sup>5</sup> Abortion Statistics, England and Wales, 2016; Department of Health, published 13 June 2017, available from [www.dh.gov.uk](http://www.dh.gov.uk)

### DEFINITIONS

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.

### DATA SOURCES

The results are based on analysis of all abortions occurring in Jersey in calendar year 2016 that were notified to the Medical Officer of Health.

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.

### COMPARISONS

Comparisons to other jurisdictions are presented in this report to enable benchmarking and to explore where similar trends are being seen elsewhere.

All Jersey figures are compared with those published in Abortion Statistics, England and Wales, 2016; Department of Health, published 13 June 2017, available from [www.dh.gov.uk](http://www.dh.gov.uk).

Comparative data for Guernsey was not available at time of publication.

### TIMELINESS

Data is extracted 6 months after the period being analysed; this is to allow for any data queries to be investigated.

Comparison data for England and Wales for the same time period is published in June each year, therefore this report is published soon after to allow inclusion of comparative data.



## METHODS

A crude abortion rate refers to the number of abortions per 1,000 women aged 15-44 years.

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](http://www.indicators.ic.nhs.uk).

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.

The 2016 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.

## CONFIDENCE INTERVALS (CI'S) AND STATISTICAL SIGNIFICANCE

Confidence intervals are a measure of the statistical precision of an estimate and show the range of uncertainty around the estimated figure. Calculations based on small numbers of events are often subject to random fluctuations. The confidence interval indicates the range within which the true value for the population as a whole can be expected to lie, taking natural random variation into account. Confidence intervals should be considered when interpreting results.

Comparisons between rates or over time have been statistically tested to determine whether differences are likely to be genuine (i.e. statistically significant) or the result of natural random variation. Only those differences deemed as statistically significant have been described in this report using terms such as 'higher' or 'lower', 'best' or 'worst'.

## ACCURACY AND RELIABILITY

Numbers less than 10 are suppressed to protect the identity of the individuals referred to.

Percentages may not add up to 100 per cent due to rounding.

## DATA QUALITY AND COMPLETENESS

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.

## CONTACT DETAILS

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