



States of Guernsey
Public Health Services

Guernsey Abortion Statistics Summary 2017–18 (Including data trends for 2009–18)



READER INFORMATION	
Title	Guernsey Abortion Statistics Summary 2017–18.
Document Purpose and key uses	To facilitate planning and provision of services; to highlight areas of health need; to provide information to support answers to questions from health colleagues, politicians and other stakeholders.
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Target audience	Medical Officer of Health and the President of the Committee for Health & Social Care.
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Reporting frequency	Ad hoc.
Accuracy	Accuracy of information resides with the consultants and staff of the MSG.
Completeness	Completeness of information is the responsibility of the MSG consultants and staff.
Value types	Procedure counts, percentages and age-standardised rates.

AMENDMENT HISTORY	
Officer	Amendment date and detail
C Tyrrell	Data entry and cross-check
C Tyrrell	Analysis, report and interpretation
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Summary

This report presents information on abortions carried out for Guernsey- and Alderney-resident women during 2017 and 2018 and puts these in the context of the past 10 years. The primary sources of information are notifications made to the Medical Officer of Health under the Abortion (Guernsey) Law 1997. Supplementary data on counts of procedures performed in England and Wales to Guernsey- and Alderney-resident women are added from England and Wales Department of Health abortion reports. Where possible, comparisons are made between local data and data for Jersey and England and Wales.

Numbers and Rate of Abortions

The number of procedures carried out on-island and off-island since 2009 is shown in Table 1. The data indicates a modest downward trend in the number of procedures performed in Guernsey since 2009. Figure 1 shows crude and Age Standardised Rates (ASR) for Guernsey and Alderney compared to Jersey and England and Wales. This graph shows a broadly flat trend with some variability between years.

Table 1. Numbers of on- and off-island abortions, 2009 to 2018.

Year	Where performed		All abortions to residents
	Guernsey	E&W to GSY residents	
2009	134	12	146
2010	111	9	120
2011	116	14	130
2012	110	6	116
2013	112	10	122
2014	124	10	134
2015	98	8	106
2016	103	8	111
2017	94	3*	97
2018	113	3 [†]	116
Average number	111.5	8.3	119.8

* In the 2017 England and Wales data, the residency of Channel Island women is categorized as; "Jersey", "Guernsey" and "Channel Islands not specified". As we cannot be sure that any of the unspecified abortions did not come from Jersey residents, this number has not been included in the results of this report – only the number of abortions to "Guernsey" residents has been included.

[†] Due to reporting changes in the England and Wales 2018 data, abortions carried out in England and Wales to Channel Island residents are now categorized as either "Jersey" or "Other-Channel Islands". The latter category will include GY-prefixed postcodes and is taken to

indicate abortions performed off-island to residents of Guernsey, Alderney and Sark.

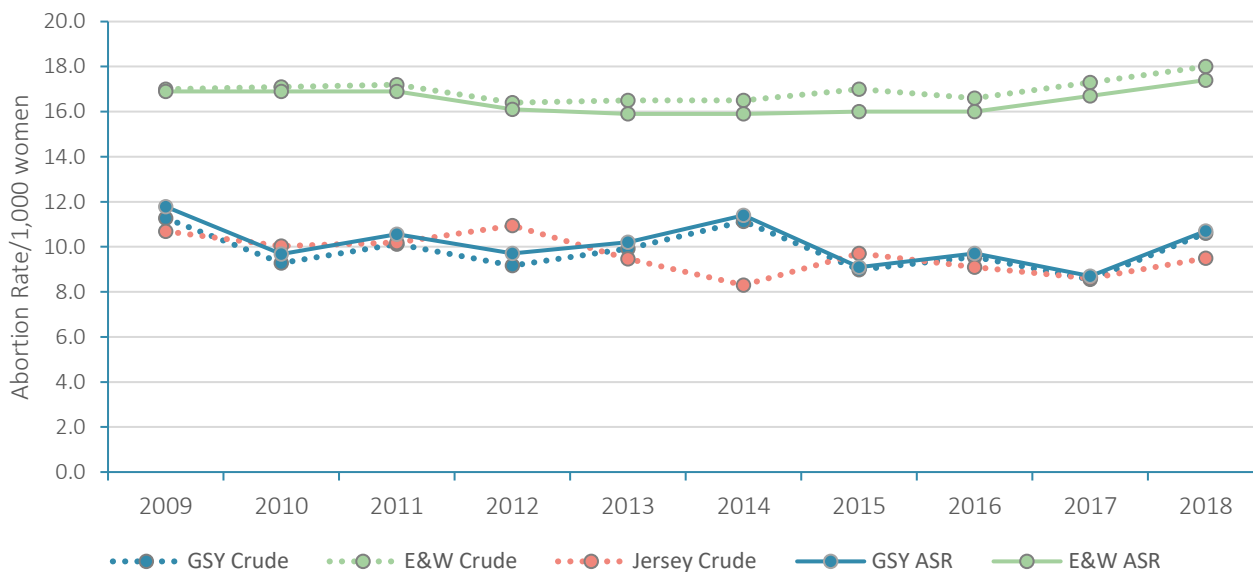


Figure 1. Crude and age standardised abortion rates for Guernsey, Jersey and England and Wales, 2009–18.

Sources: Abortion Statistics, England and Wales; 2018 <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2018> Excel table 358KB (T1); opendata.gov.je (Jersey) found at: <https://opendata.gov.je/dataset/births/resource/1f0f49e5-ad14-428f-ba14-9c768b5d0f3b>

Age of Women

The age distribution of women who have had abortions in Guernsey over the last decade has been mostly consistent from year to year, and closely matches the age distribution of women having abortions in England and Wales (Table 2)¹. Women aged 20-29 have the highest number of abortions, accounting for up to 59% of procedures in a given year, whereas abortions for women aged under 16 are very rare.

Table 2. Age distribution of women who had abortions in Guernsey, 2009–18.

	2009-2018
under 16	1.3%
16-19	15.3%
20-24	28.5%
25-29	22.5%
30-34	17.1%
35+	15.2%
All ages	100%

¹ Abortion Statistics England and Wales, 2018. Excel table 358KB (T3b).



Gestation

Most abortions performed in Guernsey are carried out before the tenth week of pregnancy. Very few occur beyond the thirteenth gestational week. The percentage of abortions taking place under 10 weeks of pregnancy has remained at a high level during 2017 and 2018, accounting for 77% of all terminations in 2017 and 78% in 2018 (Table 3). The proportion of legal abortions carried out before 10 weeks gestation is similar to that of England and Wales², however Guernsey carries out a higher proportion of abortions between 10-12 weeks of pregnancy (19% compared to 11% in 2018) and a lower proportion of abortions at 13+ weeks (4% compared to 9% in 2018). This reflects differences in gestational limits attached to each of the legal grounds for performing an abortion between the two jurisdictions.

Table 3. Guernsey abortions by gestation period, 2009–18.

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	E&W 2018
under 10 weeks	83%	79%	80%	85%	83%	87%	88%	75%	77%	78%	80%
10 to 12 weeks	15%	20%	15%	12%	13%	11%	10%	16%	19%	19%	11%
13 weeks +	2%	1%	5%	4%	4%	2%	2%	10%	4%	4%	9%

Previous Abortions

During 2017, 28% of abortion procedures carried out for Guernsey residents were repeat procedures, with the corresponding 72% of procedures being performed for the first time. In 2018 there were fewer repeat to first procedures (23%:77%) although the ratio remains within the range seen over the last ten years (Table 4). Similar findings are reported for Jersey³. Both Guernsey and Jersey had proportionately fewer repeat procedures than in England and Wales.

Table 4. First and repeat abortions for Guernsey by year, 2009–18.

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	E&W 2018
First	72%	76%	78%	73%	71%	71%	70%	72%	72%	77%	61%
Repeat	28%	24%	22%	27%	29%	29%	30%	28%	28%	23%	39%

² Abortion Statistics England and Wales, 2018. Excel table 358KB (T3a).

³ Jersey Abortion Statistics 2018.



Statutory Grounds for Abortion

The Abortion (Guernsey) Law 1997 permits the termination of a pregnancy by a medical practitioner under four distinct grounds (see Legislative Context., below). In the ten years to 2018 95% of abortions were performed under grounds D with approximately 3% and 1% performed under grounds C and B, respectively.

Primary Termination Method

Medical abortions —where a combination of two medications are given sequentially to terminate a pregnancy— are more common locally than surgical abortions. In 2017 and 2018 the proportion of medical terminations was 70% and 75% respectively, with the remaining terminations carried out using surgical methods⁴. The proportion of medical abortions in England and Wales has doubled since 2007, but remains lower than in Guernsey at 71% of procedures⁵.

Complications

Guernsey has maintained a consistently low level of complications, with 96% of abortions carried out in Guernsey between 2009-18 having no reported complications. This is in line with findings for England and Wales and demonstrates that abortions are safe procedures in the great majority of cases.

⁴ In 2017 2% of terminations were carried out using medical and surgical methods combined.

⁵ Abortion Statistics England and Wales, 2018. Excel table 358KB (T3a).

Legislative Context

Under The Abortion (Guernsey) Law 1997, it is legal to terminate a pregnancy (also referred to as an induced abortion). The Abortion (Guernsey) Law 1997 permits the termination of a pregnancy by a medical practitioner, if two recognised medical practitioners are of the opinion that:

- A. The termination is immediately necessary to save the life of the pregnant woman; or
- B. The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
- C. The pregnancy has not exceeded its 24th week and that, at the time of diagnosis, 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; or
- D. The pregnancy has not exceeded its twelfth week and that the continuance of the pregnancy would involve risk greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant women or any existing children of her family.

The recognised medical practitioner who terminates the pregnancy must keep an accurate medical record of the termination. When a pregnancy is terminated the Medical Officer of Health must be informed.