PAPERS AND ORIGINALS

Abortion and the NHS: the first decade

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Summary and conclusions

Analysis of statistics published since the Abortion Act showed that from 1972 about half the abortions carried out on residents of England and Wales had been performed within the National Health Service. Regional variations in the proportions of abortions performed within the NHS had persisted. In some health regions fewer abortions were being carried out than before. In 1975 about 40% of abortions on single women and women with no existing children were performed within the NHS. Trends in the concurrent sterilisation rate, gestational age at operation, duration of stay in hospital, and mortality and complication rates suggested a steady improvement in the effectiveness and efficiency of abortion services. Nevertheless, the NHS still compares poorly with the private sector and some other countries.

Introduction

Last year was the tenth anniversary of the implementation of the 1967 Abortion Act. Under the terms of the Act notification is required of every abortion performed within the National Health Service and private sector. In England and Wales these notifications form the basis of abortion statistics published by the Office of Population Censuses and Surveys (OPCS).¹⁻³ Analyses of these have disclosed information on the provision of abortion services by the NHS at various times since the Act.

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Within the first 18 months regional discrepancies were noted in the availability of NHS abortions.⁴ The Lane Committee⁵ reported in detail on the provision of services from 1968 to 1971. In 1973 some regional variations in the proportions of patients having abortions within the NHS were described.⁶ Differences have been shown between NHS and private sector abortions in gestational age at operation, concurrent sterilisation rates, and average lengths of stay in hospital.^{6, 7}

We have reviewed recent trends in published statistics, which reflect the provision of abortion services within the NHS. Abortions performed on non-residents of England and Wales were not considered.

Methods

Data were extracted from the Registrar General's Statistical Review of England and Wales: Supplements on Abortion, 1968-73,¹ and Abortion Statistics, 1974-5.² OPCS Monitor³ provided information for 1976-7. International statistics were obtained from Reports on Population/Family Planning.^{8, 9} The data were analysed where possible from April 1968 to December 1977. Some categories of data were not published for each year before 1974 and some were not available for 1976 and 1977.

In the analysis of regional data statistics from the Thames regions were combined because of (a) the considerable movement of patients from home to hospital across regional boundaries in London, and (b) the difficulty of interpreting pronounced fluctuations in trends that occurred from 1973 to 1974 coinciding with the reorganisation of boundaries between the Thames regions.

The validity of the data was not ascertained, but there is no reason to suspect any gross misrepresentations during the past 10 years. Some data, however, may be inaccurate or incomparable—for example, "area of residence" may be imprecise owing to women giving a false or temporary address. Criteria for diagnosing "complications" are not standardised. International statistics have different sources and methods of notification.

Results

National provision—The total number of abortions performed yearly on residents of England and Wales in NHS and private premises increased from 49 829 in 1969 to 110 568 in 1973 (fig 1). Although the number of abortions performed within the NHS increased up to 1972, the rise did not keep pace with the increase in

FIG 1—Yearly notifications of abortion performed on residents of England and Wales in NHS and private sector premises during last eight months of 1968 to 1977.

the total number performed. Thus the proportion of abortions performed within the NHS fell from 67% in 1969 to 50% in 1973. After 1973 there was no increase in the numbers performed within the NHS.

Regional variations—From 1971 to 1977 there was an increase in the total number of abortions performed yearly on residents of most regions (table I). The proportions of residents having an abortion in an NHS hospital in their home health region varied from just over 20% in the West Midlands Regional Health Authority (RHA) to about 90% in the Northern region. Only two regions showed a small increase in this proportion from 1971 to 1977 (table I). The most notable change was that despite an increase in the total number of abortions performed on their residents, in some health regions fewer NHS abortions were being performed (especially in the Mersey region and Wales). In these regions abortions that would have been carried out within the NHS were being performed in the private sector.

Number of existing children, age, and marital state—Table II shows that in 1975 a greater proportion of abortions on women with existing children and on younger and older women (aged under 16 and 35 years and over) were performed within the NHS than in the private sector. Disproportionately more single women had private sector abortions than married, widowed, divorced, and separated women: this difference had persisted since 1968.

Gestational age—From 1970 to 1975 an increasing proportion of abortions were performed within the NHS before 9 and 13 weeks of gestation (fig 2). The private sector has always performed proportionately more abortions at an earlier gestational age. Women residing in different regions varied in the proportions having abortions before 13 weeks (from 71% in the North-western region to 83% in the Northern region in 1975). The NHS compared poorly with health services in

TABLE II—Number of existing children, age, and marital state of women having abortions in NHS and private sector premises in 1975. Figures are percentages of abortions

	NHS	Private
No of existing children:		
0	38	62
≥1	58	42
Age (years):		
<16	70	30
16-24	42	58
25-34	49	51
≥35	57	43
Marital state:		
Single	40	60
Married	57	43
Widowed, divorced, separated	50	50

FIG 2—Percentages of abortions conducted before 9 and 13 weeks of gestation in NHS and private sector premises during 1970-5.

other countries. In 1975, 80% of abortions within the NHS, nearly 100% in Czechoslovakia, 93% in Sweden, and 90% in the USA were performed before 13 weeks of gestation.⁸

Concurrent sterilisation—The number of sterilisations performed at the time of NHS abortions declined steadily from 13 732 (29% of NHS abortions) in 1970 to 8515 (17%) in 1975 (fig 3). Concurrent sterilisation in the private sector was rare. The differences between the NHS and private sector may be partly explained by the older age, higher parity, and married state of women having abortions within the NHS. Nevertheless, there was still a large difference in concurrent sterilisation rates when these variables were controlled. For example, for married women with two children, 36% having NHS abortions and 3% private sector abortions had concurrent sterilisation in 1975. By international standards the concurrent sterilisation rate was high.⁹ Abortion was rarely combined with sterilisation in Eastern Europe and Japan. In the USA, where the distribution of women having abortions was similar by age, parity, and marital state to that in the UK, the rate was much lower than in the NHS (4% in 1970-1).

FIG 3—Percentages of abortions performed with concurrent sterilisation in NHS and private sector premises during 1970-5.

TABLE I—Total notifications of abortion performed on residents of various regions in NHS and private sector premises during 1971 and 1977, and proportions of abortions performed in NHS premises in home RHAs during those years

RHA of residence	Total abortion notifications (NHS and private sector)		% of abortions performed in NHS in home RHA	
	1971	1977	1971	1977
Northern (Newcastle upon Tyne)	5 057	4 942	92	90
Yorkshire (Leeds) ..	4 393	5 960	49	42
Trent (Sheffield) ..	6 962	7 882	56	53
East Anglian ..	3 277	3 129	72	74
NW, NE, SW, and SE Thames (Metropolitan) ..	38 523	38 887	44	43
Wessex ..	3 089	4 504	56	50
Oxford ..	3 335	4 290	56	56
South Western ..	5 146	5 345	68	73
West Midlands (Birmingham) ..	9 767	11 350	23	22
Mersey (Liverpool) ..	3 128	4 458	55	29
North Western (Manchester) ..	7 095	6 920	67	50
Wales ..	4 798	5 008	77	61
England and Wales ..	94 570	102 675	52	48

Complications—The mortality rate per 100 000 legal abortions performed on residents and non-residents of England and Wales within the NHS and private sector decreased from 31.01 in 1969 to 2.15 in 1975. OPCS statistics do not distinguish between mortality rates in the NHS and private sector, which has been criticised.¹⁰ An answer to a recent parliamentary question, however, disclosed that of 86 deaths resulting from abortions in the past 10 years, 72 occurred in NHS patients.¹¹ Sepsis and haemorrhage, the main early complications, decreased in incidence in residents and non-residents who had abortions in the UK during 1969 to 1975. Complication rates appear to be mostly influenced by the duration of pregnancy and type of operation used.¹²

Duration of hospital stay—The median duration of stay of patients having abortions in NHS hospitals fell from six days in 1969 to two days in 1975. This decrease was mostly due to fewer patients staying for seven days or more. In the private sector the duration of stay has been consistently shorter than in the NHS. In 1975, 92% of residents of England and Wales having abortions in private premises stayed for only one night. Length of stay in the private sector has probably decreased since 1975, as the Department of Health and Social Security now permits the British Pregnancy Advisory Service and Pregnancy Advisory Service to perform day-case abortions.

Discussion

Since 1972 the number of abortions performed on residents of England and Wales has been fairly constant at just over 100 000 yearly. Nevertheless, despite the relative ease in predicting the minimum numbers of women requiring abortion, the NHS has not increased its provision from about 50% of all abortions. There are several possible explanations for this. Firstly, the DHSS may not have allocated sufficient financial resources to health regions for the expansion of abortion services. Secondly, health authorities may not have endeavoured to provide more facilities for abortion. Thirdly, general practitioners may not be prepared to refer more women for NHS abortions, and NHS gynaecologists may not wish to perform more abortions. Fourthly, the numbers of women demanding NHS abortions may not have increased. The last explanation is unlikely, as patients often have to travel considerable distances and pay for a private sector abortion. At all levels in the NHS pressure from anti-abortionists, fear of becoming entangled in emotional and political issues, unwillingness to commit more resources for abortion, and the apparent success of the private sector have probably combined to maintain the status quo.

The wide regional variation in the proportions of residents having an abortion in an NHS hospital in their home region may be partly due to differences in the proportion of women preferring the private sector to the NHS. Most of the variation, however, is probably due to the inequality in the provision of abortion services within the NHS. Women living in a region with low NHS provision have little chance of obtaining an abortion elsewhere within the NHS and therefore have to go to the private sector. The regional trends show no significant increase in the level of provision. The West Midlands region is committed to increasing its facilities for abortion, but other regions with low provision will need to take similar steps if the inequalities are to be rectified.

Women who are single and have no children are less likely than other women to have an abortion within the NHS as opposed to the private sector. It is not clear whether the NHS, in effect, discriminates against certain women or whether the private sector provides a more acceptable service. A survey for the Lane Committee⁵ showed that some women seeking abortion did not consult their own general practitioner because they believed that they would not be received sympathetically and their families might be told. But over half the patients having an abortion in the private sector had consulted their own general practitioner. In some cases the general practitioner may have been unwilling to help, resulting in the patient's decision to seek a private abortion. Although this study did not distinguish these women by marital state and parity, it is quite likely that the situations described occur more commonly among women

who are single and have no children. Whatever the reasons for women going to the private sector, the NHS is not providing an equally attractive or available service to women of different marital states and parities.

The effectiveness of an abortion service is difficult to measure but a broad indication may be gained from (a) the mortality rate¹³ and (b) the complication rate, which may be influenced by the quality of service; (c) the proportion of abortions performed after 13 weeks of gestation, which is affected by the accessibility and efficiency of the service (the Northern region, which performs the highest proportion of abortions under 13 weeks, has a special referral system for abortions in Newcastle¹⁴); and (d) the concurrent sterilisation rate—a high rate may be indicative of a poor service, not only because of the effect on mortality and possibly morbidity but also because many women may not be able to make a reasoned judgment about their future fertility control when seeking an abortion.

The recent trends in the concurrent sterilisation rate and gestational age at abortion within the NHS and the mortality and complication rates in the UK suggest a steady improvement in the effectiveness of abortion services. The NHS, however, compares unfavourably with the private sector and with other countries, thus indicating room for improvement.

Despite recommendations by the Lane Committee⁵ in 1974 there appear to be very few abortions performed on a day-care basis within the NHS. Day care is simple, safe, and effective and has substantial economic and other benefits over inpatient care.^{15 16} The number of abortions performed may be increased considerably without any increase in running costs. The wider implementation of day care in the NHS might therefore be one effective way of improving recent trends in the provision of abortion services.

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References

- Office of Population Censuses and Surveys, Registrar General's Statistical Review of England and Wales: Supplements on Abortion. London, HMSO, 1968-73.
- Office of Population Censuses and Surveys, *Abortion Statistics, series A B, Nos 1 and 2*. London, HMSO, 1974-5.
- Office of Population Censuses and Surveys, *Monitor*, reference AB. London, HMSO, 1976-7.
- Diggory, P, Peel, J, and Potts, M, *Lancet*, 1970, **1**, 287.
- Committee on the Working of the Abortion Act, *Report Cmnd 5579*. London, HMSO, 1974. (Lane Report.)
- Leete, R, *Journal of Biosocial Science*, 1976, **8**, 229.
- Huntingford, P J, in *Abortion: the NHS and the Charities*, ed H Grahame. London, Birth Control Trust, 1977.
- Tietze, C, *Reports on Population/Family Planning*, 1977, No 14, supplement, 2nd edn.
- Tietze, C, and Murstein, M C, *Reports on Population/Family Planning*, 1975, No 14, 2nd edn, 1.
- Brewer, C L, and Huntingford, P J, *British Medical Journal*, 1978, **2**, 562.
- Hansard, House of Commons, 1978, 11 July, col 443.
- Tietze, C, and Lewit, S, *Studies in Family Planning*, 1972, **3**, 97.
- Brewer, C L, *New Society*, 1977, **39**, 281.
- Lawson, J B, et al, *Lancet*, 1976, **2**, 1288.
- Catford, J C, and Fowkes, F G R. Submitted for publication.
- Maresh, M, et al, *Lancet*, 1974, **2**, 888.

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ONE HUNDRED YEARS AGO Old Yarmouth ale, like the bloaters, seems to be naturally provocative of thirst; since a sample analysed by Mr Piesse of the Strand is said to have contained 126 grains of salt per gallon, which was considered, however, to be "naturally present in the water" with which true Yarmouth ale is brewed. It would be curious to know what would be the ultimate thirst of the ingenuous native who slakes the drought resulting from a feast of bloaters with draughts of "true Yarmouth ale." (*British Medical Journal*, 1879.)