Unintended conceptions in the UK

A paper exploring the scale and causes of unintended conceptions in the UK, including looking at emergency contraception and abortions

Aimee Frances Smith September 2011

Aimee Frances Smith carried out this study as part of an internship with Population Matters following her completion of a Bachelor of Science with Honours Biological Sciences (Zoology) at Edinburgh University. The author may be contacted at A.F.Smith-2@sms.ed.ac.uk

Approximately 200,000 abortions are carried out in the UK annually\(^1\), suggesting a high rate of unintended conceptions. In 2009, there were 896,300 conceptions in England and Wales, including those of under 16 year olds, with 79% of these leading to maternity, and 21% leading to legal abortion\(^2\). In the UK, a high number of conceptions are carried to maternity despite being unintended in the first instance; a study in Scotland found that almost one third of pregnancies were unplanned\(^1\). The study asked women during their visits for antenatal care or for an abortion about their attitudes to becoming pregnant. In a sample of 2908 women who continued to maternity after becoming pregnant, 999 were initially either ambivalent towards conception or it was unintended\(^1\). Another study found that for 92% of women getting an abortion in Edinburgh the pregnancy was unintended. Despite not intending to conceive, 16% of women in the study were not using any form of contraception\(^3\). The reason for women putting themselves at risk of conceiving despite not wanting to become pregnant is unknown, although it is likely that the high prevalence of oral contraception and condoms is involved\(^3\). Both contraceptive methods require perfect use in order to be effective and 44% of women in this study were using these methods inconsistently or incorrectly; notably, many studies have found that unintended conceptions occur as a result of discontinued use of contraception or because of inconsistent or incorrect use of particular methods\(^4\). In contrast, only two of the 316 women in the sample were using a long term form of contraception (IUD/IUS), suggesting that fewer unintended conceptions may result from these methods\(^3\). In addition to the abortion rate for England and Wales increasing over time\(^2\), the number of women undergoing repeat abortions is also increasing, with recurring termination rates ranging between 20-30% in the UK\(^5\). Studies have considered the potential for common risk factors among women receiving more than one abortion. One study carried out in Edinburgh found that the incidence of attending for a repeat abortion was positively correlated with deprivation status, living in an industrial or urban area and those confined to the home\(^5\). Increased age and having had children previously were also positively correlated with the likelihood of having repeat abortions. Poor provision of contraception is likely to contribute to multiple terminations; only 50% of women attend follow up appointments which would traditionally provide suitable information on future contraception\(^5\).

A study found that around half of women who used Emergency Contraception (EC) did so because of condom failure or missing an oral contraceptive pill\(^6\); the Family Planning Association also acknowledges that a form of contraception is not always considered before intercourse takes place,
increasing the likelihood of EC being used. In a survey carried out in the UK, 7% of women had used emergency contraception during the past twelve months in the form of the ‘morning after pill’ and 0.5% had used it in the form of an emergency IUD. There is a high variation in the level of knowledge about different types of emergency contraception; in a 2008/9 survey by the Office of National Statistics, 91% of women had heard of hormonal emergency contraception, or the morning after pill but only 40% had heard of using an intrauterine device (IUD) as a form of EC. In 2000/1, 49% of women knew of this form of EC, showing a drop in awareness in the 8 year intermediate period. Only 13% of women surveyed were aware that an IUD could be used be an effective form of contraception up to 5 days after intercourse, compared with 48% of females knowing that the morning after pill is effective for up to 72 hours after intercourse. A study found that there is limited knowledge on how and when to use EC, where to get EC from as well as people having reservations about using it. Emergency contraception may prevent up to 95% of unintended pregnancies. Despite this, studies have found that advanced provision of EC (i.e. it being provided to women in advance of their needing it) does not lower abortion rates. This may be due to targeting the wrong groups of women during studies, but the same result has been found during multiple projects. It is also thought that women are unlikely to ask for supplies of emergency contraception and medical professionals should encourage its advanced provision, particularly with women most at risk of unintended pregnancy, if this method is to have any impact on lowering abortion rates.

In England and Wales, 2008 and 2009 a greater percentage of total conceptions resulted in abortion in younger age groups than older ones with the highest abortion rates occurring in 14 year old age groups, with 67.6% and 64.9% of conceptions resulting in legal abortion in 2008 and 2009 respectively. This rate decreases, with 42% of conceptions resulting in abortion in all age groups under 20. This rate steadily decreases to a low of 12.8% and 12.4% in 30-34 year old group, before increasing slightly in older age groups. This suggests that in England and Wales the highest rate of unintended pregnancies occur in younger age groups, and particularly in teenagers. That abortion is more common in younger women was also found by a study carried out in Scotland suggesting this trend is common throughout the UK.

**Recommendation**

Various aspects of contraception should be considered in order to reduce the rate of unintended pregnancy. It is highly economical to provide sufficient information about contraception through the NHS; costs to the NHS of an initial and follow up visit to a Contraception and Sexual Health Clinic is approximately £65, compared with the cost of an abortion which ranges from £568-827, depending on the type of abortion being provided.
References


2 – Office for National Statistics UK. Conception Statistics, England and Wales; Conception Statistics 2009 (Provisional). Updated 17 March, 2011 (2a- Table A; 2b- Table B)


5 – St. John, H., Critchley, H. & Glasier, A., 2005. Can we identify women at risk of more than one termination of pregnancy? Contraception. 71, 31-34

6 - Family Planning Association Policy Statement on Emergency Contraception, January 2011

http://www.ons.gov.uk/ons/search/index.html?newquery=contraception

