



Induced abortions 2022

Number of induced abortions continued to decrease

MAIN FINDINGS

- The number of induced abortions increased 3.5% in 2022 compared to the previous year.
- 17% of women, who had an induced abortion, had an earlier pregnancy resulting in birth or termination in the last two years.
- In proportion to the number of women, most abortions were performed in the Åland Islands and in the wellbeing services county of Lapland.
- The lowest figures were found in the wellbeing services counties of Pirkanmaa and Central Finland.

In 2022, the total number of induced abortions was 7 900 amounting to 6.9 abortions per 1 000 women of childbearing age (aged 15–49). This was 3.5 per cent more than the previous year. Despite the increase in 2022, the number of induced abortions has decreased significantly during the last decade.

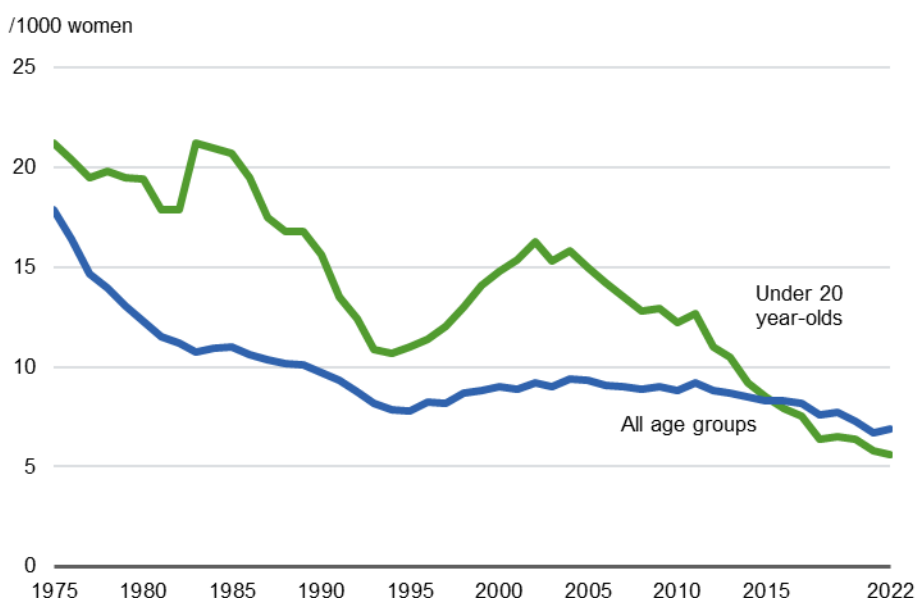
Especially the number of abortions among women under 20, has decreased in recent years and continued to decrease in 2022: there was 5.6 induced abortions per 1000 women aged 15–19 years when the corresponding number was 7.6 five years earlier.

Most abortions were still performed in the age group 20–24 (11.3 per 1 000 women of the same age). In recent years the number of abortions has declined also in this age group: the corresponding number was 14.7 five years earlier.

More than one in three women (37%) who had an abortion in 2021 had undergone at least one previous abortion. 8.8 per cent of women under 20 had undergone a previous abortion.

In total 9.7 per cent of women, who had an abortion in 2022, had given birth in the last two years and 7.5 per cent had a previous pregnancy resulting in a termination in the last two years. The proportion of both groups has remained relatively stable in recent years.

Figure 1. Induced abortions per 1000 women of the same age, 1975–2022



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Terms and definitions

Induced abortion: Artificially induced termination of pregnancy which is not a birth and which results in the death of one or more fetuses (≥ 1) and in which there is no indication of intrauterine fetal death before the termination.

Medical abortion: Medical abortion in the first trimester refers to termination of pregnancy with the combination of antiprogestin (mifepristone) and prostaglandin (miso-prostol) before the 12th week of gestation ($\leq 12+0$). Usually there is no need for a surgical procedure when induced abortion is performed this early.

Medical abortion in the second trimester refers to termination of pregnancy on the 12th week of gestation or later ($12+1-24+0$) by using an abortifacient (usually mifepristone) as well as prostaglandin and other drugs. A surgical procedure is also performed, if necessary.

Length of gestation: The length of gestation is calculated from the first day of the last normal menstrual period and is given in full weeks and days (weeks+days). The length of gestation can be assessed also with the help of an antenatal ultrasound scan or on the basis of an antenatal clinical examination.

Clinical examination should not be the only means of assessing the length of gestation prior to induced abortion. Before induced abortion, the length of gestation must be determined on the basis of at least one (≥ 1) antenatal ultrasound scan.

[More detailed information on the concepts and the definitions relating to induced abortions is available in Finnish](#)

www.thl.fi/statistics/abortions



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Quality description (OSF)

Induced abortions

Relevance of statistical data

The statistics on induced abortions contain data on the annual number of induced abortions. Data on induced abortions are provided by age group and wellbeing services county per 1000 women of the same age.

The statistical report also gives numbers concerning grounds for induced abortions, the gestational stage at which they are performed, previous abortions and deliveries among abortion patients, methods of abortion used, and the contraceptive methods that abortion patients have used or that have been planned for them.

The report aims to provide up-to-date information on induced abortions to health care professionals, administrators, planning officials and researchers working in the area of reproductive health.

The report text describes the concepts and definitions used in the statistics.

The collection of data is based on the Act on the Finnish Institute for Health and Welfare (668/2008) and on the Act on Induced Abortion 238/1970.

Description of methods

Data on induced abortions are collected from all the health care units in Finland that perform induced abortions.

According to current legislation (Act on Induced Abortion 238/1970, Decree on Induced Abortion 359/1970), the health care unit performing the procedure is required to report the case to the Finnish Institute for Health and Welfare (THL) within one month using a specific data collection form approved by the Ministry of Social Affairs and Health.

Data in the 2022 statistical report are based on reports submitted to THL by 18th May 2023.

Year 2022 most data were collected to THL by electronic means. Units performing procedures complete an electronic form and save it in a secure format for THLs use or information transfers to THL as a database acquisition. Data check-ups are made regularly and any unclear cases and diagnoses are checked and ascertained by contacting the hospitals that have performed the procedure concerned.

Correctness and accuracy of data

Correctness of data depends on the quality of the data submitted by the data suppliers. In unclear cases, the data in the Register of Induced Abortions are compared with those in other registers (Medical Birth Register, Care Register). If necessary, the operating unit that has performed the procedure is contacted in order to ascertain the data. In addition, the data on abortions for fetal indication are compared to data recorded at Valvira and in the Register of Congenital Malformations.

Any errors identified in the statistics will be corrected. Even earlier statistics are updated in case of delays in reporting. These revisions do not, however, have any significant impact on the overall trend in the number of induced abortions.

The validation study with 2011 data showed that the coverage of the Register on Induced Abortions is excellent: 97.0 per cent of performed induced abortions was found in the register.¹

Timeliness and promptness of published data

The statistics on induced abortions are produced by THL annually. The report, published once a year, describes the number of induced abortions in the previous year.

¹ Heino A, Niinimäki M, Mentula M, Gissler M. [How reliable are health registers? Registration of induced abortions and sterilizations in Finland.](#)

Availability and transparency / clarity of data

The reports are published on the [THL website](#). Statistical data is annually published in both national and international statistical publications (Nomesko, WHO, UN). The appendix tables to the statistical report are published as database tables which enable the reader to choose the data displayed.

[Findata](#) is authorised to disclose data in the Register of Induced Abortions to researchers for scientific research purposes.

Comparability of statistical data

The first act on induced abortion took effect on 1 July 1950. Statistics on induced abortions have been published since 1951. The current Act on Induced Abortion is from 1970. The most significant revision to the Act has been the Act amending the Act on Induced Abortion (572/1985) which introduced a Section 5a to the Act, allowing induced abortion on the grounds of potential or confirmed foetal defect before the 24th week of gestation ($\leq 24+0$)².

Since 1983, data on induced abortions have been kept in an electronic THL database. Official statistical publications by the National Board of Health (one of THL's predecessors) have been used as a source of information for earlier years. Data on the number of induced abortions is available as of 1950, and data from 1955 include information such as the grounds for abortion. As of 1958, there is even more data available, including the patient's marital status, age, number of births and the number of procedures performed in each province. Time series on almost all variables recorded today are available from the mid-1970s onward.

Data for earlier years have been checked, for instance, by removing data that had been entered twice and by adding missing cases, so some data may deviate from previously published statistics. As a result, data may deviate from previously published statistics.

With regard to age-specific data, it should be noted that from 1994 onwards such data in the register refer to the age of the patient on the day of the procedure, whereas the data for preceding years refer to the age at the end of the year. The data for 1986–1993 have been calculated retrospectively using the patient's age on the day of the procedure. More accurate information on any factors influencing the interpretation of the statistics, such as legislative reforms, is given specifically for each table.

In the data collection form for the register, for some of the variables (e.g. contraceptive method, method of induced abortion, indication) it is possible to select more than one alternative. This should be taken into account when examining the tables.

The concepts and definitions of induced abortion have remained unchanged throughout this time. The statistics apply the ICD-10 classification system.

Clarity and consistency

The data on induced abortions in the Statistical Report are nationwide. Previous years' data are corrected, where necessary, retrospectively, but the changes have been fairly small. At the time of this report's publication, the 2021 data were corrected, and the total number of induced abortions grew by 28 cases.

² [Act on Induced Abortion \(239/1970\)](#) (in Finnish).