

# Induced abortions 2023

## New legislation on induced abortions did not significantly affect the number of procedures

### MAIN FINDINGS

- The number of induced abortions increased 2.9% in 2023 compared to the previous year.
- The number of induced abortions increased already before the new legislation came into effect 1.9.2023.
- The number of induced abortions increased momentarily in September 2023 but stabilized at the end of 2023.
- The average length of gestation at the time of abortion decreased after 1.9.2023.
- 17% of women, who had an induced abortion, had an earlier pregnancy resulting in birth or termination in the last two years.
- The proportion of women, who had had an induced abortion the same year or the previous year, increased slightly in 2023 and was 8.2%.

In 2023, the total number of induced abortions was 8300 amounting to 7.1 abortions per 1 000 women of childbearing age (aged 15–49). This was 2.9 per cent more than the previous year. In 2023, there was 5.8 induced abortions per 1000 women aged 15–19 years. There are significantly fewer abortions for young women than ten years earlier and even less than for all women of reproductive age on average.

The updated Act on Induced Abortion (239/1970) entered into force in September 2023. As of 1 September 2023, the grounds for abortion are always a request from the pregnant person if the gestation has lasted 12+0 weeks or less. The pregnant person does not need to justify their request.

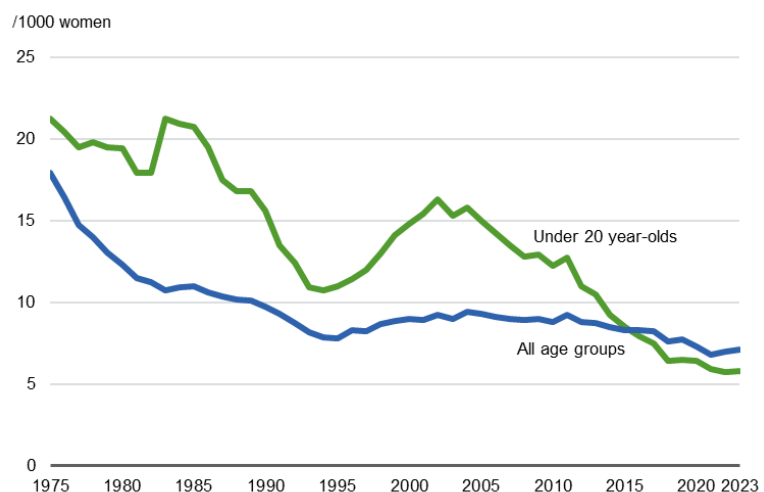
The slight increase in the number of abortions does not seem to be related to the legislative amendment that entered into force in September: the number of abortions increased slightly before in 2022 and before September 2023. Despite the increase in the number of induced abortions between 2022 and 2023, the number of abortions has clearly decreased in the first two decades of the 21st century.

At the monthly level, the number of abortions was slightly lower than average in August 2023 and higher than in other months in September 2023. However, the number stabilised at the end of 2023.

One of the objectives of the legislative amendment was to make the induced abortion process smoother by reducing the number of required medical opinions and allowing more abortions to be carried out in primary health care. The average length of gestation at the time of abortion was lower at the end of 2023: in December 2023, it was 54.9 days (approximately 7+6 weeks of gestation), compared to 58.5 days in December 2022 (approximately 8+3 weeks of gestation).

The statistics are based on the registration notifications made to the Finnish Institute of Health and Welfare (THL) by units in which abortions are performed. Submitting a notification to THL within one month of induced abortion is a statutory obligation.

**Figure 1. Induced abortions per 1000 women of the same age, 1975–2023**



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## Legislation on induced abortions from 1 September 2023 onward

In Finland, induced abortions are governed by the Act on Induced Abortion (239/1970) and the Abortion Decree (359/1970). The updated Act on Induced Abortion entered into force on 1 September 2023.

The legislation lays down the grounds for induced abortion. As of 1 September 2023, the grounds for abortion are always the pregnant person's request if the gestation has lasted 12+0 weeks or less. The pregnant person does not need to justify their request in any way.

When the gestation has lasted for more than 12+0 weeks, usually only the National Supervisory Authority for Welfare and Health (Valvira) can make the decision to allow induced abortion (unless it is based on a health hazard, Section 1, Sub-section 2 of the Act, or emergency abortion).

Valvira may allow induced abortion until a maximum of 20+0 weeks of pregnancy when:

- Childbirth and caring for the child would place a significant strain on the pregnant person (social reasons).
- If the condition of the pregnant person or the future father seriously limits their ability to care for the child.
- Becoming pregnant is associated with a crime.
- The pregnant person was under 17 or over 40 years of age when they became pregnant.
- The pregnant person has given birth to four children.
- There is reason to believe that the child would have or develop a severe illness or physical defect.

Valvira may allow induced abortion until a maximum of 24+0 weeks of pregnancy based on the status of the foetus.

If the grounds for abortion are a health hazard, i.e., a risk to the life or health of the pregnant person due to an illness, physical defect or weakness (Section 1, Sub-section 2 of the Act), an abortion may be carried out by a decision of two physicians.

Emergency abortion may be initiated to acutely save the pregnant person's life and/or health, for example in the event of an accident, or by decision of a single physician.

Regardless of the length of gestation, abortion may always be performed if the continuation of the pregnancy or childbirth would pose a serious risk to the life or health of the pregnant person.

## 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 ( $\geq 1$ ) 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 antiprogesterin (mifepristone) and prostaglandin (misoprostol) 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 ( $\geq 1$ ) antenatal ultrasound scan.

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

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## **thl.fi/statistics/abortions**

### **Suggested citation:**

Finnish institute for health and welfare (THL). Induced abortions 2023. Statistical Report 27/2023. Official Statistics of Finland (OSF).



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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 2023 statistical report are based on reports submitted to THL by 2ndMay 2024.

Year 2023 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.

In spring 2024, slightly larger than normal corrections were made to the data for 2020–2022, and the number of abortions in the register increased more than normal: in connection with the checks, it was noted that a few of the units performing procedures had systematically failed to submit registration notifications, and these notifications were updated in the register retrospectively. Compared to previously published figures, the number of abortions in 2020 increased by 0.1% and in 2021 and 2022 by 1.3%.

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.<sup>1</sup>

### 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.

### 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. In 1985, the Act amending the Act on Induced Abortion (572/1985) 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 ( $\leq 24+0$ )<sup>2</sup>.

The updated Act on Induced Abortion entered into force on 1 September 2023. As of 1 September 2023, the ground for abortion is always the pregnant person's request if the gestation has lasted 12+0 weeks or less. The pregnant person does not need to justify their request in any way. When the gestation has lasted for more than 12+0 weeks, usually only the National Supervisory Authority for Welfare and Health (Valvira) can make the decision to allow induced abortion (unless it is based on a health hazard, Section 1, Sub-section 2 of the Act, or emergency abortion).

An updated registration notification form (AB4) was also introduced on 1 September 2023. According to the amendment, new grounds for abortion were added to the register (the pregnant person's own request), "one physician" was removed from the decision-maker options, as the act no longer recognises induced abortions made by decision of one physician. Some smaller terminological changes were also made.

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.

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

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

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.

### **Special issues concerning the 2023 statistics**

The updated Act on Induced Abortion entered into force on 1 September 2023. An updated registration notification form (AB4) was also introduced at the same time. According to the amendment, new grounds for abortion were added to the register (the pregnant person's own request), "one physician" was removed from the decision-maker options, as the act no longer recognises induced abortions made by decision of one physician. Some smaller terminological changes were also made.

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