

User guide to conception statistics

Supporting information for conception statistics in England and Wales, recorded during registration of birth and notification of abortion.

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1 . Introduction

Conception statistics are produced by the Office for National Statistics (ONS). They are published as [accredited official statistics](#).

Conception statistics are estimates. Conceptions include maternities (that is, the number of pregnant women who give birth) and abortions. This information is obtained from administrative sources: abortion notifications and birth registrations. Maternities that result in one or more live births or stillbirths are counted only once. Conception statistics do not include miscarriages or illegal abortions.

Annual abortion statistics are published by the Office for Health Improvement and Disparities (OHID), which is part of the Department of Health and Social Care (DHSC) in their [Abortion statistics for England and Wales release](#). Statistics are broken down by:

- age of woman
- number of previous abortions
- length of gestation
- source of funding
- health area of usual residence of woman
- method of abortion
- ethnicity of woman
- grounds for abortion

The annual [Conceptions in England and Wales](#) release consists of a number of datasets accompanied by a statistical bulletin. The tables released show the latest year's figures with some tables also showing historical data for comparison. To better streamline our provision of conceptions statistics, quarterly conception data is now published as part of the annual release. Quarterly conception rates and rolling annual rates are also provided where area of usual residence is within England. In addition, quarterly counts of the number of conceptions are published where the area of usual residence is Wales.

The [Quality and Methodology Information \(QMI\) report](#) for conception statistics provides important qualitative information on the various dimensions of quality as well as providing a summary of methods used to compile the output.

2 . Information used to compile conception statistics

Conception statistics bring together records of birth registrations collected under the [Births and Deaths Registration Act 1953](#) and subsequent amendments and of abortion notifications supplied under the [Abortion Act 1967](#) and subsequent amendments. They include all the pregnancies of women resident in England and Wales that lead to one of the following outcomes:

- a maternity at which one or more live births or stillbirths occur, which is registered in England and Wales
- a termination of a pregnancy by abortion under the 1967 Abortion Act, which takes place in England and Wales.

Maternities data

The registration of life events (that is, births, deaths, marriages and civil partnerships) is a service carried out by the local registration service in partnership with the General Register Office (GRO). Most of the information, for both live births and stillbirths, is supplied to registrars by one or both parents.

For stillbirths, details of cause of death, duration of pregnancy (gestation) and weight of foetus are supplied on a certificate or notification by the doctor or midwife either present at the birth or who examined the body. The certificate or notification is then taken by the informant to a registrar.

For all births, the mother's usual address is entered. This information is used for tables showing usual residence of mother. Informants are also required to provide further information, treated as confidential, under the provisions of the [Population \(Statistics\) Acts](#). The items relevant to this publication are the mother's date of birth and the date of the parents' marriage or civil partnership, if the child's parents were married or in a civil partnership with each other at the time of birth.

When we receive birth registrations, a number of checks are carried out on records to ensure that they are valid. Checks are more frequent on those records with extreme values for main variables (such as age of mother) as these have a greater impact on published tables. For example, when looking at multiple births, checks are carried out to ensure that the number of triplets is divisible by three and that there is one maternity recorded for each set of triplets. Any birth records that appear questionable are raised with the GRO on a monthly basis for further investigation.

Abortions data

Termination of a pregnancy is permitted by a registered medical practitioner subject to certain conditions under the [Abortion Act 1967](#), as amended by the [Human Fertilisation and Embryology Act 1990](#) and the [Health and Care Act 2022](#). Legal requirements apply to the certification and notification of abortion procedures. These notifications are sent by registered practitioners to the Chief Medical Officer of the Department of Health and Social Care (DHSC) or to the Chief Medical Officer of the Welsh Government. The details supplied include the woman's date of birth, marital status and usual residence.

Abortion notifications go through an [agreed series of checks](#), and values for missing items are imputed at DHSC before being supplied to us. This ensures the data are of sufficient quality. Each quarter, there are also updates on previous quarters that have not previously been finalised. These updates will contain records where the DHSC raised queries that have been resolved.

Abortion data used in conception statistics are not directly comparable with abortion statistics published by the Office for Health Improvement and Disparities (OHID). This is because OHID abortion statistics are published by date of abortion whereas we use abortion data based on the date of conception. Some abortions will relate to conceptions that occurred in the previous calendar year.

Base populations

The population estimates that are used to calculate conception rates are mid-year estimates of the resident population of England and Wales based on the census. Mid-year population estimates are updated using the most recent census, allowing for births, deaths, net migration and ageing of the population.

The population estimates used are the most up to date when rates are produced. The specific population estimates used to calculate rates are detailed alongside published tables. Sometimes, it is necessary to revise conception rates following population estimate revisions. Any revisions to conception rates are footnoted on tables.

The quarterly populations used in rate calculations are adjusted using mid-year population estimates or a combination of mid-year population estimates and population projections, to estimate what the likely population would have been for the mid-quarter.

The rolling annual rates are calculated using the last four quarters' conception numbers, and the populations used are mid-year population estimates from the corresponding years weighted accordingly.

Further information on [population estimates](#), and their methodology, is available.

3 . Methods used to produce conception statistics

Estimating the date of conception

Information on the exact date of conception cannot be obtained from the registration details for either births or abortions. Date of conception is estimated by subtracting the gestation period from the baby's date of birth or the date of termination.

Maternities (one or more live births)

Conception is assumed to occur 14 days (two weeks) after the start of the last menstrual period, and the time between the last menstrual period and birth is assumed as 40 weeks (referred to as gestational age). Therefore, the length of pregnancy from conception to birth is assumed to be 38 weeks (40 weeks minus two weeks) for all maternities with one or more live births.

Maternities (all stillbirths)

Gestational age is recorded at the registration of a stillbirth. The date of conception is estimated as date of birth minus stated gestational age plus two weeks to allow for time to conceive.

For example, if a gestational age is 30 weeks and the date of birth is 10 October, then date of conception is:

(10 October - 30 weeks) + 2 weeks
14 March + 2 weeks = 28 March

On the few records where gestational age is not recorded or available at registration, the length of pregnancy from conception to stillbirth is assumed to be 33 weeks.

Abortions

For conceptions in 1980 and earlier years, the date of conception is taken as the date of the start of the last menstrual period, plus two weeks. For conceptions in 1981 and subsequent years, gestational age has been collected on all notifications of abortions. The date of conception for abortions is therefore estimated as the date of termination less the stated gestational age plus two weeks to allow for conception.

For example, if a gestational age is 10 weeks and date of termination is 10 October, then date of conception is:

(10 October - 10 weeks) + 2 weeks
1 August + 2 weeks = 15 August

Estimating a woman's age at conception

A woman's age at conception is estimated from her date of birth, as stated on the birth registration or abortion notification, together with the estimated date she conceived. It is calculated as the interval in complete years between her date of birth and the date she conceived. However, where conception occurs in the same calendar month as the woman's birthday, this can result in the estimated age of mother at conception being either a year too low – if the baby is born live after less than 38 weeks since conception – or a year too high – if the baby is born live at over 38 weeks since conception. The method for estimating a woman's age at conception in such cases was revised in 1999 to take into account the day of the month in which the mother was born and the day of conception, in addition to the month and year as used previously. This resulted in a revision to figures published before 1999. A full explanation can be found in [Birth statistics 1998](#).

4 . Issues affecting the quality of conception statistics

Our [Quality and Methodology Information \(QMI\) report](#) includes a general summary discussing various dimensions of quality of the conceptions data, whereas here we provide more detailed notes only.

Conception statistics do not include miscarriages or illegal abortions. [The NHS](#) estimates that one in eight confirmed pregnancies will end in miscarriage. It is impossible to determine the extent of illegal abortions, for example, by women using drugs bought online. The only statistics available are where complications arise from illegal abortions resulting in illness or death. In 1965, before abortion was legalised, [the number of women discharged from hospital with post-abortion sepsis \(Col 202\)](#) was 3,050; in 1982, it was 390.

[Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer: 2006–2008](#) reported no deaths from abortions between 2006 and 2008. Given the steady rise in numbers of legal abortions since 1968, and the improvements in access to abortion, it can be assumed that the vast majority of abortions carried out in England and Wales today are legal ones.

During 2013, the number of [Ground E HSA4 notifications](#) (that is, there is a "substantial risk" that the child might be born "seriously handicapped") was found to be lower than the number reported to the congenital anomaly registries. The Department of Health and Social Care (DHSC) has worked closely with the National Down Syndrome Cytogenetic Register (NDSCR) to explore this discrepancy and make [recommendations](#). Results suggested that an abortion notification was made for about 54% of NDSCR records. Hence, there is potentially an undercount of Ground E abortions. The DHSC continues to work closely with the Royal College of Obstetricians and Gynaecologists (RCOG) and other organisations in implementing the recommendations where possible.

Registration Online (RON)

In November 2006, a pilot for a web-based Registration Online system (RON) for births and deaths commenced in five registration districts. This enabled registrars to record births, stillbirths and deaths online. Following the success of this pilot, RON was implemented in most register offices on 26 March 2007. However, as a result of significant performance problems, the system was suspended on 10 April 2007 resulting in around half of registrars reverting to using the previous electronic system, Registration Service Software (RSS).

From 8 May 2007, almost all register offices were submitting data electronically using either RON or RSS. Any remaining birth registrations that were held only on paper at register offices were later entered onto the RON at the Office for National Statistics (ONS) or by the local registration service. Once all the birth records were available electronically, we completed a rigorous statistical quality assurance process.

Work to improve the performance of RON continued throughout 2008. As a result, the system was fully rolled out on 1 July 2009 with all register offices using it to record births from this date. With the introduction of RON, we can carry out some additional validation checks at the point of registration such as validation of address and postcode.

Issues with RON were encountered in November 2014. As a consequence, births had to be manually registered for over a week and these were keyed onto RON when the issues had been resolved. This resulted in a higher than usual level of records where the mother's date of birth was missing. Birth registrations in November 2014 related to conceptions in both 2013 and 2014.

Maternities data

Maternities data included in our conception statistics are derived from the births database. Where the mother's date of birth was not stated at registration, it is obtained from the corresponding birth notification record. However, it is not always possible, and in some cases the age of the mother remains not stated. Our approach to dealing with this issue has changed over the years.

Conception statistics for 2009, by age, exclude maternities where the mother's age was not recorded and the birth occurred in 2010. For the 2009 data year, final conception statistics, released before the 2010 annual births dataset, had age of mother imputed using the most appropriate donor record from the entire annual dataset.

For conceptions data for 2010 to 2016, where a missing age of mother could not be obtained from the corresponding birth notification, age of mother was imputed by drawing the age from a complete record with similar characteristics to the incomplete record. The percentage of records where age of mother remained missing following birth notification matching was very small. The impact on comparability of statistics over time and between areas is also minimal.

We determined that imputing age of mother was not improving the quality of our statistics. As such, we discontinued imputation in March 2018 to make processing more efficient and our methods easier for users to understand, without any negative effect on accuracy. For 2017 conceptions data onwards, the remaining records where mother's age is missing will now be included in the counts for "all ages" in our tables but excluded from any age breakdowns.

Abortions data

Under arrangements made following implementation of the [Abortion Act 1967](#), the ONS and its predecessors processed and analysed the abortion notification forms (HSA4) sent to the Chief Medical Officers of England and Wales. From 1 April 2002, responsibility was transferred to the DHSC, where a new system was introduced to process the new abortion notification forms that were made available from 18 April 2002. The collection of marital status information was affected in the changeover between the old and new abortion notification form. There were some discontinuities in the recording and coding of marital status in the 2002 abortions data following the introduction of the new form. For further details, see Section 1.3 of [Conception Statistics, England and Wales, 2002](#).

There are a small number of cases of abortions where the woman's date of birth was not recorded. Prior to 2017 conceptions statistics, these cases were not used for statistical analysis. For 2017 conceptions onwards, they are included in the counts for "all ages" in our tables but excluded from any age breakdowns.

During the compilation of the [DHSC's 2017 Abortion statistics for England and Wales](#) publication, it was found that the date of termination used to assign an abortion to a given year had not been identified for some records by the abortions notification system (ANS). This caused a shortfall of around 3,000 cases (1.5% of the total) missing from the official figures. Corrections have been made to the 2016 conceptions publication using the revised figures. The revised 2017 figures were used for the 2017 annual release on conception statistics.

In 2022 DHSC moved to a new Abortion Notification System. Processing delays may have affected the inclusion of scanned paper forms and the deduplication of records in 2022.

Further information on the quality of conception statistics

Checks on conceptions data are performed before the annual data extract is taken.

Once tables for publication have been produced, the following checks are conducted:

- systematic checks of totals (row, column and other) against known correct figures
- checks of individual cells against correct figures
- checking figures are consistent and plausible compared with previous years

Further information on quality of conceptions statistics is available in the [QMI report](#).

5 . Notes and definitions

Symbols, conventions and protecting the confidentiality of individuals

Conception figures are covered by DHSC's [Abortion statistics: protocol for the release of personal data](#). In June 2015, this protocol was revised. The requirement to suppress counts and rates is determined by the number of women in the underlying population. Occasionally, it is necessary to apply secondary suppression to avoid the possibility of disclosure by differencing.

Counts for conceptions leading to abortions less than 10 and rates based on fewer than 10 events were suppressed before June 2015. To protect the confidentiality of conceptions data, all counts lower than five and all rates based on fewer than five events were also suppressed.

Figures in some tables may not add precisely owing to rounding.

On 13 September 2019, the disclosure control protocol for abortion statistics was withdrawn. The most recent [Protocol for the release of confidential abortions data for research purposes](#) was published on 23 August 2024. The guidance states that low abortion cell values between zero and five must be suppressed. If only one cell requires cell suppression, then "at least one other component cell (the next smallest) must be suppressed so as to avoid calculation of suppressed value from the totals".

In addition, conception rates are not calculated where there are fewer than three events, as rates based on such low numbers may be interpreted inaccurately.

Conception rates that are based on between 3 and 19 events are displayed in tables but are denoted [u] as a warning to the user that their reliability as a measure may be affected by the small number of events.

In the conceptions data, the symbols used are:

- 0 denotes nil
- [c] confidential
- [u] low reliability
- [z] not applicable
- [x] denotes not available

In our conception outputs published before July 2014, the symbols used were:

- : denotes not applicable
- .. denotes not available
- – denotes nil
- * denotes not available (to protect confidentiality)

Also before July 2014, rates and percentages in tables calculated from fewer than 20 conceptions were distinguished by italic type.

Area coverage

Conception statistics include only live births, stillbirths and abortions that occurred in England and Wales to women usually resident in England and Wales.

Until the 2009 data year for conceptions, we assigned "area of usual residence" using a look-up product (the National Statistics Postcode Directory). This product associated postcodes with a number of geographical levels (for example, local authority and region). The postcode was allocated to each level of geography using a point-in-polygon methodology. Although this method is spatially accurate, it does not provide the stable building blocks needed for comparing geographies at different levels.

From the 2010 data year for conceptions, we have assigned "area of usual residence" by first linking each postcode to an output area using this same point-in-polygon methodology and then linking to all higher geographies by using a population-weighted, best-fit look-up to output area. This means that postcodes are allocated to a higher geography based on where the output area population-weighted centroid lies. This is in line with the [Geography Policy for National Statistics \(PDF, 868KB\)](#).

Switching to the new area allocation method had a negligible impact on conception statistics down to the local authority level. However, the new method improved comparability of conception statistics for subnational areas over time.

For more information about these methods, see [National Statistics postcode products](#) and [Assigning life events data to subnational areas: an assessment of a change to the methodology](#).

Until the 2015 data year, annual and quarterly conceptions figures by area of usual residence were derived using the latest Office for National Statistics (ONS) monthly postcode file. Data for 2016 onwards have been extracted from our new data processing system, which allows records with a missing or invalid postcode to be loaded, if they represent less than 1% of all records for the period. Our previous data processing system did not load records with a missing postcode.

Data for 2016 onwards have had the local authority derived using our new area derivation method adopted in 2017. This uses the woman's postcode of usual residence recorded on the birth registration or abortion notification to derive the local authority using the quarterly National Statistics Postcode Lookup (NSPL). The NSPL used is the latest one available when our annual Conceptions dataset is created. It is not possible to derive the area of usual residence on records where the postcode is not valid or not provided.

Conceptions within and outside marriage or civil partnership

Since 1 September 2009, following the implementation of the [Human Fertilisation and Embryology Act 2008](#), same-sex female couples have been able to register the birth of a child as mother and second parent. The Act also made provision for two men to be officially recognised as the parents of a child through the provision of a parental order, obtainable through the courts. Abortion notifications also contain information about whether the woman was in a civil partnership.

A birth within marriage or civil partnership is that of a child born to parents who were lawfully married or in a civil partnership with each other either at the date of the child's birth or when the child was conceived, even if they later divorced or were granted a civil partnership dissolution or the father or second parent died before the child's birth.

Births occurring outside marriage or civil partnership may be registered either jointly or solely. A joint registration records details of both parents and requires them both to be present. A sole registration records only the mother's details.

For abortions coded on the old form HSA4, which originated from the ONS (prior to 18 April 2002), the categories of marital status were:

- (a) single
- (b) married
- (c) widowed
- (d) divorced
- (e) separated

For abortions coded on the new form HSA4, which originated from the Department of Health and Social Care (from 18 April 2002), marital status was reclassified as:

- (a) single no partner
- (b) married
- (c) single with partner
- (d) single not known
- (e) divorced or civil partnership dissolved
- (f) widowed
- (g) separated
- (h) civil partnered

To calculate conception rates, separated mothers are included with married mothers because there are no official population estimates for the "separated" marital status category. Marital status refers to the legal marital status of an individual rather than their relationship status or living arrangement.

Owing to the relatively small numbers of conceptions to same-sex couples, conceptions to same-sex couples who are married or in a civil partnership are included with conceptions within marriage, while conceptions to same-sex couples not in a marriage or civil partnership are included with conceptions outside marriage. Given the relatively small numbers of conceptions to same-sex couples, the impact on the statistics is negligible.

6 . Legislation

The existing provisions for the registration of births and the processing, reporting and analysis of births data appear in different legislation that reflect the distinct and separate roles of the Registrar General for England and Wales and the UK Statistics Authority (UKSA). The Registrar General is guided by the:

- [Births and Deaths Registration Act 1953](#) and subsequent amendments, which covers all aspects of the registration of births and stillbirths
- [Population \(Statistics\) Act 1938](#), which deals with the statistical information collected at registration
- [Population \(Statistics\) Act 1960](#), which makes further provision for collecting statistical detail at registration
- [The Registration of Births, Deaths and Marriages Regulations 1968](#), which adds questions on father's and mother's place of birth to the details requested at registration
- [Still-Birth \(Definition\) Act 1992](#), which alters the definition of a stillbirth to 24 or more weeks completed gestation, instead of the previous definition of 28 or more weeks completed gestation
- [National Health Service Act 2006](#) and [National Health Service \(Wales\) Act 2006](#), which consolidate legislation relating to the health service and separate provision of the health service in Wales from that in England; the Acts require notification of a birth to the relevant body or bodies where the birth occurred as may be determined in accordance with regulations and both Acts include provisions both for the supply of information about birth notifications by the NHS and the supply of information on individual registered births by the Registrar General to the NHS
- [Human Fertilisation and Embryology Act 2008](#), which gives provision for same-sex female couples to jointly register the birth of a child as mother and parent; it also allowed for two men to obtain a parental order through the courts to be officially registered as the parents of a child post-registration

The UKSA is guided by the:

- [Registration Service Act 1953](#), as amended by the [Statistics and Registration Service Act 2007](#), which in Section 19 requires the UKSA to provide annual abstracts of live births and stillbirths
- [Abortion Act 1967](#), which permits termination of pregnancy by a registered practitioner, subject to certain conditions and [The Abortion Regulations 1991](#), and enables the Chief Medical Officers to supply information about abortions to the UKSA
- [Human Fertilisation and Embryology Act 1990](#), which in Section 37 makes changes to the Abortion Act 1967
- [Health and Care Act 2022](#), which in Section 178 makes changes to the Abortion Act 1967
- [Statistics and Registration Service Act 2007](#), which created the Statistics Board, now known as the UKSA, and defines its functions and powers

7 . Further information

Special extracts and tabulations of conceptions data for England and Wales are available to order (subject to legal frameworks, disclosure control, resources and our [charging policy](#), where appropriate). Enquiries should be made via email to Health.Data@ons.gov.uk or telephone at +44 (0)1329 444110. We also publish [user-requested data](#).

We welcome feedback from users on the content, format and relevance of this release. Please send feedback to Health.Data@ons.gov.uk.

8 . Other publications

Information on live births, stillbirths, maternities, and stillbirth rates in England and Wales by factors including parent age, parent country of birth, ethnicity, deprivation, gestational age and birthweight is provided in our annual [Births in England and Wales bulletin](#).

In addition, we publish [Quarterly births in England and Wales](#), provisional datasets which provide data on quarterly live births, stillbirths, maternities and stillbirth rates by gestational age, age of mother, ethnicity, and area deprivation, for England and Wales.

Figures for UK countries

Public Health Scotland publishes statistics on teenage pregnancy based on the year of conception are available for women aged under 16 years, under 18 years and under 20 years in their [Teenage pregnancy statistical report](#). Since 2007, a similar methodology to the one we use for producing conception statistics has been used. Before this, they included therapeutic miscarriages that required a hospital stay and were based on financial years rather than calendar years.

In Northern Ireland, prior to 22 October 2019, it was lawful to perform an operation for the termination of a pregnancy, where it was necessary to preserve the life of the woman and/or there was a risk of real and serious adverse effect on her physical or mental health, which was either long term or permanent.

In any other circumstance, it was unlawful to perform such an operation. Owing to the small numbers of abortions carried out in Northern Ireland each year, and in order to protect patient confidentiality, information on terminations of pregnancy was only released at Northern Ireland and Health and Social Care (HSC) Trust level.

Since 22 October 2019, [abortions in Northern Ireland have been legalised](#). Therefore, criminal charges cannot be brought against women or girls who have an abortion or against qualified healthcare professionals or others who provide and assist in the abortion.

The information presented is derived from the notification forms submitted to the Chief Medical Officer (CMO) for Northern Ireland following each abortion procedure as required under [Regulation 10 of the Abortion \(Northern Ireland\) \(No 2\) Regulations 2020](#). The information contained within the notification is set out in the Schedule to the 2020 Regulations.

Further information on the number of terminations of pregnancy carried out in Northern Ireland can be found in the Northern Ireland Department of Health's [Termination of pregnancy statistics](#).

Reports on conceptions and births

We release our annual conception statistics in February or March (around 14 months after the end of the data year) in our [Conceptions in England and Wales bulletins](#), following our [2011 review of conception statistics](#).

Statistical bulletins providing supporting commentary for [the annual release of conception statistics](#) from 2011 onwards are available.

Between 1999 and 2011, annual reports on conceptions in England and Wales were linked into [Health Statistics Quarterly](#).

Prior to 1999, we published annual reports summarising patterns and trends, in [Birth statistics \(Series FM1\)](#), for conceptions and live births. These contained basic information on annual conceptions and birth statistics, and they were issued soon after the data became available.

Some other background publications on conceptions are listed here. Most are from the journals [Population Trends](#) and [Health Statistics Quarterly](#), and where not available on the National Statistics website may be obtained from us.

Babb, P (1993), 'Teenage conceptions and fertility in England and Wales, 1971–91', *Population Trends* 74, pages 12 to 17.

Botting, B and Dunnell, K (2000), '[Trends in fertility and contraception in the last quarter of the 20th century](#)', *Population Trends* 100, pages 32 to 40.

Dattani, N and Chow, YH (2009), '[Estimating conception statistics using gestational age information from NHS Numbers for Babies data](#)', *Health Statistics Quarterly* 41, pages 21–27.

Dattani, N, Sheers, D and Uren, Z (2007), '[Teenage conceptions by small area deprivation in England and Wales, 2001–2002](#)', *Health Statistics Quarterly* 33, pages 34 to 39.

Griffiths, C and Kirby, L (2000), '[Geographic variations in conceptions to women aged under 18 in Great Britain during the 1990s](#)', *Population Trends* 102, pages 13 to 23.

Lancucki, L and Ruddock, V (2001), '[The calculation of abortion rates for England and Wales](#)', *Health Statistics Quarterly* 10, pages 25 to 32.

Wood, R (1996), 'Subnational variations in conceptions', *Population Trends* 84, pages 21 to 27.

Wood, R, Botting, B and Dunnell, K, (1997). '[Trends in conceptions before and after the 1995 pill scare](#)', *Population Trends* 89, pages 5 to 12.

9 . Glossary

Abortion

An abortion is the legal termination of a pregnancy under the Abortion Act 1967. The information presented is based on abortion notification forms (HSA4) submitted by clinics and hospitals to the Chief Medical Officer (CMO) at the Department of Health and Social Care (DHSC) together with forms submitted to the Welsh CMO.

Civil partnership

Civil partnerships are a legal confirmation of a relationship between two people who are not related to each other. It is available to both, same-sex and opposite-sex couples.

Code of Practice for Statistics

The [Code of Practice for Statistics](#) outlines the principles and protocols followed and upheld by all those involved in producing Accredited Official Statistics

Conception

The Office for National Statistics (ONS) uses the definition of conception as a pregnancy of a woman that leads either to a maternity or an abortion.

Dissolution

A dissolution is a legal end to a civil partnership obtained through the courts.

General Register Office (GRO)

The General Register Office (GRO) is responsible for ensuring the registration of all births, deaths, marriages and civil partnerships that have occurred in England and Wales and for maintaining a central archive.

Gestation period

The gestation period is the duration of pregnancy from conception.

Informant

An informant is the person(s), normally one or both parents, who provide the registrar with the information required at the registration of a birth.

Joint registration

A joint registration is a birth outside marriage registered by both the mother and father of the child. Both parents' details are recorded, and both must be present at the registration.

Live birth

A live birth is a baby showing signs of life at birth.

Maternity

Maternity refers to a pregnancy resulting in the birth of one or more live-born or stillborn children. The number of maternities represents the number of women giving birth rather than the number of babies born (live-born and stillborn).

Notification

A notification is a document completed by the doctor or midwife present at the birth. The notification provides certain data items, such as the birthweight, to the birth record.

Population (Statistics) Act

The Population (Statistics) Act makes provision for certain information to be collected at the registration of the birth for statistical use. This information is confidential and is not entered on the register.

Registrar

A registrar is a local authority employee responsible for the registration of births, deaths, marriages and civil partnerships.

Registrar General

A Registrar General is a person who, under a statutory appointment, has responsibility for the administration of the registration acts in England and Wales and other related functions as specified by the relevant legislation.

Registration Officer

A registration officer includes any registrar, superintendent registrar or additional registrars.

Registration Online (RON)

Registration Online (RON) is a web-based system that enables registrars to record births, stillbirths, deaths and civil partnerships online.

Singleton

A singleton is the only birth born in a maternity.

Sole registration

A sole registration is a birth outside of marriage registered only by the mother. No information on the father is recorded.

Stillbirth

A stillbirth is a baby born after 24 or more weeks of completed gestation and who did not, at any time, breathe or show signs of life.