

# History of the Therapeutic Abortion Survey

## Prior to 1969

The Dominion Bureau of Statistics <sup>1</sup>(now known as Statistics Canada) collected figures relating to abortions from several sources including death records, hospital records and court records.

For example, *The Daily* from Friday, May 8, 1970 published abortion statistics compiled from various data sources covering approximately the years 1963 to 1968:

- Deaths due to abortions (specified as induced or spontaneous/not specified) were obtained from the Vital Statistics Database.
- Hospital cases in which abortion was the primary diagnosis were obtained from the Hospital Morbidity Database. However, it was impossible to subdivide the abortions by type (that is, induced or spontaneous).
- Convictions for 'abortion and attempt' were provided by the Canadian courts.

## 1969 to 1971: Creation of the Therapeutic Abortion Survey

Before 1969 a woman could obtain a legal abortion only if continuation of her pregnancy threatened her life. This situation changed as of August 26, 1969 when a new abortion law allowed a woman to obtain an induced abortion if a committee of at least three physicians determined that the pregnancy was a risk to the woman's life *or* health (including mental health). The law also stipulated that such therapeutic abortions could only be performed in hospitals.

### Hospital Abortions

In order to monitor the impact of the new legislation, the federal departments of Justice and Health and Welfare requested the Dominion Bureau of Statistics to collect, compile, and publish data on the number of abortions being performed in hospitals in Canada.

In August 1969, the Bureau established a 'Monthly Summary Count Reporting System' to which all provinces /territories were required to report within 15 days of the end of the month. The uniform reporting form requested three counts:

- abortions performed on residents of the reporting province/territory
- abortions performed on residents from other provinces/territories, and
- abortions performed on non-residents of Canada

Annual reports based on these counts were published within four to six months after the end of the reference year. The first full year of data was published on November 20, 1970.

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<sup>1</sup> The Dominion Bureau of Statistics became known as Statistics Canada in 1971.

## Clinic Abortions

No clinics were operating during this time period. The Criminal Code allowed abortions to be performed only in hospitals.

## Canadians Obtaining Abortions in the United States

Starting in 1971, health departments in several American states, especially those along the Canada-US border, began submitting counts of abortions performed on Canadian women in selected American states. In 1971, the total count was 6,309 but by 2000 the count had dropped to 215. These counts should be regarded as a minimum estimate because not all American states submit reports, some private clinics may not report to state health departments, or the residence of the patient may not be reported.

## **1972 to July 1986: Introduction of a Standard Core Data Set**

This period in the survey's history was marked by the expansion of data collection from aggregate counts to the collection of a core data set for individual abortion cases. Furthermore, as of 1974, all reporting provinces and territories used a standardized reporting form.

## Hospitals

In early 1971, data users began to ask for demographic and medical information on women obtaining abortions. As a result, a committee with representatives from the federal departments of Health and Welfare, Statistics Canada, the Society of Obstetricians and Gynecologists, and the Canadian Medical Association developed an individual case report form to collect a core data set.

The individual case report form collected information on the following items:

- province of residence
- marital status
- age/date of birth
- previous deliveries
- previous abortions
- date of last menses / gestation period
- abortion procedure
- sterilization
- complications
- days of hospitalization

The form was implemented in the provinces and territories over a period of time. The Yukon and six provinces (Newfoundland and Labrador, Prince Edward Island, New Brunswick, Manitoba, Saskatchewan and Alberta) began using the form in January 1972. By 1974, all provinces and territories were using the same individual case report forms.

These forms were still required to be submitted on a monthly basis, and by within three weeks of the end of the reference month. Some hospitals reported directly to Statistics Canada while others reported through provincial/territorial ministries. Questionable items were sent back to respondents and reconciled quickly.

As of 1983, Prince Edward Island no longer reported to the Therapeutic Abortion Survey.

Annual publications based on the collected data were produced within 12 to 16 months of the end of the reference year.

### Clinics

Starting in 1978, the province of Quebec began to submit counts of clinic abortions performed in government operated clinics. No demographic or medical information was reported for these cases.

## **August 1986 to 1987: Budget cuts affect the survey**

Reductions of resources at Statistics Canada lead to greater participation of the provinces in data collection. Data submissions were now done annually instead of monthly and print submissions were rapidly being replaced by electronic submissions. Timeliness and data quality issues emerged.

### Hospitals

Due to budget cuts, the Therapeutic Abortion Survey program at Statistics Canada was cancelled in August 1986, and data collection was suspended for the following 15 months. Due to pressure from various sectors, however, the program was revived in November 1987 but with a much smaller budget.

The reduction in resources had a significant effect on the method and format of data collection. Direct links with hospitals were broken and data supplied by provinces were submitted on an annual basis rather than a monthly basis. The result was a growing problem with timeliness and data quality since direct monthly follow-up with the respondents ended.

As of 1986, all reporting provinces and territories submitted hospital abortion data in machine-readable format instead of on printed forms.

### Clinics

During this period, Quebec was still the only province reporting clinic abortions. Only aggregate counts by age group were available for these clinic abortions.

## **1988 to 1994: Emergence of clinics and loss of core data**

In January 1988, the Supreme Court of Canada struck down the 1969 abortion law. The removal of abortion from the Criminal Code had two significant effects upon the Therapeutic Abortion Survey:

- The 1969 law had mandated the collection and publication of abortion statistics, but now with the absence of any legislation, the reporting system began to break down.
- Private clinics began to emerge in several provinces because there was no longer a law requiring abortions to be performed in hospitals only. (In Quebec, however, government operated clinics had been reporting to the survey since 1978).

Some hospital and provincial ministry respondents interpreted the absence of an abortion law as the basis for no longer having to report to the Therapeutic Abortion Survey. The law had contained a provision enabling provincial ministries of health to obtain abortion data from hospitals. At the federal level, however, Statistics Canada surveys (including the Therapeutic Abortion Survey) are mandatory unless otherwise specified, but Statistics Canada chose to treat the Therapeutic Abortion Survey as 'voluntary' and encouraged respondents to continue to supply data for health-related purposes.

For the sake of continuity, the title of the survey continued to include the word 'therapeutic' even though a health related justification no longer had to be provided in order to obtain an abortion.

### Hospitals

In 1994, Nova Scotia began to submit hospital abortions to the Canadian Institute for Health Information through the Discharge Abstract Database (DAD) rather than through the individual case report forms submitted by other provinces. This led to some inconsistencies in reporting (e.g., no marital status was reported on the DAD, and procedures coded in ICD-9-CM had to be mapped to the procedure codes used in the survey.)

Starting in 1988 and continuing for many years, Quebec produced its own individual case reporting form in order to collect additional information on contraception, fertility and family welfare. Some hospitals used the new form, some used the old form, and others refused to fill in any form at all. As a result, counts (with no detail) were obtained annually from *la Régie de l'Assurance maladie du Québec* along with counts of abortions performed in Quebec clinics. In 1999, no demographic or medical details were available for 7,180 abortions or 41% of hospital abortions performed in Quebec. Estimations for counts and rates by age group were done using the detailed records.

In 1990, some hospitals in British Columbia stopped supplying individual case reports, and furnished only aggregate counts. As of 1992, the British Columbia ministry of health

began to provide only aggregate counts of hospital and clinic abortions by five-year age groups and initial procedure. No residency information was provided.

### Clinics

By the end of 1994, abortion clinics were operating in all provinces except Prince Edward Island and Saskatchewan. No clinics operated in the Yukon or the Northwest Territories.

Clinics in Newfoundland and Labrador, Nova Scotia, New Brunswick, Manitoba and British Columbia reported directly to Statistics Canada. Clinics in Alberta, Ontario and Quebec reported through their respective ministries of health. The British Columbia ministry of health supplied aggregate counts of clinic abortions that, in part, duplicated the counts submitted directly by the clinics.

The total number of clinic abortions reported to the survey increased from 7,059 in 1989 to 41,919 in 2000.

In 1992 and 1993 respectively, Ontario and Alberta began supplying electronic individual case reports containing demographic and medical data on clinic abortions. Clinic abortions performed in Ontario and Alberta accounted for 55% of all clinic abortions in 1998.

With the emergence of clinic abortions, the annual publications began to categorize hospital and clinic abortions separately.

## **1995 to Present : Changes to Data Collection**

Beginning with the 1995 data year, responsibility for data collection was transferred to the Canadian Institute for Health Information (CIHI). Statistics Canada remained responsible for public dissemination of the data from the survey.

Starting in 1999, several changes in data collection methods and coverage impacted the survey.

### Hospitals

Starting in 1999 most provinces and all the territories began to submit hospital abortion data through the Discharge Abstract Database (DAD). As noted earlier, Nova Scotia began to use the DAD for this purpose as of 1994.

Nunavut started to report data to CIHI as of 1999, the year this territory was created.

Alberta and Manitoba use their own systems to submit data to CIHI. Since 2002, however, Alberta has used the DAD for any abortions performed on an inpatient basis. Starting in April 2004, Manitoba uses the DAD to submit data to CIHI. Until 2004,

British Columbia submitted aggregate counts by age group, facility and procedure. In 2004, British Columbia also began to submit data using the DAD. From 1999 until 2003 Quebec submitted all data elements for 14 hospitals, while the remaining hospital abortions were submitted as counts aggregated by facility (and by age group). In 2004, all data submitted from Quebec hospitals and clinics are from the Ministry of Health and are submitted as aggregate counts. In 2003 Ontario abortion data was downloaded from the National Ambulatory Care Reporting System (NACRS) for the first time.

In 2004, 53% of all reported induced abortions in Canada were performed in hospitals.

As of data year 2001, information on marital status is significantly reduced. The Discharge Abstract Database, the major source for hospital abortion data, no longer collects marital status as of fiscal 2001/2002. As well, detailed records from Quebec no longer contain this information. Additionally, in 2004, only Manitoba hospitals submitted marital status for January to March 2004. In April 2004, all Manitoba data were downloaded from the DAD, which does not capture marital status

### Clinics

Starting in 1995, electronic records began to be generated for clinic counts. Before 1995, counts of clinic abortions (except from Alberta and Ontario who supplied detailed electronic records) had to be manually added to totals extracted from the master electronic file.

As of 2000, abortion clinics operate in eight of ten provinces, the exceptions being Prince Edward Island, and Saskatchewan. No clinics operate in the Yukon, the Northwest Territories or Nunavut. As of 2004, there were no clinics operating in Nova Scotia.

As of 1999, Ontario began to report only aggregate counts of abortions performed in clinics on insured Ontario residents. No data are now collected on Ontario residents who choose not to make a claim to OHIP and residents from another province/country who obtain an abortion in a clinic in Ontario. Similarly, data submitted by the Quebec Ministry of Health include data on Quebec residents only.

In 2004, 47% of all reported induced abortions in Canada were performed in clinics.

### United States Reports

As of 2004, CIHI no longer receives reports of Canadian women obtaining abortions in the United States.

### Change in classifications used for reporting abortions

Over a period of years starting in 2001, new classification systems for the reporting of diagnoses and procedures are being introduced in the provinces. The new classification for diagnoses is the *International Statistical Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision, Canada (ICD-10)*, and the new classification for

procedures is the *Canadian Classification of Interventions (CCI)*. These classifications, used mainly in hospital settings, are improving the capture of abortion data. For example, the identification of medical abortions (e.g., using antacid treatment and antimetabolite) is now possible when this type of detail is reported.