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Teenage Pregnancy – Nurses are often the first port of call for young people but do you know how to respond?

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Introduction

Teenage pregnancy is often a very emotive subject. The media image of pregnant teenagers and young parents can be very negative, promoting the idea that young people become pregnant for financial reasons or for want of a responsible attitude. In reality, this is seldom true and the picture is far more complex.

For many young parents the decision to become pregnant is not taken lightly. Their parenting, though perhaps more challenging than for older parents, is no less caring and effective. Sadly this is not the experience for all young parents and their children. A number of negative outcomes for teenage parent families have been identified (see Box 1).¹

Box 1 here

As well as the difficulties faced by teenage parents, many young people become pregnant without intending to be and do not continue their pregnancies. Figures from the Office for National Statistics show that in 2015 almost 50% of under 18 pregnancies ended in termination. Risk factors for teenage pregnancy include poor school experience, low educational attainment, bullying and domestic violence, use of alcohol and spending time in local authority care.

Becoming pregnant and having to decide between termination, adoption, or parenthood too early, is an unenviable position to be in. The world around young people has become increasingly sexualised, not least as a result of social media. The frequently voiced opinion 'if teenagers are not told about sex then they will not become sexually active' is no longer an option (if it ever was). Young people need help to cope with a bewildering amount of sexualised imagery that they see daily.

They need to understand their own sexuality, develop the confidence and skills to negotiate sexual relationships, and to choose appropriate contraception and use it effectively when they need it. Nurses have a vital role to play.

Strategies to reduce teenage pregnancy have been in place in England for some time (Scotland and Wales now having their own national approaches). The original teenage pregnancy strategy for England was introduced in the year 2000 and ran until 2010. Following the change of Government in 2010, the original 2000-2010 strategy was not refreshed but reducing teenage pregnancy rates remained a policy priority. Reducing under 16 and under 18 conceptions is included in both the 2013 Sexual Health Outcomes Framework and the Public Health Outcomes Framework 2016 to 2019.

The continued approaches to lowering teenage pregnancy rates have been extremely effective, reducing the under-18 conception rate by over 55% in England between 2000 and 2015 (see Box 2)².

Box 2 here

The approach taken in England has been recognised by the World Health Organisation as best practice and it is now introducing this model to other nations across the world³.

The original teenage pregnancy strategy took a whole systems approach, designed to address a very complex social and public health issue. All local authorities across England employed teenage pregnancy co-ordinators to challenge and support development of practice across services. In turn, they were supported by regional co-ordinators and the national Teenage Pregnancy Unit. The national strategy addressed the ten factors which the evidence base identifies as underpinning teenage conceptions⁴. No single measure would result in reductions but, taken in combination, the ten factors created a powerful environment for change (see Box 3).

Box 3 here

Current challenges

Overall reductions in teenage pregnancy across England continue to be made, although progress varies greatly between areas and there is concern that the trend may start to increase once again⁵. Box 4 illustrates the variation in performance across England.

Box 4

You can check progress in your own area by using this link

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015>.

The Government's extended austerity approach has seen a reduction in many services necessary for the whole systems approach to remain effective. Youth services across the country have been severely cut and the top-down reorganisation of the NHS has meant fragmentation of partnerships supporting effective commissioning.

The Royal College of General Practitioners has confirmed that their fears, originally voiced in 2014 (fragmented commissioning and insufficient funding for provision of contraception services) have unfortunately been realised⁶. Provision for Long-Acting Reversible Contraceptives (LARC) has particularly suffered. LARCs are extremely cost-effective and efficient contraceptives for teenagers, not least as the risk of 'user error' is greatly reduced⁷. This is particularly relevant for young women who may be living more chaotic lifestyles, the very people who are most vulnerable to unplanned pregnancy.

The Advisory Group on Contraception, in their 2017 audit, also found worrying evidence of reductions across wider contraceptive services in England⁸ (Box 5)

Box 5

What is being done to help

Young people have been calling for more help navigating the difficult world of sexual relationships for some time, campaigning to see sex and relationships education (SRE) as a compulsory subject in schools. After many years of sustained calls for action, by young people and professionals, it was announced last year that SRE will become compulsory in state schools from 2019. Previously, only knowledge of reproduction and sexually transmitted infections was required, leaving out the development of vital relationship skills – such as the confidence to say ‘no’ or ‘not yet’. The content of SRE curricula is currently out for consultation until 12 February 2018.

As specialist youth services are often no longer available to young people it is more important than ever that everyone plays a part in supporting them. Awareness of the complexity of teenage pregnancy causes and consequences is patchy amongst health professions. It is not a compulsory element of pre-registration nursing programmes, so it may be that nurses have little experience or confidence in supporting young people.

Fortunately, there are many resources to support you and there is a lot you can do to help.

What you can do to help in schools

Most importantly, becoming aware of the importance of teenage pregnancy is the first step to being part of the solution. Keep yourself up to date with your local data, changes in legislation and current debates by visiting the Teenage Pregnancy Knowledge Exchange at The University of Bedfordshire (see Box 6). You can sign up to the teenage pregnancy network for free.

Secondly, reflect on your own feelings about teenage pregnancy issues. Are you confident to support teenagers? Do you have a strong opinion in relation to young people’s sexual health and behaviours? It is useful to talk about teenage pregnancy amongst your colleagues – this helps you to understand your own feelings and raises the importance of the issue.

Box 6 here

Get involved with the SRE consultation (the link to the consultation is in Box 6). You have until the 12th February 2018 to help the development of age appropriate sex

and relationships education. This is crucially important for school nurses. Even if you don't feel you can contribute to the content of the curriculum in detail, your approval is worth such a lot in the consultation.

School nurses supporting SRE in practice make such a difference to the quality of young people's experience. There are lots of ways that you can help your school to prepare young people to make confident choices about relationships and to increase their confidence to access services (see Box 7).

Box 7 here

You can sign up for free to the Sex Education Forum (see Box 6). The forum not only provides up to date information and resources but also enables you to ask questions and get advice from others working in schools.

As well as confidently supporting young people in your own practice, it is important that you can also signpost young people to other relevant services. As support has been reduced for young people across a range of services it is likely that you will be their trusted port of call for information. The FPA's Sexwise website (Box 6) provides up to date clinic information for areas in England, Scotland and Wales. You can even download a Sexwise app to help you give young people the right advice if you are on the move.

Providing sexual health services

NICE provides guidance for the prevention of sexually transmitted infections and under-18 conceptions⁹. This provides information for nurses working in primary care, community contraceptive services, antenatal and postnatal care, abortion and GUM services, and schools. NICE guidance for contraception for under 25's¹⁰ includes a useful interactive flowchart to support commissioning, planning and provision of contraceptive services that respond to the needs of young people.

There are excellent professional development resources available to help you extend your competence and confidence around young people's contraception, including the Faculty of Reproductive and Sexual Health's e-learning course, e-SRH (see Box 6). Alongside modules related to contraception methods and choices and sexually transmitted infections, this programme also covers the legislation surrounding confidentiality for young people's services.

You can also register as a Sexual Health Service Provider for free with the Family Planning Association (see Box 6). This gives you access to a digital information area, updates and networking opportunities. It is also important to know your local contacts and partnerships helping to reduce teenage pregnancy. Contact your Local Authority Public Health team and find out what projects are happening in your area which you can refer young people to or get involved in yourself.

Public Health England and the Local Government Association have just this week (15 January) published the Teenage Pregnancy Prevention Framework - guidance for local authorities to help commission and deliver effective services to reduce pregnancies¹¹. This covers all of the ten themes outlined in Box 3 for effective practice.

Providing non-judgemental support to young people is of the utmost importance. If a young person has a negative experience the first time they approach you, they may never return again (and nor will their friends!). Use the Department of Health 'You're Welcome' quality standards for young people friendly services to ensure that you are providing services young people will feel safe to use (Box 6).

Conclusion

The success of the reduction strategy in England shows that teenage pregnancy isn't inevitable. It doesn't have to be endemic in particular communities or populations and young people can be trusted to make wise and confident choices. They just need a little help to develop their own decision-making skills and have confidential access to effective sexual health services. The nursing profession is a vital part of the solution - making sure our teenagers get the help they deserve.

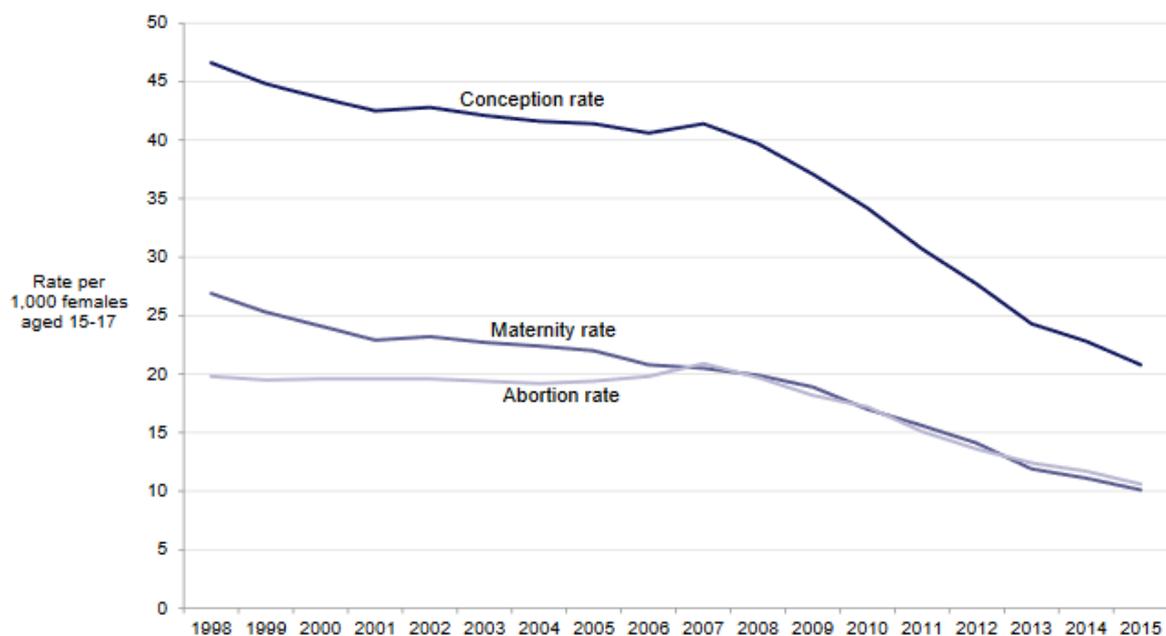
Boxed information

Box 1 - Social and health consequences for young parents

- Teenagers have the highest rate of unplanned pregnancy
- Around 50% of teenage conceptions end in abortion
- Children born to teenage mothers have 45% higher risk of infant mortality
- Mothers under 20 have a 30% higher risk of mental illness two years after giving birth (affecting ability to form secure attachment)
- By the age of 30 teenage mothers are 22% more likely to be living in poverty than mothers giving birth at 24 or over
- Young fathers are twice as likely to be unemployed aged 30, even after taking account of deprivation

Source: CHIMAT/Child Health profiles analysis data for 2014

Box 2 - Reduction of teenage pregnancy rates in England, 1998 to 2015



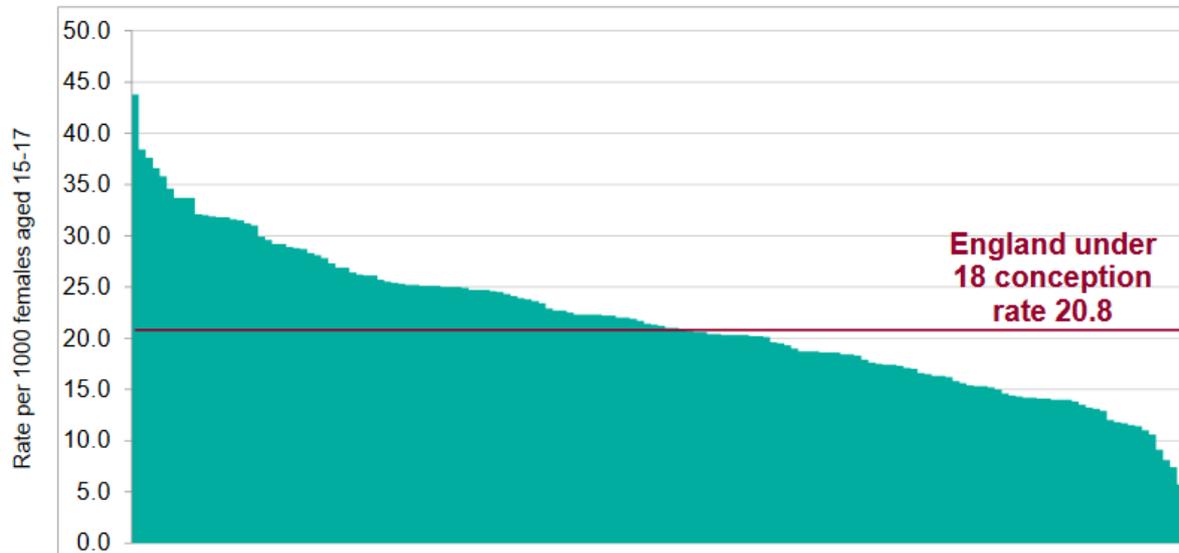
Source: Office for National Statistics

Box 3 - 10 factors for successful teenage pregnancy reduction



Source: Hadley et al (2016)

Box 4 - Range of under-18 conception rates (2015) across 150 Local Authorities in England



Source: Public Health England/Local Government Association (2018) Teenage Pregnancy Prevention Framework

Box 5 - Reductions in contraceptive services



Source: Advisory Group on Contraception, 2017 Audit of sexual health services.

Box 6 - Resources and networks

Teenage pregnancy Knowledge Exchange. <https://www.beds.ac.uk/knowledgeexchange>

Sex Education Forum <http://www.sexeducationforum.org.uk/>

Sexwise website and helpline <https://sexwise.fpa.org.uk/>

Family Planning Association <https://www.fpa.org.uk/for-professionals/home>

You're Welcome Quality Standards <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services>

Faculty of Reproductive and Sexual Health contraception e-learning programme <https://www.e-lfh.org.uk/programmes/sexual-and-reproductive-healthcare/>

SRE consultation <https://consult.education.gov.uk/life-skills/pshe-rse-call-for-evidence/>

Box 7 - How school nurses can support good quality SRE

1. Are school nurses introduced in person to all pupils, for example, by visiting a Year group assembly, tutor time or SRE lesson?
2. Do pupils learn that they can visit the school nurse and other health services 'uninvited' and that it is fine to come with a worry or a question – i.e. they don't have to wait until there is a problem?
3. Are younger pupils taught the correct names for sexual parts of the body and about bodily privacy? If not, have you offered to support teachers with a suitable vocabulary and resources?
4. Do primary school age children learn about puberty before they experience it? Can school nurses provide training for teachers to improve the timing and quality of puberty education?
5. Is the confidentiality of the school nurse service explained to pupils in SRE lessons?
6. Are secondary school pupils offered the opportunities to practice the skills for using a sexual health service by themselves, via role-play conversations between a nurse or receptionist and a client, for example?
7. Does the SRE programme teach sufficient knowledge about sexual health for young people to be able to assess their own need to use such a service?
8. Are school nurses documenting common questions and concerns from pupils and feeding this back anonymously to the lead SRE teacher, in order to inform curriculum planning?
9. Do pupils have a way of asking the school nurse a question anonymously, for example, by email or a question box and is this facility explained in SRE?
10. Are school nurses aware of any external agencies contributing to the school's SRE and confident about the medical accuracy of what they teach?
11. Are school nurses consulted when the SRE programme is reviewed or the policy updated?

Source: Checklist from the Sex Education Forum cited in Hadley (2016)

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- ¹ CHIMAT/Child Health profiles analysis data for 2014, <http://atlas.chimat.org.uk/IAS/> (accessed 15 January 2018)
- ² Office for National Statistics
[https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015_\(accessed 14 January 2018\)](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015_(accessed%2014%20January%202018))
- ³ Hadley, A., Venkatraman, C-M. and Ingham, R. (2016) Implementing the United Kingdom Government's 10-year teenage pregnancy strategy for England (1999-2010): applicable lessons for other countries. *Journal of Adolescent Health*, 59(1), 68-74.
- ⁴ Hadley, A. (2016) Teenage pregnancy: job done, or more to do? *Journal of Family Health*, 26:2, 38-42
- ⁵ Local Government Association, Public Health England (2016) Good progress but more to do: Teenage pregnancy and young parents. <https://www.local.gov.uk/sites/default/files/documents/good-progress-more-do-tee-68d.pdf> (accessed 14 January 2018)
- ⁶ Royal College of General Practitioners (2018) Sexual and Reproductive Health, Time to Act.
<file:///C:/Users/User/AppData/Local/Temp/8895%20RCGP%20Sexual%20Health%20online-1.pdf> (accessed 14 January 2018)
- ⁷ NICE. Long-acting reversible contraception Clinical Guideline NICE [CG30] October 2005. <https://www.nice.org.uk/guidance/cg30> (accessed 14 January 2018)
- ⁸ <https://www.fsrh.org/news/advisory-group-on-contraception-report-on-impact-of-local/> (accessed 13 January 2018)
- ⁹ NICE. Sexually transmitted infections and under-18 conceptions: prevention. Public Health Guideline [PH3]
<https://www.nice.org.uk/guidance/ph3> (accessed 14 January 2018)
- ¹⁰ NICE. Contraceptive services for under 25s. Public Health Guideline [PH51] <https://www.nice.org.uk/guidance/ph51> (accessed 14 January 2018)
- ¹¹ Public Health England/Local Government Association (2018) Teenage Pregnancy Prevention Framework
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/673458/TP_Prevention_Framework.pdf (accessed 15 January 2018)