

Briefing from the Teenage Pregnancy Independent Advisory Group (TPIAG)

# Teenage pregnancy

## You can make a real difference to teenage pregnancy

*This briefing is for nurses, health visitors and midwives to provide background information on teenage pregnancy and practical tips on tackling the problem and supporting young parents.*

### Summary

The teenage pregnancy rate is currently at its lowest level for 20 years, having fallen 13% from 1998-2008.

But more needs to be done to maintain progress and drive the rate down further. England still has the highest rate of teenage pregnancy in Western Europe, with 38,750 conceptions in the under 18s in 2008. Most of these were unplanned and about half ended in abortion.

If teenage pregnancy rates had stayed at the 1998 level, there would have been 42,000 extra conceptions, so the impact of intensive work around the country has been significant.

Nurses, midwives and specialist community public health nurses have a critical role in tackling the problem.

### Your work can change a young person's life

- Teenage pregnancy increases health inequalities and leads to poor long-term outcomes for young parents and their children.
- Tackling teenage pregnancy helps to reduce child poverty, which is a top government priority.
- Addressing teenage pregnancy alongside work to reduce STIs is a government public health priority.

### Why you need to keep the focus on teenage pregnancy

- **Babies of teenage mothers have worse health outcomes than those of older mothers.**  
They are:
  - More likely to be born prematurely or at a low birth-weight
  - 60% more likely to die in the first year of life than babies of mothers aged 20-39
  - Twice as likely to be admitted to hospital as a result of an accident or gastro-enteritis
- **Teenage mothers also have specific problems.**  
They are:
  - Three times more likely to get post-natal depression than older mothers
  - At a higher risk of poor mental health for three years after the birth
  - Three times more likely to smoke during pregnancy than mothers over 35
  - One third less likely to breastfeed
  - Likely to struggle to complete their education and find it difficult to gain employment

## ■ **Stark facts about teenage pregnancy**

- Half of all under 18 conceptions occur in the 20% most deprived wards
- One fifth of births amongst under 18s are repeat pregnancies
- Over one third of teenage mothers have no qualifications and 70% are not in education, training or employment
- Teenage mothers and fathers and their children are more likely to be in poor health and to live in poor housing

## ■ **The positives**

- Early intervention is very effective, for example targeting those at greatest risk
- The NHS can save money by reducing teenage pregnancy. Every £1 invested in contraception saves the NHS £11

## ■ **Who's most at risk of teenage pregnancy?**

**Some groups are more at risk and health professionals need to be active in reaching them.**

- Young people excluded or truanting from school, or underperforming in education
- Young people in care or leaving care
- Daughters of teenage mothers
- Young people involved in crime
- Some ethnic minority groups
- Vulnerable young people

## **What you can do**

- Be confident about talking with teenage girls and boys about sex and relationships
- Empower them to make decisions for themselves including delaying early sexual activity
- Equip them with negotiating skills and tips to resist peer pressure
- Promote the fact that young people can see nurses in confidence without a parent - even if they are under 16
- Let young people know what services are available at the practice/school/clinic
- Offer information on a full range of contraceptive methods and tell young people where they can get them
- Have fast-track arrangements in place for emergency contraception
- Be alert to young people who might be at risk of teenage pregnancy, including vulnerable young people
- Make sure young men are welcome
- Work with your colleagues to discuss how to become more 'teenage friendly'
- Support parents and keep them involved and tell them what you can offer young people

## **Additional points for midwives**

- Welcome young fathers and keep them involved
- Run special ante-natal sessions for teenage mothers and young fathers at times that suit them
- Have strong referral links with other agencies
- Provide accessible information for both parents
- Be clear about confidentiality and safeguarding/child protection issues
- Ensure all contraceptive methods including LARC are discussed during the pregnancy and young mothers have access to contraception before discharge
- Nurses, midwives and others who have had limited training in contraception can access local introduction courses/updates and information on all methods at [www.fsrh.org](http://www.fsrh.org)

## **Sources of information**

[www.brook.org.uk](http://www.brook.org.uk)   [www.statistics.gov.uk](http://www.statistics.gov.uk)   [www.dh.gov.uk](http://www.dh.gov.uk)   [www.fpa.org.uk](http://www.fpa.org.uk)   [www.fsrh.org](http://www.fsrh.org)   [www.education.gov.uk](http://www.education.gov.uk)  
Getting maternity services right for pregnant teenagers and young fathers, DCSF, 2009  
Teenage Pregnancy Strategy: Beyond 2010, DCSF, 2010