Reducing unplanned teenage pregnancy in Nottingham. An annual update report for the Nottingham City Health and Wellbeing Board
26 July 2017

1 Introduction

The term teenage pregnancy includes under-18 conceptions that lead to a legal termination of pregnancy, miscarriage or birth. Teenage pregnancy is an issue of inequality as having children at a young age can negatively influence the health and wellbeing of young women and their children, who are then more likely to become teenage parents themselves.

2 Causes and consequences of teenage pregnancy

National and international evidence suggests that the majority of girls who conceive at under-16 years old and at under-18 years old do not have specific risk factors thus it is important that action to reduce teenage pregnancy does not concentrate on high risk groups alone.

Some young people are at greater risk of teenage pregnancy and will need more support. For example:

- Pupils eligible for free school meals are twice as likely to conceive by the end of year 11 as those who are not.
- Pupils living in 'deprived' areas are more likely to conceive at age 17 and below; half of all under-18 conceptions occur in the most 20% deprived wards and teenage pregnancy rates are four times higher in the most deprived 10% of wards than in the 10% least deprived. Figure 1 shows the relationship between deprivation and teenage pregnancy in unitary local authority areas across England.
- Pupils who are persistently absent in year 9 are over three times as likely to conceive by the end of year 11 as good attenders.
- Pupils who make slower than expected progress between Key Stage 3 and Key Stage 4 are significantly more likely to conceive and more likely to continue with the pregnancy after conception.
- Girls who attend lower performing schools are more likely to conceive and less likely to have a termination if they do conceive.
- Girls whose mothers had low aspirations for them at age 10 are more likely to become teenage parents than the wider population.
- Teenagers who have been sexually abused; young mothers and fathers are twice as likely to have been sexually abused in childhood as the general population.
- Teenagers who have experienced a previous pregnancy are more likely to conceive again, whatever the outcome of the previous pregnancy.

It is very important that these risk factors are not seen as a cause of teenage pregnancy as a range of confounding factors may also have an impact on under-18 conception rates. Nonetheless, some communities in Nottingham are subjected to many of these risk factors which may explain the higher than average teenage pregnancy rates in the City.

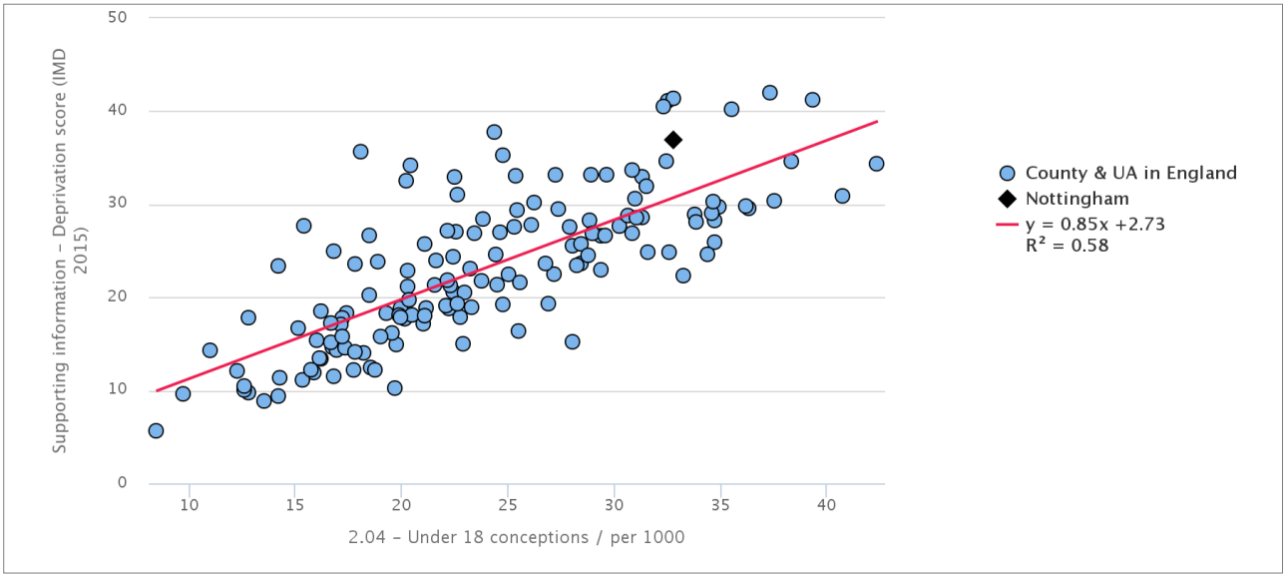

Figure 1: Relationship between Deprivation and Teenage Pregnancy Rate for County and Unitary Authorities in England
Source: PHOF, Teenage Conception Rate (2014), Public Health England

2.1 Impacts of teenage pregnancy on young people and their children

For teenage conceptions that end in a birth, the outcomes are often poorer for mother and child. For example:

- Teenage mothers are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout the whole of their pregnancy.
- Teenage mothers are a third less likely to initiate breast feeding and half as likely to be breastfeeding at six to eight weeks.
- Babies of teenage mothers have a 56% higher risk of infant death as compared to mothers of all ages.
- Babies of teenage mothers are three times more likely to die from Sudden Unexplained Death in infancy. The reasons for this are complex and include lifestyle factors and late booking for maternity services.
- Children of teenage mothers are twice as likely to be hospitalised for gastroenteritis or accidental injury.
- At age five, children of teenage mothers are four months behind on spatial ability, seven months behind on non-verbal ability and 11 months behind on verbal ability.
- Teenage mothers are three times more likely to experience postnatal depression and have higher rates of poor mental health for up to three years after birth. This is distressing for the young parent, undermines their ability to

parent positively and is the most prevalent risk factor for poor child development outcomes.

- Parenting is the biggest single factor affecting children's wellbeing and development. Two in three teenage mothers experience relationship breakdown in pregnancy or in the three years after birth; compared to one in 10 older mothers.
- Children born to teenage mothers have a 63% higher risk of living in poverty.
- One in five girls aged 16-18 not in education, employment or training are teenage mothers.
- Women who were teenage mothers are 22% more likely to be living in poverty at age 30.

3 Teenage Pregnancy in Nottingham

In Nottingham in 2015, the most recently available annual conception data, there was a decrease of eight conceptions from 160 in 2014 to 152 in 2015 in the under-18 (15-17) year old age group. This represents a rate reduction of 4.9%, from 32.8 conceptions per 1000 girls aged 15-17 in 2014 to 31.2 in 2015. However, as numbers are small, the rate reduction must be interpreted with caution.

The rate reduction was significant from 2004, when it was 82.6 conceptions per 1000 girls aged 15-17 to 2015 when it was 31.2. Figure 2 shows this rate reduction of 62.2% over the 11 year period.

Nottingham's under-18 conception rate is still higher than the England rate of 20.8 conceptions per 1000 girls aged 15-17 in 2015 and the Core Cities average rate of 26.5 per 1000. The England average remains higher than other Western European countries. Nationally, 80% of teenage conceptions are to 16 and 17 year olds and around 20% are to under-16s.

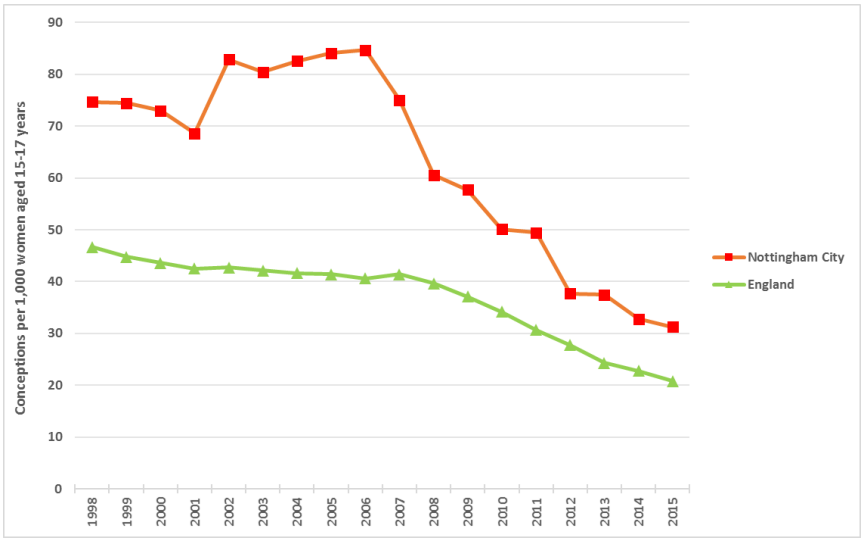

Figure 2: Teenage Conception Rate trends, 1998 – 2015
Source: Office for National Statistics (2017) Dataset of conception statistics, England and Wales 2015

Figure 3 illustrates that the ward with the highest three-year aggregated rates of teenage conceptions, over 2012-14, was Aspley whilst Wollaton West had the lowest rates.

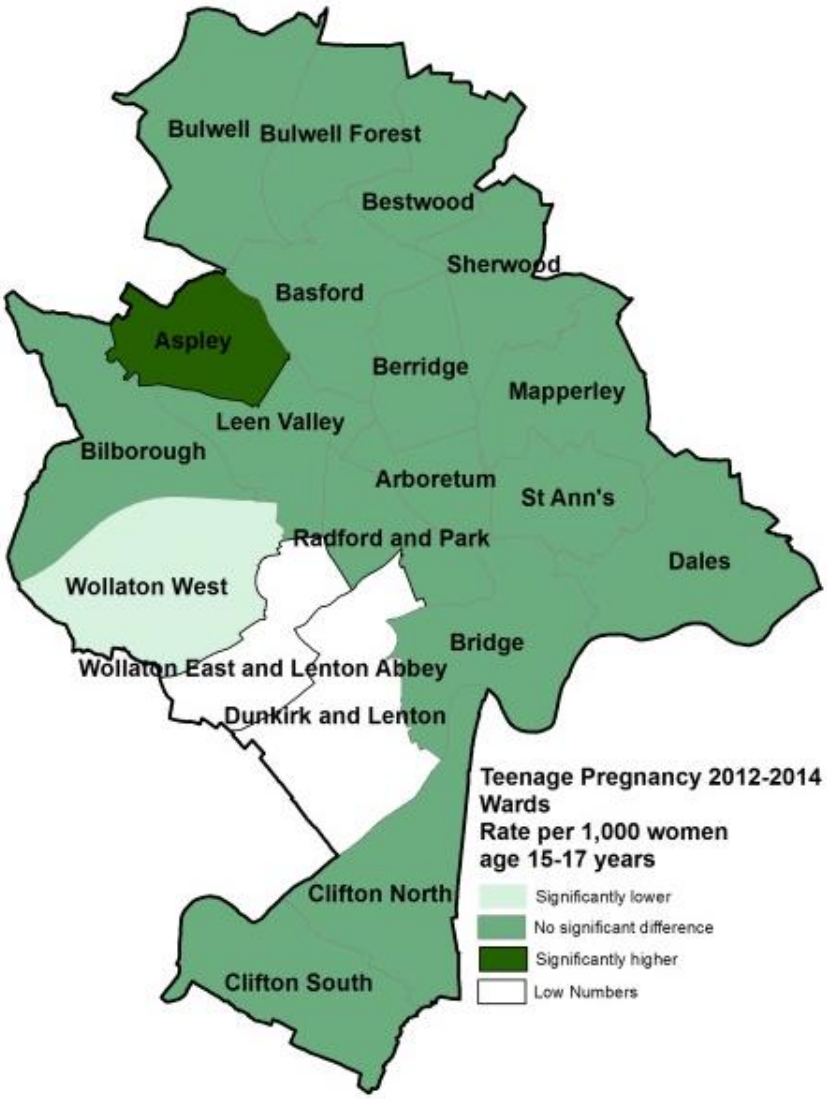

Figure 3: Nottingham ward conception rates 2012 – 2014
Source: Office for National Statistics (2015) Ward conception rates 2009-11, 2010-12, 2011-13 and 2012-14 confidential data.

4 What works to reduce teenage pregnancy?

National and international evidence suggests that reducing teenage conceptions is best achieved by:

- Providing comprehensive sex and relationships education in and out of school.

- Providing easy access to, and uptake of, young people friendly contraception and sexual health services.
- Targeting support to those most at risk of teenage pregnancy (please see risk factors in section 3).

Work to tackle unplanned teenage pregnancy in Nottingham is delivered through universal services for children, young people and families (such as sexual health services) as well as through targeted support for those most at risk (such as the Family Nurse Partnership). Early intervention and primary prevention is central to our approach in Nottingham.

4.1 Primary prevention services

Nottingham City's Sexual Health Services for young people seek to deliver accessible and integrated sexual health services within the community (eg schools and health centres etc) offering advice and support with the full range of contraceptive services. Figure 4 shows the relationship between attendance at sexual health clinics and teenage conceptions for wards across the City; there was a weak positive correlation between high service uptake and the teenage pregnancy rate.

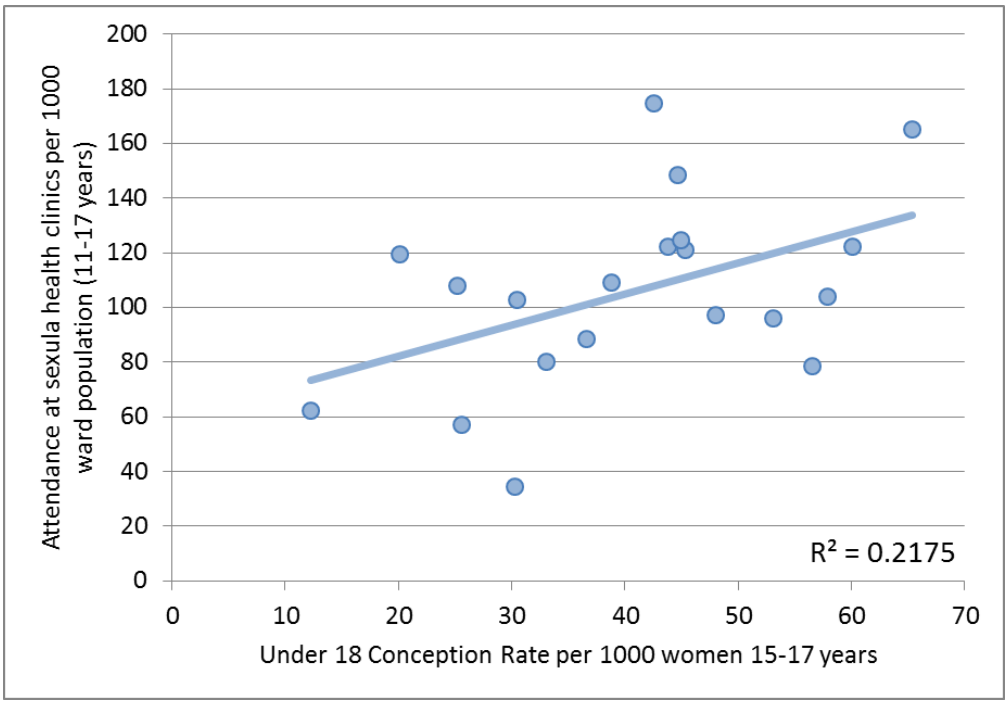

Figure 4: Relationship between attendance at sexual health clinics and teenage conceptions for Nottingham Wards.
Source: Nottingham City Council service monitoring data.

The **C-Card scheme** provides free condoms to young people aged between 13 and 24 at 37 registration points and a further 50 pick-up points across the City.

General Practitioners provide information and contraception, including Long Acting Reversible Contraception (LARC).

Pharmacies across Nottingham provide a range of services including emergency contraception and pregnancy testing; Figure 5 shows the location of pharmacies offering Emergency Hormonal Contraception in relation to the number of girls aged 11-17 in each ward.

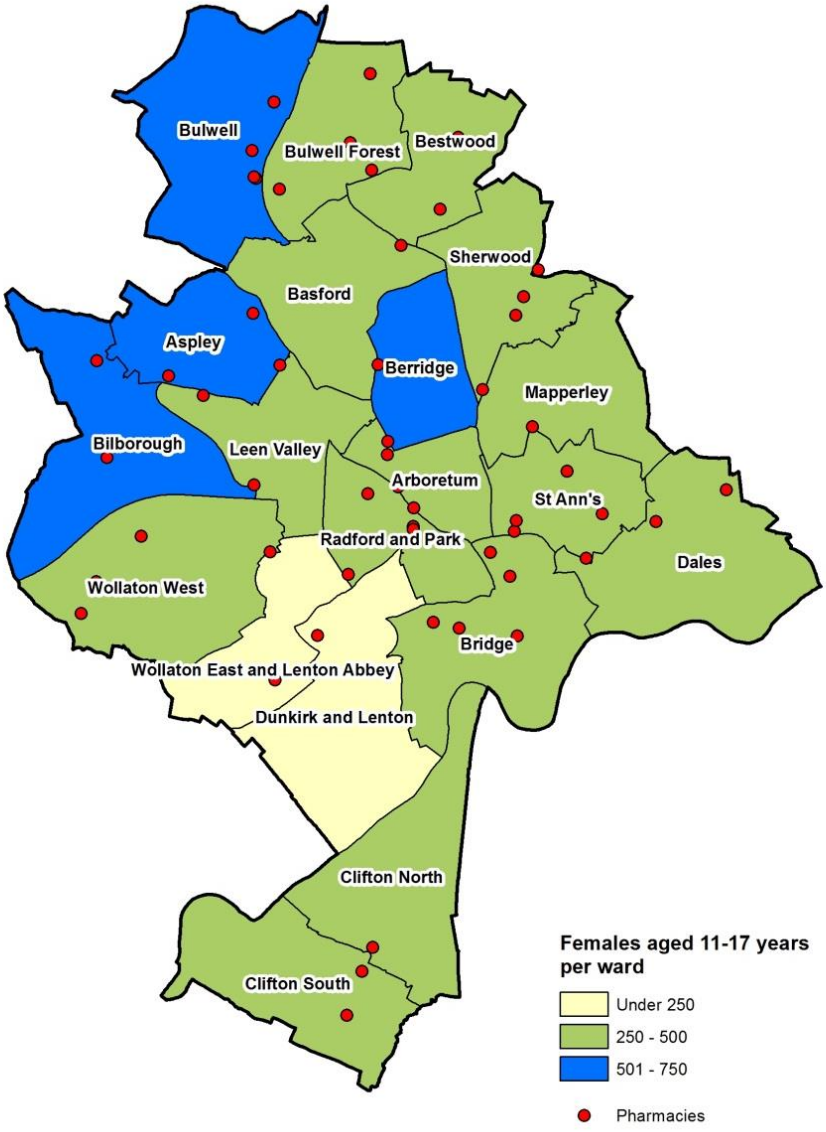

Figure 5: An illustration of the number of girls living in Nottingham Wards in relation to pharmacies offering Emergency Hormonal Contraception.
Source: Nottingham City Council.

The **Public Health Nursing Service** for school-age children and young people (formerly known as the **School Nursing Service)** provides information and practical support through the delivery of 'clinic in a bag'.

The delivery of effective **Sex and Relationships Education (SRE)** is encouraged in all schools as an evidence-based approach to reducing teenage pregnancy rates Nottingham City Council. All schools are encouraged to sign up to Nottingham's

SRE Charter to pledge their commitment to effective SRE for all children and young people.

Family and Community Teams have staff trained to deliver sexual health, contraceptive and positive relationships advice for young people aged 13-25

4.2 Early intervention and support

Termination of pregnancy services include counselling and support whilst making a decision and after the decision has been made.

Accommodation services for vulnerable teenage parents and their children have recently been re-commissioned to include sixteen units of self-contained hostel accommodation for teenage mothers and their babies as well as a further four units (at no extra cost) for teenage fathers and / or more confident young women requiring semi-independent accommodation.

The **Family Nurse Partnership** programme provides support and guidance for up to 200 pregnant girls and mothers each year. It is an intensive health visiting programme that visits the teenager from early on in her pregnancy until the child is two years old. The programme aims to enable teenagers to have a healthy pregnancy, improve their child's health and development as well as plan their own futures and aspirations.

The **Education Officer for Teenage Pregnancy** provides one-to-one support for pregnant teenagers and teenage parents to engage in education. The officer monitors the participation and attainment of all pregnant teenagers and school-age parents assisting them to overcome barriers.

The **Teenage Pregnancy Midwifery Service** is available to support all pregnant under-18s offering flexible one-to-one care for teenage parents to increase self-esteem, promote a sense of self-worth and boost their confidence as parents.

5 Current challenges

The updated Teenage Pregnancy Joint Strategic Needs Assessment (JSNA) was published in December 2016 and has since been updated with the latest data. A 'needs analysis' carried out during the production of teenage pregnancy JSNA chapter identified the following challenges:

- Not all young people have access to comprehensive SRE. Whilst the proportion of schools signing-up to the SRE Charter is encouraging some schools appear reluctant to sign-up; some of these schools are in areas of high teenage conceptions.
- Pupils at Nottingham schools don't have equitable access to sexual health services such as Emergency Hormonal Contraception (EHC) and pregnancy testing on the school site. This is due in part to whether schools find this provision acceptable but also to whether there are sufficient public health nurses to deliver the provision.

- Whilst the majority of the school-age pregnancies are from a White British background as Nottingham becomes an increasingly diverse city there are more conceptions in pupils from BME communities. Current services may need to adapt to meet their needs.
- There is insufficient data to assess the needs of migrants from Central and Eastern Europe who are increasingly featuring in Nottingham's under-16 conception statistics. This is particularly true of Roma families who do not identify themselves as a single, homogenous community.
- With the 14-month time delay in reporting teenage conceptions, it is important to collect more timely local data to accurately inform commissioning decisions. Current systems do not enable the collection of real time data on the number of live births and terminations by ethnicity, age etc. This information would be useful when commissioning services as it would help ensure that services are responsive to need.
- Nottingham's high rate of teenage pregnancy is commensurate with Nottingham's over-representation of structural, demographic and psychosocial risk factors within the population. Long-term strategies are needed to increase the proportion of citizens in employment thus reducing the number of families living in poverty.
- Local intelligence suggests that the needs of teenage fathers are not always recognised. Changes in service delivery are required to better support the engagement of teenage fathers.
- Under-16 year old conceptions are not reducing as rapidly as the 15-17 year olds, the reasons for this are not clear.
- Research suggests that, nationally, teenage conceptions may be reducing due to a fall in traditionally risky behaviours such as drinking and drug taking (Paton 2016). It is unclear whether this reduction in risky behaviours is reflected in Nottingham.
- More information is needed about the girls for whom their pregnancy does not end in a live birth, including both terminations and miscarriages, as these girls are at more risk of going on and having further pregnancies. This information will enable schools and other providers to put services in place such as intensive SRE, sexual health services and ensure that, where they are statutory school age, the education support officer works intensively with them.
- Further information is needed about the barriers to girls not using, or not effectively using contraception, following a termination. This will enable sexual health services and others to support girls to choose and use contraception that is right for them.
- Sexually transmitted infection rates are high in Nottingham. It is unclear whether the increased use of long-acting reversible contraception is associated with a reduction in condom use in young people aged under-18.
- It is not clear why many teenage parents choose not to return to education, training and/or employment. A better understanding of these reasons would enable schools and colleges to plan effectively to maximise the chances of this cohort of young people.
- It is unclear why fewer girls who become pregnant as a teenager choose to have a termination. It is important that girls have the information that they need in order to make informed choices regarding termination.

6 Addressing the challenges

For each of the unmet needs and gaps identified, recommendations for action were created:

- Encourage every school in Nottingham to sign-up to the SRE Charter; particularly those schools in areas of high teenage conceptions. This work will be strengthened by the Government's announcement to put Relationships and Sex Education on a statutory footing so that every child has access to age appropriate provision in a consistent way from September 2019.
- Encourage all secondary schools to provide access to sexual health services such as EHC and pregnancy testing on the school site in addition to signposting pupils to other sexual health provision in the community.
- Ensure that all services working with children and young people adapt to meet the needs of an increasingly diverse city.
- Encourage services to collect data to assess the needs of migrants from different European communities who increasingly feature in Nottingham's under-16 conception statistics.
- Devise ways of collecting more timely local data to accurately inform commissioning decisions, including real time data on the number of live births and terminations by ethnicity, age etc.
- Increase the number of pregnant teenagers and teenage parents who continue to take part in education, employment or training.
- Encourage services working with pregnant teenagers and teenage parents to support the engagement of teenage fathers.
- Investigate the reasons why under-16 year old conceptions are not reducing as rapidly as those in the 15-17 year old age-group.
- Find out if teenage conceptions in Nottingham, as research suggests at a national level, are reducing due to a fall in traditionally risky behaviours such as drinking and drug taking.
- Find out more information about the girls for whom their pregnancy does not end in a live birth, including both terminations and miscarriages, as these girls are at more risk of going on and having further pregnancies. This information should be used to enable schools and other providers to put services in place.
- Investigate what the barriers are to girls not using, or not using effectively using contraception, following a termination. This will enable sexual health services and others to support girls to choose and use contraception that is right for them.
- Carry out research to establish if the increased use of long-acting reversible contraception is associated with a reduction in condom use in young people aged under-18.
- Establish the reasons why many teenage parents choose not to return to education, training and/or employment to enable schools and colleges to plan effectively to maximise the chances of this cohort of young people.
- Establish why, in Nottingham, fewer girls who become pregnant as a teenager choose to have a termination.

7 Equality and diversity

Several specific pieces of work have been initiated over the last two years to address inequalities in our communities with regard to teenage pregnancy.

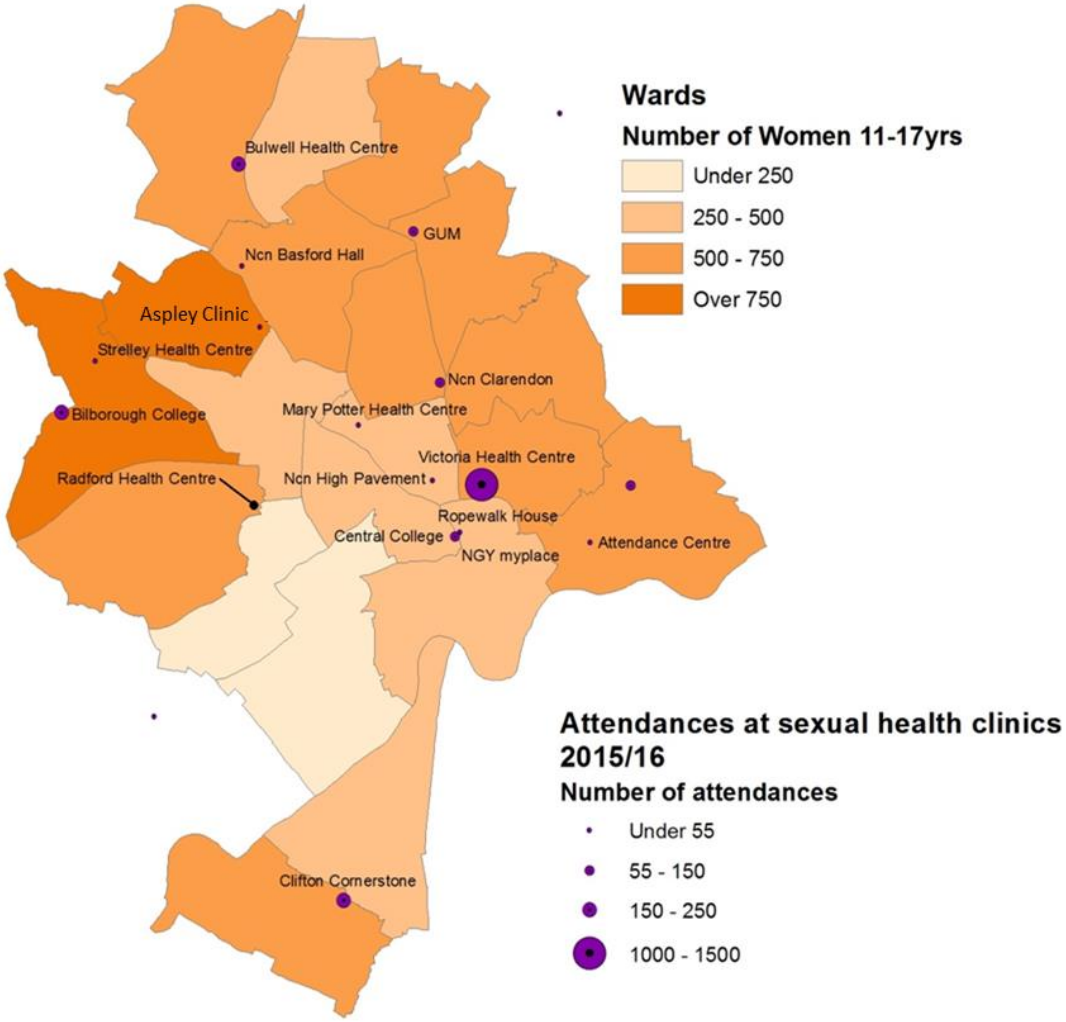

Figure 6: Attendances at sexual health clinics across Nottingham's wards.
Source: Nottingham City Council service monitoring data.

In 2015 Professor Yamamoto from the University of Osaka in Japan and Marie Cann-Livingstone carried out focus groups in secondary schools in order to find out about attitudes to sexual risk taking. Firstly, pupils at a school in the West Area of Nottingham raised the issue that they did not know where to go to get sexual health advice and contraception. Further research and scoping took place and Nottingham City Council worked with our sexual health services provider to set up a new clinic in

the area; this is now operational and can be seen in Figure 6 along with the other clinic locations across the City.

Over the past year, Nottingham City Council's SRE Consultant has been working to encourage schools to commit to effective SRE through signing the local SRE charter. When schools commit they will need to engage parents and carers to ensure that different faith perspectives are acknowledged and taken into consideration when they are planning and delivering SRE. The SRE consultant is looking into different ways that she can engage faith groups across the City and is currently working with the Primary Schools Religious Education Adviser from the Catholic Diocese of Nottingham to look at how best to support Catholic primary schools in the City with relationships and sex education.

The University of Nottingham is currently undertaking a piece of research to investigate interventions that improve maternity care for immigrant women in the United Kingdom. The research will be shared with relevant stakeholder in order to increase knowledge and create recommendations for influencing future policy and practice.

8 Summary

Although we have seen a sustained reduction in teenage pregnancy rates in Nottingham over the past 10 years, there is no room for complacency and all organisations and partners must continue to work together to achieve the Council Plan target of a reduction of a further third in Nottingham's teenage pregnancy rate by 2020. The newly released Teenage Pregnancy JSNA chapter and the refresh of the Teenage Pregnancy Plan are central to ensuring that we continue to achieve a sustained rate reduction year-on-year.

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