

# Progress toward reducing unplanned teenage in Nottingham: A report for the Health Scrutiny Committee

21 June 2018

## 1 Introduction

Teenage conception statistics include under-18 conceptions that lead to a birth (live or still) or a legal termination of pregnancy. The statistics do not include miscarriages or illegal terminations. Teenage pregnancy is an issue of inequality as having children at a young age can negatively influence the health and wellbeing of young women, young men and their children, who are then more likely to become teenage parents themselves.

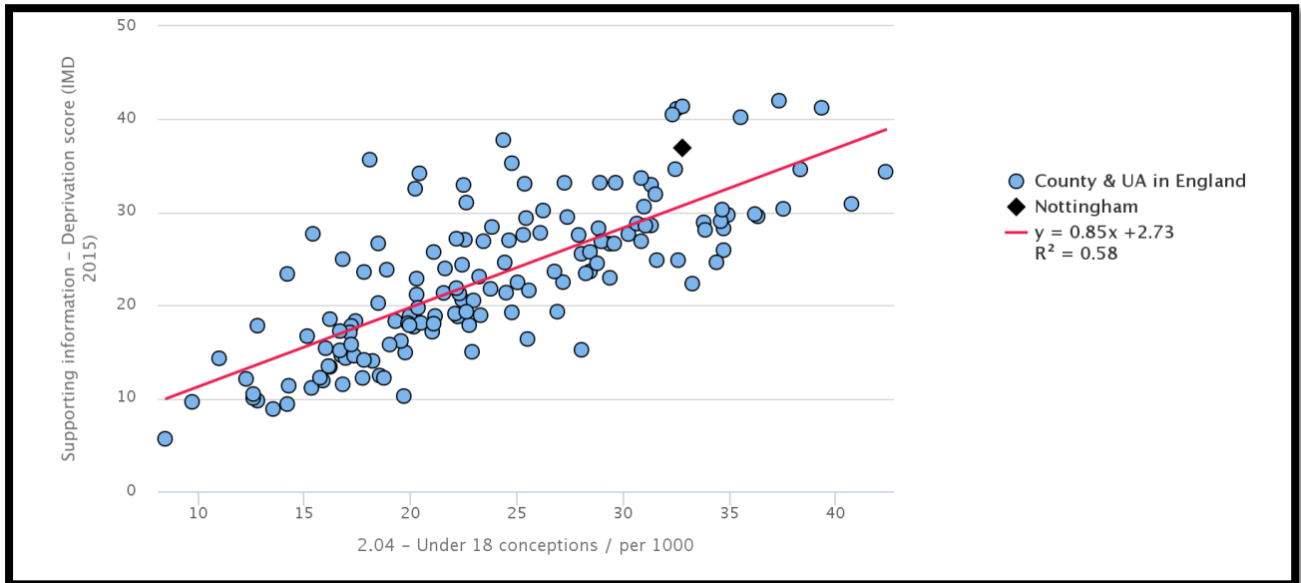
## 2 National and international evidence

National and international evidence suggests that the majority of girls who conceive under-16 and under-18 do not have specific risk factors. Therefore, it is important that we do not concentrate on high risk groups alone. However, some young people are at more risk of teenage pregnancy and will need greater support. These risk factors include:

- 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 are.
- 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 higher performing schools are less likely to conceive and more likely to have a termination if they do conceive.
- Low maternal aspirations of mothers for their daughters at age 10.
- Young mothers and fathers are twice as likely to have been sexually abused in childhood as the general population.
- Having a previous pregnancy.

It is very important that these risk factors are not seen as causal as a range of confounding factors present may also have an impact on under-18 conception rates. However, communities in Nottingham are subjected to many of these risk factors and this *could* 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 of data: Public Health Outcomes Framework, Teenage Conception Rate (2014), Public Health England

## 2.1 Impact on young people and their children

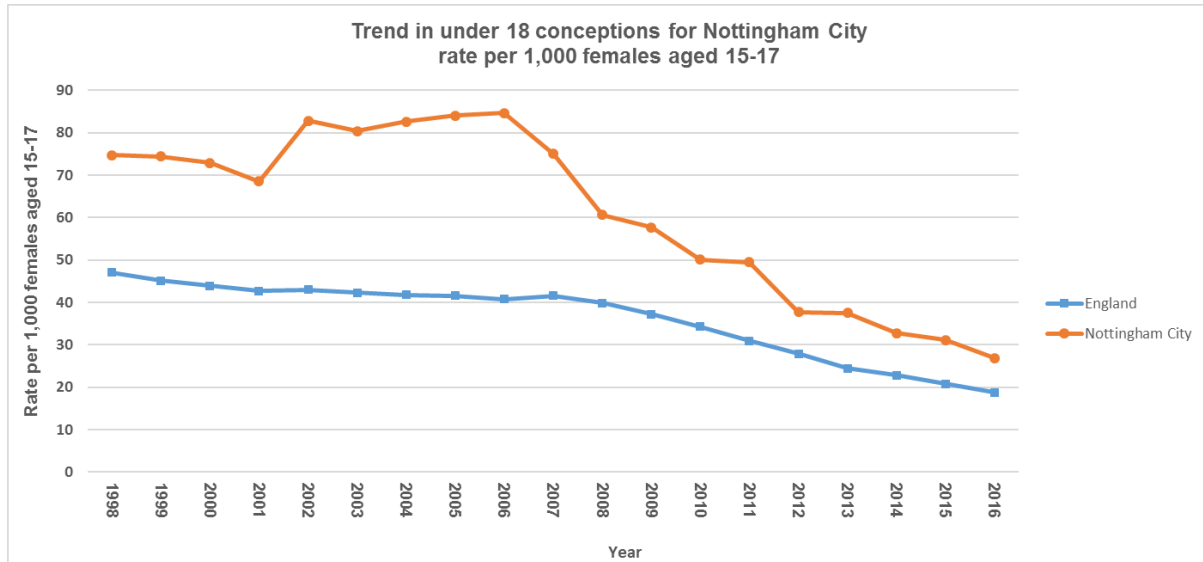
For teenage conceptions that end in a birth, the outcomes are often poorer for mother and child:

- 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 Syndrome (SIDS) in infancy. The reasons for this are complex and include lifestyle factors, specifically smoking, 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 as 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 2016, the most recently available annual conception data, there was a decrease in the number of under-18 conceptions from 152 in 2015 to 127 in 2016 – a 16.4% decrease. During this 12 month time period the conception rate decreased from 31.4 per 1000 girls aged 15-17 to 26.9; a 14.3% decrease.

Figure 2: Nottingham and England teenage conception rate trend 1998-2016



Source: Office for National Statistics (2018) 2016 Conception Statistics England and Wales

The Nottingham under-18 conception rate has decreased significantly, by 64%, since the baseline year of 1998 when the under-18 conception rate was 74.7 (Figure 2).

However, Nottingham's under-18 conception rate is still higher than the England average rate of 18.8 conceptions per 1000 girls aged 15-17 in 2016 and the Core Cities average of 24.0 per 1000. The UK average under-18 birth rate in 2014 was higher than all other Western European countries with the UK's under-18 birth rate being over six times higher than that of Denmark. Across the whole [European Union](#) only Latvia, Hungary, Slovakia, Romania and Bulgaria had an under-18 birth rate higher than the UK.

Nationally, around 80% of teenage conceptions are to 16 and 17 year olds and approximately 20% are to 13-15 year olds.

## 2 What we have done since the last meeting to reduce teenage pregnancy?

### 2.1 Mapped provision across wards

The Teenage Pregnancy Taskforce is working with sexual health services, the 0-19 service, GPs, schools and a GIS Analyst to map sexual health services across the City in relation to ward conception rates, schools and uptake of service etc. The maps will be available at the meeting for discussion and comment. They have proved to be very useful and have allowed us to identify where we have gaps in data, for example, age specific data from GPs and from sexual health and contraceptive services.

## *2.2 Recommissioned the termination of pregnancy provider*

Termination rates are, and have always been, very low in Nottingham City compared to the rest of the country. Although there are a variety of potential reasons for this, we do not fully understand the reasons why. Nottingham City Council recently recommissioned the termination of pregnancy service with a number of enhancements that may improve the termination pathway and decrease the number of subsequent pregnancies through the provider supplying Long Acting Reversible Contraception (LARC) at the same time as a hormonal termination.

## *2.3 Improved equitable access to relationships and sex education*

Councillor Webster and the Relationships and Sex Education (RSE) Consultant, Catherine Kirk have been promoting the RSE Charter amongst Nottingham schools; 70% of schools are now signed up to the Charter ensuring greater consistency and improved standards of RSE across the City.

Nottingham's first ever Relationships and Sex Education (RSE) Day will be held on 28 June. With RSE in Nottingham recently praised in Parliament and highlighted as good practice nationally, RSE Day will give everyone the opportunity to celebrate their work and promote healthy relationships and positive sexual health for all citizens. As a focal point to the day there will be activities taking place at Loxley House, including an RSE exhibition, a drop-in contraceptive advice session and a workshop on talking to children about relationships and growing up. There will also be lots happening in schools and at partner organisations across the City. Everyone can play their part in the day, whether as an employee, a parent/carer, a school governor, a councillor, or a friend. Examples of things to do can be found [here](#).

Please participate in whatever way you can and publicise your event using the hashtag #RSEday on social media. If you need further information, please email [catherine.kirk@nottinghamcity.gov.uk](mailto:catherine.kirk@nottinghamcity.gov.uk).

## *2.4 Targeted resources toward reducing conceptions in the under-16 age group and within high-rate wards*

The Teenage Pregnancy Taskforce organised and hosted an event to tackle a) the high rates of teenage pregnancy in the under-16 age group and b) the wards where rates are the highest. Alison Hadley, Director of the Teenage Pregnancy Knowledge Exchange and Teenage Pregnancy Lead for Public Health England was the keynote speaker. Alison inspired delegates to take an extra step toward reducing unplanned teenage pregnancy in Nottingham; these pledges are being followed up and will be reported to Health Scrutiny.

## *2.5 Encouraged services to adapt to meet the needs of an increasingly diverse city*

We have recently been invited by the Scottish Government to talk to them and other organisations about the work we have done in Nottingham to adapt and meet the needs of an increasingly diverse City.

## **3 The future**

The Local Government Association and Public Health England recently released a publication entitled 'Good progress but more to do: Teenage pregnancy and young parents'. The document is an update on an earlier version aimed at Councillors and local authority officers describing the role of local authorities in reducing the number of teenage conceptions in local areas. This is, for example, through the commissioning of the 0-5 and the 5-19 programmes and describes how health visitors, early years' practitioners, social workers, sexual health services and school nurses should all work together to ensure a multi-disciplinary, whole systems approach. The publication gives a succinct

summary of ten key factors that local authorities should have in place in order to reduce teenage conception rates further. The Teenage Pregnancy Taskforce will be using the checklist below to ensure that they are working holistically to continue the downward trend and meet the Nottingham Plan target of reducing teenage conceptions by a further third by 2019/20.

The checklist includes:

- Senior level leadership (through the Health and Wellbeing Board) and accountability across local authorities and health services is essential.
- Work with schools to ensure high quality relationships and sex education in schools and colleges in preparation for statutory RSE in 2019. Ensure that RSE and personal, social, health and economic education (PSHE) is integrated with commissioning of school nursing, sexual health services, safeguarding and emotional wellbeing programmes, with clear links to one to one advice.
- Ensure contraceptive and sexual health services are youth-friendly, easily accessible and well publicised in schools, colleges and other settings used by young people.
- Target additional prevention at those most at risk, including looked after children and care leavers, and link in with relevant early intervention programmes, such as Troubled Families.
- Use parenting programmes to ensure sexual health advice and communication support for parents to enable them to discuss relationships and sexual health with their children.
- Train both the health and non-health workforce in sexual health and teenage pregnancy, working in partnership with CCGs to target front line professionals who are in touch with vulnerable young people, such as foster carers, youth services, youth offending teams and supported housing workers.
- Provide advice and access to contraception and sexual health services in non-health settings used by young people.
- Ensure consistent messages on healthy relationships and delaying pregnancy are promoted to young people, parents and professionals.
- Use robust local data for commissioning and monitoring progress and local intelligence from surveys and consultation with young people.
- Provide dedicated support for teenage mothers and young fathers, using the LGA-PHE Framework to ensure all agencies contribute to a joined up care pathway.

#### 4 Challenges and mitigations

The Council's extremely challenging budget situation has necessitated budget savings from sexual health services used by young people. These include a reduction in the Integrated Sexual Health Services budget delivered by NUH and the C-Card contract delivered by the Health Shop.

Commissioners and providers are working together to mitigate the impact of these savings, for example, by ensuring that young people have equitable access to integrated sexual health services and working with GPs to increase the proportion of young people that access sexual health services via their GP.

Free pregnancy testing in community pharmacies has ceased but as reliable pregnancy tests are available to purchase for £1 this is not perceived as a significant risk.

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