

Topic information	
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Executive Summary

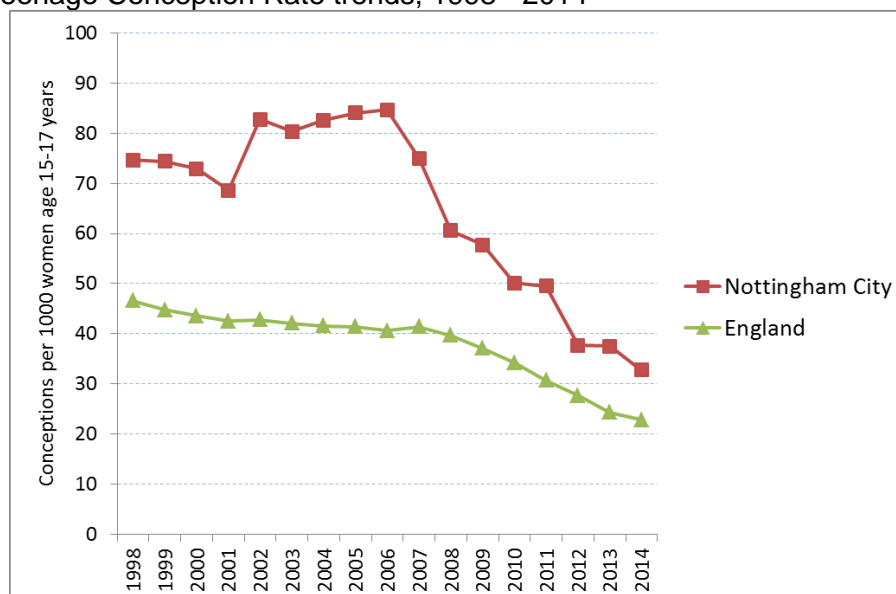
Introduction

The term 'teenage pregnancy' includes under-18 conceptions that lead to a legal termination of pregnancy or birth. Teenage pregnancy is an issue of inequality as early parenthood is associated with poor health, wellbeing and wider life chances such as education and economic outcomes as well as increased levels of social exclusion, for both teenage parents and their children (Hadley, Chandra-Mouli and Ingham et al. 2016).

Action to reduce unplanned teenage pregnancy and support teenage parents has been a local and national priority since 1998. During this time, teenage pregnancy rates have continued to fall, both locally and nationally.

In Nottingham in 2014, the most recent available annual conception data, there was a decrease of 21 conceptions from 181 in 2013 to 160 in 2014 in the under-18 (15-17) age group. This represents a rate reduction from 37.5 conceptions per 1000 girls aged 15-17 in 2013 to 32.7 in 2014. The rate reduction is illustrated in Figure 1.

Figure 1: Teenage Conception Rate trends, 1998 - 2014



Source: Office for National Statistics (2016) [Dataset of conception statistics, England and Wales 2014](#)

However, Nottingham's under-18 conception rate is still higher than the England average rate of 22.8 conceptions per 1000 girls aged 15-17 in 2014 and the Core Cities average rate of 29.5 per 1000. The England average remains higher than in other Western European countries. Nationally 80% of under-18 conceptions are to 16 and 17 year olds and around 20% are to under-16s.

The wards with the highest three-year aggregated rates of teenage conceptions, over 2012-14¹ were Arboretum and Aspley whilst Wollaton West had the lowest published rates. Two wards have suppressed data due to low numbers (Dunkirk & Lenton and Wollaton East & Lenton Abbey)².

Action is required to sustain the significant reductions in under-18 conceptions and continue the downward trend. National and international evidence suggests that reducing teenage conceptions is best achieved by:

- Providing comprehensive sex and relationship education in and out of school (Kirby, 2007).
- Providing easy access to, and use of, young people friendly contraception and sexual health services (Kantor et al, 2008).

¹ At the time of writing this is the latest available data

² Where there are fewer than five conceptions in a particular area, the data is suppressed by ONS to ensure that individuals cannot be identified from the data.

- Targeting support to those most at risk of teenage pregnancy. For example girls who make less than the expected amount of progress between key stages 2 and 3, girls who are persistently absent in year 9 as well as those entitled to free school meals.

Unmet need and gaps

- 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 Europe who are increasingly featuring in Nottingham's under-16 conception statistics. This is particularly true of Central and Eastern European 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.

Recommendations for consideration by commissioners

- Encourage every school in Nottingham to sign-up to the SRE Charter; particularly those schools in areas of high teenage conceptions.
- 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.