

Reducing unplanned teenage pregnancy in Nottingham – an annual report for the Nottingham City Children’s Partnership Board.

3 October 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:

- Eligibility for free school meals.
- Living in a ‘deprived’ area. Figure 1 shows the relationship between deprivation and teenage pregnancy in unitary local authority areas across England.
- Persistently absent from school in year 9.
- Making slower than expected progress between Key Stage 3 and Key Stage 4.
- Attending a lower performing school.
- Low aspirations of mothers for their daughters at age 10.
- Experiencing sexual abuse during childhood.
- Having had 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.

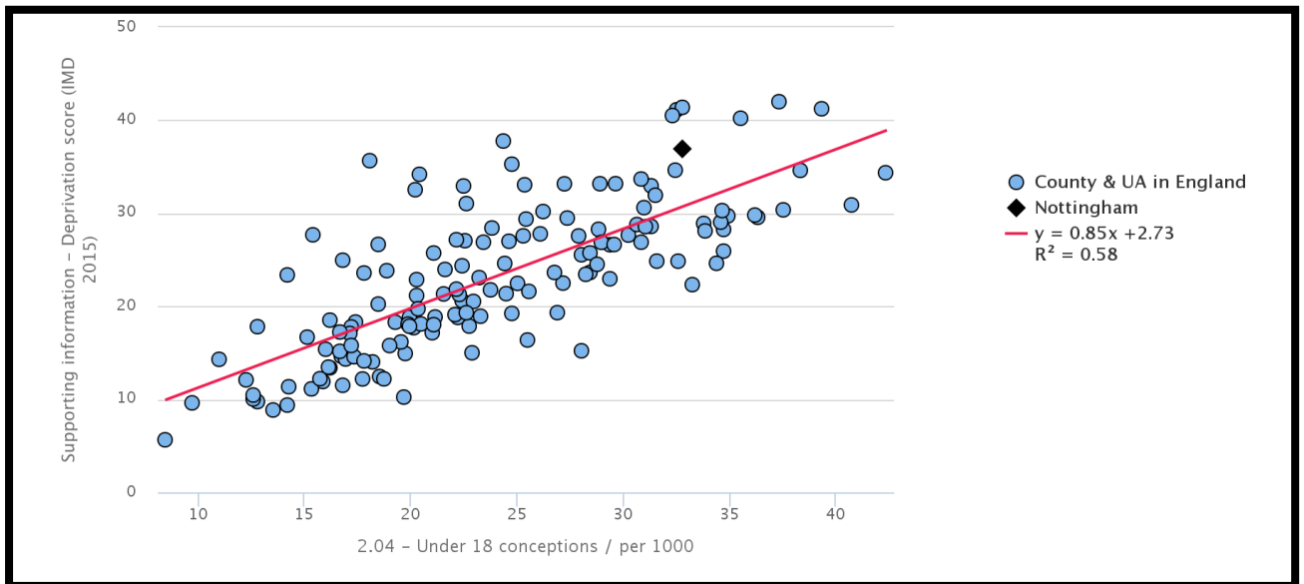
2.1 Impact on young people and their children

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

- Increased likelihood of smoking before, during and throughout the whole of their pregnancy.
- Decreased likelihood of initiating and continuing breastfeeding.
- Increased risk of infant death.
- Increased risk of Sudden Infant Death Syndrome (SIDS).
- Increased risk of being hospitalised for gastroenteritis or accidental injury.
- Increased likelihood, at age five, of being behind on spatial ability, non-verbal ability and verbal ability.
- Increased likelihood of postnatal depression and higher rates of poor mental health for up to three years after birth.
- Increased likelihood of relationship breakdown in pregnancy or in the three years after birth.
- Increased likelihood, for teenage mothers and their children, of living in poverty.

- Increased likelihood, at age 16-18, of not being in education, employment or training.

Figure 1: Relationship between Deprivation and Teenage Pregnancy Rate for County and Unitary Authorities in England

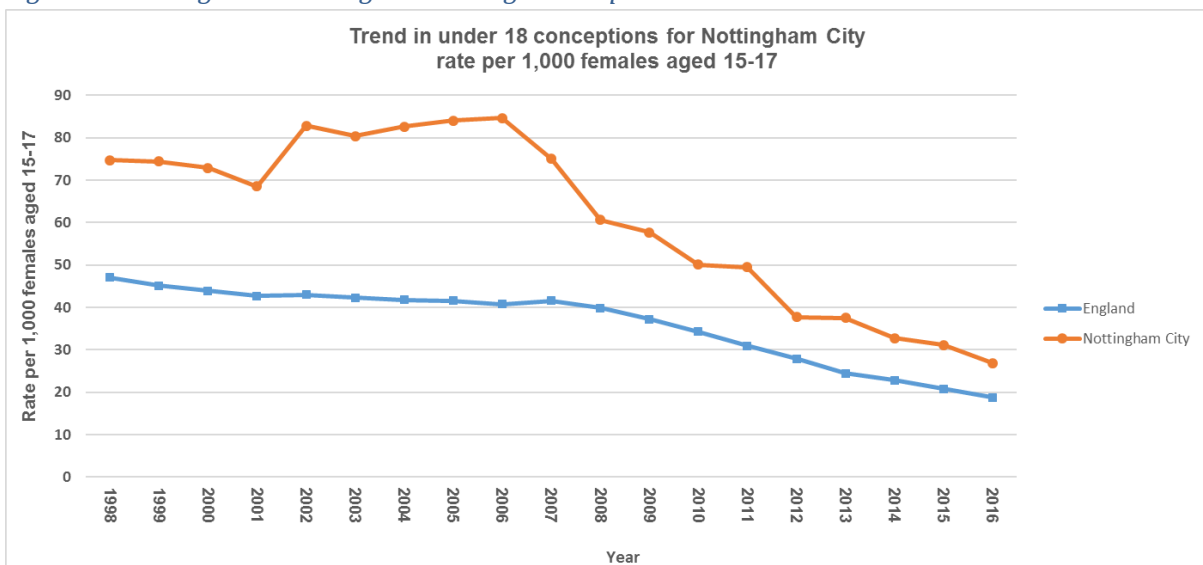


Source of data: Public Health Outcomes Framework, Teenage Conception Rate (2014), Public Health England

3 Teenage pregnancy in Nottingham

In Nottingham in 2016, the most recently available annual conception data, there was a 16.4% decrease in the number of under-18 conceptions from 152 in 2015 to 127 in 2016. 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. It is important to be cautious with regard to the figures as numbers are small and are subject to fluctuation.

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 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. The percentages are very similar in Nottingham.

4 What we have done in 2017 and 2018 to reduce teenage pregnancy?

4.1 Mapped provision across wards

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

4.2 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.

4.3 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; 74% 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 was held on 28 June. With RSE in Nottingham recently praised in Parliament and highlighted as good practice nationally, RSE Day gave everyone the opportunity to celebrate their work and promote healthy relationships and positive sexual health for all citizens. An RSE exhibition, a drop-in contraceptive advice session, a history of contraception talk and a workshop on talking to children about relationships and growing up took place at Loxley House. Schools and partner organisations took part across the City with many tweeting using the hashtag #RSEday on social media.

4.4 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 consider how to tackle the high rates of teenage pregnancy in the under-16 age group across the city and the within the wards where under-18 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.

4.5 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.

4.6 Recommissioned the Family Nurse Partnership (FNP) as part of the new 0-19 contract

The FNP programme provides support and guidance for up to 200 pregnant girls and mothers each year working intensively with teenagers to enable them to have a healthy pregnancy, improve their child's health and development as well as plan their own futures and aspirations.

In Nottingham, we now have the FNP Adapt programme that allows a more flexible approach to working with pregnant teenagers and young mums. The approach adapts according to need, with some receiving more intensive support and others being 'dialled down' and receiving less. It is hoped that this new way of working will allow more pregnant teenagers to have the support of a Family Nurse.

5 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 services 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.
- 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.
- 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, targeting 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.

6 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 the 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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12 July 2018