

# Teenage parents: who cares?

A guide to commissioning and delivering  
maternity services for young parents





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## A guide to commissioning and delivering maternity services for young parents

Second edition – July 2008

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# Joint Ministerial Foreword

It is a stark fact that teenage mothers and their babies experience significantly worse outcomes than older mothers – a 60% higher rate of infant mortality, low birth weight and poor emotional health – key factors in health inequalities and social exclusion. What is also clear is that pregnant teenagers' poor uptake of maternity care contributes to these poor outcomes. Late booking and lack of sustained contact with antenatal services often mean that key issues such as maternal nutrition, smoking and preparation for breastfeeding fail to be addressed. Getting maternity services right for pregnant teenagers, increasing early booking and providing support they trust and can turn to for advice, is therefore fundamental to improving outcomes.

The first edition of *Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents* was published jointly by the Teenage Pregnancy Unit, the Department of Health and the Royal College of Midwives in 2004. It highlighted the much poorer maternity outcomes for teenage mothers compared to older mothers, including increased risks of low birth weight and infant mortality and later and less frequent access to maternity services. At that time, few Primary Care Trusts (PCTs) were focusing on improving health outcomes for teenage mothers and their children in the maternity services they commissioned and provided.

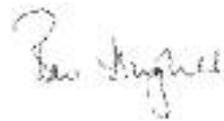
The guide made a strong case for increased priority to be given to the planning, organisation and delivery of maternity services for teenagers, to maximise the chances of pregnant teenagers achieving a healthy and confident transition to parenthood. It contained practical pointers as to how this could be achieved and case studies of successful services.

There is no question that greater priority has been given in the intervening four years to improving the quality of commissioning and delivery of maternity services for teenagers. The *National Service Framework for Children, Young People and Maternity Service* in 2004 and *Maternity Matters: choice, access and continuity of care in a safe service* and the *Review of the Health Inequalities Infant Mortality PSA Target* in 2007, all highlighted the importance of improving maternity care for teenage parents to reduce risks for them and their children.

However, the publication by our two departments of *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts* in 2007 drew attention to the continued poor health outcomes for teenage mothers and their children and their later accessing of antenatal services. One of the commitments in that publication was to publish a revised and updated version of *Teenage parents: who cares?* to place it in the current policy context.

This revised edition explains how improving maternity services for pregnant teenagers and young fathers can help PCTs, and Local Authorities, to meet a range of targets and policy goals, for example early access to maternity services, prevalence of breastfeeding at 6-8 weeks and on reducing infant mortality. It places renewed emphasis on multi-agency working in the commissioning and delivery of services. It outlines the minimum standards for a high quality maternity service for teenagers and has an expanded section on emerging models of care and innovative approaches to supporting pregnant teenagers taken by maternity services in different parts of England.

This guide has been informed by the experts: midwives and maternity services providing specialist support and by research with young parents themselves. We highly recommend it to be used as part of joint commissioning by Primary Care Trusts and Local Authorities. Increasing teenage parents' uptake of high quality maternity services is key not just to improving immediate health outcomes, but to linking teenage parents into ongoing support services and breaking the cycle of disadvantage they and their children all too often face.



**Beverley Hughes**

Minister for Children and Young People



**Ann Keen**

Parliamentary Under Secretary of State for Health Services

## Introduction

**In 1999 the Government launched its Teenage Pregnancy Strategy aimed at halving the under 18 conception rate and supporting teenage parents to reduce their long term risk of social exclusion. Since then, under 18 conceptions have come down by 13.3 per cent to their lowest rate in 20 years. Under 16 conceptions came down by 13 per cent over the same period. Despite this progress, the UK still has the one of the highest rates of teenage pregnancy in Western Europe.**

For maternity services and commissioners this means that around one in 15 of all births are to young women under 20 – around 45,000 births in 2006. Young women and their babies have poorer access to maternity services and experience poorer outcomes than older women.

Meeting the needs of these young women and their partners more effectively will improve the life chances of the young parents and their children, while also making significant contributions to the national and local targets on early access to maternity care; on reducing infant mortality, smoking and teenage conceptions; and on increasing breastfeeding.

This guide makes the case for increased attention to the planning, organisation and delivery of maternity services for teenagers and gives practical suggestions for how to achieve a high quality service that meets their needs. Section 1 explores the evidence around poor outcomes, social exclusion and poor access to services. Section 2 identifies the levers for change, including national targets and policy, and the need to

integrate maternity services for teenagers into a multi-agency approach to meeting their needs under the Every Child Matters reforms. Section 3 sets out the principles of a high quality service, minimum standards and examples of good practice. Section 4 examines strategies for achieving effective and appropriate change. Section 5 is a toolkit of useful resources. Section 6 lists useful organisations.

### Prevalence of teenage motherhood in England

In 2006 there were approximately 39,000 conceptions to women under 18, a conception rate of 40.4 per thousand young women. Around 49 per cent of these pregnancies led to terminations.

About 7,300 of these conceptions were to girls under 16, a conception rate of 7.7 per thousand. Around 60 per cent of pregnancies in this younger age group led to terminations.

#### Who is a teenager?

'Teenager' is used variously to mean young people under 18, under 19, and under 20 in different contexts. For the Teenage Pregnancy Strategy, the key group is the under 18s, whose conception rates and outcomes the strategy primarily addresses. The Every Child Matters programme covers young people from 'birth to age 19'. For the measurement of national breastfeeding and smoking rates, the Infant Feeding Survey uses the under 20s as its youngest age group. Studies of outcomes for teenagers and their children sometimes use under 18s and sometimes under 20s.

Maternity services for teenagers use various age cut offs depending on local needs and resources. Some specialist maternity services are available to all young women under a particular age (such as 18 or 19), while others are targeted at the youngest age group but are available to older teenagers if there are other indications of special need.

## Section 1

# Why a focus on teenage mothers and young fathers?

Teenage pregnancy and early parenthood are widely recognised to be associated with poor health and social exclusion. There has been considerable debate over whether poor outcomes for teenage mothers and their babies are a consequence of the mother's age, or of her often disadvantaged circumstances, or of limited uptake of antenatal care. Current research suggests that all three factors can contribute to poor outcomes, but that timely access to appropriate care and support can help to overcome the risks of poor outcomes and can maximise young people's potential for achieving a healthy and happy transition to parenthood.

Figure 1: Poor maternal and child outcomes associated with teenage parenthood



## 1.1 Teenage pregnancy and poor health outcomes

Babies of teenage mothers:

- are more likely than average to be **born prematurely**<sup>1</sup>, which is associated with infant death and disability;
- are 25 per cent more likely than babies of older mothers to be born at a **low birthweight**<sup>2</sup>, which is associated with infant death, physical and learning disabilities and future cardiovascular disease;
- have an **infant mortality** rate 60 per cent higher than babies of older mothers<sup>3</sup>;
- are at increased risk of hospitalisation for accidental injuries, diarrhoea and vomiting, developmental delays and poor nutrition<sup>4</sup>.

Teenage mothers:

- are three times more likely than older mothers to develop **postnatal depression**, with around 40 per cent of young mothers affected<sup>5</sup>. This not only impacts on the young woman, but can also impair her ability to form a close attachment to her baby and to be an attentive and nurturing parent, which can lead to poor emotional development and behavioural problems for the child<sup>6</sup>;
- are also at increased risk of experiencing **isolation and a breakdown of their relationship** with the child's father<sup>7</sup>. This increases the risk of the mother experiencing postnatal depression, and can undermine the quality of her mothering<sup>8</sup>. Only a third of young mothers report having a stable relationship during their pregnancy and in the following three years, compared to nearly 90 per cent of older mothers<sup>9</sup>;
- are more likely than older mothers to perceive themselves as being in poor health<sup>10</sup>.

## 1.2 Teenage pregnancy and social exclusion

Although teenage parents can vary widely in their social backgrounds, family circumstances and life experiences, teenagers who become parents are disproportionately likely to have a history of disadvantage and social exclusion.

## Characteristics of young mothers

Teenage mothers are more likely than older mothers<sup>11</sup>:

- to be from a deprived background: young women in the lowest social class are around ten times more likely to become teenage mothers than young women in the highest social class;
- to be or have been in care: young women in care are three times more likely than other teenagers to become mothers, and 40 per cent of care leavers are mothers by the age of 20<sup>12</sup>;
- to have educational problems including low achievement, truancy and exclusion;
- to have mental health problems;
- to have learning difficulties;
- to have a mother who was herself a teenage mother;
- to have been physically or sexually abused in childhood;
- to have been involved in crime;
- to live in deprived areas and in poor housing<sup>13</sup>;
- to have experienced domestic abuse: 14 per cent of teenagers interviewed by the Sure Start Plus national evaluation disclosed that they had experienced domestic abuse during their current pregnancy<sup>14</sup>.

## Characteristics of young fathers

The fathers of babies born to teenage mothers are not always as young as the mothers. Data are incomplete (because fathers' details have not always been included on birth registrations), but available figures suggest that a quarter of the fathers are aged under 20, around half are aged 20-25 and a quarter are over 25<sup>15</sup>.

Young men who become parents as teenagers are more likely than other young men to be from disadvantaged backgrounds. They are more likely to live in deprived areas, to be unemployed, to have been in care, or to have been involved in crime<sup>16</sup>. Young parents often have volatile relationships with each other, and one study found that only half were still in a relationship a year after the baby's birth<sup>17</sup>. However, a positive relationship with the young woman during pregnancy is a key predictor of the father's involvement with his child in the early years<sup>18</sup>.

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### Ethnicity

The majority of mothers under 19 are White British, although there are substantial regional variations. The young women most at risk of teenage motherhood are those who are of 'Mixed White and Black Caribbean', 'Other Black', 'Black Caribbean' and 'White British' ethnicity. All Asian ethnic groups have a lower than average incidence of teenage motherhood<sup>19</sup>.

### 1.3 Teenage pregnancy and health behaviour

#### Smoking in pregnancy

Smoking during pregnancy is the leading cause of low birthweight<sup>20</sup> and contributes to an estimated 40 per cent of infant deaths<sup>21</sup>. Teenagers are **three times more likely to smoke** before or during pregnancy than women aged 35 and above. Figures from 2005 show that 45 per cent of women aged 20 or under smoked throughout pregnancy compared with the national average of 17 per cent, and 34 per cent of teenage smokers gave up during pregnancy compared with the national average of 49 per cent of smokers. Decreases in the rate of smoking during pregnancy have been reported for all age groups except teenagers between 2000 and 2005<sup>22</sup>.

#### Breastfeeding

Breastfeeding has a strong protective effect on the health of both baby and mother. Babies who are not breastfed are at increased risk of gastro-intestinal infections, severe lower respiratory tract infections, ear infections, urine infections, childhood diabetes, atopic disease and obesity. Mothers who do not breastfeed are at increased risk of ovarian cancer and pre-menopausal breast cancer<sup>23</sup>.

Teenagers are **a third less likely to breastfeed than older women**. Figures from 2005 show that 51 per cent of mothers aged 20 or under initiated breastfeeding compared with a national average of 77 per cent. Increases in the breastfeeding rate have been reported for all age groups except teenagers between 2000 and 2005. Teenagers who do initiate breastfeeding are much less likely than older women to continue: only 34 per cent of them are still breastfeeding one week after birth, and only seven per cent at six months (five times lower than the rate for women aged 35 and over)<sup>24</sup>.

### Diet

Good maternal nutrition before and during pregnancy is important for optimum pregnancy outcomes<sup>25</sup>. However, a significant proportion of pregnant teenagers have an **inadequate intake of key pregnancy nutrients** and many have erratic and unhealthy eating patterns<sup>26</sup>. Most pregnant teenagers under 18 are not eligible for means tested benefits until the last 11 weeks of pregnancy, and they are at particular risk of a poor diet in pregnancy, especially if they do not live with their parents<sup>27</sup>.

#### Repeat unplanned pregnancies

Around **20 per cent of births conceived under the age of 18 are to young women who are already teenage mothers** (about 4,200 births a year). Some of these pregnancies are planned but many are not. Young women are often unaware how easy it is to become pregnant again after having a baby, have limited understanding of the range of contraception available and are not actively supported to access contraception, which may be a low priority amid the other pressures of the postnatal period, particularly for young women with a chaotic lifestyle<sup>28</sup>. They may have a coercive partner or lack the skills or confidence to negotiate contraception with their partner.

#### Parenting skills

Parenting has a strong influence on emotional and physical health and well-being throughout a person's life. Children need confident, positive and resilient parenting that begins at birth<sup>29</sup>. Teenagers who become pregnant are disproportionately likely to have a history of disadvantage and **poor experiences of being parented**, including having been a looked after child<sup>30</sup>. Teenagers who become parents are also more likely than other teenagers to **lack the strong social and emotional skills** that create self-esteem, feelings of self-efficacy and the ability to build warm relationships and to empathise with others<sup>31</sup>. Young parents who have experienced poor patterns of attachment with their own parents are likely to repeat these patterns with their children<sup>32</sup>.



## 1.4 Teenage pregnancy and access to maternity care

### Difficulties accessing appropriate care

Pregnant teenagers and young fathers are **less likely than older people to access maternity care early in pregnancy** (the average gestation at booking is 16 weeks)<sup>33</sup>, and are **less likely to keep appointments**. This may be attributable to a number of interlocking factors: young women do not always realise they are pregnant, and they may take time to come to terms with the pregnancy or may actively seek to conceal it for as long as possible. Some may prioritise other crisis issues such as housing and income over health care. For some, a chaotic lifestyle and the lack of a stable address may make attending appointments and maintaining contact with services problematic. Transport to a hospital or clinic may be unaffordable or unavailable for young people, especially in rural areas.

Another important factor obstructing engagement with maternity care is young parents' fears, and actual experiences, of **negative attitudes** among mainstream maternity professionals and older service users. Health professionals are often seen as unsympathetic and judgemental, and are commonly perceived by young fathers as dismissive of their involvement<sup>34</sup>.

As well as lower engagement with clinical care, teenage mothers and young fathers are also much less likely than older parents to attend any form of **antenatal education**. In one survey in the north east of England, 83 per cent of pregnant teenagers did not attend classes and many had limited understanding of the progress of their pregnancies<sup>35</sup>. Teenagers often state that they feel uncomfortable in classes dominated by older women and women with partners.

### The impact of high quality maternity care

Many of the risks associated with teenage pregnancy can be reduced by good, age-appropriate maternity care. Studies have consistently shown that **both attendance and birth outcomes improve where specially designed antenatal programmes are targeted at teenagers**, in particular where these are delivered in a multi-agency partnership with relevant agencies<sup>36</sup>. Some studies from the US have taken a cost-effectiveness approach to evaluating specialist maternity services for pregnant teenagers and have found that the programmes were **highly cost effective** because the reduced costs associated with improved birth outcomes significantly outweighed any additional costs of providing the services<sup>37</sup>.

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High quality maternity care that is planned around the needs of young women and young men can also support young people to stop smoking, and encourage a healthy diet and breastfeeding. Maternity professionals can support teenagers to take control of their sexual health by timely contraceptive advice and provision and an empowering approach that improves their self-esteem. They can also help teenagers to become confident and effective parents by providing antenatal and postnatal parenting education that focuses on the baby's early needs and improves the quality of the relationship between parents and child. Sensitive maternity care can also identify depression and other mental health issues early and arrange appropriate referrals, and provides a safe opportunity for the disclosure of domestic abuse.

### The benefits of engaging young fathers in maternity care

Both *Every Child Matters*<sup>38</sup> and the *National Service Framework for Children, Young People and Maternity Services*<sup>39</sup> emphasise the importance of services reaching fathers as well as mothers. The father's positive involvement in a child's early life is associated with a range of good outcomes for babies and children, including

cognitive development, mental health, educational attainment, attendance and behaviour at school, peer relationships, involvement in crime and substance misuse<sup>40</sup>. A good relationship between a young father and his teenage partner during pregnancy is strongly correlated with his involvement with his child in the early years<sup>41</sup>. A positive relationship between mother and father is also a protective factor for postnatal depression, and a father's attitude to issues such as smoking and breastfeeding have been found to have a very strong influence on the mother<sup>42</sup>.

Although the relationship between young parents is often volatile and unstable, maternity professionals can support this relationship by encouraging and involving young fathers in antenatal care<sup>43</sup>. Specific efforts are needed to reach out to young men, who may easily disengage from the pregnancy and from parenting if they feel judged or excluded, and to give them the sense that they are respected and valued in their role. Working inclusively with young fathers not only maximises the chance that they will remain supportively involved with their partner and child, but also gives maternity professionals the opportunity to engage them as partners supporting positive health choices for the young mothers.

### High quality maternity services will improve outcomes for young parents and their babies.

Health commissioners should work in partnership with other relevant agencies, for example through Children's Trust arrangements, to ensure integrated services for young parents and their babies address their specific needs and ensure the best possible outcomes. Section 2.3 and Section 4 explore the mechanisms of multi-agency commissioning and service delivery.

Section 3 outlines the principles of a good quality maternity service capable of delivering real improvements in access and outcomes for young people and their babies, with examples of different models of care drawn from around the UK.

## Section 2

# Levers for change: the policy agenda

This section identifies the levers for change affecting maternity services for teenagers:

- The contribution that good maternity care for teenagers makes to meeting national and local targets.
- Policy and guidance from the Department of Health and the Department for Children, Schools and Families.
- Multi-agency working required by the Every Child Matters programme.

### 2.1 National targets

#### PSA targets

Improving the lives of young people through reductions in teenage conceptions is a key aim of Government policy, reflected in a specific Public Service Agreement (PSA) indicator to reduce the under-18 conception rate (PSA 14: increase the

number of children and young people on the path to success, Indicator 4). However, because pregnant teenagers and their babies are disproportionately affected by health inequalities, getting maternity services right for young people will also make a significant contribution to meeting other PSA targets as outlined below in Figure 2.

Figure 2: Contribution from good maternity care for teenagers to meeting PSA targets

PSA	PSA 14: Increase the number of children and young people on the path to success.
Indicator	Reduce the under-18 conception rate by 50 per cent by 2010.
Contribution from good maternity care for teenagers	Around 20 per cent of births conceived to under 18s are to young women who are already mothers. Midwives have the opportunity to support teenage parents to prevent or delay second and subsequent unplanned pregnancies by providing contraceptive advice as part of antenatal and postnatal care. This is most effective when it is delivered as an integral part of the co-ordinated package of support, and where support around choosing and accessing contraception is proactive and practical.

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PSA	PSA 12: Improve the health and well-being of children and young people.	
Indicator	Prevalence of breastfeeding at 6-8 weeks	Emotional health and well-being
Contribution from good maternity care for teenagers	Teenagers are less likely than older mothers to initiate and sustain breastfeeding. Offering teenagers tailored encouragement and support for breastfeeding, including peer support, is effective in increasing breastfeeding rates.	Teenagers are three times more likely to be affected by postnatal depression. Effective systems within the maternity services can identify young mothers with depression and refer them for appropriate support.

PSA	PSA 18: Promote better health and well-being for all
Indicator	All age all cause mortality rate. The existing commitment is to reduce health inequalities by 10 per cent by 2010 as measured by infant mortality and life expectancy at birth.
Contribution from good maternity care for teenagers	Infant mortality is 60 per cent higher for babies of teenagers. Smoking and prematurity are key factors. The Infant Mortality Review recommends working to reduce teenage pregnancies and targeted support for pregnant teenagers.

PSA	PSA 19: Better care for all
Indicator	The percentage of women who have seen a midwife or maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy.
Contribution from good maternity care for teenagers	Pregnant teenagers and young fathers are currently less likely than older people to access maternity care early in pregnancy. Flexible, accessible care improves early uptake.

### Every Child Matters outcomes

Teenage parents and their children are at particular risk of not meeting the five Every Child Matters outcomes: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, Achieve Economic Well-being. Figure 1 on page 6 identifies the association between teenage pregnancy and the risks of falling short of the five outcomes. Good maternity services for young people can contribute to improving these outcomes.

### NHS Operating Framework (2007)<sup>44</sup>

The Operating Framework for 2008/09 has five national priority areas, the third of which is improving health and reducing health inequalities, including tackling teenage pregnancy. Specifically, PCTs are required to focus on:

- **children:** improving children's and young people's physical and mental health and well-being;
- **maternity:** improving access as part of the wider Maternity Matters strategy to deliver safe, high-quality care for all women, their partners and their babies.

The 'Vital Signs' of progress include:

- Smoking prevalence among people aged 16 or over, and aged 16 or over in routine and manual groups (quit rates locally, 2008).
- Percentage of women who have seen a midwife or a maternity healthcare professional, for assessment of health and social care needs, risks and choices, by 12 completed weeks of pregnancy.
- Under-18 conception rate per 1,000 females aged 15–17.
- Obesity among primary school-age children (breastfeeding is associated with reduced obesity).
- Proportion of children who complete immunisation by recommended ages.
- Percentage of infants breastfed at 6–8 weeks.

Because teenagers tend to access maternity care later than older women, and they and their children experience poorer health outcomes, high quality maternity services for young people will help PCTs to meet these commitments.

### The New Performance Framework for Local Authorities and Local Authority Partnerships (2007)<sup>45</sup>

The Single Set of National Indicators, against which local authority performance is measured, also apply where appropriate to PCTs when acting in partnership with local authorities, for example through Children's Trust arrangements. Good maternity services for young parents can contribute to meeting the following indicators:

- NI 50: Emotional health of children;
- NI 53: Prevalence of breastfeeding at 6–8 weeks from birth;
- NI 55 & 56: Obesity among primary school age children in Reception Year and Year 6 (because breastfeeding is associated with reduced obesity);
- NI 70: Hospital admissions caused by unintentional and deliberate injuries to children and young people;
- NI 112: Under-18 conception rate;
- NI 120: All-age all cause mortality rate;
- NI 123: 16+ current smoking rate prevalence;
- NI 126: Early access for women to maternity services.

## 2.2 Policy and guidance

### Maternity Matters (2007)<sup>46</sup>

Maternity Matters focuses on implementing the four national choice guarantees on how to access maternity care, type of antenatal care, place of birth and postnatal care. It sets these in the context of the need to provide services that are *"woman-focused and family-centred...accessible to all women...designed to take full account of their individual needs"*.

Maternity Matters requires commissioners and maternity services to:

- understand what, in their current services, prevents women from seeking care early or maintaining contact with maternity services and to overcome these barriers by providing more **flexible services** at times and places that meet the needs of these women;
- understand that women from disadvantaged backgrounds may require **additional services** to meet their own particular needs;

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- enable women to **self-refer** directly to a midwife when they learn they are pregnant;
- provide maternity care for women with complex social needs in **partnership with other agencies**, including youth and teenage pregnancy support services;
- **personalise and adapt maternity care** to individual needs, including outreach midwifery support and breastfeeding services for vulnerable families;
- develop maternity services in easily **accessible and visible community facilities** such as Sure Start Children's Centres;
- carry out robust **local needs assessments**, assess the need for local networks and link the local networks to a range of services outside the NHS;
- strengthen **links to commissioning** arrangements led by local authorities' children's services.

### National Service Framework (2004)<sup>47</sup>

The National Service Framework (NSF) for Children, Young People and Maternity Services sets out standards that must be met by 2014. It recognises that pregnant teenagers and young fathers have special needs and need special attention in planning and delivering services. Standard 11 of the NSF "seeks to improve equity of access to maternity services", with a vision of "flexible, individualised services designed to fit around the woman and her baby's journey through pregnancy and motherhood, with emphasis on the needs of vulnerable and disadvantaged women."

Standard 11 of the NSF requires commissioners and maternity services to:

- take a **multi-disciplinary, multi-agency approach** by creating care pathways that enable professionals and individual women to understand how to access additional services if the need arises;
- plan the provision of maternity services based on an up-to-date **assessment of the needs** of the local population;
- improve the access and effectiveness of maternity services for women from disadvantaged groups by taking account of the reasons why women from these groups find it difficult to access and maintain contact with

maternity services, and to **actively design services to overcome these barriers to care;**

- ensure that staff have the **knowledge and skills** to engage with teenage mothers and fathers;
- have **inter-agency arrangements** encouraging information sharing, the use of the Common Assessment Framework (CAF) and a lead professional where support involves more than one practitioner;
- have **arrangements** with relevant agencies in place to support teenage parents, including the provision of **contraceptive advice and treatment.**

### Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts (2007)<sup>48</sup>

Teenage Parents Next Steps is a renewed strategy for the support of teenage parents. It states that all areas are expected to ensure that midwifery and health visiting services provide **tailored support** for teenage mothers and young fathers to address problems such as late antenatal booking for care, poor nutrition, high rates of smoking in pregnancy and low rates of breastfeeding among teenage mothers. It reports that in focus group research, young parents who had experienced **dedicated services** for teenagers preferred them to all-age services, and young women's experiences of maternity care were more positive where support was from a **specialist teenage pregnancy midwife.**

Detailed recommendations from the strategy have been incorporated into Section 3: Getting it Right.

### Saving Mothers' Lives (2007)<sup>49</sup>

The seventh report of the Confidential Enquiries into Maternal Deaths re-emphasises the importance of facilitating early and sustained contact with the maternity services, and offering a joined-up service, in the interests of patient safety. The report notes that '*the number of deaths among women who are vulnerable and/or socially excluded remains unacceptably high. These include teenagers...*'. The youngest mother to die in the period 2003-05 was 14 years old.

The report states that in respect of deaths which were classed as Coincidental or Late, '*the major concerns about the care provided for these groups of women were a lack of liaison and communication between the health and social services in providing support for vulnerable*

**young girls and a lack of multidisciplinary or co-ordinated care’.** Addressing midwives, the report comments explicitly that *‘although there were some very good examples of partnership agency working, particularly with substance abuse and teenage pregnancy teams, there were equally as many examples of poor communications between such agencies and midwives resulting in uncoordinated care for women.*

**Review of the Health Inequalities Infant Mortality PSA Target (2007)<sup>50</sup>**

Infant mortality for babies with mothers under 20 is 60 per cent higher compared to babies of older mothers aged 20-39, with a rate of 7.9 deaths per 1000 live births. As noted in Section 1, teenagers are more likely to smoke during pregnancy, which contributes to an estimated 40 per cent of all infant deaths; they are also more likely to give birth prematurely, which greatly increases the risk of infant death.

The Review highlights the role of maternity services in achieving the target to reduce health inequalities by 10 per cent as measured by the gap in infant mortality between the routine and manual group and the population as a whole. Modelling suggests that achieving **a 50 per cent reduction of the under 18 conception rate in the routine and manual group**, in line with the teenage pregnancy strategy target, would contribute an estimated one percentage point of the 10 per cent needed to narrow the gap. Action on the target would also help improve health outcomes for mothers and children through **targeted services and support for teenage parents.**

The *Implementation Plan for Reducing Health Inequalities in Infant Mortality (2007)*<sup>51</sup> details the actions that can help to meet the target, including:

- specialist maternity care or a lead midwife for teenage parents;
- the provision of accessible antenatal and postnatal care at times and in locations which are accessible to young parents;
- information sharing in the antenatal period, between maternity services and local support services provided through targeted youth services and Sure Start Children’s Centres;



- monitoring the incidence of repeat pregnancies to teenage mothers;
- development of common processes for assessing need and joint protocols for information sharing between agencies;
- development of strategies to encourage young women to access antenatal services earlier and sustain uptake of antenatal care;
- provision of multi-agency support, coordinated by a lead professional who acts as the main point of contact for the young person, coordinating referrals to specialist support services as necessary;
- actively involving young fathers as part of support for teenage mothers;
- provision of specific services that promote smoking cessation, support young mothers to stop drinking alcohol or using drugs as early as possible in the pregnancy, address poor emotional health of teenage mothers and encourage breastfeeding in line with National Institute for Health and Clinical Excellence (NICE) guidance on postnatal care<sup>52</sup>.

### Sure Start Children's Centres: Practice Guidance (2006)<sup>53</sup>

Sure Start Children's Centres are a mainstream service based on the good practice in the delivery of integrated early childhood services originally developed in Sure Start Local Programmes. There will be a children's centre in every community by 2010, providing a full range of childcare, parenting support and health services in the most disadvantaged areas, and a more basic service in less disadvantaged areas. The Practice Guidance envisages that '*children's centres will be a focal point for the delivery of maternity services as part of a continuum of integrated services*'. It suggests that for teenage parents, appropriate services include **antenatal and postnatal groups specifically for teenagers, and teenage breastfeeding peer support**. These services should be offered in an accessible venue near or co-located with another service valued by young people.

### Family Nurse Partnership

The Family Nurse Partnership is a scheme, developed in the U.S. and currently being piloted at selected sites around England, to provide **intensive support to first-time young mothers** and their babies, with the aim of preventing future problems linked to social exclusion. Each young mother who agrees to join is assigned a Family Nurse who visits her (and her partner) intensively during pregnancy and for two years after the birth. The Family Nurse uses a strength-based approach to support the young woman to become self-sufficient, to adopt a healthier lifestyle, to improve her parenting skills, and to form a close attachment to her new baby.

The programme draws on neurological research showing how pregnancy and the very early years are vital to a child's development. Three randomised control trials in the US in 1977, 1987 and 1994 have produced strong evidence, consistently showing the scheme led to improved health for mothers and babies, fewer childhood injuries, fewer subsequent pregnancies and longer intervals between births, increased maternal employment and greater readiness for school.

Although some of the Family Nurses are trained midwives, they do not provide any clinical antenatal or postnatal care for their clients. They provide health and parenting education, reinforcing messages about healthy eating, smoking cessation and breastfeeding.

The Government has allocated £30 million to expand the programme over 2008-09 to 2010-11. This will include increasing the number of sites offering the intervention and developing an evidenced-based research strand.

### 2.3 A multi-agency approach to supporting pregnant teenagers

As outlined in Section 1, many pregnant teenagers and young fathers have complex additional needs outside the remit of the maternity services, but which may have a significant impact on their ability to maintain contact with services and to follow advice on self-care during pregnancy. Reaching and supporting these young people effectively is only possible if maternity services for them are planned and delivered in partnership with the other agencies that can meet their needs.

### Every Child Matters

New systems for joint working introduced by the *Every Child Matters: Change for Children* programme also impact on the way maternity services for teenagers should be designed and delivered. Pregnant women and young fathers up to age 19 are 'young people' covered by the Every Child Matters strategy. This means that commissioners and maternity practitioners working with young people have a legal obligation to take account of the need to support pregnant teenagers and young fathers to progress towards the five Every Child Matters outcomes<sup>54</sup> (Be healthy, Stay safe, Enjoy and achieve, Make a positive contribution, Achieve economic well-being).

### Mechanisms to support multi-agency working

Maternity services for teenagers need to embrace an *Every Child Matters* perspective, and should be organised within a multi-agency model that acknowledges the young person's wider needs.

One mechanism to achieve this on both the strategic and operational level is the **Children's Trust**, which provides a new local framework for commissioning and providing services to young people. A Children's Trust encompasses:

- **Integrated strategy (joint planning and commissioning):** joint assessment of local needs; the identification of all available resources; integrated planning to prioritise action and a move towards preventative services; and joint commissioning of services from a range of providers.
- **Integrated front line delivery** organised around the young person rather than professional boundaries or existing agencies – for example, **multi-agency teams, co-located staff** in extended schools or children's centres, joint training, and arrangements for identifying a **lead professional** wherever a young person is known to more than one targeted or specialist agency and a co-ordinated response is required.
- **Integrated processes:** effective joint working sustained by a shared processes. These include a **Common Assessment Framework**, effective **information sharing** arrangements, and the re-engineering of other local processes and procedures to support joint working.

Children's Trusts are led by local authorities but the Children Act 2004 imposes a 'duty to co-operate' on PCTs. Statutory guidance clarifies that NHS trusts delivering front line services to young people should also be involved. Thus maternity services can be planned and delivered in the context of local partnership arrangements under the Children's Trust umbrella.

Children's Trust partners are expected to work together to produce a local **Children and Young People's Plan** (CYPP) for services. The Children and Young People's Plan should describe how the National Service Framework (NSF) for Children, Young People and Maternity Services will be implemented locally, and what arrangements have been made for lead professionals and multi-agency working.

The Public Health White Paper *Choosing health: making healthy choices easier*<sup>55</sup> makes clear that the Government expects PCTs to be fully involved in the CYPP planning process. Guidance on Children's Trusts also states that it will be important for midwives to be fully engaged with the CYPP, because they are crucial to early support and onward referral for the families with whom they are working.

Detailed guidance for midwives on multi-agency working can be found in *Multi-agency working to support pregnant teenagers: A midwifery guide to partnership working with Connexions and other agencies*<sup>56</sup>.

Figure 3 suggests some of the partner agencies that may be relevant. Some maternity services have created **care pathways** for teenagers that build in referral to these agencies as appropriate – Section 5 includes an example.

### Connexions

Connexions is the Government's support service for all young people aged 13 to 19 in England. From April 2008, the service is delivered by Local Authorities rather than through Connexions Partnerships. It aims to provide integrated advice, guidance and access to personal development opportunities for this group and to help them make a smooth transition to adulthood and working life. It offers practical help with choosing the right courses and careers. The Connexions service includes specialist Personal Advisers for teenage parents, who can be a valuable source of support, both in providing direct help and in co-ordinating other services to meet their needs. The Common Assessment Framework (CAF) is replacing the assessment formerly used by Connexions Personal Advisers to identify young people's additional needs, leading to the planning of how to meet those needs. Where more than one agency is involved in supporting the young person, information should be shared, with consent, between those agencies, and one practitioner should co-ordinate the support as the 'lead professional'. The same process, using CAF, should be used in targeted youth support (see below). Support for teenage parents should also be included in local Parenting Strategies.

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### Targeted youth support<sup>57</sup>

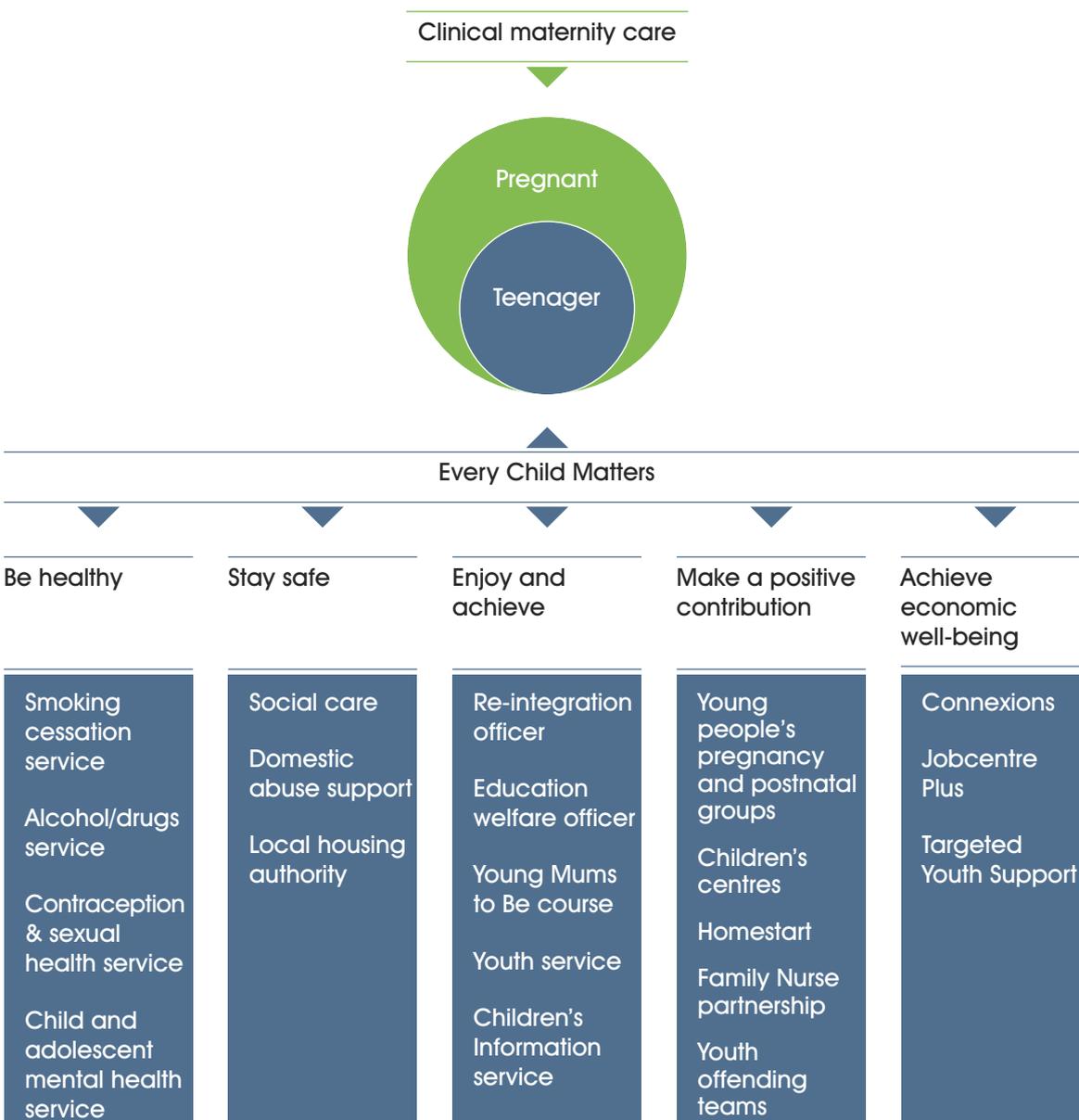
The Children's Plan<sup>58</sup> builds on recent reforms for improvements in local delivery of high quality services for young people, focusing on faster integration of services for the most vulnerable and a renewed focus on early intervention and prevention to stop problems becoming entrenched.

The targeted youth support reforms aim to ensure that the needs of vulnerable teenagers are identified early and met by agencies working together effectively, in ways that are shaped by the views and experiences of young people themselves. The reforms will ensure that young people receive a personalised package of support, information, advice and guidance, and learning

and development opportunities, co-ordinated by a trusted lead professional and delivered by agencies working in partnership. The involvement of teenage pregnancy services and specialist provision for teenagers who are parents is key to the success of these reforms.

All areas should have targeted youth support arrangements in place by December 2008. Further information including a delivery guide and case studies offering examples of good practice are available at [www.everychildmatters.gov.uk/deliveringservices/targetedyouthsupport](http://www.everychildmatters.gov.uk/deliveringservices/targetedyouthsupport). Providers are encouraged to contact their regional Government Office youth lead to find out how to get involved in these reforms to local services.

Figure 3: Working with *Every Child Matters*



## Section 3

# Getting it right: designing and delivering a good maternity service for teenagers

This section considers the design of high quality maternity services for teenage mothers and young fathers. It includes:

- the principles of a high quality service;
- minimum standards;
- good practice.

### 3.1 The principles of a high quality service

A high quality maternity service to meet the needs of teenage mothers and young fathers should:

- be welcoming for young people;
- be accessible to young people in location and timing;
- take a multi-agency approach to meeting young parents' needs;
- offer dedicated services for young people where feasible.



#### ***You're Welcome* quality criteria: Making health services young people friendly (Department of Health 2007).**

For the full criteria see: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073586](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586)

Copies of the leaflet are available by contacting [dh@prolog.uk.com](mailto:dh@prolog.uk.com) quoting 275246.

Principles of a teenage friendly health service:

- Accessible by public transport.
- Available outside school or college hours.
- Opportunities for self-referral.
- Young person can make and attend appointments without the involvement of a parent or carer.
- Young people can request the gender of the staff member.
- PCTs have a strategy to promote easier access by marginalised young people, for example young parents.
- Leaflets explaining the service are appropriate for young people in content and style.
- Service publicity makes clear young people's entitlement to confidentiality, including any limitations on confidentiality with regard to child protection.
- Provides information about other local services for young people.

- A written policy on confidentiality and consent to treatment, with a protocol for the management of child protection concerns, and staff trained on this.
- The environment is young people friendly: comfortable, welcoming, with appropriate reading material in the waiting room.
- Young people are not asked potentially sensitive questions that may be overheard in the reception or waiting area.
- All staff who are likely to come into contact with young people receive basic training on communicating easily with young people and promoting attitudes and values that are young people friendly.
- Where possible, the service is co-located with other relevant services for young people.
- Information about the service is provided to other relevant organisations and key professionals working with young people.
- Young people are formally consulted about the current service and new developments.
- All clients are invited to give their opinion of the service and whether it meets their needs (for example through a suggestions box or online feedback).

### 3.2 Minimum standards of a quality service

Adapted from *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts*

#### Early and sustained access to services

All maternity services should pro-actively and positively encourage teenage mothers to book early and to use these services throughout their pregnancy. They should:

- provide young mothers with **direct access to midwives** at a variety of locations;
- make clear that these services are **welcoming, non-judgemental and confidential**, and meet the “You’re Welcome” quality criteria (see box above);
- provide antenatal services in **locations that teenage parents are happy to access** (possibly children’s centres or an existing youth service), established through consultation with young parents and a needs assessment of what works;
- ensure all eligible teenagers are easily able to claim reimbursement for **travel costs**;
- take account of teenagers’ needs for the **timing** of clinic sessions (e.g. avoiding early mornings; avoiding school or college hours);
- provide antenatal support in an engaging way, initially focusing on the immediate concerns of the young parent and **establishing a trusting relationship** to help ensure sustained contact;

- provide services in an empowering manner that **increases teenagers’ confidence** in themselves and in using the health services more generally;
- **identify a lead midwife for teenage parents** (if not a specialist post), whose role would include ongoing training, support and supervision of maternity staff (including receptionists) on the specific needs of teenage parents and the importance of not deterring their attendance at services through perceived judgemental or stigmatising attitudes or behaviours;
- be designed to **include young fathers**, working from a recognition that most young fathers’ involvement in pregnancy and birth is beneficial for mother and child;
- use a range of **communication methods** (e.g. mobile phones, text messaging, appointment cards) to help young parents maintain contact with the service.

#### Tailored services

Maternity services should:

- where possible provide **sessions or classes specifically for young parents**;
- provide written information in an **easily accessible format** on what to expect during antenatal appointments and classes, what happens during pregnancy and what to do to prepare for the arrival of the baby.

## Multi-agency approach

Maternity services should:

- develop a **clear referral pathway** between maternity services and ongoing support services in line with *Multi-agency working to support pregnant teenagers: A midwifery guide to partnership working with Connexions and other agencies*<sup>59</sup>;
- have arrangements to **refer pregnant young women** immediately to the Targeted Youth Support service, children's centre or Family Nurse Partnership (in pilot areas) so that a lead professional in one of those agencies can assess their support needs.

## Prevention of repeat unplanned conceptions

With their multi-agency partners, maternity services should include **support to prevent repeat unplanned conceptions** as part of the integrated package of support, and prominently display information about the risks of becoming pregnant soon after birth in antenatal and postnatal settings.

### Resources for preventing repeat unplanned conceptions

Brook have produced a *believe it or not* **poster** to remind young women of the ease of getting pregnant immediately after having a baby, and an **information booklet** *Contraceptive choices after having a baby* in their 'Nothing but the facts' series. These resources can be ordered from Brook ([www.brook.org.uk/content/M8\\_5\\_HowToOrder.asp](http://www.brook.org.uk/content/M8_5_HowToOrder.asp)).

## Support during labour

Maternity services should:

- ensure facilities are designed to offer teenagers **privacy and dignity** during labour;
- prioritise teenagers for **one-to-one care in labour from a midwife who is known** to the client;
- ensure teenagers can be accompanied by the **birth partner** of their choice;
- **welcome** and **involve young fathers** in the care given during labour.

## Smoking cessation and alcohol/substance misuse

Maternity services should:

- ensure that staff are trained and supported to harness the strong desire of young parents to do the best for their baby, and to promote smoking cessation programmes – including the use of nicotine replacement therapy (NRT) which can now be prescribed to pregnant women and to under 18s;
- work with local smoking cessation services to develop a protocol on providing NRT under Patient Group Directions (PDGs), so that midwives or family nurses can offer NRT as part of maternity care;
- ensure that staff take a similar, non-judgmental approach to supporting young mothers to stop using alcohol or using drugs as early as possible in pregnancy, with clear information about the impact of alcohol on the foetus and practical tips on reducing alcohol or drug intake, and effective protocols for swift referral to specialist services for young mothers with a specific alcohol or drugs problem;
- liaise with specialist drugs and alcohol services to ensure that young pregnant women using those services are referred to the maternity services as soon as pregnancy is disclosed.

## Maternal nutrition

Healthy Start replaced the means tested elements of the former Welfare Food Scheme throughout the UK in November 2006. This scheme provides eligible pregnant women and families with young children with weekly vouchers that can be spent on fruit, vegetables or milk, and free vitamins. All pregnant women under 18 are eligible for Healthy Start from the 10th week of pregnancy, even if they do not receive the qualifying benefits or tax credits that are a condition of eligibility for older mothers. If a pregnant woman turns 18 during pregnancy, she can still receive Healthy Start vouchers until her baby is born. Once the baby is born, she can continue to claim vouchers for him/her if she is awarded one of the qualifying benefits or tax credits.

Maternity services should:

- ensure that maternity units have **Healthy Start application forms available**, and that teenagers have access to information about the scheme and support in making the application

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(the form must be countersigned by a registered midwife, nurse or doctor);

- promote the local PCT's arrangements for distributing free Healthy Start **vitamin supplements**;
- offer **dietary information** at the booking appointment or whenever the teenager makes contact with the service;
- signpost young women to local **healthy eating initiatives**.

### Breastfeeding

Maternity services should:

- **encourage and support all teenage mothers to breastfeed**, in line with the NICE guideline on routine postnatal care, the NICE guideline on maternal and child nutrition and the WHO/ UNICEF Baby Friendly Initiative;
- provide intensive **support to overcome initial problems and continuing support** through community midwives, family nurses, health visitors and peer support;
- work with **family members, partners and peers** to make them aware of the positive effects of breastfeeding, and support them to encourage the young mother to start and continue breastfeeding.

### Mental health

Maternity services should:

- implement the NICE clinical guideline *Antenatal and postnatal mental health: clinical management and service guidance (2007)*<sup>60</sup>. This guideline requires health professionals to ask clients about their past and present mental health, following a simple but systematic approach. At the booking appointment, the health professional should **ask the woman about her previous psychiatric history, including conditions such as Attention Deficit Hyperactivity Disorder (ADHD), and any family history of mental illness**. At every woman's first contact with primary care, at her booking visit and postnatally at 4-6 weeks and 3-4 months, healthcare professionals should also ask her **two questions to identify possible depression**:

(1) 'During the past month, have you often been bothered by feeling down, depressed or hopeless?'

(2) 'During the past month, have you often been bothered by having little interest or pleasure in doing things?'

If the answer to both questions is 'yes', a third question should be asked:

(3) 'Is this something you feel you need or want help with?'

## 3.3 Good practice

### Specialist posts

Many hospital trusts have already created one or more specialist posts for teenage pregnancy midwives. This role can take a variety of forms, depending on local needs including the local teenage pregnancy rate.

- **Clinical role:** The teenage pregnancy midwife provides clinical services specifically for teenage clients, either supplementing or replacing mainstream midwifery care. In some areas, care is provided on a **one-to-one caseloading** model, with the same midwife providing all or most of a client's antenatal, birth and postnatal care. Alternatively care can be provided through a **specialist antenatal clinic** for young women, or by the teenage pregnancy midwife seeing young clients at specific points in their pregnancy to ensure their **additional information and wider social needs** are met. In some services, teenage clients are screened at booking to identify those with the highest support needs, who are then allocated the most intensive level of support available. Clinical midwives usually also provide **antenatal education** for teenagers. Clinical team leaders often fulfil a liaison or strategic role as well.
- **Liaison role:** The teenage pregnancy midwife does not carry a clinical caseload but provides enhanced services and extra information to vulnerable young women, including running groups and providing antenatal education. The midwife acts as a point of contact for her colleagues caring for pregnant teenagers and for the multi-agency network.



### Emerging models of care

#### *One to one caseloading: Queen Charlotte's and Chelsea Hospital, West London*

Queen Charlotte's and Chelsea Hospital in London runs a Young Mums one-to-one midwifery programme that aims to reduce health inequalities and social exclusion among teenage mothers and babies. Continuity of care is central to the scheme, with each young woman having her own midwife who carries out most of her antenatal and postnatal care. The same midwife, or her partner who the young woman also gets to know, will usually be there for the birth. Midwives work in pairs so they can provide 24-hour on-call cover for their clients, using text messaging to keep in touch between appointments.

Each of the young mothers' midwives carries a caseload of around 34 young women per year. The midwives build up a strong relationship with each of their young clients and this enables them to assess needs, and to offer individualised care. The care provided is community based, with the young person deciding the location of care – which can be at home. The midwives also engage with the young woman's family, friends and partner, and make referrals to a wide range of support services.

Young women are encouraged to take an active role in learning about their pregnancy and preparing for parenthood. They are offered antenatal classes and a postnatal support group specifically for young people, which bring opportunities to network with other young people in a similar situation. Breastfeeding is promoted during antenatal classes and home visits and young women who are breastfeeding are encouraged to 'buddy up' with others for support and advice.

The one-to-one midwifery scheme has seen a trend towards earlier booking for antenatal care and a dramatic improvement in attendance for care through a combination of text message reminders and follow-up home visits. Rates of premature birth and low birthweight are lower than the national average. Rates of postnatal depression are also lower than average, and rates of breastfeeding are much higher, with 74 per cent initiating breastfeeding.

**Contact:** Debbie Fisher

Tel: 07979 880421

Email: [DFisher@hhnt.nhs.uk](mailto:DFisher@hhnt.nhs.uk)

- **Strategic role:** The teenage pregnancy midwife focuses on developing strategic links with other agencies, developing policies, protocols and care pathways, re-designing services to meet young parents' needs, and supporting colleagues to provide better care for teenagers. Sometimes the midwife is involved in group or individual antenatal education. This model is likely to have the least impact on outcomes (unless there are also clinical or liaison midwives for teenagers working alongside the strategic midwife), but can be a useful first step in tailoring a generic service.

### *Liaison midwives: West Hertfordshire*

In West Hertfordshire, pregnant teenagers receive normal antenatal care plus additional support from two teenage pregnancy midwives. These midwives aim to optimise the physical and emotional well-being of young mothers and their babies and also to reduce social exclusion. They provide holistic care through a multi-agency and multi-disciplinary approach to pregnancy. They offer antenatal and postnatal support groups for young people, peer support, peer counselling and peer education, a 'buddying-up' process, and one-stop clinics for contraceptive implants. Transport is provided to make group work accessible to the young women. The confidence building and group work has been found to assist the young women to develop their self-efficacy and parenting skills, as well as social networks. The midwives use their understanding of risk taking among teenagers to develop effective age-relevant health promotion advice.

The teenage pregnancy midwives have developed a wide range of partnerships to facilitate young women's access to other services. They liaise with health visitors, school nurses, sexual health clinic staff, education liaison officers, social workers, family planning nurses, the local Council's housing department, housing associations, Connexions, the Money Advice Unit, the Citizen's Advice Bureau, youth services, the Child Protection team, smoking cessation and drugs and alcohol services. They also work with young women's parents and partners and support these relationships. They achieve high rates of breastfeeding and smoking cessation among their clients and a high proportion of young mothers select postnatal contraception, especially long-acting contraception. They play a positive role in re-engaging clients with education or employment.

**Contact:** Sarah Green

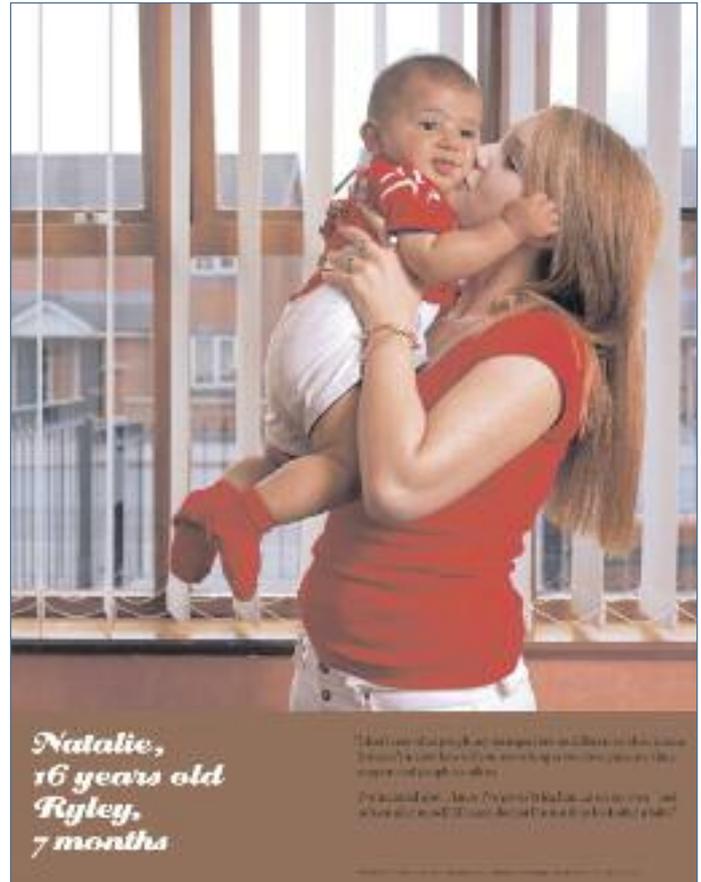
Tel: 07979 458 716

Email: [Sarah.green@whht.nhs.uk](mailto:Sarah.green@whht.nhs.uk)

Jennifer Farrell

Tel: 07900 228 028

Email: [Jennifer.farrell@whht.nhs.uk](mailto:Jennifer.farrell@whht.nhs.uk)



### *A clinical midwife funded by a multi-agency partnership: Isle of Wight*

On the Isle of Wight, the teenage pregnancy midwife's post receives multi-agency funding from the local Teenage Pregnancy Co-ordinator, Connexions and the PCT. The teenage pregnancy midwife provides intensive holistic support for around 60-70 13-18 year olds per year. Using a standardised assessment matrix (see Section 5: Toolkit) she assesses the young women and takes onto her caseload those with the most complex support needs such as drugs, domestic abuse, mental health issues or homelessness.

The teenage pregnancy midwife offers those on her intensive caseload antenatal care at home, and tries to attend as many as possible at their births. Because health does not tend to be a priority for these young people who have other crisis issues (such as money and housing), the midwife first spends time supporting them to resolve those problems. She finds that this process provides good opportunities to build a trusting relationship with the young women, and that consequently health messages are much more readily accepted when offered.

The teenage pregnancy midwife completes a Common Assessment Framework (CAF) assessment on each young woman and then the cases are discussed with the Multi Agency Planning and Implementation Team (including representatives from health, housing, social services, Connexions, the Benefits Agency, the voluntary sector, children's centres, and mental health) which meets monthly and draws up a multi-agency plan to meet all the young woman's needs and to help her to overcome barriers that are preventing her from achieving and engaging with services.

The teenage pregnancy midwife provides services wherever the young people want her to be, offering home visits, drop-ins at Connexions and local children's centres, and hospital visits. Most of the caseload present very early with very few presenting later than 20 weeks. The midwife finds that very few young women miss their appointments as these are designed to be fun and interesting and are inclusive of young fathers and the young people's families, with the aim that where possible families should be helped to actively support their teenage daughters and sons in the transition into parenthood. Obstetric outcomes are positive, as the teenagers do not deliver a significant number of low birth weight babies or premature babies, and there is an 80-85 per cent vaginal birthrate.

The one to one support continues postnatally for 8 weeks during which each teenage mother receives contraception support at home (the midwife is also qualified as a family planning nurse). Uptake of contraception is extremely high and the rate of subsequent unplanned pregnancies is only 1-2 per cent.

**Contact:** Kate Attrill  
Email: [kate.attrill@iow.gov.uk](mailto:kate.attrill@iow.gov.uk)

### ***Beginning service redesign, the strategic role of a teenage pregnancy midwife: Cornwall***

Cornwall has a single part-time teenage pregnancy midwife in a strategic role covering the whole county. Her role has four key elements:

1. Development of an information-sharing protocol and referral scheme between midwives, health visitors and Connexions. Having developed these, the teenage pregnancy midwife ran road shows around the county to publicise them, to iron out any misunderstandings and to encourage multi-agency liaison generally.
2. Creation of a care pathway for professionals who encounter teenagers who think they may be pregnant.
3. Audit of the outcomes for pregnant teenagers throughout maternity services in Cornwall.
4. Development of a strategy to prevent second unplanned teenage pregnancies, based on the principles of discussing future contraception during pregnancy, encouraging a contraceptive choice to be made before birth, and ensuring this choice is accessible and implemented. The teenage pregnancy midwife has used the road shows to update staff on contraceptive choices so that they feel more skilled in talking to pregnant teenagers about contraception.

Although she does not provide services directly to pregnant teenagers in Cornwall, the strategic midwife works closely with midwifery teams around the county and the road shows have enabled her to map variations in services around the county and to identify a champion for teenage pregnancy in each team. Based on her knowledge of their existing services, she is able to recommend good practice for each team in a realistic way.

**Contact:** Pam Crooks  
Email: [pcrooks@cornwall.gov.uk](mailto:pcrooks@cornwall.gov.uk)

### ***Integrated multi-agency services for young parents: South Tyneside***

In South Tyneside, maternity services for teenagers are provided within a multi-agency Teenage Pregnancy Team that offers holistic support for pregnant young women, their partners and their children. The team includes Young Parents Support which provides advice on health, education, parenting, childcare, housing and benefits, and a Teenage Parent Health Visitor. Specialist midwives from the Young Women's Pregnancy Service provide comprehensive maternity care for young women under 20, including infant feeding classes. They work in close partnership with a family planning nurse, who, having given information on pregnancy options and supported young women in making a decision about their pregnancy, provides intensive antenatal and postnatal support around choosing future contraception.

The specialist midwives begin the process of making a contraceptive plan at the booking appointment. This is followed up by the family planning nurse, whose approach is to find the most suitable contraception for each individual, by focusing on what the young woman wants the contraception to do for her, how she would feel about body image issues such as having no periods or slight weight gain, and the practical issues associated with various methods of contraception, such as remembering to take pills or the adhesion of patches. She sees the young women at 28, 34 and 38 weeks, and visits them on the postnatal ward, and at home if necessary. The great majority of teenagers have chosen contraception before they give birth. If they choose a long-acting method, the nurse arranges fast track appointments for the implant or an intra-uterine device, and liaises with the Young Parents Support Adviser to assist the young women with attending appointments. If the young woman does not keep the appointment, the dedicated health visitor follows it up. Young women who choose oral contraceptives leave hospital with a three month supply as part of their discharge plan. The family planning nurse calls and texts the young women at home to remind them to start taking the pills on the 21st day after the birth. The dedicated health visitor follows up on contraception at 6 weeks, as do the mainstream health visitors later in the first year.

The highly visible service ensures that choosing not to use contraception has to be an active decision, not a default position. The service has been very successful in reducing the rate of unintended second pregnancies.

**Contact:** Angela Smith  
**Email:** [angela.smith@sthct.nhs.uk](mailto:angela.smith@sthct.nhs.uk)

### ***A multi-agency scan clinic: Newcastle***

At Newcastle's Royal Victoria Infirmary, following extensive consultation with local young women, a specialised antenatal clinic has been designed for young pregnant women and incorporated within the protocol for routine antenatal care. It has been created to enable young people to access support from various agencies at the same time as their scan appointment. It also allows the professionals to reach the maximum number of pregnant teenagers and their partners as the clinic coincides with the routine 20-week ultrasound scan (which is the best attended appointment). If they attend for a dating or nuchal scan they are often seen twice.

A variety of agencies attend the clinic to make their services readily available to the young women, including the local Teenage Pregnancy Advisors who provide advice on issues such as housing, benefits, childcare and education. A young fathers worker meets the young men at the clinic and follows some up with one-to-one work, as well as inviting them to fathers-only parenting sessions. He also works very closely with the Connexions worker and together they encourage young parents to access appointments and courses which may be available.

The staff at this clinic present information and options in a young-person friendly way, recognising their literacy problems and lack of confidence to ask questions pro-actively. Future plans include offering Chlamydia screening to the young women attending the multi-agency clinic (this is already available to the young men). This re-organisation of care for around 250 young women a year has worked effectively and has been achieved without the need for any increased funding. Other members of the maternity team have adapted well and appreciate the benefits.

This clinic runs alongside the other work of the teenage pregnancy midwife, which includes contraceptive advice and counselling throughout pregnancy at 12, 20 and 30 weeks (with the support of the young fathers worker). Where the young woman chooses a contraceptive implant, the teenage pregnancy midwife is herself qualified to fit this, and she runs a weekly evening drop-in in the city centre to make this service highly accessible. The teenage pregnancy midwife also does home visits where a young woman has chosen the contraceptive pill or injection.

The teenage pregnancy advisor also tries to meet young parents' wider needs by offering a young parents-to-be antenatal course as well as working with the young people individually. Interpersonal skills counselling and courses on stress and anger management are also available. Where possible, the service meets the young people's transport costs to enable them to attend groups and training.

At the end of each session, information is shared and with the use of an assessment tool appropriate action is taken. This could be completing a CAF form or referral to social care as well as informing the community midwife of any concerns.

**Contact:** Justina Hansom

Email: [justina.hansom@nuth.nhs.uk](mailto:justina.hansom@nuth.nhs.uk)

### ***A teenage pregnancy midwife and consultant obstetrician working together: Oldham***

At the Royal Oldham Hospital's 'Young and Pregnant' service, a dedicated Teenage Pregnancy Midwife and a Consultant Obstetrician work in partnership with all relevant services to provide comprehensive support packages for approximately 110 young women per year. The service was established in 2002 and provides individualised psychosocial maternity support for young pregnant women, their partners and families, particular focusing on engaging with hard to reach and vulnerable young women. It aims to improve maternal and foetal health and social outcomes, promote normality of care, improve antenatal attendances and promote effective postnatal contraception.

The provision is accessible and flexible and is delivered via a dedicated antenatal clinic with extended appointment slots, Chlamydia screening, efficient referral pathways, early booking to maximise pregnancy options, mobile communication with the teenage pregnancy midwife, smoking cessation and breastfeeding support/advice support. Referrals are received from any professional or agency, and the increasing numbers of self-referrals demonstrates the accessibility of the service. All young women have



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their booking appointment with the teenage pregnancy midwife, who assesses initial risk via a risk assessment form, refers to appropriate multi-agency services, and then liaises with the consultant at the time of the 20 week anomaly ultrasound scan to formulate a plan of care in collaboration with the young woman.

All young women are offered a choice of midwifery care provider i.e. generic community midwifery groups, the teenage pregnancy midwife or care shared between the two. Around 70 per cent choose to have their care with the teenage pregnancy midwife, stating their preference for continuity with one midwife, which has proven crucial in gaining the trust of the young women particularly when disclosing sensitive matters such as child protection issues. A specific care pathway is available to provide guidance for community midwives caring for those young women who choose to have their care with the midwifery group. The teenage pregnancy midwife runs two antenatal clinics per week: the consultant's clinic for high risk young women and a midwifery clinic for low risk young women.



Parent education sessions are provided in a variety of settings, either as a weekly group, or one to one in the hospital or home or in the specialist mother and baby school. These are client-led and include labour and parenting issues, plus a unit tour and infant resuscitation, with speakers invited when appropriate. A variety of visual equipment is used to ensure the greatest impact and understanding. Fathers' needs are recognised with relevant discussion and advice provided, not just within the specific parenting sessions but also within antenatal and postnatal appointments.

Postnatal contact is made with the majority of the young mothers within 6 weeks of delivery to debrief if necessary, complete the period of care and discuss and arrange postnatal contraception. All methods of contraception are discussed from first contact and consistently throughout the antenatal period so the young women have comprehensive knowledge to make the most appropriate choice. The teenage pregnancy midwife is trained to insert the contraceptive implant, which has contributed to the high uptake of this method (which in turn has an impact on reducing subsequent unplanned pregnancies). The teenage pregnancy midwife provides an extended period of postnatal care for those most at risk or vulnerable. One particularly successful partnership is with a dedicated health visitor for young parents, ensuring a seamless transition of health service provision for clients.

Outcomes from the service have been positive: an increase in breastfeeding rates, in uptake of postnatal contraception, particularly long acting reversible contraception, and in attendance for antenatal care and parent education. There has been a reduction in the number of antenatal hospital admissions, smoking in pregnancy, early repeat unplanned pregnancies and preterm deliveries.

**Contact:** Janine Brook

Tel: 07970 471 897

Email: [janine.brook@pat.nhs.uk](mailto:janine.brook@pat.nhs.uk)

### ***Teenage pregnancy maternity outreach worker: engaging young people in services in Portsmouth***

In Portsmouth, a dedicated maternity outreach worker for teenagers, accountable to the midwifery service, works alongside midwives to give extra support to pregnant teenagers. She provides information about what is available through the teenage pregnancy service and other agencies, and supports young women with parenting skills. She has set up drop-in groups for pregnant and parenting teenagers and young fathers in children's centres and a Healthy Living Centre, and promotes the local parentcraft sessions for teenagers. She runs breastfeeding workshops for teenagers and has enlisted the help of a teenage peer supporter and the Trust's infant feeding adviser. She also offers one to one breastfeeding support at home and offers to accompany breastfeeding mums for their first 'public' breastfeeding (for example, in a café).

Having identified that postnatal teenagers were not accessing family planning services, despite being signposted by the midwives and health visitors, the maternity outreach worker now accompanies young mothers to the family planning clinic and rings to remind them of subsequent appointments or accompanies them again if necessary.

As pregnant teenagers tend not to access the smoking cessation service's groups, the maternity outreach worker has been trained in smoking cessation and uses CO<sub>2</sub> monitors with her clients.

A reward scheme is being piloted to encourage teenage mothers to access antenatal and postnatal care and other services such as drop-ins, breastfeeding support and smoking cessation. When the young woman has collected six attendance signatures on a card, she is sent a £10 High Street voucher. Ultimately the aim is to use mobile top-up cards as rewards to help teenage parents 'keep in touch'. The scheme also has the advantage of keeping the maternity team informed of the teenage parents' latest addresses, as the vouchers are posted to them.

**Contact:** Debbie Hill  
Email: [debbie.hill@porthosp.nhs.uk](mailto:debbie.hill@porthosp.nhs.uk)

### ***A teenage pregnancy midwife working alongside the Family Nurse Partnership: Somerset***

In Taunton, Somerset, a Young Mums' Specialist Midwife has been appointed with the specific aims of improving the quality of service for pregnant teenagers and of reducing second pregnancies where possible. She visits young women at home at least twice. On the first visit she gets to know the young woman's circumstances and provides in-depth information and advice regarding pregnancy, tailored to her particular needs. She addresses any concerns that the young woman or her family may have, and ensures that all the services available to them are accessed (including Connexions, Young Mums'/Young Dads' groups, Genito-Urinary Medicine, Housing Support Workers, Children's Centres, Drug/Alcohol Liaison Services and Stop Smoking services). The young mums all receive a 'Teen Mum Pack' at the first appointment, which contains a guide for young parents and parents-to-be in Somerset; information on Care to Learn, Education Maintenance Allowance, and Healthy Start; and leaflets on the support services. The second visit enables the specialist midwife to discuss the birth plan and any concerns for labour. She also aims to provide intrapartum care or support for the most vulnerable teenagers.

As well as home visits, the Teenage Pregnancy Service also runs a joint obstetric and midwifery clinic, to which outside agencies are invited to provide advice and support for high risk pregnant teenagers. This streamlines service provision for the teenage client and means that she only need attend one appointment rather than several.

The Family Nurse Partnership pilot began in Somerset at the same time that the specialist midwife came into post. The midwife worked closely with the nurses, sitting on their steering group and providing many of their referrals, but otherwise the Family Nurse Partnership did not affect the way the teenage pregnancy midwifery service was delivered.

**Contact:** Ailish Edwards  
Tel: 07741015022  
Email: [ailish.edwards@tst.nhs.uk](mailto:ailish.edwards@tst.nhs.uk)



***Working in partnership with the voluntary sector to provide antenatal and postnatal groups: Brighton***

In Brighton, the teenage pregnancy midwife has worked in partnership with a local National Childbirth Trust teacher who obtained external funding (currently from BBC Children in Need and the Youth Opportunity Fund) for an antenatal and postnatal group for teenagers. The two groups are run in adjacent rooms at the Children's Centre, with breaks at the same time so that pregnant young women and their partners can meet the new parents and learn from their experiences. The external funding covers the costs of providing food for the groups, bus passes for those attending and a £5 Mothercare 'reward' voucher for new attendees (both young women and young men), as well as covering the administration costs of sending out invitations. Funding for the postnatal group allows them to take part in many activities such as swimming, baby yoga, visits to the sea life centre and fun multiplex, as well as sessions led by psychologists on stress and dealing with parenthood. The groups receive input from the local specialist teenage pregnancy health visitor, a young fathers worker, an National Childbirth Trust (NCT) teacher and volunteers.

The groups are very popular, attracting attendance of 8-10 young women (plus partners or mothers) for the antenatal group and 30-35 for the postnatal

group. The teenage pregnancy midwife introduces young pregnant women to the antenatal group, and peer welcomers ensure that new parents feel comfortable at the postnatal group. Finding the right venue has been a key factor in the groups' success: the current venue is modern and accessible (near the bus station), whereas there was much lower uptake when groups were previously held at a young people's centre, which was also in the town centre but less attractive, requiring use of a doorbell to enter, and not designed for pushchair access.

As well as enabling the groups to receive external funding, partnership working has enabled them to be sustainable when the teenage pregnancy midwife (who also runs clinics, gives tours of the labour ward, caseloads the most vulnerable young women and does postnatal visits that focus on contraception) might not otherwise have time to run them on her own. Close links with the local branch of the National Childbirth Trust have also enabled the teenage pregnancy midwife to secure donations of baby clothes and equipment for particularly vulnerable young clients.

**Contact:** Mitch Denny.

Email: [mitch.denny@bsuh.nhs.uk](mailto:mitch.denny@bsuh.nhs.uk)

### **Maternity services for teenagers in an affluent area with pockets of deprivation: Chichester**

The catchment area for St Richards Hospital, Chichester is a predominantly affluent part of West Sussex, but also has pockets of deprivation and some very isolated rural villages. This type of setting can pose particular problems for young families on a low income and lacking their own transport, when they cannot afford the bus fare to access services provided in the towns, and experience social isolation.

All young women under 18 at the time of booking at the hospital are referred by the team midwives to the teenage pregnancy specialist midwife, who (if they consent) visits them at home to introduce herself and explain the service. In partnership with the Early Childhood Service, she runs three weekly teenage parents antenatal and postnatal support groups 'Bumps and Babes' at the Sure Start Children's Centres. These run alongside a toddler group so that young parents can continue to access support as their children grow older.

The existence of tailored, teenage parent focused antenatal education and a tour of the hospital has increased attendance by pregnant teenagers. Feedback from local teenage parents is that this type of antenatal education reduces stress at the time of birth and increases their confidence to make choices, and this may have contributed to the reduction in the Caesarean section rate and the increase in water births.



To overcome the problem of access, the teenage pregnancy midwife sometimes collects pregnant teenagers. She sees provision of bus passes as the most promising solution to support access for the most isolated young women, but has not yet been able to secure funding for this. There may be future opportunities for liaison with a Children's Centre rural outreach vehicle.

Since commencing the Teenage Pregnancy Service, routine consented referrals to Domiciliary Family Planning have reduced the unplanned subsequent pregnancy rate, and the teenage pregnancy midwife provides Chlamydia screening. The number of young mothers initiating breastfeeding has increased, and a strong relationship between the teenage pregnancy midwife and Connexions is helping teenage parents to remain in or return to education.

**Contact:** Jo Lockwood-Saunders  
Email: [jolsmail@yahoo.co.uk](mailto:jolsmail@yahoo.co.uk)

### **Teenage pregnancy midwife tackling repeat unplanned conceptions: Wigan**

In Wigan, teenagers receive normal midwifery care with extra support from the part time teenage pregnancy midwife who is also a family planning nurse. She can issue contraception under Patient Group Directions within the family planning service. At her first contact with a young pregnant woman (when the young woman attends her 16 or 18 week scan) the midwife checks if any contraception has been used and ensures that the young woman understands why the method used may have failed. She then discusses future contraception, with a general explanation of all methods and, if the young woman has already made a choice, a detailed discussion of that method and how to access it locally. She discusses sexually transmitted infections, demonstrates condom use and gives the young woman a supply of condoms. Contraception is raised again whenever the midwife sees the young woman (usually at 30 weeks). She does one postnatal home visit to under 16s and again discusses contraception, provides condoms and gives information on local young mums groups and classes.

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The teenage pregnancy midwife also runs teenage parentcraft classes at the local Brook Advisory service. At the contraception session she leads a discussion and passes around samples of different contraceptive methods to demystify them. She advises the young people on how alcohol and drugs can lead to contraceptive failure (e.g. incorrect condom technique) and uses 'beer goggles'" to illustrate how alcohol can affect perception. The contraception session was originally a session on its own, but has been incorporated into a tour of delivery suite as this has been found to maximise attendance. There is a good uptake of contraception among teenage clients, and the service is seeking additional funding from the PCT to further develop the teenage pregnancy midwife role to issue hormonal and emergency contraception and to fit contraceptive implants.

**Contact:** Carolyn Harrison

**Email:** carolyn.harrison@wwl.nhs.uk

### **Encouraging teenage mothers to breastfeed: Birmingham**

Specialist teenage pregnancy midwives at the Birmingham Heartlands Hospital devote a lot of time to the issue of breastfeeding in the weekly antenatal classes. Their aim is to challenge and change negative perceptions around breastfeeding, with particular emphasis on getting young mothers at least to be prepared to try to breastfeed, especially straight after the birth.

Discussions about breastfeeding begin at the booking-in visit with the community midwife. One of the specialist teenage pregnancy midwives then makes contact by text, inviting the expectant mother along to the weekly drop-in antenatal sessions for teenagers.

When they first come to the group the initial hurdle is to get them to explore their feelings about breasts and breastfeeding, and to tackle perceptions and stereotypes. The teenage pregnancy midwife uses video clips about breastfeeding from popular television programmes to kick-start discussion, and to bring some humour to the sessions. Often the group starts by dealing with the negative aspects of breastfeeding, getting them all written up on a board, before the young women themselves start coming up with the



positive reasons to breastfeed. The midwife covers all the benefits of breastfeeding, ranging from financial savings, the health of mother and baby, and the convenience. She also demonstrates that it is possible to breastfeed very discreetly.

The teenage pregnancy midwife builds the support of partners and parents who attend the group with the young woman. Getting young fathers to understand the importance of breastfeeding has been found to be a major contributory factor to improving the breastfeeding rate.

Where possible, the team brings in young breastfeeding mothers to show the group how they breastfeed, and to talk to the pregnant women, some of whom have never seen breastfeeding before.

After delivery, breastfeeding support workers are available in the postnatal wards. The hospital runs a weekly drop-in breastfeeding clinic to encourage young mothers to continue breastfeeding for as long as possible.

**Contact:** Lizzie Smith

**Tel:** 0121 424 0356

**Email:** lizzie.smith@heartofengland.nhs.uk

## Section 4

# A partnership approach to planning maternity services for teenagers

Because the health needs of pregnant and parenting teenagers are complex and varied, they can best be met through services that are multi-sectoral and multi-disciplinary. The Maternity Care Working Party, consisting of user and professional organisations such as the Royal College of Midwives, Royal College of Obstetrics and Gynaecology and National Childbirth Trust, and other stakeholders, developed a framework for commissioners and service managers to review local services<sup>35</sup>. This six-step process is adapted and described below.

### Step 1: Bring together all stakeholders

- What are the views of local teenagers about existing services?
- What are the views of professional stakeholders about the strengths and weaknesses of existing services in meeting teenagers' needs?
- What are the views of senior management? Identify where improved maternity care for teenagers sits with wider commissioning body priorities.
- How can we develop multi-agency working?
- Secure commitment to a multi-agency approach from all budget-holders and service delivery managers, consultant obstetricians, midwives, health visitors and other key stakeholders. Develop a steering group of strategic stakeholders, clarify roles and responsibilities through a partnership agreement, and clarify the scope of multi-agency arrangements (e.g. co-location, information sharing).

### Step 2: Agree local needs

- Obtain mapping information about the local teenage population, including any particularly vulnerable subgroups (e.g. young people in care).
- Collect data on the needs and profile of local teenagers using the maternity services (including second pregnancies).
- Collect qualitative data about the experiences of pregnant teenagers and young fathers using local maternity services.
- Assess likelihood of teenagers requesting female healthcare professionals.
- Assess current services to see how well they fulfil the objectives of a social model of care and multi-agency working.
- Begin to develop a strategic vision for future services.
- Look for examples of good practice (see Section 3).

### Step 3: Identify national drivers and local standards

- Gain a clear understanding of current services by comparing local service delivery and outcome measures against national targets and benchmarks. Consider: Standard 11 of the Children's NSF, Maternity Matters, NICE guidelines, PSA targets.



### Step 4: Agree strategy

- Decide on the specific services that will meet the needs of your local teenage service users.
- Keep key stakeholders engaged through participation.
- Identify obstacles that prevent the strategic vision from being realised.
- Review existing service specifications and service level agreements to ensure that specific services for teenagers are embedded.

### Step 5: Use commissioning to support delivery of the strategy

- Set clear goals and quality indicators that can be monitored, such as birth outcomes, on smoking in pregnancy and breastfeeding.
- Specific indicators are needed for multi-agency working, including access, well-being outcomes, information sharing and referral pathways.
- Plan incremental targets where there is a large gap between strategic vision and existing services.
- Draft outcome-based standards, allowing process flexibility.

### Step 6: Monitor, review, set further actions

- Service providers should report regularly on performance to their Board, the commissioner and the Maternity Services Liaison Committee (MSLC).
- Monitor processes as well as outcomes, and consult teenager service users on what works and why.
- Fully involve multi-agency partners in the monitoring process.



## Section 5

### Toolkit

#### Audit tool for teenage maternity services

##### Strategic audit checklist

- Does our service have an identified lead midwife for teenagers?  
Does our service currently offer any of the following dedicated services for pregnant teenagers?
- Specialist midwifery post
- Specialist team/group practice
- Young parent only antenatal clinics
- Young parent only parent education
- Young parent peer support groups
- Clinics and/or groups in community venues
- Services for young fathers
- Maternity care assistant for teenagers
- Have we identified our local teenage pregnancy co-ordinator and made contact with the Teenage Pregnancy Strategy Partnership Board?  
What are the links between primary care, acute care, social care, education, Connexions and children's centres for providing joined-up maternity care to teenagers?
- Formal links
- Joint discussions
- Planned programmes of work
- Joint working in progress
- Is training available for health professionals on working with pregnant teenagers and young fathers?

##### Outcomes audit checklist

- What is the vaginal delivery rate of teenagers compared to the rest of the population?
- What is the incidence of low birthweight among babies born to our teenage mothers?
- What proportion of our teenage service users are smokers?
- What proportion of our teenage smokers give up smoking during pregnancy?
- What proportion of our teenage mothers initiate breastfeeding?
- What proportion are still breastfeeding at 6 weeks?
- What proportion of our teenage mothers experience antenatal depression?
- What proportion experience postnatal depression?
- What proportion receive support for postnatal depression?
- What proportion of our teenage pregnancies are second or subsequent conceptions?

##### Process audit checklist

- What proportion of our teenage service users have booked for care by 12 weeks?
- What proportion of our teenage service users book for care at 20 weeks or later?
- What proportion of appointments are missed by our teenage service users?
- What proportion of teenage smokers are referred to a smoking cessation support service?
- What proportion of our teenage service users have had a Common Assessment Framework (CAF) assessment or pre-assessment?
- What proportion are referred to other support services or have an existing lead professional?

## Tool to identify teenagers in need of specialist midwifery input

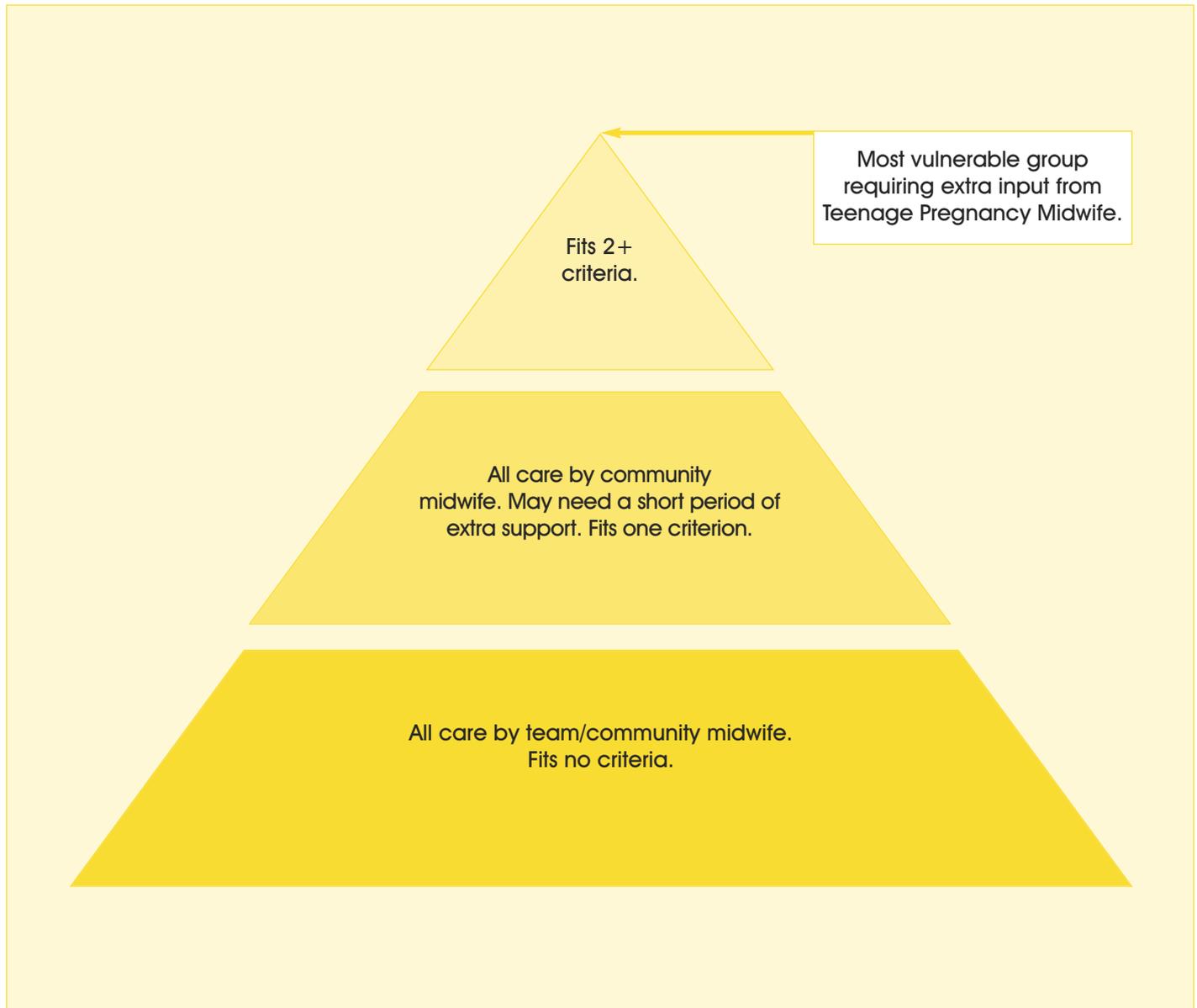
Developed by Kate Attrill, Teenage Pregnancy Midwife, Isle of Wight

SCORE	0	1	2	3
Age	>18 at conception	17 at conception	16 at conception	<16 at conception
Mental Health issues	None	History of untreated depression	Self harm in past (>1 year ago)	Currently under CAMHs/self harmed in last year
Risk from others	No risk identified	Verbal abuse	Physical abuse in past	Physical abuse in recent months
Need intensive parenting support	Has experience of parenting or good parenting role model	Has good perception of what makes an adequate parent	Unrealistic expectations of parenthood	Unrealistic idea of quantity of support needed
Offending behaviour	Never offended	Under YOT team in past	Currently working with YOT	Actively offending
Risk to others including child protection issues	No foreseeable child protection issues or mild concerns re: unborn	Causing concerns highlighted with SOMs	Professionals meeting requested	Case conference likely
Homeless or potentially homeless	No	Mild risk	Moderate risk	Will be homeless during pregnancy
Emotional warmth & stability	Affectionate relationship with significant adult	Affectionate relationship with partner	Poor secure attachments	No secure attachments
Social support	Good support all round	Good support from family	Supportive partner	Unsupported
Self-care life skills and independence	Has independent living skills	Independent living skills with support	Some evidence of self care and independence	No evidence of self care and independence
Physically disabled	No	Mild disability, no impact on parenting	Moderate disability – will need support to parent	Severe – will need intensive support to parent
Substance misuse	None	Has been in past < class B	Class B/C drugs past or present	Class A drugs past or present
Diagnosed mental illness	No	Mild disability, no impact on parenting	Moderate disability – will need support to parent	Severe – will need intensive support to parent
Looked after child/ social services involvement	In the past <16 birthday	Allocated to 16+ team	Open case to social worker	Open case but not engaging
Participation in learning, education or employment	Engaged	Willing to engage	Difficult to engage in education, employment or training	Not in education, employment or training
<b>Total score =</b>	<b>Score &lt;15 refer to universal services</b>	<b>Score 15 – 20 Refer to universal statutory services with care plan for additional input</b>	<b>Score 21-30 Accept onto caseload</b>	<b>Score 31-45 Priority cases</b>

## Assessing need for teenage pregnancy specialist support

Format developed by Karen Thompson, Lesley Fearn and Karen Cheema

Teenage Pregnancy Development Midwives East Lancashire NHS Trust



### Criteria for core and targeted support

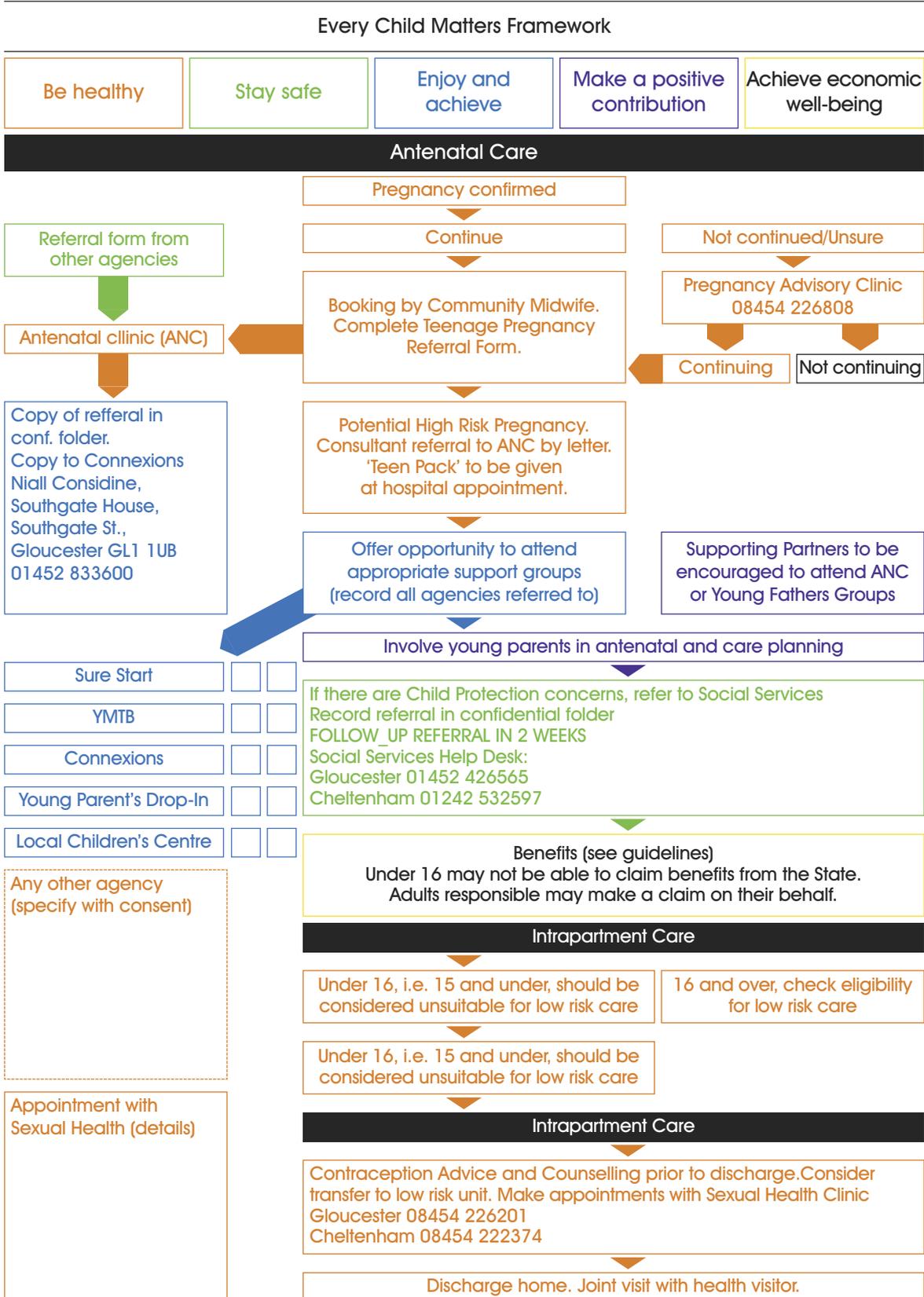
If young women present with two or more of the criteria below or there is significant concern, shared care will be arranged between the community midwife and the teenage pregnancy midwife.

- Looked after children and care leavers.
- Learning difficulties.
- Excluded from or poor attendee at school.
- Under 16 at conception.
- History of mental health issues – self harm, anorexia, drug/alcohol abuse.
- Non-attendance at appointments and/or women who book for care late.
- Social problem issues – homeless, living in the most deprived wards, young offenders.
- Child protection issues for the pregnant teenager or the unborn baby.
- Second pregnancy.
- Domestic Violence.

## Care pathway from Gloucestershire Hospitals NHS Foundation Trust

Format developed by Sally Unwin, Teenage Pregnancy Liaison Midwife, Gloucestershire

Teenage Pregnancy guidelines for professionals caring for young women and their families  
 – definition of teenage: 18 and under



## Section 6

### Sources of further help

#### Teenage Pregnancy Unit

The Teenage Pregnancy Unit is located within the Department for Children, Schools and Families and supports implementation of the Teenage Pregnancy Strategy through Regional and Local Teenage Pregnancy Co-ordinators and produces a range of guidance, research and statistical briefings, as well as collecting examples of promising practice from around the country. This information is available on the Every Child Matters website.

**[www.everychildmatters.gov.uk/teenagepregnancy](http://www.everychildmatters.gov.uk/teenagepregnancy)**

#### National Teenage Pregnancy Midwifery Network

The network, supported by the Teenage Pregnancy Unit, provides an informal mechanism for midwives who are providing dedicated specialist support for young parents to share emerging practice and support each other. Regional networks, led by volunteers, co-ordinate local activities. Examples of emerging practice and resources developed by network members are available on the Royal College of Midwives website, and are shared through regular electronic newsletters.

**[www.rcm.org.uk/professional/pages/practice.php?id=6](http://www.rcm.org.uk/professional/pages/practice.php?id=6)**

#### YWCA England and Wales

A charity working with disadvantaged young women in England and Wales, running services to support them and campaigning to overcome the discrimination they face. Many of the YWCA centres run specialist programmes for pregnant teenagers and young mothers.

**[www.ywca-gb.org.uk](http://www.ywca-gb.org.uk)**

#### GFS Platform

GFS Platform (Girl's Friendly Society) is a charity that works with young women who are pregnant or have young children to overcome the risk of long term social exclusion.

**[www.gfsplatform.org.uk](http://www.gfsplatform.org.uk)**

#### The Fatherhood Institute

The national information centre for fatherhood, providing information and support for fathers and practitioners. The website includes sections on maternity services and young fathers. Their guide *Including New Fathers: a Guide for Maternity Professionals* can be downloaded or ordered from their website.

**[www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)**

#### Working with Men

A charity that provides services for young fathers and offers a free downloadable booklet for expectant and new young fathers: *'Young Father – Or about to become one?'*

**[www.young-fathers.org.uk](http://www.young-fathers.org.uk)**

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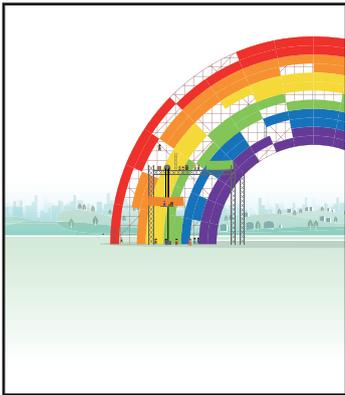
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ISBN: 978-1-84775-164-5

PP/EVO/D35(3861)/0608/33

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