Teenage pregnancy: strategies for prevention

Alison Hadley

Abstract

Teenage pregnancy is a cause and consequence of inequality, limiting the life chances of young parents and their children. It is an issue of global concern, with many countries developing programmes of prevention. This review focuses on the experience of the England strategy, launched in 1999 to address the historically high rates. It is one of the few examples of a successful long term, multi-agency programme, led by national government and locally delivered which, between 1998 and 2015, reduced the under-18 conception rate by 55%. It sets out the case for helping young people delay early pregnancy, the international evidence for prevention, and how evidence is translated into a 'whole system' approach. Questions are included to encourage both investigation into local programmes on teenage pregnancy prevention, and reflection on individual practice. The review concludes with summarising the next steps for England and the lessons that can be shared more widely.

Keywords abortion; contraception; health inequalities; maternity; relationships and sex education; sexual health; teenage pregnancy

Teenage pregnancy: a cause and consequence of inequality

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Teenagers have the highest rate of unplanned pregnancy and around 50% of under-18 conceptions end in abortion, a proportion that rises to over 60% of conceptions to under-16 year olds.

Consultation with teenage mothers and young fathers shows no difference between them and older parents in wanting to do the best for their children. With good support, many manage very well, but for some their health, emotional wellbeing, education and economic outcomes remain disproportionately poor, with consequent impact on the life chances for them and their children.

For babies born to mothers under 20, there is a higher risk of 13% for stillbirth, 18% for low-birth weight and 75% for infant mortality. This is largely affected by a three times higher rate of smoking, a third lower rate of breastfeeding, poor nutrition – both before and during pregnancy – and missing out on protective antenatal care. Late confirmation of pregnancy, fear of disclosing the pregnancy, apprehension about attending antenatal classes, prioritising crisis issues – such as housing and financial problems – and difficulty travelling to services, all contribute to poor uptake of antenatal care.

Alison Hadley *SRN HV Director, Teenage Pregnancy Knowledge Exchange, University of Bedfordshire, Luton, UK. Conflicts of interest: none declared.*

Mothers under 20 have a 30% higher risk of poor mental health two years after the birth which may be exacerbated by domestic abuse, isolation and poor housing. This affects their own wellbeing and, because of the critical importance of attachment and positive parenting in the first two years of child's life, also has a significant impact on their children. Poor maternal mental health has been identified as the most prevalent risk factor overall for negative impact on child development outcomes.

Although there has been a doubling in the proportion of young mothers participating in education, employment or training (EET), teenage mothers make up around one fifth of the estimated number of young women aged 16–18 who are not in EET, and many young parents report barriers to re-engaging with education. Young fathers are also affected, and twice as likely to be unemployed aged 30, after taking account of deprivation. Poor attainment and lack of qualifications are strongly associated with low paid work or unemployment, which, in turn, drives family and intergenerational poverty. Children of young parents have a 63% higher risk of experiencing child poverty and a higher risk of unemployment and low income in adult life. Some of these poor outcomes are also experienced by young parents up to the age of 25.

It is difficult to quantify the extent to which poor outcomes are due specifically to parenthood or to pre-existing factors of disadvantage, such as poverty and low education attainment, which young people then carry into parenthood. However, as a result of these experiences prior to pregnancy, some will have missed out on the protective factors of high quality relationships and sex education (RSE), emotional wellbeing and resilience, positive parenting role models, and having a trusted adult in their life. For a minority, these vulnerabilities may make parenting very challenging. Almost 60% of children involved in serious case reviews were born to mothers aged under 21 years; of families involved in repeat care proceedings, 50% of the mothers were aged between 14 and 24 at the first care application, and one in three of those who returned to the family court had their first child as a teenager.

The evidence for preventing early pregnancy

International evidence identifies the provision of high quality, comprehensive relationships and sex education (RSE) linked to improved use of contraception as the areas where the strongest empirical evidence exists on impact on teenage pregnancy rates. RSE also has wider safeguarding and sexual health benefits but to have impact, the delivery of RSE needs to reflect the internationally recognised effectiveness factors.

- A comprehensive, inclusive programme with timetabled slots on the curriculum every year and age appropriate content
- Trained educators
- Medically and factually accurate information
- Promoting core values: equality, consent, mutual respect
- Participatory and small group work
- Partnerships with parents and carers

Contraceptive services need to be accessible and youth friendly to encourage early uptake of advice. In one-to-one consultations practitioners need to recognise and address any knowledge gaps about fertility and concerns about side effects,

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and support young people to choose and use their preferred method.

- Easy to use – in the right place, open at the right time
- Well publicised in schools, colleges and youth settings
- Confidential – with safeguarding pathways in place for young people at serious risk of harm
- Youth friendly environment
- Well trained friendly and welcoming staff
- Co-located or swift referral routes to other services young people use
- Monitored and evaluated by young people

An open and honest culture around sex and relationships is also associated with lower teenage pregnancy rates. Countries with more open approaches to young people's sexual health, as assessed by better RSE, more parental communication and more accessible contraceptive services, have lower conception rates.

Measures to reduce teenage pregnancy need to be both universal and targeted. Although two thirds of young people don't have sex before 16, by the age of 20, 85% will have experienced vaginal intercourse so all young people need good RSE and access to services to prevent unplanned pregnancy and look after their sexual health. Universal prevention programmes are also essential to reduce rates by a substantial margin. Some young people, however, will be at greater risk of early pregnancy and require more intensive RSE and contraceptive support, combined with programmes to build resilience and aspiration – providing *the means and the motivation* to prevent early pregnancy. Reaching young people most in need involves looking at area and individual level associated risk factors.

At an area level, child poverty and unemployment are the two indicators with the strongest influence on under-18 conception rates. At an individual level, the strongest associated risk factors for pregnancy before 18 are free school meals eligibility – an indicator of family poverty, persistent school absence by age 14, poorer than expected academic progress between ages 11–14, and being looked after or a care leaver. Other associated risk factors include first sex before 16, experience of sexual abuse or exploitation, alcohol, and experience of a previous pregnancy. Young women with lesbian or bisexual experience are also at increased risk of unplanned pregnancy. As with Adverse Childhood Experiences, young people who have experienced a number of these factors will be at significantly higher risk.

Pregnant teenagers and young parents

Supporting pregnant teenagers and young parents also contributes to prevention. Teenagers are more likely to present late for abortion and to book late for antenatal care. Early pregnancy diagnosis, unbiased advice on pregnancy options and swift referral to maternity or abortion services are required to minimise delays. Young people who have experienced pregnancy are at higher risk of subsequent unplanned conceptions. Advice on contraception during abortion or antenatal care, and access to the chosen method immediately post pregnancy, helps reduce repeat pregnancies. Support for young parents – mothers and fathers – to improve outcomes for them and their children, contributes to long term prevention by increasing their life chances and reducing the risk factors for teenage pregnancy in the next generation of young people. The key ingredients for effective support include: early pre-birth assessment to identify specific support needs; dedicated support coordinated by a lead professional with the skills to build a trusted relationship – with the Family Nurse Partnership programme having the strongest evidence of impact; and a joined up care pathway, sustained into the early years – with contributions from all relevant agencies, including support for young parents who have their child taken into care.

Effective implementation

Teenage pregnancy is a complex issue with no simple, or single agency solution. The impact of prevention programmes comes from implementing the evidence through a multi-pronged whole system approach. This was the approach of the 10-year England strategy and demonstrated in the 5-year mid-course review. An in-depth comparison of local areas with similar demographics but contrasting progress in reducing rates, showed that where all the strategy actions were applied rates came down – even in areas of high deprivation. The long-term impact of the approach was demonstrated by the 55% drop in the under-18 conception rate between 1998 and 2015 (Figure 1), exceeding the original target, with the biggest declines in the most deprived areas. It is important to note the length of time needed to have an impact on a complex public health issue; the decline accelerated significantly in the second phase of the strategy.

Translating evidence into local action

This section describes out how the high level evidence, set out above, is translated into a whole systems approach: the ten key factors for an effective local strategy. The contribution of each factor is summarised with an illustrative example drawn from current work in English councils. Questions are included to encourage investigation into local programmes on teenage pregnancy prevention, and reflection on individual practice.

Strategic leadership and accountability

Strategic leadership is critical to achieving and maintaining progress. Senior leaders need to understand the link between teenage pregnancy and intergenerational inequalities, commit resources to put the right actions in place, and establish the governance arrangements for accountability of progress. Identifying a teenage pregnancy champion in each agency helps strengthen the essential partnership working, by agreeing and monitoring the agency's contribution to the prevention pathway.

The role of the teenage pregnancy co-ordinator and the responsibility for continuing to reduce rates is integrated into the council's Sexual Health Commissioning Board and Sexual Health Partnership Group. Partner agencies include public health, sexual health service commissioners, education, youth services, maternity, early years, social care and family support, each identifying a teenage pregnancy champion. Progress is monitored quarterly and reported in the Director of Public Health annual report.

- **What are the arrangements for leading work on teenage pregnancy in your area and where does accountability for progress sit?**
- **Is there a teenage pregnancy champion in your organisation?**

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