Best Practice Guidelines for supporting pregnant teenagers and their partners

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Policy Reference: 020223	**Date of Issue: April 2019**
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Lead Reviewer: Claire MacPhee Midwifery Development Officer	**Version: 3**
Ratified by: NMAHP Policies, Procedures & Guidelines Ratification Group	**Date Ratified: April 2021**
EQIA: Yes	**Date EQIA: July 2015**

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1. Aim of the guidelines

The aim of these guidelines is to provide practitioners who work primarily within maternity and public health nursing services with a guide to best practice when delivering care to pregnant teenagers. However, they will also be useful for all providers of services to young people. They have been developed to enable practitioners to support the delivery of evidence based high quality care that will support a young person's journey through pregnancy and the early months with their baby.

These guidelines will be useful for practitioners when undertaking assessment for this client group within a health and social context, assisting in identifying any unmet needs and additional support required. They make reference to national and local policy and other guidance that supports best practice when working with young people in Highland. The guidelines follow the principles and practice of the Highland Practice Model (GIRFEC) and aim to ensure outcomes focused and strengths based approach, delivered in an integrated way to promote a person centered, safe and effective service.

The Scottish Government set out within the Sexual Health and Blood-Borne Virus Framework 2011- 15, (SG 2011) the requirement for local authorities to have a lead role in reducing teenage pregnancy in partnership with NHS Boards and other agencies. This was to be achieved as part of the local multiagency Sexual Health Strategy work. Therefore, these best practice guidelines do not seek to replicate that work but to ensure that those teenagers who are already pregnant have a positive experience of maternity and early year's services. The Pregnancy and Parenthood in Young People Strategy (Scottish Government 2016) aims to drive actions that will decrease the cycle of deprivation associated with pregnancy and young people.

For those young women who are undecided about continuing with their pregnancy or choose termination, there needs to be confidential, objective and sensitive discussion regarding choices, guided by what the young woman sees is right for them and with a person who the young woman feels can help and is non-judgmental. This may be a parent, carer, teacher or youth worker but if not, young women should be advised to speak to their local service such as their GP, North 25 or Sexual Health Services to ensure they get an early response and the appropriate support and care they require.

The Planning for Fairness process has been applied to these guidelines to ensure that they address equality and diversity considerations.

2. Introduction

Policies to reduce teenage pregnancy have been at the forefront of political agendas for many years due to evidence that links teenage pregnancy with social and economic deprivation. Although teenage parents will belong to all social groups they are disproportionately more likely to have a history of disadvantage and social exclusion (DCSF & DH 2009). Whilst some teenagers will have a positive experience of pregnancy and parenthood requiring little additional support, many will have unmet needs due to health and social inequalities. A recent study from Public Health Wales (2015) found that those who had experienced more than 4 adverse childhood experiences (which was14 % of the population), in comparison to those who had not had these experiences, were 6 x more likely to have had or caused unintended teenage pregnancy.

The impact that these health inequalities will have on young parents can result in poorer outcomes for them and their children. This can be seen in reduced employment prospects due to an unfinished education or lack of access to training for them that takes into account their childcare needs. It can also mean reduced access to affordable housing due to low income or scarcity of adequate suitable properties for young families.

An inability to access health and other services due to inflexible service provision or young women feeling uncomfortable about using services which they perceive are for older women is also an important factor in increasing vulnerability.

Although pregnant women are generally viewed as a healthy group, young child bearing women are more likely to be socio-economically deprived than the general Scottish population (Scottish Government 2008). Socio-economic disadvantage features highly in obstetric mortality and morbidity reports where teenage mothers also appear as an at risk group.

However, early access to appropriate antenatal care and on-going support can help to alleviate health inequalities and social exclusion and this includes how we manage services for teenage parents.

Maternity services will need to ensure a focus on partnership working with Health Visitors (HV), GPs, FNP's and other services in the Highland Council and third sector to ensure robust assessment for early support and intervention. School nurses have an important role to play in supporting young pregnant women to continue their education and remain in school. They facilitate joint working with youth workers in schools and with third sector partners in order to improve access to antenatal services for young women of school age and on-going support for them and their partner once the baby is born.

What is extremely important for practitioners to consider is the high proportion of teenage mothers who become pregnant again early in the postnatal period. Contraception must be viewed as an important part of their care which should be discussed in the antenatal period and form part of their postnatal plan. Long Acting Reversible Contraception is the most effective choice for young women even if only planned for short term use.

HVs and school nurses will have a robust knowledge of contraception and be able to reinforce those messages and staff can be signposted to Highland Sexual Health Services for information and guidance about further training (see Appendix 2).

Health Scotland have produced a discussion aid to support people who work with women and girls, who are in a good position to explain the benefits, tackle any concerns, and refer women to local clinics and general practices where trained doctors and nurses can provide longer-lasting contraception.
This guide also gives key facts about the three most effective types of long acting reversible contraception – the intrauterine device (IUD), the intrauterine system (IUS) and the implant.

There is also on-line learning for NHS staff available with the Faculty of Sexual & Reproductive Healthcare.
http://www.e-lfh.org.uk/programmes/sexual-and-reproductive-healthcare/

3. Background

The last decade has shown a steady decline in the rate of teenage pregnancy in Scotland with a small reduction in the number of conceptions over the last 3 years. The national target outlined by the Scottish Government was to:

- Reduce by 20% the pregnancy rate (per 1000 population) in under 16 year olds from 8.5 in 1995 to 6.8 in 2010

The 2010 rate for under 16 year old was 6.9 per 1000 and has reduced since then (Table 1). Overall the teenage pregnancy rate has seen a small but consistent decline over the last six years to 3.1

Table 1

Rates of pregnancies per 1000 women	Scotland 2014	NHS Highland 2014	Scotland 2015	NHS Highland 2015	Scotland 2016	NHS Highland 2016
Under 16 (13-15yrs)	4.2	2.1	3.0	2.4	3.1	3.0
Under 18 (15-17yrs)	22.1	17.9	20.1	18,3	18.9	16.6
Under 20 (total 15 -19yrs)	34.1	33.2	32.4	31.5	31.6	29.2

The latest recorded statistics from ISD (Information Services Division, 2018) by NHS board area are based on number per 1000 women of that age group. Table 1 shows the rates for NHS Highland and Scotland as a whole for the last three recorded years, 2014 - 2016. Table 2 captures the rates by Community Planning Partnership (CPP).

Table 2

Rates of per 1000 women (CPPs) 3yr agg	**Scot. 2012/ 14**	**Highland 2012/14**	**A&B 2012/ 2014**	**Scot. 2013/ 15**	**Highland 2013/15**	**A&B 2013/ 15**	**Scot. 2014/ 16**	**Highland 2014/16**	**A&B 2014/ 16**
Under 16 (13-15yrs)	4.9	4.1	1.7	4.0	3.5	2.5	3.5	3.2	1.8
Under 18 (15-17yrs)	24.9	24.0	16.7	22.3	21.2	15.4		19.2	13.3
By year	**Scot. 2014**	**Highland 2014**	**A&B 2014**	**Scot. 2015**	**Highland 2015**	**A&B 2015**	**Scot. 2016**	**Highland 2016**	**A&B 2016**
Under 20 (total 15 - 19yrs)	34.1	37.5	21.7	32.4	33.1	27.3	31.6	32.3	20.6

In 2016 there remains a strong deprivation gradient with young women aged under 20 years living in areas of highest deprivation having five times higher pregnancy rates than those living in the least deprived. (58.9 compared to 11.8 per 1000)

https://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/2018-07-03/2018-07-03-TeenPreg-Report.pdf

4. Early identification factors for teenage pregnancy

It is important that all practitioners who have contact with teenagers have an understanding of what may increase the likelihood of pregnancy in those aged 18 years and under to assist with early intervention support and prevention Many of these are linked to inequalities.

Factors for under 18 years conceptions may include:

- Poor contraceptive use and early first sexual experience.
- Alcohol and substance misuse.
- Poor mental health.
- Looked after child or accommodated children (living in care or previously in care).
- Disengagement from and dislike of school.
- Low educational attainment.

- Involvement in crime.
- Repeat abortions and pregnancy.
- Low parental aspirations for the teenager.
- Being the daughter of a teenage mother.

This is not a definitive list and does not mean that a teenager who has any of these risk factors will become pregnant. Some will have the resilience to deal with adversity in a positive way, but the factors should be considered as a guide for practitioners when deciding if a young person requires additional support to enable them to make informed choices about their behaviour and lifestyle.

It is important to remember that the teenage years are a period of rapid brain changes which provides young people with opportunities and risks. They will hopefully learn at this time to control their emotions and impulses and make plans for their future.
However, they are also at a developmental time in their lives when they are vulnerable to mental health disturbances and the effects of smoking, alcohol and drugs. They should be treated with sensitivity and an understanding that they are not yet adults (White 2009).

5. Teenage pregnancy and health

The impact of teenage pregnancy has both short and long term health and social consequences that may affect not only the teenage mother herself, but also her baby and her partner. Many fathers of babies born to teenage mothers are aged less than 25 years themselves, with a quarter being aged under 20 years. A young father's behaviour and attitudes will have a strong influence on the health of the young mother and their baby.

Teenage mothers are:

- More likely to smoke throughout pregnancy than older mums.
- Less likely to breastfeed than older mums.
- More likely to have a poor diet.
- Three times more likely to develop postnatal depression with approximately
- 40 % of young mothers likely to be affected by perinatal mood disorders.
- At risk of repeated unplanned pregnancies.
- More likely to be living in poverty.
- Less likely to have qualifications than older mothers.

Babies of teenage mothers are:

- More likely to be born prematurely.
- 25% more likely to be born of low birth weight than older mothers.
- At risk of 60% higher infant mortality rates than babies of mothers aged 20-39.
- Twice as likely to be admitted to hospital with gastroenteritis or as the result of an accident.
- More likely to experience conduct, emotional and hyperactivity problems.

Young fathers are more likely than older fathers and other young men to:

- Have been subjected to violent forms of punishment at home and twice as likely to have been sexually abused.
- Have pre-existing serious anxiety, depression and conduct disorders.
- Drink alcohol, smoke and misuse other substances.
- Have poor health and nutrition.
- Be unemployed and have lower qualifications.

Babies of teenage fathers are:

- At increased risk of premature birth, low birth weight and neonatal death independently of the mother's age.

(DCSF & DH 2009)

6. Promoting early access to antenatal care

When a young woman becomes pregnant the first person she may discuss this with will vary depending on her individual situation and circumstances. She may tell a parent but it may be another adult she feels comfortable with such as her guidance teacher or a youth worker at a local club or voluntary organisation, GP, school nurse or it may be through other agencies such as Brook or Highland Sexual Health.

Wherever that first contact takes place it is important that the young woman is guided to make early contact with the correct service to enable her to be supported through her choices. A teenager who has made the decision to continue with her pregnancy should be encouraged to contact the local named midwife either directly or through her GP as early as possible to facilitate a booking appointment.

- Early access to antenatal care will ensure that the young woman is then able to benefit from the range of services available to her including screening and surveillance. This will then ensure that she is offered the same advice, choices and standards of care as women in other age groups and in addition referral to FNP if available.

- Young parents are less likely than older parents to access maternity care early on (average gestation at booking is 16 weeks), and are less likely to keep appointments. They can feel discouraged from accessing services due to a range of factors including: unfamiliarity with care services, Practical problems making attendance at antenatal services challenging, difficulties communicating with healthcare staff and anxieties about the attitudes of healthcare staff. Young fathers specifically may not attend due to not knowing about maternity services or thinking they are only for mothers, fear of being judged, ignored or not taken seriously by health professionals , feel embarrassed about their knowledge or feel like they will be blamed for the pregnancy (especially if under 16)

- As evidenced by the impact that teenage pregnancy can have on outcomes for a mother and her baby, some young pregnant women may require an enhanced

care package tailored to her specific needs. Early assessment, support and intervention for those most in need should be a priority to ensure effective maternity care in order to alleviate any potential inequalities

- If a young woman is still at school it will usually be the guidance teacher who is the named person for her. The school nurse will hold the universal school health record for the young woman and will be the direct point of access to health services for her, including facilitating engagement with maternity services.

6.1 Assessment of risks and needs

- Confidential and sensitive discussion should take place at the pregnancy booking appointment. History taking must include thorough assessment of home circumstances, support available, the father's details including his age and any previous risk factors for his health and wellbeing. This will determine the correct pathway of care that the young woman should be allocated to and it is important that these details are assessed at each contact as risk is dynamic and can change through pregnancy. It's important to support young parents to understand when questions are asked universally, as they may be anxious about judgmental attitudes in relation to their age and pregnancy.

- Early access to antenatal care is particularly important for women who may be disadvantaged and assessment of risk and need will be based on the Pathways for Maternity Care (NHS QIS 2009) which were developed to facilitate risk assessment and promote evidence based care.

- A Pathway of Care for Vulnerable Families: Conception – 3 years insert for the Pathways for Maternity Care offers practitioners examples of criteria used in maternity services for identifying some of the most vulnerable women and should be used to assist with assessment

- The national Scottish Woman Held Maternity Record (SWHMR) used by maternity services across Scotland will also enquire about home circumstances and other health and social issues that may impact on the young woman's health and wellbeing.

- Getting Maternity Services right for every mother and child Guidelines also offers practitioners information to support their assessment (NHS Highland & Highland Council 2015).

6.2 Family Nurse Partnership

The Scottish Government has invested in the Family Nurse Partnership (FNP) which is being rolled out across Scotland. The programme was developed in America by Professor David Olds and is a licensed suite of intensive home visiting delivered by skilled nurses to young women having their first baby.

The programme is provided throughout pregnancy with FNP nurses working alongside the midwife during pregnancy and the early weeks following birth, and then providing the named person role up until the child is age 2 years when care is transferred to the HV. The main aims of the service are to improve maternal and child health and development, and increase the family's economic self-sufficiency.

FNP has a strong evidence base and is delivered through a strengths based approach working with the young mother to help her build her own self efficacy and a sense of empowerment.

For areas across Highland that do not have access to FNP there is additional support available to young women through Community Early Years Workers or other Third Sector Partners who support young people

The FNP service can be contacted on 01463 703496.

7. Principles of best practice

The guiding principles of best practice are enshrined in a trauma informed approach which aims to build a trusting relationship based on choice and collaboration giving a sense of control and safety for the young woman and partner.

7.1 Engaging with young people

The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland (Scottish Government 2017) sets out the importance of continuity of carer for young people using maternity services. Younger women are more likely to report not feeling listened to, ensuring enough time is given to promote effective communication at appointments is crucial.

The most effective way for practitioners to engage with teenagers is through the use of a strengths based approach that recognises a person's ability to take control of their life. This can sometimes be difficult for young people to feel confident about their decisions particularly if they have low self-esteem.

Building self-esteem through a process that enables them to take action to improve their health and wellbeing, a process of empowerment, can place the power firmly with them. Too often control and decision making may be taken away from young people, particularly those who are more vulnerable, which makes them disengage from school or services and leads to risk taking behaviour.

Within the school curriculum it is recommended that Relationships, Sexual Health and Parenthood (RSHP) education should be wide ranging and cover a broad range of sexual health issues. This should include delaying first sexual experience and a reduction in the number of sexual partners. Techniques that include motivational interviewing and behaviour change are most effective and should also be used by other professionals working with young people to enable them to develop a sense of control over the decisions and choices they make.

The use of programmes such as the SHARE (Sexual Health and Relationship Education) delivered in schools across Highland, by teachers, school nurses, youth workers and others should provide an evidence base to facilitate these discussions. Useful resources for teaching are being developed by a partnership of NHS Boards, Local Authorities, Education Scotland, Scottish Government and Third Sector agencies available at www.rshp.scot However, the content and delivery of programmes may vary widely from school to school.

Mainstream maternity services will provide individualised care to each young woman based on assessment of her risk and need using the principles of the Highland Practice Model (GIRFEC). The use of a Child's Plan / Antenatal Plan dependent on age and circumstances will be completed where additional needs have been identified to ensure a full assessment. This Plan should be completed with the young person and detail what the issues are for the young person, the impact they are likely to have on their wellbeing, any solutions there may be and what actions are required to ensure the best outcomes.

There are no dedicated maternity services for pregnant teenagers in Highland and their care is provided through the named community midwife for their caseload in the area of practice. Where specialist support through dedicated midwifery posts, clinics and classes are not available the following principles for best practice are recommended.

7.2 An environment that is welcoming to young women and young men

Pregnant teenagers and young fathers are often self-conscious about using services where most people are older. They are often sensitive to the possibility of encountering criticism when using maternity services and creating a welcoming environment could help to alleviate their concerns. This could include:

- Displaying posters of positive images of young mothers and fathers.
- Providing appropriate reading material.
- As far as possible staff not wearing uniforms.
- Not asking potentially sensitive questions in an area that might be overheard.

Tip from a teenage pregnancy midwife

"Reflect on and be continually aware of prejudices/strong feelings you have regarding teenage pregnancy. Keep prejudices or biases you may have against teenagers choosing to become parents to yourself! Treat young pregnant women in the same way as you would a woman of any age".

7.3 Accessible services

Pregnant teenagers and their partners often do not have their own transport and public transport may be unavailable or unaffordable. Day time appointments may be a problem for several reasons:

- If the young woman is at school or college or if young partners are working.
- If they move address frequently.
- If their lives are chaotic and they rarely keep appointments.

Solutions to address these issues could include:

- Locating antenatal appointments in less stigmatising venues used by young people rather than at GP surgeries.
- Ensuring they are aware of how to reimburse their fares to and from hospital if eligible.
- Taking account of school/college or working hours and be flexible.
- Encouraging them to keep in touch with services by mobile phone or text messaging if preferable.
- Checking the young person's contact details at each appointment as these often change
- Asking for a landline number of a relative or friend who could be a point of contact.

7.4 Clarity about confidentiality and child protection

The duty of confidentiality owed to a person under 16 years is the same as that owed to any other person. The Human Rights Act and the UN Convention on the Rights of the Child both make clear that young people have exactly the same entitlement to confidentiality as adults (HUSP 2011). However, where there are concerns about risks to the young person's health, safety or welfare they may outweigh the young person's right to confidentiality. In these cases the overriding objective must be to safeguard the young person or/and their unborn child and Child Protection Procedures should be followed (HCPC 2017).

Maternity services should explain to the young person that they will always act in their best interests however if practitioners are unclear about aspects of confidentiality or escalating concern they should seek advice from their manager and the Child Protection Advisor for their area. Further clarity around issues of consent or confidentiality can be found in the local multi-agency Highland Underage Sex Protocol which can be located at www.husp.org.uk

7.5 Young people are treated with respect

Many young people who become parents may have low self-esteem and are disproportionately more likely to have experienced poor relationships with adults in positions of authority (teachers, social workers, probation officers) or to have had experienced some form of abuse. Therefore many expect to be treated badly by

maternity staff. Furthermore, they may appear reluctant to engage and may also be sensitive to language that suggests disapproval or disrespect.

Attitudes of staff to pregnant teenagers will impact greatly on their experiences and views of services however, when practitioners treat young people with respect and value their opinions, they respond positively and their self-confidence can grow.

This can be achieved by:

- Ensuring young women and men are given welcoming, friendly, non-judgmental and open responses through their contacts with staff.
- Explaining what the role and function of practitioners and services are.
- Ensuring eye contact and open body language is particularly important – even if eye contact is not at first returned, discussions should occur facing them directly.
- Asking general 'open' questions and really listening to the answers before moving onto detailed history taking.
- Taking time to build a relationship is important before tackling subjects such as healthy eating or breastfeeding
- Offering practical support and advice (e.g. housing, financial) which is important to them will help to gain their trust. Young people are sensitive to being 'told off' for their health choices.
- Demonstrating an understanding of their individual circumstances when discussing health advice, for example access to cooking facilities or food choices if on a low income.
- Including family members such as parents in discussions if they are present but ensuring the focus of discussion is with the young person.
- Ensuring every young woman, as with any other woman is given the opportunity to be seen alone to discuss sensitive issues such as domestic abuse or contraception.
- Being careful not to use a patronising tone or language.

Tip from a teenage pregnancy midwife

"Always keep in mind that teenagers are not yet adult. Challenge the opinion of any professionals who feel that these youngsters have chosen parenthood and must therefore 'grow up'. Point out that they can't – they will need to adapt and learn to become parents but will still exhibit normal adolescent behaviours. These may include a chaotic lifestyle, anxieties about body image and function, mood swings and child-like behaviour when under stress. Risk taking behaviour is part of the developmental stage they are in"

7.6 An empowering approach

Young people who become parents will often have little belief in their own capacity to make choices about their lives. However, pregnancy and the journey into parenthood provides many opportunities for them to do this thereby helping them to develop a sense of their own ability. This could be supported by:

- Explaining choices clearly and showing that you respect their capacity to make the right choices for themselves.
- Showing that you believe they are able to develop the skills to become an effective parent.
- If possible offer parenting education specifically aimed at young people, not with older parents. They are more likely to attend and contribute to discussions.
- Reassuring them that everyone no matter what their age can feel overwhelmed at the prospect of parenthood and that there is often a mixture of emotions.
- Treating each young person as an individual and not making stereotyped assumptions about the choices a young person is 'likely' to make, for example not wanting to attend antenatal education or breastfeed or young fathers not wanting to be involved.

Tip from a teenage pregnancy midwife

"I address both parents-to-be at visits, slowly building a relationship with both of them. I offer the dad-to-be my mobile number as well as the young woman, in case he has some concerns or questions of his own. I think this helps him feel valued and as important …"

7.7 Accessible information

Young women who become pregnant often have unmet information needs and some feel too shy or embarrassed to ask health professionals questions, particularly when they are seen to be busy. Some young people may have poor literacy skills or a dislike of materials that have too much written text in them. Young women may reject resources that have pictures of older women or couples in them.

Information could be made more accessible by:

- Asking tactfully about how comfortable each young person is with reading.
- Offering information in different formats such as DVDs, pictures, materials depicting young parents.
- Using visual aids as much as possible.

- Keeping information about birth factual but short, light and fun – do not scare them, they will be scared enough!
- Ensuring contraceptive services are discussed and understood.
- Making it clear that you welcome any questions they have, emphasising that everyone has questions no matter their age.
- Checking that the young woman and her partner have understood what you have said.
- Explaining how they can contact services between appointments if there are any questions or concerns.
- Remembering that young men are likely to be even less informed about pregnancy and birth and that they will have differing perspectives.
- Using some of the resources detailed in Appendix 1.

7.8 Involving young fathers in maternity care

Involving fathers in maternity care is seen as crucial in terms of improving family support. Ensuring they are involved in antenatal care and parent education classes as early as possible will help to alleviate some of the anxieties they may have about pregnancy and becoming a father (RCM 2011). There is also evidence that early involvement prior to the birth has a major positive impact on the future relationship of the father and child.

It is important to recognise that young fathers in particular may often require further help and support with adapting to becoming a parent and they may have additional worries around benefits, employment and housing to deal with.

Involving young fathers could include:

- When considering support to young women about health issues such as smoking or alcohol/drug use, the success of implementing behaviour change will increase greatly if the young father is given information and access to services such as smoking cessation or alcohol interventions with the young woman.
- Including a father in discussions about breastfeeding or postnatal depression means that he may also help to support a young woman if things get tough.
- Make a young father feel welcome, greet him by name, offer him a chair, involve him in discussions.
- Try to ensure a couple of appointments or visits are arranged for when he can be there.
- Encourage the young father to use relaxation and massage techniques to help his partner in labour if this is what she wants.
- Ensuring a father is involved in discussions about contraception and planning for the future family.
- Assessing the whole family unit - mother, father and baby's health and wellbeing needs are important to ensure effective support is provided.

8. Additional support

The universal pathway of care for all women having their first baby includes a schedule based on a minimum 10 contacts with a midwife (or GP/obstetrician) during pregnancy. Teenage pregnancy in itself is not an indicator that a young woman will require additional contact as her pregnancy may be planned and she may live in a supportive, stable family environment.

However, as described previously, she may be subject to any of the risk factors associated with teenage pregnancy and parenthood and potential health inequalities. Therefore, assessment may indicate that many will require some additional contact and further factors for this may include:

- Being under 16 years
- Previous child protection issues
- Homelessness
- Alcohol or drug misuse
- History of being a young offender or partner involved in criminal justice system
- HIV positive
- Significant history of or current mental health issues (such as bipolar or schizophrenia)
- Concealed pregnancy
- Domestic abuse or gender based violence including involvement in the sex trade /prostitution/rape
- Learning disability
- Leaving or remaining in looked after services (16 or over)

These young women will require an integrated approach in order to ensure all their needs are met through a range of partners to ensure the best outcomes for the young parent and their babies/children.

A Child's Plan may already be in place if the young woman is aged under 16 years or has any of the indicators mentioned above. If this is the case it is important that the named midwife is included as a partner to the Child's Plan and that the Lead Professional is mindful of the importance of close liaison with maternity services.

If the young woman is under 16 years and with no previous history of additional needs then individual cases would need to be discussed with the Child Protection Advisor and may require further discussion with social work. Child protection procedures must be considered and may need to be put in place for the young woman and her unborn baby as early as possible.

If a young woman is over 16 years and there are previous child protection issues or factors such as domestic abuse, homelessness, drug and alcohol misuse or anything

that would make her vulnerable then a Childs Plan would be required, with an identified Lead Professional to co-ordinate her care.

If early intervention for additional support from another service is required during pregnancy then an Antenatal Plan must be completed. Advice should be sought from the Child Protection Advisor and the practitioner's manager to help inform decisions. The baby may require a separate Child's Plan following birth.

Additional support may include:

- Preparation for parenting, promoting attachment, baby and child care
- Budgeting, finance, housing advice
- Working with educational or training services that support young women
- Health improvement advice including diet, smoking cessation services, alcohol and drug use, breastfeeding peer support, contraception.

There is often a delay in primary care for accessing contraception postnatally and it is possible for Long Acting Contraceptives (LARC) to be given prior to discharge from hospital which should be promoted for young mothers.

The named midwife for the young woman must ensure close working with the HV when additional support needs have been identified, with joint visits promoted. This will help the young woman to develop a relationship with the HV who will be continuing to support her following discharge from midwifery care. It is important to foster this relationship as early as possible to ensure a smooth transition of care from one service to another. The assessments made by midwives and facilitated through joint care planning with the HV will also assist with earlier allocation of the Health Plan Indicator (HPI) for the child.

If the young woman is enrolled on the FNP programme then the midwife will be working closely with the FNP nurse to co-ordinate care.

9. On-going care

Many of the factors associated with being a young parent will not be as a direct result of the pregnancy itself but will be due to the wider determinants of health. These will include whether the teenager is in education, employment, the type of housing she lives in, the support she has and access to services.

Therefore other practitioners who can assist with providing support for the young woman during this time are HVs and school nurses, guidance teachers, youth development workers, community early years workers, finance and housing services. Many other partner agencies in the voluntary and private sector also work with young parents to support their wellbeing needs and other useful contacts can be found in Appendix 2.

Maternity and other services who work with teenage parents must ensure they are able to meet their specific social, psychological and clinical needs. They should promote

partnership working with other services to ensure young parents are given the advice, support and care which can make a difference to their own and their baby's future health and outcomes.

Unless there is evidence of partnership working there is the potential for teenage parents to become further disadvantaged due to already present risk factors which can exacerbate inequalities and prevent or delay access to available services. These include factors such as language barriers, poverty, non-engagement with education and cultural diversity.

10. Conclusion

It would be wrong to think that all teenage pregnancies are unwanted or unplanned and this should be remembered when providing services to young parents who must be completely involved in the choices and decisions that they will need to make. However, there is growing evidence to support the need to provide young parents with services that meet their specific requirements to ensure that they and their children get the best start in life. This includes ensuring pregnancy spacing and contraception is seen as a priority.

To date there has been little research into the needs of pregnant teenagers when accessing services however what is known is that the following factors are important:

- The attitudes of staff will affect the perception of the quality of service delivered.
- An awareness of teenagers' diverse health and social needs.
- The importance of understanding the nature of being an adolescent.
- The impact of psychosocial and environmental factors on health and wellbeing.
- The impact that midwives and universal services can make in influencing the experiences and journey that a young person, partner and family take through pregnancy and early parenthood.
- Assessment should not be based on age alone but must recognise that younger mothers require a different response.
- Service delivery can be a challenge, particularly in remote and rural areas where innovative partnerships can make a difference.
- Postnatal depression is more prevalent in teenagers but is not always recognised.
- Integrated working can address early support and intervention for young parents.
- There is an opportunity to influence future pregnancy planning by addressing a teenager's sense of worth and self-efficacy by motivating them to take control of their sexual health and contraception.
- Developing partnership working particularly with schools to ensure that not only is their education and training needs met but also that they are included and involved in these discussions and choices.
- Raising awareness of the implications of being a teenage mother and the potential adverse outcomes which can be lessened through early support.

Where young parents are provided with support to develop the skills to become a confident parent they can begin that journey feeling more empowered to make informed choices about the future.

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Appendix 1

Resources

Resources available free for young parents which are written in an accessible style and appeal to young people include:

Tommy's, The young woman's guide to pregnancy is no longer available from the baby charity: however they have other offer information resources covering a range of topics in various formats such as film clips, downloads and apps.
https://www.tommys.org/pregnancy

Young parent's survival guide has been replaced by a website resource created by young parents and supported by young scot with real life information and advice including relationships, wellbeing, parenthood and housing. https://young.scot/ping

Baby Buddy App is an award winning free app available to download on mobile devices https://www.bestbeginnings.org.uk/baby-buddy A dads version of the app is also planned.

The Baby Buddy app contains over 200 short films covering a wide range of pregnancy, birth and postnatal topics including self-care, mental health, maternity care, rights at work, birth choices, pain relief, babycare, understanding your baby, feeding, and prematurity.

There are three types of films:

- Professional-led films giving information
- Parent-led films sharing experiences
- Films made by NHS Choices

11 new midwife-led films have recently been added

- Recovering after a vaginal birth
- Recovering after a caesarean
- Losing your bump
- Looking after your emotional health
- First three months
- Middle three months
- Last three months
- What are antenatal classes?
- How can you prepare for birth?
- Planning some help
- Antenatal ward

Little Lullaby – "the place for young parents" from Lullaby Trust. Blog posts, safe sleeping advice, online chat.
https://littlelullaby.org.uk/

The Spark – Provides relationship counseling and a free helpline is open Tuesday Wednesday and Thursday: 11am – 2pm
www.thespark.org.uk

NHS Choices – "Teenage pregnancy support" – clear explanation of education rights and choices https://www.nhs.uk/conditions/pregnancy-and-baby/teenager-pregnant/

The Mix – "essential support for under 25s" covering sex and relationships, body, mental health, housing, money, work, study and more. Online group chat, online and phone (0808 808 4994) 1:1 support.
http://www.themix.org.uk/

Family Lives - Where can young parents go for support? Signposting and confidential helpline (0808 800 2222)
https://www.familylives.org.uk/advice/your-family/parenting/where-can-young-parents-go-for-support/

Netmums Young parents support – online forum
www.netmums.com Search for young parents

Gingerbread – Advice for young single parents – work, education, benefits
https://www.gingerbread.org.uk/information/young-single-parents/

Useful websites for Fathers

Young father? Or about to become one? Available from Working With Men
www.workingwithmen.org

The Fathers Institute has hand-outs for young dads in their *Invisible Fathers* Resource pack www.fatherhoodinstitute.org

Fathers Network Scotland www.fathersnetworkscotland.org.uk

Dads net – online forum www.dadsnet.net

Appendix 2

Useful Contacts

Highland Sexual Health Services
Raigmore Hospital, Inverness. IV2 3UJ
Tel: 01463 704202
Clinics run throughout Highland in Skye, Fort William, Mallaig, Wick, Thurso, Invergordon and Inverness.
Training and advice is available for all staff to access.

North 25 – Young Peoples Sexual Health
57 Church Street, Inverness. IV1 1NB.
Tel: 01463 888300
https://www.nhshighland.scot.nhs.uk/Services/Pages/SexualHealth.aspx
North 25 provides free confidential sexual health advice, contraception, pregnancy testing and counseling for young people.
Opening Times:
Monday, Tuesday, Thursday: 6.15-6:30pm
Wednesday, Friday Sunday: Closed
Saturday: 12:00pm - 3:00pm

Jobcentre plus
River House, Young Street, Inverness, IV3 5BP
Job Centre Number: 0800 055 6688 Text phone: 0800 023 4888

CalmanTrust
Calman offer a range of services to young people aged 16-25 from housing support to cooking and nutrition to enable develop their potential www.calman.org

Housing
The Highland Council has a legal duty to help homeless people and is committed to preventing people becoming homeless.
Homelessness Team
Telephone: 01349 886602
Evenings or weekends 01349 886691
Email: homeless.prevention@highland.gov.uk

In emergencies, outside office hours, the Housing Emergency Line - 0845 700 2005

https://www.highland.gov.uk/info/997/housing_advice/245/homelessness

Other websites
www.bestbeginnings.org.uk/ntpmn
www.barnados.org.uk

Early Access first contact	**Midwives Quick Reference Guide** ➢ First impressions count, be warm, welcoming and non-judgmental. ➢ Take a Trauma informed approach of building a **trusting** relationship based on **choice** and **collaboration** giving a sense of **control** and **safety** for the young woman and partner. ➢ Allow additional time to explore any worries or concerns they may have. ➢ Establish early where she prefers to meet and chosen method of communication. ➢ Highlight the importance of informing services of any change in their contact details or difficulty attending appointments. ➢ Clarity for professionals can be found Highland Underage Sex Protocol see www.husp.org.uk ➢ If possible dispense Folic acid at this time and promote use. ➢ Inform about entitlement for claiming back travel expenses.	
Booking appointment	➢ Spend time gaining trust, introduce self and explain role and explore any anxieties around confidentiality, relationships, finances, housing. Allow additional time for appts. ➢ Take Motivational interview approach when discussing any health behaviour changes ➢ Aim for continuity of carer as much as possible with this client group. ➢ Consider scheduling extra and longer appointments, offer flexibility in time and place of appts. ➢ Ascertain they know how to contact maternity services out with scheduled appointments. ➢ Involve fathers, family and identified additional support. ➢ Refer to FNP; if unavailable/declined consider consultation with FNP re good practice/local help. ➢ Ensure time given to explore any concerns or anxieties. ➢ Encourage questions Tommy's resource https://www.tommys.org/pregnancy-information/health-professionals/free-pregnancy-resources/always-ask-template-raising-concerns can be useful ➢ Promote use of PING the young people's pregnancy and parenthood group. https://young.scot/ping ➢ Promote use of Baby buddy App.	
15-16 weeks	➢ Promote CAB Financial service check-up, assist with making appointment if required. ➢ Apply for Health Start food vouchers (Best Start Foods from summer 2019) ➢ Promote emotional wellbeing Tommys resource ➢ Explore social and family network in detail and encourage planning for support. ➢ Sensitively enquire about relationships and safe sex, signpost to services if required. ➢ Explore current Housing situation, signpost and support as required. ➢ Enquire about any Employment/Educational needs. ➢ Check for any Advocacy needs. ➢ Complete SHANARI wellbeing assessment and allocate Health Plan Indicator. ➢ Compile A/N plan in partnership with young woman if additional support required. ➢ Prepare for what to expect at detailed scan.	
22 weeks	➢ Encourage applying for Baby box, sign application assess confidence/skills re practical baby care. ➢ Consider facilitating attendance at Parent Education classes. ➢ Encourage to apply for Best Start Maternity Grant offer assistance if required. ➢ Discuss contraception choices this early, see resource tool.	
28 weeks	➢ Check in around infant mental health; promote activities to encourage positive attachment. ➢ Encourage planning for contraception and document choice.	
32 weeks	➢ Consider tour of labour suite to help alleviate anxiety re birth, discuss support at birth. ➢ Explore plans re birth registration assist with information re parental rights and responsibilities.	
35 weeks	➢ Consider joint visit with HV/FNP if not already made contact. ➢ Consider A/N parenting session around baby box content when it arrives at a home visit and explore safe sleeping, feeding cues, crying baby, signs of an unwell baby, equipment sterilizing. Etc. ➢ Revisit family and social support networks and encourage planning	
Postnatal care	➢ Offer additional support visits, revisit emotional well-being and monitoring of mood. ➢ Consider crib sheet for topics at each visit especially if continuity of care unavailable. ➢ Assist with implementing any plan for contraception with appointments, prescriptions etc..	