

Briefing from the Teenage Pregnancy Independent Advisory Group (TPIAG)

Teenage pregnancy

You can make a real difference to teenage pregnancy

This briefing is for GPs to provide background information on teenage pregnancy and practical tips on tackling the problem and reducing health inequalities.

Summary

The teenage pregnancy rate in England is currently at its lowest level for 20 years, having fallen 13% from 1998-2008.

But more needs to be done to maintain progress and drive the rate down further. England still has the highest rate of teenage pregnancy in Western Europe, with 38,750 conceptions in the under 18s in 2008. Most of these were unplanned and about half ended in abortion.

If teenage pregnancy rates had stayed at the 1998 level, there would have been 42,000 extra conceptions, so the impact of intensive work in England has been significant.

GPs play a major role in providing information, contraception and referral.

The work you do can change a young person's life

- Tackling teenage pregnancy helps to reduce child poverty, which is a top government priority.
- Teenage pregnancy increases health inequalities and leads to poor long-term outcomes for young parents and their children.
- Addressing teenage pregnancy alongside work to reduce STIs is a government public health priority.

Why you need to keep the focus on teenage pregnancy

- Babies of teenage mothers have worse health outcomes than those of older mothers.

They are:

- More likely to be born prematurely or at a low birth-weight
- 60% more likely to die in the first year of life than babies of mothers aged 20-39
- Twice as likely to be admitted to hospital as a result of an accident or gastro-enteritis

- Teenage mothers also have specific problems.

They are:

- Three times more likely to get post-natal depression than older mothers
- Face a higher risk of poor mental health for three years after the birth
- Three times more likely to smoke during pregnancy than mothers over 35
- One third less likely to breastfeed
- Likely to struggle to complete their education and find it difficult to gain employment

■ Stark facts about teenage pregnancy

- Half of all under 18 conceptions occur in the 20% most deprived wards
- One fifth of births amongst under 18s are repeat pregnancies
- Over one third of teenage mothers have no qualifications and 70% are not in education, training or employment
- Teenage mothers and fathers and their children are more likely to be in poor health and to live in poor housing

■ The positives

- Early intervention is very effective, for example targeting and providing contraception to those at greatest risk
- The NHS saves money by reducing teenage pregnancy. Every £1 invested in contraception saves the NHS £11 in costs for abortion services, ante-natal and maternity care
- GPs can get QOF points for informing women who are currently on the pill or who have received emergency contraception about long-acting reversible methods (LARC)

■ Who's most at risk of teenage pregnancy?

Extensive research shows some groups are more at risk. These include:

- Young people excluded or truanting from school, or underperforming in education
- Young people in care or leaving care
- Daughters of teenage mothers
- Young people involved in crime
- Some ethnic minority groups
- Vulnerable young people
- Young women who have had a previous pregnancy
- But also remember that any young woman who is sexually active is at risk of pregnancy whether or not they fall into an at risk group!

What you can do as a GP

- Ensure teenage pregnancy is a priority – both as a provider and as a commissioner
- Be clear where contraception falls in the GP contract. Most contraceptive provision is an additional service, but fitting of IUCDs is a national enhanced service. Many PCTs also have local enhanced service arrangements for fitting contraceptive implants.
- Offer a full range of contraceptive methods, including long-acting reversible contraception (LARC)
- Have fast-track arrangements in place for emergency contraception
- Audit your service to young people. This can be added to your revalidation portfolio.
- Make your practice more 'teenage friendly' and ensure all the staff are confident and competent in talking with young people
- Promote the fact that young people can see GPs in confidence without a parent - even if they are under 16
- Let young people know what services are available at the practice
- Be confident about talking with teenage girls and boys about relationships and sexual health
- Be alert to young people who might be at risk of teenage pregnancy
- Support parents, keep them involved and tell them what you can offer young people
- Make it easy for young people to come back when they need to

Sources of information

www.gmc-uk.org
rcgp.org.uk

www.ayph.org.uk
www.statistics.gov.uk

www.brook.org.uk

www.fpa.org.uk

www.dh.gov.uk

www.education.gov.uk www.dh.gov.uk

Teenage Pregnancy Strategy: Beyond 2010, DCSF, 2010

Quality and Outcomes Framework guidance for GMS contract 2009/10

TEENAGE PREGNANCY
INDEPENDENT
ADVISORY GROUP

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TPIAG monitors the Government's Teenage Pregnancy Strategy and advises ministers
<http://www.youngpeopleshealth.org.uk/GPs4YP/>