Teenage Pregnancy (aged 18 and under) – Guideline for Management

University Hospitals of Leicester NHS
NHS Trust

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Contents

1. Introduction and Who Guideline applies to

Teenage pregnancy poses unique challenges for both the parent and their child. This guideline provides a framework for healthcare professionals to deliver comprehensive, sensitive, and equitable maternity care tailored to teenagers.

The aim of the midwifery teenage pregnancy service is to adopt an effective programme of care for the complex needs of the teenager targeting the most vulnerable. The Specialist Midwife is in contact with named links of relevant agencies and also has clarity of safeguarding.

It is imperative for our service and workers to recognise the individuality of teenage pregnancy; despite higher rates of unplanned pregnancy, some pregnancies would have been planned. Statistics should be acknowledged to aid understanding, rather than to promote harmful stereotypes. Persisting stigma in society and judgement and assumptions from healthcare professionals can contribute to mental health problems in teenagers who are pregnant or parents and discourage them from seeking support (Maternal Mental Health Alliance and the Children and Young People's Mental Health Coalition, 2023- new reference). It is crucial that maternity care provision empowers teenage parents by promoting access to services and breaking down the stigma, rather than propagating it.
As reflected in the 'Privacy and Dignity' guidelines trauma-informed care should be universally provided to all maternity service users, regardless of whether trauma is disclosed. This should be individualised to reflect the service users' needs and is especially relevant when caring for pregnant teenagers, in view of the increased rates of adverse childhood experiences (ACEs) in this population. It is essential that maternity

care workers demonstrate awareness that pregnant teenagers may have a history of trauma and ensure they are trauma-informed in their practice.

The model of care should demonstrate a clear referral pathway and consistent multi agency support services.

This guideline is intended for the use of all medical, midwifery, nursing and primary care staff involved in the care of all pregnant teenagers.

Teenage pregnancy rates in the United Kingdom have seen a significant decline over the past few decades. In 2021, the conception rate for those under 18 years in England and Wales was 13.2 per 1,000 a substantial decrease from 30.9 per 1,000 in 2011[1]

Despite this long-term downward trend, 2021 experienced a slight uptick in the number of conceptions among those under 18, increasing from 12,576 in 2020 to 13,131 in 2021. This minor rise may be attributed to the uncharacteristically low number of conceptions in 2020, potentially influenced by the COVID-19 pandemic and associated disruptions.

Teenage pregnancy rates in Leicester and Leicestershire have shown a significant decline over recent years, aligning with national trends in England. Between 2010 and 2020, Leicester achieved a 70% reduction in under-18 conception rates, marking one of the highest reductions among comparator areas. By 2020, Leicester had the third-lowest rate for conceptions among those aged under 18 years[2]

Between 01/01/2019 and 31/12/2024, Leicester General Hospital recorded 199 mothers delivering 200 babies in the teenage (14–19 years) age group. During the same period, Leicester Royal Infirmary saw 525 mothers deliver 531 babies.

2. Antenatal care

Young people in England still experience higher teenage birth rates than their peers in Western European countries[10], teenagers remain at highest risk of unplanned pregnancy[11], inequalities in rates persist between and within local authorities[12], and outcomes for young parents and their children are still disproportionately poor[13], contributing to inter-generational inequalities.
Sustaining the downward trend and making further progress is one of the key objectives of the Department of Health's Framework for Sexual Health Improvement in England[14].

2.1 Risks associated with teenage pregnancies

- Stillbirth - 30% higher rate for children born to those under the age of 20.
- Incidence of low birth weight of term babies - 30% higher rate for babies born to those under the age of 20.
- Infant mortality rate - 60% higher rate for babies born to those under the age of 20.
- Smoking status at time of delivery – Those under the age of 20 are 3 times more likely to smoke throughout pregnancy.
- Breastfeeding prevalence at 6 to 8 weeks – Those under the age of 20 are half as likely to be breastfeeding at 6 to 8 weeks.

- Maternal mental health – Those under the age of 20 have higher rates of poor mental health for up to 3 years after birth.
- Parental depression is the most prevalent risk factor for negative impact on poor child development outcomes; children of teenage mothers are more likely to have developmental delays.
- Rates of adolescents not in education, employment or training (NEET) - An estimated 12% of 16-17 year old females recorded as NEET were a teenage parent.

2.2 Risk factors associated with individuals experiencing pregnancy before 18

Young people who have experienced a number of the following factors will be at a significantly greater risk;

- Free school meals eligibility: a poverty indicator
- Persistent school absence by year 9 (aged 14)
- Slower than expected academic progress: between ages 11-14[7].
- First sex before 16: associated with higher levels of regret and no contraceptive use[8].
- Looked after children and care leavers: approximately 3 time's rate of motherhood<18[9].
- Experience of sexual abuse and exploitation[10].
- Lesbian or bisexual experience: young lesbian or bisexual people are at increased risk of unplanned pregnancy[11].
- Alcohol: associated with under 18 conception and STIs, independent of deprivation[12].
- One in 12 young people under the age of 20 accessing drug and alcohol services are either pregnant or a teenage mother[13].
- Experience of a previous pregnancy: 12% of births to under 20s are to young people who are already mothers; 10% abortions to under 19s are to young people who have had one or more previous abortions[14].
- As with Adverse Childhood Experience analysis, young people who have experienced a number of these factors will be at significantly greater risk[15].
- Negative societal attitudes may contribute to low self-esteem.

There is a strong case for the planning, organisation and delivery of individualised maternity services to this group and to support pregnant teenagers achieving a healthy and confident transition to parenthood. It is recommended that the criteria for this delivery are 'young people friendly', with greater consideration being given to access, attitude and environment[6.]

2.3 Principles of Care

Individualised, Trauma-Informed Approach: Ensure care and interactions with or regarding the service user are respectful, non-judgmental, youth-friendly and tailored to needs and preferences. Avoid assumptions regarding the persons' wishes.

- **Multidisciplinary Collaboration:** Engage healthcare, education, and social services.
- **Holistic Support:** Address medical, psychological, and social needs.

2.4 Specialist team referral & notifications

- The first contact a teenager may make could be with many agencies for example the GP, family planning drop in clinics, within ED or the urgent care / walk in centres.

- On confirmation of pregnancy the teenager should be counselled by an appropriate professional (GP, Midwfie, School nurse) allowing them to make an informed choice about the future of the pregnancy.

- If the teenager wants to continue the pregnancy they should be offered the same advice, choices and standards of care as those in other age groups. However, as evidenced by the high psychological and social needs of some young people the teenager may need an enhanced care package tailored to their specific need.

- Offer a comprehensive booking appointment, providing and discussing screening and advice as per (signpost to AN guideline)

- Tailored care plans for each individual, especially those with complex medical or social needs, should be considered.

- Provision of antenatal care should be assessed by a specialist team, as early as possible following booking by the community midwife.

- If the teenager is 18 and under they should be referred to the Specialist Midwives for the vulnerable groups who specialise in teenage pregnancy (See Appendix 1). The Specialist Midwife will contact the teenager and arrange an appointment following discussion at the allocation meeting held weekly by the specialist midwifery team (Not all teenage pregnancy will need to be case held)

- There will, on occasions, be teenagers who do not want to be cared for by the Specialist Team and their choice will be supported. They should be cared for by the community Midwives who can liaise with the Specialist Team to jointly plan their care package.

- The Community Midwife should be notified of the outcome of the assessment for suitability of case holding. This is sent by the administration team to the community office to be disseminated to the team

- Should the teenager's circumstances change or there are any concerns, the Community Midwife can contact the Specialist Midwife for advice, and if required transfer care back to the Specialist team.

- The Health Visitor should be notified in the antenatal period of all pregnant teenagers 18 and under.

- At each antenatal contact, as per (signpost to AN guideline) pregnant teenagers should be regularly asked about their emotional wellbeing and concerns. Signposting to support services, such as counselling and support groups, should be facilitated as per the service users' needs and wishes.

- The pregnant teenager must be encouraged and supported to complete their 'My Maternity Journey' booklet, as part of their routine antenatal contacts. This should include the completion of a birth plan, including any special requests for labour and birth and clear information should be provided on pain relief options. a birth plan must be offered to include any special requests for labour and birth. This can be offered during a home visit.

- Discuss options early, ensuring the mother feels supported in their choice. Encourage a birth companion or advocate and provide clear information on pain relief options.

The Maternity Safeguarding team should be notified via a Maternity Safeguarding ICE referral. The referral must specify whether there are additional safeguarding concerns alongside the teenage pregnancy (e.g., substance misuse, mental health issues, aged under 16, domestic abuse, or homelessness) or if it is informational only (e.g., a positive support network with no safeguarding concerns).

2.5 Multi-disciplinary referrals

- If any issues are noted or arise which are outside of the safeguarding remit but may benefit support from the multidisciplinary team or external agencies, then appropriate referrals should be made and the young person signposted to those agencies following consent.

- If the teenager is identified as having a recent history of drug or alcohol related issues then they should be referred to the Specialist Midwife for Drug and Alcohol Misuse

- Inform of and encourage teenagers who are pregnant or parents to attend peer support groups or counselling services specifically designed for young parent
- All teenagers living in the city may be offered the early start health visiting service.

- If there is a recent history or pre-existing history of mental health problems an appropriate referral should be made to the Maternity Psychiatric Liaison Service or Children's and Adults Mental Health Service (as per "Mental Health – Antenatal and Postnatal" guideline)

- Sensitively explore the attitudes to breastfeeding and reinforce positive benefits of breastfeeding for the teenagers and their babies as per the baby friendly initiative. Acknowledge how a possible history of trauma may impact care and infant feeding preferences.

- It is vital to work with other specific services such as:

    - Centre for fun and families www.cffcharity.org.uk

    - Any safeguarding issues should trigger a referral and case holding.

Smoking cessation should be discussed if appropriate and all teenagers who smoke must be referred to the Stop Smoking Service as per routine guidance for all pregnant service users who smoke.

Inform and signpost pregnant teenagers to practical support for housing, finances, and education continuation.

Early access to dietary advice, folic acid and Healthy Start vitamins

NB Any referrals made must be discussed and agreed with the teenager and documented in their notes.

3. Intrapartum Care

- **Birth Settings:** Discuss options early, ensuring the mother feels supported in their choice.
- **Support During Labour:** Encourage a birth companion or advocate.
- **Pain Management:** Provide clear information on pain relief options.
- **Specialist Support:** Be vigilant about increased risks of complications such as preterm labour or anaemia.
- **Consider if the young person would benefit from a tour of the labour ward?**
- Provide non-judgemental, trauma-informed, supportive intrapartum care as per (see IP guideline). Tailor care provision to reflect the individualised needs and preferences of the young person.
- Birth plan: ask the pregnant teenager about their birth plan and review their 'My Maternity Journey' booklet with consent. Advocate for the service users' preferences in multidisciplinary team discussions.
- Check understanding throughout conversations with the young person. Ensure the young person feels empowered to make informed decisions and support them to include their chosen birth companion(s) in discussions, if they wish. · Additional care needs: be vigilant about the increased risk of complications including PIH, pre-eclampsia and PPH.

4. Postnatal Care

All teenagers in the city and county who were cared for in the antenatal period by the Specialist Team should be cared for in the postnatal period by the same team.

- Provide guidance and support to the teenage parent, and their companion(s) with consent, on caring for themselves and their baby as per (see PN guidance).
- Ensure the teenager feels empowered to make informed decisions, checking their understanding throughout discussions.
- Avoid making assumptions on the young person's parenting ability and knowledge.
- Sensitively explore the young person's existing understanding and preferences with them and use this to individualise care and advice provided.
- At each postnatal contact check in with the young parent regarding their emotional health, signpost to support services with consent as per (see PN guidance).
- Contraceptive advice should be given and a referral made to GP or the Family Planning Clinic or Choices. Empowering young parents to make informed decisions about their reproductive health is key.
- The teenager should be made aware of the requirement to book an appointment for the 6 week postnatal visit with the GP.
- Information should be given on how to register the birth of the baby and smoke free homes.

- Ensure that teenage mothers are informed of their rights regarding maternity leave, parental benefits, and support services.

Provide trauma-informed, individualised care. Additional or longer follow-up visits or home visits can be valuable in supporting their transition to motherhood parenthood.

- A formal hand over of care should be given to the named Health Visitor discussing any concerns including safeguarding, infant feeding and any support young parents may require in returning to education or employment.

- Case holding would continue for up to 28 days post-natal.

This guideline underscores the importance of providing tailored, comprehensive, trauma-informed and supportive care to teenage mothers. By addressing their unique needs, we can improve outcomes for both the mother and her child while empowering them to achieve their full potential.

5. Education and Training

None

6. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Referrals to the safeguarding team	Audit	Specialist midwife		
Individual care pathways implemented	Audit	Specialist midwife		

7. Supporting References

NICE Antenatal Guidelines August 2021 https://www.nice.org.uk/guidance/ng201

NICE postnatal Guidelines April 2021 https://www.nice.org.uk/guidance/ng194

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[4] Barter et al (2009) University of Bristol and NSPCC

[5] DoH (2009) Getting Maternity Services right for pregnant teenagers and young fathers.

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[8] Wellings K et al. (2016) Changes in conceptions in women younger than 18 years and the circumstances of young mothers in England in 2000-12: an observational study. Lancet 388 (10033), 586-595. 6 August 2016.

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[12] Office for National Statistics. Teenage conception rates highest in the most deprived areas. Short story published in Conceptions-Deprivation Analysis Toolkit. 2014.

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8. Key Words

Referral, Safeguarding, Specialist Midwife, Teenage pregnancy

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

Contact and review record	
Author / Lead Officer: Lynn Cunningham **Safeguarding Matron**	**Executive Lead:** Chief Nurse

REVIEW RECORD			
Date	**Issue Numbe**	**Reviewed By**	**Description Of Changes (If Any)**
2010	V 1		New document
June 2014	V2	As above	Changes to various organisations
April 2017	V2	P Mortimer	No change
January 2020	V3	P Mortimer	Changes re updating of external services and operational changes re operational delivery of care and working towards continuity of carer.
May 2023	V4		Format update only
April 2025	V 5	L Cunningham - Matron J Jelfs - Midwife	Updated teenage pregnancy birthrate statistics Added intrapartum care section Inform and signpost to practical support for housing, finance and education continuation Trauma informed practice considerations added throughout the guideline. Added reference to 'my maternity journey' booklet, maternity safeguarding ICE referrals and examples of referral criteria. Empower, support and ensure understanding applied

Appendix 1: PATHWAY FOR REFERRALS TO THE TEENAGE PREGNANCY SPECIALIST MIDWIFE TEAM