Public Health England

Protecting and improving the nation's health

Teenage pregnancy and young parents
Report for East Sussex

Purpose

This report brings together key data and information which will help you understand the demand, risk factors, provision and outcomes for services of a particular target population.

This includes:

- appropriate evidence-based information on prevalence;
- incidence and risk factors affecting the provision of healthcare services; and relevant expenditures

The National Child and Maternal Health Intelligence Network offers a range of other resources which will also help you analyse your services. At the end of this report, a section called 'next steps' points you in the direction of some of these.

Introduction

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Despite significant progress over the last 15 years, with a reduction of over 55% in the under-18 conception rate, a continued focus is needed. Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes (1). Around 50% of under-18 conceptions end in abortion and inequalities remain between and within local authorities (2).

Babies born to mothers under- 20 have a 13% higher risk of stillbirth (3) and a 75% higher risk or infant mortality (4). Children born to teenage mothers have a 63% higher risk of living in poverty (5). Mothers under 20 have a 30% higher risk of poor mental health two years after giving birth (6). This affects their own wellbeing, and their ability to form a secure attachment with their baby, recognised as a key foundation stone for positive child outcomes (7). Around one fifth of the estimated number of young women aged 16-18 who are not in education, employment or training, are teenage mothers (8); and by the age of 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over (9). Young fathers are twice as likely to be unemployed aged 30, even after taking account of deprivation (10). Recent analysis of the Next Steps data shows that some of these poor outcomes are also experienced by young parents up to the age of 25 (11).

Since the introduction of the Teenage Pregnancy Strategy in 1999, England has achieved a 55% reduction in the under-18 conception rate between 1998 and 2015. The rate is currently at the lowest level since 1969 (12), with the greatest reductions in the most deprived areas, and a doubling in the

proportion of young mothers in education, training or employment (13). The success of the strategy's approach has been recognised by the World Health Organisation with the lessons being shared internationally with countries seeking to address high rates (14,15).

However, despite the significant progress England's 2015 rate of 20.8 per 1,000 15-17 year old females remains higher than comparable western European countries (16), and inequalities persist between and within local areas. Just over a quarter of local authorities have an under-18 conception rate significantly higher than the England average (17) and 80% have at least one high rate ward (18). Further progress in both reducing the under-18 conception rate and improving the outcomes for young parents is central to improving young people's sexual health and narrowing the health and educational inequalities experienced by young parents and their children. Maintaining the downward trend is a priority in the Department of Health Framework for Sexual Health Improvement in England (19) and key to PHE priorities, including reducing health inequalities, ensuring every child gets the best start in life and improving sexual and reproductive health (20). The Public Health Outcomes Framework (PHOF) includes the under-18 conception rate and a number of other indicators disproportionately affecting young parents and their children (21).

The data shown below at local authority level shows the 2015 rates. The most recent conception rates for local authorities are available from Office for National Statistics.

Background, demographics and teenage pregnancy in East Sussex

As of 2015, East Sussex had a population of 8,434 girls aged 15-19 years.

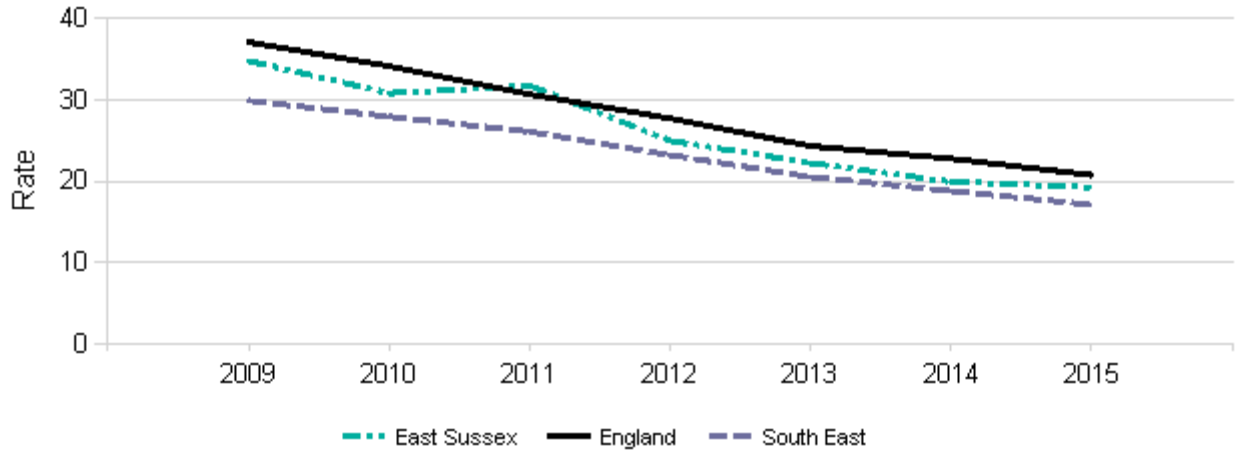
There is a strong relationship between teenage conceptions and deprivation (22). East Sussex, with a score of 18.8, is in the fourth less deprived decile (IMD 2015).

In East Sussex in 2015, 174 young women aged under 18 years conceived, which is a rate of 19.3 per 1,000 population. The national average was 20.8. In 2015 26 girls became pregnant under 16 years, a rate of 3.1 per 1,000 population; the national rate was 3.7. Of under 18 conceptions in East Sussex in 2015, 53.4% led to abortion, compared with the national average of 51.2%.

The charts and tables below show trends in under 18 and under 16 conceptions and abortions. The abortion rate (ie number of abortions per 1,000 population) is also displayed in the chart showing under-18 conceptions. The tables below the chart show the data for the conception rate, abortion rate and the percentage of conceptions leading to abortion.

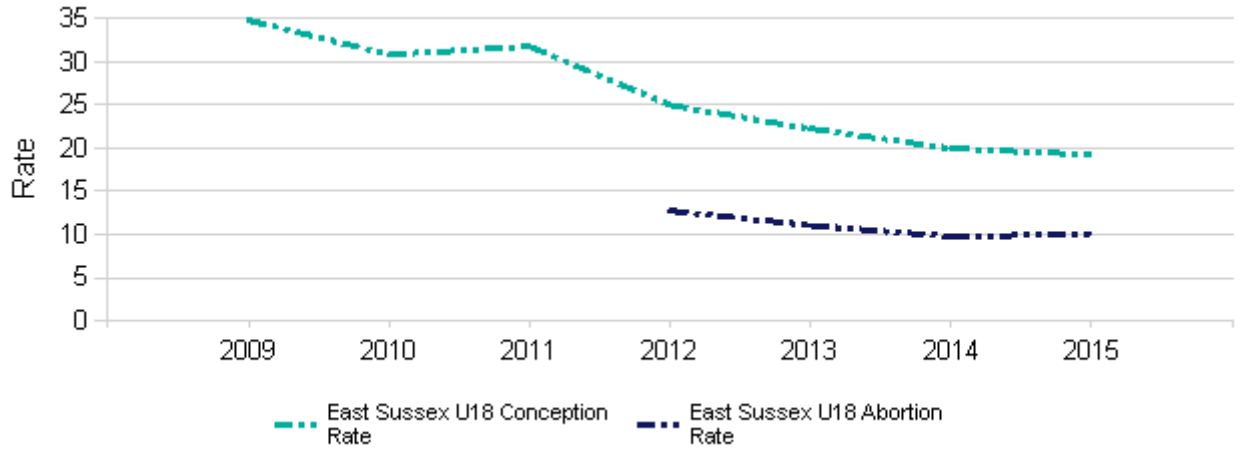
Recent conception statistics have been taken from the Office for National Statistics. Older statistics can be found on the NHS IC Indicator Portal.

Figure 1: Under 18 conceptions in East Sussex (rate per 1,000 population)



Source for Figure 1: Office for National Statistics

Figure 2: Under 18 conceptions and abortions in East Sussex (rate per 1,000 population)



Source for Figure 2: Office for National Statistics

Table 1: Under 18 conceptions, rate per 1,000 population

	2009	2010	2011	2012	2013	2014	2015
East Sussex	34.8	30.9	31.8	25.0	22.3	20.0	19.3
England	37.1	34.2	30.7	27.7	24.3	22.8	20.8
South East	29.9	28.0	26.1	23.2	20.5	18.8	17.1

Source for Table 1: Office for National Statistics
-1 may be shown where small numbers have been suppressed

Table 2: Under 16 conceptions, rate per 1,000 population

	2009	2010	2011	2012	2013	2014	2015
East Sussex	5.5	6.8	5.8	4.5	4.6	3.4	3.1
England	7.3	6.7	6.1	5.6	4.8	4.4	3.7
South East	5.6	5.4	5.1	4.5	3.8	3.4	2.9

Source for Table 2: Office for National Statistics
-1 may be shown where small numbers have been suppressed

Table 3: Under 18 abortions, rate per 1,000 population

	2012	2013	2014	2015	2016
East Sussex	12.8	11.1	9.8	10.1	8.0
England	12.8	11.7	11.1	9.9	8.9
South East	11.7	10.2	9.4	8.8	7.3

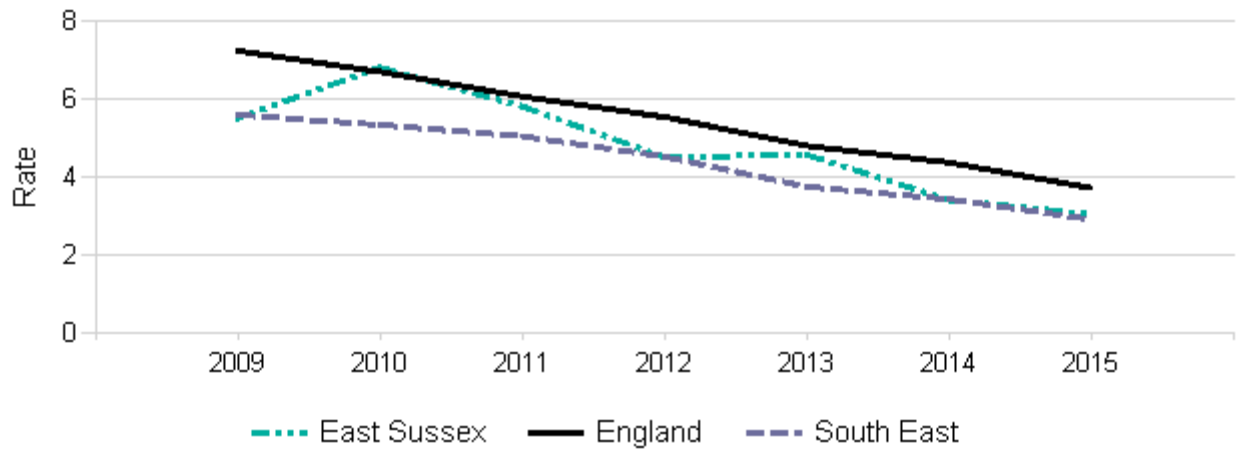
Source for Table 3: Office for National Statistics
-1 may be shown where small numbers have been suppressed`

Table 4: Percentage of under 18 conceptions leading to an abortion

	2009	2010	2011	2012	2013	2014	2015
East Sussex	49.1	57.9	59.5	54.5	51.0	55.3	53.4
England	49.1	50.3	49.3	49.1	51.1	51.1	51.2
South East	50.0	51.8	51.7	52.1	52.9	53.2	53.7

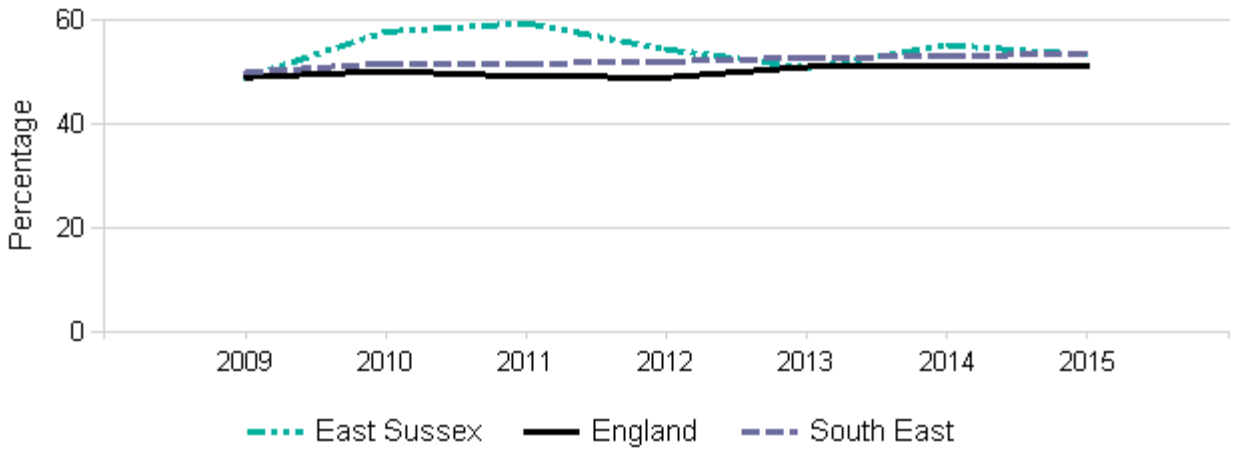
Source for Table 4: Office for National Statistics
-1 may be shown where small numbers have been suppressed

Figure 3: Under 16 conceptions in East Sussex (rate per 1,000 population)



Source for Figure 3: Office for National Statistics

Figure 4: Percentage of under 18 conceptions leading to an abortion



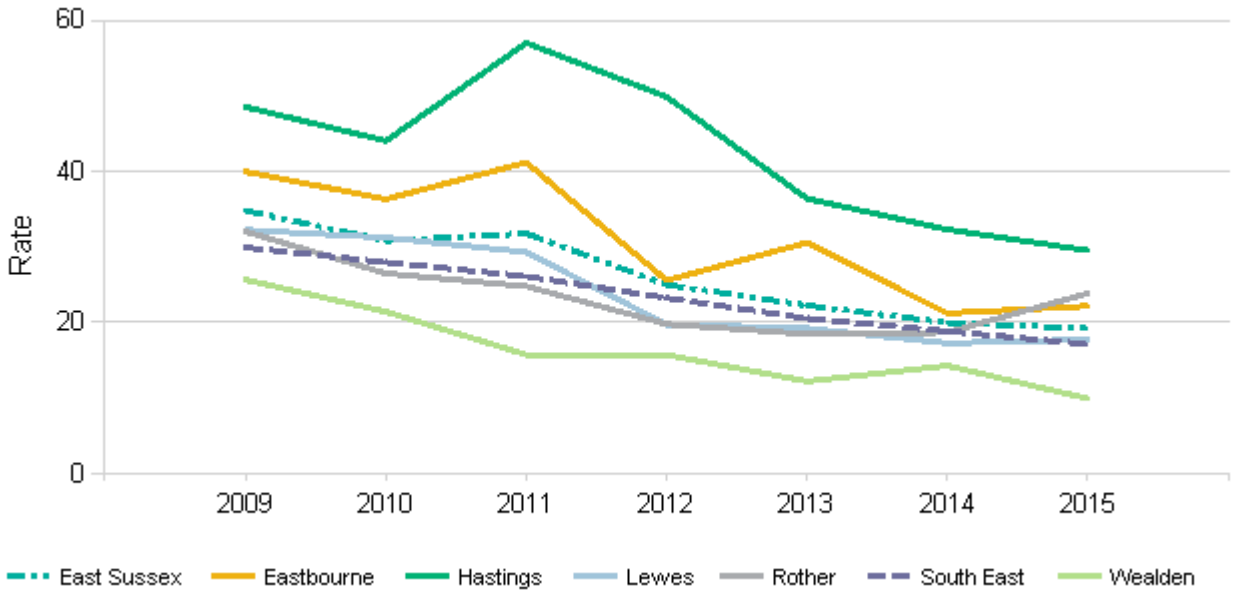
Source for Figure 4: Office for National Statistics

Table 5: District Level: Under 18 conceptions, rate per 1,000 population

	2009	2010	2011	2012	2013	2014	2015
East Sussex	34.8	30.9	31.8	25.0	22.3	20.0	19.3
Eastbourne	40.0	36.3	41.2	25.6	30.6	21.2	22.2
Hastings	48.5	44.1	57.0	49.9	36.4	32.3	29.5
Lewes	32.3	31.3	29.3	19.7	19.2	17.3	17.7
Rother	32.1	26.5	24.8	19.8	18.5	18.7	23.9
South East	29.9	28.0	26.1	23.2	20.5	18.8	17.1
Wealden	25.7	21.4	15.7	15.7	12.2	14.3	9.9

Source for Table 5: Office for National Statistics
-1 may be shown where small numbers have been suppressed

Figure 5: Under 18 conceptions in East Sussex (rate per 1,000 population): District Level



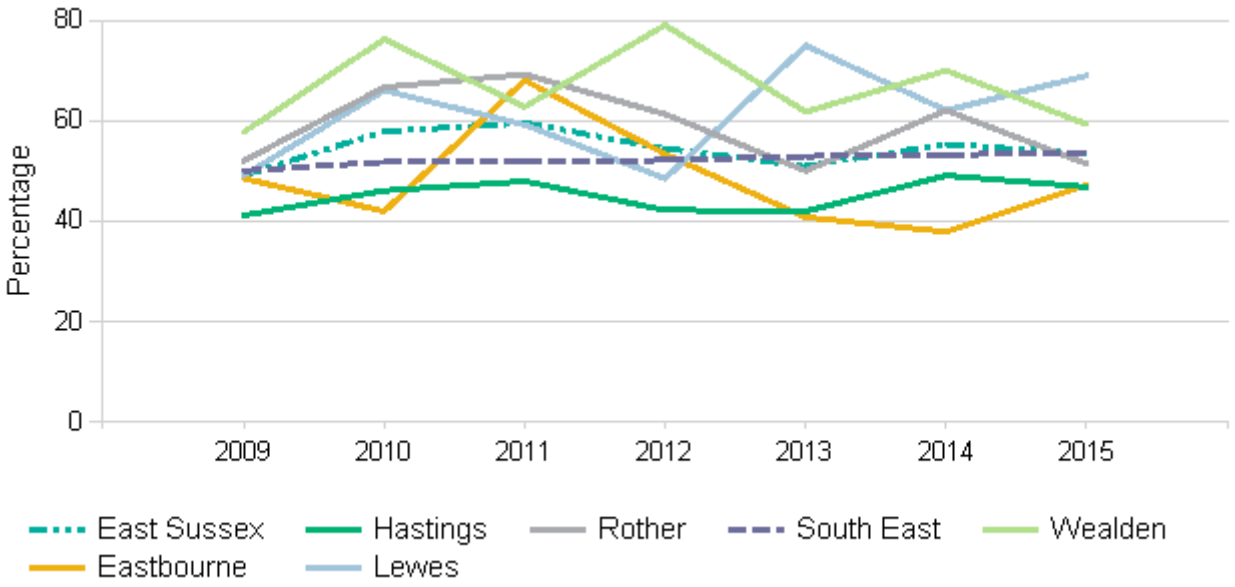
Source for Figure 5: Office for National Statistics

Table 6: District Level: Percentage of under 18 conceptions leading to an abortion

	2009	2010	2011	2012	2013	2014	2015
East Sussex	49.1	57.9	59.5	54.5	51.0	55.3	53.4
Eastbourne	48.5	41.9	68.1	53.3	40.7	37.8	47.2
Hastings	41.1	46.1	47.9	42.2	41.9	49.1	46.8
Lewes	49.1	66.0	59.2	48.5	75.0	62.1	69.0
Rother	52.0	66.7	69.2	61.3	50.0	62.1	51.4
South East	50.0	51.8	51.7	52.1	52.9	53.2	53.7
Wealden	57.7	76.3	62.8	79.1	61.8	70.0	59.3

Source for Table 6: Office for National Statistics
-1 may be shown where small numbers have been suppressed

Figure 6: Percentage of under 18 conceptions leading to an abortion: District Level



Source for Figure 6: Office for National Statistics

What can be done to reduce teenage conceptions, and to improve outcomes for teenage parents and their children

Supporting young people to prevent early pregnancy

International evidence identifies the provision of high quality, comprehensive sex and relationships education (SRE) linked to improved use of contraception as the areas where the strongest empirical evidence exists on impact on teenage pregnancy rates (23,24, 25). SRE also has wider safeguarding and health benefits but to have impact, provision needs to reflect the internationally recognised effectiveness factors(26). Contraceptive services need to be accessible and youth friendly to encourage early uptake of advice, with consultations that recognise and address any knowledge gaps about fertility and concerns about side effects, and support young people to choose and use their preferred method (27, 28) 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 SRE, more parental communication and more accessible contraceptive services, have lower conception rates (29).

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 (30) so all young people need good SRE and access to services to prevent early pregnancy and look after their sexual health. Universal prevention programmes are also essential to reduce rates by a substantial margin (31). Some young people, however, will be at greater risk of early pregnancy and require more intensive SRE and contraceptive support, combined with programmes to build resilience and aspiration – providing *the means and the motivation* to prevent early pregnancy (32). Reaching young people most in need involves looking at area and individual level associated risk factors.

Child poverty and unemployment are the two area deprivation indicators with the strongest influence on under-18 conception rates (33). In East Sussex, 13.1 young people aged 11 to 15 years in every 100 lived in low income families in 2013 . This compares to 11.1 per 100 regionally and 16.0 nationally. In East Sussex 4.8% of young people aged 16 to 18 years were not in employment, education or training in 2015. This compares to 3.9% regionally, and 4.2% nationally.

At an individual level, the strongest associated risk factors for pregnancy before 18 are free school meals eligibility, persistent school absence by age 14, poorer than expected academic progress between ages 11-14 (34), and being looked after or a care leaver (35,36). Other associated risk factors include first sex before 16 (37), experience of sexual abuse or exploitation (38), alcohol (39), and experience of a previous pregnancy (40). Young women with lesbian or bisexual experience are also at increased risk of unplanned pregnancy (41). As with Adverse Childhood Experiences, young people who have experienced a number of these factors will be at significantly higher risk (42)

Supporting pregnant teenagers

Teenagers are more likely to present late for abortion and to book late for antenatal care (43,44). The higher risk of unplanned pregnancy, late confirmation of pregnancy and fear of disclosure, all contribute to delays in accessing abortion and maternity services (45). Early pregnancy diagnosis, unbiased advice on pregnancy options and swift referral to maternity or abortion services are required to minimise delays (46). Young people who have experienced pregnancy are also at higher risk of subsequent unplanned conceptions (47). An estimated 12% of births conceived to under- 20s are to young women who are already teenage mothers. Ten per cent of under-19s having an abortion have had one or more previous abortions (48). Advice on contraception during abortion or antenatal care and access to the chosen method immediately post pregnancy helps reduce unplanned conceptions (49)

Supporting young parents

Evaluation of the Sure Start Plus programme identified that the key ingredient for improving outcomes

for young parents and their children is having a dedicated adviser for young parents, who coordinates additional support to meet individual need (50). Reintegration officers based in local authorities have a positive impact on school-age mothers continuing their education (51). Care to Learn childcare funding is shown to facilitate young parents return to learning (52).

The Family Nurse Partnership (FNP) is a licensed programme, developed in the USA. Over 35 years of rigorous research has shown significant benefits for vulnerable young families in the short-, medium- and long-term across a wide range of outcomes. A randomised controlled trial on the impact of FNP in England was commissioned by the Department of Health and published in 2015(53).

The trial looked at four primary outcomes in mothers receiving FNP: maternal smoking, birth weight, timing of second pregnancy and children's attendance at Accident and Emergency. The study found no significant difference in the primary outcomes between the mothers receiving FNP and the control group receiving normal care.

However the study showed promising early indications of improvement in some of the secondary outcomes such as those relating to child development, safeguarding and mothers' self-efficacy. In addition the research found that the programme is popular with the young parents and has succeeded in engaging with a group who are sometimes reluctant to access services and to trust professionals. The family nurses were able to develop respectful and trusting relationships with their clients and uptake of the visits was good.

The results of the trial are informing further development of the programme. FNP Next Steps aims to improve and adapt the programme by testing a series of innovations and improvements to strengthen outcomes, increase value for money, ensure greater flexibility – including extending eligibility criteria up to age 24 for young mothers with additional vulnerabilities – and sharing learning with other services (54).

Although the England study showed mixed results, the Early Intervention Foundation has taken into account the significant impact shown in the USA and the Netherlands and have maintained a high evidence rating for FNP (55). A second longitudinal RCT is currently being completed. This will follow up the outcomes for children aged 2-6 who were part of the FNP programme and will report in autumn 2018.

Support for young parents should always address the needs of young fathers. Many young fathers have vulnerabilities and face challenges in fulfilling both their parenting and educational opportunities (56). However they often remain invisible to services and fail to get the support they need (57).

A whole system approach

Implementation of the previous Teenage Pregnancy Strategy identified ten key factors for an effective local approach to translating evidence into practice and developing a whole systems approach (see figure below). Guidance on how to review and strengthen local actions on both prevention and support, and examples of effective practice can be found in the 'next steps' section.

The ten factors for effective local action

Next steps

To help local authorities make further progress and narrow inequalities, PHE has published evidence-based guidance on the prevention of early pregnancy and support for young parents, with clear actions for reviewing and strengthening local commissioning. Both pieces of guidance have been developed at the request of, and in collaboration with local authorities, and are co-badged by the Local Government Association.

The Teenage Pregnancy Prevention Framework (published in January 2018) is designed to help local areas assess their local programmes to see what's working well, identify any gaps, and maximise the assets of all services to strengthen the prevention pathway for all young people. It can be used flexibly to review actions across a whole area, to focus on high rate districts or wards or to strengthen a specific aspect of prevention, for example relationships and sex education in advance of statutory status in 2019. A self-assessment checklist is provided for councils to collate a summary of the current local situation, and identify gaps and actions.

The Framework for supporting teenage mothers and young fathers is designed to help commissioners and service providers review current support arrangements for young parents and the role of all relevant agencies. It can be used flexibly to focus on the commissioning of dedicated support, the contribution of specific services – for example maternity services and post-16 education, or on the whole care pathway for young parents. Key actions are set out for each service to help identify and address gaps.

Other useful resources include:

- Teenage Pregnancy and Young Parents: good progress, more to do is a useful briefing for councillors and includes local case studies illustrating effective practice on both prevention and support.
- Visit the PHE fingertips tool to see your local authority's data on teenage pregnancy, sexual health and vulnerable young people
- Visit the local health tool to see ward and MSOA level data on deliveries to teenage mothers (find it within the section on behavioural risk factors and child health)
- Data on teenage pregnancy is published quarterly by the Office for National Statistics; this report only covers the most recent full year.

Contact your local PHE knowledge and intelligence service for further advice and support:

North East	LKISNorthEast@phe.gov.uk
North West	LKISNorthWest@phe.gov.uk
Yorkshire and the Humber	LKISYorkshireandHumber@phe.gov.uk
East Midlands	LKISEastMidlands@phe.gov.uk
East of England	LKISEast@phe.gov.uk
West Midlands	LKISWestMidlands@phe.gov.uk
London	LKISLondon@phe.gov.uk
South East	LKISSouthEast@phe.gov.uk
South West	LKISSouthWest@phe.gov.uk

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