

**What Makes The Difference?
TOOLS and RESOURCES**

NAME OF TOOL/RESOURCE: Teenage Parents: Who Cares? A guide to commissioning and delivering maternity services for young parents.

NAME AND REGION OF AGENCY/ORGANISATION THAT DEVELOPED THIS TOOL/RESOURCE: Teenage Pregnancy Unit/DH Nursing and Midwifery Policy/ Royal College of Midwives.

Purpose and brief description of tool/resource:

A good practice guide for commissioners to encourage increased attention on the planning and delivery of maternity services leading to better outcomes for teenage parents and rather babies.

Contains sections on:

- Maternity services & teenagers
- Thinking about redesigning maternity services with teenagers in mind
- Getting it right – action planning for change
- Trailblazing services
- An audit tool for teenage maternity services
- Sources of further help

Publication Date: 2004

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Teenage parents: who cares?

Teenage
Pregnancy
Unit



*The Royal College of
Midwives*



A guide to commissioning and
delivering maternity services
for young parents



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“I never went to antenatal classes because all the women seemed to be older and I was getting looked down on.”

Georgina

In 1999 the Government launched its Teenage Pregnancy Strategy aimed at halving the under 18 conception rate and supporting teenage parents to reduce their long term risk of social exclusion. With local 10 year strategies in place in every Council with Social Services Responsibility (CSSR), an encouraging start has been made with a 10% reduction in the under 18 conception rate from 1998-2001. However there is still much to be done and the UK continues to have the highest rate of teenage births in Western Europe.

For PCTs and maternity services this means that around one in 15 of all births will be to women under 18. Not only do these young women experience poorer maternity outcomes; they also experience poorer access to maternity and child health services. This has a long-term impact on the health and well being of both the mothers and their babies.

Reducing the rate of teenage pregnancy is high on many PCTs' agenda. As a Department of Health Public Service Agreement (PSA), delivery of the under 18 reduction target is on the Planning and Priorities Framework. As such it is translated into a local target to be delivered by every PCT via the Local Delivery Plans, with progress against meeting the target included as one of PCT star-rating indicators. However, to date few PCTs have turned their attention to improving health outcomes for teenage mothers and their children in the maternity services they commission and provide. Yet, attention paid to making improvements in maternity care is essential if PCTs are to contribute towards delivering the Department of Health PSA to reduce infant mortality by 10% and the NHS Plan commitments to increase breastfeeding and reduce smoking rates in pregnancy.

This guide makes the case for increased attention on the planning, organisation and delivery of maternity services for teenagers and gives some practical pointers as to how this can be achieved.

The objective for PCTs and local maternity services, working together within local teenage pregnancy strategies, is to maximise the chances of pregnant teenagers achieving a healthy and confident transition to parenthood. So how is your maternity service meeting the needs of pregnant teenagers? Use the think piece in Box 1 to start looking at the acceptability, appropriateness and effectiveness of your services.

Box 1: Are your local maternity services meeting the needs of teenagers?

- What is the percentage of teenagers who book late for antenatal care?
- What percentage of pregnant teenagers sign up for smoking cessation support during pregnancy?
- What is the vaginal delivery rate amongst teenagers compared to the rest of the childbearing population?
- What is the rate of caesarean section amongst teenagers compared to the rest of the childbearing population?
- What is the incidence of low birth weight amongst teenage mothers?
- Can you identify the rate of postnatal depression amongst teenage mothers?
- What percentage of teenagers still breastfeed at six weeks?
- What is the incidence of babies of teenagers admitted to hospital during their first year?
- What is the likelihood of pregnant teenagers returning to education, training or work after birth?

Prevalence of teenage motherhood and young fathers

In England in 2001 there were 38,439 conceptions to women under 18, a conception rate of 42.3 per 1,000.¹ Of these 7,396 were to girls under 16, a rate of 7.9 per 1,000; around 46% of these pregnancies led to terminations. Box 2 below indicates the regional distribution of the remaining 54% of pregnancies.

Box 2: Regional Distribution of Teenage Pregnancies and Births				
Region	Number of under 18 conceptions	Under 18 conception rate	% conceptions leading to birth	Number of births
London	6,201	50.1	41.0	2,540
North East	2,389	48.6	63.0	1,502
Yorkshire & Humberside	4,434	47.0	61.4	2,723
West Midlands	4,749	46.8	55.5	2,641
North West	6,020	45.1	57.0	3,434
East Midlands	3,076	40.0	59.4	1,826
South West	3,230	36.8	54.0	1,743
South East	5,022	34.8	51.0	2,559
East of England	3,308	34.1	52.6	1,741
ENGLAND	38,439	42.3	53.9	20,710

Sources: Office for National Statistics, 2003 and Teenage Pregnancy Unit, 2003.
Numbers may not add up due to rounding.

Young women from the lowest social class are around ten times more likely to become teenage mothers than young women from the highest social class. Young men who become fathers are more likely to come from lower socio-economic families and to leave school at the minimum age. Whilst the NHS does not routinely collect data on women's ethnicity as part of the maternity data set, information from the Labour Force Survey indicates that young women from Bangladeshi, African Caribbean and Pakistani backgrounds are substantially more likely than the national average to become pregnant young.

Teenage parents are not a homogenous group; they come from all social classes, religious backgrounds and ethnic groups. They vary widely in their circumstances and life experiences. However, some young women, already vulnerable and excluded from society, not only face a higher risk of teenage pregnancy but are also more likely to miss out on good care. This includes looked after young people and care leavers, those excluded from or under-performing at school, travellers, young people in prison and young people with learning disabilities. There may also be additional factors that impede access to care, such as the isolation of young parents living in rural areas.

Research suggests that young parents experience poorer health and social outcomes, but that this is not inevitable and is affected by inadequate access to appropriate care and support.² There is no biological reason associated with age to indicate that outcomes for young parents should not be good. The challenge therefore for PCTs and maternity services is to plan and deliver appropriate care and support that has the confidence and trust of young people and maximises their potential for achieving a happy and healthy transition to parenthood.

PCTs and maternity services that develop links with social services departments, local education authorities, the Connexions Service and the local teenage pregnancy strategy will be better placed to identify those teenagers most at risk and work in a joined up fashion to deliver integrated and targeted support services. Providing appropriate, accessible and responsive care to these young women necessitates that organisations work across boundaries and develop protocols to share information with young people's consent.

Association with poor outcomes and inequalities

It is widely recognised that teenage pregnancy and early motherhood are associated with poor physical and mental health, social isolation and poor educational achievement. The circumstances contributing to and the consequences of teenage motherhood can cast a long shadow forward on the health of both mother and child, including:

“I had a lot of problems with breastfeeding, which was upsetting because I really wanted to do it. The hospital treated me as if I was stupid and assumed I wouldn't cope. When I asked for help they didn't want to know.”

Poppy

Low birth weight and poor outcomes for the baby

Babies born to mothers under 18 are 25% more likely than average to be born at a low birth weight.³ What is more, the infant mortality rate for babies of teenage mothers is 60% higher than for other mothers. At the same time the babies of teenage mothers have been found to face a higher risk of prematurity; hospitalisation for accidental injuries, diarrhoea and vomiting; development delays and poor levels of nutrition. American research suggests that the children of teenage parents are more likely to be at risk of a variety of behavioural problems including truancy and running away from home.⁴

Breastfeeding

Fewer than half of mothers under 20 initiate breastfeeding compared to three-quarters of mothers over 30. Babies born to teenage mothers are less likely to benefit from the health advantages associated with breastfeeding not only because teenagers are less likely to initiate breastfeeding, but also because those that do start are less likely to continue. By six weeks post birth only 27% of mothers who left school before 16 are still breastfeeding compared to 42% of all women and by four months this reduces to 16% compared to 28%.⁵

Poor maternal health

Research indicates teenage mothers are more at risk of hypertension, anaemia, obstetric complications, depression, isolation and poor nutrition, although this is closely associated with their existing socio-economic and health status and mirrors the risks for other socially excluded women and those on low incomes.⁶

Teenagers are three times more likely than older mothers to experience postnatal depression, with around 40% of young mothers affected⁷ and they are more likely to perceive themselves as being in poor health.⁸ Such depression can have a significant impact on the future health and development of their babies⁹ cognitive functioning. Recent studies have suggested a link between mental health problems and teenage pregnancy, with increased incidence of psychiatric disorders¹⁰ and hospitalisation.¹¹ For some the problems are compounded by a second unplanned pregnancy.





In a survey of almost 1,000 English school pupils in 2002, 10% of 11-15 year olds reported regularly smoking (with girls more likely to smoke than boys) and 24% reported regularly drinking alcohol.¹² This is both indicative of risk taking behaviour, but also has important health consequences for both the teenager and her baby should she get pregnant.¹³ Data shows that two thirds of teenage mothers smoke before pregnancy and 40% continue during the pregnancy, compared to a quarter of older pregnant women who smoke before and only one in eight who continue.¹⁴ Young women dependent on means tested benefits

are likely to face challenges in being able to afford an adequate diet during pregnancy¹⁵ and most pregnant teenagers under 17 are ineligible for welfare milk and vitamins until the last 11 weeks of pregnancy.

Difficulty accessing appropriate care

The problems for pregnant teenagers are compounded by the inaccessibility of appropriate services, and their poorer experiences of mainstream maternity provision. The result of this is that teenage mothers have poorer antenatal care than older mothers and their preconception care is likely to be inadequate; for example in one recent study only around 60% of mothers whose education finished before 16 knew that taking folic acid was good for them, compared with over 90% of mothers over 30.¹⁶

Young women are also less likely to access mainstream support services. In a survey conducted in the north east of England, 83% of pregnant teenagers did not attend antenatal classes and many had limited understanding of the progress of their pregnancies.¹⁷ Many access care much later in their pregnancies, missing out on early health promotion. During pregnancy, teenage mothers are the most likely of all age groups to smoke, with nearly 50% of all under 20s smoking during their pregnancy.¹⁸

At the same time health practitioners are often seen as unsympathetic and dismissive of teenagers' needs.¹⁹ Attitudes towards teenage mothers reflect prevailing moral values and very often underpin the care delivered by health professionals and health services; there often appears to be a general view that if a pregnancy is unplanned it is also unwanted. This is not an attitude shared by all teenage mothers, many of whom view motherhood as a positive experience.

Exclusion of young fathers

For young fathers too, there is an increased risk of emotional and relationship problems, particularly for those separated from their children.²⁰ At the same time young parents, particularly young men, are unlikely to attend traditional parentcraft classes due to fear of being judged, lack of support to attend from family and peers, reaction against authority and feeling out of place amongst a group of older parents. In one recent study health care professionals were found to know little about teenage fathers, did not see them as central to their task and felt they lacked the skills to engage with young men.²¹

“The teenage antenatal classes had nothing to say about what I should expect, about how my feelings and relationships might change. I was ignored and made to feel like the second parent.”

Ryan

Southport

Midwives have established a weekly club for pregnant teenagers and new mums. In addition to providing antenatal and postnatal care and support, midwives have organised visiting speakers to provide information about nutrition, benefits, and dental care. A crèche is available for older children so that the women attending have time to gain peer support. They are also offered beauty and holistic health treatments to encourage attendance, including yoga lessons, hand massage and baby massage. This has been a new initiative between the local authority's neighbourhood renewal scheme, Sure Start and the hospital trust's midwifery department.

For more information contact Catherine Boyle on 01695 656664 or Chantelle Winstanley on 01704 512515.

“I would like classes for people under 20. It's good because you know you aren't on your own and you can talk to other young mothers.”

Kirsty

Impact that good maternity care can make

Access to multi-disciplinary care

Many of the risks associated with teenage pregnancy can be reduced by good maternity care, particularly where it is delivered as part of a multi-disciplinary and multi-sectoral programme to support young people.²² An audit of maternity outcomes across Merseyside and Cheshire indicated that when supported, teenagers were at no greater risk of obstetric complications than the rest of the childbearing population, and in fact had significantly higher rates of spontaneous vaginal delivery.²³ Encouraging teenage mothers to make early contact with health services they trust has the added bonus of increasing the uptake of immunisations and health promotion programmes for themselves and their children.

Direct access to a midwife

Early attendance rates can be improved by encouraging young people to access a midwife directly, or providing drop-in midwifery services in youth work settings, family learning centres and Connexions centres. Imaginative patterns of service delivery, including caseload care, allow midwives to link to specialist services, including smoking cessation, whilst building trust with young mothers.

Dedicated antenatal care

Good antenatal care is associated with improved pregnancy outcomes amongst teenagers and this is most likely to be accessed where specially designed programmes are targeted at teenagers by midwives and health visitors working in liaison with other relevant professionals;²⁴ see box 3. The 2001 Infant Feeding Survey, already cited, identified a strong association between attendance at antenatal classes and intention to initiate breastfeeding. Commissioners need to ensure that services are provided in welcoming environments, by staff who are non-judgmental and in locations and at times accessible to young people. Equally, the content of care must be appropriate and relevant to teenagers, for example co-ordinated antenatal visits and parentcraft sessions allow for social and psychological support to be provided as well as traditional health screening and promotion.

Box 3: Wirral Brook: Teenage Pregnancy/Midwifery Project

A joint service run by the maternity service of Arrowe Park Hospital and the Brook Outreach Team aims to advise young pregnant women and enable them to access specialist services that combine traditional antenatal care with benefits entitlement advice, housing services, counselling and support. A key feature of the project has been the partnership of a range of statutory and voluntary organisations that make diverse contributions to providing an integrated holistic and teenage friendly service.

Home visiting

Home visiting, psychological support and assistance with developing parenting skills can improve health and welfare outcomes for teenage mothers and their babies and may help to prevent or delay second pregnancies. In one recent Australian study limited home visiting (five visits over six months each lasting between one to four hours) by trained nurse midwives was associated with a reduction in adverse neonatal outcomes and a significant increase in contraception knowledge.²⁵

PSHE programmes

As part of Personal Social and Health Education in school and out of school settings, programmes provided by health professionals and youth workers can help to equip young people before they become pregnant, with the knowledge and skills to look after children in a safe and nurturing way, see box 4.

Box 4: Bradford PCT and Social Services: Stepping Stones Course

Bradford PCT in collaboration with Bradford Early Years and Childcare Services and local schools has developed a childcare course to develop parenting skills in schools. School nurses, family support workers and health visitors have designed and deliver a practical course that helps young people explore the needs of a child as well as home safety and accident prevention, values and benefits of play as well as child protection. Participants on the course have the opportunity of taking a computerised 'virtual baby' doll home for the weekend to experience some of the realities of caring for a baby. Feedback from the courses, which have been targeted mainly at teenagers with low academic attainment and their teachers, has been positive and all students believe they have learnt something useful. Early evaluations indicate the project is making a substantive contribution to reducing teenage pregnancy, supporting young people who are providing informal childcare and providing information and training for possible parents for the future. The Stepping Stones Childcare Programme and teaching pack is an example of the benefits of team working and multi-agency collaboration.

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For pregnant teenagers, establishing a rapport and trust with their caregivers can help improve access to services and uptake of health promotion messages. One-to-one midwifery care represents the highest degree of continuity the NHS is able to offer, however its high costs both financially and in terms of midwives' commitment can make its adoption problematic. A recent sub-group of the House of Commons Health Select Committee on maternity services noted the evidence that one-to-one support during pregnancy can improve physical and mental health by helping disadvantaged women to cope with their difficult circumstances. Its benefits are the opportunity to enhance and develop service provision targeted at the most vulnerable, see box 5.

Box 5: South Tyneside District General: Dedicated teenage antenatal clinic

The maternity service at South Tyneside has developed a dedicated, optional teenage antenatal clinic held in a friendly and informal setting, with speedy access to other health and social care agencies. The unit is run by midwives with medical support as required and a high midwife to client ratio. The clinic offers flexible and welcoming care including 'drop-in' sessions. The outcomes amongst the young women using the service have been encouraging, showing not only a reduction in perinatal morbidity and premature delivery, but also significantly higher normal delivery rates and lower caesarean rates than the general population.

"The midwife was really nice. She liked me and liked looking after me."

Rachael

"We were really nervous going along to the education centre. If the midwife hadn't been there we wouldn't have turned up."

Abbey

Contraception

Midwives have the opportunity to support teenage mothers to help them control their fertility and prevent or delay second pregnancies by providing contraceptive advice as part of both antenatal and postnatal care.²⁹

Midwives also have a role to play with other health and education professionals in helping to prevent unwanted teenage pregnancies, by discussing the realities of caring for a baby with young women in school and community settings.³⁰ The outreach of community based midwives into schools is a logical development in an increasingly community based approach to health care.³¹ As part of the drive to improve sex and relationship education (SRE) within the broader Personal, Social and Health Education framework, the Department of Health and Department for Education and Skills have recently developed a PSHE/SRE certification programme for community nurses and midwives. This programme, closely linked to the National Healthy School Standard and a PSHE certificate scheme for teachers, will be rolled out across the country over the next few years.

Social support

There is considerable evidence of the beneficial impact on women's psychological and physical health if they are supported to have a positive attitude during their pregnancy³² and this has been shown to carry over into the uptake of breastfeeding and male domestic participation.³³ Antenatal social support is associated with improving birthweight, feelings of well being after delivery and reducing the incidence of neonatal hospital admissions³⁴.

For young fathers, age should not prevent them being taken seriously as committed parents who want to be involved in their children's lives. Connexions Personal Advisers and Sure Start Plus workers are able to collaborate with maternity services to provide practical help and advice on parenting, benefits, education, training and employment and other health issues.

Key lessons for service redesign

- Separate and distinct programmes for young parents encourage attendance and participation
- Initiatives should be sustainable by mainstreaming within service plans and budgets
- Involving young parents in the design of services is crucial to promoting ownership and ensuring services meet their needs

Box 6: Southampton University Trust: Teenage Pregnancy Continuity of Care Project

With the aid of Neighbourhood Renewal Funding, the maternity team in Southampton has established a service for all under 18s in the NRF area to receive all of their antenatal, intrapartum and postnatal care from two dedicated midwives. The two midwives each carry a caseload of 34 and an obstetrician with a special interest has agreed to take referrals. The midwives have established themselves within the community forging links with social workers, GPs, health visitors, school nurses and youth services.

For more information contact: caroline.atkinson@suht.swest.nhs.uk

Policy framework: How getting it right for teenagers fits with the wider health agenda

Improving the lives of young people through reductions in teenage conception rates and improving outcomes for young parents and their children is a core plank of Government policy. This is reflected in the Public Service Agreements, the Department of Health Planning and Priorities Framework and commitments in the NHS Plan. Improving the outcomes for young parents and their babies is therefore a priority for all PCTs and NHS provider organisations.



Department of Health - Public Service Agreements

- Improve the life chances for children by reducing the under 18 conception rate by 50% by 2010 (shared jointly with Department for Education and Skills)
- By 2010 reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth

NHS Plan commitments

- Deliver a one percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy, focusing especially on smokers from disadvantaged groups as a contribution to the national target to reduce by at least 10% the gap in mortality between "routine and manual" groups and the population as a whole by 2010, starting with children under one year.
- Deliver an increase of two percentage points per year in breastfeeding initiation rate, focusing especially on women from disadvantaged groups.
- Achieve a 15% reduction in the rate of under 18 conceptions and achieve agreed local teenage conception reduction targets while reducing the gap in rates between the worst fifth of wards and the average by at least a quarter in line with national targets.

Achieving sustainable long-term reductions in health inequalities requires the integration of a comprehensive range of policies into mainstream policy and planning. Improving the life chances for teenage parents is a key component of a number of government policy initiatives, including:

National Service Framework (NSF) for Children and Young People

Maternity care is a discrete element within the Children and Young People's NSF, due to be published in 2004, and will provide the general principles and standards for improving quality and access. The NSF will provide the blue print for service modernisation by breaking down professional boundaries and promoting partnerships between agencies. Its central principle is a holistic approach to caring for children and pregnant women that places them at the centre of care. The emphasis within the NSF on reducing health inequalities and improving health outcomes will be a significant driver for improving services for teenage mothers.

www.doh.gov.uk/nsf/children

"The midwife was lovely. She said 'oh, well done!' and gave me confidence."
Georgina

“I really wanted to bath her but they never asked me if I wanted to. It was her first one.”

Emily

Sure Start

Sure Start's main aim is to implement an integrated approach to early education and childcare and family and health support services. It runs both universal programmes and those targeted on areas of disadvantage, the latter being through the development of new children's centres as set out in the Green Paper, *Every Child Matters*. The aim of the children's centres programme is to integrate services for children and parents in a way that mainstreams the early lessons from Sure Start local programmes, Early Excellence Centres and Neighbourhood Nurseries, the existing disadvantaged area programmes – and builds on their successes.

In essence, each children's centre will offer some Sure Start local programme services fully linked with high quality early education and childcare. The centres will also have strong links with JobCentre Plus and will enable parents who are working or accessing training to obtain affordable childcare.

Investment in high quality integrated children's services (health, family support, education and care), particularly in areas of disadvantage, leads to positive effects for children, families and communities. Benefits can include improving educational outcomes for children and parents, enabling parents to study and work, helping lone parents to access work and training opportunities and a reduction in crime rates. High quality integrated children's services should also lead to improved health outcomes and a reduction in child poverty.

Around the country many maternity services and PCTs are working with their local Sure Start programmes to raise the quality of maternity services for vulnerable women, including teenagers, by helping services develop in disadvantaged areas. Many local women and their families are involved in the planning and provision of services. This is a valued approach that ensures that services are better used and are more accessible to all women and their partners.

www.surestart.gov.uk



Sure Start Plus

The Sure Start Plus pilot programme is part of the Teenage Pregnancy Strategy. It offers personal adviser support to pregnant young women and teenage mothers and fathers in 20 pilot areas, covering 35 local authorities. The advisors' role is to help young people make decisions about their pregnancy and future contraception and provide a co-ordinated package of support for teenage parents to help improve their health outcomes and enable them to continue their education and training.

A number of Sure Start Plus programmes are funding specialist midwifery and health visitor posts to deliver young people friendly antenatal group work and individual support to young parents. Topics covered include: preparing for labour, nutrition on a limited budget, smoking cessation and how to care for a baby. These specialists also influence the activity of local health professionals by delivering training and raising awareness of the specific needs of pregnant teenagers.

www.teenagepregnancyunit.gov.uk

Connexions

Connexions is the Government's support service for all young people aged 13 to 19 in England and shares the Teenage Pregnancy Strategy's targets on both reducing the under 18 conception rate and increasing young parents' participation in education, training and employment. The service aims to provide integrated advice, guidance and access to personal development opportunities for this group and to help them make a smooth transition to adulthood and working life. The success of

Connexions depends on the involvement of young people. It is essential to listen to, and take account of their views, in the design and delivery of Connexions services.

Connexions joins up the work of six government departments and their agencies and organisations on the ground, together with private and voluntary sector groups and youth and careers services. It brings together all the services and support young people need during their teenage years. It offers practical help with choosing the right courses and careers, including access to broader personal development through activities like sport, performing arts and volunteering activities. By creating a community focus for youth services, Connexions offers an excellent route to reach teenage parents and to provide tailored and appropriate services. The Connexions programme now includes many specialist Personal Advisers for teenage parents, who can be a valuable source of support, both in providing direct help and in co-ordinating other services to meet their needs.

www.connexions.gov.uk



The Children's Green Paper

This provides an overarching strategic framework for children and young people to enable them to achieve their full potential. Its five outcomes are being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well being. The Green Paper builds on progress already made by focusing action on four main areas: supporting parents and carers, early intervention and effective protection, accountability and integration and workforce reform. Its themes for service redesign are clearly in line with the principles for teenage maternity services of early intervention, co-ordination, sharing information, accountability, management support and staff training.

www.dfes.gov.uk/everychildmatters/pdf

“The midwife told me about the education unit. I found that a really big help because I went here and made loads of friends and was on the same level as everybody else.”

Georgina

Children's Trusts

A Children's Trust is a proposed new structure which will enable organisations to join together in voluntary local partnerships. This will assist them to commission and, as relevant, directly provide improved services for children and young people, especially those with a combination of health, special educational or social care needs. A Children's Trust could be based in a single local authority area, or it might provide a specialist service across a wider area. It will enable partner organisations to integrate management and budgets in order to improve the co-ordination and quality of service provided to children. The work to bring health and social care for children together within one organisational structure may offer the possibility of looking more widely at the context of teenage pregnancy and, in particular, targeting services for at-risk, vulnerable and socially excluded young adults.

www.dfes.gov.uk

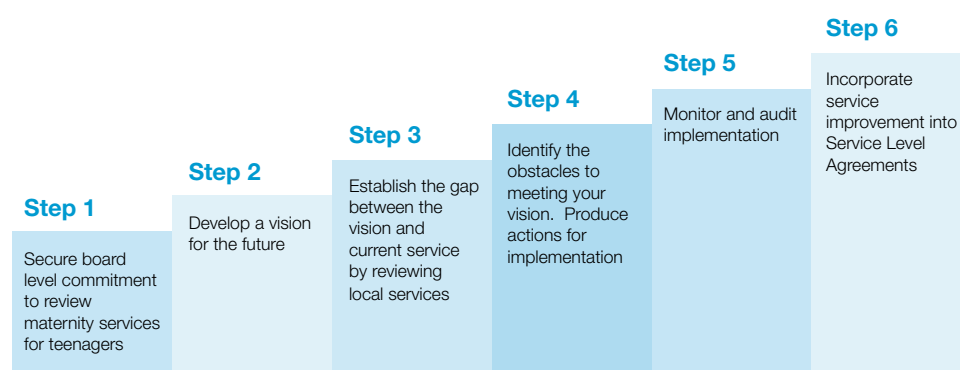
Involving Children and Young people

The active involvement and participation of children and young people, particularly those from hard to reach groups, is a key policy driver, central to the implementation of the Green Paper and the improvement of integrated services to meet their needs. PCTs can play a pivotal role in enabling young people who use maternity services to advocate for themselves and become involved in the work of midwives, health visitors and other health professionals. The introduction of Patients' Forums in both PCTs and acute trusts provides the opportunity to engage young people in an ongoing dialogue about the quality and appropriateness of local services.

Section 2: Thinking about redesigning maternity services with teenagers in mind

Because the health needs of pregnant and parenting teenagers are complex and varied, they can best be met through services that are multi-sectoral and multi-disciplinary. The Maternity Care Working Party, consisting of user and professional organisations such as the Royal College of Midwives, Royal College of Obstetrics and Gynaecology and National Childbirth Trust, and other stakeholders, developed a framework for PCTs and service managers to review local services³⁵. This six-step process is adapted and described below.

Six steps to better maternity care for teenagers



STEP 1: SECURE BOARD LEVEL COMMITMENT TO REVIEWING MATERNITY SERVICES FOR TEENAGERS

- Include local maternity services for teenagers on the Board agenda
- Explore the levers for change, including infant mortality, smoking and breastfeeding targets
- What are local perceptions of current strengths and weaknesses of existing maternity service arrangements?
- How does maternity care for teenagers dovetail with the wider PCT priorities, such as improving access?
- What are the opportunities for linking improved maternity services with other initiatives, such as diabetes, cancer etc?
- Consider the possibility of resourcing a strategic review to determine actions needed

STEP 2: DEVELOP A VISION FOR THE FUTURE

- Facilitate discussion with young parents as well as stakeholders in primary, secondary and tertiary care and the local teenage pregnancy strategy partnership
- Develop a strategic vision for the future that is grounded in evidence, and contains examples of emerging practice, as well as dovetailing with professional consensus and other priorities
- Visualise a maternity service that reflects the principles outlined in this guide – what would it look like?
- Test the strategic vision with stakeholders including teenage parents

STEP 3: ESTABLISH THE GAP BETWEEN THE VISION AND CURRENT SERVICE PROVISION BY REVIEWING LOCAL SERVICES

Gain a clear understanding of current services by auditing performance against benchmarks for cost and effectiveness

- Do current outcome indicators provide you with a valid and reasonable method of measuring performance, using the checklist in Box 1 at the beginning of this guide
- What do local young parents think of services?
- How does local audit data compare with national or regional data?
- What examples of good practice are available?
- Is there professional consensus about the strengths and weaknesses of the current service? This should include GPs, midwives, obstetricians, health visitors and others working within the system

STEP 4: IDENTIFY THE OBSTACLES THAT NEED TO BE OVERCOME IN ORDER TO MEET THE VISION & PRODUCE ACTIONS FOR IMPLEMENTATION

- Discuss the opportunities and barriers in your area that will need to be overcome in order to achieve your vision and look at a plan that addresses each of these
- Liaise with the local teenage pregnancy strategy partnership board as vision is converted into actions
- Plan service changes to provide greater choice and information, target funds at teenagers in greatest need and co-ordinate care with other support agencies
- Put in place clear actions to overcome each obstacle and ensure all actions have someone responsible for achieving them within a given timescale

STEP 5: MONITOR AND EVALUATE IMPLEMENTATION

- Consider dividing maternity data into structure, process and outcomes; divide routinely collected and audit data between these elements
- Maintain multi-professional, multi-sectoral dialogue on maternity care for teenagers to promote better skill mix and facilitate continuous professional development
- Maintain active links with the local Teenage Pregnancy Strategy Partnership Board

STEP 6: INCORPORATE SERVICE IMPROVEMENT INTO SERVICE LEVEL AGREEMENTS (SLA)

- Review SLA and specification in line with service changes and audit results
- Reconsult as part of this review

Section 3: Getting it right – Action planning for change

As set out in Section 1, getting services right for teenage parents and improving their uptake of antenatal and postnatal support will help PCTs and Trusts meet many of their wider performance targets, set out in the DH Public Service Agreements, and the NHS Plan.

The following two checklists have been designed for you to consider how joined up working could deliver real improvement for teenage parents at a strategic and operational level.

Checklist 1 is designed for strategic level thinking about how maternity services for young parents fit within wider PCT and Trust agendas, and points commissioners to the influence they can use to improve the quality of service. In particular it emphasises what can be achieved in primary care.

Checklist 2 is designed with the operational management of maternity services for young parents in mind, and gives business and clinical managers pointers as to the quality standards to which they should be striving. In particular it emphasises what can be achieved in secondary care.

“The midwife was really helpful and always brought my boyfriend in.”

Laura

Checklist 1: Developing a strategy for teenage maternity care

Understanding and engaging with local community

- Identify the numbers and demographic characteristics of the local teenage population, emphasising at risk and vulnerable groups and the prevalence of second pregnancies
- Collect data on the needs and profile of local teenagers using maternity services
- Collect qualitative and quantitative data about the experiences of teenage mothers and fathers using local maternity services
- Consider the needs of vulnerable teenagers as part of more general strategies and ensure their needs are addressed through greater partnership with local authority agencies, Connexions, Sure Start and Sure Start Plus, and relevant voluntary and statutory groups - such as food projects, probation service.
- Establish, fund and support Maternity Services Liaison Committees (MSLCs) to facilitate user participation in planning and monitoring service development

Facilitating access to health care system

- Provide and widely publicise free pregnancy testing and unbiased information and advice and referral services
- Ensure all those providing a pregnancy testing service know about appropriate advice services or referral agencies and refer young women with a positive pregnancy test to them. All relevant staff should have a referral checklist of services provided by the local teenage pregnancy strategy.
- Ensure GPs are prescribing vitamin supplements to all pregnant teenagers
- Ensure there are opportunities for teenagers to self-refer directly to a midwife
- Produce community accessible information encouraging teenagers to make contact with health services as early as possible in pregnancy
- Ensure staff who work with young people receive training on communicating effectively with young people appropriate to their age and life experiences

- Disseminate guidelines on confidentiality to all health care professionals and administrators likely to have dealings with pregnant or parenting young people
- Make full use of nationally available publicity material, such as the Teenage Pregnancy Unit's *Baby Fathers* booklet and posters³⁶

Develop appropriate antenatal services

- Work with local schools and colleges to ensure teenagers are able to take time off for antenatal care
- Consider targeted clinic and parentcraft sessions for young parents, particularly those who are less likely to attend mainstream provision
- Collaborate with local agencies (statutory and non-statutory) to provide seamless care that meets the range of young parents' needs

Support women and their birth partner during labour

- Work with provider organisation to ensure all women have access to a range of intrapartum services including consultant-led care, midwifery-led care and homebirths
- Encourage services to welcome and involve young fathers

Develop appropriate and responsive postnatal support:

- Include strategies for breastfeeding promotion and action on postnatal depression in health improvement programmes
- Consider targeted clinic sessions for teenagers with particular needs who are less likely to attend
- Collaborate with local agencies (statutory and non-statutory) to provide integrated care that meets the range of young parents' needs
- Ensure seamless working between midwives and health visitors

Practice example:

Getting it Right for Teenagers in Your Practice
A guide for general practice by the Royal College of General Practitioners and Royal College of Nursing

Make sure your practice is teenage friendly by:

- Creating a welcoming environment so that teenagers feel at ease about coming to your practice
- Letting them know what services you can offer them
- Reassuring them that confidentiality will be maintained
- Training members of the practice in teenage health issues
- Auditing the numbers of 10-18 year olds in your practice
- Considering running a young persons clinic in your practice or with other practices
- Make sure that advice is directed at boys and young men as well as girls and young women

Copies of the leaflet 'Getting it Right for Teenagers in your practice' (code 31536) are available by e-mailing: doh@prolog.uk.com

"I didn't go to antenatal classes because I was worried that people would ignore me."

Naomi

Checklist 2: Delivering responsive maternity services for teenagers

Understanding and engaging with local community

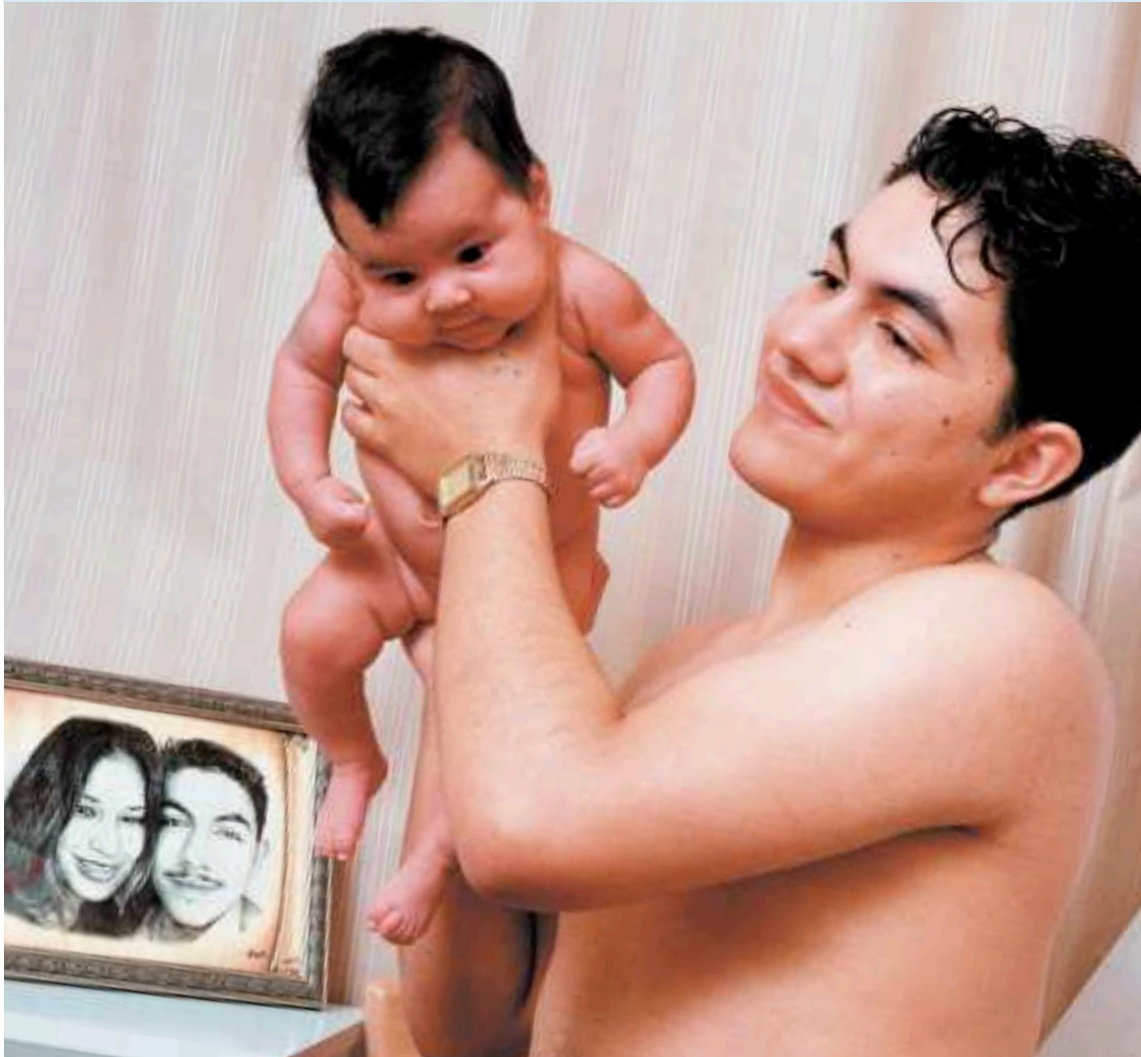
- Link with local statutory and voluntary organisations to provide information support and advice to vulnerable and excluded women
- Contribute to and make use of local intelligence in designing appropriate services
- Set a tone and culture amongst all staff that treats all teenagers with respect, dignity and kindness
- Evaluate existing service provision with teenagers in mind and refocus the service if gaps are identified
- Link with other health and social care professionals who deliver services to vulnerable and excluded women, such as smoking cessation programmes, Children and Adolescent Mental Health Services Drug Action Teams and the Connexions Service
- Reach out into the local community to invite representatives from a wide range of community groups and forums to join planning groups such as Maternity Services Liaison Committees
- Establish links with the local community, voluntary organisations and faith groups to share information and to reach vulnerable women

Facilitating access to health care services

- Produce teenage accessible information on the role of the maternity services and different professionals, including how to access care and what to expect
- Use the service referral checklists for professionals, produced by your local teenage pregnancy strategy
- Ensure there are opportunities for teenagers to self-refer directly to a midwife
- Utilise a range of communication methods (text messaging, mobile phones, appointment cards) to help young parents maintain contact with service
- Make full use of nationally available publicity material, including promoting the 'Sexwise' help-line and 'ruthinking' website for under 18s; and resources for professionals such as the Maternity Alliance resource pack for advisers working with pregnant teenagers and young parents.³⁷

Develop appropriate and responsive antenatal services

- Work with local schools and colleges to ensure teenagers are able to take time off for antenatal care
- Ensure eligible teenagers are easily able to claim reimbursement of travel costs
- Consider extending community based provision through outreach clinics, home visiting etc to provide services close to where teenagers live, in a comfortable and relaxed environment
- Consider timing of clinic sessions, especially out of school/college hours
- Consider working with other service providers, such as young people's sexual health clinics, Connexions, Drug Action Teams and relevant voluntary organisations, to improve integration of services and deliver them in locations and environments preferred by young parents
- Ensure staff development and training includes interpersonal and communication skills in working with young people, including young men
- Collaborate with local agencies (statutory and non-statutory) to provide seamless care that meets the range of women's needs



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Support women during labour

- Ensure facilities are designed to offer teenagers privacy and dignity during labour
- Make an assessment of the likelihood of teenagers requesting female doctors in planning staff appointments
- Target one-to-one care during labour for the most vulnerable and excluded women
- Ensure teenagers can be accompanied by the birth partners of their choice
- Welcome and involve young fathers in the care given during labour

Develop appropriate and responsive postnatal support

- Review hospital catering arrangements to ensure food is both nutritious and culturally acceptable
- Review hospital visiting policies to ensure clarity on visiting times and numbers of visitors
- Consider transferring teenagers who were not eligible to deliver in a stand alone midwifery unit to be cared for after delivery in a local unit if there are no anticipated postnatal problems
- Collaborate with local social services and other agencies to ensure support for children and young people at risk
- Develop close liaison and effective communication with health visitors to assist young women in making the transition to parenthood

“She gave me information on what it would be like when the baby is born but I found it harder, much harder...”

Georgina

Examples of innovative practice are included throughout this guide to target the combined efforts of local agencies to provide improved services for teenage parents. The five case studies that follow provide more detail of initiatives that have now been mainstreamed within maternity services provision. These five examples have common factors - local champions who were committed to improving services and, critically, a recognition at both strategic and operational level for joined up thinking to work differently to improve outcomes and hit key targets.

CASE STUDY 1:

“4U” Teenage Pregnancy Group: Heartlands and Solihull NHS Trust

Heartlands and Solihull NHS Trust covers a large part of inner city east Birmingham with high levels of deprivation, black and minority ethnic families and teenage pregnancy. Midwives have developed a drop-in support group for teenagers, called “4U” to provide practical and emotional support to enhance traditional midwifery care. The style of the group is relaxed and young people-friendly. The clients themselves choose subjects for discussion at the weekly sessions, giving them a great deal of ownership of the group. Incentives such as food encourage attendance and the group welcomes the teenagers’ friends, mums or their partners. Each of their needs is addressed as necessary.

Various speakers come to the group and target their young audience. Dieticians make smoothies with the young women as well as discussing healthy eating. Benefit advisors attend as requested. Breastfeeding mums come and demonstrate and promote breastfeeding and health visitors attend and continue to support these young mums in a postnatal group. Good referral pathways are in place with Connexions, Health Visitors, Social Services, smoking cessation workers and other agencies as necessary. Advice is given on sexual health and contraception. All subjects requested by the young parents are covered.

Young women are reminded about the group via a texting service, which also sends out healthy living sound bites specific to pregnancy. This is a quick, easy and cost effective means of targeting non-attenders. It is also the most acceptable to young people who communicate readily by text message and consider it a non-threatening method of communication. When reminder texts have not been sent the attendance has been poor. When asked how teenagers have heard about the “4U” group they invariably say they heard about it by text, despite also receiving invitations through the post and information from their community midwife or clinic staff.

The cost of this scheme has been met by the Teenage Pregnancy Partnership in Birmingham. Funding of £4500 was needed to establish the initiative and the texting service costs around £3000 a year. A dedicated midwife provides three days a week to co-ordinate the programme and run the 4U group with an additional four hours a week from a parentcraft midwife to run two groups in two venues.

For more information contact Lizzie Smith on: 0121 424 0356 or: lizzie.smith@heartsol.wmids.nhs.uk

CASE STUDY 2:

Specialist Teenage Parentcraft in collaboration with SureStart: Leeds Teaching Hospitals NHS Trust

Two years ago the maternity service in Leeds identified a lead midwife to develop antenatal and parentcraft services and the accessibility of maternity care for pregnant teenagers. This post has been supported by Sure Start Plus in Leeds and now offers health education and support, based on the needs and perceptions of the teenagers themselves. Most parentcraft is now delivered in community based venues identified by the teenagers or within their own homes. Discussions regarding the transition to parenthood are very realistic, with an honest and humorous approach.

A calling card with contact numbers is given by the lead midwife to all pregnant teenagers to allow them to access further information by ringing or texting. Information is disseminated across the NHS Trust via a monthly newsletter and across the city by networking, attending forums and providing training to other professionals. The profile of midwifery services for teenagers has been raised by working collaboratively with other agencies.

Preventative health promotion work is undertaken by linking with schools, colleges and Pupil Referral Services. Other links are also formed by attending health fairs in these venues.

A teenage antenatal clinic now runs at both hospitals where chlamydia screening is offered to all teenagers, third trimester scanning for under 16s and the lead midwife ensures all antenatal care is met. Referrals to the lead midwife are received from hospital and community midwives, the education system, family planning clinics and other professionals working with young people. The lead midwife then acts as a bridge between mainstream services and the teenagers to ensure their concerns and needs are met.

The service is monitored quarterly by Sure Start Plus via a Teenage Pregnancy Co-ordinator. Local objectives have been set within the maternity service and audit information is collated via a traffic light system of monitoring and statistical returns. Planned future developments include offering free aqua-natal classes to teenagers to promote exercise and healthy life styles and developing stronger links with the Youth Offending Team to increase the participation of teenage fathers.

For more information contact Natalie Walker on 0781 3332140



CASE STUDY 3:

Multi-Agency Scan Session For Young Women Under 18 Living In Newcastle

After thorough consultation with local young women in the city, it became apparent that many would prefer specialised maternity services for their age group. To meet this need a referral system was established by the maternity services at Royal Victoria Infirmary, Newcastle, as part of the local Sure Start Plus pilot, to provide young pregnant women with specific information regarding local services. Those requesting support or information are asked to specify how they prefer to be contacted, although emerging evidence suggests that uptake of support services is much higher amongst those who choose to be contacted by phone rather than by letter.

In order to improve accessibility, a specialised antenatal clinic has been designed for young pregnant women which is incorporated within the protocol for routine antenatal care. To reach the maximum number of teenagers the clinic coincides with the routine 19-week ultrasound scan, and at this session young women are able to spend time with the local Teenage Pregnancy Advisors who provide advice on issues such as housing, benefits, childcare and education. The lead midwife, a midwife sonographer and a young fathers' worker are also present. This multi-disciplinary collaboration has been positively welcomed and effective links have also been made with local Sure Start programmes, Education Welfare and Connexions.

The clinics have been in operation for 11 months and feedback has been encouraging. Many young parents have been given advice, information and follow-up on a variety of issues. As young women are less likely to attend traditional parentcraft classes, the scan session is a beneficial time to ask if they would like to have a tour of the maternity unit later in their pregnancy and have the opportunity to discuss issues of labour, pain relief and delivery options with other young mothers. These sessions are popular and young women are invited to bring partners, family or friends.

This re-organisation of care has worked effectively and has been achieved without the need for any increased funding. Other members of the maternity team have adapted well and appreciate the benefits

“It was my first baby and I didn't have a clue what to do... Tell me if I'm not doing it right but do it a bit nicer.”

Rebecca

of optimising the services that are offered to young women. The system ensures that each young woman is given the opportunity to meet an advisor and gain support in her pregnancy. Formal evaluation of the scheme will take place over the next six months.

For more information contact the teenage pregnancy team on 0191 270 2153

CASE STUDY 4:

Queen Charlotte's and Chelsea Hospital One-to-One Young Mums' Midwifery Scheme:
Hammersmith Hospitals NHS Trust

In August 2001, in conjunction with the London Borough of Hammersmith and Fulham Teenage Pregnancy Strategy, the Young Mums' Midwifery Practice Group was established. This was part of Queen Charlotte's and Chelsea Hospital's action plan for prioritising vulnerable groups, by targeting case-loading care to provide personalised and individual care to those in greatest need. As part of the One-to-One service the five midwives in the group work in partnerships, each providing 24-hour on-call cover to approximately 38 young women per year.

A named midwife provides continuity of care for the whole maternity episode with antenatal care provided in the home or at a location and time requested by the young woman. The continuity provided by the scheme together with the flexibility of midwives has played a major role in increasing early bookings and reduction of DNA. Following a lead set by young women, mobile phone text messaging has taken over as the primary method of contacting midwives between appointments.

Antenatal classes, specifically for teenagers, aim to promote normal birth and the use of the hospital birth centre, where partners and friends are welcomed and may stay throughout labour. As a result, young women are well informed prior to labour and the centre has higher rates of water births than caesarean sections. Breastfeeding is promoted during antenatal classes and at home visits, with young women who are breastfeeding encouraged to 'buddy-up' with other new mothers to offer support and advice. As a result the scheme has one of the highest breastfeeding rates (66%) amongst teenage mothers in England.

Postnatal support groups are also provided, including baby massage sessions to promote bonding and facilitate discussion between young parents. The aim is to reduce social exclusion and promote good parenting. Midwives who develop close and trusting relationships with their clients are well-placed to offer advice and guidance in relation to sexual health and contraception. Team members undertake family planning and sexual health training to assist in the provision of in-depth advice. A range of resources is used to encourage group discussion on issues such as safer sex, and domestic violence. Prior to discharge, the midwives discuss contraceptive choices in the client's home. The scheme is also part of a local condom distribution and chlamydia-screening pilot for young people.

For more information contact Leslie Spiers on 020 8383 4743 (or Lily Makurah on 020 8753 2151)

CASE STUDY 5:

Partnership working for teenage pregnancy

When I was appointed Teenage Pregnancy Midwife Co-ordinator for the West Herts NHS Trust, my objectives were to meet the goals of the Teenage Pregnancy Strategy and to overcome the isolation often experienced by teenage mothers.

It became apparent to me very early on that many of the wider implications for health lay outside of the NHS and so I approached, and engaged with, all appropriate statutory and voluntary organisations.

My aim was to develop, establish, implement and evaluate a multi-agency rolling programme that would be accessible to all pregnant teenagers in the area, along with their partners, friends and families. This would be used alongside the intense and individual midwifery care package that I would offer.

Initiatives so far include a teen pregnancy advice line, three antenatal groups, three postnatal groups, three 'one-stop' implanon clinics, 'buddy-up' process, peer support, peer counselling and peer education. Transport is provided to make the group work accessible as the clients are often too young to drive and do not have money for transport.

The work involves a vast array of agencies including midwives, health visitors, school nurses, sexual health staff, teachers, social workers, family planning nurses, an Acute Trust, Primary Care Trusts, the County Council, Family Centres, young people's counselling services, borough councils, housing associations, Connexions, Money Advice Unit, Citizens Advice Bureau, youth services, the local Child Protection team, a smoking cessation officer and drugs and alcohol services.



The project has been very successful, reaching 87.2% of the specified population and the project has been awarded The High Sheriff's Partnership in Health Award in recognition of excellence in partnership working.

New ventures in the pipeline include the development of a series of videos made by teenage mothers to be used in schools and support for breastfeeding.

For more information contact Michelle Kukielka on 07900 228028

Manchester

A model for the provision of maternity care for pregnant teenagers has been developed by St Mary's Hospital Manchester, aiming to offer solutions that reduce the effects of social exclusion. This includes a young parents service, based on a multi-disciplinary collaborative approach to service provision. It offers specialist adolescent pregnancy care with a lead consultant obstetrician and community midwife who co-ordinate all elements of care, including antenatal care, parenting skills and postnatal support.

For more information contact Marie Bartlett 0161 276 4245

Cheshire

Midwives in Cheshire are playing a central role in the local teenage pregnancy strategy. This has included funding to support a 'drop-in' facility to see a midwife at the information shop for young people. Midwives are working with the Connexions team, health visitors and social services to encourage teenage attendance at parentcraft education sessions.

For more information contact J Estcourt on 01270 612143

Section 5: An audit tool for teenage maternity services

Does our service currently offer any of the following dedicated services for pregnant teenagers?

- SPECIALIST LIAISON MIDWIFE
- SPECIALIST TEAM/GROUP PRACTICE
- YOUNG PARENT ONLY ANTENATAL CLINICS
- YOUNG PARENT ONLY PARENT EDUCATION
- YOUNG PARENT PEER SUPPORT GROUPS
- SERVICES FOR YOUNG FATHERS

Have we identified our local teenage pregnancy co-ordinator and made contact with the Teenage Pregnancy Strategy Partnership Board?

What are the links between primary care, acute care, social services, education, Connexions and Sure Start for providing joined up maternity care to teenagers?

- FORMAL LINKS
- JOINT DISCUSSIONS
- PLANNED PROGRAMMES OF WORK

Is training available for health professionals on working with pregnant young women?

Teenage Pregnancy Unit

The Teenage Pregnancy Unit is a cross government unit located within the Children, Young People and Families Directorate in the Department for Education and Skills. The Unit supports implementation of the Teenage Pregnancy Strategy through Regional and Local Teenage Pregnancy Co-ordinators and produces a range of guidance, research and statistical briefings, as well as collecting examples of promising practice from around the country. All published information is on the Teenage Pregnancy Unit's website.

www.teenagepregnancyunit.gov.uk

Teenage Pregnancy Midwives Network

This network, supported by the Teenage Pregnancy Unit, aims to bring together midwives who are providing dedicated specialist support for young parents, and share emerging practice.

Contact Lily Makurah on 020 8753 2151.

Maternity Alliance

A charity that provides information and advice on all aspects of maternity care, rights at work and benefits for families. It has published a resource pack for advisors called *Pregnant Teenagers and Young Parents*, that provides clear, accurate, and regularly updated information, including benefits, education, employment rights, childcare, housing, immigration and fathers' rights.

www.maternityalliance.org.uk

Home-Start

Home-Start offers friendship and informal support to parents with young children during difficult times in their lives. Volunteers visit families at home and offer a listening ear, a shoulder to cry on and an extra pair of hands. Their volunteers are friendly, approachable people, and they offer help and support in a way that meets young people's needs.

Freephone Information Line: 08000 68 63 68 **www.home-start.org.uk**

NEWPIN

A voluntary organisation working with families to help break the cycle of destructive behaviour by developing self esteem and emotional maturity of parents and by empowering parents and children to take care of their lives. It works through a network of 15 local centres where parents and children can access befriending schemes, counselling, play and personal development programmes. In London it also runs a fathers' project, an ante/postnatal project and a young mums' project.

www.newpin.org.uk

Fathers Direct

The national information centre on fatherhood, Fathers Direct, aims to support the welfare of children by the positive and active involvement of fathers and male carers. Its projects for professionals who work with families include support and training on working with young fathers and the production of a quarterly newsletter for professionals called *Father Work*. It also produces a magazine called *Dad* aimed at expectant fathers.

www.fathersdirect.com

Working with men

Working with Men develops innovative projects with young men and fathers and supports the development of work with men through resources, publications, training and consultancy.

Working with Men: 020 7732 9409

YMCA: Dads and Lads

YMCA Dads & Lads (& Lasses) is an innovative project with Home Office funding, which uses sport, outdoor pursuit and any other shared activities to bring together fathers, or mentors, and their children. Parenting workshops often follow a sporting activity and groups can take the opportunity to talk about the issues they face as fathers or mentors. The YMCA has designed a course of 10 sessions, which can be used for this purpose. The aims of the YMCA Dads & Lads (& Lasses) project are to help all children, especially boys, make the transition to adulthood more successfully, to help fathers and mentors become better role models and to encourage fathers to play an active role in parenting their children. The organisation has small grant funding available for any new Dads & Lads project - email to mark.chester@england.ymca.org.uk

www.ymca.org.uk

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