

TEENAGE PREGNANCY Fact Sheet

Background

Becoming pregnant as a teenager can adversely affect the health and wellbeing of young women and their children. In the short term, teenage mothers have an increased risk of postnatal depression and poor mental health and by the age of 30, women who had a teenage pregnancy are more likely to live in poverty and have no formal qualifications.¹ The children of teenage mothers have an increased risk of infant mortality and living in poverty.

Young people at increased risk of early parenthood and teenage pregnancy include children of teenage mothers, looked after young people, young people misusing alcohol, young people involved in crime, those with low self-esteem and some black and minority ethnic groups. Early onset of sexual activity, poor contraceptive use and repeat abortions are also significant risk factors.²

A teenage pregnancy is defined as any recorded pregnancy that ends in either birth or a termination and that started before the mother's 18th birthday. The rate of under-18 conceptions is used to monitor trends in teenage pregnancy. This rate is defined as conceptions in girls aged under 18 per 1,000 females aged 15-17.

The UK Government made a commitment to reduce the rate of teenage pregnancy in its 1999 Teenage Pregnancy Strategy. Since this time, the rate of under-18 conceptions in England has fallen and is currently at its lowest level since records began in 1969. The rate fell from 46.6 per 1,000 women aged 15-17 years in England in 1998 down to 22.3 in 2014.³

However, the rate of under-18 conceptions in England remains high compared to comparator countries in Western Europe.⁴ Further efforts are needed to reduce this rate and it is included as an indicator in the Public Health Outcome Framework and also included in the Framework for Sexual Health Improvement in England (2013).

The Local Picture

Due to the small number of conceptions in under-18 year olds that occur in Sutton each year (61 conceptions in 2014), it is possible that the data can fluctuate by chance. Therefore caution should be applied when interpreting trends.

Fig. 1 shows that in Sutton, the under 18 conception rate had fallen to 17.3 per 1,000 women aged 15-17 years in 2014. This is significantly lower than England (22.8 per 1,000), and is statistically similar to London (21.5 per 1,000).³

Fig. 1: Trend in Teenage Conception Rate, Sutton, 1998 to 2014

¹ Department of Health. A Framework for Sexual Health Improvement in England, 2013.

² Teenage Pregnancy: Accelerating the Strategy to 2010, Department for Education, 2006.

³ Public Health England. Public Health Outcomes Framework.

⁴ ONS. International comparison of teenage births, 2014.

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/vsob1/births-by-area-of-usual-residence-of-mother--england-and-wales/2012/sty-international-comparisons-of-teenage-pregnancy.html>

Data on young women giving birth does not provide the full picture of under 18 conceptions as in Sutton more than half (57.4%) ended in termination in 2014.⁵ The proportion for England was 51.1% and for London 64%. **Fig. 2** shows that overall teenage conceptions leading to termination gradually increased in Sutton as well as regionally and nationally between 1998 and 2014, though in Sutton there was a decrease in the latest year.

Fig. 2: Trend in percentage of conceptions to females aged under 18 leading to abortion, 1998 to 2014

In summary, the rate of conceptions to girls aged under 18 in Sutton in 2014 is lower than the national average and in line with London. (Sutton ranks in the bottom third compared to London authorities). The percentage of conceptions that end in termination is in line with London and England.

This suggests that there has been good progress locally in preventing teenage pregnancies, and that termination services are available for women who want them. The risk of a repeat abortion in Sutton (under 25s repeat abortions 27.4% in Sutton in 2015 compared to 26.5% in England)⁶ suggests that efforts should focus on the prevention of future pregnancies in women who undergo an abortion (for example by ensuring good access to contraceptive services). A robust follow-up pathway should be explored in order to support women access contraceptive services.

Sutton progress

Sutton recognises the importance of reducing the rate of under 18 conceptions. The local target is to achieve a 1% reduction in the rate of teenage conceptions by 2016 (measured against the 2010 baseline).

The Public Health team currently commissions several local initiatives that aim to address the causes and consequences of teenage pregnancy. These include:

- A specialised young people's sexual health service delivered in targeted schools and community settings across the borough
- Increasing access to Emergency Hormonal Contraception (EHC) and condoms in community settings
- Continued commitment to the successful South West London sexual health website for under-19s, www.gettingiton.org.uk
- Long Acting Reversible Contraception provision through the contraceptive service and targeted GPs in the borough

Teenage pregnancy is a cross-cutting issue. The Public Health team support other local programmes which aim to reduce teenage pregnancy. These include:

- Workforce training and development on early identification of young people at risk
- Supporting teenage parents through the Family Nurse Partnership programme, which has been recently launched in the borough with additional resources
- Supporting teachers to deliver effective sex and relationship education

⁵ Public Health England. Sexual and reproductive health profiles <http://fingertips.phe.org.uk/profile/sexualhealth>

⁶ Ibid.

What works

In July 2006, the Government produced guidance on the effective delivery of local teenage pregnancy strategies.⁷ This set out ten local actions to deliver an effective local strategy. They were based on international evidence and learning from areas in English that achieved a significant reduction in their under-18 conception rate.

The strongest empirical evidence for the reduction of teenage conceptions supports the delivery of high-quality education about sex and relationships and access to and correct use of effective contraception.⁸

Some births conceived to under-18 are second or subsequent births.⁹ Early intervention programmes such as the Family Nurse Partnership can help prevent second conceptions and increase young parents' take-up of work, education and training. The provision of supported housing may also increase participation rates, boost self esteem and delay further motherhood.

Links to further information

- Public Health England. Sexual and Reproductive Health Profiles.
<http://fingertips.phe.org.uk/profile/sexualhealth>

⁷ Teenage Pregnancy Next Steps: guidance for local authorities and primary care trusts on effective delivery of local strategies, Department for Children, Schools and Families, 2006.

⁸ Kirby D. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases, National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.

⁹ Teenage Parents Next Steps: guidance for local authorities and primary care trusts, Department for Children, Schools and Families, 2007.