

# Getting maternity services right for pregnant teenagers and young fathers

Revised edition (2009)

This guide, originally produced in 2008 by DCSF and DH, has been revised following feedback from midwives and other maternity workers saying that they would welcome more guidance on ways of effectively engaging with young mothers. The content has been revised with the close involvement of the Fatherhood Institute and offers practical guidance on working with pregnant teenagers, young mothers and young fathers.

## A practical guide for midwives, doctors, maternity support workers and receptionists

**About one in 15 of all births are to young women under 20 – around 45,000 births in 2007. The majority of their babies' fathers are under 25. Young parents and their babies have poorer access to maternity services and experience worse outcomes than older mothers and fathers.**

Meeting the needs of young women and their partners more effectively will improve the life chances of the young parents and their children, while also making significant contributions to the national and local targets on early access to maternity care; on reducing infant mortality, smoking and teenage conceptions; and on increasing breastfeeding.

This guide has been written for midwives, doctors, maternity support workers and receptionists who are involved in the care of pregnant teenagers. It is aimed particularly at practitioners working in mainstream services or areas where the prevalence of teenage pregnancy is relatively low and where there are no dedicated services for pregnant teenagers. It sets out the reasons why it is important to improve the maternity service offered to young parents, and offers practical guidance on working with pregnant teenagers and young fathers.

The evidence base for this guide is fully referenced in *Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents* (Department for Children, Schools and Families, Department of Health, Royal College of Midwives 2008) and in the Fatherhood Institute's Research Summary on Young Fathers, available at [www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

## Why a focus on teenage mothers and young fathers?

Teenage pregnancy and early parenthood are widely recognised to be associated with poor health and social exclusion. There has been considerable debate over whether poor outcomes are a consequence of the mothers' and fathers' young ages, or of their often disadvantaged circumstances, or of limited uptake of antenatal care. Current research suggests that all these contribute, but that timely access to appropriate care and support can help avoid poor outcomes and maximise young people's chances of a positive transition to parenthood.

### Teenage pregnancy and health inequalities

Babies of teenage mothers:

- are more likely than average to be **born prematurely**;
- are 25 per cent more likely than babies of older mothers to be born at a **low birthweight**;
- have an **infant mortality** rate 60 per cent higher than babies of mothers aged 20-39;
- are twice as likely to be **admitted to hospital** as a result of an accident or gastro-enteritis;
- Babies of teenage fathers are at increased risk of **premature birth, low birthweight and neonatal death**, independently of the mother's age.

Teenage mothers:

- are three times more likely than mothers over 35 to **smoke throughout pregnancy**;
- are a third less likely than older mothers to **breastfeed**;
- are at increased risk of **inadequate diet** during pregnancy;
- are three times more likely than older mothers to develop **postnatal depression**, with around 40 per cent of young mothers affected;

- are at risk of **repeat unplanned pregnancies**: 20 per cent of births conceived to under 18s are estimated to be second or subsequent pregnancies, and most are unplanned.

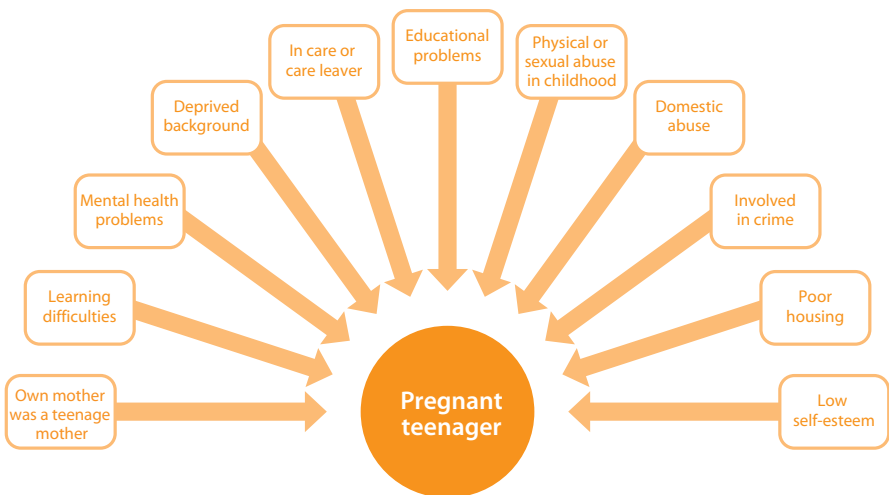
Young fathers are more likely than older fathers and than other young men:

- to have been subjected to **violent forms of punishment** at home, and are twice as likely to have been **sexually abused**;
- to have pre-existing serious **anxiety, depression and conduct disorders**;
- to **drink, smoke and misuse other substances**;
- to have **poor health and nutrition**.

### Teenage pregnancy and social exclusion

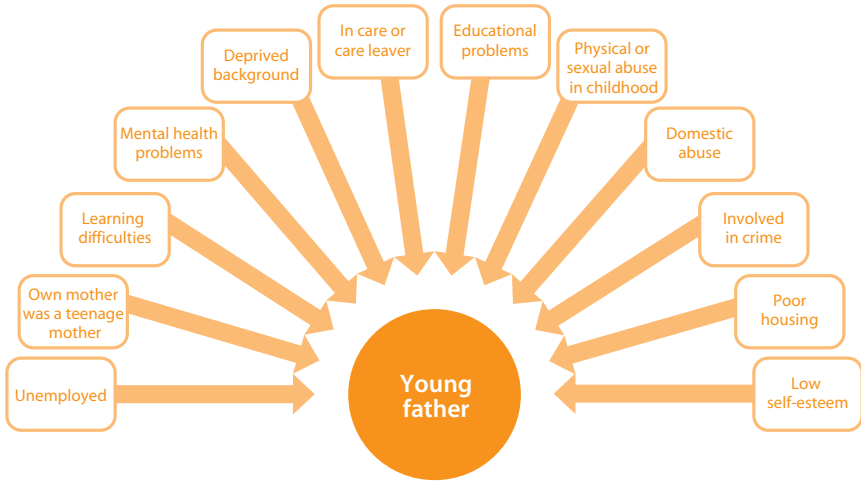
Although teenage parents vary widely in their social backgrounds, family circumstances and life experiences, young women and men who become parents are disproportionately likely to have a history of disadvantage and social exclusion.

Compared with older mothers, **teenage mothers** are more likely to have experienced the circumstances shown below:



## 6 Getting maternity services right for pregnant teenagers and young fathers

Compared with older fathers, **young fathers** are more likely to have experienced the circumstances shown below:



This guide uses the term 'young father' because the partners of teenage mothers are not necessarily teenagers. Available figures suggest that a quarter of the fathers of babies born to teenage mothers are aged under 20, and around half are aged 20-25.

### The importance of young fathers

A young father's behaviour and attitudes have a strong influence on the health of the young mother and the baby.

- The young father's **smoking/drinking/drug use** is the greatest influence on the young mother's smoking/drinking/drug use. Persuading him to cut down or quit smoking and to support his partner in also cutting down or quitting, significantly affects the likelihood of her success in doing so.

- The young father's **attitude to breastfeeding** has a significant impact on the mother's choice of how to feed her baby. Where fathers are directly addressed on this topic by health professionals, mothers are more likely to initiate and to continue breastfeeding.
- A good relationship with the baby's father and supportive behaviour by him is a **protective factor for postnatal depression** in the young mother; conversely, his negative behaviour is a risk factor for postnatal depression.
- Relationship-stress between the couple is a significant cause of **maternal stress** – which can affect the unborn baby.

The relationship between a young mother and a young father is often unstable, and the young mother's own family may blame the young father and seek to marginalise him. It must be acknowledged that not all relationships between young parents are healthy. However, a good relationship between a young father and his teenage partner is strongly correlated with his involvement with his child in the early years, and with lower stress for the mother. Having a highly involved father (independently of whether the father and mother remain a couple) is associated with better emotional, behavioural and educational outcomes for children.

8 Getting maternity services right for pregnant teenagers and young fathers



## Teenage pregnancy and access to maternity care

*"My mum went absolutely mental.  
My boyfriend left me."*

**Pregnant teenagers and young fathers are less likely than older people to access maternity care early on (average gestation at booking is 16 weeks), and are less likely to keep appointments – due to a range of interlocking factors.**

For example, the young woman may:

- not realise she is pregnant;
- take time to come to terms with the pregnancy;
- actively seek to conceal the pregnancy, for fear of others' reactions;
- prioritise other crisis issues such as housing or income over health care;
- have a chaotic lifestyle;
- lack a stable address;
- not be able to afford or find transport, especially in rural areas.

And the young man may:

- not know about the pregnancy early on;
- fear he will be blamed for "getting her pregnant" – especially if she is under 16;
- think maternity services are only for mums;
- have a chaotic lifestyle;
- lack a stable address;
- not be able to afford or find transport; especially in rural areas.

## 10 Getting maternity services right for pregnant teenagers and young fathers

In addition, many young mothers and fathers fear, and sometimes experience, **negative attitudes among maternity professionals and older service users**. Health professionals are often seen by them as unsympathetic and judgmental, and many young fathers believe health professionals are dismissive of their involvement.

*"I went, but no one spoke to me. It felt like they were looking down their noses at us".*

### Antenatal education

As well as reduced engagement with clinical care, teenage mothers and young fathers are also much less likely than older parents to attend **antenatal education**. They often say that they feel uncomfortable in classes dominated by older people and much prefer classes targeted at their own age group. The young men may fear they will 'look stupid' or be isolated in a room full of women. Pregnant teenagers without partners often describe feeling insecure and 'judged' in classes where the other women all attend with husbands or partners.

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

*"Everything was from the women's point of view. They had us dads race to change nappies on dolls with the mums laughing. I didn't like it".*

#### Tip from a teenage pregnancy midwife

*"As part of the session, time is allocated specifically for young fathers to get together informally to discuss their fears, concerns, excitement about the pregnancy, adapting to becoming a father, as well as their experiences of maternity services to date."*

## Principles of a young people friendly maternity service

*"I wanted to get married, have a house ready to move into, then settle down and have a child, you know the tidy way. Yeah, I would have liked to do it in that order, not as one day get up and discover you're pregnant and you've just got to figure the next bit out yourself."*

**Because pregnant teenagers and young fathers often have complex needs, many maternity services offer specialist support through dedicated midwifery posts, clinics and classes. These have been shown to improve attendance and clinical outcomes. Detailed guidance on setting up services for teenagers is available in *Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents* (Department for Children, Schools and Families, Department of Health, Royal College of Midwives 2008) [www.everychildmatters.gov.uk/\\_files/3861\\_Teenage%20parents\\_aw63final.pdf](http://www.everychildmatters.gov.uk/_files/3861_Teenage%20parents_aw63final.pdf)**

Where specialist support is not possible, maternity services can engage more effectively with young people by adopting the following principles:

1. an environment welcoming to young women and young men;
2. easily accessible services;
3. clarity about confidentiality and child protection;
4. young people are treated with respect;
5. an empowering approach;
6. accessible information that meets both parents' needs;
7. young fathers' value is openly acknowledged;
8. strong referral links with relevant agencies;

## 12 Getting maternity services right for pregnant teenagers and young fathers

9. effective support to both young parents to prevent second unplanned pregnancies;
10. staff are trained to work with young women and men.

### 1. A welcoming environment

Pregnant teenagers and young fathers often feel highly self-conscious using services where most other service users are older than they are. They may have experienced disapproving comments in public places and are often very sensitive to the possibility of encountering criticism when using maternity services. Even being glanced at by other service users may be interpreted as disapproval. Creating a welcoming environment in the reception and waiting area is therefore very important to reassure young people that the services are 'for them'.

Creating a welcoming environment could include:

- displaying positive images of young mothers and fathers;

#### **Free posters of young mothers and fathers and of breastfeeding**

A set of seven free posters of young mothers and fathers is available from Prolog on 0845 60 222 60. The item codes are 30019, 30020, 30021 TP30023, TP30024, TP30025, TP30026.

A set of two Department of Health posters showing a young mother breastfeeding are available on 0300 123 1002 or can be downloaded online at [www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk). The item codes are 285321 and 285323.

- providing appropriate reading material likely to interest young women and young men;
- as far as possible, staff not wearing uniforms;
- not asking potentially sensitive questions in the reception area that might be overheard.

#### Tip from a teenage pregnancy midwife

*"If possible offer them a cup of tea/coffee/squash at the beginning of the session. They very often decline, but I find it sets the scene and gives a feeling of welcome and that the midwife is an OK person!"*

#### Tip from a teenage pregnancy midwife

*"Reflect on, and be continually aware of, prejudices/strong feelings you have regarding teenage pregnancy. Keep prejudices or biases you may have against teenagers choosing to become parents to yourself! Treat young pregnant women in the same way as you would a woman of any age."*

## 2. Easily accessible services

Pregnant teenagers and young fathers may have difficulties physically accessing maternity services if they don't have their own transport; and public transport may be unavailable or unaffordable. Day-time clinics may be problematic for young people at school or college, and for young fathers who are working. Some young people, particularly those with chaotic lives, will rarely keep appointments early in the day. Many pregnant young women and their partners do not have a stable address and may not receive letters sent to them.

## 14 Getting maternity services right for pregnant teenagers and young fathers

Creating an accessible service could include:

- choosing clinic locations accessible to young people by public transport;
- ensuring that young people who are eligible for re-imburement of fares for transport to hospital (because of benefits status) know how to claim locally;
- co-locating antenatal clinics in a non-stigmatising service already used by young women and young men;
- taking account of young people's circumstances when scheduling appointments, avoiding early mornings and as far as possible school, college or working hours;
- widely publicising the possibility of direct referral to midwives. Some young people delay accessing services because of concerns about how their family doctor will react, and whether confidentiality will be respected;
- encouraging young people to keep in touch with the service by mobile phone or texting, and the service keeping in touch by the same means, while being aware that young people often use pay-as-you-go mobile phones and run out of credit;
- checking the young person's contact details at every appointment – her/his address and pay-as-you-go mobile telephone number may change frequently;
- asking the young person to give you a landline number of a relative or friend who could be a stable contact point if you lose touch with the young person.

*"I was worried about going to see the doctor because I didn't know what reaction I was going to get from him."*

Tip from a teenage pregnancy midwife

*"Some professionals don't see a lot of positives in young men. We challenge that. We make sure he knows he will not be judged and that we are there for him, too."*



### 3. Clarity about confidentiality and child protection

Young women and men accessing maternity services may be very concerned about confidentiality. The duty of confidentiality owed to a person under 16 is the same as that owed to any other person. The duty of confidentiality is not, however, absolute. Where a health professional believes that there is a risk to the health, safety or welfare of a young person or others so serious as to outweigh the young person's right to privacy, they should follow locally agreed child protection protocols, as outlined in *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children*

(HM Government 2006) [www.everychildmatters.gov.uk/resources-and-practice/IG00060/](http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/)

In these circumstances, the overriding objective must be to safeguard the young person (or unborn child if appropriate). If considering any disclosure of information to other agencies, including the police, staff should weigh this up against the young person's right to privacy, the degree of current or likely harm, what any such disclosure is intended to achieve and what the potential benefits are to the young person's well-being.

Any disclosure should be justifiable according to the particular facts of the case and legal advice should be sought in cases of doubt. Except in the most exceptional of circumstances, disclosure should only take place after consulting the young person and offering to support a voluntary disclosure by the young person.

The maternity service can meet young people's concerns about confidentiality by:

- producing or using a confidentiality policy that makes it clear that young women and men under 16 have the same right to confidentiality as older people, and what the limits to confidentiality are;
- prominently displaying the confidentiality policy;
- explaining the confidentiality policy to the young people at their first appointment and subsequent appointments if necessary.

For more guidance on confidentiality see *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health* (Department of Health 2004) [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4086960](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960)

Tip from a teenage pregnancy midwife

*"I use humour and am happy to expose my (small) faults along the way. This usually makes them laugh and I hope makes me seem more 'human' and not a perfect, critical, health professional."*

#### 4. Young people are treated with respect

Many young women who become pregnant and young men who become fathers have low self-esteem, and are disproportionately likely to have experienced abusive relationships. They often have poor relationships with adults in positions of authority (such as teachers, social workers, and probation officers). Consequently they may expect to be treated badly by maternity practitioners, may appear defensive and reluctant to engage, and may be extremely sensitive to any words or body language that suggest disapproval or disrespect. On the other hand when young people encounter practitioners who respect and value them, they respond positively and their self-confidence grows.

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

*"I know where I am with her, she's brilliant, she's not one of these midwives that's all strict and you can't speak to her, I feel she's more like a friend and she understands you."*

To overcome these potential barriers, you could:

- approach all young women and men with an attitude that is warm, open and non-judgmental;
- ensure that your body language reinforces welcoming words. In particular, smile at the young person, use her/his name and give her or him eye contact, even if the young

## 18 Getting maternity services right for pregnant teenagers and young fathers

- person does not at first return eye contact;
- introduce yourself and explain your role;
- at the first appointment, spend some time asking 'open' questions about the young people's life and hopes, and show you are listening to the answers, before moving onto the detailed history taking;
- take time to build a relationship during the session with each young person, before tackling subjects such as healthy eating or breastfeeding. Young people may be very sensitive to the feeling of being 'told off' for their health choices. If you can offer the young people practical support on the issues which seem most important to them (e.g. housing or money), either by giving information or arranging referral to an agency that can help, you are more likely to gain their trust;
- demonstrate an understanding of how each young person's circumstances may impact on her/his ability to follow any advice you may give. For example, in discussing healthy eating, it is important to understand that many young mothers and fathers will be living on a very low income and some may not have access to cooking facilities, so information should be tailored accordingly;
- if either of the young person's parents are present, include them but remain focused on the young people. Ensure that each young person has the opportunity to see you without her/his parents present, especially if discussing contraception (see also Section 9);
- be careful to avoid a patronising tone or language.

*"The midwives used words of one syllable, 'do this', 'do that' – a totally different attitude to what they would do with an older person."*

*"It was our first baby and we didn't have a clue what to do... tell us if we're not doing it right but do it a bit nicer."*

Tip from a teenage pregnancy midwife

*"I try to provide privacy and foster an atmosphere of 'I am grateful that you are here today'."*

Tip from a teenage pregnancy midwife

*"Always keep in mind that teenagers are not yet adult. Challenge the opinion of any professionals who feel that these youngsters have chosen parenthood and must therefore 'grow up'. Point out that they can't – they will need to adapt and learn to become parents but they will still also exhibit normal adolescent behaviours. These may include a chaotic lifestyle, anxieties about body image and function, mood swings and child-like behaviour when under stress. Risk taking behaviour is part of the developmental stage they are in."*

## 5. An empowering approach

*"The midwife said to my partner, 'What pain relief shall we give her?' He said, 'I don't know, ask her.' The midwife said, 'She's a bit young to make her own decisions.' It made me feel a bit small."*

Young people who become parents often have a low sense of self efficacy and little belief in their capacity to make choices about their lives. Maternity care provides many opportunities to make choices and the transition to parenthood is a major opportunity for developing a sense of capability for both young women and young men.

You could support this process by:

## 20 Getting maternity services right for pregnant teenagers and young fathers

- showing that you believe in her or him;
- explaining choices clearly, and showing that you respect the young person's capacity to make the right choices for herself/himself;
- showing that you believe she or he is able to develop the skills to become an effective parent (young men in particular may believe that these skills are innate and natural for women, and may need specific support to develop self-belief);
- where feasible offering parenting education specifically for young people;
- reassuring the young woman or man that people of all ages often feel overwhelmed and daunted at the prospect of parenthood, and that there is nothing unusual in having mixed emotions about it;
- treating every young person as an individual, and not making stereotyped assumptions about the choices a young person is 'likely' to make, for example that a young mother will not want to breastfeed or attend antenatal education, or that a young father will not want to be fully involved.

*"When we showed them our birth plan and I was going to be there, the midwife said, 'I expect you'd rather be out with your mates.'"*

*"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."*

*"The midwife was lovely. She said 'Oh well done!' and gave me confidence."*

Tip from a teenage pregnancy midwife

*"An activity we have used for giving the girls some control over their birth experience is to make Birth Plan T-shirts. We bought cheap white cotton men's T's and felt tips. After discussing their aspirations for their births they wrote/drew their plans on the shirts. They could then wear them for labour and everyone would be in no doubt about their wishes!"*

Tip from a teenage pregnancy midwife

*"I address both parents-to-be at each visit, slowly building a relationship with both of them. I offer the dad-to-be my mobile number (as well as the young woman) in case he has some concerns or questions of his own. I think this helps him feel valued and as important, perhaps, as the mum to be."*

## 6. Accessible information

Young people who become parents often have considerable unmet information needs, in part because most do not attend antenatal classes. Some young people feel too shy to ask questions, especially where a health professional gives the impression that she or he is very busy.

Many young parents have had educational problems and some have low literacy skills, which can make standard written information rather inaccessible to them. In addition, young people often feel alienated from information with too much text that reminds them of a school text book. Young women can be put off when the only images are of older women and idealised couples; and young men can be put off if there are few pictures of men and especially young fathers.

## 22 Getting maternity services right for pregnant teenagers and young fathers

*"The nurse was shouting at me that she's busy and got three babies to look after."*

*"When you look at the leaflets, there's actually older people all through them, there's no younger girls or boys, like they're not for us."*

You could make information more accessible by:

- asking tactfully about how comfortable each young person is with reading;
- offering information in alternative formats e.g. dvds;
- using visual aids as much as possible;
- keeping information about birth and preparation for parenthood short, light and fun;
- making it clear at the beginning of the appointment that you welcome any questions the young people have, and emphasising that every service user (of whatever age) has questions;
- checking that both young people have understood what you have said;
- explaining to the young people how to contact the service with any questions in between appointments;
- remembering that young men are likely to be even less well informed than young women about pregnancy and birth, and that young women and young men have different perspectives that may be best served by tailored information.



### **Information resources for young mothers and young fathers**

Voluntary sector organisations have produced free resources for young pregnant women and young fathers, written in an accessible style and designed to appeal visually to young people.

*The young woman's guide to pregnancy* is available from Tommy's, the baby charity: [www.tommys.org](http://www.tommys.org)

*Young father? Or about to become one?* is available from Working With Men: [www.workingwithmen.org](http://www.workingwithmen.org)

There is general information on becoming a father at [www.dad.info](http://www.dad.info) and photocopyable handouts for young dads in the Fatherhood Institute's 'Invisible Fathers' resource pack: [www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

## 24 Getting maternity services right for pregnant teenagers and young fathers

### Tip from a teenage pregnancy midwife

*"If the pregnant teen is not attending antenatal classes, ensure she and her partner have the opportunity of one to one sessions covering the content of classes. We have a crib sheet of topics covering the content of classes. Anyone having contact with the pregnant teen can see at a glance what has been covered."*



Photograph: Mike White,  
U-Too Community Business Ltd

### Tip from a teenage pregnancy midwife

*"When I text health messages to the young mum, I text them to the young dad, too."*

## 7. Inclusion of young fathers

Many young fathers feel that maternity practitioners either ignore them or treat them as irresponsible and incapable. They are often insecure and defensive about their role, and may appear reluctant to engage with health professionals.

Specific efforts are needed to reach out to young men and to give them the sense that they are respected and valued in their role, because they may easily disengage from the pregnancy and from parenting if they feel judged or excluded. Maternity professionals can also support the relationship between young mothers and fathers by encouraging and involving young fathers in antenatal care.

*"I went to give baby mother support, but I was invisible...it's all about the woman isn't it?"*

*"The midwife was really helpful and always brought my boyfriend in."*

To show a young father that you value and welcome his involvement you could:

- enquire about his well-being and be friendly and encouraging;
- continue to address him as well as his partner, even if he does not initially make eye contact;
- ensure he has a place to sit next to his partner;
- give your contact details to him as well as to his partner;
- take down all his details with interest, and ask him if he has any questions of his own;
- make it clear that he is invited to any antenatal education that you offer;
- suggest he attend any scans and other appointments (although it is important to see the young woman on her own at least once, to allow her the opportunity to disclose confidential matters such as domestic abuse, including intimate partner violence);

## 26 Getting maternity services right for pregnant teenagers and young fathers

- explain that, in late pregnancy, the baby is already aware of his voice;
- explain how his giving up smoking and drinking can help his partner stop or cut down – and the positive effect this will have on their baby;
- if you suspect relationship problems between the couple, refer them to help if you can, and explain how this will benefit their baby;
- ensure that he knows what to expect during labour;
- during labour help and encourage him to work with you to support his partner;
- show him how he can support his partner with breastfeeding and how to support her if she experiences postnatal depression;
- explain to both young parents how a skilled, competent father helps his baby be cleverer and happier – and that dads, like mums, need practice to become skilled;
- make sure he is included when you are helping the mother with breastfeeding or baby care;
- emphasise how important he is to his child, and will be throughout his or her life;
- offer him information about any relevant support services: these may include support for non-resident fathers.

### Tip from a teenage pregnancy midwife

*“If the partner is present, tell him how valuable it is for him to be involved. If he is not present, ask the young woman about him and tell her how valuable it would be for him to come to some of the appointments.”*

## 8. Strong referral links with relevant agencies

Teenagers who become pregnant and young fathers often have significant additional needs that cannot be met by the maternity services in isolation, and many need assistance with resolving crisis issues such as housing and financial support. In addition, the risks of long term social exclusion associated with young parenthood can be overcome by timely support to ensure that every young woman and young man has the opportunity to maximise her/his potential.

The maternity services can act as a gateway to the wider services available to young people, for those who are not already receiving support from other agencies. Identifying the relevant agencies locally and creating strong referral links with them can also improve uptake of maternity care, as maternity practitioners can raise those agencies' awareness of the importance of pregnant teenagers and young fathers making contact with maternity services.

To support multi-agency working around the needs of pregnant teenagers and young fathers, the maternity services could:

- participate in agreeing local data and information sharing protocols with the relevant agencies and children's centres;
- create a care pathway specifically for pregnant teenagers that incorporates referral (with consent) to the external services available;
- have arrangements to refer pregnant young women and young fathers immediately to Targeted Youth Support, Connexions, a children's centre, the teenage parent support service (where it exists) or the Family Nurse Partnership (where there is a local programme) so that a lead professional in one of those agencies can assess their support needs;

## 28 Getting maternity services right for pregnant teenagers and young fathers

- deliver some services at local young people friendly venues where other agencies provide services;
- smooth the way for young fathers to access services – some may not understand the importance of working with the young dads.

For more information see *Multi-agency working to support pregnant teenagers: A midwifery guide to working in partnership with Connexions and other agencies* (DfES, DH, RCM 2007) [www.everychildmatters.gov.uk/resources-and-practice/IG00211/](http://www.everychildmatters.gov.uk/resources-and-practice/IG00211/)

### Support for smoking cessation

It is important to find a way of asking at the first contact whether the young woman, her partner or family members smoke. Most young women and young men will be receptive to the idea that stopping smoking and making their home smokefree are two of the best things that they can do for their baby, their own and their family's health. You can boost their confidence by emphasising the help that is on offer to stop smoking.

Visit the Go Smokefree website at [www.nhs.govsmokefree](http://www.nhs.govsmokefree) or phone the NHS Pregnancy Smoking Helpline on 0800 1699 169.

### Tip from a teenage pregnancy midwife

*"Link in with youth health as they often have specialist services in relation to nicotine replacement, diet and nutrition for younger clients."*

Tip from a teenage pregnancy midwife

*“Put up as many as you can of the great free posters of teenage mothers and young fathers. I also use the mini dolls and pelvis and the video of the cot death information which you can get on the Foundation for the Study of Infant Death website. This is particularly good for small groups and for young people with learning needs.”*

Tip from a teenage pregnancy midwife

*“If possible, see the young mother-to be in her own home at least once in the antenatal period, and invite the young father to be present. This will often flag up support needs which may be missed until the midwife visits postnatally, by which time valuable opportunities may have been lost.”*

## 9. Effective support to prevent second unplanned pregnancies

Around 20 per cent of births conceived under the age of 18 are to young women who are already teenage mothers. Some of these pregnancies are planned but many are not. Young women and men are often unaware how easy it is to become pregnant again after having a baby, have limited understanding of the range of contraception available and are not actively supported to access contraception (particularly long acting reversible contraception such as the implant). Contraception may also be a low priority amid the other pressures of the postnatal period, particularly for young women with a chaotic lifestyle. Young men tend to be substantially less knowledgeable about pregnancy prevention than young women, yet have great influence on contraceptive use.

### 30 Getting maternity services right for pregnant teenagers and young fathers

To offer effective support to prevent second (or subsequent) unplanned pregnancies, the maternity services could:

- prominently display information in antenatal and postnatal settings about the risks of becoming pregnant soon after birth;
- integrate contraceptive planning into antenatal care, beginning early in pregnancy and continuing throughout, to explore the options that the young women and men feel would be right for them;
- encourage young people to make a contraceptive choice before delivery or very shortly afterwards;
- make access to the chosen form of contraception as straightforward as possible;
- work in partnership with local family planning services to deliver this aspect of maternity care.

#### Resources for preventing repeat unplanned conceptions

Brook have produced a *believe it or not* poster to remind young women and men of the ease of getting pregnant immediately after having a baby, and an information booklet *Contraceptive choices after having a baby* in their 'Nothing but the facts' series. These resources can be ordered from Brook ([www.brook.org.uk](http://www.brook.org.uk)).

## 10. Staff are trained to work with young people

*"I could tell that she had been specially trained to deal with teenagers. She is lovely, she left me her number."*

Many young mothers and fathers report negative encounters with maternity staff, who sometimes express judgmental and stereotyped attitudes about young parents or give the impression of disapproval through body language. To overcome these attitudes and the potential for misunderstanding between staff and young parents, maternity services could:

- give all staff who are likely to come into contact with pregnant teenagers and young fathers basic training on communicating easily with young women and young men; and promoting attitudes and values that are young people friendly;
- identify a lead midwife for young parents (if there is no specialist teenage pregnancy post), whose role would include ongoing training, support and supervision of maternity staff (including receptionists) on the specific needs of young mothers and fathers. They would stress the importance of not deterring their attendance at services through perceived judgmental or stigmatising attitudes or behaviours.

*"My new midwife, she was brilliant, she treated me like an individual whereas for the other one I was like a number on the computer."*

Tip from a teenage pregnancy midwife

*"Celebrate the positives...expect the unexpected."*

## More information

For more information about teenage pregnancy and the provision of appropriate maternity services for young women and young men, see:

*Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents* (second edition.) Department for Children, Schools and Families, Department of Health, Royal College of Midwives (2008).

*Multi-agency working to support pregnant teenagers: A midwifery guide to partnership working with Connexions and other agencies.* Department for Education and Skills, Department of Health, Royal College of Midwives (2007).

*Teenage Parents: Next Steps. Guidance for Local Authorities and Primary Care Trusts.* Department for Children, Schools and Families & Department of Health (2007).

*Invisible Fathers. Working with young dads – a resource pack.* The Fatherhood Institute (2009):

**[www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)**

The web page of the National Teenage Pregnancy Midwifery Network: **[www.rcm.org.uk/college/standards-and-practice/national-teenage-pregnancy-midwifery-network/](http://www.rcm.org.uk/college/standards-and-practice/national-teenage-pregnancy-midwifery-network/)**



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