Under 18 conceptions and teenage births

Developing a sense of sexual identity is a key part of adolescent development. Staying safe, healthy and happy through the process is important. This section looks at the occurrence of teenage conceptions and the needs of teenage parents, and how services can work together to ensure better outcomes for young people.

- Some areas in the borough have high rates of teenage conceptions. These are predominantly in Crewe.
- Access to contraception services, pregnancy counselling and sexual health are needed in all areas; with consideration given to service delivery in some of the more rural areas within the borough as well as ensuring services are timely and accessible.
- There are more vulnerable groups of young people where sex and relationship and sexual health advice should be more targeted; children who are cared for, those in supported housing, young people who have been excluded from school and those who are Not in Education, Employment or Training (NEET).

The average age of first heterosexual intercourse is 16 years. Two thirds of 16-19 year olds have a sexual partner and are at risk of pregnancy, but about one in ten of them do not use contraception.

550 sexually active women age 16-19 may not be using contraception.

1150 EHC courses used by under 19’s annually.

180 live births to under 19’s in 2012.

183 legal abortions in under 19’s in 2012.

### Opportunities for improvement:
- Commission outcome focused and evidence based young people friendly sexual health services to meet needs in each area.
- Regular review of services; through effective performance management and consulting with young people.
- Establish a shared, localised data set to inform a baseline to measure improvements against.
- Improve the quality of age appropriate sex and relationship education in schools and colleges.
- Greater targeted provision for those more vulnerable groups; in particular cared for children.
- Develop youth service provision targeting the most vulnerable groups of young people.
- Develop a co-ordinated media programme using social network and websites to promote young people specific information including; contraceptive and sexual health, drug and alcohol, education and training, and with a focus on local activities.

### 2.04 Under 18 Conceptions, 2011*

- Worst: Crewe, Cheshire East
- Best: England

*Local figures relate to 2009/2011

England best Rutland (9.4), England worst Blackpool (58.1)

Is Cheshire East getting better or worse?

How is Cheshire East doing compared to other local authorities nationally?

Under 18 conceptions and teenage births (page 1 of 4)
Conception statistics are released 14 months after the period to which they relate. Data for 2011-12 was released in 2013.

Cheshire East has a rate of 23.3 per 1,000 girls aged 15-17, and in 2011 there were 151 conceptions.

This rate is one of the lowest in the North West yet it conceals the fact that some of our areas have conception rates that are several times the national average.

Mapping existing data we know that there are high rates of under-18 conceptions in wards that have a high index of multiple deprivation. We also know from historic trend data that on average over half of the conceptions result in termination.

Needs:

- There is an opportunity to review existing service provision to ensure it meets the varying needs of our localities. Whilst there are pockets of excellent practice there is a need to ensure a consistent message and approach is delivered universally by all services to provide high quality sex and relationship education and accessible and effective contraception.

- In certain areas where teenage conception rates are particularly high, for example in parts of Crewe and Macclesfield where conception rates are five times higher than the borough average, we need to target the right services to address and reduce this rate.

- We need to develop how we collect the views of young women about the services, their experiences and gaps in provision.
Outcomes:
Greater alignment of services and a more co-ordinated approach by all agencies will:

- Reduce the number of teenage conceptions
- Target hotspot areas and reduce the number of teenage conceptions
- Increase the number of young people accessing sexual health services
- Inform young people on a variety of topics through an innovative multi-media advertising approach
- Reduce the number of young people misusing drugs and alcohol

Use of contraception:
The majority of young people use contraception during sexual intercourse, but rates are still not as high as for older age groups. In addition, some of those using contraceptives may not be doing so properly or on every occasion. Use of contraception is important both for preventing conception and also for protecting against sexually transmitted infections. The new Sexual Health Strategy specifically aims to increase knowledge and awareness of methods of contraception for all ages.

Approximately half of 16-19 year olds have used family planning services, which tend to be either their own GP or a community contraceptive clinic. Two thirds of those aged 20-24 have used services with the GP or practice nurse being the most popular choice in this age group.

In Cheshire East it is believed that around 550 sexually active young women age 16-19 may not be using contraception regularly. 1150 courses of emergency hormonal contraception are dispensed each year to women under 19 in Cheshire East, with peak use of this form of contraception being among 17 and 18 year olds.

Legal abortions: numbers and rates by age, 2012

<table>
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<tr>
<th></th>
<th>Total</th>
<th>Under 18</th>
<th>18-19</th>
<th>20-24</th>
<th>25-29</th>
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<td>64</td>
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<td>70</td>
<td>113</td>
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<th></th>
<th>Total</th>
<th>ASR</th>
<th>95% CI</th>
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<td>England</td>
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<td>16.6 - 16.7</td>
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ASR = age standardised rate of abortion per 1,000 resident women aged 15-44
95% CI = 95% confidence interval

Legal abortions:
Half of the teenage conceptions in Cheshire East result in a legal abortion, although this proportion is significantly lower in parts of Crewe.

Abortion rates among women aged 18 and 19 are higher than the national average in the Eastern Cheshire CCG area, and lower than the national average in the South Cheshire CCG area.
The Family Nurse Partnership (FNP) is a preventative programme for young first time mothers 19 years and under. It offers intensive and structured home visiting, delivered by specially trained nurses from early pregnancy until the child is two. The programme has been shown to improve pregnancy outcomes, child health and development and parent's economic self sufficiency. Specifically it demonstrates improvements in early language development, school readiness, academic achievement, antenatal health, parenting practices and behaviour. It also shows reductions in childhood injuries, fewer subsequent pregnancies and greater intervals between births, increased maternal employment, increased fathers involvement and reduced criminal behaviour for mothers and children.

**Did you know?**

The rate of post-natal depression is three times higher among teenage mums than older mothers.

Their children experience higher rates of infant mortality and low birth weight, A&E admissions for accidents, and have a much higher risk of being born into poverty.

Approximately 15% of all young people who are not in education, employment or training are pregnant teenagers or teenage parents.

Pregnant teenagers are three times more likely to smoke throughout their pregnancy and are 50% less likely to breastfeed their baby.

So reducing smoking prevalence and increasing breastfeeding are two key areas that can improve a range of outcomes.

**Birth Projections:**

As the numbers of teenagers aged 15-19 falls over the next five years, so will the number of births to teenage mothers, from 180 in 2012 to between 141-162 in 2017.

| Live births to women aged under 20 in Cheshire East – actual births from 2009 to 2012 and projections to 2017 |
|---|---|---|---|---|---|---|---|---|---|
| Women aged 15-19 | 10600 | 10400 | 10600 | 10400 | 10000 | 9900 | 9800 | 9700 | 9400 |
| Live Births | 235 | 213 | 181 | 180 | | | | | |
| Rate per 1,000 | 22.2 | 20.4 | 17.1 | 17.3 | | | | | |
| Projected births (assuming fertility rates remain constant) | 173 | 171 | 170 | 168 | 162 | | | | |
| Rate per 1,000 (assuming fertility rates remain constant) | 17.3 | 17.3 | 17.3 | 17.3 | 17.3 | | | | |
| Projected births (assuming fertility rates continue to decline) | 160 | 158 | 148 | 145 | 141 | | | | |
| Rate per 1,000 (assuming fertility rates continue to decline) | 16 | 16 | 15 | 15 | 15 | | | | |

**Case Study:** A young non-English speaking girl aged 14 years joined the Family Nurse Partnership programme at 16 weeks into her pregnancy. She had disengaged with education and was not accessing antenatal care. Together with her family nurse she progressed through the FNP programme gaining support to access antenatal care, going on the labour suite tour at Leighton Hospital, access sexual health services and engage with the educational welfare service to put together a tailored programme of learning with a local school and college for learning English as a second language, literacy and numeracy skills and securing a part time work placement following the birth of her baby. The Family nurse was able to deliver the FNP programme with the support of an Intra-Links interpreter. This mum will continue to receive the Family Nurse Partnership programme delivered by the same nurse until her son is two years old.

- Improved psychological and physical health of mum at delivery
- Greater understanding and appropriate use of health services
- Planned interval between pregnancies
- Involvement of step-father and extended family
- Financial security and ability to provide for herself and her baby
- Emotional and cognitive understanding of baby and play
- Return to education and aspirations for future employment

**Key Assets in Cheshire East:**

- Cheshire East Youth Service and Children’s Centres
- Family Nurse Partnership
- Contraceptive and Sexual Health Service
- General Practitioners and Practice Nurses
- Commissioned Services
- Troubled Family Initiative