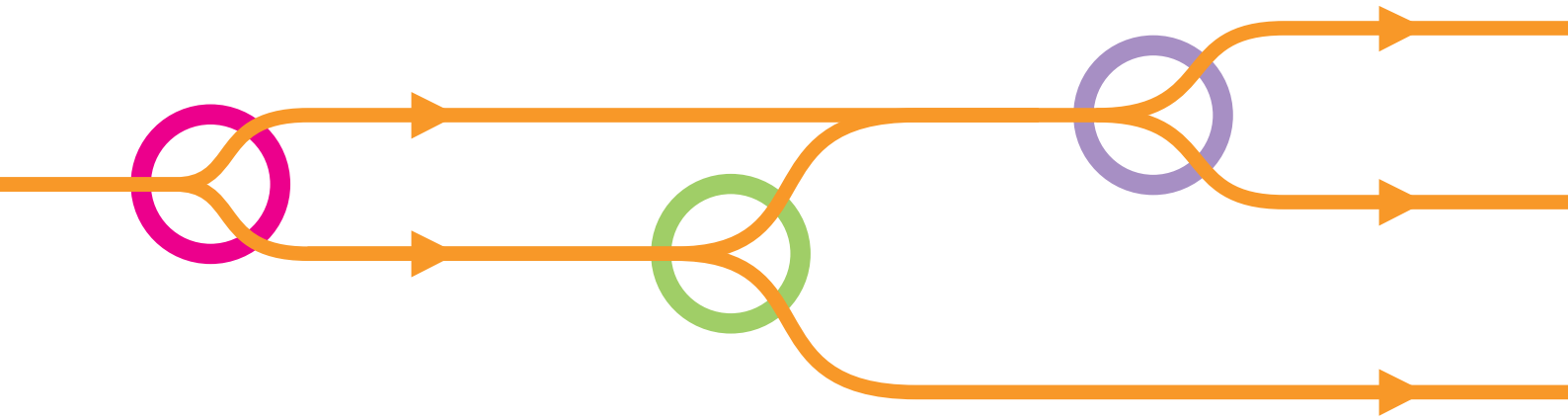
Education For Choice

Supporting young people's right to informed choice

Pregnancy Pathways – Making the Links

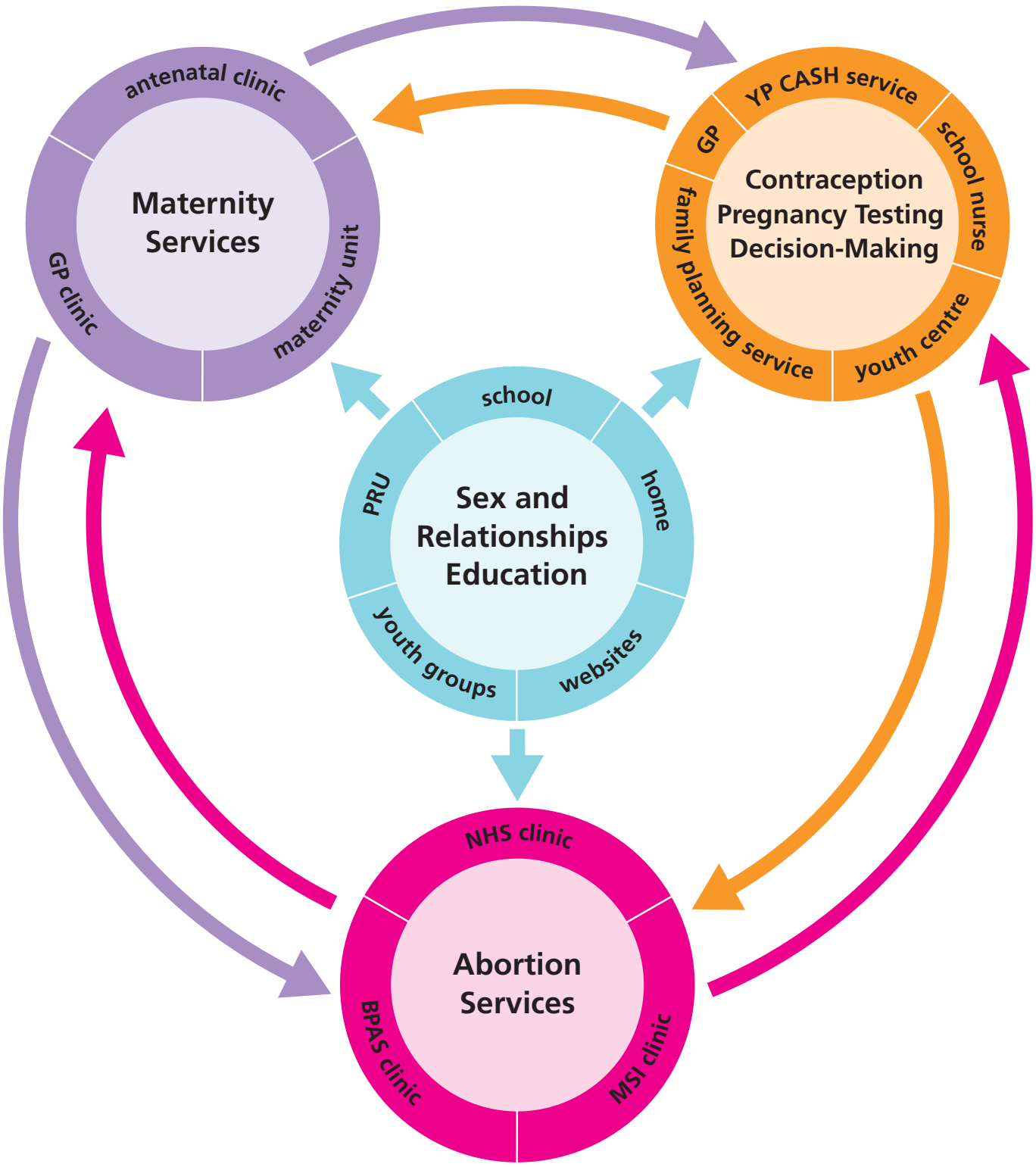
Creating a better journey through services for young people



A resource for commissioners, managers and practitioners working on teenage pregnancy in all settings

Pregnancy Pathways
Making the Links:

for all professionals working with young people



Contents

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A few words about EFC

EFC is dedicated to enabling young people to make and act on informed choices about pregnancy and abortion. EFC has worked with young people in education settings since 1992; delivering well-evaluated training to health, education, youth and social workers; and working closely with commissioners and practitioners to improve provision of information, education and support for young people around pregnancy prevention, pregnancy decision-making and abortion.

In January 2012 EFC merged with Brook, the young people's sexual health charity.

Talk About Choice, EFC's programme of work with young people which addresses pregnancy choices, including abortion, was awarded the FPA's Pamela Sheridan Award for Excellence in SRE in 2010.

> ***"Providing Education For Choice training has changed the way staff in a range of agencies feel about being able to deal with the issue of termination … it has increased staff confidence and knowledge and improved support for young people. I would recommend EFC training for anyone working in sexual health, but also wider services such as health visiting, school nursing, youth work and the voluntary sector".***
>
> *(Teenage Pregnancy Coordinator, 2009)*

Introduction

The wider context

Since the start of the teenage pregnancy strategy in 1999 there has been an overall drop in the under 18 conception rate in England of 13.3%, bringing it to its lowest level in 20 years. Despite this significant progress, however, the UK continues to have the highest rate of teenage pregnancy in Western Europe. Around 75% of all teenage pregnancies are unplanned; 50% end in abortion. (All figures from DCSF and DH.)

Becoming a parent early is not without its risks – there is a greater likelihood of poor child health, poor maternal health and emotional wellbeing, and an increased risk of teenage parents and their children living in poverty. These factors contribute towards greater health inequalities.

It is clear then, that much remains to be done. Future work will take place in a changing economic and political landscape: there has been a recent change of government and large scale budget cuts; youth services are being scaled back; and health care is being reorganised with new commissioning and delivery arrangements. It is vital therefore that the gains made in reducing teenage pregnancy and in supporting teenage parents over the last decade are not lost. It has never been more important for local areas to work to build on the progress made, using the evidence base for what is effective. To access The Teenage Pregnancy Strategy: Beyond 2010 see *www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf*

Why a resource on pregnancy pathways?

Many young people remain ill equipped to avoid unintended pregnancy, to make their own decisions about pregnancy when it occurs, to access the services that will support them in their choices about pregnancy, and to implement a contraceptive plan that best meets their own needs post-pregnancy. This can be caused or compounded by a lack of comprehensive sex and relationships education (SRE) or information which addresses all pregnancy options in an unbiased way; inconsistent signposting and referral to contraception and sexual health services; the proliferation of crisis pregnancy centres which may not provide non-directive decision-making support, and may delay access to services; and variable support around post-pregnancy contraception.

While individual services may meet high standards of information and care, they do not always facilitate access to other services beyond basic signposting. Commissioners and those with strategic responsibility for teenage pregnancy must therefore create a continuum of care – comprehensive pregnancy pathways – for young people around teenage pregnancy. This means ensuring that the agencies, sectors and services involved are linked, and pathways between them forged, so that young people do not fall through the cracks of patchy provision and inconsistent or inappropriate signposting.

Defining pregnancy pathways

Comprehensive pregnancy pathways require SRE to be of high quality and to address all pregnancy options in a non-judgmental way. Crucially, SRE needs to link with onsite and/or local contraceptive and sexual health clinics. Clinics need to be of a high standard, accessible

and young people friendly, as set out in the Department of Health's You're Welcome quality criteria. They should be available in a range of settings and provide comprehensive services including the full range of contraceptive methods and emergency contraception, as well as STI screening and pregnancy testing. When a trained professional cannot meet all the needs of a young person around pregnancy, supported referrals should be made so that the young person feels confident in bridging the gap and reaching the appropriate service. Impartial, non-directive pregnancy decision-making support must be widely accessible, and enable young women to make their own decisions. It should make supported, timely referrals to maternity and abortion services. Post-pregnancy contraceptive provision should be integrated into maternity and abortion services so that young women are able to choose and maintain a method of contraception which they feel meets their needs best.

To be effective, the creation of pregnancy pathways must also be supported by workforce training for all professionals working with young people, whether in education, health, social care, youth work or independent advice and guidance settings.

The focus of this resource

This resource focuses on issues directly relating to pregnancy. It stresses the importance of linking with services that meet young people's other sexual and wider health and social needs, but those issues in themselves are not given in-depth coverage.

Who is this resource for and how can it be used?

This resource is for use by commissioners, managers and practitioners carrying out work around teenage pregnancy in all education, health, youth work, independent advice and guidance settings, and in the wider children's workforce.

Managers and practitioners may be able to use this resource to demonstrate that a service is of high quality and is meeting the needs of young people around teenage pregnancy. If using the resource highlights gaps or weaknesses in service provision, or in the strength of the links between services, it will enable the identification of action that needs to be taken. This may also help to provide a rationale for the allocation of resources to make improvements.

Commissioners will be able to use this resource to gain a deeper understanding of how services operate, where there are effective relationships with other services, and where there are gaps. It will enable commissioners to gather evidence about effective practice, and to use this information to inform commissioning decisions.

How to use this resource

Each chapter in this resource comprises an introduction; information about policy, practice and pertinent issues; an audit tool; and a list of essential reading, background reading, case studies and useful resources. The audit tools will enable users to assess the information and services available to young people around teenage pregnancy in their area; to identify the gaps in information/service provision, and where there are breaks in the links between services. Within the audit tools there is space to write a summary of actions which need to be taken. This is intended to provide an at a glance guide to where the problems lie, and what should be done to address them. The reading and resource lists comprise of documents referred and linked to throughout the text, plus additional documents which users may find helpful to consult. Please note, EFC cannot be responsible for the contents of documents or websites that are not its own.

In order to avoid unnecessary duplication, we included the chapter 'Questions All Services Should Ask Themselves'. This chapter aims to capture issues which apply universally to all agencies that provide sex and relationships education, contraception, pregnancy testing and decision-making support, maternity, or abortion services.

As this resource is written for more than one audience, users may find that some questions in the audit tools are more or less relevant to the context in which they work. The individual will be best placed to make this judgment and to respond to the questions in the audit tools accordingly.

An indication is given in each chapter of the length of time it is likely to take to read the chapter and complete the associated audit. The estimates assume that the majority of information needed to respond to the audit is at the user's fingertips. The estimates do not allow for time taken to read additional documents linked to in the text and/or included in the reading lists.

Terminology

Throughout this resource the term young people is frequently used, unless the issue being addressed pertains either only to young men, or to young women. This is a deliberate decision, which aims to underline the importance of engaging with young men around teenage pregnancy. If we fail to talk to young men about teenage pregnancy, or to explicitly welcome young men to services, and tailor services to meet their needs, initiatives to reduce teenage pregnancy and to support young parents will never achieve their full potential.

A work in progress

The strength of this resource will come from the identification and sharing of further examples of good practice, especially in referral practices and joint working to meet the needs of young people around teenage pregnancy. Please contact EFC with case studies that you feel may be suitable.

Feedback from commissioners, managers and practitioners on the Pregnancy Pathways audit tools:

The [audit] tools show up immediately where a service's gaps are so that you can make a to-do list afterwards.

The [audit] tools will help to create young people focused services that focus on outcomes.

The [audit] tools are excellent for setting up and commissioning new services, as well as assessing existing ones.

The [audit] tools can be used to help demonstrate the quality of services being provided in an area.

By doing the audit, you're learning about what standards you should be aspiring to.

Policy documents and tools

Some individual documents referred to and linked to in this toolkit may no longer be current due to the mainstreaming of teenage pregnancy at the end of the 10 year TP strategy and the streamlining of policy documents. We have included links to documents that we believe still provide support for good practice.

The website

Some additional resources, links and case studies are hosted on the Pregnancy Pathways website (*www.pregnancypathways.wordpress.com*). If you have any additional case studies, up to date news on policy developments or useful documents to add or link to do please send them to us at *efc@brook.org.uk*.

Technical Notes on this interactive PDF

You can use this PDF document in one of two ways:

1 Print out the audit pages and complete them by hand.

or

2 Complete the audit on screen.

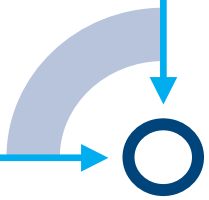
Text fields have been created so that you can type into them directly.

(If you are unable to see the text fields, click on 'Highlight fields' at the top of your screen.)

At any point you should be able to re-save the file, and then return to it at a later date to complete further exercises, or make changes to those you have done already.

If more than one person in your area is completing the document and you want to be able to save different versions, it can be saved with different names using the Save As function.

You can then print out the document if you want to.



1 Questions all services should ask themselves

Introduction

About this chapter

This chapter addresses issues that all services should address when seeking to create comprehensive pregnancy pathways for young people. They have been collated in this chapter to try to avoid duplication within the other chapters.

The format for this chapter is slightly different, since it deals with a wide range of issues. To keep this chapter concise and easy to use, brief information is provided about each issue, with links to relevant supporting information included under the same heading. The audit tool provides a checklist of questions, which will help users to identify where there are gaps in services, and weaknesses in the links between services, and what can be done to strengthen and improve them.

At the end of this chapter there is information about reputable sources of information, links to those sources, and to organisations which provide advice, information and/or contraceptive and abortion services on behalf of the NHS.

Who is it for?

This chapter is for all commissioners, managers and practitioners working to support young people around teenage pregnancy in any setting.

How long will it take to complete?

It should take approximately 45 minutes to read this chapter and use the audit tool.

Good practice

Involving young people in service design and promotion

Involving young people in service design and development is crucial if services are to meet young people's needs around pregnancy pathways. In research carried out by the London Assembly Health and Public Services Committee (2005) it was in fact noted that "there is no point in providing any service for young people unless they are involved in designing and delivering it." Young people can be involved in service design and development in a number of ways, for example through the use of focus groups (particularly with groups that are under-utilising services), client satisfaction surveys, mystery shopping and feedback boxes.

Involving young people in service promotion is also important in ensuring services are well known and well used, and can be undertaken in a number of ways, for example through: designing and testing out promotional materials with groups of young people; carrying out projects in partnership with young people and health professionals; peer education projects; responding to young people's feedback.

The Sex Education Forum provides a presentation on engaging young people in service promotion and development, which includes examples of good practice. To access it, visit: *www.ncb.org.uk/media/485605/engaging_young_people_in_service_promotion_and_development2.pdf*

Ensuring young people's involvement in monitoring and evaluation of patient experience is also one of the 9 themes addressed by 'You're Welcome: Quality criteria for young people friendly health services': see Theme 7 in: *www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126813*

Child protection

Anyone working with children and young people will have clear local and organisational child protection protocols to follow. Brook has published its *Traffic Lights* resource (*www.brook.org.uk/traffic-lights*) to provide an additional tool for professionals, to help them identify, assess and respond to sexual behaviour in children and young people in a confident and appropriate manner.

Confidentiality

Young people, including those under 16, have the same right to confidentiality as people of all ages. Their confidentiality can only be breached if this is necessary to protect them or another child or young person from harm. Anxiety about confidentiality is a significant barrier to young people accessing services, so it is important that young people understand the scope and limitations of confidentiality and that this is flagged up in Sex and Relationships Education (SRE) as well as by all services that young people use. The Department of Health provides detailed guidelines on confidentiality for under 16s, including information about the Fraser Guidelines: *www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960*

Brook has a number of resources on confidentiality, including training manuals for staff working in contraception and sexual health (CASH) clinics; a manual on confidentiality in schools; and a poster which explains young people's rights to confidential services: *http://brookorguk.site.securepod.com/content/M8_4_confidentiality.asp*

Looked after children

Young women in and leaving care are at higher risk of teenage pregnancy and are more likely to become parents in their teens than the general population. There are many complex factors which inform the way in which young people in and leaving care make decisions about sexual behaviour and choices about pregnancy, many of which are outside of the remit of sexual health educators and professionals. However, professionals should be alert to what they **are** able to do to affect outcomes for those young people including: working with social care professionals to familiarise them with the CASH services available in their area; providing

information that can be given to young people in and leaving care, to promote services; providing 'clinic in a box' type services at sites more convenient for young people; providing SRE group work; and offering training to social care professionals in how to encourage supported referrals into CASH and pregnancy services.

To access a briefing from the Social Care Institute for Excellence on preventing unplanned pregnancy in looked after children, visit: *www.scie.org.uk/publications/briefings/briefing09/index.asp*

BME groups, faith communities and values

There is sometimes a reluctance to promote services to young people from particular communities. Professionals may be sensitive to cultures that they perceive as resistant to messages about sexual health, or be fearful of a backlash. However, statistics show that women from all backgrounds access sexual health and abortion services, and that women of all ethnicities experience teenage pregnancy to a greater or lesser degree. So whether within SRE, CASH, maternity or abortion services, young people should not be deprived of provision of accurate information nor access to a comprehensive range of services.

In 2009 Brook carried out a youth-led participation project to explore the motivations and barriers to young people from BME groups accessing sexual health services. To read the report and its recommendations, visit: *www.nursingtimes.net/Journals/1/Files/2009/7/15/Health_pro_BME.pdf*

Young men, friends and family

When a young woman attends a CASH, abortion or maternity service she may be accompanied by a partner, friend or family member. The service should encourage this kind of support, let SRE providers and referring services know that partners and family will be welcomed, and promote this in any service materials. Service protocols should include an opportunity for companions to participate in discussion if that is what the young woman wants. However, they should also provide for time spent alone with the young woman, to ensure that she is not experiencing pressure or coercion to have sex, or to continue or end a pregnancy, and has had an opportunity to say how she feels in a completely confidential space. If your service is not able to provide individual support for a young man whose partner is pregnant, it is useful to be able to make a supported referral to a service that can.

Domestic abuse

Almost a third of domestic abuse starts during pregnancy (DfES and DH, 2004, p 25) and during pregnancy existing domestic abuse is likely to escalate. Domestic abuse is more common than many of the physical conditions that are routinely screened for during pregnancy. In the Sure Start Plus national evaluation, 14% of the teenagers interviewed disclosed domestic abuse as occurring during their current pregnancy (Wiggins et al, 2005, p.44). However, the Teenage Pregnancy Independent Advisory Group observed that support service staff are often not confident or trained to identify domestic abuse and as a result "young parents do not receive coordinated and planned care and support" (TPIAG, 2009, p.15).

'The National Service Framework for Children, Young People and Maternity Services: Maternity Standards' (DfES and DH, 2004) states that maternity care providers should ensure that:

- Maternity staff are trained to recognise the signs and symptoms of domestic abuse and are able to make sensitive enquiries about it
- All pregnant women are given information about support for domestic abuse, and a supportive and enabling environment in which to disclose it
- Arrangements are in place with local domestic abuse support agencies to ensure prompt referral when necessary.

It would be useful if the above guidance was adopted by all services working with young people around teenage pregnancy.

There are a number of useful resources to support work around domestic abuse and young people during pregnancy:

- To access a short film about domestic abuse, visit: *www.kimthemovie.com*
- For a poster about pregnancy and domestic abuse for use in health care settings, visit: *www.futureswithoutviolence.org/userfiles/file/HealthCare/repro%20health%20pregnancy%20wheel.pdf*
- For a report on good practice for support workers, visit: *www.womenshealthmatters.org.uk/downloads/Include%20DV.qxd6.pdf*
- For an evaluation of a programme to promote the introduction of routine antenatal enquiry about domestic violence at North Bristol NHS Trust, visit: *http://ndvf.org.uk/files/document/890/original.pdf*

Agencies working around domestic abuse

Women's Aid, the key national charity working to end domestic violence against women and children, has a network of over 500 domestic and sexual violence support services across the UK. Their website contains links to the 'Survivor's Handbook' (available in different languages), books and reports for professionals, and posters about domestic violence: *www.womensaid.org.uk*

The Hideout is a website for children and young people (developed by Women's Aid) giving information on domestic abuse. It includes a listing of freephone helplines available in a number of languages, and links to posters and leaflets about domestic violence: *www.thehideout.org.uk/default.aspa*

Female genital mutilation (FGM)

More than 20,000 girls under 15 are thought to be at high risk of Female Genital Mutilation every year in the UK (HM Government, 2011). It is illegal both to perform FGM and to take a girl out of the UK for the purposes of having FGM done abroad. Understanding what FGM is and its impact on physical health and general wellbeing is relevant to practitioners at all stages in the pregnancy pathway. It is useful if public health commissioners are able to make practitioners aware of the prevalence of FGM in their local area so that practitioners understand it, know what protocols are required to manage it, and are able to support women when they encounter it.

FGM and SRE: descriptions of female anatomy and discussion of sex may raise issues for young women who have experienced FGM or are aware that it takes place in their community.

FGM in CASH or GP contexts: young women who have experienced FGM may not want, or be able, to undergo vaginal examination for the purposes of a smear test or contraceptive fitting. They may also be fearful of the consequences for their parents or carers if a medical professional finds out they have experienced FGM. Depending on the specific type of FGM, some forms of contraception may not be suitable.

FGM in maternity and abortion services: Women who have had FGM are much more likely to experience serious complications during childbirth and their babies are more likely to die as a result of the practice. Depending on the specific type of FGM women have been subjected to, they may need to have a surgical reversal (or deinfibulation) to create an opening big enough for an abortion procedure or childbirth to take place safely. It is illegal to restitch or reinfibulate a woman.

The government has recently published multi-agency guidelines on FGM, which includes information on identifying women at risk; good practice in safeguarding, medical examinations, making enquiries, disclosure and confidentiality, and taking a woman-centred approach; and, guidelines for health professionals, social care professionals, and schools, colleges and universities: *www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/multi-agency-fgm-guidelines.pdf*

The Royal College of Nursing publication on FGM includes a chapter on clinical issues and procedures which addresses antenatal care and deinfibulation, and care in labour: *www.rcn.org.uk/__data/assets/pdf_file/0012/78699/003037.pdf*

For more general information on FGM visit: *www.forwarduk.org.uk/key-issues/fgm*

Audit tool

Young people's involvement

- Describe how young people's views are sought to inform:

  Service commissioning and design (range of services provided)

  Marketing (design and strategy)

  Location

  Opening hours

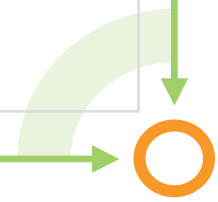
  Design/layout of facilities

- How do you know how satisfied young people are with services?

- How can young people give feedback on services?

- Are young people informed of the changes made to services as a result of their feedback – how?

Action I need to take to ensure services are responsive to the needs of young people



YP friendly

- Are any of your services You're Welcome accredited (or similar) or working towards accreditation – if so which ones?

- Do you have confidentiality statements clearly displayed, and are they written to be YP friendly? ☐

- Are all staff – including receptionists – trained in working with, listening to and treating young people with respect? ☐

Action I need to take to ensure young people feel confident in using services

Targeted services

- Are particular groups of young people targeted with additional outreach work or service provision (for example BME groups, young people in and leaving care, young men, young disabled people, LGBTQI young people), if so which ones, and why?

- Are there services or outreach specifically for young men? ☐

  If so, what are they?

Action I need to take to ensure vulnerable/at risk young people receive services

Accessibility

- Can young people attend drop-ins? ☐
- Are clinics/services available outside of school hours? ☐
- Are clinics/services available in community settings – for example in children's centres? ☐
- Are they co-located with other services? ☐

  If so, which ones?

- How do you ensure clinic times do not clash with other important support services – e.g. to ensure antenatal appointments do not clash with support groups for pregnant teenagers?

- What protocols are in place to ensure that a young person attending with a friend, partner, parent/carer is able to have a confidential conversation on their own at some point?

- How does your service support the partner, parent or friend accompanying a young person?

- What support is provided to keep appointments (e.g. reminders by text, practical support to travel to attend appointments)?

- What proportion of appointments are missed?

- If young people do not attend for appointments, how are they followed up?

- Are young people offered a chance to select the gender of the professional who sees them? ☐
- If the young person has limited English proficiency is there an appropriately trained translator available? ☐
- Please describe the measures in place to ensure services are accessible to young people with physical or learning disabilities.

Action I need to take to ensure that services are easily accessible to young people

Provision of information

- Do you provide a helpline service, or are young people able to talk with a health professional over the phone? ☐
- If so, in which languages is the helpline available?
- What printed materials are displayed and in which languages?

- What printed materials are available to take home and in which languages?

- Can young people take them freely or are they given to them?

- Does your service have a website which young people can access to gain more information on the services you provide? ☐

- If you refer young people to other websites/leaflets for more information – have you assessed them for accuracy and use of evidence-based information? ☐

Action I need to take to ensure high-quality information is readily available and accessible to young people

Domestic abuse

- What training do staff receive to enable them to recognise the signs and symptoms of domestic abuse and make sensitive enquiries about it?

- Are all pregnant teenagers given information about support for domestic abuse? ☐

- Are all pregnant teenagers given a supportive and enabling environment in which to disclose domestic abuse? ☐

  For example:

  Is information about domestic abuse, which is written to be young people friendly, put in private places e.g. on the back of toilet doors? ☐

  Are pregnant teenagers able to discreetly indicate to staff that they need support around domestic abuse – e.g. by placing a coloured sticker on a sample bottle when giving urine specimens? ☐

- Describe the arrangements that are in place with local domestic abuse support agencies to ensure prompt referral when necessary.

Action I need to take to ensure that those experiencing domestic abuse can be supported quickly and appropriately

FGM

- What training do staff receive to enable them to identify and appropriately support women at risk of, or with experience of, FGM?

- Do staff have access to the recently published multi-agency guidelines on supporting women around FGM? (*www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/multi-agency-fgm-guidelines.pdf*) ☐
- Are female translators, trained in the issues relating to FGM, available to help communicate with young women at risk of, or with experience of, FGM? ☐
- What care pathways are in place to ensure that the relevant agencies, including the police and/or social care are involved in supporting young women around FGM?

Consistency and working within guidelines

- Are all frontline staff who work with young people trained in confidentiality and working with under 16s, including use of the Fraser Guidelines? ☐
- Have all frontline staff undergone child protection training? ☐

Action I need to take to ensure all staff provide work within confidentiality and child protection guidelines

Training

- What training do staff receive around pregnancy testing, decision-making support and contraceptive counselling?

- Who provides it and how do you know it is good quality?

- Are staff able to request training in these areas? ☐

Action I need to take to ensure staff receive appropriate training and support

Recording information

- Is data collected on client demographics? ☐
- What information is collected about the take up of the services provided?

- How is this information used to inform service delivery and development?

- What measures are in place to assess the impact of changes on services?

Action I need to take to ensure that useful information about services and service users is collected

Reputable sources of accurate information

What is a reliable source of information and why is this important?

In the age of the internet it is easy to find information that will support conflicting positions on issues like abortion. While it is interesting to understand a range of viewpoints, when it comes to decision-making about pregnancy it is vital that information, used as reference by professionals or provided to young people, is completely reliable. The best way of ensuring this is to assess the reliability of the organisations that provide the information, the sources they use, and the methods they use to compile information. Here are some recommended organisations and how they source their information:

Royal College of Obstetricians and Gynaecologists (RCOG) provides evidence-based guidelines on provision of abortion services. RCOG guidelines draw on research from all over the world. Research referenced is categorised by how methodologically reliable it is. RCOG – information for patients: *www.rcog.org.uk/womens-health/clinical-guidance/abortion-care*

The Department of Health publishes annual statistics of abortions provided in England and Wales. This information is taken from the referral forms that a doctor has to fill out for every woman who has an abortion. It details all abortions that have taken place over one calendar year and breaks them down by gestation, method, area, age of woman, reason for abortion, ethnicity and more: *www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_126769*

The Office of National Statistics collects and analyses statistics for the government on all aspects of life in the UK including population, ethnicity, and maternity: *www.ons.gov.uk*

The following organisations are charities which provide advice, information and/or contraceptive and abortion services on behalf of the NHS:

Brook:	*www.brook.org.uk*
FPA:	*www.fpa.org.uk*
bpas:	*www.bpas.org*
Marie Stopes International:	*www.mariestopes.org.uk*

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Wiggins et al, 2005. *Sure Start Plus national evaluation* [online] Available at: *http://media.education.gov.uk/assets/files/pdf/s/sure%20start%20plus%20national%20evaluation%20-%20final%20report.pdf*

2 Sex and Relationships Education

Introduction

About this chapter

This part of the pregnancy pathways tool provides a rationale for including education about pregnancy pathways in Sex and Relationships Education (SRE) and demonstrates how this relates to current SRE policy and good practice. It stresses the importance of linking education with high quality young people friendly contraceptive and sexual health (CASH) services, to ensure that young people are well supported in the decisions they make about contraception, sex and pregnancy.

The audit tool on pages 31 to 42 assesses the scope and quality of SRE about pregnancy pathways, and the links between education and services. It enables users to identify action which needs to be taken to improve pregnancy pathways for young people, so that the pathways between education and services are more visible and young people's journeys are smoother.

At the end of the audit tool there is a list of essential reading, recommended reading, case studies and resources to support work on improving SRE about pregnancy pathways and making the links between SRE and services.

This chapter links closely with the Contraception, Pregnancy Testing and Decision-Making chapter. It should also be read in conjunction with EFC's Best Practice Guides to Abortion Education[2a] and Pregnancy Decision-Making Support[2b]. These toolkits provide more information about the rationale for providing high quality education and decision-making support and the do's and don'ts of implementation.

This document uses the term education in its widest sense – i.e. to refer to education that takes place in a range of youth work settings as well as in places of formal education such as schools, further education colleges and pupil referral units. This is key, as some young people may not attend formal education for a variety of reasons. Thus it is vital that SRE about pregnancy pathways is available and accessible in a wide variety of settings, that it reinforces the same positive messages, and helps to facilitate easy access to good quality, young people friendly, services.

Who is it for?

This chapter is for managers and practitioners working in onsite and local CASH services; Healthy School and SRE coordinators, SRE advisory teachers and SRE teachers in schools, colleges and sixth form colleges; and all those providing SRE in youth work settings.

How long will it take to complete?

It should take approximately one hour to read this chapter and use the audit tool.

Current policy

Currently all schools in England are required to have a sex education policy stating what pupils will be taught. There is guidance[2d] on what should be taught, including about pregnancy decision-making and abortion, but at present only the biological aspects of sex education, as taught under the National Curriculum Science Order, are statutory.

Whilst the Coalition Government's Schools White Paper (Department for Education, 2010, p.46) is clear that "children need high quality sex and relationships education so that they can make wise and informed choices", education does not take place only in schools, and not all young people attend school. It is crucial therefore that local areas provide for SRE within a wide range of youth settings, and that it includes information on how to make and implement pregnancy choices, if it is to be relevant to the 40,000 teenagers who become pregnant in England and Wales each year, their partners and their peers.

Current practice

Research recommendations from a range of studies: looking at factors influencing young women's choices about pregnancy (Ingham and Lee et al, 2004); reasons for young women accessing later abortion (Ingham and Lee et al, 2007); and strategies to reduce repeat abortion (Hoggart and Phillips, 2010), strongly call for SRE which deals explicitly with pregnancy: prevention, symptoms, decision-making and options. Without this education young people are ill-equipped to avoid unplanned pregnancy, to make their own decisions about it, and to access support for their choices. Late access to antenatal and abortion services leaves young women vulnerable to a range of health risks.

Some schools do teach a broad curriculum of SRE, including about pregnancy pathways. However, others provide the bare minimum. There is likewise great variation in the quality of teaching which exposes young people to patchy provision. This is compounded by a far reaching reticence to address pregnancy decision-making in general and abortion in particular. Educators often fear that abortion is too difficult a subject to teach and that it risks offending or upsetting people of some faiths or cultures.

Good practice

EFC's considerable experience in the field of abortion education demonstrates that SRE which comprehensively addresses pregnancy pathways is not only manageable, it is vital, because it:

- Motivates young people to use contraception to reduce the risks of unplanned pregnancy and STIs, when they are sexually active
- Informs them of how to access contraception and emergency contraception
- Helps them to recognise when they might be at risk of pregnancy
- Helps them to know when, where and how to get a pregnancy test
- Gives them the opportunity to explore their own and others' beliefs about pregnancy options and equips them with the facts to inform a decision-making process

- Develops the vocabulary and confidence to enable young people to discuss the issues with parents, carers, partners and professionals
- Encourages early access to antenatal and abortion care, essential to health.

Boys and young men

Unplanned pregnancy involves and affects men too. It is vital therefore that young men are given the same opportunities as young women to benefit from SRE about pregnancy pathways.

Worksheet by Year 10 students taking part in an EFC workshop in a London school

Ethnicity

Unplanned pregnancy is experienced by young people of every faith and culture. More than one in three women will choose to have an abortion in their reproductive lifetimes (Stone and Ingham, 2011) and abortion is accessed by women of every ethnicity, as the table below illustrates:

Take up of abortion by different ethnic groups

Ethnicity	% of population	% of abortions
White	89	76
Asian or Asian British	5	9
Black or Black British	3	10
Mixed ethnicity	2	3
Chinese and all other	1	2

Source: Abortion Statistics, England Wales: 2009, Department of Health Population Statistics, England and Wales: 2007 (published 2010 Office of National Statistics)

These figures underline the importance of making education about pregnancy and abortion available to all, and remind us that assumptions about ethnicity and sexual health can lead to some young people being deprived of crucial information.

Parental objection

Educators may be concerned about parental objection to SRE about pregnancy pathways. It is important that parents and carers are made aware of the benefits of such education – that those young people receiving comprehensive SRE are in fact more likely to delay first sex and, when they do have sex, to use contraception: putting them at less risk of unplanned pregnancy, and sexually transmitted infections (Kirby, 2007).

Some areas have worked with wider community and faith groups to establish a local values framework and develop a consensus to underpin and support the development of SRE programmes. To read about the successful, collaborative work that Waltham Forest carried out with local faith groups, click here[2n].

'I learned that sex is something you have to be ready for'

'[As a result of this workshop] I will make sure I wear a condom'

Year 10 students participating in Education For Choice workshops, 2010

Linking education with services

Crucial to the concept of pregnancy pathways is the building of links – creating continuity – for young people between education and services. It is no use a young person learning about how they can protect themselves from unplanned pregnancy, if the means to do so are not available. Likewise, education about pregnancy decision-making and options needs to be bolstered by services that can support young people in the choices they make.

SRE about pregnancy pathways must therefore link with CASH clinics that can provide young people with contraception, pregnancy testing, non-directive pregnancy decision-making support, and supported referrals to maternity and abortion services. Such clinics, whether onsite (to read about the Sex Education Forum's mapping of onsite clinics, which includes recommendation to maximise the effectiveness of SRE, click here[2h]) or in the local area should be high quality, young people friendly, and easily accessible. Those awarded with the Department of Health's You're Welcome[2i] logo have met strict quality criteria and are assured of being young people friendly. Many other clinics are working towards achieving You're Welcome status or may have implemented their own kite-marking system, demonstrating their young people friendliness.

Workers from CASH services may be able to visit your groups or classes to talk about the sorts of issues young people come to them with, provide expert information, and give details about the services they provide. Alternatively you may be able to arrange mock visits to clinics. These are useful compliments to a programme of SRE about pregnancy pathways which helps to improve the links between education and services, and build young people's confidence in accessing services. For information about the mock clinic visits arranged by Camden Sexual Health Education Team, click here[2o].

Crisis pregnancy centres

Not all pregnancy advisory services are impartial. Those provided outside of the NHS or which are not on the Department of Health's register of pregnancy advisory services (click here[2g] for a listing of registered advisory services), may view abortion as a morally objectionable choice. There is a great deal of variation in independent services however: some may heavily overstate the risks of abortion to physical and mental health and impart their belief that continuing a pregnancy is a much better choice to make; some may be less ardent in their views, but still have anti-abortion overtones; whilst others may not project any principled objections to abortion, yet do not refer women for abortion, which may delay women accessing services.

Many independent pregnancy advisory services will advertise free pregnancy testing and free 'counselling' services. This does not provide an indication of quality, however, so services should not simply be selected on the basis of their cost, or because there are no alternatives.

The only way to be certain of the quality of independent pregnancy advisory services is to mystery shop them. EFC's Best Practice Toolkit on Pregnancy Decision-Making Support[2b] provides a useful checklist to assess the quality of independent advisory services. In 2011 EFC mystery shopped several CPCs (click here for the report[2j]).

Support for SRE about pregnancy pathways

High quality SRE about pregnancy pathways which links with services is supported by a range of expert bodies and research, including:

- **SRE: Are You Getting It?** (UK Youth Parliament, 2007)
  a survey of SRE by young people which calls for comprehensive SRE that links to confidential services.
  www.shine.nhs.uk/images/user_uploads/images/AreYouGettingIt.pdf

- **National Mapping Survey of On-site Sexual Health Services in Education Settings** (SEF, 2008)
  which states that young people need post-16 SRE alongside better access to services.
  www.ncb.org.uk/media/244837/national_mapping_of_on-site_sexual_health_services_in_education_settings.pdf

- **A Matter of Choice? Explaining national variations in teenage motherhood and abortion** (Lee E, Clement S, et al, 2004)
  which highlights the need for SRE about abortion, to enable young women to make their own, informed decisions about pregnancy and abortion.
  www.jrf.org.uk/sites/files/jrf/1859351824.pdf

- **Second-trimester abortions in England and Wales** (Ingham R, Lee E,et al, 2007)
  which calls for SRE which deals explicitly with pregnancy symptoms, better education and support around pregnancy decision-making, and information on what abortion involves.
  www.soton.ac.uk/lateabortionstudy/late_abortion.pdf

- **Young people in London: abortion and repeat abortion research report** (Hoggart L, Phillips J, 2010)
  which notes that education on abortion is necessary to remove stigma, to increase understanding of fertility and to reduce the incidence of repeat abortion.
  www.bpas.org/js/filemanager/files/abortion_exec_summary_final_2.pdf

Audit tool

Young people's views

- Have young people been consulted on what they should learn about in relation to (click here for a toolkit to consult young people on SRE[2e]):

  Pregnancy prevention ☐

  Pregnancy decision-making ☐

  Pregnancy options (parenthood, adoption and abortion) ☐

  The services that support the different pregnancy options? ☐

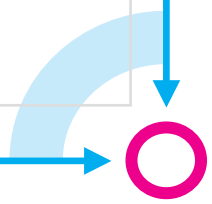
  Whom they want to teach it? ☐

  The use of outside agencies in teaching about SRE topics? ☐

- Are young people's views on the above used to inform evaluation and planning of SRE and onsite services? ☐

  If not, why not?

Action I need to take to ensure young people's views inform SRE and onsite services



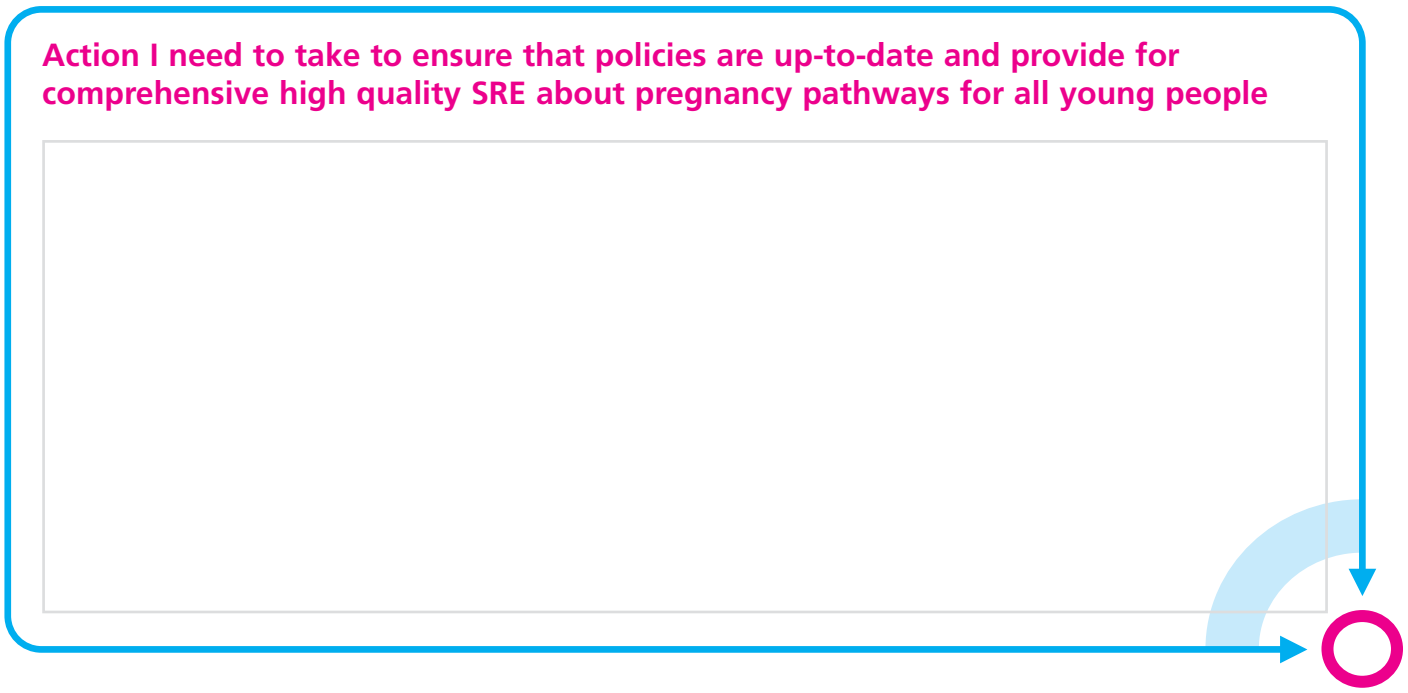
Policies and procedures

- Do you have an up-to-date SRE policy ? ☐
- Does your SRE policy ensure high quality teaching about pregnancy pathways? ☐

- Which stakeholders were consulted in its development (e.g. young people, teachers, parents, governors, health providers) and how were they involved?

- Do you have a policy on the use of outside visitors[2c] in SRE? ☐
- Are outside visitors adequately informed of such a policy? ☐

Action I need to take to ensure that policies are up-to-date and provide for comprehensive high quality SRE about pregnancy pathways for all young people



Looking back – moving on – making links

Relationships with other education providers

- Are you aware of the SRE policies held by other education settings in your area (e.g. pupil referral units, further education colleges, youth work settings) and what they teach about pregnancy pathways? ☐
- Are you aware of the services other settings link with? ☐
- Is there a forum for education settings to share information about SRE policies and practice, so as to facilitate consistency across settings and the sharing of good practice? ☐

Action I need to take to ensure all young people benefit from a consistent approach to SRE about pregnancy pathways

Confidentiality and signposting to services

- How are young people's rights to confidentiality explained to young people in the classroom/teaching environment?

- How are young people made aware of their rights to access impartial, confidential services?

- How do you know that all signposted services are reputable, high quality, young people centred, and able to offer impartial support, particularly around pregnancy decision-making and abortion?

Action I need to take to ensure young people know the boundaries of confidentiality in the teaching environment, and are aware of services that can meet their needs

Local services including onsite services

- What CASH clinics (including onsite) and pregnancy advisory services are in your local area?

- How are they promoted to young people?

- Are organised group visits made to onsite/local services? ☐
- Which services are offered? – do they include:

  Pregnancy testing? ☐

  STI testing and treatment? ☐

  Contraception including emergency contraception? ☐

  Impartial pregnancy decision-making support? ☐

  Antenatal referral? ☐

  Abortion referral? ☐

- How do you know that the services provided are high quality, young people centred, and able to offer impartial support, particularly around pregnancy decision-making and abortion?

- Which services are not offered, and what is the protocol for a supported referral to another service?

- Are schools aware of which services provide biased support or inaccurate information around contraception, pregnancy decision-making or abortion? How is this dealt with? How is the information shared with other schools?

Action I need to take to ensure that young people are only signposted to, and supported in accessing, high quality, young people friendly services, which can meet their needs

Outside visitors

See EFC's Best Practice Toolkit on Abortion Education[2a] (containing a checklist to assess the quality of education provided by outside speakers) and click here to access the SEF's guide on using external visitors in SRE[2c].

- Which agencies provide speakers to complement SRE about pregnancy and why?

- If an outside organisation is used, what is their position on contraception, including emergency contraception, and abortion?

- Are they, the materials they use with young people and the literature and agencies they refer to (including websites) assessed for quality, accuracy and suitability beforehand? ☐

- If external visitors represent sexual health or advice services for young people, have you assessed these to ensure that they are staffed by trained professionals and that they comply with the principles of You're Welcome[2i]? ☐

- If outside speakers are not providing high quality SRE for any reason, how is this dealt with and how is this information shared with other teachers and other schools?

Action I need to take to ensure the teaching provided by outside visitors is high quality, accurate and evidence based, and responsive to the needs of young people

Teaching and learning

Content and ethos of teaching

- Where in the curriculum are the following topics covered and what is covered in relation to them?

  Contraception including emergency contraception

  Reasons for unplanned pregnancy

Factors affecting female fertility and the reproductive cycle

Pregnancy decision-making

Parenthood

Adoption

Abortion

- Are lessons on the above unbiased, evidence-based and non-judgmental? ☐
- When abortion is addressed, does it provide young people with a clear opportunity to distinguish between facts and values and to learn about where to access impartial support if faced with an unplanned pregnancy? ☐

- If some topics are not covered, why is this?

Action I need to take to ensure that teaching about contraception, unplanned pregnancy, decision-making, options and services, is high quality, evidence based, impartial and non judgmental

Teaching resources

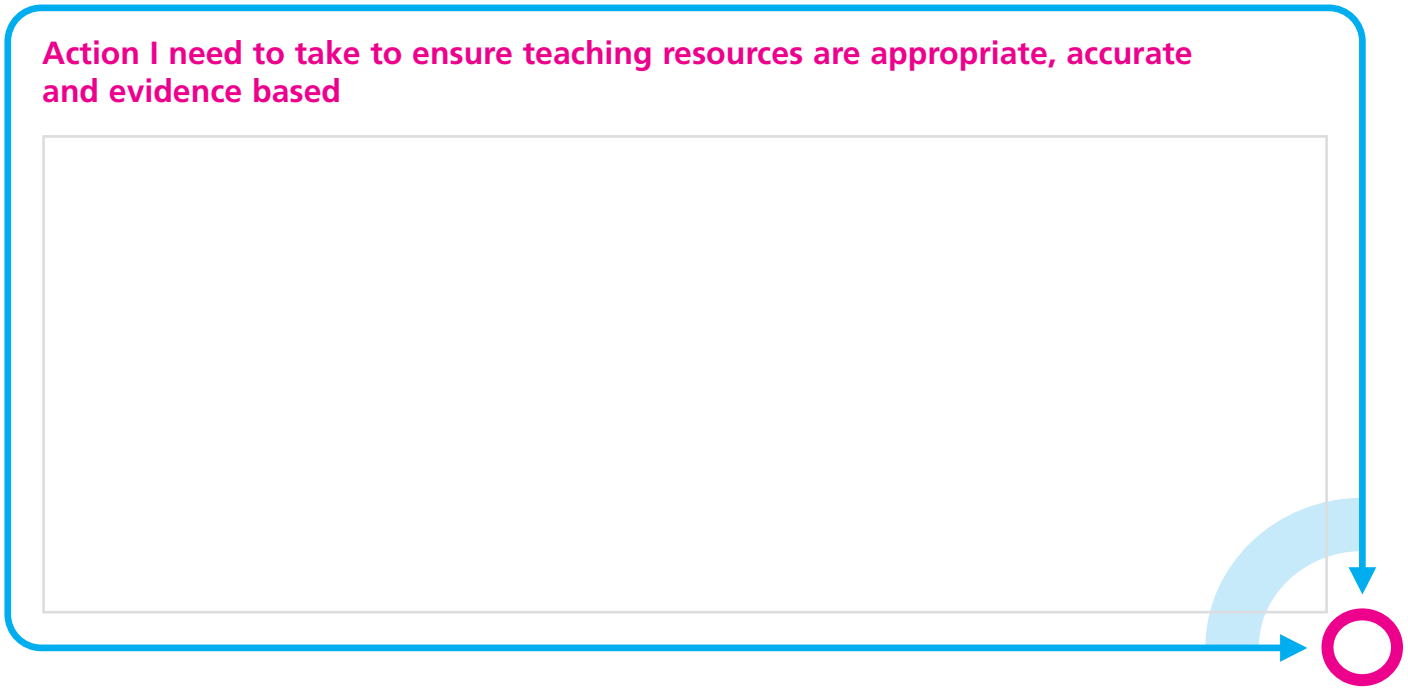
- What materials and resources are used to teach about the above topics and why?

- Are they age and topic appropriate? ☐
- Are they reflective and respectful of a range of backgrounds and experiences (including young people who have or who may go on to have experience of unplanned pregnancy, early parenthood, adoption or abortion)? ☐
- Do they both utilise and refer to accurate, evidence based information from reputable sources? ☐

  If not, why not?

- Who have they been evaluated/recommended by and on what basis?

Action I need to take to ensure teaching resources are appropriate, accurate and evidence based



Schedule

- How is SRE timetabled – e.g. themed days or frequent regular slots?

- What provision is made for those young people who miss SRE because they are absent?

- If young men attend your setting are they included in lessons about contraception, pregnancy decision-making and all pregnancy options? ☐

  If not, why not?

Action I need to take to ensure that all young people benefit from education about pregnancy prevention, decision-making and options

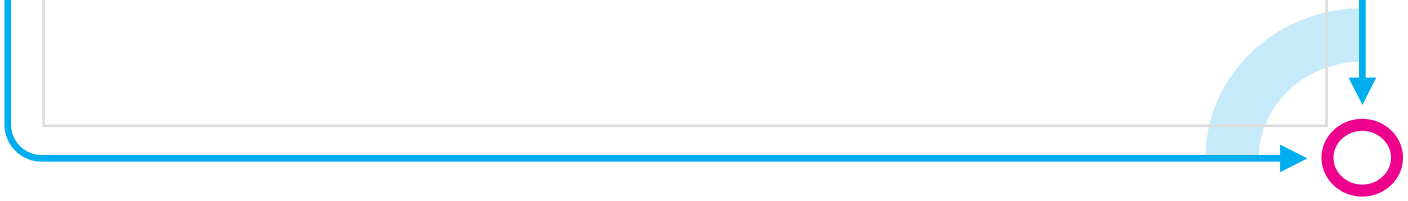
Training

- Who provides SRE and are they competent and confident in doing so? How do you know this?

- What support and specialist training is available to those delivering SRE, particularly around talking to young people about pregnancy and abortion? Who provides it and how do you know it is of high quality?

- Do staff have easy access to accurate, evidence-based literature, resources and training on pregnancy options including abortion, so that they can discuss them appropriately with young people, in the context of SRE and RE?

Action I need to take to ensure that those providing SRE are supported to do so through the provision of high quality, evidence based resources and training



Essential reading

2a **Best Practice Toolkit: Abortion Education** (EFC, 2007)
Aimed at policy makers and educators: makes the case for good quality evidence-based abortion education, describes good practice, includes checklists and lesson plans for teachers, and practical ways to evaluate the abortion education offered by visitors from external organisations.
www.efc.org.uk/professionals/abortion_education_toolkit.html

2b **Best Practice Toolkit: Pregnancy Decision-Making Support for Teenagers** (EFC, 2007)
Aimed at policy makers and professionals working one-to-one with young people: describes good practice in pregnancy decision-making support, provides practical exercises, and checklists to assess your own and other organisations' services.
www.efc.org.uk/professionals/decision_making_toolkit.html

2c **External visitors and sex and relationships education** (SEF, 2010)
A guide for educators on using external visitors to support SRE.
www.ncb.org.uk/media/183595/external_visitors_and_sre_10.pdf

Recommended reading

SRE

2d **Current Status of SRE** (SEF, 2011)
A snapshot of current SRE policy including for Academy schools.
www.ncb.org.uk/media/385195/current_status_of_sre.pdf

2e **Are you getting it right? A toolkit for consulting young people on sex and relationships education** (SEF, 2008)
This toolkit provides a selection of activities to help secondary schools involve young people when reviewing and auditing their SRE.
www.pshe-association.org.uk/uploads/media/17/6812.pdf

2f **SRE: Are You Getting It?** (UK Youth Parliament, 2007)
Results from a survey of over 21,000 young people on what they have and haven't been taught in SRE, which finds that nearly 50% of young people had no education about teenage pregnancy.
www.shine.nhs.uk/images/user_uploads/images/AreYouGettingIt.pdf

Services

2g **Procedures for the Registration of Pregnancy Advice Bureaux** (Department of Health)
This document outlines procedures for registering a pregnancy advice bureau. On page 9 it defines what they must provide and page 12 contains useful information on provision of counselling and working with girls under 16. A list of registered bureaux is also included.
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4084699.pdf

2h **National Mapping Survey of On-site Sexual Health Services in Education Settings: Provision in FE and Sixth Form Colleges** (SEF, 2008)
This survey of CASH provision includes recommendations for local authorities on increasing provision, maximising effectiveness of on-site services and provision of SRE alongside services.
www.ncb.org.uk/media/244837/national_mapping_of_on-site_sexual_health_services_in_education_settings.pdf

2i **You're Welcome quality criteria: Making health services young people friendly** (Department of Health, 2007)
This document includes information on tailoring health services to make them more accessible to young people and includes specific recommendations on sexual health services and provision of impartial support with pregnancy decision-making.
www.pregnancypathways.files.wordpress.com/2012/03/youre-welcome-quality-criteria-2007-version.pdf

2j **EFC Crisis Pregnancy Centre Report**
Executive Summary of EFC's report, *A Snapshot of Crisis Pregnancy Centres Operating in England*.
www.efc.org.uk/PDFs/CPC%20report%20executive%20summary%20EFC%202011.pdf

Young people, pregnancy and abortion

2k **A Matter of Choice? Explaining national variation in teenage abortion and motherhood** (Lee,E. Stone, N et al, 2004)
This research explores the factors which affect young women's decisions to end or continue with a pregnancy. It finds that lack of education or discussion about pregnancy options leaves many young women ill-equipped to manage the decision-making process.
www.jrf.org.uk/sites/files/jrf/1859351824.pdf

2l **Second-trimester abortions in England and Wales** (Ingham and Lee et al, 2007)
This research explores the reasons women have abortions in the second trimester and later and finds that young women often present late to abortion services because of inability to recognise the pregnancy, lack of information about how to access services, fear or denial.
www.soton.ac.uk/lateabortionstudy/late_abortion.pdf

2m **Young people in London: abortion and repeat abortion research report** (Hoggart and Phillips, 2010)
This research explores the relatively high repeat teenage abortion rate in London and finds lack of understanding of fertility a key factor. It calls for better post-abortion contraceptive services and sex and relationships education that explicitly addresses and destigmatises abortion.
www.bpas.org/js/filemanager/files/abortion_exec_summary_final_2.pdf

Case studies

2n **Values Framework for Sex and Relationships Education in Waltham Forest**
Explains the way in which Waltham Forest worked together with faith groups to establish a shared values framework to support SRE.
www1.walthamforest.gov.uk/ModernGov/documents/s9120/SRE_Appendix%201%20-%20SRE%20Leaflet%2016_1.pdf, p.28

2o **Mock visits to local contraception and sexual health clinics in Camden and Islington**
Describes the process and benefits of setting up mock visits to sexual health clinics.
www.ncb.org.uk/sef/practice/further-education/camden-and-islington-mock-visits-to-local-clinics

Teaching resources

2p **'Unexpecting' DVD and teaching pack:** two films and accompanying teaching notes exploring teenage pregnancy, parenthood and abortion.

2q **Abortion: Rights, Responsibilities and Reasons – a cross-curricula resource**. A two part teaching resource with lesson plans and factsheets: part one is for use within SRE and explores the choices and decisions that lead to and result from unplanned pregnancy; part two uses the topic of abortion to explore issues of citizenship, religion, law and ethics.

2r **Information postcard:** gives young people key facts on abortion and information on where to go for help and support.

2s **Abortion FAQs:** A four page fact sheet answering the most common questions young people ask about abortion.

All of the above resources are available from: *www.efc.org.uk/professionals/resources.html*

Training

2t **Abortion: decisions and dilemmas**: designed for anyone working with young people in group work and one to one settings and looks at ways to facilitate discussion of pregnancy decision-making and abortion in both contexts. Professionals who have enjoyed this course over the past 10 years include school nurses, youth workers, sexual health workers, teachers, Connexions PAs, health educators, midwives and doctors.
To book training visit www.efc.org.uk/professionals/training.html

Other teaching resources to support SRE about pregnancy pathways are available from:

Brook: *www.brook.org.uk/professionals/resources*

FPA: *www.fpa.org.uk/professionals/publicationsandresources*

Bish Training: *http://bishtraining.com/index.php/contraception*

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Stone, N and Ingham, R, 2011. Who presents more than once? Repeat abortion among women in Britain. *Journal of Family Planning and Reproductive Health Care*; 2011; 37. Available at: *http://jfprhc.bmj.com/content/early/2011/06/30/jfprhc-2011-0063*

3 Contraception, Pregnancy Testing and Decision-Making

Introduction

About this chapter

This chapter is concerned with ensuring that young people are able to access high quality young people friendly contraceptive services, pregnancy testing and pregnancy decision-making support: i.e. that the routes to and from these services are visible and accessible to young people. It therefore links closely with the previous chapter on Sex and Relationships Education (SRE) about pregnancy pathways, because SRE should be seeking to build young people's knowledge, confidence in, and ability, to access these services. It links in with the following chapters on Maternity and Abortion Services because young women with a positive pregnancy test will need support to access those services promptly. This chapter should be read in conjunction with EFC's Best Practice Toolkit: Pregnancy Decision-Making Support for Young People, which describes good practice in pregnancy decision-making support and provides practical exercises and checklists to assess your own and other organisations' services.

The audit tool on pages 55 to 65 of this chapter serves to help assess both the quality of contraceptive, pregnancy testing and pregnancy decision-making support services, and the strength of the links between them. At the end of the audit tool there is a list of essential and recommended reading, case studies and resources.

Who is it for?

This chapter is for use by practitioners, managers and commissioners of services in young people's clinics (stand alone, within GP practices, onsite in education facilities), family planning clinics, in youth-work settings and independent advice and guidance services.

How long will it take to complete?

It should take approximately an hour to read this chapter and use the audit tool.

Current policy

A note about You're Welcome

In 2007 the Department of Health published You're Welcome – the set of quality criteria for young people friendly services. The criteria[3c] established the importance of ensuring that health services are responsive to young people's needs, and set a bench mark against which standards can be assessed.

The updated criteria[3b], published in 2011, are clear about the importance of ensuring that pregnancy testing services are free and confidential and provide "the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support" (DH, 2011, theme 9.1). However, as it is crucial to ensuring that young people's journeys through services are as straightforward as possible, and because of the proliferation of crisis pregnancy centres which can obstruct young people's ability to make and act on informed choices about pregnancy, EFC also strongly endorses the following clause, which appeared in the original criteria:

"Where any member of staff is ethically opposed to abortion, the relevant professional guidance for those with conscientious objections is applied. Arrangements are in place to enable young women with unplanned pregnancies to be seen immediately by another practitioner known not to have objections, to enable impartial discussion of the options" *(Department of Health, 2007)*

Other quality criteria

It is useful to acknowledge those services which recognise the value of You're Welcome, but who for logistical reasons (for example lack of physical space in waiting areas) may not be able to meet some of the most stringent criteria. Many of these services have nevertheless sought to implement their own quality kite-marking systems. These send a message to young people that they are important, and that services are striving to meet their needs. Redbridge and Bristol are examples of areas that have successfully implemented their own schemes – click here[3g] to learn more about Redbridge's Young People Friendly scheme, and here[3h] to find out about 4YP in Bristol.

A note about the Teenage Pregnancy Prevention and Support Self-Assessment Toolkit

At the time of writing, the teenage pregnancy prevention and support self-assessment toolkit[3d] (designed to help local areas monitor and manage the implementation of their teenage pregnancy strategies) has been archived by government and replaced by a much briefer, less substantive paper. EFC has therefore chosen to make use of and refer to the original toolkit during the writing of Pregnancy Pathways, because the guidance it gives and the criteria it uses represent evidence based and effective, good practice.

Current practice

Settings and location

Contraceptive provision, pregnancy testing, and decision-making support may take place within a single setting, or be spread across a number of settings, such as at GP clinics, sexual health clinics, young people's clinics, in sexual or reproductive health wards of hospitals, at pharmacies, or at onsite clinics in schools, colleges, youth centres and in other youth venues. This means that some young people will be able to obtain all the support they need around pregnancy within a single place, and others will need to be referred to other services. Young people may be given support with a referral, or they may be left to make appointments themselves.

Some areas may have numerous locations where young people can obtain contraception, pregnancy testing and decision-making support. Others may have fewer settings, or services

which are more difficult for young people to access, perhaps because of their geographical location, opening hours, or because they are not visibly young people friendly. Young people may thus find it easier or more difficult to access support, depending on where they are.

Pregnancy testing

There is variance too in the breadth and quality of services provided. For example, some services may charge for pregnancy tests, others will provide them free of charge. Some may give immediate pregnancy test results, others will send off to the labs. If a service does not provide immediate pregnancy test results young people may then receive results remotely – i.e. without an immediate opportunity to discuss face-to-face the results, obtain contraception, decision-making support or help with any additional issues. Alternatively they may need to make a second appointment to obtain and discuss the results – causing crucial delays.

Contraception

Some clinics may provide young people with thorough contraceptive counselling, including information and access to the full range of contraceptive methods. Others may offer young people only a limited selection – perhaps in favour of promoting long acting reversible contraception (LARC); because of cost constraints; or in the belief that some methods of contraception are not suitable for young people. Likewise some pharmacists will participate in schemes to provide emergency contraception to under-18s free of charge, whilst others may have conscientious objections to dispensing it, and varying degrees of commitment to helping young people to access it from elsewhere.

Pregnancy decision-making support

Staff may be willing, but not adequately trained or confident, in how to provide young people with non-directive pregnancy decision-making support. Staff may feel out of their depth as a result and refer a young person to another colleague or service for discussion about pregnancy and pregnancy options. This can be very difficult for a young person who has plucked up the courage to discuss the issues with a trusted professional, can add to delays, and does not guarantee that the support they will receive is impartial.

Crisis pregnancy centres

Many independent pregnancy advisory services will advertise free pregnancy testing and free 'pregnancy counselling' services. Counselling in the UK is unregulated and anyone can set up as an independent 'counsellor'. So, services should not simply be selected on the basis of their cost, or because there are no alternatives.

Some independent services – i.e. those that are outside of the NHS, or which are not on the Department of Health's register of pregnancy advisory services[3f] may purport to offer impartial advice and support, but in fact view abortion as a morally objectionable choice. Some may heavily overstate the risks to physical and mental health and make their view abundantly clear that continuing a pregnancy is a better choice to make; some may be less ardent in their views, but still have anti-abortion overtones; whilst others may not project any principled objections to abortion, yet do not refer women for abortion. This means that young women may face obstacles in making a decision about pregnancy, and encounter barriers that hinder them from accessing the services that will support them in the choices they make.

Summary of current practice

The picture that emerges then is one of varying availability, accessibility and quality of pregnancy testing services, decision-making support and contraceptive provision for young people. The routes between services are not always visible and easy to follow. Consequently many young people will be hindered from obtaining timely support and access to services: to prevent pregnancy, to test for pregnancy, to make informed decisions about the results, and to access antenatal and abortion services without delay.

Good practice

The guidance provided here is in keeping with that contained within You're Welcome[3b] and the Teenage pregnancy prevention and support self-assessment toolkit[3d], both of which describe evidence-based, good, effective practice.

Availability, accessibility, links with other services

A young person who is anxious that they may be pregnant, or who knows they are pregnant and wishes to discuss it will want to do so with a professional they trust. Pregnancy testing and decision-making support should therefore be provided by a range of staff in clinical and non-clinical settings and via outreach work to secure easier access by a greater number of young people. This includes those who may be harder to reach, for example (but not limited to) young people: who are from BME groups; who do not have English as a first language; who do not regularly attend formal educational provisional; who are already young parents; or who are at risk of youth offending.

For services to be well utilised it is important that young people know about them. This means services should be well promoted. For example posters and leaflets about services should be displayed in a range of settings used by young people, and refreshed regularly. Social media can be an inexpensive and effective way of reaching large numbers – and diverse groups – of young people. For example, more than 61,000 people currently 'like' the Chlamydia Facebook campaign 'Say Yes to the Test'[3i].

It is also vital that young people are consulted on practicalities such as service location and opening hours, so that they are convenient. For example, staff at schools in Lincolnshire assumed that most students would want to access on-site sexual health services after school. When young people were asked about their preferences, the overwhelming response was "at lunchtime" (Franklin, 2010).

Ideally, staff providing pregnancy testing and impartial decision-making support will either be able to provide thorough contraceptive counselling and contraception to young people, or be able to refer to a colleague who can. If this is not possible, and a young person must be referred to another service instead, it is important that there is a relationship between the two services, that posters and leaflets explain what a young person can expect at the new service, and that the young person is supported with making appointments there.

Staff providing pregnancy testing and impartial decision-making support should also be able to facilitate a young person's prompt and easy access to antenatal and abortion services. Knowing the referral pathways to these services in a local area is key to achieving timely access, with benefits for young people's health and well being. Building relationships with

antenatal and abortion services is therefore important, and will help to ensure that young people's journey between services is a smooth one. As a minimum, staff at your service should be able to talk to young people about what they can expect at the antenatal and abortion services in your area, back this up with young people friendly posters and leaflets about those services, and support them in making appointments.

A young person presenting with an unplanned pregnancy and particularly a repeat unplanned pregnancy may well have additional support needs. Staff need to be trained to recognise other support needs (for example – but not limited to – domestic violence, homelessness, sexual exploitation, substance abuse or offending) and know when and where to refer young people for additional help. Building relationships with all of the services that refer to you – and that you refer to – will be integral to ensuring continuity for young people and an easier journey for them between services.

Pregnancy testing and decision-making support

Free pregnancy testing and support with decision-making should be heavily promoted within education settings in SRE and other youth settings that don't have their own provision. Young women should be encouraged to use these services as they will get professional support around the results, rather than test for pregnancy at home alone. All promotional materials should emphasise the service's commitment to providing confidential, impartial and non-judgmental support. For a Best Practice Toolkit on Pregnancy Decision-Making Support for Teenagers, click here[3a]. And to find out about the robust pregnancy decision-making service provided by North Tyneside PCT click here[3m].

Staff should have access to a clear protocol for the process of pregnancy testing and for managing a positive and negative result. 4YP in Bristol[3l] has a good example of a flow chart to support this. Cambridgeshire NHS has also developed protocols and pathways to facilitate a shared approach amongst practitioners to ensure young people receive consistent support and are signposted to appropriate high quality services. For more information, including examples of care pathways to guide the pregnancy testing process, and discussion about results, click here[3k].

A negative result

Practitioners should be able discuss pregnancy options with the client during the testing process. In the event of a negative result, practitioners should be able to provide comprehensive contraceptive counselling and refer to someone within or outside of the service who can provide/prescribe/fit the required contraceptive method as soon as possible. Provision should also be made for STI testing and treatment, or timely and supported referral to an agency that can provide that. In any case young women or couples should be provided with condoms for immediate use and should be given information about false negative results and why and when re-testing would be recommended.

A positive result

Practitioners should be able to discuss pregnancy options with the client during the testing process and be committed to providing evidence-based information and impartial support with decision-making in the event of a positive result. Training and support should be given to ensure staff understand their remit and are equipped with accurate information

and the resources to facilitate the young person's own, informed decision. Staff should feel comfortable and confident in supporting a young person whether the young person opts for abortion, or chooses to continue with their pregnancy.

Conscientious objection

Professionals may hold objections to abortion that compromise their ability to provide impartial support to young people around unplanned pregnancy. Managers should identify those staff that are best placed to provide impartial support. Those staff who are not able to be impartial can then ensure a young person is referred to someone who can support them. It is important that when a young person is referred to a colleague or another service, that the young person does not feel that a judgment has been made about them, their situation, or their choices.

Professional guidance from the General Medical Council (2008) and Medfash (2005) is clear that health professionals' personal views should not compromise the care they provide, and that the clients' own interests should be put first. The Medfash guidance (which formed part of the original You're Welcome Criteria) states:

"… ensure that health practitioners who are ethically opposed to abortion are aware of, and follow, relevant professional guidance for those with conscientious objection. Arrangements should be in place to enable women with unplanned pregnancies to be seen immediately by another practitioner known not to have objections, to enable impartial discussion of options." *(Medical Foundation for AIDS and Sexual Health, 2005, p.72)*

Whereas this guidance relates directly to health professionals, it is important that the principles expressed apply in every setting and to all professionals who work with young people around unplanned pregnancy.

Facilitating access to antenatal and abortion services as soon as possible

In providing impartial decision-making support, staff need to be aware of and able to communicate the importance of accessing antenatal and abortion services as soon as possible: early abortion is safer and more easily accessible than later abortion; accessing antenatal care prior to 12 weeks gestation improves outcomes for mothers and their babies.

This does not mean that decisions about pregnancy should be rushed, rather that young people can understand the benefits of accessing help sooner rather than later. Given that in most areas abortion becomes increasingly harder to access after 12 weeks gestation, and that the legal time limit for abortion is 24 weeks, it can be helpful to make a referral for abortion if gestation is advancing and there is a possibility of the young person choosing abortion. This should be done on the clear and explicit understanding that the young person may change their mind at any time; that women do sometimes change their minds; and that abortion services are run to accommodate this. Obtaining a referral on this basis means that if the young person does choose abortion that arrangements are in place to facilitate it. Without it, some young people will find that they have no choice but to continue with their pregnancies.

Referring to other agencies for pregnancy decision-making support

If staff cannot provide impartial high quality pregnancy decision-making support within your service, it is essential that there is a clear supported referral route to a service that can (see EFC's Best Practice Toolkit on Pregnancy Decision-Making Support[3a]). It is helpful to make this appointment with the young person and to use text or phone to remind them of appointments and to follow up to make sure they have attended. It may have taken a lot of courage for the young person to seek help from one service: ensuring they feel confident to get to the next service is vital.

Abortion providers contracted to the NHS are required to provide pregnancy decision-making support. Other NHS or NHS-funded CASH clinics like Brook may also provide this. If you are considering referring a young person to an independent pregnancy advisory service, the only way to be certain of the quality of a service is to thoroughly assess it and mystery shop it. EFC's Best Practice Toolkit on Pregnancy Decision-Making Support provides a useful checklist to assess the quality of independent services.

If there is a local independent advice service that you know is providing a bad service and/or is delaying or obstructing access to abortion services, this information should be shared widely with Directors of Public Health, GPs, CASH clinics, education providers and other young people's services, to avoid young people being referred there.

Involving partners

Young women attending a service for pregnancy testing and/or decision-making support may be accompanied by partners, friends, parents or carers. Staff should enable the young woman to choose the accompanying person's level of involvement in discussion, but always make space for her to be seen alone too.

Where possible young men should be given support – including the opportunity to talk to someone alone – about their feelings and role in the decision-making process. Support for partners around unplanned pregnancy should be widely publicised and promoted.

Involving parents

Parents and carers may be an invaluable source of support for young people. Professionals can play a crucial role in facilitating and mediating an initial discussion between parents and young people, especially where the young person may be anxious about parental reactions to news of pregnancy.

Contraception

All methods

Thorough 'contraceptive counselling' means ensuring easy access to information and discussion about all methods of contraception, including the likelihood of potential side effects, and ways of overcoming these. When coupled with access to the full range of contraceptives, it enables young people to make and act on informed decisions about contraception, which they feel they own and are committed to, so that a young person can

confidently use their chosen method. It therefore has a positive effect on user satisfaction, implementation and maintenance rates. FPA and Brook provide a range of literature about all contraceptive methods and there are online tools to support contraceptive decision-making.[3n]

LARC

The NICE guidance[3e] is clear that discussion of LARC methods should be within the context of discussion about the full range of methods. Contrary to popular belief, all LARC methods of contraception are also suitable for nulliparous women i.e. women who have not had a child. Where there is a risk of sexually transmitted infection, testing for this should be carried out prior to fitting an IUD or IUS, and/or prophylactic antibiotics provided (NICE, 2005). All currently available LARC methods are more cost effective than the combined oral contraceptive pill, even at 1 year of use (NICE, 2005).

Side effects

Concerns about side effects – in particular weight gain, effect on menstrual pattern (ie heavier or lighter bleeding) – can be serious barriers to young women maintaining their contraceptive method (Education For Choice, 2007). Exploring how likely side effects are and how affected a young person might be by them, as well as the availability of adjuvant treatment (to counter side-effects) can help young people to develop realistic expectations about their chosen method of contraception, and to come back to discuss problems, rather than simply opt to discontinue use (NICE, 2005).

Condoms

Condoms should be made available to all young people seeking information or advice about sexual health as well as to young women using other forms of contraception which don't provide protection against STIs. It is essential that young people are provided with clear guidance on how to use condoms effectively. Services running C-Card or condom distribution schemes should ensure that they are well publicised and that those providing SRE in schools and in other settings are given promotional materials with clear information about the scheme, what it offers, how to sign up to it and where to find outlets where condoms are available.

Emergency contraception

Emergency hormonal contraception (Levonelle and the new EllaOne – effective for up to 5 days post-intercourse) and the IUD (both as a long acting and as an emergency method of contraception) are suitable for young people.

Many pharmacies participate in schemes to provide emergency hormonal contraception (EHC) to under-18s free of charge. Their participation should be widely promoted to young people. When a pharmacy that participates in such a scheme is closed, details of the nearest alternative pharmacy should be clearly displayed.

For an example of a care pathway to help inform discussion regarding unprotected sex and emergency contraception, click here[3k].

Provision and recording of information

The way in which information about contraception is provided is important. Many young women feel overwhelmed by information about contraception, so providing a brief overview of all methods, backed up by more detailed information written in a young person friendly way, on the particular methods a young person wants to know more about, can be useful (Doherty and Smith, 2007).

Contraceptive kits that young people can see and touch can help to stimulate discussion, dispel myths and allay fears, particularly regarding LARC methods, around which many misconceptions abound.

Many young people are confident users of mobile phone technology. Setting phone reminders can be a useful way to alert young people when they next need to take their contraception, and text messages can be a helpful reminder of when appointments need to be attended to review/renew contraception.

Using an audit form to record the method of contraception chosen, changes to contraceptive use and reasons for it can help providers to tailor services to better meet the needs of young people.

Conscientious objection

Although pharmacists must put patient's needs first, they do have the right to opt out of providing services which may come into conflict with their religious or moral beliefs. As such a pharmacist can choose not to supply EHC. In this instance the General Pharmaceutical Council (2010) is clear that pharmacists must refer a woman to an alternative provider within the time limits for EHC to be effective, taking into account factors such as the alternative clinic/pharmacist's opening hours, the availability of appropriate staff, and whether the woman can get there.

Although pharmacists must follow this guidance, for a young woman in need of EHC, simply being told that it is in conflict with a pharmacist's beliefs could prove such a deterrent that it prevents her from accessing EHC. Information about which pharmacists will and will not dispense EHC should be shared locally so that young women are not subjected to delays or judgment when they seek help. In areas where there are few dispensing pharmacies, advance provision of EHC in other settings could prove helpful. Advance provision has not been associated with an increase in rates of STIs, unprotected intercourse, or changes in regular contraceptive method (Cochrane, 2010).

Audit tool

Looking back – moving on – making links

- What services do you provide?

Accessing your service

- How do young people hear about your service?

From school/college/other education setting ☐
From Connexions ☐
From youth work or Independent Advice and Guidance ☐
From CASH clinics (including onsite clinics in secondary schools/FE colleges) ☐
From family planning clinics ☐
From GPs ☐
From social workers and foster carers ☐
From maternity services or via a teenage pregnancy midwife ☐
Other, please specify ☐

- What training or information do you offer staff in the above organisations about the services you provide?

- What does your service do to familiarise young people from the above organisations with your work – for example:

  Visit groups as part of sex and relationships education or religious education ☐

  Send posters for display ☐

  Provide information leaflets ☐

  Request a link to your website from these organisations ☐

  Other, please specify ☐

Referring to other services

- What training do staff receive to identify young people with additional support needs around other issues?

- What referral pathways are in place to ensure young people in need of additional support can access it?

- What protocols do you have in place to obtain consent from young people to share relevant information about them with the services you refer to?

- Do all staff follow the same pathways and protocols for referrals to other agencies?

- What support is given in making appointments with the services you refer to? e.g. accompanying young people, text reminders or other support to help ensure appointments are taken up.

- Which services do you refer young people to?

Child protection services ☐
Antenatal/maternity/abortion services ☐
CASH services ☐
Drug and alcohol support ☐
Social and emotional support ☐
Connexions ☐
LGBTQI support services ☐
Rape counselling ☐
Domestic violence support ☐
Female Genital Mutilation support ☐
Others – please specify ☐

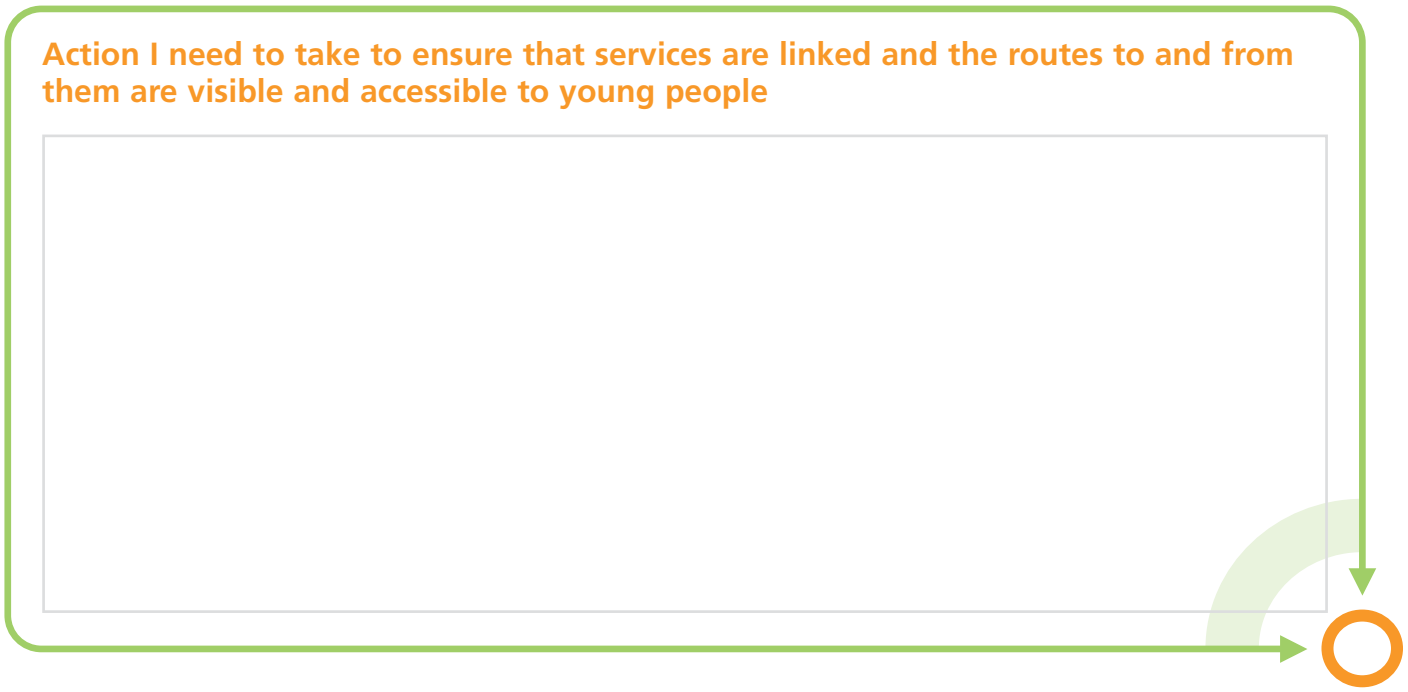
- Have you assessed these services for quality and young people friendliness? ☐

- What training or information do you offer staff in the organisations listed above about the service you provide?

- What information do you send to these organisations for young people, about the service you provide?

- Do you display posters about the range of services you refer to? ☐
- Do you have information to give to young people on the services you refer to? ☐

Action I need to take to ensure that services are linked and the routes to and from them are visible and accessible to young people



Pregnancy testing and pregnancy decision-making support

About the service

- Is the ethos of the service impartial and non-judgmental? ☐
- How is this ethos translated into practice?

- How does this ethos inform recruitment policies and procedures?

- What protocols do you have in place to ensure young people receive impartial support if staff have moral objections to abortion?

Pregnancy testing

- Where and when are pregnancy tests available?

- Are they free of charge? ☐
- Are the results available immediately? ☐

  If not, why not?

- If not, how are young people followed up with their test results, and what information and support is given around the results?

- Are all staff who provide pregnancy tests able to give out condoms to those attending for pregnancy tests? ☐

- Are all staff who provide pregnancy tests able to comprehensively counsel young people about all methods of contraception, including emergency contraception and LARC? ☐
- Are all staff who provide pregnancy tests able to prescribe and/or fit all methods of contraception, including all methods of emergency contraception and LARC? ☐
- If you answered no to either of the above 2 questions then:

  Are referrals made to other members of staff within your service who can? ☐

  Or are supported referrals made to another service(s)? ☐
- When a young person tests negative for pregnancy, do you provide information about when and why to retest?

- When a young woman receives a positive pregnancy test result, is the length of time taken to access antenatal or abortion services recorded? ☐

  If not, why not?

- How is this information used to inform practice?

Decision-making support

- Are all staff, including those who provide pregnancy tests, trained and willing to talk to young people impartially about all of their pregnancy options and provide non-directive decision-making support? ☐
- Do staff have access to resources[30] to support an informed decision-making process? ☐

Referring on

- Do staff refer to other services if a young person needs additional decision-making support? Which ones and how do you know they provide high quality, impartial support?

- Will these services refer young women both to antenatal and abortion services? ☐
- Do staff make referrals for antenatal care if a young woman chooses to continue with her pregnancy? ☐
- Do staff make referrals to abortion services if a young woman chooses to end her pregnancy? ☐
- What training do staff receive to ensure they understand and can communicate to young people timeframes for attending these services, and what will happen within the service referred to?

- How are young women supported to make and attend appointments at pregnancy services (e.g. can staff accompany them, send text reminders etc)

Attending with others

- What protocols inform practice when a young woman attends for a pregnancy test and/or decision-making support with her partner/parent/friend?

- Is she assured of time by herself with staff? ☐

- What support is available to partners and young men?

- How is this support promoted?

Action I need to take to ensure that pregnancy testing and decision-making support is impartial and enables young people to access services promptly

Contraception

Contraceptive counselling

- Are all young people requesting contraception given thorough contraceptive counselling to enable them to make an informed and committed choice to a method of contraception? ☐

  If not, why not?

- Are young people made aware in advance that if they are unhappy with their chosen method of contraception for any reason they should return to the service to discuss this? ☐
- Is treatment for side-effects available if young people experience problems with their chosen method of contraception? ☐
- Are young people able to switch to another method of contraception, if that is their preference? ☐
- Are the reasons for a young person discontinuing their contraceptive method recorded? ☐
- Is this information used to help inform contraceptive counselling? ☐
- Are young people reminded of when they need to attend to renew/review their contraception? ☐
- How are young people reminded?

- If YP do not attend for appointments or approach or pass review dates, how are they followed up?

Contraceptive methods

- Which methods of contraception are discussed with and available to young people?

Male condoms ☐
Female condoms ☐
Combined pill ☐
Progestogen Only Pill (mini-pill) ☐
Contraceptive patch (Evra) ☐
Vaginal ring (Nuvaring) ☐
Diaphragm with spermicide ☐
Cap with spermicide ☐
Contraceptive injection (Depo-Provera and Noristerat) ☐
Contraceptive implant ☐
Intrauterine device (IUD or 'coil') ☐
Intrauterine system (IUS or 'Mirena') ☐

- If the full range of contraceptive methods is not available to young people, why not?

- Do you refer to agencies which do provide the full range of contraceptive options? ☐

Emergency contraception

- Which methods of emergency contraception[3k] are available to young people in your service?
  - Levonelle ☐
  - ellaOne ☐
  - IUD ☐
- Is emergency hormonal contraception (EHC) available in advance of need? ☐
- If young people need access to emergency contraception outside of your service's opening hours, where can they access it?

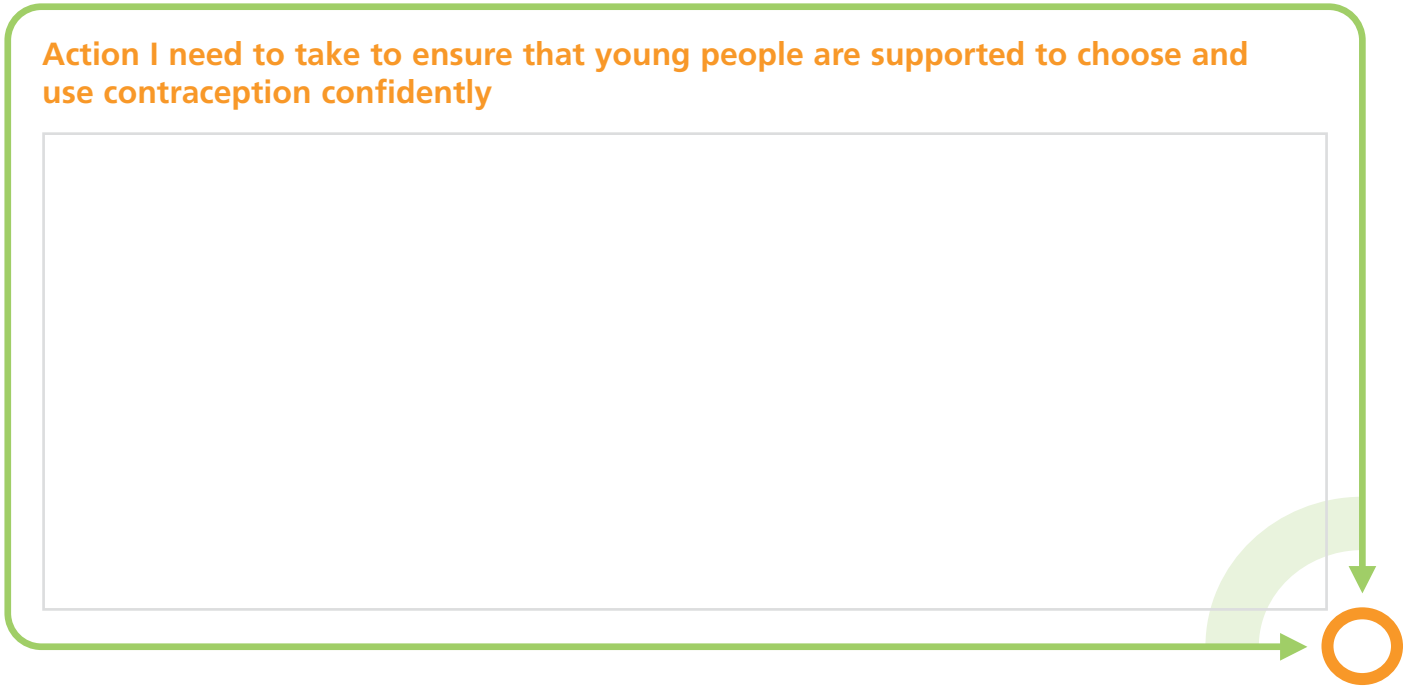
- How do they know where to access it?

- Do you promote the availability of emergency hormonal contraception from pharmacies? ☐
- Is it clear to young people which pharmacies will dispense EHC free of charge or at cost? ☐
- What training is available to pharmacists who participate in this scheme and are they able to signpost young women back into services to access an ongoing contraceptive method?

- Which pharmacies will not dispense EHC to young people or can only dispense it to those over 13/over 16/over 18?

- How is this managed and how is information about which pharmacies supply EFC shared?

Action I need to take to ensure that young people are supported to choose and use contraception confidently



Essential reading

3a **Best Practice Toolkit: Pregnancy decision-making support for teenagers** (EFC, 2007)
Describes good practice in pregnancy decision-making support, provides practical exercises, and checklists to assess your own and other organisations' services.
www.efc.org.uk/professionals/decision_making_toolkit.html

3b **You're Welcome Quality Criteria** (Department of Health, 2011)
Updated criteria to ensure health services are young people friendly.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

3c **You're Welcome Quality Criteria** (DH 2007)
http://pregnancypathways.files.wordpress.com/2012/03/youre-welcome-quality-criteria-2007-version.pdf

Recommended reading

3d **Teenage Pregnancy Prevention and Support Self-Assessment Toolkit** (DCSF)
Designed to help local areas monitor and manage the implementation of their teenage pregnancy strategies on the basis of evidence-based, effective, good practice.
http://webarchive.nationalarchives.gov.uk/20100202100434/dcsf.gov.uk/everychildmatters/resources-and-practice/ig00198/

3e **Quick Reference Guide to Long Acting Reversible Contraception (LARC)** (National Institute for Health and Clinical Excellence, 2005)
www.nice.org.uk/nicemedia/live/10974/29911/29911.pdf

3f **Register of pregnancy advisory services** (Department of Health)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4063860

Case studies

Young people friendly services

3g **Young people friendly accreditation scheme for health services in Redbridge**
www.youngpeoplefriendly.co.uk/about-ypf

3h **Quality standards for young people friendly services in Bristol** (Bristol 4YP)
www.4ypbristol.co.uk/quality-standards

3i **Say Yes to the Test – Chlamydia Facebook Campaign**
www.facebook.com/sayyestothetest

3j **Health promotion using Facebook** (NHS Plymouth)
www.facebook.com/NoRisks2010?ref=ts

Care pathways

3k **To guide discussion about unprotected sex, emergency contraception, pregnancy testing and pregnancy test results**
www.cambridgeshire.gov.uk/NR/rdonlyres/1337F537-BE1B-4BCA-9481-08D1DC807432/0/PathwaysandProtocols.pdf

3l **To support pregnancy testing in Bristol** (Bristol 4YP)
www.4ypbristol.co.uk/assets/0000/0331/Final_MASTER_NHS_4YP_Flow_Chart.pdf

Pregnancy decision-making support

3m **North Tyneside PCT's robust pregnancy decision-making service**
www.northtynesidepct.nhs.uk/services/community-services/sexual-health/teenage-pregnancy-support-team

Resources

3n **My Contraception Tool**
www.brook.org.uk/mycontraceptiontool

The following are all available from EFC at www.efc.org.uk/professionals/resources.html:

3o **Pregnant What Now? Choosing What's Best for You:** An interactive workbook for pregnant young women and their partners to facilitate their consideration of how each pregnancy option (parenthood, abortion and adoption) would fit into their lives. The activities encourage young people to make their own decision by giving them the facts, enabling them to consider the benefits and disadvantages of each option, and empowering them to access support and services. For use by young people with the help of a trusted professional.

3p **Abortion FAQs:** A four page fact sheet answering the most common questions young people ask us about abortion.

3q **Information postcard:** gives young people some key facts on abortion and provides them with information on where to go for help and support.

Training

The following training can be booked with EFC.
To book training visit www.efc.org.uk/professionals/training.html

3r **Abortion: decisions and dilemmas** designed for anyone working with young people in group work and one to one settings and looks at ways to facilitate discussion of pregnancy decision-making and abortion in both contexts. Professionals who have enjoyed this course over the past 10 years include school nurses, youth workers, sexual health workers, teachers, Connexions PAs, health educators, midwives and doctors.

3s **Pregnancy: choices and challenges** designed specifically for those working exclusively or primarily with young people in and leaving care including social workers, foster carers, social care and leaving care nurses. It focuses on the skills, information and practical tools that this group of professionals need in order to support their clients to make informed decisions about pregnancy and abortion.

Repeat Conceptions: A two day training course addressing young people, pregnancy choices, and repeat conceptions. The course is suitable for a wide range of professionals that work to support young people around teenage pregnancy.

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4 Maternity services

Introduction

About this chapter

This chapter is about the way in which maternity services work to meet the needs of teenage mothers and young fathers. In particular it addresses the way in which maternity services work in partnership with other services to ensure that the wider health and social needs of teenage mothers, young fathers and their children are met. Examples of good referral practices are provided, including to ensure that the needs of young fathers are explicitly recognised and met; and to facilitate access to postnatal contraception.

The audit tool on pages 75 to 86 assesses the quality of maternity services for teenage mothers and young fathers; and the strength of the links with services which can help to meet the wider health and social needs of teenage mothers and young fathers.

At the end of the audit tool there is a list of essential and recommended reading, case studies, resources and useful links.

This chapter links closely with the chapter Questions All Services Should Ask Themselves and the chapter on Contraception, Pregnancy Testing and Decision-Making and should be read in conjunction with them. It also refers to and utilises recommendations made in key policy and good practice guidance. These are linked to where relevant throughout the text, and are listed in the reading lists at the end.

Throughout this chapter the term 'teenage mothers' is predominantly used, since maternity services and many of the services they work in partnership with are aimed at women who choose to continue with their pregnancies. However, it is important to acknowledge that for some young women, motherhood occurs as a consequence of their lack of engagement in the decision-making process. A reluctance to explicitly acknowledge pregnancy, and/or the hope that a pregnancy will just go away of its own accord, may be factors in some young women presenting to maternity services late in pregnancy. Thus, it is vital that maternity services provide all women, as a matter of course, with an opportunity to discuss their feelings about pregnancy, and that this support is publicised in materials promoting the service.

Women who are ambivalent or unsure of their decision need impartial decision-making support to make a decision they are confident about. Where a decision is taken to end a pregnancy, staff need to be able to support that decision and assist with a referral to a termination service. This includes where a decision has been taken to end a pregnancy following the diagnosis of a fetal abnormality.

The term 'young fathers' recognises the fact that when young men become fathers they are less likely to be teenagers, but are more likely to be under the age of 25. By explicitly using

the term young fathers, as opposed to the catch-all 'young parents', we aim to recognise the valuable role that young fathers can play in their child(ren)'s lives. Young men may have had varying degrees of influence in the decision to continue with a pregnancy, and varying levels of ongoing involvement with their child(ren)'s mother. This may influence the type and scope of assistance needed to support young men in their roles as fathers.

Who is it for?

This chapter is relevant to commissioners, and to managers and practitioners working within maternity services, including midwifery staff working in community, hospital-based and GP settings. It is also relevant to commissioners, managers and practitioners working in any service that seeks to support teenage mothers, young fathers and their children.

How long will it take to complete?

It should take approximately one hour to read this chapter and use the audit tool.

Context

Young parents and their babies are more likely to experience poorer outcomes than older parents and their children. Babies of teenage mothers are more likely: to be born prematurely (associated with infant death and disability); be born at a low birth weight (associated with infant death, physical and learning disabilities and cardiovascular disease); and have an infant mortality rate that is 60% higher than for the babies of older mothers (DCSF and DH, 2009 p.4). Teenage mothers themselves are more likely to develop postnatal depression; and by their 30's to have experienced relationship breakdown with partners; to live in poor housing; and to live in poverty (DH 2004 in DfES and DH 2007 p.5). Young fathers are more likely to suffer from pre-existing anxiety, depression and conduct disorders; to drink, smoke and misuse other substances, to have poor health and nutrition, and to have been subjected to violent punishment and sexual abuse (DCSF and DH, 2009).

However, Government policy recognises that these outcomes are not inevitable, and that many of the risks can be reduced through the provision of high-quality maternity care: designed specifically to meet the needs of teenage mothers, young fathers and their children; which encourages earlier booking into antenatal care; and that facilitates access to a wide range of support services.

Best practice guidance (including The Teenage Pregnancy Strategy: Beyond 2010 (DCSF and DH, 2010)[4d]; Getting maternity services right for pregnant teenagers and young fathers (DCSF and DH, 2009)[4b]; Teenage parents: who cares? (DCSF and DH, 2008)[4c]; Multi-agency working to support teenage parents (DfES and DH, 2007)[4a]; and the National Service Framework on Maternity Services (DfES and DH, 2004)[4i] clearly states the importance of ensuring that services:

- Engage proactively with teenage mothers *and* young fathers and explicitly value young fathers' positive involvement
- Provide tailored support by staff who are friendly, welcoming, respectful and non-judgmental
- Provide clarity about confidentiality and child protection

- Recognise the importance of building trusted relationships with teenage mothers and young fathers
- Are flexible (i.e. they fit around the needs of teenage mothers and young fathers) and are accessible both in terms of timing and location
- Utilise the Common Assessment Framework where there are concerns about teenage mothers or young fathers in order to identify additional support needs
- Encourage information sharing (with explicit consent) and have measures in place to facilitate it
- Are delivered in partnership with a range of agencies, with a lead professional ('critical friend') appointed to coordinate and ensure access to support
- Have clear referral pathways in place, and referral plans which are shared with teenage mothers and young fathers themselves
- Provide support to help teenage mothers and young fathers avoid subsequent unplanned pregnancy.

Current practice

Many young parents, and young fathers in particular, report feeling excluded from mainstream maternity services. Whether their experiences are real or perceived, young parents frequently comment that they feel looked down on and intimidated by other service users and professionals (in health services and in antenatal/postnatal education classes) because of their age. When pregnant teenagers do eventually book for antenatal care – the target for booking is 10–12 weeks gestation but the average gestation for teenagers at booking is 16 weeks (DH 2007, in DCSF and DH 2008, p.9) – their negative experiences can make them much less likely to attend further appointments.

In an effort to improve care for young parents, maternity services in some areas are delivered within mainstream services, but are tailored to meet young parents' needs. In other areas dedicated services are provided for teenage mothers and young fathers. Where support is provided by specialist teenage pregnancy midwives, there is a marked positive effect on young parents' experiences. There is increasing awareness of the need to ensure that maternity services are young people friendly, and in some areas maternity services have been awarded You're Welcome status.

Some maternity services work in partnership with a network of agencies to ensure that the wider health and social needs of teenage mothers, young fathers and their children are met. Services are flexible and are timed so as not to clash with educational provision or postnatal meet-ups, which can be crucial to young parents not feeling isolated in the postnatal period. Services may also be co-located, or provide staff that can drop into ante or postnatal sessions to provide information and support around other priority issues like housing or benefits advice.

Many young families are taking part in the Family Nurse Partnership programme[41]. This programme is aimed at young, first-time mothers and provides intensive support from specially trained nurses, in partnership with health visitors, midwives and a range of other professionals. In the US, where the programme was devised, improvements have been seen in a range of health and social outcomes for teenage mothers, young fathers and their children.

Concerns about confidentiality combined with a lack of protocols to enable teenage mothers and young fathers to give consent to information sharing compounds matters. Referencing The Seventh Report of the Confidential Enquiries into Maternal Deaths (Lewis G et al 2007), the DCSF and DH (2008, p.14) note that:

"the number of deaths among women who are vulnerable and/or socially excluded remains unacceptably high. These include teenagers…"

and they cite the following as contributory factors to teenage mother's deaths:

"A lack of liaison and communication between the health and social services in providing support for vulnerable young girls and a lack of multidisciplinary or coordinated care."

Good practice

"High quality maternity care … involves access to a wide range of varied services that should work in partnership to help equip mothers and fathers with the skills they require to become confident and caring parents." *(DH, 2007, p.3)*

"Referral pathways between maternity services and on-going support need to be clearly understood and watertight to prevent teenage mothers and young fathers slipping through the gaps between services and missing the support they need." *(DCSF & DH, 2010, p.35)*

Partnership approaches

The Common Assessment Framework[4e] is a tool to help practitioners identify extra support needs and facilitate access to support services quickly and effectively and "will be appropriate for most pregnant teenagers, and sometimes their unborn babies (and also their teenage partners)" (DfES and DH 2007, p.7). CAF assessments should be carried out with the young person's consent, and could be undertaken by staff with CAF training either in a maternity service or in the first service to whom the young person first presents. As a result of a CAF assessment being carried out, a Lead Professional should facilitate coordinated access to services, and ensure that those services work to achieve their intended outcomes. The Lead Professional should be appointed in consultation with the pregnant teenager/her partner and should act as a critical friend who seeks to build a trusted, valued relationship with the young person. It is good practice to share with pregnant teenagers and their partners a record of which services they have agreed to engage with and why and the suggested time frames for doing so. For more information on the role of the lead professional and resources to support their work, click here[4m].

Central to the success of a coordinated approach to partnership working is appropriate information sharing. This means working with pregnant teenagers and their partners to agree which services they would benefit from being involved with, and obtaining consent to contact them and share relevant information. An example of a referral and consent form to Connexions (suitable for adaptation for other services) can be found on **page 21** of Multi-agency working to support pregnant teenagers[4a].

A useful example of a referral pathway for a pregnant teenager can also be found on **page 18** of Multi-agency working to support pregnant teenagers[4a], which provides good practice examples of partnership working with Connexions, on **pages 11 and 12**.

Hull's Teenage Pregnancy Support Service (run by Hull city council and funded by Hull city council and NHS Hull) takes a holistic approach to assessing young people's needs and has separate assessment forms for pregnant teenagers and their partners.

Engaging with young fathers

A father's positive involvement in his child's early life has been shown to be associated with a range of good outcomes including cognitive development, better mental health, educational attainment, attendance and behaviour at school, positive peer relationships, and less involvement in crime and substance misuse (DCSF and DH, 2008, p.10). It also confers a protective benefit on his partner against postnatal depression. The attitude of a pregnant teenager's partner towards issues like smoking and breastfeeding are likely to be extremely influential on her (Fathers Direct, in DCSF and DH, 2008, p.10).

In recognition of this, the DH and DCSF advocate that services should "develop a culture in which the starting point is that young fathers' involvement in the pregnancy and birth is beneficial for the mother and child and that services should be designed so that they are inclusive of young fathers, rather than one which starts with the presumption that the young father is a problem." (DH and DCSF, 2007 p.60)

Hull's Teenage Pregnancy Team has sought successfully to mainstream fathers' involvement with the Teenage Pregnancy Support Service. Young fathers' needs are assessed separately from teenage mothers' via a comprehensive Father's Assessment Form in the Maternity Services section of the pregnancy pathways webpages.

As a result, young fathers have been supported to access help with issues like housing and benefits, as well as to take part in parenting classes and to gain support with telling their parents and getting time off from school to attend antenatal classes. In three years the number of fathers referred to the Support Service has increased from 7 to 160. Crucial to this success has been the development of relationships with referring agencies like Connexions, and the use of a referral form designed by the Support Service to capture the relevant information about expectant and new fathers. For more information about Hull's work to engage with young fathers click here[40].

In Bradford, qualitative research was undertaken with a small group of teenage mothers, the findings of which were published in 'Big Up the Mamas' (Corrigan). This report found that the most significant influences on a young mother were her own mother and her partner. Where teenage pregnancy support workers sought to build relationships with these 'significant others', and pro-actively involve them in discussions about maternity care, the young woman's support network was seen to be strengthened. Health promotion messages, including about the importance of breastfeeding, were also more likely to be acted upon.

Postnatal contraception

An estimated 20% of conceptions to women aged 18 or under are second pregnancies. Although a proportion of these will be planned, many will be unplanned. It is vital therefore that access to good quality contraceptive advice and treatment is part of an integrated care plan for all teenage mothers and young fathers, in order that they are able to prevent subsequent unplanned pregnancies, if they wish to.

Fertility can return within 4 weeks of giving birth if women are not exclusively breastfeeding on demand both day and night. The immediate postnatal period is often one of immense

upheaval, in which contraception is unlikely to be a high priority. Thus, addressing contraceptive needs on a regular basis during pregnancy can enable young parents to choose a method that is right for them prior to birth, and to implement it shortly afterwards.

To be most effective in supporting teenage mothers and young fathers to choose and use contraception effectively after birth, services should:

- Display information about the risks of becoming pregnant soon after birth – click here[4z] for Brook's poster on fertility after birth
- Integrate contraceptive planning into antenatal care beginning early in pregnancy and continuing throughout (for a form to support contraceptive planning see the Maternity Services section of the pregnancy pathways webpages)
- Ensure information is given about all contraceptive methods[4z2], including Long Acting Reversible Contraception (LARC)[4z3]
- Encourage teenage mothers and young fathers to make a choice about contraception before birth
- Provide detailed information about the chosen method, including the likelihood of side effects, and incorporate discussion of how the young woman may feel if she experiences side-effects, and what she should do if she is unhappy with her chosen method
- Ensure teenage mothers and young fathers leave hospital with a supply of contraceptives, and/or
- Provide practical support to attend appointments for contraception in the postnatal period – e.g. travel to/from appointments, and text/phone/email reminders about appointments
- Routinely record the method of contraception chosen and the reasons for discontinuing use, where this is the case, to help inform service planning and delivery
- Train midwives to provide family planning, or involve family planning nurses in the delivery of services
- Work in partnership with local young people's CASH and family planning services to ensure teenage mothers and young fathers are able to maintain their chosen method of contraception on an ongoing basis.

The National Teenage Pregnancy Midwifery Network has a paper which describes four different but highly effective models of service delivery which have supported teenage mothers and young fathers to avoid subsequent unplanned pregnancies. To access the paper, click here[4p].

Hull and East Yorkshire Hospital Trust[4r] have detailed guidelines and care pathways to guide discussion and provision of contraception within maternity services. To find out more visit the section on Maternity Services on the pregnancy pathways webpages.

Audit tool

Looking back – moving on – making links

About your service

- How do teenage mothers and young fathers hear about your service?

From CASH clinics (including onsite clinics in secondary schools/FE colleges) ☐
From family planning clinics ☐
From GPs ☐
From abortion providers ☐
From youth work or Independent Advice and Guidance ☐
From social workers and foster carers ☐
From school/college/other education setting ☐
From Connexions ☐
Other, please specify ☐

- Can teenage mothers and young fathers self-refer to your service? ☐

Assessing wider needs and linking with other services

- Do you utilise a CAF assessment[4e], or similar, to assess the additional needs of teenage mothers and young fathers? ☐
- Are staff trained in carrying out CAF assessments? ☐
- Do you utilise a directory of local services to link with services that can help meet additional support needs? ☐

Making referrals

- How do you obtain consent from teenage mothers and young fathers to share relevant information with partner agencies?

- How do you make referrals to partner agencies?

- Are care pathways and plans shared with teenage mothers and young fathers? ☐

- Complete the table below to indicate the services that you link with:

Agency type	Purpose of referral	Name of agency and/or contact details	I refer to this agency	I provide staff in this agency with info about my service	I send information for young people to this agency about my service
Smoking cessation service	Support with giving up smoking – smoking affects a baby's health both during pregnancy and after birth – babies living in households where people smoke are at greater risk of cot death than those in smoke free households		☐	☐	☐
Alcohol/ drug support	Support with managing alcohol/substance abuse		☐	☐	☐
Contraception and sexual health	Postnatal contraception. An estimated 20% of births conceived to under 18s are second pregnancies. Protection against STIs in pregnancy		☐	☐	☐

Agency type	Purpose of referral	Name of agency and/or contact details	I refer to this agency	I provide staff in this agency with info about my service	I send information for young people to this agency about my service
Child and Adolescent Mental Health Service (CAMHS)	Around 10% of women suffer from antenatal depression (during pregnancy) 40% of teenage mothers are affected by postnatal depression		☐	☐	☐
Termination services	Young women who are ambivalent or unsure about their decision to continue with pregnancy need impartial decision-making support. This can be provided within termination services, which are mandated to provide this support. If a decision is taken to end a pregnancy, early abortion (up to 12 weeks) is safer and more accessible than later abortion. Abortion is legal up to 24 weeks gestation		☐	☐	☐
Female Genital Mutilation (FGM) Support	More than 20,000 girls under 15 are thought to be at risk of FGM every year in the UK. Women who have had FGM are much more likely to experience serious complications during childbirth and their babies are more likely to die as a result of the practice. See the chapter Questions All Services Should Ask Themselves for more information on FGM.		☐	☐	☐

Agency type	Purpose of referral	Name of agency and/or contact details	I refer to this agency	I provide staff in this agency with info about my service	I send information for young people to this agency about my service
Social care	Where there are safeguarding concerns particularly for very young parents under 16		☐	☐	☐
Domestic abuse support	Support around choices where there is family or partner abuse, including possible re-housing (e.g. refuge). Teenagers who become pregnant are disproportionately likely to experience abuse both in their own childhood and in their current relationships. See the chapter Questions All Services Should Ask Themselves for more information on domestic abuse.		☐	☐	☐
Local authority housing	Where a young mother has become or is at risk of becoming homeless, she will need supported housing in either a residential unit or in her own tenancy with floating support		☐	☐	☐
Re-integration officer or education welfare officer	Supports pregnant pupils and young mothers of compulsory school age to attend school or receive appropriate provision (in specialist units, FE or home tuition) to enable them to complete their education and in particular to sit their GCSEs		☐	☐	☐

Agency type	Purpose of referral	Name of agency and/or contact details	I refer to this agency	I provide staff in this agency with info about my service	I send information for young people to this agency about my service
Parenting courses	Helps to prepare pregnant teenagers and their partners for parenthood, including basic skills		☐	☐	☐
Youth service	Activities promoting personal and social development		☐	☐	☐
Childcare information service	Helps teenage mothers and young fathers to identify local childcare that meets their needs		☐	☐	☐
Young people's pregnancy and postnatal groups	Antenatal or child health information, social support and in some cases basic life skills (e.g. cooking/budgeting) and personal development		☐	☐	☐
Sure Start Children's Centres	Multi-agency support for parents including teenage parents		☐	☐	☐
Homestart	Volunteer support for parents		☐	☐	☐

Agency type	Purpose of referral	Name of agency and/or contact details	I refer to this agency	I provide staff in this agency with info about my service	I send information for young people to this agency about my service
Youth Offending Teams	Where a teenage mother or young father have been involved in crime		☐	☐	☐
Connexions	Support to access education, training and employment opportunities; also referrals to other support e.g. housing		☐	☐	☐
Jobcentre Plus	Income Support and other benefits are available for young parents in some situations		☐	☐	☐
Social care	Where a young parent is a Looked After Child, Care Leaver, or an Unaccompanied Asylum Seeking Child, social services are responsible for supporting him/her and their child		☐	☐	☐

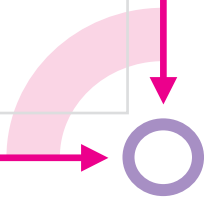
Adapted from Appendix A in Multi-agency working to support pregnant teenagers (DfES & DH, 2007)

Action I need to take to ensure a partnership approach to meeting teenage mothers' and young fathers' needs

Decision-making support

- Do you always include discussion of the young woman's decision to continue her pregnancy to ensure that she has had information about all her options and is confident about her decision? ☐
- Are staff trained to provide impartial pregnancy decision-making support? (See EFC's Best Practice Toolkit on Pregnancy Decision-Making Support[4f].) ☐
- Do staff have access to resources to support an informed decision-making process? (See EFC's Pregnant What Now? workbook[4u].) ☐
- Are staff trained to provide impartial decision-making support when there has been a diagnosis of fetal anomaly? – click here[4z4] for more information on ARC who provide training and support on this issue. ☐
- Do staff know how to make a referral for later termination? ☐
- Are care pathways in place for teenagers who choose to end their pregnancy after referral to maternity services? ☐

Action I need to take ensure that pregnant teenagers are supported to make an informed choice about their pregnancy



Specialist services for teenage mothers and young fathers

- Describe how your service proactively engages with teenage mothers

- Describe how your service proactively engages with young fathers

- What proportion of pregnant teenagers book before 12 weeks gestation?

- What proportion book at 20 weeks or later?

- Which of the following dedicated services do you provide to teenage mothers and young fathers?

Specialist midwife post	☐
Specialist team/group practice	☐
Young parent only antenatal clinics	☐
Young parent only antenatal education classes	☐
Young parent only parenting education	☐
Young parent only breastfeeding classes and drop-ins	☐
Young parent peer support groups	☐
Clinics and or groups for teenage mothers and young fathers in community venues	☐
Maternity care assistants trained in working with young parents	☐

- Describe any other dedicated services provided for teenage mothers and/or young fathers

Action I need to take to ensure services meet the needs of young mothers and teenage fathers

Provision of information

- Do you provide information (e.g. websites, leaflets, posters) specifically for teenage mothers and young fathers about pregnancy, parenthood and the services you provide?

- Is it written to be young people friendly, for example does it:

  Explicitly address both teenage mothers AND young fathers? ☐

  Explain young people's rights to confidentiality? ☐

  Assure teenage mothers and young fathers that they will be treated with dignity and respect? ☐

  Explain the benefits of booking early in gestation (ideally by 10 weeks) and encourage pregnant teenagers to do so? ☐

  Provide information about the services available for teenage mothers and young fathers? ☐

  Describe the support that will be provided if young people need help with accessing other services – e.g. smoking cessation, breastfeeding support, antenatal and postnatal depression, housing and benefits advice, etc? ☐

- Are teenage mothers and young fathers given named contacts, who are trained in working with young parents, with whom they can discuss any concerns during pregnancy? ☐

Action I need to take to ensure information is tailored to teenage mothers and young fathers

Contraception

- How are teenage mothers and young fathers made aware that fertility can return shortly after birth?

- When is contraception discussed with teenage mothers and young fathers?

- Is thorough contraceptive counselling about all contraceptive methods[4z2], including LARC[4z3], provided to enable teenage mothers and young fathers to make informed, confident choices about contraception? ☐
- Are teenage mothers and young fathers encouraged to make a decision about contraception before birth? ☐
- Do you record the method of contraception chosen and the reasons for discontinuing use, where this is the case, to help inform service planning and delivery? ☐
- Are all suitable* methods of contraception available after birth? ☐
  *Some methods may not be suitable when breastfeeding or for other health related issues
- If not, what arrangements are in place to facilitate access to the chosen method?

- What proportion of teenage mothers and young fathers are given contraceptive supplies before leaving hospital, or shortly afterwards?

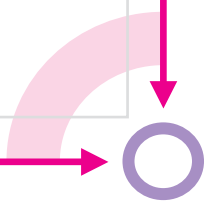
- How do teenage mothers and young fathers know where to go if they experience problems with their chosen method of contraception?

- What support is given to ensure teenage mothers and young fathers have ongoing access to contraception after birth?

- What proportion of teenage pregnancy midwives are family planning trained?

- Which organisations do you refer to for ongoing contraceptive treatment?

Action I need to take to ensure that teenage mothers and young fathers are supported to avoid unintended pregnancy in the future



Essential reading

4a **Multi-agency working to support pregnant teenagers: A midwifery guide to partnership working with Connexions and other agencies** (DfES and DH, 2007)
A practical guide to sharing information between maternity services and other services.
www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-0107-2007

4b **Getting maternity services right for pregnant teenagers and young fathers** (DCSF and DH, 2009)
Revised edition following feedback from midwives and maternity workers developed in conjunction with the Fatherhood Institute. Offers practical advice on working with pregnant teenagers, young mothers and young fathers.
www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00673-2009

4c **Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents** (DCSF and DH, 2008)
Second edition, which includes the principles of high quality services, sets minimum standards and provides examples of good practice. Provides practical ways to implement a partnership approach.
http://media.education.gov.uk/assets/files/pdf/t/teenage%20parents%20who%20cares.pdf

4d **The Teenage Pregnancy Strategy: Beyond 2010** (DCSF and DH, 2010)
Chapter 6 focuses on ways to improve outcomes for young parents and their children, and annex 2 provides case studies of good practice on integrated working to support young parents.
www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf

4e **The Common Assessment Framework for Children and Young People: Supporting tools** (HM Government, 2006)
The CAF is a framework to help assess extra support needs and coordinate access to services to meet those needs. This link is to guidance appropriate for everyone who works with young people whether they are employed or volunteers and working in the public, private or voluntary sectors. It includes an example form to request other services.
http://knowledgehub.local.gov.uk/c/document_library/get_file?uuid=e36e88f2-91e2-4c8b-a0bd-94ccb2a064d8&groupId=6573853

4f **Best Practice Toolkit: Pregnancy Decision-Making Support for Teenagers**: Aimed at policy makers and professionals working one-to-one with young people: describes good practice in pregnancy decision-making support, provides practical exercises, and checklists to assess your own and other organisations' services.
www.efc.org.uk/PDFs/Pregnancy-decision-making-toolkit.pdf

Recommended reading

4g **You're Welcome quality criteria: making health services young people friendly** (DH, 2011)
Updated criteria to ensure health services are young people friendly.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

4h **TPIAG report** (DCSF, 2009)
The Teenage Pregnancy Independent Advisory Group's annual report for 2008/09 with recommendations to accelerate and progress the Teenage Pregnancy Strategy.
www.education.gov.uk/publications/eOrderingDownload/TPIAG-Annual-Report08-09.pdf

4i **National Service Framework for Children, Young People and Maternity Services: Maternity services** (DfES and DH, 2004)
Establishes standards for the promotion of health and wellbeing and the provision of high quality care during pregnancy, birth and after birth.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101

4j **Maternity Matters: Choice, access and continuity of care in a safe service** (DH, 2007)
Outlines a national framework for local improvements to choice, access and continuity of care in maternity services. It highlights how commissioners, providers and maternity professionals can shape provision to meet the needs of women and their families.
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf

4k **Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts** (DH & DCSF, 2007)
Provides evidence-based guidance and recommendations to improve outcomes for pregnant teenagers, teenage mothers and young fathers.
www.changeforchildren.co.uk/uploads/Teenage_Pregnancy_Next_Steps_For_LAs_And_PCTs.pdf

4l **Family Nurse Partnership programme** (DH)
Information about the Family Nurse Partnership Programme which provides structured, intensive home visiting support in conjunction with other agencies to support young first time mothers and their children.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530

4m **Information about the role of Lead Professionals and access to tools to support them in their work** (DfE, 2011)
www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0068961/the-lead-professional

Case studies

4n **Examples of partnership working between maternity services and Connexions in Multi-agency working to support teenage parents: A midwifery guide to partnership working with Connexions and other agencies** (DfES and DH, 2007)
Pages 11 and 12:
www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-0107-2007

4o **Hull teenage pregnancy team's work to engage with young fathers**
www.fatherhoodinstitute.org/2010/case-study-young-fathers-mainstreaming-engagement-in-a-teenage-pregnancy-service-2

4p **Case studies of effective work to support teenage mothers and young fathers to avoid subsequent unplanned pregnancy from the National Teenage Pregnancy Midwifery Network** (2006)
http://bit.ly/lZdWAV

4q **Bristol sexual health service**
http://pregnancypathways.files.wordpress.com/2012/04/outreach-nurses-bristol1.pdf

4r **Hull and East Yorkshire Hospital Trust**
http://pregnancypathways.files.wordpress.com/2012/04/guidelines-and-referral-forms-for-contraception-in-maternity-example.pdf

Resources

To support multi-agency working

4s An example of a referral and consent form to Connexions (suitable for adaptation for other services) can be found in **Multi-agency working to support pregnant teenagers: A midwifery guide to partnership working with Connexions and other agencies** (DfES and DH, 2007) Page 21: *www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-0107-2007*

4t An assessment of need form for pregnant teenagers from Hull's Teenage Pregnancy Support Service.
http://pregnancypathways.files.wordpress.com/2012/03/hull-teenage-pregnancy-referral-form-2011.pdf

To support impartial decision-making

4u **Pregnant What Now? Choosing What's Best for You**: A workbook for pregnant young women and their partners to facilitate their consideration of how each pregnancy option (parenthood, abortion and adoption) would fit into their lives. The interactive activities encourage young people to make their own decision by giving them the facts, enabling them to consider the benefits and disadvantages of each option, and empowering them to access support and services. For use by young people with the help of a trusted professional. *Available from www.efc.org.uk/professionals/resources.html*

To identify and meet the needs of young fathers

4v A young father's assessment form from Hull's Teenage Pregnancy Team.
http://pregnancypathways.files.wordpress.com/2012/03/teenage-pregnancy-assessment-form-male.pdf

4w A referral form for partnership agencies to refer into the young father's service, from Hull's Teenage Pregnancy Team.
http://pregnancypathways.files.wordpress.com/2012/03/hull-teenage-pregnancy-referral-form-2011.pdf

Care pathways

4x A useful example of a referral pathway for a pregnant teenager is in **Multi-agency working to support teenage parents: A midwifery guide to partnership working with Connexions and other agencies** (DfES and DH, 2007) Page 18:
www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-0107-2007

4y Care pathway to guide discussion about and the provision of contraception
Page 4: *www.nice.org.uk/nicemedia/pdf/cg030quickrefguide.pdf*

About fertility and contraception

4z A poster from Brook which emphasises how easy it is to get pregnant soon after having a baby, and which signposts to contraceptive services.
www.brook.org.uk/professionals/application/shop/?page=shop.product_details&flypage=flypage_brook.tpl&product_id=62&category_id=13

4z1 A form to support contraceptive planning, devised by Elaine Doherty in South Tyneside.
http://pregnancypathways.files.wordpress.com/2012/03/s-tyneside-under-20s-contraception-plan.pdf

4z2 A chart from babycentre.co.uk about choosing contraception after birth with information about all methods of contraception, and considerations for post-natal mothers to take into account.
www.babycentre.co.uk/baby/youafterthebirth/contraceptionafterbirthchart

4z3 NICE quick reference guide to Long Acting Reversible Contraception (LARC) including features to discuss with women, and information about LARC suitability for women in the first few weeks after birth.
www.nice.org.uk/nicemedia/pdf/cg030quickrefguide.pdf

Links

4z4 **Antenatal Results and Choices (ARC)**
The national charity providing non-directive support and information to expectant and bereaved parents throughout and after the antenatal screening and testing process. Also provides training and resources for health professionals.
www.arc-uk.org

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Department for Children Schools and Families and Department of Health, 2008. *Teenage parents: Who cares? A guide to commissioning and delivering maternity services for young parents* [online] Available at: *http://media.education.gov.uk/assets/files/pdf/t/teenage%20parents%20who%20cares.pdf*

Department for Children, Schools and Families and Department of Health, 2009. *Getting maternity services right for pregnant teenagers and young fathers* [online] Available at: *www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00673-2009*

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Department of Health, 2007. *Maternity Matters* [online] Available at: *www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf*

Department of Health and Department for Children Schools and Families, 2007. *Teenage Parents next steps* [online] Available at: *www.changeforchildren.co.uk/uploads/Teenage_Pregnancy_Next_Steps_For_LAs_And_PCTs.pdf*

5 Abortion services

Introduction

About this chapter

This chapter addresses the ways in which young women access abortion services and aims to ensure that referral routes are visible and accessible. It explores the way in which abortion providers work with other agencies so that young women are fully supported to choose, obtain and use contraception following abortion, and to gain support with any additional needs they may have.

The audit tool on pages 97 to 108 helps to assess the quality of abortion services provided for young women, and the strength of the links to and from referring and support services.

At the end of the audit tool there is a list of recommended reading, case studies and resources.

This chapter links with the previous one on Contraception, Pregnancy Testing and Decision-Making, because closer relationships between these services and abortion providers could help to facilitate faster access to abortion, when a decision has been made to end a pregnancy. The chapter may help to give practitioners in referring services a better understanding of how to prepare young women for what will happen at an abortion clinic, and enable them to provide better quality information to support the decision-making process.

Who is it for?

This chapter is for use by commissioners of pregnancy testing and abortion services; practitioners within services that provide pregnancy testing, decision-making support and referral to abortion services; practitioners within abortion services; practitioners within contraception and sexual health (CASH) services; teenage pregnancy midwives and teenage pregnancy reintegration officers; specialist contraception nurses; and all those engaged in trying to prevent repeat unintended conceptions and repeat abortion.

How long will it take to complete?

It should take approximately 45 minutes to read this chapter and use the audit tool.

Current policy

Current policy recognises that any risks associated with abortion increase with gestation, and is aimed at ensuring efficient access into abortion services: minimising the time between an initial discussion with a GP/abortion referrer, and the time it takes to access an abortion

consultation (5 days); and, minimising the time between first contact with a healthcare provider and abortion procedure (ideally within two weeks, and three weeks as a maximum). These recommendations are aimed at increasing the proportion of abortions that take place before 10 weeks gestation (this was a performance indicator for PCTs up until 2005).

The Department of Health is currently developing a new sexual health policy document which will inform abortion provision (due Summer 2012). In the meantime *Recommended Standards for Sexual Health Services*[5c] written by the Medical Foundation for AIDS & Sexual Health (MedFASH) in 2005, provides useful evidence-based guidance capturing all key policies and recommendations regarding sexual health promotion; detection and management of STIs; contraceptive advice and provision; pregnancy testing and support; and, abortion service provision.

Abortion providers must be registered as Pregnancy Advice Bureaux[5g] by the Department of Health. As such they are required to provide specific services relating to the pregnancy decision-making process, including access to a trained and experienced counsellor. For women who are not certain of their decision, an appointment for an abortion procedure can be made, on the explicit understanding that the woman is free to cancel or postpone the appointment. For women presenting later in pregnancy, this helps to ensure that abortion is still available, should she choose it.

A young women under the age of 16 is able to have an abortion without parental involvement when she is considered competent to consent to treatment; and an abortion is deemed to be in her best interests – i.e. that without it, her physical or mental health would suffer. In this instance Government guidance[5a] states that "every effort should be made to help them find another adult to provide support, for example another family member or specialist youth worker." (DH, 2004, p.4)

Depending on the abortion method (and anaesthesia), abortion providers may also advise, or require, young women to be accompanied by an adult.

Whilst the benefits of informing a woman's GP of her decision to have an abortion should also be discussed, her GP cannot be informed without the woman's explicit consent.

Current practice

In 2009, 94% of abortions were paid for by the NHS. Of these, 60% took place in independently run clinics under NHS contract (DH, 2010, p.1). Whilst all abortion providers are required by the Department of Health to deliver decision-making counselling to all women who want or need it, other aspects of service provision are dependent on the specifics of individual contracts. As a result contraceptive counselling, comprehensive contraceptive provision, and referral to other contraceptive services post-abortion is not universally provided.

The routes into abortion services also vary greatly, with women in some areas relying on their GPs, family planning clinics, or young people's sexual health clinics to refer, whilst in other areas, access is via a central booking service. What is provided, at which gestation and how close to home also varies dramatically by area, with some women able to access abortion locally at all gestations, and others having to travel substantial distances beyond 12 weeks. Financial and practical support for women that need to travel out of their local area to access abortion differs too.

Good practice

Referral routes

Young people and professionals need to know that it is preferable to access abortion as soon as possible because: the earlier in pregnancy abortion takes place, the safer it is; the earlier she seeks a referral the more likely she will be to access an abortion locally; and, she is more likely to have a choice of abortion method.

There is a cost-benefit in providing abortion earlier in pregnancy too. Referring to the Health Economics of Sexual Health: A guide for commissioning and planning (2005), bpas state that "Reducing the delay in obtaining abortion saves the NHS between £645,000 to £30m a year" (bpas, 2008)

Ideally, each area should provide and advertise several routes into abortion services: via GPs, CASH clinics, family planning clinics, and directly by phone through a central booking service (which can be done with the support of a parent, youth worker, social worker or health professional).

Leaflets about abortion services and referral routes into them should be widely available (in a wide range of health and non-health settings attended by young people), written to be young people friendly, and clarify the confidential nature of abortion services. It would be useful if leaflets explained the importance of accessing help from a health professional as soon as possible (regardless of whether a young person chooses to continue with or end their pregnancy), noted the impartial and non judgmental support available for decision-making, and helped to address common misconceptions about abortion – e.g. to clarify that abortion does not cause infertility.

Decision-making

Help with pregnancy decision-making is provided for all women attending abortion clinics, regardless of what previous support they have accessed. Abortion services expect a proportion of women to decide not to have an abortion after discussion with a nurse or counsellor. Therefore, young women who are considering abortion are encouraged to attend an abortion clinic even if they are not 100% sure of their decision. This will ensure that they do not experience delays if they do decide to have an abortion, but they will not experience any pressure to go ahead with an abortion, if they decide against it.

All professionals supporting the decision-making process should be alert to coercion or pressure and ensure that a young woman attending with a parent/carer, partner or friend has an opportunity to be seen alone. (See EFC's Best Practice Toolkit on Pregnancy Decision-Making Support [5p].) Young women who experience autonomy in decision-making may be more likely to implement and maintain an effective contraception regime following abortion (Hoggart and Phillips, 2010).

When a partner or parent attends an abortion service with a young woman, they may benefit from an opportunity to talk to a professional about their feelings regarding the pregnancy, their role in the decision-making process, and to gain information about supporting a young woman who is considering or has chosen to have an abortion.

Culture, faith and values

Young women seeking abortion may come from communities or families in which abortion is considered to be wrong. This may have implications for the level of support they can rely on at home and the type of support they will require from service providers. They should be reassured that women of all religions, cultures and ethnicities access abortion, and that the confidentiality of young women attending services will be respected.

Involving parents/carers

Health professionals, including within abortion services, can play a valuable role in helping young women to talk to their parents/carers about their decision to have an abortion, and will explore with young women the potential benefits of doing so. Whilst a decision not to involve parents should be respected (see the government guidance[5a] for more information), many young women initially attending abortion services by themselves, will choose to involve parents/carers later on. Providing written information to support parents, carers and partners of young women considering or choosing abortion may be helpful.

Travelling out of area

Although it is recommended that abortion is available locally up to the maximum legal time limit (MedFASH, 2005), many areas are not able to provide for abortion beyond 12 weeks locally. It is useful if protocols are in place to govern the support that can be offered in this situation as regards accompanying the young woman or paying associated travel costs. Women may sometimes be sent out of area to meet waiting time targets, but it may be more appropriate for a young woman to wait a few days longer and to access a service closer to home if she is not going to be accompanied by a parent or carer.

Contraception after abortion

Abortion services should provide an opportunity to discuss contraception (including but not limited to, Long Acting Reversible Contraception – LARC[5j]) and contraceptive choices in advance of the abortion procedure; be able to provide initial access to the full range of contraceptive methods at the time of abortion (or soon afterwards if this is not possible because of the abortion method or chosen contraceptive method); and facilitate access to a young people friendly contraceptive provider for ongoing contraceptive care. A good relationship between the abortion provider and the referring agency can help to facilitate post-abortion follow up to ensure that a young woman has accessed a check up, has chosen and is using a reliable form of contraception, and that any additional support needs are being met.

The Sexual Health Centre in Bristol[4q] and the Young People's Sexual Health Commissioning Team in Hull[4r] provide tailored support to young women so that they feel able to choose and use contraception confidently following abortion.

Repeat abortion

Around a third of women accessing abortion in England and Wales have had a previous abortion. For many women this may mean that they have two abortions over their lifetime, for others it may involve repeat abortions over a relatively short timeframe. Clear recommendations have arisen from research into the causes of repeat abortion[5i] and strategies to reduce repeat conceptions and abortion[5h] amongst young women, many of which are relevant to abortion providers.

These include:

- Ensuring that the decision-making process is free from coercion and that it facilitates the young woman to make an informed choice which she is confident about
- Providing a respectful service which will encourage a young woman to trust and use sexual health services following abortion
- Ensuring that discussion of all contraceptive methods (including, but not exclusively LARC methods) is provided during or immediately following abortion
- Ensuring that any contraception that can be provided/fitted at the time of abortion is available within the abortion service
- Signposting services that can provide/fit contraceptive methods that are not available at the time of abortion
- Emphasising the rapid return of full fertility following abortion
- Helping identify sources of support around other issues in the woman's life that are preventing her from addressing her contraceptive and sexual health needs.

Audit tool

Looking back – moving on – making links

Accessing your service

- How do young people hear about your service?

  From school/college/other education setting ☐
  From Connexions ☐
  From youth work or Independent Advice and Guidance ☐
  From CASH clinics (including onsite clinics in secondary schools/FE colleges) ☐
  From family planning clinics ☐
  From GPs ☐
  From social workers and foster carers ☐
  From maternity services or via a teenage pregnancy midwife ☐
  Other, please specify ☐

- Can young women self-refer into your service? ☐
- Are you linked to a centralised booking process? ☐
- What training or information do you offer staff in the above organisations about the services you provide?

- What does your service do to familiarise young people from the above organisations with your work – for example:

  Visit groups as part of sex and relationships education or religious education ☐
  Send posters for display ☐
  Provide information leaflets ☐
  Request a link to your website from these organisations ☐
  Other, please specify ☐

Referring to other services

- What training do staff receive to identify young women with additional support needs around other issues?

- What referral pathways are in place to ensure young women in need of additional support can access it?

- What protocols do you have in place to obtain consent from young women to share relevant information about them with the services you refer to?

- Do all staff follow the same pathways and protocols for referrals to other agencies?

- What support is given in making appointments with the services you refer to?
  e.g. accompanying young women, text reminders or other support to help ensure appointments are taken up.

- Which services do you refer young women to?

  Antenatal/maternity services ☐
  CASH services ☐
  Drug and alcohol support ☐
  Social and emotional support ☐
  Connexions ☐
  LGBTQI support services ☐
  Rape counselling ☐
  Domestic violence support ☐
  Female Genital Mutilation support ☐
  Others – please specify ☐

- Have you assessed these services for quality and young people friendliness? ☐
- What training or information do you offer staff in the organisations listed above about the service you provide?
- What information do you send to these organisations for young people, about the service you provide?
- Do you display posters about the range of services you refer to? ☐
- Do you have information to give to young people on the services you refer to? ☐

Action I need to take to ensure that services are linked and the routes to and from them are visible and accessible to young women

Provision of information

- Do you produce information about abortion specifically for young people (e.g. website, leaflets, posters)? ☐
- Is it written to be young people friendly, for example does it:
  - Explain young people's rights to confidential services ☐
  - Explain the support available for decision-making ☐
  - Explain how to access abortion services and the time frames for doing so ☐
  - Note the importance of seeking help quickly from a heath professional whether a decision is taken to continue with or end a pregnancy ☐
  - Provide basic information about abortion procedures ☐
  - Address common misconceptions about abortion – for example to clarify that abortion does not cause infertility ☐
- Are patients able to talk with a professional over the phone about their questions and concerns prior to and following abortion? ☐

Action I need to take to ensure information is tailored to young women

Decision-making

- Describe the support you provide to young women with decision-making (see EFC's interactive workbook 'Pregnant What Now?'[5q]).

- Explain what happens if a young woman is unsure of her decision to have an abortion?

- What support is provided to help a young woman inform her parents/carers/partner of her decision?

- If a young woman chooses not to involve her parents/carers in her decision, how do you ensure that she is adequately supported by another appropriate adult before, during and after abortion?

Action I need to take to ensure young women make informed decisions about abortion and are supported in their decision

Partners/parents

- What support do you provide to partners/parents attending appointments with young women?

- How do you promote this service?

- Are protocols in place to ensure that young women are also seen alone during their appointment? ☐
- Are all staff aware of and do they follow these protocols? ☐

Action I need to take to ensure appropriate support for partners/parents/carers

Provision of service within timeframes

- What proportion of patients (including young women) are seen for a first consultation within 5 days of being referred?

- What proportion of patients (including young women) are able to obtain an abortion procedure within two weeks of first being seen by a health professional?

- What proportion of patients (including young women) are able to obtain an abortion procedure within three weeks of first being seen by a health professional?

Action I need to take to ensure young women can access services within the recommended time frames

Abortion funding and access to later termination

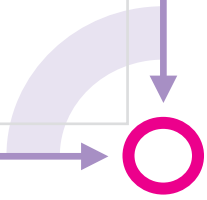
- What proportion of abortions are funded by the NHS?

- Until what gestation can women access abortion in your area?

- Where must a woman travel to if she is beyond the gestation that can be provided for locally?

- What practical and financial support is available for young women who must travel to obtain an abortion?

Action I need to take to ensure young women are able to access later abortion

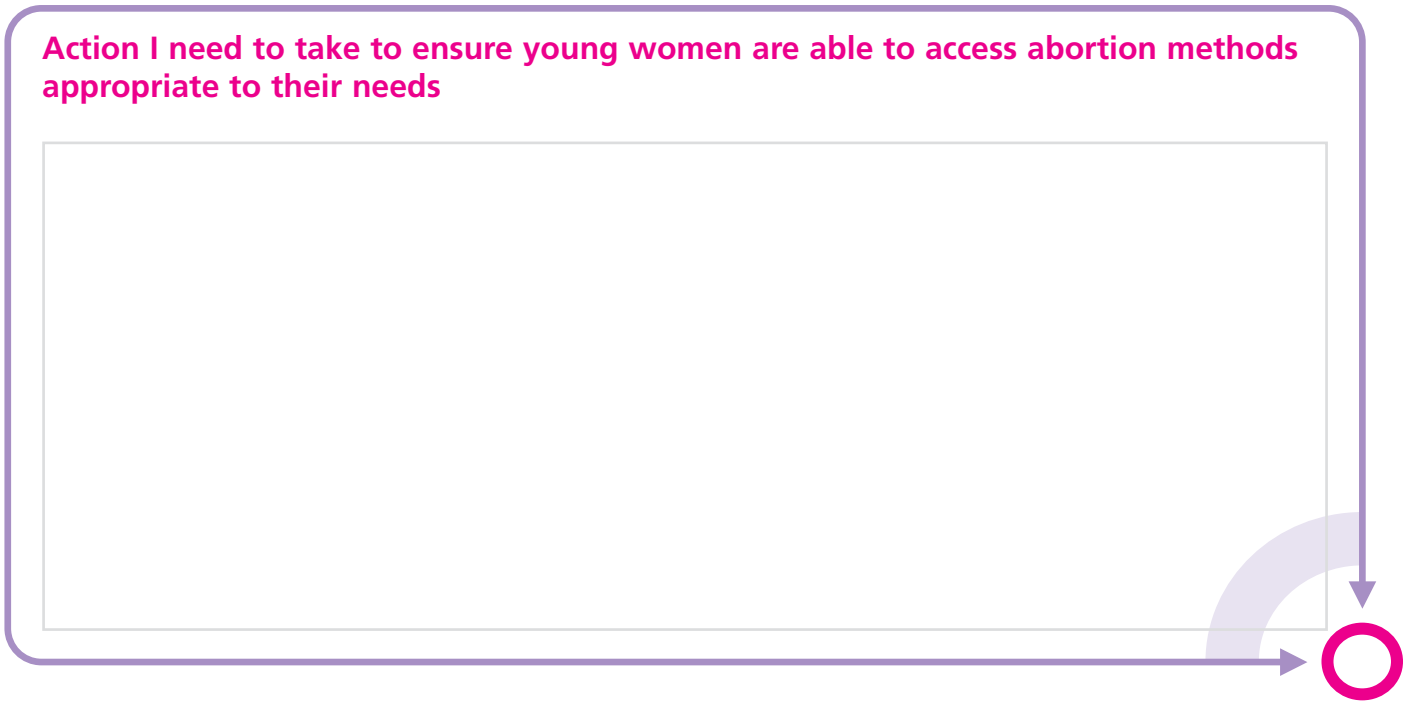


Abortion procedures

- What proportion of abortions (including for young women) are carried out under 10 weeks?

- Is there a choice of procedure according to gestation? ☐
- Is there a choice of pain relief method according to gestation? ☐
- Describe the protocols in place to ensure services can meet individual women's needs. For example what happens to ensure access to an abortion procedure for a woman at 15 weeks gestation, when available staff perform abortions only up to 13 weeks?

Action I need to take to ensure young women are able to access abortion methods appropriate to their needs



Contraception

- What information is provided about the return of fertility following abortion?

- When is contraception[5j] discussed with young women?

- Are all young women given thorough contraceptive counselling to enable them to make an informed and committed choice about contraception? ☐

- Which methods of contraception are available at the time of, or shortly after abortion?

  Male condoms ☐
  Female condoms ☐
  Combined pill ☐
  Progestogen Only Pill (mini-pill) ☐
  Contraceptive patch (Evra) ☐
  Vaginal ring (Nuvaring) ☐
  Diaphragm with spermicide ☐
  Cap with spermicide ☐
  Contraceptive injection (Depo-Provera and Noristerat) ☐
  Contraceptive implant ☐
  Intrauterine device (IUD or 'coil') ☐
  Intrauterine system (IUS or 'Mirena') ☐

- If the full range of contraceptive methods is not available to young women at the time of or shortly after abortion, why not, and what arrangements are in place to facilitate access to the woman's favoured method?

- What proportion of women (including young women) receive initial contraceptive supplies from your service?

- What support is given to young women to continue contraceptive use on an ongoing basis?

- What proportion of women (including young women) receive regular contraceptive supplies from your service?

- Which services do you refer to for ongoing contraceptive treatment?

- Have you assessed these services as being young people friendly?

- If young women do not attend for post-abortion contraception appointments, how are they followed up?

- Do you have mechanisms for sharing information about patients (with their consent) with contraceptive services that will follow up with the young person to ensure they have chosen and are using an appropriate contraceptive method?

Action I need to take to ensure young women are able to choose and use contraception confidently following abortion

Post abortion support

- What post-abortion support (counselling) is available at your service?
- How is this support promoted?
- Do you monitor the take-up of this support?
- How is this information used to inform service planning and delivery?

Recommended reading

On young people

5a. **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)
This document outlines young people's entitlement to confidential services, the Fraser guidelines and the effect of the Sexual Offences Act on the provision of confidential care.
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4086914.pdf

5b **You're Welcome quality criteria: making health services young people friendly** (DH, 2011)
Updated criteria to ensure health services are young people friendly.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

Abortion services

5c **Recommended Standards for Sexual Health Services** (MedFASH, 2005)
Provides useful evidence-based guidance capturing all key policies and recommendations regarding sexual health promotion; detection and management of STIs; contraceptive advice and provision; pregnancy testing and support; and, abortion service provision.
www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf

5d **Abortion Care** (Royal College of Nursing, 2008)
This information from the Royal College of Nursing lays out the specifics of a good service. It is aimed at medical staff but would also be useful for non-clinical staff and commissioners involved in abortion services. Appendix one provides a useful example of an abortion care pathway, appendix two gives information about the provision of pregnancy counselling, and appendix four details after care advice following abortion.
www.rcn.org.uk/__data/assets/pdf_file/0005/194261/003270.pdf

5e **Commissioning abortion services: a practical guide** (bpas, 2008)
This documents sets out what a good abortion service looks like and what should be contracted and paid for by commissioners.
www.bpas.org/js/filemanager/files/guide_to_commissioning_final_210408.pdf

5f **The care of women requesting induced abortion** (RCOG, 2004)
Provides evidence-based information to inform the provision of abortion services. Chapter 4.1 is concerned with access and referral to abortion services; 5 covers abortion information for women; 8.2 details post-abortion information and follow up; and 8.3 gives information on contraception after abortion.
www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

5g **Procedures for the Registration of Pregnancy Advice Bureaux** (Department of Health)
This document outlines the code of practice and required standards which abortion providers must meet in providing care to pregnant women.
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4084699.pdf

Repeat abortion

5h **Reducing repeat teenage conceptions: a review of practice** (EFC, 2007)
Qualitative research providing information on repeat conception and repeat abortion; recommendations at strategic, commissioning and practitioner level; and case studies of good practice.
www.efc.org.uk/professionals/efc_research.html

5i **Young people in London: Abortion and Repeat Abortion – Research Report** (Hoggart and Phillips, 2010)
www.bpas.org/js/filemanager/files/tpyoungpeopleinlondonabortionandrepeatabortion.pdf

Contraception

5j **Quick Reference Guide to Long Acting Reversible Contraception (LARC)** (National Institute for Health and Clinical Excellence, 2005)
www.nice.org.uk/nicemedia/live/10974/29911/29911.pdf

Case studies

5k The Sexual Health Centre in Bristol and the Young People's Sexual Health Commissioning Team in Hull provide tailored support to young women so that they feel able to choose and use contraception confidently following abortion.
www.pregnancypathways.wordpress.com

Resources

Information for women

5l **About abortion care: what you need to know** (RCOG, 2004)
Patient information on abortion, including: how to access abortion; what abortion involves; safety; and post abortion care.
www.rcog.org.uk/files/rcog-corp/Abortion%20Care.pdf

5m **Abortion FAQs**: A four page fact sheet answering the most common questions young people ask us every day.
Available from EFC *www.efc.org.uk/young_people/more_faqs.html*
You can also take this slideshow of information about abortion and embed it in your website
www.flickr.com/photos/educationforchoice/4571590114/in/set-72157623851308881/lightbox

5n **Information postcard**: gives young people some key facts on abortion and provides them with information on where to go for help and support.
Available from EFC *www.efc.org.uk/professionals/resources.html*

5o **Think you might be pregnant?** (bpas, 2010)
A free booklet for young people covering pregnancy testing, pregnancy options, abortion, common misconceptions and contraception.
www.bpas.org/js/filemanager/files/young_persons_low_resfinal_issue_3.pdf

For professionals

5p **Best Practice Toolkit: Pregnancy Decision-Making Support for Teenagers**: Aimed at policy makers and professionals working one-to-one with young people: describes good practice in pregnancy decision-making support, provides practical exercises, and checklists to assess your own and other organisations' services.
www.efc.org.uk/professionals/decision_making_toolkit.html

5q **Pregnant What Now? Choosing What's Best for You**: A workbook for pregnant young women and their partners to facilitate their consideration of how each pregnancy option (parenthood, abortion and adoption) would fit into their lives. The interactive activities encourage young people to make their own decision by giving them the facts, enabling them to consider the benefits and disadvantages of each option, and empowering them to access support and services. For use by young people with the help of a trusted professional.
www.efc.org.uk/professionals/resources.html

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To send us your case studies, for any enquiries about this toolkit, or to purchase EFC resources or training, please contact:
efc@brook.org.uk

For more pregnancy pathways resources:
http://pregnancypathways.wordpress.com

For everything else:
www.efc.org.uk

Education For Choice is a project of Brook. Brook provides free and confidential sexual health services and advice for young people under 25.

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