

Meeting the needs of pregnant teenagers across NHS Greater Glasgow & Clyde

A Consultation Exercise

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Project Midwife: Teenage Pregnancy

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Executive Summary

1. In 2004, the Young People's Sexual Health Group (YPSHG) adopted a partnership approach to strategically address a range of issues relating to young people's sexual health, including teenage pregnancy. The position of project midwife was created in December 2005, to act as the link between the maternity services and the work of the YPSHG.
2. Glasgow continues to have one of the highest teenage pregnancy rates in Scotland. Currently around 800 pregnant teenagers deliver within Glasgow each year and evidence suggests that these women are more likely to live in areas of deprivation and be at greater risk of social exclusion. In addition, pregnant teenagers rate low in health indicator outcomes and are more likely to smoke, not breastfeed, fail to attend for antenatal education and suffer from mental ill health.
3. Very little evidence exists in relation to how the maternity services meet the needs of pregnant teenagers. The purpose of this consultation was therefore to involve young people in service redesign and in addition seek to bridge the gap in the evidence. A series of focus groups was organised with young mums, young dads and NHS staff. Within these groups the participants were asked to reflect on how the maternity service providers best meet the requirements of teenage parents.
4. NHS staff from a variety of disciplines were recruited from within postcode sectors with the highest numbers of pregnant teenagers (n=31). The young mums (n=14) and young dads (n=6) were recruited from both health and community settings.
5. The recruitment of young fathers identified how difficult it can be to engage with this client group. The sample size in this exercise was very small and will therefore not be representative of all young fathers in Glasgow. However, to date very little evidence around the needs of young fathers exists; therefore their views in this consultation were valued.
6. Emerging themes generated by the consultation include accessing services, preparation for parenthood, service design, staff training and integrated working.
7. The demographic evidence gathered provides an insight into the varying social circumstances in which pregnant teenagers can find themselves. Practitioners need to be able to recognise the diverse health and social needs of pregnant teenagers to help facilitate a healthy transition into parenthood. Differing practice across the city was identified within the staff focus groups around how this level of need is identified.
8. A few of the pregnancies were planned and the young mums discussed positive experiences of motherhood. Some of the young parents also described that becoming parents had given them meaning and direction for the future. The focus groups generated discussion from the young mums around

the need to try to balance time with their new babies when trying to return to employment or further education.

9. Building trusting relationships with clients was identified by the NHS staff as being essential prior to asking questions around sensitive/complex social issues. However, there was no evidence that NHS staff adopted a consistent approach to obtaining explicit information around the nature of sexual activity as practice differed across the city.
10. It was evident from the consultation that young mums knew how to access maternity services but some still continued to book later in the pregnancy. This may be associated with young mums reporting feelings of being scared and judged prior to attending maternity services. In addition, some of the young mums reported some very negative experiences. In contrast, the young dads described feelings of being included and involved however this may be associated with the fact that the dads were recruited from within services actively involving young fathers.
11. The consultation findings suggested that the perception of some staff around the acceptability of teenage pregnancy differed from that of the experiences of the young women. Even in areas where teenage pregnancy rates were high it was evident that the young mums still reported feelings of being stigmatised and isolated.
12. Gaps were identified within the areas of antenatal education and preparation for parenthood. For example, staff groups could not identify any information specifically for pregnant teenagers. In addition, within all of the groups suggestions were made on how the maternity education services could be improved. The staff also commented on the changing role of the antenatal educator and lack of age appropriate resources.
13. In relation to preparation for parenthood the findings generated within the groups of young mums suggested that they would prefer to be with groups of other young women in similar social circumstances to themselves for peer support. However the young dads all stated they would decline a group approach.
14. All of the staff groups reported that maternity services should be different for pregnant teenagers and suggestions were made regarding future service delivery. Overall, the groups stated that services should be tailored to individual need due to the varying circumstances pregnant teenagers may find themselves in. It was also suggested by the NHS staff that the delivery of maternity services must be sustainable and concerns were raised around reports of services being withdrawn once projects were complete.
15. In relation to service delivery, the young mums and dads suggested that as long as staff were approachable and nice they would be happy to attend services. The young women also enjoyed an element of peer support within groups and commented on how the continuity of staff was beneficial.

16. The consultation identified gaps within the area of staff training and overwhelmingly staff stated that a multi-agency training approach would be beneficial. The staff suggested training around: legal issues, the nature of sexual activity, and the sexual health needs of the teenage client.
17. The consultation identified that improved integrated working relationships allowed for staff to better co-ordinate professional support to meet the needs of young parents. Participation in the focus groups was reported as being beneficial in strengthening these working relationships.
18. It was evident from the consultation that overall, having a baby as a teenager had encouraged young parents to improve their social circumstances. While most of the young mums reported having aspirations to return to education/employment, they also expressed a need to spend more time with their babies. In addition, the young dads spoke of having a changed outlook and boost in confidence following the birth of their babies.

Section 1 Background

- 1.1 In June 2004, the Young People's Sexual Health Group (YPSHG), formally known as the Teenage Pregnancy Steering Group, adopted a partnership approach to strategically address a range of issues relating to young people's sexual health including, teenage pregnancy. The position of project midwife was created in December 2005 to act as the link between the maternity services and the work underway by the YPSHG.
- 1.2 A key aspect of this work is around developing services to become more receptive to the wider health and social needs often associated with teenage pregnancy (Swann et al, 2003). Addressing these issues can be challenging as the circumstances of teenage parents vary greatly.
- 1.3 Currently in Glasgow around 11,000 women deliver each year, of which around 800 are teenage mothers (NHS Greater Glasgow, 2004). Glasgow continues to have the highest number of young mothers who are teenagers. In addition, there is evidence to suggest a rising trend in the number of conceptions and babies being delivered by young women under the age of 16yrs of age (NHS Greater Glasgow, 2005).
- 1.4 There is also evidence to suggest that these young women are more likely to live in areas of high deprivation and are therefore at greater risk of social exclusion (Social Exclusion Unit, 1999). Existing health data also implies that this client group are more likely to: present late in pregnancy to the maternity services, smoke, have smaller babies and decline to attend for antenatal education (SMRO2, 2004). In addition teenage pregnancy was identified as a key target area in relation to health inequalities within Health Board Health Improvement Programmes in Scotland (SEHD, 2006).
- 1.5 The Scottish Executive is committed to the health improvement of young people with documents such as *Improving Health in Scotland* (SHED, 2003), reflecting the need to reduce the health inequality gap, incorporate an understanding of the needs of young people and develop a holistic approach when tackling the determinants of health. Within the *Delivering Health in Scotland* (2006) document it was suggested that a key milestone should be that "Young people are able to access services that are informed by and appropriate for, their age-related requirements." (SEHD, 2006).
- 1.6 Evidence also suggests there is a need for an improved understanding of the links between social disadvantage and teenage pregnancy (Harden et al, 2006). Indicators of social disadvantage include: dislike of school, low expectations/aspirations, poor material circumstances and unhappy childhoods. In addition multi-agency working between the health, education and social work services is recommended when trying to reduce inequalities (SEHD, 2006). Co-ordinated professional support and early interventions to enhance the health and social outcomes for young parents are therefore essential to enable a confident and healthy transition into parenthood (SEHD, 2005).

- 1.7 The Gender Equality Duty comes into force in April 2007 and all service providers will be required to promote gender equality. Future policy development will therefore need to reflect the differing needs of maternity service users.
- 1.8 To date, very little evidence exists in relation to how maternity services identify the needs of teenage users (Price, 2004). In addition, there is a growing trend to involve young people in service redesign, with a suggestion that this promotes ownership and ensures services meet the needs of young parents (Teenage Pregnancy Unit, 2004). With this in mind, consultation with target groups prior to change is recommended.
- 1.9 Work with young fathers is in its infancy and much of what we do know about young fathers has been derived from work with young mothers or is based on discussions with partners already engaged in a fathering role and in a positive relationship with the mother (Quinton et al, 2001). The Department of Health (DOH) has encouraged the need to involve fathers. *“Involvement of prospective and new fathers in a child’s life is extremely important for maximising the life-long well-being and outcomes of the child (regardless of whether the father is resident or not). Pregnancy and birth are the first major opportunities to engage fathers in the appropriate care and upbringing of their children”* (DOH, 2004).

Section 2 Consultation Methods

- 2.1 A series of focus groups was organised with young mothers/mothers to-be and NHS staff. The technique of focus group interviews was used as *they have the advantage of making use of group dynamics to stimulate discussion, gain insights and generate ideas in order to pursue a topic in greater depth.* (Bowling, 2002).
- 2.2 In an attempt to inform future service redesign, participants were asked to reflect on how best the maternity services meet the health and social needs of pregnant teenagers. One of the key lessons reported on by the Teenage Pregnancy Unit was that: *initiatives should be sustainable by mainstreaming with service plans and budget.* (Teenage Pregnancy Unit, 2004). Emerging themes identified were around:
 - Accessing services
 - Preparation for parenthood
 - Service design
 - Staff training
 - Integrated working
- 2.3 The young mum's views were recorded in focus group settings, with the project midwife and an independent scribe (Topic Guide, Appendix 1). Members of one of the groups knew each other, while the other participants did not. Within both groups, all the young women were willing participants who contributed freely and there was strong evidence of peer support even during the relatively short session of the groups.
- 2.4 The method of participating in a focus group was also organised to gain the views of young dads but no dads attended the first three sessions. Following discussion with members of the steering group for this project, a second response within maternity units and baby immunisation clinics was organised and the young dads were asked to participate in semi-structured interviews (Topic Guide, Appendix 2).
- 2.5 The NHS staff were also invited to participate in a series of focus groups. Staff from a variety of disciplines were recruited, which allowed a broad representation of views to be reflected. Research suggests that organising focus groups with people who differ in background, position or experience, can stimulate and enrich the discussion and inspire other group members to look at the topic in a different light (Robson, 2002).
- 2.6 All the staff were motivated to find innovative ways of trying to make the focus groups happen. In addition, the participants felt that taking part in the focus groups had strengthened working relationships. The focus groups were all tape-recorded with consent and a second researcher listened to the tapes to verify the themes identified (Topic Guide, Appendix 3).
- 2.7 Thematic analysis was employed across the focus groups and semi-structured interviews.

Section 3 Recruitment

- 3.1 Young mothers/mothers to-be (13-19yrs) were recruited from within two community groups established in the city (n=14). The project midwife also tried to recruit young women from within the leaving care services to allow their views to be reflected. However, despite assistance from partner agencies this recruitment drive was unsuccessful. Young women from leaving care services are therefore not represented. Recruitment of the young mums was made easier since established groups within both community and health settings already engage with young mothers/mothers to-be. Transport costs and childcare was provided when required and an incentive was distributed as a token of thanks for their participation.
- 3.2 Young fathers (13-20yrs) were recruited from within both health and community settings (n=6). While this recruitment yielded a small sample from which to analyse views, very little evidence exists in relation to the views of young dads using the maternity services therefore their views were very informative. In relation to teenage parenting, no separate services currently exist in Glasgow for young dads. Most services are geared towards the needs of the mother, which can make it difficult for staff to engage directly with young men. A store voucher was given as a token of thanks to each participant and attendance for interview did not interfere with any care they were receiving.
- 3.3 The recruitment of the young dads proved to be very difficult. The first approach was within community groups who had been identified as working with fathers. However this initial approach yielded no participants. The second approach was within a community setting and included a mail drop to over two hundred agencies; again no participants were recruited. Over a period of five months a group of young dads could not be recruited and it was agreed that the project midwife could adopt a third attempt within health settings. This approach was extremely time-consuming but provided more direct access to the young dads and a series of semi-structured interviews took place. The experience of the project midwife supports anecdotal evidence suggesting the difficulties of engaging with young men even when identified (Quinton et al, 2001; Cavanagh and Smith, 2002).
- 3.4 NHS staff were recruited from within five postcode sectors with the highest numbers of pregnant teenagers and ethical approval was obtained from the Sub Committee of the Research Ethics Committee (n=31). A selection of hospital staff were also recruited from the three maternity sites: the Princess Royal Maternity, Southern General and Queen Mother's Hospitals. Staff representing NHS Clyde were also invited to participate in a focus group. However they weren't able to attend due to time restraints.

Section 4 Consultation Profiles

Table1. Age range: Young Mums

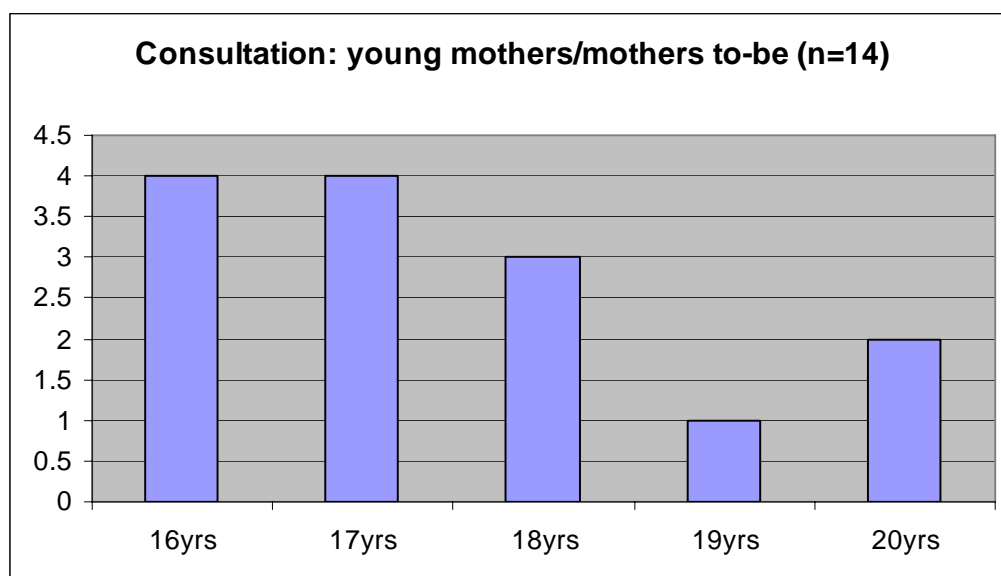


Table 2. Young Mum's Demographic Profiles (n=14)

Currently with the father of the child	8
Not in relationship with the father of the child	6
Length of relationship prior to the pregnancy	
• < 6 months	7
• 1 year	2
• > 1 year	5
How often child sees father	
• 5-7 times per week	6
• 1-3 times per week	2
• < twice a month	2
• child has no contact	4
Breast feeding	4
Smoking	6
Left school before age 16yrs	4
Working/at college at time of pregnancy	8
Planned pregnancy	4

- 4.1 More than half of the young mums were in a relationship with the baby's father at the time of interview and a minority (n=4) had planned this pregnancy. Half of those interviewed had also been in a relationship with the baby's father for one year or more. Many of the mothers were working or in education at the beginning of the pregnancy, however few were keen to return to education/work early in the child's life despite crèche facilities being available. Nearly all of the young mums talked of being the main carer of

their child and suggested the need to involve young men at the earliest opportunity to support caring for the baby.

Table 3. Age range: Young Dads (n=6)

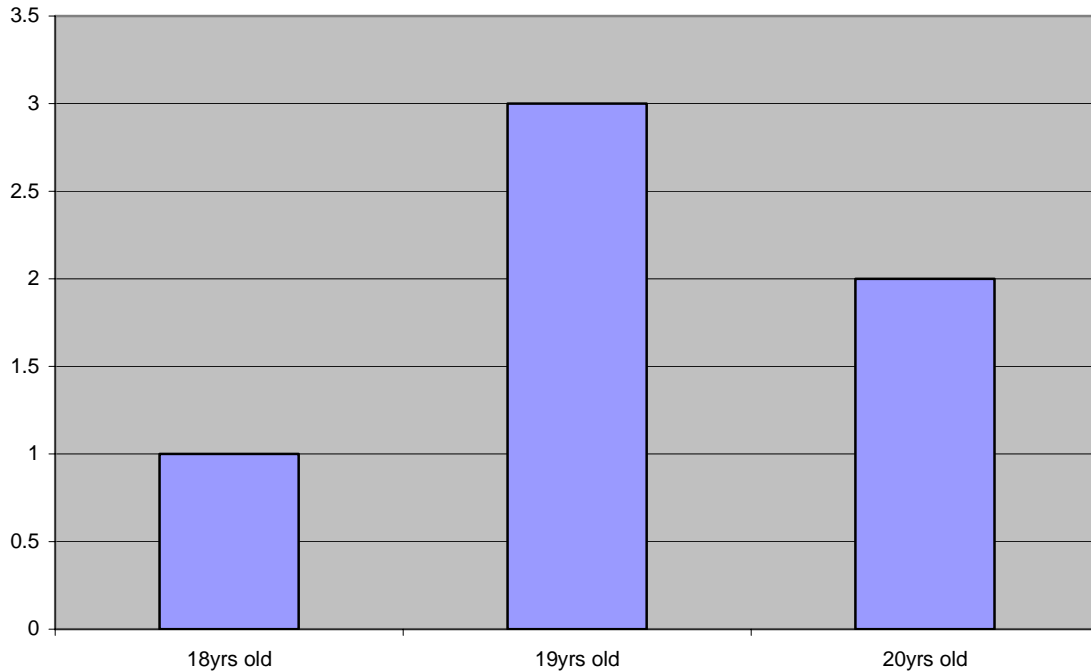


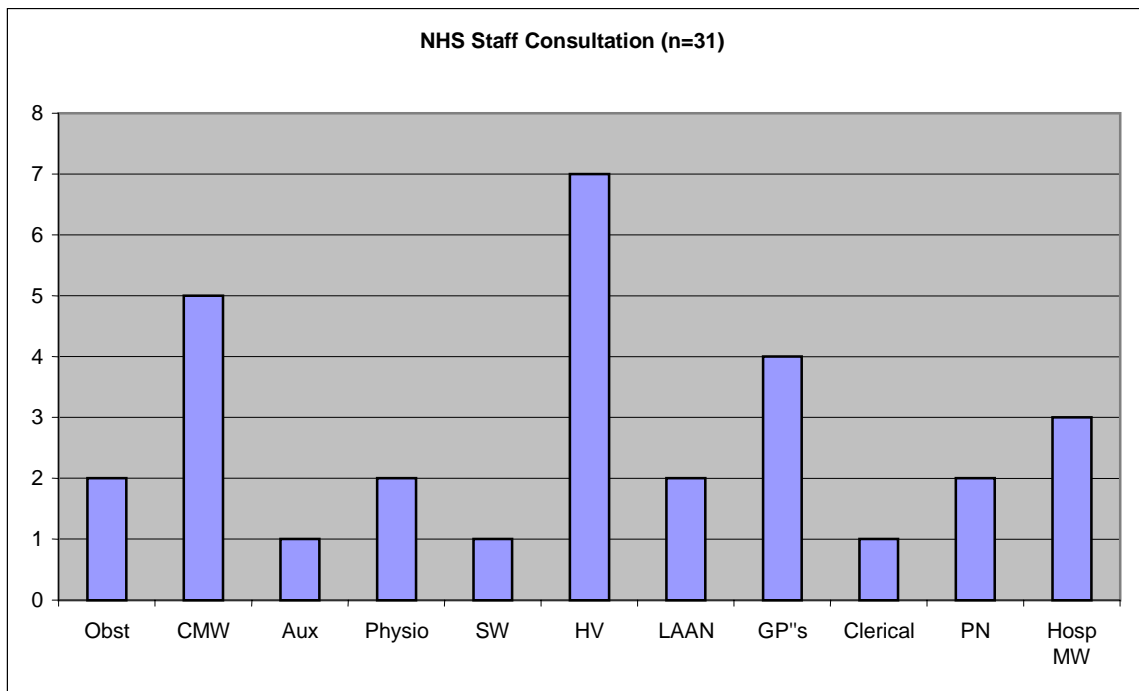
Table 4. Young Dad's Demographic Profiles (n=6)

Currently in a relationship with the mother of the child	6
Length of relationship prior to the pregnancy	
• < 1yr	1
• > 2yrs	4
• > 3yrs	1
Pregnancy planned	2
Pregnancy due to lack of contraceptive use	4
Main residence: with partner	3
Main residence: with parents	3
Employment status	
• in paid work	4
• at college	1
• unemployed	1

4.2 The young dads interviewed were motivated and therefore do not represent the views of other young dads who often feel excluded and marginalised by both the health services and the family of the mother. Overwhelmingly, they all said they would not like to talk to other young men in a group setting and turned mostly to family and friends for support. The majority of the dads in this sample had been in a steady relationship with the baby's mother for between 1-4yrs.

- 4.3 Many of the young mums interviewed were without partners (n=6); in contrast this sample of young dads is biased towards men in established relationships. In addition, this sample will therefore not represent the wider population of young fathers in Glasgow. It is important to note that in light of images of young fathers abandoning the mother and child, this was not true in the cases of the young dads interviewed.
- 4.4 Only two young dads reported being involved in the planning of the pregnancy, and the other young dads reported that the resulting pregnancies were due to the inadequate use of contraception. However, all of the young dads talked openly about how to prevent a second pregnancy and about how to take more responsibility with regards to contraceptive choices. Only one of the dads was not in paid employment and all had aspirations to take responsibility and provide for their children.

Table 5. NHS Staff



Key - CMW (Community Midwife), SW (Social Worker), HV (Health Visitor), LAAN (Looked After and Accommodated Nurse), PN (Practice Nurse)

Section 5 Consultation Findings

Theme 1: Accessing Services

5.1 On suspecting pregnancy the majority of the young women knew how to access services and most were likely to confirm pregnancy via:

- GP
- Pharmacy
- Family planning clinic
- Supermarket kit

5.2 As previously stated in this report, evidence suggested that young women are more likely to book later in pregnancy. In relation to this the findings from the staff groups suggested geographical differences in the city around the time of booking. One area reported high numbers of young women booking later whilst other areas recorded no late bookings. Discussions took place within the staff groups as to why these differences might exist and some staff suggested that the young women's fear of being judged along with their own indecision around continuing with the pregnancy could contribute to a delay in attending services. The issue of acceptability of teenage pregnancy was also discussed in the staff groups in relation to accessing services. Some staff suggested that being a pregnant teenager can be more accepted and in some areas represented "kudos" rather than "stigma". In addition, the staff commented on the fact that young women may feel more socially included in areas of high teenage pregnancy and were therefore more likely to meet with other pregnant young women when attending services.

5.3 The staff perceptions appeared to be in stark contrast to the reality of the feelings experienced by the young women prior to attending the maternity services:

I was in denial (aged 17rs)

I wouldn't accept reality until after the birth; I was confused (aged 16yrs)

In addition, the young women had not always experienced the assumed perception of acceptability described by the staff and indeed some of the young women had experienced very negative and at times volatile reactions from their own parents:

Me mam kicked me out of the hoose (aged 17yrs)

I was put out by my mum and went to my dad's (aged 17yrs)

From a young fathers point of view, the participants described a variety of feelings they had experienced when they found out they were to become a father. The feelings ranged from being nervous, shocked and numb to feelings of being happy overjoyed and keen. However some of the dads had also experienced very negative feelings:

I had no choice, there was no way out (aged 20yrs)

I was too young to be a dad (aged 19yrs)

- 5.4 During the consultation some of the young men also described feelings of being embarrassed and too young when attending services. In addition, the young mums suggested that as long as the staff were nice, approachable and non-judgemental they would be happy to attend services. However, some very negative experiences with some staff were experienced by the young mums, with some describing feelings of being rushed and feeling that some staff had no interest in outside issues such as support, housing and money. By comparison, other staff were reported as being very supportive around how to apply for benefits or milk vouchers.
- 5.5 Overall the young women used the word 'scared' to describe how they felt about becoming pregnant and most were worried about being 'judged'. Most of the young mums described staff as being nice at their first visit, however all of the young mums described feeling that their partners were excluded. The entire group of young dads described feelings of being included and involved, with staff being described as helpful and nice. Again, this may reflect that men who feel included and had maintained contact were those most likely to participate in this study. It was evident from the findings therefore that young parents experience a variety of feelings around becoming a teenage parent and that staff attitudes and perceptions appeared to impact on how well young parents engaged with the maternity services.

Theme 2: Preparation for parenthood

- 5.6 This theme generated a lot of discussion across all of the groups and the findings from the consultation were divided up into the following subjects:
- Information
 - Antenatal education
 - Immediate support in the postnatal period
- 5.7 The young women and young men were asked to reflect on the types of information they had received during the pregnancy. In relation to public health messages, the findings from the consultation suggested that whilst the majority of the young mums knew of the dangers of smoking, drinking and drug taking whilst pregnant.

Its common sense isn't it? (Mum, age 17yrs)

This response was in contradiction however to other participants that had smoked throughout the pregnancy. In addition, almost none of the young women knew of the benefits of taking folic acid. The young mums also commented on the difficulties of remaining with their peers during the pregnancy, as often these peer groups comprised of people who abused alcohol and drugs.

I dread to think what I would have been up to if I hadn't had a baby (Mum, age 18yrs)

- 5.8 Within the postnatal period the young women stated that cot death and child safety had not been fully explained to them and only one participant had been

informed about the safe handling of the baby. On the subject of family planning the young women stated that they would have liked information on contraception within the antenatal period and overall, they suggested they would have liked more information on the following topics:

- How to apply for benefits/milk vouchers/maternity pay
- Managing a budget
- How to cope with a crying baby
- Hormonal changes/postnatal depression

5.9 The staff groups discussed the issues of trying to disseminate information to young parents and suggested that:

Not a lot of leaflets are read; we find them in the bin (MW)

They don't read them (HV)

A web page would be a good idea (HV)

Critically, none of the staff groups could identify information they distributed, which was written specifically for teenage parents. In addition, none of the young dads identified any information they had received in relation to becoming a young father.

5.10 The topic of antenatal education generated a lot of discussion in each group, with a wide variety of views expressed. With regard to the sessions covered in antenatal education, it was often found that the needs of teenage parents vary; therefore one to one sessions with the midwife were favoured but were often time consuming. The young women overwhelmingly agreed that they preferred to be in a group of women of a similar age, which made them feel more comfortable. However, from a staff point of view all the staff groups discussed the difficulty in providing separate services for teenagers, as attendance is often poor. Areas of good practice were reported and reflected upon and those that worked best appeared to have tailored the antenatal sessions to the needs of the young women. A summary of views on this topic is presented in Table 4.

Table 4. Antenatal Education: Views Expressed

	<i>Positive</i>	<i>Negative</i>	<i>New idea</i>
Young mums	<ul style="list-style-type: none"> • Happy to be with young people • Relate to women in similar social circumstances • Peer support 	<ul style="list-style-type: none"> • Judged because of age • Cost/time to travel to venue • Content of session • Bad timing didn't allow partner to attend • Embarrassed in a group of older women 	<ul style="list-style-type: none"> • Go over birth plan • Confidence building course
Young dads	<ul style="list-style-type: none"> • Tour of labour ward • A/N sessions generated confidence 	<ul style="list-style-type: none"> • Bad timing due to work/college • Travel costs to venue 	<ul style="list-style-type: none"> • Dad only sessions • Invite a young dad along to speak
NHS Staff	<ul style="list-style-type: none"> • Teenage led, tailored services • Young men attend and are proactive • Effective role of auxiliary nurse • WRHS model of care² 	<ul style="list-style-type: none"> • Fewer staff employed in A/N education role • Ad-hock approach • Lack of resources • Poor attendance • Early discharge • Baby Friendly Status 	<ul style="list-style-type: none"> • Deliver services in the community • Incentives to attend • Home visiting • More postnatal input • Website • Text Alert

5.11 The consultation findings suggested that some young parents struggled in the early postnatal period and were unsure about how to ask for assistance. Some of the young women also commented on the fact that they had to ask for help, as it wasn't routinely offered. In addition quite a few suggested they felt they were unprepared for going home and not all of the participants routinely got a chance to be "hands on" with their baby during their hospital stay. In response to this subject, the staff commented on the difficulties of trying to fit everything in prior to discharge, particularly when the young women wished to be discharged from hospital quite early.

5.12 Worryingly, a large number of health visitors within the staff groups commented on the lack of skills new parents have in relation to the preparation of formulae feed:

They have not had a clue how to make up a bottle; I had to show them (HV)

A lot of girls can't make up a bottle on the 11th postnatal day (HV)

5.13 In relation to this lack of preparation, a lot of discussion was generated around infant feeding in general. In addition, not all of the young women spoken to reported being shown how to make up a feed and most relied on their own family once discharged from the hospital. Some of the young women were also unsure of the timings of the babies feeding:

I just kept on feeding my baby (Mum, age 18yrs)

² Women's Reproductive Health Service is based at the Princess Royal Maternity Hospital and provides maternity care for women with social problems.

Interestingly a lot of the young dads reported being confident in the areas of making up feeds, as nearly all of them had experienced looking after their own siblings. However, both the groups of the young mums and dads commented on the fact they thought this previous experience was often undervalued by staff and not always enquired about.

- 5.14 In relation to breast-feeding, within the staff groups there appeared to be some confusion around how to implement infant feeding policy correctly. Within the groups, concerns were raised around not being able to demonstrate the making up of a formula feed whilst still practising within the *Baby Friendly Status*³ guidelines and these findings would appear to suggest why there were some gaps identified in the young parents knowledge. In addition, some of young women commented on the lack of support with breastfeeding and as presented in **Table 2**, the numbers of young mums breastfeeding remains low.

Theme 3: Service Design

- 5.15 From the young women's point of view when asked about service design they suggested that staff within the services needed to be approachable. Young mums also described how they enjoyed getting to know the same person; therefore an element of continuity was seen as something to strive for. Examples of good practice were shared within the groups and regular attendance at services seemed to be when there was evidence of:
- Peer support from young women in similar social circumstances
 - Familiarity/continuity of staff
 - Ownership of any group they attended
 - Involvement around content/delivery of any education sessions they attended
- 5.16 Overwhelmingly, all of the staff groups suggested that there was a need for specific maternity services for pregnant teenagers. The groups reported that the health and social circumstances of each pregnant teenager might differ therefore the maternity services would need to reflect these individual needs. A range of options was suggested around how such services could be delivered:
- Additional/targeted support to deal with wider health and social issues. This service would include additional home visits to assess specific need within informal surroundings.
 - Transfer of younger clients to a named Consultant Obstetrician with a special interest in pregnant teenagers. These clinics should be staffed by personnel who also had an interest in this client group.
 - Small community based multi-agency teams. These teams would include lead practitioners with an expert knowledge in teenage pregnancy.

³ An accredited award from UNICEF for breast feeding excellence

- Home Book ⁴ all pregnant teenagers. This would allow for early identification and intervention for any complex health or social needs.
- Link Midwife role for pregnant teenagers similar to the current role of the Link Midwife for Asylum Seekers and Refugees. Staff suggested that expert advice and support in matters relating to teenage pregnancy would be beneficial.
- More flexible services, taking into account the timing and locations of clinics.
- Dedicated, age appropriate services, similar to the style of the sexual health services in Glasgow, which staff reported on as being a good example of service delivery for the younger client.

5.17 The staff discussed the difficulties experienced with maintaining services especially if attendance was poor. The staff also reported concerns that if services were changed they would need to be sustainable and comment was made about some services being withdrawn following the completion of projects:

When services are withdrawn it is difficult to get young women re-engaged (HV)

Theme 4: Staff Training

5.18 The focus groups comprised of NHS staff from a variety of disciplines therefore training needs differed. Despite this, every staff group identified the same training needs, which were around:

- How professionals respond to the disclosure of young people's sexual activity
- Sexual health needs of the teenage client
- Teenage transition

5.19 The topic around young people's sexual activity generated a lot of discussion within these groups. The results from the consultation suggested that there was a lack of consistency around how staff dealt with the various issues involved and clarity through training would be beneficial. Comment was also made around the timing of personal questions when trying to build trusting relationships with clients:

I'm never quite sure how much information I need and often we shy away from it (Obstetrician)

If you ask them if it was consensual, they might be quite insulted (GP)

I don't use the word consent; I ask them if it was planned (MW)

5.20 Examples of practice were shared around how staff obtained sensitive information and it was evident from the findings that currently there is no

⁴ A midwife would visit the client within their home to carry out a booking history and to obtain booking bloods. This visit is offered to some women in Glasgow as an alternative to a booking visit within a hospital or health centre setting.

uniformity of practice. One example of practice discussed was the fact that all practitioners do not routinely document the age of the partner. The model adopted within the Social Gynaecology services in the city was discussed positively during one of the groups. Within this model a checklist is used to obtain sensitive information and the group suggested that a similar checklist within the maternity services might be beneficial in providing a more uniformed approach. Discussions also took place about how practitioners holistically support an underage client whilst adhering to child protection guidelines.

- 5.21 Staff also discussed gaps in knowledge around the contraceptive needs of teenage parents. The consultation suggested that staff felt there was a need to educate young women about delaying or planning a second pregnancy and the benefits of long acting reversible contraception.

I'm not sure how well we deal with this issue in the postnatal setting and perhaps the midwives working in the postnatal wards would benefit from an update of contraception options (Obstetrician)

- 5.22 The young mums were also asked about their contraceptive needs in the focus groups and some expressed frustrations and felt that their opinions were not valued:

*The staff imposed their own opinions too much (Mum, age 17yrs)
She (health visitor) kept on and on at me, and I'm not even with a man (Mum, age 19yrs)*

- 5.23 Overall the NHS staff discussed the fact that teenage clients will have different needs by the very nature of the fact they are teenagers. A few staff commented on teenage transition when trying to adapt their practice for the younger client.

There is no specific training available for the needs of young people; we just adapt our knowledge (HV)

The staff also discussed the difficulties of communicating with the younger client and sourcing age appropriate information.

Theme 6: Integrated Working

- 5.24 Overall, the staff commented on the fact that they thought practitioners had improved integrated working relationships but they also commented on the need for further improvement. In relation to supporting the wider social needs of teenage parents, staff commented on integrated working with partner agencies such as:

- Education services
- Social work services
- Health visiting services

- 5.25 With regards to the education services mixed responses were given in relation to integrated working. Staff who represented the Looked After and Accommodated Children Services, commented on the good working relationships they had with the local schools. In addition, quite a few of the health visitors appeared to have had a good working relationship with this agency.

Education appears willing to get the girl back into school (HV)

- 5.26 In response to integrated working with the social work services, where professions were housed separately, staff commented on some of the difficulties they had experienced.

Social referrals can wander (MW)

People in social work are a nightmare to work with as no one gets back to you (HV)

You never hear anything back, so you are never quite sure if your request has been acted upon (Obstetrician)

By contrast, where there was closer on-site working arrangements e.g. in a hospital setting, more positive views were expressed about health and social work partnerships.

- 5.27 Overall there was a general discussion within all of the groups around the changing role of the health visitor and staff raised concerns over the fact that midwives and health visitors are no longer able to offer joint midwife/health visitor visits to the homes of vulnerable clients, due to lack of staff. In addition, the health visitors and midwives in the staff groups discussed the importance of having the opportunity to meet up regularly to share information about vulnerable clients.

Don't do away with the health visitor (GP)

There is no time now for support home visits antenatally (MW)

Section 6: Conclusions & Recommendations

- 6.1 The findings from this consultation exercise begin to give some insight into the views and experiences of teenage parents and the NHS staff providing services for them. It is worth re-iterating however that the findings will not represent the views of teenage parents as whole, as only motivated young mums and dads participated. This was particularly evident from the sample of views obtained from the young dads. The consultation with the staff did allow for a range of geographical areas and disciplines of staff to be covered therefore making the sample more representative.
- 6.2 The experiences of pregnant teenagers vary and some will find themselves in particularly dire social circumstances whilst others will have elements of good support. It would appear that these varying circumstances determine how well a young client engages with the maternity services. The consultation findings suggested that young women on finding themselves pregnant often felt judged, vulnerable and they were concerned about the social stigma associated with teenage pregnancy. By contrast, some staff felt that within some geographical areas there was evidence of an acceptability of pregnant teenagers and that some young women may feel less isolated within areas of high teenage pregnancy rates. These differing perceptions of both the staff and the young women demonstrate the barriers, which may exist in relation to accessing the services. It would appear that services with approachable non-judgemental staff were most beneficial for young parents.
- 6.3 Assessment of the health and social needs of pregnant teenagers was found to vary greatly across the city and the consultation identified gaps in practice. Within all of the staff groups there was evidence of differing practice when obtaining and documenting sensitive information. Staff identified this area as a training need as currently there is no training around the needs of pregnant teenagers. Dealing with the varying social issues of pregnant teenagers was discussed in all the staff groups and concerns were raised on how time consuming this can be. In addition, the young mums did not always feel that the staff had time to help them and described feelings of being rushed. Any future service re-design would need to consider time as a resource factor. With the introduction in Glasgow of 'The Protocol for Working with Young People who are Sexually Active' a more uniformed approach to obtaining sensitive health and social information requires to be adopted.
- 6.4 The varying needs of a pregnant teenager in relation to preparing for parenthood were identified in this consultation. A variety of experiences was reported within the groups with the issue of infant feeding being particularly highlighted. Gaps in knowledge were also evident in the staff groups in relation to infant feeding policies. Training for both groups on these issues would therefore be suggested. In addition, the consultation identified that very few resources exist specifically for young parents and none of the staff groups could identify any information aimed at younger clients. The young mums consistently described the benefits of peer support and reported on how they enjoyed attending antenatal education sessions that were young women focused. Examples of good practice in relation to the educating of pregnant

teenagers were reported on, but these approaches are not currently replicated across the whole of the city.

- 6.5 The need to identify and support teenage fathers was identified by all the groups and the difficulties with recruitment of young dads highlighted how difficult it can be to engage with this group. There was certainly evidence to suggest that young dads do want to be involved in the support of their children and this involvement would need to be positively encouraged. Involvement of young fathers at an early stage would appear to be crucial to the life-long well being of the child and pregnancy should therefore be viewed as an optimum time to include young fathers within service delivery. Certainly the gap identified with partner agencies around the needs of young fathers will need to be addressed to enable future services to be delivered more effectively.
- 6.6 Overwhelmingly, the staff groups identified gaps in knowledge and training in matters relating to pregnant teenagers. Suggestions were made around the nature of future training and it would be hoped that partner agencies would help facilitate in this. All of the staff groups reported the need for multi-agency training.
- 6.7 In relation to future service redesign, all of the participants within the staff groups suggested that maternity services need to be delivered differently for pregnant teenagers. Many suggestions were made in relation to how these services could be delivered; emphasis was placed on the individuality of need, the need to promote continuity of care and the need to identify early complex social and health issues. Young parents reported on how they enjoyed models of service that promoted continuity of care and how beneficial it was when staff were able to assist with social issues such as navigating the benefits system.
- 6.8 To conclude, the health and social needs of pregnant teenagers can be complex and diverse. In addition, other factors can contribute to the outcomes in pregnancy and often these factors are not identified. Individualised plans of care with full multi-agency support should be adopted and NHS staff should be aware of all support services available to them. Overall, in order to maximise the health and social outcomes for this vulnerable client group, maternity services should be tailored to need, flexible, sustainable and age appropriate. In addition, staff should have the skills and knowledge in issues relating to teenage pregnancy.

Recommendations for Future Practice

- Future maternity service provision for pregnant teenagers should have as its foundation the social model of care.
- Pregnant teenagers often have complex health and social needs, which should to be identified at the earliest opportunity to maximise outcomes for both the mother and the child. A uniformed approach across all the maternity units within Glasgow should be adopted in relation to the obtaining of and documenting of sensitive information.

- Maternity services to pregnant teenagers are currently delivered within adult orientated services and very little age appropriate resources exist. It is recommended that in order to improve the quality of care and equity and access to information, more age appropriate resources should be developed and implemented.
- The needs of young fathers are poorly met within the maternity services and all agencies should strive to involve and include young fathers at every opportunity.
- A training programme to meet the training gaps identified in the consultation should be implemented. Emphasis should be placed on the need to train all disciplines of staff and where possible multi-agency training should be adopted.

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CONSULTATION WITH YOUNG WOMEN - TOPIC GUIDE

Topic 1

What do young women do if they suspect they might be pregnant?

(Prompts)

Do you think young women know where to go to confirm a pregnancy?

(Pharmacy, Gp or Family Planning Clinic)

Do you think young women know what to do next?

(How to contact a midwife or GP; arrange a Booking Visit, ECT)

Do you think young women are informed early enough in the pregnancy about the dangers of smoking, drugs and alcohol?

Why do you think some young women don't attend the maternity services at the beginning of their pregnancies?

Who do you think young women are most likely to ask/speak to for support?

Topic 2

What kind of feelings do young women experience when they find out they are going to become a mum?

(Prompts)

What kind of things do you think young women worry most about?

What kind of services do you think young women need to support them in their pregnancy?

Where do you think young mums to-be get their information around pregnancy/parenting issues?

Topic 3

When young women first attend the maternity services, what do you think is most important to them?

(Prompts)

What was good/ bad for you?

Did you feel involved in the plan of care organised?

Did you feel your partner/mum/friend was included?

What type of things were in your experience confusing/not easy to understand

What could be done to improve services?

Topic 4

Information is given to young women throughout the pregnancy, what kind of information is useful to young women and what else could be included?

(Prompts)

When is the best time to give young women information?

Is the information easy to understand?

Did you get any information specifically for young women?

Did you receive information about attending antenatal classes?

Did you receive any information around contraception and sexual well-being?

Topic 5

Women are offered antenatal classes to help prepare for the birth of the baby, why do you think some women choose to attend classes and some women don't go at all?

(Prompts)

Who do you think helps prepare young women for the birth and for the role of being a mother?

If you attended Antenatal Classes, what was good/bad about them?

If you didn't attend Antenatal Classes can you tell us why?
Before having a baby, what information/support would be most helpful for young women?

Topic 6

**Who is the best person/people to support a young woman through the birth?
(Prompts)**

Why have you chosen that person/those people?
Who do you think should be able to attend the birth?
Who supported you at the time of your baby's birth?
How could the birth experience be improved?

Topic 7

**In the hospital, do you think young women are prepared enough to be able to look after their babies when they get home?
(Prompts)**

Did you get help with looking after your baby?
How easy do you think it is for young women to ask for help in the hospital?
How easy is it for young mums to establish breast-feeding?
Did you get chance to bath your baby and did you get shown how to make up a feed for your baby?
Did you get information around cot death and how to safely handle your baby?
What kind of things do you think young women need to know before going home?

Topic 8

**In the first few weeks of the baby's life, what are the key issues for young mums?
(Prompt)**

Issues around accommodation, family influence, independence, partner, sleep deprivation, family planning
Did you stay with your family?
How easy was it for you to look after your baby?
Thinking back to your experience, what kind of things would have been most helpful in those first few weeks?
Did you know about the role of the health visitor and how to attend the baby clinic?
Did you know how to contact anyone in an emergency/ "out of hours"?
Did you know how to get access to contraception?
Did you know how to get child benefit/Milk Voucher/Maternity Grant ect?

Topic 9

**How does having a baby change a young woman?
(Prompts)**

Were you prepared for the changes a baby can bring?
Did anyone talk to you about what being a mother means?
Did anyone prepare you for the changes in your relationship?
Thinking back to you own experience, what were the main changes you experienced?

Topic 10

What are the best things about being a mum?

Appendix 2

CONSULTATION WITH YOUNG DADS - SEMI-STRUCTURED INTERVIEW SCHEDULE

Question 1

How did you find out you were going to be a dad? (Depending on the answer, this could lead onto how it made them feel)

Question 2

Did you attend the first visit/scan with your partner?

If not, why not?

If yes, did you feel included in things, were you asked questions and did the staff talk to you?

Question 3

Did you attend the antenatal classes (all or some)?

If not, why not?

If yes, did it help you to understand what you could do to help your partner, did you feel included and did you meet any other dads?

Question 4

Did you attend the birth?

If not why not?

If yes, did the staff involve you in the labour, what sort of things did they encourage you to do to help your partner?

Question 5

Did staff show you how to bath/make up feeds for your baby before going home after the birth?

Question 6

Was it easy to spend time with your baby during the first few weeks?

If not, why not?

Did you live with the mother?

Question 7

How has having a baby changed your life?

Question 8

What could the maternity services have done to make your experience better?

Question 9

What is the best thing about being a dad?

CONSULTATION WITH STAFF - TOPIC GUIDE

Identifying the health and social needs of young parent to-be (aged 13-19yrs): a staff based consultation to review maternity services in Greater Glasgow and Clyde.

The following topic guide is proposed for the focus groups to identify the health and social needs of young parents to be from a staff perspective.

Topic 1. Exploring the views of staff around whether they think young parents require different services or a different approach to maternity care

(Example prompt questions)

- Do current services address the wider social/health needs of young parents to-be?
- If yes, can you expand on how they do?
- If no, how could they address the wider social/health care needs of young parents to-be?
- Do you routinely ask about the social circumstances and educational needs of younger clients? And how could this be included into routine care?
- Do services need to be different for young parents to-be?
- If yes why? / If no why not?

Topic 2. Reflecting on services from a young parents perspective

(Example prompt questions)

- First impressions, what do you think is important for a young person when they first attend services?
- In general, when attending services, what kind of things would be important for a young parent to-be?
- What can you do as a service for young parents to-be?
- If you could change anything to make services more accessible for young parents to-be, what would you do?

Topic 3. The needs of young father's.

(Example prompt questions)

- Do you think services address the needs of young fathers?
- If yes, please explain how?
- If no, please suggest how services could change to better address the needs of young fathers?

Topic 4. Preparation for parenthood

(Example prompt questions)

- Do you think young parents are adequately prepared in parenting skills prior to discharge from the maternity services?
- If yes, please expand on positive practice
- If no, how can we improve the gaps in parenting skills
- Whose role is it to prepare young parents for the changes in relationships/lifestyle?

Topic 5. Integrated working

(Example prompt questions)

- Which professionals are involved in the care of young parents to-be?
- Do you think the professionals involved in the care of young parents to be work well together?
- If yes, can you share examples of good practice?
- If no, how can services improve to encourage more integrated working?

Topic 6. Training needs of staff

(Example prompt questions)

- Do you think professionals require specific training to work with young parents to-be?
- If yes, what specific training would be required/requested?
- If no, can you explain why not?
- Can you share examples of any training staff may have received around the issues of teenage pregnancy, which they find, beneficial in practice?

Topic 7. Specific information for young parents

(Example prompt questions)

- What kind of information do you routinely give out specifically for young parents around public health and pregnancy in general?
- Do you have access to information that is age appropriate (13-19yrs)?
- If yes, can you share examples of good resources/practice?
- If no, what kind of information do you think would be helpful for young parents to-be?
- Do you have any information specifically for young fathers?