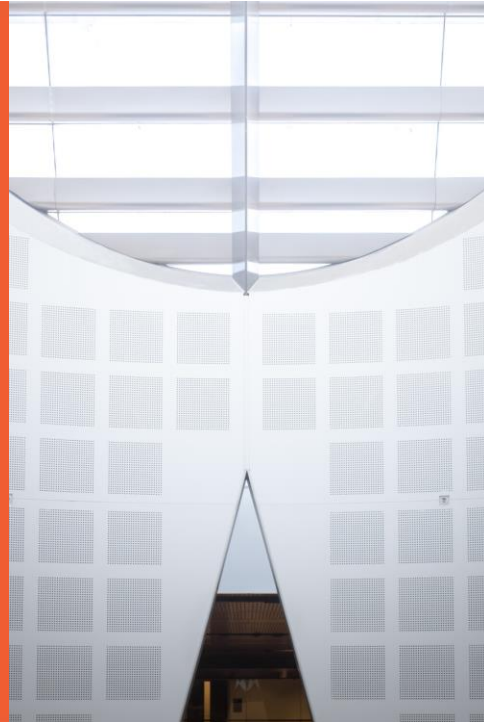


Too young to parent?


Presented by:

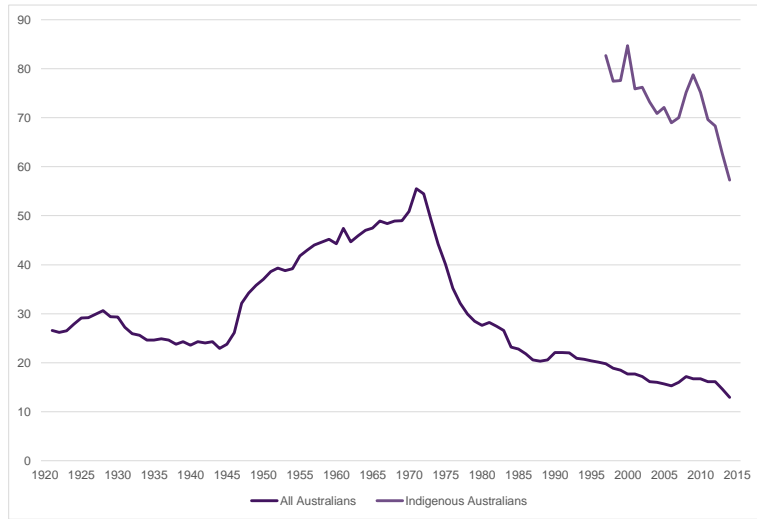
**Rachel Skinner, Paediatrics and Child Health,
Faculty of Medicine, University of Sydney,
Australia**




Predictors of pregnancies in adolescent/ young parents

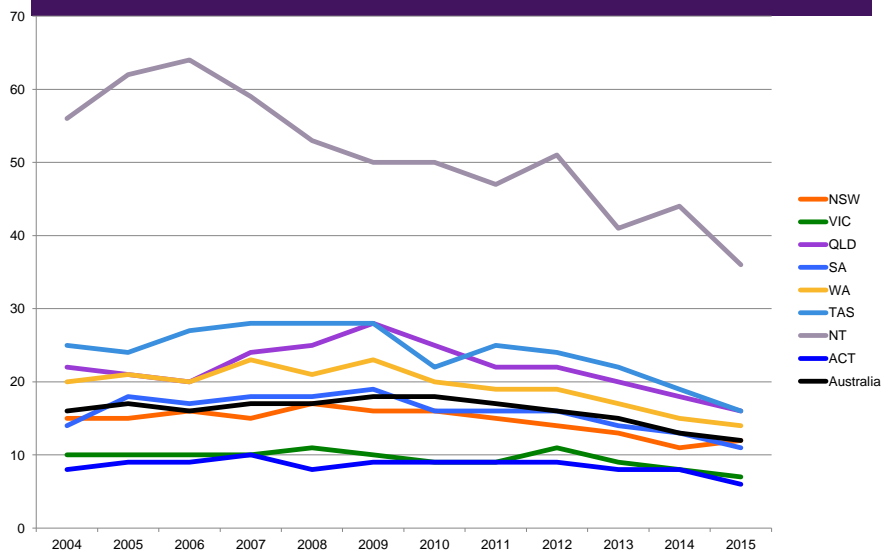
- › Macro-level associations
 - Lower SES
 - Rural and remote
 - Indigenous
- › Family factors
 - Families of young parents; low social supports; abuse
- › Individual factors
 - Behavioural problems; not attending/ not completed school
 - Smoker (35% compared to 13% of pregnant adults, more in Indigenous)
 - Unintended
 - Less antenatal care, poorer nutrition

 **Fertility rates 15-19 year old females**



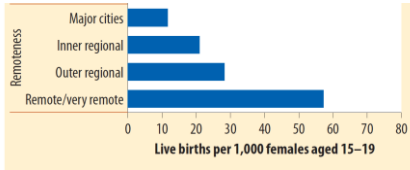
3

 **Fertility rate 15 – 19 years in Australia**

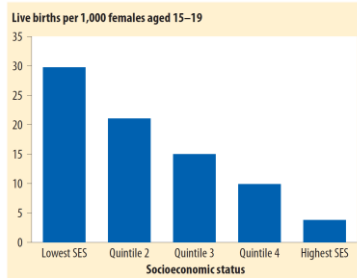


4

 **Disparities**



Rural/remote: 57/1000 Major city: 12/1000

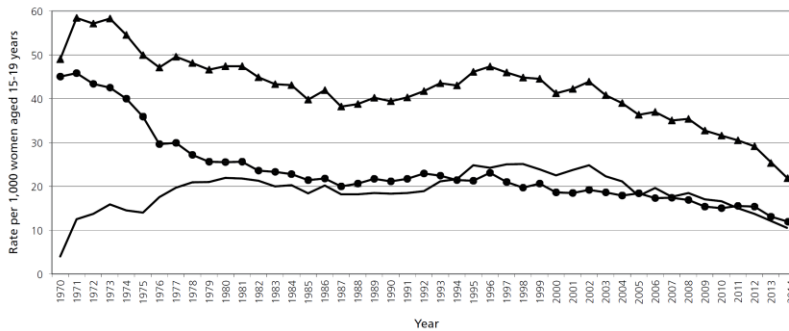


Richest: 4/1000
Poorest: 30/1000

Australian Institute of Health and Welfare. *A picture of Australia's children 2012.*

 **Pregnancy rates**

Figure 8b: Teenage pregnancy, termination of pregnancy and birth rates, South Australia, 1970-2014



Abortion proportion, 2014: 46% 15-19, 80% <15
18% all ages



Predictors of teenage pregnancy

- › Family factors
 - Teenage mother
 - Lower parental education
 - Family dysfunction and/or violence
 - › Individual factors
 - Earlier first sexual intercourse
 - Inconsistent/ineffective contraception
 - Externalising behaviour
-



Risks of early parenting

- › Mother:
 - Late access to antenatal care
 - UTI, anaemia, PIH
 - Repeat pregnancy (<2 years)
 - Low social support; unstable relationships
 - Low educational achievement?
 - Economic disadvantage
 - Maternal mental health problems
-



Risks to children

- › Child:
 - Preterm, LBW, stillbirth and neonatal death
 - Congenital anomaly
 - Lower rates of breastfeeding
 - Behaviour problems
 - Low educational achievement
 - Intergenerational economic disadvantage
 - Teen pregnancy/parenting



Improving outcomes for young parents, parents-to-be and their children

- › Megan Mitchell Children's Commissioner is undertaking a review of programs to improve outcomes for young parents (report due this year)
 - Review by PwC for govt

Young parents

- About 1,500 females entered the system as young parents between the ages of 14 and 18 during 2015. Our analysis indicates that this group will have an average lifetime cost of around \$540,000, due to the level of payments made and their likelihood of becoming long-term welfare recipients.
- This group are worthy of further investigation to understand what early interventions could be applied to improve their probability of becoming self-reliant in the future.

- 3rd action plan of National Framework to protect Australia's Children states explicitly that parents should be supported from conception through first 1000 days
- Support young people in care to transition to adulthood and services and systems are responsive to needs and rights of children and young people



Review of literature

- › Reviewed the literature around interventions/programs to achieve the following objectives:
 - Prevent or delay unintended pregnancy in vulnerable adolescents, including rapid repeat pregnancy
 - Mitigate impact of pre-existing risk factors in young parents-to-be and young parents
 - Alter trajectories which lead to poor outcomes for young parents and their children

11



Key recommendations

- All adolescents have access to comprehensive sex education which promotes contraception
 - Education linked to improved access to cost-free contraception (in schools or clinical services/pharmacies linked to schools)
- Vulnerable adolescents:
 - Increased use of long-acting reversible contraception (eg. training GPs, nurses and midwives)
 - Support to stay in school/ vocational training
- Antenatal care including outreach; nurse home visitation with psycho-social and parenting support during the antenatal period through the first 2 years of life
- Improve parenting skills, interpersonal skills, reduce partner violence and child maltreatment in young families
- Reduce substance use
- Support mental health

12



Key recommendations

- › Multi-component, inter-sectorial ('joined-up') approaches
- › Targeted to areas with high adolescent births; programs must be inclusive of all cultural groups (Indigenous and non-Indigenous)
- › Routine national data collection of pregnancy terminations, births with data linkage to indicators of health and social well-being and longer term outcomes
- › Health economic modelling of exemplar intervention strategies in the Australian setting, taking a societal perspective to build the economic case for action

13



1999 - 2010: UK's Teenage Pregnancy Strategy

- › Whole-of-government approach at national and local level
- › Improved prevention through sex and relationships education and access to contraception
- › National multimedia communications campaign
- › Coordinated support for young parents
 - Family Nurse Partnership- intensive, structured home visiting by specialist family nurses from before 28 weeks – 2 years.
 - Sure Start Plus (support in housing, health, parenting skills, education, childcare, program coordinator provided one-on-one support, tailored specialist support from antenatal period onward)
- › Reduced abortion and birth rates by 51%
 - 6.2% per £100 spent by the program
- › Prevalence of young mothers participating in education, work or training doubled over the time of the program

14

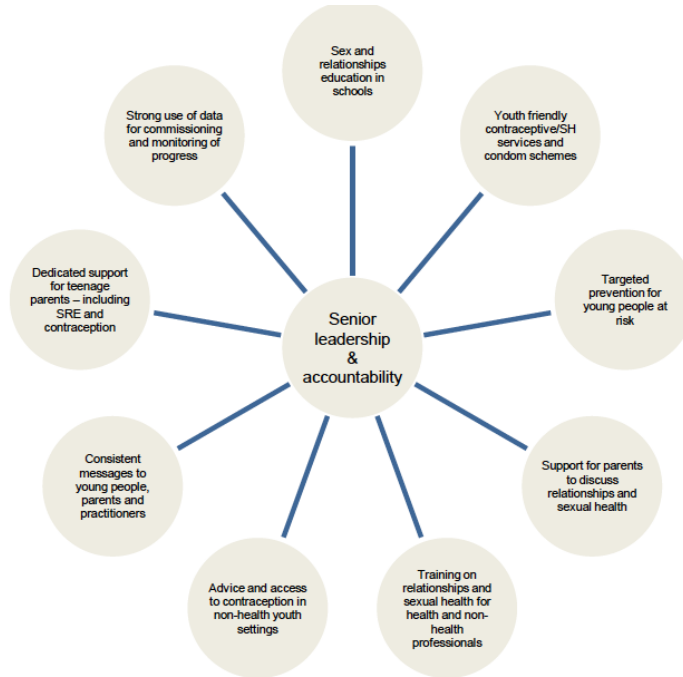


Figure 1. The 10 key factors for an effective local strategy.

England's TPS: Conceptions, births and abortions

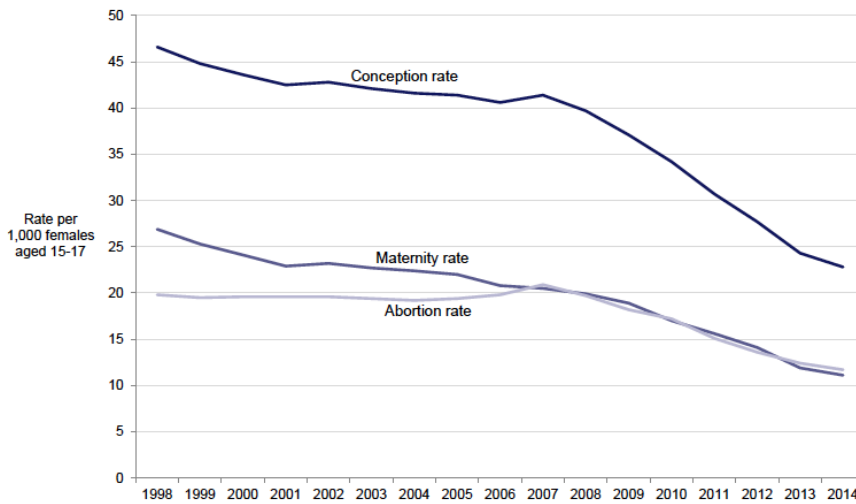


Figure 2. England under-18 conception rate: 1998-2014.



Key guidance from TPS about young parent programs

- › Care pathway for young parents (joined-up intersectorial pathway):
 - Widely advertised free pregnancy testing in youth friendly centres
 - Linking into unbiased pregnancy options counseling services; swift referral to antenatal care or free termination services
 - Robust needs assessment of social and health situation, linking with specialist services as required
 - Tailored antenatal care in local setting, with access to effective contraception
 - Transition and information sharing between midwives and named advisor to assist with health, education, housing, benefits and parenting
 - Care to Learn: childcare payments made directly to childcare to assist in attending education and training
 - Reintegration officers; foundation learning program
 - Multi-agency partnerships guidance
 - Positive images, improving housing

17



Ending versus continuing pregnancies

- › Unintended ≠ unwanted
- › Poor uptake of pregnancy counselling
- › Abn decriminalised except NSW & QLD
- › MTOP by GP: all but SA & ACT
- › STOP and MTOP partly Medicare/PBS-funded



Recommendations for clinical care

- › Trust relationships
 - › Prevention of unintended pregnancy
 - SRE AND contraception promotion
 - LARCs, LARCs, LARCs!
 - › Unintended pregnancy
 - Nonjudgmental counselling
 - Screening for sexual exploitation, violence
 - Trauma-informed care
 - Timely access to termination
-



Recommendations for clinical care

- › Prenatal care
 - STI and BV screening
 - Nutrition
 - Smoking cessation
 - Screen: AOD use, MH, violence
 - Include dads where possible
- › Postpartum care
 - Breastfeeding support
 - LARCs, LARCs, LARCs! And safer sex
 - Smoking cessation





Teenage mothers. *Australian Family Physician*
2016;45(10):712-17.

