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JOINT CHILDREN & YOUNG PEOPLE AND ADULT HEALTH AND SOCIAL CARE TASK AND FINISH GROUP – A FOCUS ON TEENAGE CONCEPTION RATES IN THE CITY

AGENDA SUPPLEMENT

DATE: TUESDAY 24 NOVEMBER 2009
TIME: 10.00 AM
PLACE: COUNCIL HOUSE (NEXT TO THE CIVIC CENTRE)

Committee Members–
Councillor Purnell, Chair
Councillor Mrs Aspinall, Vice Chair
Councillors Delbridge, Mrs Stephens and Mrs Watkins

Substitutes–:

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and Officers are requested to sign the attendance list at the meeting.

BARRY KEEL
CHIEF EXECUTIVE

**CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL
(SCRUTINY REVIEWS)**

6. RESPONSES TO QUESTIONNAIRE (TO FOLLOW) (Pages 1 - 2)

Panel to review questionnaire responses.

RESPONSE FROM MIDWIFE**Sexual Health (Teenage pregnancy) Questionnaire for the Children and Young People Scrutiny Panel Task and Finish group**

The Children and Young People's Scrutiny Panel is currently looking at how current levels of teenage conceptions can be reduced. A Task and Finish Group has been set up chaired by Cllr Pauline Purnell. You have been identified by the group as someone who can help provide information to assist in the Groups work. Can you spend a few minutes to answer the questions below. The findings of this work will help support the development of the Sexual Health Strategy which is currently being developed by the Children's Trust.

- 1) What role does your service play in helping to reduce the number of teenage conceptions?

The Maternity service contributes to attempting to reduce the number of repeat conceptions to young parents through advising new mothers about postnatal contraception and where to access locally.

We could with appropriate resource, do more to contribute to the reduction of repeat conceptions to teenage mothers. There are a significant number of young mothers who do go on to have additional pregnancies in their teenage years.

- 2) Who else do you or your service work with closely in this area?
For example, colleagues in your own department or organisation or another agency.

We have links with the Family Planning service and its outreach team and can refer young mother's/mothers to be for an outreach appointment to discuss postnatal contraception. Community based Midwives will work closely with GP's in Primary Care to arrange postnatal contraception for those young women they consider are at greatest risk of repeat conception.

- 3) From your experience what things have made the most difference and what lessons have you learnt from things that didn't work so well?

Young women & their partners' usually only access the maternity service once pregnant and a decision has been made to continue with the pregnancy. Early referral into Maternity Services from any pregnancy testing/counselling service is essential to ensure early pregnancy screening and risk assessment can be undertaken.

Provision of pre-pregnancy advice re: healthy lifestyle, non smoking, drug & alcohol misuse and effects on unborn & folic acid supplementation etc is also essential to ensure that young women are in optimum health before embarking on a pregnancy. This should, in my opinion be included in the curriculum.

- 4) The task and finish group has looked at a lot of evidence and thinks that whilst there is a lot of good work going on it needs to be joined up in a better way. What ideas do have for making this happen?

From a Maternity perspective better working relationships and information sharing protocols between Maternity Services, Connexions, Leaving Care Social Services, Youth services etc to enable direct referral into Maternity Service

- 5) Alongside your role in helping to reduce teenage conceptions what role does your service have in early identification of vulnerable children and young people.

As a service we undertake a social risk assessment on all new 'bookings' in for maternity care. This assessment is ongoing throughout pregnancy and helps to identify vulnerable young parents and unborn baby's. We regularly refer young mother's to be to the Malazi project and/or the Family Nurse partnership. We regularly undertake CAF assessments on Young families and make referrals to Social Care as indicated.

- 6) Is there any other comments you would like to provide the Children and Young People Scrutiny Panel with?

I believe that there has been considerable resource directed towards the reduction in Teenage pregnancies and rightly so. However, any Strategy should include provision for the support of those young people who do become pregnant and decide to continue with the pregnancy.

Evidence suggests that Specialist Midwifery support and preparation can impact positively on a young mother's readiness for parenthood and outcomes for mum and baby.

Targeted antenatal classes and teenage specific clinic provision are also shown to improve outcomes.