

Inquiry into teenage pregnancy

WAVE Trust

As the organisation that was responsible for bringing the Family Nurse Partnership (FNP) and Roots of Empathy programmes to the UK, teenage pregnancy is an issue about which WAVE Trust is both knowledgeable and concerned. Based upon our understanding of the evidence – as well as the SPICe briefing and the first Committee roundtable discussion – there are a few points that WAVE would like to offer at this early stage of the Health Committee’s welcome and timely Inquiry on Teenage Pregnancy. Should it be of interest to the Committee, WAVE would be pleased to participate in one of the future roundtable discussions.

Others have already correctly identified the complexity of the teenage pregnancy issue and the reality that there are multiple situations requiring different approaches and interventions. WAVE agrees that, when it is a problem at all, it is not a single problem with a single solution.

WAVE’s focus and expertise is on *prevention* – of violence, child maltreatment, compromised lives and diminished life chances for children and young people. Our Chief Executive, George Hosking, has testified multiple times on preventative spending in recent years at the invitation of the Finance Committee. WAVE is a strong supporter of the Scottish Parliament and Scottish Government’s emphasis on the very early years (pre-birth to age 3) as a top priority within preventative spending.

What are the key goals of *prevention* in relation to teenage pregnancy?

WAVE Trust encourages the Health Committee to respond to the complexities of teenage pregnancy by developing a shared sense of clarity about:

1. What should be prevented in relation to teenage pregnancy – and why?
2. Which are the most effective means of prevention in each case?
3. Who should be involved in each prevention activity agreed?
4. How should evidence of preventative spending and action be measured, gathered, reported and used to inform policy and practice?

What should we, as a society, try to prevent is the first, and foremost, question. The answer must be based on reality, rather than ideology. Preventing every teenage pregnancy is neither an achievable goal, nor a desirable one.

WAVE Trust suggests the following prevention goals for the Committee's consideration:

- *Preventing conception when termination of the pregnancy will be the choice made.* Currently, more than half of all teenage pregnancies in Scotland end with a termination. This is an inherently stressful situation that can pose physical, emotional and mental health difficulties for the people involved. Preventing harm to these teenagers' long-term health and well-being is best achieved by preventing conception from occurring in the first place.
- *Preventing conception among teenagers having a significantly diminished capacity to make a genuinely informed choice about having a baby at this time in their lives.* The great majority of teenage pregnancies in Scotland are unintended. Some of them (the exact number/proportion is unknown) involve people having a diminished capacity to make an informed judgement about either pregnancy or having a baby.

This is not just a matter of diverse levels of maturity. There are a variety of learning disabilities, addictions and mental health concerns that can impair informed consent and reasonable decision-making. It is worth remembering that all young people under the age of eighteen are still entitled to protection under the UN Convention on the Rights of the Child (UNCRC) — and that there is an extra duty of care toward young people who are especially vulnerable.

An example of particular importance in the Scottish context is **foetal alcohol harm**. Foetal alcohol exposure is the leading known, non-genetic cause of learning disabilities – but one that remains a professional and cultural 'blind spot' in Scotland and the rest of the UK. The lifelong brain damage resulting from foetal alcohol harm usually impairs the brain's 'executive functions', e.g. *the ability to plan and the capacity to control impulses* (including the impulse to drink alcohol and/or take street drugs, as well as sexual impulses). Young women having foetal alcohol harm as part of their history are often sexually precocious and behave in inappropriately sexualised ways – and tend to do so without the full capability to plan contraception or pregnancy/parenthood.

- *Preventing unhealthy teenage pregnancies that are at significant risk of poor birth outcomes.* Because preconception health education and preconception health care are not explicitly, robustly and systematically offered (or sought) across Scotland, most pregnancies – certainly including most teenage pregnancies – do not occur under ideal

circumstances. Unintended pregnancies at any age are often ones in which unintentional risks for, and harm to, the mother and foetus become more likely. This is the result of both what is *done* (such as smoking and using street drugs) and what is left *undone* (such as taking folic acid supplements to prevent Spina Bifida or resolving pre-existing health issues, e.g. obesity and depression).

Regular and/or binge drinking of alcohol is a particularly significant contributing factor to many young women unintentionally becoming pregnant in the first place – as it can impair decision-making and result in a lack of effective contraception. Alcohol also increases the likelihood of both stillbirths and poor birth outcomes. Foetal alcohol harm can occur even before the mother is aware of being pregnant. i.e. when there is no intention on her part to cause harm or increase risks.

As a strong supporter of the Scottish Government/NHS/COSLA ‘Early Years Collaborative’, WAVE Trust believes that its ambitious aims – from decreasing stillbirths and infant mortality to increasing the proportion of children who reach early developmental milestones – are more likely to be fully realised by a greater emphasis on preconception health and health care, especially among teenagers.

- *Preventing teenage males from becoming marginalised in relation to teenage pregnancy/parenthood.* There is a problem at both ends of the spectrum. On the one hand, too many of the men involved in the creation of a teenage pregnancy are allowed/enabled to escape responsibility for either their ineffective contraception or the consequences of pregnancy for their partner and child.

On the other hand, many men who are keen to play an active, positive role in the pregnancy and life of their child (whether or not they remain the partner of the mother) are too often marginalised or discouraged. An inquiry into teenage pregnancy should take full account of the challenges and opportunities of fathers becoming, and remaining, part of the *solution*. Children benefit from the presence of loving, competent fathers in their lives.

- *Preventing stressful, unhealthy pregnancies and inadequate antenatal care/support to prospective parents who are teenagers.* The younger the prospective mother and father, the more at risk they are likely to be for a variety of physical, emotional and mental health problems that can jeopardise the well-being of the mother, father/partner and foetus during pregnancy (and have long-term adverse effects on the child).

Their heightened vulnerability (especially since the principals may all still be ‘children’ under the terms of the UN Convention on the Rights of the Child) requires that the adults involved ensure that teenage pregnancies intended to go to term are fully, proactively and effectively supported toward the best possible outcomes. This, in turn, requires antenatal education, care and support that are *bespoke for the specific needs and situations of the teenaged prospective parents (rather than expecting them to fit well into standardised offerings)*. What is being prevented here is isolation and inadequate education/care.

- *Preventing pregnancy and parenthood from being – and being seen as – the only viable option for a teenager to attain adult status and a meaningful role in the community.* For some teenagers (especially older ones), becoming pregnant, having a baby and raising a child is a positive and intentional choice.

For most, however, it is driven by the perception that there are no other real options by which they can make the transition to adulthood and have a meaningful life. The sense of no other positive options often results from the perceived absence of opportunities (or aspirations) for continuing education and employment. To be loved, respected and have a meaningful life is a near universal human goal. We should prevent the situation in which pregnancy/parenthood is seen as the *sole* choice that will enable teenagers to reach that goal.

- *Preventing child maltreatment by teenage parents.* WAVE Trust has longstanding expertise in, and understanding of, the profoundly negative consequences – for children, families, communities, society and the public purse – of getting the early years wrong through abuse, neglect or other maltreatment of very young children. Conversely, WAVE champions the best possible start in life for every child as the soundest foundation of both individual well-being and societal success.

There is no evidence to support the prejudice that teenage parents will inherently or inevitably become inadequate or abusive/neglectful parents. Good young parents are not rare. Our knowledge of young carers in Scotland should also serve as a reminder of the reality that age is not the sole, or even primary, determinant of one’s ability to love, nurture and take responsibility within a family. At the same time, it would be naïve to fail to recognise that -- in an era, and a society, in which teenage parenthood is not the norm – there is a pressing need to provide additional (often intensive and enduring) support to those young parents and children who need or would benefit from such help.

That is one reason why WAVE played a leading role in bringing the successful, evidence-based Family Nurse Partnership model to the UK. We are delighted that FNP continues to rollout across Scotland and that evidence of the strengths and weaknesses of its adaptation in the Scottish context is being gathered. But, not every teenage parent across Scotland has the opportunity to benefit from engagement with FNP. For those teenage parents currently missing out on this intensive support, other effective ways should be implemented in order to prevent child maltreatment and promote both parental and child well-being.

Three other questions were posed near the beginning of this letter:

Who should be involved in each prevention activity agreed?

Which are the most effective means of prevention in each case?

How should evidence of preventative spending and action be measured, gathered, reported and used to inform policy and practice?

These are the questions that WAVE recommends be addressed *once there is agreement within the Health Committee about what it hopes to prevent (and why)* in relation to teenage pregnancy across Scotland. If the Committee agrees with any of the prevention goals that WAVE Trust has offered here, then we would be happy to help identify any further evidence needed to address one or more of the three follow-up questions noted above.

Dr Jonathan Sher
Scotland Director
WAVE Trust

7 February 2013