

REDUCING REPEAT TEENAGE CONCEPTIONS: A REVIEW OF PRACTICE

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This report looks at some of the practical strategies currently being employed around the country to address repeat conceptions amongst young women following maternity and abortion. It also explores the assumption that repeat conceptions are mainly caused by shortfalls in contraceptive provision; and the scientific evidence, in addition to the political context for the efforts of health professionals to reduce the repeat abortion rate. A series of recommendations for local teenage pregnancy partnerships to consider are also provided. Funding for this report was provided to Education For Choice by the Teenage Pregnancy Partnership in Hackney and the City from the local implementation grant for teenage pregnancy. The report was commissioned to inform work undertaken as part of the Teenage Health Demonstration Site programme funded by the Department of Health.

Executive Summary

Providing intensive support can help young women to decide and implement a contraceptive plan in advance of, and following, maternity and abortion. It can help them to maintain consistent use of a reliable contraceptive method and so avoid unintended conceptions and repeat abortions. Those areas which have one key worker championing this work report success in reducing second and subsequent conceptions.

However, for the most vulnerable young women, the availability of contraception is not always enough. There are many reasons that women of all ages struggle to control their fertility. Some of these are beyond the remit or capacity of those working in sexual and reproductive health services. A young woman experiencing serial unwanted pregnancies should indicate to sexual health workers that there may be problems in other areas of her life. It is an opportunity to identify those vulnerable to multiple risks and there need to be clear referral pathways to other specialist services where the young person can access expert support and advice.

Long Acting Reversible Contraception (LARC) is not a panacea. It is not acceptable to all women. It is important for health professionals to understand young women's

resistance to choosing long acting methods or, having chosen them, to maintaining their use over a long period of time. Better information about all contraceptive methods delivered as part of Sex and Relationships Education (SRE), and better counselling of possible side-effects and remedies before implementing LARC use, increases acceptability and maintenance of methods.

Good quality SRE has a key role to play in preventing unintended pregnancy by developing decision making and negotiation skills, providing accurate information, and dispelling myths around contraception, fertility and pregnancy. These myths can prevent young women from choosing and using reliable contraceptive methods in general, and following maternity and abortion specifically. Most professionals would like to see provision of contraceptive advice and supplies on-site in schools and colleges to ensure easier access to contraceptive services for young people.

The provision of education, support and contraceptive services which are identified as necessary to prevent second and subsequent unintended conceptions, are relevant to all young women. In a context in which self-

reporting, rather than medical records is the main source of information for health professionals about a woman's previous abortion history, it may not be useful to assume that a young woman is presenting with her first pregnancy.

Some women do not perceive having a second or higher order abortion as a problem. Those providing education, information and abortion services need to consider the most effective way to work with these women to promote consistent contraceptive use generally, without stigmatising their choice to have an abortion in the case of a particular pregnancy.

Strategies aimed at reducing repeat abortions do not aim to reduce the proportion of teenage conceptions ending in abortion and should not be implemented at the expense of efforts to reduce teenage maternities. Their aim should be to develop the skills and the remit of those working in a range of health and youth settings to create every possible opportunity to help young women to prevent all unintended conceptions and to initiate and maintain effective contraceptive use immediately following abortion and delivery.

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Summary of Recommendations

Strategic & commissioning level:

- Identify a local champion to promote comprehensive contraceptive counselling for young people in maternity and abortion services.
- Implement coherent referral pathways with good local buy-in from relevant agencies.
- Commission NHS and independent abortion providers to work to consistent protocols on: the provision of contraception, record keeping and reporting.

Education level:

- Use peer educators to help dispel myths about Long Acting Reversible Contraception and its side effects.
- Use video footage of implant fittings to familiarise young people with the treatment.
- Address anxieties about fertility generally and after maternity/abortion specifically.
- Seek to develop decision making skills, especially around predicting outcomes and consequences.

Service level—counselling:

- Include contraceptive planning and ensure that a decision to abort, or go to term, is informed, not ambivalent and made without pressure or coercion.

Service level—contraception:

- Provide intensive one-to-one contraceptive support to all young women pre and post maternity and abortion (provided in clinic, outreach and domiciliary settings).
- Develop Patient Group Directives to allow community midwives, gynaecology nurses and other nurses working with young people to prescribe and fit all contraceptive methods.
- Provide Emergency Hormonal Contraception in advance for those young women who rely primarily on the oral contraceptive pill or condoms for contraception.
- Make all methods of contraception available specifically at the time of abortion or maternity; and in all sexual and reproductive healthcare settings (including GUM clinics, family planning clinics etc.)
- Provide workforce training on how to counsel effectively on the side-effects of Long Acting Reversible Contraception (addressing concerns about weight gain and changes in menstrual patterns in particular).
- Provide and promote treatment for the side-effects of Long Acting Reversible Contraception.