

Inquiry into teenage pregnancy

Action for Sick Children Scotland

Action for Sick Children Scotland hopes that information about our work with young parents in Tayside will be useful for the Committee in its Inquiry into Teenage Pregnancy.

From 2007 to 2012 ASCS's Tayside Child Health Rights Project has worked to support young parents to look after their children at times of illness. When we first started our work in Tayside the pregnancy rate among 13-15 year olds in areas of deprivation was the highest in Europe and in Dundee there were 80 pregnancies for every 1,000 teenage girls.

ASCS's concern was not to work for reductions in the teenage pregnancy rate but to ensure that those who had become young parents had an understanding of their rights and responsibilities as a parent, and were able to make best uses of health care services for themselves (some parents were children) and for their children. We wanted to support them to be the good parents they, like all parents, wanted to be. We also wanted to raise awareness amongst health services of the needs of young parents. Early on in our work we identified the following:

- Many young mothers had literacy issues which meant that they often did not read literature provided by midwives, health visitors etc because they had difficulty reading or they did not identify with the images used in written information, or the formal language used was intimidating
- Few young mothers, particularly in Dundee, attended ante-natal classes
- Communication between healthcare professionals and young mothers was problematic. Some young mothers were reluctant to admit they did not understand what they were being told. Often the healthcare professional would speak to the baby's grandmother, if she attended, as opposed to the mother of the child.
- Young parents were unaware of their babies' healthcare rights eg the baby's right to have its parent stay overnight at hospital if the child was admitted overnight
- Health Professionals were concerned that young parents were often unaware of how to appropriately access health services.

In an attempt to address these issues, we produced in February 2010 a DVD, 'Child Health rights: What do you know? Young Parents Speak Out', in conjunction with young parents in Tayside. This can be viewed on ASCS's website at <http://www.ascscotland.org.uk/default.asp?page=83>

This DVD has been disseminated widely in Tayside and beyond and has been very well received by young parents, agencies working with young parents and

NHS health professionals. Since 2010 to December 2012, ASCS has worked with young mothers' groups throughout Tayside delivering workshops to inform parents how to care for their child at times of illness.

When the Tayside Child Health Rights Project started in 2007 there was a distinct lack of healthcare provision aimed specifically for young mothers. Health Visitors and Midwives were concerned at the number of teenage mothers who would present at the maternity unit in Dundee to give birth, without having attended ante-natal or parent craft classes. Since then the Family Nurse Partnership, which works with first time mothers under 19 years, has been implemented in Tayside and ASCS has worked with the FNP on its operational planning group. While the introduction of the FNP is very welcome, it should be noted that some teenage mothers have more than one child and so will not be offered the support of the FNP. In addition the FNP itself has capacity limitations in relation to the number of young mothers it can support.

We have found that since the implementation of the FNP some young mothers' groups such as Baby Bumps and Young Mums To Be, which had been previously available to support young mothers no longer meet in Tayside. There is a view that young mothers who are under the care of the FNP find it difficult to commit to any more groups even though these would have positive benefits in terms of peer support, reducing isolation experienced by young parents.

It is clear that the NHS alone cannot be expected to meet all the needs of young parents and that a multi agency approach is the best response. For example many community based groups run by voluntary sector organisations work with young mothers, encouraging them to go back to Education and/or help them to develop social skills and the confidence to secure employment and a more secure future for their child.

One final point we would like to make is that we believe that there needs to be more recognition of adolescent health needs in the maternity hospital setting and that midwives with knowledge and understanding about the needs of adolescent/young parents should be allocated to work with teenage mothers.

With best wishes for your work on this important issue and we look forward to reading the final report arising from the Inquiry.

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