Inquiry into teenage pregnancy

The Royal College of Midwives

The Royal College of Midwives Scotland (RCM) represents the vast majority of midwives working in Scotland, who we have conferred with as part of our response to this consultation. We welcome the opportunity to participate in this consultation and we set out our comments in relation to the consultation questions below.

Firstly it is important to remember that there are complex reasons why young girls become pregnant many of them are searching for love which they have not experienced themselves.

Also it is important to remember that teenage mothers are not necessarily bad mothers and in fact many are devoted and loving mothers, However they themselves have barely had a childhood some would say ‘bairns are having bairns’.

a. Do you have any views on the current policy direction being taken at the national level in Scotland to reduce rates of teenage pregnancy?

The RCM believe that the policy direction in Scotland has real merit and the most important thing is multi sectorial working. It is important that there is single focus with all of the various streams feeding in to it call it a roadmap for the future if that helps.

With regard to midwifery input the significant areas are the early years work and especially the stream birth minus nine months but also remembering that there is ample opportunity for midwives to input into secondary education.

GIRFEC is embodied in the Scottish Women Held Maternity Records so that embodies the philosophy of getting it right at the beginning and working across all agencies.

b. Do you have any views on the action being taken at the local level by health boards, local authorities and other relevant organisations to reduce teenage pregnancy, particularly in the under 16 age group?

There needs to be more work done across the various agencies. The early years work is significant because often these young women are looking for the love and security that may have been absent from their own lives so there does need to be a concerted effort around young girls who have been in care to support them around education respect ad dignity.

Health workers need to be less judgemental and more supportive to these young people when they seek advice and support.
c. What are your views on the relationship between high levels if teenage pregnancy and socio-economic inequality?

Some of the poverty and deprivation needs to be tackled since we know that there is a five times increase in teenage pregnancies in areas of deprivation.

d. What are the barriers and challenges to making progress in achieving positive change communities that might lead to reductions in the levels of teenage pregnancy?

The community themselves need to drive the change and since we know that in areas of deprivation it is almost culturally acceptable, that lack of enthusiasm around making the change can be a major challenge.

e. What are your views on the current support services available to young parents / young mothers, e.g. range of services, focus of services and whether services are being delivered in the most appropriate settings?

The RCM have been impressed with the Family Nurse Partnership and especially with the results of the Lothian pilot. However it is patchy across the country and we really need to get these initiatives more mainstream. It would be a good idea to take drop in clinics out to shopping centres/malls because this is where you will find the young people ‘hanging out’. There needs to be exciting interesting ways of engaging these teenagers in antenatal care and parenting.

f. Are there specific initiatives that you would wish to highlight to the Health and Sport Committee that you consider indicate good practice with regard to reducing teenage pregnancy rates in Scotland, either in the public sector, voluntary sector or in partnership?

The Family Nurse Partnership has had some measure of success but there needs to be closer working across health local authority and the voluntary sector.

g. Are there specific approaches to reducing teenage pregnancy that are not currently getting sufficient attention in order to affect positive change for children and young people?

There needs to be some real investment in helping young people to have confidence in their own abilities and respect for themselves. Perhaps even in primary schools we need to consider some form of coaching especially in areas of low deprivation. This would support a culture of respect for themselves and others.
h. Do you have any comments on any other aspect of teenage pregnancy policy or examples of good practice that you wish to raise with the Committee?

Alcohol and drugs also play a large part in teenage pregnancies so we need to look at these areas and the DVD made by the Scottish Youth Parliament with primary school children in a deprived area of Glasgow is a very potent tool and could be used in a television campaign.

The RCM in Scotland is committed to engaging in any initiatives which can support the reduction in teenage pregnancies and releasing young people to develop their potential.

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7 February 2013