6. CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

6.3 Teenage conceptions

This section presents information about teenage conceptions and pregnancies. Most information on teenage conceptions, including the national monitoring data, relates to conceptions in young women aged under 18, but this section also includes information on deliveries to young women in Buckinghamshire aged under 20. Relevant information is also included in JSNA section 5.7 on sexual health.

6.3.1 The importance of teenage conception and teenage pregnancy

A report published by the Social Exclusion Unit in 1999 identified reducing teenage pregnancy as a national priority because Britain had the highest rate of teenage pregnancy in Western Europe, and because of the associations between teenage parenthood and worse health and social outcomes for both mother and baby. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. Teenage mothers and their babies have higher risks during pregnancy and delivery, mothers are more likely to have postnatal depression, and the babies have higher rates of low birth weight and prematurity and a greater risk of infant mortality. The children of teenage parents also have a much greater risk of poor health, and a much higher chance of becoming teenage mothers themselves.

The publication of this report has been followed by a strategic approach to tackling unplanned teenage pregnancy both nationally and within each Local Authority area, through campaigning for better relationships and sex education, improving information and access to effective ‘young people friendly’ sexual and reproductive health services, targeting the groups of young people most at risk and considering the needs of teenage fathers as well as teenage mothers, and aiming to improve outcomes for the children of teenage parents through initiatives such as the Family Nurse Partnership programme.

6.3.2 Information about teenage conceptions in Buckinghamshire

6.3.2.1 Conceptions in girls aged under 18

The most recent data available are for 2014, and show that the teenage conception rate in England and Wales was 22.9 per 1,000 girls aged 15 to 17. This represents a halving of the rate since 1998, the baseline year for the national strategy, when it was 46.6 per 1,000 girls aged 15 to 17 (figure 1). The steepest decline has been since 2006. However, despite this teenage pregnancy rates in this country remain
higher than in much of Western Europe. In Buckinghamshire, the rate has fallen from 24.8 per 1,000 girls aged 15 to 17 in 1998 (when there were 223 conceptions), to 12.8 per 1,000 in 2014 (124 conceptions), a 48.5% reduction in the rate (figure 1).

Figure 1 Conception rate to girls aged 15-17, Buckinghamshire, South East and England, trend 1998 to 2014

![Teenage conception rate, under 18s, 1998 - 2014](source: Office for National Statistics)

Figure 2 shows conception rates in girls aged 15 to 17 in Buckinghamshire compared with its CIPFA comparator Local Authorities in 2014. Buckinghamshire’s rate is significantly lower than the England and South East rates, and ranked the lowest among the group of 15 Local Authorities².
Figure 2 Conception rate per 1,000 girls aged 15-17, Buckinghamshire and CIPFA comparator Local Authorities, 2014

Table 1 shows the number and rate of conceptions to 15 to 17 year olds across the District Authority areas in Buckinghamshire in 2014. The highest rate was in Wycombe, at 15.2 per 1,000, and the lowest in Chiltern, at 9 per 1,000.

Table 1 Teenage Conceptions, Buckinghamshire District Authorities, Buckinghamshire and England, 2014

<table>
<thead>
<tr>
<th>District Authority</th>
<th>Number of conceptions to girls aged 15 to 17 years</th>
<th>Rate per 1,000 girls aged 15 to 17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aylesbury Vale</td>
<td>44</td>
<td>12.9</td>
</tr>
<tr>
<td>Chiltern</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>South Bucks</td>
<td>14</td>
<td>11.9</td>
</tr>
<tr>
<td>Wycombe</td>
<td>49</td>
<td>15.2</td>
</tr>
<tr>
<td>Buckinghamshire</td>
<td>124</td>
<td>12.8</td>
</tr>
<tr>
<td>England</td>
<td>21,282</td>
<td>22.8</td>
</tr>
</tbody>
</table>

The conception rate in under 16s in Buckinghamshire in 2014 was 2.20 per 1,000 females aged 13 to 15 (19 conceptions), a 45% reduction in the rate since 2009 when it was 4 per 1,000 (39 conceptions), and lower than the England (4.4 per
...1,000) and South East (3.4 per 1,000) rates. Buckinghamshire was also the lowest among its CIPFA local authority comparator group (figure 3).

**Figure 3** Conception rate per 1,000 girls aged 13-15, Buckinghamshire and CIPFA comparator Local Authorities, 2014

![Graph showing conception rates per 1,000 girls aged 13-15 in various areas.](image)

*Source: Conception Statistics, England and Wales, 2014 (Table 5)*

6.3.2.2. Outcome of teenage conceptions

In 2014, 61.3% of conceptions to girls aged 15 to 17 in Buckinghamshire led to abortion, an increase from 55.1% in 2013 and higher than England (51.1%) and the South East (53.2%). The proportion of teenage conceptions in Buckinghamshire leading to abortion has fluctuated between around 55% and 65% over the last 10 years, but with no clear trend. Figure 4 shows that Buckinghamshire is ranked highest out of the 15 CIPFA comparator areas for the proportion of teenage conceptions leading to abortion.
6.3.3. Births to teenage mothers

Local analysis was carried out of deliveries to mothers who were aged less than 20 years and 10 months when they gave birth (that is, those who conceived when aged under 20 years, assuming they delivered at term). Over the three years 2012/13 to 2014/15, there were 608 deliveries to young women in this age group, of which 198 (32.6%) were to girls estimated to be aged under 18 at conception.

Figure 5 shows trends in deliveries to teenage mothers since 2008/9 - 2010/11, by deprivation quintile in Buckinghamshire. There is a clear relationship between deprivation and the number of deliveries, with by far the largest number of deliveries (around 45% of the total) to young women in the most deprived quintile of the population, and the smallest number (around 5% of the total) in the least deprived. The majority of the deliveries in the most deprived group are to young women living in Aylesbury and Wycombe.
Table 2 shows the change in the number of deliveries between 2008/92010/11 and 2012/13-2014/15. Overall, there was a 22% reduction in the number of deliveries to girls who conceived when aged under 20. While the largest fall in the number of deliveries was in the most deprived group, where the number of deliveries fell by almost a quarter, the biggest proportional fall in the number of deliveries was in the two least deprived quintiles, where the number of deliveries fell by 32% and 37%.
Table 2 Number of deliveries to mothers who conceived when aged under 20 years, three-yearly aggregates and percentage change, 2008/9-2010/11 to 2012/13-2014/15, by deprivation quintile in Buckinghamshire

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>DQ5</td>
<td>357 (45.9%)</td>
<td>270 (44.4%)</td>
<td>24.4%</td>
</tr>
<tr>
<td>DQ4</td>
<td>174 (22.4%)</td>
<td>145 (23.8%)</td>
<td>16.7%</td>
</tr>
<tr>
<td>DQ3</td>
<td>116 (14.9%)</td>
<td>107 (17.6%)</td>
<td>7.8%</td>
</tr>
<tr>
<td>DQ2</td>
<td>78 (10.0%)</td>
<td>53 (8.7%)</td>
<td>32%</td>
</tr>
<tr>
<td>DQ1</td>
<td>52 (6.7%)</td>
<td>33 (5.4%)</td>
<td>37%</td>
</tr>
<tr>
<td>Total</td>
<td>777</td>
<td>608</td>
<td>21.7%</td>
</tr>
</tbody>
</table>

DQ1: least deprived; DQ5: most deprived

Source: SUS Admitted Patient care (APC) Extract provided by SCW CSU. Admissions with delivery procedure (OPC4: R17-R25) or delivery diagnosis (ICD10: O80-O84)

6.3.4 Demand

Young women aged under 20 years and young men are able to access the new sexual health and reproductive services, which provide support and advice on contraception, in particular, the long acting reversible methods of contraception and reproductive health, such as planning a family with advice on and referral to abortion services if needed.

The fall in teenage conceptions should have reduced demand on some other services which would be required to support this vulnerable group of young mothers and their children. First time mothers aged under 20 years may be offered support from the Family Nurse Partnership (FNP) service, who provide intensive specific support from pregnancy through to the baby reaching the age of two years.

6.3.5 Horizon scanning

As shown above, the rates of teenage conceptions and births are higher among young women living in the more deprived areas in Buckinghamshire. The FNP service focuses provision on the basis of prioritised need, which includes the most deprived areas. This will assist in providing more responsive demand matched to where need arises.

Children and young people need age-appropriate ways of learning about relationships, risk and protecting themselves, so that they can make choices about
when they are ready to become sexually active and about sexual behaviour and contraception. Support and information should focus on promoting safe and consensual relationships and ensure that young people know when and how to access services including planning for a family and contraception. Information for young people must take into account the impact of social networking and online activity and the wide availability of information online.

6.3.6 User Views

Young people under 25 years in Buckinghamshire highlighted a number of issues for the provision of sexual health services and these can be viewed at https://www.youtube.com/watch?v=qIPfylTRpKU&feature=youtu.be://&safe=active

Source: Brook, Youth Parliament and Aylesbury College 2013

User views are also gathered on a regular basis by all sexual health services with the views of clients on current services very positive. It is a requirement that all services are kite marked you’re welcome or as young people friendly as part of the Department of Health quality standards.

The FNP programme works closely with clients with user views being gathered on a continuous basis and with representation on the advisory board. The views of clients of FNP are very positive:

“The support I’ve received has been excellent.”

“FNP - I’d be a bit lost without your help “

“wouldn’t be this much of a good mummy”

6.3.7 Conclusions

The associations between teenage parenthood and worse health and social outcomes for both mother and baby are well-recognised, and were the driver for national and local strategies aiming to reduce teenage pregnancy. Despite significant reductions in teenage pregnancies nationally, they remain higher in this country than in much of Western Europe. The rate of teenage conceptions in Buckinghamshire has fallen by almost a half between 1998 and 2014, and has remained significantly lower than the national and South East averages. More teenage conceptions end in abortion in Buckinghamshire than nationally. The rate of teenage conceptions is highest in Wycombe and lowest in Chiltern, and local maternity data show a clear relationship between socioeconomic deprivation and greater numbers of deliveries to teenage mothers.
There is a continuing need to ensure that young people have access to a comprehensive programme of age-appropriate relationships and sex education to help them acquire age-appropriate knowledge, understanding and skills including resilience and consent. In addition they need accessible, ‘young people friendly’ sexual and reproductive health services which provide advice, information and contraception. In particular, access to emergency hormonal contraception (EHC), the provision of condoms (to prevent sexually transmitted infections too) and long acting reversible methods of contraception should all help to reduce unplanned pregnancies and the demand for abortion services.

The provision of the Family Nurse Partnership programme here in Buckinghamshire ensures that the young first time mothers who enter the programme receive the continuous support through pregnancy and early motherhood to build self-efficacy so that both mother and baby thrive.

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References