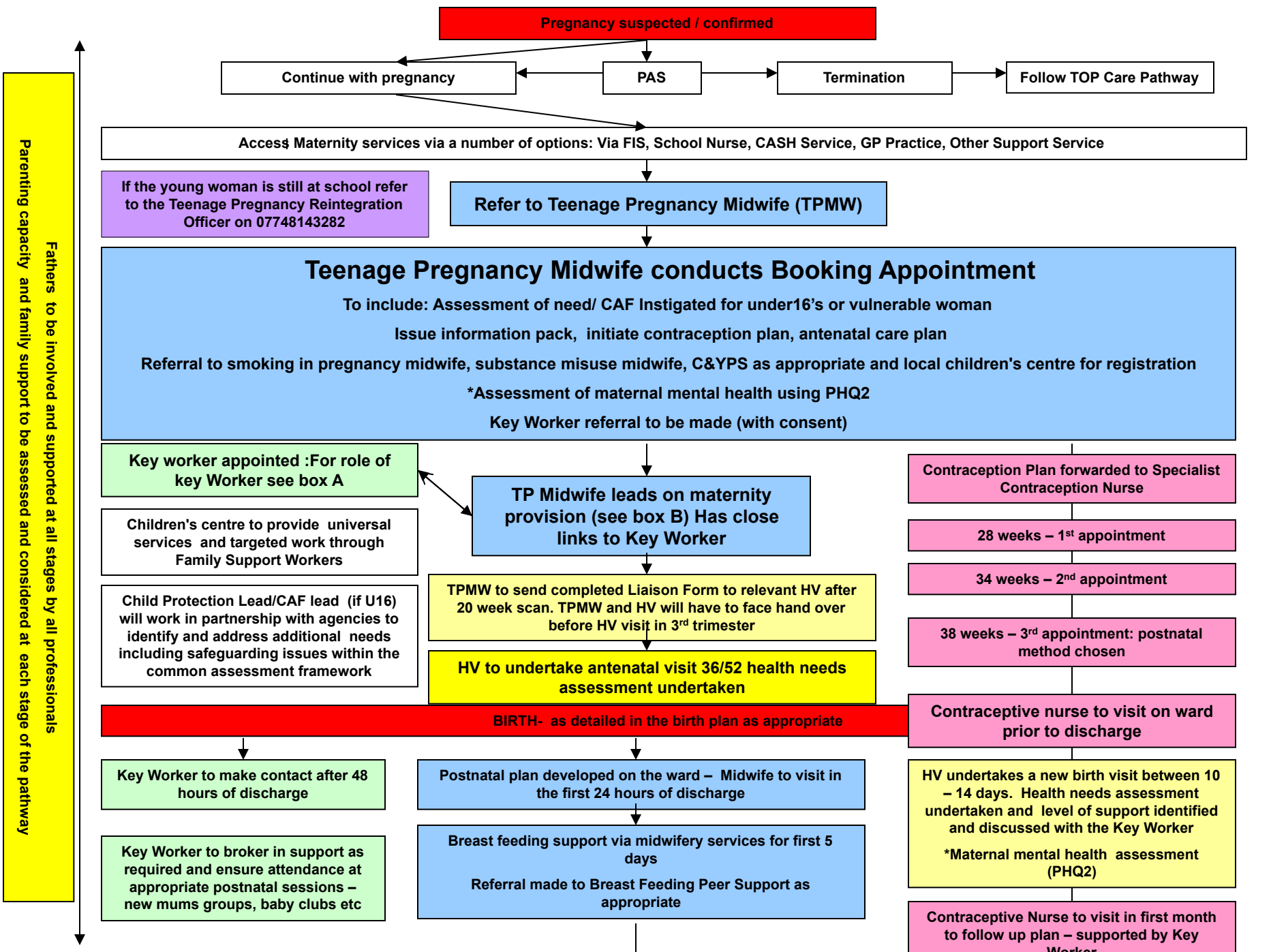


# Rotherham Teenage Pregnancy Strategy – Under 19s Teenage Pregnancy Pathway

- The Under 19s Teenage Pregnancy Pathway has been compiled to assist professionals and young women (under 19 years of age) understand the pregnancy process once a pregnancy has been confirmed.
- The Pathway outlines the roles and responsibilities that specific professionals are expected to deliver in the care of a pregnant young woman.
- The Pathway has the following aims:
  - ✓ Provide high impact, individualised antenatal care
  - ✓ Support young parents to move into Education, Employment or Training
  - ✓ Achieve the healthiest possible outcome for baby and family
  - ✓ Involve young fathers
  - ✓ Promote social inclusion
  - ✓ Reduce subsequent pregnancies
- This Pathway has been developed as a 'gold standard' of care and all efforts should be made to follow the Pathway as closely as possible. However, it is appreciated that in certain circumstances deviations in care may occur for a variety of reasons such as staff shortages, non-engagement by the young woman or departmentally led changes in procedures.
- The Under 19s Teenage Pregnancy Pathway works in conjunction with the Post Termination Care and Contraception Pathways as delivered through the Pregnancy Advisory Service (PAS) and Contraception & Sexual Health Service(CASH). These pathways can be referred to if a termination of pregnancy is the chosen outcome for the young woman and are available to view at.....



**Pregnancy suspected / confirmed**

Continue with pregnancy

PAS

Termination

Follow TOP Care Pathway

Access Maternity services via a number of options: Via FIS, School Nurse, CASH Service, GP Practice, Other Support Service

If the young woman is still at school refer to the Teenage Pregnancy Reintegration Officer on 07748143282

Refer to Teenage Pregnancy Midwife (TPMW)

**Teenage Pregnancy Midwife conducts Booking Appointment**

To include: Assessment of need/ CAF Instigated for under16's or vulnerable woman

Issue information pack, initiate contraception plan, antenatal care plan

Referral to smoking in pregnancy midwife, substance misuse midwife, C&YPS as appropriate and local children's centre for registration

\*Assessment of maternal mental health using PHQ2

Key Worker referral to be made (with consent)

Key worker appointed :For role of key Worker see box A

Children's centre to provide universal services and targeted work through Family Support Workers

Child Protection Lead/CAF lead (if U16) will work in partnership with agencies to identify and address additional needs including safeguarding issues within the common assessment framework

TP Midwife leads on maternity provision (see box B) Has close links to Key Worker

Contraception Plan forwarded to Specialist Contraception Nurse

28 weeks – 1<sup>st</sup> appointment

34 weeks – 2<sup>nd</sup> appointment

38 weeks – 3<sup>rd</sup> appointment: postnatal method chosen

TPMW to send completed Liaison Form to relevant HV after 20 week scan. TPMW and HV will have to face hand over before HV visit in 3<sup>rd</sup> trimester

HV to undertake antenatal visit 36/52 health needs assessment undertaken

Contraceptive nurse to visit on ward prior to discharge

**BIRTH- as detailed in the birth plan as appropriate**

Key Worker to make contact after 48 hours of discharge

Key Worker to broker in support as required and ensure attendance at appropriate postnatal sessions – new mums groups, baby clubs etc

Postnatal plan developed on the ward – Midwife to visit in the first 24 hours of discharge

Breast feeding support via midwifery services for first 5 days

Referral made to Breast Feeding Peer Support as appropriate

HV undertakes a new birth visit between 10 – 14 days. Health needs assessment undertaken and level of support identified and discussed with the Key Worker

\*Maternal mental health assessment (PHQ2)

Contraceptive Nurse to visit in first month to follow up plan – supported by Key Worker

Fathers to be involved and supported at all stages by all professionals  
Parenting capacity and family support to be assessed and considered at each stage of the pathway



Breast Feeding Peer Support provided as appropriate

Key Worker to visit once a week within the first month of delivery and then as the individual case dictates thereafter

Children's Centre to continue to provide universal services and targeted Support through the key worker- links to Key Worker

If breast feeding ceases Midwife or Health Visitor to contact the Contraception Nurse to ensure appropriate method of contraception is chosen and prescribed

HV team provides ongoing assessments and care to the child and family in line with the Child Health Promotion Programme

HV links with children's centre and signposts and refers to services as appropriate

**Box A: Areas to be covered by Key Worker**

- Engagement Period: Pre and Post natally
- The young woman will decide who her preferred Key Worker would be – e.g. Connexions PA or other appropriate professional.
- Key Worker involvement needs to occur as soon as possible after the referral is received. Termination of involvement is dependant on the level of support required after the birth, but for no less than one month post natally.

**Main Roles and Responsibilities**

- To ensure continuity of care
- To broker further support as required
- To ensure attendance at antenatal provision
- To support the young person to identify their needs and how they can be met
- To ensure that partners are included in the pathway
- To support healthy outcomes during pregnancy
- To provide ongoing support post natally including signposting to universal services
- Encourage access to contraception as per the contraception plan
- Support with Educational needs
- Housing and benefits support
- Maintain communication with the Midwife and / or Health Visitor

**Box B : Areas to be covered in Maternity Provision**

- Engagement Period: Ante natally
- Where possible, the TP Midwife will conduct the appointments, however, it is recognised that this may not always be feasible or appropriate for each young woman.
- Midwife will advise appointment intervals. Continuous assessment to monitor progress or pregnancy. Referral for medical consultation when necessary.

**•Main Roles and Responsibilities**

- Health and social needs assessment to be undertaken and referral to services as appropriate
- Refer to Key Worker (this may be a Midwife if appropriate)
- For mums living in designated areas, referral to the relevant Ante Natal/Post Natal Support Worker via the Health Visitor at 16 weeks gestation, plus referral to the Children Centre
- Development of ante natal care plan
- Ensure parent craft is undertaken
- Discussion on breastfeeding benefits to baby and mother
- Discussion of healthy lifestyles
- Discussion of choice of birth and options or pain relief
- Referral to Appropriate maternity care - (team around the mother)

**Box C: Areas to be covered by Health Visiting Provision**

- Engagement Period: ante natally & post natally

**Main Roles and Responsibilities**

- Act as an advocate for the young mother and promote access to supportive services
- Promote and support the continuation of breast feeding
- Promote the uptake of childhood immunisations and vaccinations
- Support the capacity for better parenting i.e. parenting skills, child health development, attachment, safeguarding, accident prevention
- Tackle key public health priorities identified within the family i.e. obesity, smoking, alcohol, drug misuse, domestic violence
- Deliver the Child Health Promotion Programme and promote optimum physical, emotional and social development within the family environment
- Identify deviations from expected milestones and ensure appropriate intervention or referral as appropriate
- Identify risk factors that indicate vulnerable children and families in need and involve partners in early intervention and prevention strategies
- Maintain communication with the Key Worker

# Abbreviations & Glossary of Terms

- TPMW – Teenage Pregnancy Midwife
  - HV - Health Visitor
  - PA – Personal Advisor
  - CAF – Common Assessment Framework
  - PAS – Pregnancy Advisory Service
  - FIS – Family Information Service
  - CASH – Contraception & Sexual Health Service
  - CYPD-Children and Young Peoples Department
  - \*PHQ2- Patient Health Questionnaire ( Currently under consideration as part of the Maternal Mental Health Care Pathway)
  - C&YPS- Children and Young Peoples Services
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- Coloured key code needed.