

Best Practice Guidelines for Supporting Pregnant Teenagers and Their Partners

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Date	Author	Change
18/06/24	Hazel Inglis	Expert peer group reviewed. National policies and guidance updated with references.
21/05/2025	Hazel Inglis	Updated links and references to incorporate latest guidance on Child Protection and Women, Pregnancy and Additional Support. Included ICON message into the schedule of care.

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1. Scope of the guidelines

The aim of this guidance is to provide practitioners who work primarily within maternity and public health nursing services with a guide to best practice when delivering care to pregnant teenagers. However, they will also be useful for all providers of services to young people. They have been developed to enable practitioners to support the delivery of evidence based high quality care that will support a young person's journey through pregnancy and the early months with their baby.

These guidelines will be useful for practitioners when undertaking assessment for this client group within a health and social context, assisting in identifying any unmet needs and additional support required. They refer to national and local policy and other guidance that supports best practice when working with young people in Highland. The guidance follows the principles and practice of the [Getting it Right for Every Child and Young Person in Highland: Interagency Practice Guidance & Child Protection Procedures](#) (HCPC 2024) and the National Guidance for Child Protection in Scotland (Scot Gov 2023) aim to ensure outcomes focused and strengths-based approach, delivered in an integrated way to promote a person centered, safe and effective service.

For those young women who are undecided about continuing with their pregnancy, should be provided with objective and non-judgmental information. In addition, they should be supported to be able to make an informed choice regarding how they proceed with their pregnancy. There needs to be confidential, objective, and compassionate discussion regarding choices, guided by what the young woman understands is right for them and with a person who they feel can help and is non-judgmental. This may be a parent, carer, teacher, or youth worker but if not, young women should be advised to speak to their local services such as their GP/Practice Nurse, Midwife, School Nurse or Sexual Health Services to ensure they get an early response and the appropriate support and care they require.

2. Introduction

Policies to reduce teenage pregnancy have been at the forefront of political agendas for many years due to evidence that links teenage pregnancy with social and economic deprivation. Although teenage parents will belong to all social groups, they are disproportionately more likely to have a history of disadvantage and social exclusion (Scot Gov 2016, Public Health Scotland 2022).

Whilst some teenagers will have a positive experience of pregnancy and parenthood requiring little additional support, many will have unmet needs due to health and social inequalities. The 2019 Scottish Health Survey was the first time ACEs questions were included in a population-based study in Scotland found that 15% those who had experienced more than 4 adverse childhood experiences, were more likely to have had or caused unintended teenage pregnancy (Scot Gov 2020).

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The impact that health inequalities can have on young parents can result in poorer outcomes for them and their children. This can be seen in reduced employment prospects due to an unfinished education or lack of access to training for them that considers their childcare needs. It can also mean reduced access to affordable housing due to low income or scarcity of adequate suitable properties for young families.

An inability to access health and other services due to inflexible service provision or young women feeling uncomfortable about using services which they perceive are for older women is also an important factor in increasing vulnerability.

Although pregnant women are generally viewed as a healthy group, young childbearing women are more likely to be socio-economically deprived than the general Scottish population (Scottish Government 2016, Public Health Scotland 2022). Socio-economic disadvantage features highly in obstetric mortality and morbidity reports where teenage mothers also appear as an at-risk group (MBRRACE 2023). However, early access to appropriate antenatal care and on-going support can help to alleviate health inequalities and social exclusion and this includes how we manage services for teenage parents. Maternity services will need to ensure a focus on partnership working with FNs/ Health Visitors (HV), GPs, and other services in the Highland Council and third sector to ensure robust assessment for early support and intervention.

School nurses have an important role to play in supporting young pregnant women to continue their education and remain in school. They facilitate joint working with youth workers in schools and with third sector partners in order to improve access to antenatal services for young women of school age and on-going support for them and their partner once the baby is born. What is extremely important for practitioners to consider is the high proportion of teenage mothers who become pregnant again early in the postnatal period. Contraception must be viewed as an important part of their care which should be discussed in the antenatal period and form part of their postnatal plan.

3. Background

The teenage pregnancy rate in Scotland is at its lowest level since reporting began as rates fell for a fourteenth consecutive year to 23.2 per 1,000 women in 2021 (equivalent to 3,221 teenage pregnancies).

- Teenage pregnancy rates in Scotland vary by region. In 2020 NHS Highland recorded the lowest overall rate amongst the mainland NHS Boards while NHS Fife recorded the highest (16.7 and 32.2 per 1,000 women respectively).
- In 2021 more than half (53%) of teenage pregnancies in Scotland ended in termination rather than delivery. However, there is variation in the proportions of pregnancy outcomes across NHS Boards.
- While teenage pregnancy rates have reduced across all levels of deprivation in the last decade, they have fallen more rapidly in the most deprived areas which has narrowed the absolute gap between the most and least deprived areas.
- In 2021, those living in the areas of highest deprivation still had teenage pregnancy rates four times higher than those in the least deprived (44.3 compared to 9.9 per 1,000 women).

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- Teenage women from the most deprived areas are more likely to deliver than to terminate their pregnancy. In contrast, those from the least deprived areas are more likely to terminate their pregnancy.

(Public health Scotland 2022)

4. Teenage pregnancy and health inequalities

It is important that all practitioners who have contact with teenagers understand what may increase the likelihood of pregnancy in those aged 18 years and under to assist with early intervention support and prevention. Many of these are linked to inequalities.

Factors for under 18 years conceptions may include:

- Poor contraceptive use and early first sexual experience.
- Alcohol and substance misuse.
- Poor mental health.
- Looked after child or accommodated children (living in care or previously in care).
- Disengagement from and dislike of school.
- Low educational attainment.
- Involvement in crime.
- Repeat abortions and pregnancy.
- Low parental aspirations for the teenager.
- Being the daughter of a teenage mother.

The impact of teenage pregnancy has both short- and long-term health and social consequences that may affect not only the teenage mother herself, but also her baby and her partner. Many fathers of babies born to teenage mothers are aged less than 25 years themselves, with a quarter being aged under 20 years. A young father's behaviour and attitudes will have a strong influence on the health of the young mother and their baby.

Teenage mothers are:

- More likely to smoke throughout pregnancy than older mums.
- Less likely to breastfeed than older mums.
- More likely to have a poor diet.
- Three times more likely to develop postnatal depression.
- 40 % of young mothers likely to be affected by perinatal mood disorders.
- At risk of repeated unplanned pregnancies.
- More likely to be living in poverty.
- Less likely to have qualifications.

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Babies of teenage mothers are:

- More likely to be born prematurely.
- 25% more likely to be born of low birth weight than older mothers.
- At risk of 60% higher infant mortality rates than babies of mothers aged 20-39.
- Twice as likely to be admitted to hospital with gastroenteritis or as the result of an accident.
- More likely to experience conduct, emotional and hyperactivity problems.

Babies of teenage fathers are:

- At increased risk of premature birth, low birth weight and neonatal death independently of the mother's age.

Young fathers are more likely than older fathers and other young men to:

- Have been subjected to violent forms of punishment at home.
- Twice as likely to have been sexually abused.
- Have pre-existing serious anxiety, depression, and conduct disorders.
- Drink alcohol, smoke, and misuse other substances.
- Have poor health and nutrition.
- Be unemployed and have lower qualifications.

(Scot Gov 2016, Public Health Scotland 2022, DoH 2015)

5. Promoting early access to antenatal care

When a young woman becomes pregnant, the first person she may discuss this with will vary depending on her individual situation and circumstances. She may tell a parent, but it may be another adult she feels comfortable with such as her guidance teacher or a youth worker at a local club or voluntary organisation, GP, school nurse or it may be through other agencies such as Brook or Highland Sexual Health.

Wherever that first contact takes place it is important that the young woman is guided to make early contact with the correct service to enable her to be supported through her choices. A teenager who has made the decision to continue with her pregnancy should be encouraged to contact the local named midwife either directly or through her GP as early as possible to facilitate a booking appointment.

- Early access to antenatal care will ensure that the young woman is then able to benefit from the range of services available to her including screening and surveillance. This will then ensure that she is offered the same advice, choices, and standards of care as women in other age groups and referral to FNP.
- Late booking does not exclude access to FNP services. In these instances, contact **FNP 01463 644470**.

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- Young parents are less likely than older parents to access maternity care early on (average gestation at booking is 16 weeks) and are less likely to keep appointments. They can feel discouraged from accessing services due to a range of factors including unfamiliarity with care services, Practical problems making attendance at antenatal services challenging, difficulties communicating with healthcare staff and anxieties about the attitudes of healthcare staff. Young fathers specifically may not attend due to not knowing about maternity services or thinking they are only for mothers, fear of being judged, ignored, or not taken seriously by health professionals, feel embarrassed about their knowledge or feel like they will be blamed for the pregnancy (especially if under 16)
- As evidenced by the impact that teenage pregnancy can have on outcomes for a mother and her baby, some young pregnant women may require an enhanced care package tailored to her specific needs. Early assessment, support, and intervention for those most in need should be a priority to ensure effective maternity care in order to alleviate any potential inequalities.
- If a young woman is still at school, it will usually be the guidance teacher who is the named person for her. The school nurse will hold the universal school health record for the young woman and will be the direct point of access to health services for her, including facilitating engagement with maternity services.

(Scottish Government 2016)

5.1 Assessment of risks and needs

- Confidential and compassionate discussion should take place at the pregnancy booking appointment. Antenatal booking history must include an assessment of home circumstances, support available, the father's details including his age and any previous risk factors for his health and wellbeing. This will determine the correct pathway of care that the young woman should be allocated to, and it is important that these details are assessed at each contact as risk is dynamic and can change through pregnancy. It's important to support young parents to understand that all women are asked these questions, as they may be anxious about judgmental attitudes in relation to their age and pregnancy.
- The electronic record (Badgernet) used by maternity prompts the midwife to enquire about home circumstances and other health and social issues that may impact on the young woman's health and wellbeing. Ensure that the young woman has a smart phone/device in which to access her maternity record.
- Early access to antenatal care is particularly important for women who may be disadvantaged, and assessment of risk and need will be based on the Pathways for Maternity Care (NHS QIS 2009) which were developed to facilitate risk assessment and promote evidence-based care.
- A Pathway of Care for Vulnerable Families: Conception – 3 years insert for the Pathways for Maternity Care offers practitioners examples of criteria used in maternity

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services for identifying some of the most vulnerable women and should be used to assist with assessment (Scot Gov 2011)

- The wellbeing assessment should be carried out at 16 weeks and HPI allocation (NHS Highland & Highland Council 2019)

5.2 Family Nurse Partnership

Family Nurse Partnership (FNP) is a universal programme for young first-time mothers up to 20, and up to 25 for care-experienced young women in Scotland. The programme is delivered from early pregnancy until the child reaches two years old, recognising the important 'window of opportunity' and capacity to influence child development during early key life stages. It is a highly intensive, complex clinical intervention, with the purpose of achieving three core outcomes:

- To improve pregnancy and birth outcomes, through improved prenatal health behaviours
- To improve child health and development, through positive, responsive caregiving
- To improve the economic stability of the family, through developing their vision and realising their plans for the future.

The focus of FNP on the mother and child, and the wider relationships and environments in which they live, means it maps well onto the Scottish children and young people policy context. Key policy drivers that are embedded in FNP include:

- Getting it Right for Every Child (GIRFEC)
- Pregnancy and Parenthood in Young People Strategy (PPYP)
- Tackling Child Poverty Delivery Plan
- The Promise
- Trauma informed.
- United Nations Convention on the Rights of the Child (UNCRC)

(Scot Gov 2022)

Community Midwives should inform young women 20 years old and under (25 years old if care experienced) at booking, that the FNP programme is a universal service that they are entitled to receive. **(See Appendix 1- Referral Pathway for Family Nurse Partnership Services)**

They should inform the young woman that a family nurse will aim to contact them to speak about the programme at around 14 weeks (after their dating scan) and before 16+6 weeks, to give them the opportunity to opt-in or out.

The Community Midwife should complete a referral to FNP on Badgernet. It is not the role of the community midwife to recruit to the FNP programme.

For areas across Highland that do not have access to FNP there is additional support available to young women through Community Early Years Workers or other Third Sector Partners who support young people

The FNP Team can be contacted on **01463 644470**.

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6. Principles of best practice

The guiding principles of best practice are grounded in a trauma informed approach which aims to build a trusting relationship based on choice and collaboration giving a sense of control and safety for the young woman and partner.

6.1 Engaging with young people

The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland (Scottish Government 2017) sets out the importance of continuity of carer for young people using maternity services. Younger women are more likely to report not feeling listened to, ensure that enough time is given to promote effective communication at appointments is crucial.

The most effective way for practitioners to engage with teenagers is using a strengths-based approach that recognises a person's ability to take control of their life. This can sometimes be difficult for young people to feel confident about their decisions particularly if they have low self-esteem.

Building self-esteem through a process that enables them to take action to improve their health and wellbeing, a process of empowerment, can place the power firmly with them. Too often control and decision making may be taken away from young people, particularly those who are more vulnerable, which makes them disengage from school or services and leads to risk taking behaviour.

Within the school curriculum it is recommended that Relationships, Sexual Health and Parenthood (RSHP) education should be wide ranging and cover a broad range of sexual health issues. This should include delaying first sexual experience and a reduction in the number of sexual partners. Techniques that include motivational interviewing and behaviour change are most effective and should also be used by other professionals working with young people to enable them to develop a sense of control over the decisions and choices they make (Scottish Government 2023)

The use of programmes such as the SHARE (Sexual Health and Relationship Education) delivered in schools across Highland, by teachers, school nurses, youth workers and others should provide an evidence base to facilitate these discussions. Useful resources for teaching are being developed by a partnership of NHS Boards, Local Authorities, Education Scotland, Scottish Government and Third Sector agencies available at Relationships, Sexual Health and Parenthood www.rshp.scot However, the content and delivery of programmes may vary widely from school to school.

Maternity services will provide individualised care to each young woman based on assessment of her risk and need using the principles of the [Getting it Right for Every Child and Young Person in Highland: Interagency Practice Guidance & Child Protection Procedures](#) (HCPC 2024) and [Women, Pregnancy and Additional Support](#) (2025). The use of a Child's Plan / Antenatal Plan dependent on age and circumstances will be completed where additional needs have been identified to

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ensure a full assessment. This Plan should be completed with the young person and detail what the issues are for the young person, the impact they are likely to have on their wellbeing, any solutions there may be and what actions are required to ensure the best outcomes.

Where there are no dedicated maternity services for pregnant teenagers in Highland and their care is provided through the named community midwife for their caseload in the area of practice. Where specialist support through dedicated midwifery posts, clinics and classes are not available the following principles for best practice are recommended.

6.2 An environment that is welcoming to young women and young men

Pregnant teenagers and young fathers are often self-conscious about using services where most people are older. They are often sensitive to the possibility of encountering criticism when using maternity services and creating a welcoming environment could help to alleviate their concerns. This could include:

- Displaying posters of positive images of young mothers and fathers.
- Providing appropriate reading material.
- As far as possible staff not wearing uniforms.
- Not asking potentially sensitive questions in an area that might be overheard.

Tip from a teenage pregnancy midwife

“Reflect on and be continually aware of prejudices/strong feelings you have regarding teenage pregnancy. Keep prejudices or biases you may have against teenagers choosing to become parents to yourself! Treat young pregnant women in the same way as you would a woman of any age”.

6.3 Accessible services

Pregnant teenagers and their partners often do not have their own transport and public transport may be unavailable or unaffordable. Flexibility should be adopted when arranging the time and location of appointments.

Solutions to address these issues could include:

- Locating antenatal appointments in less stigmatising venues used by young people.
- Ensuring they are aware of how to reimburse their fares to and from hospital if eligible.
- Taking account of school/college or working hours.
- Encouraging them to keep in touch with services by mobile phone or text messaging if preferable.

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- Checking the young person's contact details at each appointment as these often change
- Asking for a landline number of a trusted relative or friend who could be a point of contact.

6.4 Confidentiality and child protection

Under the terms of the Human Rights Act (1998), young people under 16 years of age are entitled to confidentiality. The UN Convention on the Rights of the Child both make clear that young people have exactly the same entitlement to confidentiality as adults (HUSP 2022). However, where there are concerns about risks to the young person's health, safety, or welfare they may outweigh the young person's right to confidentiality. In these cases, the primary objective must be to safeguard the young person or/and their unborn child and Child Protection Procedures should be followed (HCPC 2020).

The United Nations Convention on the Rights of the Child (UNCRC (Incorporation) (Scotland) Bill 2024) comes into force in July 2024. [The Seven Golden Rules for Participation](#) was designed by the Children's and Young People's Commissioner Scotland. They are designed to help anyone working with and for children and young people to support them to understand, experience and exercise their participation rights. They are informed by the UNCRC General Comment on Right to be Heard (Article 12)

The early identification of factors which may place an infant at risk, during pregnancy and/or the postnatal period is crucial for a proactive prevention strategy for the protection of vulnerable children. Ensuring that vulnerable families get the right help at the right time and early provision of safe, effective family centred care will ensure best outcomes for children. Working with families can be enhanced by taking a Trauma Informed approach by building trusting relationships based on choice and collaboration empowering families with a sense of control and safety. [Women, Pregnancy and Additional Support \(2025\)](#) enables a standardised, timely and proportionate care is received by all young people. (NHS Highland/Highland Council 2025)

Midwives should explain to the young person that they will always act in their best interests. If practitioners are unclear about aspects of confidentiality or escalating concern, they should seek specialist advice and guidance from the Child Protection Advisor **01463 705828** or/ childprotectionadvice@highland.gov.uk

Further clarity around issues of consent or confidentiality can be found in the local multi-agency **Highland Underage Sex Protocol** which can be located at www.husp.org.uk

6.5 Young people are treated with respect.

Many young people who become parents may have low self-esteem and are disproportionately more likely to have experienced poor relationships with adults in positions of authority (teachers, social workers, probation officers) or to have had experienced some form of abuse. Therefore, many expect to be treated badly by

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maternity staff. Furthermore, they may appear reluctant to engage and may also be sensitive to language that suggests disapproval or disrespect.

Attitudes of staff to pregnant teenagers will impact greatly on their experiences and views of services however, when practitioners treat young people with respect and value their opinions, they respond positively, and their self-confidence can grow.

This can be achieved by using a trauma informed approach. Being 'trauma-informed' means being able to recognise when someone may be affected by adversity and trauma, and collaboratively adjusting ways of working to respond in ways that supports recovery, does no harm, and recognises and supports people's resilience.

- Ensuring young women and men are given welcoming, friendly, non-judgmental and open responses through their contacts with staff.
- Explaining the role and function of practitioners and services.
- Ensuring eye contact and open body language is particularly important – even if eye contact is not at first returned, discussions should occur facing them directly.
- Asking general 'open' questions and really listening to the answers before moving onto detailed history taking.
- Taking time to build a relationship is important before tackling subjects such as healthy eating or breastfeeding.
- Offering practical support and advice (e.g., housing, financial) which is important to them and will help to gain their trust.
- Demonstrating an understanding of their individual circumstances when discussing health advice, for example access to cooking facilities or food choices if on a low income.
- Including family members such as parents in discussions if they are present but ensuring the focus of discussion is with the young person.
- Ensuring every young woman, as with any other woman is given the opportunity to be seen alone to discuss sensitive issues such as domestic abuse or contraception.
- Being careful not to use a patronising tone or language.

Tip from a teenage pregnancy midwife

“Always keep in mind that teenagers are not yet adult. Challenge the opinion of any professionals who feel that these youngsters have chosen parenthood and must therefore ‘grow up’. Point out that they can’t – they will need to adapt and learn to become parents but will still exhibit normal adolescent behaviours. These may include a chaotic lifestyle, anxieties about body image and function, mood swings and child-like behaviour when under stress. Risk taking behaviour is part of the developmental stage they are in”

6.6 An empowering approach

Young people who become parents will often have little belief in their own capacity to make choices about their lives. However, pregnancy and the journey into parenthood provides many opportunities for them to do this thereby helping them to develop a sense of their own ability.

This could be supported by:

- Explaining choices and demonstrating that you respect their capacity to make the right decisions for themselves.
- Showing that you believe they can develop the skills to become an effective parent.
- If possible, offer parenting education specifically aimed at young people, not with older parents. They are more likely to attend and contribute to discussions.
- Reassuring them that everyone no matter what their age, women can feel overwhelmed at the prospect of parenthood and that there is often a mixture of emotions.
- Treating each young person as an individual and not making stereotyped assumptions about the choices a young person is 'likely' to make, for example not wanting to attend antenatal education or breastfeed or young fathers not wanting to be involved.

Tip from a teenage pregnancy midwife

"I address both parents-to-be at visits, slowly building a relationship with both. I offer the dad-to-be my mobile number as well as the young woman, in case he has some concerns or questions of his own. I think this helps him feel valued and as important ..."

6.7 Accessible information

Young women who become pregnant often have unmet information needs and some feel too shy or embarrassed to ask health professionals questions, particularly when they are seen to be busy. Some young people may have poor literacy skills or a dislike of materials that have too much written text in them.

- Offering information in different formats such as DVDs, pictures, materials depicting young parents.
- Using visual aids

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- Keeping information about birth factual but short, light, and fun – do not scare them, they will be scared enough!
- Ensuring contraceptive choices are discussed and understood.
- Making it clear that you welcome any questions they have, emphasising that everyone has questions no matter their age.
- Checking that the young woman and her partner have understood what you have said.
- Explaining how they can contact services between appointments if there are any questions or concerns.
- Remembering that young men are likely to be even less informed about pregnancy and birth and that they will have differing perspectives.
- There are easy read resources and alternative formats available on the Highland Information Trail available on [Highland Child Protection Committee Website](#)
- There are resources detailed in **Appendix 2**

6.8 Involving young fathers in maternity care

Involving fathers in maternity care is seen as crucial in terms of improving family support. Ensuring they are involved in antenatal care and parent education classes as early as possible will help to alleviate some of the anxieties they may have about pregnancy and becoming a father (RCM 2018). There is also evidence that early involvement prior to the birth has a positive impact on the future relationship of the father and child.

It is important to recognise that young fathers may often require further help and support with adapting to becoming a parent. They may have additional worries surrounding benefits, employment, and housing.

Involving young fathers could include:

- When considering support to young women about health issues such as smoking or alcohol/drug use, the success of implementing behaviour change will increase greatly if the young father is given information and access to services such as smoking cessation or alcohol interventions with the young woman.
- Including a father in discussions about breastfeeding or postnatal depression means that he may also help to support a young woman if things get tough.
- Make a young father feel welcome, greet him by name, offer him a chair, involve him in discussions.
- Try to ensure a couple of appointments or visits are arranged for when he can be there.
- Encourage the young father to use relaxation and massage techniques to help his partner in labour if this is what she wants.
- Ensuring a father is involved in discussions about contraception and planning for the future family.
- Assessing the whole family unit - mother, father and baby's health and wellbeing needs are important to ensure effective support is provided.

(Scot Gov 2016, RCM 2018)

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7. Additional support

The universal pathway of care for all women having their first baby includes a schedule based on a minimum 10 contacts with a midwife (or GP/obstetrician) during pregnancy. Teenage pregnancy is not an indicator that a young woman will require additional contact as her pregnancy may be planned and/or she may live in a supportive, stable family environment.

However, as previously described, she may be subject to the risk factors associated with teenage pregnancy, parenthood, and potential health inequalities. This will require her to be on a **RED Pathway** and additional contact throughout pregnancy may be required.

Risk factors include:

- Being under 18 years
- Previous child protection issues
- Homelessness
- Alcohol or drug misuse
- History of being a young offender or partner involved in criminal justice system.
- Significant history or current mental health issues
- Concealed pregnancy
- Domestic abuse or gender-based violence including involvement in the sex trade industry- sex trafficking/sexual exploitation.
- Learning disability
- Leaving or remaining in looked after services (16 or over)
- Care experienced (25 years and under)

These young women will have an **additional HPI** and require an integrated approach to ensure all their needs are met through a range of partners to ensure the best outcomes for the young parent and their babies/children. Therefore, an **antenatal planning meeting** should be convened at the earlier opportunity following completion of the wellbeing assessment at 16 weeks gestation and certainly before 24 weeks gestation.

Antenatal Planning meetings are a crucial part of ensuring a thorough assessment of need is carried out in a timely manner to allow planning of additional care and support required by some families. Child protection procedures must be considered and may need to be put in place for the young woman and her unborn baby as early as possible. Young women with multiple social complexities may have many professionals involved and will require more in-depth meetings whereas some young women requiring minimal additional support may just have the Midwife and Health Visitor/Family Nurse in attendance.

Additional support may include:

- Preparation for parenting, promoting attachment, baby, and childcare.
- Budgeting, finance, housing advice
- Working with educational or training services that support young women
- Health improvement advice including diet, smoking cessation services, alcohol and drug use, breastfeeding peer support, contraception.

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A Child's Plan may already be in place if the young woman is aged under 18 years and there are additional needs.

Young people who may have a Child's Plan will include those who:

- are Looked After Children
- are on the Child Protection register.
- with significant additional support needs
- with complex health needs
- are in crisis and require support from agencies.

If this is the case, it is important that the named midwife is included as a partner to the Child's Plan and that the Lead Professional is mindful of the importance of close liaison with maternity services.

If a young woman is over 18 years and there are previous child protection issues or factors such as domestic abuse, homelessness, drug and alcohol misuse or anything that would make her vulnerable then a Child's Plan would be required, with an identified Lead Professional to co-ordinate her care.

If early intervention for additional support is required, then an Antenatal Plan must be completed. Advice and guidance should be sought from the Child Protection Advisors Service (**01463 705828** or email childprotectionadvice@highland.gov.uk) and the practitioner's Team Leader/Manager to help inform decisions. The baby may require a separate Child's Plan following birth.

For immediate concerns about a young person out-with normal business hours, you should contact Emergency Social Work Services on **08081753646**

If the young woman is enrolled on the FNP programme, then the named midwife will be working closely with the FNP nurse to co-ordinate care.

If, however, the young woman declines FNP, the named midwife must ensure good communication and information sharing with the HV and consider a joint visit. This will help the young woman to develop a relationship with the HV who will be continuing to support her following discharge from midwifery care. It is important to foster this relationship as early as possible to ensure a smooth transition of care from one service to another. The assessments made by midwives and facilitated through joint care planning with the HV will also assist with the early allocation of the Health Plan Indicator (HPI) for

Unless there is evidence of partnership working there is the potential for teenage parents to become further disadvantaged due to already present risk factors which can exacerbate inequalities and prevent or delay access to available services.

8. Conclusion

It would be wrong to think that all teenage pregnancies are unwanted or unplanned and

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this should be remembered when providing services to young parents who must be completely involved in the choices and decisions that they will need to make. However, there is growing evidence to support the need to provide young parents with services that meet their specific requirements to ensure that they and their children get the best start in life. This includes ensuring pregnancy spacing and contraception is seen as a priority.

To date there has been little research into the needs of pregnant teenagers when accessing services however what is known is that the following factors are important:

- The attitudes of staff will affect the perception of the quality of service delivered.
- An awareness of teenagers' diverse health and social needs.
- The importance of understanding the nature of being an adolescent.
- The impact of psychosocial and environmental factors on health and wellbeing.
- The impact that midwives and universal services can make in influencing the experiences and journey that a young person, partner and family take through pregnancy and early parenthood.
- Assessment should not be based on age alone but must recognise that younger mothers require a different response.
- Service delivery can be a challenge, particularly in remote and rural areas where innovative partnerships can make a difference.
- Postnatal depression is more prevalent in teenagers but is not always recognised.
- Integrated working can address early support and intervention for young parents.
- There is an opportunity to influence future pregnancy planning by addressing a teenager's sense of worth and self-efficacy by motivating them to take control of their sexual health and contraception.
- Developing partnership working particularly with schools to ensure that not only is their education and training needs met but also that they are included and involved in these discussions and choices.
- Raising awareness of the implications of being a teenage mother and the potential adverse outcomes which can be lessened through early support.

Where young parents are provided with support to develop the skills to become a confident parent, they can begin that journey feeling more empowered to make informed choices about the future.

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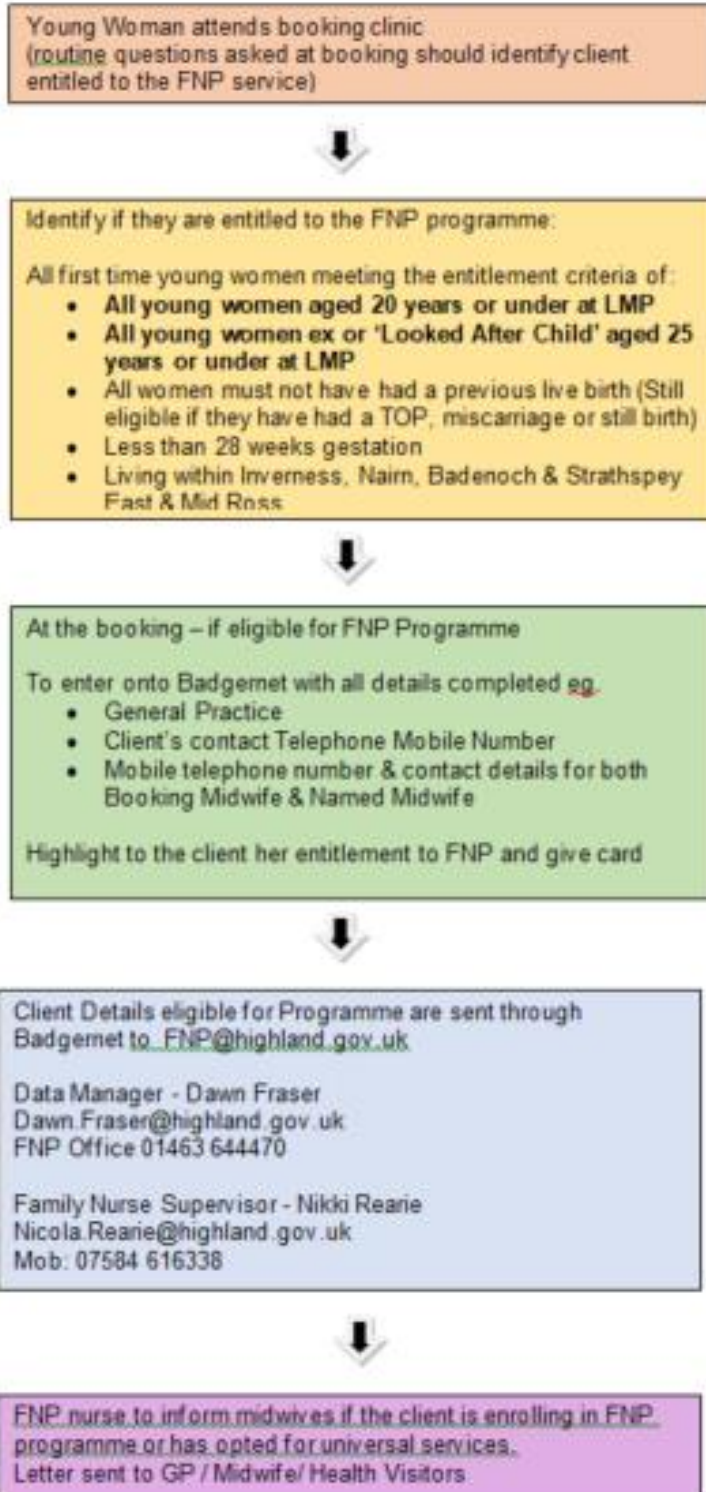
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Appendix 1

Referral Pathway to the Family Nurse Partnership Service

Recruiting first time, young women early on in pregnancy and securing their on-going engagement is the greatest challenge of the programme.

The diagram below sets out the simple route to accessing the FNP programme



Family Nurse Partnership – Client Midwife Card



Card to be given to FNP eligible clients following the referral pathway, these will soon become available at midwifery bases.

These cards can be ordered from Highland Information Resource Service

[HPAC \(durham.gov.uk\)](http://durham.gov.uk)

Appendix 2

Resources

Resources available free for young parents which are written in an accessible style and appeal to young people include:

Highland Information Trail

Highland Council [Highland Information Trail](#) NHS Highland [Highland Information Trail \(Nov 2023\).pdf \(scot.nhs.uk\)](#)

Tommy's, the young woman's guide to pregnancy is no longer available from the baby charity: however they have other offer information resources covering a range of topics in various formats such as film clips, downloads and apps.

<https://www.tommys.org/pregnancy>

Young Scot a website resource with real life information and advice including relationships, health & wellbeing, benefits, and housing [Youth Voice – Young Scot](#)

Baby Buddy App is an award-winning free app available to download on mobile devices <https://www.bestbeginnings.org.uk/baby-buddy>

The Baby Buddy app contains over 300 short films covering a wide range of pregnancy, birth and postnatal topics including self-care, mental health, maternity care, rights at work, birth choices, pain relief, baby care, understanding your baby, feeding, and prematurity.

Little Lullaby – “the place for young parents” from Lullaby Trust. Blog posts, safe sleeping advice, online chat.

<https://littlulaby.org.uk/>

The Spark – Provides relationship counseling and a free helpline is open Tuesday Wednesday and Thursday: 11am – 2pm

www.thespark.org.uk

NHS Choices – “Teenage pregnancy support” – clear explanation of education rights and choices <https://www.nhs.uk/conditions/pregnancy-and-baby/teenager-pregnant/>

The Mix – “essential support for under 25s” covering sex and relationships, body, mental health, housing, money, work, study and more. Online group chat, online and phone (0808 808 4994) 1:1 support. <http://www.themix.org.uk/>

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Family Lives - Where can young parents go for support? Signposting and confidential helpline (0808 800 2222)

<https://www.familylives.org.uk/advice/your-family/parenting/where-can-young-parents-go-for-support/>

Netmums Young parents support – online forum

www.netmums.com Search for young parents

Gingerbread – Advice for young single parents – work, education, benefits

<https://www.gingerbread.org.uk/information/young-single-parents/>

Useful websites for Fathers

Young father? Or about to become one? Available from Working with Men

www.workingwithmen.org

The Fathers Institute has hand-outs for young dads in their *Invisible Fathers* Resource pack www.fatherhoodinstitute.org

Fathers Network Scotland Provides information, signposting & support [Fathers Network Scotland – building a father-friendly world](#)

Dads Rock Support for Dads during pregnancy and when their baby is born. [Dads Rock](#)

Dads net – online forum www.dadsnet.net

DADPAD- [DadPad](#) | [DadPad app](#) | [Essential guide for new dads \(thedadpad.co.uk\)](#)

Appendix 3

Useful Contacts

Inverness Teen Clinic (Sexual Health)

Zone 14, Raigmore Hospital,
Inverness. IV2 3UJ Tel: 01463
888300

- Monday: 4:30pm – 7:30pm
- Thursday: 4:30pm – 7:30pm
- Friday: 1.00pm - 3.00pm

Clinics run throughout Highland **Home: Highland Sexual Health**
Training and advice are available for all staff to access.

Social Gynaecology Service phone **01463 705 667**

Highland Council Welfare Support Team

Provides advice about benefits and other entitlements that are available.
The Welfare Support Team can be contacted on **0800 090 1004** or email
welfare.support@highland.gov.uk

Contact details of local CAB offices can also be found [here](#)

Staff working in Argyll & Bute can access locality information from:
<http://www.argyll-bute.gov.uk/social-care-and-health/welfare-rights>

Housing

The Highland Council has a legal duty to help homeless people and is committed to preventing people becoming homeless.

Homelessness Team

Telephone: 01349 886602

Evenings or weekends 01349 886691

Email: homeless.prevention@highland.gov.uk

In emergencies, outside office hours, the Housing Emergency Line - 0845 700
2005

https://www.highland.gov.uk/info/997/housing_advice/245/homelessness

Jobcentre plus

River House, Young Street, Inverness, IV3 5BP

Job Centre Number: 0800 055 6688 Text phone: 0800 023 4888

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CalmanTrust

Calman offer a range of services to young people aged 16-25 from housing support to cooking and nutrition to enable develop their potential www.calman.org

Other websites

[The National Teenage
Pregnancy Midwifery Network |
Best Beginnings](#)

[Believe in children | Children's
charity | Barnardo's
\(barnardos.org.uk\)](#)

	Appendix 4 Midwives Quick Reference Guide ➤ First impressions count- be warm, welcoming and non-judgmental. ➤ Establish whether young person has a device and access to wifi/data to enable them to download the Badgernotes app. ➤ Take a Trauma informed approach of building a trusting relationship based on choice and collaboration giving a sense of control and safety for the young woman and partner. ➤ Allow additional time to explore any worries or concerns they may have. ➤ Establish early where she prefers to meet and chosen method of communication. ➤ Highlight the importance of informing services of any change in their contact details or difficulty attending appointments. ➤ Clarity for professionals can be found Highland Underage Sex Protocol: see www.husp.org.uk ➤ Dispense Folic acid/Healthy start vitamins at this time and promote use. ➤ Inform about entitlement for claiming back travel expenses. ➤ If required, Easy Read resources are available on The Highland Information Trail Highland Information Trail (Nov 2023).pdf (scot.nhs.uk) ➤
Booking appointment	➤ Spend time gaining trust, introduce self, explain role, and explore any anxieties around confidentiality, relationships, finances, housing. Allow additional time for appointments. ➤ Discuss vaccines in pregnancy, booking bloods and screening for Downs, Edwards and Patau's Syndrome- ➤ Offer hard copy of Ready Steady Baby Book ➤ Take Motivational interview approach when discussing any health behaviour changes ➤ Aim for continuity of carer. ➤ Consider scheduling extra and longer appointments, offer flexibility in time and place of appointments. ➤ Ensure they know how to contact maternity services out with scheduled appointments. ➤ Involve fathers, family and identified additional support. ➤ Inform about entitlement to Family Nurse Partnership services- Give FNP card and inform the young woman that a family nurse will be in contact by 14 weeks - refer to FNP via Badgernet ➤ Ensure time given to explore any concerns or anxieties. ➤ Encourage questions- Always Ask - a template for raising concerns Tommy's (tommys.org) can be useful ➤ Promote use of Baby Buddy App Android Apple and DADPAD ➤ 16 & under- go on RED Pathway and seen by Obstetrician
Dating USS 12-13 weeks	➤ Ensure date and time for dating scan has been given, and that young person has some to go with them

15-16 weeks	➤ Apply for Best Start foods, online Best Start Foods and Grant, or on the telephone 0800 182 2222 ➤ Promote emotional wellbeing plan- The Pregnancy and Post-birth Wellbeing Plan Tommy's (tommys.org) ➤ All women should be asked if they have any money worries and referred to their local CAB office for a financial health check for specialist advice on benefits, debt, housing etc... ➤ Explore social and family network in detail and encourage planning for support. ➤ Sensitively enquire about relationships and safe sex, signpost to services if required. ➤ Explore current Housing situation, signpost and support as required. ➤ Enquire about any Employment/Educational needs. ➤ Check for any Advocacy needs. ➤ Complete SHANARI wellbeing assessment and allocate Health Plan Indicator- Additional. ➤ Compile A/N plan in partnership with young person and organise A/N Planning Meeting before 24 weeks. ➤ Prepare for what to expect at detailed scan.
17-18 weeks Near-me ANC appt	➤ Ensure that young person has a device and access to wifi/data ➤ If required, consider supporting young person to attend near-me appointment
Detailed Scan 20weeks	➤ Ensure date and time for detailed scan has been given and that young person has some to go with them
22 weeks	➤ Apply for Baby box, sign application assess confidence/skills re practical baby care. ➤ Consider facilitating attendance at Parent Education classes; AN PEEP; Solihul Parenting Programme ➤ Apply for Best Start Maternity Grant, online Best Start Foods and Grant offer assistance if required. ➤ Discuss contraception choices after baby. ➤ Offer whooping cough vaccine
28 weeks	➤ AN conversation in pregnancy; discuss infant mental health; promote activities to encourage positive attachment. ➤ Encourage planning for contraception and document choice. ➤ Discuss routine bloods

32 weeks	➤ Consider tour of labour suite to help alleviate anxiety re birth, discuss support at birth. ➤ Explore plans re birth registration assist with information re parental rights and responsibilities.
35 weeks	➤ Consider joint visit with HV/FNP if not already made contact. ➤ Consider A/N parenting session around baby box content when it arrives at a home visit and explore safe sleeping, feeding cues, crying baby, signs of an unwell baby, equipment sterilizing, etc... ➤ Revisit family and social support networks and encourage completing a birth plan
38 weeks	➤ Discuss birth plan
Term	➤ Discuss methods of induction of labour
41 weeks	➤ Book induction and offer cervical sweep
Postnatal care	➤ Offer additional support visits, revisit emotional well-being and monitoring of mood. ➤ Consider crib sheet for topics at each visit especially if continuity of care unavailable. ➤ Assist with implementing any plan for contraception with appointments, prescriptions etc...