



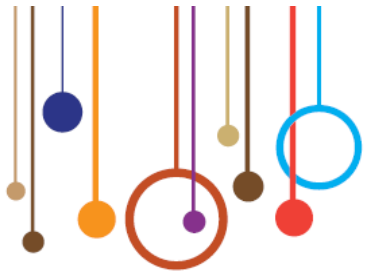
Western Cheshire
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JSNA Teenage Conceptions

Liz Noakes

Associate Director of Public Health

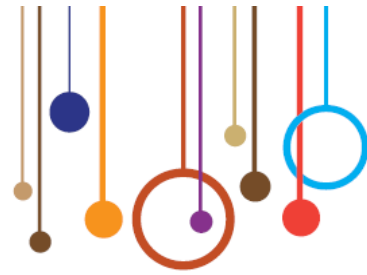


Teenage Conceptions



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- There are around 220 teenage conceptions each year (64 in Winsford & Rural East)
- There are around 100 births to teenage mothers each year (39 in Winsford & Rural East)
- The rate of teenage conception is slightly lower than the national average but higher than expected given level of deprivation
- Over the last 10 years teenage conception rates have fallen by 6%



Teenage Conceptions & risk groups



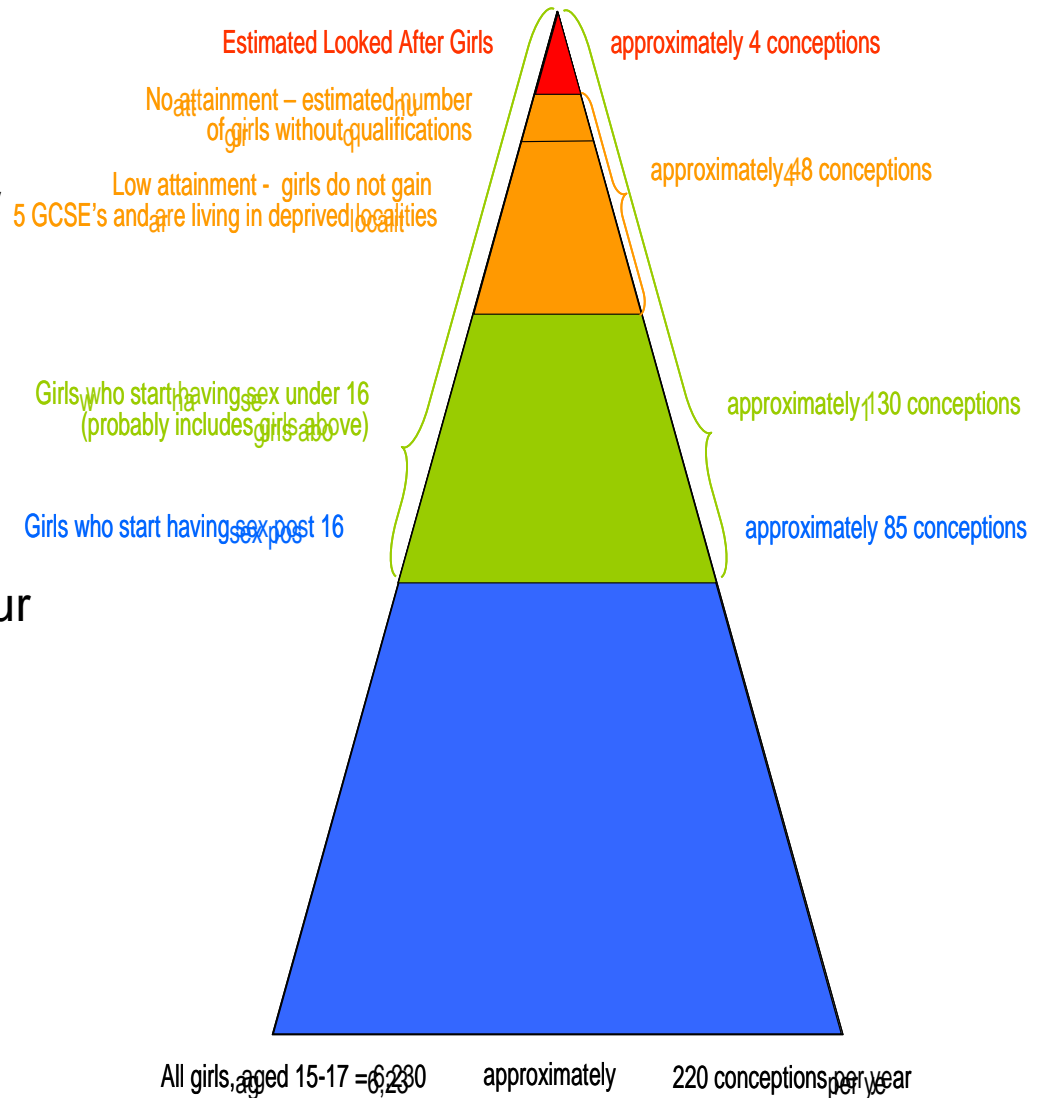
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Estimates of the number of conceptions in at risk groups

High risk groups include looked after children, those with poor attendance at school, those with low aspirations and risk of poor educational attainment, socio-economic disadvantage, early onset of sexual activity, those already teenage mothers

But not all teenage conceptions occur in these groups

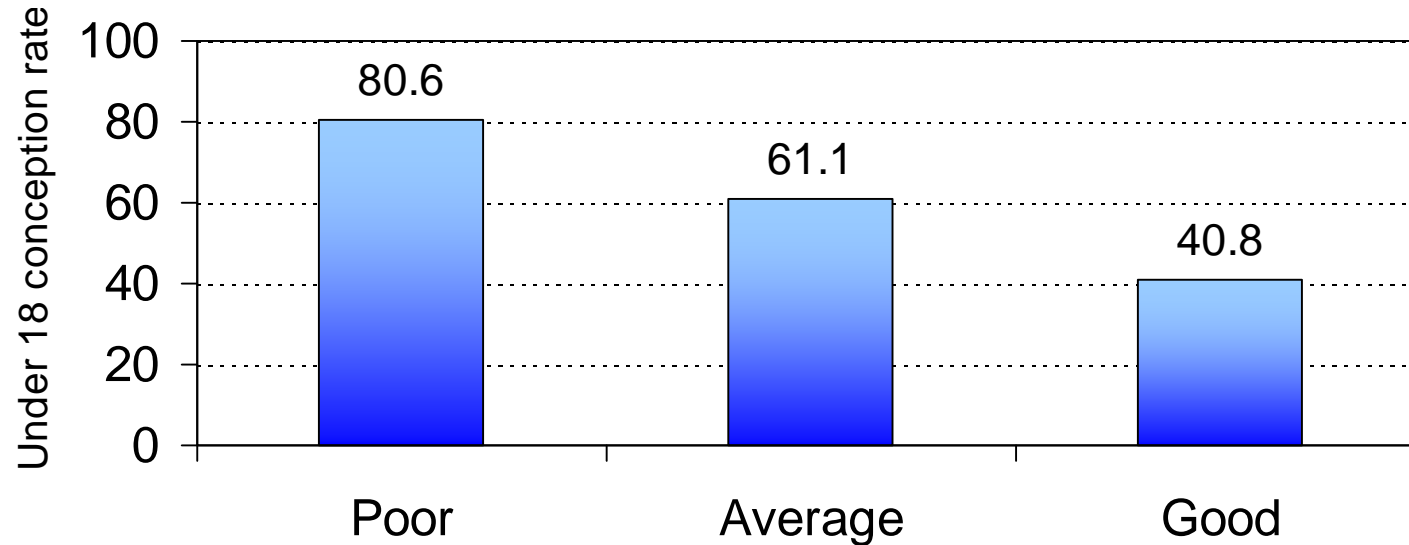
It is estimated that 60% occur in these groups and 40% in the larger, 'lower risk' groups



All girls, aged 15-17 = 6,280 approximately 220 conceptions per year



Teenage Conceptions & Educational Attainment



Educational attainment among girls in 20% most deprived wards

Source: Teenage Pregnancy Unit, 2006

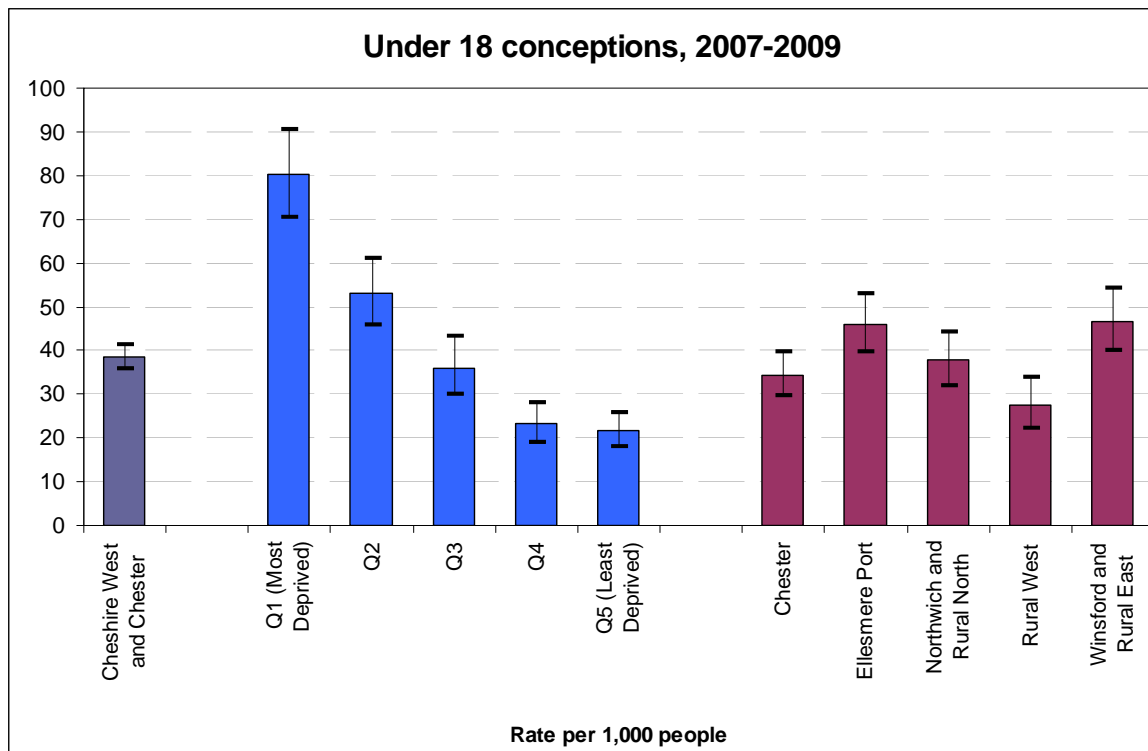
Poor - <40% girls 5+ A-C GCSEs & > 10% no qualification

Average - 40-60% girls 5+ A-C GCSEs & 6-10% no qualification

Good - > 60% girls 5+ A-C GCSEs & <6% no qualification



Teenage Conception rates by geography and levels of deprivation



- Teenage conception rates are significantly higher in the nationally most deprived 40% of areas.

- 45% of teenage conceptions are to young women living in more affluent areas

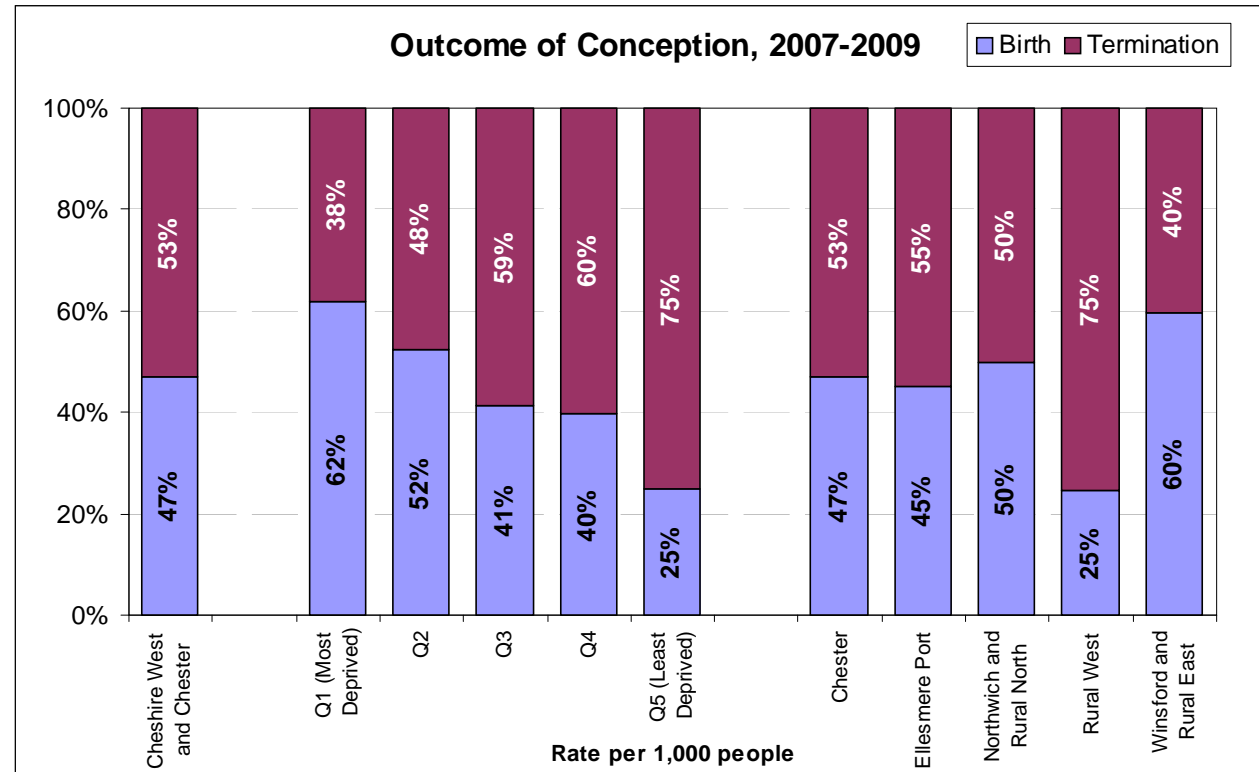
- Winsford & Rural East and Ellesmere Port have high rates compared with CWAC average

Provisional 2007-09 data – December 2009 births not yet available

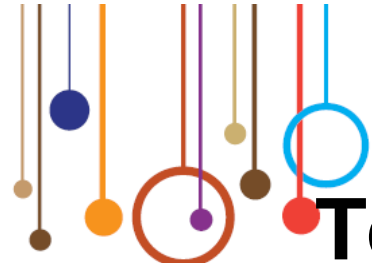


Marked differences in choices...

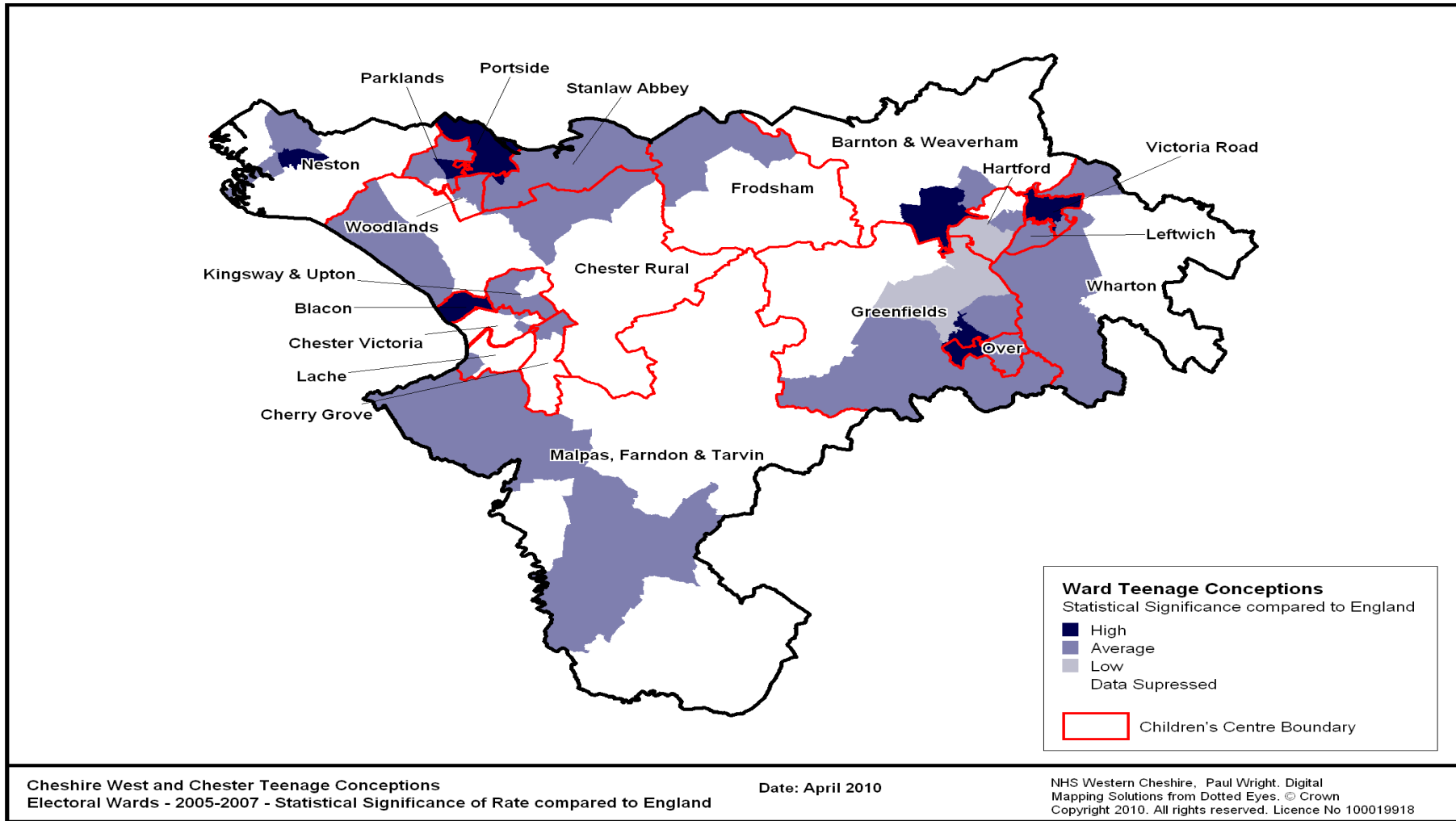
- 62% of young women living in the most deprived quintile choose to have their baby compared with 25% in the most affluent.
- Young women in Winsford, in particular, choose to have their babies.



Provisional 2007-09 data – December 2009 births not yet available



Teenage Conception hot spots

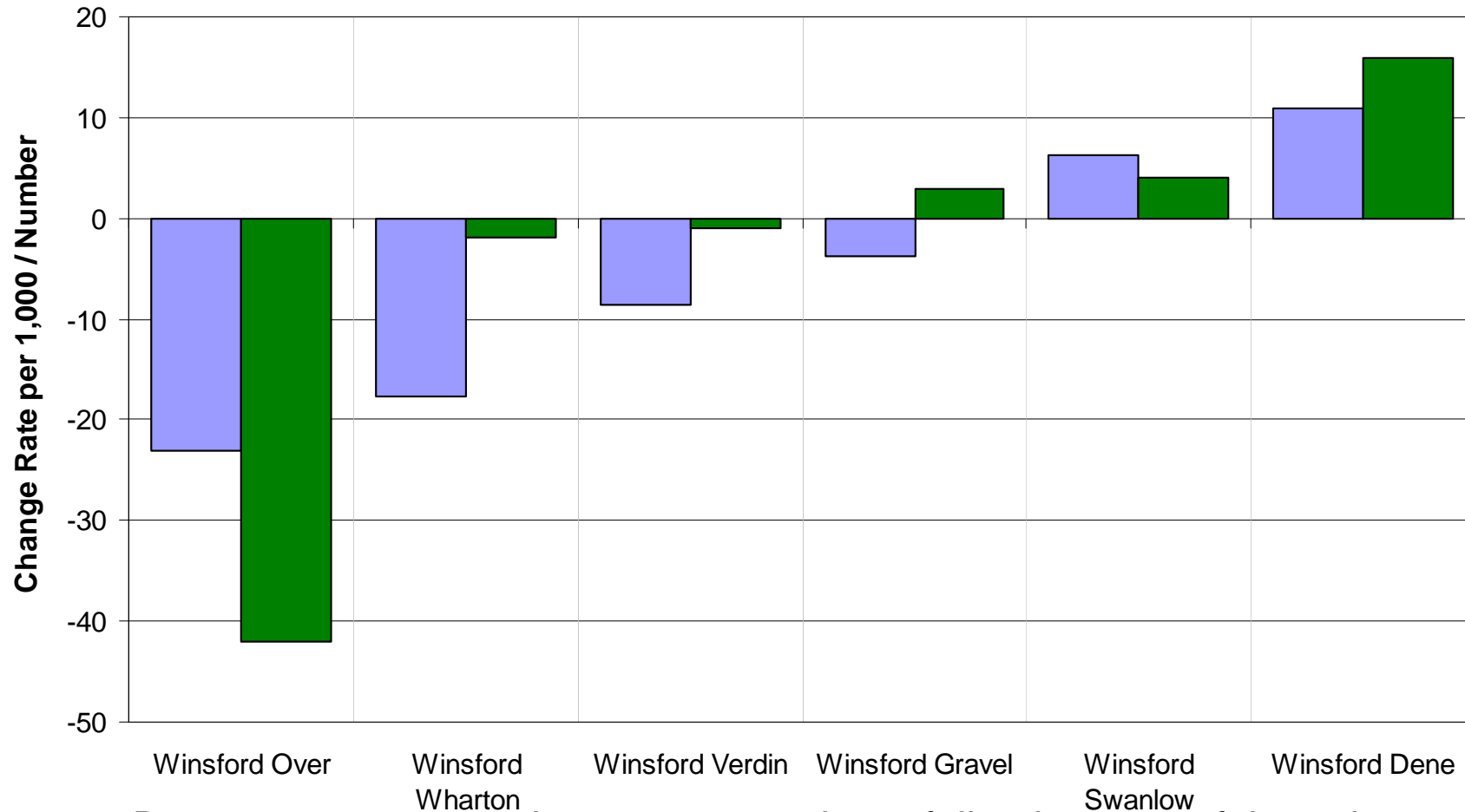


Most hot spot wards are in the nationally most deprived 40% of areas.

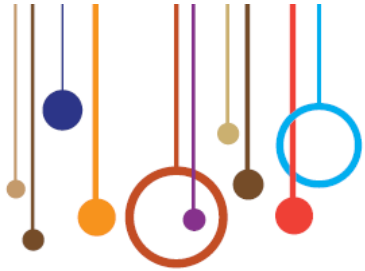
Trends in teenage conceptions by ward

**Absolute change in rate and number of conceptions
2001-03 to 2005-07**

■ Difference in Rate
■ Difference in Number



Between 2001-03 and 2005-07 rates have fallen in some of these hot spot wards but risen in other wards.



Success factors

NHS

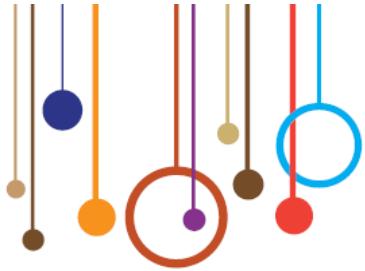
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The Teenage Pregnancy Unit in 2005 identified the following factors were driving success in some areas:

- Active engagement from all mainstream delivery partners
- Availability of well publicised young people centred contraceptive and sexual health advice services
- A high priority given to Personal Health and Social Education (PHSE) in schools with support from the local authority to develop comprehensive sex and relationship education in schools
- A strong focus on targeted interventions with high risk teenagers particularly Looked After Children
- The availability and consistent take up of Sex and Relationships Education (SRE) training for professionals working with the most vulnerable young people
- A well resourced youth service, providing things to do and places to go for young people with a clear focus on addressing social issues

BUT ALSO

- **interventions to tackle poor emotional health, low aspirations and poor educational attainment**



Recommendations

- We need to ensure that high quality Sex and Relationship Education should be delivered across all schools
- We need to commission accessible young-people focussed contraceptive services across the area at times and in localities that suit young people.
- We need to develop a clear marketing strategy for the range of services
- We need to ensure that service providers are offering Long Acting Reversible Contraception in line with National Institute for Health and Clinical Excellence (NICE) guidance
- We need to ensure service providers are giving targeted 1:1 sexual health advice to vulnerable and very high risk young people in line with National Institute for Health and Clinical Excellence (NICE) guidance
- We need to ensure there is a focus on medium and longer term interventions (such as development of social and emotional competence from an early age, raising aspirations and educational attainment) in high risk populations
- We need to offer intensive antenatal care and family support to pregnant young women and new young parents.