United Lincolnshire Hospitals NHS Trust

Teenage Pregnancy

Author: Contact Name and Job Title	Emma Upjohn, Interim Deputy Head of Midwifery Sharon Hannam, Quality and Audit Midwife Heather Allmond, Consultant Midwife Rebecca Ross, Safeguarding Midwife
Division & Specialty	Family Health, Obstetrics
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Explicit Definition of Patient Group which this Document Applies (e.g. Inclusion and Exclusion Criteria, Diagnosis)	Teenage Pregnancies
Version Number:	V5.0
If this version supersedes another guideline, protocol or SOP please be explicit about which document it replaces, including the version number:	V4.0
Does this Guideline, Protocol or SOP have an Overarching Policy? If so, which one?	Not Applicable
Statement of the evidence base of the guideline – has the guideline been peer reviewed by colleagues, and if so, which colleagues or specific groups? Evidence base: (1-6) 1 NICE Guidance, Royal College guideline, SIGN (please state which source). 2a Meta-analysis of randomised controlled trials 2b At least one randomised controlled trial	Peer reviewed by colleagues 1. Public Health (2016) NICE (2010) DoH (2015) Lullaby Trust (2018)

3a	At least one well-designed controlled study without randomisation	UK Screening Committee (2018)
3b	At least one other type of well-designed quasi-experimental study	
4	Well-designed non-experimental descriptive studies (i.e. comparative/correlation and case studies)	
5	Expert committee reports or opinions and/or clinical experiences of respected authorities	
6	Recommended best practice based on the clinical experience of the guideline developer	
Approved By:		Maternity Guideline Group
Date Approved:		27/04/2023
Staff Target Audience:		Midwives, Maternity Support Workers, HCSW, Obstetricians
Patient Group:		Pregnant women age <20 years old
Review Date: This is to be Applied by the Corporate Policies Team. A review date of 3 years will be applied by the Trust, but divisions can choose to apply a shorter review date, however this must be managed and agreed through Specialty Governance processes.		May 2026

Document scope:	**Trust-wide**

Version History Log

Version	Date Published	Details of key changes
1.	June 2014	Renewed
2.	August 2016	
3.	December 2018	Guideline rewritten
4.	February 2022	Rewritten

5	April 2023	Update to chlamydia screening

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Equality, Diversity and Inclusion

Corporate Guideline/SOP Statement

The United Lincolnshire Hospitals NHS Trust is committed to promoting equality and diversity in all its activities to promote inclusive services, processes, practices and culture. This commitment is articulated in our equality objectives for 2022-2025 Our equality objectives - United Lincolnshire Hospitals (ulh.nhs.uk)

This Guideline/SOP reflects the Trust vision, values and behaviours and supports employees in working for the benefit of patient care. It takes account of the provisions outlined in the Equality Act 2010 to ensure no individual receives less favourable treatment on the grounds of age, disability, sex, race, gender reassignment, sexual orientation, religion and belief, marriage/civil partnership and pregnancy/maternity.

Alongside being committed to a proactive delivery of the Equality Act 2010, the Trust proudly seeks to embody the duties of the Public Sector Equality Duty (2011) in all its activity by:

1) Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2) Advancing equality of opportunity between people who share a protected characteristic and those who do not.
3) Fostering good relations between people who share a protected characteristic and those who do not.

We recognise high quality NHS patient care benefits by having a diverse community of staff who value one another and realise the contribution they can make to achieving excellence in rural healthcare.

1. Purpose

To provide guidance and evidenced based information in order to assist the multi-disciplinary team in the provision of a high quality service to meet the needs of pregnant young people. By providing holistic, women centred and individualised care to young people, better outcomes will be achieved for healthy parenthood.

2. Background

In the past, the UK has the highest rate of births to young women aged under 20 years in Western Europe. This rate has consistently fallen over recent years, with the 2019 conception rate for under 18s at 15.8 per 1000 women (1.58%) and for under 16s at 2.5 per 1000 (0.25%) women. Of course, a percentage of women aged under 18 who fall pregnant may access support and choose to end the pregnancy, so fewer young women will go on to become parents. Around 70% of teenage pregnancies are unplanned.

Although parenthood can be a positive experience for some young people, it may also bring a number of negative consequences. The effect of teenager status on pregnancy is difficult to quantify owing to confounding factors such as socioeconomic status and smoking. There is a strong association with deprivation and conception rates in young people with conception and birth rates up to six times higher in the poorest areas than the most affluent areas. There is also a strong correlation between teenage pregnancy and poor life experiences (such as abuse), poor mental health and/or low self-esteem.

Research shows that pregnant women under the age of 20 have improved outcomes if targeted age appropriate services are provided

3. Definitions

Teenage pregnancy refers to pregnancy in women usually within the ages of 13-19.

4. Planning Care

See Midwife/GP as soon as possible after confirmation of pregnancy.

Options available:

- Continue with pregnancy
- Termination of pregnancy
- Adoption

Websites/Links for teenage mothers

LiSH (Lincolnshire Sexual Health) https://lincolnshiresexualhealth.nhs.uk/

Brook www.brook.org.uk

Better Births

BRIC (Building Resilience in Communities)

NHS Teenage Pregnancy Support Teenage pregnancy support - NHS (www.nhs.uk)

5. Ongoing Pregnancy – Antenatal Care

- Early referral to community midwife for booking ideally 8-10 weeks of pregnancy or as soon as decision made to continue with pregnancy. If the woman is uncertain whether she wishes to continue (has not yet reached a decision), the booking appointment should still be carried out in a supportive and empathetic manner. Ideally the booking appointment should be carried out at in a location acceptable for the pregnant individual. Community midwives should consider undertaking booking appointment at home, children's centre, GP surgery, hospital, community hub.
- Refer to antenatal clinic for dating USS and offer a Consultant appointment if under 16, or as appropriate dependant on medical/family history. Women can receive midwifery led care between the ages of 16-20 if no other contributory factors.
- Community midwife to identify herself as named midwife for her antenatal care.
- Booking to be completed and all information discussed as per antenatal care guideline and NICE recommendations.
- Focus on perinatal mental health wellbeing and make a prompt referral if any concerns. See Maternal Mental Health in Pregnancy guideline for support available.
- Refer to YEP course through Early Help, if available in area.
- Discuss support for the teenage mother from family, friends, significant others.
- Be aware of including young fathers in discussions. They may expect to be treated badly by maternity practitioners, may appear reluctant to engage, and may be extremely sensitive to any words or body language that suggest disapproval.
- Use open questions and remain cautious that young parents may be sensitive to feeling 'told off' for their choices.
- Document all discussions and outcomes on digital maternity record .
- Discuss the importance of a healthy balanced diet in pregnancy and be aware that pregnant teenagers are at particular risk of having a poor quality diet, refer to https://www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=d38dc919-b846-473e-87a9-43c86e160493 for further information and dietary advice.
- Chlamydia is often asymptomatic and if untreated can lead to pelvic inflammatory disease, however there is insufficient evidence that chlamydia causes harm during pregnancy. Due to this and the possible adverse effects of antibiotic use in pregnancy, routine screening in pregnancy is not currently advised. If women request sexual health screening, provide information of the local GUM clinic for further support.
- Teenage mothers are more likely than older mothers to smoke before they are pregnant and less likely to stop during pregnancy. Discuss smoking cessation

as per smoke free in pregnancy guideline and refer to smoking cessation service.

- Consider educational needs and consult local education provider of options available.
- Refer to Safeguarding section below

Offer additional antenatal appointments as required where there are no local group antenatal education facilities or if unable/declines to attend.

6. Midwife-led care

- Community midwife to plan individualised women centred care as appropriate in a location acceptable to woman.
- Follow ULHT Antenatal Care Guideline.
- Women can be booked for home birth over the age of 16 at EDB unless any other contributory factors.

7. Hospital Dating USS Appointment

- Perform dating scan +/- Antenatal Screening as per mother's wishes.
- Ensure all Screening test have been offered/undertaken, gestation specific and ensure results have been received and documented.
- Appropriate Maternity Care pathway to be identified and offered to the woman, including overview of current plan (i.e. midwife-led, serial growth scans etc.) and that this plan will be reviewed throughout pregnancy and may change to ensure the wellbeing of her and her baby.

8. Consultant-led care

- If identified risk factors, ensure mother and community midwife are aware of the plan of care. Named Consultant to be allocated.
- Consultant appointment in Antenatal Clinic to be arranged for appropriate gestation and individualised plan made. Ensure the woman has transport to attend ANC appointments.
- Ensure plan of care is clearly documented on the digital maternity record.
- Identify all necessary appointments.
- Community Midwife contact to be continued to ensure continuity and health promotion/education requirements met.
- Community Midwife/MSW to consider supporting women to attend consultant appointments if non-attendance may become an issue and to provide continuity of care.
- Prioritise continuity of carer for young women, offering flexible appointments as needed.

9. Intrapartum Care

- Care to be provided as per ULHT guidelines.

10. Pain management during labour

Consideration should be made regarding referral to the obstetric anaesthetic clinic to discuss analgesia beforehand. This is a good opportunity for myth busting with the woman and gives them time to consider options. Also it allows for robust plan in the very young, as not all anaesthetists covering labour ward are necessarily happy to site epidurals in young teenage girls as they do not routinely do paediatric practise.

Women of all ages can utilise all non-pharmacological methods of pain management – support and reassurance, heat, water, aromatherapy, different positions, massage/pressure, TENS etc.

Women of all ages should be encouraged to use water to help them manage pain – shower, bath, pool. If continuous electronic fetal monitoring is indicated, telemetry systems must be used to facilitate immersion in water during any stage of labour. Refer to the Water for labour guideline.

Consideration should be given to dosages of analgesia if under the age of 17, refer to the 'Analgesia during pregnancy guideline' or consult paediatricians/pharmacy if specific/ further advice required.

11. Safeguarding

An Early Help Assessment should be offered following booking by the Community Midwife and documented whether this is accepted or declined. An Early Help Assessment will allow the Community Midwife to identify whether any additional support can be offered from Maternity Services and other agencies.

A Team Around the Child (TAC) should subsequently be initiated for the pregnant young person and unborn and an Early Help Worker requested if appropriate.

Please see link below regarding Early Help and TAC processes

https://professionals.lincolnshire.gov.uk/team-around-child

Should the pregnant young person or her partner be a Looked after child or have a Leaving Care Worker, the community midwife must liaise with the young person's allocated social worker or leaving care worker. A referral will be required for the unborn at 14 weeks' gestation if the pregnant young person or her partner is currently Looked After and a referral will need to be considered for the unborn for those who have previously Looked After should any safeguarding concerns be identified.

Community midwives are responsible for discussing any pregnant individuals on their caseloads with their community coordinator during safeguarding supervision or they should make contact with the safeguarding team to discuss individual cases.

A children's Social Care referral should be made following booking for all pregnant individuals under the age of 18 as a child in their own right if safeguarding concerns are identified in relation to them.

A referral will only be required to Children's Social Care for the unborn at 14 weeks' gestation should safeguarding concerns be identified, if there are no safeguarding concerns for unborn then support can be offered through Early Help.

12. Legislation

All professionals working with sexually active young people should refer to the Lincolnshire Children's Safeguarding Boards Protocol for Working with Sexually Active Young People below:

http://lincolnshirescb.proceduresonline.com/chapters/p_sg_sex.html

Sexual activity with a child under the age of 13 is illegal, as according to Law, s/he is not considered able to consent to such behaviour; therefore, any type of sexual activity, is considered as risk of significant harm to the child. (See **Sect 5 Sexual Offences Act 2003**).

In all cases where a Practitioner becomes aware that a child under the age of 13 is sexually active/pregnant they must discuss it with the Safeguarding Midwives and their Line Manager and make a referral to Children's Social Care and/or the Police must be made.

Sexual activity with a young person under 16 is also an offence. However, the Law does not intend to prosecute mutually agreed teenage sexual activity, between two young people of a similar age unless there is evidence of abuse or exploitation. This can only be ascertained through the use of professional curiosity and the sharing of information to inform an assessment of the risk. Consideration should be given in every case of sexual activity involving a young person aged 13 - 15, as to whether there should be a discussion with other Agencies, and whether a referral should be made to Children's Social Care and/or the Police.

Sexual activity with a young person over the age of 16 is not an offence; however young people under the age of 18 are still offered protection under the Children Act 2004 and can still suffer **Significant Harm** as a result of sexual exploitation and abuse. The support and protection they are entitled to should not be downgraded as a result of their age.

Young women and men over the age of 16 but under the age of 18 are deemed unable to give consent if the sexual activity is with an adult in a position of trust or a family member; as defined by the Sexual Offences Act 2003. It is also illegal for someone to have sex with a person who has a mental disorder that impedes choice. (See **Mental Capacity Act 2005**).

If a Practitioner is concerned that a child or young person may be experiencing, or is at risk of sexual exploitation then they should refer to the Lincolnshire Safeguarding Children's Partnerships guidance

https://lincolnshirescb.proceduresonline.com/chapters/p_yp_child_sex_ex.htm.

13. Infant Feeding

Teenage mothers have the lowest breastfeeding rates in the UK (Infant Feeding Survey 2010) despite the overwhelming evidence of the benefits of breastfeeding for health and wellbeing of mothers and babies (UNICEF UK Baby Friendly Initiative).

Therefore careful consideration needs to be given to support young mothers to consider breastfeeding as acceptable and a positive experience for themselves and their baby.

Sensitive discussions with young mothers and their supporters about infant feeding in the antenatal period may support young mothers to consider breastfeeding as a genuine option for them.

Always support prolonged and frequent skin to skin contact, both immediately following birth and onwards. This should be encouraged for the mother and her partner, if appropriate, and the benefits and positive impacts for baby discussed in an encouraging way.

Baby Friendly Initiative recommends that antenatal conversations include an exploration of what mother already knows about infant feeding, accepting and acknowledging her experiences and views and offering relevant information. (UNICEF UK Baby Friendly Initiative)

Consider offering additional one to one sessions to discuss feeding options.

Sensitive postnatal care, using a 'hands off' approach when supporting breastfeeding can help to build confidence in breastfeeding. In addition, young mothers need age-appropriate conversations regarding the needs of young babies for feeding, closeness and comfort.

14. Safe Sleep

Babies born to mothers under 20 years of age are **4 times** more likely to die of SIDS than those born to older parents. (Lullaby Trust 2018).

This highlights the importance of discussing safe sleep with young parents, and the use of the ULHT Safe Sleep Discussion currently in the postnatal Infant feeding booklets.

Further information on safer sleep can be found in the LSCP Safer Sleep for Infants Guidance

15. Inpatient Postnatal Care

- Consideration should be given to dosages of analgesia if under the age of 17 and consult paediatricians/pharmacy if specific/ further advice required.
- Parent Education and support to be provided as required within the hospital setting. Support to confidently handle/care for baby should be provided before discharge and resources used that may be age appropriate e.g. social media/ apps.
- EDT/Safeguarding team to be notified of birth and planned discharge if additional social care involvement during pregnancy.
- Birth debrief and contraception advice to be offered and provided by multi-disciplinary team before discharge home.
- Ensure parents have appropriate contact numbers for community midwifery support when discharged from hospital.

16. Community Postnatal Care

- Named community midwife to visit where possible and to review and discuss care and birth and further debrief if required.
- Discuss life as a parent, health needs and hopes for the future.
- Identify with mother/parents an individualised care plan.
- Discuss signs and symptoms of postnatal depression/anxiety/ coping mechanisms and support if help required.
- Ensure that support networks are in place and effective.
- Discuss contraception and good sexual health practices. Make appointment with family planning clinic.
- Involve other agencies as required.
- Ensure detailed handover to health visitor to ensure continued support.

17. Termination of Pregnancy (TOP)

- See GP or Local Gum clinic for referral.
- Ensure age relevant counselling given with contact telephone numbers. There should be a sensitive, confidential discussion regarding choices, ideally guided by what the young person sees as her needs.
- Refer back to ‘continue with pregnancy’ if needed
- TOP
- Post TOP support and counselling

18. Adoption

- Refer to social care at 14 weeks gestation.
- Inform Named Midwife for Safeguarding and Safeguarding Team.
- Follow plan of individualised care with named community midwife in conjunction with named social worker.

19. Teenage Pregnancy Midwifery Referral Pathway

Please see Teenage Pregnancy Referral Pathway to identify any additional resources that this group of pregnant individuals may require (Appendix One).

Document Control

The Trust must be able to demonstrate that the documents are researched and based on best practice and that all guidelines are audited and reviewed therefore:

The following sections must be completed, with a clear statement of who will be responsible for the dissemination, implementation and review of the document.

Auditable Standards and Frequency

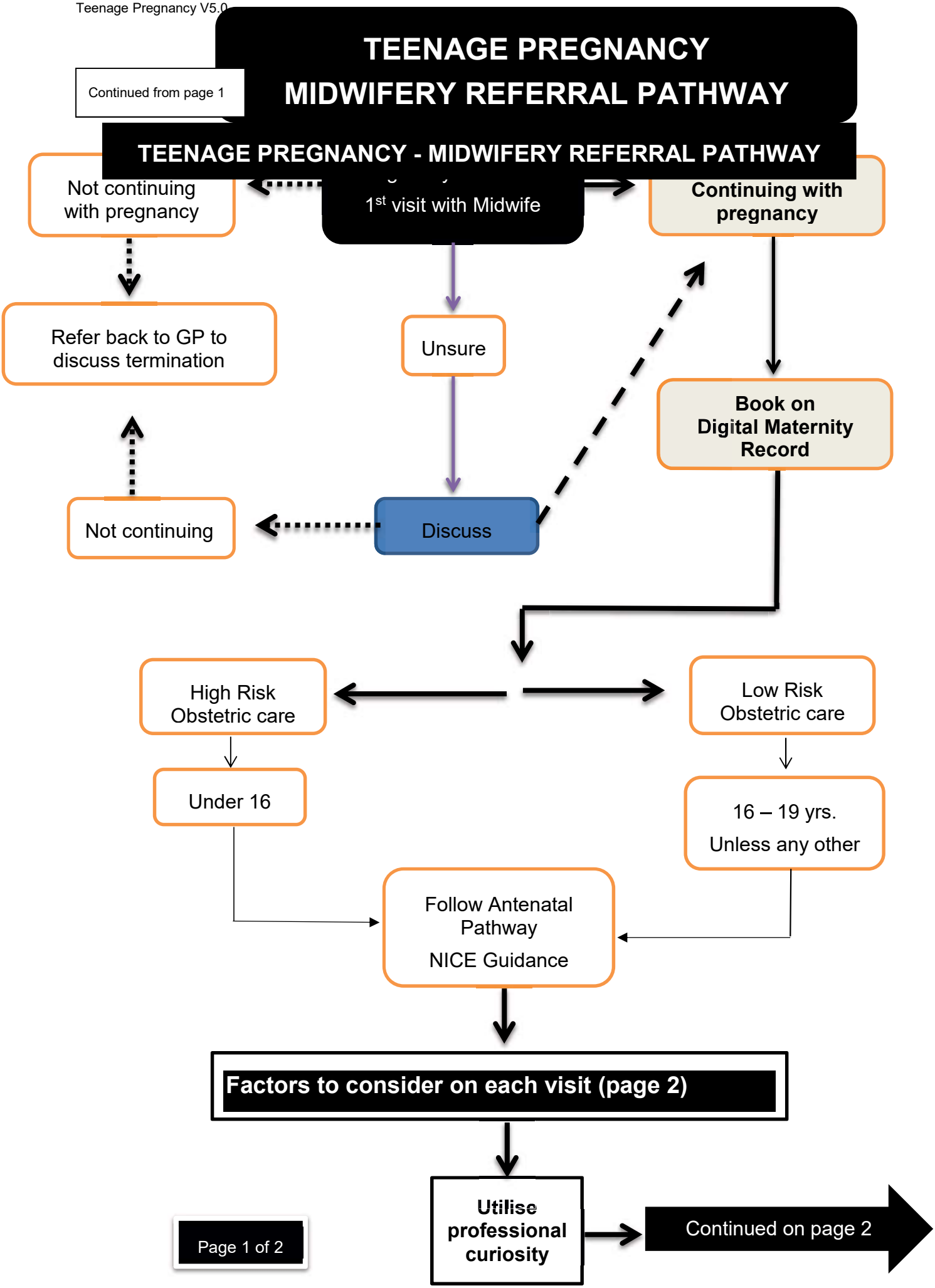
As per departmental audit programme

Implementation Strategy

- Added to website
- Inform staff at Clinical Governance Meetings
- Give to the Ward managers
- Disseminate through ward meetings, with a read and signature list
- Email to all staff

TEENAGE PREGNANCY MIDWIFERY REFERRAL PATHWAY

Continued from page 1



Factors to consider at each visit

Staying Safe → **Assess Support**

Assess Support →

Under age of 13 yrs.
Considered statutory Rape.
Immediate Safeguarding referral to be made and notify Safeguarding midwives who will liaise with police and Social Care.

Under age of 16 yrs.
EHA to be offered. SC referral for UBB at 14/40 should safeguarding concerns be identified and consider SC referral for pregnant

16 – 19 yrs.
Offer EHA, SC referral at 14/40 for unborn should safeguarding concerns be identified and refer pregnant young person if required (under 18 yrs.)

Being Healthy →
Antenatal and Postnatal care.
Ensure appropriate care.
Follow Trust pathway →
Refer to Consultant <16yrs
Refer for anaesthetic review
PMHT (CAMHS if under 18)
OneYou Lincolnshire
YEP course
Promote Children' Centres
Sexual Health/Contraception
Early HV A/N contact
HV notification
NOPP form

Enjoying and Achieving →
In Education or training
Consider barriers to education or support needs →
Consider EHA, EHW, YEP course, if available
If not in education consider referral to social care

Enjoying and Achieving →
Parenting support →
Health visitor,
YEP GROUPS
CMW Antenatal Education Groups
Additional Midwife appointments if unable to attend groups

Making a positive contribution →
Not engaging / isolation →
Health Visitor
Children's Centres
EHA

Achieving Economic Wellbeing →
Financial issues
Housing
Not in education
Employment or training
NEET →
Offer EHA if not in education,
Consider referral to Social care
Ensure in receipt of correct benefits
Refer to Job Centre Plus under 18 advisors
Discuss employee rights, SMP
Refer to government websites

Housing - offer EHA
Advise young person to access local housing support officer / County Council

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Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in ***italics***. Email for all correspondence: email to tim.couchman@ulh.nhs.uk

A. Service or Workforce Activity Details	
1. Description of activity	*To provide guidance and pathway for the care and management of pregnant teenagers based on best practice and National Guidance (NICE)*
2. Type of change	adjust existing
3. Form completed by	*Sharon Hannam, Quality and Audit Midwife*
4. Date decision discussed & proposed	*January 2022*
5. Who is this likely to affect?	Patients/Service users Staff The wider community including families of the service users
B. Equality Impact Assessment	
Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, agricultural workers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc. Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).	
1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.	**Age –** A positive impact is envisaged as this guideline is specific to supporting and caring for teenage patients in pregnancy. **Disability –** There are a range of disabilities which could be negatively impacted, e.g. understanding due to learning difficulties, communication as a result of sensory impairments or/and additional support required due to any mental health problems, see below for mitigations. **Gender reassignment and sex –** It is recognised that people under this characteristic may present with in pregnancy, although this guideline is relevant to patients who identify as women it is also applicable for those who identify as non-binary and trans man, see mitigations below. There is no known impact on **marriage and civil partnership** as a person's marriage / civil partnership status has no bearing on the implementation of this guideline **Pregnancy and maternity –** a positive impact is envisaged as this guideline provides evidence based quality care for service users in pregnancy. **Race –** The trust cares for patients from many different racial and ethnic backgrounds and therefore there is a potential vulnerability in terms of language barriers, see mitigation below. Pregnant Patients from BAME group are identified as having a disproportionate risk of death in childbirth compared to white women. See mitigations below. **Religion or belief –** there is a neutral impact under this characteristic as it has no bearing on the implementation of this guideline however for patients who may experience a pregnancy loss ULHT have a chaplaincy service available for spiritual support.

	Sex - There is no impact under this protected characteristic as this has no bearing on the implementation of this guideline. **Sexual Orientation –** There is no impact under this characteristic as this has no bearing on the implementation of this guideline **Living in poverty/deprivation –** It is recognised that there may be teenage patients who present in pregnancy who are living in deprived areas/poverty, see mitigation below. **Homeless –** Teenage pregnant patients may present at booking who are homeless/sofa surfing, see mitigation below. **Migrants and Asylum seekers** - will be identified at the booking process, see mitigations below. **Substance Misuse –** teenage pregnant patients may disclose substance misuse at booking/during pregnancy, see mitigations below. **Domestic Abuse** - Pregnant patients may disclose domestic abuse during their pregnancy, see mitigations below.
2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?	*The MBRRACE report (2018) reported that black women were 5 times more likely to die due to childbirth related causes. And Asian women twice as likely (compared to white women). The causes for this are unknown and require further research* *MBRRACE (2021) reports Eight percent of the women who died during or up to a year after pregnancy in the UK in 2016-18 were at severe and multiple disadvantage. The main elements of multiple disadvantage were a mental health diagnosis, substance misuse and domestic abuse highlighting the need for maternity pathways into appropriate Specialist services.*
C. Risks and Mitigations	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	**Patients** **Disability** - For services users dealing with learning difficulties, the NHS in Lincolnshire provides Learning Disability Specialist Liaison Nurses, both in the hospitals and the Community to support service users. For people living with sensory impairment, the trust provides a full range of sensory impairment translation services (e.g., British Sign Language). There is a Perinatal Mental Health Midwife and Perinatal Mental Health Team available to support mothers with mental health illness. For staff: For staff living with disabilities who require the policy in an alternative format this will be provided upon request. **Gender reassignment and sex –** all patients will be treated with the same dignity and respect. Transgender patients who present in pregnancy are also offered additional care by a Consultant Midwife to develop an individualised plan of care. **Race** - Interpretation services are used to provide information to parents on an individual basis where a need is identified. In addition there are some written materials available in other languages, and requests can be made for leaflets to be translated for individuals as necessary. ULHT Maternity has guidelines that highlight the potential health inequalities for the BAME community and recommends additional appointments for these patients and their families. There are support groups within the community (Just Lincolnshire). 'Dad Pads' are delivered to the Traveller communities for expectant/new fathers in an easy to read format. The wider implementation of continuity of carer within ULHT will include a caseload where there are increased population of ethnic minority groups. ULHT in collaboration with the CCG, Better Births are developing personalised care plans for all women which will

	include being available in the top 3 non-English languages for Lincolnshire, due to be implemented June 2022. **Living in poverty/deprivation –** A risk assessment is undertaken at booking to identify women who may be living in poverty/deprivation. An early help assessment is completed for all women assessed as vulnerable to identify any agencies that can be involved with the patient. Early Help workers located in children's centres can be assigned to patients to help with budgeting/benefits/housing etc. The continuity of carer National initiative to ensure safer care antenatal/intrapartum/postnatal care based on a relationship between women and their midwives, has been implemented within ULHT maternity with areas of Social Deprivation prioritised as the initial areas. **Homeless -** People identified as homeless would be sign-posted to the local authority or may be able to access housing through a referral to Social Care. **Migrants & Asylum seekers/refugees –** Midwives will complete an early help assessment for these vulnerable patients and any needs would be identified and managed through the TAC process within Social Care. Community support services would be identified through Social Care. ULHT Maternity is developing a SOP for the care of recent Afghan pregnant refugees placed within Lincolnshire. **Substance Misuse –** ULHT Maternity has a Substance Misuse guideline which provides a pathway of support for patients experiencing substance misuse. **Domestic Abuse –** Risk assessments at each antenatal contact screens patients for domestic abuse, ULHT Maternity also has a Domestic Abuse guideline to provide a pathway for patients who disclose domestic abuse. **Staff** For staff living with disabilities who require the policy in an alternative format this will be provided upon request.
2. What data / information do you have to monitor the impact of the decision?	Impact on these affected characteristics can be monitored through Staff debriefs, Personal Midwifery Advocates and staff feedback, or through the DATIX systems, patient surveys/friends and family tests, Maternity Voices Partnership, Local audits as per the maternity Forward Audit Plan.
D. Decision/Accountable Persons	
1. Agreement to proceed proposed?	Yes
2. Any further actions required?	*No further actions are required*
3. Name & job title accountable decision makers	Sharon Hannam, Quality and Audit Midwife
4. Date of decision	May 2023
5. Date for review	*May 2026*

Purpose of the Equality and Health Inequality Assessment tool

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and

workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.

- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

Checklist

- Is the purpose of the policy change/decision clearly set out? x□
- Have those affected by the policy/decision been involved? x□
- Have potential positive and negative impacts been identified? x□
- Are there plans to alleviate any negative impact? x□
- Are there plans to monitor the actual impact of the proposal? x□

This form is based on a template produced by Cambridge University Hospitals NHS Trust and used with their kind permission. FINAL Trust Leadership Team approved for use 01.04.2021

Referenced Documents and Metadata

References

- NHS Choices Your health, your choices http://www.nhs.uk/conditions/pregnancy-and-baby/pages/teenager-pregnant.aspx
- Department for education and skills (2010) *Teenage pregnancy, accelerating the strategy* http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DFES-03905-2006.pdf
- Family planning association (2010) Teenage pregnancy factsheet https://www.fpa.org.uk/sites/default/files/teenage-pregnancy-factsheet-august-2010.pdf
- Bauer., M. Parsonage., M. Knapp., V. Iemmi. And B. Adelaja. (2014) Costs of perinatal mental health problems. *Centre for mental health.*
- Public health England (2016*) Good progress but more to do – Teenage pregnancy and young parents.* Local Government association.
- Department of health (DoH), (2015) *Getting maternity services right for pregnant teenagers and young fathers*. Public health England.
- Godbout, J, et al (2016), Factors Associated with Infant Feeding Choices in the Adolescent Population, *Journal of Human Lactation* [Online] Available from doi: 10.1177/0890334416662629 [Accessed 05/09/2018].
- Health and Social Care Information Centre (2012) *Infant Feeding Survey – UK, 2010: Chapter 2, Incidence, prevalence and duration of breastfeeding* [Online] Available from: https://files.digital.nhs.uk/publicationimport/pub08xxx/pub08694/ifs-uk-2010-chap2-inc-prev-dur.pdf [Accessed 05/09/2018].
- Lullaby Trust (2018) [Online} Available From: https://www.lullabytrust.org.uk/hard-hitting-videos-aim-to-highlight-importance-of-being-honest-with-young-parents-about-sids/ [Accessed 03/02/22]
- https://www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=3fa9a5e4-2b22-4ea2-94ed-e97b0877c112
- NICE (2010) CG110 Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors https://www.nice.org.uk/guidance/cg110/resources/pregnancy-and-complex-social-factors-a-model-for-service-provision-for-pregnant-women-with-complex-social-factors-pdf-35109382718149
- Public Health England (2019) Early Adolescence: applying all our Health https://www.gov.uk/government/publications/early-adolescence-applying-all-our-health/early-adolescence-applying-all-our-health
- UK National Screening Committee (2018) Chlamydia screening in pregnancy: External review against programme appraisal criteria for the UK National Screening Committee. Evidence_Summary-_Chlamydia_in_pregnancy_2018.pdf

Other Documents

None.

Metadata

- Antenatal Care
- Early Help
- Infant Feeding
- Postnatal Care
- Safeguarding
- Social Care

Signature Sheet

Names of people consulted about this document:

Name	Job title	Department

Author(s) confirm that they have collected all the signatures, as listed above, email Corporate Governance at corporate.policies@ulh.nhs.uk	**YES**

Names of committees which have approved the document	Approved on
Maternity Guideline Group	27/p4/2023