

PERFORMANCE QUICK GUIDE

PUBLIC HEALTH PERFORMANCE IMPROVEMENT

Teenage Conceptions

Vital Signs Indicator

Under-18 conception rate per 1,000 females aged 15-17

Rationale

There is a national target to reduce the under 18 conception rate by 50% by 2010 (compared to the 1998 baseline rate) as part of a broader strategy to improve sexual health. (Target shared between the Department of Health and the Department for Children, Schools and Families.)

There is also a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on the NHS and wider public services. The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year.

Metrics

Conception statistics include pregnancies that result in:

- One or more live or still births
- A legal abortion under the Abortion Act 1967

Miscarriages and illegal abortions are **not** included.

Conception statistics are available for England and Wales, England, Government Office Regions and local authorities. They are provided by the Office for National Statistics and include:

- Number of conceptions
- Rate per thousand females aged 15-17 (or 13-15 for under-16 rates)
- Percentage of conceptions leading to abortion

Provisional annual data is released in February each year and is confirmed in the summer. Quarterly data is available in May, August, November and February.

Numerator: The actual number of conceptions to under 18 year olds

Denominator: The female population aged 15-17 years

Indicator: The numerator divided by the denominator and expressed as a rate per thousand

Data Quality

1. There is a fourteen-month time-lag in the publication of national conception statistics. To record a conception, ONS first require information on the birth or abortion resulting from that conception. As birth registration can legally be undertaken up to 6 weeks after birth, information on a birth may not be available until 11 months after the date of conception. ONS then require 3 months to compile the conception statistics.
2. Local data can be used alongside national data to provide a more timely and detailed picture of teenage pregnancy and to assist in performance management. Further guidance is in **Teenage Pregnancy: Data Collection and Information Sharing Toolkit** available here:

<http://www.younglondonmatters.org/uploads/documents/y1m2teenagepregnancydatacollectiontoolkit.pdf>
3. Caution should be exercised when looking at a local quarterly conception rate since they are liable to fluctuation that will be smoothed out later on.
4. For performance management processes requiring reporting by financial year (e.g. 2008/09 LAA/CAA reporting) the calendar year which includes the majority of the financial year should be reported.
5. National availability of ethnicity data is limited, and, because it is based on census categories, may be too general for many London boroughs.

<p>Organisations Delivery Setup</p>	<ol style="list-style-type: none"> 1. Evidence has highlighted that there are key characteristics to the successful implementation of a local teenage pregnancy strategy. A self-assessment toolkit for local areas to identify areas for improvement against these elements of a successful partnership is available here: http://www.younglondonmatters.org/uploads/documents/fieldforcesteenagepregnancyselfassessmenttoolkit.pdf 2. When young people experience multiple risk factors, their likelihood of teenage parenthodd increases significantly, key risk factors include: <ul style="list-style-type: none"> • Ethnicity • Previous conceptions • Offending behaviour • Substance use, especially alcohol • Mental health and conduct disorder • Low educational attainment & absenteeism • Born to a teenage mother • Parental aspirations for daughter • Being in local authority care 3. Young people’s sexual health service mapping for London is available at: http://www.younglondonmatters.org/resourcecentre/12/sexualhealthservicesmapping/ 4. You’re Welcome quality criteria cover principles to be considered by commissioners and providers. It specifically addresses sexual health: http://www.younglondonmatters.org/uploads/documents/yourewelcomegettingstarted.doc 5. The SRE Core Curriculum for London will enable schools across London to be prepared in advance of PSHE and SRE becoming statutory. It provides a consistent, evidence-based approach to the delivery of SRE, supporting schools to build on what they already deliver in line with best practice. http://www.younglondonmatters.org/resourcecentre/18/sexandrelationshipseducationsre/ 6. Free national campaign resources for local dissemination are available from: www.sexualhealthprofessionals.org.uk
<p>Evidence of Effective NHS Intervention</p>	<p>The US is the only developed country with higher teenage pregnancy rates than the UK although rates declined there by 27% between 1991 and 2007. A peer reviewed investigation, by Santelli et al, sought to identify why and concluded:</p> <p><i>"Among adolescents aged 15 to 17 years, 77% of the decline in pregnancy risk was attributable to improved contraceptive use."</i></p> <p>Am J Public Health. 2007 Jan;97(1):150-6. Epub 2006 Nov 30.</p>
<p>Top Tips</p>	<ol style="list-style-type: none"> 1. Targeting female teenagers for contraceptive and sexual health services will support higher positivity rates in your Chlamydia screening program <i>and</i> help to prevent teenage pregnancy. For more details see here: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1215589015362 2. Where a PCT believes it is providing the right scale of acceptable sexual health services in the right geographical locations but the teenage pregnancy rate still does not come down, it is usually because their highest risk individual young people are not accessing the service. This will require closer cooperation with Children’s Services on the application of the Common Assessment Framework using consistent thresholds for risk. http://www.younglondonmatters.org/resourcecentre/14/mobilityandyounglondon/ 3. Up to 20% of teenage conceptions in a borough will be a second or subsequent conception. Improve contraceptive treatment pathways for teenagers in Midwifery and Abortion services – this should recognize the fact that their current contraceptive choices are not effective and explore all options including Long Acting Reversible Contraception. http://www.nice.org.uk/CG030

