Report of crisis pregnancy consultation day, May 2002: submission to the Crisis Pregnancy Agency for developing a strategy to address the issue of crisis pregnancy (473 KB)

North Eastern Health Board

Report of Crisis Pregnancy Consultation day
May 2002

Submission to the Crisis Pregnancy Agency for developing a strategy to address the issue of crisis pregnancy

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Introduction

The North Eastern Health Board (NEHB) is responsible for the health and social wellbeing of the people in counties Louth, Meath, Cavan and Monaghan. The Census data for 1996 (the most recent census data available) indicates that 306,155 people live in the NEHB region. The Health Status Report for the NEHB region was compiled in 2000 and this highlighted the problem of crisis pregnancy in the region, and in particular, teenage pregnancy. The national rate for teenage pregnancy is approximately 5.5% and the rate is 5.2% in the NEHB region. However, the rate is very high in Co Louth. The rate peaked in Co Louth in 1998 at 9% . The birth rate outside marriage is increasing and it is not known what percentage of the 27% of births outside marriage (2000 statistics) in the NEHB region are crisis pregnancies. The rate of crisis pregnancy for married couples is also unknown.

Crisis Pregnancy Agency

The North Eastern Health Board welcomes the development of the Crisis Pregnancy Agency and we hope that this will lead to:

1. A reduction in the number of crisis pregnancies.

2. A reduction in the number of women with crisis pregnancy who opt for abortion by offering services and supports which make other options more attractive.

3. The availability of more counselling and welfare services after crisis pregnancy.

NEHB Crisis Pregnancy Consultation Day

The North Eastern Health Board are very concerned about the issue of crisis pregnancy because of the possible adverse affect on the physical, emotional, social and economic status of the families concerned.

Objectives

In response to this concern, the NEHB hosted a consultation day on crisis pregnancy in the Nuremore Hotel, Carrickmacross, Co Monaghan on Tuesday 28th May, 2002. The purpose of this regional consultation day was to invite all key stakeholders to draw up a

plan of action in relation to:

- Prevention of *crisis pregnancy* and in particular, teenage pregnancy.
- Supporting young parents.
- Heightening public and professional awareness, which is a crucial element in engaging local communities.
- Making a submission to the Crisis Pregnancy Agency.
- Setting up an interagency taskforce to implement the recommendations from this consultation day.

The delegates at the consultation day came from a wide range of backgrounds and included representatives from:

- education, (pupils, college students, teachers, career guidance counsellors, college staff)
- parents
- young people from a wide range of rural and urban areas
- various community groups(youth groups, women's groups, men's groups)
- local authorities
- various health professionals (GPs, practice nurses, public health nurses, midwives, social workers, youth development officers, family support managers, health promotion school team members etc)

Format of the Day

The Consultation Day was chaired by Mr. Geoff Day, Assistant CEO, Regional Services, North Eastern Health Board with an opening address presented by Mr. Declan Breathnach, Chairman of the Board.

Speakers:

1. **Dr Miriam Mc Carthy -** "***Crisis Pregnancy – Prevention"***

Dr. Mc Carthy is a Senior Medical Officer at the Department of Health, Social Services and Public Safety, Northern Ireland. She is chairperson of the Teenage Parenthood Working Group in Northern Ireland

2. **Ms Margaret Acton** - "***Supporting young parents"***

   Ms Acton is Project Leader, Teenage Pregnancy Support Project, Bernardos, Dublin.

3. **Professor Isobel Allen** - ***"Crisis Pregnancy : Research Evidence"***

   Professor of Health and Social Policy, Policy Studies Institute, University of Westminster, London, Professor Allen has conducted research on family planning, teenage parenthood and related subjects for over 30 years. The UK Social Exclusion Unit's Report on Teenage Pregnancy – quoted extensively from her work on teenage mothers.

All delegates were assigned to one of seven groups. One group consisted of twelve 16 and 17 year old boys and girls from various schools throughout the region. This group was facilitated by the youth development officers. A workshop followed every presentation. A facilitator and a scribe (from various statutory and voluntary agencies) were assigned to each group. The key themes from the 21 workshops were presented at the end of the day. All the material gathered during the workshops was used to write a report which will form the basis of the North Eastern Health Board's submission to the Crisis Pregnancy Agency.

Outcome of the Consultation Day

The day was a great success in that it gave us a real opportunity to discuss the complex issues involved and to incorporate the views and recommendations of a wide variety of people in developing a comprehensive plan, to **reduce the rate of crisis pregnancy** and to **reduce social exclusion** of families who become pregnant.

The Crisis Pregnancy Agency's definition of crisis pregnancy was challenged and a more inclusive definition was recommended.

"Crisis pregnancy" refers to a pregnancy which is neither planned nor desired by the couple concerned, and which represents a personal crisis for the individuals concerned and their families.

There was a general consensus that crisis pregnancy is not just an issue for the health services. It was apparent from the discussions that it is a complex societal issue and that

responsibility for addressing the problem lies with all sectors including health, education, individuals, families, and various community sectors.

There was genuine concern that comprehensive strategies to reduce crisis pregnancy could have an adverse effect on young people and encourage experimentation. This concern will need to be considered when developing a strategy.
(*The World Health Organisation has reviewed 35 sex education studies and found no evidence of increased sexual activity following sex education programmes. It found that sex education programmes encouraged young people to postpone sex until they were older, and for those who were already sexually active, to practice safer sex)*

The youth group in particular enjoyed the workshops and recommended having similar workshops in school facilitated by youth friendly teams. They emphasised the importance of confidentiality for young people. They identified certain barriers to accessing services such as distance, transport, cost and the judgmental attitudes of some health professionals. They recommended the hosting of a youth consultation day to discuss the issue of crisis pregnancy.

There was unanimous agreement that an **interagency taskforce** was the best and only way to implement the recommendations from the consultation day. It was agreed that no single organisation or sector could adequately address this problem. The groups emphasized the need to work together in sending out consistent messages with a view to heightening public awareness of the seriousness of the issue and ultimately changing attitudes and behaviours.

The delegates recommended using existing groups which reflect rural and urban issues and recruiting a regional co-ordinator**.** This would ensure:

- more "joined up action" i.e. better co-ordination of existing statutory and voluntary services.
- reduce duplication of services.
- increase public and professional awareness.

Committees could meet and share current best practice. The local interagency taskforce needs to feed into a national model. A time frame of one year to develop a local strategy was recommended to avoid further delay in addressing this problem.

Recommendations for inclusion on this taskforce include:

- young people from all backgrounds
- parents from all backgrounds
- grand parents
- representatives from various educational sectors
- marginalised sectors of the community
- ethnic minorities –new Irish/ asylum seekers/ travelling community

- various community women's, men's and youth groups
- local authorities(housing),
- county development boards,
- community development agencies
- social welfare
- various health professionals
- relevant voluntary agencies

The Way Forward

> *"We need to offer young people real opportunities for the future, so that they avoid risk taking behaviour today in the hope of a better tomorrow"***(Dr Miriam McCarthy)**
>
> *"Cautious through knowledge versus frightened through ignorance"* **(Professor Isobel Allen)**
>
> "*The crisis is about the loss of ones dreams and not about having a baby. However, with* a little imagination, a little finance and vision from the key policy makers, her situation does not have to exclude her from fulfilling her dreams*"* **(Ms. Margaret Acton)**

In order to enable the relevant agencies to respond to the recommendations(see appendices) we will need to provide the following services:

1. Prevention through education

   (a) Age related social, personal & health education (SPHE) should commence in school from age 5yrs.
   (b) A similar programme needs to be available for early school leavers.
   (c) Peer education programmes in school and community youth settings.
   (d) Training programmes in sexual health for youth leaders, all health professionals, teachers and parents.
   (e) Cascade training available to all in local community settings including young people, parents, community leaders etc.

2. Prevention by enhancing personal skills & knowledge

   (a) Skills development (through the healthy schools project) could commence formally from 5 yrs starting with relationship and communication skills and progress to negotiation skills, assertiveness and managing peer pressure.
   (b) Promoting positive self-esteem by teachers and parents to reduce the risk of young people engaging in risk taking behaviours.
   (c) A relationship, sexuality education (RSE) training programme for all teachers to promote healthier attitudes to sexual health.
   (d) Skills training programmes for parents to develop the personal skills required to educate their families.

3. Prevention through the Media

(a) Broadcast - The media could be used to educate and influence young people by reinforcing consistent messages particularly at peak risk times. Interactive web-sites (similar to the NEHB model) are a valuable resource for providing accurate information and as a means of responding to questions on a confidential basis.

(b) Narrowcast – Convenience advertising targeted at high risk groups in discos, clubs and pubs. The use of text messaging and beer mats to reinforce sexual health promotion.

4. The Health Promotion Departments of Health Boards could be used to support schools and parents in developing the life skills necessary to educate and support young people regarding their sexual health in the context of holistic health care.

5. Services

Preventative services need to be developed by the enhancement of the existing GP services and the development of accessible walk-in holistic centres that are confidential, flexible and people friendly. Outreach services are required to provide services for people living in rural areas.

Support: Studies have indicated that many of the poor outcomes associated with teenage pregnancy are preventable if the appropriate support services are put in place.

Inter–agency support services could be developed under the direction of a Regional Co-ordinator working in partnership with voluntary organisations to care for parents who continue with their pregnancy. This service should provide for linkages to all available support services. Pregnancy counselling services could be advertised and expanded. All options should be explored including adoption during pregnancy counselling.

The Co-ordinator should work under the direction of the Inter-Agency Task Force to maximize the potential for collaborative working. Information will be provided on health, education, welfare and accommodation to facilitate optimum outcomes for parents and children. Young parents will be encouraged to avail of opportunities to enhance their own personal development and improve their educational and skills base. More targeted support programmes will be required for vulnerable parents who have little social or family support.

Child-care services that are affordable, accessible and flexible need to be increased.

Capacity development for all relevant community youth, women's, men's groups etc. to enable them to respond appropriately to the issue of crisis pregnancy in terms of both prevention and support.

Post Abortion Services For those who choose not to continue with their pregnancy, there is a critical need for post-abortion counselling and medical services. These services could be advertised in GP practices and various medical and community centres. Many women do not openly seek help after an abortion because they may prefer not to discuss the issue for a variety of reasons. GP services are available for those women who wish to avail of them.

Shortages of counselling services prevent many from seeking help at a later date when other life stresses pose new problems and ignite old ones. Generic counselling services may be more acceptable for most women who may be reluctant to avail of specialist post-abortion services due to fear of loss of anonymity.

There is a need to develop free NEHB, generic counselling services throughout the region to facilitate all distressed people to come forward to seek help. The Crisis Pregnancy Agency could part fund this.

In summary, it was agreed by the delegates present at the Consultation Day that the main focus of the NEHB Strategy should be that prevention of crisis pregnancy be an initial priority. Research indicates that the most effective way of reducing crisis pregnancies is by combining education, information, skills development and the provision of appropriate family planning services. This strategy has been demonstrated to delay early sexual activity and reduce risk taking behaviours.

It was also acknowledged that support services following crisis pregnancy are effective in preventing further crisis pregnancies. Evidence suggests that this support also provides primary prevention of possible abuse and neglect of the children involved.

The three messages of the day consistently apparent in feedback from the Workshops were:

1) The need for educational, skills and service development
2) The need for accessible, confidential & people friendly services
3) The need for a holistic approach to sexual health.

The issue of risk taking behaviours i.e. binge drinking, substance abuse etc. needs to be addressed as alcohol and drugs can impair decision making ability. The importance of involving men in all prevention and support programmes was stressed.

The NEHB promotes the ideal that crisis pregnancy should be viewed as an important **public health** issue which all sectors of society can play an increased role in terms of prevention and creating supportive structures to enable people to lead healthy and productive lives.

APPENDIX A – FEEDBACK FROM WORKSHOPS

WORKSHOP ONE - Prevention

(1) What are the factors that could contribute to the prevention of crisis pregnancy and in particular teenage pregnancy

(2) What practical measures can we in the North East take to reduce the number of crisis pregnancies.

****** LIST KEY THEMES OF THIS WORKSHOP**

- Prevention should be the priority of the NEHB.
- Education, information, awareness raising and skills development for young people, parents and professionals.
- Start education at younger age both in and out of school, and include young boys.
- Educational workshops in schools facilitated by professional youth friendly staff recommended.
- The role of alcohol (including the binge drinking culture) needs to be considered and addressed.
- Alternative activities are needed for young people.
- We need to value our young people by providing them with the skills necessary to make good decisions (negotiation skills, relationship skills, communication skills, assertiveness and managing peer pressure.)
- We need people friendly/youth focused respectful services that are accessible, low cost and staffed by professionals who are comfortable providing confidential non judgmental information, education and services to young people.
- Self esteem and confidence building are essential protective factors.
- Education should focus on holistic adolescence health rather than the mechanics of sex.
- Need for education for parents as many believe that they do not have the knowledge and skills necessary to provide adequate sex education for their children. (Some professional parents who have the knowledge also experience difficulties in educating their children on sexual health)
- Peer education is also recommended to highlight the difficulties of parenting, often alone and usually on a low income.
- Ensure easier access to confidential, respectful information, education and services.
- Information should be available at venues frequented by young people. **(**Text messaging and smart cards are also good ways of providing information to young people)
- Address barriers to accessing information and services by the provision of youth friendly and accessible health clinics and drop- in centers.
- Walk-in family planning centers /'well person clinics'
- New legislation needed to ensure clear guidelines for GPs to enable them to provide confidential family planning services for teenagers.
- New legislation needed to ensure the availability of emergency contraception over the counter in pharmacies.
- Cost of services is an also issue for young people.

- Judgmental attitudes of some professional staff is off putting for young people.
- Young men, boys and fathers need to included in any preventative strategies and programmes.
- Specialist teams needed in schools as many teachers are not trained or skilled in sexual health.
- Need to create an environment where people can talk openly about sexuality.
- Need to lobby Department of Education to provide comprehensive sex-education programmes combined with life skills development in all schools.
- School policies act as a barrier to providing comprehensive information regarding sexual health.
- Need for a clear policy on the division between religious and sexuality education.
- The media could be used to educate and influence young people by reinforcing consistent messages particularly at peak risk times. (Media promotes casual sex while parents promote self-respect)
- We need Irish research on all aspects of sexual health and related service needs.
- Resources are needed to fund flexible programmes.
- Stigma is still an issue around single young mothers.

WORKSHOP TWO - Support

(1) What supports are needed to reduce the possible adverse affects of crisis pregnancy on the parents themselves (and in particular young parents) and their children?

****** LIST KEY THEMES OF THIS WORKSHOP**

Possible adverse effects of crisis pregnancy include:

- **Loss** –dreams, education, friends, life chances, poverty and depression.
- **Isolation** and **depression** due to exclusion or stigmatization.
- **Poverty**.

- Need to consult with young people regarding their needs.
- Promotion of adoption information.
- Support at school commencing at time of disclosure and continuing throughout the pregnancy.
- Counsellors recommended for every school.
- Improved coordination between various statutory and voluntary services.
- People friendly/youth focused antenatal clinics specifically for young parents taking into consideration venues, timing and transport. These clinics could address a wide range of services including:
  - Education
  - Information
  - Peer support
  - Parenting and personal development programmes
  - Referral to community midwives and other relevant locally based services.
  - Child development services
  - Medical care
- Confidentiality is extremely important for young people.
- Home visiting essential in supporting young parents.
- Prioritise young parents that have no family support.
- Need for interagency approach to accommodation and housing issue.
- Housing – integrated supported housing progressing to independence.
- Need for accessible, good quality and affordable childcare.
- Childcare funding should be available to all young parents to enable them to complete their formal education.
- Flexible options to education need to be explored and developed.
- Expand community mothers with specific role for supporting young parents.
- Revise whole welfare system. Current system:

  (a) Supports lone parents.
  (b) Encourages mothers to set up home alone.

(c)Is pro-marriage rather than pro family.

- Non-judgmental information for young parents from one named person.
- Services – negative attitudes of service providers (GPs and nurses) is a barrier to accessing services.
- Rights and responsibilities of young men should be addressed.

WORKSHOP THREE – Attitudinal Changes Required

(1) Do current public/professional attitudes in some way contribute to the current levels of crisis pregnancy, in particular teenage pregnancy?

2(a) Is an interagency taskforce a good way of implementing the recommendations of this consultation day?

2(b) If so, who should be represented on this taskforce?

**** LIST KEY THEMES OF THIS WORKSHOP

The prevailing attitudes identified include:

General public (parents/peers/media)

- lack of openness about sex.
- moral view – concern that a comprehensive strategy would induce experimentation
- cultural and religious beliefs
- conflicting messages relating to sexuality via the media.

Professionals

- lack of flexibility
- judgmental attitudes
- lack of people friendly services
- cost of professional services

- Church v State debate needs to be addressed.
- Irish based research needed.
- Recognition and resourcing for existing good evidence based practices.
- Information pack and video could be produced in consultation with parent's councils.
- Respecting public moral values and fear that comprehensive strategies to reduce crisis pregnancy will have an adverse effect on young people and encourage experimentation will need to be considered when developing a strategy.
- Integration of statutory and voluntary services is the key to more successful outcomes in terms of prevention and support.
- Judgmental attitudes of teachers, doctors and nurses which is a barrier to accessing help needs to be addressed.
- Youth conference on sexual health recommended similar to consultation day.

APPENDIX B – AUDIT OF EXISTING SERVICES IN THE NEHB

Size and staffing levels within the NEHB providing a service to women with a crisis pregnancy.

Primary care service

- Crisis pregnancy support is provided by GPs as part of their family planning contract with primary care and an inter-referral system is in place where this service is not available.
- 124 GP's in the region have agreements with the NEHB to provide a comprehensive Family Planning Service.

Health Promotion Department

- The Health Promotion Department of the NEHB is currently developing a **Sexual Health Strategy** document, which will be available by mid 2002. Meanwhile, a sexual health campaign is on-going. For example convenience advertising at youth venues, clubs and pubs. There are no specific services in relation to prevention of crisis pregnancy.

- There are **3 Youth Development Officers** based in the Health Promotion Department working to address the issues around youth health including sexual health. They provide training, information and support to youth leaders on all aspects of sexual health who in turn work directly with young people.

- An **interactive youth web-site** has been developed and was launched in December 2001, which provides information for young people on various aspects of youth health including sexual health - www.youthhealthne.ie
  A 'traffic light' system allows people to access help on an urgent basis in an emergency or to email a less urgent query.

- A teenage pregnancy proposal in terms of both prevention & support has been developed and funding sought from the Department of Health. (This issue has been identified as a priority in the new Health Strategy). Teenage pregnancy rates are very high in Co Louth – 7.5% while the rate in Monaghan is 4.2%, Cavan 5.3% and Meath 3.8%. The average rate in the NEHB area is 5.2%

Cura

- Cura offers assistance to women with crisis pregnancy and have offices in Dundalk and Monaghan. They also offer post abortion counselling.

- A small grant is given by the NEHB to Cura. They also receive some funding nationally from ERHA.

Maternity services

- Maternity services are currently provided at Our Lady of Lourdes hospital, Drogheda and Cavan General Hospital. Outreach maternity services are provided in Monaghan General Hospital and Louth County Hospital, Dundalk.
- Cavan General hospital do not have a social worker. The annual birth rate is over 1,000 births. There are no specific social work services for women (over 18 yrs) in Cavan /Monaghan community care. Women are referred to the appropriate agency, e.g. G.P. In relation to young women (those under 18 yrs of age) there are no designated staff or specific services for those in crisis pregnancy. If a young women known to Cavan/ Monaghan services becomes pregnant the GP would generally be involved in any decisions relating to the pregnancy. A "gap" could be perceived in the fact that different GPs will offer different information and advice given their particular personal opinion.
- At Our Lady of Lourdes hospital Drogheda, there is one social worker attached to the maternity services. The annual birth rate is 3,000 births.

Parentcraft Education

- Parentcraft classes are available throughout the region in a variety of community and hospital settings. A Community based young mothers parentcraft service commenced in July 2001 in the Youth Initiative Partnership community project in Dundalk. A young mothers parentcraft service is also available at Our Lady of Lourdes hospital, Drogheda.

Postnatal Care

- Where possible additional support is provided by the public health nursing service postnatally to vulnerable mothers, including those with a crisis pregnancy.
- There are no dedicated services for these mothers. On going staffing shortages present difficulties in offering adequate levels of support. If further support is required, they can be referred to other services such as the social work department, GP etc.

Services funded by ERHA

There are no services specifically funded by E.R.H.A. but obviously, a significant number of women from Co. Meath avail of maternity and family planning services within the Dublin Area. The Coombe Hospital operates an outreach maternity clinic in Trim.

Voluntary services in the NEHB region

- Community Parenting Programme (Dundalk only)
- I.S.P.C.C.
- Youth Initiative Partnership (Dundalk)
- Moving on Programmes (Drogheda, Castleblaney and Dundalk)

APPENDIX C - Perception of gaps in the system.

There are no dedicated services in the NEHB to deal with crisis pregnancy, nor are there any additional support systems to support young teenage mothers. There are no women's resource centers, family planning centers, youth resource centres or services targeting vulnerable women. Many people travel outside the region to Dublin or Northern Ireland to access services. The voluntary sector were very reliant on Peace and Reconciliation funding which has now ceased for many groups and this may cause further gaps. Crisis pregnancy services need to be substantially resourced in the near future.

Prevention of Crisis Pregnancy

Additional resources are required to build on existing services and to adopt other best practice programmes from other jurisdictions. These preventative services need to be strategically planned to ensure a comprehensive range of services are developed rather than the current fragmented services which are a result of piecemeal funding. Full implementation of the North Eastern Health Board Sexual Health Strategy will require additional funding. Implementation will ensure that broad-based, inclusive and comprehensive services, based on international best practice models are developed to meet the current and future needs of the NEHB region.

From our preventative perspective, the main gaps in the service include:

- Insufficient education.
- Insufficient contraceptive services.
- Lack of services specifically tailored to meet the needs of young people (e.g. many are reluctant to attend GPs)
- Lack of training for youth workers, parents, health care staff etc. who engage with younger people.
- National media campaigns needed at peak risk times to reinforce key messages, e.g. prior to holidays.

Support for women who experience a crisis pregnancy

- Staff training is required to enable staff to become youth friendly. Confidential, respectful staff who are comfortable offering flexible, youth friendly services will enable vulnerable people to avail of services necessary to ensure optimum outcomes for mothers and their babies.
- We need to advertise existing pregnancy counselling services including voluntary and statutory services.
- We need to maximise access to relevant services through information and empowerment and to forge links between related internal and external services. The capacity of internal structures needs to be increased to respond more effectively to the complex needs of women who experience a crisis pregnancy.

Postnatal Support

- For those who become pregnant, we need to identify their needs and provide a package of relevant support to enable them and their babies to lead healthy and fulfilling lives

(similar to the models of support offered in Dublin, Galway and Limerick on the Department of Health 3 pilot models).

- Additional support should be offered to all mothers as it is often not known if the pregnancy was a crisis one or not. Examples of support could include additional visits from public health nurses who could refer to appropriate services if necessary, support groups for mothers, mother and toddler groups.

Gaps in post abortion support and counselling

- Many women do not openly seek help after an abortion because they may prefer not to discuss the issue for a variety of reasons. GP services are available for those women who wish to avail of them.
- Shortages of counselling services prevent many from seeking help at a later date when other life stresses pose new problems and ignite old ones. Generic counselling services may be more acceptable for most women who may be reluctant to avail of specialist post-abortion services due to fear of loss of anonymity.
- We need to develop free NEHB, generic counselling services throughout the region to facilitate all distressed people to come forward to seek help. The Crisis Pregnancy Agency could part fund this service

Conclusion

Crisis pregnancy poses potential major risks regarding health and social status of the parents themselves and their children. The actual number of crisis pregnancies is not known as little known research has been undertaken on the subject other than on teenage pregnancy.

The challenge of reducing the number and consequences of crisis pregnancy has several layers of complexity.

1. Primary prevention involves delaying the initiation of sexual activity as the principle means of preventing pregnancy.

2. Secondary prevention aims to prevent pregnancy in sexually active people by using effective means of contraception consistently and correctly.

3. Tertiary prevention involves early intervention and support for pregnant women. Tertiary prevention for parents is also regarded as primary prevention for their babies.

Successful interventions involve locally supported multifaceted, intensive approaches with consistent messages targeted at young people. No single organisation or sector can adequately address this problem. A multisectoral, cross departmental approach involving young people and the community is essential to ensure a more co-ordinated sustained response and positive outcomes. Substantial targeted funding by the Crisis Pregnancy Agency would greatly assist in addressing this issue.