

Key Findings

Support before and after termination and miscarriage for pregnant teenagers in Coventry

This research, commissioned by Coventry Teenage Pregnancy Partnership Board, focused on young people's experience of termination and miscarriage, paying particular attention to family, friends and partners' reaction to the pregnancy; the kind of advice, information and support received; young people's perceptions of professionals, practitioners and services; the effect which termination or miscarriage had on individuals and the influence of wider societal attitudes towards teenage pregnancy and young parenthood.

BACKGROUND

This exploratory study provides insight into influences on young women's pregnancy decision-making processes, their access to termination services, their interaction with health care providers and their need for support when experiencing termination or miscarriage.

It has been suggested that 'it is simply taken for granted that conceptions (or births or terminations) occurring in the teenage years are problematic' (MacIntyre and Cunningham-Burley, 1993). The emphasis on 'prevention' contained within the government's Teenage Pregnancy Strategy positions parenthood for young people as a negative choice and this dominant discourse is likely to influence young people's reproductive decisions. Both young pregnant women and mothers and the professionals who support them to some extent internalise the negative stereotypes of teenage pregnancy (Letherby et al, 2002; Shaw et al, 2003).

AIMS OF THE RESEARCH

The following aims were identified:

To explore the availability and

quality of support prior to termination for young women (aged 16-20) in Coventry who wish to have a termination

To explore if and when young women in Coventry feel that they experience pressure to have a termination

To explore the availability and quality of support post termination or miscarriage for young women (aged 16-20) in Coventry

To identify gaps in services in order to help the development of policy and practice in Coventry

METHODS AND METHODOLOGICAL APPROACH

A total of 15 professionals and practitioners were interviewed. Each of the above respondents provided contact details for organisations who they perceived to be of help to the project. This allowed the research team to 'map' services across the city and to discover awareness of services amongst and between agencies. A total of 5 young people were interviewed: **Mary** - who had a termination when she was aged 16,

(now 18), has two children and is pregnant. **Jane** – who had a termination when aged 17, (now 18), has a two year old child. **Holly** – experienced miscarriages when aged 15 and 17, (now 17), and has an 11 week old baby. **Ella** – had a miscarriage when aged 19, (now 22) having been advised of baby's foetal abnormality, and has a one year old child. **Andy** - who experienced his partner Ella's miscarriage when he was 22 (now 25). All names were changed to respect respondent's identities.

We were concerned, as in our previous research in this area, to focus on the young person's perspective – the 'insider' account of teenage pregnancy and young parenthood. In-depth, semi-structured interviews were the data-collection method used and interviews were tape-recorded with the consent of each individual and transcribed *ad verbatim*. Issues that were raised by respondents early in the fieldwork period were explored with others later on.

RESEARCH FINDINGS

Influences on young women's pregnancy decision-making

A number of factors influence a young woman's decision whether to continue with her pregnancy or to seek a termination, including relationships with parents and partners. Parents often become involved in decision-making and, although they may attempt to demonstrate the commitment which raising a child encompasses, at times their behaviour could be said to be coercive, as a professional counsellor indicates:

[...] with some young people it's seen as 'You're too young', somehow it's better for them to have a termination because of their age rather than because it is a choice for them. And when they're told 'You can't even keep your room tidy, how do you think you'll cope with a baby?' how is

she ever going to talk to her parent [...]?

The wider literature which explores termination notes that pressure to seek a termination may also come from partners. What is perhaps less recognised is that partners who feel that they are offering their support by stating that they will respect whatever decision the young woman makes leave young women feeling that ultimately they are alone with the responsibility of the decision. In addition, whereas all women are affected by the negative discourses surrounding termination younger women in particular may be susceptible to their decision being influenced by adults with whom they may be in a relationship of power (Letherby et al, 2002; Brown et al, 2006).

Miscarriage: 'Sad loss' or a 'Lucky escape?'

Women who experience miscarriage are often regarded as having had a 'sad loss', but younger women find that their miscarriages are often regarded as a welcome solution to the 'problem' of teenage pregnancy (Borg and Lasker, 1982), which is often unplanned and unexpected. As a voluntary sector counsellor said:

I can't imagine a 20 plus year old woman being told 'Well it's a good job you had a miscarriage because you're far too young anyway' [...] It's almost seen as a blessing really and that then effectively stops that young woman from grieving the loss, it quietens them down.

As with many people who experience miscarriage there are few opportunities to talk about it, to share feelings and to deal with the emotions being experienced. The impact of pregnancy loss on young women has been largely overlooked and, as with men of all ages, there is little academic research into the impact on the male partners of women who have miscarriages (Letherby, 1993; McCreight, 2004).

'Your body was there but you weren't': similarities between young women's experience of termination and miscarriage

In common with other research which has explored women's experiences of health care interventions, young women in this research felt that they were not always treated in a holistic manner, as thinking and feeling individuals, which led them to feel disempowered. Young women also spoke of a lack of information concerning the procedures which they were undergoing and the practice of the hospital or termination provider.

I just remember sitting, like when they first took me upstairs they sat me in a cubicle and told me to get changed. I didn't know what was going to happen next, I didn't know if I was going to go into a room or a bed, I just didn't know, and then the next thing they put me half to sleep and that was it, I woke up. I kept trying to speak to someone, trying to ask someone something, it was like they just blanked you and carried on, it was just like you weren't there, well you were, you're body was there but you weren't (Jane)

Whilst some respondents recognised that health care professionals may have difficulty in responding to women as individuals if they are dealing with miscarriage or termination procedures quite often, they felt that it was important for health care professionals to be aware that limited emotional interaction often negatively shaped the experience for young women.

Stigma/secretcy/shame

Concern that other people might find out about their termination and anxiety about what others might think leads young women to be reticent to confide, which impacts on their ability to seek both informal and formal support. All those involved in the research spoke of a

need for support after termination or miscarriage, although the support required varied. Assumptions are sometimes made that young women do not want support because they do not seek it when offered, usually immediately after the event. Even when young women feel confident that they made the right decision for them in having a termination they still may feel the need for some support, as Jane says:

Although I knew it was the right decision sometimes I thought, 'Oh, it would be due now', I'd get those feelings but I could still say it was the right decision [...] I can just about manage with my daughter so I know it was the right decision, I just wish I'd had someone I could have talked to, somewhere to go (Jane)

For all young people in this study the importance of having their experience validated was emphasised although it is recognised that individualized responses to termination and miscarriage provide a challenge in terms of the provision of support.

REFLECTIONS

Our findings indicate that termination and miscarriage are significant events in the lives of young women (and men) and may have significance in the lives of young people over a long period of time, although it may appear, at the time the termination or miscarriage occurs, that the young person is not affected. The factors which can be said to have a potentially negative long-term impact on young women, in accordance with our findings and those of previous research, appear to be:

- a) pressure/coercion to have a termination
- b) lack of opportunity to discuss feelings around termination or miscarriage
- c) unsympathetic and impersonal treatment at clinic or hospital

d) no support/lack of awareness of support afterwards

This research has not been able to discover whether the above factors influence future reproductive decisions but anecdotal evidence and previous research, including the previous research of the Centre for Social Justice, indicates that subsequent pregnancies often occur within a short space of time if young women feel that they had little control/choice during their experience of termination or miscarriage and if their concerns were left unresolved.

There are both commonalities and differences between the experiences of younger women and their partners and those of older women and their partners. The emotions which are often experienced (loss, grief, hopes for the future, effect on self-identity) are all very similar but remain unacknowledged and devalued in younger people as wider social discourses often 'demonise' teenage parents and therefore events which 'deal with' the (unwanted or unplanned) pregnancy can be conceptualised as less negative or less damaging by family, professionals and the wider community/society.

Thus, family support and the support provided by partners can be ambiguous and may feel more like control to young women. Our data suggests that sometimes young women experiencing miscarriage are assured that it is all 'for the best' given their age and also that some young women are being coerced or actively encouraged to seek a termination. Some professionals and family members may believe it to be in the best interests of the young woman for her to have a termination. Making their own choice to continue with the pregnancy or have a termination can be said to demonstrate a sense of agency which might otherwise be denied if significant others become

too involved in the decision-making. However, as indicated earlier, it is unlikely that any reproductive choice is entirely 'free' given wider (sometimes competing) societal attitudes surrounding termination, miscarriage and teenage pregnancy.

Some young people acknowledge that they may have grown or developed in some way through their experience, that it may not have been a wholly negative one. Women may grieve after a termination but grief should not be conflated with regret – appropriate support and counselling would help young women to see that feelings of 'loss' can be quite normal; this should help in being able to come to terms with termination or miscarriage and move on in their life.

In common with other research which has tried to access young women who have had terminations (Lee et al, 2004; Tabberer et al, 2000) it proved to be difficult in this study (with reference to miscarriage as well as termination) also. However, from the data we have collected from young people and the professionals who support them we would argue that termination and miscarriage take place within wider political discourses which regard teenage pregnancy as problematic. This point needs to be kept in mind when formulating future aspects of the Teenage Pregnancy Strategy. It is also important to keep this point in mind when reviewing current trends. For example, with the latest conception statistics for England from the Teenage Pregnancy Unit there appears to be a general cause for celebration, since conception rates for under 18 year olds appear to have declined by 11.1%. We would suggest that we need to look more closely at some of the factors which are contributing to the success story, such as an increase in rates of termination for those under 16 and under 18.

RECOMMENDATIONS FOR FUTURE POLICY, PRACTICE AND RESEARCH

Policy and Practice

The findings of the research on which this report is based suggest the need for **the development of policy and practice which seeks to enable all those in contact with young people in the voluntary and statutory services to respond supportively and non-judgementally to young women (and their partners) who are pregnant and those who have experienced a termination or a miscarriage.** This will entail those that provide support or counselling recognising the influence which 'significant others' may have over the young woman's decision. It is important that supporters allow both the time and space to meet the specific needs of young women and men.

Following the findings of this research we would also recommend **continuity of care for young women** throughout the experience of termination and miscarriage, e.g. a named person to support throughout their stay at clinic/hospital wherever possible.

Many of the services used by young people experiencing termination or miscarriage knew of the existence of others but it appeared that staff were not always aware of the extent of the support which could be offered. We suggest **that services in Coventry would benefit from improved communication** through the promotion of joint working and sign-posting; this may involve some further training with staff to raise awareness of appropriate services and highlight the benefits for young people of a consistent response.

'Support prior to and following termination and miscarriage for pregnant teenagers and young parents in Coventry' (2006), Geraldine Brady, Geraldine Brown, Gayle Letherby, Julie Bayley and Louise Wallace is available from: G.Brady@coventry.ac.uk or G.Brown@coventry.ac.uk, Centre for Social Justice, Coventry University - 02476 795775 or 76795774

The informed, unbiased and sensitive **discussion of termination and miscarriage in schools as part of Personal and Social Health Education** would also prepare young women and young men more fully for their (complete) reproductive futures.

Finally, to continue to **raise awareness across the professional community that teenage pregnancy is not necessarily a negative experience for young people and that conversely termination or miscarriage are not necessarily positive 'solutions' to teenage pregnancy.** NB: The current training developed and offered by The Centre for Social Justice, Coventry University and commissioned and funded by the Coventry Teenage Pregnancy Partnership Board is one way to do this.

Research

We would suggest further research which explores:

- The influences on young people's pregnancy decision-making process;
- The impact of termination and miscarriage on a larger sample of young people, including young men;
- Whether there is a need for specialist young person reproductive services in Coventry
- Further research exploring the relationship between termination, miscarriage and subsequent pregnancies