Teenage pregnancy in an inner London GUM service

Many young people attending genitourinary medicine (GUM) clinics are using inadequate contraception and are at high risk of unplanned pregnancy.[1] Those attending for pregnancy testing or to request emergency contraception are a particularly high risk group, with the majority failing to return for contraceptive follow-up and continuing to use unreliable methods of contraception[2 3] At 43.5 per 1000, the London Borough of Wandsworth has an under-18 teenage pregnancy rate (TPR) well above both the national average of 35.4 and that of London as a whole (37.1).[4] Sixty-one percent of pregnancies in this age group end in termination (67% in Wandsworth).[4]

We carried out a cross-sectional study of all pregnant teenagers aged ≤18 years accessing the St George's Hospital GUM service between January 2005 and October 2008. Two hundred and thirteen pregnancies occurred in 206 patients. Five girls were pregnant twice during the study period and one was pregnant three times. There were 163 in the 15–17 years age group giving an overall under-18 TPR of 99.1 per 1000 age-matched clinic attendees. There were 38 pregnancies in under-16s, giving an under-16 TPR of 112.9 per 1000 age-matched attendees. Median age at attendance was 17.1 (range 14.2–18.7) years.

Teenagers identified as 'Black Caribbean' or 'Black Other' were over-represented compared to both non-pregnant age-matched female clinic attendees and the Wandsworth population whereas those identifying as 'Asian' or 'White' were under-represented.

Median gestation at clinic presentation was 6 weeks. Only five pregnancies were reported to have been planned. Where post-pregnancy intentions were known, 119/193 (62%) intended to undergo termination of pregnancy (TOP). Thirty-nine teenagers were known to have been pregnant at least once before and 29 of these had had a previous TOP.

One hundred and forty-two teenagers had previously accessed a GUM or contraception service and information on prior contraceptive use was available for 197/213 pregnancies. In 25/197 pregnancies no method of contraception was reported to have been used in the preceding year and 96/197 reported only intermittent condom use without additional contraception. Usage of long-acting reversible contraception (LARC) was particularly low, and none reported using LARC around the time of conception. Other contraception was used inconsistently, with 55 teenagers reporting inconsistent use of either the combined or progestogen-only contraceptive pill.

A total of 146/213 teenagers underwent a sexually transmitted infection (STI) screen within 4 weeks of presentation and 46/146 of these were diagnosed with at least one STI. One hundred and seventy-eight teenagers had a regular male partner who was reported to be the father of the baby in 155 cases. The median number of partners reported in the last 3 months was one, as was the median number of lifetime partners.

Teenagers attending our GUM service had a higher risk of pregnancy than others their age in the general population. This risk was particularly marked in the under-16 years age group, where the TPR of 112.9 per 1000 seen greatly exceeded the national average of 7.8 per 1000 at the time.[4] The vast majority of these pregnancies were unplanned.

Since our study was carried out there has been a renewed national drive to increase the availability and uptake of LARC and a move towards the integration of GUM and contraceptive services. Whereas in the past contraception was available only in designated young person clinics, it is now routinely obtainable from general adult walk-in GUM services. We plan to examine the impact of these and other changes on subsequent teenage pregnancy trends in the near future.

GUM services in Wandsworth are reaching a high proportion of those at high risk of teenage pregnancy. It remains to be seen whether recent changes to increase contraceptive provision in this setting have an impact in reducing unplanned teenage pregnancy and TOP.

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REFERENCES

1 Moses S, Huengsberg M. Adequacy of contraception and missed opportunities for provision in a genitourinary medicine setting. *J Fam Plann Reprod Health Care* 2007;33:208.
2 Drebitko CN, Sadler LS, Leventhal JM, *et al*. Adolescent girls with negative pregnancy tests. *J Pediatr Adolesc Gynecol* 2005;18:261–267.
3 Falk G, Falk L, Hanson U, *et al*. Young women requesting emergency contraception are, despite contraceptive counseling, a high risk group for new unintended pregnancies. *Contraception* 2001;64:23–27.
4 Office for National Statistics. *Conception Statistics, England and Wales 2009*. London, UK: Office for National Statistics, 2011.