



Pregnancy Options

and PSHE Education

Professionals' Pack

2023

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Introduction

This pack aims to support education providers to deliver quality PSHE education around pregnancy choices through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Pupils should be well informed about the full range of perspectives and, within the law, should be well equipped to make decisions for themselves about how to live their own lives, whilst respecting the right of others to make their own decisions and hold their own beliefs. This includes choices permitted by the law around pregnancy.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Teaching about pregnancy choices needs to be based on medically and legally accurate information about all the options, abortion included.



Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.



No. 01 – Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



No. 02 – Collaborate with DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



No. 03 – Staff Confidence

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



No. 04 Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



No. 05 – Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 – Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Best Practice Principles

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.

The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain [here](#).

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices."

Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Teaching should not induce shame but should give medical and legal facts
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Best Practice Principles

Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

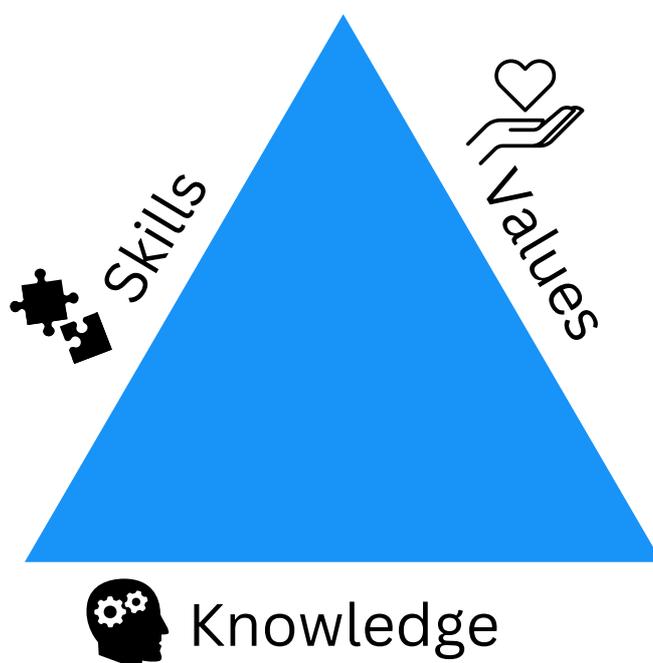
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic

Skills: gaining new skills on a topic

Values: reflecting on, and potentially altering, your own values in relation to a topic



Best Practice Principles

Teaching about the topic

Teaching about pregnancy options is an essential part of any comprehensive PSHE/RSE curriculum. The Sex Education Forum Research found that from 1,000 young people aged 16 and 17 years, 12% had not learnt about pregnancy options in school (2019)

One reason for this is a lack of confidence by the session facilitator. When asked to rate confidence on a range of RSE topics, teachers of RSE placed "pregnancy options" and "explicit online material" as the two issues where confidence was most lacking (Sex Education Forum, 2018).

The Statutory Guidance provides clear instructions on what needs to be covered under this topic (see below), this enables professionals to stick to the legal and medical facts

Sessions should be inclusive, The vast majority of people who can get pregnant, use contraception and may need an abortion are heterosexual women but remember:

- Some trans men and non-binary people may be able to get pregnant and also need contraception and may need to access an abortion.
- Lesbians and bi-sexual women also experience unintended pregnancy or pregnancies that they cannot continue for medical reasons.
- Some gay men may also experience heterosexual sex at some point and need to know about pregnancy prevention and pregnancy options.
- Although legally, only the pregnant person can make the final decision to have an abortion, men have a joint responsibility for preventing pregnancy and may have to support their partner to make a decision in the future. They may also require support themselves during this time.

It is important to remember that people from different countries, cultures, religions and ethnicities experience abortion. Learning about pregnancy options is important for everyone and it is important to address the topic in a sensitive way that includes everyone.

Including the information above when discussing the topic will help to engage young people who may think the topic has nothing to do with them.

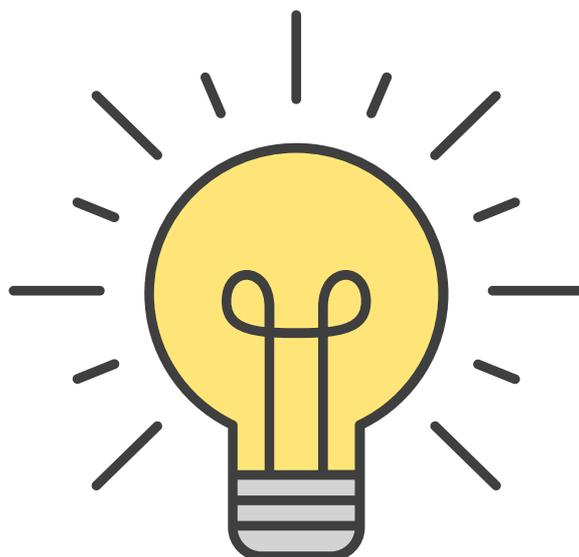
Sessions around pregnancy options should always be evidence based and scientifically accurate – this includes any sessions from an external provider. Young people should be able to distinguish between fact and opinions or beliefs.

It is recommended that PSHE Leads liaise with colleagues from RE/Philosophy and Ethics before teaching on the topic of Pregnancy Options to ensure the teaching complements cross-curriculum. This may include learning specifically about the religious, moral or ethical issues relating to the topic.

Safeguarding Young People with Increased Vulnerabilities

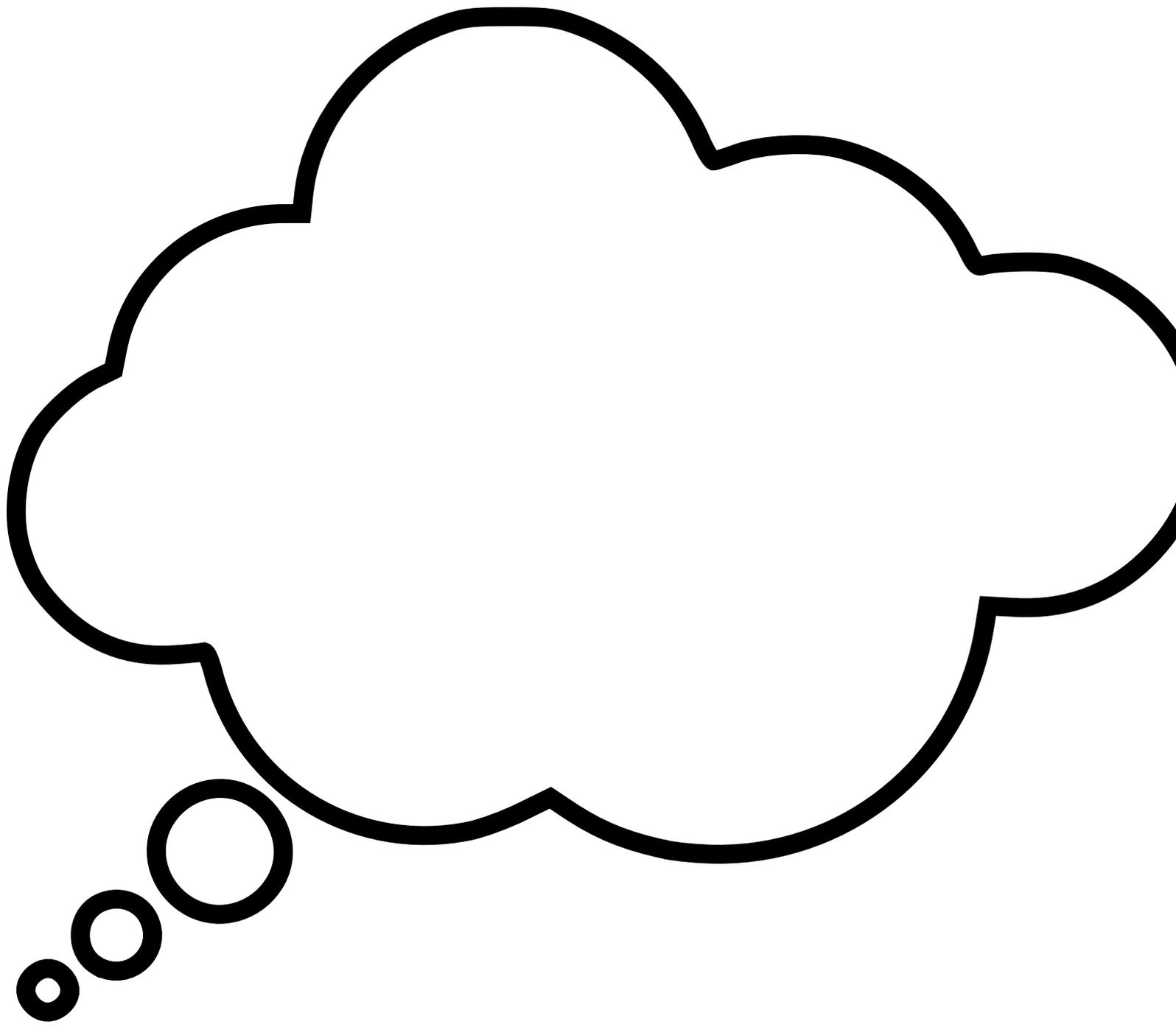
Practitioners teaching on these topics may not be aware of the family background or current issues facing participants in the group, it is important to prepare and teach all sessions as if at least one member of the group is personally affected by the session content. Not only is it likely that there will be young people in the group from a variety of families, including those who have been adopted or fostered, it may also be that someone has personal experience of an unintended pregnancy. Making the session safe for those will also ensure the session is safe for everyone.

Make sure you liaise with you Designated Safeguarding Lead to alert them that you will be covering the topic so they are able to make the relevant preparations to be able to support.



Before delivering any session on the topic of pregnancy options, it is important that practitioners consider their own thoughts, feelings, opinions and beliefs on the subject. This then enables you to set them aside and create a safe space for young people to share their thoughts, whilst you provide evidence-based information.

Use the space below to note some of your own thoughts and feelings on the topic.



Tips for Communication

Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on [communicating with people with learning difficulties](#).

The National Autistic Society has also published [tips to communicate more effectively with an autistic person](#).



The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to Pregnancy Options or are learning outcomes that should have already been achieved prior to delivering sessions on the topic.

Primary

PSHE Association

Key Stage 2

H30.	To identify the external genitalia and internal reproductive organs in males and females and how the process of puberty relates to human reproduction
H31.	About the physical and emotional changes that happen when approaching and during puberty (including menstruation, key facts about the menstrual cycle and menstrual wellbeing, erections and wet dreams)
H33.	About the processes of reproduction and birth as part of the human life cycle; how babies are conceived and born (and that there are ways to prevent a baby being made); how babies need to be cared for

SEND

PSHE Association:

CG2 – Changes at Puberty

Encountering	Respond with curiosity to adult prompting of the names for body parts and changes of puberty
Foundation	Recognise that bodies change as people become adults, including the onset of menstruation (when appropriate).
Enrichment	Use correct vocabulary to name male and female reproductive organs

DfE Statutory Guidance:

By the end of Primary pupils will know:

CAB2.	About menstrual wellbeing including the key facts about the menstrual cycle.
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Secondary PSHE Association Key Stage 3

H35.	About the purpose, importance and different forms of contraception; how and where to access contraception and advice (see also Relationships)
R32.	The communication and negotiation skills necessary for contraceptive use in healthy relationships (see also 'Health')
R33.	The risks related to unprotected sex
R34.	The consequences of unintended pregnancy, sources of support and the options available
R36.	The nature and importance of stable, long-term relationships (including marriage and civil partnerships) for family life and bringing up children
L23.	To recognise the importance of seeking a variety of perspectives on issues and ways of assessing the evidence which supports those views

Key Stage 4

H14.	About the health services available to people; strategies to become a confident user of the NHS and other health services; to overcome potential concerns or barriers to seeking help
H26.	The different types of intimacy – including online – and their potential emotional and physical consequences (both positive and negative)
H29.	To overcome barriers, (including embarrassment, myths and misconceptions) about sexual health and the use of sexual health services
H32.	About the possibility of miscarriage and support available to people who are not able to conceive or maintain a pregnancy
H33.	about choices and support available in the event of an unplanned pregnancy, and how to access appropriate help and advice
R23.	How to choose and access appropriate contraception (including emergency contraception) and negotiate contraception use with a partner
R24.	The physical and emotional responses people may have to unintended pregnancy; the different options available; whom to talk to for accurate, impartial advice and support
R26.	The reasons why people choose to adopt/foster children
R27.	About the current legal position on abortion and the range of beliefs and opinions about it

Key Stage 5

H18.	to develop a nuanced understanding of how to select appropriate contraception in different contexts and relationships
H20.	How to take responsibility for their sexual health and know where, and how, to access local and national advice, diagnosis and treatment
R8.	To use constructive dialogue to support relationships and negotiate difficulties
R14.	To understand the implications of unintended pregnancy and young parenthood; to recognise the advantages of delaying conception, whilst acknowledging the changes in fertility with age
R15.	To negotiate, and if necessary be able to assert, the use of contraception with a sexual partner
R16.	How to effectively use different contraceptives, including how and where to access them
R17.	To evaluate the most appropriate methods of contraception in different circumstances (including emergency contraception)
R18.	To access the pathways available in the event of an unintended pregnancy and understand the importance of getting advice and support quickly

SEND

PSHE Association:

CG1 – Puberty

Enrichment	identify the functions of the reproductive organs, including how conception occurs.
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CG4 – Intimate Relationships, Consent and Contraception

Core	Recognise what sex means, what happens during sexual activity and that consequences of sex might include pregnancy and sexually transmitted infections (STIs)
Core	Recognise that contraception, including condoms, can help prevent pregnancy and some STIs
Development	Describe ways we can take care of our own sexual health and that of others (e.g. using condoms to help prevent STIs).
Development	Identify where and how to obtain condoms and describe how to use them safely.
Development	Identify what the differences might be between feeling ready for a relationship, feeling ready for a sexual relationship and being ready to be a parent.
Development	Identify possible reasons why people might choose to adopt or foster children or young people.
Enrichment	Describe some forms of contraception, their correct use and where and how they can be accessed.

Enrichment	Describe some forms of contraception, their correct use and where and how they can be accessed.
Enrichment	Describe choices people have in the event of an unintended pregnancy.
Enrichment	Explain what abortion or termination of a pregnancy means.
Enrichment	Identify reliable, unbiased sources of support and explain how to access them.
Enhancement	Identify some of the range of beliefs and opinions about pregnancy, adoption and termination.

DfE Statutory Guidance:

By the end of Secondary pupils will know:

I8.	The facts about the full range of contraceptive choices, efficacy and options available.
I10.	That there are choices in relation to pregnancy (with medically and legally accurate, impartial information on all options, including keeping the baby, adoption, abortion and where to get further help).
I14.	How to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment
CAB2.	The main changes which take place in males and females, and the implications for emotional and physical health.

NYA Youth Work Curriculum:

I3.	Supporting young people in discovering their personal values, principles and preferences
HW5.	Providing appropriate, accurate information and guidance
HRI.	Offering relationship support and guidance to young people, including sex and relationship education, in settings and in a way chosen by young people



Useful Resources

Please check all resources are suitable for your settings and children before use

Pregnancy Options

Books:

- 3-5 years old - Katie Daynes - [Lift The Flap First Questions & Answers Where Do Babies Come from?](#)
- 6-10 years old - Molly Potter - [Let's Talk About the Birds and the Bees: A Let's Talk picture book to start conversations with children about the facts of life](#)
- 12-17 years - Berlie Doherty - [Dear Nobody](#)
- 13+ years - Jacqueline Wilson - [Baby Love](#)
- 13+ years - Ruby Matenko - [Cheese Puffs](#)

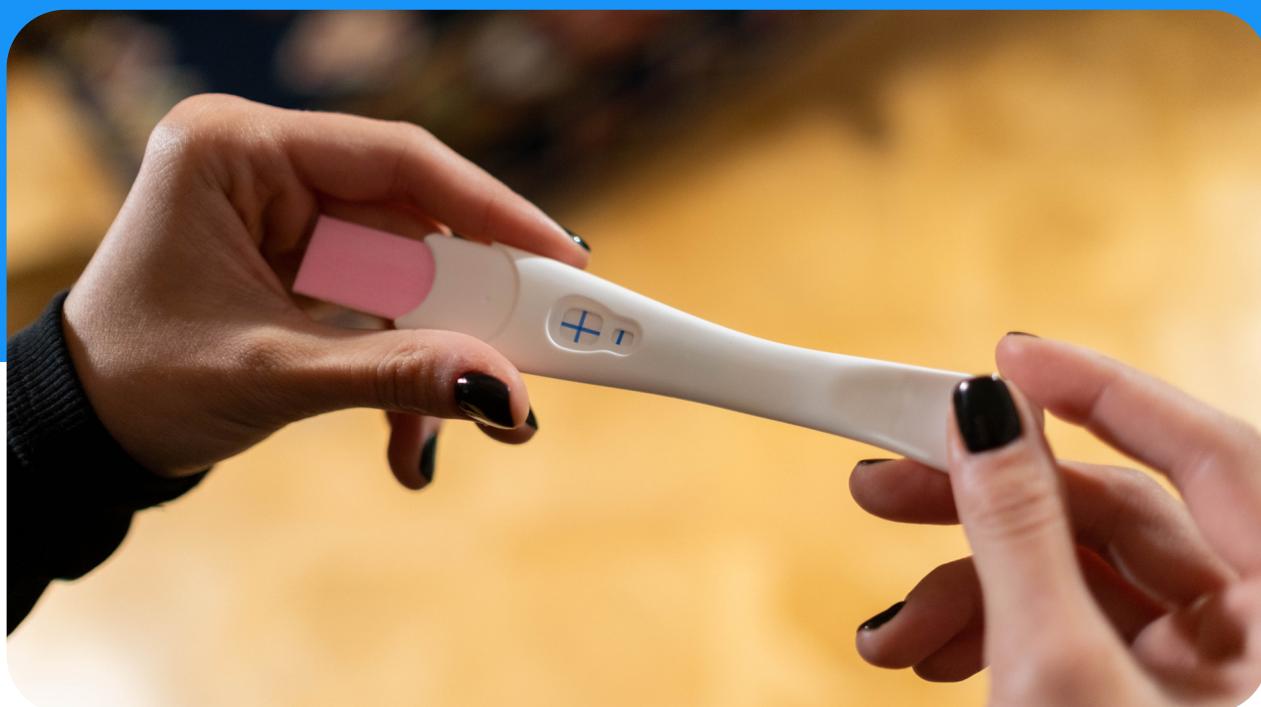
Videos:

- Education Scotland - [Abortion Let's Talk About it](#)

Lesson Plans:

- KS4-5 - PSHE Association - [Fertility and Pregnancy Choices](#) (members only)
- 13-18 - Brook - Lesson Plans on Abortion Available once completed the [training module](#).

DEVELOPING SUBJECT KNOWLEDGE



PREGNANCY OPTIONS

with thanks to...

NUPPAS
national unplanned pregnancy advisory service

Why is this important?



1 in 3 women in the UK will have an abortion (as well as a number of trans and non-binary people).



Over half of pregnancies experienced by under 18 years old end in termination.



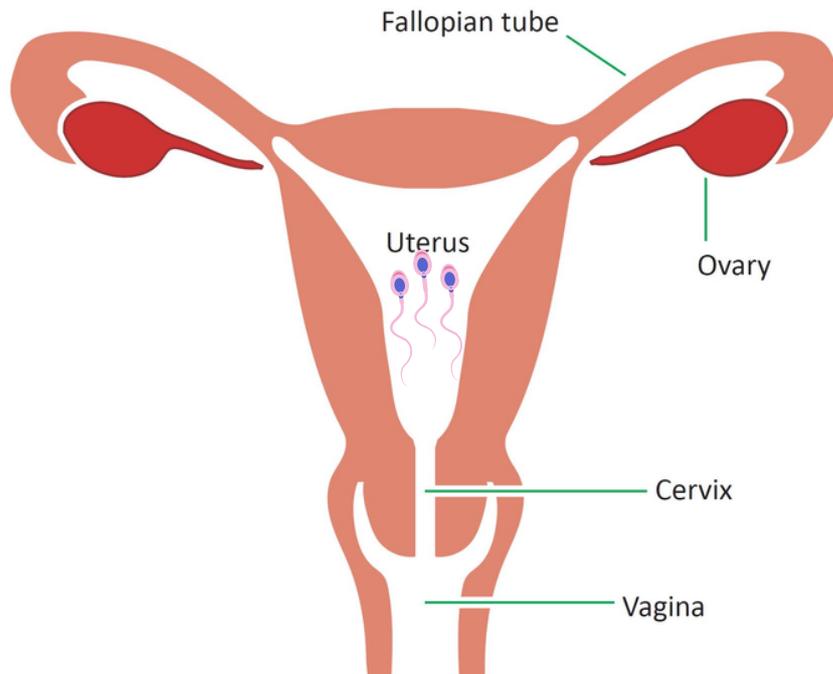
More British young people will experience a unplanned pregnancy than anywhere else in Western Europe.

Including pregnancy options within the PSHE curriculum in your settings will:

- Encourage contraception use
- Help young people to know their rights
- Enable them to explore their own values in relation to the topic
- Encourages empathy and understanding and helps young people to consider other people's viewpoints
- Clarifies facts and dispels myths
- Reduces stigma and taboo
- Offers opportunity to signpost to relevant organisations for help and support
- Provide a factual perspective
- Develop consequential thinking about becoming sexually active

Conception

For young people to understand pregnancy options it is vital that they have an understanding on how pregnancy happens.



Each month an ovary releases an mature egg and travels down the fallopian tube.

If penis-in-vagina sex occurs within several days of this egg being released, fertilisation can occur.

When sperm enters the vagina it swims through the cervix and uterus to meet the egg in the fallopian tube.

It only takes one sperm to fertilise an egg. This is beginning of conception.

The egg is only alive for 24 hours. Sperm is viable for seven days.

The fertilised egg travels down the fallopian tube and embeds itself into the lining of the uterus - pregnancy has now begun.

Reasons for Pregnancy

There are many reasons that people, including young people become pregnant. It is important to consider these and enable young people to have time and space to consider and discuss the different reasons people become pregnancy including why some people have an unintended pregnancy. This helps to manage opinions and challenge stigma towards teenage parents.

I didn't know I could get pregnant

My
contraception
didn't work

I forget to take the
pill

I was forced to have
sex and no
contraception was
used

I didn't know how to
get contraception

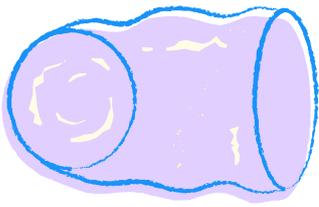
The sex wasn't
planned so we
didn't have a
condom

We wanted to
have a child

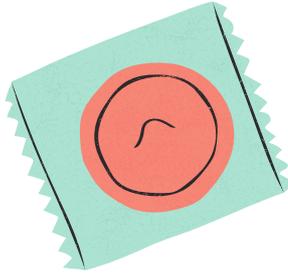
Contraception

Contraception is the only reliable way to ensure someone does not become pregnancy. Our [Sexual Health & PSHE pack](#) contains detailed information about the different method of contraception available. Below is a brief recap of the most common method:

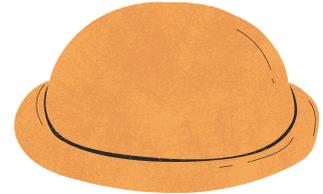
Every time someone has sex:



Internal Condom

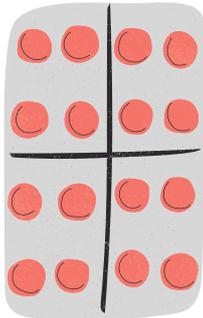


Condom



Diaphragms
and Caps

Daily Methods:

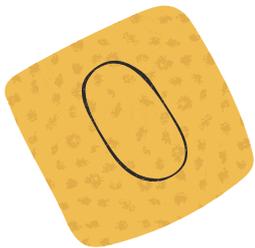


Combined Pill

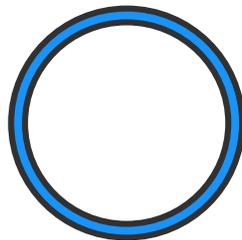


Progestogen
only Pill (mini pill
or POP)

Lasts for Weeks or Months:



Vaginal Patch

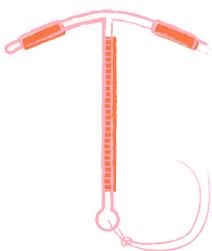


Vaginal Ring

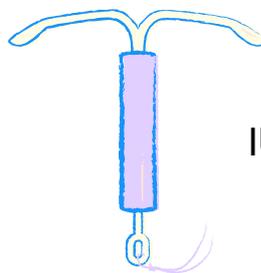


Contraceptive
Injection

Lasts for Years:



IUD



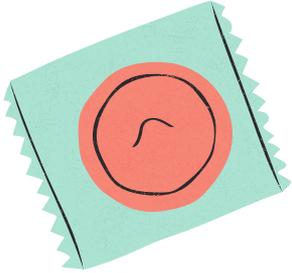
IUS



Contraceptive
Implant

Contraception Failure

When used properly most contraception is 99% effective (excluding the cap and diaphragms which are between 92–96% effective when used properly). There are many reasons why someone's contraception may fail.



Not using the correct size so the condom splits or slips off.
Not being careful when removing the condom.
Using oil based lubricant or not using lube if the vagina is dry.



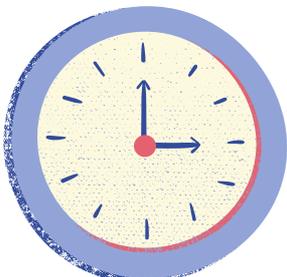
Vomiting within three hours of taking the pill can stop some pills from working. It is important to check the instructions in the packet.



The use of some other types of medication can make some hormonal methods of contraception less effective. Most antibiotics do not affect contraception but it is important to make the person prescribing aware of any contraception methods so they can take this into account when prescribing.



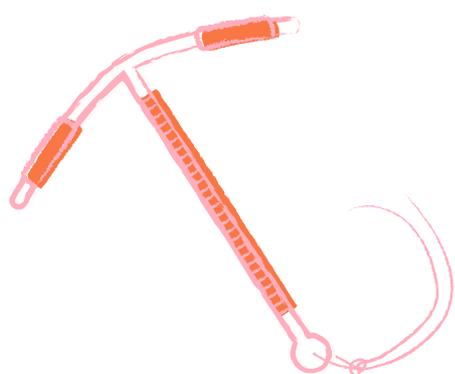
Not following the instructions on how to use the contraception method effectively e.g. forgetting to take the pill or not positioning the cap or diaphragm correctly.



It is vital that contraception is kept up to date within the timing guidance given by the health professional.

Emergency Contraception

If contraception fails or is not used, there are still options available to avoid an unintended pregnancy. It is important to highlight that the use of emergency contraception does not cause an abortion but rather prevents the pregnancy taking place in the first instance.



IUD

- Can be fitted by a Doctor or Nurse up to five days after unprotected sex
- Once fitted can be used as a regular method of contraception
- More effective than the emergency contraceptive pill

Emergency Contraceptive Pill

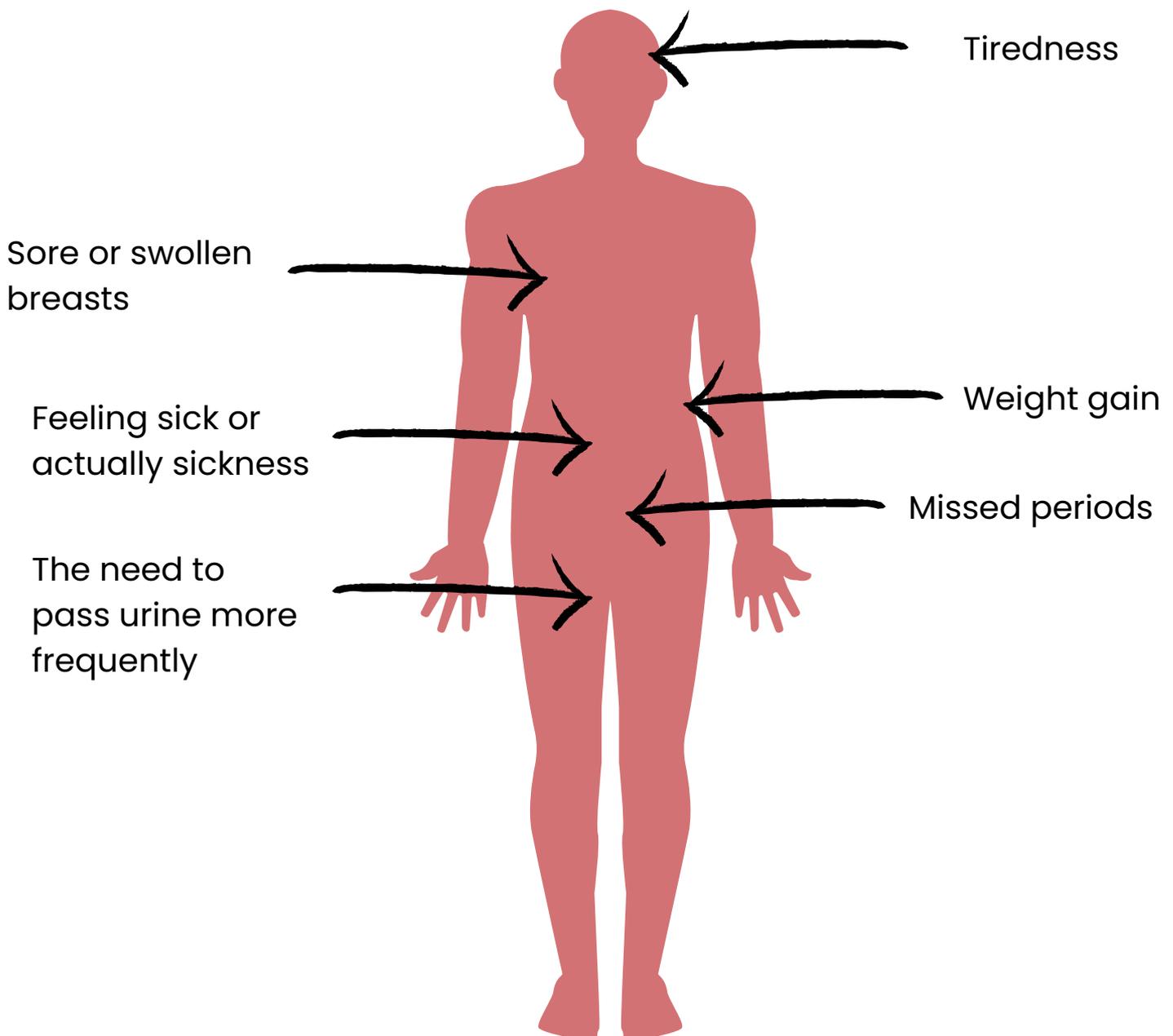
- Widely available from Sexual Health Services and Pharmacies
- Can be taken up to 3-5 days after unprotected sex
- More effective the sooner it is taken
- Prevents pregnancy does not cause an abortion



Pregnancy Signs

There are a number of signs and symptoms of pregnancy. It is important to note that not everyone who is pregnant will experience all their symptoms and many symptoms are not noticeable in the first few weeks of pregnancy.

There may be other factors that cause these symptoms e.g. stress, changes to diet. The only way to be sure is to take a pregnancy test.



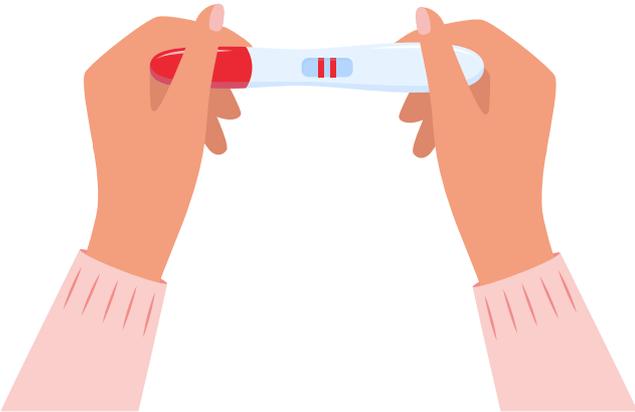
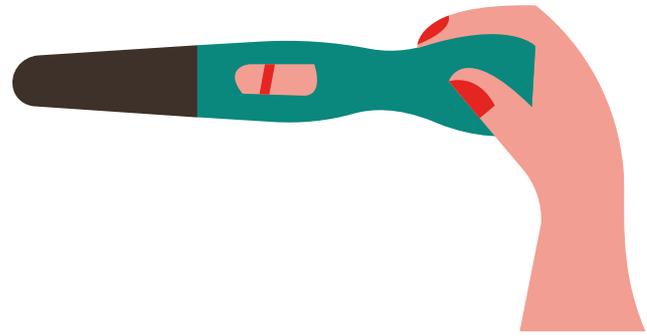
Taking a Pregnancy Test

Testing for pregnancy usually involves passing urine onto a small plastic stick. The test is looking for the pregnancy hormone hCG (human chorionic gonadotropin). It can take a while for this hormone to build up, so there is no point doing a pregnancy test straight after an episode of unprotected sex.

To get an accurate result it is best to test three weeks (21 days) after unprotected sex or as soon as a period is late – whichever is sooner.

Negative Result

- This means that the person taking the test is not pregnant or the hormone is not yet detectable.
- If the test is negative but the person still doesn't have a period when expected, another test should be taken a week later after the first test or visit a clinic to speak to a doctor or nurse.



Positive Result

- This means that the person taking the test is almost certainly pregnant.
- Help, information and support should be sought from either Sexual Health Services or GP.

Pregnancy tests are available to buy in pharmacies and supermarkets or can be accessed for free from Open Clinic (young people only) or NUPAS. The School Nursing Service in Stoke-on-Trent can also provide pregnancy tests.

Many pharmacies across Staffordshire (excluding Stoke-on-Trent) are offering free pregnancy tests for under 25's via a referral form completed by a professional and the person wanting the test will receive a code to take into the participating pharmacy.

A full list of pharmacies offering the service can be found here. Tests are 'take away' and it is the expectation that the referrer will offer support with any results from the test.

Pregnancy Options

There are three main options for a pregnant person, following a positive pregnancy test:

- Continue the pregnancy and raise the child either as a couple or as a single parent.
- Continue the pregnancy and place the child for adoption.
- End the pregnancy by having an abortion (sometimes called a termination).

It is important to ensure people consider their contraceptive options following a pregnancy to prevent any subsequent unintended pregnancies.



Making a Decision

It is important that the person who is pregnant thinks about how they feel about the pregnancy. Perhaps they planned to get pregnant because they wanted to have a baby and still want that most of the time—in which case their choice will probably be to continue with the pregnancy and raise the child.

If that is no longer what they want, or they did not intend to get pregnant in the first place they could have a mixture of feelings and emotions for example they could feel worried about how they will bring up a child but excited by a new event in their life.

They also need to consider what they want from their future, considering if how each of the pregnancy options could help to achieve those things and what they may need to lose or give up right now for each of the options.

Personal beliefs and values will also influence a person's decision, which is why it is important that PSHE creates a safe space for young people to explore their thoughts, values and beliefs about a range of situations and the different choices ahead of any possible real-life situations.

The statements below are often things people say when they have made a decision to take that option.

Continue with the pregnancy and raise the child:

- I feel ready to take on the tasks of being a parent
- Some people have said they will help me
- I want a child more than anything else
- My partner and I both want to have a child

Continue with the pregnancy and have it adopted:

- I could continue with the pregnancy and give birth without having to raise the child
- I could help the child to have parents who want it and can care for it
- I could postpone being a parent myself until later in my life when I feel ready
- I like the idea of giving someone else a baby that they couldn't have themselves

To end the pregnancy and have an abortion:

- I would like to postpone being a parent until my situation is better
- I don't want to be a single parent
- My partner does not want a baby, and I want to consider their feelings
- An abortion is a safe and sensible way to take care of an unintended pregnancy

The statements below are often things people say when they have made a decision to not take that option.

Continue with the pregnancy and raise the child:

- I think I am too young (or too old) to have a baby
- I don't believe I can manage to raise a child properly
- Having a child now would stop me from having the life I want
- I don't feel ready to be a parent

Continue with the pregnancy and have it adopted:

- I don't think I could give up a baby after nine months of pregnancy and delivery
- I would not like the idea that someone else has my baby
- I would worry whether the baby was being treated well

To end the pregnancy and have an abortion:

- My religious beliefs are against abortion
- I'm afraid I might not be able to get pregnant again
- My family (or someone else) says it is wrong to have an abortion

Getting the Right Support

Whatever decision is made it is important that both people seek the right support to help make the decision that is right for them.

Partner

Ideally her partner will offer direct support in considering the different options. He could:

- Listen to how she feels
- Share his feelings with her
- Find out information for her
- Be there when she tells parents/carers
- Accompany her to the clinic

Parents/Carers

Parents or carers may be supportive when they find out or they may be shocked or upset when they first hear the news, but in time they will probably do what they can to support their daughter/son.

As a professional you may be able to help young people talk to their parents or carers.

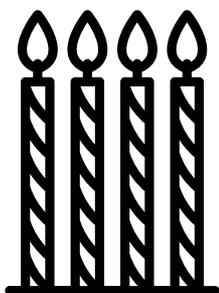
A list of external agencies who can provide advice is available in the signposting section of this pack.

1

Continue the Pregnancy and Raise the Child

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There are many thoughts that a young person may have when deciding if to become a parent including:



If their age has an impact on their ability to parent. It is important to remember that raising a child at any age is challenging. Parents say these things are important to them:

- A regular income or financial support
- Somewhere safe to live
- Emotional support from a partner and/or family
- Practical support e.g. childcare



Being able to continue their education or career. It can be challenging studying or working at the same time as parenting for people of any age. It is likely that a parent/parents will want and need to take some time out with their baby. There is support available to help young mothers to get back into education and training if/when they choose to return. If a person is under 16 years and in school, they are allowed a maximum of 18 weeks maternity leave. (this includes any time take prior to the birth as well as after), inclusive of school holidays. They are then expected to return to education.



There is no guarantee that young couples will stay together forever. It is important to think about the future and that things may change. How might one of them cope raising a child as a single parent?



The law states that doctors must take into account the women's health and wellbeing. Nobody has the legal right to prevent a women from having an abortion or to force her to have one.

If a women chooses to go ahead with the pregnancy, the male who she became pregnant with must support the child financially. If this is not done voluntarily, it can be deducted by the Child Support Agency at source from wages or benefits.

If a young person does decide to become a parent there is support available to help them.

Across Staffordshire and Stoke-on-Trent we have Family Hubs that provide a range of information, support and advice for families.

You can find details of the Family Hubs, their offer and contact details here:

[Staffordshire](#)
[Stoke-on-Trent](#)

A midwife will support the pregnant person throughout their pregnancy and will advise how to maintain a healthy pregnancy, provide antenatal classes and help during labour and the birth.

Young people are able to access a funded childcare scheme - Care2Learn, which provides financial support for young parents up to the age of 19 and in some form of education. This provides funded childcare at participating nurseries and childminders to all the young people to return to education from the time the baby is six months old.

There is support available for Dad's too and they should be encouraged to be involved in the pregnancy. Young Dads are allowed time off school to attend antenatal appointments, the same as young mums and may be allowed up to two weeks parental leave, at the discretion of the school. The Family Hubs will also be able to share details of organisations and support available to them too.





Continue the Pregnancy and Place the Child for Adoption

Adoption provides an opportunity for another person or couple to become legal guardians of the child and look after and raise them.

Once an adoption order is made, the birth parents no longer have any legal rights in relation to the child, although arrangements can be made for them to receive updates on the child.

There are lots of reasons people choose to have their child adopted:

- They do not have a supportive family to help with childcare
- They know they could not raise a child by themselves
- They are against abortion but do not wish to become parents themselves
- They do not believe that people who are not married should bring up a child.

There is no shame in either for choosing adoption as an option following a positive pregnancy test or being adopted.

Once a person has made their decision that adoption is the right choice for them a social worker will spend some time asking the person about themselves, their family and their family's health. This is so the adoptive parents are able to share this information with the child later on. Although preparations for adoption can begin before the birth of the child, nothing is arranged for certain until after the birth. This is to enable a final decision to be made following the birth of the child.

Why Do People Adopt? ³⁶

As there are lots of reasons why people choose adoption for their child there are lots of reasons why people choose to adopt. These may include:

- They have fertility issues/challenges
- They want to provide a home for a child who needs one
- They want to help a child in need
- They want to give a child a better life
- They want to fulfil a desire to parent
- They want to provide a sibling for an existing child
- They want to adopt a relative's child
- They want to help a child from another country
- They want to provide a stable home for a child in foster care

Everyone who wants to adopt a child goes through lots of interviews and checks, to make sure they are able to provide a safe and stable home. It is a long process and those who go through it are really sure that they want to be parents.

If someone chooses adoption it can sometimes be possible for the social worker to arrange a possible meeting of the family or other sort of contact e.g. exchanging letters. The adoption agency should take into account how much contact the birth parents would like when deciding on a placement for the child and ensure that the adoptive parents are happy with this level of contact. This can be regular visits and letters to no contact at all and anything in between. Sometimes a court might decide on the level of contact, based on the child's best interest.



Adoption - The Law

Adoptions are arranged by adoption agencies but are made legal by the courts.

Once adoption order has been made it cannot be undone. It ends the legal relationship between the child and the birth parents and starts a new one with the adoptive parents.

This means that the child will have the same rights and privileges as if they had been born to them.

For the protection of the child all adoptions must be arranged by an approved adoption agency, which can make full enquiries about the new parents, unless the child is to be adopted by relatives. All adoptions must be agreed by the court.

Even if the birth mother is under 18, the final decision is theirs and not their parents/carers. The social worker should make sure that the final decision is the pregnant person's.

If the pregnant person is married or if the father's name is listed on the birth certificate they will need to agree to the adoption. If the father does not think adoption is the right choice and wants to raise the child themselves, it may be necessary to go to court for them to decide what is best for the child's future.

If the birth mother is not married and the father is not named on the birth certificate their formal permission is not necessary. The social worker will make contact, if possible, as the adoption agency and court will want information on the father and their family medical history to pass on to the adoptive parents. The pregnant person will not be forced to give details of the father's identity.



Adoption Process

Following the birth the baby may be looked after by temporary foster carers or possibly go straight to their adoptive parents. This should have been discussed and agreed beforehand between the birth mother and their social worker.

The social worker will continue to make regular visits to check that everything is going well and to offer support.

When the baby has settled down with their adoptive parents an application to the courts will be made. The court will arrange a visit to the birth mother to make sure they understand what adoption involves and to sign the formal paperwork. Formal agreement cannot be given until the baby is at least six weeks old.

The agency will then provide a report to the court about how the child is settling in, and if the court is satisfied the adoption order will be granted. The baby has to live with the adoptive parents for ten weeks before the adopters can apply to the court for an adoption order.

What if they birth parents change their mind?

What happens depends on where in the adoption process the birth parents are when they change their mind.

- If they change their mind before the baby is placed with adopters they can ask that the baby is immediately returned to them.
- If they change their mind after the baby has been placed with the adoptive parents but before they have made an application to court, the baby would normally be returned to the birth parents – unless there is a good reason not to.
- If the application to the court has taken place the court will have to be convinced that it is in the best interest of the child to return the child to its birth parents. Legal advice should be sought at this stage.
- When the adoption order is made by the courts the birth parents will no longer have any legal relationships or responsibilities for the child and will not be able to have the child returned.

3

End the Pregnancy and Have an Abortion

People choose to end a pregnancy for lots of reasons:

- They do not want children
- They are not able to financially support a child
- It is medically unsafe for them to have a baby
- The foetus has serious abnormalities

Whatever a person's reasons for a termination it is their choice and right to do so.

Abortion can be a very divisive topic and some people have extremely strong views and beliefs on the subject.

Some people are against abortion, because of moral or religious views. They have a right to be against it, but they do not have the right to force their opinion on other people or to stop people from getting an abortion.

Abortion clinic safe access zones are being introduced in England and Wales.

This measure introduces safe access zones around abortion clinics, where interference with any person's decision to access, provide, or facilitate the provision of abortion services within the 150m zone is an offence.

The police will have powers to enforce the safe access zones and an offence will carry an unlimited fine.

People from all walks of life choose to have an abortion and there is no shame in this decision.

Abortion - The Facts

Most abortions are carried out in the first 12 weeks of pregnancy. Nobody should have to wait longer than two weeks from their initial consultation before having the procedure.

It is important that young people are aware of their rights, when delivering PSHE sessions, as it ensure they access the relevant help and support when they require it. All young people are entitled to confidential support, advice and treatment - this includes contraception services and abortion treatment.

Confidentiality will only be broken if a health professional believes that they or another young person is at risk of harm.

If a health professionals assesses the young person as being competent to access treatment, then parents and carers do not need to be involved, but a young person will be encouraged to speak with a trusted adult. Ideally, if someone is under 16, they will have someone aged 18 or over to accompany them home after their treatment.

Abortion - The Law

Abortion was legalised in the UK in 1967.



The legal limit for abortion in England, Scotland and Wales is 24 weeks, although there are limited legal grounds for abortion after this time.

In the Republic of Ireland the legal limit is 12 weeks or after 12 weeks if there is a risk of serious harm to the pregnant person or if there has been a diagnosis of fatal abnormality.

In Northern Ireland abortion was legalised in 2020 – the legal limit is 12 weeks or up to 24 weeks if two registered medical professionals are of the opinion that to continue would risk serious harm to the pregnant person.

Abortion – The Options

If a person chooses to terminate their pregnancy there are a number of options available to them depending how far along the pregnancy they are and their own medical history.



Up to ten weeks:

Early Medical Abortion – this involves taking two medicines.

First – Mifepristone

- Given orally at the clinic, which ends the pregnancy

Second – Misoprostol

- Provided at the same time and taken 24 to 48 hours later at home.
- Causes the uterus to expel the pregnancy through cramping and bleeding
- Most people expel the pregnancy within four hours but it can take longer.

People have period-like bleeding for around one to two week afterwards. Normal pain medication can be taken to relieve cramps.



Up to 15 weeks:

Vacuum or Suction Method – Either a local (awake) or general (asleep) anaesthetic is given. A narrow tube is passed through the cervix into the uterus. The procedure takes approx. 7-10 minutes and there is no wound, scar or stitches.

Some people may have period-like bleeding for around one week afterwards.

**15–24 weeks:**

Surgical Dilation and Evacuation – This is a minor operation under general (asleep) anaesthetic. The cervix is gently stretched and the pregnancy removed using a suction tube and surgical instruments. The procedure takes about 10–15 minutes and most people go home the same day, although some people may need to stay overnight in hospital.

Some people may have some bleeding for up to three weeks afterwards.

Please note that, locally, this procedure takes place in Manchester. Transport will be provided for those not in a position to access this.

**After 24 weeks:**

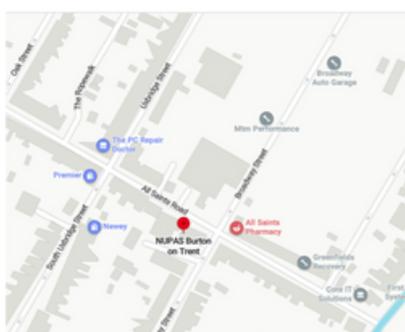
Abortion is illegal after 24 weeks, except in rare situations – such as when there is a serious foetal abnormality or risks of serious permanent harm or death to the person who is pregnant.

Accessing an Abortion

Abortions are available on the NHS for free. In Stoke-on-Trent and Staffordshire via NUPAS.

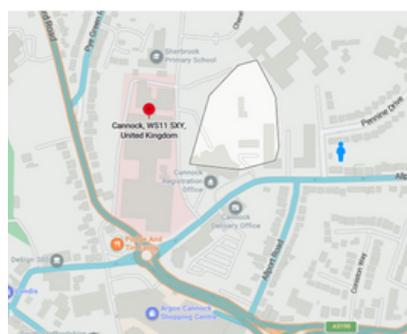
NUPAS also offer free pregnancy tests, information about all the options available and counselling before and/or after an abortion.

If someone wishes to have an abortion they do not need to see their GP or Sexual Health Service but can self-refer by calling 0333 004 666.



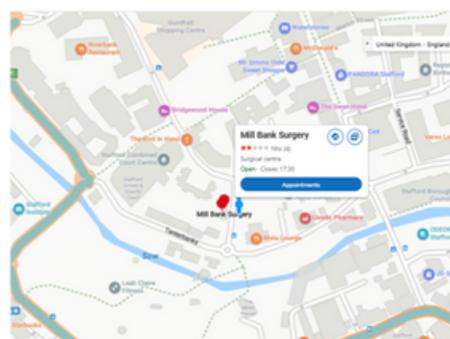
NUPAS Stoke
Wharf Street
Newcastle-under-Lyme
ST5 1JZ

NUPAS Burton on Trent
27b All Saints Road
Burton on Trent
DE14 3LS



NUPAS Cannock
Chase Suite
Cannock Chase Hospital
Brunswick Road
Cannock
WS11 5XY

NUPAS Stafford
Mill Bank Surgery
Water Street
Stafford
ST16 2AG



There will be an initial assessment with a doctor or a nurse, where there is an opportunity for any questions or concerns to be addressed. They will then make an appointment for the abortion. This process, from start to finish should take no longer than two weeks.

In some cases the consultation and abortion may take place on the same day.

The staff who work at these clinics are fully trained and will never judge someone or make someone feel bad for their decisions.

If someone goes outside of these clinics, there may be health professionals who disagree with abortions, they do not have to be involved in the referral. However, they should make arrangements for the individual to see another doctor who will make the appointment.

Post Abortion Care

There is usually no need to have any other tests or appointments after a surgical abortion, or a medical abortion in a clinic.

If someone has a medical abortion at home, they may need to have a test or scan to confirm the pregnancy has ended.

There may be some side effects depending on the type of abortion a person had.

For all types of abortion, it's likely they'll be some stomach cramps (pain) and vaginal bleeding. Bleeding usually lasts a week or two. Sometimes light vaginal bleeding after a medical abortion can last up to three weeks.

After an abortion, a person can:

- Take painkillers like ibuprofen or paracetamol to help with any pain or discomfort
- Use sanitary towels or pads rather than tampons until the bleeding has stopped
- Have sex as soon as they feel ready, but they should use contraception if they do not want to get pregnant again as fertility returns immediately after an abortion
- Usually return to normal activities as soon as they feel comfortable to, including having a bath or shower, using tampons, exercising (including swimming) and heavy lifting.

Some people may experience a range of emotions after an abortion. This is common. NUPAS provide counselling for people to access after they have had a termination. There is no time limit on the person accessing post-termination counselling, they have had an abortion 10 years ago and can still access this service.

Medical care should be sought if the person still has pain or bleeding that does not get better in a few days, has a temperature, flu-like feelings or unusual vaginal discharge, still feels pregnant or has any other concerns.

Key Messages about Abortion

Abortion is Safe

There is no research to suggest that legal abortion in the UK is linked to poor mental health, poor physical health or fertility issues.

Abortion is Common

Abortion is experienced by a third of women in the UK and over half of pregnancies experienced by under 18 year olds ends in a termination.

Abortion is Legal

Abortion is legal everywhere in the British Isles, even if the pregnancy person is under 16 – as long as the doctor does not think the young person is at risk, it will remain confidential.

Abortion is Free

Abortion is available for free on the NHS in England, Wales, Scotland and Northern Ireland.

Views on Abortion

There are diverse views about abortion between different religions and between people of the same religion.

No religion actively supports abortion, however some do accept there may be situations when this option may be necessary.

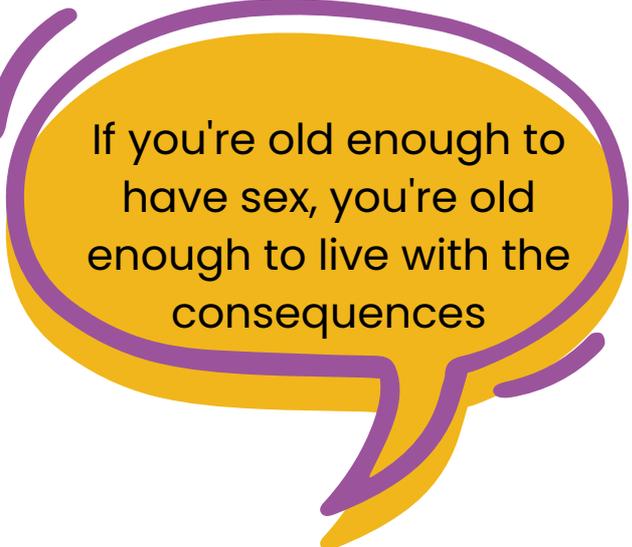
Exploring differing views on abortion can help to stimulate discussion in groups. It is important to remember that there are no right or wrong views. What is important is that young people can differentiate between facts and opinions.



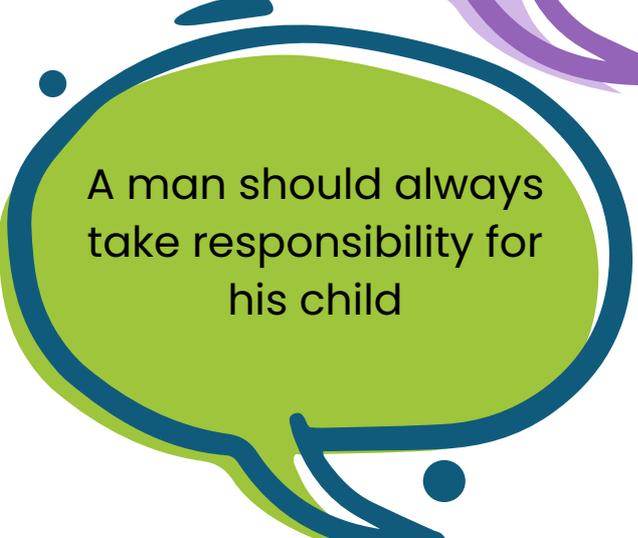
Abortion should be harder to access



It's a women's right to decide what to do with her body



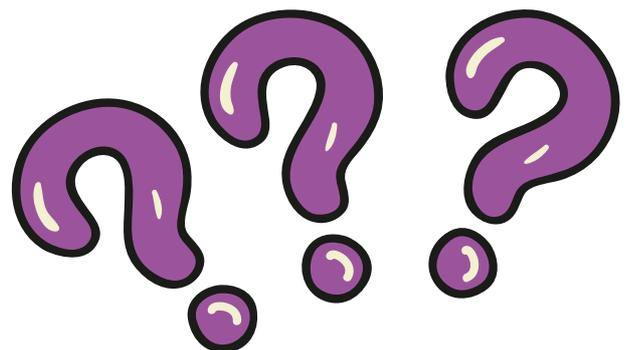
If you're old enough to have sex, you're old enough to live with the consequences



A man should always take responsibility for his child

An unintended pregnancy can be a sign that a young person may require safeguarding. A practitioner should have professional curiosity about the following.

- The age of the young person
 - if the young person is aged 12 and below an automatic referral to Children's Social Care should be made. As no one of this age is able to consent to any sexual activity.
 - if the young person is aged 13–15 then an referral to Children's Social Care should be made whenever abuse is suspected
 - What is the age of the partner? Is there a power imbalance between the ages?
- Is the sexualised behaviour developmentally appropriate?
 - Consider using Hackett's Continuum of Sexualised Behaviour to ensure that the sexual activity was consensual and developmentally typical.
- Is the young person being exploited?
 - Consider completing a Risk Factor Matrix (Staffordshire or Stoke-on-Trent) to help your decision-making process about the possibility of the young person being exploited and consider a referral to Catch22.

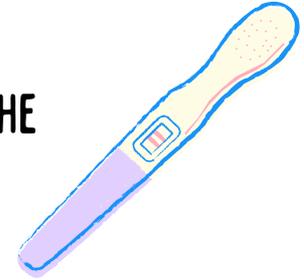


Local Picture

IN 2021, THE CONCEPTION RATE FOR UNDER-18S IN STAFFORDSHIRE WAS 16.2 PER 1,000 GIRLS AGED 15-17 YEARS, 7TH HIGHEST IN THE WEST MIDLANDS AND 45TH IN ENGLAND .

IN STOKE-ON-TRENT THE CONCEPTION RATE IS 24.4 PER 1,000 THE HIGHEST IN THE WEST MIDLANDS AND 8TH IN ENGLAND.

THE RATE FOR ENGLAND WAS 13.1 PER 1,000.



In 2020/21, the percentage of births to mothers under 18 years in Stoke-on-Trent was 1.1%. This is more than double the rate of 0.5% in Staffordshire, where the rate is more comparable to the West Midlands (0.7%) and 0.6% in England overall.

THE NUMBER OF REPEAT ABORTION BY UNDER 25S (2021) WAS 28.2% FOR STAFFORDSHIRE, 28.9% FOR STOKE ON TRENT SIMILAR TO THE NATIONAL RATE OF 29.7%

The percentage of under 18s conceptions that lead to abortion in 2021 was 58% in Staffordshire, 47.7% in Stoke-on-Trent. This compares with 51.4% for the West Midlands and 53.4% for England.

brook LEARN

- Modules on Contraception and Abortion that will help professionals to gained knowledge on the two topics prior to delivering session on pregnancy options.

my body my life

- Read real stories of people who real abortion stories. You could adapt these experiences as scenarios to support group-based discussions.

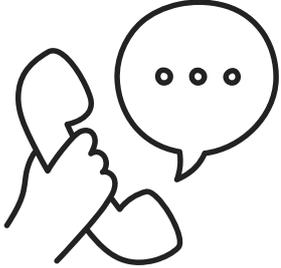


- A 42 minute film "I told my Mum I was going on an R.E. trip..." that shares the experiences of four young women having an abortion. We would recommend that this is too long for PSHE classes but could be utilised by staff to show clips from or utilise the information/scenarios within the classroom.

- Abortion and Abortion Care Factsheet from the Faculty of Sexual and Reproductive Health for professionals in secondary schools to use in relationships and sex education (RSE) lessons. It aims to ensure that professionals involved in educating young people have a factually accurate, unbiased and evidence-based source of information about abortion in the UK.
- Department for Education Training - Teaching about Intimate and Sexual Relationships including Sexual Health

Signposting

Information:



It is important to signpost children and young people to relevant local and national organisations who can provide further advice and support.

Open Clinic – For Contraception Advice and Services

C-Card – For free condoms

Identified Member of in-house staff – For pregnancy test referral and pharmacies that offer this service (Staffordshire only) and support

NUPAS – For Pregnancy Testing and Termination Services

GP

School Nurse

National Organisations:

NHS

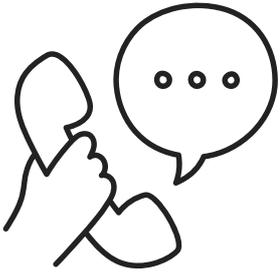
Brook



OpenClinic[®]

NUPAS
national unplanned pregnancy advisory service

Useful Contacts:



If you would like more information or support about Pregnancy Options please contact:

NUPAS - 0333 004 6666

School Nursing Staffordshire - 0808 178 0611

School Nursing Stoke-on-Trent - 0808 178 3374

Families Health and Wellbeing Service (Staffordshire)

Integrated 0-19 Health Visiting and School Nursing Service (Stoke on Trent)

If a referral to Children's Social Care is required, please contact:

Staffordshire:

Staffordshire Children's Advice Service - 0300 111 8007

Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 0345 604 2886 / 07815 492613

Stoke:

CHAD - 01782 235 100

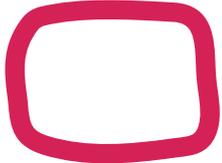
Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm

Out of Hours - 01782 234 234

Further Reading:



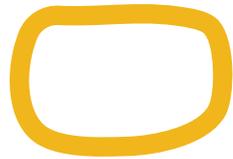
[NHS Pregnancy](#)



[NHS Teenage Pregnancy Support](#)



[NHS Abortion](#)



[Brook Pregnancy](#)



[Office for Health Improvement and Disparities Public Health Data](#)



PSHE
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STOKE-ON-TRENT
STAFFORDSHIRE

SASCAL
STRONGER TOGETHER

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