

# PREGNANCY POLICY 2022-2023

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A GREAT
PLACE
TO BE A
PART OF



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#### 1. Introduction

This guidance has been produced to help schools support pupils who are pregnant and pupils who are parents, to ensure that the young people are able to continue their education. In England, the teenage pregnancy rate is approximately 222 girls becoming pregnant in a year<sup>1</sup>. 95% of under-18 conceptions are within the 15-17 age range.<sup>2</sup>

Every young parent has their own individual story, but the area and individual risk factors for early pregnancy highlight the vulnerabilities with which some young people enter parenthood: family poverty, persistent school absence by age 14, slower than expected attainment between ages 11 and 14; and being looked after or a care leaver. These risk factors are reflected in the cohort of young parents in the Family Nurse Partnership trial participants: 46% had been suspended, expelled or excluded from school and 48% were not in education, employment or training at the time of recruitment. As a result, some young parents will have missed out on the protective factors of high-quality relationships and sex education, emotional wellbeing and resilience, positive parenting role models and having a trusted adult in their life. For a minority, these vulnerabilities may make parenting very challenging. Almost 60% of mothers involved in serious case reviews had their first child under 21.<sup>3</sup>

This policy provides links to national guidance and services within Merseyside which can support the young people. It highlights the responsibilities of schools, and actions that schools can take to keep the pupil who is pregnant safe and ideally, remaining in education. Research demonstrates that teenage pregnancy is linked to poorer outcomes for both young parents and their children. Women who were teenage mothers are 22% more likely to be living in poverty at age 30 <sup>4</sup>, and the children born to teenage mothers have a 63% higher risk of living in poverty. Men who were young fathers are twice as likely to be unemployed at 30. Teenage parents are less likely to finish their education, are more likely to face single-parenthood and have a higher risk of mental health problems than older mothers.<sup>5</sup>





It is therefore imperative that schools take proactive steps to support expectant mothers (and fathers), and new mothers (and fathers) on their roll. In most cases it is possible to support pupils who are pregnant to continue their chosen course of study at their own school by making a few reasonable adjustments, and facilitating time off as required. Pastoral support will also be key in supporting the young parent(s) to access the right services.

Research into health outcomes for young parents reveal that in this group, there is a 30% higher rate of stillbirth; 21% higher rate of premature birth for the first baby; 30% higher rate of low birthweight; 95% higher rate of premature birth for second baby; 60% higher rate of infant mortality and a x3 higher rate of postnatal depression. Schools therefore need to be able to signpost the expectant mother or father to the right services. See throughout this policy for links to potential support agencies.

#### 2. Statutory guidance

- Education for children with health needs who cannot attend school -GOV.UK (www.gov.uk)
- Keeping children safe in education GOV.UK (www.gov.uk)
- Relationships Education, Relationships and Sex Education and Health Education guidance (publishing.service.gov.uk)
- Supporting pupils with medical conditions at school GOV.UK (www.gov.uk)
- Teenage mothers and young fathers: support framework -GOV.UK (www.gov.uk)
- Teenage pregnancy GOV.UK (www.gov.uk)
- Working together to improve school attendance GOV.UK (www.gov.uk)
- Your parents' support framework (publishing.service.gov.uk)

Child Health Profile Norfolk, March 2021 Child and Maternal Health - PHE

Zenage pregnancy | The Nuffield Trust

<sup>3</sup> Your parents' support framework (publishing.service.gov.uk)

Your parents' support framework (publishing.service.gov.uk)

<sup>5</sup> Teenage pregnancy | The Nuffield Trust



#### 3. Responsibility of schools

In relation to pregnancy, schools should note the guidance within <u>Relationships</u> <u>Education</u>, <u>Relationships</u> and <u>Sex Education</u> and <u>Health Education guidance</u> (<u>publishing.service.gov.uk</u>), notably:

Schools are required to comply with relevant requirements of the Equality Act 2010. Further guidance is available for schools in The Equality Act 2010 and schools advice. Schools should pay particular attention to the Public sector equality duty (PSED) (pg.149 of the Equality Act). Under the provisions of the Equality Act, schools must not unlawfully discriminate against pupils because of their age, sex, race, disability, religion or belief, gender reassignment, **pregnancy or maternity**, marriage or civil partnership, or sexual orientation (collectively known as the protected characteristics). Schools must also make reasonable adjustments to alleviate disadvantage and be mindful of the SEND Code of Practice when planning for these subjects (paragraphs 27-28).

In addition, 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. Key aspects of the law relating to sex which should be taught include the age of consent, what consent is and is not, the definitions and recognition of rape, sexual assault and harassment, and **choices permitted by the law around pregnancy** (paragraph 78) and:

Pupils should know the facts around pregnancy including miscarriage; 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) (p29); and:

Over the last 18 years, the teenage pregnancy rate has reduced by 60%. However, a continued focus is needed to maintain the downward trend and narrow inequalities in rates between and within local authorities. The Teenage Pregnancy prevention framework provides evidence-based guidance for local authorities, including the important role of RSE and links to local sexual health services. Sustaining the downward trend and making further progress is one of the key objectives of the Department of Health and Social Care's Framework for Sexual Health Improvement in England. These subjects provide a key opportunity to strengthen support for young people to develop healthy relationships and prevent early unplanned pregnancy (p49).

The response a pupil receives from the school on disclosing her pregnancy may have a significant impact on how confident she feels in being able to continue to access education. The young person should be provided with all the support and



information she needs, in a sensitive and appropriate manner. The designation of a small team of key trusted adults within school should be agreed with the pupil and colleague as soon as possible. A small team of key adults mitigates against the potential detrimental impact of one key person being unavailable. Schools may wish to use the templates provided in this policy as a checklist for the advice below. The form should be regularly reviewed and updated as necessary, with copies available to relevant staff, the pupil and her parent/carer. Schools may wish to use a 'wishes and feelings' approach to working with the pupil; sample templates can be found at <a href="Assessment: Wishes & Feelings Archives - Free Social">Assessment: Wishes & Feelings Archives - Free Social</a> Work Tools and Resources: SocialWorkersToolbox.com

Halewood Academy should use the school nurse, or with consent, communicate with NHS colleague(s) involved with the pupil who is pregnant.

#### 4. Safeguarding

As per <u>Keeping children safe in education - GOV.UK (www.gov.uk)</u> school-age pregnancy can, in some circumstances, be an indicator of Child Sexual Exploitation or vulnerability. The Designated Safeguarding Lead should therefore be informed of a pupil pregnancy to identify whether there are any issues regarding the safety and wellbeing of the pupil(s) and unborn baby. If there are, these should be addressed in line with the setting's own safeguarding policy.

A pupil may wish to keep her pregnancy confidential for as long as possible. Key staff (including First Aiders) should be briefed appropriately and know where to locate emergency contact details (including the young person's GP and/or midwife) should the need arise.

Schools should ensure that the pupil has a team of key designated adults with whom she feels comfortable to speak to with any concerns.

If a school has health concerns around a pupil who is pregnant, they should communicate with the relevant NHS colleague(s). While the Protocol was created in response to pupil absence where health reasons are cited, in the case of a pupil who is pregnant, it can be used even if the pupil continues to attend regularly.



#### Safety during lessons, break and lunchtimes

Schools should complete a risk assessment with the pupil around safety in lessons and unstructured time. This should be completed in collaboration with the pupil, parent/carer and where possible, the midwife. If applicable, a pupil's social worker, EHCP Coordinator and/or Virtual School for Children in Care and Previously in Care keyworker, or another relevant professional may also be consulted/involved. The school may wish to use an Individual Healthcare Plan for this purpose. Templates are available at <a href="Supporting pupils with medical conditions at school">Supporting pupils with medical conditions at school</a>.

The usual safety routines which apply to all pupils in lessons such as PE, science and design technology for example, should apply to pupils who are pregnant, with adaptations as necessary. In PE, for example, participation in contact sports will be inadvisable. Some sporting activity may of course be appropriate and beneficial to the young person; this should be discussed and agreed with her and her parent/carer and with guidance from the relevant health professional (e.g., midwife or health visitor). It may be appropriate in lessons such as Food Technology, to ensure that a pupil who is pregnant does not eat certain food items which are not recommended during pregnancy; see Foods to avoid in pregnancy - NHS (www.nhs.uk) for additional guidance.

A pupil who is pregnant attending a school trip may require a specific risk assessment if she is to come into contact with animals, or if the activities are physical. Likewise, an additional risk assessment should be completed if the pupil attends an off-site alternative provision placement.

It may be necessary for the pupil who is pregnant to have a suitable place to rest and eat during break and lunchtimes; if possible, with a friend so that she does not become isolated or feel excluded. The pupil may feel very conscious of her physical appearance and the scrutiny of other pupils. If this is the case, an early lunch pass might be appropriate, so that she can access canteen facilities ahead of the rest of the school. The pupil may need to eat snacks between lessons to keep nausea at bay and provide energy; she should also be allowed to have access to drinking water at all times to remain hydrated.

Schools should ensure that any discriminatory behaviour from other pupils (and/ or staff) is avoided, and addressed as necessary through the whole-school culture and RSHE programme.

The need to urinate frequently, and nausea, are not unusual in pregnancy. The school is therefore advised to provide the pupil with a toilet pass to avoid unnecessarily challenge from staff.

As the pregnancy progresses, sitting on the floor may become extremely uncomfortable; in situations where this would normally be the case (e.g., in assembly), a chair should be provided. Likewise, it should be possible for the pupil to stand up and move around in a classroom if remaining in the same seat becomes uncomfortable. The school should be prepared to make adaptations as required, recognising that needs may change throughout the duration of the pregnancy.



Adaptations to school uniform will be necessary over time and schools should be accommodating in this area, ensuring that the pupil is able to wear clothes which are comfortable (but could remain in school colours, for example).

#### 5. Attendance

Many pupils who are pregnant will be able to continue to attend school up to a few weeks before the birth. Some reasonable adjustments may need to be made, however.

If the pupil is suffering from nausea, either in the morning or at other times of the day, the school may need to make suitable arrangements. For example, a later start to the day and/or easy access to toilets, the medical room or other appropriate space. The school should ensure that the pupil is fully aware of where to go and that she has access (e.g., a time-out card) without unnecessary challenge.

Pupils who are pregnant will need to attend a number of midwife and hospital appointments and may require the school's support in attending these. Potentially, this is an extremely vulnerable group, more likely to have an increased number of appointments, and more at risk of non-attendance. This therefore carries a greater risk to the health of both mother and child.

Schools should refer to the guidance <u>Working together to improve school</u> <u>attendance - GOV.UK (www.gov.uk)</u> when coding pupil absence.

All pupils are entitled to a full-time timetable. However, on occasion, a pupil who is pregnant, or a young mother reintegrating into education following the birth, may benefit from a temporary part-time timetable. Authorised absences in these cases should be coded C. Any reduced timetable should be agreed in writing and include a planned review date. Schools should be mindful of the data regarding pupil outcomes (see Introduction) and make every effort to ensure that the pupil is fully supported to achieve her maximum potential; this is both for her future adult life, and the child(ren)'s.

Y11 pupils who are pregnant may take study leave prior to the examination period, though this should only be the case once the exam syllabus has been completed. If the Y11 pupil who is pregnant would prefer to come into school when other Y11 pupils are on study leave, schools should make provision for this (see paragraph 228, Working together to improve school attendance - GOV.UK (www.gov.uk)). Study leave should be coded S in the register.

If a pupil who is pregnant missed one or more components of an examination due to illness (i.e. not the pregnancy per se, but excessive morning sickness, for example), then the school may apply for special consideration so that the pupil receives a partial absence grade. The pupil may then opt to re-sit the specification(s) at a subsequent date in order to receive a valid grade.

Halewood Academy will work with health professionals to support pupils who are too unwell to attend school. Pregnancy is not an illness.



There may, however, be occasions when a pupil who is pregnant, or a young mother is absent for longer periods due to ill health. Support for this will be put in place.

On rare occasions, a pupil who is pregnant or a young mother may opt to be electively home educated. Parents and carers of pupils who are pregnant or young mothers are advised to contact Knowsley Council Home Elective Education (EHE) Team – 0151 443 5177, email: <a href="mailto:Elective.education@knowsley.gov.uk">Elective.education@knowsley.gov.uk</a> or for a Liverpool resident, <a href="mailto:EHE@liverpool.gov.uk">EHE@liverpool.gov.uk</a> or on 0151 233 3916 for support and guidance. However, schools are encouraged to keep pupils who are pregnant and young mothers on roll and support them in every way possible.

If schools receive notification from a parent/carer that a pupil who is pregnant or a young mother intends to come off roll to be home-educated they MUST inform the organisations mentioned above.



#### 6. Maternity leave

As per Working together to improve school attendance - GOV.UK (www.gov.uk) paragraph 214, leave for maternity is treated like any other leave of absence. We would expect schools to act reasonably and grant a sufficient period of leave from school, taking into consideration the specific circumstances of each case. Ultimately it is at the headteacher's discretion how much leave to grant.

The dates for the pupil's maternity leave should be agreed with the pupil, her parent/carer and midwife. Prior to maternity leave starting, all parties should consider the pupil's wishes regarding the completion of schoolwork at home and any examinations (if appropriate) and how the school will provide support. Possible considerations:

- online learning
- confirming email addresses if work is to be sent
- how 'hard copy' work packs might be delivered/collected
- how work will be returned for marking
- how feedback will be communicated/marked work will be
- key point of contact in school to collate and re-distribute work/marked work between subject staff and pupil if not being done electronically
- How the pupil will contact subject staff if she has questions or requires support
- examination access
- pausing/cessation of any off-site alternative provision placements (and possible return dates).

#### 7. Paternity leave

A young father may be granted paternity leave and be coded C for authorised absence. In line with guidance for working fathers, it is recommended that a period of 1-2 weeks be sufficient.

#### 8. Reintegration into education

A reduced timetable may be required as the young mother returns to school. Please see the guidance above for further information (see Attendance). The school may need to consider a reduced exam offer if the pupil needs that to fit in with new responsibilities; she may also benefit from access to a quiet space in which to study and catch up, if that is proving difficult at home.



#### 9. Childcare

Young parents who require childcare in order to be able to return to school can access information at <u>Help paying for childcare - GOV.UK (www.gov.uk)</u>

The Care to Learn scheme can help with childcare costs for young mothers under 20 years old. Further details are available at <a href="https://www.gov.uk/care-to-learn">https://www.gov.uk/care-to-learn</a>

### 10. Breastfeeding/expressing breastmilk

A young mother who returns to school may require reasonable adjustments in order to be able to either breastfeed her baby, or express milk. If a young mother does not have opportunity to express milk, her breasts may become engorged and painful; schools should make provision for the pupil to access a private space in which to express and a fridge to store milk.

The pupil may need to return home at lunchtime, for example, to feed her baby. Schools should make allowances for these temporary absences.

The need to breastfeed can impact on attendance and may even result in dropping out of school which affects life chances – so schools should be as supportive as possible – making it better for both parent and child.



# 11. Suggested template School Care Plan

Name of pupil		Form/tutor group				
Team of key designated adults in school who can support the pupil						
Name/role	Name/role	Name/role	Name/role			
e.g., Miss Pearce, form tutor						
Key staff informed						
Name/role	Name/role	Name/role	Name/role			
e.g. Mr Peters, DSL	e.g. Mrs Strong, First Aider					
Emergency contact de	etails					
Name 1st Contact		Relationship				
Telephone (home)		Telephone (work)				
Name 2nd Contact		Relationship				
Telephone (home)		Telephone (work)				
Emergency health/care professionals contact details						
GP		Telephone				
Midwife		Telephone				
Health Visitor		Telephone				
Social worker		Telephone				



In school arrangements						
Toilet pass issued		Date				
Rest area identified		To be accessible (times of day)				
Break arrangements (e.g. canteen pass, space to rest, friend to accompany etc.)						
Name of pupil		Form/tutor group				
Lunch arrangements (e.g. canteen pass, space to rest, friend to accompany etc.)						
School uniform adjustments						
Whole-school risk assessment with relevant sections for individual lessons as necessary(attach)	Yes/no	Date agreed	Signature			
If KS4, provide details of any examination adjustments						
Are any transport adjustments necessary? If so, provide detail						



Maternity leave arrangements (can be reviewed/amended at any time)					
Key school contact during maternity leave		Frequency of contact			
Type of contact required (e.g. phone/email/ home visits)		Agreed period of maternity leave			
Agreed education provision during maternity leave					
Resources the pupil will need/who will oversee this?					
Other					
After the birth					
When does the pupil hope to return to school?					
What adjustments may need to be made?	e.g. timetable rest space space to express milk temporary absence during the school day to feed the baby updated risk assessments (subject specific if required) toilet pass				
Date form completed		Date of next review			
Signed					
Pupil	Parent/carer	School rep	Health rep		





### 12. Accessing support

- Baby Buddy Baby Buddy app | Best Beginnings
- Breastfeeding Benefits of breastfeeding NHS (www.nhs.uk)
- Brook sexual health and well-being for under 25s <u>Brook</u>
   Healthy lives for young people and <u>Free RSE resources</u> <u>Brook</u>
- Kooth mental health support for young people <u>Home Kooth</u>
- MAP Young parents c can access additional support via Young Parents

   we are still here. | Map
   This website provides details for the current
   Senior Young Parents practitioner who can be contacted for advice. The service also provides information via their Young Parents Facebook page
   MAP Young Mums and Dads Home | Facebook and hosts Young Parents
   Drop-In sessions in Norwich (travel bursaries are available see website).

   Registering the birth Register a birth GOV.UK (www.gov.uk)
- Sure Start Maternity Grant Claim form <u>Sure Start Maternity Grant</u> <u>claim form GOV.UK (www.gov.uk)</u>
- **Terminations** the service provider for termination of pregnancy in Norfolk is British Pregnancy Advisory Service and they accept self-referral for their services (no need to go through GP). The telephone number is 03457 30 40 30, and this might also be a good resource to incorporate into the guidance for those that are supporting teens who are undecided about their pregnancy.
- The Pregnancy Book | HSC Public Health Agency (hscni.net)

This policy has been developed using the Norfolk County Council policy and the Medical Needs Service. It will be updated annually.