Getting maternity services right for pregnant teenagers and young fathers
This guide was originally produced in 2008 by the Department for Children, Schools and Families and the Department of Health. It has been revised with input from midwives and voluntary sector organisations.

It offers those working in maternity services practical guidance on supporting young mothers and young fathers.

National Teenage Pregnancy Midwifery Network
There is an online network for specialist teenage pregnancy midwives and others who want to improve maternity care and outcomes for young parents and their babies. It shares resources, ideas and good practice: [www.bestbeginnings.org.uk/ntpmn](http://www.bestbeginnings.org.uk/ntpmn)

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Introduction: Why focus on teenage mothers and young fathers?

About one in 25 of births in England and Wales are to young women under 20. The majority of their babies’ fathers are under 25. Since 1998, the under-18 conception rate has almost halved to the lowest level for over 40 years. However, young parents still tend to have poorer access to maternity services and poorer outcomes than older parents.

Young women and men who become parents are often affected by social exclusion and need support to achieve their potential. Meeting their needs more effectively will improve the life chances of the young parents and their children. It will also contribute to improving a number of national and local indicators in the NHS and Public Health Outcomes Frameworks: early access to maternity care, infant mortality, smoking in pregnancy, breastfeeding, and teenage conceptions.

This guide has been written for midwives, doctors, maternity support workers and receptionists who are involved in the care of pregnant teenagers and young fathers. It is particularly aimed at practitioners where there are no dedicated services for young parents.

The evidence base for this guide is fully referenced on the webpage of the National Teenage Pregnancy Midwifery Network www.bestbeginnings.org.uk/ntpmn, and in the Fatherhood Institute’s Research Summary on Young Fathers, available at www.fatherhoodinstitute.org.
Compared with older mothers and fathers, **teenage mothers and young fathers** are more likely to experience these circumstances:
Increased risk of poor health outcomes for babies

Babies of teenage mothers are at increased risk of some poor outcomes compared with babies of older mothers:

- **15%** higher risk of low birthweight
- **20%** higher risk of premature birth if a first baby
- **30%** higher risk of stillbirth
- **30%** less likely to be breastfed
- **90%** higher risk of premature birth if a second baby
- **45%** higher risk of infant death

Baby of teenage mother
The importance of young fathers

A young father’s behaviour and attitudes have a strong influence on the health of the young mother and the baby:

- his smoking/drinking/drug use is the greatest influence on the young mother’s smoking/drinking/drug use
- his attitude to breastfeeding has a significant impact on the mother’s feeding choice. Where health professionals talk to fathers about this, young mothers are more likely to breastfeed
- a good relationship with the baby’s father is a protective factor for postnatal depression in the young mother. His negative behaviour is a risk factor for postnatal depression
- relationship stress between the couple is a significant cause of maternal stress – which can affect the baby before and after birth
- babies of teenage fathers are at increased risk of premature birth, low birthweight and neonatal death
- having a highly involved father is associated with better emotional, behavioural and educational outcomes for children

The relationship between a young mother and a young father is often unstable, and the young mother’s own family may want to exclude him. It must be acknowledged that not all relationships between young parents are healthy. However, a good relationship between a young father and his teenage partner is strongly correlated with his involvement with his child in the early years, and with lower stress for the mother.

This guide uses the term ‘young father’ because the partners of teenage mothers are not necessarily teenagers. Most teenage mothers are aged 18 to 19 and most young fathers are in their early 20s.
Teenage pregnancy and access to maternity care

Pregnant teenagers and young fathers are less likely than older parents to access maternity care early on (average gestation at booking is 16 weeks), and are less likely to keep appointments.

<table>
<thead>
<tr>
<th>The young woman may:</th>
<th>The young father may:</th>
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<tbody>
<tr>
<td>not realise she is pregnant</td>
<td>not be told about the pregnancy early on</td>
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<tr>
<td>take time to come to terms with the pregnancy</td>
<td>fear he will be blamed for ‘getting her pregnant’ – especially if she is under 16</td>
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<tr>
<td>actively conceal the pregnancy, for fear of others’ reactions</td>
<td>be embarrassed about his lack of knowledge</td>
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<tr>
<td>prioritise other crisis issues such as housing over health care</td>
<td>not know what maternity services are, or think they are only for mums</td>
</tr>
<tr>
<td>fear that she will be judged and belittled by health professionals.</td>
<td>fear he will be judged, ignored or not taken seriously by health professionals.</td>
</tr>
<tr>
<td>have a chaotic lifestyle and no stable address</td>
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<tr>
<td>not be able to afford or find transport, especially in rural areas</td>
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</tbody>
</table>

“The midwives used words of one syllable, ‘do this’, ‘do that’– a totally different attitude to what they would do with an older person.”

Tip from a teenage pregnancy midwife

“I try to provide privacy and foster an atmosphere of ‘I am grateful that you are here today’.”
Antenatal education

Teenage mothers and young fathers are also much less likely than older parents to attend antenatal education. They often feel uncomfortable in groups dominated by older people. Pregnant teenagers without partners often describe feeling insecure and ‘judged’ in groups where the other women attend with their partners. The young men may fear they will ‘look stupid’ in a room full of women.

Young parents usually prefer groups targeted at their own age group. Young men may particularly benefit from dad-only sessions.

“I never went to antenatal classes again because all the women seemed to be older and I was getting looked down on.”

“Everything was from the women’s point of view. They had us dads race to change nappies on dolls with the mums laughing. I didn’t like it.”

Tip from a teenage pregnancy midwife

“As part of the session, time is allocated specifically for young fathers to get together informally to discuss their fears, concerns, excitement about the pregnancy, adapting to becoming a father, as well as their experiences of maternity services to date.”
Principles of a young people friendly maternity service

Many maternity services offer specialist support for young parents through dedicated midwifery posts, clinics and groups. These have been shown to improve attendance and clinical outcomes. Detailed guidance on setting up services for teenagers is available in *Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents* (Department for Children, Schools and Families, Department of Health, Royal College of Midwives 2008) [www.bestbeginnings.org.uk/ntpmn](http://www.bestbeginnings.org.uk/ntpmn).

Where specialist support is not possible, maternity services can engage more effectively with young people by adopting the following principles:

1. A welcoming environment
2. Easily accessible services
3. Young people are treated with respect
4. An empowering approach
5. Accessible information
6. A positive attitude to young fathers
7. Clarity about confidentiality, safeguarding and consent to treatment
8. Strong referral links with relevant agencies
9. Effective support to prevent second unplanned pregnancies
10. Staff are trained to work with young women and men
1. A welcoming environment

Pregnant teenagers and young fathers often feel highly self-conscious using services where most other service users are older. They may have experienced hostile comments in public places and may be very sensitive to the possibility of encountering criticism. Creating a welcoming environment in the reception and waiting area is very important to reassure young people that the services are ‘for them’.

You could:

- display positive images of young mothers and fathers (seeing pictures of fathers is especially important for young men to feel they have a place in maternity services)
- provide magazines likely to interest young women and young men
- introduce young fathers to male staff
- avoid asking potentially sensitive questions in the reception area

Tip from a teenage pregnancy midwife

“Reflect on strong feelings you have regarding teenage pregnancy. Keep prejudices or biases you may have against teenagers choosing to become parents to yourself! Treat young pregnant women in the same way as you would a woman of any age.”
2. Easily accessible services

Pregnant teenagers and young fathers may be reliant on public transport and some will rarely keep appointments early in the day. Many do not have a stable address and may not receive letters sent to them. Some young women delay accessing services because of concerns about telling their family doctor.

You could:

- hold antenatal clinics in a service already used by young people and easily accessible by public transport
- tell young people who are eligible for re-imbursement of fares (because of benefits status) how to claim locally
- when you schedule appointments, avoid early mornings and as far as possible school or college hours, and exam periods
- publicise the legal right for fathers to take unpaid time off work to attend two antenatal appointments
- publicise direct access to midwives
- keep in touch by mobile phone and texting (but be aware that young people often run out of credit)
- check both parents’ contact details at every appointment
- ask for the telephone number (ideally a landline) of a relative or friend who could be a stable contact point if you lose touch with the young person

“I was worried about going to see the doctor because I didn’t know what reaction I was going to get from him.”

Tip from a teenage pregnancy midwife

“Some professionals don’t see a lot of positives in young men. We challenge that. We make sure he knows he will not be judged and that we are there for him, too.”
3. Young people are treated with respect

Many young women who become pregnant and young men who become fathers have low self-esteem, and have experienced abusive relationships. They often have poor relationships with adults in positions of authority. They may expect to be treated badly by maternity practitioners, may appear reluctant to engage, and may be extremely sensitive to any words or body language that suggest disapproval. When young people encounter practitioners who respect and value them, they respond positively and their self-confidence grows.

“The midwife was really nice. She liked me and liked looking after me.”

“I know where I am with her, she’s brilliant, she’s not one of these midwives that’s all strict and you can’t speak to her, I feel she’s more like a friend and she understands you.”

You could:

• approach all young women and men with an attitude that is warm, open and non-judgmental
• reinforce welcoming words with your body language. Smile at the young person, use her/his name and give her/him eye contact, even if she/he does not at first look at you
• introduce yourself and explain your role (they may have no idea who’s who in maternity services)
• at the first appointment, spend some time asking ‘open’ questions about their life and hopes, before moving onto the detailed history taking

• take time to build a relationship during the session, before tackling subjects such as healthy eating or smoking. Young people may be very sensitive to feeling ‘told off’ for their choices

• earn their trust by offering practical support on their problems (e.g. housing) – refer them to agencies that can help (see section 8)

• show you understand their circumstances by giving realistic advice (e.g. how to eat healthily if they don’t have access to cooking facilities)

• if any of the grandparents are present, include them but remain focused on the young people. Ensure that each young person has the opportunity to see you without her/his parents present

• be careful to avoid a patronising tone or language

“Always keep in mind that teenagers are not yet adult. Challenge the opinion of any professionals who feel that these youngsters have chosen parenthood and must therefore ‘grow up’. Point out that they can’t – they will need to adapt and learn to become parents but they will still also exhibit normal adolescent behaviours. These may include a chaotic lifestyle, anxieties about body image and function, mood swings and child-like behaviour when under stress.”

“Tip from a teenage pregnancy midwife”

“It was our first baby and we didn’t have a clue what to do ... tell us if we’re not doing it right but do it a bit nicer.”
4. An empowering approach

Young people who become parents often have little sense of control over their lives. Maternity care provides many opportunities to make choices and the transition to parenthood is a major opportunity for developing self-esteem and self-confidence. To support this process you could:

• explain choices clearly, and show that you respect the young person’s capacity to make choices
• show that you believe she or he is able to develop the skills to become an effective parent (young men may believe that these skills are natural for women, and may need specific support to develop self-belief)
• reassure them that it’s normal for people of all ages to have mixed feelings at the prospect of parenthood
• avoid stereotyped assumptions about the choices a young person is ‘likely’ to make, for example that a young mother will not want to breastfeed, or that a young father will not want to be fully involved

“The midwife said to my partner: ‘What pain relief shall we give her?’ He said: ‘I don’t know, ask her.’ The midwife said: ‘She’s a bit young to make her own decisions.’ It made me feel a bit small.”

“The midwife was lovely. She said ‘Oh well done!’ and gave me confidence.”

“I had a lot of problems with breastfeeding, which was upsetting because I really wanted to do it. The hospital treated me as if I was stupid and assumed I wouldn’t cope.”
“When we showed them our birth plan and I was going to be there, the midwife said, ‘I expect you’d rather be out with your mates.’”

Tip from a teenage pregnancy midwife

“An activity we have used for giving the girls some control over their birth experience is to make Birth Plan T-shirts. We bought cheap white cotton men’s T’s and felt tips. After discussing their aspirations for their births they wrote/drew their plans on the shirts. They could then wear them for labour and everyone would be in no doubt about their wishes!”

Tip from a teenage pregnancy midwife

“I address both parents-to-be at each visit, slowly building a relationship with both of them. I offer the dad-to-be my mobile number (as well as the young woman) in case he has some concerns or questions of his own. I think this helps him feel valued and as important, perhaps, as the mum-to-be.”

Tip from a teenage pregnancy midwife

“I use the mini dolls and pelvis, and the video of the cot death information which you can get on the Lullaby Trust website. This is particularly good for small groups and for people with learning needs.”

www.lullabytrust.org.uk
5. Accessible information

Young parents often have considerable unmet information needs. Few attend antenatal classes, many feel too shy to ask questions, and some have very low literacy skills. Images of older parents and idealised couples can make young parents feel that information is not relevant to them.

“When you look at the leaflets there’s actually older people all through them, there’s no younger girls or boys, like they’re not for us.”

To make information more accessible you could:

• offer resources that are designed for young mothers and fathers (see box, page 15)
• use visual aids as much as possible, and offer information in alternative formats eg DVDs
• encourage both young mothers and fathers to sign up for the NHS text and email Start 4 Life Information Service for Parents [www.nhs.uk/start4life/signups/new](http://www.nhs.uk/start4life/signups/new)
• make it clear that you welcome any questions the young people have, and reassure them that every parent has questions
• check that both young people have understood what you have said
• explain how to contact the service with any questions between appointments
• where feasible offer parenting education specifically for young people

Tip from a teenage pregnancy midwife

“When I text health messages to the young mum, I text them to the young dad too.”
Free information resources for young mothers and young fathers

Voluntary organisations have produced free resources for young pregnant women and young fathers, written in an accessible style and designed to appeal visually to young people.

**The young woman's guide to pregnancy** is available from Tommy’s, the baby charity: [www.tommys.org](http://www.tommys.org). This is a 96 page book with information, advice and tips.

**Baby Buddy phone app** for young mothers is available from Best Beginnings: [www.bestbeginnings.org.uk/phone-apps](http://www.bestbeginnings.org.uk/phone-apps). It includes daily personalised pregnancy and parenting information, and is endorsed by leading organisations.

**Young father? Or about to become one?** is a booklet available from Working With Men (small charge): [www.workingwithmen.org](http://www.workingwithmen.org).

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**Tip from a teenage pregnancy midwife**

“If the pregnant teen is not attending antenatal classes, ensure she and her partner have the opportunity of one to one sessions covering the content of classes. We have a crib sheet of topics which goes in the notes. Anyone having contact with the girl can see at a glance what has been covered. One-to-one preparation for birth and early parenthood can be delivered in the clinic setting, with double appointments, or possibly in the home. These sessions can be given by midwives or maternity care assistants who have been trained as support workers.”
6. A positive attitude to young fathers

Many young fathers feel that maternity practitioners either ignore them or treat them as incapable. They are often insecure and defensive about their role, and may appear reluctant to engage with health professionals.

Specific efforts are needed to reach out to young men and make them feel respected and valued as fathers, because they may easily disengage from the pregnancy and from parenting if they feel judged or excluded.

“I went to give baby mother support, but I was invisible... it’s all about the woman isn’t it?”

“The midwife was really helpful and always brought my boyfriend in.”

To show a young father that you value and welcome his involvement you could:

- be friendly and encouraging
- continue to address him as well as his partner, even if he does not initially make eye contact
- ensure he has a place to sit next to his partner
- give your contact details to him as well as to his partner
- ask him if he has any questions of his own
- specifically invite him to any antenatal education that you offer
- suggest he attend scans and other appointments (although it is important to see the young woman on her own at least once, to allow her the opportunity to disclose confidential matters such as domestic abuse)
- offer him information about any relevant support services
• signpost him to organisations for dads so he can get peer support in adapting to his new role

• if he isn’t there at the first appointment, ask the young mother for his contact details and explain the benefits of getting him involved, and ask for her consent to involve him in her maternity care

Signposting young fathers
www.dad.info
http://youngdads.tv/

To show a young father how important his role is, you could:

• tell him how important he is to his child
• explain to both young parents how a skilled, competent father helps his baby be cleverer and happier – and that all parents need practice to become skilled
• point out that the baby is already aware of his voice in late pregnancy
• explain how his giving up smoking and drinking can help his partner stop or cut down – and the positive effect this will have on their baby
• show him how he can support his partner with breastfeeding and how to support her if she experiences postnatal depression
• during labour help him to work with you to support his partner

Tip from a teenage pregnancy midwife

“If the partner is present, tell him how valuable it is for him to be involved. If he is not present, ask the young woman about him and tell her how valuable it would be for him to come to some of the appointments.”
7. Clarity about confidentiality, safeguarding and consent to treatment

Young women and men accessing maternity services may be very concerned about confidentiality. Health professionals are sometimes unsure about how the duty of confidentiality fits with safeguarding responsibilities where mothers are under 16.

- **the basic duty of confidentiality** owed to a person under 16 is the same as that owed to any other person
- if a young woman under 16 does not want her parents (or social worker) to be informed about her pregnancy, you have no legal duty or right to tell them
- a young woman under 16 has the **right to consent** to all aspects of her maternity care, provided she is legally ‘competent’ (capable of fully understanding the medical treatment)
- if you believe that there is a **risk to the health, safety or welfare** of the young person (or her baby) so serious as to outweigh her right to confidentiality, you should follow locally agreed child protection protocols
- the overriding objective must be to **safeguard the young person and her baby**. You should weigh up against the young person’s right to privacy: (1) the degree of current or likely harm, (2) what a disclosure is intended to achieve and (3) what the potential benefits are to the young person’s wellbeing
- except in the most exceptional of circumstances, you should only disclose to another agency (including the police) after consulting the young person and offering to support a voluntary disclosure

You could:

- display a confidentiality policy that makes it clear that young women and men under 16 have the same right to confidentiality as older people, and what the safeguarding limits to confidentiality are
- explain the policy at the first appointment
Tip from a teenage pregnancy midwife

“If possible offer them a cup of tea/coffee/squash at the beginning of the session. They very often decline, but I find it sets the scene and gives a feeling of welcome and that the midwife is an OK person!”

Tip from a teenage pregnancy midwife

“I use humour and am happy to expose my (small!) faults along the way. This usually makes them laugh and I hope makes me seem more ‘human’ and not a perfect, critical, health professional.”
8. Strong referral links with relevant agencies

Pregnant teenagers and young fathers often have significant additional needs, and many need help with crisis issues such as housing and money.

The maternity services can act as a gateway to the wider services available to young people, and vice versa. Strong mutual referral links can therefore support early access to maternity care.

The maternity services could:

- participate in local data and information sharing protocols
- create a care pathway specifically for pregnant teenagers and young fathers that incorporates referral (with consent) to the external services available
  
  Example care pathways for young parents can be found at www.bestbeginings.org.uk/ntpmn
- deliver some services at local young people friendly venues where other agencies provide services

What is the Family Nurse Partnership?

The Family Nurse Partnership (FNP) is a programme of intensive home visiting for first time mothers under 19 and their partners. The Family Nurses are highly trained and visit from early pregnancy until the child is two. They deliver a structured programme that enables young parents to have better pregnancy outcomes, improve their child’s health and development, and fulfil their own aspirations.

The FNP does not replace maternity care but runs alongside it. If the FNP works in your area, it is very important to have a clear referral pathway so the FNP can start work with the young parents as soon as possible.
New model of health visiting

In areas where there is no FNP service, health visitors remain the main contact. They may provide extra support to young parents under the new ‘four tier’ model of service (Community, Universal, Universal Plus and Universal Partnership Plus). For more information see www.gov.uk/government/publications/health-visitor-vision.

Potential partner agencies

Not all agencies exist in all areas.

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<td>See box</td>
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<tr>
<td>Health visitor</td>
<td>Extra support for young parents</td>
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<tr>
<td>Child and adolescent mental health service</td>
<td>Mental health needs</td>
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<td>Social care</td>
<td>Safeguarding&lt;br&gt;Where young person is a looked after child, care leaver, or an unaccompanied asylum seeking child</td>
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<tr>
<td>Services for smoking cessation, alcohol/drugs</td>
<td>Health improvement</td>
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<tr>
<td>National and local domestic abuse support services</td>
<td>Safety and support</td>
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<tr>
<td>Re-integration officer or education welfare officer</td>
<td>Supports young mothers of compulsory school age (up to 18) to attend school or receive other education</td>
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<tr>
<td>School Nurse</td>
<td>Health education and support</td>
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### Healthy Start and young mothers

Pregnant women under 18 are entitled to receive Healthy Start vouchers and vitamins – whether or not they receive qualifying benefits.

Find out more at [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

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<th>Activities promoting personal and social development</th>
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<td>Children’s centre</td>
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<td>‘Young Mums To Be’ and similar courses</td>
<td>Basic skills to help pregnant teenagers prepare for parenthood</td>
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<tr>
<td>Peer support schemes</td>
<td>Social support and information</td>
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9. Effective support to prevent second unplanned pregnancies

Around 12% of births conceived under the age of 20 are to young women who are already teenage mothers. Some of these pregnancies are planned but many are not. Young women and men are often unaware how easy it is to become pregnant again after having a baby. Contraception may also be a low priority, particularly for young mothers and fathers with a chaotic lifestyle. Young men tend to be much less knowledgeable about pregnancy prevention than young women, yet have great influence on contraceptive use. You could:

- display information in antenatal and postnatal settings about the risks of becoming pregnant soon after birth
- integrate contraceptive planning into antenatal care, beginning early in pregnancy and give all young people up-to-date information about their postnatal contraception options (see box)
- encourage young people to make a contraceptive choice before delivery or very shortly afterwards, and to know how to access their chosen form of contraception
- make access to contraception as straightforward as possible
- specifically include young fathers in the discussions about contraception, to encourage shared responsibility
- work in partnership with local sexual and reproductive health services

Resources

**Believe it or not** poster – reminds young women and men how easy it is to get pregnant immediately after having a baby, available from Brook [www.brook.org.uk](http://www.brook.org.uk).

10. Staff are trained to work with young people

Many young mothers and fathers report negative encounters with maternity staff, who sometimes express judgmental and stereotyped attitudes about young parents or give the impression of disapproval through body language.

To overcome these attitudes and the potential for misunderstanding between staff and young parents, maternity services could:

- train all maternity staff (including receptionists) on communicating easily with young women and young men
- promote positive attitudes about young people
- identify a lead midwife for young parents, whose role would include ongoing training, support and supervision of maternity staff on the specific needs of young mothers and fathers

“I could tell that she had been specially trained to deal with teenagers. She is lovely, she left me her number.”

“My new midwife, she was brilliant, she treated me like an individual whereas for the other one I was like a number on the computer.”

Tip from a teenage pregnancy midwife

“Celebrate the positives... expect the unexpected.”
Further information

**Public Health England** has a knowledge hub for early years providing easy access to a range of information, evidence, knowledge and expertise. The knowledge hub also gives links to relevant tools, data and reports for local areas showing information such as outcomes in the early years, breastfeeding and infant mortality.  
[www.chimat.org.uk/earlyyears](http://www.chimat.org.uk/earlyyears)

The **National Teenage Pregnancy Midwifery Network** at Best Beginnings has a collection of policy and practice resources, including care pathways for young parents.  
[www.bestbeginnings.org.uk/ntpmn](http://www.bestbeginnings.org.uk/ntpmn)
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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