

## **DRAFT Pregnant Pupils Policy for schools: Managing the support and reintegration of pregnant pupils and school age parents.**



Adapted for MK by: Education Psychology, Social Care/CF Centres/LAC, Sexual Health, Health Visiting/School Nursing, Midwifery and Public Health Colleagues.

**NB Policy to be reviewed by DSL Schools Forum – once approved - cascaded via Heads up and held by MK Together – assurance board on completion**

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## 1. Introduction

This guidance has been produced to help schools support pregnant pupils and school age parents, to ensure that the young people are able to continue their education. In Milton Keynes, the teenage pregnancy rate is similar to England, with 84 girls becoming pregnant in a year.<sup>1</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<sup>2</sup>.

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 the age of 21.<sup>3</sup>

This policy provides links to national guidance and services within Milton Keynes which can support these young people. It highlights the responsibilities of schools, and actions that schools can take to keep the pregnant pupil 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, 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.<sup>3</sup>

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) in their roll. In most cases it is possible to support pregnant pupils 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 3x higher rate of postnatal depression. Schools therefore need to be able to signpost the expectant mother or father to the right services.

## 2. Statutory guidance

- <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>
- <https://www.gov.uk/government/publications/school-attendance>
- [Supporting pupils at school with medical conditions](#)
- [Keeping children safe in education](#)
- [PHE Young Parents Support Framework](#)

## 3. Responsibility of schools

In relation to pregnancy, schools should note the guidance within [Relationships Education, Relationships and Sex Education and Health Education guidance](#), 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) (s.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%.

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 RSHE 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 key trusted adult within school should be agreed with the pupil and colleague as soon as possible. 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 Assessment: Wishes & Feelings Archives - Free Social Work Tools and Resources: SocialWorkersToolbox.com.

Schools should use the MK co-produced [Children missing education for health reasons](#) policy, in respect of the management of pupil absence from school when medical reasons are cited. A referral can be made to MASH who will complete an assessment. The outcome could be via level 3 intervention by Children Family Practices (CFP) which would include a Team around the family (TAF) or if statutory support is needed as a Child in Need (CIN), would be then available through Family Support Meetings (FSM).

#### **4. Safeguarding**

As per [Keeping children safe in education](#), 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/midwife), should the need arise.

Schools should ensure that the pupil has a designated adult with whom she feels comfortable to speak to with any concerns. If a school has health concerns around a pregnant pupil, they should use the 'MK Children's Services CYP unable to attend school because of health reasons' policy. While the Protocol was created in response to pupil absence where health reasons are cited, this is still suitable in the case of pregnant pupils.

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 midwife. If applicable, a pupil's social worker, EHCP Coordinator and/or Virtual School for LAC 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 [Supporting pupils at school with medical conditions](#).

The usual safety routines which apply to all pupils in lessons such as PE, science and design technology for example, should apply to pregnant pupils, 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 a lesson such as Food Technology, to ensure that a pregnant pupil does not eat certain food items which are not recommended during pregnancy; see [NHS Foods to avoid in pregnancy](#) for additional guidance.

A pregnant pupil 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 pregnant pupil 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 students. 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.

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. 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 pregnant pupils 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.

Pregnant pupils 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 [School attendance guidance](#) when coding pupil absence. All pupils are entitled to a full-time timetable. However, on occasion, a pregnant pupil, 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 pregnant pupils 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 pregnant Y11 pupil would prefer to come into school when other Y11 pupils are on study leave, schools should make provision for this (see p19 [School attendance guidance](#)). Study leave should be coded S in the register. If a pregnant pupil 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.

## 6. Maternity leave

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:

- eLearning
- 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
- key point of contact in school to collate and re-distribute from to/from subject staff ([Children missing education for health reasons policy](#))
- 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. If the pupil is unable to return due to health reasons, then schools should follow guidance available from [Children missing education for health reason policy](#).



## 9. Childcare

Young parents who require childcare in order to be able to return to school can access information at [Help paying for childcare - GOV.UK \(www.gov.uk\)](https://www.gov.uk/care-to-learn). The Care to Learn scheme can help with childcare costs for young mothers under 20 years old. Further details are available at <https://www.gov.uk/care-to-learn>

## 10. Breastfeeding/expressing breastmilk

A young mother who returns to school may require reasonable adjustments to able her 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 child and parent. Breast feeding support is available at several sites. Please see information on Breast feeding support available.



Breastfeeding  
Support posters.doc

Alternatively, you can talk to a Health Visitor on 01908 725100 Monday to Friday between 9.30am and 4.30pm where there is a duty Health Visitor/School Nurse available to speak to you and help and support you.

## 11. Suggested template School Care Plan

Suggested plan available below.



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Suggested template

## 12. Milton Keynes Council procedures

Milton Keynes Council Access to Education of children and young people in [MKC with Medical Needs](#) provides guidance and support for schools and parents/ carers with young people who are too unwell to attend school. Pregnancy is not an illness and, in most cases, a referral to the Medical Needs Service will be unnecessary. There may, however, be occasions when a pregnant pupil is absent for longer periods due to ill health. In such cases, the school should refer to the Milton Keynes Council Medical Needs policy and make



contact with the SEND Support line, to notify the LA of prolonged absence and contact the 'Needs Coordinator' for further advice. If the pupil is **unwell** and has been absent for more than 15 days, the school can refer to the 'MK Children's Services CYP unable to attend school because of health reasons' policy. The school needs to have a conversation with parents before they inform the LA, signed parental consent would be required if asking for additional involvement from the SEND Team. If additional provision is required for the pupil, the school should consider accessing Supporting/Strengthening families who can support young parents.

Health professionals who have concerns about the education of a pregnant pupil can also use the Medical Needs Policy to make contact with the school (or Milton Keynes Council) if the young person is not on a school roll). In these cases, the health professional should gain consent from the parent/carer if the young person is school-age, and then complete the forms as per the flowchart included within the protocol.

If schools receive notification from a parent/carer that a pregnant pupil or young mother intends to come off roll, they MUST inform the Children Missing Education Team [Children missing education - Schools \(Milton Keynes Council\)](#)

### 13. Accessing support

**Baby Buddy:** [Baby Buddy app | Best Beginnings](#)

**Breastfeeding:** [Benefits of breastfeeding - NHS \(www.nhs.uk\)](#)

**iCaSH in partnership with Terrence Higgins Trust Sexual Health Services:**

<https://www.icash.nhs.uk/where-to-go/icash-milton-keynes>

**Chat Health:** <https://www.mkchildrenshealth.cnwl.nhs.uk/chathealth/>

**Kooth – mental health support for young people:** [Home - Kooth](#)

**Registering the birth:** [Register a birth - GOV.UK \(www.gov.uk\)](#)

**Sure Start Maternity Grant: Claim form**

[Sure Start Maternity Grant claim form - GOV.UK \(www.gov.uk\)](#)

**Abortion:** <https://www.bpas.org/clinics/bpas-milton-keynes/>

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Please contact [Liz.Wilson@milton-keynes.gov.uk](mailto:Liz.Wilson@milton-keynes.gov.uk) with any additional queries or for content revision.

## Appendix

1 Child and Maternal Health PHE, *Child Health Profile, Milton Keynes*, (March 2021)

2 The Nuffield Trust (2021), *Teenage Pregnancy*

<https://www.nuffieldtrust.org.uk/resource/teenage-pregnancy> Accessed 14 12 21

3 Crown copyright publishing,service.gov.uk (2019) *Your Parents support framework* [PHE Your Parents Support Framework April2019.pdf](#) Accessed 14 12 21

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