

**Thirteenth Report of the Joint Select Committee on Social Services and Public Administration on an inquiry into the prevalence of Teenage Pregnancy and the State's capacity to minimise the occurrence of teenage pregnancy and provide services and assistance to teenage parents**

Kindly see below the Ministry of Health's (MoH) response to the recommendations/comments contained in the 13<sup>th</sup> Report of the Joint Select Committee on Social Services and Public Administration on an inquiry into the prevalence of Teenage Pregnancy.

**OBJECTIVE 1: To examine the trends in teenage pregnancy and associated health effects.**

**Recommendations**

**In light of the foregoing, the Committee recommends the following:**

- A. Given that accurate, reliable and comprehensive data is essential for informing policy and targeted interventions to combat teenage pregnancy, the MoH, MoE, TTPS, and CATT should give priority to strengthening their capacity to collect data from pregnant teenagers, teenage mothers and the male partners/perpetrators, as well as develop systems to share this data among the four entities. To this end, the following strategies should be explored:**
- iv. That the MoH collaborate with the private sector to institute a mechanism whereby all registered private hospitals/facilities can periodically submit data on the numbers of pregnant teenagers and teenage mothers who access their health services. The scope of the data to be recorded should be confirmed following consultations between the Ministry of Health and the private medical facilities;**

Maternal and neonatal data is systematically collected by the Directorate, Women's Health from the private health sector. There is a plan to expand the scope of the Perinatal Information System to allow for more details of patient information to be captured from the private sector.

Once the consultations are held and the requirements are determined, this data will be successfully captured. In the interim, the current reporting tool will be amended to include the private sector patient information.

- v. That the MoH give consideration to the feasibility of requesting identification information from the fathers of babies born to adolescent mothers, or whether it may act as a further barrier to men coming forward to declare the involvement in pregnancies;**

The identification information of the fathers of babies born to adolescent mothers is requested when admitted to the hospital. It is not, however mandatory that the information be provided. The MoH is currently consulting with the relevant parties to determine the feasibility of same.

It should be noted that all cases of teenage pregnancy are reported to the TTPS as mandated by law. As such, it is within the domain of the TTPS to request identification information from the fathers of babies born to adolescent mothers and where necessary fully investigate the matter.

- B. That the MoH give priority to examining the range and type of data it collects not only as it pertains to pregnancies but on a general level. During previous inquiries the committee observed that there were significant deficiencies in critical data which may compromise effective policy development and implementation;**

The MoH is committed to ensure that Perinatal Information System (SIP) is implemented in all Regional Health Authorities (RHAs). As of August 10, 2018, all Regional Health Authorities were advised to replace then Perinatal Clinical Record (PCR) being used at the time with the SIP. The SIP PCR captures demographic and clinical data - including risk factors, obstetric history, antenatal visits, labour, and maternal and neonatal discharge.

The SIP's expansion will facilitate the access to data in real-time and allows the vulnerable population of teenage mothers to be captured and recorded in the system to inform policy development and implementation.

Additionally, in collaboration with iGovTT, the MoH is seeking to implement a National Health Information System (HIS). The HIS will support registration, scheduling (inpatient and outpatient), emergency, ward and bed management, pharmacy and Lab Information Services. The HIS is expected to integrate and securely manage the healthcare data while protecting privacy in an electronic format for all subjects interacting with the public service.

**C. With regards to the declining pregnancy rates among girls aged 13-16, the MoH should set further targets for the reduction of teenage pregnancy, as well as to maintain the low maternal mortality rate within this population;**

The MoH is committed to reducing teenage pregnancy. One objective of the MoH's National Sexual and Reproductive Health (SRH) Policy is to reduce adolescent pregnancy through the provision of comprehensive adolescent SRH information and services. The policy addresses Adolescent SRH through access to comprehensive age appropriate sexuality education information and services for in and out of school adolescents and youths (including adolescents and youths in institutions).

The MoH is currently finalizing the Health Promoting Schools Policy with key stakeholders including the MoE. This policy aims to provide adolescents with information and the skills needed to be able to make informed behavioural choices.

The MoH is also increasing the range of contraception available before being discharged after delivery to include implants and long acting reversible contraceptives which are effective for five (5) years) to reduce recurrence.

Through the MoE's HFLE programme, age appropriate Comprehensive Sex Education (CSE) will be delivered. Appropriate teacher training, peer education and parent participation must be ensured for the success of CSE.

Also, the Ministry of Social Development and Family Services, through its social intervention programmes should be able to assist in cases of teenage pregnancy within the community and social setting.

The MoH is committed to maintaining the low maternal mortality rate within the population by continuous monitoring and evaluation of the present systems.

- D. That the MoH review its patient screening procedures at the RHAs with the aim of ensuring that cases of teenage pregnancies are referred to the TTPS and CATT within a timely manner;**

At present, once a teenager presents to any healthcare facility, it is the responsibility of the admitting midwife/nurse or doctor to report the pregnancy to the relevant authority if it has not yet been reported. Additionally, teenage pregnancies are detected via school health visits made by the District Health Visitors.

**OBJECTIVE 2: To assess the services and facilities available to counteract and or alleviate teenage pregnancy**

### **Recommendations**

**In light of the foregoing, the Committee recommends the following:**

- A. The Committee endorses the Integrated Strategic Plan for the Reduction of Teenage Pregnancy. In working towards the goals of the plan, all ministerial stakeholders should give urgent attention to developing an inter-sectorial strategy, including a cross departmental ministerial task force. Notwithstanding the existing, separate programmes delivered by each ministry/agency, collaboration should be enhanced to align separate interventions in the following areas:**

- i. Sexual and reproductive health education and awareness;**
- ii. Adolescents' access to contraception;**
- iii. Education and awareness surrounding child sexual abuse; and**
- iv. Ongoing monitoring and support of these interventions.**

**Best practices, such as the strategies employed by the United Kingdom, and recommendations from WHO can also be considered, with consideration for their cultural relevance.**

The MoH endorses the development of this Plan and welcomes working with all ministerial stakeholders to develop an inter-sectoral strategy.

**B. That the MoH, in its response to the Committee, provide an update on:**

- i. The tangible outcomes of the initiatives to date under the “Every Caribbean Woman, Every Caribbean Child” that target teenage pregnancy. Also provide the work programme for these initiatives to be held between 2019 and the first quarter of 2020;**

The “Every Caribbean Woman, Every Caribbean Child” initiative focuses on the reduction of teenage pregnancy, cervical cancer, gender based violence, trafficking in person, and the elimination of mother to child transmission of HIV in the Caribbean. Key tangible outcomes of this initiative, which are intended to improve maternal health for all mothers - including teenage mothers - are:

- a. Implementation of the 2014 Cabinet approved "Improving the maternal, infant, and child health through quality intervention in Trinidad and Tobago" project, developed in collaboration with PAHO and the United Nations Country Teams, which seeks to reduce morbidity and mortality and improve health during key stages of the life cycle, including pregnancy, childbirth, the neonatal period, childhood, and adolescence, and improve sexual and reproductive health (SRH) and promote active and healthy aging for all individuals. Under this project, the following activities were undertaken:

- Implementation of the Perinatal Information System (SIP), in 2018 in all public health facilities to allow for real-time generation of maternal and neonatal statistics at various levels within the health sector;
  - Introduction of contraceptive implants in Trinidad and Tobago in 2019, which are effective for five (5) years to reduce recurrence; and
  - Training of healthcare providers in new contraceptive methods.
- b.           Development of the Maternal and Child Health Manual in 2015;
- c.           Training of healthcare workers in the following areas:
- Management of haemorrhage in obstetrics;
  - Maternal near miss audit;
  - Miscarriage management;
  - Respectful maternity care and kangaroo mother care;
  - Colposcopy;
  - Modern contraceptive methods;
  - Zika sonography;
  - Essential care for small babies;
  - Care of the Zika affected infant; and
  - Train the Trainers for the Revised Baby Friendly Hospital Initiative.
- d.           Establishment of the Directorate of Women’s Health in the Ministry of Health in 2017, with the mandate to improve the health and well-being of all categories of the female population;
- e.           Strengthening of cervical cancer screening through: -
- Training of healthcare providers in evidence-based techniques for management of abnormal Pap smears;
  - Recognizing that Human papillomavirus (HPV) testing is more effective than Pap smears in detecting women at risk for developing cervical cancer, Trinidad and Tobago

introduced HPV DNA testing as a method of screening in the public health system in 2019; and

- Medical staff was trained in colposcopy and new treatment techniques relating to HPV and cervical cancer.

f. Introduction of monthly reporting of obstetric/gynaecological and neonatal data to the MoH by both the public and private health sectors from 2017 through standardized reporting templates to strengthen adverse events/near miss analysis and reporting, thereby improving clinical practices and outcomes; and

g. Information & Awareness through the following: -

- Development of over fifty (50) patient information brochures and articles on the potential risk of going into pregnancy diabetic, hypertensive, with obesity and other health issues, with dissemination over social media, newspapers, and the Ministry of Health website; and
- Participation in public outreach events.

Building on progress achieved through the global Every Woman Every Child movement, the UN Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Further, the Region of the Americas launched the Plan of Action for Women's, Children's and Adolescent's Health 2018-2030. The work programme of the MoH for 2019 and the first quarter of 2020 are aligned to these initiatives, and include:

- a. Development of the Management of the Collapsed Obstetric Patient;
- b. Continued sensitization of the national clinical guidelines developed by the Directorate of Women's Health, which include: -
  - Diabetes Mellitus in Pregnancy;
  - Hypertension in Pregnancy;
  - Use of Misoprostol in Obstetrics and Gynaecology;
  - Major Obstetric Haemorrhage;

- Ultrasound Examination in Pregnancy, Management of Shoulder Dystocia, Haemoglobinopathies in Pregnancy; and
  - Syphilis in Pregnancy and the Neonate.
- c. Continued implementation of the SIP and introduction of SIP Plus and Neonatal SIP;
- d. Health Education in the following areas: -
- For infants and young children, a baby friendly clinical care guideline and a young infant handbook is to be developed. Topics within the handbook would include health education, vaccination schedules and growth charts;
  - For adults, a patient handbook emphasizing antenatal care to be developed which would address healthcare for women, men and children; and
  - New guidelines in management of stillbirths, sickle-cell disease in pregnancy, cardiovascular disease in pregnancy and a child and infant feeding policy would also be developed.
- e. Policy Development - Development and finalization of the Sexual and Reproductive Health Policy and National Breastfeeding Policy;
- f. Country Elimination of Mother to Child Transmission (EMTCT) of HIV and Syphilis - The MoH is working with both the public and private health sectors to achieve EMTCT of HIV and syphilis through a patient-centred public health approach. This includes:
- Enhancement of maternal and child health (MCH) services for early detection, care, and treatment of HIV and syphilis in pregnant women, their partners, and infants through the mapping of clinical and reporting pathways and the development of standardized evidence-based clinical practice guidelines and protocols;
  - Strengthening of surveillance of HIV and syphilis in MCH services and health information systems, including the replacement of the antenatal record with the SIP and the



strengthening of active surveillance approaches, to effectively capture service delivery and outcome data from the health facilities; and

- Continuous sensitization of and engagement with stakeholders in both the public and private health sectors to ensure that EMTCT is a priority.

g. Cervical Cancer Prevention Programme - The DWH is working to introduce HPV screening for cervical cancer in all public health facilities.

**ii. The revision of the RapPort programme, including details on how it will be strengthened to capture data on teenage parents and educational content related to teenage pregnancy;**

Yes, the Ministry of Health, in collaboration with the United Nations Population Fund (UNFPA) is assessing and re-purposing the Rapport Programme to meet the objectives and needs of its clients with tools for reporting on success.

A concept paper on the way forward has been drafted and will be out for consultations within the next few months. The intention is to strengthen the RapPort Programme so that its Educators are able to provide comprehensive sexuality education in addition to other health information in areas such as diet and nutrition and mental health.

**iii. The Ministry's strategies to engage men and boys in educational programmes and initiatives on sexual and reproductive health education**

The MoH through the RHAs has launched the Men's Wellness Clinic Initiative in April 2019. The pilot was launched in the NCRHA with plans to launch in all the RHAs. These services offered at these clinics include PSA blood testing, BMI, blood pressure testing, vision screening, dental screening and glucose testing, influenza vaccinations, dietary lectures, voluntary counselling and stress management lectures.

The MoH, primarily through its Health Education Division, conducts public education sessions and health promotion campaigns in communities and schools to educate and

enable individuals (including men and boys) and communities to take responsibility for their health. These activities focus on a wide range of health issues, including SRH.

The MoH also works with external stakeholders, for example, other Ministries and Non-Governmental Organizations to conduct health promotion activities. For example, Sexuality Education is conducted by the Family Planning Association of Trinidad and Tobago (FPATT) upon request by schools. FPATT also has an adolescent friendly space called ‘D Living Room’, where adolescents and youth can go to access information and counselling on a range of issues impacting their health and sexual development.

Additionally, the MoH is currently developing a National Health Promoting Schools Policy, which calls for stakeholders to support a structured school health programme that enables children to make informed choices about family life and SRH issues, as part of Health and Family Life Education (HFLE).

**iv. The outcomes of the most recent bi-annual meeting on the progress made towards the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean**

The Ministry of Health in conjunction with the Office of the Prime Minister via the National Aids Coordinating Committee and the United Nations Population Fund (UNFPA) have developed an action plan for the implementation of the outcomes areas related to the Ministry of Health as stated in the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean. These outcomes include:

- **Outcome 1:** By 2019, adolescents have universal access to age appropriate accurate information as well as quality sexual and reproductive health services and commodities;
- **Outcome 2:** By 2019 all adolescents have access to age appropriate, gender and culturally sensitive comprehensive sexuality education at all levels of the education

system including early childhood through the national HFLE curriculum and the informal education modalities for those adolescents not in school; and

- **Outcome 5:** Exchange of knowledge, information and good practices in addressing adolescent pregnancy.

As noted above, several projects and initiatives were developed and implemented along the above outcome areas of strategic framework to improve the management, capacity and delivery of SRH services to the population.

**C. That the MoH seek to expand the provision of training to additional Peer Educators under the Youth Connect T&T application;**

The Youth Connect T&T application has been transferred to the Family Planning Association of Trinidad and Tobago (FPATT) and resources were mobilized to support Peer Education for a period of three (3) months as part of the response to COVID-19. Thereafter, additional training is planned to commence to enhance the use of the application.

**D. That the MoH and CATT seek to formalize the existing reporting relationship between Medical Social Workers and CATT with regards to pregnant teenagers who are admitted to public health centres and hospitals**

The MoH endorses the development of a reporting relationship between Medical Social Workers and CATT with regard to pregnant teenagers who are admitted to public health centres and hospitals.

In this instance, a review of the existing relationship will be conducted with a view of enhancing the scope of services to include greater surveillance and reporting of these cases with timely interventions for better patient treatment and care.

**OBJECTIVE 3: To assess the adequacy of policies and laws to treat with teenage pregnancy.**

**Recommendations**

- A. That in its Ministerial Response the MoH provide an update on the status of the national policy paper on access to contraception**

The MoH's National Sexual and Reproductive Policy is in the last stages of finalization. With this Policy, the GoRTT will guarantee universal access to comprehensive SRH to all persons in need and requiring it.