

## Pregnancy conceived in children under the age of 13 years

Version 1	Created	September 2022	Reviewed	September 2023
Version 2	Created	September 2023	Reviewed	July 2024
Version 3	Created	July-September 2024	To be reviewed	September 2028

### Safeguarding

The child's welfare is paramount, and the child's voice must be sought at all points of the pathway. A co-ordinated, reassuring, child -friendly, trauma-informed approach is to be used throughout.

Be aware that an accompanying adult (including family members) can sometimes be a perpetrator of sexual abuse and use appropriate caution in early discussion before multiagency review.

Under the Sexual Offences Act 2003<sup>1</sup>, children under the age of 13 are considered not to be able to give consent to sexual activity, and penetrative sex is classed as rape in this age group. If the sexual activity occurred between peers, the offence must still be reported. However, the Crown Prosecution Service will take age into account when making charging decisions.<sup>2</sup>

If the Multi Agency Safeguarding Hub (MASH)/Children's Resource Centre (CRS) are not already aware of the pregnancy, same day contact must be made with them.<sup>3</sup> Consent is not needed for a MASH/CRS safeguarding contact. However, parents and young people should be informed that it is taking place, unless this would place the child at risk of further harm:

***MASH/CRS contact should be made via telephone, with an interagency form to be completed as soon as possible thereafter. See [HIPS procedures homepage](#) for MASH/CRS contact details.***

Following MASH contact, Children's Services refer to the local community paediatric specialist child sexual abuse (CSA) medical service at the earliest opportunity following usual referral pathways. This paediatrician will lead on the medical side of any safeguarding or forensic aspects of the case. A child protection examination may or may not be required.)

<b>In hours:</b> child living in North Hampshire	HHFT CSA medical service (07787141812) This service will liaise with Solent NHS Trust West CSA medical service (0300 123 6662) if child is to be admitted to UHS gynaecology ward. Agree which team will take the lead
<b>In hours:</b> child living in Portsmouth, SE Hants or on Isle of Wight	Solent NHS Trust East CSA medical service 0300 300 2013. This service will liaise with Solent NHS Trust West CSA medical service (0300 123 6662) if child is to be admitted to UHS gynaecology ward. Agree which team will take the lead
<b>In hours:</b> child living in Southampton City and SW Hants <a href="#">(including New Forest)</a>	Solent NHS Trust West CSA medical service 0300 123 6662
<b>Weekends and bank holidays:</b> 9am-- 6pm - all areas:	Phone the Sexual Assault Referral Centre and ask for the paediatrician on call 0300 123 6616

<sup>1</sup> Available at <https://www.legislation.gov.uk/ukpga/2003/42/part/1/crossheading/rape-and-other-offences-against-children-under-13> [Accessed 25<sup>th</sup> July 2024]

<sup>2</sup> Available at <https://www.cps.gov.uk/legal-guidance/rape-and-sexual-offences-chapter-7-key-legislation-and-offences> [Accessed 25<sup>th</sup> July 2024]

<sup>3</sup> For MASH/CRS phone numbers and interagency contact forms for the different areas: Hampshire, Isle of Wight, Portsmouth and Southampton, see the HIPS procedures home page, available at <https://hipsprocedures.org.uk/> [Accessed 25<sup>th</sup> July 2024]

## National guidance

The Royal College of Paediatrics and Child Health has issued guidance for children and young people (CYP) accessing early medical abortion:<sup>4</sup>

1. CYP must have a safeguarding risk assessment.
2. Arrange an in-person appointment as soon as possible, preferably on the same day.
3. Health professional must make an urgent referral to social care (or if there is an immediate risk of harm then a referral should be made to the police). Whether to obtain support from / inform a responsible adult will be considered at the subsequent strategy meeting if not already in place.
4. The EMA provider refers the CYP to an appropriate inpatient health setting with gynaecological and paediatric input. This will facilitate a clinical assessment to confirm gestation, and safeguarding action. CYP must be treated by the right people, at the right time, in the right place.
5. There will be consideration of how forensic evidence is collected, including the products of conception.
6. The inpatient health setting caring for the CYP must inform their Named Doctor/Nurse for Safeguarding Children and the Designated Doctor/Nurse for Safeguarding Children for the local authority area (and equivalents in Scotland, Wales and Northern Ireland).
7. CYP will be given safety netting advice and information about how to contact health professionals should they have concerns after their treatment.
8. Further support to be offered/signposted to the CYP (i.e. sexual health services/counselling/GP).

## HIPS: Medical care

- Principles:
- Child's welfare is paramount
  - Child's voice is key
  - Use of a trauma informed approach

The locality community paediatrician on call for child sexual abuse will lead on co-ordination of care. They arrange any child protection assessments and liaise with the paediatric gynaecology lead (Dr Henny Luckman), or, if she isn't available, the duty consultant obstetrician or gynaecologist at University Hospital Southampton (UHS). Dr Luckman or one of the nominated obstetricians/gynaecologists may then take the gynaecological lead.

The community paediatric lead will also contact the Sexual assault Referral Centre (SARC) clinical lead, or, if she is not available, a senior Sexual Offences Examiner (SOE), to discuss forensic aspects of the case and to ask advice about feasibility of forensic recovery, how to go about it and who to contact. In general, forensic recovery is increasingly feasible after 9-10 weeks gestation. After 16 weeks a pathologist may be asked to assist with sampling. A DNA samples will be requested from the CYP undergoing the procedure to help with analysis.

**Contact should also be made to The British Pregnancy Advisory Service (BPAS)** who provide clinical expertise in abortion care. They should be invited to strategy discussions to assist in clinical decision making. Their input will be particularly important if the pregnancy is thought to be 12 weeks gestation or more.

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<sup>4</sup> Royal College of Paediatrics and Child Health. *Safeguarding guidance for children and young people under 18 accessing early medical abortion services*. RCPCH; August 2022: section 8.4: Available from: <https://childprotection.rcpch.ac.uk/resources/safeguarding-guidance-for-children-and-young-people-under-18-accessing-early-medical-abortion-services/> [Accessed 15<sup>th</sup> August 2023];

The UHS obstetrician/gynaecologist will arrange a gynaecological assessment and ultrasound scan to assess pregnancy gestation.

**For pregnancy less than 12 weeks gestation or where medical abortion is indicated or preferred in a pregnancy over 12 weeks gestation, admissions to UHS would be overseen jointly by:**

- Consultant obstetrician/gynaecologist to lead on prescribing, surgical and gynaecological aspects, with expert advice from BPAS clinicians as needed.
- Solent West community paediatricians may agree to take on the community paediatric role whilst child is admitted to UHS and will work in conjunction with UHS to co-ordinate with health, social care, police, and SARC as needed. They would lead on any safeguarding and medical forensic aspects in conjunction with police CSI.
- Hospital paediatric staff lead on inpatient care if the child is admitted to a paediatric ward or liaise with gynaecology team as needed if child is admitted to the delivery suite.
- Whilst child is in UHS care, UHS hospital safeguarding team to help co-ordinate multidisciplinary meetings and input and advise health staff on child safeguarding as needed.
- UHS staff caring for the CYP must inform their Named Doctor/Nurse for Safeguarding Children and the Designated Doctor/Nurse for Safeguarding Children for the local authority area.

**For pregnancies over 12 weeks gestation where surgical abortion may be indicated**

- BPAS will lead on surgical aspects, including referral to NHS centres as required.
- BPAS will liaise closely with the locality community paediatrician for child sexual abuse who is leading on co-ordination of care. The community paediatrician will work in conjunction with BPAS and help co-ordinate with health, social care, police, and SARC as needed. They would lead on any safeguarding and medical forensic aspects in conjunction with police CSI.
- BPAS (or NHS surgical facility if child is referred there) will lead on inpatient care if the child is admitted to one of their units.
- Whilst child is in BPAS care, BPAS safeguarding team to help co-ordinate multidisciplinary meetings and input and advise health staff on child safeguarding as needed.
- BPAS staff caring for the CYP must inform their Named Doctor/Nurse for Safeguarding Children and the Designated Doctor/Nurse for Safeguarding Children for the local authority area. See flowchart for management below:

## Contacts

See [HIPS procedures](#) homepage for MASH/CRS contact details

See table above for community paediatric specialist CSA medicals services

**The UHS paediatric gynaecologists can be contacted via UHS switch board 023 80 777 222** – ask for Dr Henny Luckman (paediatric gynaecology lead), or, if she isn't available, the duty consultant obstetrician or gynaecologist.

**BPAS safeguarding can be contacted on 01926 562306 or [safeguarding@bpas.org](mailto:safeguarding@bpas.org)** BPAS staff caring for the CYP must inform the BPAS corporate safeguarding team, and the Head of Safeguarding and Named Doctor for Safeguarding. They will inform the local designated doctor/nurse for the integrated care board area.

See flowchart for management below:

### Child under 13 has a verified positive pregnancy test

If police or social care not already aware, same day contact to the Multi-Agency Safeguarding Hub (MASH)/ Children's Resource Centre (CRS)/Social care (see <https://hipsprocedures.org.uk/> home page). This includes if first contact is made to BPAS.

In working hours, MASH/CRS contact community paediatrician on call for child protection medical assessments in the area where the child lives (see table). The paediatrician and, where possible, the BPAS safeguarding team will be invited to the initial strategy discussion. At weekends contact the paediatrician on call for Child Sexual Abuse via the Sexual Assault Referral Centre.

Community Paediatrician considers what assessments are needed and liaises with UHS gynaecology/obstetrics (as outlined above) to arrange gestational assessment, including ultrasound scan if not already done. **Multi-disciplinary discussions** held on Teams between community paediatrics, UHS gynaecology/midwifery, SARC clinical lead or SOE, BPAS safeguarding, social care, police and any other professionals involved to discuss next step, including travel arrangements for child and carer.

#### Pregnancy < 24 weeks gestation

The community paediatricians, gynaecologist, BPAS and social worker agree who will discuss options with the child and her family. If any of the professionals have conscientious objection to abortion in a child under the age of 13, they must hand over to a colleague who is able to freely discuss all the options legally available.

#### Pregnancy >24 weeks gestation

The community paediatricians, social worker, obstetrician/gynaecologist and BPAS safeguarding agree who will be present for a discussion with the child and her family about how the pregnancy will be managed.

#### Pregnancy <12 weeks gestation

Options discussed with the child and family and counselling offered.

If surgical abortion is agreed the child will be admitted to a paediatric surgical ward at UHS as a day case for the procedure to be carried out in paediatric theatres by the nominated obstetrician/gynaecologist. Solent West community paediatricians would usually facilitate paediatric safeguarding assessments/liaison. If forensic analysis of products of conception is indicated appropriate consent to be sought and arrangements made between gynaecologists, community paediatricians, SARC senior staff and police CSI.

If medical abortion is agreed, the first abortion pill is usually taken straight away and then a pessary or sublingual medication taken 24-48 hours later. The child would be offered admission to a suitable delivery suite to be made as child-friendly and comfortable as possible and arrangements made for forensic analysis of products of conception as indicated and consent given.

If the gestation is <10 weeks, if preferred and where circumstances allow, after consulting with the child and other key people, the second dose of medication can be taken at home and the abortion passed there. Clear instructions should be given for who to contact (24/7) in case of concerns and what to do if forensic recovery is planned.

If the child and/or family wish the pregnancy to continue, ongoing assessments to be made by social care and medical staff as needed.

#### Pregnancy 12-24 weeks gestation

Options discussed with the child and family and counselling offered.

If medical abortion is agreed, the first abortion pill is usually taken straight away and then a pessary or sublingual medication taken 24-48 hours later. The child would be offered admission to a suitable child-friendly UHS delivery suite and arrangements made for forensic analysis of products of conception if indicated and consent given.

If surgical abortion is agreed, BPAS will arrange admission to a suitable child-friendly surgical facility set up to deliver safe care to children under the age of 13. BPAS will liaise with a suitable NHS facility (via Specialist Placements team) if needed. If forensic analysis of products of conception is indicated appropriate consent to be sought and arrangements made. The child would usually be given priority on operating lists and arrangements made for products of conception to be received by police CSI.

If the child and/or family wish the pregnancy to continue, ongoing assessments to be made by social care and medical staff as needed.

#### Follow up and after care arranged:

Any gynaecology/medical follow up with the service who carried out the abortion. Any psychological counselling with locality commissioned services for CSA counselling with advice taken from medical specialties or BPAS if needed