



Hampshire
Safeguarding
Children
Partnership



Pregnancy conceived in children under the age of 13 years

Safeguarding

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

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

In-hours -child living in Hampshire	MASH: 0300 555 1373
In-hours- child living on Isle of Wight	MASH: 0300 300 0901
In-hours- child living in Portsmouth City	MASH: 023 9268 8793 or 0845 671 0271
In-hours- child living in Southampton City	CRS: 02380 832 300
Out-of-hours Southampton City	CRS: 02380 233 344
Out-of-hours (all other areas)	children's services duty team 0300 555 1373

MASH/CRS contact should be made via telephone, with interagency form to be completed as soon as possible thereafter

Following MASH contact, Children's Services refer to paediatric child sexual abuse (CSA) medical service at the earliest opportunity following usual referral pathways for Child Protection CSA Medical. (NB referral to this service doesn't mean that an examination will necessarily be carried out in every case. It will depend on the circumstances.)

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



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Medical care

Principles:

- Child's welfare is paramount
- Child's voice is key

Paediatrician on call for Child Sexual Abuse examinations leads on co-ordination of care. Arranges for child protection assessment as and when appropriate.

Paediatrician on call for Child Sexual Abuse examinations contacts duty consultant gynaecologist at:

- Portsmouth Hospitals University NHS Trust for patients from Portsmouth City, South East Hampshire and Isle of Wight,
- University Hospital Southampton for patients from Southampton City, SW Hampshire and North Hampshire.

Gynaecologist carries out clinical assessment and arranges ultrasound scan to assess pregnancy gestation.

Paediatrician on call for Child Sexual Abuse examinations and duty/nominated consultant gynaecologist assess Gillick competence, and involve whoever has parental responsibility to discuss options, gain informed consent and agreement as to whether pregnancy should continue, or abortion should be undertaken and the method to be used (if choice of method is applicable).

If abortion care is agreed:

RCPCH guidance for abortion care providers to be followed if child presents to them – see below.¹

If the pregnancy is <12 weeks, and if it is agreed to be in the best interest of the child and to be clinically appropriate, the child would usually be admitted to the hospital paediatric ward for gynaecological review and ultrasound (Paediatrician on call for Child Sexual Abuse examinations contacts Consultant paediatrician on call for PHUT or UHS as applicable). The first abortion pill is usually taken straight away and then a pessary or sublingual medication taken 24-48 hours later. 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 indicated.

If the pregnancy is >12 weeks, the child would usually be admitted to the paediatric ward for medical or surgical abortion to be carried out by the hospital gynaecology team.

The admission would be overseen jointly by:

- Consultant gynaecologist to lead on prescribing, surgical and gynaecological aspects, with expert advice from BPAS clinicians as needed.
- Paediatricians on call for Child Sexual Abuse Examinations to co-ordinate with social care, police, and SARC as needed and lead on safeguarding and forensic aspects, such as recovery of products of conception.
- Hospital paediatric staff lead on inpatient care and monitoring



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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.

REFERENCES:

¹ 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: (Guidance for cases that present to abortion care providers) Available from: <https://childprotection.rcpch.ac.uk/resources/safeguarding-guidance-for-children-and-young-people-under-18-accessing-early-medical-abortion-services/> [Accessed 09/09/2022]:

8.4 In the case of CYP under 13 years old at the time of conception:

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 this is 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.[23]
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 will be offered or signposted to the CYP (i.e. sexual health services / counselling / GP).