



Surveillance report 2017 – Contraceptive services for under 25s (2014) NICE guideline PH51

Surveillance report

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Surveillance decision

We will not update the guideline on contraceptive services for under 25s at this time.

During surveillance editorial or factual corrections were identified. Details are included in appendix A.

Reason for the decision

NICE guideline PH51 aims to ensure all under 25s are given advice and information on all types of contraception.

No evidence has been identified that indicates that this guideline requires updating.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 2 years after the publication of <u>contraceptive services for under 25s</u> (2014).

For details of the process and update decisions that are available, see <u>ensuring that</u> published guidelines are current and accurate in developing NICE guidelines: the manual.

New evidence from 2 year surveillance review on PH51

No evidence has been identified that indicates that this guideline requires updating.

One literature search was undertaken:

• Literature searches guided by topic expert feedback was conducted focused on contraceptive services in education settings with the UK filter restriction.

The search period was from August 2008 (the end of the search period for the guideline) to July 2017.

All relevant abstracts were assessed for their impact on the recommendations within NICE guideline PH51.

Ongoing research relevant to the scope of NICE guideline PH51 was identified through topic experts and the initial intelligence gathering (NIHR research in progress). This included ongoing research on the uptake of emergency contraception, uptake and adherence to long-acting reversible contraceptive, improving sexual health in people with severe mental illness, peer led sexual health education, school based social marketing intervention, counselling and classroom work in reducing unintended pregnancies, post abortion contraceptive services, film based health education, mass media and text messages health education.

See <u>appendix A</u>: evidence summary for references and assessment of the abstracts for all new evidence considered.

Consideration of the evidence

New published evidence (21 studies) was identified through the surveillance review on school based sex education, targeting HIV prevention, school-based clinics, school-based sexual and reproductive health programmes on contraception, emergency contraception, sexually transmitted disease (STI) testing and treatment, pregnancy tests, and referral to other services. The evidence from school based sex education studies were considered to support recommendation 8 that indicates school based sex education involving a combination of education and contraception promotion (multiple interventions) was likely to reduce unintended pregnancy.

Overall, no new evidence was identified that would impact on any other areas of the guideline.

Implementation

No information was identified through implementation feedback that would indicate a need to update NICE's guideline on contraceptive services for under 25s (PH51).

Anti-discrimination and Equalities considerations

There has been no evidence to indicate that the guidelines do not comply with antidiscrimination and equalities legislation.

Implications for other NICE programmes

This guideline relates to NICE's quality standard on <u>contraception</u>. As the current surveillance review recommendation is to not update the guideline, there should be no impact on the quality standard.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. Three responded, 2 believed that the guideline should be updated to consider the following documents:

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- Findings from the third <u>National Surveys of Sexual Attitudes and Lifestyles (Natsal-3)</u> that indicates teenagers face the highest risk of unplanned pregnancy.
- Findings from a randomised control trial on <u>Effectiveness of a nurse-led intensive</u>
 <u>home-visitation programme for first-time teenage mothers (Building Blocks)</u> Family

 Nurse Partnership (FNP) (2016) which highlighted the vulnerability of young mothers, and that only 12% had planned their pregnancy.
- NCSP: standards and National chlamydia screening programme (NCSP): data tables
 which states that anyone under 25 who is sexually active should be screened for
 chlamydia annually, and on change of sexual partner and retested 3 months after a
 positive result.

These were considered in detail as part of the surveillance process:

- Findings from the third National Survey (Natsal-3) indicate that the pregnancies in women aged 16-19 years were most commonly unplanned. <u>Recommendation 8</u> highlights the importance of school and education-based contraceptive services. The findings from Natsal-3 reinforces the content within recommendation 8 and does not indicate that any changes are required to the recommendation.
- Findings from Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks) showed that FNP programme had no effect on reducing subsequent pregnancy by 24 months for first-time teenage mothers. FNP home-visitation programme was not recommended in NICE guideline PH51 therefore no impact is anticipated.
- Recommendation 3 will be refreshed with the link to NCSP guidance on sexually transmitted infections and chlamydia screening.

Views of stakeholders

Stakeholders are consulted only if we decide not to update the guideline following checks at 4 and 8 years after publication. Because this was a 2-year surveillance review we did not consult on the decision.

See <u>ensuring that published guidelines are current and accurate</u> in developing NICE guidelines: the manual for more details on our consultation processes.

Overall decision

After considering the guideline content, the views of internal teams within NICE and external experts, the surveillance team recommend that contraceptive services for under 25s (PH51) is not updated at this time, however <u>recommendation 3</u> should be refreshed with the link to NCSP guidance on sexually transmitted infections and chlamydia screening. While new evidence has been identified in a number of areas, this largely reinforces the existing recommendations.

NICE Surveillance programme project team

Kay Nolan

Associate Director

Emma McFarlane

Technical Adviser

Maryam Gholitabar

Technical Analyst

The NICE project team would like to thank the topic experts who participated in the surveillance process.

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