Pregnant and Parenting Students –
The Role of the School Nurse

**Position Statement**

**SUMMARY**

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (herein after referred to as school nurse) has a crucial leadership role on the school team to support the health, well-being and educational success of pregnant and/or parenting students.

The school nurse contributes to the health and academic success of pregnant and parenting students by providing evidence-based nursing interventions. All school-based interventions and services for pregnant and/or parenting students should be age appropriate, culturally sensitive, and student centered. Adequate support is critical for achieving high school graduation and successful parenting. The interventions provided by school nurses may include assistance in pregnancy identification, referral or provision of quality prenatal care, childcare referrals, parenting education, and education regarding prevention of future pregnancy, referral to clinical services and healthcare, as well as leadership on interdisciplinary teams. The school nurse should focus on developing Individualized Healthcare Plans and work with teams to establish systems that will accommodate the student so that she/he is able to maintain school attendance ultimately leading to graduation success. School nurses should also collaborate with colleagues and advocate for comprehensive education and services to prevent the incidence of pregnancy in adolescence.

**BACKGROUND**

Title IX of the Education Amendment Act of 1972 intended to end sex discrimination in education and prohibits discrimination against pregnant and/or parenting students seeking an education (American Civil Liberties Union, 2015). Schools are required to provide the same level of services to services to pregnant and parenting (female and male) students who are similarly able or unable to participate in school activities (National Women’s Law Center, 2012). The overall birth rate for adolescents 15-19 years old in 2013 was 29.4 per 1,000 (U. S. Department of Health and Human Services, Office of Adolescent Health [USHHS/OAH], 2014). This is a record low for US teens, and a drop of 6% from 2011. During this same period, birth rates also fell 8% for women aged 15–17 years and 5% for women aged 18–19 years (Centers for Disease Control and Prevention [CDC], 2015). Although these trends are positive, the rate is still higher than other developed countries.

Thirty percent of adolescent girls cite pregnancy or parenthood as a primary reason for dropping out of school (Manlove, Steward-Streng, Peterson, Scott, & Wildsmith, 2013), and Hispanic and African American teen dropout rates for pregnancy are 36 and 38%, respectively (National Conference of State Legislatures, 2015). Teen mothers who have a child before age 18 are less likely to graduate (fewer than 38 percent) and only 19% earn a GED (Azar, 2012). Two of three African American teen mothers finish high school or its equivalent by age 22 (Azar, 2012). Those that are Hispanic, however, are the least likely to finish high school, with less than half finishing by age 22 (Ng & Kaye, 2012).

**RATIONALE**

Adolescent childbirth may significantly reduce potential educational success, especially among urban minority youth; however, poverty and its consequences may exert even more influence (Bausch, 2011). School nurses play a key role in preventing poor pregnancy outcomes (Platt, 2014) and improving educational outcomes by implementing the following nursing interventions which are evidence-based and support the health and well-being of pregnant and/or parenting students (Bausch, 2011; Azar, 2012; Johnson, 2013; USHHS/OAH, 2014):

- Provide health education;
• Recognize signs of pregnancy;
• Discuss reproductive options with the student;
• Intervene to counter pregnancy denial;
• Assist students and their families in making healthy choices;
• Offer emotional support by fostering communication between parent and [pregnant and/or parenting] student;
• Advocate for comprehensive human development and sex education;
• Develop activities that build on student assets;
• Enhance student connections to school;
• Link students to reproductive health services;
• Connect to community education regarding the consequences of adolescent pregnancy;
• Build a support network for students including the core services of:
  o Developmentally appropriate childcare,
  o Preventive health care for infants and children,
  o Case management, and
  o Economic assistance.

These interventions will also support the transition to fatherhood for adolescent males. School nurses should encourage access for adolescent male students to their children in order to support bonding which may help to prevent disengagement of young men in the parenting process and foster future involvement in their children’s lives (Johnson, 2013).

CONCLUSION

Childbearing adolescents are less likely to finish high school, more likely to rely on public assistance, more likely to be poor as adults, and more likely to have children similarly affected, which consequentially affects the parents themselves, their children, and society (USHHS/OAH, 2014). This is particularly of concern for minority youth. School nurses are well positioned to identify and support at-risk students (Platt, 2014) and are leaders in health education and public health. Teen pregnancy (prevention) is a winnable public health battle (CDC, 2014). School nurses advocate for adolescent parents and play a key supportive role in their positive academic outcomes and in promoting a healthy start for their children (Johnson, 2013).

REFERENCES


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