knowing. The medical, legal, social and psychological issues may make a paediatrician the appropriate professional to assess competence and safety.

The interview must allow the girl to be alone with the paediatrician. The time is arranged by mobile phone, often at the end of the school day, and in a different building from the maternity/gynaecology unit. An hour will be needed. Her confidentiality must be respected unless one receives information which puts her in danger. Hospital records should have been consulted. Telephone calls are the best way of communication with the referring general practitioner or social services, with the agreement that the call is confidential and not a referral.

Medical issues include checking her past health, her understanding of what a termination would involve, and the long-term complications such as infertility or premature rupture of membranes. The assessment of competence includes how well she has dealt with past problems, and whether she can ensure her safety now, in particular in whose care she will spend the post-operative 24 h, and who to contact if there are queries or complications. All girls must be screened for sexually transmitted infections and have follow up for contraceptive advice.

A girl must understand that termination can only take place legally if two doctors have signed official documents in accordance with the 1967 Abortion Act (amended 1990), that she has been ascertained as competent to give consent in line with the Fraser guidelines, and that the responsibility for deciding that termination was the right action was not hers alone. We must explore ways to involve her parents although parental consent may disguise problems such as abuse or neglect. It is a criminal act for an adult male to have intercourse with an underage girl, but police and social workers take little notice; the men are known to send girls to the chemist with £20 for the morning after pill.

Social and emotional factors are individual; the reasons for the pregnancy, the termination and the avoidance of parental involvement must be explored. Some girls have overriding career ambitions, or there might already be overwhelming stresses in her family.

In 2009, there were 7158 known conceptions among girls under 16 years old, of whom nearly 1800 were under 15 years old. Around 4300 girls under 16 years had terminations. Many of these are carried out by charities or in the private sector, there are 'spontaneous abortions', there are many differing local arrangements. Generalisations cannot be made because we lack information. It is clear that there are important issues around consent and health, which affect a significant number of young people. As paediatricians we need to know more.

Teenage abortion and consent

Despite articles on consent,¹ parental responsibility,² safeguarding in adolescence³ and teenage pregnancy,⁴ central problems of consent in relation to underage sexual activity remain concealed, particularly when a pregnant girl under 16 years wishes to have a termination, without her parents

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