

1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Postnatal care

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Based on the equality impact assessment during the scoping process, subgroups of women who were identified as potentially vulnerable were considered throughout the development of this guideline. Stratified analysis was planned for the following subgroups if evidence specific to them was found:

- young women (19 years or under)
- women with physical or cognitive disabilities
- women with severe mental health illness
- women who have difficulty accessing postnatal care services.

Evidence was generally lacking for these specific groups of women and the committee agreed, based on their knowledge and experience, whether separate recommendations were needed for these groups of women. The committee made various recommendations highlighting the importance of tailoring the approaches and care taking into consideration the individual needs and circumstances of the woman. These recommendations would be applicable to all of the groups listed above. Specific considerations for each of the groups listed as well as considerations for vulnerable women in general are outlined below.

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Young women

There was some evidence about information and support on breastfeeding specific to younger women so a recommendation (1.4.12) was made based on the evidence (see evidence review S).

A recommendation (1.1.10) was also made to cross-refer to the NICE guideline on pregnancy and complex social factors which specifically cover young women aged under 20. While the guideline is addressing pregnancy, the committee agreed a cross reference would be appropriate as many of the principles apply to postnatal care as well. (See evidence review G.)

Women with physical or cognitive disabilities

A recommendation (1.1.8) was made emphasising the need to use clear language, and tailor the timing, content and delivery of information to the needs of the woman and provide information in a format that is suitable for her, including Easy Read and braille. A reference to the NHS Accessible Information Standard was also made. Furthermore, a recommendation (1.1.9) was made about checking that women understand the information they have been given and how it relates to them. There should be enough time to discuss any concerns and to ask for questions. (See evidence review G)

A recommendation (1.3.26) was made about parents with complex social needs (which might include physical or cognitive disabilities) potentially needing additional support with bonding and emotional attachment (see evidence review O).

No recommendations specific to women with physical disabilities were made because recommendations about tailoring approaches to individual needs of the women were considered to be sufficient.

Women with severe mental health illness

A recommendation (1.2.1) was made to discuss with women the potential symptoms and signs of postnatal mental health problems and how to seek help. Furthermore, a recommendation (1.2.2) was made about assessing psychological and emotional health of women at each postnatal contact and a cross-reference was made to NICE guideline on antenatal and postnatal mental health. (See evidence review F.) A recommendation (1.1.6) about communication and information transfer between healthcare professionals/teams included consideration of current or previous mental health concerns so that this could be continuously assessed and addressed, when

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needed (see evidence review B). There was evidence about the link between prolonged and severe perineal pain and symptoms of depression, therefore, a recommendation was made about this (1.2.15) and about enquiring about perineal pain at each contact (1.2.17). (See evidence review J.)

Women who have difficulty accessing postnatal care services

The committee discussed that women who have difficulty accessing postnatal care services may be women who are for example recent migrants or have language barriers, and a cross-reference was made to NICE guideline on pregnancy and complex social factors which specifically cover recent migrants, asylum seekers or refugees, or women who have difficulty reading or speaking English (recommendation 1.1.10, see evidence review G). They could also be women with physical or cognitive disabilities or severe mental health illnesses (see sections above). They could also be other women who are generally considered vulnerable, for example women who come from a socioeconomically disadvantaged background (see section 'Vulnerable women in general' below).

Vulnerable women in general

Various recommendations were made which aimed at tailoring the approaches and postnatal care to the needs and circumstances of individual women. These include:

- Recommendations (1.1.1 & 1.1.2) about the timing of discharging the woman home from the maternity unit and taking into consideration her needs, preferences and support available to her at home, as well as any safeguarding concerns (see evidence review A).
- Recommendation (1.1.6) about communication and transfer of information between healthcare professionals/teams was made so that women and their babies receive the best possible care and that concerns won't be ignored. If the transfer of information is not adequate there is a risk that some vulnerable women may fall through the cracks. The committee particularly highlighted the importance of sharing information about the following, taking account of whatever is thought relevant in the individual woman's case: pregnancy, birth, postnatal period and any complications; problems related to previous pregnancies that may be relevant to current care; previous or current mental health concerns; history of female genital mutilation (mother or previous child); safeguarding issues; concerns that the woman has about her own or

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her baby's care. (See evidence review B.)

- Recommendation (1.1.7) about acknowledging the various support networks/systems the woman might have. This includes consideration that not all women have partners or family members to support them, or some partners or family members may not be supportive of the woman. The healthcare professionals should therefore take this into consideration and involve or not involve them according to the woman's wishes. (See evidence review G.)
- Recommendation (1.1.8) about how discussions with and information provision to women should be sensitive and individualised, tailoring the timing, content and delivery of information to the needs and preferences of the woman and information should be given in a format that is suitable for the woman. A cross-reference to the NICE guideline on patient experience in adult NHS services was made, which covers various aspects of information provision and shared decision making taking into account various individual circumstances. (See evidence review G.)
- Recommendation (1.4.10) about giving breastfeeding care that is tailored to the woman's individual needs (see evidence review S).

In addition, a cross-reference to NICE guideline on pregnancy and complex social factors was made (1.1.10, see evidence review G). This guideline covers women who misuse substances; recent migrants, asylum seekers or refugees, or women who have difficulty reading or speaking English; young women aged under 20; and women who experience domestic abuse. The committee agreed that while the guideline covers pregnancy, many of the principles apply to the postnatal period and it is important to address issues specific to these vulnerable groups.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Socio-economic factors

Based on evidence, the committee concluded that women from low-income or

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disadvantaged backgrounds may benefit from additional breastfeeding support, so they made a recommendation about it (1.4.12, see evidence review P).

Other definable characteristics

Based on their knowledge and experience, the committee agreed that parents who have gone through the care system, who have experienced adverse childhood events, or who have complex social needs may require additional support in bonding with their baby in order for the baby to develop emotional attachment, so a recommendation was made (1.3.26, see evidence review O).

The committee discussed that some women do not receive an antenatal visit from a health visitor, even though it is mandated via the NHS England's Healthy Child Programme. The antenatal visit by the health visitor is an important opportunity to prepare for the postnatal period by assessing the circumstances of the family early on and to build a relationship with the family. Unfortunately, this visit does not always take place and may place some families in a disadvantaged position. Therefore, the committee agreed to make a recommendation (1.1.5) that if this is the case, an early postnatal health visitor visit should take then take place to replace the missed antenatal visit. (See evidence review D.)

It should also be noted that reference to the baby's 'colour' or 'skin colour' in recommendation 1.3.3 about complete examination of the baby refers to the clinical check of the health of the baby, changes in the colour or abnormal colour may indicate health problems.

Finally, the committee was aware of the MBRRACE-UK report (2019) which found that Black, Asian and mixed race women had significantly higher mortality rates relating to pregnancy and child birth compared to white women. In particular, Black women were found to be 5 times more likely to die during pregnancy, intrapartum or postnatal period compared to white women. This is especially relevant to this guideline as 45% of maternal deaths occurred in the period of 1 to 41 days after birth. It is important that the direct and indirect causes underlying these disparities are explored and addressed. The committee hopes that the recommendations in this guideline about postnatal health of the woman will help identify and manage potential complications early in order to avoid adverse outcomes. Furthermore, as discussed above, various recommendations highlight the importance of tailoring the approaches and care according to the individual woman's needs and circumstances. The section on communication between healthcare professionals at transfer of care highlights the importance of appropriate information sharing so that potential known or suspected problems are not missed. These recommendations aim to improve care and outcomes for all women but their application may be of particular relevance for those at a higher risk of adverse outcomes.

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3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee's considerations have been included in the committee discussion sections of the evidence reviews as outlined in the sections above.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the preliminary recommendations are intended to make it easier for specific groups to access services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, the committee did not think there is potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No, the committee didn't believe there are any further recommendations or explanations that could remove or alleviate barriers to, or difficulties with, access to services.

Completed by Developer: Maija Kallioinen

Date: 21/08/2020

Approved by NICE quality assurance lead: Chris Carson

Date: 06/10/2020