

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Hypertension in pregnancy

Output: Equality analysis form – Topic Expert Group two (creation of draft quality standard)

Introduction

As outlined in the [Quality Standards Programme process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic Expert Group meeting one - Scoping
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
<p>Socio-economic status</p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p>Other categories</p> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people.

Quality standards equality analysis

Stage: Topic Expert Group two

Topic: Hypertension in pregnancy

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

The topic expert group (TEG) did not identify any equality issues relating to particular draft statements for consideration at this stage.

It is recognised that women with complex social factors may be less likely to access or maintain contact with antenatal care services, which can affect outcomes for both mothers and babies. This issue has been considered by the TEG during development of the draft quality standard (QS) for hypertension in pregnancy. The published Antenatal care QS includes a statement on access to antenatal services, which is intended to support early access to antenatal services for all women. The antenatal care standard should be used as a related QS to the hypertension in pregnancy QS.

The TEG noted that prevalence of hypertension may be higher in certain groups, e.g. black people of African and Caribbean descent and other minority ethnic groups. In addition certain occupational groups may be at increased risk, e.g. pregnant women in the armed forces. The TEG has not noted any additional requirements for particular groups.

Draft quality statement 1 applies to women 'of child bearing potential'. The TEG recognise that there is no set age range for pregnancy, and this needs to be determined for women on an individual basis. This is highlighted in the equality considerations section of draft quality statement 1.

Where information is being provided it is recognised that it should be accessible to women with additional needs such as physical or learning disabilities, and to people who do not speak or read English. Women receiving information should have access to an interpreter or advocate if needed. This consideration has been added to the equality and diversity considerations section of quality statements 1 and 10 which involve provision of information.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

To gain multiple perspectives from all stages related to hypertension in pregnancy, representation within the Topic Expert Group was sought from a variety of audiences, including experts from primary, community and secondary care settings. The topic experts came from the following disciplines: obstetrics, gynaecology, midwifery, pharmacy, fetomaternal medicine, general practice and lay representatives.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

This quality standard applies to women only. This is appropriate, as the quality standard is about care of this group before and during pregnancy, and in the postnatal period.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

It is anticipated that the draft statements would advance equality across all groups.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

A positive impact is expected. It is believed that statements developed around the draft areas of care will promote equality in all populations.