

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE guidelines

**Equality and health inequalities assessment (EHIA)
template**

**Diabetes in pregnancy: management from preconception
to the postnatal period**

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

- 1) Managing type 1 diabetes (T1D) using hybrid closed loop systems (HCLs) in people who are planning to become pregnant, are pregnant, or in the postnatal period.

STAGE 2. Informing the scope

Diabetes in pregnancy: management from preconception to the postnatal period

Date of completion: 08 October 2025

Focus of guideline or update: Managing type 1 diabetes (T1D) using hybrid closed loop systems (HCLs) in people who are pregnant, planning to become pregnant or in the postnatal period.

2.1 Check existing EIAs or EHIAs at the very beginning of scoping (during early preparation stages). Note any equality and health inequality issues identified.

The [EHIA](#) for the update of NG3 in 2020, where evidence was reviewed for continuous glucose monitoring, highlighted a number of potential equality issues that may also apply to the use of HCL systems:

- People from lower socio-economic groups are more likely to have higher BMI and will spend less time in target glucose range. As continuous glucose monitoring (CGM) enables better control, it is important to have clear guidance, consistent with RCT findings so those less able to argue for CGM are given the treatment with the best evidence for its use. The same applies for people where English is not their first language.
- Unless the guidelines are revised to offer CGM to all pregnant people with type 1 diabetes, we anticipate that more educated, socio-economically advantaged, people will advocate for access to CGM and are very concerned that people living in the most deprived regions will be offered flash which has the potential to further increase existing healthcare inequalities.
- To avoid further exacerbating healthcare inequalities and increasing clinic-to-clinic variations regarding CGM and flash, it was suggested that CGM be offered as first line therapy for all pregnant people with type 1 diabetes, and at the very least for all people with HbA1c >6.5% (48mmol/mol), based on the NPID data and CONCEPTT RCT eligibility criteria.

2.2 What additional approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

A range of approaches were used to understand equalities and health inequalities issues relevant to the update. These included noting equality and health inequalities issues identified:

- in the 2025 [exceptional surveillance review](#) for NICE guideline NG3.
- in the 2023 [equality impact assessment](#) for [TA943](#) (Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes)
- at the [Diabetes UK's 14th Diabetes in Pregnancy Conference](#), November 2025
- in the [saving babies' lives care bundle](#) (SBLCB) v3.2 (2025)
- in the [NHS England Hybrid closed loop technologies: 5-year implementation strategy](#) (2025)
- from a review of the literature looking at hybrid closed loop systems in those with type 1 diabetes.

2.3 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

- *Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation)*

Age

- People with type 1 diabetes often face cumulative effects from variable glycaemic control over time, so people who become pregnant at later ages may have developed more diabetes-related complications by the start of their pregnancy

Disability

- The 2023 [equality impact assessment](#) for [TA943](#) (Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes) noted that people with:

- learning difficulties and people whose vision or hearing does not allow recognition of pump signals and alarms may have difficulty in using the technologies.
- certain skin conditions or allergies may be unable to wear a sensor.
- People with sight impairments or physical impairments affecting their hands may be expected to have difficulty using HCL systems due to use of a touchscreen interface. This perception may result in them not being offered HCL technology, despite the available accessibility tools that can enable them to use it.
- A committee member raised the issue of mental health conditions, such as anxiety, potentially being exacerbated by using a HCL because it replaces the manual control a person previously had in managing their condition.

Gender reassignment

- Many healthcare systems use gendered language (e.g., “maternal care,” “women’s health”), which can alienate trans men and nonbinary people who are pregnant and may create additional barriers to accessing healthcare such as HCL systems if they are described as being for pregnant women.

Pregnancy and maternity

- The 2025 [exceptional surveillance review](#) for NICE guideline NG3 noted that people with T1D are more at risk of poor maternal and neonatal outcomes and managing it during pregnancy can impose a large cognitive and emotional burden. [SBLCB \(2025\)](#) noted that people with Type 1 diabetes have persistently high perinatal mortality, stillbirth occurs in 10·4 per 1,000 births, with neonatal death occurring in 7·4 per 1,000 livebirths.

Race

- The [National Diabetes Audit, 2020-21, Type 1 Diabetes](#), found that being Black or Asian is a factor associated with reduced likelihood of an HbA1c meeting the ≤ 58 mmol/mol treatment target. This means that people from Black or Asian family backgrounds may be more at risk of poor glycaemic control in pregnancy and so may benefit more from HCL systems.

Religion or belief

- Religions such as Catholicism and some branches of Islam prohibit contraception, so planning for a pregnancy may be more difficult for people who

follow these religions. This means they may be more likely to receive a HCL system later than people who are able to plan to become pregnant.

Sex

- No equality and health inequalities issues noted.

Sexual orientation

- No equality and health inequalities issues noted.
- *Socioeconomic deprivation (for example, variation by area deprivation such as Index of Multiple Deprivation, National Statistics Socio-economic Classification, employment status, income)*
 - It was commented at the [Diabetes UK's 14th Diabetes in Pregnancy Conference](#), that people from 'lower quintiles' are less likely to engage with healthcare when planning to become pregnant, so will receive a pump later in the pregnancy. Good glycaemic control in the first 8 weeks is important to reduce the risk of congenital abnormalities, especially affecting the heart, brain, and spine which form during this period.
 - The 2025 [exceptional surveillance review](#) for NG3 noted that the use of HCLs is predicated on access to a smartphone and issues around digital exclusion will need to be considered and mitigated against in any update.
 - The 2023 [equality impact assessment](#) for [TA943](#) noted that people from lower socioeconomic groups and those who are less educated may be less likely to use HCL technology; it was felt this may be because of less awareness of their options.
 - The committee noted that people with low levels of literacy may find using HCLs difficult due to the highly technical nature of the device and the need to be able to access and utilise online support.
- *Geographical area variation (for example, geographical differences in epidemiology or service provision- urban/rural, coastal, north/south)*
 - No equality and health inequalities issues noted.
- *Inclusion health and vulnerable groups (for example, vulnerable migrants, people experiencing homelessness, people in contact with the criminal justice system, sex*

workers, Gypsy, Roma and Traveller communities, young people leaving care and victims of trafficking)

- The 2023 [equality impact assessment](#) for [TA943](#) (Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes) noted that:
 - the automation offered by HCL systems could help reduce some of the inequalities for people who struggle to maintain adequate glycaemic control due to language barriers, lower levels of education or learning difficulties, for example.
 - people from ethnic minority groups are less likely to be offered technology as therapy; this may be because of a language barrier.

2.4 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

Age

Issues relating to age are mainly focused on diabetes-related complications that accumulate for a person over time.

Disability

Issues relating to disability have been considered previously by TA943 when assessing hybrid closed loop systems for all people with type 1 diabetes. They included a recommendation that:

Only use HCL systems if the person or their carer:

- is able to use them and
- is offered approved face-to-face or digital structured education programmes or
- is competent in insulin dosing and adjustments.

The committee will consider whether a similar recommendation is appropriate in the context of pregnancy.

Race

Issues relating to the poorer maternal and neonatal outcomes seen in Black and Asian groups are not expected to relate to a different response to hybrid closed loop systems and therefore will not be included as subgroups in the review questions.

A study identified by the literature review looking at the influence of ethnicity and socioeconomic status on glycaemic outcomes when using HCL systems found that 'those with poorer baseline glycaemia experience greater improvements', concluding that 'promoting universal access to HCL technologies in T1D is therefore essential to ensure existing disparities in glycaemic outcomes are minimised. [SBLCB](#), element, 6

notes that people 'with type 1 diabetes should be offered a pregnancy-specific HCL system and be provided with appropriate education and support to use this.' The aim is for >60% of women to be offered a pregnancy-specific HCL system in 2025/26 and >95% from 2026/27.

Pregnancy and maternity, socioeconomic deprivation, geographical variation, and inclusion health and vulnerable groups

Issues relating to pregnancy and maternity, socioeconomic deprivation, geographical variation, and inclusion health and vulnerable groups should be mitigated by NHS England's Hybrid closed loop technologies: 5-year implementation strategy which is 'designed to ensure that eligible patients across England receive equitable and fair access to HCL technologies and aims to mitigate complexities related to population demographics such as age, deprivation, ethnic diversity, language, income and access to technology (for example, smartphone, internet and broadband).' Furthermore, the implementation strategy notes there will be 'a robust process for monitoring and reporting uptake through the National Diabetes Audit and National Paediatric Diabetes audit. Key metrics have been agreed to measure and monitor HCL uptake, population outcomes and progress against addressing health inequalities'.

2.5 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

Not Applicable - no consultation on the scope is planned.

2.6 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

The core committee membership includes 2 people with lived experience.

2.7 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

Not Applicable - no consultation on the scope is planned

2.8 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

No.

Completed by topic team: Michellie Young and Clare Wohlgemuth

Date: 10/12/25

Approved by committee chair _____ Gita Bhutani _____

Date _07/03/2026_____

Approved by NICE CFG topic hub senior topic adviser or associate director

Date_____