

## 1.0.7 DOC EIA

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

## Intrapartum care for women with existing medical conditions or obstetric complications and their babies

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

### 1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

During the development of the draft scope we identified that there may be specific equality issues in relation to intrapartum care of the following groups:

- Ethnicity
  - Women who have been subjected to female genital mutilation (this issue was raised by stakeholders)
- Women with a sensory impairment (this issue was raised by stakeholders)
- Women with a physical disability (this issue was raised by stakeholders)
- Women with a learning disability (this issue was raised by stakeholders)
- Religious belief (this issue was raised by stakeholders)
- Race – travelling community (this issue was raised by stakeholders)

These groups of women may be at higher risk of adverse outcomes during labour due to the social disadvantage they may experience, the higher likelihood of worse health status and missed antenatal appointments.

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1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

These groups of women in labour will be looked at separately in the scope and special considerations will be given in terms of drafting the recommendations.

**Completed by Developer:** Grammati Sarri

**Date:** 4 August 2015

**Approved by NICE quality assurance lead:** Chris Carson

**Date:** 6 August 2015

**2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)**

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

**With regard to the medical conditions scope:**

Stakeholders made comments during consultation regarding:

- Women with cognitive disability
- Women with difficult personal and social circumstances (including domestic abuse, substance misuse)

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

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Women who find it difficult to access and/or derive full benefit from the care available. These include women with mental or physical disabilities.

The other equalities issues above (Section 1.1) are still recognised

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The primary focus of the guideline is not a population with a specific disability but equality issues will be taken into consideration when the recommendations will be drafted.

**Updated by Developer:** Grammati Sarri

**Date:** 10 November 2015

**Approved by NICE quality assurance lead:** Chris Carson

**Date:** 26 November 2015

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### 2.1 Resubmission of Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Stakeholders made comments during consultation regarding:

- women with cognitive disability
- women with difficult personal and social circumstances (including domestic abuse and substance misuse)

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

The scope has been amended to include women with cognitive or physical disability as populations for whom there may be equalities issues.

Following discussion with NICE, difficult personal and social circumstances (including domestic abuse and substance misuse) will not be considered as equalities issues within this guideline. NICE will consider how best to address this area in future.

Women who have received no antenatal care were considered as a population for whom there might be associated equalities issues. They will be considered as a subgroup for all systematic reviews performed within the medical conditions work stream and a specific question has been included in the obstetric complications work stream for this population.

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2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The primary focus of the guideline is not a population with a specific disability but equality issues will be taken into consideration when the recommendations will be drafted.

### **Resubmitted**

**Updated by Developer:** Moira Mugglestone

**Date:** 9 May 2016

**Approved by NICE quality assurance lead:** Chris Carson

**Date:** 10 May 2016

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### 3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

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

Each review protocol for this guideline included a statement that equalities considerations would be considered systematically in relation to the available evidence and draft recommendations.

The guideline scope includes women with cognitive or physical disability as populations for whom there may be equalities issues. Recommendations about information provision should take into account patient inequalities such as those caused by vision, auditory and cognitive difficulties.

Women who have received no antenatal care were considered as a subgroup for all systematic reviews performed within the medical conditions work stream and a specific review question was included in the obstetric complications work stream for this population.

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?

No other equality issues were identified during the guideline development phase.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

As noted above, each guideline review protocol included a statement with regard to steps to be undertaken to ensure that equality issues would be addressed in reviewing the evidence and drafting recommendations. Consideration of equality issues was also documented in the committee's discussion of the evidence sections.

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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.

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.

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The draft recommendations address potential equalities issues related to:

- information provision for women at high risk of adverse outcomes for themselves and/or their baby because of
  - existing maternal medical conditions
  - obstetric complications or no antenatal care
- risk assessment and management of labour for women who present in labour having had no antenatal care.

Accessing information could be challenging for women who have difficulty with communication, for example, women who speak English as a second language (or not at all), women with a learning difficulty, and women with a speech and language impairment. The committees agreed that it was not necessary to make specific recommendations for sharing information in these circumstances because NICE's existing recommendations for woman-centred care are explicit in ensuring that communication with the woman acknowledges the importance of factors making communication difficult.

With regard to women who have had no antenatal care, the guideline includes a recommendation that if the woman has difficulty understanding, speaking and

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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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

reading English, then an interpreter who can communicate with her in her preferred language should be provided. This recommendation was adapted from the NICE guideline on pregnancy and complex social factors (CG110).

The recommendations for women with no antenatal care also aim to optimise access to services that are appropriate for such women and their babies. These recommendations include:

- providing obstetric-led intrapartum care and alerting the neonatal team and, if relevant, the anaesthetic team
- taking a full medical, psychological and social history and exploring issues such as
  - why there has been no care during pregnancy
  - who, if anyone, should support the woman as her birth companion(s) during labour
  - any possible vulnerability or safeguarding concerns
  - whether the woman or family members are known to children's services
- carrying out an obstetric and general medical examination of the woman and an assessment of the unborn baby
- offering blood and urine tests that would otherwise have been offered as part of antenatal care
- offering rapid HIV testing if the woman is thought to be at high risk of infection
- contacting the woman's GP and, if appropriate, other health or social care professionals for more information about the woman's history and to plan ongoing care
- if there are safeguarding concerns, referring the woman to safeguarding services and informing healthcare professionals such as the GP, health visitor and paediatric teams, and social care professionals.
- ensuring, as far as possible, that a woman who presents in the intrapartum period



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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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

with previously undiagnosed heart disease is given the same level of care as a woman with an existing diagnosis of heart disease.

Together these recommendations are intended to prevent women with no antenatal care being disadvantaged in terms of access to health care and other services. The recommendations refer explicitly to vulnerabilities linked to young maternal age, maternal mental health, maternal learning disability, maternal substance misuse, domestic or sexual abuse, homelessness, human trafficking, and female genital mutilation. They also address situations such as the woman being a recent migrant from a country with a high rate of HIV infection.

With regard to women with a physical disability, the committees considered that there would be no specific barriers to accessing care recommended in the draft guideline. The guideline scope included the topic of equipment needs for obese women, and this is reflected in the draft recommendations.

**Completed by Developer:** Moira Mugglestone

**Date:** 31 August 2018

**Approved by NICE quality assurance lead:** Chris Carson

**Date:** 11 September 2019

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### 4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

No additional potential equality issues were raised during the consultation. However, some stakeholders sought changes to recommendations to ensure women-centred language was used throughout. Particular issues with regard to women-centred language focused on: involving the woman in decision making and taking account of the woman's preferences as a priority; using approaches to information giving in line with the NICE guideline on patient experience in NHS services; and seeking consent to share information with the women's birth companion(s). Specific suggestions to ensure use of women-centred language in the recommendations included changing 'advice' to 'information' and 'advise' to 'discuss', and referring to the woman's 'care' rather than 'management'. Both committees considered these over-arching themes and agreed changes to the recommendations to provide greater use of women-centred language across the guideline.

Additionally, a stakeholder comment requested a change to the recommendation about exploring possible vulnerability or safeguarding concerns in women who have had no antenatal care. The specific suggestion from the stakeholder was to include undocumented migrants in the list of possibilities to be explored, and this change was made.

4.2 If the recommendations have changed after consultation, are there any recommendations that 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.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

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4.4 If the recommendations have changed after consultation, 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 questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

No – but note the response in section 3.6 above regarding ways in which the committees addressed these issues before the consultation on the draft guideline. The response remains valid following the changes made in to take account of stakeholder consultation comments.

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4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

As noted above, each guideline review protocol included a statement with regard to steps to be undertaken to ensure that equality issues would be addressed in reviewing the evidence and drafting recommendations. Consideration of equality issues was also documented in the committee's discussion of the evidence sections. Where changes to recommendations were made following the stakeholder consultation on the draft guideline, the corresponding discussion of the evidence sections were updated accordingly.

**Updated by Developer:** Moira Mugglestone

**Date:** 3 December 2018

**Approved by NICE quality assurance lead:** Chris Carson

**Date:** 21 December 2018

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### 5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

The NICE guideline on diabetes in pregnancy (NG3) has been signposted after the recommendations about information for women with existing medical conditions.

The recommendations about performing and interpreting fetal blood sampling have been set in context by reiterating recommendation 1.10.4 in the NICE guideline on intrapartum care for healthy women and babies (CG190), which advises continuous cardiotocography during labour for women with sepsis or suspected sepsis.

Neither of these amendments is anticipated to have an impact in terms of equalities considerations

**Approved by Developer:** Moira Mugglestone

**Date:** February 2019

**Approved by NICE quality assurance lead:** Chris Carson

**Date:** 18 February 2019