

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Abortion care

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

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?

Stakeholders raised potential equality issues relating to:

- **Muslim women** – a stakeholder raised the concern about the specific needs for Muslim women in relation to access of services and providing information. In response to this, recommendation 1.2.2 was amended to ensure women's specific needs and preferences are taken into account when planning their abortion care. A concern was also raised that the specific issues relating to the management and disposal of pregnancy remains for Muslim women were not addressed. The rationale and impact section for the recommendations relating to the 'Providing information' section was revised to highlight that women's religious and cultural needs should be taken into consideration when informing women about the options for the management and disposal of pregnancy remains after an abortion. There is also guidance about Islamic burial rites in the Human Tissue Authority guidance regarding the management and disposal of pregnancy remains. A stakeholder raised a concern that the need for Muslim women to access chaplaincy support was not addressed. The committee did not feel it was appropriate to make recommendations specific to Muslim women in this area as access to chaplaincy support may also be required by different groups. Therefore, in response to this comment, recommendation 1.14.4 was amended to include pastoral support. A stakeholder also raised the need for further research into barriers to accessing abortions services for Muslim women. The committee did not prioritise research in this area as there was sufficient evidence for the

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factors that help or hinder accessibility of abortion services to inform recommendations that should be beneficial to all women and there are many groups of women that may have additional, differing factors or complications to accessing services.

- **transgender and non-binary people** – stakeholders raised the concern that the use of the term ‘women’ in the guideline could exclude transgender and non-binary people. Therefore, the text explaining who the guideline covers was amended to clarify that the guidance is relevant for women and people who are pregnant but do not identify as women. However, for simplicity of language, the term women is still used throughout the guideline..
- **women from Northern Ireland** – a stakeholder raised the concern that the specific needs for women from Northern Ireland in relation to access of services and providing information was not addressed. Recommendation 1.2.2 was amended to ensure women’s specific needs and preferences are taken into account when planning their abortion care. A concern was also raised that the method of abortion and the type of cervical priming to use should be considered specifically for women from Northern Ireland. The committee agreed that the existing recommendations relating to choice of method of abortion were sufficiently flexible to be able to meet the needs of these women. The recommendations on cervical priming after 14 weeks were revised to give women greater choice of method.
- **Vulnerable women** – stakeholders raised the concern that vulnerable women could be coerced into having an abortion. The committee discussed this issue and agreed that the existing recommendations on location of services should make it easier for vulnerable women to access termination of pregnancy services, particularly for women who may have difficulty getting out of the house or travelling. Also, there is professional guidance about safeguarding and what to do if domestic abuse is suspected or disclosed by patient (e.g., the General Medical Council <https://www.gmc-uk.org/ethical-guidance/ethical-hub/adult-safeguarding>) so the committee agreed it was not necessary to amend the recommendations in this area. It was also raised by stakeholders that it may not be appropriate for some vulnerable women to have a medical abortion at home. The committee discussed this issue and agreed that the recommendations do not override clinical judgement so it is up to the clinician to assess whether, for example, a relatively unsupervised medical abortion is appropriate for a given patient.

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, the changes to recommendations do not make it more difficult for any specific group to access services, compared to other groups.

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, the changes to the recommendations should not have an adverse impact on people with disabilities.

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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

The recommendations and explanations provided by the committee are aimed to alleviate barriers to access for the groups that were identified and therefore help to advance equality.

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

The rationale and impact section of the guideline and the committee discussion section of Evidence Report B, relating to the 'Providing information' recommendations were revised to highlight that women's religious and cultural needs should be taken into consideration when informing women about the options for the management and disposal of pregnancy remains after an abortion.

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Approved by NICE quality assurance lead: Christine Carson

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