

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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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?

Vulnerable women were identified in the scoping process as a group that warranted particular consideration. In order to address this issue the Committee included vulnerable women as a subgroup in appropriate review protocols to identify evidence for differential effects in these women. However, no evidence was identified that results according to characteristics that might make a women vulnerable, even when taking a very broad definition of vulnerability as outlined in section 1.1.

The committee highlighted that women whose first language is not English (or who do not speak English at all) as well as people with other particular communication needs might be disadvantaged if information about neonatal infection was not provided in an accessible format. In order to address this a recommendation was made to cross refer to the NICE guideline on patient experience in adults, as this guideline makes recommendations on taking these factors into account when providing care and providing information in accessible formats.

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?

The committee highlighted the following issues as particular equality issues to consider:

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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?

Race: There is evidence to suggest that prematurity is more common in some ethnic groups than others, and prematurity is a known risk factor for both early and late-onset infection. The committee also highlighted some evidence that colonisation with Group B streptococcus (a known risk factor for early onset infection) was higher in women of black African origin.

Age: Likewise, prematurity is known to be more common in the babies of older women.

Prematurity was highlighted as a risk factor for clinicians to be aware of in the recommendations for late onset neonatal infection and in a table of risk factors to determine subsequent management for early onset infection. GBS colonisation was included in the table of risk factors to determine subsequent management for early onset infection.

Socioeconomic status: The guideline recommends that women with a positive test for group B streptococcus in their current pregnancy and prolonged preterm prelabour rupture of membranes should be offered immediate delivery. Clinical and cost effectiveness evidence suggests that this recommendation may result in fewer neonatal infections, which is expected to translate into a reduction in neonatal mortality and improved quality of life. However, testing for group B streptococcus is not routinely recommended on the NHS, but it is available privately. Pregnant women with lower socioeconomic status are less likely to have access to private testing so they and their babies may not benefit from this recommendation. However, screening for group B streptococcus was outside of the guideline scope and so the committee were unable to make recommendations in this area. This issue has been highlighted in the committee discussion section of the evidence review on preterm prolonged prelabour rupture of membranes.

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

Consideration of equalities issues have been included in the committee discussion section of the evidence reviews, where appropriate. In particular, see the committee discussion section of the evidence review on Information and support for parents and carers of babies with suspected or confirmed late-onset infection for discussion of

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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 recommendation highlighted in section 3.1 and the discussion section of the evidence reviews on risk factors and clinical indicators for early and late onset neonatal infection and prolonged preterm prelabour rupture of membranes for discussion of the recommendations highlighted in section 3.2.

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?

The preliminary recommendations are not expected to make it more difficult for particular 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?

The preliminary recommendations are not expected to have an adverse impact on people with disabilities.

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?

No, issues have been adequately addressed in sections 3.1 and 3.2.

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Completed by: Developer, Susan Spiers

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Approved by NICE quality assurance lead: Kay Nolan

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