

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

Inducing labour (update)

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

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?

The equality issues identified during scoping related to people with difficulties communicating in English or with learning disabilities. The recommendations about information and decision-making were amended as part of this update, and a cross-reference to the NICE guideline on Patient experience in adult NHS services was added to this section, which recommends that information should be provided and communicated in an accessible way. The committee noted that this may involve healthcare professionals providing information in non-written forms (for example videos rather than leaflets) and providing written information in multiple languages.

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?

When considering the evidence for optimal timing of induction of labour, the committee identified that certain groups of women with uncomplicated pregnancies (those from a Black, Asian or minority ethnic background, those aged over 35 years, those with a BMI above 30 kg/m², or those who had

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assisted conception), may benefit from induction earlier than women with uncomplicated pregnancies who did not fall into these groups.

The committee made a recommendation for earlier induction in these groups of women, but also discussed that considering earlier induction may also place more limitations on place of birth for these women (as induction is likely to be carried out in an obstetric unit, rather than a birth centre or at home). The committee recognised that some women may prefer to prioritise place of birth over early induction and included in their recommendations that these choices should be respected.

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

The issues relating to early induction and the impact on place of birth have been discussed in the committee's discussion of the evidence in Evidence review C.

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, the preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups.

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, there is not a potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

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?

Yes, the addition of the cross-reference to the patient experience guideline to ensure accessible communication should remind healthcare professionals to use accessible methods of communication and information.

Completed by Developer: Hilary Eadon

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Approved by NICE quality assurance lead: Christine Carson

Date: 13 April 2021