

**NATIONAL INSTITUTE FOR HEALTH AND CARE  
EXCELLENCE**

## NICE guidelines

# Equality and health inequalities assessment (EHIA) template

## Intrapartum care – water birth

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: Intrapartum care - water birth

# Appendix: equality and health inequalities assessment (EHIA)

## STAGE 1. Surveillance review

No EHIA was conducted as part of the surveillance review but the surveillance review highlighted some potential equalities issues that have been considered in the other stages of the EHIA.

## STAGE 2. Informing the scope

Women's and reproductive health – intrapartum care

Date of completion: 25/04/2025

Focus of guideline or update: Intrapartum care - water birth

2.1 What 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?

- The 2024 exceptional surveillance process on water birth
- [Previous equality and health inequalities impact assessments](#) for this guideline
- Desk-based research
- Discussion with advisory committee members

There has been no stakeholder workshop or consultation on this scope.

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

More general equality and health inequalities considerations related to intrapartum care have been covered in these previous [equalities impact assessments](#). For example, women and people who are older, or from minority ethnic backgrounds, or from disadvantaged backgrounds or poorer socioeconomic groups may be at a higher risk of complications during pregnancy and birth.

This equalities and health inequalities impact assessment focuses only on issues specific to water birth.

Observational evidence from England has shown that compared to white women, women from ethnic minorities were less likely to use water immersion during labour and birth. Evidence also showed water immersion during labour and birth to be more common among women from more affluent areas compared to less affluent areas. This could be related to inequalities in access to water birth services across different geographical areas or socioeconomic groups, or disparities in awareness and education about water birth as an option.

Women and people giving birth who have disabilities may have more difficulty accessing water birth because of their disabilities.

No particular equality and health inequalities issues related to water birth were identified related to other protected characteristics.

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

The equality issues identified above will be addressed by the committee as part of the review of evidence and development of recommendations.

The draft review question in the scope will allow the committee to consider appropriate subgroups and stratifications in the review protocol so that equalities issues can be explored in the evidence.

The committee will be encouraged to consider equalities and health inequalities issues when interpreting the evidence and making recommendations about water birth, including potential need for a research recommendation to address inequalities.

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2.4 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.

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2.5 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 guideline committee will include two lay members who will represent and reflect the experiences of people affected by the guideline.

We will engage with a wide range of stakeholder organisations and encourage feedback and input about the recommendations at consultation stage.

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2.6 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.

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2.7 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?

The included and excluded population groups in this update are the same as the population groups in the [scope of NG235 intrapartum care guideline](#). The equalities issues identified relevant for this update do not relate to these exclusions.

From the 2021 scope:

“Groups that will be covered:

- Women in labour who are pregnant with a single baby, who go into labour at term (37 to 42 weeks of pregnancy) and who do not have any pre-existing medical conditions or antenatal conditions that predispose to a higher risk birth.
- Women in labour whose baby has not been identified before labour to be at high risk of adverse outcomes.
- Singleton babies born at term (37 to 42 weeks of pregnancy) with no previously identified problems (for example congenital malformations, genetic anomalies, intrauterine growth restriction, placental problems).”

“Groups that will not be covered:

- Women in labour who are identified before labour to be at high risk, or whose baby is at high risk, of complications or adverse outcomes.
- Women with breech presentation.
- Women in preterm labour.

- Women with an intrauterine fetal death.
- Women pregnant with multiple babies.
- Women who are having their labour induced (until active labour is established).
- Women who have had a previous caesarean birth or who are having a planned caesarean birth.”

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2 Completed by developer \_\_\_\_\_Sharangini Rajesh & Maija Kallioinen\_\_\_\_\_

3 Date\_\_\_\_\_14 May 2025\_\_\_\_\_

4

5 Approved by committee chair \_\_\_\_\_Sarah Fishburn\_\_\_\_\_

6 Date \_\_\_\_\_16 May 2025\_\_\_\_\_

7

8 Approved by NICE quality

9 assurance lead \_\_\_\_\_Sara Buckner\_\_\_\_\_

10 Date\_\_\_\_\_22 May 2025\_\_\_\_\_

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1    **STAGE 3. Finalising the scope**

2    No consultation done for the scope.

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**STAGE 4. Development of guideline or topic area for update**  
***(to be completed by the developer before consultation on the draft guideline or update)***

Intrapartum care – water birth

Date of completion: 04/08/2025

Focus of guideline or update: Intrapartum care - water birth

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

The evidence reviewed did not shed any light on equalities issues. There was insufficient evidence to conduct any subgroup analyses. The committee did not identify any further equalities issues.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

Equalities issues identified in section 2.2 were acknowledged and the committee discussed them. This is documented in the evidence report's committee's discussion and interpretation of the evidence section. No particular recommendation was made based on equalities considerations. The committee opted for a broad recommendation to consider water birth for all eligible individuals, emphasising the importance of equitable access once infrastructure is in place. This approach supports informed choice and encourages services to address access barriers where feasible.

4.3 Could any draft recommendations potentially increase inequalities?

No.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

No research recommendations were made. Despite the absence of stratified evidence showing differential clinical outcomes for ethnic and socioeconomic groups, the committee did not make a research recommendation. They considered equitable implementation of

the existing recommendation, focusing on making services more accessible, to be more important.

It is likely that qualitative evidence would be most appropriate for exploring issues around equalities relating to availability and accessibility of water birth. No qualitative evidence was reviewed for this topic.

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4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

The stakeholder list includes a wide range of different organisations, including service user groups.

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4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

Are there any equalities or health inequalities considerations related to the draft recommendation that we should be aware of, for example, barriers to accessing water birth that the guideline does not address?

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Completed by developer \_\_\_Sharangini Rajesh & Maija Kallioinen\_\_\_\_\_

Date\_\_\_17/07/2025\_\_\_\_\_

Approved by committee chair \_\_\_Sarah Fishburn \_\_\_\_\_

Date\_\_\_21/07/2025\_\_\_\_\_

Approved by NICE quality assurance lead \_Sara Buckner

Date\_\_\_\_\_04/08/2025\_\_\_\_\_