NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Intrapartum care

3.0 Guideline development: before consultation

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

When reviewing the evidence for this update, the committee did not identify any evidence which suggested that different recommendations were required for women in any of the groups potentially affected by inequalities. The committee agreed that intrapartum care is provided to all women based on individualised 1-to-1 care and ongoing assessment of their clinical and personal needs, and therefore factors such as age or disability would be taken into account in the delivery of this individualised care.

As part of the planned editorial updates to this guideline it had been noted that the recommendations on the use of APGAR scores to assess a newborn baby may require adjustment to be applicable to non-white babies. The committee used their knowledge and experience to add an additional recommendation to the guideline explaining how the skin colour assessment of the APGAR score should be carried out.

As part of the update the committee revised the recommendations on care throughout labour and increased the emphasis in these recommendations, and in other recommendations throughout the guideline, on shared decision-making and supporting women's choices throughout labour. The committee also added an additional recommendation about communication which includes the use of culturally sensitive language, interpreters or adapted communication methods where necessary. However, it was noted that a large number of recommendations in the guideline required women to make decisions about care options during labour and the committee agreed that it would be useful if some of the discussions around options could start in the antenatal period. They therefore added a new recommendation (1.1.3) to advise this.

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 conducted an evidence review on the impact of BMI on intrapartum risk, and how this could inform decisions about place of care. The committee discussed that the BMI range representing a healthy weight may differ in women from different ethnic groups and therefore the definition of a BMI of 18.5 to 24.9 kg/m² as 'healthy' may not apply. However, the committee noted that the evidence used to determine rates of intrapartum risk included 12 to 16% of women from BAME backgrounds. As this proportion is similar to that in the UK population the committee agreed that the evidence, and therefore the risk estimates, were representative of the overall population.

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

The considerations around the use of BMI in women from different ethnic groups have been discussed in evidence review A.

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 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?

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

Not applicable.

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Approved by NICE quality assurance lead: Christine Carson

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