NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Intrapartum care for women with existing medical conditions and obstetric complications

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

The following groups may have a higher likelihood of not having received antenatal care and taking a full medical, psychological and social history would need to be tailored to their individual circumstances:

* Women who have had female genital mutilation.
* Women with a sensory impairment, physical or learning disability.
* Women who are homeless.
* Women who are part of a travelling community.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Women who are at low risk of complications are excluded from this quality standard because this population is covered by the [NICE quality standard on intrapartum care](https://www.nice.org.uk/guidance/qs105) (QS105).

Women with diabetes and hypertension are excluded from this quality standard because care for these populations is covered by the [NICE quality standard on diabetes in pregnancy](https://www.nice.org.uk/guidance/qs109) (QS109) and the [NICE quality standard on hypertension in pregnancy](https://www.nice.org.uk/guidance/qs35) (QS35) respectively.

Completed by lead technical analyst: Rachel Gick

Date: 18 / 03 / 2019

Approved by NICE quality assurance lead: Nick Baillie

Date:18 / 03 / 2019

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Re 1.1: It was recognised by the QSAC that some women who are at higher risk of adverse outcomes are not able to access care due to language barriers, mental health issues and social challenges, as well as medical conditions. However, this is a separate population and none of the recommendations relating specifically to women with no antenatal care were prioritised for statement development.

It was recognised by the QSAC that statements 1 and 2, which concern shared decision-making in multidisciplinary meetings, should include an equality and diversity section that highlights the need to consider language barriers.

2.1: It was recognised by QSAC that some ethnic groups had high maternal mortality rates. It was felt that by developing statements (1 and 2) focusing on care for medical conditions more prevalent in these groups the standard would advance equalities among these groups.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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?

### Statements 1-4 involve communication between the woman and healthcare professionals. The equality and diversity considerations section highlights the importance of providing people with information that can be easily read and understood, and in formats to suit their needs and preferences, and that is culturally appropriate. This information also includes a reference to the NHS Accessible Information Standard.

### The section also highlights that:

### Women should have access to an interpreter, link worker or advocate if needed. They should not be a member of the woman’s family, her legal guardian or her partner, and they should communicate with the woman in her preferred language.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Nothing identified.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

Nothing identified

Completed by lead technical analyst: Rachel Gick

Date: 15 / 08 / 2019

Approved by NICE quality assurance lead: Nick Baillie

Date: 15 / 08 / 2019

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders and the committee felt that the standard may create inequality for women with mental health conditions and comorbid mental and physical health conditions.

It was highlighted that antenatal and postnatal care of women with mental health conditions is covered by NICE’s quality standard on [antenatal and postnatal mental health](https://www.nice.org.uk/guidance/qs115), which appears in the list of related quality standards. As such, this area of care is outside the scope of this quality standard. The intrapartum management of women with mental health conditions requiring medication was outside the scope of the source guideline.

There are no recommendations in the source guidance, NICE’s guideline on [intrapartum care for women with existing medical conditions or obstetric complications and their babies](https://www.nice.org.uk/guidance/ng121) relating to intrapartum care for women with comorbid mental and physical health conditions.

The committee prioritised a new statement (no 5) focusing on improving care for women with no previous antenatal care who present in labour. The area for quality improvement is obstetric assessment, medical examination and assessing psychological and social history. This decision was based on stakeholder feedback and prior committee discussion (see 1.1 and 2.1).

Exploring the psychological and social history of this population enables potential vulnerability and safeguarding concerns to be recognised. Groups with potential vulnerability and safeguarding concerns, additional to those listed in 1.1 (bullets 1-3) are:

* women with young maternal age (including women under the age of 20)
* women with mental health conditions
* women who experiencing domestic and sexual abuse (including arranged marriage and ‘honour violence’)
* women who have experienced human trafficking
* women who have undocumented migrant status
* the woman or her family being known to children’s or social services.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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?

Statement 4 on informed birth choices for women in labour with previous caesarean section (as of at consultation) was removed because the committee felt that the area for quality improvement is covered by a statement in NICE’s quality standard on [caesarean section](https://www.nice.org.uk/guidance/qs32). It is not anticipated that removing the statement will create barriers to, or difficulties with, accessing services for women with previous caesarean section. Statement 1 now additionally covers women with previous caesarean section and other obstetric complications being involved in reviewing and planning their care.

### 3.3 If the quality statements 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.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

Nothing further identified.

Completed by lead technical analyst: Rachel Gick

Date: 01/11/2019

Approved by NICE quality assurance lead: Mark Minchin

Date: 22/01/2020

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

The wording of statement 3 was amended to make it clearer that the “risk” pregnant women are assessed for is cardiovascular risk.

Completed by lead technical analyst: STACY WILKINSON

Date: 19/02/2020

Approved by NICE quality assurance lead: Alison Tariq

Date: 19/01/2020