NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Fetal alcohol spectrum disorder

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?

No equality issues have been identified at this stage.

### 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?

No population groups, treatments or settings have been excluded from coverage at this stage.

Completed by lead technical analyst Paul Daly

Date: 20/08/2019

Approved by NICE quality assurance lead Nick Baillie

Date: 21/08/2019

### 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?

QSAC identified that there is variation in access to services for the diagnosis and management of fetal alcohol spectrum disorder (FASD). Children not with their biological parents (such as looked after children and adopted children) in particular may experience inequalities in terms of access to appropriate care and support. This is because they are less likely to be diagnosed with FASD, as information on the mother’s alcohol consumption in pregnancy is not recorded on the child’s record. Draft statements 3, 4 and 5 aim to ensure equal access to services for the assessment, diagnosis and management of FASD. Statement 2 has been drafted to ensure that the mother’s alcohol consumption in pregnancy is recorded in the maternity notes and on the child’s health records.

### 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 to highlight potential equality issues.

### 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?

Diagnosis of FASD requires confirmation of prenatal alcohol exposure. People without confirmation cannot be diagnosed with FASD which can affect their access to services. Draft statement 3 makes sure that those with probable prenatal alcohol exposure are assessed and can access services to address their needs, even if the outcome of the assessment is not a diagnosis of FASD. Also, draft statement 2 aims to ensure that more groups have confirmation of prenatal alcohol exposure.

### 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?

No.

### 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?

The draft statements specifically aim to alleviate barriers to, or difficulties with, access to services and thereby advance equality in access.

Completed by lead technical analyst: Paul Daly

Date: 3/02/2020

Approved by NICE quality assurance lead: Nick Baillie

Date: 3/02/2020

### 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?

Some consultation comments said that giving advice to pregnant women on the effects of alcohol consumption during pregnancy could cause anxiety for women who may have consumed alcohol prior to knowing they were pregnant, during pregnancy or who may have complex social factors. This could make some groups less likely to continue to access antenatal care services.

Another potential issue raised is that mothers with significant alcohol use (sometimes also including substance use) often have poor levels of engagement with routine antenatal care services. Reasons given included fear and expectation of judgemental attitudes. It was also suggested that many staff (midwives and obstetricians) within services do not feel sufficiently skilled or equipped to deal with many of the issues involved, and that vulnerable women with high-risk pregnancies have increased maternal as well as neonatal morbidity and mortality.

Statements 1 and 2 have been amended to address these issues by ensuring that midwives discuss any concerns a pregnant woman may have, use a non-judgmental approach, provide reassurance if alcohol has been consumed and offer support according to a woman’s needs (including referral to specialist services if needed). Audience descriptors now also include training on FASD awareness and alcohol brief interventions for those providing antenatal care, and commissioning services to support pregnant women who continue to drink (including those that are alcohol dependent).

Concerns were also raised about the impact on pregnant women of recording alcohol consumption in statement 2. For example, concerns were raised that the quality standard may deter some women from attending appointments if information recording is mandatory and occurs without consent. Statement 2 does not prevent confidential discussions or remove a woman’s choice not to give information. To improve clarity, statement 2 has been amended to show it involves talking about and recording alcohol consumption during pregnancy; allows for personalised discussions about the risks of alcohol use and gives opportunities to offer tailored support and interventions if a woman wishes to cut down or stop drinking.

Concerns were raised by some stakeholders about the transfer of information on alcohol consumption from a mother’s health record to her child’s health record. This was suggested as an approach to address potential inequalities with diagnosing FASD in children who are no longer with their birth mother. This element of the statement was removed as a satisfactory approach to implementing this could not be identified.

Statements 3, 4 and 5 relate to children and young people and some stakeholders raised this as an equality issue as adults affected by FASD are not included. The quality standard is not able to address this issue as the source guidance provides recommendations for children and young people exposed prenatally to alcohol. If NICE or NICE accredited guidance is produced in the future for adults affected by FASD, the quality standard can be updated to address this.

### 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?

No changes have been made which would make it more difficult for a specific group to access services.

### 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?

None of the changes made have an adverse impact on people with disabilities.

### 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?

The statements specifically aim to alleviate barriers to, or difficulties with, access to services for people with FASD and pregnant women and thereby advance equality in access. However, the potential inequalities with diagnosing FASD in children who are no longer with their birth mother described in section 3.1 are not addressed by the quality standard. NICE will inform the organisation which referred this topic to NICE that this is an area that cannot be addressed by the quality standard so they can consider exploring other ways the issue could be addressed.

Completed by lead technical analyst: Paul Daly

Date: 10/02/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 21/02/2022

### 4. After Guidance Executive amendments – if applicable

| 4.1 Outline amendments agreed by Guidance Executive below, if applicable: |
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| Not applicable. Guidance Executive did not require any changes to the quality statements. |

Completed by lead technical analyst: Paul Daly

Date:14/02/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 21/02/2022

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