

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE

### QUALITY STANDARDS PROGRAMME

**Quality standard topic:** Hypertension in pregnancy

**Output:** Equality analysis form – Topic Expert Group three - creation of final quality standard.

#### Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic Expert Group meeting one - scoping
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
<b>Marital status (including civil partnership)</b>

**Other categories**

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

## Quality standards equality analysis

### Stage: Topic Expert Group 3

#### Topic: Hypertension in pregnancy

##### **1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?**

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

No additional equality issues relating to particular draft statements were identified from stakeholder consultation.

At the third meeting of the topic expert group, quality statement 4 was developed to cover admission to hospital for specialist assessment for women with severe hypertension in pregnancy, and quality statement 5 now focuses on admission to hospital for women with pre-eclampsia. The TEG noted the possibility that some groups of women may not wish to be admitted to hospital, for example for cultural reasons or for reasons relating to social circumstances. The statements apply to all women with these conditions, and should reduce potential unequal access to specialist care. It is expected that women's individual circumstances will be considered when working towards all of the quality statements. The quality standard should be read alongside other relevant quality standards including the [quality standard on patient experience in adult NHS services](#).

##### **Issues noted from the previous stages of the process:**

It is recognised that women with complex social factors may be less likely to access or maintain contact with antenatal care services, which can affect outcomes for both mothers and babies. This issue has been considered by the TEG during development of the draft quality standard (QS) for hypertension in pregnancy. The published antenatal care QS includes a statement on access to antenatal services, which is intended to support early access to antenatal services for all women. The antenatal care standard should be used as a related QS to the hypertension in pregnancy QS.

The TEG noted that prevalence of hypertension may be higher in certain groups, e.g. black people of African and Caribbean descent and other minority ethnic groups. In addition certain occupational groups may be at increased risk, e.g. pregnant women in the armed forces. The TEG has not noted any additional requirements for particular groups.

Quality statement 1 applies to women 'of child bearing potential'. The TEG recognised that there is no set age range for pregnancy, and that child bearing potential needs to be determined for women on an individual basis. Access to information about safe antihypertensive treatment during pregnancy should not be determined solely by age, because childbearing potential is also dependent on factors other than age.

This is highlighted in the equality considerations section of quality statement 1. Where information is provided, there must be equal access to information for all women, including those with additional needs, such as physical or learning disabilities, and those who do not speak or read English. Women receiving information should have access to an interpreter or advocate if needed. This consideration has been added to the equality and diversity considerations section of quality statements 1 and 8 which

involve provision of information.

**2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?**

- Have comments highlighting potential for discrimination or advancing equality been considered?

To gain multiple perspectives from all stages related to hypertension in pregnancy, representation within the Topic Expert Group was sought from a variety of audiences, including experts from primary, community and secondary care settings. The topic experts came from the following disciplines: obstetrics, gynaecology, midwifery, pharmacy, fetomaternal medicine, general practice and lay representatives.

The draft quality standard was published for consultation from 31 January to 28 February 2013. Consultation included a wide range of registered stakeholders, for example royal colleges, professional bodies and organisations representing patients.

**3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

This quality standard applies to women only. This is appropriate, as the quality standard is about care of this group before and during pregnancy, and in the postnatal period. No treatments specifically for hypertension in pregnancy or settings have been excluded.

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services (including tests and other interventions which are part of services). It is anticipated that the draft statements would advance equality across all groups, for example by ensuring equal access to information (quality statements 1 and 8).

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with

disabilities?

A positive impact is expected. We believe these statements promote equality of access to care for hypertension in pregnancy.