NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Nutrition: Improving maternal and child nutrition
Output: Equality analysis form – meeting 2

Introduction

As outlined in the Quality Standards process guide (available from 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 –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status 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).
Marital status (including civil partnership)

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: Meeting 2

Topic: Nutrition: Improving maternal and child nutrition

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.

Poverty, related to socioeconomic status, impacts on the health and nutrition of women and children. A low socioeconomic position has a strong impact on patterns of maternal diet and infant feeding. Compared with the general population, mothers from disadvantaged groups are:

- More likely to be obese or to show low weight gain during pregnancy
- Less likely to take folic acid and other supplements before, during or after pregnancy
- More likely to give birth to babies with a low birth weight
- Less likely to breastfeed
- More likely to introduce solid foods earlier than recommended

Their children are at a greater risk of both 'growth faltering' (gaining weight too slowly) in infancy and obesity in later childhood.

Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households is an aim of this quality standard.

The Quality Standards Advisory Committee (QSAC) identified religion, disability, sexual orientation and socioeconomic status as being related to access to maternal and child nutrition. Looked after children were also highlighted as a group who may be affected. All statements in the draft quality standard are applicable to these groups which healthcare services need be responsive to.

Women from some ethnic groups for example women from South Asian or Oriental backgrounds, may have an increased obesity risk at a lower BMI, therefore statement 1 states that this should be considered by their healthcare professionals.

The risk of vitamin D deficiency was also highlighted as being increased in people who are black or of Asian family origin, or people who wear clothing that covers their entire body and this should be considered by their healthcare professionals.

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?

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the Quality Standards Advisory Committee (QSAC).

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to maternal and child nutrition were recruited and attended the committee meetings.

The draft quality standard was published for a 4 week consultation period for registered stakeholders to express their views on the proposed quality standard statements.

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 does not cover school age children unless they are pregnant. These are covered by other quality standard topics.

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.

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?

Statements 1, 2, 3, 4 and 5 state that care and support, and the information given about it, should be both age-appropriate and culturally appropriate. Statement 6 states that the information provided should be culturally appropriate. All statements state that information should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Pregnant women and parents and carers should have access to an interpreter or advocate if needed.

Statement 1 states that women from some ethnic groups may have an increased risk of obesity at a lower BMI, for example women from South Asian or Oriental

backgrounds, therefore this should be considered by their healthcare professionals.

Statement 2 states that the risk of vitamin D deficiency can be increased in people who are black or of Asian family origin, or people who wear clothing that covers their entire body and this should be considered by their healthcare professionals.

Statement 5 (quality statement 5 in the postnatal care quality standard 37) states that special consideration will be needed if the mother and baby have been separated for any reason, for example if the baby has been admitted to neonatal care or the baby has been taken into care.

Statement 6 states that some religious groups introduce foods considerably later than 6 months of age due to their beliefs. Professionals in contact with these groups should be mindful of these beliefs whilst highlighting the importance to the child's health of introducing foods at around 6 months.

We believe these statements will advance equality of opportunity.