NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Postnatal care (update)

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 updated postnatal care guideline (NG194) highlights specific inequalities and recommends:

* Women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring.
* Follow the principles in the NICE guideline on pregnancy and complex social factors for women who may need additional support, for example:
  + women who misuse substances
  + recent migrants, asylum seekers or refugees, or those who have difficulty reading or speaking English
  + young women aged under 20
  + women who experience domestic abuse.
* Recognise that additional support in bonding and emotional attachment may be needed by some parents who, for example:
  + have been through the care system
  + have experienced adverse childhood events
  + have experienced a traumatic birth
  + have complex psychosocial needs
* Be aware that younger women and women from a low income or disadvantaged background may need more support and encouragement to start and continue breastfeeding, and that continuity of carer is particularly important for these women.

### 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?

There are no exclusions at this stage.

Completed by lead technical analyst: Melanie Carr

Date:12/1/22

Approved by NICE quality assurance lead: Mark Minchin

Date: 19/1/22

### 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?

The committee agreed to use the terminology in the NICE guideline on postnatal care. The quality standard uses the term 'woman' and includes all people who have given birth, even if they may not identify as women or mothers. The committee agreed to use the terminology in the NICE guideline on postnatal care and uses the term ‘partner’ to refer to the woman’s chosen supporter. This could be the baby's father, their partner, a family member or friend, or anyone who the woman feels supported by or wishes to involve. The term 'parents' refers to those with the main responsibility for the care of a baby. This will often be the mother and the father, but many other family arrangements exist, including single parents. This wording has been added to the introduction for clarification.

During topic engagement stakeholders highlighted that:

* healthcare professionals should have an awareness of different cultures so that they can help to reduce health inequalities
* access to interpretation services is currently variable
* more postnatal support, including specialist support, is needed for women with complex needs and those experiencing complex social factors such as housing problems, poverty, mental health problems, domestic abuse, sex work, language issues and asylum, immigration or trafficking (including women with no access to public funds). This should include women whose baby is removed into local authority care
* there is currently variation in the provision of postnatal checks for women and some groups are much less likely to receive them
* all parents should be given the information and support they need to feed their baby regardless of their choice of method.

The committee felt that it is important to highlight that healthcare professionals should share information about vulnerable women at transfer of care in the postnatal period so that their needs are not overlooked. An equality consideration has therefore been added to statement 1 to highlight that there is a risk that the needs of vulnerable women could be overlooked if the sharing of information at transfer of care between services in the postnatal period is inadequate. This includes young women, and women who have physical or cognitive disabilities, severe mental health illness or difficulty accessing postnatal care services. It is a priority to ensure that potential known or suspected problems for vulnerable women and their babies are not missed by healthcare professionals at transfer of care.

The committee agreed that it is important to ensure that all women are invited for a GP check 6-to-8 weeks after birth. Equality considerations have been added to statement 6 to highlight that healthcare professionals should:

* be aware that the 2020 MBRRACE-UK reports on maternal and perinatal mortality showed that women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring. GP practices should consider the best way to engage with women in these groups to encourage them to attend for a postnatal check. This could include joint working with health visitors or local groups.
* consider the best methods to invite women from vulnerable groups to attend for a GP assessment 6 to 8 weeks after they have given birth. It will be important to tailor the invitation to attend for a postnatal check to individual needs and preferences. In some cases, a phone call may be preferable to a letter or text message, and it may be necessary to arrange the appointment rather than expecting women to arrange it for themselves. The invitation should be accessible to people who do not speak or read English. People should have access to an interpreter or advocate if needed. For women with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

The committee agreed that women should be given information and support with feeding their baby regardless of their choice of method. Also, some women may not have a choice. Statements 2 and 4 therefore include information, advice and face-to-face support for breastfeeding and formula feeding.

The NICE postnatal care guideline highlights that providing continuity of carer is particularly important to support younger women and those from a low income or disadvantaged background to continue breastfeeding. An equality consideration has therefore been added to statement 4 to highlight this.

The committee agreed that information and advice given in the postnatal period should be accessible to all people and therefore an equality consideration has been added to statement 2, 3, 4 and 5 to highlight that parents should be provided with information that they can easily access and understand themselves, or with support, so they can communicate effectively with healthcare services. Clear language should be used, and the content and delivery of information should be tailored to individual needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. People should have access to an interpreter or advocate if needed. For parents with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

### 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?

The draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups.

### 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?

The draft quality statements do not have an adverse impact on people with disabilities.

### 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?

There are no additional explanations that the committee could make at this stage.

Completed by lead technical analyst: Melanie Carr

Date:5/5/22

Approved by NICE quality assurance lead: Mark Minchin

Date:5/5/22

### 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 highlighted the following equality issues:

* Inequalities in outcomes for women known to social services and the needs of those in contact with the criminal justice system.
* Additional needs of parents with FASD or suspected FASD
* The need to specify the use of translator services rather than family members
* Those less likely to be in contact with primary care and community- based services such as people experiencing homelessness and traveller populations
* Need for further training and awareness regarding dark skin tones for signs and symptoms that reference skin colour

These were included in the consultation summary report and considered by the committee. Additions have been made to the relevant quality statements equality and diversity consideration sections, including:

* Inclusion of women experiencing homelessness in equality and diversity considerations of statement 1
* Inclusion of difficulties recognising jaundice in dark skin tones in equality and diversity considerations of statement 3
* Inclusion of women known to social services, women in contact with the criminal justice system and women separated from their baby shortly after birth in equality and diversity considerations of statement 6
* Specifying that interpreters or advocates should not be a member of the woman's family, her legal guardian or her partner in statements 2, 3, 4, 5 and 6

### 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 made it more difficult in practice for a specific group to access services compared with other groups.

### 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 changes have added potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

### 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?

No changes have been made to statements.

Completed by lead technical analyst: Daniel Smithson

Date: 30/08/2022

Approved by NICE quality assurance lead: M Minchin

Date: 30/08/2022

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

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

No amendments made.

Completed by lead technical analyst: Daniel Smithson

Date: 21/09/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 21/09/2022

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