

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Pelvic floor dysfunction: prevention and non-surgical management

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

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Yes, all potential equality issues identified during the scoping process have been addressed by the committee.

To fulfil NICE obligation to advance equality the committee took protected characteristics into account in many sections of the guideline:

To address inclusivity issues related to gender identity we have reiterated at the beginning of the consultation version of the guideline: *This guideline uses the term 'women' throughout, but this should be taken to include those who do not identify as women but who have female pelvic organs.*

In section 1.1 *Raising awareness of pelvic floor dysfunction for all women* we have made recommendations to address inequalities generally and some specifically focusing on age (younger and older age) or specifically related to pregnancy, to make information accessible to all whilst also taking into account specific risk factors, for example:

1.1.3 Tailor information about pelvic floor dysfunction for different age groups and characteristics (for example pregnancy).

1.1.4 Local authority groups should consider designing pelvic floor dysfunction information programmes for specific communities when there is evidence of

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

healthcare inequalities for example access to services. This can be done by:

- finding more effective ways to provide information (for example by attending community meetings)
- involving members of the community as champions
- using webinars to reach women who are unable to attend meetings in person.

1.1.5 For women using maternity services, include information on pelvic floor dysfunction symptoms and how to access local services:

- in the booking information pack or patient portal
- at all midwife consultations and reviews.

1.1.6 Health visitors, midwives and GPs should discuss pelvic floor dysfunction with women at each postnatal contact.

1.1.7 Teach young women (between 12 and 17 years) in school about pelvic floor anatomy, pelvic floor muscle exercises and how to prevent pelvic floor dysfunction.

1.1.8 Provide information on pelvic floor dysfunction for older women within primary and intermediate care services, and within care homes and supported living communities. This could be done:

- when women ask for advice about menopause
- as part of general health assessments
- as part of comprehensive geriatric health assessments.

1.1.9 For guidance on tailoring communication, information and shared decision making for people using health and social care services as well as how to make information accessible see the [NICE guideline on patient experience in adult NHS services](#) and the [NICE guideline on people's experience in adult social care services](#) as well as the [NHS Accessibility Information Standard](#).

In section *1.3 Preventing pelvic floor dysfunction* we have made the following recommendations relevant to pregnancy and also relevant to tailoring programmes to individual needs:

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

1.3.11 Offer a 3 month programme of supervised pelvic floor muscle training:

- from week 20 of pregnancy, for pregnant women who have a first-degree relative with pelvic floor dysfunction
- during postnatal care, for women who have developed the following risk factors during birth
 - assisted vaginal birth (forceps or vacuum),
 - a vaginal birth when the baby is lying face up (occipito posterior)
 - injury to the anal sphincter

1.3.13 Before discharging women from maternity services, and during routine postnatal care, encourage them to do pelvic floor muscle training.

1.3.16 Supervision should involve:

- assessing the woman's ability to perform a pelvic floor contraction
- tailoring the pelvic floor muscle training programme to the woman's ability to perform a pelvic floor contraction, any discomfort felt, and her individual needs
- encouraging the woman to complete the course, because continuing to train helps to prevent and manage symptoms.

In section *1.4 Communicating and providing information to women with pelvic floor dysfunction* we have made the following recommendations relevant to tailoring communication to the individual (including for women with cognitive impairments or when English is not the first language and for different age groups):

1.4.1 Agree consultation formats (for example, in person, video or telephone) with each woman with pelvic floor dysfunction, taking into account the need for physical examinations.

1.4.3 For general guidance on communicating with patients, see the [communication section in the NICE guideline on patient experience of adult NHS services](#).

1.4.5 When providing information to women with pelvic floor dysfunction and cognitive impairment, ask them if they want their family, carers and other people involved to support them (as appropriate), to help reinforce and support

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

management plans.

1.4.6 Tailor information to each woman's age, level of understanding and circumstances, because pelvic floor dysfunction can affect women differently at different stages of life. For example:

- young women
- women who are pregnant or who have given birth
- women who have gone through menopause
- women with comorbidities or frailty.

In section *1.5 Assessment in primary care* we have made the following recommendations relevant to pregnancy and maternity:

1.5.3 Ask women who have recently given birth about symptoms of pelvic floor dysfunction during routine postnatal care, in hospital and in the community.

In the same section there is also a recommendation related to a medication review which some committee members noted as being particularly relevant for older women:

1.5.4 For woman who are taking multiple medications, conduct a medication review. For guidance on how to do this, see the [NICE guideline on medicines optimisation](#).

In section *1.6 Management of pelvic floor dysfunction: Non-surgical treatment options* we have made the following recommendations relevant to tailoring the pelvic floor muscle training programme to the individual women (by cross referencing to recommendation 1.3.16 above) other recommendations related to equality considerations are:

1.6.27 For guidance on reviewing pessaries for women who are at risk of complications for example because of a physical or cognitive impairment, see [recommendation 1.7.9 in the NICE guideline on urinary incontinence and pelvic organ prolapse](#).

1.6.32 When choosing a behavioural intervention, take into account that prompted

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

toileting and habit training may be particularly suitable for women with cognitive impairment.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

It is recognised throughout that this condition has not only a physical but also a psychological impact (including feelings of embarrassment):

1.4.2 When discussing pelvic floor dysfunction:

- be aware that women may feel embarrassed discussing their symptoms, and they may believe that healthcare professionals will also be embarrassed
- take particular care around terminology:
 - for example, avoid using 'faeces' if a woman better understands 'poo'
 - be aware that women may not know the precise technical terms for parts of their pelvic anatomy, so may use incorrect terms
- tailor information to each woman's level of understanding of anatomy and of the causes of pelvic floor dysfunction.

1.6.28 Discuss the psychological impact of their symptoms with women who have pelvic floor dysfunction. Take account of this impact when developing a management plan.

The committee also felt that women of any size should be given management options:

1.6.8 Do not wait for women to lose weight before starting other pelvic floor dysfunction management options.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Some of these have been explicitly discussed in the guideline's rationale sections but more detail is provided in the 'committee's discussion of the evidence' sections in the relevant evidence reviews.

3.4 Do the preliminary recommendations 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, they do not.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No there is not.

3.6 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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

No, these recommendations were drafted with the aim to fulfil NICE's obligation to advance equality.

Completed by Developer: Katharina Dworzynski

Date: 4th June 2021

Approved by NICE quality assurance lead: Nichole Taske

Date: 15th June 2021