

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**  
**CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT -**  
**RECOMMENDATIONS**

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| <b>Clinical guideline:</b> Antenatal and postnatal mental health (Update) |
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As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected 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 form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

**Table 1 NICE equality groups**

| <b>Protected characteristics</b>   |
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| <ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Pregnancy and maternity</li><li>• Race</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li><li>• Marriage and civil partnership (protected only in respect of need to eliminate unlawful discrimination)</li></ul>  |
| <b>Additional characteristics to be considered</b>   |
| <ul style="list-style-type: none"><li>• Socio-economic status</li></ul> <p>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 (for example, the North–South divide; urban versus rural).</p>  |
| <ul style="list-style-type: none"><li>• Other</li></ul> <p>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 can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"><li>• refugees and asylum seekers</li><li>• migrant workers</li><li>• looked-after children</li><li>• homeless people.</li></ul> |

## 1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

| <b>What issue was identified and what was done to address it?</b>   | <b>Was there an impact on the recommendations? If so, what?</b>  |
|---|--|
| Pregnancy and maternity   | Pregnancy and maternity is a protected characteristic and equality issues among all women and the fetus/baby were integral to the review. The recommendations were drafted based on clinical evidence and GDG consensus to set best practice for all women who are pregnant and in the postnatal period.   |
| Access to services for women who are in a BME group, low socioeconomic groups, asylum seekers, women who are victims of trafficking, and women with learning and physical disabilities:<br>Recommendations were drafted | A recommendation was drafted to provide culturally relevant information and to assure the woman that mental health problems are not uncommon during these periods and instil hope about treatment. See NICE recommendation 1.4.1<br><br>This updated guideline has a number of recommendations to help identify women who may be at higher risk and who may be disadvantaged in being able to access services. See NICE recommendation 1.6.1 and 1.7.1 |
| Learning disabilities: a recommendation was drafted   | A specific recommendation was drafted to take into account any learning disabilities or acquired cognitive impairments and suggests to consult with a relevant specialist when developing a treatment plan. See NICE recommendation 1.6.2  |
| <b>Other comments</b>   |  |
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**2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?**

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

| <b>What issue was identified and what was done to address it?</b> | <b>Was there an impact on the recommendations? If so, what?</b>  |
|---|--|
| Safeguarding the woman: recommendations were drafted              | Having identified women how are at risk and noting certain vulnerabilities, the GDG expressed a need for recommendations relating to safeguarding the mother. See NICE recommendations 1.6.3 and 1.6.5.  |
| Safeguarding the baby: recommendations were drafted               | The recommendations were drafted to protect the mother and the fetus/baby. See NICE recommendations 1.6.3 and 1.6.4  |
| Stigma: a recommendation was drafted                              | A big difficulty for women who are pregnant and in the postnatal period is societal perception/pressure. Stigma is a big reason why women do not wish to disclose their mental health related problems. The GDG recommended that all health care professionals should ‘recognise that women who have a mental health problem (or are worried that they might have) may be unwilling to disclose or discuss their problem because of fear of stigma, negative perceptions of them as a mother or that their baby might be taken into care....[1.5.1]’ |

### Other comments

A stakeholder comment was received in regards to raising awareness of cultural differences and how this may impact on the identification and treatment of women in pregnancy and the postnatal period. The group felt that NICE recommendation 1.5.1 address the issue of fear and stigma when screening for a mental health problem and there was no evidence to suggest that treatment was less effective based on cultural and social demographics for women who are pregnant or in the postnatal period. Recommendation 1.1.1 in the NICE guideline states the APMH (update) recommendations are to be read in conjunction with the guidance on service user experience in adult mental health (NICE clinical guideline 136) which addresses avoiding stigma and promoting social inclusion, see recommendation 1.1.7-1.1.9.

### **3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?**

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

Access to services depends on services being made available. The GDG were conscious when drafting the recommendations that not all women will have the same access to specialist mental health teams as services vary depending on the woman's geographical location.

### **4. Do the recommendations promote equality?**

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Yes

### **5. Do the recommendations foster good relations?**

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

There are a number of recommendations related to including families and carers, ensuring good communication and sharing of information to ensure the women gets the care she needs.