

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

DIAGNOSTICS ASSESSMENT PROGRAMME

Equality impact assessment – Scoping

High-throughput, non-invasive prenatal testing (NIPT) for fetal rhesus D status

The impact on equality has been assessed during this assessment according to the principles of the NICE Equality scheme.

1. Have any potential equality issues been identified during the scoping process (scoping workshop discussion, assessment subgroup discussion), and, if so, what are they?

Pregnancy is a protected characteristic under the Equality Act 2010.

Owing to RHD genetic variants, some results produced by the high-throughput, non-invasive prenatal test will be indeterminate and classified as positive to avoid the risk and consequences of a false negative result. This means the woman will receive anti-D immunoglobulin even though her baby may be rhesus D negative. Black women of African and Caribbean family origin have a higher proportion of rhesus D variants than white women and consequently, it is possible that the group with indeterminate test results will include a higher proportion of black women of African and Caribbean family origin than white women. However, all women in the indeterminate group, regardless of ethnicity, would be treated the same and receive anti-D immunoglobulin in line with current standard care. Fetal wellbeing and maternal care therefore would not be affected and will not differ between ethnic groups.

Transgender men may also become pregnant and it was noted that the use of NIPT would apply equally to pregnant women who are RhD negative and pregnant transgender men who are RhD negative.

Anti-D immunoglobulin is a blood product, which may not be accepted by people from some religions or cultures. Knowledge of a RhD negative fetus may reduce anxiety in people who do not accept treatment with blood products, but knowledge of a RhD positive fetus may increase anxiety in

people who do not accept blood products.

2. What is the preliminary view as to what extent these potential equality issues need addressing by the Committee?

With regard to RHD genetic variants and ethnicity, all women in the indeterminate group, regardless of ethnicity, would be treated the same and receive anti-D immunoglobulin in line with current standard care. Fetal wellbeing and maternal care therefore would not be affected and will not differ between ethnic groups. The Committee may wish to consider if a greater understanding of RHD genetic variants in different ethnic groups may be an area for further research and consider if it may promote equality.

The potential issue relating to transgender men will be considered by Committee in their discussions and when developing recommendations on the use of NIPT in the NHS.

The potential issue relating to use of a blood product does not need addressing by the Committee because use of non-invasive prenatal testing for fetal RhD status test would not change clinical outcomes in people who do not accept use of blood products and their care will not differ to the care received in current clinical practice.

3. Has any change to the draft scope been agreed to highlight potential equality issues?

The following sentences were added into the equality section of the scope:

- The scope applies equally to pregnant women who are RhD negative and pregnant transgender men who are RhD negative.
- Anti-D immunoglobulin is a blood product, which may not be accepted by people from some religions or cultures. Knowledge of a RhD negative fetus may reduce anxiety in people who do not accept treatment with blood products, but knowledge of a RhD positive fetus may increase anxiety in people who do not accept blood products.

4. Have any additional stakeholders related to potential equality issues been identified during the scoping process, and, if so, have changes

to the stakeholder list been made?
No

Approved by Associate Director (name): ...Carla Deakin.

Date: 17 November 2015