

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### Fertility problems

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

#### **1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)**

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

Potential inequalities have been identified during scoping relating to the access to services and treatment of people with fertility problems for the following groups:

- Age – It should be noted that some existing recommendations around fertility care and access to fertility investigations and treatments are dependent on age, which are based on the estimated chances of conception according to age.
- Disability – People with physical or mental disabilities may find it more difficult to access fertility services and get appropriate support according to their needs. There may be additional considerations around method of conception for some people with physical or mental disabilities, for example, if vaginal intercourse is not an option.
- Gender reassignment – Trans and non-binary people may find it more difficult to access fertility services and get appropriate support according to their needs. Trans

and non-binary people seeking care for fertility problems may encounter stigma and discrimination or their gender may be incorrectly labelled. There may be a lack of awareness among clinicians about the specific needs and considerations relevant for trans and non-binary people. Some trans and non-binary people undergo treatments that will impact their fertility and therefore may wish to preserve their fertility but may experience difficulties accessing fertility preservation services.

- Pregnancy and maternity – no issues identified
- Race – The [2021 HFEA report 'Ethnic diversity in fertility treatment 2018'](#) highlights some differences in underlying causes of fertility problems and outcomes of fertility treatments between different ethnicities. For example, tubal factor infertility was more common in black women compared to other groups, and ovulatory disorders were higher among Asian women compared to other groups. Lower IVF birth rates per embryo transferred were observed among black people compared to white or mixed race people.

In general, people from black, Asian and minority ethnic backgrounds can have poor experiences and distrust in the health services due to experiences of discrimination, racism or culturally incompetent care and there is no reason to think this would be any different within fertility services. There may also be poorer information resources and lower awareness about fertility services among some ethnic minority groups. People from ethnic minorities who need donor eggs or gametes may find it more difficult to find a donor who is ethnically matched to them.

- Religion or belief – No equalities considerations related to religion or belief were identified, however, it should be noted that there can be ethical or religious objection to embryo creation or freezing of embryos, for example among some Catholic people, and to donor gametes for example among Jehovah's witnesses and some people observing Sunni Islam.
- Sex – Men/people with a male reproductive system and women/people with a female reproductive system are within the remit of NHS-funded fertility services, if they have demonstratable health-related fertility problems.
- Sexual orientation – Same sex couples may face more challenges compared to heterosexual couples in terms of accessing NHS-funded fertility investigations and treatments. Same sex couples will need to demonstrate infertility by completing 6 cycles of artificial insemination (using a surrogate in the case of same sex male couples) before accessing investigations for fertility problems, although this will also be the case with heterosexual couples where vaginal intercourse is not possible. However, if conception does not occur after this period of time then one or both members of the same-sex couple (as appropriate) will be eligible for investigation and treatment of health-related fertility problems.
- Socio-economic factors – There is a wide variation in service provision and access to NHS-funded fertility services between geographical areas and as a result the majority of fertility treatments in the UK are carried out privately. Variation in NHS provision is therefore likely to impact more on people from lower paid or disadvantaged socio-economic groups.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

The aim is that the membership of the committee will represent various perspectives and expertise so that equalities considerations are adequately considered throughout the development of the guideline, this is particularly important when appointing lay members to the guideline committee.

The guideline aims to give special considerations for the subpopulations identified in box 1.2 by taking these groups into consideration when developing review protocols and making recommendations. The committee will consider whether evidence specific to the subpopulations should be sought and whether data should be analysed separately.

We also want to ensure that relevant stakeholder organisations representing views of groups that may be disadvantaged or who find it more difficult to access treatment will be invited to be involved in the consultation processes.

Completed by Developer: Hilary Eadon, Guideline Lead

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