

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Intrapartum care for women with existing medical conditions or obstetric complications and their babies

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 draft guideline consultation)

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

Each review protocol for this guideline included a statement that equalities considerations would be considered systematically in relation to the available evidence and draft recommendations.

The guideline scope includes women with cognitive or physical disability as populations for whom there may be equalities issues. Recommendations about information provision should take into account patient inequalities such as those caused by vision, auditory and cognitive difficulties.

Women who have received no antenatal care were considered as a subgroup for all systematic reviews performed within the medical conditions work stream and a specific review question was included in the obstetric complications work stream for this population.

3.1 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?

No other equality issues were identified during the guideline development phase.

1.0.7 DOC EIA

3.2 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

As noted above, each guideline review protocol included a statement with regard to steps to be undertaken to ensure that equality issues would be addressed in reviewing the evidence and drafting recommendations. Consideration of equality issues was also documented in the committee's discussion of the evidence sections.

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.

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.

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The draft recommendations address potential equalities issues related to:

- information provision for women at high risk of adverse outcomes for themselves and/or their baby because of
 - existing maternal medical conditions
 - obstetric complications or no antenatal care
- risk assessment and management of labour for women who present in labour having had no antenatal care.

1.0.7 DOC EIA

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

Accessing information could be challenging for women who have difficulty with communication, for example, women who speak English as a second language (or not at all), women with a learning difficulty, and women with a speech and language impairment. The committees agreed that it was not necessary to make specific recommendations for sharing information in these circumstances because NICE's existing recommendations for woman-centred care are explicit in ensuring that communication with the woman acknowledges the importance of factors making communication difficult.

With regard to women who have had no antenatal care, the guideline includes a recommendation that if the woman has difficulty understanding, speaking and reading English, then an interpreter who can communicate with her in her preferred language should be provided. This recommendation was adapted from the NICE guideline on pregnancy and complex social factors (CG110).

The recommendations for women with no antenatal care also aim to optimise access to services that are appropriate for such women and their babies. These recommendations include:

- providing obstetric-led intrapartum care and alerting the neonatal team and, if relevant, the anaesthetic team
- taking a full medical, psychological and social history and exploring issues such as
 - why there has been no care during pregnancy
 - who, if anyone, should support the woman as her birth companion(s) during labour
 - any possible vulnerability or safeguarding concerns
 - whether the woman or family members are known to children's services
- carrying out an obstetric and general medical examination of the woman and an assessment of the unborn baby
- offering blood and urine tests that would otherwise have been offered as part of antenatal care

1.0.7 DOC EIA

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

- offering rapid HIV testing if the woman is thought to be at high risk of infection
- contacting the woman's GP and, if appropriate, other health or social care professionals for more information about the woman's history and to plan ongoing care
- if there are safeguarding concerns, referring the woman to safeguarding services and informing healthcare professionals such as the GP, health visitor and paediatric teams, and social care professionals.
- ensuring, as far as possible, that a woman who presents in the intrapartum period with previously undiagnosed heart disease is given the same level of care as a woman with an existing diagnosis of heart disease.

Together these recommendations are intended to prevent women with no antenatal care being disadvantaged in terms of access to health care and other services. The recommendations refer explicitly to vulnerabilities linked to young maternal age, maternal mental health, maternal learning disability, maternal substance misuse, domestic or sexual abuse, homelessness, human trafficking, and female genital mutilation. They also address situations such as the woman being a recent migrant from a country with a high rate of HIV infection.

With regard to women with a physical disability, the committees considered that there would be no specific barriers to accessing care recommended in the draft guideline. The guideline scope included the topic of equipment needs for obese women, and this is reflected in the draft recommendations.

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Guideline lead

Date: 31/08/2018

Approved by NICE quality assurance lead:

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