

NICE guidelines

Equality impact assessment

Ectopic pregnancy and miscarriage

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)

No scoping phase was carried out for this update.

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

No scope consultation was carried out for this update.

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?
No scoping phase was carried out for this update.

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?
<p>The recommendations advise that if medication used in the medical management of missed miscarriage does not lead to bleeding after 48 hours women should contact their healthcare professional. The committee identified that some women may not understand the importance of this contact, or that some women may find it difficult to make this contact. The committee addressed this by adding detail to the recommendation to advise that if there are concerns about women not contacting their healthcare professional then it was necessary for the service to follow them up.</p> <p>The committee noted that there were inequalities between different sections of the guideline relating to the provision of pregnancy tests to confirm the completion of a miscarriage, with women being provided tests after medical management, but being asked to buy them after expectant management. The committee therefore amended the recommendations for expectant management to state that pregnancy tests should be provided by the NHS.</p>

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
Both the equality issues in 3.2 are described in the rationale accompanying the recommendations. In addition the need for some women to be followed-up pro-actively is described in the committee's discussion of the evidence in the evidence review relating to medical management of missed miscarriage.

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?

The recommendations do not make it more difficult in practice for a specific group to access services.

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

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?

The recommendations to follow-up some groups of women and provide pregnancy tests to all women aim to ensure all women receive equitable treatment.

Completed by Developer: Hilary Eadon

Date: 31 May 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 26 June 2023

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- People who may not contact services – stakeholders commented that it may be difficult for services to identify who needs to be pro-actively contacted, and that avoidance of conscious or unconscious bias would be necessary to ensure equity of access. The committee discussed this but agreed that in the vast majority of cases women or people whose bleeding has not started after 48 hours get back in touch with the service as advised. However, there may occasionally be people who do not speak English, who do not have access to a phone, or where there are other concerns and in these cases the service may identify the need to follow them up. This recommendation was designed to encourage this pro-active approach, but the committee did not agree that it was possible to provide defined categories of women and people who would need follow-up so they did not change the recommendation.
- Disability – stakeholders suggested adding in references to reasonable adjustments as stated in the Equality Act 2010, adaptations to communication, and the role of a learning disability liaison nurse. The committee agreed that making reasonable adjustments as required by the Equality Act is a statutory requirement and so this requirement would not be repeated in each individual NICE guideline. The sections of the guideline being updated did not include specific considerations on appropriate methods of communication as this is already covered in other sections of the guideline on ‘provision of information’ and ‘shared decision-making’ which were not being updated and in the NICE guideline on Patient experience in adult NHS services. The committee therefore did not amend the recommendations.

4.2 If the recommendations have changed after consultation, are there any recommendations that 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?

- None of the changes made to the recommendations after consultation make it more difficult in practice for a specific group to access services compared with other groups.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

- None of the changes made to the recommendations after consultation have the potential to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

4.4 If the recommendations have changed after consultation, 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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?

- No barriers were identified in section 4.2.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

- The committee's consideration of the equality issues raised at consultation have been discussed in the responses to the stakeholders, in the rationale for the recommendations and in the committee's discussion of the evidence in the evidence review.

Updated by Developer: Hilary Eadon

Date: 26 July 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 7 August 2023