

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### **Twin and triplet pregnancy – progesterone to prevent preterm birth**

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?

**Triplet pregnancies:** the committee noted that there was no evidence for vaginal progesterone in triplet pregnancies so this group may be disadvantaged in terms of receiving appropriate treatment. However, the committee agreed to extrapolate the results from twin pregnancies to triplet pregnancies, as the physiological effects of progesterone in all multi-fetal pregnancies are likely to be similar.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee's consideration of the issue described in 3.2 are described in the benefits and harms section of the committee's discussion of the evidence.

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?

No barriers identified in box 3.4

Completed by Developer: Hilary Eadon

Date: 15 January 2024

Approved by NICE quality assurance lead: Clifford Middleton

Date: 23 January 2024

#### 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?

- Disability – a stakeholder commented that people with autism are more likely to have a preterm birth compared to those who are not autistic, and that people with autism may need reasonable adjustments when receiving maternity care. Women or pregnant people with autism and a twin or triplet pregnancy would be offered cervical scans and treatment if a short cervix is identified so the committee did not make any separate recommendations for women or pregnant people with autism. Making reasonable adjustments to services for people with autism is required by the Equality Act and is a statutory requirement and so this requirement would not be repeated in each individual NICE guideline.
- Sex and gender – a stakeholder raised an issue with the inconsistency of language used to refer to people who do not identify as women. This has been standardised to ‘women and pregnant people’ throughout 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?

The recommendations that have changed after consultation have not made 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?

The recommendations that have changed after consultation do not 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 or difficulties 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?

- Disability – as there are no separate recommendations for women or pregnant people with autism this has not been discussed in the guideline.
- Sex and gender – the language has been standardised in accordance with NICE's editorial policy so this has not been discussed in the guideline.

Updated by Developer: Hilary Eadon

Date: 11 March 2024

Approved by NICE quality assurance lead: Clifford Middleton

Date: 28 March 2024