

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Caesarean birth

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

<p>4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?</p>
<ul style="list-style-type: none">• Disability:<ul style="list-style-type: none">○ Several stakeholders commented on the need to ensure communication is appropriate and adapted if necessary to meet the needs of the woman or pregnant person, for example those with learning disabilities or those who need interpreters. However, this is already covered in the section of the caesarean birth guideline on ‘provision of information’ and in the NICE guideline on Patient experience in adult NHS services and so this has not been repeated in all the individual sections of the guideline, including the section updated here on maternal choice. No changes were therefore made to the recommendations.○ One stakeholder commented on the use of healthcare passports for people with learning disabilities, but the committee agreed this was an overarching issue which should be covered in the NICE guideline on Patient experience in adult NHS services and so passed this comment to the NICE surveillance team. No changes were therefore made to the recommendations.○ One stakeholder commented on the need to make reasonable adjustments as required in the Equality Act 2010 but as this is a legal requirement it is not repeated throughout every section of every NICE guideline. No changes were therefore made to the recommendations.○ One stakeholder commented on the need to refer to the Mental Capacity Act but as this is a legal requirement it is not repeated throughout every section of every NICE guideline. No changes were therefore made to the recommendations.○ One stakeholder asked for the impact of the changes to the recommendation on who should provide a maternal request caesarean

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birth to include the fact that women with disabilities 'may feel anxious about change'. This change has been made.

- Race:
 - One stakeholder commented that the evidence around the risk of racial bias surrounding decisions relating to mode of birth should be considered as part of the EIA. The committee did not have evidence of racial bias relating specifically to maternal request caesarean birth. However the committee were aware of the less favourable maternity outcomes for women and babies from some racial groups as reported in the MBRRACE-UK report, and so mentioned this in the impact section describing the benefits of the changes.
- Access for certain groups:
 - One stakeholder commented that the changes to the recommendations may not improve access for women who do not know that requesting a caesarean birth is an option, who may not be aware that NICE recommendations exist (especially if they have recently moved to the UK and/or English is not their first language), or that they should be referred to an obstetrician who is willing to support them if their initial request is refused. The issues relating to awareness of the choice or awareness of NICE guidelines will be passed to the NICE team to be considered when relevant support activity is being planned. The recommendations have been changed to clarify that all obstetric units should offer maternal choice caesarean birth and so referral to alternative obstetricians should no longer be necessary.
- Socio-economic factors:
 - One stakeholder commented that women with lower levels of education and/or living in lower socioeconomic areas are most likely to be affected by a lack of maternity choices. The committee agreed that the changes to the recommendations made maternal request caesarean birth an option for all women and so did not make any further changes to the recommendations.
- Diagnostic overshadowing
 - One stakeholder commented that a reference to diagnostic overshadowing should be included, for example in people with learning disabilities or mental health comorbidities. The committee agreed this was an important issue for women and pregnant people reporting pain during labour and was also relevant for some women from particular ethnic groups. The committee agreed that the section of the guideline on maternal request caesarean birth which was being updated was not the correct place to include information about diagnostic overshadowing, and that it would be

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better placed in the section of the guideline on pain relief, and in the equivalent section about pain relief in the intrapartum care guideline. The committee therefore passed the comment to the NICE surveillance team but did not amend any of the recommendations on maternal request caesarean birth.

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 now state that maternal request caesarean birth should be available in all obstetric units and so should make it easier for all women or pregnant people to access maternal request caesarean birth.

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?

No, there is not potential for the changed recommendations 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?

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it easier for all women or pregnant people to access maternal request caesarean birth.

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

The rationale for the recommendation about who should perform a maternal request caesarean birth includes an explanation of why the committee made this change.

Updated by Developer: Hilary Eadon

Date: 06 June 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 12 June 2023