

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Caesarean 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?
<p>The recommendations on monitoring after the use of neuraxial opioids include advice to use pulse oximeters to measure oxygen saturation. The recommendations include information on the fact that pulse oximeters can overestimate oxygen saturation in people with dark skin.</p> <p>The committee has addressed this by adding additional advice that as hypoxaemia may not be detected in people with dark skin, close attention to respiratory rate and sedation may therefore be needed to detect respiratory depression. However, the committee agreed that this advice was to overcome the limitations with current pulse oximetry equipment and that ideally manufacturers of this equipment should be encouraged to develop pulse oximeters that work satisfactorily in people with dark skin.</p>

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
The advice about how to overcome the limitations of current pulse oximetry equipment for people with dark skin is explained in the rationale sections of the update.

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, but the limitations of pulse oximeters (described in 3.2 above) may make it more difficult for people with dark skin to be monitored effectively after the use of neuraxial opioids.

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 committee have made suggestions for alternative monitoring methods for people with dark skin, and will raise the limitations of pulse oximetry equipment in people with dark skin as a separate safety issue within the NHS.

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?

- Disability – one stakeholder raised a concern that, based on information in the 2021 LeDeR report, people with learning disabilities and autism may not report respiratory symptoms and therefore extra support and monitoring should be provided for this group. The committee agreed that the recommendations related to the regular monitoring of people by assessing their oxygen saturation, respiratory rate and sedation, so it will not require people to report respiratory symptoms. The committee noted that the 2021 LeDeR report relates to deaths in general and so does not reflect this situation after a caesarean birth where there is specific intensive monitoring of respiratory status in an acute care setting. The committee therefore did not amend the recommendations.
- Disability – one stakeholder 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.

Updated by Developer: Hilary Eadon

Date: 24 July 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 21 August 2023