

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Fetal monitoring in labour

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)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

No, the primary focus of the guideline is not a population with a specific communication or engagement need.

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

- Age – older women may be at a higher risk of complications during pregnancy and birth
- Disability – women with disabilities may have difficulty accessing services or birth settings
- Gender reassignment – the guideline will refer to ‘women’ but this should be

taken to include people who do not identify as women but who are pregnant or who have given birth

- Pregnancy and maternity – no potential equality issues identified (as the whole guideline is about pregnancy and birth)
- Race – women from a BAME background may be at a higher risk of complications during pregnancy and birth
- Religion or belief - no potential equality issues identified
- Sex - no potential equality issues identified
- Sexual orientation - no potential equality issues identified
- Socio-economic factors - women from disadvantaged backgrounds or poorer socio-economic groups may be at a higher risk of complications during pregnancy and birth and may find it more difficult to access services
- Women from other groups (for example, refugees, asylum seekers, migrant workers, people who are homeless) may also find it more difficult to access services.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

- Age – older women may be at a higher risk of complications during pregnancy and birth, and so may need to be considered as a sub-group when considering the safety and effectiveness of interventions or services. Separate recommendations may be needed for this group if the evidence allows.
- Disability – disabled women may need adaptations to equipment and procedures to account for their disabilities and ensure they can access services, which will need to be taken into account when making recommendations.
- Gender reassignment – the guideline will use inclusive language so it does not exclude people who do not identify as women but who are pregnant or who have given birth.
- Race – women from a BAME background may be at a higher risk of complications during pregnancy and birth, and so may need to be considered as a sub-group when considering the safety and effectiveness of interventions or services. Separate recommendations may be needed for this group if the evidence allows.
- Socio-economic factors – women from disadvantaged backgrounds or other women from backgrounds that make it more difficult for them to access services may need more support to access services, which will need to be taken into

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

account when making recommendations.

Completed by Developer: Hilary Eadon

Date: 17 December 2020

Approved by NICE quality assurance lead: Christine Carson

Date: 18 December 2020

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

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

- Age – stakeholders suggested that young women (aged under 21 years) may special consideration. Antenatal care and postnatal care for women under 20 is already covered in the NICE guideline on Pregnancy and complex social factors and the NICE guideline on Postnatal care. Intrapartum care for younger women may therefore need special consideration when making recommendations.
- Domestic abuse – stakeholders suggested that women who experience or are susceptible to domestic abuse may need special consideration. Antenatal care and postnatal care for women who experience domestic abuse is already covered in the NICE guideline on Pregnancy and complex social factors and the NICE guideline on Postnatal care. Intrapartum care for women who experience abuse may therefore need special consideration when making recommendations.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

Yes, some additional examples of groups who may need special consideration have been added to the scope.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

The primary focus of the guideline has not changed to include a group which would require special consideration of a specific communication or engagement need.

Updated by Developer: Hilary Eadon

Date: 22 February 2021

Approved by NICE quality assurance lead: Christine Carson

Date: 17 March 2021

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?

When reviewing the evidence for this update, the committee did not identify any evidence which suggested that different recommendations were required for women in any of the groups potentially affected by inequalities. The committee agreed that fetal monitoring would be offered to all women during labour depending on an assessment of their clinical risks and progress in labour. Likewise, when making editorial changes to the existing recommendations, the committee agreed that all women in labour would be monitored and their monitoring results assessed and acted on where necessary, and this would not be impacted by any potential inequalities.

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?

No other potential equality issues were identified during the editorial and evidence-based updates to this guideline.

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

As no potential equality issues were identified, there is no discussion of equality issues in the guideline documents.

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 preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups.

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?

There is not a 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?

Not applicable.

Completed by Developer: Hilary Eadon

Date: 11 July 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 12 December 2022

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?

- Race - the guideline used a scoring system for features of the CTG which was based on the early warning charts ('MEWS') used in the NHS and the resources being developed by the Avoiding Brain Injury in Childbirth Collaboration. These use 'white', 'amber' and 'red' classifications. Two stakeholders commented that the use of 'white' to equate with 'good' may have connotations from an equality perspective. The choice of colours reflected that used by the other scoring systems described above, and was based on the fact that the background colour of the chart is white. Using white (instead of the more traditional green) also prevents any confusion for people with green/red colour blindness.
- Disabilities – one stakeholder commented that women with pregnancy-related girdle pain may find it difficult to remain in a particular position to allow for fetal monitoring, including CTG. The guideline already included a recommendation on encouraging women to be mobile in labour and this has now been expanded to encourage women to find a position that is comfortable for them.
- Gender-specific language – one stakeholder commented that the term 'woman and birthing person' should be used throughout the guideline to include non-binary and transgender people. The NICE editorial team are already undertaking a review to determine how NICE should use more inclusive language in its guidelines and so this will be implemented across all guidelines when agreed. Currently, the information at the beginning of the guideline explains that the guideline includes people who do not identify as women but are pregnant or have given 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?

None of the changes to the recommendations have made it more difficult for a specific group to access services.

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 to the recommendations have the potential to have an adverse impact on people with disabilities, and in fact changes have been made to alleviate this (see section 4.1 above)

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?

Not applicable, as no barriers to access were identified in 4.2.

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

The modification to the recommendation relating to position of the woman (see 4.1) has been described in Table 2 (the changes table) in the guideline, as this was an editorial change to a previous recommendation.

Updated by Developer: Hilary Eadon

Date: 26 October 2022

Approved by NICE quality assurance lead: Christine Carson

Date: 1 November 2022