

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Intrapartum care

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
- Other definable characteristics (these are examples):
 - refugees
 - asylum seekers
 - migrant workers
 - looked-after children
 - people who are homeless
 - prisoners and young offenders

- no other potential equality issues identified. However, women in these groups may find it more difficult to access services and so may have had no/limited antenatal care but then would be considered under the NICE guideline on Intrapartum care for women with existing medical conditions or obstetric complications and their babies.

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.
- 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 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. This will be explained in the guideline and so will not require additional specific recommendations.

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

- 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.
- Socio-economic factors – women from disadvantaged backgrounds may need more support to access services, which will need to be taken into 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 need 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.
- Apgar scoring of babies at birth – stakeholders suggested that use of Apgar scoring at birth is not always appropriate for babies who are not white Caucasian, and editorial amendments to the guideline are planned to overcome this problem.

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 intrapartum care is provided to all women based on individualised 1-to-1 care and ongoing assessment of their clinical and personal needs, and therefore factors such as age or disability would be taken into account in the delivery of this individualised care.

As part of the planned editorial updates to this guideline it had been noted that the recommendations on the use of Apgar scores to assess a newborn baby may require adjustment to be applicable to non-white babies. The committee used their knowledge and experience to add an additional recommendation to the guideline explaining how the skin colour assessment of the Apgar score should be carried out.

As part of the update the committee revised the recommendations on care throughout labour and increased the emphasis in these recommendations, and in other recommendations throughout the guideline, on shared decision-making and supporting women's choices throughout labour. The committee also added an additional recommendation about communication which includes the use of culturally sensitive language, interpreters or adapted communication methods where necessary. However, it was noted that a large number of recommendations in the guideline required women to make decisions about care options during labour and the committee agreed that it would be useful if some of the discussions around options could start in the antenatal period. They therefore added a new recommendation (1.1.3) to advise this.

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?

The committee conducted an evidence review on the impact of BMI on intrapartum risk, and how this could inform decisions about place of care. The committee discussed that the BMI range representing a healthy weight may differ in women from different ethnic groups and therefore the definition of a BMI of 18.5 to 24.9 kg/m² as 'healthy' may not apply. However, the committee noted that the evidence used to determine rates of intrapartum risk included 12 to 16% of women from BAME backgrounds. As this

proportion is similar to that in the UK population the committee agreed that the evidence, and therefore the risk estimates, were representative of the overall population.

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

The considerations around the use of BMI in women from different ethnic groups have been discussed in evidence review A.

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: 4 April 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 20 April 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 – stakeholders raised the use of healthcare passports for people with autism or learning disabilities, and these are becoming more widespread and were not mentioned in the guideline. An amendment has been made to recommendation 1.4.8 on communication to include healthcare passports as an example of when communication may need to be adapted to meet people’s needs.
- Race – stakeholders commented that there were no separate recommendations on impact of BMI on place of birth for people from different races or ethnic backgrounds. The evidence was not available broken down by race so this was not possible, but this has now been stated in a footnote to the evidence tables in appendix B of the guideline and in the committee’s discussion of the evidence in evidence review A.

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?

No, the changes to the recommendations after consultation do not 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?

No, the changes to the recommendations after consultation have not led to the potential for the 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?

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?

- Disability – the amendment to recommendation 1.4.8 has been explained in the guideline changes table B
- Race – the fact that evidence was not available broken down by race has now been stated in a footnote to the evidence tables in appendix B of the guideline and in the committee's discussion of the evidence in evidence review A.

Updated by Developer: Hilary Eadon

Date: 17 July 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 21 August 2023

5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

GE requested that language be added to the guideline or the landing page to clarify why the guideline did not use gender inclusive language and referred to women only. The following text has therefore been added to the landing page for the guideline to explain this:

'NICE guidelines set out the care and services suitable for people with a specific condition or need, and people in particular circumstances or settings. We aim to improve quality by ensuring that people receive the best care and advice. Using inclusive language in healthcare is important for safety, and to promote equity, respect and effective communication with everyone. This guideline does not use inclusive language because it was developed before NICE's style change to use gender-inclusive language.

Healthcare professionals should use their clinical judgement when implementing recommendations, taking into account the individual's circumstances, needs and preferences, and ensuring all people are treated with dignity and respect throughout their care.'

Approved by Developer: Hilary Eadon

Date: 6 September 2023

Approved by NICE quality assurance lead: Christine Carson

Date: 11 September 2023