NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Diabetes in pregnancy: management from preconception to the postnatal period (NG3)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

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?
A number of equality issues were raised by stakeholders during draft guideline consultation: • Women from lower socio-economic groups are more likely to have higher BMI and will spend less time in target glucose range. As continuous glucose monitoring (CGM) enables better control, it is important to have clear guidance, consistent with RCT findings so those less able to argue for CGM are given the treatment with the best evidence for its use. The same applies for women where English is not their first language. • Translation of guidance into different languages will improve uptake and is likely to reduce inequalities faced. • Concerns were raised that the guidance will further increase existing healthcare inequalities. Only 15.9% of women with type 1 diabetes achieved the NICE glucose control targets (HbA1c <48mmol/mol) in early pregnancy. This means that almost 85% of women with type 1 diabetes do not achieve the NICE glucose targets. Women achieving target HbA1c <48mmol/mol are older (31.3 vs 29.8 years; p < 0.001) have lower BMI (25.7 vs 27.0 kg/m2; p < 0.001) and live in the least deprived areas. Only one in ten women living in the most deprived areas achieve target HbA1c levels compared to one in four women living in the least deprived areas (24% vs 9.9%; p < 0.001). • Unless the guidelines are revised to offer CGM to all pregnant women with type 1 diabetes, we anticipate that more educated, socio-economically

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advantaged, women will advocate for access to CGM and are very concerned that women living in the most deprived regions will be offered flash which has the potential to further increase existing healthcare inequalities. • To avoid further exacerbating healthcare inequalities and increasing clinic-to-clinic variations regarding CGM and flash, it was suggested that CGM be offered as first line therapy for all pregnant women with type 1 diabetes, and at the very least for all women with HbA1c >6.5% (48mmol/mol), based on the NPID data and CONCEPTT RCT eligibility criteria. These issues were considered by the committee and they also revisited the evidence. As a result, the committee redrafted the recommendation to state that CGM should be offered to all pregnant women with type 1 diabetes to help women achieve pregnancy glucose targets and better neonatal outcomes. This will also address the equality issues raised. Regarding the stakeholder comments on the translation of guidance into different languages, this was considered out of scope for this guideline update.

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?
There are no recommendations that make it more difficult in practice for a specific group to access services compared to other groups. The changes made to the guideline post consultation will increase access to CGM for all pregnant women with type 1 diabetes.

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?
Amendments made to the recommendations after consultation have not resulted in any adverse impact on people with disabilities accessing these products.

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?
The changes made to the guideline post consultation will increase access and alleviate barriers to CGM for all pregnant women with type 1 diabetes. The rationale for this change is detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

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 equality issues is detailed in the committee discussion sections of the evidence review and in the recommendation rationale and impact sections in the final guideline.

Updated by Developer: Susan Spiers

Date: 16/11/2020

Approved by NICE quality assurance lead: Christine Carson

Date: 27/11/2020