NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Diabetes in pregnancy

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

The quality standard uses the term 'women' throughout. This should be taken to include people who do not identify as women but who are planning a pregnancy or are already pregnant.

Older women and women from some minority ethnic groups have a higher prevalence of diabetes and are considered to be of greater risk of gestational diabetes.

It is also noted that women from lower socio-economic groups are more likely to have higher BMI. One in ten pregnant women living in the most deprived areas achieve target HbA1c levels compared to one in four women living in the least deprived areas.

These issues will be considered as the quality standard update is developed.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

No groups have been excluded at this stage.

Completed by lead technical analyst: Eileen Taylor

Date: 04/03/2022

Approved by NICE quality assurance lead: Craig Grime

Date: 17/03/2022

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Women from ethnic minority groups are more likely to have unplanned pregnancies and less likely to have a measure of long-term glycaemic control in the 6 months before pregnancy. Quality statement 1 therefore highlights that healthcare professionals should actively encourage these women to attend regular diabetes care reviews, where the importance of pregnancy planning can be emphasised.

It was noted that pregnant women with type 1 diabetes, or those who don’t have type 1 diabetes but are on insulin therapy, living in deprived areas are less likely to use real-time continuous glucose monitoring (rtCGM). This is also the case for Black and Asian pregnant women. Quality statement 3 therefore highlights the importance of services working closely with these groups to ensure that they are aware of the benefits of rtCGM and that they can access it and any additional equipment if they want to use it.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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 quality statements make it difficult for a specific group to access services.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

None of the quality statements have an adverse impact on people with disabilities.

### 2.5 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 questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

No additional recommendations or explanations have been identified at this stage.

Completed by lead technical analyst: Eileen Taylor

Date: 31/5/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 27/6/2022

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Quality statement 1 notes that self-reported levels of preparation for pregnancy amongst women with diabetes are lowest in the most deprived communities. It therefore highlights the need for healthcare professionals to actively encourage these women to attend regular diabetes care reviews, where the importance of pregnancy planning can be emphasised.

Quality statement 1 also highlights the importance of providing women with diabetes information about pre-conception planning that they can easily read and understand themselves or with support.

Quality statement 3 has been updated following stakeholder feedback to focus on pregnant women with type 1 diabetes being offered continuous glucose monitoring (CGM). It now also notes that pregnant women with a physical disability, a mental health related or learning disability may need additional support to use their CGM device. It also highlights actions for commissioners to take to address inequalities in CGM uptake.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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 adverse impact identified.

### 3.3 If the quality statements 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 adverse impact identified.

### 3.4 If the quality statements 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 questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

No additional explanations added, other than the information under 3.1.

Completed by lead technical analyst: Eileen Taylor

Date: 18/10/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 29/11/22

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No amendments requested

Completed by lead technical analyst: Eileen Taylor

Date: 16/12/2022

Approved by NICE quality assurance lead: Mark Minchin

Date: 16/12/2022

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