

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Antenatal and postnatal mental health

Output: Equality analysis form – Quality Standards Advisory Committee – meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Quality Standards Advisory Committee – meeting 2

Topic: Antenatal and postnatal mental health

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

In addition to the considerations identified at the topic overview development stage and meeting 1 of the Quality Standards Advisory Committee, living in a prison setting was identified as a factor that might impact on a woman's ability to access services to support their emotional wellbeing in pregnancy and the postnatal period. A future quality standard will be developed on health promotion and mental well-being of the prison population and offenders.

When tailoring psychological interventions to women's individual needs, health professionals need to ensure that assessments and interventions are culturally competent and that women are able to understand and communicate effectively. An independent interpreter should be provided if required. This is highlighted in the equality and diversity considerations section of quality statement 6.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to antenatal and postnatal public health have been recruited. The topic overview and request for areas of quality improvement was published and wide stakeholder comment invited, including from those with a specific interest in equalities. A wide variety of stakeholders also provided comments on the draft quality standard during a period of consultation.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

The quality standard will be relevant to all women with a mental health problem during pregnancy and in the postnatal period, whether or not it is accompanied by other illnesses, however it will not address separately or significantly the management of physical disorders during this period or psychiatric conditions outside of this period. This is in line with NICE clinical guideline 192 on antenatal and postnatal mental health which is the key development source for the quality standard. These areas will be covered by other quality standards.

Women who experience transient low mood (baby blues) during pregnancy and/or in the initial days following the birth of their child will not be covered. This is in line with NICE clinical guideline 192 on antenatal and postnatal mental health.

QS37 on postnatal health includes a quality statement about transient psychological symptoms ('baby blues') that have not resolved at 10–14 days after the birth. It states that women with these symptoms should be assessed for mental health problems. It also includes a quality statement about assessing women's emotional wellbeing, including their emotional attachment to their baby at each postnatal contact. This is also intended to support identification of any mental health problems in the postnatal period.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

Statement 1 concerns restricting the use of valproate to treat mental health problems in women of child-bearing potential because of risk of harm to the unborn child. Reference is made to MHRA guidance highlighting this risk and advocating its use in only exceptional circumstances.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

It is envisaged that the quality statements will advance equality.