

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CENTRE FOR CLINICAL PRACTICE

QUALITY STANDARDS PROGRAMME

Quality standard topic: Multiple pregnancy

Output: Equality impact assessment form – Topic Expert Group one

Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from www.nice.org.uk), NICE has a duty to take reasonable action to avoid unlawful discrimination and advance equality of opportunity. 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 assessment is also designed to achieve compliance with NICE's obligations under the Human Rights Act 1998.

Taking into account each of the equality characteristics in table 1, the form should be used to:

- confirm that equality issues have been considered
- 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:

- Selection of Topic Expert Group and Chair
- Topic Expert Group meeting one – creation of draft quality standard
- Topic Expert Group meeting two – creation of final quality standard.

Table 1

Equality characteristics^a
Sex/gender <ul style="list-style-type: none">• Women• Men
Ethnicity <ul style="list-style-type: none">• Asian or Asian British• Black or Black British• Mixed/multiple ethnic groups• Irish• White British• Chinese• Other minority ethnic groups not listed• Gypsy or Irish Travellers
Disability <ul style="list-style-type: none">• Sensory• Learning• Mental health• Cognitive• Mobility• Other impairment
Age^b <ul style="list-style-type: none">• Children and young people• Young adults• Older people
Sexual orientation <ul style="list-style-type: none">• Lesbians• Gay men• Bisexual people
Gender reassignment
Religion and belief
Marriage and civil partnership
Pregnancy and maternity

Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas) or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).

Other categories

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

^a This list is illustrative rather than comprehensive

^b Definitions of age groups may vary according to policy or other context

Quality standards equality impact assessment

Stage: Topic Expert Group one

Topic: Multiple pregnancy

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

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

There are no equality target groups identified at this stage, the multiple pregnancy quality standard applies to all women who are identified as having a twin or triplet pregnancy following ultrasound screening regardless of their equalities characteristics. The group does however recognize that there are groups of people who are less likely to access care throughout their pregnancy, such as those with complex social factors. The TEG will ensure that during the development of this quality standard any groups that may not actively access services are taken into account and necessary adjustments made.

2. Have relevant bodies and stakeholders been consulted?

- Have relevant bodies been consulted?
- Have comments from stakeholders that highlight potential for discrimination or advancing equality been considered?

To gain multiple perspectives from professionals and lay members with experience of multiple pregnancies, representation within the Topic Expert Group was sought from a variety of audiences including a consultant obstetrician, a midwife, a GP, lay members and a sonographer. Membership will be expanded following TEG one to include a neonatologist and additional midwife.

3. If exclusions exist at this stage in the process (for example, populations, treatments or settings) are these legal and justified?

- Are the reasons legitimate? (they do not discriminate against a particular group)
- Is the exclusion proportionate or is there another approach?

This quality standard is focused on the care of women with multiple pregnancies. The standard does will not apply to birth partners of these women. It will not cover the intrapartum, postnatal care or the management of any maternal and fetal complications that may be identified during a women's pregnancy. Intrapartum care and postnatal care will be covered by the production of further quality standards. This quality standard will not cover the care and management of singleton pregnancies as they are covered by the recently published antenatal care quality standard. The management of quadruplet and higher order pregnancies are also outside the scope of this standard and its associated source guidance.

4. Do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

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

Not applicable at this stage

5. Does the quality standard advance equality?

- Please state if the indicator as described will advance equalities of opportunity, for example by making access more likely for certain groups, or by tailoring the intervention to certain groups?

Not applicable at this stage.

