

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## HEALTH AND SOCIAL CARE DIRECTORATE

### QUALITY STANDARDS AND INDICATORS PROGRAMME

**Quality standard topic:** Multiple pregnancy

**Output:** Equality impact assessment form – Topic Expert Group two

#### Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from [www.nice.org.uk](http://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**

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

**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

<sup>a</sup> This list is illustrative rather than comprehensive

<sup>b</sup> Definitions of age groups may vary according to policy or other context

# Quality standards equality impact assessment

## Stage: Topic Expert Group two

### 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.

Antenatal services are available for all women with multiple pregnancies. Women with complex social needs may be less likely to access antenatal services early in their pregnancy therefore it is important that as soon as women are identified as having a multiple pregnancy they are seen by a specialist multidisciplinary core team.

Information and discussions undertaken with women on the risks and decisions that may be required during her pregnancy should be provided in a way that is understandable to all. This may involve providing information in different formats, languages or having an interpreter present at appointments.

**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 all stages of multiple pregnancies, representation within the Topic Expert Group was sought from a variety of audiences including a consultant obstetrician, an obstetrician, midwives, a GP, lay members, a sonographer, a neonatologist.

**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 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?

The statements do not prevent any specific groups from accessing interventions or tests. However, good communication between health and social care professionals and patients is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Patients should have access to an interpreter or advocate if needed.

**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?

These statements promote equality and a positive impact is expected for all groups of women.

**Approved and signed off:**

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**Jane Denton, Topic Expert Group Chair**

**Date: 07/03/13**

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**Nicola Bent, Associate Director – Quality Systems**

**NICE**

**Date:**

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**Tim Stokes, Consultant Clinical Adviser – Quality Systems**

**NICE**

**Date:**