

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Ectopic pregnancy and miscarriage

Output: Equality analysis form – 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: Meeting 2

Topic: Ectopic pregnancy and miscarriage

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.

Women over 40 show a higher risk than lower ages of having an ectopic pregnancy or miscarriage.

Women with medical conditions such as connective tissue disorders or diabetes are also at a higher risk of having a miscarriage

Maternal death attributed to ectopic pregnancies is more prevalent in women who do not access medical help readily, such as recent migrants, asylum seekers, refugees, or women who have difficult reading or speaking English, (NICE clinical guideline 154)

All equality issues have been considered during the development of the quality standard.

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, representation was sought from a variety of specialist committee members including gynaecologists, emergency medicine and general practice doctors, and academic and lay representation. The topic overview and request for areas of quality improvement have been published and wide stakeholder comment received, including from those with a specific interest in equalities. These suggested areas of quality improvement were then considered at the QSAC meeting attended by standing committee and specialist committee members.

The draft quality standard was published for a 4 week stakeholder consultation period between March 2014 and April 2014. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

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 cover ectopic pregnancy and miscarriage up to 13

completed weeks of pregnancy (as defined by NICE clinical guideline 154) and as such women who have an ectopic pregnancy or miscarriage after the first 13 weeks of pregnancy will be excluded.

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?

In statement 1 appropriate care may depend upon the ability of a woman to access services quickly which may be difficult for some groups of women, such as women who are recent migrants, asylum seekers, refugees, or women who have difficulty reading or speaking English. It is important to ensure that services are easily accessible to people from these groups.

Statements 2 and 3 focus on the use of transvaginal ultrasound in the diagnosis of miscarriage and ectopic pregnancy. This is an intrusive procedure and therefore healthcare professionals should provide information about the examination that reflects any religious, ethnic or cultural needs and takes into account learning disabilities, or difficulties in communication or reading. If at this point transvaginal ultrasound scans is unacceptable to the woman healthcare professionals should offer a transabdominal ultrasound scan, but explain the limitations of this method.

Women should be treated at all times with dignity and respect, and healthcare professionals will be aware that problems in early pregnancy can cause great distress for women and their partners. Healthcare professionals should take into account individual circumstances when giving support. Consideration should also be given to women who may have difficulty reading or speaking English or have cognitive impairment.

Throughout the quality standard all women should have the option to be examined by a female member of staff. This may be particularly important for women from certain cultural or religious groups.

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?

A positive impact is expected. We believe these statements promote equality.