NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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NICE quality standards

Equality impact assessment

Neonatal infection

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?

### Neonates born to vulnerable women may also be vulnerable. Women may be vulnerable for a variety of reasons, and vulnerability is defined in NICE CG110 (Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors). Examples of reasons why a woman might be vulnerable are because she is a victim of domestic violence, she speaks English as a second language (or not at all) or because of a pre-existing risk of inequality, such as age or disability (including cognitive disabilities such as learning difficulties). This group can have difficulty accessing services, may present late in pregnancy and may not present until in labour. This group also may have a lower rate of breast feeding which can be protective against neonatal infection. These areas will be considered during development of the quality standard.

### 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?

The quality standard will cover the use of antibiotics for the prevention and treatment of neonatal infection in newborn infants (both term and preterm) from birth to 28 days corrected gestational age only. This is appropriate, being consistent with the accepted definition of a neonate and therefore the period during which neonatal infection occurs.

Completed by lead technical analyst: Eileen Taylor

Date: 3/3/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 15/3/2023

### 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?

Gender-inclusive language has been used in statement 1 of this quality standard. This is the only quality statement where gender is referenced. This statement notes that pregnant women and pregnant people should be given intrapartum antibiotics as soon as possible if their baby is at risk of early-onset neonatal infection. This was discussed with the Quality Standards Advisory Committee and it was agreed that this statement is relevant for pregnant women and pregnant people.

One of the clinical indicators of early-onset neonatal infection is hypoxia, which can present as central cyanosis (a generalized bluish discoloration of the body and the visible mucous membranes). These symptoms may present differently depending on the baby’s skin colour. Other changes to skin colour can also be a symptom of neonatal infection, for example where the baby becomes very pale or dark yellow.

Quality statements 2 and 3 highlights the importance of healthcare professionals being aware of the ways symptoms may present differently depending on the baby’s skin colour, and how best to identify changes in skin colour on different skin tones, for example specific locations on the body to look for changes in colour. Quality statement 5 highlights the importance of giving parents and carers information that clearly explains how symptoms may present differently depending on the baby’s skin colour.

Some pulse oximeters can overestimate oxygen saturation levels in babies with dark skin, especially if the saturation level is borderline. Quality statement 3 highlights the importance of healthcare professionals being aware of this.

Stakeholders noted that there may be difficulties in accessing hospital treatment quickly for those who live in rural and remote geographical areas. The Quality Standards Advisory Committee focussed on the majority of cases, where treatment in hospital within 1 hour should be possible. However, it would be expected that healthcare services in such areas should ensure that protocols and plans are in place to ensure that any neonate with suspected neonatal infection can receive intravenous antibiotics promptly, whether this is in hospital or in another healthcare setting prior to being taken to a hospital.

Quality statement 5 also notes that parents and carers should be provided with information about neonatal infection that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. People should have access to an interpreter or advocate if needed. It notes that for people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) or the equivalent standards for the devolved nations.

### 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 identified.

### 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 identified.

### 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?

N/A

Completed by lead technical analyst: Eileen Taylor

Date: 05/06/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 23/06/2023

### 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?

Stakeholders noted that, whilst pulse oximeters have varied results on darker skin, their use is more accurate than a visual assessment alone for identifying low oxygenation. This additional information has been added to the equality and diversity considerations for quality statements 2 and 3.

### 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?

None of the changes made have been identified as making it more difficult for specific groups to access services.

### 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?

None of the changes made have been identified as having an adverse impact on people with disabilities.

### 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?

Stakeholders were asked at consultation about resources that can be used by healthcare professionals to help identify changes in skin colour related to neonatal infection on babies with darker skin. These resources have been linked in the equality and diversity sections of quality statements 2 and 3 for health care professionals. A resource has also been included under statement 5 for parents and carers.

Completed by lead technical analyst: Eileen Taylor

Date: 26/09/2023

Approved by NICE quality assurance lead: Mark Minchin

Date: 20/11/2023

### 4. After NICE Guidance Executive amendments

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

N/A

Completed by lead technical analyst: Eileen Taylor

Date: 17/01/2024

Approved by NICE quality assurance lead: N/A

Date: N/A