

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Equality impact assessment

Inducing labour (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

A number of equality issues were raised by the stakeholders and these have been addressed by the committee by making changes to the guideline, as follows:

1. The recommendation to induce certain groups of high risk women (those from black, Asian or other minority ethnic groups, those aged over 35, or those with a high BMI) was perceived by stakeholders as discriminatory. This recommendation has been removed and replaced by a recommendation to highlight the increased rate of stillbirth in black and Asian women, or those from deprived backgrounds.

2. The guideline refers throughout to woman/women and the stakeholders commented that this did not reflect the diversity of birthing people, who may not see themselves as female. The explanation provided at the beginning of the guideline to explain that the terms woman/women reflect all those who are pregnant or who have given birth has been revised by NICE to better explain the diversity of birthing people that the guideline relates to. However, the committee agreed that the majority of people being induced would identify as women and so did not change the word woman to birthing person throughout all the recommendations.

3. Induction of labour usually requires a longer hospital stay compared to spontaneous labour, and stakeholders commented that this impacts more on women and families from disadvantaged backgrounds or with more complex social needs, as travel costs for visitors and childcare costs may pose a greater problem. The committee did not think any changes to the recommendations were necessary to address this, but have added it to their discussion of the evidence in Evidence review C.

4.2 If the recommendations have changed after consultation, are there any recommendations 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?

Several recommendations have been amended, based on stakeholder feedback, to state that decisions should be recorded in women's notes so that they are not asked to revisit decisions unnecessarily. However, another stakeholder commented that there may be women, such as recent migrants, whose obstetric history is not available. The committee thought this was a wider issue which could apply to any woman whose obstetric history is not recorded in NHS notes (for whatever reason) or whose notes are not available. However, the committee decided not to change their recommendations as it is good practice to record decisions in patient notes, and would help the majority of women whose notes were available.

4.3 If the recommendations 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?

The recommendations that have been changed are not likely to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

4.4 If the recommendations 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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

The committee agreed that they had amended recommendations to address the issues identified in 4.1 and that, for the issue raised in 4.2, more time may be needed in consultations with migrant women with no obstetric notes to allow a detailed history to be taken.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

The committee's considerations of equality issues described in question 4.1 have been described as follows:

1. In the rationale section for the recommendations on induction of labour for pregnancies lasting longer than 41 weeks, and in the committee's discussion of the evidence in Evidence review C.
2. The standard NICE text at the beginning of the guideline describing what the guideline covers has been amended.
3. In the committee's discussion of the evidence in Evidence review C.

Updated by Developer: Hilary Eadon

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Approved by NICE quality assurance lead: Christine Carson

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