

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Nursing and maternity
<b>Service Area</b>	Maternity

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	1216 Gestational Diabetes Mellitus Guideline
----------------------------------------------------------------------	----------------------------------------------

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

**Aim** The aim of this document is to:

To provide guidance to all health professionals in the care provision of women with diabetes in pregnancy within all locations of Hywel Dda University Health board

**Objectives**

The aim of this document will be achieved by the following objectives:

- Identify GDM in patients with risk factors at booking, or where features of concern develop.
- Give optimum care to women with diabetes during pregnancy through monitoring of maternal and fetal well-being.
- Appropriate decisions regarding timing and mode of birth, taking maternal preferences into account. •
- Support management of glycaemic control when pregnant patients with diabetes are admitted to the obstetric unit.
- To advise and support the diabetes patient in making informed choices and decisions to optimise their long-term health.

**Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)**

Factors that have been shown to increase the risk of Gestational Diabetes Mellitus (GDM), overlap those associated with type 2 diabetes risk for example: obesity(BMI  $\geq 30$ ), advancing maternal age, a previous pregnancy complicated by GDM, polycystic ovary syndrome, non-white ethnicity, previous macrosomic baby (> 4000 g) and a family history of type 2 diabetes mellitus (T2DM))

Hyperglycaemia during pregnancy is associated with adverse risk including increased neonatal adiposity, preeclampsia, shoulder dystocia and mechanical injuries during birth, resulting in fractures and nerve palsies Moreover, women with GDM have an increased lifetime risk of developing T2DM and children of women exposed to in utero hyperglycaemia are predisposed to obesity and diabetes in later life.

However Socioeconomic deprivation was not associated with incidence of GDM or adverse perinatal outcomes. Factors such as genetic predisposition and lifestyle habits may likely play a larger role in the development of GDM compared to socioeconomic deprivation alone.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-17261-8>

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)**

<b>Age</b>					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Women and Birthing people of all ages will be treated equally in accordance with this guideline. The age of the person does not impact the care that they will receive when using this guideline					
<b>Disability</b>					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Women and Birthing people who may have a disability will be treated equally in accordance with this guideline. The disability of the person does not impact the care that they will receive when using this guideline					
<b>Gender Reassignment</b>					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
All people who may intend to undergo, or do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth will be treated equally in accordance with this guideline. The gender identity of the person who is birthing does not impact the care that they will receive when using this guideline.					
<b>Marriage / Civil Partnership</b>					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
This group is only in relation to workplace and employment and therefore has no relevance when using this guideline.					
<b>Pregnancy and Maternity</b>					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
This guideline has a positive impact as it is specifically for women and birthing people who may require the care and procedures discussed within this guideline					
<b>Race / Ethnicity</b>					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>

All Women and Birthing people will be treated equally in accordance with this guideline. Race and Ethnicity does not impact the care that they will receive when using this guideline, each patients care will be tailored to suit their specific needs.

**Religion or Belief**

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

All women irrespective of religion or belief will be treated equally in accordance with this guideline. Religion or beliefs does not impact the care they will receive if care they require is within this guidance.

**Sex**

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

This guideline is for the care of women and birthing people

**Sexual Orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Women and Birthing people of any sexual orientation will be treated equally in accordance with this guideline. Sexual orientation does not impact the care that they will receive when using this guideline.

**Armed Forces Community**

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

All Women and Birthing people whom may be of the armed forces community will be treated equally in accordance with this guideline. Being part of the Armed Forces community does not impact the care that they will receive when using this guideline

**Socio Economic Duty**

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

All Women and Birthing people will be treated equally in accordance with this guideline. The Socio economic status of the person does not impact the care that they will receive when using this guideline

**Welsh Language**

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

Women and Birthing people who speak Welsh will be treated equally in accordance with this guideline. The language of the person wishes to use will not impact the care that they will receive when using this guideline, the same opportunity will be given to them to use the Welsh language.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](https://sharepoint.com)

Screening Completed by:	Name	Liza Rose
	Title	Midwife sonographer
	Contact details	Liza.Rose@wales@nhs.uk
	Date	22/04/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Cerian Llewellyn
	Title	Head of Midwifery
	Contact details	Cerian.Llewellyn@wales.nhs.uk
	Date	22/04/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	<a href="mailto:Kylie.daniels@wales.nhs.uk">Kylie.daniels@wales.nhs.uk</a>
	Date	22/05/2026
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate’s responsibility to update the EqIA and inform the D&I team.**