Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	04/12/23
Screening conducted by (name and email address):	Cerian Llewellyn Cerian.Llewellyn@wales.nhs.uk
Title of programme, policy or project being screened:	All Wales Preterm Birth Guidance

Description of the programme/policy/project being screened (including key aims and objectives)

A guideline to provide safe care and management of high-risk women and birthing people who are at an increased risk of a preterm birth

8% of all births will occur before 37 completed weeks of gestation. 70% of these are spontaneous following onset of spontaneous contractions or preterm prelabour rupture of membranes (PPROM). Preterm birth is the biggest cause of neonatal morbidity and mortality in the UK1. Most women who present with threatened preterm labour will go on to deliver at term, even in the absence of intervention. It is essential to recognise those women who are at the highest risk in to target interventions to those who will benefit the most, minimising unnecessary treatment.

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

The MBRRACE (Mothers and Babies Reducing Risk through Audit and Confidential Enquiry) report which looked at inequality and adverse outcomes for women from Black and Asian backgrounds and found that adverse outcomes were 4 times and twice as likely respectively.

Jardine, J., Walker, K., Gurol-Urganci, I., Webster, K., Muller, P., Hawdon, J., ... & van der Meulen, J. (2021). Adverse pregnancy outcomes attributable to socioeconomic and ethnic inequalities in England: a national cohort study. *The Lancet*, *398*(10314), 1905-1912.

The results indicate that socioeconomic and ethnic inequalities were responsible for a substantial proportion of stillbirths, preterm births, and births with FGR in England. The largest inequalities were seen in Black and South Asian women in the most socioeconomically deprived quintile. Prevention should target the entire population as well as specific minority ethnic groups at high risk of adverse pregnancy outcomes, to address risk factors and wider determinants of health.

There is a paucity of evidence from the UK in relation to preterm birth and ethnicity, therefore the evidence was reviewed from further afield. Evidence from USA stated that Black infants are 50% more like to be born preterm and twice as likely to be born very preterm, therefore a guideline to reduce the likelihood of inequalities is seen as a positive step forward

Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2019. *NCHS Data Brief*. 2020;(387):1-8

Vogel et al. (2018) The global epidemiology of preterm birth. Best Practice & Research Clinical Obstetrics & Gynaecology

The risk of preterm birth appears higher in both adolescent pregnancies and advanced maternal age. A meta-analysis of cohort studies found that nulliparous women below 18 years of age had the highest risk of preterm birth across

A 2013 systematic review assessed the association between ethnic groups and preterm birth and reported an odds ratio (OR) of 2.0 (95% CI: 1.8–2.2) for black ethnicity; no significant associations were seen for Asian, Hispanic, or Caucasian women

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	x		
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	X		
Gender Reassignment Consider the potential impact on individuals who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a	X		

different gender from their gender at birth			
Marriage / Civil Partnership This also covers those who are not married or in a civil partnership.			X
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			X
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	X		
Religion or Belief The term 'religion' includes a religious or philosophical belief.			X
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			X
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			X

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
Armed Forces Community Consider 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**			X
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 resource please see: more-equal-wales-socio-economic-duty			X
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.			X

Summary of Potential Impacts Identified

Positive Impacts

The guideline aims to improve outcomes for women and birthing people with pre-existing medical conditions or complications that developed during the pregnancy.

The guideline will promote a consistent and improved approach to identifying risks for preterm labour and birth and the management of women and birthing people confirmed to be in preterm labour and will aim to reduce adverse outcomes, particularly for the neonate.

The screening identified that following a systematic review of the available data, women of black ethnicity, as well as well as those women of advanced maternal age (over the age of 40) and adolescent women are also at an increased risk

It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth, all women and birthing people will be asked during the booking appointment as to their chosen pronoun and gender identity to promote inclusion and individualized care.

Evidence from national data was reviewed and highlighted that that socioeconomic and ethnic inequalities were responsible for a substantial proportion of stillbirths, preterm births, and births with fetal growth restriction in England. Sadly some deaths were related complications of being born preterm. The largest inequalities were seen in Black and South Asian women in the most socioeconomically deprived quintile. Prevention should target the entire population as well as specific minority ethnic groups at high risk of adverse pregnancy outcomes, to address risk factors and wider determinants of health. This guideline aims to provide individualized care to women during pregnancy in order to identify those at an increased risk of preterm birth, it will also aim to provide consistent high quality care to women confirmed to be in preterm labour to improve outcomes for women, birthing people and their babies.

The screening also acknowledged that although not at an increased risk of preterm birth per say, the Health Board also provides care to a number of women and birthing people either with a diagnosed or undiagnosed learning difficulty or disability and again this highlights the importance of individualized care. The Health Board has developed an individual "Maternity Passport" for women who identify that they may require additional support around communication, including autistic people. The passport is designed to help autistic people and those with communication issues in communicating their needs with health care professionals in a way that best suits them. This helps to ensure that care is equitable.

Negative Impacts

Nil identified.

Has the screening identified any negative impacts? **If yes, a full Equality Impact Assessment will need to be undertaken.**		No

If No negative impacts were identified, please give full justification here

This is a clinical guideline to provide consistent advice and care to women and birthing people at an increased risk of a preterm birth. The screening identified that women and birthing people from marginalised backgrounds are at an increased risk of preterm birth, the guideline has taken this into consideration and the Maternity Service has delivered additional training to ensure there is increased education amongst clinicians about women and birthing people most at risk of preterm birth. The service has delivered additional training during the Multi-Disciplinary Training sessions on equality and inclusion which was delivered by the Clinical Supervisors for Midwives and also during the “Cuppa Conversations” which is a series of MDT training sessions aimed at highlighting the barriers faced by marginalised women and birthing people and helping to understand how the barriers can be overcome. In providing additional training the service has helped to reduce the likelihood of the guideline having a negative impact on women and birthing people with protected characteristics.

Screening Completed by:	Name	Cerian Llewellyn
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	Date	21/01/24
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	Date	21/01/24
Seen by Diversity & Inclusion Team:	Name	Alan Winter
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