

## 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 Midwifery
<b>Service Area</b>	Midwifery and Obstetrics

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	All Wales Guideline for Maternity Transfers from Community and Freestanding Midwifery Units
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

This adopted guideline aims to cover instances where transfer is required from community or a Free-Standing Midwifery Unit (FMU).

Objective:

This document provides;

- Detail to support communication and provision of information for women and families in relation to transfer in labour or shortly following birth.
- A process for managing transfer of women and neonates receiving maternity care in FMU or in the community in Wales, including assessment of appropriate mode of transport.
- Principles for safe transfer
- Detail to support robust communication with ambulance services when required.
- Process for escalation when a call is not graded as expected
- Detail in relation to escalation within WAST
- Detail to support communication with the ambulance services in relation to pre-birth planning.
- Principles for reporting, auditing and monitoring

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

The All-Wales Midwifery-Led Care Guidelines outline clinical reasons where exiting midwifery led care and possible transfer in labour or the immediate postnatal period for maternal, fetal or neonatal reasons may be warranted, these are varied, and the majority are not for life threatening emergencies.

National data suggests that the chance of intrapartum transfer is 36-45% for first time mothers in labour or immediately after birth from home or Free-Standing Midwifery Unit (FMU). This rate falls to 9-12% for subsequent births.

During the COVID-19 pandemic there was national concern around the potential impact of COVID-19 on Ambulance resources and there have been further challenges in response times to maternity services from Welsh Ambulance Service NHS Trust (WAST) predominantly related to lost hours due to delayed handover at hospitals. This has threatened the ability to transfer women and/or babies for appropriate medical review and care when required. In very rare cases this delay may increase morbidity/mortality linked with delayed treatment.

There is currently no accepted standard in relation to reasonable transfer times for maternity cases. The risk potential of any individual delay (there is no nationally recognised definition of a delay in maternity services) in transferring a maternity case is unknown. In most cases, it is predicted it would not lead to harm as most transfers are for non-urgent clinical indications and around 6% of transfers are considered emergency transfers for life threatening events.

Robust communication between maternity and ambulance services is essential to enable timely transfer between settings when required. In some instances, there will also be the need to communicate between services in relation to cases during pregnancy to ensure good multidisciplinary working and appropriate information sharing.

Refernces :

NPEU (2011) Hollowell J, Puddicombe D, Rowe R, Linsell L, Hardy P, Stewart, M et al. The Birthplace national prospective cohort study. Perinatal and maternal outcomes by planned place of birth. Birthplace in England research programme. Final Report4. NIHR service delivery and organization programme; 2011.

Rowe, R, Townsend, J, Brocklehurst, P., Knight, M., McCourt, C., Newman, M., Redsham, M., Sandall, J., Silverton, L. & Hollowell, J.(2013) Duration and urgency of transfer in births planned at home and in freestanding midwifery units in England: Secondary analysis of the birthplace national prospective cohort study. BMC Pregnancy and Childbirth 13:224 retrieved from <http://www.biomedcentral.com/1471-2393/13/224>

**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"/>
All Women and Birthing people will be treated equally in accordance with this guideline. The employment and workplace of those who are legally married or in a civil partnership will not be impacted as a result of 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				

**Race / Ethnicity**  
 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		Negative Impact		No Impact	x
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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

**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		Negative Impact		No Impact	x
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All Women and Birthing people will be treated equally in accordance with this guideline. Religion or Beliefs do not impact the care that they will receive when using this guideline

**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		Negative Impact		No Impact	x
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This guideline is for the care of women and birthing people who may require maternity transfer only.

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

Positive Impact		Negative Impact		No Impact	x
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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		Negative Impact		No Impact	x
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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	x	Negative Impact		No Impact	
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Women and birthing people who are of Black, Asian ethnic backgrounds, who reside within areas of social deprivation and who are considered vulnerable are more likely to have complex/ high risk pregnancies, labour and puerperium resulting in poorer outcomes (MBRRACE 2023)

This guideline will have a positive impact for those women who have chosen to have home confinement or birth in a MLU and require a maternity transfer discussed within 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		Negative Impact		No Impact	x
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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.

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 \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Liza Rose
	Title	Midwife Sonographer
	Contact details	Liza.Rose@wales.nhs.uk
	Date	07/11/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Faith Worrall
	Title	Clinical Risk Midwife
	Contact details	Faith Worrall@wales.nhs.uk
	Date	07/11/2024
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	03/12/2024

Diversity and Inclusion Team additional Comments:	
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**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.**