

## 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 have 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.**

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

<b>Date of commencement of Screening Assessment:</b>	<b>28/03/24</b>
<b>Screening conducted by (name and email address):</b>	<b>Gina M Davies</b> <a href="mailto:Gina.davies2@wales.nhs.uk">Gina.davies2@wales.nhs.uk</a>
<b>Title of programme, policy or project being screened:</b>	<b>Assessment of maternity patients for ambulation with epidural analgesia</b>

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

The aim of the guideline is to provide safety guidance to midwives caring for women that have or are considering epidural analgesia for labour and birth and wish to ambulate as well as provide recommendations for maternal positioning during labour and birth to optimise physiology, promote normal birth and reduce damage to pressure areas in patients with epidural analgesia.

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

In 2020 approximately one quarter of women that birthed in Wales received an epidural in labour, this equates to over seven thousand individuals (Welsh Government, 2022).

Welsh Government (2022, October 11). *Maternity and birth statistics: 2020*. Welsh Government Statistics. <https://gov.wales/maternity-and-birth-statistics-2020.html>

Royal College of Midwives (RCM) (2018) and National Institute Care Excellence (NICE) (2017) advise that women should be supported to mobilise during labour and birth, adopting a comfortable position without restriction from medical equipment or analgesics.

The Royal College of Midwives. (2018). *Midwifery care in labour guidance for all women in all settings*. RCM Midwifery Blue Top Guidance Number 1. RCM. National Institute for Health and Care Excellence. (2017). *Intrapartum care for healthy women and babies (CG190)*. NICE. <https://www.nice.org.uk/guidance/cg190>

Women report more positive experiences when they are supported by their care providers to have autonomy and choice over the positions they chose to labour and birth (Consultant Midwives Cymru, 2017).

Consultant Midwives Cymru. (2017). *Your birth – We care: A survey exploring women’s experience of pregnancy and birth in Wales*. Welsh Government.

Women that mobilise during labour report feeling less pain and require less regional anaesthesia, the longer women are exposed to epidural analgesia, the

less likely they are to achieve spontaneous vaginal birth (Garcia-Lausin et al., 2019).

Garcia-Lausin, L., Perez-Botella, M., Duran, X., Mamblona-Vicente, M.F., Gutierrez-Martin, M.J., Gómez de Enterría-Cuesta, E., & Escuriet, R. (2019). Relation between Length of Exposure to Epidural Analgesia during Labour and Birth Mode. *International Journal of Environmental Research and Public Health*. 16(16) 2928. doi: 10.3390/ijerph16162928. PMID: 31443209; PMCID: PMC6720813.

It is recommended by the RCOA (2022) that any hospital trust which provides epidural analgesia for obstetric use should have access to a maternity guideline however there is no maternity specific epidural policy within Hywel Dda. The epidural guideline provided by Hywel Dda is aimed at nursing patients in a critical care setting. A significant proportion of women receive epidural analgesia and are currently unable to be safely assessed for ambulation, maternity staff are relying on clinical judgement, therefore this guideline is a reasonable addition targeted at maternity patients.

Royal College of Anaesthetists. (2022). *Guidelines for the provision of anaesthesia services for an obstetric population 2022* (Chapter 9). Royal College of Anaesthetists. <https://www.rcoa.ac.uk/gpas/chapter-9>

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

Group	Positive Impact	Negative Impact	No Impact
<b>Age</b> Is it likely to affect older and younger people in different ways or affect one age group and not another?			X
<b>Disability</b> Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	X		
<b>Gender Reassignment</b> Consider the potential impact on individuals 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>	X		
<b>Marriage / Civil Partnership</b>			X

This also covers those who are not married or in a civil partnership.			
<b>Pregnancy and Maternity</b> Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			X
<b>Race / Ethnicity</b> People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	X		
<b>Religion or Belief</b> The term 'religion' includes a religious or philosophical belief.			X
<b>Sex</b> 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
<b>Sexual Orientation</b> 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
<p><b>Armed Forces Community</b>            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.’</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:  <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a></p>			X
<p><b>Socio Economic Duty</b>            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.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see:  <a href="#">more-equal-wales-socio-economic-duty</a></p>			X
<p><b>Welsh Language</b>            Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>	X		

## Summary of Potential Impacts Identified

### Positive Impacts

The guideline aims to support positive experiences for women as well as potentially reduce the need for interventions. The guideline provides consistency in the safe assessment of women suitable for ambulation as well as advice on further management should any concerns be identified during ambulation. Currently there is no assessment tool and staff use clinical judgment which can result in staff feeling unsupported should there be an adverse outcome additionally, some staff may be hesitant to offer ambulation without the availability of a risk assessment thus leaving some women at a disadvantage.

This guideline can support women that have a range of disabilities and learning difficulties as it allows them more freedom to move thus, supporting their individual preferences and ensuring equitable care.

Evidence shows that there is a disparity in how women are treated based on their socioeconomic and ethnic status, this is more prevalent around the time of birth. This guideline provides a standardisation tool for assessment which will enable women to equal care opportunities.

There is a patient information leaflet which has been developed and is available through the medium of Welsh which highlights some suggestions for mobile labour and birth, there is also a section which is relevant for women that are unable to ambulate and are restricted to bed, some of this information is contained within the appendix for the guideline. Therefore, opportunities for Welsh speaking service user have been considered and supported where possible.

### Negative Impacts

None identified.

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

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

This guideline provides a consistent approach to assessment and care of women that wish to ambulate during labour while using epidural analgesia.

The screening identified that there is a significant number of women in Wales that opt for epidural analgesia and that healthcare providers should support women's choices to mobilise. It was also identified that supporting women to mobilise during labour and birth increases positive patient experiences. In a recent health board service user survey, more than 70% of women reported being able to mobilise in labour was important to them and a staff survey conducted in 2021 recognised epidural analgesia as being a key barrier to mobilisation in labour. This guideline is able to provide more opportunity to ambulate with a safe and consistent risk assessment as well as supporting the maternity staff providing care.

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