

## 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> | 612. Umbilical Cord Presentation and Prolapse Guideline |
|--|---|

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

For guidance of health care professional in maternity areas/setting within Hywel Dda University Health Board when presented with a clinical emergency of cord presentation, vasa praevia or cord prolapse.

The aim of this guideline will be achieved:

- Provide evidence-based guidance.
- Standardise the recognition, management, and documentation of Cord Prolapse, cord presentation and vasa praevia and Cord Prolapse in the hospital and community settings.

Although very uncommon delay in recognition or implantation of appropriate management has severe adverse effects including fetal birth asphyxia and perinatal death.

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

Cord prolapse is an acute obstetric emergency with an increased risk of perinatal morbidity and mortality. The mechanism of fetal demise is via near or total acute asphyxia, either as a result of mechanical compression of the cord by the fetal presenting part, or vasospasm of vessels. Favourable perinatal outcome is majorly dependent on the time interval from diagnosis of umbilical cord prolapse to delivery (Obeidat et al., 2010).

Cord presentation is the presence of the umbilical cord between the fetal presenting part and the cervix, with or without intact membranes. The combination of ruptured membranes and cord presentation during labour precedes an inevitable cord prolapse, as cervical dilation progress.

Vasa praevia may be diagnosed during early labour by vaginal examination, detecting the pulsating fetal vessels inside the internal os, or by the presence of dark-red vaginal bleeding and acute fetal compromise after spontaneous or artificial rupture of the placental membranes. The fetal mortality rate in this situation is at least 60% despite urgent caesarean delivery. However, improved survival rates of over 95% have been reported where the diagnosis has been made antenatally by ultrasound followed by planned caesarean section (RCOG GTG 27b,2018).

Despite the identification of several risk factors for umbilical cord prolapse, the predictive ability of each of these individual factors in clinical practice is low (Obeidat, et al.. 2010) and most of these risk factors are largely unavoidable (Dilbaz et al., 2006).

Developing the guideline is to use best practice to standardise the recognition, management, and documentation, of Cord Prolapse, cord presentation and vasa praevia and Cord Prolapse in the hospital and community settings.

**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 |
|   |                          |                 |                          | x         |
| 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 |
|   |                          |                 |                          | x         |
| 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 |
|   |                          |                 |                          | x         |
| 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 |
|   |                          |                 |                          | x         |
| The workplace or employment of those in a marriage or civil partnership will not be impacted as a result of this guidance.  |                          |                 |                          |           |
| <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   | x                        | Negative Impact | <input type="checkbox"/> | No Impact |
|   |                          |                 |                          |           |
| 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 |
|   |                          |                 |                          | x         |
| 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   |                          |                 |                          |           |
| <b>Religion or Belief</b>   |                          |                 |                          |           |
| 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 |
|   |                          |                 |                          | x         |
| 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  |                          |                 |                          |           |
| <b>Sex</b>  |                          |                 |                          |           |
| 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 |
|   |                          |                 |                          | x         |
| This guideline is for the care of women and birthing people   |                          |                 |                          |           |
| <b>Sexual Orientation</b>   |                          |                 |                          |           |
| 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 |
|   |                          |                 |                          | x         |
| 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.  |                          |                 |                          |           |
| <b>Armed Forces Community</b>   |                          |                 |                          |           |
| 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:<br><a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>  |                          |                 |                          |           |
| Positive Impact   | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/> | No Impact |
|   |                          |                 |                          | x         |
| 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.  |                          |                 |                          |           |
| <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.   |                          |                 |                          |           |

|   |                          |                 |   |
|---|--------------------------|-----------------|---|
| For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:<br><a href="#">more-equal-wales-socio-economic-duty</a>  |                          |                 |   |
| Positive Impact   | <input type="checkbox"/> | Negative Impact | <input type="checkbox"/>                      |
| All Women and Birthing people will be treated equally in accordance with this guideline. The Sociological status of the person does not impact the care that they will receive when using this guideline                  |                          |                 | No Impact <input checked="" type="checkbox"/> |
| <b>Welsh Language</b><br>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"/>                      |
| Women and Birthing people whom 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. |                          |                 | No Impact <input checked="" type="checkbox"/> |

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

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|--|-----------------|--|
| Screening Completed by:  | Name            | Liza Rose  |
|  | Title           | Midwife Sonographer  |
|  | Contact details | Liza.Rose@wales.nhs.uk   |
|  | Date            | 14/02/2025   |
| Screening Authorised by:<br>(Directorate level owner of the procedures/ proposals/ projects/ policy) | Name            | Faith Worrall  |
|  | Title           | Interim Lead for Clinical Risk   |
|  | Contact details | Faith.Worrall@wales.nhs.uk   |
|  | Date            | 14/02/2025   |
| 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            | 14/02/2025   |
| 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.**