

## 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>	Maternity

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	640. Repair of Perineal Trauma, Episiotomy including Management of 3rd and 4th Degree Tears (Obstetric Anal Sphincter Injuries OASIs) Guideline.
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The guideline aims to ensure appropriate and consistent care and management of perineal trauma. Obstetric anal sphincter injuries (OASI) are caused by perineal trauma during vaginal birth. Long-term morbidity associated with anatomically incorrect approximation of wounds or unrecognised trauma to the external anal sphincter can lead to major physical, psychological, and social problems for the woman.

The aim is to support the identification and management of third and fourth degree perineal tears (OASI) ensuring that women receive consistent care following OASI. This will be achieved when the following objectives are met:

- Correct identification of perineal trauma
- Correct repair of perineal trauma – specifically 3rd and 4th degree tears
- Correct information for women in the postnatal period
- Correct information for women in subsequent pregnancies

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

Obstetric anal sphincter injuries (OASI) are caused by perineal trauma during vaginal birth. Also referred to as third- and fourth-degree perineal tears, these injuries involve the anal sphincter complex and, in more severe cases, anal mucosa. OASI is a leading risk factor for subsequent loss of bowel control (flatus and/or faeces) in women and perineal damage can have a major adverse impact on women's health and mismanagement of perineal trauma is a source of obstetric litigation. Long-term morbidity associated with anatomically incorrect approximation of wounds or unrecognised trauma to the external anal sphincter can lead to major physical, psychological, and social problems for the woman

As OASIs remain the most common cause of faecal incontinence in women, it is imperative that an accurate diagnosis is made in the immediate postpartum period, followed by an appropriate repair. As the initial repair is associated with the best outcome, obstetricians need to be skilled in the accurate assessment and techniques of repair.

The OASI 2 Care Bundle has been developed between the RCOG, the RCM and The Health Foundation to reduce the risk of OASI at vaginal births. All women should be offered the 4 components of the OASI Care Bundle to reduce their risk of injury.

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**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 EqIA must be undertaken:** [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](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 and support 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 care they receive will not be impacted due to their disability.					
<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 and support 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 not relevant for 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	<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 support 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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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All people regardless of race, nationality ethnic origin or colour will be treated equally in accordance with this guideline as it does not impact the care or support 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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Women and Birthing people of all religion and belief will be treated equally in accordance with this guideline. The religion and belief of the person does not impact the care or support that they will receive when using this guideline, each patient's care will be tailored to suit their specific needs.

**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"/>
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This guideline is for the care of women or birthing women who are having a baby.

**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"/>
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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	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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All Women and Birthing people who 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"/>
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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 or support 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"/>
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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, 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 \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Liza Rose
	Title	Midwife Sonographer
	Contact details	Liza.Rose@wales.nhs.uk
	Date	12/11/2025
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	12/11/2025
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	25/11/2025
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.**