

## 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>	655 Assisted Vaginal Birth
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

Adoption of RCOG Green Top Guideline no.26. Assisted Vaginal Birth.  
 This guideline is to provide evidence-based recommendations on the use of forceps and vacuum extraction for both rotational and non-rotational assisted vaginal birth with the aim of standardising care in line with RCOG recommendations. Whilst this guideline gives a generalised approach it is important to recognise that each woman's care should be individualised for her unique situation.

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

Assisted vaginal birth by vacuum or forceps is used to assist birth for maternal and fetal indications. In the UK, between 10% and 15% of all women give birth by assisted vaginal birth.

Almost one in every three nulliparous women gives birth by vacuum or forceps, with lower rates in midwifery-led care settings. ,There has been a rise in the rate of caesarean births in the second stage of labour; this may reflect concerns about assisted vaginal birth morbidity or a loss of clinical skills. The majority of births by vacuum and forceps, when performed correctly by appropriately trained personnel, result in a safe outcome for the woman and baby. 5Women who achieve an assisted vaginal birth rather than have a caesarean birth with their first child are far more likely to have an uncomplicated vaginal birth in subsequent pregnancies.

However, obstetricians, midwives and neonatologists should be aware that serious rare complications, such as subgaleal haemorrhage, intracranial haemorrhage, skull fracture and spinal cord injury, can result in perinatal death and that these complications are more likely to occur with mid pelvic, rotational and failed attempts at assisted vaginal birth. The alternative choice of a caesarean birth late in the second stage of labour can be very challenging and result in significant maternal and perinatal morbidity.

As a result, complex decision making is required when choosing between assisted vaginal birth and second-stage caesarean birth.

*RCOG Green Top Guideline no.26. Assisted Vaginal Birth.2020*

**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 \(EqlAs\) \(sharepoint.com\)](http://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
Women and Birthing people of all ages will be treated equally in accordance with this guideline. Disability 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
All Women and Birthing people will be treated equally in accordance with this guideline. Being legally married or in a civil partnership does not impact the care that they will receive when using 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	x	Negative Impact	<input type="checkbox"/>	No Impact
This guideline has a positive impact as it is specifically for pregnant women and birthing people who may require the care 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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
All Women and Birthing people will be treated equally in accordance with this guideline. Race and Belief does 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	<input checked="" type="checkbox"/>
This guideline is for the care of women and birthing people who are pregnancy and require the care detailed within this guideline .					
<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	<input checked="" type="checkbox"/>
All 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: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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: <a href="#">more-equal-wales-socio-economic-duty</a>					
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. Socio Economic factors do not impact the care 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 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	07/10/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Cerian Llewellyn
	Title	Interim Head of Midwifery
	Contact details	Cerian.Llewellyn @wales.nhs.uk
	Date	07/10/2024
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	09/10/2024
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.**