

SUMMARY EQUALITY IMPACT ASSESSMENT –

Organisation:	Hywel Dda University Health Board
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Proposal Sponsored by:	Name:	Sharon Clement-Thomas
	Title:	Senior Midwife
	Department:	Maternity

Policy Title:	Obstetric Policies and Guidelines
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Brief Aims and Objectives of Policy:	All Obstetric policies and guidelines within Hywel Dda University Health Board aim to ensure that all people accessing obstetric services, whether for treatment and care, as part of a family or as a visitor, and new babies are provided with a high standard of services within a safe environment by appropriately qualified and skilled staff.
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Was the decision reached to proceed to full Equality Impact Assessment?:	Yes	No ✓
	<p>All Obstetric policies and guidelines within Hywel Dda University Health Board are based on best clinical practice as outlined in each document, aiming to ensure a high standard of service within a safe environment by appropriately qualified and skilled staff. for all. everyone is . When providing care and treatment staff are expected to take into account the protected characteristics of each individual on a case by case basis to ensure a tailored approach to meeting their particular needs.</p> <p>Whilst these policies impact disproportionately on women and babies, there is no evidence to indicate that adherence to the policies will have a negative impact in relation to any particular protected</p>	

characteristic/s as staff are expected to take into account the needs of each individual in their care.

Update January 2019

The Health Board's policy governing the development of Written Control Documents (Policy 190) is to be amended to include a statement advising that gender-neutral language should be used where possible/appropriate, but that gendered language can be used where clinically and medically appropriate.

Where gender specific terms are used, the following clarification statement should be included in the relevant Written Control document:- 'The term "woman/women" in the context of this document is used as a biologically based term and is not intended to exclude trans and non-binary people who do not identify as women.'

This would apply equally where specific reference was made to "man/men" in any written control document and the above phrase should be inserted (substituting "man/men" instead of "woman/women" as appropriate).

Update September 2020

The following guidelines have been reviewed:-

Update of existing guidelines to ensure evidence-based care in compliance with national guidelines and best practice

- Placenta Praevia and Placenta Accreta Guideline
- Hyperemesis and Nausea and Vomiting in Pregnancy Guideline
- Assisted Vaginal Birth Guideline
- Management of Multiple Pregnancy Guideline
- Midwifery Diary Guideline
- Management of Late Intrauterine Fetal death and Stillbirth Guideline:

The following new written control documents have been developed and have separate EqlAs.

New Guideline and Standard Operating Procedure development in compliance with national recommendations to ensure evidence based and safe and effective care:

- Management of Intrahepatic Cholestasis in Pregnancy
- Standard Operating Procedure: Enhanced Midwifery Unit Glangwili General Hospital
- Management of Women Who Did Not Attend Scheduled Ante Natal Appointments

The written control documents have been developed to minimise risk to women and babies and to address adverse situations that may arise during pregnancy, labour and birth, with the safety and welfare of women and babies paramount.

It is recognised that some women may be more at risk of complications during pregnancy, labour and birth due to a range of single and multiple protected characteristics. In providing individualised care and treatment, each woman will receive the most appropriate according to need.

It is expected that staff will ensure that communication needs and other needs associated with protected characteristics are appropriately noted on health records and addressed appropriately in care plans.

Both amendments to existing written control documents are in line with national guidance and best practice. New written control documents have been written to reflect national guidance and best practice. There is no evidence that the actions prescribed in the documentation will impact adversely in relation to any protected characteristics, Welsh Language or human rights.

There is no evidence at this stage that amendments made to existing documents or actions prescribed in new guidelines will have an adverse impact in relation to equality, diversity or

	<p><u>human rights.</u></p> <p><u>A full EqIA will be undertaken as appropriate at any stage where issues of concern have been raised.</u></p>	
<p>If no, are there any issues to be addressed?</p>	<p>Yes ✓</p>	<p>No</p>
	<p><u>The following phrase needs to be included in all new and existing obstetric written control documentation:-</u></p> <p><u>The term “woman/women” in the context of this document is used as a biologically based term and is not intended to exclude trans and non-binary people who do not identify as women.’</u></p> <p><u>Management of Women Who Did Not Attend Scheduled Ante Natal Appointments</u></p> <p><u>It will be imperative for staff to ensure that communication needs are noted as appropriate for each individual so that these methods can be used e.g. SMS Text for BSL users, letters written in Easy Read/languages other than English as appropriate.</u></p> <p><u>Suggest using coloured borders around flowchart rather than shaded backgrounds to assist staff who may be red/green colour blind. Also a key to what the different colours indicate.</u></p> <p><u>SOP – Obstetric Management of Women in Enhanced Maternity Unit</u> – suggest pink background in flowchart in appendix is replaced with a border and point size increased to</p>	

	<u>increase contrast between background and print and improve readability.</u>
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Is the Policy Lawful?	Yes ✓	<u>All guidelines have been developed in line with best practice and references cited within each document as appropriate.</u>
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Will the Policy be adopted?	Yes ✓	<u>Existing documents have been updated, new documents have been recommended for approval by the Health Board's Obstetric Guideline, Audit and Research Group: .</u>
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes ✓	Any complaints received in relation to equality, diversity or human rights following implementation of the policies will be addressed on an individual basis and appropriate action taken.
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Who is the Lead Officer?	Name:	Dr Nicola Piskorowskyj – Consultant Obstetrician and Gynaecologist. Mr. Letchman Shankar – Consultant Obstetrician and Gynaecologist.
	Title:	
	Department:	
Review Date of Policy:	<u>Three yearly or sooner if required</u>	

Signature of all parties:	Name	Title	Signature
	Rucha Eldridge	Senior Midwife	
	Jackie Hooper	Senior Equality and Diversity Officer, Strategy, Policy and Advice	2 January 2018 Update 15 January 2019 Update 30 July 2019
	Update 01		

	August 2019		
	Sharon Clement-Thomas	Senior Midwife	01/08/2019
	Jackie Hooper	Senior Diversity and Inclusion Officer	01/08/2019
	<u>Update</u> <u>September 2020</u>		
	<u>Sharon Clement Thomas</u>	<u>Clinical Risk and Governance</u> <u>Midwife</u>	
	<u>Jackie Hooper</u>	<u>Senior Diversity and Inclusion Officer</u>	<u>Partial update 09 September 2020</u>

Please Note: An Action Plan should be attached to this Outcome Report prior to signature

n/a

