Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you equality impact assessing?**	Retained Placenta Guideline
2.	**Brief Aims and Description**	This guideline is for use employees of Hywel Dda University Healthboard working within the Women Children's Health Directorate caring for all women and birthing people and birthing people with a retained placenta following the birth of the baby in the third trimester. The aim of the guideline is to ensure safe care of women and birthing people who experience a retained placenta through timely identification, management and treatment
3.	**Who is involved in undertaking this EqIA?**	Cerian Llewelyn – Clinical Risk and Governance Midwife
4.	**Is the Policy related to other policies/areas of work?**	No
5.	**Who will be affected by the strategy / policy / plan / procedure / service?** (Consider staff as well as the population that the project / change may affect to different degrees)	All clinicians involved in providing care in the third stage of labour, regardless of the birth setting. The guidance uses the term "woman" (pronouns she or her) or Mother to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth.

6.	**What might help/hinder the success of the Policy?**	Wide availability and ease of access of this guideline, including the healthboard intranet page and WISDOM guideline sharing page. Lack of awareness among midwives of the support and facilities available to them which will assist them in the provision of the best possible care.

Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.		
Consider, is the Policy relevant to:	**Yes**	**No**
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	X	
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	X	
Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	X	
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence	X	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	X	
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	X	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	X			The healthboard provides inclusive care to all individuals who access maternity services. The ages of women who have accessed maternity services in the past year range from early teens to beyond 40 years. The Office of National Statistics note that the mean age for the birth of their first child is 30.7 years (2020). As a health board we always aspire to individualise care but recognise that individuals from specific groups may require a different pathway of care, this may include, but is not limited to, continuity of midwifery care, completion of the sharing in pregnancy (SIP) to ensure that all care providers are informed of the on-going care plan. It is also recognised that individuals from the extremes of childbearing ages (aged less than 16 or over 40) may experience additional complications and are therefore referred to consultant led care.	Retained placenta is not specific to any particular age. The service recognises that women and girls under the age of 18 may require additional support and therefore the service is committed to ensuring that the woman / girl has a minimum of one designated birthing partner for support throughout. If a woman / girl requires transfer to theatre for management of a retained placenta a birth partner will be invited to attend for support.
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	X			There is no specific data available relating to the individuals who access maternity services who have a form of a disability in HDUHB. The office of national statistics (ONS) note that approximately 18% of the population age 16 and over have a form of disability (ONS,	Mitigations will be put in place to ensure that women with a disability have equal access to care. For women who are deaf the service will ensure appropriate sign language interpretation is provided. The Health

				2016). Though this data is not currently collated in HDUHB we will endeavour to put mechanisms in place to collate this data moving forward. As a health board we always aspire to individualise care and recognise that care provided will depend on the nature of the woman's disability. Examples may include service users who are deaf, wherever possible we would implement plans to provide BSL interpreters to support women to make informed choices. Women who are known to have physical disabilities will have discussions with their community midwives about their individual care and access needs, this would then be communicated to operational leads to ensure that there are appropriate provisions in place to meet their needs.	Board employs a midwife who is fluent in sign language and will support women with information sharing as required. For women with a learning disability the maternity service is working with the learning disability service to better support the sharing of appropriate information. Though retained can be an emergency situation, in the majority of cases there is sufficient time to explain the process in detail. Women with a disability will have equal access to the guideline and individual care plans will be implemented depending on their specific needs. The maternity service acknowledges that for women who are disabled they may benefit from a partner remaining present for support throughout the induction process and this will be facilitated by the service.
Gender Reassignment Consider the potential impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.	X			The Healthboard currently has a very low number of Trans individuals accessing maternity services. There is currently no available data on the number of Transgender individuals who give birth in the UK, although the office of national statistics reports that there are 200,000 – 500,000 trans people in the UK although there is no robust mechanism to collate accurate figures.	The guidance uses the term "woman" (pronouns she or her) to describe individuals who sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and

				This figure will of course vary across Health Board areas and we will endeavour to capture data around the number of Trans individuals accessing maternity services in order to ensure we are fully aware of their needs and able to provide the best possible care. Clinicians will have open and honest conversations with Trans individuals to ensure that discussions are respectful and uphold the wishes of the individuals and include use of appropriate pronouns. Written documentation will be inclusive and will uphold the wishes of individuals and all Healthboard guidelines will use inclusive language and include birthing person in favour of gender specific language wherever possible. Gender reassignment will have no impact on the care received by individuals and the Healthboard has sought advice for external organisation and has engaged with transgender individuals who access the services. The Healthboard has engaged with national organisations including the Royal College of Obstetrics and Gynaecology, the Nursing and Midwifery Council and the National Institute for Health and Care Excellence to ensure consistency in the guidance.	delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth. The maternity service is committed to ensuring that service users are referred to by their chosen name and pronoun and this will be implemented throughout the care that they receive. For birthing persons who require transfer to theatre the wider MDT will be informed of the persons chosen pronouns to ensure person centred care.
Marriage and Civil Partnership			X	There is no data available in terms of the marital status of individuals accessing our midwifery services, however, it is not	No impact is anticipated in relation to a woman's relationship status.

This also covers those who are not married or in a civil partnership.				envisaged that this would have any impact in terms of the application of this particular policy. The Office of National Statistics note in 2019 that married and civil partner couple families remained the most common family type in 2019, representing two-thirds of all families (12.8 million). Cohabiting couple families were the second-largest family type at 3.5 million (18.4%), followed by 2.9 million (14.9%) lone parent families. However it is important to note that marriage or civil partnership status has no impact on maternity care provisions and care is inclusive of all individuals regardless of their marital or civil partnership status.	

Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.	X			This guideline is only applicable to pregnancy.	The guideline is specific only to pregnancy. It is not anticipated that the guideline will have an impact on pregnant members of staff.
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	X			National data from the office of national statistics notes that for Ceredigion 1.7% of the population are from a black or minority ethnic background, in Pembrokeshire 1.3% of the population and in Carmarthenshire 4%. However the office of national statistics note that this is low quality evidence due to the lack of respondents to the survey and may therefore be an under representation of the actual statistics. This is based on national data and is therefore not specifically applicable to individuals in Hywel Dda but is the best available evidence at this time although this is being reviewed to capture this data specifically to Hywel Dda All service users are asked at the time of antenatal booking their English / Welsh speaking status, this question is asked inclusively to all individuals who access maternity care. Upon identification of individuals who are non-English or Welsh speakers then staff are aware of available interpretation services in	For women who are non-English speakers' relevant interpretation services will be used as required, either by using Language Line or by organising a translator to be present during labour and following birth. This will be discussed and agreed by the woman in the antenatal period. Currently there is no written information available for women in relation to manual removal of the placenta, however interpretation services will be used to explain and to ensure the procedure is fully understood. Written information in relation to pain relief which may be used during a manual removal of the placenta is available at: https://www.labourpains.com/International_Translations

				order to enhance information sharing between care providers and affected individuals. Information around use of translation and interpretation services is cascaded to all maternity staff via the governance newsletter on a regular basis and staff are informed on how to access interpretation services. Staff are encouraged to arrange interpreters for scheduled episodes of care and when this is not possible staff will utilise interpretation services via the telephone. As part of routine antenatal care service users are asked to provide information relating to the race and ethnicity to support the individualised care, and this data is collated by the Informatics Service Analysis team.	
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.	X			All individuals who access maternity services are asked at the time of antenatal booking their individual religion or belief. Data around the religion or belief of individual accessing maternity services is not currently collected on a wider scale. Efforts will be made to establish the appropriate data collection systems. However, it is not believed that this characteristic will have an impact in terms of the application of this policy.	The service is committed to respecting women's religious beliefs in order to provide holistic care. If a woman requires transfer to theatre for the management of a retained placenta the partner will be supported to uphold their religious beliefs or to attend theatre alongside the mother for support as required.

				The religion and beliefs of all service users are upheld and respected and this data is recorded as part of the All Wales Maternity Handheld Record at the booking appointment. There are open dialogues with service users over the course of their pregnancy around specific wishes pertaining to their belief or religion.	
Sex 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	The policy is specific to females and birthing people who are pregnant but does not disadvantage males.	
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			X	Data around the sexual orientation of individual accessing maternity services is not currently collected. Efforts will be made to establish the appropriate data collection systems. However, it is not believed that this characteristic will have an impact in terms of the application of this policy.	It is not believed that this characteristic will have an impact in terms of the application of this policy.
Socio-economic Deprivation 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.			X	The Healthboard provides care to service users across the indices of deprivation, care is provided on an individual basis but care providers are aware the those from socio-economically deprived backgrounds are likely to have greater care needs in relation to higher incidences of increased BMI's, smoking and poorer overall health resulting in poorer outcomes in this group.	It is not believed that this characteristic will have an impact in terms of the application of this policy.

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 resource please see: https://gov.wales/more-equal-wales-socio-economic-duty				Healthcare providers endeavour to provide individualised care and acknowledgement is given that continuity of care is particularly important for individuals from a socially economically deprived background	
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	X			For the year ending 31 December 2019 the Annual Population Survey reported that 28.4% of people aged three and over were able to speak Welsh. This figure equates to 857,600 people across Wales. However the Health Board Profile notes in 2014 that of the three local authorities (Carmarthenshire, Pembrokeshire and Cardigan) the percentage of the population who are able to speak Welsh is 36.7%. In 2014 the health board employed 227 midwives and of these 37.4% were able to speak Welsh, there is no newer data available but as a health board we will endeavour to capture this data. Engagement with the Welsh Language services to ensure documents are translated into Welsh wherever possible. .	Whenever possible, appropriate staff who are able to speak Welsh provide care to individuals who prefer to have their care delivered in Welsh.

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information to make a fully informed decision on any potential impact?**	No. Demographic data is not collected from individuals accessing antenatal care or attending hospital to give birth. The absence of this data makes it difficult to tailor services as specifically as we would like.
2.	**Should you proceed with the Policy whilst the EqIA is ongoing?**	Yes
3.	**Does the information collected relate to all protected characteristics?**	No
4.	**What additional information (if any) is required?**	Full demographic data around the individuals accessing maternity services across the Health Board area.
5.	**How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).**	Though as a service we aspire to treat all individuals with the same level of care it is important to acknowledge the evidence recently published by MBRRACE that there remains a more than four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds and an almost two-fold difference amongst women from Asian ethnic backgrounds compared to white women, emphasising the need for a continued focus on action to address these disparities. As a maternity service we will continue to collect data to better help us implement appropriate provisions to support the disparity in outcomes between women from different ethnic backgrounds.

		We will continue to engage with national data such as MBRRACE, RCOG, Cochrane, Census Data, Welsh Assembly Government and the Office of National Statistics as well as locally with the Information Service Analysis Team.

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	**2**	**+1**	**+2**
Disability	**1**	**+2**	**+4**
Sex	**3**	**0**	**0**
Gender Reassignment	**2**	**+2**	**+4**
Human Rights	**3**	**0**	**0**
Pregnancy and Maternity	**3**	**0**	**0**
Race/Ethnicity or Nationality	**1**	**+1**	**+3**
Religion or Belief	**1**	**+1**	**+1**
Sexual Orientation	**1**	**0**	**0**
Welsh Language	**3**	**+1**	**+3**

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	Yes
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No changes to the policy, but changes are required in terms of data collection in order to better inform the policy in future.

What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	The guideline itself will be audited in line with nationally agreed auditable in relation to induction of labour. As a service, maternity services will seek to gather more data to understand the diversity of the population and this is something that we will endeavour to capture this data is already collected by the information service analysis team for Hywel Dda but as a maternity service we will engage further to support the enhancement of the maternity service. As a service we aim to capture the ethnic diversity of the individuals of access maternity service and seek to understand what service improvements can be made to enhance outcomes for women and their baby's specifically in the context of safeguarding the protected characteristics.
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	
Where positive impact has been identified for one or more groups please explain how this will be maximised?	
Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward**	

with the plan / project / proposal regardless, please provide suitable justification.	

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments / Update**

EqIA Completed by:	Name	Cerian Llewelyn
	Title	Risk and Governance Midwife
	Team / Division	Midwifery
	Contact details	Cerian.Llewellyn@wales.nhs.uk
	Date	04/11/2022
EqIA Authorised by:	Name	Kathryn Greaves
	Title	Head of Midwifery
	Team / Division	Midwifery
	Contact details	Kathryn.Greaves@Wales.nhs.uk
	Date	25/8/23
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
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	Date	3/10/2023