

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Antenatal care (update)

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process?

It has been made clear in the topic overview and will be made clear in the quality standard that the terms 'woman' and 'mother' should be taken to include people who do not identify as women but who are pregnant.

[NICE's updated antenatal care guideline \(NG201\)](#) recommends that additional or longer antenatal appointments are offered if needed, depending on the woman's medical, social and emotional needs.

Women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring and additional support.

Cardiovascular disease is the leading cause of death among women in the UK during and after pregnancy. The guideline recommends that if there is a concern based on personal or family history, that the pregnant woman is referred for clinical assessment by a doctor to detect cardiac conditions. Assessment of pregnant women with heart disease for cardiovascular risk during pregnancy and the intrapartum period is covered by statement 3 of [NICE's quality standard on intrapartum care: existing medical conditions and obstetric complications](#).

Pregnant women with learning disabilities have poorer maternal wellbeing and pregnancy outcomes in relation to the general population, and are also less likely to seek or attend regular antenatal care (The Office for Health Improvement and Disparities (2021), [Antenatal and newborn screening: reducing inequalities: supporting pregnant women with learning disabilities](#)).

The guideline recommends specific adjustments for women with physical, sensory, cognitive, neurological or cognitive disabilities:

- early pregnancy information (provided at the point of referral) should be available in different formats, including braille and Easy Read.

- reliable British Sign Language interpretation, which is independent of the woman rather than using a family or friend, should be provided when needed for antenatal appointments.

The guideline highlights that reliable interpreting services should be provided when needed to women who have difficulty speaking or reading English. Interpreters should be independent of the woman rather than using a family member or friend. The guideline also cross-references to the [NICE guideline on pregnancy and complex social factors](#) regarding further support for women who have difficulty speaking or reading English, women who misuse substances, recent migrants, asylum seekers or refugees, young women aged under 20 and women who experience domestic abuse.

The guideline (NG201) recommends that each antenatal appointment should provide a safe environment and opportunities for the woman to discuss domestic abuse, concerns about the birth (for example, if she previously had a traumatic birth) or mental health concerns as part of a risk assessment.

The rationale and impact section of recommendation 1.1.16 highlights that remote (virtual) appointments could disadvantage for example people who have sensory disabilities, have difficulty reading or speaking English, some minority groups, or in relation to access to devices or internet connection. Potential inequalities issues that could be associated with video appointments, for example, should be carefully considered.

These issues will be considered as the quality standard update is developed.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Women who are over 42 weeks pregnant are excluded because this population is covered by quality standards on [inducing labour](#), [intrapartum care](#) and [postnatal care](#)

Treatment, care and management (beyond identification and referral) of specific physical conditions, mental health conditions and antenatal complications are excluded from the quality standard. These are covered by other quality standards: diabetes in pregnancy (update of the published quality standard, [QS109](#)) [intrapartum care: existing medical conditions and obstetric complications](#), [antenatal and postnatal mental health](#), [ectopic pregnancy and miscarriage](#), [multiple pregnancy: twin and triplet pregnancies](#), [hypertension in pregnancy](#), [preterm labour and birth](#) and [caesarean birth](#).

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