Part 1.Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

NICE Clinical Guideline NG133 - Hypertension in pregnancy: diagnosis and management (updates and replaces CG107)

1.1.2 Is this an existing, revised or a new policy / decision?

Revised

1.1.3 What is it trying to achieve? (intended aims/outcomes)

This guideline covers diagnosing and managing hypertension (high blood pressure), including pre-eclampsia, during pregnancy, labour and birth. It also includes advice for women with hypertension who wish to conceive and women who have had a pregnancy complicated by hypertension. It aims to improve care during pregnancy, labour and birth for women and their babies.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

This guidance should benefit women who develop hypertension during pregnancy, who have hypertension and wish to conceive, and who have had a pregnancy complicated by hypertension, and their relatives and carers.

1.1.5 Who initiated or wrote the policy?

National Institute for Health and Care Excellence (NICE)

1.1.6 Who owns and who implements the policy?

NICE owns the policy. The Department determines whether the policy should be endorsed for Northern Ireland, and, if endorsed, the HSCB / HSC Trusts implement it.

1.2 Implementation factors

| Are there any factors which could aim/outcome of the policy/decision | d contribute to/detract from the intended on? If yes, are they |
|----------------------------------------------------------------------|----------------------------------------------------------------|
| Financial Pleas | se explain: N/A |
| Legislative | |
| Other | |
| | |
| 1.3 Main stakeholders affected | Į. |
| Who are the internal and external policy will impact upon? | al stakeholders (actual or potential) that the |
| Staff | X |
| Service users | X |
| Other public sector organisation | ons |
| Voluntary/community/trade un | ions X |
| Other, please specify | Families/Carers |
| | <u> </u> |
| 1.4 Other policies with a bearing | ng on this policy / decision. If any: |
| Policy | Owner(s) of the policy |
| NICE Clinical Guideline CG107 - | NICE/DoH |
| Hypertensive Disorders During | Manuals |
| Pregnancy (endorsed by DoH in | March |
| 2011). | |

1.5 Available evidence

What evidence/information (<u>both qualitative and quantitative*</u>) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

In developing this guidance, NICE have assessed its equality impact in scoping, consulting and before issuing the final guideline. This process is designed to mitigate the impact on equality. In addition, DoH locally consult on equality and human rights issues.

| Section 75 category | Details of evidence/information |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Religious belief | Religion will have no bearing on the guidance |
| Political opinion | Political opinion will have no bearing on the guidance |
| Racial group | Ethnicity will have no bearing on the guidance |
| Age | Age will have no bearing on the guidance |
| Marital status | Marital status will have no bearing on the guidance |
| Sexual orientation | Sexual orientation will have no bearing on the guidance |
| Gender (Men and women generally) | This guidance is aimed at women who develop hypertension during pregnancy, who have hypertension and wish to conceive, and who have had a pregnancy complicated by hypertension, and their relatives and carers. |
| Disability (with or without) | Disability will have no bearing on the guidance |
| Dependants (with or without) | Dependant status will have no bearing on the guidance |

* Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this

this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

| Section 75 category | Details of needs/experiences/priorities |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Religious belief | There is no evidence that different religions will have any different needs, experiences, priorities or issues in relation to the guidance. |
| Political opinion | There is no evidence that different political opinions will have any different needs, experiences, priorities or issues in relation to the guidance. |
| Racial group | It was recognised that certain ethnic groups respond to antihypertensives differently and so recommendations for antihypertensive use in the postnatal period have been made to use alternative more appropriate agents in these groups. |
| Age | There is no evidence that different age groups will have any different needs, experiences, priorities or issues in relation to the guidance. |
| Marital status | There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the guidance. |
| Sexual orientation | There is no evidence that different sexual orientation will have any different needs, experiences, priorities or issues in relation to the guidance. |

| Section 75 category | Details of needs/experiences/priorities |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gender (Men and women generally) | This guidance relates to, and should women who develop hypertension during pregnancy, who have hypertension and wish to conceive, and who have had a pregnancy complicated by hypertension, and their relatives and carers. |
| | The section on antihypertensive treatment after birth was previously called '1.9 Breastfeeding'. This may discriminate against women who cannot or who choose not to breastfeed and so this section has been renamed 'Antihypertensive treatment during the postnatal period' and contains recommendations that are applicable to all women, but which support women who wish to breast-feed. |
| Disability (with or without) | There is no evidence that people with disabilities will have any different needs, experiences, priorities or issues in relation to the guidance. |
| Dependants (with or without) | There is no evidence that those of different dependant status will have any different needs, experiences, priorities or issues in relation to the guidance. |

Part 2.Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

| , | | | |
|----------------------------------------|--------------------------------------|--------------------------------------|--|
| Section 75 category | Details of policy impact | Level of impact? minor/major/none | |
| Religious belief | No impact on equality of opportunity | None | |
| Political opinion | No impact on equality of opportunity | None | |
| Racial group | No impact on equality of opportunity | None | |
| Age | No impact on equality of opportunity | None | |
| Marital status | No impact on equality of opportunity | None | |
| Sexual orientation | No impact on equality of opportunity | None | |
| Gender (Men and women generally) | No impact on equality of opportunity | None | |
| Disability (with or without) | No impact on equality of opportunity | None | |
| Dependants (with or without) | No impact on equality of opportunity | None | |

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? If Yes, provide details If No, provide reasons Section 75 category No evidence to support this Religious belief No evidence to support this **Political** opinion Racial No evidence to support this group Age No evidence to support this Marital No evidence to support this status Sexual No evidence to support this orientation No evidence to support this Gender (Men and women generally) No evidence to support this Disability (with or without) Dependants No evidence to support this (with or without)

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)

| Good relations category | Details of policy impact | Level of impact minor/major/none |
|-------------------------------|----------------------------------------------|-------------------------------------|
| Religious belief | The policy will not impact on good relations | None |
| Political opinion | The policy will not impact on good relations | None |
| Racial group | The policy will not impact on good relations | None |

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

| | · · · | · |
|-------------------------------|---------------------------------|--------------------------------|
| Good relations category | If Yes , provide details | If No , provide reasons |
| Religious belief | | No evidence to support this |
| Political opinion | | No evidence to support this |
| Racial group | | No evidence to support this |

2.5 Additional considerations

Multiple identity

identities.

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

This guidance will benefit all relevant service users, including those with multiple

| 2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The National Institute for Health and Care Excellence (NICE) is responsible for the consultation process and addressing any concerns raised before finalising the final guidance. |
| |
| |

Part 3.Screening decision

| 3.1 How would you summar | rise the impact of the policy / decision? |
|------------------------------------------------------------|---------------------------------------------------------------|
| No impact Minor impact Major impact | Consider mitigation (3.4 – 3.5) |
| 3.2 Do you consider that this Equality Impact Assessmen | s policy / decision needs to be subjected to a full t (EQIA)? |
| Yes - screened in No - screened out | X |
| 3.3 Please explain your reas | son for making your decision at 3.2. |
| This guidance will impact of | on all sections of the community equally. |

Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is 'minor' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

| policy to better promote equality of opportunity or good relations. | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations? | | |
| Yes X | | |
| 3.5 If you responded " Yes ", please give the reasons to support your decision, together with the proposed changes/amendments or alternative policy. | | |
| | | |
| | | |
| | | |

Part 4.Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

The HSC Board will be responsible for monitoring implementation of NICE guidance within HSC. To provide further assurance regarding implementation, RQIA will lead on assessing the implementation of NICE Guidelines

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

| See above. | | | |
|------------|--|--|--|
| | | | |

Please note: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

Part 5.Disability Duties

| disabled people and/or encourage their participation in public life? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No |
| |
| |
| 5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures? |
| No |
| |
| |

Part 6.Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

| ARTICLE | POSITIVE IMPACT | NEGATIVE IMPACT = human right interfered with or restricted | NEUTRAL IMPACT |
|-------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------|-------------------|
| Article 2 – Right to life | | | X |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment | | | X |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour | | | X |
| Article 5 – Right to liberty & security of person | | | X |
| Article 6 – Right to a fair & public trial within a reasonable time | | | X |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law. | | | X |
| Article 8 – Right to respect for private & family life, home and correspondence. | | | X |
| Article 9 – Right to freedom of thought, conscience & religion | | | X |
| Article 10 – Right to freedom of expression | | | X |
| Article 11 – Right to freedom of assembly & association | | | X |
| Article 12 – Right to marry & found a family | | | X |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights | | | X |

| ARTICLE | POSITIVE IMPACT | NEGATIVE IMPACT = human right interfered with or restricted | NEUTRAL IMPACT | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------|-------------------|--|--|--|
| 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property | | 1001110101 | X | | | |
| 1st protocol Article 2 – Right of access to education | | | X | | | |
| | | | | | | |
| At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider: • whether there is a law which allows you to interfere with or restrict rights • whether this interference or restriction is necessary and proportionate • what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998). | | | | | | |
| 6.3 Outline any actions which could be taken to pro- or to ensure compliance with the legislation in re- | | | | | | |

Part 7 - Approval and authorisation

| | Name | Grade | Date |
|-------------------------------------|----------------|------------|------------|
| Screening completed by | Jonathan Adair | Acting EO2 | 30/04/2020 |
| Approved by ¹ | Steven White | DP | 30/04/2020 |
| Forwarded to E&HR Unit ² | | | |

Notes:

¹ The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

² When the Equality and Human Rights Unit receive a copy of the <u>final</u> <u>screening</u> it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.