

**NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool For Frontline Patient Services**



**It is essential to follow the EQIA Guidance in completing this form**

**Name of Current Service/Service Development/Service Redesign:**

Home Birth Team, Model of Care, Maternity Services, Women & Children's Directorate.

**Please tick box to indicate if this is a :** Current Service  Service Development  Service Redesign

**Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).**

Home Birth is offered to all women who meet the criteria (suitable for green pathway as determined by the Pathways for Maternity Care) by Community Midwives during their initial booking appointment. This service began in August 2009 and is currently being piloted in the Glasgow area.

The home birth team provide this service to healthy women aged 16-40 who have no additional medical conditions. To date there have been over 60 births.

Suitability for the home birth model of care is assessed utilising the Pathways for Maternity Care. It categorises women as red, amber or green dependent on existing risk factors. Women meeting the criteria for the green pathway are suitable for a home birth. Those in the amber category can negotiate a home birth. Women identified as having risk factors in the red category are not deemed suitable for a home birth, however if they are requesting a homebirth a full discussion and risk assessment is undertaken, a plan of care is agreed between the woman, her partner, the homebirth team, the obstetric staff and any other members of the multi-professional team.

A home visit at 36 weeks is arranged to plan where the birth will take place in the home. If the woman wishes a birthing pool then they will be asked to arrange this themselves. Thereafter all equipment and gases are arranged for delivery to the house at 37 weeks. Two midwives are present at the home birth; the 2<sup>nd</sup> attends when the birth is imminent.

Each proposed home birth is risk assessed for both the mother to be and the staff that will attend.

**Who is the lead reviewer and where based?**

Dorothy Findlay, Consultant Midwife, Royal Alexandra Hospital and Sheona Brown, Consultant Midwife, Princess Royal Maternity.

**Please list the staff groupings of all those involved in carrying out this EQIA  
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Consultant Midwife; Consultant Obstetrician; Home Birth Team Leader; Home Birth Team Midwife; Service User; Staff Midwife, Maternity Assessment x 2; Supervisor Of Midwives; Quality Co-ordinator; Equality and Diversity Assistant.

**Impact Assessment – Equality Categories**

Equality Category	Existing Good Practice	Remaining Negative Impact
<b>All</b>	<ul style="list-style-type: none"> <li>• The Hand Held Record asks ‘Is there any other information that you feel is important for your maternity care? For example, your beliefs, social conventions, customs, family structure, ceremonies, dress or diet?’</li> <li>• See Below</li> </ul>	<ul style="list-style-type: none"> <li>• Some staff have accessed equality and diversity training.</li> </ul>
<b>Gender</b>	<ul style="list-style-type: none"> <li>• Gender data is recorded and can be analysed upon request. This data can be transferred to the electronic patient information system.</li> <li>• Where applicable, if a woman wishes they can wear a nightgown in the birthing pool.</li> <li>• The Home Birth Team are all female (can accommodate requests for same sex health professionals).</li> <li>• Staff are aware of NHS Greater Glasgow and Clyde’s Gender Based Violence Policy.</li> <li>• As part of their assessment, women are asked if they are experiencing domestic violence (known as routine enquiry). The partners are not present when this question is asked.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>
<b>Ethnicity</b>	<ul style="list-style-type: none"> <li>• The Scottish Woman Hand Held Record (SWHHMR) records ethnicity and can be analysed upon request. This data can be transferred to the electronic patient information system. To date, there have been patients from England, Ireland, America Poland, Germany and Holland.</li> </ul>	<ul style="list-style-type: none"> <li>• Written information on home births is not available in other languages.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Hand held Record records if the woman has any communication needs and asks the question 'What language do you speak at home?'</li> <li>• Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and Procedure. However, to date the Home Birth Team have not had to access interpreting services for a home birth. Staff would not use family members to interpret for the woman. When an interpreter is used this is recorded in the case notes. Female interpreters are always requested. Staff have access to interpreters where English is not the woman's first language. The option for a home birth is discussed with all women meeting the criteria at booking.</li> <li>• There can be some cultural issues regarding views on home births. (In some countries there are high mortality rates for home births).</li> <li>• There is a Link Midwife for Asylum Seekers and Refugees, the Home Birth Team can access this midwife for advice and support.</li> </ul>	
<p><b>Disability</b></p>	<ul style="list-style-type: none"> <li>• The Hand Held Record records if the woman has any disabilities and if they need help with communication. This data can be transferred to the electronic patient information system.</li> <li>• Staff are aware of NHS Greater Glasgow and Clyde's Interpreting Policy and Procedures. Staff can and know how to access British Sign Language interpreters and other forms of communication support.</li> <li>• The Maternity Assessment Unit will have a mobile phone for women who are deaf to contact them by text.</li> <li>• Some staff have accessed deaf awareness training.</li> <li>• The Home Birth Team can link in with the Perinatal</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>

	<p>Mental Health Team.</p> <ul style="list-style-type: none"> <li>• If a woman has mobility issues, staff can arrange local or home visits.</li> </ul>	
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• Staff have had experience of same sex couples and are aware of using appropriate terminology. For example, the Hand Held Record uses the term 'partner'.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>
<b>Religion and belief</b>	<ul style="list-style-type: none"> <li>• The Hand Held Record asks 'What is your current religion or faith, if any?' This data can be transferred to the electronic patient information system.</li> <li>• The Hand Held Record asks 'Is there any other information that you feel is important for your maternity care? For example, your beliefs, social conventions, customs, family structure, ceremonies, dress or diet?'</li> <li>• Staff are aware of the Religions and Cultures Manuals for further advice.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>
<b>Age (Children/Young People/Older People)</b>	<ul style="list-style-type: none"> <li>• Age is recorded and this data can be analysed upon request.</li> <li>• There is a Midwife specifically for teenage pregnancy although at present no teenagers have requested a home birth.</li> <li>• Older women are offered extra assessments (there can be increased risks). Older women can still have home births but they are made aware of the potential additional risks.</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>
<b>Social Class/Socio-Economic Status</b>	<ul style="list-style-type: none"> <li>• The Hand Held Record includes information about the Maternity Exemption Form (entitlement to free prescriptions during pregnancy and for one year after the birth of the baby).</li> <li>• The Hand Held Record signposts the Department of</li> </ul>	<ul style="list-style-type: none"> <li>• No negative impact identified.</li> </ul>

	<p>Work and Pensions website for information on Maternity Benefits.</p> <ul style="list-style-type: none"> <li>The Hand Held Record asks if the woman needs advice on finances, benefits or housing issues. Staff can then refer onto appropriate organisations.</li> </ul>	
<b>Additional marginalisation</b>	<ul style="list-style-type: none"> <li>The Hand Held Record asks <ul style="list-style-type: none"> <li>If the woman has any difficulties with reading, filling in forms or writing letters. If yes, then staff can refer onto appropriate support organisations.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>No negative impact identified.</li> </ul>

<b>Actions</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<b>Cross Cutting Actions</b>		
<b>Specific Actions</b> <ul style="list-style-type: none"> <li>Ensure staff continue to access Equality and Diversity Training.</li> <li>Ensure that staff are aware of how to access information in other formats if a woman requests this.</li> </ul>	28 <sup>th</sup> March 2011 28 <sup>th</sup> March 2011	Lead Midwives Lead Midwives

**Ongoing 6 Monthly Review      Please write your 6 monthly EQIA review date:**

28<sup>th</sup> March 2011

**Lead Reviewer:      Name:      Sheona Brown**  
**Sign Off:              Job Title      Consultant Midwife**  
**Signature sent via e-mail please consider as signed**  
**Date:                  22<sup>nd</sup> September 2010**

Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)

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