

1. Preparation

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| 1. | What are you equality impact assessing? | All Wales Pregnancy Loss Support Policy |
| 2. | Policy Aims and Brief Description | <p>The aim of the policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.</p> <p>It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened.</p> <p>The scope of policy is defined and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.</p> <p>The policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns.</p> <p>The policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.</p> |

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| 3. | Who is responsible for the Policy/work? | NHS organisations and sub committee of the Welsh Partnership Forum Business Committee. |
| 4. | Who is Involved in undertaking this EqIA? | Welsh Partnership Forum Business Committee representatives. |
| 5. | Is the Policy related to other Policies/areas of work? | Equality, Managing Attendance at Work, Disciplinary, Respect and Resolution Policies. Codes of Conduct of Professional/Regulatory Bodies, Staff Charters. All Wales Workforce Strategy. Individual organisation's workforce and OD plans. |
| 6. | Stakeholders | All employees, trade unions, NHS organisations |
| 7. | What might help/hinder the success of the Policy? | <p>Factors that may hinder: Lack of leadership and commitment at Executive and Board level. The process not being followed inside organisations, lack of follow through and support by managers.</p> <p>Factors that may help: Awareness raising sessions at induction and training for managers.</p> |

The Human Rights Act contains 15 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. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.


Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

| | Yes | No |
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| Consider, is the Policy relevant to: | | |
| Article 2: The right to life Examples: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control | Yes | |
| Article 3: The right not be tortured or treated in an inhuman or degrading way Examples: 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 | | N/A |
| Article 5: The right to liberty Examples: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control | Yes | |

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| <p>Article 6: The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p> | | N/A |
| <p>Article 8: The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Examples: 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</p> | Yes | |
| <p>Article 11: The right to freedom of thought, conscience and religion</p> <p>Examples: 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</p> | Yes | |

| Equality Strand | Information Gathered |
|----------------------------|---|
| Race | <p>Research from The Lancet shows that Black women are at a 43% higher risk of miscarriage than white women.</p> <p>Ethnicity affects pregnancy healthcare, research suggests - BBC News RCOG calls for urgent research into miscarriage rates RCOG Miscarriage: Musings of a Muslim Mother Tommy's (tommys.org)</p> |
| Disability | <p>Study Finds Disability Could Be a Miscarriage Risk Factor SureScan (surescan-womenshealth.co.uk) Terminating a Pregnancy for Medical Reasons (TFMR) Tommy's (tommys.org) Miscarriage Occurrence and Prevention Efforts by Disability Status and Type in the United States - PMC (nih.gov)</p> |
| Sex | <p>Pregnancy Loss and Gender Psychology Today United Kingdom Men and Miscarriage: A Systematic Review and Thematic Synthesis - Helen M. Williams, Annie Topping, Arri Coomarasamy, Laura L. Jones, 2020 (sagepub.com) Couples and Miscarriage: The Influence of Gender and Reproductive Factors on the Impact of Miscarriage - ScienceDirect Gender Differences in the Development of Posttraumatic Stress Symptoms Following Pregnancy Loss: Social Support and Causal Attributes Psychological Studies (springer.com) GENDER DIFFERENCES IN COPING FOLLOWING LOSS OF A CHILD THROUGH MISCARRIAGE OR STILLBIRTH: A PILOT STUDY - MCGREAL - 1997 - Stress Medicine - Wiley Online Library</p> |
| Gender Reassignment | <p>LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library Full article: Pregnancy intentions and outcomes among transgender, nonbinary, and gender-expansive people assigned female or intersex at birth in the United States: Results from a national, quantitative survey (tandfonline.com)</p> |
| Sexual Orientation | <p>Sexual Orientation Disparities in Pregnancy and Infant Outcomes - PMC (nih.gov) LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library Sexual orientation-related disparities in perinatal mental health among a prospective cohort study - ScienceDirect</p> |

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| | Minority stress theory applied to conception, pregnancy, and pregnancy loss: A qualitative study examining LGBTQ+ people's experiences PLOS ONE |
| Age | Risk of miscarriage linked strongly to mother's age and pregnancy history - BMJ Group Female Age and Miscarriage - Spontaneous Abortion (advancedfertility.com) Early Pregnancy Loss ACOG Paternal age and maternal age are risk factors for miscarriage; results of a multicentre European study Human Reproduction Oxford Academic (oup.com) Miscarriage Statistics and Rates in the UK Tommy's (tommys.org) Risks of Pregnancy Over Age 30 - Stanford Medicine Children's Health (stanfordchildrens.org) |
| Maternity and pregnancy | Too numerous to mention and the essence of the policy. |
| Marriage and Civil Partnership | N/A |
| Religion or Belief | Religious beliefs affect grieving after pregnancy loss - PubMed (nih.gov) Zainab's story - talking about faith - The Miscarriage Association Parents' religious/spiritual beliefs, practices, changes and needs after pregnancy or neonatal loss— A Danish cross-sectional study: Death Studies: Vol 46 , No 6 - Get Access (tandfonline.com) Miscarriage, Religious Participation, and Mental Health - Petts - 2018 - Journal for the Scientific Study of Religion - Wiley Online Library PREGNANCY LOSS: A DISTURBING SILENCE AND THEOLOGICAL WILDERNESS Modern Believing (liverpooluniversitypress.co.uk) Griffioen - Toward a Philosophical Theology of Pregnancy Loss (philarchive.org) Women's Experiences of Utilizing Religious and Spiritual Beliefs as Coping Resources After Miscarriage (qub.ac.uk) |
| Welsh Language | N/A |
| Human Rights | <p>General</p> <p>There are gaps in workforce equality monitoring data across all of the protected characteristics.</p> |



Disaggregated workforce monitoring data is required to inform future policy review and assessment.

3. Assessment of Relevance and Priority

| Equality Strand | Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A) | Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B) | Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C) |
|---------------------------------------|--|---|---|
| Race | 3 | +3 | 9 |
| Disability | 3 | +3 | 9 |
| Sex | 3 | +3 | 9 |
| Gender reassignment | 2 | +2 | 4 |
| Sexual Orientation | 3 | +2 | 6 |
| Age | 3 | +3 | 9 |
| Religion or Belief | 3 | +2 | 6 |
| Maternity and Pregnancy | 3 | +3 | 9 |
| Marriage and Civil Partnership | 1 | +1 | 1 |
| Welsh Language | 1 | +1 | 1 |
| Human Rights | 2 | +2 | 4 |
| | | | 67/10 = 6.7 |

Scoring Chart A: Evidence Available Decision

Scoring Chart B: Potential Impact

Scoring Chart C: Impact

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| 3 | Existing data/research |
| 2 | Anecdotal/awareness data only |
| 1 | No evidence or suggestion |
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| -3 | High negative |
| -2 | Medium negative |
| -1 | Low negative |
| 0 | No impact |
| +1 | Low positive |
| +2 | Medium positive |
| +3 | High positive |

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| -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) |
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4. Outcome Report

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| Organisation: | Welsh Government/NHS Wales/Trade Unions |
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| Proposal Sponsored by: | Name: | Judith Paget/Alex Howells/Nicky Hughes |
| | Title: | Joint Chairs |
| | Department: | Wales Partnership Forum |

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|----------------------|-------------------------------|
| Policy Title: | Pregnancy Loss Support Policy |
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| Brief Aims and Objectives of Policy: | <p>The aim of the policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.</p> <p>It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened.</p> <p>The scope of policy is defined and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.</p> <p>The policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns.</p> |
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The policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

Was the decision reached to proceed to full Equality Impact Assessment?:

Yes

No

Record Reasons for Decision:

The principles and values of the policy are grounded in the promotion of fair and equal treatment.

If no, are there any issues to be addressed?

Yes

No

Record Details:

Lack of robust workforce monitoring data to be addressed at organisational level.

Also, training for managers to ensure that the provisions of the policy are applied fairly and equally to be addressed at organisational level.

Is the Policy Lawful?

Yes

No

Will the Policy be

Yes

No

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| adopted? | If no, please record the reason and any further action required: |
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|--|---|------------------------------------|
| Are monitoring arrangements in place? | Yes ✓ | No <input type="checkbox"/> |
| | Refer to Action Plan (Form 8) Monitoring arrangements will be addressed through local application. Scrutiny and review of monitoring reports will be undertaken at regular intervals in partnership by NHS organisation's executive teams and boards. | |

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| Who is the Lead Officer? | Name: | Helen Arthur |
| | Title: | Director of W&OD, NHS Wales |
| | Department: | Welsh Government |
| Review Date of Policy: | As required in line with agreed policy review process. | |

| Signature of all parties: | Name | Title | Signature |
|----------------------------------|----------------|--------------|------------------|
| | Andrew Davies | | |
| | Vicky Richards | | |
| | Erica Stamp | | |

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5. Action Plan for Pregnancy Loss Support Policy

| | ACTION | WHO | HOW/ WHEN |
|---|---|---------------------------------|----------------------|
| Monitoring Arrangements | | | |
| How will the Policy be monitored? | <p>Monitoring arrangements will be undertaken in partnership and will be determined locally.</p> <p>Monitoring outcomes will be reported to Boards</p> | Workforce and OD Directors/LPFs | Annually |
| What monitoring data will be collected? | Local application of pregnancy loss support policy disaggregated against each protected equality characteristic, workplace/directorate and staff group. | Workforce and OD Directors | Ongoing |
| Other Actions | | | |
| Describe any other actions highlighted through the policy screening | Policy training for managers to include scope and application of duty to consider reasonable adjustments. | Workforce and OD Directors | To be confirmed |

