

Equality Impact Assessment Template: Please complete alongside the guidance document

Title of work: Women, Pregnancy and Substance Use: Good Practice Guidelines	Date of completion: 14 March 2024	Completed by: Hazel Inglis (Midwifery Development Officer, Highland Council) Cat Clark (Specialist Midwife- Drugs and Alcohol, NHS Highland) Eve MacLeod (Senior Health Improvement Specialist)
Description of work: <p>To review and update the “Women, pregnancy and substance use: Good practice guidelines”.</p> <p>The foundations for health and wellbeing are established in the earliest moments of life. Pregnancy offers an opportunity for services in Highland to provide effective intervention to ensure the best possible care is provided to promote the wellbeing of women and their children pre-birth, throughout pregnancy and into parenthood. Pregnancy and pre-conception stages are the earliest – and most critical stages – at which services can put in place effective interventions that will prevent long-term harm to children and families (Scot Gov 2013).</p> <p>A qualitative study by Stone (2015) looked at the fear, stigma and barriers to care faced by pregnant women with problematic substance use. Their findings suggest that some women may feel inhibited to accessing care owing to feelings of guilt, anxiety about the attitudes of healthcare staff and fear of their children being removed. Services therefore need to be accessible, welcoming, and empowering for those women affected by substance use. Problematic substance use may be associated with adverse childhood experiences. Staff should adopt a trauma-informed approach when supporting women and families.</p> <p>This guidance signifies best practice for maternity staff across Highland. It will likewise be helpful for other services who have a critical role in supporting women with problematic substance use in pregnancy.</p> <p>Health inequalities and social exclusion have an impact on health and wellbeing, and it is essential that evidence-based information and support provided through integrated working that is based on individual need, is provided to all women (NHS QIS 2009). This equally applies to women who have problems with smoking, drugs or alcohol use, who require access to a full range of services within a multidisciplinary assessment process.</p> <p>Good practice in maternity care can help to ensure early links between professionals and women and their families, which enables everyone to work in collaboration to provide a coherent, responsive, family-centred service and improve outcomes.</p>		

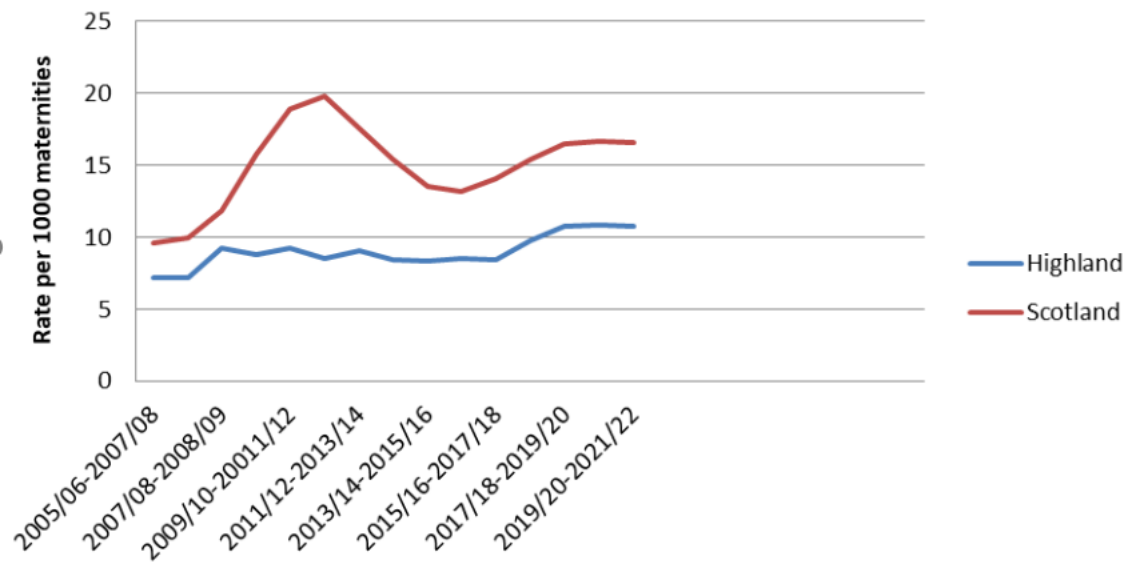
Outcome of work:

The updated NHS Highland “Women, pregnancy and substance use: Good practice guidelines” will provide an evidence-based, comprehensive resource for midwives and other professionals who are supporting women and families affected by substance use.

NHS Highland has an identified need for specialist advice and support for midwives who are coordinating and providing care for women and families who have complex needs due to their use of drugs and alcohol during pregnancy. This data was collected from a scoping survey of midwives conducted in September 2021. [Microsoft Forms \(office.com\)](#)

In the last financial year (2022-2023), 1.2% of pregnant women in NHS Highland (North) disclosed continued alcohol use at their booking appointment whilst 1.3% disclosed continued use of drugs, equating to around 50 women. This corresponds with the national average, though evidence indicates that these numbers are likely to be underestimated because of stigma and other barriers to disclosure. (These figures were obtained from Badgernet (electronic record) October 2023).

Maternities with Drug Use

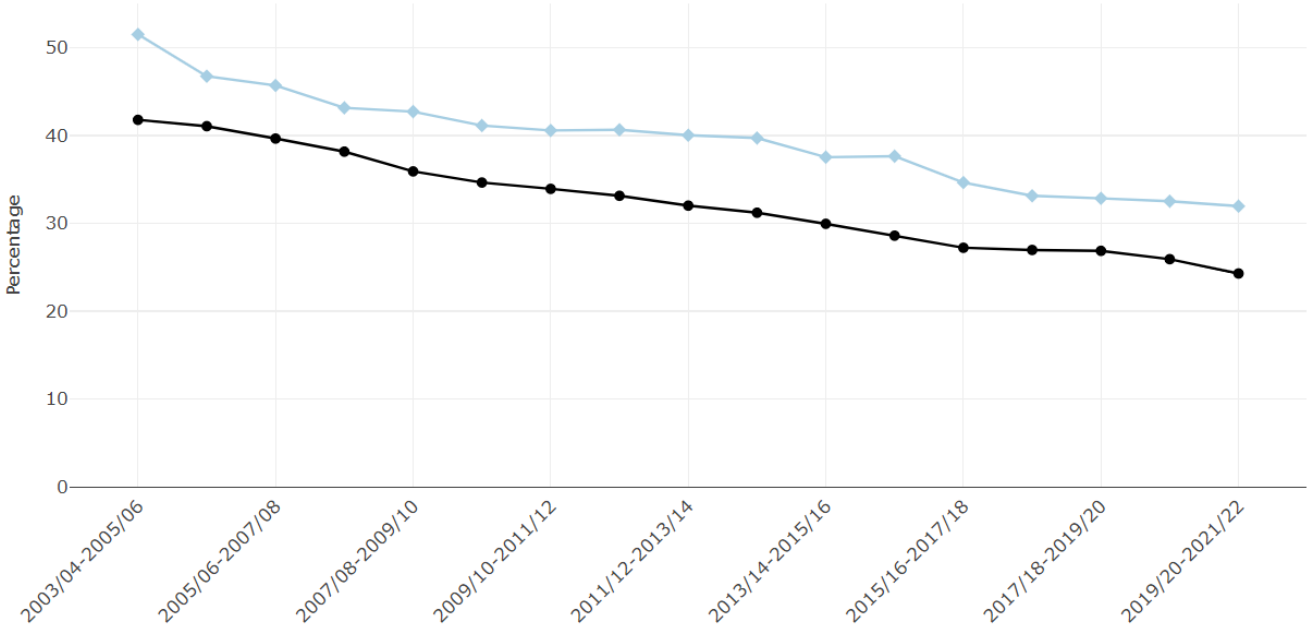


The following graphs show the prevalence of smoking during pregnancy in NHS Highland compared to the Scottish average (from ScotPHO online profile tools) and highlight the health inequalities experienced by women living in areas of higher deprivation (SIMD 1) compared to those in areas of lower deprivation (SIMD 5). 31.96% of the population of pregnant smokers in NHS Highland in 2019/20 - 2021/22 lived in SIMD 1 areas, compared to 5.91% in SIMD 5 areas. Embedding clear guidance around smoking in pregnancy will enable midwives to provide optimal support to families in their care and address health inequalities.

Smoking during pregnancy in most deprived quintile (1)

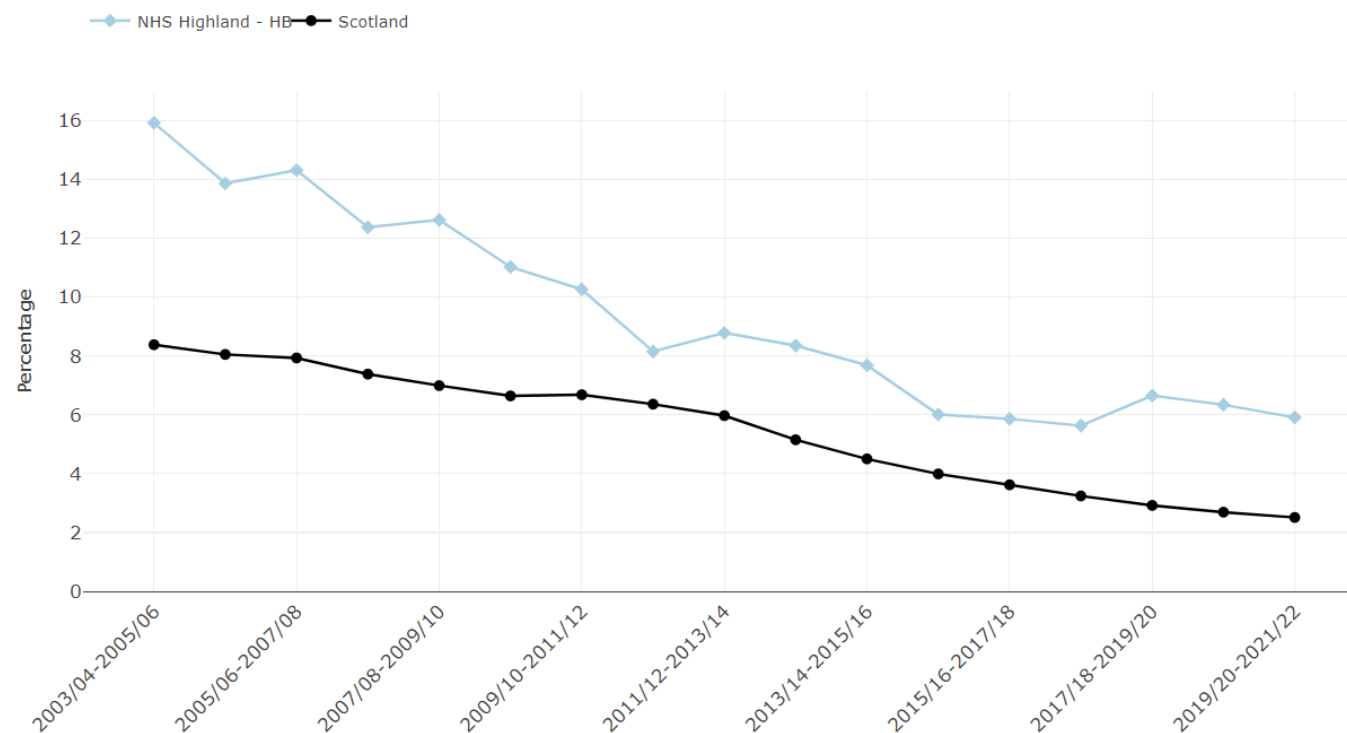
Percentage

NHS Highland - HB Scotland



Smoking during pregnancy in least deprived quintile (5)

Percentage



Early intervention and ensuring that joined-up approaches are in place to support women and families affected by substance use are documented as best practice in various national and local policies and guidance, such as:

- **BEST START (2017):** Recommendation 35 states that women with complex needs should have access to specialist support whilst receiving continuity of care from their named midwife.
- **NICE (2010) Pregnancy and Complex Social Factors:** Recommendation 1.2.2 recognises that jointly developing care plans across agencies, including information about opiate substitution therapy in care plans, co-locating services, and offering women information about the services provided by other agencies can enhance outcomes.
- **MBRRACE: Saving Lives, Improving Mothers' Care (2023):** This report recognises the importance of a coordinated, multidisciplinary and multiagency approach with specialist input, to optimise care for women who have problematic alcohol or drug use.

- **GIRFEC (Getting It Right for Every Child) (2009) and GOPR (Getting Our Priorities Right) (2010):** Both GIRFEC and GOPR make the welfare and wellbeing of children paramount. They both encourage a more preventative approach to the impact of alcohol and substance use on children by better integration of drug and alcohol services and maternity care.
- **NSPCC and PMHNS Wellbeing for Wee Ones (2020):** A mapping exercise of parent-infant intervention and support services in Scotland generated a 'Key Theme Summary Report' and individual reports for each health board. This identified a need for services specifically targeting the impact of alcohol and drug use.
- **Scottish Government and Highland Alcohol and Drug Partnership (HADP) (2018) - Rights, Respect and Recovery Strategies:** These outline that 'children and families affected by alcohol and drug use will be safe healthy included and supported with a whole family approach.' The support and advice service we are creating will align with the key themes: Prevention and early intervention, whole family approach, evidence informed, quality improvement, partnership working, person-centred and strength based, effective communication, reduce inequality, and tackle stigma.
- **Scottish Government's "Tobacco and vaping framework: roadmap to 2034" (2023) and NHS Highland's "Highland Tobacco Strategy 2018-2021" (2018) (currently being updated):** These strategies both identify pregnant women as a priority group for smoking cessation interventions.
- **Vulnerable Pregnancy Pathway North Highland (Pregnancy and Additional Support: A Trauma Informed Pathway of Care) (2019):** Early identification of factors which may place an infant at risk during pregnancy and the postnatal period is crucial for the protection of vulnerable children. Ensuring that families get the right help at the right time, with the provision of safe, effective family-centred care will ensure the best outcomes for families. The use of a trauma-informed approach builds trusting relationships based on choice and collaboration and can empower families to have a sense of control and safety.

Ensuring that the guidance aligns with up-to-date evidence will enhance care and improve outcomes for women and families affected by substance use.

Who:

Stakeholders: (who will this work affect?)

Primarily the work will affect:

- Women and families affected by substance use
- Midwives, nurses, and AHP
- Midwifery Development Officers
- Drug and Alcohol Recovery service
- Obstetricians
- Child Protection Advisors
- GP's
- Health Visitors
- School Nurses
- Community Early Years Practitioners
- Highland Alcohol and Drugs Partnership

How do you know:

Stakeholder engagement: How will you know what impact this will have - please detail what work you have done to find this out? Remember to consider the way in which you use language matters.

An anonymous survey of maternity service users in NHS Highland was carried out in 2021 to gain an insight into their knowledge and views on alcohol use in pregnancy. 36 participants were recruited through the Highland Maternity Voice Partnership. The survey highlighted mixed understanding and perceptions of the importance of being alcohol free whilst pregnant, with most of the respondents reporting that any knowledge they had on the topic had been provided by their midwife.

A scoping survey was sent to midwives across NHS Highland in 2021 to identify their confidence in discussing alcohol and drugs use with women during pregnancy. From this, it was established that midwives would benefit from additional education, training, advice and support around substance use in pregnancy.

Regular training sessions (both in person and virtual) regarding "Smoking Cessation in Pregnancy", "Alcohol and Drugs Awareness" and "Antenatal Alcohol Brief Interventions" have been established across NHS Highland to update staff and inform practice, in line with the updated guidance. Positive feedback has been received following these sessions.

Bi-annual newsletters regarding "Smoking in Pregnancy" and "Drugs and Alcohol use in Pregnancy" have been re-established since 2023. These have been advertised to the multidisciplinary team and have had good outreach.

The Specialist Midwives for Drugs and Alcohol have developed "Advice and Support" sessions for midwives, to provide one-to-one guidance and support to practitioners to enhance their confidence and skills in coordinating complex care, whilst improving outcomes for women and families affected by substance use.

Data collected by the electronic notes system used by midwives, Badgernet, allows analysis of the prevalence of substance use within NHS Highland and the number of women who are being asked about their alcohol use, drug use and smoking during pregnancy. For example, recent data analysis has shown an increase in the number of Antenatal Alcohol Brief Interventions and women being offered CO monitoring within NHS Highland.

What will the impact of this work be? *(see appendix 1 for list of protected characteristics and other groups that you may wish to identify)*

Age: The primary focus of this guidance is on women of a child-bearing age, and families including infants and children. We recognise that there are a wide range of age groups that will require enhanced support from maternity services due to substance use because of this. Consideration of health inequalities due to age is highlighted in the guidance, such as the higher prevalence of smoking during pregnancy amongst women of a younger age.

Disabilities: We recognise that individuals with a wide range of disabilities (for example neurodevelopmental differences such as Fetal Alcohol Spectrum Disorder (FASD), physical disabilities, poor mental health, sensory disabilities and learning disabilities) will be accessing maternity services and may require adaptations to their care to fully meet their needs. It is well evidenced that substance use is closely linked to poor mental health. It is expected that staff members using this guidance (for example community midwives or health visitors) will have a good understanding of any disabilities experienced by women and families in their care and the impact that these may have on their daily lives. We understand that disabilities can impact on a family's income which can further impact on health inequalities.

[Guidelines for Practitioners working with pregnant women and mothers with learning disabilities](#)

Gender reassignment: We recognise the impact that language can have and are open to changes and adaptations to our guidance to reflect best practice. We recognise and affirm diverse gender identities. After careful consideration, this guidance has used the term "women" throughout, as most of our service users identify as women, but it would be expected that all professionals ask and respect the preferred language of those in their care when communicating any information from this guidance. All midwives should complete mandatory training called "[Introduction to equality, diversity and human rights | Turas | Learn \(nhs.scot\)](#)" which informs them on the importance of this. The NHS Scotland Pride badge promotes inclusion for LGBTQ+ people and makes a statement that there's no place for discrimination or harassment of any kind in NHS Scotland. Staff members sign a Pride Pledge to receive a Pride Badge. Staff members who wear the badge are pledging to:

- be aware of and responsive to issues faced by LGBTQ+ people accessing care
- be a friendly, listening ally who colleagues and service users can safely approach
- use inclusive language and respect identity.

Sex: This guidance focuses on pregnancy and therefore on female individuals, however we recognise what we have said above with regards to gender identities and gender reassignment. Women are often the primary care givers and single parent families are more likely to be women, which can lead to reduced income and health inequalities.

Sexual Orientation: We recognise that families from the LGBTQ+ community will access maternity services, including male-male and female-female couples. Individuals who are part of the LGBTQ+ community face significant health inequalities due to discrimination and social isolation. The ways in which substances are commonly used in the LGBTQ+ community differs to the heterosexual community,

including higher prevalence of chemsex, smoking and alcohol use. In addition, there are much fewer alcohol-free spaces for LGBTQ+ individuals to socialise, which can impact on their opportunity to abstain.

Marriage and Civil Partnership: Families accessing maternity care in NHS Highland should not be treated any differently if they are not married.

Pregnancy: This guidance is primarily for professionals supporting pregnant women. Pregnancy is often an opportunity for midwives and other colleagues to facilitate a supportive, empowering environment for lifestyle change. We recognise what we have said above regarding gender re-assignment and sexual orientation.

Race: It is well evidenced that black women are five times more likely to die in pregnancy and childbirth. The demographic within NHS Highland is becoming more ethnically diverse. It is important for staff using this guidance to address and acknowledge the impact their own views and beliefs can have on care provision due to unconscious bias. We recognise the potential cultural differences regarding substance use. Consideration of Gypsy travellers, access to services and interpretation services are included within this guidance. Mandatory training on equality and diversity (as mentioned above) ensures all staff have awareness of this issue. In addition, staff have access to further modules available to them, including:

[Introduction to diversity, inclusion and multiculturalism elearning module | Turas | Learn \(nhs.scot\)](#)

Religion & belief: We recognise that people will have different religious and/or philosophical beliefs and staff should respect these when applying the guidance. Training on this is available here:

[What is religion or belief discrimination? | Turas | Learn \(nhs.scot\)](#)

While considering the protected characteristics, conversations were also had considering accessibility, transport, poverty (including the affordability of transport), the remote and rural setting for some women and families, literacy, and digital literacy. It is also acknowledged that women and families who are affected by substance use can experience a range of challenges, including the significant impact of stigma. In addition, intersectionality of protected characteristics, and wider issues, can make circumstances more challenging for people.

Given all of the above what actions, if any, do you plan to take?

Prior to publication of the guidance, we aim to hold information sessions with stakeholders. These sessions will highlight the importance of considering protected characteristics and encourage the embedding of a trauma-informed approach to reduce stigma experienced by women and families.

We will signpost staff to further training opportunities as part of this, including:

[Introduction to equality, diversity and human rights | Turas | Learn \(nhs.scot\)](#)

[Introduction to diversity, inclusion and multiculturalism elearning module | Turas | Learn \(nhs.scot\)](#)

[NHS Scotland Pride badge | NHS Highland](#)

[What is religion or belief discrimination? | Turas | Learn \(nhs.scot\)](#)

Approved by:

Susan M Birse Health Improvement Principal, 05/04/2024