

Reference Number: UHB 355 Version Number: 1	Date of Next Review: 18/02/2020 Previous Trust/LHB Reference Number: N/A
Pregnancy Testing of Girls of Child Bearing Age Before Procedures and Treatments Policy & EHIA	
<p>Policy Statement</p> <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will develop and describe effective arrangements to ensure relevant actions are taken by individuals in order to reduce the risks to any unborn child when a girl of child bearing age is to undergo radiographic examination of the lower abdomen/pelvic area, nuclear medicine exposure, surgical procedures, anaesthesia.</p> <p>Procedures and other written control documents translate these principles into more detailed instructions or guidance including individual responsibilities, and confidentiality and safeguarding considerations.</p>	
<p>Policy Commitment</p> <p>Our Policy will ensure that a systematic approach is followed by healthcare professionals working in all areas and departments within the UHB to ensure that pregnancy testing of all girls who have commenced menstruation is undertaken in a consistent, sensitive and confidential manner and that safe treatment is delivered to girls who have commenced menstruation.</p> <p>In addition, we will have a robust audit trail providing evidence of compliance and action taken.</p>	
<p>Supporting Procedures and Written Control Documents</p> <p>The supporting procedures describe the following with regard to pregnancy testing of girls of child bearing age before procedures and treatments:</p> <ul style="list-style-type: none"> • The additional precautions relating to potential pregnancy that need to be taken prior to girls of childbearing age undergoing the procedures and treatments listed • Steps to take in reported / disclosed cases of sexual activity of girls aged 13 years or younger, and in cases of sexual activity in girls aged between 14 and 16 years of age • Steps to take if any girl is found to be pregnant • In emergency situations, priority is given to the lifesaving care of the girl. <p>Other supporting documents are: The All Wales Child Protection Procedures and Pregnancy Testing of Girls of Child Bearing Age Before Procedures and Treatments Procedure.</p>	
<p>Scope</p>	

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This policy applies to all of our staff in all locations including those with honorary contracts.

Equality and Health Impact Assessment

An Equality and Health Impact Assessment on this policy has been undertaken to establish any possible or actual impact that this policy may have on any groups in respect of their sex, maternity and pregnancy, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

The assessment found that there was an overall positive impact to the equality groups mentioned. A potential negative impact in relation to religion was identified; this has been recognised within the documents and where appropriate we will take the necessary actions required to minimise any stated impact, and to ensure that we meet our responsibilities under the equalities and human rights legislation.

Policy Approved by	Quality, Safety and Experience Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Child Health Quality, Safety and Experience Group
Accountable Executive or Clinical Board Director	Executive Nurse Director

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
2	18/02/2020	03/03/2020	Updated Policy

Equality & Health Impact Assessment for

Pregnancy Testing of Girls of Child Bearing Age Before Procedures and Treatments Policy

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Children and Women Clinical Board Directorate Lead Nurse Acute Child Health Ext 46653
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The aim of the policy and supporting procedure is to ensure that a systematic approach is followed by healthcare professionals working in all areas and departments within the UHB to ensure that pregnancy testing of all girls who have commenced menstruation is undertaken in a consistent, sensitive and confidential manner and that safe treatment is delivered to this group of patients.</p> <p>Objectives of Policy are:</p> <ul style="list-style-type: none"> • To reduce the risks to any unborn child when a girl of child bearing age is to undergo procedures both surgical and radiological involving the lower abdomen or pelvis • To ensure that additional precautions relating to potential pregnancy are taken prior to girls of childbearing age undergoing the procedures and treatments listed • That appropriate steps are taken in reported / disclosed cases of sexual activity of girls aged 13 years or younger, in cases of

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		<p>sexual activity in girls aged between 14 and 16 years of age and if any girl is found to be pregnant</p> <ul style="list-style-type: none"> • That individual responsibilities are clear and appropriate consideration given to confidentiality and safeguarding • That in emergency situations priority is given to the lifesaving care of the girl. 														
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing'</p>	<p>There is evidence which indicates that some surgical / radiological treatments carry the risk of spontaneous abortion and inter-uterine growth retardation. The slight increased risk in spontaneous abortion is more apparent in the first trimester and the risks are both to the mother and the foetus. In order to reduce the risks to any unborn child, it is necessary for all females of child bearing age to be assessed for the possibility of pregnancy prior to these treatments.</p> <p>Figures from the ONS on the female population 12 – 16 yrs.</p> <table border="1"> <thead> <tr> <th>Age</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>Total Aged 12-16</th> </tr> </thead> <tbody> <tr> <td>No. Females</td> <td>1,661</td> <td>1,673</td> <td>1,746</td> <td>1,865</td> <td>1,896</td> <td>8,841</td> </tr> </tbody> </table> <p>Evidence from –</p>	Age	12	13	14	15	16	Total Aged 12-16	No. Females	1,661	1,673	1,746	1,865	1,896	8,841
Age	12	13	14	15	16	Total Aged 12-16										
No. Females	1,661	1,673	1,746	1,865	1,896	8,841										

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

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	<p>Strategy provides an overview of health need².</p>	<ul style="list-style-type: none"> • National Patient Safety Agency Rapid Response Report PSA/2010/RRR011: Checking pregnancy before surgery • National Institute for Clinical Excellence Preoperative tests: The use of routine preoperative tests for elective surgery 2003 • Medical Exposure and Pregnancy IRMER Employer's Procedure EP3 2010 • Sexual Offences Act 2003 • All Wales Child Protection Procedures <p>Benchmarking from other Children's Hospitals/UHBs</p> <ul style="list-style-type: none"> • Bristol Children's, Hospital • Great Ormond St, Hospital • Southampton children's, Hospital • Alder Hay Children's Hospital • Royal Glamorgan Hospital, • Neville Hall Hospital • Morriston Hospital
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All females who are menstruating and undergoing certain surgical and radiological procedures Families/carers of these individuals

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Positive impact as it is aimed at young females of a particular age only. Negative impact for those females under 14yrs.	Ensure safeguarding pathway followed.	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or	The UHB is aware from its demographic information that it employs staff who have disabilities as defined within the Act. As such, the Policy has been made accessible to		

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impairment, mental health conditions, long-term medical conditions such as diabetes	<p>staff in both electronic and paper copy.</p> <p>It impacts positively on those young females with learning or communication difficulties as it does not automatically assume that the young person will be not be competent and therefore able to answer questions on her own behalf. However the negative impact would be where either cultural or religious beliefs discourage honest and open disclosure by the young person to a health professional.</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>Not applicable to males.</p> <p>There is no evidence to suggest that the policy has an impact.</p>		
<p>6.4 People who are married or who have a civil partner.</p>	<p>There is no evidence to suggest that the policy has an impact.</p>		

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6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	The impact would be positive as the purpose of the policy is to safeguard the foetus if the young person is pregnant and undergoing investigations which may have an adverse effect on the mother/pregnancy.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There is no evidence to suggest that the policy has an adverse effect on people because of race.		
6.7 People with a religion or belief or with no religion	The policy may have a negative impact on people	The negative impact in regards to religion could be	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
or belief. The term 'religion' includes a religious or philosophical belief	because of religion or beliefs due to the ramifications if a pregnancy test is positive e.g. the belief that sex outside marriage is wrong this may leave the young person in a vulnerable position.	mitigated against by having discussions with the young person/family/carers.	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	There is no evidence to suggest that the policy has a negative impact on these groups		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	There is no evidence to suggest that the policy has a negative impact on this group		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence to suggest that the policy has a negative impact on this group		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that the policy has a negative impact on this group		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those	There is no evidence to suggest that the policy has a negative impact on this group		

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<p>living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>			
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services</p>	<p>There is no evidence to suggest that the policy has a negative impact on this group</p>		

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including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	There is no evidence to suggest that the policy has a negative impact on this group		
7.4 People in terms of their use of the physical environment:	There is no evidence to suggest that the policy has a negative impact on this group		

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<p>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on</p>	<p>There is no evidence to suggest that the policy has a negative impact on this group</p>		

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<p>family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>There is no evidence to suggest that the policy has a negative impact on this group</p>		

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Well-being Goal – A globally responsible Wales			

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Over all the impact of this policy is positive although there may be an impact in regards to religion but this could be mitigated against by having discussions with the young person/family/carers. It should be noted that the overall aim of the policy is to protect unborn babies from unnecessary exposure to harm during some surgical/radiological treatments. There is evidence which indicates that some of these procedures carry the risk of spontaneous abortion and inter-uterine growth retardation. The slight increased risk in spontaneous abortion is more apparent in the first trimester and the risks are both to the mother and the foetus. In order to reduce the risks to any unborn child, it is necessary for all females of child bearing age to be assessed for the possibility of pregnancy prior to procedures.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Recognition of religion has been inserted into the policy.</p>	<p>M Glover</p>	<p>completed</p>	<p>Explicit statement in policy.</p>

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>				

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 				

