

## **Equalities Monitoring Information**

### **INTRODUCTION**

The early pregnancy clinic has been running for over 7 years. Initially the clinic was set up as an open access clinic. However, the amount of women who came to the clinic inappropriately (ie with no actual problems), or requesting a dating scan was high. The clinic was also over –running every day. In recent years, clear guidance has been created for referral (which most if not all GP and midwives are aware of throughout the Trust catchment area). This seems to be working very well.

The clinic sees any woman between 5 and 17.6 weeks who has pain or bleeding in early pregnancy. Anyone attending the clinic has to have a referral letter with them, or a fax being sent. All women on attending the clinic are triaged and any inappropriate/questionable referrals are seen by the nurse practitioner and re assessed. 'Inappropriate referrals' would be:

- Women who are below 5 weeks – However if a woman presents with a history of pain, BHCGs may be taken following a clinical history
- Self referral – naturally these women are assessed, but will be discharged if there is no clear reason for review or scan
- Women who have no pain or bleeding but are anxious and want to see if all is well with the pregnancy – these women would not be scanned. They would be seen by the nurse practitioner, and a dating scan would be arranged.

The clinic over the last year has been highly attended, and as such women who need a second review are now re booked into an additional afternoon clinic. These are booked appointments. The morning clinics have remained busy on the whole despite this change.

### **Explanation of Plan to Monitor Service**

Within Maternity services, eg Ante Natal classes/post natal care, a high percentage of White women access the service. The numbers of women from other ethnic groups who access the service is much lower than the numbers known to exist within the community. There may be many reasons for this. The Early Pregnancy Clinic review seeks to assess the numbers of women from other Ethnic backgrounds who do access the service, and compare the figures with Trust statistics.

The aim will be to ask all women attending clinic to fill in the Equal Minorities Monitoring Information as an initial guide to actual statistics. From here, we will be able to ascertain whether the numbers of women attending EPC correspond to the percentages held by the Trust.

### **Aim**

We aim to collect, analyse and report the data. Once completed, if change is required, we will meet as a clinical team to review the data, ascertain potential problems and seek solutions for our service.

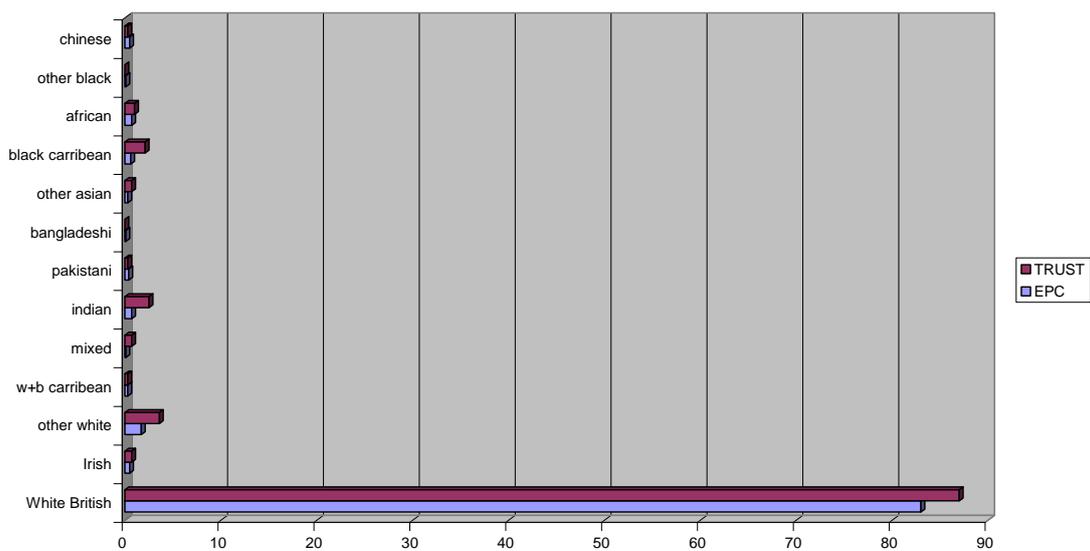
## DATA

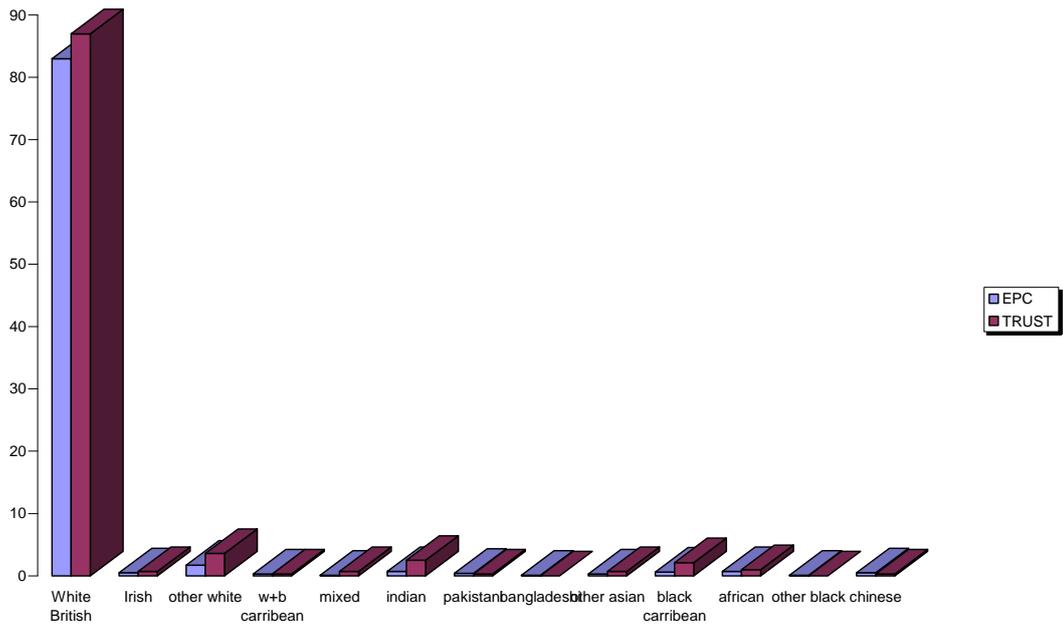
	EPC	TRUST
White British	83	87
Irish	0.5	0.7
other white	1.7	3.6
w+b		
carribbean	0.3	0.3
mixed	0.1	0.7
indian	0.7	2.5
pakistani	0.4	0.3
bangladeshi	0.1	0
other asian	0.3	0.7
black		
carribbean	0.6	2.1
african	0.7	1
other black	0.1	0
chinese	0.5	0.3

Within the monitoring information, there was also white and asian not inc in Trust stats, of which we had an additional 0.7%

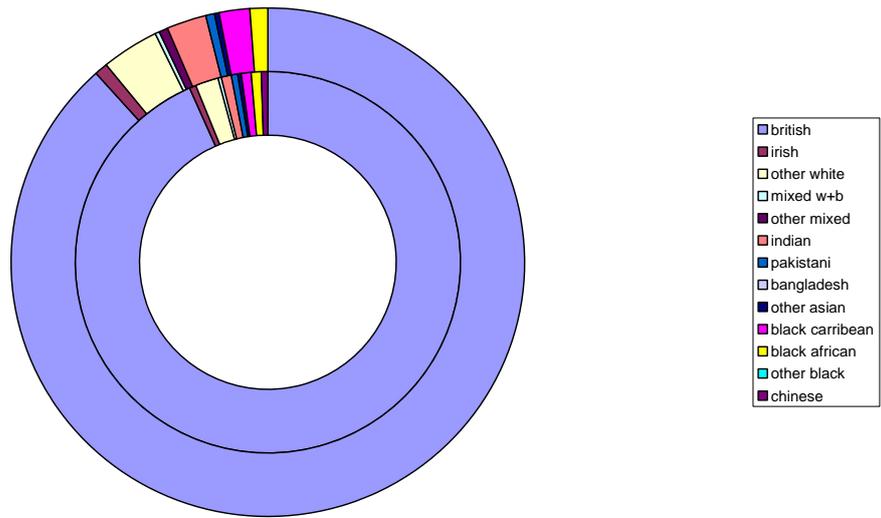
## GRAPHS

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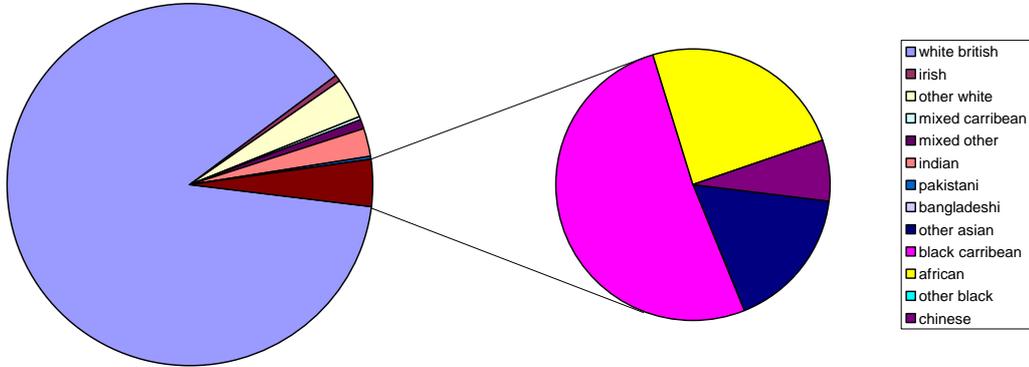


**Equalities Monitoring**

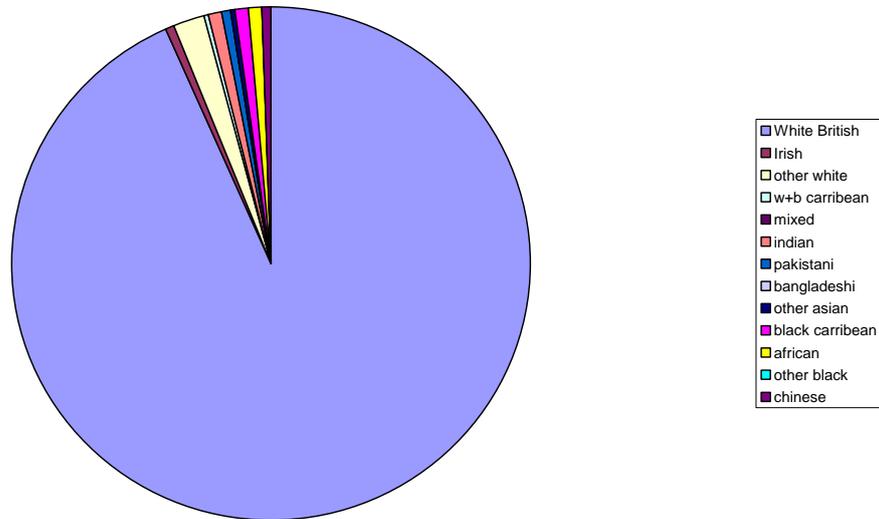


# Early Pregnancy Clinic Statistics

epc

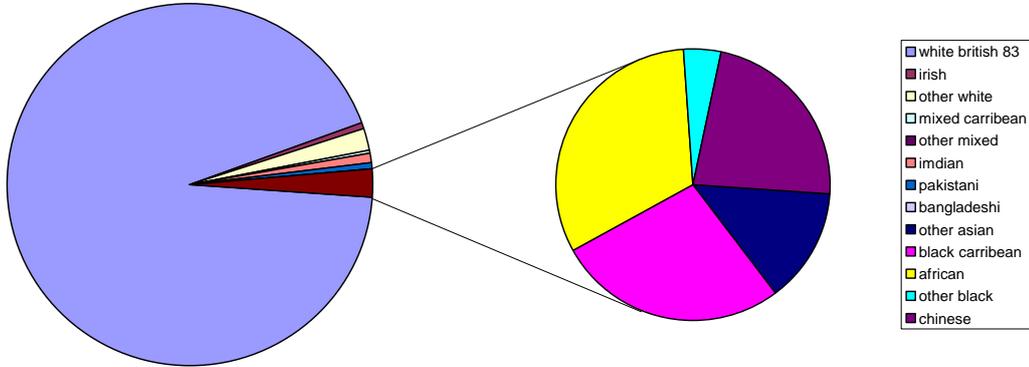


EPC

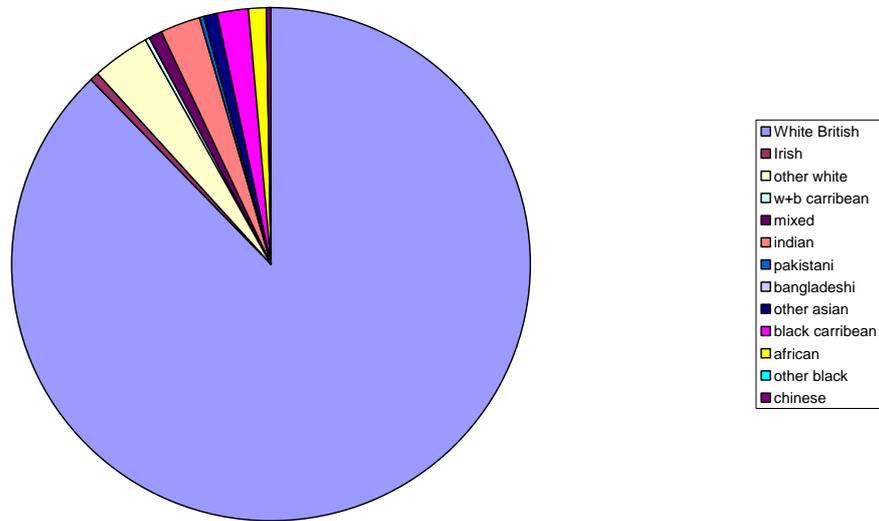


# Trust Statistics

trust



TRUST



## Summary

Two months of statistics were captured for early pregnancy clinic, and then compared against the Trust statistics. The equalities monitoring information for the Trust, and the overview of early pregnancy clinic have been particularly helpful. The attendance at early pregnancy clinic seems to be favourable in line with Trust statistics. Many comparisons fall equally, and at times figures show a **higher** ratio of Indian and Black Caribbean women (in particular) attending early pregnancy clinic than accessing other aspects of the Trust .

As such we are reasonably pleased with access to early pregnancy clinic, and currently would feel that we do not need to make any amendments to the structure of the clinic, as no major issues have been highlighted just now. The way forward would seem to be a review of our service again in 12 – 18 months to compare statistics, and ensure access is still straightforward. This will be via a further equalities monitoring information audit.

Early pregnancy leaflets are currently available in a number of Asian languages, Turkish and Polish. In addition we have become aware that signs within the EPC area could be better, and plan to look at signs in other languages to welcome people, direct them to the Clinic/Waiting area, and to public conveniences. This is something we will seek to address over the coming months.

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EPC