Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Gender The target group are pregnant women. In placing consumers at the centre of maternity services and facilitating shared decision making, women are being increasingly encouraged to participate in writing and holding their own maternity records. There may be exceptions when it is not appropriate to file professional notes while the MHHR is being hand held e.g. records made by social services or psychologists, or sensitive information that the woman herself does not wish to be included in the MHHR. Each HSCT must have procedures in place that ensure that should the exceptions mentioned above occur, relevant staff are alerted to the existence of other documentation and the location of such documents/information. **Disability** Service users include women who may have mental health issues, and/ or those who have a physical disability. It is recognised that there may be occasions when a woman may choose	Equality issues will be reviewed and addressed as appropriate.

not to hold her MHHR. Maternity staff may also consider that in some individual cases (e.g. for vulnerable women) it may be more appropriate to retain the MHHR within the maternity unit where she is booked for confinement or in the community clinic. This should be discussed with the woman and noted on PAS. The clinician should check at each contact the woman is still content to carry the MHHR. To promote confidentiality, enhance continuity of communication and care, and maintain the safety and integrity of the record, local procedures need to be developed to ensure her MHHR is available for all appointments and if the woman unexpectedly present herself to the maternity unit outside 'normal working hours'. Those providing women with antenatal care have relevant skills and training, and experience of targeting groups as listed. Key health messages are designed with low literacy in mind. All entries in the MHHR must be unambiguous, with no jargon, meaningless phrases, or irrelevant speculation The health and wellbeing messages on the folder are delivered in simple, short sentences, supported by appropriate graphics. When women are given the written information to keep in the folder the midwife provides a verbal explanation of what they are and their purpose.	

Ethnicity A MHHR should still be initiated for any pregnant woman who presents at a Maternity Unit within Northern Ireland even though she is not 'booked' for delivery in any unit in Northern Ireland. If the woman is remaining in the HSCT area she should be given a 'booking' antenatal appointment and asked to bring the MHHR with her to this appointment. If the woman is not staying within Northern Ireland the MHHR should be retained by the unit and the woman provided with a photocopy of relevant sections of her MHHR for her to show her new care provider(s) and her pregnancy episode closed on the Patient Administration System (PAS). Also, the MHHR can be translated into minority languages if needed. Given that ethnic minorities may face additional barriers in accessing health services, the imagery used in the folder is designed to be as inclusive as possible, including people of different races and ethnic groups. In addition to feedback from maternity collaborative members (who are healthcare professionals working in maternity services), draft designs were also circulated to a service user Facebook group for comment. **Sexual orientation** Antenatal care is inclusive, regardless of sexual orientation. Given that	

people who are gay, bisexual or lesbian are more likely to report negative experiences of health care, language used in the leaflets and publications in the MHHR folder is reflective of all types of families and service users in Northern Ireland. Imagery used in the folder is androgynous, designed to be as inclusive as possible. In addition to feedback from maternity collaborative members (who are healthcare professionals working in maternity services), draft designs were also circulated to a service user Facebook group for comment. **Marital Status/ Dependant status** It is recognised that unmarried mothers or women without a partner in Northern Ireland can still face a stigma and negative stereotypes. Given that people who are single parents (especially younger single parents) are more likely to be subject to stigma and negative attitudes than those in traditional two-parent families, language used in the leaflets and publications in the MHHR folder is reflective of all types of families in Northern Ireland. Imagery used in the folder is androgynous, designed to be as inclusive as possible. In addition to feedback from maternity collaborative members (who are healthcare professionals working in maternity services), draft designs were also circulated to a service user Facebook group for comment.	

The service should promote social inclusion, addressing issues around disadvantage, sexual orientation, gender identity, ethnicity, disability and rural / urban communities. Health care providers will have policies for staff on child protection and guidelines for staff around disclosure and other sensitive issues. Health professionals will display non-judgmental attitudes when discussing sensitive issues.	