



**National Institute for
Health and Clinical Excellence**

Quick reference guide

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Pregnancy and complex social factors

A model for service provision for pregnant women
with complex social factors



About this booklet

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in 'Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors' (NICE clinical guideline 110).

Who should read this booklet?

This quick reference guide is for professional groups who are routinely involved in the care of pregnant women, including midwives, GPs and primary care professionals who may encounter pregnant women with complex social factors in the course of their professional duties. It is also for those who are responsible for commissioning and planning healthcare and social services. In addition, this booklet will be of relevance to professionals working in social services and education/childcare settings, for example school nurses, substance misuse service workers, reception centre workers and domestic abuse support workers.

Who wrote the guideline?

This guideline was developed by the National Collaborating Centre for Women's and Children's Health, which is linked with the Royal College of Obstetricians and Gynaecologists. The Collaborating Centre worked with a group of health and social care professionals (including obstetricians, commissioners, a social worker, specialists in parental and perinatal mental health, midwives, a substance misuse lead, a GP, service users and technical staff), who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation. For more information on how NICE clinical guidelines are developed, go to www.nice.org.uk

Where can I get more information about the guideline?

The NICE website has the recommendations in full, reviews of the evidence they are based on, a summary of the guideline for women and their families and partners, and tools to support implementation (see page 19 for more details).

Woman-centred care

Women should always be treated with kindness, respect and dignity. The views, beliefs and values of the woman in relation to her care and that of her baby should be sought and respected at all times.

Treatment and care should take into account women's individual needs and preferences. Women should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. Good communication is essential, supported by evidence-based information, to allow women to reach informed decisions about their care. Follow advice on seeking consent from the Department of Health or Welsh Assembly Government if needed. If the woman is under 16, healthcare professionals should follow the guidelines in 'Seeking consent: working with children' (available from www.dh.gov.uk). If the woman agrees, families and partners should have the opportunity to be involved in decisions about treatment and care. If caring for young women in transition between paediatric and adult services refer to 'Transition: getting it right for young people' (available from www.dh.gov.uk).

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Definitions of terms used in this booklet

Complex social factors Examples of complex social factors in pregnancy include: poverty; homelessness; substance misuse; recent arrival as a migrant; asylum seeker or refugee status; difficulty speaking or understanding English; age under 20; domestic abuse. Complex social factors may vary, in both type and prevalence, across different local populations.

Domestic abuse An incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. It can also include forced marriage, female genital mutilation and 'honour violence'.

Recent migrants Women who moved to the UK within the previous 12 months.

Substance misuse (alcohol and/or drugs) Regular use of recreational drugs, misuse of over-the-counter medications, misuse of prescription medications, misuse of alcohol or misuse of volatile substances (such as solvents or inhalants) to an extent where physical dependence or harm is a risk (to the woman and/or her unborn baby).

Introduction

The NICE guideline 'Antenatal care: routine care for the healthy pregnant woman' (NICE clinical guideline 62)¹ outlines the care that women should be offered during pregnancy. However, pregnant women with complex social factors may have additional needs. The guideline sets out what healthcare professionals as individuals, and antenatal services as a whole, can do to address these needs and improve pregnancy outcomes in this group of women. The guideline has been developed in collaboration with the Social Care Institute for Excellence and will also be of relevance to professionals working in social services and education/childcare.

The guideline applies to all pregnant women with complex social factors and contains a number of recommendations on standards of care for this population as a whole. However, four groups of pregnant women were identified as exemplars:

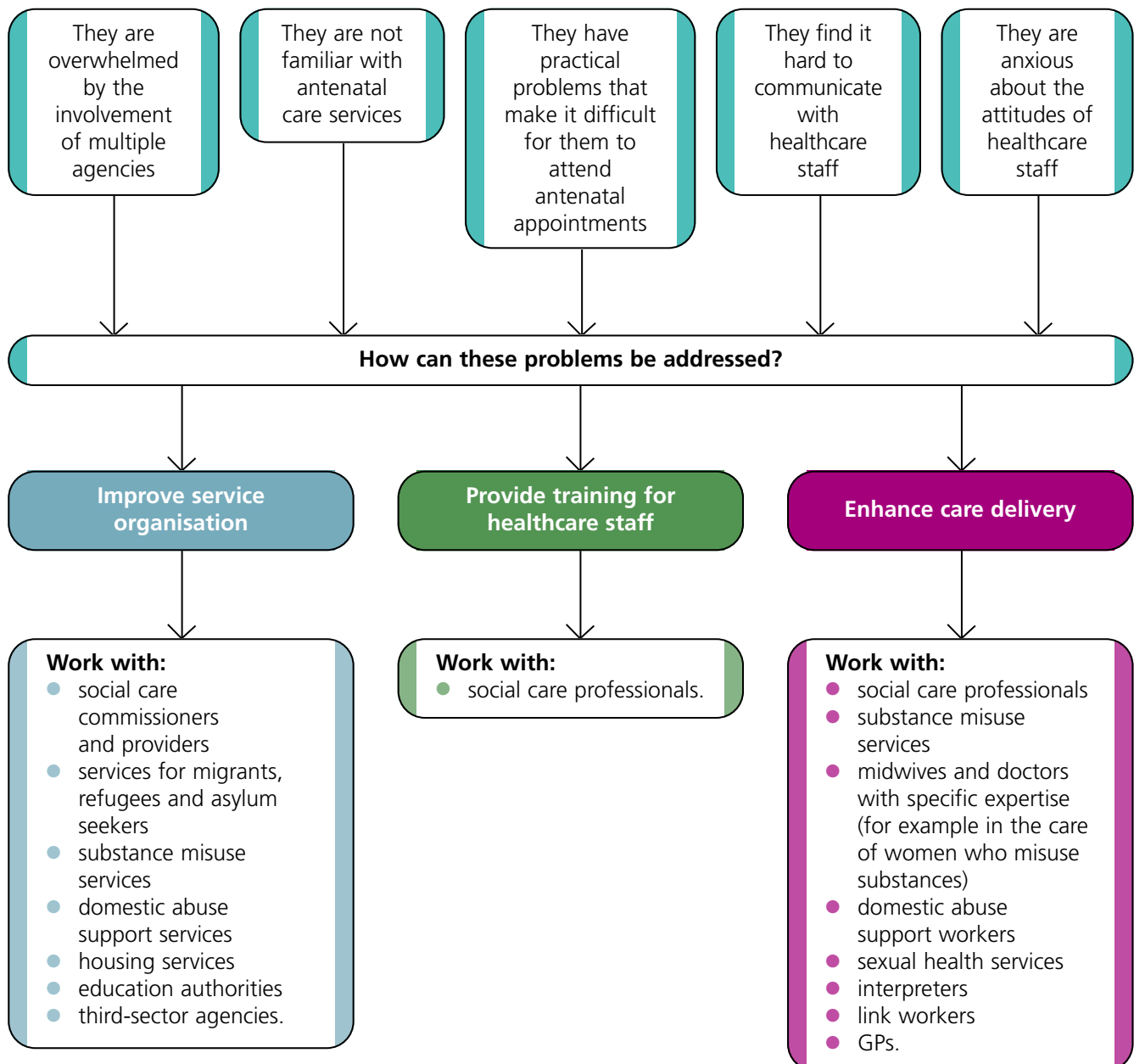
- women who misuse substances (alcohol and/or drugs)
- women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English
- young women aged under 20 years
- women who experience domestic abuse.

Because there are differences in the barriers to care and particular needs of these four groups, specific recommendations have been made for each group. Specific issues addressed in the guideline include:

- the most appropriate healthcare setting for antenatal care provision
- practice models for overcoming barriers and facilitating access, including access to interpreting services and all necessary care
- ways of communicating information to women so that they can make appropriate choices
- optimisation of resources.

¹ Available from www.nice.org.uk/guidance/CG62

Reasons why some pregnant women with complex social factors are discouraged from using antenatal care services



Offer all women routine antenatal care in line with 'Antenatal care' (NICE clinical guideline 62). Available from www.nice.org.uk/guidance/CG62

General recommendations for all pregnant women with complex social factors

Improve service organisation

Tailor services to meet the needs of the local population

- To guide service provision, ensure the following are recorded:
 - the number of women presenting for antenatal care with any complex social factor
 - the number of women within each complex social factor grouping identified locally.
- For each complex social factor grouping, ensure the following are recorded:
 - the number of women who attend for booking by 10, 12⁺⁶ and 20 weeks
 - the number of women who attend for the recommended number of antenatal appointments, in line with national guidance²
 - the number of women who experience, or have babies who experience, mortality or significant morbidity³
 - the number of appointments each woman attends
 - the number of scheduled appointments each woman does not attend.

Involve women in their antenatal care

- Ensure women are asked about their satisfaction with the services provided and that the women's responses are recorded, monitored and used to guide service development.
- Involve women and their families in determining local needs and how these might be met.
- Enable women to take a copy of their hand-held maternity notes when moving from one area or hospital to another.

² See 'Antenatal care' (NICE clinical guideline 62). Available from www.nice.org.uk/guidance/CG62

³ Significant morbidity is morbidity that has a lasting impact on either the woman or the child.

Provide training for healthcare staff

Provide training on multi-agency needs assessment and information sharing

- Healthcare professionals should be given training on multi-agency needs assessment⁴ and national guidelines on information sharing⁵.

⁴ For example, using the Common Assessment Framework. See www.cwdcouncil.org.uk

⁵ Department for Children, Schools and Families, and Communities and Local Government (2008) Information sharing: guidance for practitioners and managers. London: Department for Children, Schools and Families, and Communities and Local Government. Available from www.education.gov.uk

Give information and offer referral at the first contact

- At the **first contact** with any healthcare professional if the woman does not have a booking appointment arranged:
 - discuss the need for antenatal care
 - if she wishes to continue the pregnancy offer a booking appointment in the first trimester, ideally before 10 weeks, **or** if she is considering termination offer referral to sexual health services
 - ask her to tell her healthcare professional if her address changes and give her a phone number for this purpose.

Reinforce contact at the booking appointment

- At the **booking appointment**:
 - remind her to tell her healthcare professional if her address changes and make sure she has a phone number for this purpose
 - give her an out-of-hours phone number, for example the hospital triage contact, the labour ward or the birth centre.

Coordinate care

- Consider initiating a multi-agency needs assessment, including safeguarding issues⁶.

Communicate sensitively

- Respect the woman's right to confidentiality and sensitively discuss her fears in a non-judgemental manner.
- Tell her why and when information may need to be shared with other agencies.
- To allow for discussion of sensitive issues, provide each woman with a one-to-one consultation, without partners, family members or legal guardians present, on at least one occasion.

Keep the hand-held maternity notes up to date

- Make sure the hand-held maternity notes contain a full record of care and the results of all antenatal tests.

⁶ For example, using the Common Assessment Framework. See www.cwdcouncil.org.uk

Pregnant women who misuse substances (alcohol and/or drugs)

These recommendations are **in addition to** those outlined on pages 6–7.

Improve service organisation

Pregnant women who misuse substances may be overwhelmed by the involvement of multiple agencies. These women need supportive and coordinated care during pregnancy.

Coordinate care with local agencies

- Work with local agencies, including social care and third-sector agencies that provide substance misuse services, to coordinate antenatal care by, for example:
 - jointly developing care plans across agencies
 - including information about opiate replacement therapy in care plans
 - co-locating services
 - offering women information about other services.

Track each woman's progress

- Consider ways of ensuring that, for each woman:
 - progress is tracked through the agencies involved in her care
 - clinic notes from the different agencies involved in her care are combined into a single document
 - there is a coordinated care plan.

Offer a named midwife or doctor

- Offer each woman a named midwife or doctor who has specialised knowledge of, and experience in, the care of women who misuse substances, and provide a direct phone number for the named midwife or doctor.

Provide training for healthcare staff

Pregnant women who misuse substances may be anxious about the attitudes of healthcare staff.

Provide training on women's social and psychological needs, and communicating sensitively

- Healthcare professionals should be given training on the social and psychological needs of women who misuse substances.
- Healthcare staff and non-clinical staff such as receptionists should be given training on how to communicate sensitively with women who misuse substances.

Pregnant women who misuse substances may be anxious about the potential role of social services.

Offer referral to a substance misuse programme

- The first time a woman who misuses substances discloses that she is pregnant, offer referral to an appropriate substance misuse programme.

Offer information and support

- The named midwife or doctor should tell the woman about additional services (such as drug and alcohol misuse support services) and encourage her to use them according to her needs.
- Offer the woman information about the potential effects of substance misuse on her unborn baby and what to expect when the baby is born, for example:
 - medical care the baby might need
 - where the baby will be cared for
 - any potential involvement of social services.
- Offer information about help with transport to appointments if needed to support her attendance.
- Use a variety of methods, for example text messages, to remind her about upcoming and missed appointments.

Work with social care professionals to provide supportive and coordinated care

- Address the woman's fears about the involvement of children's services and potential removal of her child by giving her information tailored to her needs.
- Address her feelings of guilt about her substance misuse and the potential effects on her baby.

Pregnant women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English

These recommendations are **in addition to** those outlined on pages 6–7.

Improve service organisation

Pregnant women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English, may not make full use of antenatal care services. This may be because of unfamiliarity with the health service or because they find it hard to communicate with healthcare staff.

Adapt antenatal services to meet local needs

- Monitor emergent local needs and plan and adjust services accordingly.

Work with other agencies

- Work with local agencies that provide housing and other services for recent migrants, asylum seekers and refugees, such as asylum centres, to ensure that antenatal care services have accurate information about a woman's current address and contact details during her pregnancy.

Allow enough time for interpretation

- Offer flexibility in the number and length of antenatal appointments when interpreting services are used, over and above the appointments outlined in national guidance⁷.

Provide accessible information about pregnancy and how to find and use antenatal services

- Provide information in a variety of:
 - formats, such as posters, notices, leaflets, photographs, drawings/diagrams, online video clips, audio clips and DVDs
 - settings, including pharmacies, community centres, faith groups and centres, GP surgeries, family planning clinics, children's centres, reception centres and hostels
 - languages.

⁷ See 'Antenatal care' (NICE clinical guideline 62). Available from www.nice.org.uk/guidance/CG62

Provide training for healthcare staff

Provide training on women's social, religious, psychological and health needs

- Healthcare professionals should be given training on:
 - the specific health needs of women who are recent migrants, asylum seekers or refugees, such as needs arising from female genital mutilation or HIV
 - the specific social, religious and psychological needs of women in these groups.

Provide training on government policies

- Healthcare professionals should be given training on the most recent government policies on access and entitlement to care for women in these groups⁸.

⁸ See www.dh.gov.uk and www.maternityaction.org.uk

Enhance care delivery

Offer information and support

- Offer information on access and entitlement to healthcare⁹.
- At the booking appointment discuss with the woman the importance of keeping her hand-held maternity record with her at all times.
- Avoid making assumptions based on a woman's culture, ethnic origin or religious beliefs.

Help women who have difficulty reading or speaking English to communicate

- Provide an interpreter (who may be a link worker or advocate and should not be a member of the woman's family, her legal guardian or her partner) who can communicate with the woman in her preferred language.
- When giving spoken information, ask the woman about her understanding of what she has been told to ensure she has understood correctly.

⁹ See www.dh.gov.uk and www.maternityaction.org.uk

Young pregnant women aged under 20

These recommendations are **in addition to** those outlined on pages 6–7.

Improve service organisation

Young pregnant women aged under 20 may feel uncomfortable using antenatal care services in which the majority of service users are in older age groups.

Form working partnerships with education authorities and third-sector agencies

- Work in partnership with local education authorities and third-sector agencies to improve access to, and continuing contact with, antenatal services for young women aged under 20.

Consider a specialist antenatal service

- Consider commissioning a specialist antenatal service for young women aged under 20, using a flexible model of care tailored to the needs of the local population. Components may include:
 - antenatal care and education in peer groups in a variety of settings, such as GP surgeries, children's centres and schools
 - antenatal education in peer groups offered at the same time as antenatal appointments and at the same location, such as a 'one-stop shop' (where a range of services can be accessed at the same time).

Offer a named midwife

- Offer a named midwife, who should take responsibility for and provide the majority of the woman's antenatal care, and provide a direct phone number for the midwife.

Provide training for healthcare staff

Provide training on safeguarding and consent

- Healthcare professionals should be given training to ensure they are knowledgeable about:
 - safeguarding responsibilities for both the young woman and her unborn baby
 - the most recent government guidance on consent for examination or treatment¹⁰.

¹⁰ Available from www.dh.gov.uk

Enhance care delivery

Young women aged under 20 may be reluctant to recognise their pregnancy or inhibited by embarrassment and fear of parental reaction. They may also have practical problems such as difficulty getting to and from antenatal appointments.

Take into account the young woman's age

- Be aware that the young woman may be dealing with other social problems.
- Offer age-appropriate information in a variety of formats.
- Include information about:
 - care services
 - help with transport to appointments
 - antenatal peer group education or drop-in sessions
 - housing benefit and other benefits.

Provide opportunities for the baby's father to be involved

- If the young woman agrees, provide opportunities for her partner or her baby's father to be involved in her antenatal care.

Pregnant women who experience domestic abuse

These recommendations are **in addition to** those outlined on pages 6–7.

Improve service organisation

Discuss women's needs with their domestic abuse support agencies

- Ensure local voluntary and statutory organisations that provide domestic abuse support services recognise the need to provide coordinated care and support for their service users during pregnancy.

Develop a local protocol

- Ensure that a healthcare professional with expertise in the care of women experiencing domestic abuse works with social care providers, the police and third-sector agencies to jointly develop a local protocol (see box below).

Provide flexible antenatal services

- Provide for flexibility in the length and frequency of antenatal appointments, over and above those outlined in national guidance¹¹ to allow more time for women to discuss the domestic abuse they are experiencing.

Offer a named midwife

- Offer the woman a named midwife, who should take responsibility for and provide the majority of her antenatal care.

¹¹ See 'Antenatal care' (NICE clinical guideline 62). Available from www.nice.org.uk/guidance/CG62

What to include in a local protocol for women who experience domestic abuse

- Clear referral pathways that set out the information and care that should be offered to women.
- The latest government guidance on responding to domestic abuse¹².
- Sources of support for women, including addresses and phone numbers, such as social services, the police, support groups and women's refuges.
- Safety information for women.
- Plan for follow-up care, such as additional appointments or referral to a domestic abuse support worker.
- Obtaining a phone number that is agreed with the woman and on which it is safe to contact her.
- Contact details of other people who should be told that the woman is experiencing domestic abuse, including her GP.

¹² Department of Health (2005) Responding to domestic abuse. A handbook for healthcare professionals. London: Department of Health. Available from www.dh.gov.uk

Provide training for healthcare staff

Healthcare professionals need to be alert to features suggesting domestic abuse and offer women the opportunity to disclose it in an environment in which they feel secure.

Provide joint training with social care professionals

- Consider joint training for health and social care professionals to:
 - facilitate greater understanding of each other's roles
 - enable healthcare professionals to inform and reassure women who are apprehensive about the involvement of social services.

Provide training on domestic abuse

- Healthcare professionals should be given training on the care of women known or suspected to be experiencing domestic abuse that includes:
 - local protocols
 - local resources for both the woman and the healthcare professional
 - features suggesting domestic abuse
 - how to discuss domestic abuse with women experiencing it
 - how to respond to disclosure of domestic abuse.

Enhance care delivery

A woman who is experiencing domestic abuse may have particular difficulties using antenatal care services. For example, the perpetrator of the abuse may try to prevent her from attending appointments.

She may also be afraid that disclosure of the abuse to a healthcare professional will worsen her situation, or worried about their reaction.

Offer confidentiality

- Tell the woman that the information she discloses will be kept in a confidential record and will not be included in her hand-held antenatal record.

Offer information and support

- Offer information about other agencies, including third-sector agencies, that provide support for women who experience domestic abuse.
- Give the woman a credit-card sized information card that includes local and national helpline numbers.
- Consider offering her a domestic abuse support worker.

Key priorities for implementation

General recommendations for all pregnant women with complex social factors

Service organisation

- In order to inform mapping of their local population to guide service provision, commissioners should ensure that the following are recorded:
 - The number of women presenting for antenatal care with any complex social factor.
 - The number of women within each complex social factor grouping identified locally.
- Commissioners should ensure that the following are recorded separately for each complex social factor grouping:
 - The number of women who:
 - ◆ attend for booking by 10, 12⁺⁶ and 20 weeks
 - ◆ attend for the recommended number of antenatal appointments, in line with national guidance¹³
 - ◆ experience, or have babies who experience, mortality or significant morbidity¹⁴.
 - The number of appointments each woman attends.
 - The number of scheduled appointments each woman does not attend.
- Commissioners should ensure that women with complex social factors presenting for antenatal care are asked about their satisfaction with the services provided; and that the women's responses are:
 - recorded and monitored
 - used to guide service development.

Care provision

- Consider initiating a multi-agency needs assessment, including safeguarding issues¹⁵, so that the woman has a coordinated care plan.
- Respect the woman's right to confidentiality and sensitively discuss her fears in a non-judgemental manner.
- Tell the woman why and when information about her pregnancy may need to be shared with other agencies.

Information and support for women

- For women who do not have a booking appointment at the first contact with any healthcare professional:
 - discuss the need for antenatal care
 - offer the woman a booking appointment in the first trimester, ideally before 10 weeks, if she wishes to continue the pregnancy, **or** offer referral to sexual health services if she is considering termination of the pregnancy.
- In order to facilitate discussion of sensitive issues, provide each woman with a one-to-one consultation, without her partner, a family member or a legal guardian present, on at least one occasion.

continued

¹³ See 'Antenatal care' (NICE clinical guideline 62). Available from www.nice.org.uk/guidance/CG62

¹⁴ Significant morbidity is morbidity that has a lasting impact on either the woman or the child.

¹⁵ For example, using the Common Assessment Framework. See www.cwdcouncil.org.uk

Pregnant women who misuse substances (alcohol and/or drugs)

Service organisation

- Healthcare commissioners and those responsible for the organisation of local antenatal services should work with local agencies, including social care and third-sector agencies that provide substance misuse services, to coordinate antenatal care by, for example:
 - jointly developing care plans across agencies
 - including information about opiate replacement therapy in care plans
 - co-locating services
 - offering women information about the services provided by other agencies.

Training for healthcare staff

- Healthcare professionals should be given training on the social and psychological needs of women who misuse substances.
- Healthcare staff and non-clinical staff such as receptionists should be given training on how to communicate sensitively with women who misuse substances.

Pregnant women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English

Service organisation

- Those responsible for the organisation of local antenatal services should provide information about pregnancy and antenatal services, including how to find and use antenatal services, in a variety of:
 - formats, such as posters, notices, leaflets, photographs, drawings/diagrams, online video clips and DVDs
 - settings, including pharmacies, community centres, GP surgeries, family planning clinics, children's centres and hostels
 - languages.

Young pregnant women aged under 20

Service organisation

- Commissioners should consider commissioning a specialist antenatal service for young women aged under 20, using a flexible model of care tailored to the needs of the local population. Components may include:
 - antenatal care and education in peer groups in a variety of settings, such as GP surgeries, children's centres and schools
 - antenatal education in peer groups offered at the same time as antenatal appointments and at the same location, such as a 'one-stop shop' (where a range of services can be accessed at the same time).

continued

Key priorities for implementation *continued*

Pregnant women who experience domestic abuse

Service organisation

- Commissioners and those responsible for the organisation of local antenatal services should ensure that a local protocol is written, which:
 - is developed jointly with social care providers, the police and third-sector agencies by a healthcare professional with expertise in the care of women experiencing domestic abuse
 - includes:
 - ◆ clear referral pathways that set out the information and care that should be offered to women
 - ◆ the latest government guidance on responding to domestic abuse¹⁶
 - ◆ sources of support for women, including addresses and telephone numbers, such as social services, the police, support groups and women's refuges
 - ◆ safety information for women
 - ◆ plans for follow-up care, such as additional appointments or referral to a domestic abuse support worker
 - ◆ obtaining a telephone number that is agreed with the woman and on which it is safe to contact her.
 - ◆ contact details of other people who should be told that the woman is experiencing domestic abuse, including her GP.

¹⁶ Department of Health (2005) Responding to domestic abuse. A handbook for healthcare professionals. London: Department of Health. Available from www.dh.gov.uk

Further information

Implementation tools

NICE has developed tools to help organisations implement this guidance (see www.nice.org.uk/guidance/CG110).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see www.nice.org.uk

Published

- How to stop smoking in pregnancy and following childbirth. NICE public health guidance 26 (2010). Available from www.nice.org.uk/guidance/PH26
- Alcohol-use disorders: clinical management. NICE clinical guideline 100 (2010). Available from www.nice.org.uk/guidance/CG100
- Alcohol-use disorders: preventing harmful drinking. NICE public health guidance 24 (2010). Available from www.nice.org.uk/guidance/PH24
- When to suspect child maltreatment. NICE clinical guideline 89 (2009). Available from www.nice.org.uk/guidance/CG89
- Antenatal care. NICE clinical guideline 62 (2008). Available from www.nice.org.uk/guidance/CG62
- Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. NICE public health guidance 11 (2008). Available from www.nice.org.uk/guidance/PH11
- Smoking cessation services. NICE public health guidance 10 (2008). Available from www.nice.org.uk/guidance/PH10
- Community engagement to improve health. NICE public health guidance 9 (2008). Available from www.nice.org.uk/guidance/PH9

- Behaviour change at population, community and individual levels. NICE public health guidance 6 (2007). Available from www.nice.org.uk/guidance/PH6
- Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. NICE public health intervention guidance 4 (2007). Available from www.nice.org.uk/guidance/PH4
- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007). Available from www.nice.org.uk/guidance/CG52
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007). Available from www.nice.org.uk/guidance/CG51
- Antenatal and postnatal mental health. NICE clinical guideline 45 (2007). Available from www.nice.org.uk/guidance/CG45
- Brief interventions and referral for smoking cessation in primary care and other settings. NICE public health intervention guidance 1 (2006). Available from www.nice.org.uk/guidance/PH1

Under development

- Looked-after children and young people. NICE public health guidance. Publication expected October 2010.
- Contraceptive services for socially disadvantaged young people. NICE public health guidance. Publication expected November 2010.
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline. Publication expected February 2011.

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be available at www.nice.org.uk/CG110

Ordering information

You can download the following documents from www.nice.org.uk/guidance/CG110

- The NICE guideline – all the recommendations.
 - A quick reference guide (this document) – a summary of the recommendations for healthcare professionals.
 - ‘Understanding NICE guidance’ – a summary for women and their families and/or partners.
- The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N2290 (quick reference guide)
- N2291 (‘Understanding NICE guidance’).

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

This guidance represents the view of NICE in collaboration with the Social Care Institute for Excellence, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

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