

**Freedom of Information Act 2000**

**The Royal Cornwall Hospitals NHS Trust Response to Information request**

**Date Request Received: 12<sup>th</sup> August 2025**

**FOI Ref No 29901**

**Requested Information:**

1. Does your Trust collect information on disability (as defined as a protected characteristic under the Equality Act 2010) from women/birthing people receiving maternity care?
2. If the answer to question 1 is "yes," please provide a transcript of the specific question(s) asked to women/birthing people regarding their disability.
3. Through what method(s) does your Trust collect information on disability from women/birthing people receiving maternity care? (e.g., paper form, electronic questionnaire, during a verbal consultation, etc.)
4. For the method(s) identified in question 3, please specify when in the maternity care pathway this information is typically collected (e.g., at the booking appointment, at every visit, etc.).
5. If the Trust's system for collecting this information is electronic, please state the name of the system and/or software used.
6. Please provide any recorded policies, procedures, or guidance documents that instruct staff on how to use disability information to accommodate the individual needs of women/birthing people in maternity care.

**Response:**

1	Yes														
2	<p><b>Have you any physical disabilities?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Paralysis</td> </tr> <tr> <td><input type="checkbox"/> Amputee</td> <td><input type="checkbox"/> Partial hearing loss (severe)</td> </tr> <tr> <td><input type="checkbox"/> Blind</td> <td><input type="checkbox"/> Partially sighted (uncorrected by glasses)</td> </tr> <tr> <td><input type="checkbox"/> Deaf with speech</td> <td><input type="checkbox"/> Wheelchair user</td> </tr> <tr> <td><input type="checkbox"/> Deaf without speech</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Difficulty using arms</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Impaired mobility (using crutches/frame)</td> <td></td> </tr> </table>	<input type="checkbox"/> No	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Amputee	<input type="checkbox"/> Partial hearing loss (severe)	<input type="checkbox"/> Blind	<input type="checkbox"/> Partially sighted (uncorrected by glasses)	<input type="checkbox"/> Deaf with speech	<input type="checkbox"/> Wheelchair user	<input type="checkbox"/> Deaf without speech	<input type="checkbox"/> Other	<input type="checkbox"/> Difficulty using arms		<input type="checkbox"/> Impaired mobility (using crutches/frame)	
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3	The Royal Cornwall Hospitals NHS Trust (RCHT) collects information via electronic referral form, completed by the patient and verbally at the booking appointment.														
4	The referral form is completed when the patient finds out they are pregnant. The booking appointment mentioned above is the first face to face appointment with a midwife, normally between 8-10 weeks gestation.														

5	RCHT's electronic system is E3
6	Please see appendix one

**Attachment(s):**

Appendix One – FOI Ref 29901 Appendix One

**Date Response sent: 14<sup>th</sup> August 2025**