

DATA CLEANING GUIDANCE FOR THE NHS MATERNITY SURVEY 2010

THE ACUTE CO-ORDINATION CENTRE FOR THE
NHS ACUTE PATIENT SURVEY PROGRAMME

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1 Maternity Survey 2010 – data cleaning

1.1 Introduction

Once fieldwork for the 2010 maternity survey has been completed, participating trusts and contractors will be required to submit data to the Acute Co-ordination Centre in a **raw (uncleaned)** format. Following this, data for all trusts in the survey will be collated and the full dataset will be cleaned together to ensure that cleaning taking place on data pertaining to different trusts is comparable.

This document provides a description and specification of the processes that will be used by the Acute Co-ordination Centre to clean and standardise data submitted by contractors and trusts as part of the 2010 maternity survey. By following the guidance contained in this document, it should be possible to recreate this cleaning process.

If you have any comments or queries regarding this document please contact the Acute Co-ordination Centre on **01865 208 127**, or e-mail us at maternity.data@pickereurope.ac.uk.

1.2 The core and extended questionnaires

For the 2010 national maternity survey, all trusts have the option to use either the 77 item 'core' questionnaire or to use an extended questionnaire with further questions available from the 'question bank' for the survey. The Co-ordination Centre only requires data to be submitted for the 77 core items, and so all cleaning undertaken by ourselves will involve only these 77 core items. As such, this document looks only at the cleaning required for the core survey and the question numbering reflects this. Nonetheless, the rules and principles of data cleaning described here can be applied to data from an extended questionnaire.

1.3 Definitions

Definitions of terms commonly used in this document, as they apply to the National Survey of Maternity 2010 are as follows:

Raw/uncleaned data – 'Raw' or 'uncleaned' data is data that has been entered verbatim from completed questionnaires without any editing taking place to remove contradictory or inappropriate responses; thus, all responses ticked on the questionnaire should be included in the data entry spreadsheet¹ (see [Section 2 below](#), for detailed guidance on submitting raw data). The requirement for raw/uncleaned data does **NOT**, however, preclude the checking of data for errors resulting from problems with data entry or similar. Ensuring high data quality is paramount and errors resulting from data entry problems can and should be corrected by checking against the appropriate completed questionnaire.

¹ Except where:

- a) multiple responses have been ticked - set these to missing (The **exceptions** to this are for the 'tick all that apply' questions **B12, C3,G6 and G7** where respondents may tick more than one response option)
- b) year of birth has been entered in incorrect format - if the patient's *intended* response is unambiguous from the questionnaire, then enter this.

Data cleaning – The Acute Co-ordination Centre uses the term ‘data cleaning’ to refer to all editing processes undertaken upon survey data once the survey has been completed and the data has been entered and collated.

Routing questions – These are items on the questionnaire which instruct respondents to either continue on to the next question or to skip past irrelevant questions depending on their response to the routing question. For the 2010 maternity survey, the routing questions are **B4, B10, Section C heading, C6, Section D heading, E2, F3, G1 and G6.**

Filtered questions – Items on the questionnaire that are not intended to be answered by all respondents are referred to as ‘filtered’ questions. Whether individual respondents are expected to answer filtered questions depends on their individual experiences and on their responses to preceding routing questions. For the 2010 maternity survey, the filtered questions are **B5, B6, B11, B12, B13, C1, C2, C3, C4, C7, C8, C9, D1, D2, D3, D4, E3, F4, F5, G2 and G7.**

Non-filtered questions – These are items in the questionnaire which are not subject to any routing/filtering and which should therefore be answered by all respondents. For the 2010 maternity survey, the non-filtered questions are **A1-B4, B7-B10, B14-B26, C5-C6, C10-C17, E1-E2, E4-F3, F6-G1, G3-G6 and G8.**

Out-of-range data – This refers to instances where data within a variable has a value that is not permissible. For categorical data – as in the case of the majority of variables in this survey – this would mean a value not allowed in the data, for example, a value of ‘3’ being entered in a variable with only two response categories (1 or 2). For scalar data – eg year of birth – data is considered to be out-of-range if it specifies a value that is not possible (for instance, year of birth as 983 or 2983). Out-of-range responses entered into the dataset should not be *automatically* (eg, algorithmically) removed prior to submitting the data to the Acute Co-ordination Centre (see [Section 2 - Submitting raw \('uncleaned'\) data](#)).

Non-specific response – This term refers to response options that are not considered to directly answer the question, that is they do not provide an evaluative response. Most commonly, these are responses such as “don’t know/can’t remember”, which indicate a failure to recall the issue in question. Likewise, responses that indicate the question is not applicable to the respondent are considered ‘non-specific’ – for example, responses such as “I did not see a midwife” or “I did not use the toilets and bathrooms during labour and birth”. A full listing of such responses for the 2010 maternity survey can be found in [Appendix B – non-specific responses](#).

2 Submitting raw ('uncleaned') data

For the 2010 maternity survey, trusts and contractors are required to submit raw ('uncleaned') data to the Acute Co-ordination Centre. For clarification, raw data is created by the following:

- i All responses should be entered into the dataset, regardless of whether or not the respondent was meant to respond to the question (eg, where women answer questions that they have been directed to skip past, these responses should still be entered).
- ii Where a respondent has ticked more than one response category on a question, this should be set to missing in the data. The **exceptions** to this are for the 'multiple response' questions **B12, C3, G6 and G7** where respondents may tick more than one response option (ie. 'tick all that apply').
- iii Where a respondent has crossed out a response, this should not be entered in the data. Where a respondent has crossed out a response and instead ticked a second response option, this second choice should be entered into the data.
- iv Where a respondent has given their response inconsistently with the formatting of the questionnaire but where their intended response is nonetheless unambiguous on inspection of the completed questionnaire, then the respondent's intended response should be entered. For example, where a respondent has written their date of birth in the boxes for **G3**, but written their year of birth in at the side of this, then the respondent's year of birth should be entered.
- v For the year of birth question, unrealistic responses should still be entered except following rule iv above). For example, if a respondent enters '2010' in the year of birth box, this should still be entered unless the respondent has unambiguously indicated their actual year of birth to the side.
- vi Once the data has been entered, no responses should be removed or changed in any way except where responses are known to have been entered incorrectly or where inspection of the questionnaire indicates that the respondent's intended response has not been captured. This includes 'out-of-range' responses, which must **NOT** be automatically removed from the dataset. Responses in the dataset should only be changed before submission to the Acute Co-ordination Centre where they are found to have been entered inconsistently with the respondent's intended response.

3 Editing/cleaning data after submission

3.1 Approach and rationale

The purpose of the Acute Co-ordination Centre in cleaning the data submitted to us is to ensure an optimal balance of data quality and completeness. Thus, we seek to remove responses that are known to be erroneous or inappropriate but do this in a relatively permissive way so as to enable as many responses as possible to contribute to the overall survey results.

3.2 Filters

Some of the questions included in the survey are only relevant to a subset of respondents, and in these cases filter instructions on the questionnaire are used to route respondents past questions that are not applicable to them. For example, people who tick “None” to **B10** (“Roughly **how many** antenatal check-ups did you have in total?”) are instructed to skip all further questions on antenatal check-ups (e.g. **B11-B13**).

It is necessary to clean the data to remove inappropriate responses where filter instructions have been incorrectly followed. In such cases, participants’ responses to questions that were not relevant to them are deleted from the dataset. Responses are **only** deleted where respondents have answered ‘filtered’ questions despite ticking an earlier response on a routing question instructing them to skip these questions (eg a respondent ticking “None” to **B10** but then answering the questions B11-B14 about antenatal check-ups as in the example above). Responses to ‘filtered’ questions are **NOT** removed where the response to the routing question is *missing*. For example, **B11-B13** are filtered by the response to **B10** (e.g. if B10=1), but if a respondent does not answer **B10**, or if the **B10** response is missing for any reason, then responses to **B11-B13** should **NOT** be removed.

[Figure 1](#) (below) shows a summary of all routing questions, and the filtered questions they relate to, that are included on the 2010 maternity survey. Please note that these instructions should be followed sequentially in order to be consistent with the procedures applied by the Acute Co-ordination Centre. In addition, please note that for the maternity survey two sets of questions (**C1-C4** and **D1-D4**) will be filtered by the Acute Co-ordination Centre during the data cleaning process even though no routing questions explicitly instruct respondents to skip past them. Rather, general instructions on the questionnaire instruct respondents to skip the questions if they are not relevant to them, and the cleaning process is designed to mimic this (see the footnotes on p5 for details).

Figure 1: List of routing/filtering instructions for data cleaning

ROUTING QUESTION	RESPONSE VALUES	FILTERED QUESTIONS
<i>if</i> B4 = 2, 3 or 4		<i>then delete responses to:</i> B5 – B6
<i>if</i> B10 = 1		<i>then delete responses to:</i> B11 – B13
<i>if</i> C5 = 3		<i>then delete responses to:</i> D1-D4
<i>if</i> C6 = 3		<i>then delete responses to:</i> C1-C4
<i>if</i> C6 = 3 or 4		<i>then delete responses to:</i> C7-C9
<i>if</i> E2 = 1 or 2		<i>then delete responses to:</i> E3
<i>If</i> F3 = 3, 4 or 5		<i>Then delete responses to:</i> F4-F5
<i>If</i> G1 = 2		<i>Then delete response to</i> G2
<i>if</i> G6 = 7		<i>then delete responses to:</i> G7

Please note that these instructions should be followed sequentially in the order shown above.

A worked example of the cleaning process for removing unexpected responses to a filtered question is included in Appendix A – example.

3.3 Dealing with multiple response questions

For most questions, each column corresponds to one survey question. However, there are some exceptions to this rule. For multiple response questions **B12**, **C3**, **G6** and **G7** that gives the instruction 'Tick all that apply', each response option is treated as a separate question.

G6. Do you have any of the following long-standing conditions? (Tick ALL that apply)

- 1 Deafness or severe hearing impairment
- 2 Blindness or partially sighted
- 3 A long-standing physical condition
- 4 A learning disability
- 5 A mental health condition
- 6 A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- 7 No, I do not have a long-standing condition

Responses to each part of this question are coded: **1 if the box is ticked**
0 if the box is not ticked²

G6 takes up seven columns in the data file, labelled as follows:

Column headings	G6_1	G6_2	G6_3	G6_4	G6_5	G6_6	G6_7
Codings for this example	1	0	0	0	1	0	0

² Please note: if a respondent does not answer any part of a multiple response question, (ie does not tick any of the response options) then it should be left blank or coded as a full stop (.)

However, the last response to each of these questions is an exclusive option. If a respondent ticks option 7 to **G6** (“I do not have a long-standing condition”), options 1-6 should not have also been ticked; if any of these options have been ticked, they should be recoded from ‘1’ to ‘0’ when cleaning the data. The same applies for **G6**; if response option 8 (“No difficulty with any of these”) is ticked, options 1-7 should not have also been ticked; if they have been ticked they should be recoded from ‘1’ to ‘0’

Example

G6. Do you have any of the following long-standing conditions? (Tick ALL that apply)

- 1 I have deafness or severe hearing impairment
- 2 I have blindness or are partially sighted
- 3 I have a long-standing physical condition
- 4 I have a learning disability
- 5 I have a mental health condition
- 6 I have a long-standing illness
- 7 I do not have a long-standing condition

BEFORE CLEANING: G6 is coded as follows:

Column headings	G6_1	G6_2	G6_3	G6_4	G6_5	G6_6	G6_7
Codings for this example	1	0	0	0	1	0	1

AFTER CLEANING: G6 is coded as follows:

Column headings	G6_1	G6_2	G6_3	G6_4	G6_5	G6_6	G6_7
Codings for this example	0	0	0	0	0	0	1

When the data is cleaned, the responses to G6_1 and G6_5 are re-coded as ‘0’ because option 7 (“I do not have a long-standing condition”) has also been ticked.

3.4 Dealing with demographics

Basic demographic information, including age and ethnicity of women are included in the sample section of the data, but the 'You and your household' section at the end of the questionnaire also asks respondents to provide this information. In a minority of cases, the information provided from the sample and by respondents does not correspond – for example, the sample may identify an individual as being born in 1970 only for the patient to report being born in 1975.

Because of this, and because questions about demographics tend to produce relatively high item non-response rates, it is not appropriate to rely on either source of data alone.

Where responses to demographic questions are present, it is assumed these are more likely to be accurate than sample frame information (since it is assumed that respondents are best placed to know their own age, and ethnic group)³. Where responses to demographic questions are missing, however, sample data are used in their place.

For demographic analysis on groups of cases, then, it is necessary to use some combination of the information supplied in the sample frame and by the respondents. To do this, we first copy all valid responses to survey demographic questions into a new variable. Where responses are missing we then copy in the relevant sample information (note that for a very small number of women demographic information may be missing in both the sample and response sections; in such cases data must necessarily be left missing in the new variable).

⁴

Certain demographic variables require special consideration during data cleaning:

Age (G3)

A common error when completing year of birth questions on forms is for respondents to accidentally write in the *current* year – thus responses to **G3** of '2010' will be set to missing during cleaning. Out-of-range responses will also be set to missing⁵. For the 2010 maternity survey, out-of range responses are defined as **G3 ≤1943 OR G3 ≥1995**

³ Please note though that respondents will *not* be considered ineligible for the survey solely on the basis of their response to the year of birth question indicating that they are under the age of sixteen. This is because of the difficulty of inferring the source of errors when year of birth from sample and response are mismatched – in other words, because we cannot be *certain* whether this mismatch occurs due to an error in the sample file, an error in the respondent's completion of the questionnaire form, or an error in data entry.

⁴ Please note that whilst a combination of sample and response information is used for demographic analysis on groups of cases, **only the sample information is used to calculate response rates by demographic groups**. Unlike subgroup analysis of variables which is only carried out for respondents, response rates are calculated using all patients in the sample. Because response rates vary between groups with differing demographic variables, using response and sample data to calculate response rates would create a systematic source of bias in that we are only able to amend information for the *respondents*. Therefore, only the sample information should be used to calculate response rates by demographic groups.

⁵ The majority of out-of range responses present in data relating to year of birth questions result from errors in data entry (for example, not keying one of the digits – so '1983' may become 983, 183, 193, or 198). In such cases it is important that the responses be checked against the completed questionnaire forms, and data corrected if necessary, **prior** to submission of data to the Co-ordination Centre.

3.5 Usability and Eligibility

Sometimes questionnaires are returned with only a very small number of questions completed. For the 2007 maternity survey, questionnaires containing *fewer than five responses* are considered 'unusable' – we will delete all responses pertaining to such cases and outcome codes of 1 ('returned useable questionnaire') relating to these cases will be changed to 6 ('questionnaire not returned'). Please note that the number of responses per questionnaire will be counted *after* all other cleaning, and that all responses remaining at this stage will be counted (including responses to the demographic questions and so on)⁶. This should only affect a very limited number of cases, and so should not have a significant impact on response rates.

Outcome codes for respondents will also be changed if the respondents are believed to be under the age of sixteen when they had their baby and therefore ineligible for participation. Since the sample files for the survey are to be checked by the Acute Co-ordination Centre prior to mailing, this is unlikely to affect more than a handful of cases throughout the survey, as women coded as being aged under 16 will be identified and removed from the sample *before* the start of the survey. Sample members will *not*, however, be removed from the sample if data on their year of birth is missing from the sampling frame. If sample information on a respondent's year of birth is missing, though, and their response to **G3** indicates that they are under 16 (specifically, **if G3 ≥ 1995**) then the outcome code for that patient should be recoded from 1 ('returned completed questionnaire') to 5 ('ineligible for participation in the survey') and we will delete all question responses pertaining to such a case. This should *only* be done where sample information is missing. If sample information indicates a patient is aged 16 or over, but this is contradicted by the patient's response, then the patient's survey outcome should remain as 1. This is to avoid removing legitimate responses because of an overly conservative approach to assessing eligibility; in other words, where the patient's age is uncertain (because sample and response information contradict each other, and in different instances either of these may be accurate or inaccurate) the benefit of the doubt is given in any assessment of eligibility.

3.6 Missing responses

It is useful to be able to see the numbers of respondents who have missed each question for whatever reason. Responses are considered to be missing when a respondent is *expected* to answer a question but no response is present. For non-filtered questions, responses are expected from all respondents – thus any instance of missing data constitutes a missing response. For filtered questions, only respondents who have answered a routing question⁷ instructing them to go on to that filtered question or set of filtered questions are expected to give answers. Where respondents to the survey have missed a routing question, they are not expected to answer related 'filtered' questions; thus only where respondents were explicitly instructed to answer filtered questions should such blank cells be coded as missing responses.

⁶ Please note that the multiple choice questions, **G6** and **G7** are only counted once. So for example, even if **Q6_1** and **Q6_4** are ticked, this would count as only one response for the purpose of determining if a questionnaire is usable.

⁷ For **C1-C4** & **D1-D4** indirect routing questions are used to define whether patients should have answered - in accordance with Figure 1 (p5).

The Co-ordination Centre codes missing responses in the data with the value 999⁸. For results to be consistent with those produced by the Co-ordination Centre, missing responses should be presented but should not be included in the base number of respondents for percentages.

3.7 Non-specific responses

As well as excluding missing responses from results, the Acute Co-ordination Centre also removes non-specific responses from base numbers for percentages. The rationale for this is to facilitate easy comparison between institutions by presenting only results from those women who felt able to give an evaluative response to questions. For a full listing of 'non-specific' responses in the 2010 maternity survey, please see Appendix B.

⁸ This is an arbitrary value chosen because it is 'out-of-range' for all other questions on the survey.

4 Appendix A – example

4.1 Incorrectly followed routing

Figure 2: Example ‘raw’/‘uncleaned’ data

Record	Outcome	C6	C7	C8	C9	C10
Patient Record Number	Outcome of sending questionnaire (N)	Thinking about the birth of your baby, what kind of delivery did you have?	Where did you give birth?	What position were you in when your baby was born?	If you had an episiotomy (cut) or tear requiring stitches, how long after your baby was born were the stitches done?	Did you have skin to skin contact with your baby shortly after the birth?
A	6					
B	1	2	1	.	5	1
C	1	3	.	.	.	1
D	1	3	1	6	1	1
E	4					
F	1	2	1	.	1	3
G	6					
H	1	4	1	.	1	3
I	1	.	3	1	1	2

Figure 2 shows hypothetical raw/uncleaned data for nine sample members, six of whom have responded to the survey. It can be seen from this data that some of the respondents have followed filter instructions from routing questions incorrectly:

Respondents ‘D’ and ‘H’ reported that they had caesarean deliveries (C6=3 or 4), but have both responded to filtered questions which they should have skipped past. (‘D’ has answered C7, C8 and C9, whilst ‘H’ has answered C7 and C9).

Following the cleaning instructions above will remove these inappropriate responses. The filter instructions specify that:

<i>if</i>	C6 = 3 or 4	<i>then delete responses to:</i>	C7-C9
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In accordance with this, all responses for **C7-C9** must be removed in cases where the respondent has ticked **C6=3 or 4** (‘caesarean section’). Looking in column **C6** we can see that three respondents, ‘C’, ‘D’ and ‘H’, have ticked **C6=3 or 4**, so any responses they gave to questions **C7-9** should be removed. This will lead to data from three cells (**C7, C8, C9**) being removed for respondent ‘D’, and data from two cells for respondent ‘H’ (**C7 and C9**), who for whatever reason followed the routing instructions incorrectly and continued to answer the questions on induction.

Respondent ‘I’ did not respond to the routing question **C6**, but has responded to the following filtered questions. Responses to ‘the filtered’ questions are **NOT** removed where the response to the routing question is missing.

Figure 3 (below) shows how the data would look following cleaning by the co-ordination centre to remove responses to filtered questions that should have been skipped – cells where responses have been removed are shaded.

FIGURE 3: DATA FROM FIGURE 3 FOLLOWING CLEANING

Record	Outcome	C6	C7	C8	C9	C10
Patient Record Number	Outcome of sending questionnaire (N)	Thinking about the birth of your baby, what kind of delivery did you have?	Where did you give birth?	What position were you in when your baby was born?	If you had an episiotomy (cut) or tear requiring stitches, how long after your baby was born were the stitches done?	Did you have skin to skin contact with your baby shortly after the birth?
A	6					
B	1	2	1	.	5	1
C	1	3	.	.	.	1
D	1	3	.	.	.	1
E	4					
F	1	2	1	.	1	3
G	6					
H	1	4	.	.	.	3
I	1	.	3	1	1	2

5 Appendix B – non-specific responses

The following table lists all 'non-specific responses' included in the 2010 maternity survey. Numbers in the final column indicate the response options that should be considered non-specific. Where the 'non-specific responses' column contains only a dash, the relevant question has no such response options.

Core numbering	Question bank numbering	Question	Non-specific responses
A1	A1	Did you give birth to a single baby, twins or more in your most recent pregnancy?	-
A2	A2	When was your baby born (day/month/year)?	-
A3	A3	What time was your baby born?	-
A4	A4	Roughly how many weeks pregnant were you when your baby was born?	-
A5	A5	How much did your baby weigh at birth?	3
B1	B1	Who was the first health professional you saw when you thought you were pregnant?	-
B2	B2	Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?	4
	B3	Were you able to see this person as soon as you wanted?	-
B3	B4	Roughly how many weeks pregnant were you when you had your 'booking' appointment?	6
B4	B5	At the start of your pregnancy did you have a choice about where you could have your baby?	3, 4
B5	B6	Were you given the choice of having your baby at home?	3, 4
B6	B7	Did you get enough information from a midwife or doctor to help you decide where to have your baby?	4, 5
B7	B8	Before your baby was born, did you plan to have your baby at home?	-
B8	B9	Were you given a copy of The Pregnancy Book?	3, 4
B9	B10	Were you given information about the NHS Choices website?	3
B10	B11	Roughly how many antenatal check-ups did you have in total?	6
	B12	How did you feel about the number of antenatal check-ups you had?	4
B11	B13	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	3

Core numbering	Question bank numbering	Question	Non-specific responses
B12	B14	Which of the following health professionals did you see for your antenatal check-ups?	-
	B15	Were you given a choice about whether your antenatal check-ups would be carried out by a midwife or shared between a midwife and a doctor?	3
B13	B16	If you saw a midwife about your antenatal check-ups, did you see the same one every time?	4, 5, 6
	B17	If you saw a hospital doctor about your antenatal check-ups, did you see the same one every time?	4, 5, 6
	B18	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	4, 5
B14	B19	Did you have a 'dating scan'?	3
B15	B20	Was the reason for this scan clearly explained to you?	4
	B21	Do you feel you had a choice about having this scan?	3, 4
B16	B22	Did you have any screening tests to check whether your baby might have Down's syndrome?	4, 6
	B23	Do you feel you had a choice about whether to have a screening test for Down's syndrome?	3
B17	B24	Were the reasons for having a screening test for Down's syndrome clearly explained to you?	4
B18	B25	Did you have a scan at around 20 weeks of pregnancy?	3
B19	B26	Was the reason for this scan clearly explained to you?	4
	B27	Do you feel you had a choice about having this scan?	3, 4
B20	B28	Roughly how many ultrasound scans did you have in total during this pregnancy?	5
	B29	While you were pregnant, but before you went into labour, did you stay in hospital overnight because of a problem related to your pregnancy?	-
B21	B30	During your pregnancy did you have the name and telephone number of a midwife you could contact if you were worried?	3
B22	B31	If you contacted a midwife, were you given the help you needed?	4

Core numbering	Question bank numbering	Question	Non-specific responses
	B32	When you contacted a midwife, did you get a response as soon as you needed it?	4
	B33	Did a midwife explain to you what was written in your pregnancy notes (records)?	4
	B34	Did a midwife encourage you to make a birth plan?	4, 5
	B35	Did a midwife give you enough information about different kinds of pain control you could have during labour?	4, 5
	B36	Thinking about your antenatal care, were you given the information or explanations you needed?	4
B23	B37	Thinking about your antenatal care, were you spoken to in a way you could understand?	4
	B38	Thinking about your antenatal care, were you treated with respect and dignity?	4
	B39	Thinking about your antenatal care, were you treated with kindness and understanding?	4
B24	B40	Thinking about your antenatal care, were you involved enough in decisions about your care?	4, 5
B25	B41	Overall, how would you rate the care received during your pregnancy?	-
B26	B42	During your pregnancy did you attend any antenatal classes provided by the NHS?	4, 5, 6
	B43	Were the classes at a convenient time of day?	-
	B44	Were the classes at a convenient place?	-
	B45	Was your partner or someone of your choice allowed to attend the classes?	-
	B46	Were there enough classes?	-
	B47	Did the classes cover the topics you wanted?	-
C1	C1	Roughly how long did your labour last?	-
	C2	How did your labour start?	-
	C3	If your labour was induced, what was the reason for this?	5, 6
	C4	Do you feel you had a choice about whether your labour would be induced?	4
	C5	During your labour, how was your baby monitored?	6, 8
C2	C6	During your labour, were you able to move around and choose the position that made you feel most comfortable?	4

Core numbering	Question bank numbering	Question	Non-specific responses
C3	C7	During your labour and birth, did you use any of the following to help relieve the pain?	-
C4	C8	During your labour and birth, did you feel you got the pain relief you wanted?	4, 5, 6
	C9	Were you transferred just before your birth or during your labour for medical reasons or concerns?	-
	C10	During your labour and birth in the hospital, how clean was the labour or delivery room you were in?	5
	C11	During your labour and birth in the hospital, how clean were the toilets and bathrooms you used at this time?	5
C5	C12	Where was your baby born?	-
C5_name of hospital or unit	C12_name of hospital or unit	[Freetext - name of hospital or birth centre]	-
C6	C13	Thinking about the birth of your baby, what kind of delivery did you have?	-
C7	C14	Where did you give birth?	-
C8	C15	What position were you in when your baby was born?	-
	C16	While your baby was being born were you given an episiotomy?	-
	C17	While your baby was being born did you have a tear?	-
	C18	Was this a serious tear which involved your back passage?	-
C9	C19	If you had an episiotomy (cut) or tear requiring stitches, how long after your baby was born were the stitches done?	1, 2, 6
C10	C20	Did you have skin to skin contact with your baby shortly after the birth?	3, 4
	C21	Altogether, how many different midwives cared for you during your established labour and the birth of your baby?	6
	C22	Who delivered your baby?	3
C11	C23	Had you met any of the staff who cared for you during your labour and birth before you went into labour?	3
C12	C24	Did you have confidence and trust in the staff caring for you during your labour and birth?	4
C13	C25	If you had a partner or a companion with you during your labour and delivery, were they made welcome by the staff?	4, 5

Core numbering	Question bank numbering	Question	Non-specific responses
C14	C26	Were you (and/or your partner or companion) left alone by midwives or doctors at a time when it worried you?	-
	C27	Thinking about your care during labour and birth, were given the information or explanations you needed?	4
C15	C28	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	4
	C29	Thinking about your care during labour and birth, were you treated with respect and dignity?	4
	C30	Thinking about your care during labour and birth, were you treated with kindness and understanding?	4
C16	C31	Thinking about the care you received during your labour and birth, were you involved enough in decisions about your care?	4, 5
C17	C32	Overall, how would you rate the care received during your labour and birth?	-
	D1	Were you given enough information about the sorts of pain relief that would be available?	4
	D2	Were you given enough information about the monitoring of the baby that would be available?	4
	D3	Were you given enough information about the distance and location of the nearest hospital?	4
	D4	Were you given enough information about the sorts of emergency back-up that would be available (e.g. ambulance facilities) if you needed them?	4
	D5	After the birth, did you or your baby go to hospital?	-
D1	E1	How long did you stay in hospital after your baby was born?	-
D2	E2	Looking back, do you feel that the length of your stay in hospital was...?	4
	E3	Was there a member of staff available to help you during your stay?	4
	E4	During your postnatal stay were you offered a choice of food?	-
	E5	How much food were you given?	4
	E6	Overall how would you rate the hospital food during your postnatal stay?	5
	E7	For your postnatal stay in the hospital, how clean was the hospital room or ward you were in?	-

Core numbering	Question bank numbering	Question	Non-specific responses
	E8	For your postnatal stay in the hospital, how clean were the toilets and bathrooms that you used?	5
D3	E9	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	4
	E10	Thinking about the care you received in hospital after the birth of your baby, were you spoken to in a way you could understand?	4
	E11	Thinking about the care you received in hospital after the birth of your baby, were you treated with respect and dignity?	4
D4	E12	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	4
	E13	Did your baby have a newborn examination or 'baby check' before you were discharged home?	3
	E14	Who carried out this examination or 'baby check'?	3, 4
E1	F1	During your pregnancy did your midwife discuss infant feeding with you?	4
E2	F2	In the first few days after the birth how was your baby fed?	4
E3	F3	Did you ever put your baby to the breast?	-
E4	F4	Did you feel that midwives and other carers gave you consistent advice?	4, 5
	F5	Did you feel that midwives and other carers gave you practical help?	4, 5
E5	F6	Do you feel that midwives and other carers gave you active support and encouragement?	4, 5
	G1	Was your baby cared for in a neonatal unit (NNU, NICU, SCBU) at all?	-
	G2	How long was your baby in neonatal care in total?	-
	G3	Were you and/or your partner given enough information about why your baby was admitted for neonatal care?	4, 5
	H1	Were you given a copy of the 'Birth to Five' book?	3
F1	H2	When you were at home after the birth of your baby did you have the name and telephone number of a midwife or health visitor you could contact if you were worried?	3

Core numbering	Question bank numbering	Question	Non-specific responses
F2	H3	If you contacted a midwife or health visitor, were you given the help you needed?	4
	H4	When you contacted a midwife or health visitor, did you get a response as soon as you needed it?	4
F3	H5	Since your baby's birth have you been visited at home by a midwife?	4, 5
F4	H6	How many times in total did you see a midwife after you went home?	5
	H7	How old was your baby when you had the last visit or contact with the midwife?	-
F5	H8	Would you have liked to have seen a midwife...	-
	H9	Did you have confidence and trust in the midwives you saw after going home?	-
	H10	Where would you have liked to have seen or contacted a midwife or maternity support worker for postnatal care of you and your baby?	-
	H11	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's sleeping position?	4
	H12	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's crying?	4
F6	H13	In the six weeks after the birth of your baby did you receive help and advice from health professionals about feeding your baby?	4
	H14	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's skin care?	4
F7	H15	In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?	4
F8	H16	Did you have a postnatal check-up of your own health?	-
F9	H17	Were you given enough information about your own recovery after the birth?	4,5
F10	H18	Were you given enough information about any emotional changes you might experience after the birth?	4, 5
F11	H19	Were you given information or offered advice from a health professional about contraception?	3

Core numbering	Question bank numbering	Question	Non-specific responses
F12	H20	Overall, how would you rate the care received after the birth?	-
G1	J1	Have you had a previous pregnancy?	-
G2	J2	How many babies have you given birth to before this pregnancy?	-
G3	J3	In what year were you born?	-
	J4	How old were you when you left full-time education?	-
G4	J5	Who do you live with now?	-
G5	J6	What language do you speak most often at home?	-
G6	J7	Do you have any of the following long-standing conditions?	-
G7	J8	Does this condition(s) cause you difficulty with any of the following?	-
G8	J9	To which of these ethnic groups would you say you belong?	-

6 Contact us

Submitting data

The data from the core questions of the 2010 maternity survey must be supplied to the Acute Co-ordination Centre as one anonymised Excel file that includes information about the patient sample and responses. To comply with the Data Protection Act, name and address details must not be sent to the Co-ordination Centre.

Data may be sent on encrypted CD-ROMs or by e-mail (for more information see section 6 of the survey 'Guidance Manual').

Data should be submitted to the following address:

By e-mail – Maternity.Data@PickerEurope.ac.uk

or

By post:

Acute Co-ordination Centre – Maternity Survey 2010 Picker Institute Europe King's Mead House, Oxpens Road, Oxford. OX1 1RX

Questions/comments

If you have any questions or concerns regarding this document, or if you have any specific queries regarding the submission of data, please contact the Acute Co-ordination Centre:

By e-mail – Maternity.Data@PickerEurope.ac.uk

By phone – 01865 208127