

DATA CLEANING GUIDANCE FOR THE NHS MATERNITY SURVEY 2013

THE CO-ORDINATION CENTRE FOR THE
NHS PATIENT SURVEY PROGRAMME

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Updates

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Questions and 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 Co-ordination Centre using the details provided at the top of this page.

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1 Maternity Survey 2013 – data cleaning

1.1 Introduction

Once fieldwork for the 2013 maternity survey has been completed, participating trusts and contractors will be required to submit data to the Co-ordination Centre in a **raw (uncleaned)** format. Once the Co-ordination centre has received data from all participating trusts, the data must be cleaned. To ensure that the cleaning process is comparable across NHS trusts, data for all trusts in the survey are collated and cleaning is carried out on the full collated dataset.

This document provides a description and specification of the processes that will be used by the Co-ordination Centre to clean and standardise data submitted by contractors and trusts as part of the 2013 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 Co-ordination Centre on **01865 208 127**, or e-mail us at maternity.data@pickereurope.ac.uk.

1.2 Definition of key terms

Definitions of terms commonly used in this document, as they apply to the 2013 Maternity Survey 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.

Data cleaning – The 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 2013 maternity survey, the routing questions are C4, C7, E2, F3, G2, and G4. There are also two routing ‘statements’ at the start of sections C and D which instruct respondents to skip questions that are not applicable to them.

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 **B4, B8, C3, C5, C13, G4 and G5** 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.

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 2013 maternity survey, the filtered questions are C1-C5, C8, C9, D1-D6, E3, F4-F11, G3, and G5.

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 2013 maternity survey, the non-filtered questions are A1-A3, B1-B15, C6, C7, C10-C19, E1-E2, E4-F3, F12-G2, G4, G6-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 toilet/bathroom”. A full listing of such responses for the 2013 maternity survey can be found in [Appendix B – non-specific responses](#).

2 Submitting raw ('uncleaned') data

For the 2013 maternity survey, trusts and contractors are required to submit raw ('uncleaned') data to the 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 selected more than one response category on a question, this question should be set to 'missing' for that person in the data (i.e. left blank, or coded as a full stop '.'). The **exceptions** to this are for the 'multiple response' questions **B4, B8, C3, C5, C13, G4 and G5** where respondents may tick more than one response option (ie. 'cross all that apply').
- iii Where a respondent has crossed out a response, this should not be entered in the data (the response should be left blank, or coded as a full stop '.'). Where a respondent has crossed out a response and instead selected 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 **G1**, 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 (G1), unrealistic responses should still be entered except following rule iv above). For example, if a respondent enters '2013' 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 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 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 Dealing with filtered questions

Some of the questions included in the survey are only relevant to a subset of respondents, and in these cases filter instructions are included in the questionnaire to route respondents past questions that are not applicable to them. For example, people who tick “No” to C4 (“Did the pain relief you used change from what you had originally planned?”) are instructed to skip question C5 on the reason for why pain relief was changed.

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 “No” to C4 but then answering questions C5 on the reason for why pain relief was changed as in the example above). Responses to ‘filtered’ questions are **NOT** removed where the response to the routing question is *missing*. For example, C8-C9 are filtered by the response to C7 (e.g. if C7=3), but if a respondent does not answer C7, or if the C7 response is missing for any reason, then responses to C8-C9 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 2013 maternity survey. Please note that these instructions should be followed sequentially in order to be consistent with the procedures applied by the Co-ordination Centre. In addition, please note that for the maternity survey two sets of questions (C1-C5 and D1-D6) will be filtered by the 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> C4 = 2, 3 or 4	<i>then delete response to:</i>	C5
<i>if</i> C7 = 3 or 4	<i>then delete responses to:</i>	C8-C9
<i>if</i> E2 = 1 or 2	<i>then delete response to:</i>	E3
<i>if</i> F3 = 4, 5 or 6	<i>then delete responses to:</i>	F4-F11
<i>if</i> G2 = 2	<i>then delete response to:</i>	G3
<i>if</i> G4 = 7	<i>then delete response to:</i>	G5

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 (**B4, B8, C3, C5, C13, G4 and G5**) where respondents are instructed to ‘Cross ALL boxes that apply’, each response option is treated as a separate question and hence the number of columns for these questions in the data file will correspond to the number of response options. (See Figure 2 below).

Figure 2 – Entering data for multiple response questions

G4. Do you have any of the following long-standing conditions?

- 1 Deafness or severe hearing impairment
- 2 Blindness or partially sighted
- 3 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

G4 takes up seven columns in the data file, labelled as follows:

Column headings	G4_1	G4_2	G4_3	G4_4	G4_5	G4_6	G4_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 (.)

As Figure 2 above shows, when entering data for G4 each response option must be coded '1' or '0', depending on whether the response option is crossed or not crossed (any response options that are crossed should be coded '1', any not crossed coded as '0'). However, the last response to questions G4 and G5 is an exclusive option. If a respondent ticks option 7 to **G4** ("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 **G5**; 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'. (See Figure 3 below).

Figure 3 – Cleaning data for multiple response questions

Example

G4. Do you have any of the following long-standing conditions?

- 1 Deafness or severe hearing impairment
- 2 Blindness or partially sighted
- 3 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

BEFORE CLEANING: G4 is coded as follows:

Column headings	G4_1	G4_2	G4_3	G4_4	G4_5	G4_6	G4_7
Codings for this example	1	0	0	0	1	0	1

AFTER CLEANING: G4 is coded as follows:

Column headings	G4_1	G4_2	G4_3	G4_4	G4_5	G4_6	G4_7
Codings for this example	0	0	0	0	0	0	1

When the data is cleaned, the responses to G4_1 and G4_5 are re-coded as '0' because option 7 ("I do not have a long-standing condition") has also been ticked.

3.4 Additional data cleaning

- i. Questions C1 – C5 should only be answered by those who did not have a planned caesarean section. The responses for questions C1 – C5 are set to system missing if the respondent has answered “A planned caesarean delivery” (option 3) for question C7 (“Thinking about the birth of your baby, what **type of delivery** did you have?”). This extra cleaning step ensures that no respondents who had a planned caesarean delivery have been included in the results for questions C1 – C5.
- ii. Question B4 If respondents identify that they were given a choice of where to give birth by selecting any of the options 1 -4 this takes precedence over the other options indicating that a choice was not possible or not known (options 5 – 7 are coded to 0 if options 1,2,3 or 4 are selected). If options 5 and 6 are ticked then 6 is given precedence because it indicates that the respondent couldn't have a choice for medical reasons, therefore options 5 and 7 are set to 0 if option 6 is selected.

3.5 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 for any sub-group analyses (for example, if you wanted to examine the response to particular question by age, or ethnic group) 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.⁴

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

³ Despite this assumption, please note that any respondent recorded as over the age of sixteen in the sample information, but who reports themselves as under the age of sixteen in their response to the survey, should *not* be considered as ineligible. This is because of the difficulty of inferring the source of errors when year of birth from sample and response sections are mismatched. We cannot be *certain* whether this mismatch occurs due to an error in the sample file, an error in the patient's completion of the questionnaire form, or an error in data entry. See section 3.5. .

⁴ The exception to this is when response rates are calculated. Because response rates vary between demographic groups, 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.

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).

Certain demographic variables require special consideration during data cleaning:

Age (G1)

A common error when completing year of birth questions on forms is for respondents to accidentally write in the *current* year – thus responses to **G1** of '2013' will be set to missing during cleaning. Out-of-range responses will also be set to missing⁵. For the 2013 maternity survey, out-of range responses are defined as **G1 ≤1943 OR G1≥1997**

3.6 Usability and Eligibility

Sometimes questionnaires are returned with only a very small number of questions completed. For the 2013 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 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 **G1** indicates that they are under 16 (specifically, **if G1 ≥ 1998**) then the outcome code for that respondent 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 woman is aged 16 or over, but this is contradicted by the woman's response, then the woman'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.

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.

⁶ Please note that the multiple choice questions, **B4, B8, C3, C5, C13 G4 and G5** are only counted once. So for example, even if **B8_1** and **B8_4** are ticked, this would count as only one response for the purpose of determining if a questionnaire is usable.

3.7 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.

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.

3.8 Non-specific responses

As well as excluding missing responses from results, the 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 2013 maternity survey, please see Appendix B.

⁷ For **C1-C5 & D1-D6** indirect routing questions are used to define whether women should have answered

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 4: Example ‘raw’/‘uncleaned’ data

Record	Outcome	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?	Did you have skin to skin contact with your baby shortly after the birth?
A	6				
B	1	2	1	.	1
C	1	3	.	.	1
D	1	3	1	4	1
E	4				
F	1	2	1	.	3
G	6				
H	1	4	1	.	3
I	1	.	3	1	2

Figure 4 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 (C7=3 or 4), but have both responded to filtered questions which they should have skipped past. (‘D’ has answered C8 and C9, whilst ‘H’ has answered C8).

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

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

removed for respondent 'D', and data from one cell for respondent 'H' (C8), who for whatever reason followed the routing instructions incorrectly and continued to answer the questions applicable only to vaginal deliveries.

Respondent 'I' did not respond to the routing question C7, 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 5 (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 5: DATA FROM FIGURE 3 FOLLOWING CLEANING

Record	Outcome	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?	Did you have skin to skin contact with your baby shortly after the birth?
A	6				
B	1	2	1	.	1
C	1	3	.	.	1
D	1	3	.	.	1
E	4				
F	1	2	1	.	3
G	6				
H	1	4	.	.	3
I	1	.	3	1	2

5 Appendix B – non-specific responses

The following table lists all 'non-specific responses' included in the 2013 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.

Question number	Question	Non-specific responses
A1	Did you give birth to a single baby, twins or more in your most recent pregnancy?	-
A2	What time was your baby born? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)	-
A3	Roughly how many weeks pregnant were you when your baby was born?	-
B1	Who was the first health professional you saw when you thought you were pregnant? (Cross ONE only)	-
B2	Roughly how many weeks pregnant were you when you first saw this health professional about your pregnancy care?	4
B3	Roughly how many weeks pregnant were you when you had your 'booking' appointment (the appointment where you were given your pregnancy notes)?	6
B4	Were you offered any of the following choices about where to have your baby?	6, 7
B5	Before your baby was born, did you plan to have a home birth?	-
B6	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	4, 5
B7	During your pregnancy were you given a choice about where your antenatal check-ups would take place?	3
B8	Which of the following health professionals did you see for your antenatal check-ups	-
B9	If you saw a midwife for your antenatal check-ups, did you see the same one every time?	5, 6, 7
B10	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	4
B11	During your antenatal checkups, did the midwives listen to you?	4
B12	During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	3
B13	If you contacted a midwife, were you given the help you needed?	5
B14	Thinking about your antenatal care, were you spoken to in a way you could understand?	4

B15	Thinking about your antenatal care, were you involved enough in decisions about your care?	4, 5
C1	At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	1
C2	During your labour, were you able to move around and choose the position that made you most comfortable?	4
C3	During your pregnancy what type of pain relief did you plan to use when giving birth?	-
C4	Did the pain relief you used change from what you had originally planned?	3, 4
C5	Why did you not use the choice of pain relief that you had originally planned to?	-
C6	Where was your baby born?	-
C7	Thinking about the birth of your baby, what type of delivery did you have? (If you had twins or more than two babies this time, please fill in this question about the baby who was born first)	-
C8	Where did you give birth? (Cross ONE only)	-
C9	What position were you in when your baby was born? (Cross ONE only)	-
C10	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	4, 5
C11	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	3, 4, 5
C12	Did the staff treating and examining you introduce themselves?	4
C13	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	-
C14	If you raised a concern during labour and birth, did you feel that it was taken seriously?	3
C15	If you used the call button how long did it usually take before you got the help you needed?	7
C16	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	4
C17	Thinking about your care during labour and birth, were you involved enough in decisions about your care?	4, 5
C18	Thinking about your care during labour and birth, were you treated with respect and dignity?	4
C19	Did you have confidence and trust in the staff caring for you during your labour and birth?	4
D1	How long did you stay in hospital after your baby was born?	-
D2	Looking back, do you feel that the length of your stay in hospital after the birth was	4
D3	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	4
D4	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	4

D5	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	5
D6	Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?	5, 6
E1	During your pregnancy did midwives provide relevant information about feeding your baby?	4, 5
E2	In the first few days after the birth how was your baby fed? (Cross ONE only)	4
E3	Did you ever put your baby to the breast (even if it was only once)?	-
E4	Were your decisions about how you wanted to feed your baby respected by midwives?	4
E5	Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?	4, 6
E6	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	4, 5
F1	When you were at home after the birth of your baby, did you have a telephone number for a midwife or midwifery team that you could contact?	3
F2	If you contacted a midwife were you given the help you needed?	5
F3	Since your baby's birth have you been visited at home by a midwife?	-
F4	Did you see the same midwife every time?	5, 6, 7
F5	How many times in total did you see a midwife after you went home?	5
F6	Would you have liked to have seen a midwife	-
F7	Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	3
F8	Did you feel that the midwife or midwives that you saw always listened to you?	4
F9	Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?	4, 5
F10	Did you have confidence and trust in the midwives you saw after going home?	4
F11	Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 4-8 weeks after the birth)	3
F12	Did a midwife or health visitor ask you how you were feeling emotionally?	3
F13	Were you given enough information about your own recovery after the birth?	4, 5
F14	In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?	4, 5
F15	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, 5
F16	Were you given enough information about any emotional changes you might experience after the birth?	4, 5

F17	Were you given information or offered advice from a health professional about contraception?	3
G1	In what year were you born?	-
G2	Have you had a previous pregnancy?	-
G3	How many babies have you given birth to before this pregnancy?	-
G4	Did you have any of the following long-standing conditions?	-
G5	Does this condition(s) cause you difficulty with any of the following?	-
G6	What is your religion?	-
G7	Which of the following best describes how you think of yourself?	-
G8	What is your ethnic group? (Cross ONE box only)	-

6 Contact us

Submitting data

The data from the core questions of the 2013 maternity survey must be supplied to the 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 password protected (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:

Patient Surveys Co-ordination Centre FAO Maternity Survey 2013 Picker Institute Europe Buxton Court, 3 West Way, Oxford. OX2 0JB
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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 Co-ordination Centre:

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

By phone – 01865 208127