DATA CLEANING GUIDANCE

NHS MATERNITY SURVEY 2018

Last updated: 22nd June 2018

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Updates

Before you use this document, please check that you have the latest version as small amendments may be made from time to time (the date of the last update is on the front page).

This document is available from: http://nhssurveys.org/surveys/1235.

Questions and comments

If you have any questions or concerns regarding this document, please contact the Survey Coordination Centre using the details provided at the top of this page.

For contractors and in-house trusts:

Contractors and in-house trusts **must not** clean their final data before submitting it to the Survey Coordination Centre. Please refer to the Survey Handbook and Entering and Submitting Final Data document for more details.

Contents

1 Data cleaning overview

1.1 Introduction

Once fieldwork for the 2018 Maternity Survey has been completed, contractors and in-house trusts are required to submit final data to the Survey Coordination Centre in a **raw** (**uncleaned**) format. The Survey Coordination Centre will clean the data once all contractors and in-house trusts have submitted their files. To ensure the cleaning process is comparable across all trusts, cleaning is carried out on the full collated dataset.

This document provides a description of the processes the Survey Coordination Centre will use to clean and standardise data submitted by contractors and in-house trusts as part of the 2018 Maternity Survey. By following the guidance contained in this document it should be possible to recreate this cleaning process.

1.2 Definitions

Definitions of key terms used in this document, as they apply to the 2018 Maternity Survey, are as follows:

Raw data

This is uncleaned data that has been entered from completed questionnaires, following the instructions in the [Entering and Submitting Final Data](#) document. The requirement for raw data does **NOT**, however, preclude the checking of data for errors resulting from problems with data entry or similar, as detailed in the [Final Data Checklist](#).

Data cleaning

This refers to all editing processes applied to the final collated dataset.

Routing questions

These are items in the questionnaire which instruct respondents to either continue to the next question or to skip inapplicable questions, depending on their response to the routing question. For the 2018 Maternity Survey, the routing questions are **C5**, **C7**, **D3**, **F4** and **G2**. There are also two routing statements at the beginning of Sections **C** and **D** which instruct respondents to skip questions that are not applicable to them.

Filtered questions

These are items in the questionnaire that are not intended to be answered by all respondents. Whether a respondent is expected to answer a filtered question depends on their response to the relevant routing question. For the 2018 Maternity Survey, the filtered questions are **C1**-**C6**, **C8**-**C9**, **D1**-**D9**, **F5**-**F11**, **F21**[1] and **G3**.

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[1] The filtering from routing question **F4** applies to **F21** (in addition to **F5**-**F11**). This is because **F21** was moved from the middle to the end of Section **F** for the 2017 questionnaire due to concerns that its original placement may cause respondents to interpret the subsequent questions as applying to the postnatal check-up mentioned in the question.

Non-filtered questions

These are items in the questionnaire which are not subject to any filtering and should therefore be answered by all respondents. For the 2018 Maternity Survey, the non-filtered questions are **A1**-**B17**, **C7**, **C10**-**C20**, **E1**-**F4**, **F12**-**F20**, **G1**-**G2** and **G4**-**G7**.

Sample data

This is patient data that is provided by the trust as part of the sampling process. It includes variables such as ethnicity and year of birth, as recorded on the trust's system.

Response data

This is data from questionnaires which respondents have completed, and includes answers to **A1** through **G7**.

Out-of-range data

This refers to instances where data within a variable has a value that is not permissible. For categorical data – most of the variables in this survey – this would mean, for example, a value of '3' being entered in a variable with only two response categories (1 or 2).

Outcome

An outcome code is given to each woman to indicate the end result of their participation in the survey. These codes are used when calculating the adjusted response rate for the survey and it is therefore vital to ensure all women are coded appropriately. The coding for outcome is as follows:

Outcome 1: Returned completed questionnaire

Outcome 2: Undelivered / moved house

Outcome 3: Mother / baby deceased (during fieldwork)

Outcome 4: Too ill / opted out

Outcome 5: Ineligible

Outcome 6: Unknown

Outcome 7: Mother / baby deceased (before fieldwork)

Non-specific responses

These are response options that do not provide useful evaluative information. Most commonly, these are responses such as "Don't know / can't remember". In addition, 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 pain relief".

2   Cleaning final data

2.1   Approach

The aim of the Survey Coordination Centre in cleaning the collated final data is to ensure an optimal balance between data quality and completeness. We do this by recoding responses that are known to be erroneous or inappropriate.

2.2   Filtered questions

Some participants do not follow routing instructions correctly and therefore answer filtered questions they were supposed to skip. In such cases, participants' responses to the filtered questions are recoded to '998'[2] to indicate a non-applicable response. See Table 1 for a summary of the cleaning applied to filtered questions in the 2018 Maternity Survey[3].

Table 1: Cleaning instructions for filtered questions

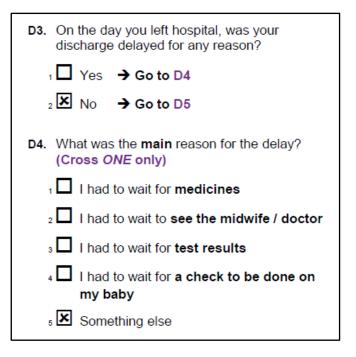|	Routing question		Response value		Filtered question	
if	**C5**	=	2, 3 or 4	then recode	**C6**	to '998'
if	**C7**	=	3	then recode	**C1**-**C6**[4]	to '998'
if	**C7**	=	3 or 4	then recode	**C8**-**C9**	to '998'
if	**D3**	=	2	then recode	**D4**	to '998'
if	**F4**	=	4, 5 or 6	then recode	**F5-F11**, **F21**	to '998'
if	**G2**	=	2	then recode	**G3**	to '998'

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

Responses to filtered questions are *only* recoded where respondents have ticked a response on an earlier routing question instructing them to skip these questions. In the example below, the response to **D4** would be recoded to '998' because according to the respondent's answer to **D3** (the routing question), they were supposed to skip **D4**.
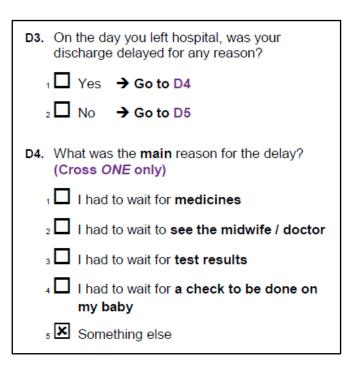
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[2] This is an arbitrary value chosen because it is out-of-range for all questions in the survey.

[3] While there is a routing instruction at the beginning of Section **D** instructing respondents to skip to Section **E** if they had a home birth and did not go to hospital, it is still possible for women who had home births to spend time in hospital right after birth. To avoid cleaning out valid responses, Section **D** questions are therefore *not* recoded to '998' if women indicated they had a home birth (**C2** = 1).

[4] There is a routing instruction at the beginning of Section **C** instructing respondents to skip to **C7** if they had a planned caesarean. Responses to **C1**-**C6** are therefore recoded to '998' if a woman indicated they had a planned caesarean in question **C7** (response option 3).

```
D3.  On the day you left hospital, was your
     discharge delayed for any reason?

     1 [ ] Yes   → Go to D4

     2 [X] No    → Go to D5


D4.  What was the main reason for the delay?
     (Cross ONE only)

     1 [ ] I had to wait for medicines

     2 [ ] I had to wait to see the midwife / doctor

     3 [ ] I had to wait for test results

     4 [ ] I had to wait for a check to be done on
           my baby

     5 [X] Something else
```

Responses to filtered questions are *not* removed where the response to the relevant routing question is *missing*[5]. In the example below, the response to **D4** would remain as code 5 and **D3** would be coded as missing.

```
D3.  On the day you left hospital, was your
     discharge delayed for any reason?

     1 [ ] Yes   → Go to D4

     2 [ ] No    → Go to D5


D4.  What was the main reason for the delay?
     (Cross ONE only)

     1 [ ] I had to wait for medicines

     2 [ ] I had to wait to see the midwife / doctor

     3 [ ] I had to wait for test results

     4 [ ] I had to wait for a check to be done on
           my baby

     5 [X] Something else
```

A worked example of the cleaning process for recoding non-applicable responses to filtered questions is included in Appendix A.

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[5] Please note that missing responses to routing questions should remain missing (instead of being back-coded) even if a respondent has answered the related filtered questions.

2.3 Multiple response questions

There are six multiple response questions in the 2018 Maternity Survey (where respondents may tick more than one option). Four of these are scored (**B4**, **C14**, **D8** and **G4**) and as such undergo additional cleaning, as outlined below.

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 (i.e. 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 could not have a choice for medical reasons, therefore option 5 is set to '0'. If options 5 **or** 6 are ticked then option 7 ("Don't know") is set to '0'. If options 6 **and** 7 are selected, option 6 is given precedence because it indicates a choice (whereas option 7 has no information about the respondent's experience), and option 7 is then set to '0'.

Question C14

If a respondent selects conflicting responses (i.e. 5 **and** any of 1-4), all of their responses to this question are recoded to missing. This is because there is no way to clarify the respondent's choice, and as the question is scored, it is important not to include incorrect data.

Question D8

Similar to the cleaning for **C14**, if respondents select conflicting responses (either 1 or 5 **and** any of 2-4) for question **D8**, all their responses for this question are set to missing. If respondents select both 1 **and** 5, their responses for this question are also set to missing.

Question G4

The last response to question **G4** is an exclusive option. If a respondent ticks option 7 ("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 in addition to option 7, these responses are set to '0' (but option 7 remains as '1').

2.4 Demographic questions

In a small number of cases, sample data and response data does not correspond for year of birth and ethnicity. For example, the sample may identify a woman as being born in 1980 only for the woman to report being born in 1985.

Where responses to demographic questions are present, it is assumed that these are more likely to be accurate than sample data (since it is assumed that respondents are best placed to know their own age and ethnicity). However, because demographic questions tend to produce relatively high item non-response rates, it is not appropriate to rely on response data alone.

For demographic analysis on groups of cases, it is therefore necessary to use some combination of sample data and response data[6]. To do this, we first copy all valid responses to survey demographic questions into a new variable. Where response data is missing we then copy in the relevant sample data. Note that for a very small number of women demographic information may be missing in both the sample and response data. In such cases data must be left missing in the new variable.

2.5 Eligibility

Women aged under 16 (year of birth ≥ 2003) at the time of delivery are ineligible for the survey. However there may be instances where respondents are recorded as over 16 in the sample data, but who report themselves as under 16 in the response data. When this occurs, respondents are *not* considered ineligible and will therefore remain as outcome 1, as shown in Table 2. This is to avoid removing legitimate responses because of an overly conservative approach to assessing eligibility. In other words, where a woman's age is mismatched between the sample and response data, the benefit of the doubt is given when assessing eligibility because we cannot be certain whether this mismatch occurred due to an error in the sample file, an error in the respondent's completion of the questionnaire, or an error in data entry.

Another possible scenario is that a respondent indicates they are under 16 in the response data, but year of birth is missing from the sample data. As the response data is the only available information for their year of birth, these respondents will be considered ineligible for the survey and will therefore be recoded to outcome 5, except where the respondent has accidentally entered the current survey year (2018), as shown in Table 2.

In the unlikely event that the sample data indicates a respondent is under 16, they will be considered ineligible and changed to outcome 5 *only* if the response data is out-of-range (except where the respondent has accidentally entered the current survey year – 2018), or if the response data is missing (see Table 2). However, since the sample data is checked for ineligible women prior to approval, there are unlikely to be any such cases in the final data.

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[6] The exception to this is when response rates are calculated. Because response rates vary between demographic groups, using combined 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 women who completed the questionnaire. Therefore, only the sample data should be used to calculate response rates by demographic groups.

Table 2: Outcome code cleaning for ineligible respondents

Original outcome	Age from sample data	Age from response data	Eligibility	Cleaned outcome
1	over 16 (≤ 2002)	over 16 (≤ 2002)	eligible	1
1	over 16 (≤ 2002)	under 16 (≥ 2003)	eligible	1
1	over 16 (≤ 2002)	missing	eligible	1
1	under 16 (≥ 2003)	over 16 (≤ 2002)	eligible	1
1	under 16 (≥ 2003)	under 16 (≥ 2003 but ≠ 2018)	ineligible	5
1	under 16 (≥ 2003)	missing	ineligible	5
1	under 16 (≥ 2003)	over 70 (≤ 1947)	ineligible	5
1	missing	over 16 (≤ 2002)	eligible	1
1	missing	under 16 (≥ 2003 but ≠ 2018)	ineligible	5
1	missing	missing	eligible	1

2.6 Out-of-range data

Out-of-range data must be set to missing for each question in the survey. Out-of-range responses will depend on the number of response options for each question. For instance, all questions with two response options (i.e. **A3**, **B5**, **C2**, **D3** and **G2**) that have response values of ≤ 0 or ≥ 3 would be set to missing.

With regards to the year of birth question (**G1**), out-of-range responses for the 2018 Maternity Survey are defined as ≤ 1947 or ≥ 2003. Such responses must only be set to missing after eligibility has been determined as described in Section 2.5.

A full list of out-of-range responses for the 2018 Maternity Survey is available in Appendix B.

2.7 Usability

Sometimes questionnaires are returned with only a very small number of questions completed. For the 2018 Maternity Survey, any returned questionnaires with fewer than five questions answered are considered 'unusable' – we will delete all responses for such cases and recode outcome to 6 ('questionnaire not returned'). This should only affect a very limited number of cases and so should not have a significant impact on response rates. The number

of responses per questionnaire (including responses to the demographic questions) must be counted *after* all other cleaning has been completed.

It is possible that a questionnaire with an outcome code of 2, 3, 4, 6 or 7 could be considered useable because there are five or more responses. In these cases, outcome would be recoded to 1 to indicate a useable questionnaire.

When counting the total number of responses for the purpose of determining usability, multiple response questions are only counted once. For example, in the below scenario **C14** would only be counted as one response, even though the respondent has crossed two response options.

2.8 Missing responses

It is useful to be able to see the number of missing responses for each question. 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, responses are expected if the related routing question instructed the respondent to answer those filtered questions, but not expected if the respondent missed the routing question[7]. Thus instances of missing data for filtered questions only constitute missing responses when respondents were explicitly instructed to answer those questions.

The Survey Coordination Centre codes missing responses with the value '999'[8]. For results to be consistent with those produced by the Survey Coordination Centre, missing responses should be presented but should not be included in the base number of respondents for percentages.

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[7] If a woman has responded "Yes" to **C2** ("Did you have a home birth?") and has not answered any of **D1**-**D8**, it is assumed she followed the routing direction at the beginning of Section **D** and responses to **D1**-**D8** will not be set to '999' (missing).

[8] This is an arbitrary value chosen because it is out-of-range for all questions in the survey.

2.9 Non-specific responses

As well as excluding missing responses from results, the Survey Coordination Centre also removes non-specific responses from base numbers for percentages. The rationale for this is to facilitate easy comparison between trusts by presenting only results for those women who felt able to give an evaluative response to questions. For a full listing of non-specific responses in the 2018 Maternity Survey, please see Appendix C.

Appendix A   Example of cleaning

The table below displays hypothetical raw data for seven women, five of whom have responded to the survey. As shown, some of the respondents have followed routing instructions incorrectly. Specifically, respondents 'B' and 'F' reported that they had caesarean deliveries (**C7** = 3 or 4), but both responded to filtered questions which they should have skipped past ('B' has answered **C8** and **C9**, whilst 'F' has answered **C8**).

Record	Outcome	C7	C8	C9	C10
Patient record number	Outcome of sending questionnaire	Thinking about the birth of your baby, what type 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 (*baby naked, directly on your chest or tummy*) with your baby shortly after the birth?
A	1	3			1
B	1	3	1	4	1
C	4				
D	1	2	1		3
E	6				
F	1	4	1		3
G	1		3	1	2

Following the cleaning instructions in Section 2.2 above, all responses for **C8** and **C9** must be set to '998' where the respondent has ticked options 3 or 4 for **C7**.

The below table shows how the data would look after cleaning is carried out by the Survey Coordination Centre to recode responses to filtered questions that should have been skipped. Missing responses have also been recoded to '999' where a respondent was expected to answer a question but did not, as explained in Section 2.8.

Record	Outcome	C7	C8	C9	C10
Patient record number	Outcome of sending questionnaire	Thinking about the birth of your baby, what type 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 (*baby naked, directly on your chest or tummy*) with your baby shortly after the birth?
A	1	3	998	998	1
B	1	3	998	998	1
C	4				
D	1	2	1	999	3
E	6				
F	1	4	998	998	3
G	1	999	3	1	2

Appendix B   Out-of-range data

The following table lists the out-of-range values for each question in the 2018 Maternity Survey, as well as for applicable sample variables.

Variable	Out-of-range data
Year of birth	≤ 1947 ≥ 2003
Ethnic group	Any value except A-H, J-N, P, R, S, or Z
Day of delivery	≤ 0 ≥ 32
Month of delivery	≤ 0 ≥ 3
Year of delivery	≤ 2017 ≥ 2019
Actual delivery place	≤ -1 5-6 ≥ 10
Day questionnaire received	≤ 0 ≥ 32
Month questionnaire received	≤ 3 ≥ 9
Year questionnaire received	≤ 2017 ≥ 2019
Outcome	≤ 0 ≥ 8
A1	≤ 0 ≥ 4
A2	≤ 0 ≥ 5
A3	≤ 0 ≥ 3
B1	≤ 0 ≥ 4
B2	≤ 0 ≥ 5
B3	≤ 0 ≥ 7
B4_1 to B4_7	< 0 ≥ 2

Variable	Out-of-range data
B5	≤ 0 ≥ 3
B6	≤ 0 ≥ 6
B7	≤ 0 ≥ 4
B8	≤ 0 ≥ 8
B9	≤ 0 ≥ 5
B10	≤ 0 ≥ 5
B11	≤ 0 ≥ 5
B12	≤ 0 ≥ 5
B13	≤ 0 ≥ 4
B14	≤ 0 ≥ 6
B15	≤ 0 ≥ 5
B16	≤ 0 ≥ 6
B17	≤ 0 ≥ 6
C1	≤ 0 ≥ 4
C2	≤ 0 ≥ 3
C3	≤ 0 ≥ 5
C4_1 to C4_8	< 0 ≥ 2
C5	≤ 0 ≥ 5

Variable	Out-of-range data	Variable	Out-of-range data
C6_1 to C6_8	< 0 ≥ 2	D7	≤ 0 ≥ 5
C7	≤ 0 ≥ 5	D8_1 to D8_5	< 0 ≥ 2
C8	≤ 0 ≥ 5	D9	≤ 0 ≥ 6
C9	≤ 0 ≥ 7	E1	≤ 0 ≥ 5
C10	≤ 0 ≥ 6	E2	≤ 0 ≥ 5
C11	≤ 0 ≥ 6	E3	≤ 0 ≥ 7
C12	≤ 0 ≥ 5	E4	≤ 0 ≥ 6
C13	≤ 0 ≥ 6	F1	≤ 0 ≥ 4
C14_1 to C14_5	< 0 ≥ 2	F2	≤ 0 ≥ 4
C15	≤ 0 ≥ 4	F3	≤ 0 ≥ 6
C16	≤ 0 ≥ 7	F4	≤ 0 ≥ 7
C17	≤ 0 ≥ 5	F5	≤ 0 ≥ 8
C18	≤ 0 ≥ 6	F6	≤ 0 ≥ 6
C19	≤ 0 ≥ 5	F7	≤ 0 ≥ 4
C20	≤ 0 ≥ 5	F8	≤ 0 ≥ 4
D1	≤ 0 ≥ 6	F9	≤ 0 ≥ 5
D2	≤ 0 ≥ 5	F10	≤ 0 ≥ 6
D3	≤ 0 ≥ 3	F11	≤ 0 ≥ 5
D4	≤ 0 ≥ 6	F12	≤ 0 ≥ 7
D5	≤ 0 ≥ 6	F13	≤ 0 ≥ 4
D6	≤ 0 ≥ 5	F14	≤ 0 ≥ 6

Variable	Out-of-range data
F15	≤ 0 ≥ 6
F16	≤ 0 ≥ 6
F17	≤ 0 ≥ 6
F18	≤ 0 ≥ 6
F19	≤ 0 ≥ 4
F20	≤ 0 ≥ 5
F21	≤ 0 ≥ 4
G1	≤ 1947 ≥ 2003
G2	≤ 0 ≥ 3
G3	≤ 0 ≥ 4
G4_1 to G4_7	< 0 ≥ 2
G5	≤ 0 ≥ 10
G6	≤ 0 ≥ 6
G7	≤ 0 ≥ 19

Appendix C   Non-specific responses

The following table lists all non-specific responses included in the 2018 Maternity Survey. Numbers in the final column indicate the response options that should be considered non-specific. Where this column contains only a dash, the relevant question has no non-specific response options. All questions are included in the table, whether scored or unscored. The non-specific responses specified below are defined for all survey outputs (i.e. both trust-level data and national-level reporting) and are excluded when calculating results.

No.	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?	-
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?	-
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	If you saw a midwife for your **antenatal check-ups**, did you see the same one every time?	5, 6, 7
B9	During your antenatal check-ups, did the midwives appear to be aware of your medical history?	4
B10	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	4
B11	During your antenatal check-ups, did the midwives listen to you?	4
B12	During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?	4
B13	During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?	3
B14	During your pregnancy, if you contacted a midwife, were you given the help you needed?	5

No.	Question	Non-specific responses
B15	Thinking about your **antenatal care**, were you spoken to in a way you could understand?	4
B16	Thinking about your **antenatal care**, were you involved enough in decisions about your care?	4, 5
B17	**During your pregnancy** did **midwives** provide relevant information about feeding your baby?	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	Did you have a home birth?	-
C3	During your labour, were you able to move around and choose the position that made you most comfortable?	4
C4	During your labour, what type of pain relief did you use?	-
C5	Did the pain relief you used change from what you had **originally planned (before you went into labour)**?	3, 4
C6	Why did you not use the choice of pain relief that you had **originally planned (before you went into labour)**?	-
C7	Thinking about the birth of your baby, what **type of delivery** did you have?	-
C8	Where did you give birth?	-
C9	What position were you in **when your baby was born**?	-
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	Had any of the midwives who cared for you been involved in your antenatal care?	5
C14	Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	-
C15	If you raised a concern during labour and birth, did you feel that it was taken seriously?	3
C16	If you needed attention **during labour and birth**, were you able to get a member of staff to help you **within a reasonable time**?	5, 6
C17	Thinking about your **care during labour and birth**, were you spoken to in a way you could understand?	4
C18	Thinking about your **care during labour and birth**, were you involved enough in decisions about your care?	4, 5
C19	Thinking about your **care during labour and birth**, were you treated with respect and dignity?	4

No.	Question	Non-specific responses
C20	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	On the day you left hospital, was your discharge delayed for any reason?	-
D4	What was the **main** reason for the delay?	-
D5	If you needed attention while you were **in hospital after the birth**, were you able to get a member of staff to help you **within a reasonable time**?	4, 5
D6	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	4
D7	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	4
D8	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	4, 5
D9	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	5
E1	In the first few days after the birth how was your baby fed?	4
E2	Were your decisions about how you wanted to feed your baby respected by midwives?	4
E3	Did you feel that midwives and other health professionals gave you **consistent advice** about **feeding your baby**?	4, 6
E4	Did you feel that midwives and other health professionals gave you active **support and encouragement** about **feeding your baby**?	4, 5
F1	Were you given a choice about where your postnatal care would take place?	3
F2	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
F3	If you contacted a midwife were you given the help you needed?	5
F4	**Since your baby's birth** have you been visited at home by a midwife?	-
F5	Did you see the same midwife every time?	5, 6, 7
F6	How many times in total did you see a midwife **after you went home**?	5
F7	Would you have liked to have seen a midwife…	-
F8	Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?	3

No.	Question	Non-specific responses
F9	Did you feel that the **midwife** or **midwives** that you saw always listened to you?	4
F10	Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?	4, 5
F11	Did you have confidence and trust in the midwives you saw after going home?	4
F12	Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?	6
F13	Did a midwife or health visitor ask you how you were feeling emotionally?	3
F14	Were you given enough information about your own **physical** recovery after the birth?	4, 5
F15	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
F16	If, during **evenings, nights, or weekends**, you needed support or advice about feeding your baby, were you able to get this?	4, 5
F17	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
F18	Were you given enough information about any emotional changes you might experience after the birth?	4, 5
F19	Were you told who you could contact if you needed advice about any emotional changes you might experience after the birth?	3
F20	Were you given information or offered advice from a health professional about contraception?	3, 4
F21	Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 6-8 weeks after the birth)	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	What is your religion?	-
G6	Which of the following best describes how you think of yourself?	-
G7	What is your ethnic group?	-