

SAMPLING INSTRUCTIONS

NHS MATERNITY SURVEY 2019

Last updated: 12 March 2019

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Did you know?

- Throughout this document there are hyperlinks directing you to detailed information on the topics covered.
- If you are reading this on your computer, clicking on any of the blue underlined text will give you more information and/or take you directly to the document you need. You will need to press the 'Ctrl' button on your keyboard as you click on the link.
- Generic information and instructions that apply to all surveys in the programme can be found on our NHS Surveys website [here](#).
- You can also find the Survey Handbook for this survey on our website [here](#).
- Documents and templates specific to the 2019 Maternity Survey can be found [here](#).
- For definitions of terminology used in this document, please refer to our [universal glossary](#) for the NHS Patient Survey Programme (NPSP).

1 Using this document

Adherence to the procedures outlined in this document

It is important to follow the instructions in this manual carefully.

The Section 251 approval for this survey provides a legal basis for trusts to share names and addresses with approved contractors for the purposes of sending out questionnaires. **Trusts must not send patient identifiable data, such as names and/or addresses to the Survey Coordination Centre.** Trust must also not send patient identifiable data or samples files to their contractor via email. Any breach of the Section 251 conditions will be reported to the Care Quality Commission (CQC) and the Confidentiality Advisory Group at the Health Research Authority.

It is not permissible to offer financial inducements or lottery prizes to respondents. It is also not permissible to produce versions of the questionnaire translated into other languages. The terms of the ethical approval do not allow these types of alteration. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to seek local research ethics approval, and check with the Survey Coordination Centre that the proposed alteration would not compromise data comparability.

CQC use patient survey data for performance monitoring, and NHS England use it as part of the NHS Outcomes Framework and Patient Experience Outcome Measures. If the sampling guidance issued for the survey is not adhered to by a trust, it may be necessary to exclude their results from the survey. Lack of patient experience data will be flagged within CQC's performance monitoring tool (CQC Insight).

We request that all trust staff involved in drawing samples are made aware of the importance of checking previously written code and other historical arrangements, to minimise the risk of historic errors being repeated and the risk that your trust's survey results cannot be used.

Updates

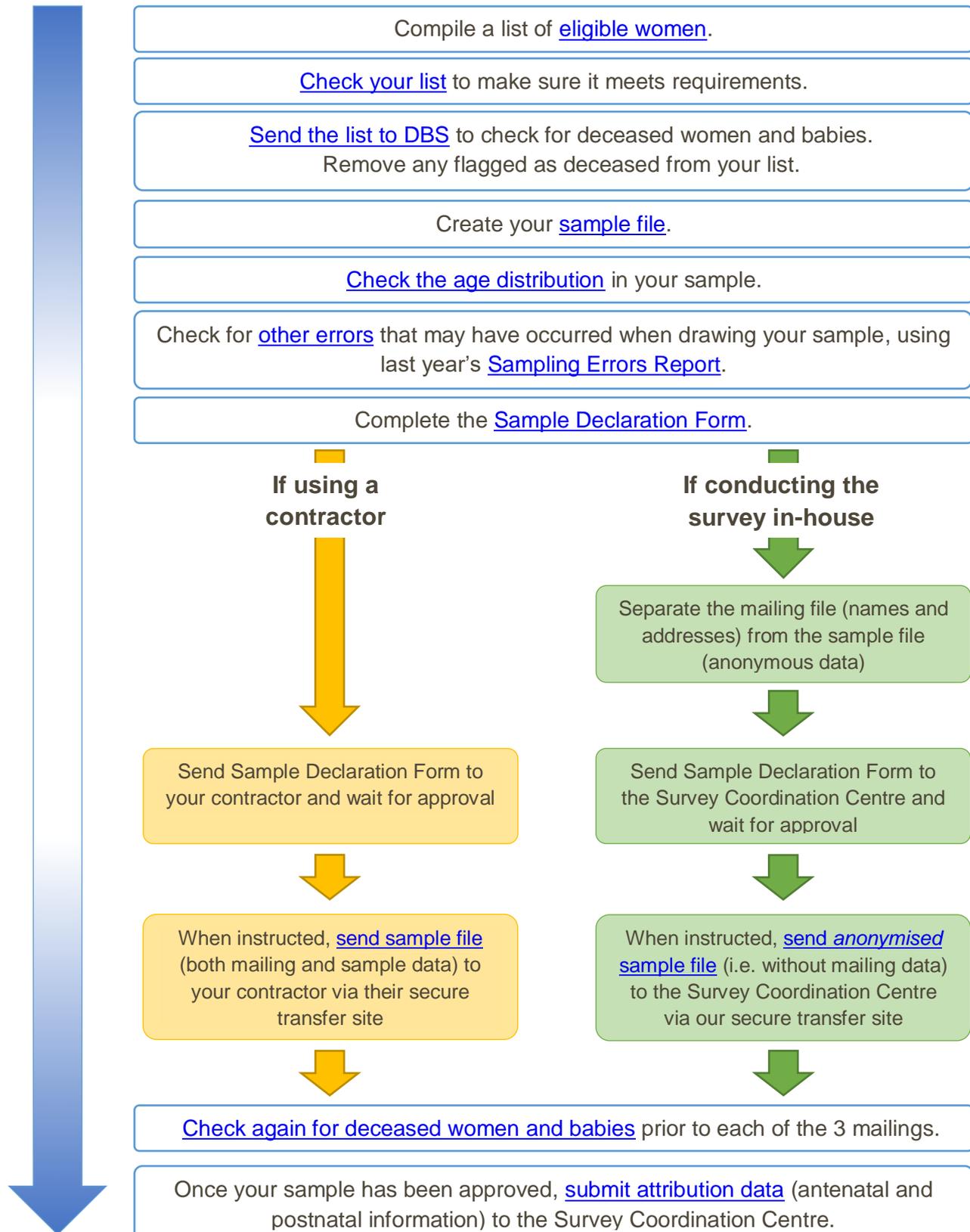
Before you start work on your sample, check that you have the **latest version** of this document (the date of the last update is on the front page). This document is available from the NHS Surveys website [here](#).



- Sampling will need to be carried out by a member of staff at your trust, very often a colleague in the trust's Informatics Team. The sample will normally be drawn from the Patient Administration System (PAS).
- Trusts need to allocate sufficient time and resources to respond quickly to any sample queries raised by the Survey Coordination Centre and approved contractors (if using one). All queries must be resolved before mailings can proceed.
- Your sample must only be used for the purposes of distributing the 2019 Maternity questionnaire and up to two reminder letters. Any additional uses of the sample are not covered by the project's ethics approval. For example, it would not be appropriate to send additional reminder letters to women in the sample nor to contact them as a group either before or after the survey.

2 How to draw a sample of women

The flowchart below shows the sequential steps you must follow to draw your sample. Approved contractors are not permitted to draw the sample; this is the responsibility of the trust. If a contractor draws a sample on behalf of a trust it will be considered a breach of the survey's Section 251 approval and action against both the trust and approved contractor will follow.



3 Eligibility criteria for women in your sample

The sample for this survey is selected from **ALL** women **aged 16 years or over** at the time of delivery who had a live birth between **1st February and 28th February 2019**. Details on who should be included and excluded are set out below.

Your sample must include **ALL eligible women from February**, no matter how large this number is. There is **no** maximum sample size for this survey.

However, there is a minimum sample size of 300. **If you have fewer than 300 eligible women** who gave birth in February, then you will need to [include January births](#) in your sample.

Who to include

Compile a full list of women who gave birth in February 2019, including:

Women who delivered at any unit managed by the trust

Women who gave birth at a separate maternity unit or birth centre should still be included in your sample, as long as it is managed by the trust.

Women who delivered at home

If home births are not recorded on your hospital information system, you will need to do a manual check of the records held by midwives.

All types of deliveries

It is important that all women who had a baby in February are included in your sample, not just the ones with normal vaginal deliveries and no complications.

Multiparous and primiparous women

Your sample should include both first-time mothers and those who have previously had a baby.

Incomplete addresses

Include women even if their addresses are incomplete but still useable (e.g. no postcode).

Who to exclude



Try to keep a record of the number of women you have excluded (and the reasons for excluding them) as you may be asked to provide this to your contractor or the Survey Coordination Centre during sample checking.

The following women are **not** eligible to participate in the survey and should be **excluded** from your sample:

- Women who were under 16 years of age at the time of delivery.
- Women who had a stillbirth as indicated by any of the following ICD-10 or ICD-11 delivery outcomes or their equivalents¹:

ICD-10

Z37.1 Single stillbirth
Z37.3 Twins, one liveborn and one stillborn
Z37.4 Twins, both stillborn
Z37.6 Other multiple births, some liveborn
Z37.7 Other multiple births, all stillborn

ICD-11

QA46.1 Single stillbirth
QA46.3 Twins, one liveborn and one stillborn
QA46.4 Twins, both stillborn
QA46.6 Triplets, some liveborn
QA46.7 Triplets, all stillborn
QA46.9 Quadruplets, some liveborn
QA46.A Quadruplets, all stillborn
QA46.C Quintuplets, some liveborn
QA46.D Quintuplets, all stillborn
QA46.F Sextuplets, some liveborn
QA46.G Sextuplets, all stillborn
QA46.J Other multiple births, some liveborn
QA46.K Other multiple births, all stillborn

- Women whose baby has died since delivery².
- Women who have died during, or since, delivery.
- Women who are in hospital, or whose baby is in hospital, at the time of drawing the sample.
- Where possible, women who had a concealed pregnancy³.

¹ If you do not use ICD-10 or ICD-11 codes in your systems, please use the appropriate equivalents to the codes listed above.

² In order to apply this criterion, it is essential that maternal and infant records are linked. Death checks for infants will need to be run within the trust and by DBS to ensure that deaths occurring both within and outside the trust are detected.

³ This may be indicated on your system with an ICD-10 code of Z35.3 or an ICD-11 code of QA43.30. If you do not record concealed pregnancies in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

- Where possible, women whose baby was taken into care (i.e. foster care or adoption)¹.
- Women who gave birth in a private maternity unit or wing.
- Women who gave birth in a maternity unit managed by another provider.
- Women without a UK postal address (but do not exclude if addresses are incomplete e.g. no postcode)².
- Any woman known to have requested their details not to be used for any purpose other than their clinical care (if this is collected by your trust)³.



Safeguarding concerns

- In general, women with safeguarding concerns should be **included** in your sample, unless they meet any of the exclusion criteria above.
- Women should **not** be excluded simply because they have a safeguarding flag against their record.
- Women with safeguarding concerns should only be removed where receiving a questionnaire is likely to place the woman at an increased risk of harm. To determine this, **please ask your safeguarding or midwifery team to review these cases**.
- We would usually expect no safeguarding exclusions to be made, or only **a very small number**. If you expect to make more than a handful, please [contact us](#) first.

¹ If you do not record this information in your electronic systems, these women should be removed from the sample when the list is validated by member(s) of the midwifery team.

² Women whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible for inclusion in the survey.

³ Women who have opted out through the National Data Opt-Out Programme **should not be excluded** from your sample. The NHS Patient Survey Programme is currently **exempt** from this programme.

4 Including January births



This section is only relevant for trusts with fewer than 300 eligible women from February. If you have 300 or more, please skip this section.

If there are **fewer than 300 eligible women** who had a live birth at your trust in February 2019, you will need to sample back to include eligible women who gave birth in **January 2019**. To do this, please follow these steps:

1. Sample **ALL** eligible women from February 2019.
2. Sample **backwards consecutively** from **January 31st to January 1st 2019** until you **EITHER**:
 - a. Have **350** women in your list (**including those who gave birth in February**)¹.

OR

 - b. Reach January 1st, 2019.
3. [Conduct all the necessary checks](#) on your list of women and then [submit it to DBS](#).
4. Remove any ineligible and deceased women from your list. After removals:
 - a. **If you have fewer than 300 women** in your sample, include **all** of these in the file you submit to your contractor (for trusts using a contractor) or the Survey Coordination Centre (for in-house trusts).
 - b. **If you still have more than 300 women** in your sample, just include the 300 who gave birth **most recently** in the file you submit to your contractor (for trusts using a contractor) or the Survey Coordination Centre (for in-house trusts).

Trusts with a final sample size of under 300

Trusts with fewer than 300 eligible women **across January and February combined** are **not obliged to take part** in the Maternity Survey. Please liaise with your contractor (or the [Survey Coordination Centre](#) if you are an in-house trust) if you think this applies to your trust.

¹ Although you will only need to include 300 women in your final sample, sampling back until you reach 350 allows for a safety margin in case any women need to be removed or excluded before you submit your final sample for checking.

5 After applying the inclusion and exclusion criteria

You will need to keep your list of women in an electronic file in a programme such as Microsoft Excel or Access. The list should contain the following information. **Not all of these fields are required by DBS** but it will save time and effort if all the information is gathered at the same time. See [Section 8](#) for an explanation of each of the below items.

- Trust code
- Record number
- Title
- Initials / First name
- Surname
- Address fields
- Full postcode
- Mother's year of birth (**Full date of birth is required for DBS, but ONLY year of birth is required in your final sample**)
- Mother's gender
- Mother's ethnic group
- Time of delivery
- Day of delivery
- Month of delivery
- Year of delivery
- Number of babies born at delivery
- Actual delivery place
- NHS site code
- CCG code



Record numbers

- You should assign a Record number to each woman **BEFORE** you submit your list to DBS.
- A Record number is a unique serial number attached to each woman. The following format must be used: **MAT19XXXNNNN** where XXX is your trust's three digit trust code and NNNN is a unique four digit number, e.g. 0001, 0002 etc.

6 Check your list of women

Once you have compiled your list of women, you should carry out the following checks before you send the list to the DBS to conduct a further check for deceased women or babies.

Delivery outcome

Check that all women in your list had a live birth and no stillbirths.

Deceased women or babies

Check that all women and their babies were discharged from the trust alive and that the trust does not have a record of their death from a subsequent admission or visit to the hospital.



Checks for deceased women and babies

- **It is essential that you check that your trust has no record of a woman or baby having died at your trust.** Women and/or their families are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their family member or baby died.
- Clearly, women or their babies may also have died at home or while under the care of another trust, so you still need to check with DBS as well.
- Due to the sensitivity of the Maternity Survey, you must also repeat internal **AND** DBS checks before each of the three mailings. **Ensure that your contractor is advised immediately if any woman or their babies die during the fieldwork period.**
- In summary, five stages of deceased checks are required for this survey:
 - 1) Initial trust (local) check prior to submitting sample
 - 2) DBS check prior to submitting sample
 - 3) Trust check **AND** DBS check prior to the first mailing
 - 4) Trust check **AND** DBS check prior to the second mailing
 - 5) Trust check **AND** DBS check prior to the third mailing

Women's ages

Check that all women were aged 16 or over at the time of delivery.

Concealed pregnancies

If possible, check that you have excluded any women who are known to have had a concealed pregnancy.

Babies taken into care

If possible, check that you have excluded any women who are known to have had their baby taken into care.

Private maternity care

Check that you have excluded any women treated as private patients.

Postal addresses

Check that you have excluded any women with addresses that are outside the UK.

Incomplete information

Check that you have excluded any women with incomplete information on key fields (such as surname and address). However, do not exclude anyone simply because you do not have a postcode for them. Only remove a woman if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered.

Duplicates

Check that the same woman has not been included more than once.

Dissent

Check that you have excluded any woman known to have requested their details are not used for any purpose other than their clinical care¹.

Opt-out following publicity / contact with 16 and 17 year olds

Check that you have excluded any women that were recorded by staff members as having decided to opt out after seeing the publicity poster and/or the information sheet given to women aged 16 and 17 by midwives.

Midwife validation of the list

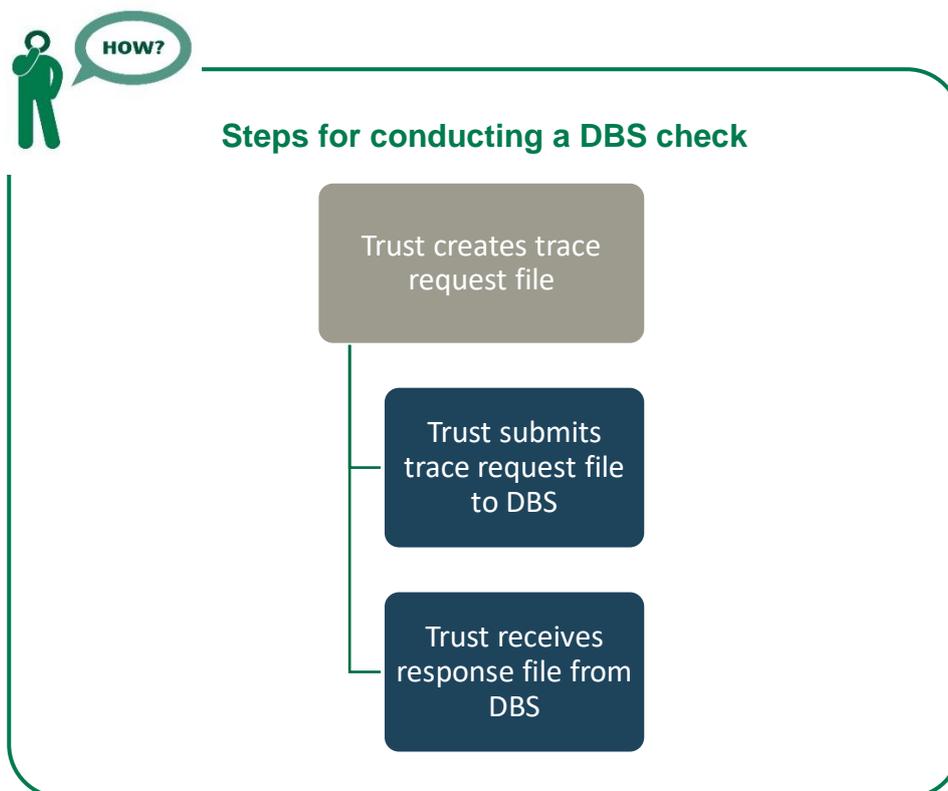
There is always a possibility that a woman's record has been incorrectly coded on the hospital's information system. To ensure that all women in the sample are eligible to participate in the survey, we strongly recommend that once the list is drawn it is given to member(s) of the clinical midwifery team to check that the following women are not included: those who had a stillbirth; those whose baby has died since delivery; those who had a concealed pregnancy and/or those whose baby was taken into care.

¹ Women who have opted out through the National Data Opt-Out Programme **should not be excluded** from your sample. The NHS Patient Survey Programme is currently **exempt** from this programme.

7 Submitting your list to the Demographics Batch Service (DBS)

Before submitting your sample of women to your contractor (or the Survey Coordination Centre if you are an in-house trust), it needs to be checked by DBS for any deaths of women and their babies.

The DBS enables users to submit and receive an electronic file containing relevant patient records, using dedicated client software. The records in the file are matched against the NHS Spine Personal Demographics Service (PDS). The PDS does not hold any clinical or sensitive data such as ethnicity or religion.



Create a trace request file

You need to create a correctly formatted batch trace request file containing your list of women **and their babies** to send to DBS. You should seek advice from your local trust PAS team on the correct format to submit files. Technical details on the file format are also available [here](#).

For each woman and their infant(s) you will need to include as a minimum:

- NHS number and full date of birth (yyyymmdd) – **this is the recommended approach**
- OR
- Surname, first name, gender, date of birth and postcode (can be wildcarded e.g. LS1*)

Although residential postcode is not mandatory, it is highly recommended to include it in order to avoid incorrect matches. However, do not include other address lines in the trace request file

because it is very difficult to get an exact match on them due to the way addresses are recorded throughout the NHS.



How many rows in your trace request file?

- Babies' details should be recorded on separate rows in the file you submit to DBS. If a woman gave birth to more than one baby (i.e. twins or more), then the details of each baby should be entered on a separate row.
- The number of rows in your file will therefore be at least **double the number of women** in your sample.

Submit your trace request file

DBS requires that request files are transferred using the dedicated DBS client software. This software should have already been installed on a server within your trust, and most trusts use it on a routine basis. Please speak to a member of your IT department or PAS team if you do not know how to access and use the application. If your IT department cannot help, please contact the DBS implementation team at demographics@nhs.net.

Once you have created the trace request file, you should place it in the client inbox. The DBS client will then send the file to the Spine and, if you are registered, you will receive an email to say that the file was received. The DBS processes the file overnight and it should be ready the following morning. You will be notified by email when the file has been processed.



During periods of high demand for the DBS service, it may take up to 48 hours for your file to be returned.

The response file

The DBS will return a file with:

- A header row.
- A response body - this will be in two parts:
 1. The data supplied in your request file, together with a trace outcome indicator.
 2. An additional response column, which is returned only when there is a single unique match. It is in this additional response column that women or babies found to be deceased will be indicated (by a letter 'D').
- A trailer row.

Further information is available [here](#).

After you receive the response file

Using the response file from DBS, you should remove any women from your sample who have died (indicated by a letter 'D'). If a woman's baby has died, that woman will **ALSO** need to be removed from your sample.

Due to the sensitivity of the Maternity Survey, **you must also remove women from your sample if they or their baby could not be traced** by DBS. If you have more than five untraced records please contact the [Survey Coordination Centre](#) for advice.



Further deceased checks

- Remember, you will need to check your trust records again for any further deaths prior to each of the three mailings, to avoid sending questionnaires to women who have died (or whose baby has died) between mailings. **For the Maternity Survey we also require DBS checks to be repeated before each of the mailings.**
- If you are using a contractor, **advise them immediately if any women or babies die during the fieldwork period.**
- There is still a slight chance that a woman or her baby may die in the time period between a check being completed and a mailing being sent out. **You need to be prepared for this.** Special sensitivity is required when dealing with telephone calls from bereaved relatives.

8 Create the sample file

Now you will enter all the information relating to your sample into the [Sample Construction Spreadsheet](#) and save this file as **MAT19_Sample File_XXX**, where XXX is your three letter trust code.

The following information should be entered into the Sample Construction Spreadsheet:

Trust code

The three character code of your organisation, e.g. RTE.

Record number

This is a unique serial number which you must allocate to each woman. You must use the following format: **MAT19XXXNNNN**, where XXX is your trust's three digit trust code and NNNN is the unique four digit number assigned to each of your sampled women, e.g. 0001, 0002 etc.

You should assign Record numbers before submitting your sample to DBS.

Record numbers will be included on address labels and questionnaires. When a woman returns a questionnaire (whether completed or not), contractors and in-house trusts will be able to use these numbers to monitor which women have returned their questionnaires, and to identify any non-responders who will need to be sent reminders.

Title, Initials / First name, Surname

Enter these in the three separate columns.

Address

Enter this as separate fields (e.g. street, area, town, county) and include the full postcode. You must use the most **current** address on your system.

Mother's year of birth

Enter this in the format NNNN. **Do not include the day or month of birth.**

Mother's gender

This is self-declared and should be entered using the national codes in the [NHS Data Dictionary](#):

1 = Male

2 = Female

9 = Indeterminate (unable to be classified as either male or female)

Mother's ethnic group

Ethnicity is specified by the woman herself and should be entered using the national codes in the [NHS Data Dictionary](#):

- White
 - A British
 - B Irish
 - C Any other White background

- Mixed
 - D White and Black Caribbean
 - E White and Black African
 - F White and Asian
 - G Any other mixed background

- Asian or Asian British
 - H Indian
 - J Pakistani
 - K Bangladeshi
 - L Any other Asian background

- Black or Black British
 - M Caribbean
 - N African
 - P Any other Black background

- o Other Ethnic Groups
 - R Chinese
 - S Any other ethnic group
 - Z Not stated

'Z' codes should be used when a woman was asked for their ethnicity but refused to provide it. If ethnicity is missing for any other reason, you are free to **either leave it blank or code it as 'Z'**.

Time of delivery

Enter this in 24hr time format, without seconds i.e. 11pm = 23:00. If more than one baby was born at delivery, please enter the time of birth of the **first** baby born.

Day of delivery

Enter this as one or two digits, e.g. 7 or 26.

Month of delivery

Enter this as one digit, i.e. 1 or 2.

Year of delivery

Enter this as four digits, i.e. 2019.

Number of babies born at delivery

Enter this as one digit, e.g. 1 or 4.

Actual delivery place (ADP)

This should be the **type of ward** the woman delivered in, **NOT** the type of professional who was leading at their delivery. Enter this using the national codes in the [NHS Data Dictionary](#):

- 1 At a domestic [address](#)
- 2 In NHS hospital - delivery facilities associated with [CONSULTANT](#) ward
- 3 In NHS hospital - delivery facilities associated with [GENERAL MEDICAL PRACTITIONER](#) ward
- 0 In NHS hospital - delivery facilities associated with [MIDWIFE](#) ward
- 4 In NHS hospital - delivery facilities associated with [CONSULTANT/ GENERAL MEDICAL PRACTITIONER/ MIDWIFE](#) ward inclusive of any combination of two of the professionals mentioned
- 7 In NHS hospital - ward or unit without delivery facilities
- 6 In other hospital or institution
- 8 None of the above
- 9 Not known

NHS Site code

Enter the five character [NHS trust site code](#) of the hospital or maternity unit where the baby was delivered.

Leave the cell blank for home births (ADP 1) and deliveries that took place outside the trust such as in ambulances and car parks (ADP 8). Also leave the site code blank if the ADP is 9, **unless** you know that the delivery took place in hospital.

CCG code

[CCG codes](#) are three characters. You should enter the CCG which will be **billed** for the woman's care, **NOT** the CCG in which she resides.

Columns for contractors and in-house trusts

There are five additional columns in the Sample Construction Spreadsheet which should **only** be used by contractors and in-house trusts:

Day, month and year of receiving questionnaire

Complete these columns when a questionnaire is returned.

Outcome

This column is for recording when a questionnaire is returned or when you are notified that the woman is unable to participate. Use the following outcome codes:

- 1 = Returned useable questionnaire
- 2 = Questionnaire returned undelivered by the mail service or the woman moved house
- 3 = Woman or baby died **after** fieldwork commenced
- 4 = Woman reported too ill to complete questionnaire, opted out or returned blank questionnaire
- 5 = Woman not eligible to fill in questionnaire
- 6 = Questionnaire not returned (reason not known)
- 7 = Woman or baby died **before** fieldwork commenced

Comments

This column is useful for recording any additional information that may be provided when someone calls the helpline, for example to inform you that the respondent has died or is no longer living at the address.

Table 1 on the next page shows an example of the Sample Construction Spreadsheet.

Table 1: Example of a Sample Construction Spreadsheet

| Trust code | Record number | Title | Initials / First name | Surname | Address 1 | Address 5 | Full postcode | Mother's year of birth | Mother's gender | Mother's ethnic group | Time of delivery | Day of delivery | Month of delivery | Year of delivery | Number of babies born at delivery | Actual delivery place | Place of birth: NHS site code | CCG code | Day of receiving questionnaire | Month of receiving questionnaire | Year of receiving questionnaire | Outcome | Comments |
|------------|---------------|-------|-----------------------|---------|-----------|-----------|---------------|------------------------|-----------------|-----------------------|------------------|-----------------|-------------------|------------------|-----------------------------------|-----------------------|-------------------------------|----------|--------------------------------|----------------------------------|---------------------------------|---------|-------------------------------------|
| RTE | MAT19RTE0001 | Miss | AM | Abbot | | | AB1 1YZ | 1969 | 2 | A | 06:25 | 1 | 2 | 2019 | 1 | 2 | RTE15 | 03S | | | | 3 | Informed that woman's baby had died |
| RTE | MAT19RTE0002 | Ms | EC | Ahmed | | | AB2 6XZ | 1978 | 2 | J | 23:46 | 3 | 2 | 2019 | 3 | 0 | RTE03 | 03T | 14 | 05 | 2019 | 1 | |
| RTE | MAT19RTE0003 | | P | Lane | | | AB3 8PL | 1989 | 9 | B | 12:48 | 3 | 2 | 2019 | 1 | 2 | RTE15 | | | | | 4 | |
| RTE | MAT19RTE0339 | Mrs | K | Yoo | | | AB4 7MX | 1982 | 2 | R | 02:00 | 27 | 2 | 2019 | 5 | 1 | | 03T | | | | | |

Black headings: these columns contain women's mailing information (names and addresses). If you are using a contractor, you should submit this information to them along with the information from the **red** headings.

Red headings: these columns contain sample information. If you are using a contractor, you should submit this information to them along with information from the **black** headings. If you are an in-house trust, you should submit **ONLY** the information from **red** headings to the Survey Coordination Centre.

Green headings: these columns will be completed by contractors and in-house trusts during fieldwork.

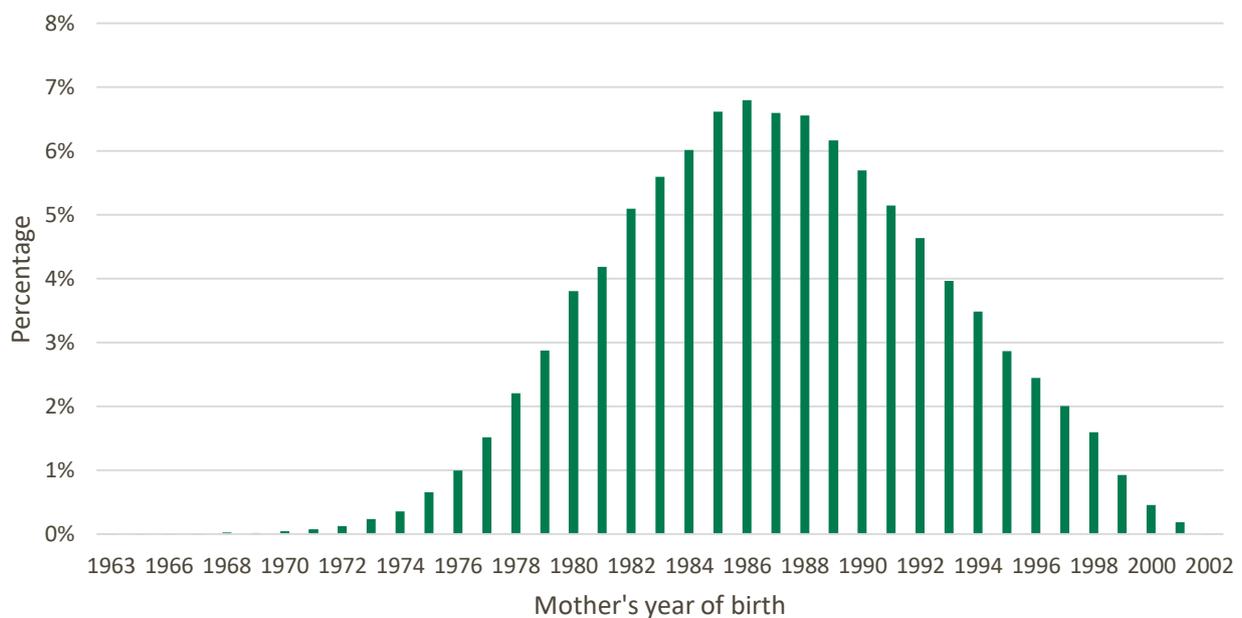
9 Check your sample

Check the age distribution

You should check that women of all ages are included in your sample. **Ensure you have not excluded any eligible women born in 2002 or 2003** (16 and 17 year olds). It is possible there may not be any women of these ages in your sample, but this should be confirmed by checking your original list of women (before exclusion criteria were applied) and your sampling techniques.

Check that your sampled women's ages cover the full range of expected ages. Ideally, you should do this by checking the distribution of ages on a histogram (see Figure 1). For most trusts the histogram is likely to start with a relatively small number of women aged over 40 years, and then rise to form a plateau (representing a large number of women aged between 25 and 35 years) before entering a decline, with fewer women aged below 25 years.

Figure 1: Age distribution of the Maternity Survey 2018



Check for other sampling errors

To read about the sampling errors the Survey Coordination Centre found in samples for the 2018 Maternity Survey, please see the [Sampling Errors Report](#). Some of the most common sampling errors were:

- Excluding women with safeguarding flags without consulting safeguarding team
- Excluding home births
- Incorrect ADP codings
- Incorrect or missing CCG codes
- Incorrect ethnicity codings



Is your sample size correct?

- Your sample should include **ALL** eligible women who gave birth in February, regardless of whether you had to sample back into January or not.
- If you only sampled from February, your sample size should be **at least 300**. There is no maximum sample size for February births.
- If you had **fewer than 300** eligible women in February, you should have sampled backwards into January.
- If you had to sample back into January, your sample size should have been capped to a **maximum of 300**.

10 Submit your sample declaration form

Both the person drawing the sample and the trust's Caldicott Guardian must complete and electronically sign off the [Sample Declaration Form](#). This is a requirement of Section 251, and is a key element to minimise the risk of any data breaches occurring.

Please note you will need to enter the **total number of deliveries** at your trust for both January and February (before applying any exclusions, but counting twins/multiple births as one delivery) into the Sample Declaration Form. This will help us to identify potential sampling errors.

The completed form must be emailed to your contractor (or the Survey Coordination Centre if you are an in-house trust) by the Caldicott Guardian, or by the sample drawer as long as the Caldicott Guardian has been copied in. If the sample drawer forgets to copy in their Caldicott Guardian, they will be asked to send the form again.

The form **must** be completed and approved **prior to submitting** your sample file for checking. You will receive notification when you are permitted to submit your data.

If you are using a contractor...

Submit your Sample Declaration Form to your contractor.

Your contractor will let you know how and when to [submit your sample](#) to them.

Your contractor will then submit your sample to the Survey Coordination Centre on your behalf.

If you are an in-house trust...

Submit your Sample Declaration Form to the Survey Coordination Centre.

Separate your mailing and sample information.

The Survey Coordination Centre will let you know how and when to [submit your anonymised sample](#) file for checking.

11 Submit your sample (trusts using a contractor)

Once your contractor has approved your Sample Declaration Form, follow their instructions to [submit your sample to their secure transfer site](#) using a File Transfer Protocol (FTP). You should **submit mailing and sample data as a single file** - you do not need to remove names or addresses.

12 Submit your sample (in-house trusts)



This section is only relevant for in-house trusts. If you are using a contractor, please skip to the [next section](#).

Split your sample information into **TWO** separate files: a **sample file** and a **mailing file** (details shown below). Make sure that **Record numbers are correctly applied in both files** so that you can link the records when necessary.

Sample file

Contains Record number plus sample information (red columns headings in the [Sample Construction Spreadsheet](#)).

Save this file as **MAT19_Sample File_XXX**. Once your Sample Declaration Form has been approved you will [submit this file](#) to the Survey Coordination Centre's secure transfer site.

You will use this file to:

- Keep a record of which women have not returned questionnaires, so that reminders can be sent to them.
- Generate [weekly monitoring reports](#). You must send these to the Survey Coordination Centre every Thursday from the second week of fieldwork until the closing date of the survey.
- Submit the sample information alongside women's response data to the Survey Coordination Centre once the survey has closed.

Mailing file

Contains Record number plus mailing information (names and addresses – black column headings in the [Sample Construction Spreadsheet](#)).

Save this file as **MAT19_Mailing File_XXX**, where XXX is your trust code.

DO NOT submit this file to the Survey Coordination Centre.

You will use this file to:

- Check for deceased women and infants prior to mailings
- Identify which women need to be sent reminders (by cross-referencing with the outcome codes in the sample file).



Storing your mailing file (in-house trusts)

- As your mailing file will only be used occasionally during the survey, we recommend you keep this file encrypted.
- For patient confidentiality reasons, you are asked not to keep women's name and address details in the same file as their survey response data.
- Your mailing file should be destroyed when the survey is complete, along with other files created for the survey (except for the survey response file).

13 Submit your attribution data

For the 2019 Maternity Survey we are again asking that you submit information on whether the women in your sample received their antenatal and/or postnatal care from your trust. This allows us to determine whether women are referring to **your** trust when they answer the antenatal and postnatal questions in the questionnaire, rather than another trust.

The [Attribution Instructions](#) explain how to compile and submit your antenatal and postnatal data.