

NHS Maternity Survey 2021

Data cleaning instructions

Coordination Centre for Mixed Methods

1 Data cleaning – an overview

At the end of fieldwork, data needs to be submitted to the Coordination Centre for Mixed Methods (CCMM) in a **raw, uncleaned** format (for details of this, see the guidance on the NHS surveys website on Entering and Submitting Final Data: <http://nhssurveys.org/survey-instructions/entering-and-submitting-final-data/>). To ensure that the cleaning process is comparable across all NHS trusts, the CCMM collates and cleans the full dataset of all trusts.

This document provides a description of the cleaning processes that will be followed by the CCMM to clean and standardise the data for the 2021 Maternity Survey, to allow data users to replicate the cleaning process on raw uncleaned data, and to understand the cleaning processes taken. These instructions focus on the selected answer codes, rather than the free text comments, which are reviewed separately to ensure confidentiality and identify safeguarding concerns.

All data submitted to the CCMM at the end of the survey must be uncleaned.

Definitions

Below is a list of definitions of terms commonly used in this document, as they apply to the 2021 Maternity Survey:

Raw, uncleaned data: Raw or uncleaned data is that which has been entered from returned questionnaires following the guidance on the NHS surveys website on Entering and Submitting Final Data: <http://nhssurveys.org/survey-instructions/entering-and-submitting-final-data/>. However, this data should still be checked for errors results from problems with data entry or similar, as detailed in the [Final Data Entry 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 on to the next question or to skip irrelevant questions depending on their response to the routing question. For the 2021 Maternity Survey, the routing questions in the questionnaire are C1, C2, C6, C8, C26, C27, D2, F4, G2, and G4.

Filtered questions: These are items on the questionnaire that are intended to only be answered respondents who have selected specific answer codes in relevant routing questions. For the 2021 Maternity Survey, the filtered questions in the questionnaire are C2-C12, C27, D1-D8, F5-F10, G3, and G5.

Non-filtered questions: These are items in the questionnaire which should be answered by all respondents, as they are not subject to routing questions. For the 2021 Maternity

Survey, the nonfiltered questions are A1-A2, B1-B16, C1, C13-C26, E1-E3, F1-F3, F11-F21, G1-G2, G4, and G6-G9.

Sample data: Patient data that is provided by the trust as part of the sampling process. This includes variables such as ethnicity and mother's year of birth, and information on whether the patient was diagnosed with and/or treated for COVID-19 during labour, as it is recorded on the trust's system. Please refer to the Data Entry spreadsheet to see the full list of variables that data should be provided for.

Response data: Data from the completed questionnaire which is provided from the patient. This includes answers to A1 through to G9.

Out-of-range data: This refers to instances where responses to a question are not permissible. For example, if there are three answer codes available at a question, an answer coded as '4' would be considered "out-of-range". A full list of all "out-of-range" responses for the 2021 Maternity Survey are listed in Appendix B: Out-of-range data.

Outcome: An outcome code is given to each mother to indicate whether or not they responded to the survey and (where available) their reason for not taking part. This is used to calculate the adjusted response rate for the survey, meaning it is vital everyone is coded appropriately. The coding for outcome is as follows:

- Outcome 1: Returned completed questionnaire
- Outcome 2: Undelivered / moved house
- Outcome 3: Mother / baby deceased after the start of fieldwork
- Outcome 4: Too ill / opt out / returned blank questionnaire
- Outcome 5: Ineligible
- Outcome 6: Unknown
- Outcome 7: Mother / baby deceased before the start of fieldwork

Non-specific responses: This term describes response options that do not provide evaluative information or indicate the question is not applicable to the respondent. Most commonly, these are responses such as "Don't know / can't remember" or "I did not need this". A full list of such responses for the 2021 Maternity Survey can be found in Appendix C: Non-specific responses.

Missing responses: This term is used to describe data which are not stored as a valid response for a question or variable in a dataset. There can be a number of different types of missing data, with the most common being classed as 'user missing' data. Within the data cleaning process, a number of different missing response codes are used to identify how data for a particular respondent has been handled. These are arbitrary values which are not included in the analysis for question responses but are useful to monitor for future questionnaire development.

These codes are as follows:

999: this code is used when someone should have answered a question, but didn't or contradicts a response to a later question.

998: this code is used when someone answered a question but shouldn't have. For example, filtered questions.

997: this code is used when someone incorrectly multi-codes a single code question or provides two incompatible responses to a multi-code question. It is also used if an out-of-range response has been provided e.g. for the year of birth question.

996: this code is used to suppress data at trust level when a question has fewer than 30 responses. These responses would also remain suppressed from the overall base at national level.

Approach and rationale

The aim of the cleaning approach is ensuring an optimal balance between data quality and completeness, while still measuring participant error, which will feed into future survey development. Where responses are known to be inappropriate or erroneous these are removed, but where possible, participant responses are edited as little as possible.

2 Steps for editing and cleaning the final data

Cleaning filtered questions

Where participants have answered questions they were instructed to skip, it is important to **remove these inappropriate responses** as they are not relevant to the participant. It is likely that they simply missed the routing instruction and thought they had to provide an answer to the subsequent question. These responses should be **recoded to 998** to indicate they were coded incorrectly, and allow for measurement of levels of missed routing instructions to inform questionnaire development.

Where a routing question is missing or has been left blank, the respondent's answers should not be removed from the filtered questions, as they may have simply missed or been confused by the routing question. Instead, the answers given at the filtered question should be recoded following the steps shown in Table 1 below. A worked example of the cleaning process for removing unexpected responses to filtered questions is included in Appendix A: Example of Cleaning.

Table 1. Appropriate cleaning for routing questions in the 2021 Maternity Survey

Step 1: Identify routing question answered	Step 2: Identify answer codes selected. If any of the answer codes shown are selected at the routing question, the filtered questions should be recoded (if answered)	Step 3: Answers at filtered questions to be recoded as 998 (if routing question answered)
C1	1 or 2	C2
	3 or 4	C11-C12
C2	2 or 3	C3-C12
	1	C11-C12
C6	2 or 3	C7
C8	2 or 3	C9-C10
C26	2	C27
C27	2	D1-D8
D2	2	D3
F4	5, 6 or 7	F5-F10
G2	2	G3
G4	16 or 17	G5

Incompatible answer codes for multi-code questions and multi-coding single code questions

Where participants have selected two incompatible codes in a multi-code question, these should both be removed, as it is not possible for both answers to be correct. For example, at C5 a participant cannot select code 8 “I did not use pain relief”, but also that they used a form of pain relief, such as an epidural.

Table 2: List of multi-code questions and answer codes that can only be single-coded

Multi-code question	Answer codes that cannot be multi-coded
B3	4, 5 and 7 cannot be multi-coded with any other answer
B11	4 cannot be multi-coded with any other answer code
C5	8 cannot be multi-coded with any other answer code
C7	7 cannot be multi-coded with any other answer code
C18	5 cannot be multi-coded with any other answer code
D7	1 and 6 cannot be multi-coded with any other answer code
F19	4 cannot be multi-coded with any other answer code
G4	16 and 17 cannot be multi-coded with any other answer code

Similarly, where a participant has selected more than one answer code at a single code question, these answer codes are incompatible and need to be recoded.

Table 3: List of single-code questions that cannot be multi-coded

Single code questions that should not be multi-coded
A1-A2
B1-B2, B4-B10, B12-B16
C1-C4, C6, C8-C17, C19-C27
D1-D6, D8
E1-E3
F1-F18, F20-21
G1-G3, G5-G9

For this reason, where participants have selected more than one answer code at a single code question or selected incompatible answer codes at a multi-code question, these should be **recoded as 997**.

Age / Year of birth eligibility

When the sample is initially reviewed, checks are conducted to ensure everyone included is over the age of 16. However, there may be cases where the response data indicates that the respondent is under the age of 16. The data for these cases will be manually reviewed if the survey response indicates they are 15 years old or younger.

Other than these manual review cases, respondents will not be considered ineligible for the survey unless the sample year of birth is missing, as it is not possible to determine whether their age is caused by an error in the completion of the questionnaire or an error in the sample file. The sample files have already been checked prior to fieldwork so should not include anyone listed in the sample data as under 16. However, as there are many common errors in completion (for example, writing the current year, rather than the year of birth, which would imply the participant is less than one year old) it seems more appropriate to treat participants as eligible, even if they provide a response at G1 that implies that they are under 16. Table 4 outlines the scenarios that could be encountered and rules that should be applied.

Table 4: Eligibility and outcome codes of mothers based on sample and response data of age

Original outcome code	Sample data	Response data	Eligibility	Final outcome code
1	YoB \leq 2005	G1 > 2005	Eligible	1
1	YoB \leq 2005	G1 \leq 2005	Eligible	1
1	YoB \leq 2005	G1 = missing	Eligible	1
1	YoB \leq 2005	G1 = out of range	Eligible	1
1	YoB = missing	G1 > 2005	Ineligible	5
1	YoB = missing	G1 \leq 2005	Eligible	1

Out-of-range data for year of birth

In general, questions should be set as out of range where a value is given that does not correspond to the answers available. For example, if a question only has three response options, a value of 4 would be considered “out-of-range” and should be **set to 997**.

As the survey includes a question where participants are asked to include their year of birth, there is more potential for error, and therefore cleaning needs to be tailored for this question. A common error when completing year of birth questions on forms is for respondents to accidentally write in the current year. In this case, the response to G1 would be considered an out-of-range response and would therefore be set to missing. For the 2021 Maternity Survey, out-of-range responses for G1 are defined as 997. This must only be done after the Age / Year of Birth eligibility cleaning, as described above, has taken place to determine if participants are eligible for the survey.

A full list of out-of-range responses for the 2021 Maternity Survey is listed in Appendix B: Out-of-range data.

Usability

Sometimes questionnaires are returned with only a very small number of questions completed. As in previous years, for the 2021 Maternity Survey, questionnaires **containing responses to fewer than five questions** are considered “unusable”. All responses need to be removed and the outcome code for these participants is updated for the purpose of response rate calculations as not having completed the survey (their outcome is set to 6).

For the purposes of this cleaning, each multi-code question is considered as one question, so even if a respondent has given multiple responses at a question, that would still only count as them having completed one question. The number of questions responded to should only be counted after all cleaning has been conducted, to ensure questionnaires where respondents have given invalid responses to all questions are also removed.

This check should only affect a very limited number of cases and should not have a significant impact on response rates.

Duplicates

Where more than one response is received from the participant, the data used are selected according to the case that is the most complete (i.e. with the fewest unanswered questions, treating each multi-code question as one question). If there is no difference in completeness, the data used are then selected according to a priority order with online data taking precedence over postal. If a duplicate of the same level of completeness within the same mode is identified, the earliest response will be selected.

Age / Year of birth analysis

In a small number of cases, participants may give a different age than is provided in the sample. For example, sample data may identify an individual as being born in 1980 only for the patient to report being born in 1985.

For response rates, these need to be calculated on sample data only, to avoid introducing a bias between what would be able to be updated by participants, and what is left un-changed for non-respondents. Therefore, only sample data should be used to calculate response rates by demographics, or non-response weighting.

However, for analysis, where responses to demographic questions are present, it is assumed these are more likely to be accurate than sample data as respondents are considered best placed to know their own age.

Because questions about demographics tend to produce relatively high item non-response rates, it is not always appropriate to rely on response data alone for analysis. For demographic analysis on groups of cases by age, the CCMM use a combination of the information supplied in the sample data and response data in a new variable. Where response data is provided, this is given priority, but where it is missing, the data from the sample is included instead. For a very small number of respondents, demographic information may be missing in both the sample and response data - in these cases data would be left missing in the new variable.

Missing question responses

Where respondents have left questions blank that they should have answered, each question with no answer code for that participant should be **recoded as 999**.

Question suppressions

Results at both a national and trust level are suppressed for questions with fewer than 30 respondents, to avoid responses being identifiable and ensure minimum base sizes for comparability. Questions with fewer than 30 responses should be **coded as 996**.

Non-specific responses

When calculating percentages for analysis, in addition to excluding missing responses, the CCMM removes “non-specific response” options from base numbers for percentages. This is to ensure the percentages only relate to those participants able to give an evaluative response to the question, or to participants to whom the question was relevant.

As shown in table 5, using hypothetical data, non-specific response option 4 has been excluded from the base number when calculating percentages for question B4. This is because those selecting answer option 4 said they did not know or could not remember, so were not able to provide an evaluative response to the question. Therefore, any

percentages used based on Maternity 2021 data would use the percentages in the column on the far right of table 5, excluding the non-specific response options.

Table 5: Example of how percentages are calculated excluding non-specific response options with hypothetical data

B4: <u>At the start of your care in pregnancy</u>, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?				
Response options	Original base numbers	Percentage <u>including</u> non-specific response options	Base numbers for percentages	Percentage <u>excluding</u> non-specific response options
1. Yes, definitely	6,000	59.5%	6,000	60.0%
2. Yes, to some extent	2,000	19.5%	2,000	20.0%
3. No	2,000	19.5%	2,000	20.0%
4. Don't know / can't remember	250	2.4%	-	-
Total base	10,250	-	10,000	-

For a full list of non-specific responses in the 2021 Maternity Survey, please see Appendix C: Non-specific responses.

3 Weighting

Weighting is used to ensure trusts are comparable with one another, standardising for demographic differences, and to take non-response into account, to ensure results are representative of the populations being measured.

National data weights

When calculating national data, weights are used to account for non-response, by weighting the completed population back to the original sample. To do this, the sample is split into strata by age band and parity from the initial sample. A weight is then calculated to ensure each stratum is the same size in the completed responses as in the initial sample, for each trust. For example, if first time mothers aged 33+ made up 10% of the initial sample in one trust, but only 5% of their responses, these respondents would be given a weight of 2, so this group would now be twice the size and make up 10% of responses. This weight is capped at 5 to ensure that no excessive weights are used.

To calculate the national data, this weight is applied, results are run by trust and these results are averaged. This averaged result is used for national results. This is done to ensure no trust is over- or under-represented in the national results.

Trust data weights

To calculate trust scores, a weight is used to standardise the trusts by age band and parity. This is to ensure that trusts do not appear to be performing better or worse than one another, simply because they are serving a different population.

As with the national data weights, the strata are calculated using sample data. These strata are then calculated to match the overall population of responses to the survey at a national level, for every trust. Therefore, if 10% of respondents to the survey were aged 16-26 who had previously given birth, then each trust would be weighted to ensure 10% of their responses were from this group. This ensures every trust has a consistent population.

Other data weights

For CCG level analysis, weights are calculated using a similar process to the trust weight, and then combined with a separate weight to account for the proportion of patients in each trust the CCG is responsible for.

4 Appendix A: Example of cleaning

Table 6 shows hypothetical raw / uncleaned data for five participants, three of whom have responded to the survey. Of the three participants, 'E0002', 'E0005' and 'E0006' have correctly followed the routing, but 'E0003' has answered C2 when they should not have, as this question was not asked of those who said they had a vaginal birth.

Table 6: Hypothetical data showing correctly and incorrectly followed routing for C1-C2

Patient record number	Outcome code	C1	C2
		Thinking about the birth of your baby, what type of birth did you have?	Before your caesarean, did you go into labour?
E0001...	6		
E0002...	1	1	
E0003...	1	2	1
E0004...	4		
E0005...	1	3	3
E0006...	1	2	

The cleaning instructions (shown in Table 7 and described in the section on cleaning filtered questions) specify that if response value 1 or 2 is selected at C1, then responses to C2 should be recoded as 998.

Table 7: Routing cleaning instructions for C1

Routing question answered	Identify answer codes selected. If any of the answer codes shown are selected at the routing question, the filtered questions should be recoded (if answered)	Filtered questions to be recoded as 998 (if routing question answered)
C1	1 or 2	C2

Table 8 below shows how the data at Table 6 would look, once it had been cleaned by the CCMM to update 'E0003's responses to follow the correct routing.

Table 8: Hypothetical data (as at Table 6) showing correctly cleaned responses for routing for C1-C2

Patient record number	Outcome code	C1	C2
		Thinking about the birth of your baby, what type of birth did you have?	Before your caesarean, did you go into labour?
E0001...	6		
E0002...	1	1	
E0003...	1	2	998
E0004...	4		
E0005...	1	3	3
E0006...	1	2	

5 Appendix B: Out-of-range data

Variable	Out-of-range data
Mobile phone number indicator	<0 ≥2
Mother's year of birth	≤1951 ≥2006
Mother's gender	<0 3-8 >9
Mother's ethnic group	Any value except A-H, J-N, P, R, S, or Z
Time of delivery	Any value outside 00:00-23:59
Day of delivery	≤0 >31
Month of delivery	≤0 >2
Year of delivery	≤2020 ≥2022
Number of babies born at delivery	≤0 ≥10
Actual delivery place	≤0 >9
Maternity care setting (actual place of birth)	≤0 13- 97 >98
COVID-19 diagnosis	<0 ≥5
COVID-19 treatment	<0 ≥3
C26, C27, D2, G2	≤0 >2
A1, A2, B1, C2, C3, C6, C8, C15, C17, C19, F1, F2, F5, F6, F7, F12, F14, G3, G5, G8	≤0 >3
B2, B4, B5, B6, B7, B8, B9, B10, B11, B12, B14, B16, C1, C4, C9, C10, C11, C13, C16, C21, C23, C24, D5, D6, E1, E2, F3, F8, F9, F10, F13, F19	≤0 >4

Variable	Out-of-range data
B13, B15, C14, C18, C22, C25, D1, D4, D8, E3, F11, F15, F16, F17, F18, F20, F21, G7	≤ 0 > 5
C12, C20, D7	≤ 0 > 6
B3, F4	≤ 0 > 7
C5, C7, D3	≤ 0 > 8
G6	≤ 0 > 9
G4	≤ 0 > 17
G9	≤ 0 > 19
G1	≤ 1951 ≥ 2006

6 Appendix C: Non-specific responses

The following table lists every question included in the 2021 Maternity Survey which has a non-specific response. This includes scored and unscored questions and should be used across survey outputs covering national and trust level reporting.

Question number	Question wording	Non-specific response answer codes	Non-specific response answer wording
B2	Roughly how many weeks pregnant were you when you first saw or spoke to this health professional about your pregnancy care?	4	Don't know / can't remember
B3	Were you offered a choice about where to have your baby?	5	No – I had no choices due to medical reasons
		6	No – I had limited choices due to coronavirus
		7	Don't know / can't remember
B4	At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?	4	Don't know / can't remember
B5	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	4	Don't know / can't remember
B6	At your antenatal check-ups, did you see or speak to the same midwife every time?	3	I did not see or speak to a midwife
		4	Don't know / can't remember
B7	During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?	4	Don't know / can't remember

Question number	Question wording	Non-specific response answer codes	Non-specific response answer wording
B8	During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	4	Don't know / can't remember
B9	During your antenatal check-ups, did your midwives listen to you?	4	Don't know / can't remember
B10	During your antenatal check-ups, did your midwives ask you about your mental health?	4	Don't know / can't remember
B11	How did your antenatal check-ups take place?	4	Don't know / can't remember
B12	Were you given enough support for your mental health during your pregnancy?	3	I did not want / need support
		4	Don't know / can't remember
B13	During your pregnancy, if you contacted a midwifery team, were you given the help you needed?	5	I did not contact a midwifery team
B14	Thinking about your antenatal care, were you spoken to in a way you could understand?	4	Don't know / can't remember
B15	Thinking about your antenatal care, were you involved in decisions about your care?	4	I did not want / need to be involved
		5	Don't know / can't remember
B16	During your pregnancy did midwives provide relevant information about feeding your baby?	4	Don't know / can't remember
C2	Before your caesarean, did you go into labour?	3	Don't know / can't remember
C3	At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	1	I did not contact a midwife / the hospital
C4	During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?	4	Don't know / can't remember

Question number	Question wording	Non-specific response answer codes	Non-specific response answer wording
C6	Did the pain relief you used change from what you had originally wanted (before you went into labour)?	3	Don't know / can't remember
C8	Thinking about the birth of your baby, was your labour induced?	3	Don't know / can't remember
C9	Were you given enough information on induction before you were induced?	4	Don't know / can't remember
C10	Were you involved in the decision to be induced?	3	I did not want / need to be involved
		4	Don't know / can't remember
C13	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	3	No, but this was not possible for medical reasons
		4	I did not want skin to skin contact with my baby
C14	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	They did not want to / could not be involved
		4	I did not want them to be involved
		5	I did not have a partner / companion with me
C15	Were there any coronavirus restrictions in place that affected how involved your partner, or someone else close to you, could be?	3	Don't know / can't remember
C16	Did the staff treating and examining you introduce themselves?	4	Don't know / can't remember
C17	Had any of the midwives who cared for you been involved in your antenatal care?	3	Don't know / can't remember
C19	If you raised a concern during labour and birth, did you feel that it was taken seriously?	3	I did not raise any concerns

Question number	Question wording	Non-specific response answer codes	Non-specific response answer wording
C20	During labour and birth, were you able to get a member of staff to help you when you needed it?	5	I did not want / need this
		6	Don't know / can't remember
C21	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	4	Don't know / can't remember
C22	Thinking about your care during labour and birth, were you involved in decisions about your care?	4	I did not want / need to be involved
		5	Don't know / can't remember
C23	Thinking about your care during labour and birth, were you treated with respect and dignity?	4	Don't know / can't remember
C24	Did you have confidence and trust in the staff caring for you during your labour and birth?	4	Don't know / can't remember
C25	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	4	I did not want / need this
		5	Don't know / can't remember
D3	What was the main reason for the delay?	8	Can't remember
D4	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?	4	I did not want / need this
		5	Don't know / can't remember
D5	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	4	Don't know / can't remember
D6	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	4	Don't know / can't remember

Question number	Question wording	Non-specific response answer codes	Non-specific response answer wording
D7	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	No, they were not able to stay due to coronavirus restrictions
		5	No, they were not able to stay for another reason
		6	I did not have a partner / companion with me
D8	Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	5	Don't know / can't remember
E1	In the first few days after the birth how was your baby fed?	4	Don't know / can't remember
E2	Were your decisions about how you wanted to feed your baby respected by midwives?	4	Don't know / can't remember
E3	Did you feel that midwives and other health professionals gave you active <u>support and encouragement</u> about <u>feeding your baby</u> ?	4	I did not want / need this
		5	Don't know / can't remember
F1	Were you given a choice about where your postnatal care would take place?	3	Don't know / can't remember
F2	When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?	3	Don't know / can't remember
F3	If you contacted a midwifery or health visiting team, were you given the help you needed?	4	I did not contact a midwifery or health visiting team
F5	Did you see or speak to the same midwife every time?	3	Don't know / can't remember
F7	Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?	3	Don't know / can't remember

Question number	Question wording	Non-specific response answer codes	Non-specific response answer wording
F8	Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?	4	Don't know / can't remember
F9	Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	4	Don't know / can't remember
F10	Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?	4	Don't know / can't remember
F11	Had any midwives who cared for you postnatally also been involved in your labour and antenatal care?	5	Don't know / can't remember
F12	Did a midwife or health visitor ask you about your mental health?	3	Don't know / can't remember
F13	Were you given information about any changes you might experience to your mental health after having your baby?	4	Don't know / can't remember
F14	Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	3	Don't know / can't remember
F15	Were you given information about your own physical recovery after the birth?	4	No, but I did not need this information
		5	Don't know / can't remember
F16	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	I did not need any
		5	Don't know / can't remember
F17	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	4	I did not need this
		5	Don't know / can't remember

Question number	Question wording	Non-specific response answer codes	Non-specific response answer wording
F18	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	I did not need any
		5	Don't know / can't remember
F19	After the birth of your baby, how did your check-ups with the midwife or midwifery team take place?	4	Don't know / can't remember
F20	At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own physical health?	4	I have not had a postnatal check-up
		5	Don't know / can't remember
F21	At the postnatal check-up (around 6-8 weeks after the birth), did the GP spend enough time talking to you about your own mental health?	4	I have not had a postnatal check-up
		5	Don't know / can't remember

