

Sampling Instructions

2025 NHS Maternity Survey

Last updated: March 2025

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# About this document

This document details the processes involved in drawing the sample for the 2025 Maternity Survey. The information contained in this document supersedes all previous versions.

These instructions are designed to be used by trusts delivering the survey in partnership with an approved contractor and trusts delivering the survey in-house.

Efforts have been made to ensure that the information provided is comprehensive. It is however necessary to supplement this document with a small number of complementary documents. These are:

* **The Survey Handbook**: Which contains detailed information about the processes for preparing for and running the survey
* **The Sample Construction Worksheet**: Which is used by trusts to construct the sample of service users
* **The Sample Declaration Form**: Which is used to check the sample has been drawn correctly before it is submitted by the trust.

The most recent versions of these documents can be downloaded from the Survey Website: [Survey - NHS Surveys](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

If you have any queries about the contents of these instructions, please contact your approved contractor in the first instance (where relevant), or the Survey Coordination Centre (SCC) at Picker at [maternity@surveycoordination.com](mailto:maternity@surveycoordination.com).

An important point to note is that the Maternity Survey uses **attribution data** to identify maternity service users that received their antenatal and/or postnatal care from your trust. There is a short description of the **attribution data** included in [section 4](#_Section_4:_Attribution). More detailed instructions and a submission spreadsheet are available separately from the [NHS Surveys Website](https://nhssurveys.org/surveys/survey/04-maternity/).

# Adherence to the procedures outlined

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

**NHS trusts must not send patient identifiable data, such as service usernames and / or addresses to the SCC**.

The Section 251 approval for this project provides a legal basis for trusts to share names, addresses and mobile numbers with approved contractors for the purpose of sending out questionnaires. Any breach of the conditions will be reported to the Care Quality Commission (CQC) and the Confidentiality Advisory Group (CAG) at the Health Research Authority (HRA). Please note however that service user postcodes are to be submitted with the sample and are excluded from the restriction for patient identifiable data as per Section 251 approval.

Any suspected breach of Section 251 approval by your trust should be raised with your approved contractor, or the SCC, immediately. Breaches will need to be reviewed, and your trust will need to decide whether the breach is to be reported through the Data Security and Protection Toolkit. CQC are obligated to inform the Confidentiality Advisory Group (CAG) at the Health Research Authority (HRA) of any breaches and the outcomes of incident reviews.

It is also not permissible to offer financial inducements or lottery prizes to respondents. Similarly, we do not recommend producing versions of the questionnaire translated into other languages. The SCC will provide an online questionnaire translated into nine languages, and also offer a telephone assisted survey for a further 10 languages via Language Line Service. We strongly recommend that trusts are using the translated versions of the questionnaire provided to them by the SCC. The terms of the ethical approval do not permit any types of alteration. If trusts want to make any adjustments to the method or materials set out in this guidance, they will need to check with the SCC that the proposed alteration would not compromise data comparability and if they were permissible, would then need to be cleared with a local ethics board.

CQC use service user survey data for performance monitoring, and the data are also used by NHS England and the Department of Health and Social Care for similar purposes. 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 service user experience data will be flagged within CQC’s assessment tool.

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 survey, 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](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

# Section 1: General information

## 1.1 Survey team

We recommend that all individuals involved in sampling are copied into relevant emails to ensure that the latest information is available to them. The requirements for the survey team are outlined below (sample drawer, maternity team, survey lead and Caldicott Guardian). Trusts have been asked to provide CQC with the name and contact details of the survey lead, the sample drawer, and the Caldicott Guardian at the point you start preparing for the survey.

Sample Drawer

Sampling will need to be carried out by a member of staff at the NHS 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 work time and resources to respond quickly to any sample queries raised by the SCC and approved contractors (if using one). All queries must be resolved before mailings can proceed.

Your sample may only be used for the purposes of distributing the 2025 Maternity Survey (MAT25). Any additional use of the sample is not covered by the project’s section 251 approval. For example, it would not be appropriate to send additional reminder letters (i.e. more than the four approved mailing letters and three SMS reminders) to people in the sample. Additional communication can **only** be sent by CQC to those respondents who clearly state in the questionnaire that they agree to be recontacted for the purpose of receiving survey results and / or additional research relating to maternity care.

Maternity Team involvement

Samples will also need to be reviewed by the maternity team, to ensure that individuals who had a concealed pregnancy or whose baby was taken into care or adopted are removed from the sample. This is worth organising in advance with members of the maternity team.

Survey Lead

You will need to identify a survey lead(s) for the project and someone who will be responsible for drawing the sample at your trust. The person drawing the sample will need to be available to answer any queries that arise after the sample has been checked by your contractor (if using one) and then by the SCC.

Caldicott Guardian

Ensure that your Caldicott Guardian is aware of the process and timelines for signing off the sample declaration form by 31 March 2025. We will be including your trust’s Caldicott Guardian in routine communications about the survey, but we strongly recommend that this is reiterated internally at your trust. Samples cannot be received and checked by the SCC and approved contractor (if applicable) unless the sample declaration has been signed by the Caldicott Guardian.

## 1.2 Sampling month and dissent posters

The core sample month for the 2025 Maternity Survey is **February 2025**. All eligible deliveries from 1 to 28 February should be included. If this is less than 300, then the sample should go back until **1 January 2025 or until 300 eligible deliveries are reached**. If you are unable to reach a sample of 300 eligible deliveries after sampling back to 1 January 2025, please contact your approved contractor or the SCC for advice – do not continue to sample back into December 2024 or forward into March 2025 to reach a sample of 300 eligible deliveries.

[Dissent posters](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) **must be displayed at least for the entirety of January and February 2025** to maintain compliance with the Section 251 approval for this survey, to give service users the chance to opt out of the survey. Dissent posters have been made available in English and 22 most commonly spoken languages in England to account for trusts’ population needs.

**General Data Protection Regulation (GDPR):**

**National Data Opt-out Programme**

The NHS Patient Survey Programme has received exemption from the National Data Opt-out Programme. This means that the 2025 Maternity Survey will continue to operate separate opt-out mechanisms. Therefore, to be included in your sample, services users **do not** have to actively consent to the sharing of their data, and this is for the purpose for the 2025 Maternity Survey only.



# Section 2: Overview of the sample drawing process

The following flowchart shows the sequential steps that you must follow to draw your sample.

# Section 3: Drawing your sample

This section of the instructions takes you through step by step on how to draw your sample. It is important that you spend some time reading this next section in full before you make a start. If, once you’ve read this section, you have queries then do get in touch with the SCC team.

## Step 1: Select eligible service users for sample

The sample for the Maternity Survey is selected from **ALL** maternity service users **aged 16 and over** at the time of delivery who had a live birth between **1 February and 28 February 2025**. Trusts with lower birth rates are required to draw their sample from **January and February 2025**.

The information you obtain about each service user will be used both for administering the survey and for conducting DBS checks. It saves time and effort if all the information is gathered at the same time.

Your sample must include **ALL eligible persons 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 persons** who gave birth in February, then you will need to include January births in your sample.

If you think it is likely that, once DBS exclusions take place, your sample will drop below 300, it is worth including January births in your initial DBS check.

Including January births

This section is only relevant for trusts with fewer than 300 eligible maternity service users from February 2025, or if you think it is likely to drop below 300 once DBS checks have been undertaken. If you have 300 or more eligible maternity service users, you can skip this section.

If your trust has fewer than 300 eligible service users across January and February combined, you are **not obliged to take part** in the Maternity Survey. Please liaise with your approved contractor (or the SCC if you are an in-house trust) if you think this applies to your trust. However, your trust may still decide to take part on a voluntary basis.

If there are likely to be fewer than 300 eligible maternity service users who had a live birth at your trust in February, you will need to sample back to include eligible deliveries from January.

**Although your trust only needs a minimum of 300 eligible persons in your final sample**, we would recommend sending at least 350 for DBS check, to ensure that an additional sample does not need to be sent for DBS check when persons are removed following the check.

To do this, please follow these steps:

* Sample **ALL** eligible maternity service users from February.
* Sample **backwards consecutively** from **31 January to 1 January** until you EITHER:
* have **350** individuals in your list for DBS checks **(including those who gave birth in Februar**y**)**.
* **OR** reach 1 January[[1]](#footnote-2).
* Conduct all necessary checks on your list, and then make sure your list is ready for DBS checks including all maternity service users and all of their babies.
* Submit this list to DBS.
* Remove any ineligible and deceased or untraceable persons from your list. After removals:
* If you have fewer than **300 persons** in your sample, include **all** of these in the file you submit to your contractor (for trusts using a contractor) or the SCC (for in-house trusts).
* If you still have more than 300 persons 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 SCC (for in-house trusts).

## Step 2: Who to include in the sample

**All maternity service users (aged 16 and above at the time of delivery) who gave birth during February 2025 (unless you are sampling further back).**

**Deliveries at any unit managed by the trust:** any individuals 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.

**Deliveries that took place at home:** home births should be included. 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 individuals who had at least one baby in February are included in your sample, not just those with vaginal deliveries and no complications.

**Multiparous and primiparous persons:** your sample should include those giving birth for the first time, as well as individuals who have previously had a baby.

**Incomplete addresses:** include maternity service users even if their addresses are incomplete but still useable (e.g. no postcode).

## Step 3: Who to exclude from the sample

* Service users who were under 16 years of age at the time of delivery.
* Service users who had a stillbirth as indicated by any of the following ICD-10 or ICD-11 delivery outcomes (or appropriate equivalents, if these are not available):

|  |  |
| --- | --- |
| **ICD-10** | **ICD-11** |
| 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 | 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 |

* Service users who have had a baby that has died since delivery. To ensure this is checked, maternal and infant records will need to be linked and local and DBS checks will need to be run on babies as well as maternity service users.
* Service users who have died during, or since, delivery.
* Service users who are in hospital, or whose baby is in hospital, at the time of drawing the sample.
* Where possible, service users who have had a concealed pregnancy. 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 individuals should be removed from the sample when the list is validated by member(s) of the midwifery team.
* Where possible, service users who have had their baby taken into care (i.e. foster care or adoption). If you do not record this information in your electronic systems, these individuals should be removed from the sample when the list is validated by member(s) of the midwifery team.
* Service users who were private service users (non-NHS) or gave birth at a private maternity unit, wing or hospital.
* Service users who do not have a usable postal address (but do not exclude if addresses are incomplete but useable, e.g. no postcode). Only remove an individual if there is insufficient name or address information for the questionnaire to have a reasonable chance of being delivered. Please do not remove individuals without mobile numbers. The more cases that are removed at this stage, the poorer the sample coverage and the greater the danger of bias.
* Service users who have an address outside the UK. Persons whose address is in the British Islands (Isle of Man, the Channel Islands) are eligible.
* Service users who have requested that their details are not used for any purpose other than their clinical care, including requests made following sight of survey pre-publicity; if this information is collected by your trust, you should ensure that you remove these individuals from your sample list at this stage. This does not include those who have opted out of having their data used for planning and research purposes via the National Data Opt-out Programme.

**Please keep a record of the number of individuals you have excluded (and the reasons for excluding them) as you may be asked to provide this to your approved contractor or the SCC during sample checking.**



**Safeguarding concerns**

In general, individuals with safeguarding concerns should be **included** in your sample, unless they meet any of the exclusion criteria above. **They should not be excluded simply because they have a safeguarding flag against their record.**

These individuals should only be removed where receiving a questionnaire is likely to place them at an increased risk of harm. To determine this, **please ask your safeguarding or midwifery team to review these cases.**

We would 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 at maternity@surveycoordination.com

## Step 4: Sample checks

Before moving onto the next step, please conduct checks to make sure that all service users who should have been excluded have been removed from the sample. Please also check that all those who should have been included have been (for example, make sure eligible 16 and 17-year-olds are included in your sample, as they should be included, but may have been accidentally excluded).

Before you run your initial query to extract all the data, double check the logic / coding using the above criteria and make sure you have removed everyone who is not eligible. You should carry out the following checks before you submit to the DBS:

* **Check person’s age:** Check that all service users giving birth were aged 16 or over at the time of delivery.
* **Check delivery dates:** Check that all service users in your core sample list gave birth in February (or January if you had fewer than 300 eligible deliveries in February **or think you are likely to drop below 300 once exclusions are made following the DBS checks**).
* **Check for duplicates:** Check that the same service user has not been included more than once (this particularly may occur in cases of multiple births).
* **Check for private maternity care:** Check that you have excluded anyone treated as a private care.
* **Check for incomplete information:** Check that you have excluded any service users 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 them if there is insufficient name or address information for the survey invitation letter and questionnaire to have a reasonable chance of being delivered.
* **Check for live births:** Check that all service users in your list had a live birth and no stillbirths have been included.
* **Check for concealed pregnancies:** If possible, check that you have excluded anyone known to have had a concealed pregnancy.
* **Check for babies taken into care:** If possible, check that you have excluded anyone known to have had their baby taken into care.
* **Check service users discharged separately from their baby are still included**.
* **Check for inpatients:** Check that you have excluded anyone who is in hospital or whose baby is in hospital at the time of drawing the sample.
* **Check for non-UK addresses:** Check that you have excluded anyone with an address outside the UK.
* **Check for dissent:** Check that you have excluded anyone known to have requested their details are not used for any purpose other than their clinical care.
* **Check for opt-outs:** Check that you have excluded anyone recorded by staff members as having decided to opt out after seeing the publicity poster and / or the information sheet given to individuals aged 16 and 17 by midwives.
* **Check for validation:** There is always a possibility that a record has been incorrectly coded on the hospital’s information system. To ensure that everyone in the sample is 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 service users 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.
* **Check for deceased persons or babies:** Check that all service users 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.

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**Checks for deceased maternity service users and babies**

**It is essential that you check your trust has no record of maternity service users or their babies having died at your trust.** Families are likely to be particularly upset if they receive a questionnaire or reminder from the trust where their family member or baby died. However, deaths may have occurred at home or while under the care of another trust, so you still need to check with DBS as well. In cases of multiple births, all babies must be submitted for DBS checks.

Due to the sensitivity of the Maternity Survey, you must repeat local **AND** DBS checks before each of the four mailings. **Ensure that your contractor is advised immediately if any persons or their babies die during the fieldwork period.**

In summary, up to 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 if more than two weeks passes between the DBS check conducted before sample submission and 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.
6. Trust check AND DBS check prior to the fourth mailing.

## Step 5: Add sample variables

Now you will enter all the information relating to your sample in the template [sample construction worksheet](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) and save this file as “MAT25\_SampleFile\_XXX”, with XXX being your trust code.

You will also need to add some additional pieces of information to your sample file. It would be sensible to extract all the data fields you need as part of the extraction query, so you do not have to go back and find this information later.

The fields below are coloured **black** for person identifiable information and **red** for sample information. These fields are formatted this way in the sample construction worksheet.

If you are an in-house trust you will need to separate your mailing file containing the person identifiable information from your sample file so that only the sample information is sent to the SCC for checking.

The following information can be compiled from hospital records:

* **Trust code:** This should be the three-character code for the trust (e.g. RTH)
* **NHS Number:** This is the NHS number for the mother and baby/ies. To cover multiple births, five columns (reduced from seven in 2024) are added for Baby 1 to Baby 5. This is to enable approved contractors to run centralised DBS checks for trusts. NHS Number will form part of the mailing data and should only be transferred to your approved contractor for the purposes of DBS checks.
* **Title** (Mr, Mrs, Ms, etc.)
* **First name** (or initial, where only this is available)
* **Surname**
* **Address Fields:** This should be held as separate fields (e.g. flat / house number / name, street, area, town and county). You must use the ***current*** address on your system.
* **Postcode**: postcodes are included in both the mailing file and the sample file. They will be used to derive a geographic area variable (Lower Layer Super Output Area, LSOA) allowing analysis by geography and deprivation.
* **Mobile phone number**: This should be the current mobile phone number listed on your system. This might be stored as ‘mobile number’, ‘phone number’ or ‘telephone number’ on the system and will either be an 11-digit number starting with ‘07’ or a 12-digit number starting with ‘+44 7’.

The Section 251 approval grants “the legal basis to allow access to the specified confidential patient information without consent.” This allows for trusts to provide details like service users’ postal addresses and applies to mobile numbers too. The only cases in which you should not provide this is if the service user has explicitly dissented to the use of their mobile number, or if there is a note specifying that the number belongs to someone other than the service user, such as a carer or family member.

Where there is no mobile phone number, an incomplete number, or the number is specified to belong to someone other than the service user, this should be left blank. **Eligible persons should be included in the sample whether or not they have a mobile phone number.** If you have any queries about this, please contact the SCC at Picker:  [maternity@surveycoordination.com.](mailto:%20maternity@surveycoordination.com)

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**Should we include mobile number where we cannot determine if it is for the service user or not?**

If the mobile number listed on your system is specified as belonging to someone other than the service user, this should not be included. However, if the service user has provided a “work mobile” for their records this is fine to include, and if nothing is specified alongside the number it’s fine to assume this belongs to the service user.

**For service users where we have a mobile phone listed in the mobile telephone field, and a different mobile phone number listed in the telephone field, should we just pick one and include it?**

Please prioritise the ‘mobile’ column. If you have any records where the mobile field is blank, and the telephone number field is populated with a mobile number, please include this.

* + **Mobile phone number indicator - whether or not mobile number is included:** If a mobile number is included, this should be marked as ‘1’, if not included, this should be left as ‘0’. If the proportion of cases marked as 1 is below 50% of all service users in your sample submitted to SCC, this will be queried and you may be asked to review and where possible update service user data by using paper records. Mobile numbers are used to send SMS reminders, to maximise the impact of these, it’s important to include as many mobile numbers as possible in the sample file.
  + **Mother’s year of birth** should be included in the form NNNN. Only the year is necessary, do not include the day or month in this column, as this would constitute a breach of the Section 251 approval.
* **Full Date of Birth:** Full date of birth for both the mother and baby/ies. To cover multiple births, five columns (reduced from seven in 2024) are added for Baby 1 to Baby 5. This is to enable contractors to run centralised DBS checks for trusts. Full date of birth will form part of the mailing data and should only be transferred to your approved contractor for the purposes of DBS checks. **For mothers, only year of birth, as per 2024, can be shared with the SCC in the form NNNN.**
  + **Mother’s gender** should be coded in numeric form: 1 = male, 2 = female, 9 = Indeterminate.
  + **Mother’s ethnic group** is required in order to evaluate non-response from different ethnic categories. The ethnicity of a person is specified by that person and should be coded using the 17-item alphabetical coding specified by the Health and Social Care Information Centre (HSCIC). Please note that any service user whose ethnic category is unknown may be coded as “Z” or left blank. The ethnic codes are as follows:

**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

**Other Ethnic Groups**

R = Chinese

S = Any other ethnic group

Z = Not stated

* **Time of delivery** This should be the time of delivery in 24-hour clock, without seconds. If there were multiple births, only time of delivery for the first baby should be entered.
* **Day of delivery** (1 or 2 digits; e.g. 7 or 26)[[2]](#footnote-3)
* **Month of delivery** (1 or 2 digits; e.g. January = 1 or February = 2)
* **Year of delivery** (4 digits; e.g. 2025)
* **Number of babies born at delivery:** This should be the total number of babies born.
* **Actual delivery place:** This should be the type of ward the individual delivered in, not the type of professional who was leading the delivery. Enter this using the national codes of delivery place:
* In NHS hospital – delivery facilities associated with a midwife ward
* At a domestic address (this includes home births)
* In NHS hospital – delivery facilities associated with a consultant ward
  + In NHS hospital – delivery facilities associated with a general medical practitioner ward
  + In NHS hospital – delivery facilities associated with a consultant / general medical practitioner / midwife ward inclusive of any combination of two of the professionals mentioned
  + In private hospital (these individuals are not eligible for the survey and should be excluded)
  + In other hospital or institution (these individuals are **not eligible** for the survey and should be excluded)
  + In NHS hospital – ward or unit without delivery facilities
  + None of the above (this includes born-before-arrival (BBA) deliveries that took place outside of trust premises, e.g. in hospital car parks or ambulances)
  + Not known
* **Place of birth: NHS Site Code:** Please record the NHS site where the delivery occurred using the five-character NHS Trust Site Codes (maintained by NHS Digital). A list of valid NHS Site Codes is available for download [here](https://digital.nhs.uk/services/organisation-data-service). **Leave the cell blank** for home births (ADP1) and deliveries that took place outside the trust such as in ambulances and car parks (ADP8). **Also leave the site code blank** if the ADP is 9, unless you know that the delivery took place in hospital.
* **Baby received neonatal care: record unit where a service user's baby received neonatal care**. All babies who received neonatal care at any point should be included. This includes babies who were discharged and then re-admitted for neonatal care. This is so that we can understand experiences of service users whose baby/ies received neonatal care (five columns, reduced from seven in 2024, for Baby 1 to Baby 5 have been added to cover multiple births). This will help trusts to understand how they can improve neonatal care. Please use the following response codes:

1 = NICU

2 = SCBU

3 = LNU

4 = Transitional care (babies are admitted to transitional care for treatments such as mild jaundice, feeding problems, being kept warm)

5 = Outreach (babies who receive additional specialist care at home e.g., home Oxygen, feeding problems/poor weight gain, complex medication regimes)

6 = Baby received neonatal care in multiple units (babies who received neonatal care in more than one unit, e.g. NICU, SCBU, LNU, transitional, and outreach care)

7 = Baby did not receive neonatal care

8 = Not known

You will also need to establish a **Patient Record Number (PRN)**. This is a unique serial number which must be allocated to each person by the trust. It should take the following format: 'ENNNNXXX', where 'XXX' is your trust’s three-digit trust code and 'NNNN' is the 4-digit number relating to your sampled persons, e.g., 0001-1350.

The PRN will be included on address labels for letters and on questionnaires and will be the log-in username for the online survey. Later, when questionnaires are returned (whether completed or not) or completed online, these numbers will be able to be used to monitor which persons have taken part and to identify any non-responders, who will need to be sent reminders. Please note: the patient record number should be available in and correctly referenced for every dataset for this survey (e.g. sample file, mailing file, final data). Please note that PRN is not a variable present in trust databases, it is created only to allow the monitoring of individual response.

Elements to be completed throughout the fieldwork period:

* Day of questionnaire being received - This will only be completed if and when a questionnaire (online or via post) is received.
* Month of questionnaire being received - This will only be completed if and when a questionnaire (online or via post) is returned.
* Year of questionnaire being received - This will only be completed if and when a questionnaire (online or via post) is returned.
* Outcome code - This will be used to record which questionnaires are returned to the freepost address or completed online, or are returned undelivered, or which service users opt out of the survey, etc. Please use the following codes:

1 = Returned completed (response received either online or via post)

2 = Undelivered / moved house

3 = Mother/baby deceased (identified after first mailing has gone out)

4 = Too ill//opted out/returned blank questionnaire

5 = Ineligible - participant was not eligible to fill in questionnaire

6 = Unknown - response not received

7 = Mother / baby deceased prior to fieldwork.

The outcome column is left blank at first if a response has not been received. Please note that outcome code 1 is the only instance where a date will be required. For the other outcome codes, a date will not be required.

* Hard copy accessible format requested - In this column, please record whether a paper copy of the survey has been requested in an accessible format (Large print, Easy read, Braille, Telephone assisted complete).
* Mode of response -This will only be completed if and when a response is received, to record whether it was received via paper or online.
* Comments -In this column you can note any additional information that may be provided when someone calls the helpline – for example, to inform the trust that the respondent has died or is no longer living at this address.

**For trusts using a contractor -** this file will be sent to your contractor with all data fields present. You do not need to remove names, addresses, mobile phone number or care cluster data (if care cluster data is captured by your trust).

**For in-house trusts** - you will need to separate out the mailing data from the sample file before you send this to the SCC. Please see [step 12](#_Step_12:_Submit) for more details.

Table 1 on the next page shows an example of the worksheet. Please use the [sample construction worksheet](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) provided.

## Step 6: Create the sample file

1. Table 1. Sample construction worksheet example

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sample & Mailing** | **Sample & Mailing** | **Mailing** | **Mailing** |  | **Mailing** | **Mailing** | **Mailing** | **Mailing** | **Mailing** |  | **Mailing** | **Sample & Mailing** | **Mailing** | **Sample** | **Sample** | **Mailing** | **Mailing** |  | **Mailing** | **Sample** | **Sample** | **Sample** | **Sample** | **Sample** | **Sample** | **Sample** | **Sample** | **Sample** | **Sample** |  | **Sample** |
| **Trust code** | **Patient Record Number (PRN)** | **Mother’s NHS number** | **Baby 1 NHS number** |  | **Baby 5 NHS number** | **Title** | **Initials / first name** | **Surname** | **Address1** |  | **Address5** | **Postcode** | **Mobile phone number** | **Mobile phone number indicator** | **Mother's year of birth** | **Mother’s full date of birth** | **Baby 1’s full date of birth** |  | **Baby 5’s full date 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** | **Baby 1 received neonatal care** |  | **Baby 5 received neonatal care** |
| e.g. R1H | E0001R1H | 1234567890 | 1234567890 |  |  | Mrs | A | Abbot | 2 Green Rd | - | Lancs | AB1 1YZ | 07777777 777 | 1 | 1969 | 19690109 | 20250201 |  |  | 2 | A | 06:25 | 1 | 2 | 2025 | 1 | 2 | RTE15 | 1 |  |  |
| R1H | E0002R1H | 4505577104 | 4505577104 |  |  | Ms | E | Ahmed | 12 Yellow Av | - | Cambs | AB2 6XZ |  | 0 | 1978 | 19781230 | 20250203 |  | 20250203 | 2 | S | 23:46 | 3 | 2 | 2025 | 3 | 3 | RTE03 | 2 |  | 1 |
| R1H | E1249R1H | 3216789012 | 3216789012 |  |  | Ms | K | Yoo | 2 Blue Lane | - | Oxfordshire | AB4 7MX | 07777777 777 | 1 | 1989 | 19890512 | 20250214 |  |  | 9 | J | 12:48 | 3 | 2 | 2025 | 1 | 2 | RTE15 | 5 |  |  |

**Mailing Columns**: these columns contain information on service users’ names, addresses, mobile phone number and comments that may allow them to be identified.

**Sample Columns**: these columns should be completed during the sampling phase and will include data relating to service users’ demographic and clinical data, their unique record number and your trust code.

## Step 7: If you are completing the survey in-house or using the centralised online tool:

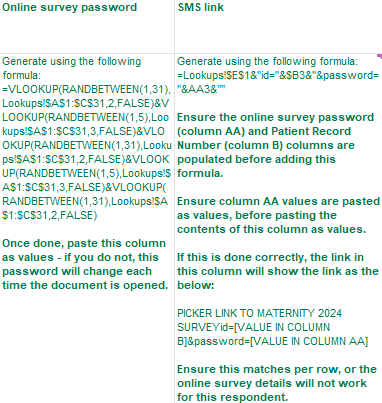
1. **If you are an in-house trust or a contractor who would like to use the SCC central online tool:**
2. Please ensure the ‘[Sample Construction Worksheet for central online survey tool](file://\\pckr-file01\Company%20Data\Service%20Delivery\All%20Live%20SCC%20Projects\MAT%202025\Instruction%20manuals\Sampling%20Instructions\Please%20ensure%20the%20‘Sample%20Construction%20Spreadsheet%20for%20central%20online%20tool’%20is%20used.%20In%20the%20Sample%20Construction%20Spreadsheet%20for%20central%20online%20tool,%20there%20will%20be%20two%20additional%20columns%20in%20this%20spreadsheet%20for%20you%20to%20complete.)’ is used. In the Sample Construction Worksheet for the central online survey tool, there will be two additional columns in this worksheet for you to complete.

The two additional columns are included to provide participants with access to the online survey. These will generate:

1. **Online survey password**: a unique password for the online survey, which will be used in combination with the PRN to allow individuals to access the online survey.
2. **Online survey link (SMS link)**: a unique link to the online survey that automatically logs the participant into the survey. This should be used (in shortened form) in the SMS reminders and QR codes included in the mailing letters.

To generate these fields:

* Complete the rest of the worksheet, then copy the formula from the top of the worksheet into the first row of data.



* + This should give you a 5-character random password for the ‘Online survey password’ field and a long web link for the ‘SMS link’. Check the format of the password is correct and that the web link includes the correct username and password.



* + A screenshot of a computer

    Description automatically generatedThen drag the formula down to the final row of data.
* A screenshot of a computer

  Description automatically generatedFinally, copy and paste values for the online survey password and SMS link columns, to make sure they will not continue to update.

If you have any queries, please email us at [maternity@surveycoordination.com](mailto:maternity@surveycoordination.com)

## Step 8: Submitting your service user list to the Demographics Batch Service (DBS)

You will need to have your list of maternity service users, and all their babies checked for any deaths, internally and by the Demographic Batch Service (DBS). DBS checks can take a while, so please ensure sufficient time is factored in for this. Please keep in mind that additional DBS checks will also be needed during fieldwork, as well as checks on your trust systems, in advance of the survey reminders being sent.

**This process is fundamentally important and must happen before you create the final sample file.**

The DBS enables users to submit and receive an electronic file containing relevant service user records, using dedicated client software. The service user 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. In the flow chart below, the activities undertaken by trusts are highlighted in blue.

Steps for checking for deceased service usersrs



## Step 8.1: Create the trace request file

Using your list of service users and their babies, you need to create a batch trace request file to send to DBS. You should take advice from your local trust PAS team on the correct format to submit files. For each service user 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, postcode (can be wildcarded e.g., LS1\*). The postcode is not mandatory, but it will help avoid incorrect matches, but please do not include address lines.

Due to the way addresses are recorded throughout the NHS, it is very difficult to get an exact match on address lines. For this reason, **do not** include address lines in the trace request file.



Babies’ details should be recorded on separate rows in the file you submit to DBS. If an individual 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 individuals** in your sample.

## Step 8.2: Submitting the trace request file

DBS requires that request and response files are transferred using the dedicated DBS client software. The DBS client software should have already been installed on a server within your trust and most trusts use this on a routine basis. Please speak to a member of your IT department or Patient Administration System (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.

If you have been set up to use DBS, then once you have created the request file, it should be placed 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 DBS service, it may take 48 hours for your file to be returned!



## Step 8.3: The response file from DBS

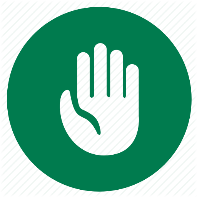
The DBS will return a file with:

* A header row
* A response body. This will be in two parts:
  + The response containing all the data supplied in the request record, together with a trace outcome indicator. The main record is returned in all cases.
  + An additional response column, which is returned only when there is a single unique match. It is in this additional response column that service users found to be deceased will be indicated (by a letter ‘D’).
* A trailer row
  + Further information is provided on the[DBS website](https://digital.nhs.uk/developer/api-catalogue/demographics-batch-service).

**Tracing services are not infallible**: even after your list has been checked for deaths, some people may die in the period between running the check and the questionnaire being delivered.

So, you may find that some recently deceased service users remain in your sample. **You need to be prepared for this**.

Special sensitivity is required when dealing with telephone calls from bereaved relatives.



## Step 8.4: Remove service users following DBS checks

The trace response file returned from DBS can be used to identify any service users and/or babies who have died and therefore need to be removed from the sample file (see below). This will reduce the numbers in your sample list slightly.

**Due to the sensitivity of the Maternity Survey, please also exclude individuals if it was not possible for DBS to match them on their records.** If you have more than five untraced records, please contact the SCC for advice at [maternity@surveycoordination.com.](mailto:%20maternity@surveycoordination.com)

## Step 8:5: Locals checks for deceased service users in the trust records

You need to check that your trust has no record of a service user or their baby/ies selected for the survey having died at your trust. It is a requirement to carry out both local checks and submit for DBS checks before the first mailings can be sent.

## Step 8.6: DBS and local checks during fieldwork

It is also a requirement to run further checks prior to the second, third and fourth mailings to avoid sending reminders to service users who have died between mailings.



**Contractors running DBS Checks on behalf of trusts**

DBS checks can be run by the contractors but **trusts are required to run local checks** ahead of mailings two, three and four.

**Please contact your contractor to discuss this further**.

If you are using the services of an approved contractor, please notify them immediately if any service users in your sample die during the survey period and ensure they are removed from any reminder mailings.

Figure 1: Protocol for conducting DBS and local checks throughout fieldwork

**Mailing 1**

* DBS

check required

* Local check required

**Mailing 2**

* DBS

check required

* Local check required

**Mailing 3**

* DBS

check required

* Local check required

**Mailing 4**

* DBS

check required

* Local check required

## Step 9: Check sample prior to submission

Before you submit your sample, you are asked to carry out several checks on your sample: the distribution of age, gender and admission method.

Checking the distribution of service user ages in your sample

Please check that service users of all ages are included in your sample, **paying particular attention to those aged 16, 17 or 18 years as they should not be excluded**. We have found these age groups are the most likely to be excluded due to sampling errors. It is possible there may not be any young adults in your sample, but this should be confirmed by checking your original sample (before exclusion criteria were applied) and your sampling techniques.

A good way to check that your sampled service users’ ages cover the full range of expected ages is to examine the distribution of ages on a bar chart. The bar chart for your trust is likely to resemble the shape below, unless you are a specialist trust. For most trusts the bar chart is likely to start with a relatively small number of individuals aged over 40 years, and then rise to form a plateau (representing a large number of individuals aged between 25 and 35 years) before entering a decline, with fewer individuals aged below 25 years.

A graph showing the birth rate of a mother

Description automatically generatedFigure 2: Bar chart of age from a previous Maternity sample file

Checking for other errors in your sample

1. We recommend that you read the [2024 Quality and Methodology Report](https://nhssurveys.org/wp-content/surveys/04-maternity/04-analysis-reporting/2024/Quality%20and%20Methodology%20Report.odt) to check for common errors in your sample. This will reduce delays caused by incorrect sampling and so improve your trust’s response rate to this survey. Some of the most common sampling errors were:
   * + Not including mobile telephone numbers.
     + Incorrect Actual Delivery Place (ADP) coding.
     + Excluding individuals with missing information.
     + Excluding individuals with safeguarding flags without consulting the safeguarding team.
     + Excluding home births.
     + Sampling the incorrect period.
     + Site codes present for individuals with ADP 1 or 8.

**Check – Is your sample size correct?**

Your sample should include **ALL** eligible maternity service users who gave birth in February 2025, 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 individuals in February, you should have sampled backwards into January 2025.

If you had to sample back into January, your sample size should have been capped to a **maximum of 300.**

1. Examples of checks you should do before submitting your sample:

* Check distribution of patient ages in your sample.
* Are the number of records submitted to DBS for checking at least double the sample size?
* Are there any missing/incomplete data in your initial database?
* Ensure service users who have explicitly opted out after seeing a dissent poster / leaflet have been excluded.
* Does the sample include all mothers who delivered in February?
* Ensure that if your sample includes mothers who delivered in January, your sample size is exactly 300.
* Check that mothers who were under 16 years of age at the time of delivery have been excluded.
* All mothers in the sample and their babies have been checked for deaths using trust records.
* Has the sample been validated by midwifery staff?
* Check that the sample does not contain any duplicate cases.

## Step 10: Submit the sample declaration form only

**If you are using a contractor:**

* You will submit your [Sample Declaration Form](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) **to your contractor,** copying in your Caldicott Guardian.
* Once approved, your contractor will let you know how and when to submit your sample to them, and they will submit your sample to the SCC on your behalf.

**If you are conducting the survey in-house:**

* You will submit your [Sample Declaration Form](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/) **to the SCC,** copying in your Caldicott Guardian prior to submitting your anonymised sample file for checking.
* Once approved, the SCC will notify you when and how you can submit your data.

## Step 11: Receiving permission to submit the sample

Once you have completed your sample declaration form, you must send this to either your contractor (if your trust is using a contractor) or directly to the SCC if you are conducting the survey in-house, please cc the Caldicott Guardian into the email.

For in-house trusts only

If you are using a contractor, please

skip this section and go to the next section.



Once you have received permission to submit your sample, you should transfer the names, NHS number, address, postcode, day of birth, month of birth, year of birth and mobile number for each service user in the sample to a new file – your ‘mailing file’. Please note: postcode and year of birth should also be included in the sample file.

The Patient Record Number (PRN) for each service user in your sample must be copied to the new mailing file, so thatthe two datasets are connected using the unique record number. It is essential to ensure this number is correctly applied to the two datasets, so that you can link them when necessary. Your mailing file should resemble the table below (Table 2).

Save this new file as **MAT25\_MailingData\_XXX** where XXX is your Trust code. **Do not submit this file to the SCC.**

You will use this file to:

1. Check for deceased service users prior to reminder mailings.
2. Cross-reference it with the sample file (**MAT25\_SampleFile\_XXX**) to identify service users who will need to be sent reminders[[3]](#footnote-4).

As this mailing file will contain identifiable service user details, we recommend you keep this file encrypted at all times.

For confidentiality reasons, you are asked not to keep service user name, NHS number, mobile phone, day/month of birth, and address details in the same file as their survey response data. The mailing file should be destroyed when the survey is complete, along with all other files created for the survey (aside from the survey response file).

**Do not send the mailing file to the SCC.**

Table 2. Example of a mailing file

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trust code** | **Patient Record Number (PRN)** | **Mother’s NHS Number** | **Baby 1 NHS number** |  | **Baby 5 NHS number** | **Title** | **Initials / First name(s)** | **Surname** | **Address1** |  | **Address5** | **Postcode** | **Mobile phone number** | **Mother’s full date of birth** | **Baby 1’s full date of birth** |  | **Baby 7’s full date of birth** |
| e.g. R1H | E0001R1H | 1234567890 | 1234567890 |  |  | Mrs | A | Abbot | 14 Station Road |  |  | AB1 1YZ | 07712345678 | 19690109 | 20250201 |  |  |
| R1H | E0002R1H | 4505577104 | 4505577104 |  | 4505873655 | Ms | E | Ahmed | Flat 7 |  |  | AB2 6XZ | 07712345677 | 19781230 | 20250203 |  | 20250203 |
| R1H | E1249R1H | 3216789012 | 3216789012 |  |  | Ms | K | Yoo | The Maltings |  | Cambs | AB4 7MX | 07712345676 | 19890512 | 20250214 |  |  |
| R1H | E1250R1H | 9876543210 | 9876543210 |  | 6854324143 | Ms | F | Young | 634 Tyne Road |  |  | AB9 5ZX | 07712345675 | 19820712 | 20250127 |  |  |

## 

## Step 12: Submit the sample - for in-house trusts and trusts using an approved contractor

After submitting your sample declaration form and once receiving confirmation from the SCC (for in-house trusts) or the approved contractor (for trusts using an approved contractor) you will be able to submit the sample, following the process described in the chart below.

# Section 4: Attribution data

The attribution data identifies maternity service users that received their antenatal and/or postnatal care from your trust.

The attribution data file is submitted **after** the original sample is approved. This is because there are often delays associated with the final data being available, it does not need approval before mailings begin, so does not need to delay fieldwork, and because it needs to be submitted directly to the SCC, rather than to a contractor. **The attribution data file must be submitted by 6 June 2025.**

More detailed instructions relating to the attribution data as well as the submission spreadsheet are available separately from the [NHS Surveys Website](https://nhssurveys.org/surveys/survey/04-maternity/year/2025/).

# Section 5: Questions?

For any questions, please contact the SCC based at Picker at [maternity@surveycoordination.com](mailto:maternity@surveycoordination.com).

1. **Important** - do not continue to sample back into December 2024 or forward into March 2025 to reach a sample of 300 eligible deliveries. [↑](#footnote-ref-2)
2. The day, month and year of admission and discharge must be entered in separate columns. [↑](#footnote-ref-3)
3. The ‘outcome’ field in the sample file is used to record which questionnaires are returned completed, or are returned undelivered, or which service users opt out etc. [↑](#footnote-ref-4)