

## Attribution sampling exercise: Identifying women who received their antenatal and postnatal care from the trust at which they gave birth

### Why was the attribution exercise undertaken?

In previous maternity surveys it has been difficult to attribute the survey results for each stage of the maternity care pathway (antenatal, labour and birth, and postnatal); we could only be confident that women were referring to the acute trust when answering questions about care received during the labour and birth. This meant that trusts only received comparable benchmarked data for a small number of questions in the survey. In order to make more use of the survey data from this year's survey, we asked trusts to identify which of the women in their sample were likely to have received their antenatal and postnatal care from the trust at which they gave birth. This was with the aim of improving the attribution of question responses to providers so that more data could be scored and used by the trust to gain insight and improve services.

### How did trusts identify eligible women?

The majority of trusts do not have an electronic record of which organisation provides the antenatal and postnatal care to women who give birth at their trust. In May 2013, the Surveys Co-ordination Centre therefore produced guidance for trusts on how to identify women in their survey sample that *were likely* to have received their antenatal and postnatal care from their trust. This involved trusts undertaking the following steps<sup>1</sup>:

1. **Determining the trust's geographical boundary** by identifying the postcode sectors or General Medical Practice Codes (GMPCs) that the trust has a contract to deliver maternity services for antenatal and postnatal care.
2. **Identifying which women live within the trust's geographical boundary.** This was determined by cross-checking the woman's postcode sector or GMPC against the trust's 'boundary' data. An excel workbook was created by the Co-ordination Centre to help trusts with this process.
3. **Indicating if a women living in the trust boundary was also likely to have received their antenatal care from the trust.** This was carried out by cross-checking hospital records on 'booking information'. If a woman was booked to give birth to her baby at the trust at 25 weeks or later in her pregnancy then it was assumed that she did not receive antenatal care from the trust.
4. **Indicating if a women living in the boundary was also likely to have received their postnatal care from the trust.** This was determined by cross-checking for any changes to the woman's residential address following the birth. If a woman had moved to a new address after the birth of her baby that falls outside the trust's boundary, then it was assumed that she had received her postnatal care from another provider.

### How many trusts took part in this attribution exercise?

Trusts were informed about the additional sampling exercise at the start of the survey in an email bulletin sent out to all trusts in March 2013. The guidance manual also specified that trusts would be asked to undertake the attribution exercise during the survey fieldwork period. Trusts were provided with information about how to undertake the additional sampling exercise in May 2013; the deadline for submission of files to the Co-ordination Centre was mid July 2013 and the Co-ordination sent a number of reminder emails to trusts.

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<sup>1</sup> Please note: Trusts that held electronic records on whether or not they provided the antenatal and/or postnatal care for women who gave birth at their trust used this data rather than following these steps.

Of the 137 trusts that participated in the survey, 94 submitted data that identified which women in their sample were also likely to have received their **antenatal care** from the trust. However, one of these trusts had fewer than 30 respondents who had received their antenatal care from the trust and so it was not possible to include this data in the benchmarking analysis. Therefore, benchmark reports for women's experiences of antenatal care were produced for 93 trusts.

Of the 137 trusts that participated in the survey, 89 submitted data that identified which women in their sample were also likely to have received their **postnatal care** from the trust. However, three of these trusts had fewer than 30 respondents who had received their postnatal care from the trust and so it was not possible to include their data in the benchmarking analysis. Therefore, benchmark reports for women's experiences of postnatal care were produced for 93 trusts.

### What were the limitations of this attribution exercise?

This approach to determining which women received their antenatal and postnatal care from the trust at which they gave birth is not without its limitations.

Firstly, not all trusts completed the attribution exercise. Therefore, we do not know if the trusts that did not complete the attribution are comparable in terms of the quality of antenatal and postnatal care to the trusts that did complete this exercise. It might be, for example, that the trusts that did not complete the exercise tend to be areas where standards of care are significantly poorer. Benchmarking data with incomplete coverage of trusts is a risk as the average might be skewed. We cannot say that the subset of trusts is representative of all trusts, and so it is not a true benchmark for performance across England.

Secondly, the attribution sampling exercise was based on the underlying assumption that if a woman lived within the trust's 'geographical boundary' then she will have also received her antenatal and postnatal care from this trust. Whilst this assumption may hold true for most women within a trust's sample, this will not necessarily be the case for all women. For instance, some women may have received their antenatal and/or postnatal care from a neighbouring NHS trust. Similarly, it is possible that some women who do not live within the trust's boundary may have received their antenatal and/or postnatal care from the trust at which they gave birth.

Thirdly, the NHS trusts completed the attribution exercise themselves, and due to the limitations of the process the co-ordination centre were unable to verify the accuracy of the exercise. For instance, the co-ordination centre does not have access to 'booking' data held by the trust or information on women's addresses/change of address. Furthermore, it was not possible to check the accuracy of how the trust defined their 'geographical boundary'. This means we cannot be certain about the reliability of the attribution of the data.