



**Written Evidence for the Health Committee Maternity Services Sub-Committee
Inquiry into the Provision of Maternity Services**

1. INTRODUCTION TO BIRTHCHOICEUK

BirthChoiceUK is an independent voluntary organisation dedicated to helping women choose where to have their baby through information provided by way of a website: www.BirthChoiceUK.com. The website includes maternity statistics produced by the Department of Health and fully referenced résumés of the research relating to choices in childbirth. BirthChoiceUK workers include two childbirth educators and a statistician. The views expressed in this document are those of BirthChoiceUK. A representative of BirthChoiceUK would be happy to submit oral evidence if requested.

2. SUMMARY

It is in the interest of the Government, the Department of Health and services users that accurate and meaningful maternity statistics are collected, analysed and made publicly available. Hospital Episode Statistics are the primary source of maternity statistics but many Hospital Trusts either fail or make a minimal effort to accurately compile and submit these statistics. This is the overriding issue that needs to be tackled. Improvements in the way data are collected, together with meaningful analyses of those data, could dramatically improve the quality of national statistics and the information they provide about maternity services.

3. THE COLLECTION OF DATA FROM MATERNITY UNITS

3.1. The Need for Maternity Statistics

3.1.1 National maternity statistics are essential to assess the quality of services being provided and to monitor and evaluate changes in the provision of health care.

3.1.2 Users of maternity statistics will include NHS managers, clinicians, medical researchers, and those campaigning for improvements in maternity services. More recently, pregnant women have been identified as a major user of maternity statistics.

3.2. Quality of Data

3.2.1 All users need access to accurate, complete and readily available data. The data also need to be collated in a form which is useful for each user group. Where data are produced for individual maternity units, the data needs to be comparable, using standard data definitions.

3.2.2 National maternity statistics for England are collected by the Department of Health through the HES (Hospital Episode Statistics) system. It is widely acknowledged that national maternity data for England are incomplete, often inaccurate or unavailable and that they need to be improved (Kenney and Macfarlane, 1999)ⁱ.

3.2.3 The latest Department of Health Statistical Bulletinⁱⁱ revealed that in 2000-01, only 66% of hospital deliveries and 12% of home deliveries were recorded by the HES system. It is not known how accurate these submissions were. In 2001/02 about 60 NHS Hospital Trusts failed to submit any usable HES records to the DoH.

3.3. No aggregation of data

3.3.1 Even where Hospital Trusts do submit data of sufficient quality, these data are often aggregated where there is more than one maternity unit within a trust. Where data are aggregated, information is lost and the statistics fail to show differences in outcomes between the individual maternity units.

3.3.2 It is important that HES data are available for individual maternity units, including freestanding midwifery-led and GP units, rather than for hospital trusts. Where women may be transferred out of midwifery-led or GP units during labour, the transfer rates should also be collected.



3.4. Measuring “non-intervention”

The basis of much of the data analysis is that of measuring individual intervention rates. Many users, including pregnant women are now becoming interested in “non-intervention” rates, such as women having spontaneous onset of labour together with spontaneous delivery. It is not possible to calculate “non-intervention” rates using published intervention rates as often multiple interventions are used. Some of these analyses are possible with the current HES system but are not published.

3.5. Limitations in analysis

There are limitations in the way that data is collected that prevent meaningful analysis of national statistics. Therefore with the current HES system it is not possible to, for example, determine differences in birth outcome between primiparous and multiparous women for individual maternity units.

3.6. Duplication of Effort

Many Trusts collect maternity statistics at a local level and calculate their own intervention rates, in addition to providing data for the HES system. This represents a duplication of effort and often there are large discrepancies between HES statistics and those produced independently. BirthChoiceUK has spoken to trust workers tasked with the local collection of maternity statistics who are unaware of the parallel effort being put into compiling the HES records.

3.7. Conclusion

Despite the requirement for Trust Chief Executives to sign up to affirm the quality of their HES data, maternity statistics remain inadequate and of poor quality.

3.8. Recommendations

We at BirthChoiceUK would like to see up-to-date accurate, complete and relevant statistics for each maternity unit in England. At a national level we would like to see: the submission of data about each of its individual maternity units being made mandatory for hospital Trusts; representatives of user groups being consulted on which figures should be produced and published; agreed data definitions to allow data to be compared more easily. At a local level we would like to see Hospital Trusts ensuring that data collected for local use match data submitted for national analysis.

3.9. Further information

This evidence is intended to be self-contained. However, more detailed information can be found in our document “National Maternity Statistics for England: A consumer organisation’s perspective” available at www.BirthChoiceUK.com/Professionals/PDFs/StatisticsDocument.pdf

4. THE STAFFING STRUCTURE OF MATERNITY CARE TEAMS

We are not providing written evidence under this term of reference.

5. CAESAREAN SECTION RATES

We are not providing written evidence under this term of reference. For the benefit of the committee we would like to point out that Caesarean section rates for UK hospitals can be viewed at www.BirthChoiceUK.com. National, regional and historical rates can be viewed at www.BirthChoiceUK.com/Professionals.

6. THE PROVISION OF TRAINING

We are not providing written evidence under this term of reference.



ⁱ Kenney N, Macfarlane A. (1999). *Identifying problems with data collection at a local level: survey of NHS maternity units in England*. *BMJ*, 1999; 319: 619-622

ⁱⁱ Department of Health (2002) *NHS Maternity Statistics, England: 1998-99 to 2000-01 Statistical Bulletin 2002/11*