

Experimental Statistics: Maternity Statistics, Wales 2017-18

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SFR 109/2018

The Maternity Indicators data set (MI ds) was established in 2016 to capture data from mothers' initial assessment and a child's birth in Welsh maternity units. This release uses data from MI ds to analyse performance of the Welsh Maternity Indicators and provides wider analyses of a mother's pregnancy and birth characteristics.

This statistical release is labelled as 'Experimental Statistics' as the MI ds is in its infancy and there are some issues with data completeness, which are highlighted throughout the release.



28% of births in Wales in 2017-18 had the characteristics of a 'healthy birth'

Key Points:

- There were 28,361 deliveries in Welsh maternity units in 2017-18 which could be matched to initial assessment records.

Of these pregnancies:

- 73% had their antenatal initial assessment before 10 weeks of gestation; and
- 28,729 births occurred, of which 28,594 (or 99.5%) were live births.

Of the 28,729 births:

- 2.5% (724 births) were multiple births (twins, triplets or higher order)
- 27% were born by caesarean section.
- 61% of mothers intended to breastfeed their babies at birth (6 health boards).

About this release

This release provides statistics on maternity services in Wales including antenatal care, care at delivery and outcomes for babies. Data analysed in this release relates to births delivered in Welsh maternity units together with the relevant record of antenatal care. It does not include antenatal records for women whose pregnancy did not lead to a birth delivered in a Welsh maternity unit between the years 2015-16 and 2017-18 nor does it include home births.

This data set is still in development and as a result these statistics are marked as 'Experimental'.

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The Maternity Indicators data set

The Maternity Indicators data set (MI ds) was established in 2016. The dataset combines records from a mother's initial assessment with a child's birth record and enables Welsh Government to monitor its Welsh Maternity Indicators (a set of outcome indicators and performance measures) which were established to measure the effectiveness and quality of Welsh maternity services. It does not include women whose pregnancy did not lead to a birth delivered in a Welsh maternity unit, nor does it include home births.

The first statistical release using MI ds was published on 31 May 2017 with the reference period of the financial year 2015-16. This statistical release publishes new data for financial years 2016-17 and 2017-18 and allows for some time series analysis. Any single year tables in the main release refer to 2017-18; the same tables for 2017-18 are in [Annex 2](#). Future publications of this data might be combined with data from the National Community Child Health Database to provide a wider range of statistics on mothers and children during pregnancy, birth and the time shortly after birth.

Note that the official source of births data in Wales is published by the [ONS](#), which counts birth registrations. Welsh Government publishes statistics about children born, resident or treated in Wales with data sourced from the National Community Child Health Database ([NCCHD](#)). The number of births will differ between these sources and the MI ds as they are collected on a different basis.

The database is maintained by the NHS Wales Informatics Service (NWIS) which extracts data from local health board systems on a daily basis. More information on the data items collected is available through the [NWIS Data Dictionary](#).

The dataset includes all services provided in Wales, that is, antenatal care provided in Welsh maternity units and care of deliveries which occurred in Wales. This release profiles these services and therefore relates to any woman, wherever resident, who received care at delivery in Wales and the associated antenatal care. The local health boards referred to, therefore, are those where the care was provided (either antenatal or at delivery); the analyses are based on health board provider rather than health board of residence, unless stated otherwise.

NWIS and Public Health Wales (PHW) have created a [Pregnancy and childhood surveillance tool](#) which also publishes data from the MI ds and is maintained by NWIS. Note that the 2015-16 data extract used to populate this tool are based on data that was taken at a slightly different time to the extract used in the Welsh Government statistical release, and as a result the figures will not exactly align. Please also note that this tool does not publish data on any indicators where data completeness was less than 80%. In contrast, this statistical release shows all data but indicates where completeness is less than 80% by using italic text.

Further details of the development of the data set and information on the methodology used to join the birth and initial assessment records together are provided in the [notes](#).

A list of the Welsh Government maternity Indicators is available in this document at [Annex 1](#) or online in the [Pregnancy and childhood surveillance technical guide](#).

Experimental Statistics

The data and analysis presented in this statistical release are badged as Experimental Statistics. This is to inform users that the MI ds and its reported statistics are still in a developmental phase and may have data quality issues. However both the analysis and data are still of value provided that users view them in the context of the data quality information provided. As the data set matures the coverage and the quality of the data being reported will improve enabling the data to become fit for a wider variety of uses.

‘Experimental statistics’ are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

Some data items have low data completeness. This means that a data item has an invalid entry, or has been recorded as ‘unknown’. Where figures are based on data with less than 80% completeness these are shown in italics. The table below shows MI ds completeness for data items used in this statistical release.

Data item	Percentage of valid data	
	2016-17	2017-18
Smoking at IA	97%	96%
Mother weight at IA	96%	97%
Baby Birth Weight	99%	100%
Gestation weeks	98%	98%
Outcome of Birth	100%	100%
Mode Of Onset of Labour	97%	97%
Augmentation In Labour *	84%	90%
Mode of Birth	100%	99%
Epidural Status *	85%	92%
Perineal Trauma *	90%	96%
Blood Loss	98%	99%
Apgar	98%	99%
Parity	78%	95%
Presentation *	90%	100%
Previous Caesarean Sections	67%	86%
IA Gestation	90%	98%
Mental Health Condition *	87%	95%
Mental Health Care Plan *	7%	4%
Smoking at Delivery *	97%	94%
Weight at IA	96%	97%
Weight at Onset of Labour	57%	71%
Baby Sex *	69%	100%
Intention to Breastfeed at Birth *	92%	94%
Episiotomy *	100%	98%
Foetal Lie at Onset of Labour *	72%	100%
Mother's Height	95%	96%

Note that when making comparisons between data items, whether it is between health boards or over different years, it is important to be aware of the data completeness because **any differences might be attributed to the increased/decreased data availability**, rather than actual differences

What does the data show?

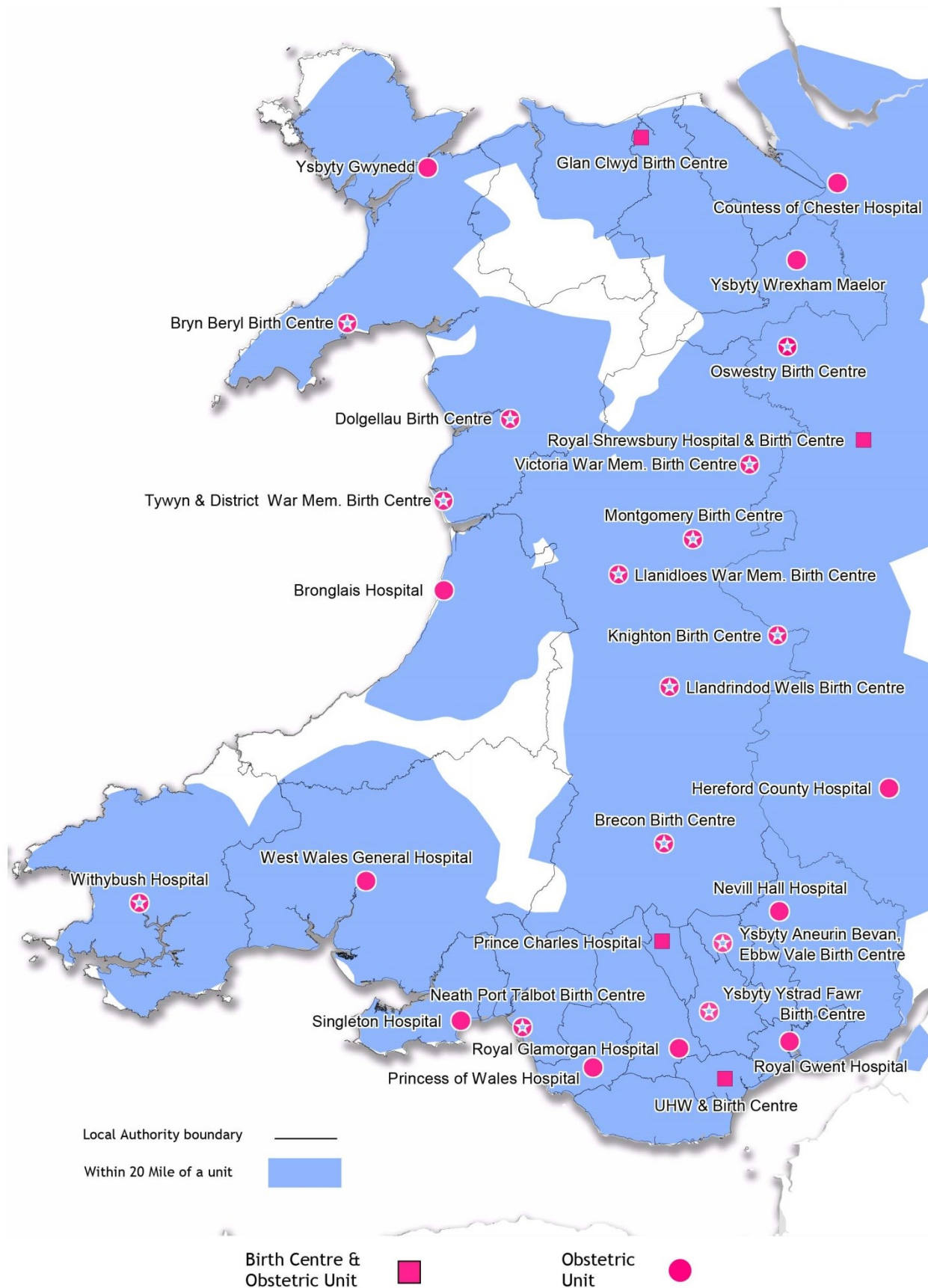
The Maternity Indicators data set (MI ds) is still a relatively new data set and has some issues with data completeness. However, at the Wales level, data completeness is above 95% for most data items in the data set and has been increasing over time for most data items.

The data is robust enough to make some key insights.

- The vast majority of women give birth in the same health board as where they had their initial assessment.
- Most women have their initial assessment between 7 and 13 weeks, with 7 out of 10 women having it before the end of their 10th week of gestation.
- Around 1 in 5 women are recorded as being smokers at the time of their initial assessment, but this varies between health board areas.
- Around 3 in 10 women were obese at the time of their initial assessment.
- Younger mothers were more likely to be smokers at their initial assessment than older mothers.
- Mothers between ages 20 and 44 had similar prevalence of obesity.
- Just over half of all deliveries in Wales were spontaneous, a third were induced while around 1 in 7 were via caesarean section.
- Of all caesareans, just over half were emergencies and just under half were elective.
- Most elective caesarean sections took place on weekdays between 9am and 5pm, while emergency caesareans were fairly evenly spread.
- For every 40 single births there was one multiple birth (twins or triplets).
- Just under 3 out of every 10 births in Wales had the characteristics of a 'healthy birth'.
- 6 out of 10 mothers reported that they intended to breastfeed at birth.
- Older mothers were more likely to say that they would breastfeed than younger mothers.
- First time mothers were more likely to say that they would breastfeed than those who had given birth before.

The following map shows the location of birth centres and obstetric units in Wales.

Areas of Wales within 20 Mile Drive Distance of a Maternity Unit



From August 2014 the obstetric services at Withybush Hospital ceased and became a midwife-led birth centre

136.15-16 Cartographics, Welsh Government

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Context

Table 1 below shows the number of delivery records, and resulting live and still births, recorded in the Maternity Indicators data set (MI ds) for 2017-18, the records for which have been joined to the relevant antenatal care (initial assessment) record.

The data set recorded 28,361 pregnancies with deliveries in 2017-18. These resulted in, 28,729 births, of which 28,594 were live births.

Table 1: Delivery records, antenatal records and live births by health board providing the service, 2017-18 (a)

	Delivery records (b)	Antenatal records (a)	Live births	Still births (c)	Total births (d)
Betsi Cadwaladr ULHB	5,695	5,682	5,746	24	5,776
Powys Teaching LHB	212	551	212	0	212
Hywel Dda ULHB	3,062	3,066	3,079	18	3,097
Abertawe Bro Morgannwg ULHB	5,390	5,170	5,438	22	5,460
Cwm Taf ULHB	3,566	3,395	3,607	18	3,625
Aneurin Bevan ULHB	5,014	4,950	5,060	21	5,082
Cardiff and Vale ULHB	5,422	5,541	5,452	25	5,477
Not stated	-	6	-	-	-
Wales	28,361	28,361	28,594	128	28,729

Source: Maternity Indicators data set

(a) This relates to *deliveries* in 2017-18. Note the initial assessment may have taken place in 2016-17.

(b) Includes delivery of live and still births

(c) Note that the pattern of still births across health boards may be affected by the location of the tertiary referral centre for foetal medicine in Cardiff.

(d) Includes 7 births with no stated outcome

Antenatal care 2017-18

Data presented here refers to the 28,361 pregnancies in 2017-18.

Table 2 shows the proportion of women in each health board who had received antenatal care (had their initial assessment) in the health board where they delivered.

Table 2: Percentage of women who received antenatal care and delivered in the same health board, by health board providing the service, 2017-18

	Number of women	Percentage of women
Betsi Cadwaladr ULHB	5,559	97.8%
Powys Teaching LHB	211	38.3%
Hywel Dda ULHB	2,996	97.7%
Abertawe Bro Morgannwg ULHB	5,123	99.1%
Cwm Taf ULHB	3,343	98.5%
Aneurin Bevan ULHB	4,756	96.1%
Cardiff and Vale ULHB	5,366	96.8%

Source: Maternity Indicators data set

The vast majority of mothers give birth in the same health board as they receive their initial assessment.

Less than two-fifths of women who had antenatal care at Powys Teaching LHB also delivered there. Powys does not have a District General Hospital with a large maternity unit and the small maternity units there being suitable for low risk pregnancies only. Any pregnancy considered high risk would normally be delivered in a District General Hospital in a neighbouring health board.

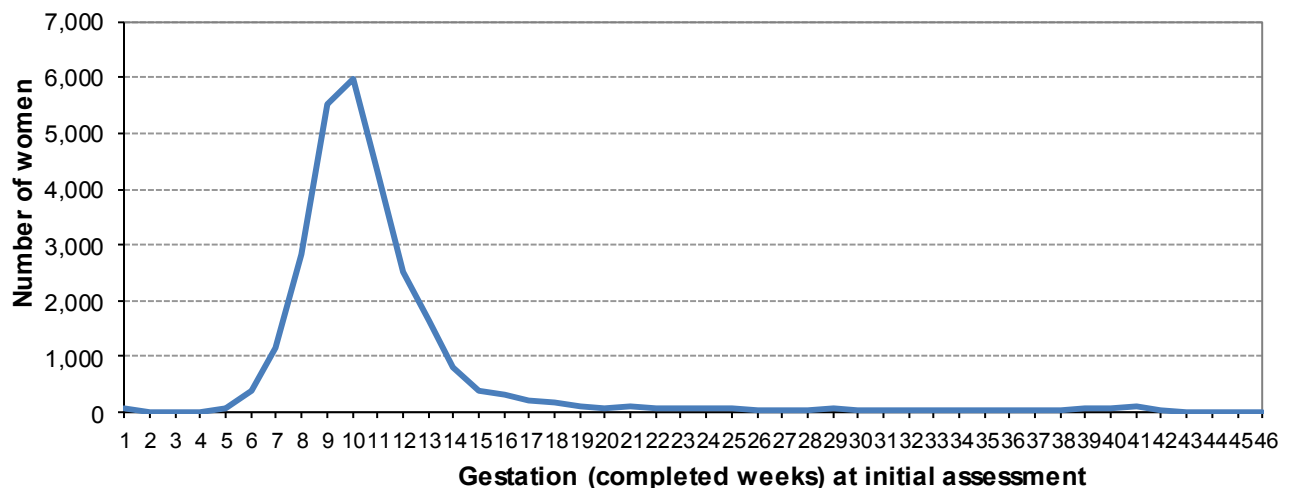
Initial assessments

The 'proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy' is one of the Welsh Government Maternity Indicators (Performance Measure 2). The rationale for this indicator is that early access to maternity services increases the opportunity to promote and improve the health and well-being of pregnant women through early sign-posting to appropriate services and provision of evidence based information.

In 2017-18, at least 73% of women who had an initial assessment ('booked in') with maternity services had received on the 10th completed week of pregnancy or earlier.

Note that some women may have had their first initial assessment before the date that has been recorded in the MI ds. This is because the merging methodology for the initial assessment and birth record is based on when these occur in the same health board; so a mother could have an initial assessment in one health board, early in the pregnancy, but then if she goes into labour in another health board for any reason (for example, unexpected complications, or in a different health board area at the time) she will have another initial assessment record generated at the second health board where she gives birth.

Chart 1: Number of women having their initial assessment by week of gestation, Wales, 2017-18



Source: Maternity Indicators data set

The large majority of initial assessments (85%) took place between 7 and 13 completed weeks gestation.

Characteristics of women at initial assessment

In addition to the percentage of women who had an initial assessment before the 10th completed week of pregnancy, Tables 3 and 4 and Charts 2 and 3 show some key statistics for these indicators for women at initial assessment. These include the 'proportion of women who smoke at booking/initial assessment', the 'proportion who have a Body Mass Index (BMI) of 30+ at booking/initial assessment' (both part of Outcome Indicator 1) and the 'proportion of women with existing mental health conditions with a care plan in place' (Performance Measure 3). Note that data completeness was poor for some health boards and age groups. Those which are based on data which is less than 80% complete are shown in italics.

Table 3: Antenatal care: key statistics by health board providing the service, 2017-18

Percentage (a) of women at initial assessment who:				Per cent
	Had an initial assessment carried out by 10 completed weeks of pregnancy	Had existing mental health conditions with a care plan in place (b)	Smoking	Had a BMI 30+
Betsi Cadwaladr ULHB	75.6	68.3	20.5	29.2
Powys Teaching LHB	76.4	.	14.2	23.0
Hywel Dda ULHB	59.5	.	15.6	29.0
Abertawe Bro Morgannwg ULHB	76.0	.	18.2	29.8
Cwm Taf ULHB	69.0	.	21.5	33.9
Aneurin Bevan ULHB	73.6	.	36.6	30.7
Cardiff and Vale ULHB	77.6	.	13.2	26.1
Wales (c)	73.2	.	21.1	29.4

Source: Maternity Indicators data set

(a) The percentages for each indicator are of the total records less records with a 'not stated' value. In 2017-18, 512 records had no stated gestation at booking, 4,675 records had no stated care plan status, 928 records had no stated smoking status, 1,170 records had no stated BMI (includes BMI values of less than 10 or greater than 100).

(b) Percentage is of women who had a recorded mental health condition.

(c) Total for Wales includes 6 records where LHB was not stated

. Data not available

Latest Data:

The proportion of women who had received an initial assessment with maternity services before the 10th completed week of pregnancy varied across health boards from 60% at Hywel Dda to 78% in Cardiff and Vale.

Completeness of data regarding mental health care plans was poor, with only one health board (Betsi Cadwaladr) returning valid data. Five health boards (Abertawe Bro Morgannwg, Cardiff and Vale, Cwm Taf, Hywel Dda and Powys Teaching) had no data for this indicator, while Aneurin Bevan returned one record with recorded data. There is still much work to do to ensure that maternity units are recording this data item correctly.

Just over one in five mothers were recorded as being smokers at their initial assessment. This differed between health boards from 13% in Cardiff and Vale to 37% in Aneurin Bevan.

Just under 30% of mothers had a BMI of 30 or more at their initial assessment. This varied by LHB, from 23% in Powys to 34% in Cwm Taf.

A similar pattern of LHB differences exist between smoking and BMI rates, suggesting a greater proportion of healthier lifestyle choices are being made by expectant mothers in Powys and Cardiff and Vale, compared to those in Aneurin Bevan and Cwm Taf.

Annual Change:

The percentage of women receiving their initial assessment before the end of the 10th completed week increased in five of the six health boards for which there is robust data in both 2016-17 and 2017-18. The largest percentage point increase was in Powys (67% to 76%) and the only percentage point decrease was in Cwm Taf (72% to 69%). Note there is no data for 2016-17 in Aneurin Bevan.

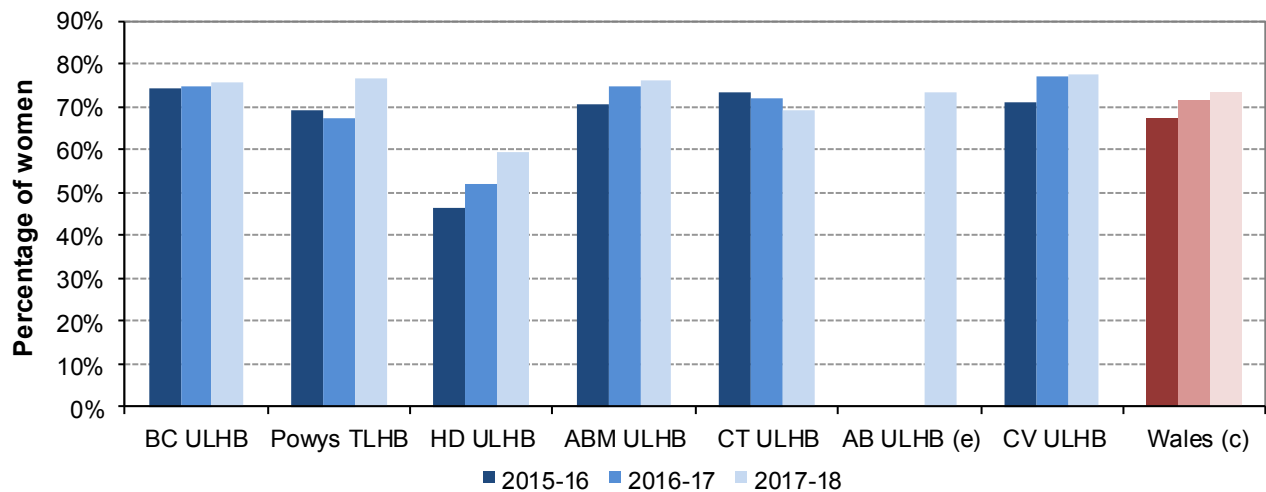
There was an increase from 55% to 68% in Betsi Cadwaladr for women with existing mental health conditions with a care plan in place between 2016-17 and 2017-18. No other health boards provided data for this indicator.

The percentage of women who were recorded as smoking at their initial assessment increased slightly between 2016-17 and 2017-18 (from 20% to 21%), although the rate decreased in four out of the seven LHBs. The highest increase was in Aneurin Bevan (26% to 37%), while the largest decrease was in Betsi Cadwaladr (24% to 20%).

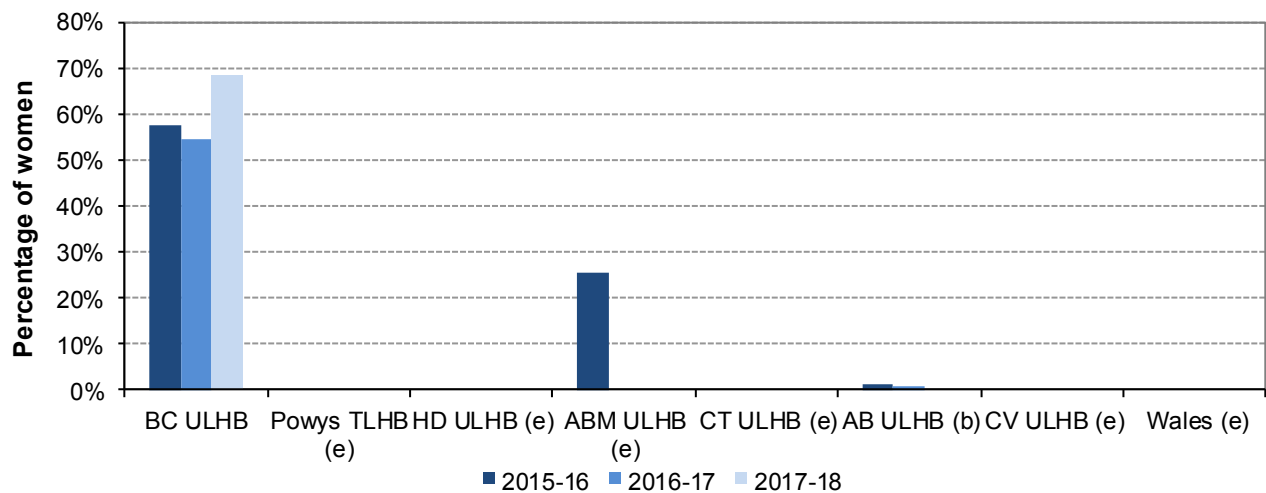
The percentage of women who were recorded with a BMI of 30 or more also increased slightly between 2016-17 and 2017-18 (from 28% to 29%). The rate increased in six out of seven of the LHBs with the largest increase in Cardiff and Vale (from 24% to 26%) and the only decrease was in Betsi Cadwaladr (30% to 29%).

Chart 2: Percentage (a) of women at initial assessment, by health board providing the service, who:

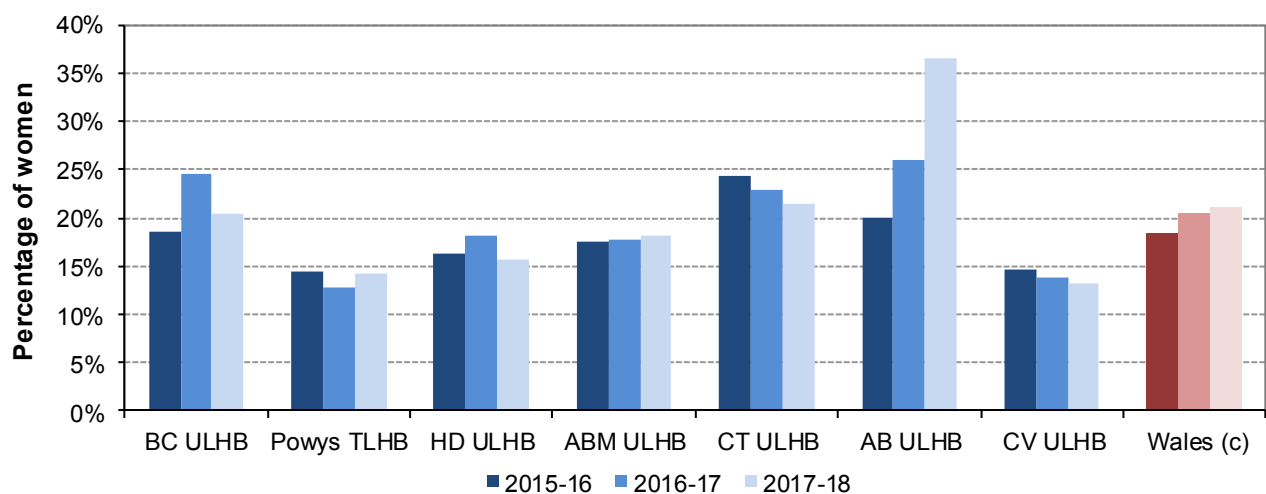
Had an initial Assessment by 10 completed weeks of pregnancy



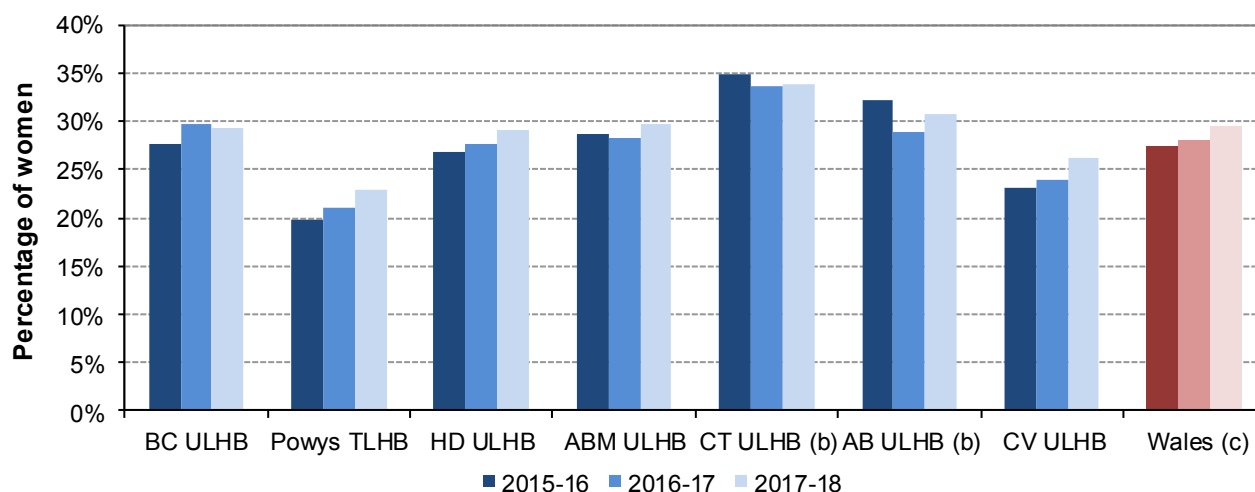
Had an existing mental health condition with a care plan in place (d)



Were recorded as smoking



Had a BMI of 30+



Source: Maternity Indicators data set

- (a) The percentages for each indicator are of the total records less records with a 'not stated' value:
- records with no stated gestation at booking: 4,512 in 2015-16 (after Aneurin Bevan was excluded), 134 in 2016-17 (after Aneurin Bevan was excluded), 512 in 2017-18.
 - records with no stated care plan status: 943 in 2015-16, 2,848 in 2016-17, 4,675 in 2017-18.
 - records with no stated smoking status: 1,250 in 2015-16, 919 in 2016-17, 928 in 2017-18.
 - records with no stated BMI (includes BMI values of less than 10 or greater than 100): 5,816 in 2015-16, 1,789 in 2016-17, 1,170 in 2017-18.
- (b) Data was less than 80% complete:
- Aneurin Bevan in 2016-17 (mental health)
 - Aneurin Bevan and Cwm Taf in 2015-16 (BMI)
- (c) Total for Wales includes 6 records in 2015-16, 2 in 2016-17, and 6 in 2017-18 where LHB was not stated.
- (d) Percentage is of women who had a recorded mental health condition. For a list of conditions which are included see [notes](#).
- (e) Data not available.

Table 4: Antenatal care: key statistics by age of mother at initial assessment, Wales, 2017-18

Percentage (a) of women at initial assessment who:				Per cent
Age	Had an initial assessment carried out by 10 completed weeks of pregnancy	Had existing mental health conditions with a care plan in place (b)(c)	Smoking	Had a BMI 30+
Under 16	48.8	.	25.6	9.1
16-19	63.7	.	34.9	20.8
20-24	71.2	.	28.7	31.5
25-29	75.1	.	21.1	30.8
30-34	75.9	.	15.8	28.1
35-39	71.6	.	15.8	29.2
40-44	64.5	.	14.8	31.3
45 or over	56.5	.	13.0	26.1
All ages (d)	73.2	.	21.1	29.4

Source: Maternity Indicators data set

(a) The percentages for each indicator are of the total records less records with a 'not stated' value. In 2017-18, 512 records had no stated gestation at booking, 4,675 records had no stated care plan status, 928 records had no stated smoking status, 1,170 records had no stated BMI (includes BMI values of less than 10 or greater than 100).

(b) Percentage is of women who had a recorded mental health condition.

(c) Only Betsi Cadwaladr recorded data for this indicator.

(d) 'All ages' includes records where mother's age was not stated.

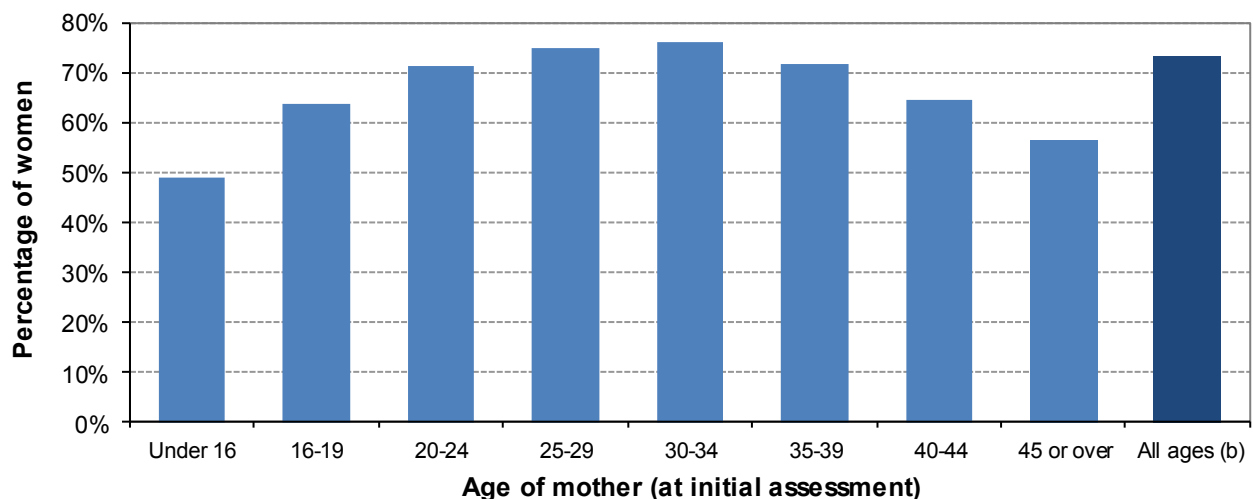
The proportion of women who had received an initial assessment with maternity services before the 10th completed week of pregnancy varied across age groups from just under half (49%) for the Under 16 age group to three-quarters (75%) in the middle age groups (25-29 and 30-34).

As already noted, Betsi Cadwaladr was the only health board to report data on mental health care plans. The percentage with a care plan in place varied between age groups, but as there are only a small number of mothers in each age group and some have missing data, caution is advised about making strong inferences about differences between age groups.

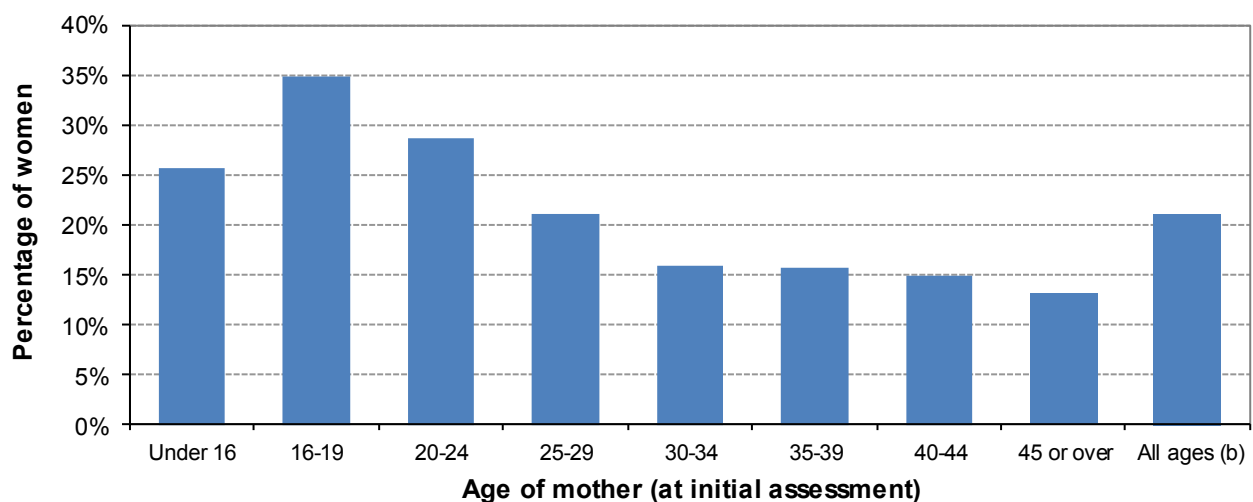
The proportion of women who smoked at initial assessment was higher for younger women, with 30% of women aged 24 or under smoking at initial assessment compared to 19% of women aged 25-34 and 16% of women ages 35 or over. The proportion of women with a BMI of 30+ at initial assessment tended to be close to 30% for all age groups above 20, but much lower for the youngest mothers aged 19 or less.

Chart 3: Percentage (a) of women at initial assessment, by age of mother (at initial assessment), 2017-18, who:

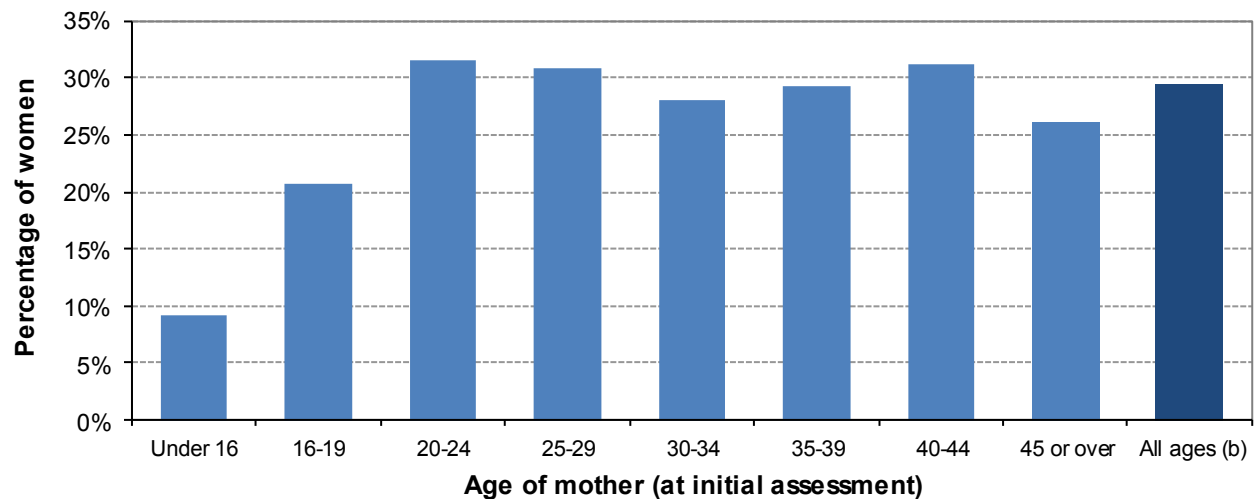
Had an initial assessment by 10 completed weeks of pregnancy



Were recorded as smoking



Had a BMI of 30+



Source: Maternity Indicators data set

- (a) The percentages for each indicator are of the total records less records with a 'not stated value.'
- records with no stated gestation at booking: 4,512 in 2015-16 (after Aneurin Bevan was excluded), 134 in 2016-17 (after Aneurin Bevan was excluded), 512 in 2017-18.
 - records with no stated care plan status: 943 in 2015-16, 2,848 in 2016-17, 4,675 in 2017-18.
 - records with no stated smoking status: 1,250 in 2015-16, 919 in 2016-17, 928 in 2017-18.
 - records with no stated BMI (includes BMI values of less than 10 or greater than 100): 5,816 in 2015-16, 1,760 in 2016-17, 1,170 in 2017-18.
- (b) 'All ages' includes records where mother's age was not stated.

Care at delivery 2017-18 – delivery characteristics

Data here refers to the 28,361 deliveries which took place in 2017-18.

Onset of labour

Onset of labour is the method by which the process of labour began or delivery by a caesarean section occurred and includes methods that are used to induce labour, such as surgical or medical induction or a combination of the two. Methods that are used to accelerate labour are not included. For more information see [notes](#).

Data was recorded in the MI ds for every health board however for two health boards where elective caesarean sections were recorded, labour onset was *not* recorded as 'caesarean' as would be expected. These health boards have been excluded from the analysis and as a result data for Wales represents the remaining 5 health boards.

Table 5: Mode of onset of labour, by health board providing the service, 2017-18

Mode of onset:	Number				
	Spontaneous	Caesarean section (a)	Induction (b)	Not stated	Total women
Betsi Cadwaladr ULHB	2,825	718	2,121	31	5,695
Powys Teaching LHB	211	0	0	1	212
Hywel Dda ULHB (c)	.	.	.	.	.
Abertawe Bro Morgannwg ULHB	2,994	870	1,523	3	5,390
Cwm Taf ULHB	1,443	630	1,492	1	3,566
Aneurin Bevan ULHB (c)	.	.	.	.	.
Cardiff and Vale ULHB	2,937	768	1,703	14	5,422
Wales (c)	10,410	2,986	6,839	50	20,285
					<i>Per cent (d)</i>
Betsi Cadwaladr ULHB	49.9	12.7	37.4		100
Powys Teaching LHB	100.0	0.0	0.0		100
Hywel Dda ULHB (c)	.	.	.		.
Abertawe Bro Morgannwg ULHB	55.6	16.1	28.3		100
Cwm Taf ULHB	40.5	17.7	41.9		100
Aneurin Bevan ULHB (c)	.	.	.		.
Cardiff and Vale ULHB	54.3	14.2	31.5		100
Wales	51.4	14.8	33.8		100

Source: Maternity Indicators data set

(a) Any caesarean section carried out before the onset of labour; or a planned elective caesarean section carried out immediately following the onset of labour, when the decision was made before labour.

(b) Includes medical induction, surgical induction and cases where a combination of both was used.

(c) Hywel Dda and Aneurin Bevan did not provide correctly recorded data for this data item so have been excluded from the analysis. Data for Wales represents the remaining 5 health boards.

(d) The percentages are of the total records less records with a 'not stated' value. In 2017-18, 941 records had no stated mode of onset of labour.

Table 5 shows a little over half (51%) of deliveries in Wales in 2017-18 began with a spontaneous onset of labour. This proportion varied across health boards, ranging from 40% in Cwm Taf to 56% in Abertawe Bro Morgannwg. All deliveries in Powys Teaching, as would be expected, started with a spontaneous onset of labour. Just over a third (34%) of deliveries in Wales were induced. This proportion ranged from 28% in Abertawe Bro Morgannwg to 42% in Cwm Taf.

Pain relief

In 2017-18, almost a quarter (23 %) of women had an epidural for pain relief before or during delivery (for labour or birth). Table 6 shows the number of deliveries in which an epidural was administered by health board.

Table 6: Epidurals, by health board providing the service, 2017-18

Epidural				<i>Number</i>
	Epidural administered	Epidural not administered	Not stated	Total deliveries (a)
Betsi Cadwaladr ULHB	1,185	4,372	138	5,695
Powys Teaching LHB	0	212	0	212
Hywel Dda ULHB	606	2,456	0	3,062
Abertawe Bro Morgannwg ULHB	931	4,459	0	5,390
Cwm Taf ULHB	595	2,971	0	3,566
Aneurin Bevan ULHB	656	1,113	3,245	5,014
Cardiff and Vale ULHB	1,474	3,160	788	5,422
Wales	5,447	18,743	4,171	28,361
				<i>Per cent (b)</i>
Betsi Cadwaladr ULHB	21.3	78.7		100
Powys Teaching LHB	0.0	100.0		100
Hywel Dda ULHB	19.8	80.2		100
Abertawe Bro Morgannwg ULHB	17.3	82.7		100
Cwm Taf ULHB	16.7	83.3		100
Aneurin Bevan ULHB	<i>37.1</i>	<i>62.9</i>		100
Cardiff and Vale ULHB	31.8	68.2		100
Wales	22.5	77.5		100

Source: Maternity Indicators data set

(a) In the case of a delivery of a multiple birth, *any* mention of an epidural is counted.

(b) The percentages are of the total records less records with a 'not stated' value. In 2017-18, 4,171 records had no stated epidural status.

Data in italics are based on data which is less than 80 per cent complete.

The proportion of women who had an epidural ranged from 17% in Cwm Taf to 32% in Cardiff and Vale.

Note that 37% of women had an epidural in Aneurin Bevan; however 65% of deliveries in this health board had missing data, so it should not be compared directly with other health boards for which there are good data completeness.

Care at delivery 2017-18 – Birth characteristics

Data presented in this section focusses on the 28,729 births (live and still) which took place in 2017-18. Births are analysed rather than deliveries, since twins or triplets could be delivered by different means.

Table 7 shows deliveries and births by maternity unit.

Table 7: Delivery and birth records by health board providing the service and maternity unit, 2017-18

	Deliveries	Births
Betsi Cadwaladr ULHB	5,695	5,776
Wrexham Maelor Hospital	2,352	2,381
Ysbyty Glan Clwyd	1,666	1,688
Ysbyty Gwynedd	1,677	1,707
Powys Teaching LHB	212	212
Powys Maternity Units (a)	212	212
Hywel Dda ULHB	3,062	3,097
Bronglais General Hospital	407	410
Glangwili General Hospital	2,488	2,520
Withybush General Hospital	167	167
Abertawe Bro Morgannwg ULHB	5,390	5,460
Neath Port Talbot Hospital	422	422
Princess Of Wales Hospital	2,122	2,141
Singleton Hospital	2,846	2,897
Cwm Taf ULHB (b)	3,566	3,625
Prince Charles Hospital	1,625	1,650
The Royal Glamorgan Hospital	1,896	1,929
Not stated	45	46
Aneurin Bevan ULHB	5,014	5,082
Nevill Hall Hospital	1,821	1,838
Royal Gwent Hospital	2,918	2,969
Ysbyty Aneurin Bevan	5	5
Ysbyty Ystrad Fawr	270	270
Cardiff and Vale ULHB	5,422	5,477
University Hospital of Wales	5,422	5,477
Wales	28,361	28,729

Source: Maternity Indicators data set

(a) Powys Maternity Units consists of: Breconshire War Memorial Hospital, Bro Ddyfi Community Hospital, Builth Wells Cottage Hospital, Knighton Hospital, Llandrindod Wells Hospital, Llanidloes And District War Memorial Hospital, Montgomeryshire County Infirmary, Victoria Memorial Hospital and Ystradgynlais Community Hospital.

(b) Total for Cwm Taf University LHB includes 45 deliveries and 46 births for which maternity unit was not stated.

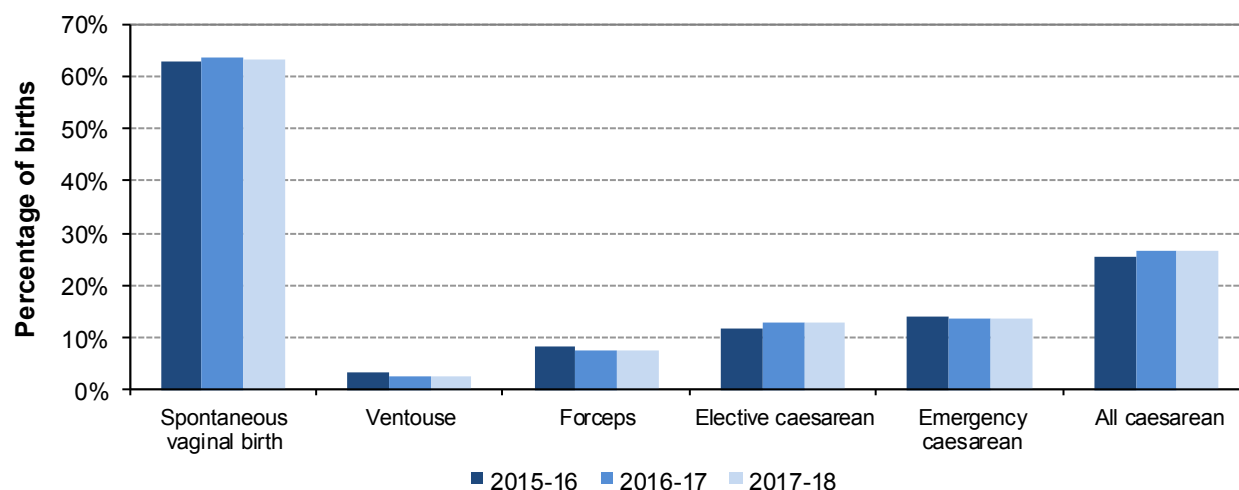
A table showing deliveries and births by maternity unit for 2016-17 is available in [Annex 2](#).

Mode of birth

Three categories of mode of birth are defined as:

- caesarean section - elective and emergency caesarean section deliveries;
- instrumental - forceps cephalic deliveries and ventouse (vacuum) deliveries; and
- spontaneous vaginal - baby born by maternal effort.

Chart 4: Percentage (a) of births (live and still) by mode of birth, Wales



Source: Maternity Indicators data set

(a) The percentages are of the total records less records with a 'not stated' value. 46 records in 2015-16, 144 records in 2016-17 and 164 records in 2017-18 had no stated mode of birth.

Table 8: Mode of birth, by health board providing the service, Wales, 2017-18

Mode of birth:	Number						
	Spontaneous vaginal birth	Ventouse	Forceps	Elective caesarean	Emergency caesarean	Not stated	Total births
Betsi Cadwaladr ULHB	3,597	259	341	676	897	6	5,776
Powys Teaching LHB	212	0	0	0	0	0	212
Hywel Dda ULHB	1,850	140	160	431	516	0	3,097
Abertawe Bro Morgannwg ULHB	3,569	63	462	721	644	1	5,460
Cwm Taf ULHB	2,211	61	230	638	485	0	3,625
Aneurin Bevan ULHB	3,279	147	309	605	722	20	5,082
Cardiff and Vale ULHB	3,407	0	647	641	645	137	5,477
Wales	18,125	670	2,149	3,712	3,909	164	28,729
	Per cent (a)						
Betsi Cadwaladr ULHB	62.3	4.5	5.9	11.7	15.5		100
Powys Teaching LHB	100.0	0.0	0.0	0.0	0.0		100
Hywel Dda ULHB	59.7	4.5	5.2	13.9	16.7		100
Abertawe Bro Morgannwg ULHB	65.4	1.2	8.5	13.2	11.8		100
Cwm Taf ULHB	61.0	1.7	6.3	17.6	13.4		100
Aneurin Bevan ULHB	64.8	2.9	6.1	12.0	14.3		100
Cardiff and Vale ULHB	63.8	0.0	12.1	12.0	12.1		100
Wales	63.5	2.3	7.5	13.0	13.7		100

Source: Maternity Indicators data set

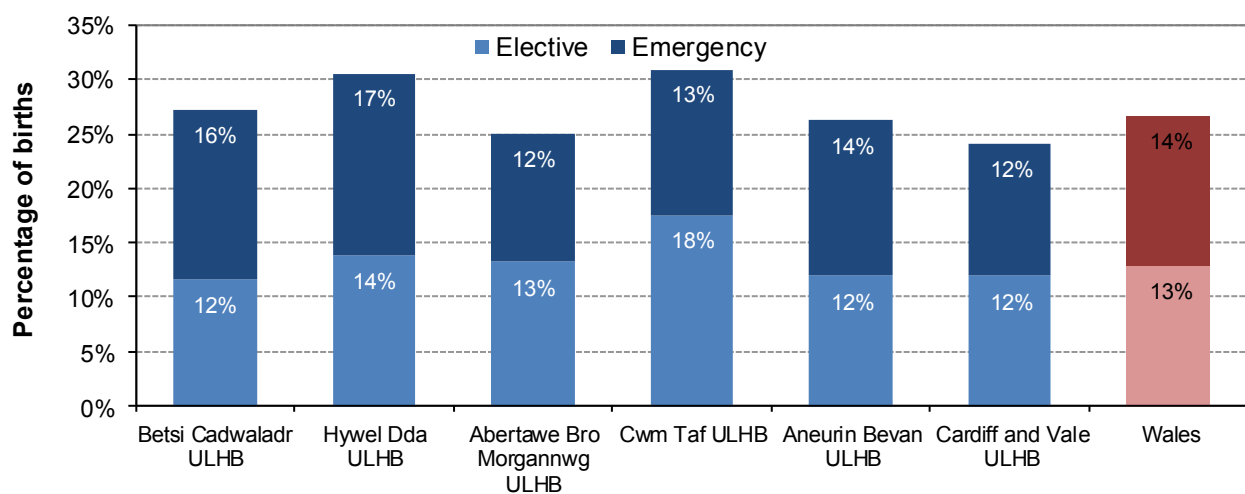
(a) The percentages are of the total records less records with a 'not stated' value. In 2017-18, 164 records had no stated mode of birth.

Chart 4 and Table 8 show that mode of birth has not changed much over the three years for which there is data. In 2017-18, the majority (63%) of births were spontaneous (unassisted) births, while 27% births were delivered by caesarean section.

There are some variations across health boards, with the spontaneous birth rate being nearly six percentage points higher in Abertawe Bro Morgannwg than Hywel Dda. All babies born in Powys were spontaneous as the health board only has hospitals with small maternity units suitable for low risk pregnancies only. Any pregnancy considered high risk would normally be delivered in a District General Hospital in a neighbouring health board.

There are also variations between instrumental and caesarean births at health board level.

Chart 5: Percentage (a) of births (live and still) by caesarean section by health board, 2017-18



Source: Maternity Indicators data set

(a) The percentages are of the total records less records with a 'not stated' value. In 2017-18, 164 records had no stated mode of birth.

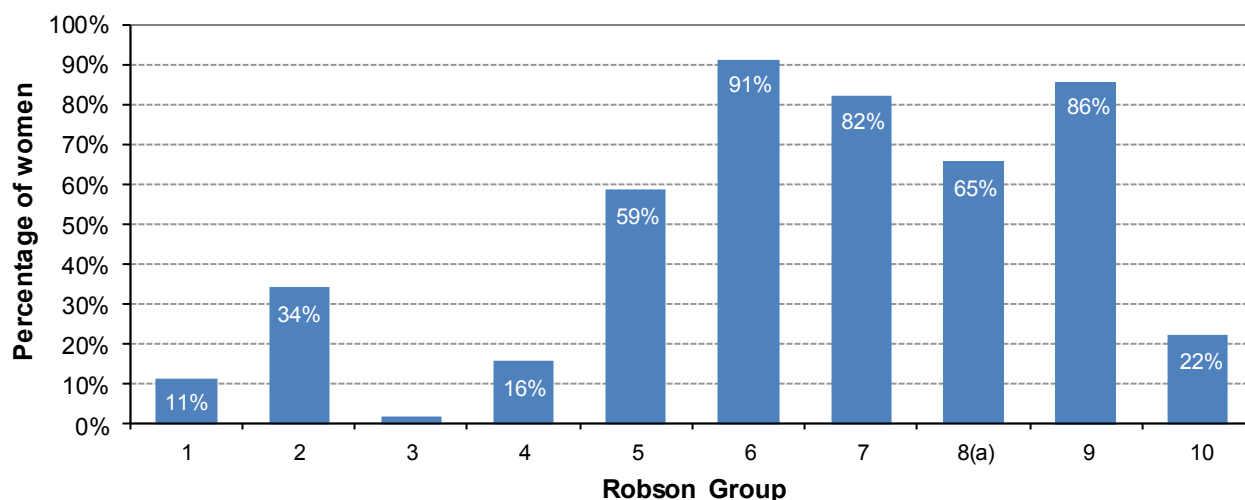
Hywel Dda has higher rates of both elective and emergency caesarean section than the Wales average, whereas Cardiff and Vale has lower rates for both types of caesarean section. Cwm Taf has the largest rate of overall caesarean sections, but this is largely due to having a larger percentage of elective caesareans than other health boards.

Robson groups

The Robson classification is a system that classifies women into 10 groups based on their obstetric characteristics (parity, previous caesarean section, gestational age, onset of labour, foetal presentation and the number of foetuses). Since the system can be applied prospectively and its categories are totally inclusive and mutually exclusive, every woman that is admitted for delivery can be immediately classified based on these few basic characteristics.

By looking at caesarean rates by Robson Group, more detail can be provided into why caesarean rates vary between areas.

Chart 6: Percentage of women who had a caesarean section by Robson Group, Wales (six health boards) 2017-18



Source: Maternity Indicators data set

(a) Robson Group 8 includes all 7 health boards because Delivery presentation (Foetal Presentation at Onset of Labour) is not part of the criteria so Hywel Dda data is not affected.

The data item 'Delivery Presentation' (foetal presentation at onset of labour) is a component of all Robson Groups except for Group 8. Hywel Dda does not have reliable data for this item so therefore it has been excluded from the Wales totals for all Robson Groups except Group 8.

This is the first year Robson Groups have been able to be published, and while there is some missing data, each Group has 90% completeness or greater.

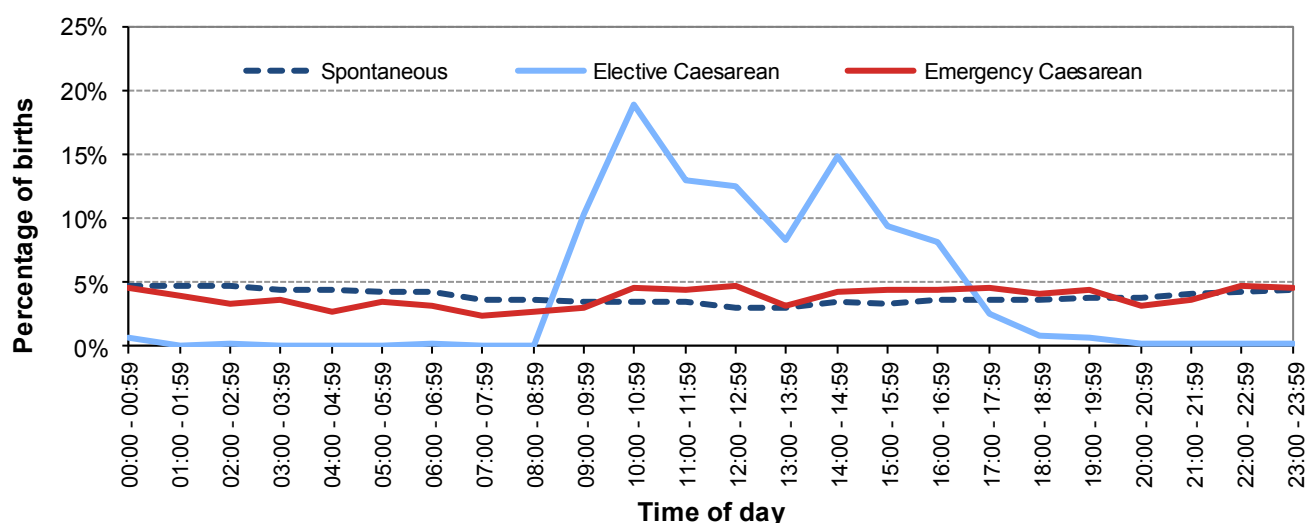
The data shows that caesarean section rates are high where there are nulliparous breeches (Group 6), multiparous breeches (Group 7), and abnormal lies (Group 9).

Caesarean section rates are lower where the mother has not given birth previously, there is a single baby with a cephalic lie, which is not premature and has spontaneous labour (Group 1); and where the mother has given birth before but not via caesarean section, there is a single baby with a cephalic lie, which is not premature and has spontaneous labour (Group 3).

The 10 Robson Groups can be found within the list of Welsh Government Maternity Indicators at [Annex 1](#), as Performance Indicator 1.

Time of birth

Chart 7: Births (live and still) by time of birth and mode of birth, Wales, 2017-18

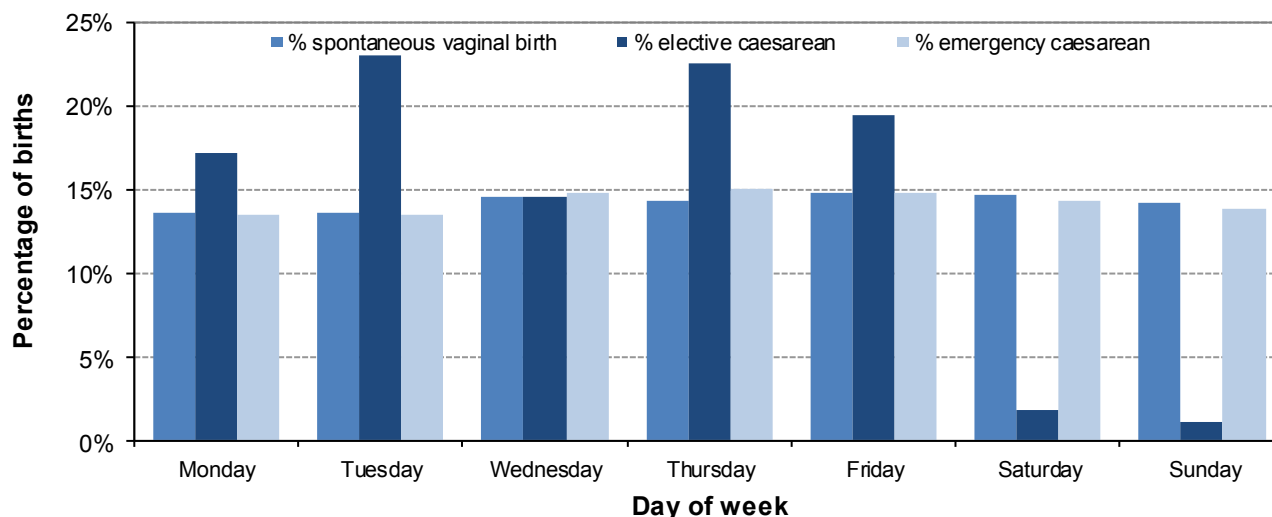


Source: Maternity Indicators data set

The distribution of live births by hour of the day is shown in Chart 7. For births by spontaneous vaginal delivery, most births in 2017-18 occurred between 1am and 2am and fewest between 12pm and 1pm. Slightly more emergency caesareans happened between the hours of 10 am and 1pm and 2pm and 6pm than other parts of the day. However, nearly all elective caesarean sections occurred between 8am and 6pm, with two-thirds of occurring between 10am and 3pm.

Day of week

Chart 8: Births (live and still) by day of week and mode of birth, Wales, 2017-18



Source: Maternity Indicators data set

(a) The percentages are of the total records less records with a 'not stated' mode of birth. In 2017-18, 164 records had no stated mode of birth.

Chart 8 shows how each mode of birth is spread across the week. Spontaneous vaginal births and emergency caesarean sections occur evenly across the week; however, elective caesarean sections followed a more distinct pattern, with nearly half occurring on Tuesdays and Thursdays. This is likely to depend upon the local workforce and resource availability across health boards.

Outcomes for baby

Table 9: Live births, still births and number of babies by health board providing the service, 2017-18

	Live births		Total live births	Still births	Not stated	Total all births
	Singletons	Multiples				
Betsi Cadwaladr ULHB	5,587	159	5,746	24	6	5,776
Powys Teaching LHB	212	0	212	0	0	212
Hywel Dda ULHB	3,009	70	3,079	18	0	3,097
Abertawe Bro Morgannwg ULHB	5,299	139	5,438	22	0	5,460
Cwm Taf ULHB	3,489	118	3,607	18	0	3,625
Aneurin Bevan ULHB	4,927	133	5,060	21	1	5,082
Cardiff and Vale ULHB	5,347	105	5,452	25	0	5,477
Wales	27,870	724	28,594	128	7	28,729

Source: Maternity Indicators data set

Of the 28,729 births in Wales in 2017-18, over 99.5% of them (28,594) were live births. Of these live births, 2.5% (724) were multiple births (twins, triplets or higher order). Of those health boards where a multiple birth took place, the rate varied from 1.9% in Cardiff and Vale to 3.3% in Cwm Taf.

Healthy births

Data presented refers to the 28,729 total births which took place in 2017-18.

The 'percentage of births considered to be healthy births' is a Welsh Government Maternity Indicator (Outcome Indicator 5). Only complete records are included in the healthy births analysis i.e. each record must have valid entries to all the fields related to the criteria below to be included in the denominator.

Any of the following criteria exclude the birth from being considered as 'healthy':

- an onset of labour other than spontaneous
- augmentation in labour
- caesarean section, use of forceps or ventouse
- gestational age of less than 37 weeks
- still birth
- epidural in labour
- 3rd or 4th degree perineal trauma or episiotomy
- birth weight of less than 2500g or greater than 4000g
- blood loss of greater than 500ml
- apgar score at 5 minutes less than 7.

In 2017-18 completeness of the fields related to these criteria was too poor across the majority of health boards to provide an accurate estimation of the percentage of healthy births. In the three health boards that had the most complete data (90%, 94% and 99% complete) the percentage of healthy births was 31% in Abertawe Bro Morgannwg, 14% in Betsi Cadwaladr and 27% at Cwm Taf.

Table 10: Percentage of births considered to be healthy births, and completeness of healthy births denominator by health board providing the service

Percentage of live births:

	2015-16		2016-17		2017-18	
	Healthy births denominator	% Healthy births	Healthy births denominator	% Healthy births	Healthy births denominator	% Healthy births
Betsi Cadwaladr ULHB	14.0	0	89.5	12.7	93.7	14.3
Powys Teaching LHB	77.9	80.0	81.4	68.9	77.4	69.5
Hywel Dda ULHB	77.2	33.0	78.9	33.1	75.0	32.0
Abertawe Bro Morgannwg ULHB	73.0	0.9	91.9	31.0	90.1	30.7
Cwm Taf ULHB	96.2	29.1	98.9	30.1	99.1	27.2
Aneurin Bevan ULHB	33.0	35.2	0	.	0	.
Cardiff and Vale ULHB	76.1	37.1	77.3	38.1	72.8	39.0
Wales (a)	57.8	24.9	70.7	28.3	71.0	27.8

Source: Maternity Indicators data set

More analysis of this indicator will be available in the future when the completeness of the data improves.

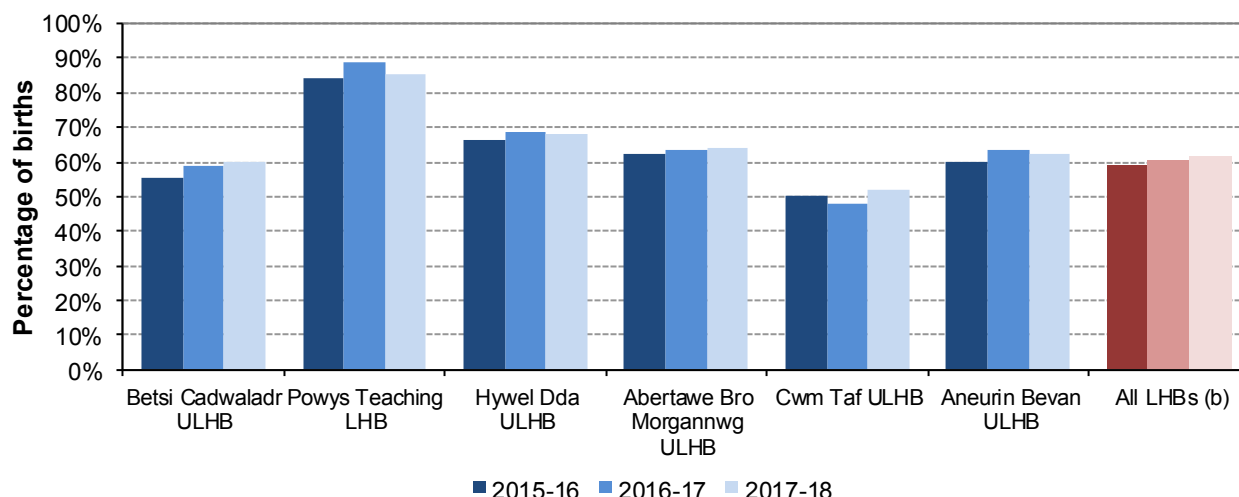
Breastfeeding

Breastfeeding is recognised as being of crucial importance for the health of babies and their mothers.

The Maternity Indicators data set records the mother's intention to breastfeed rather than whether breastfeeding at birth actually occurred. Actual breastfeeding rates are published in the annual statistical release [Births: Data from the National Community Child Health Database](#).

Since the indicator is about the mother, data presented refers to the 28,361 deliveries (mothers who delivered) in 2017-18. Data completeness for this item is very good across most health boards with 1% or less missing data in 6 out of the 7 health boards. Data from Cardiff and Vale is excluded from this section because of inaccuracies in recording their data; 38% of data for this item is missing and no mothers are recorded as not intending to breastfeed. As a result Charts 9, 10, 11 and Table 11 only refer to six health boards.

Chart 9: Intention to breastfeed by health board providing the service (a)



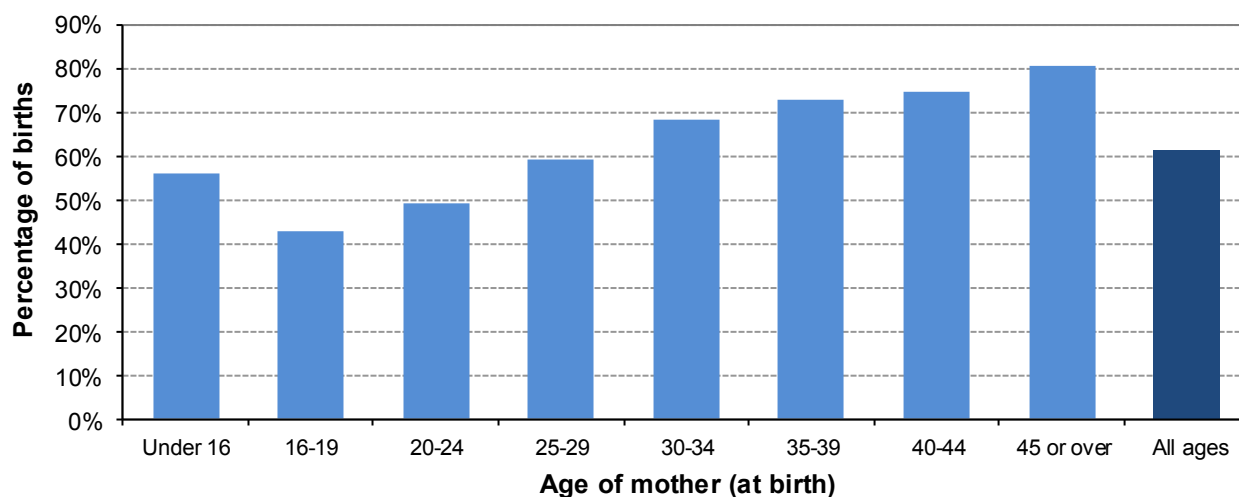
Source: Maternity Indicators data set

- (a) The percentages are of the total deliveries less births with no stated intention to breastfeed status: 1,581 births in 2015-16, 272 births in 2016-17 and 182 births in 2017-18 had no stated intention to breastfeed status (when Cardiff and Vale is excluded).
- (b) Cardiff and Vale is excluded from this chart due to incorrectly recorded data.

Latest Data: Across all LHB's in 2017-18, 61% mothers were recorded as intending to breastfeed. This differed between health boards, with the percentage ranging from 52% of mothers delivering in Cwm Taf to 85% of mothers delivering in Powys.

Annual Change: Across Wales the percentage of mothers recorded as intending to breastfeed increased slightly by one percentage point over the year. This improvement was largely driven by a 4 percentage point improvement in Cwm Taf. The largest fall was in Powys (3 percentage point decrease) but as there are so few deliveries here compared to the other health boards, there is likely to be more year to year variation in their data.

Chart 10: Intention to breastfeed by age of mother, Wales (a), 2017-18 (b)

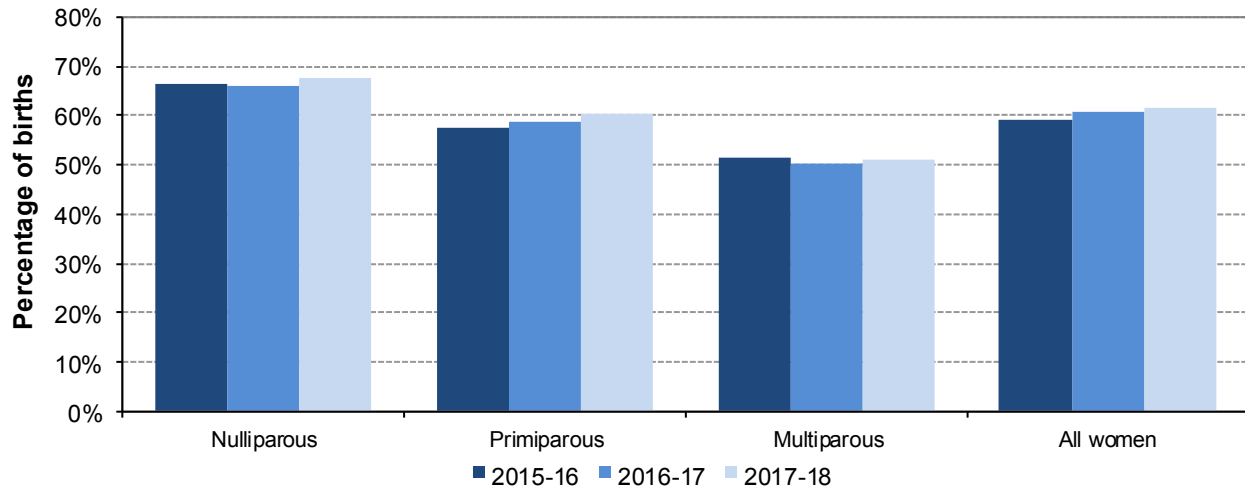


Source: Maternity Indicators data set

- (a) Cardiff and Vale is excluded from this chart.
- (b) The percentages are of the total deliveries less births with no stated intention to breastfeed status: 1,581 births in 2015-16, 272 births in 2016-17 and 182 births in 2017-18 had no stated intention to breastfeed status (when Cardiff and Vale was excluded).

Chart 10 shows how the mother's intention to breastfeed varies by age group of mother. Older mothers were more likely to say that they intended to breastfeed than younger mothers, with percentages ranging from 43% for mothers aged 16-19 years old to 80% for those aged 45 years and over.

Chart 11: Intention to breastfeed by parity (a)(b), Wales (c)



Source: Maternity Indicators data set

- (a) The percentages are of the total deliveries less births with no stated intention to breastfeed status: 1,581 births in 2015-16, 272 births in 2016-17 and 182 births in 2017-18 had no stated intention to breastfeed status (when Cardiff and Vale was excluded).
- (b) Nulliparous – the mother has never previously given birth
 Primiparous – the mother has previously given birth once only
 Multiparous – the mother has previously given birth more than once
- (c) Cardiff and Vale is excluded from this chart due to incorrectly recorded data.

Chart 11 shows that first time mothers have a greater intention to breastfeed their babies than mothers who have given birth more than once. In 2017-18, 68% of first time mothers intended to breastfeed, 60% of mothers who had given birth once previously intended to breastfeed, and 51% of mothers who had given birth more than once intended to breastfeed.

Table 11: Intention to breastfeed by health board providing the service, age of mother and parity

Intention to breastfeed	Per cent (a)		
	2015-16	2016-17	2017-18
<i>Health board:</i>			
Betsi Cadwaladr ULHB	55.2	58.6	59.9
Powys Teaching LHB	84.0	88.6	85.3
Hywel Dda ULHB	66.5	68.4	68.1
Abertawe Bro Morgannwg ULHB	62.1	63.2	63.8
Cwm Taf ULHB	49.9	48.0	51.9
Aneurin Bevan ULHB	60.0	63.3	62.5
Cardiff and Vale ULHB (b)	.	.	.
Wales	59.0	60.8	61.5
<i>Age of mother:</i>			
Under 16	23.3	42.9	56.0
16-19	38.5	40.8	42.7
20-24	46.5	48.5	49.4
25-29	57.5	59.2	59.3
30-34	67.1	67.6	68.3
35-39	71.0	72.4	72.8
40-44	73.0	71.7	75.0
45 or over	78.6	76.7	80.5
All ages (c)	59.0	60.8	61.5
<i>Parity (d):</i>			
Nulliparous	66.3	66.2	67.6
Primiparous	57.8	58.8	60.4
Multiparous	51.6	50.3	51.3
All women (e)	59.0	60.8	61.5

Source: Maternity Indicators data set

(a) The percentages are of the total deliveries less births with no stated intention to breastfeed status: 1,581 births in 2015-16, 272 births in 2016-17 and 182 births in 2017-18 had no stated intention to breastfeed status (when Cardiff and Vale University LHB was excluded).

(b) Cardiff and Vale University Local Health Board is excluded from this table due to incorrectly recorded data.

(c) 'All ages' includes 9 records in 2015-16, and 1 record in 2016-17, where mother's age was not stated (when Cardiff and Vale University LHB was excluded)..

(d) Nulliparous – the mother has never previously given birth

Primiparous – the mother has previously given birth once only

Multiparous – the mother has previously given birth more than once

(e) 'All women' includes 12,325 records in 2015-16, 6,493 records in 2016-17 and 1,732 records in 2017-18 where parity was not stated (when Cardiff and Vale University LHB was excluded).

Data in italics are based on data which is less than 80 per cent complete.

ANNEX 1: Maternity Indicators

Following the publication of the Welsh Government's [Strategic Vision for Maternity Services in Wales](#) in 2011 set of maternity indicators were developed to monitor progress. Note that a number of the original indicators are not currently measured and therefore are not part of the MI ds. These are shown below with an (*). Note that the indicator relating to exclusive breastfeeding at 10 days is derived from the National Community Child Health Database (NCCHD) rather than from MI ds.

<u>Indicator/ Measure</u>	<u>Description</u>
Outcome indicator 1	% who smoke during pregnancy % who drink five or more units of alcohol per week during pregnancy* % who misuse substances during pregnancy* % who have a BMI 30+ at booking/initial assessment
Outcome indicator 2	% babies with birth weight <2500g
Outcome indicator 3	% babies exclusively breastfed at 10 days following birth (all ABM residents, NCCHD data)
Outcome indicator 4	% women and partners who felt confident to care for their baby*
Outcome indicator 5	% 'healthy' births
Performance measure 1	Group 1: Nulliparous, Single Cephalic, >=37 wks in spontaneous labour Group 2: Nulliparous, Single Cephalic, >=37 wks induced or CS before labour Group 3: Multiparous (exc previous CS), single cephalic, >=37 wks in spontaneous labour Group 4: Multiparous (exc previous CS), single cephalic, >=37 wks induced or CS before labour Group 5: Previous CS, single cephalic, >=37 wks, all onset of labour types Group 6: All nulliparous breeches Group 7: All multiparous breeches (inc previous CS) Group 8: All multiple pregnancies (inc previous CS) Group 9: all abnormal lies, all gestations Group 10: All single cephalic, <37 wks (inc previous CS) Caesarean section rate (overall)
Performance measure 2	% women whose initial assessment has been carried out by 10 completed weeks of pregnancy
Performance measure 3	% women with existing mental health conditions with a care plan in place
Performance measure 4	% women and partners who said they were treated well by maternity services*
Performance measure 5	% women who gave up smoking during pregnancy % women who gave up drinking >=5 units of alcohol per week during pregnancy* % women who gave up misuse of substances during pregnancy* % women who gained no more than the recommended amount of weight during pregnancy
Additional Indicator 1	% women who used folic acid pre-conception* % women who used folic acid during early pregnancy*
Additional Indicator 2	% babies born preterm (before 37 weeks)
Additional Indicator 3	% babies born at term who were small for gestational age
Additional Indicator 4	% babies exclusively breastfed at birth
Additional Indicator 5	% Healthy births (UK definition)

Annex 2

Antenatal and delivery records by local health board, 2016-17 (a)

	Delivery records (b)	Antenatal records (a)	Live births	Still births (c)	Total births (d)
Betsi Cadwaladr ULHB	5,878	5,867	5,923	17	5,952
Powys Teaching LHB	237	523	237	0	237
Hywel Dda ULHB	3,126	3,145	3,148	18	3,166
Abertawe Bro Morgannwg ULHB	5,424	5,212	5,488	25	5,518
Cwm Taf ULHB	3,610	3,457	3,638	20	3,658
Aneurin Bevan ULHB	5,530	5,471	5,600	20	5,621
Cardiff and Vale ULHB	5,660	5,788	5,727	33	5,760
Not stated	-	2	-	-	-
Wales	29,465	29,465	29,761	133	29,912

Source: Maternity Indicators data set

(a) This relates to *deliveries* in 2016-17. Note the initial assessment may have taken place in 2015-16.

(b) Includes delivery of live and still births

(c) Note that the pattern of still births across health boards may be affected by the location of the tertiary referral centre for foetal medicine in Cardiff.

(d) Includes 18 births with no stated outcome

Women who received antenatal care and delivered in the same health board, by local health board, 2016-17

	Number of women	Percentage of women
Betsi Cadwaladr ULHB	5,551	94.6%
Powys Teaching LHB	234	44.7%
Hywel Dda ULHB	3,070	97.6%
Abertawe Bro Morgannwg ULHB	5,159	99.0%
Cwm Taf ULHB	3,384	97.9%
Aneurin Bevan ULHB	5,303	96.9%
Cardiff and Vale ULHB	5,566	96.2%

Source: Maternity Indicators data set

Antenatal care: key statistics by Health Board providing the service, 2016-17

Percentage (a) of women at initial assessment who:					Per cent
	Had an initial assessment carried out by 10 completed weeks of pregnancy	Had existing mental health conditions with a care plan in place (b)	Smoking	Had a BMI 30+	
Betsi Cadwaladr ULHB	74.8	54.5	24.5	29.7	
Powys Teaching LHB	67.5	.	12.7	21.0	
Hywel Dda ULHB	51.9	.	18.1	27.6	
Abertawe Bro Morgannwg ULHB	74.7	.	17.7	28.2	
Cwm Taf ULHB	72.0	.	22.9	33.7	
Aneurin Bevan ULHB	.	.	26.1	28.8	
Cardiff and Vale ULHB	77.0	.	13.7	23.8	
Wales (c)	71.7	.	20.4	28.1	

Source: Maternity Indicators data set

(a) The percentages for each indicator are of the total records less records with a 'not stated' value. In 2016-17, 134 records had no stated gestation at booking (when Aneurin Bevan is excluded), 2,848 records had no stated care plan status, 919 records had no stated smoking status, 1,789 records had no stated BMI (includes BMI values of less than 10 or greater than 100).

(b) Percentage is of women who had a recorded mental health condition.

(c) Total for Wales includes 2 records where LHB was not stated. Aneurin Bevan has been excluded from this table due to data quality concerns.

. Data not available

Antenatal care: key statistics by age of woman, Wales, 2016-17

Percentage (a) of women at initial assessment who:				Per cent
Age	Had an initial assessment carried out by 10 completed weeks of pregnancy	Had existing mental health conditions with a care plan in place (b)(c)	Smoking	Had a BMI 30+
Under 16	39.1	.	28.3	14.3
16-19	64.3	.	37.2	19.4
20-24	70.7	.	29.2	29.3
25-29	73.2	.	20.5	29.1
30-34	73.9	.	13.9	27.7
35-39	70.3	.	13.9	28.7
40-44	65.2	.	14.5	30.4
45 or over	55.2	.	8.1	29.7
All ages (d)	71.7	.	20.4	28.1

Source: Maternity Indicators data set

(a) The percentages for each indicator are of the total records less records with a 'not stated' value. In 2016-17, 134 records had no stated gestation at booking (when Aneurin Bevan is excluded), 2,848 records had no stated care plan status, 919 records had no stated smoking status, 1,789 records had no stated BMI (includes BMI values of less than 10 or greater than 100).

(b) Percentage is of women who had a recorded mental health condition.

(c) Only Betsi Cadwaladr recorded data for this indicator.

(d) 'All ages' includes records where mother's age was not stated.

. Data not available

Mode of onset of labour, by health board providing the service, 2016-17

Mode of onset of labour, by health board providing the service, 2010-11					Number
Mode of onset:	Spontaneous	Caesarean section (a)	Induction (b)	Not stated	Total women
Betsi Cadwaladr ULHB	2,965	752	2,153	8	5,878
Powys Teaching LHB	237	0	0	0	237
Hywel Dda ULHB (c)	.	.	.	.	.
Abertawe Bro Morgannwg ULHB	3,011	921	1,485	7	5,424
Cwm Taf ULHB	1,615	619	1,375	1	3,610
Aneurin Bevan ULHB (c)	.	.	.	.	.
Cardiff and Vale ULHB	3,344	729	1,578	9	5,660
Wales (c)	11,172	3,021	6,591	25	20,809

	Per cent (d)			
Betsi Cadwaladr ULHB	50.5	12.8	36.7	100
Powys Teaching LHB	100.0	0.0	0.0	100
Hywel Dda ULHB (c)	.	.	.	.
Abertawe Bro Morgannwg ULHB	55.6	17.0	27.4	100
Cwm Taf ULHB	44.7	17.2	38.1	100
Aneurin Bevan ULHB (c)	.	.	.	.
Cardiff and Vale ULHB	59.2	12.9	27.9	100
Wales	53.8	14.5	31.7	100

Source: Maternity Indicators data set

(a) Any caesarean section carried out before the onset of labour; or a planned elective caesarean section carried out immediately following the onset of labour, when the decision was made before labour.

(b) Includes medical induction, surgical induction and cases where a combination of both was used.

(c) Hywel Dda and Aneurin Bevan did not provide correctly recorded data for this data item so have been excluded from the analysis. Data for Wales represents the remaining 5 health boards.

(d) The percentages are of the total records less records with a 'not stated' value. In 2016-17, 972 records had no stated mode of onset of labour.

Epidurals, by health board providing the service, 2016-17

Epidural	Number			
	Epidural administered	Epidural not administered	Not stated	Total deliveries (a)
Betsi Cadwaladr ULHB	1,233	4,622	23	5,878
Powys Teaching LHB	0	237	0	237
Hywel Dda ULHB	613	2,513	0	3,126
Abertawe Bro Morgannwg ULHB	972	4,452	0	5,424
Cwm Taf ULHB	633	2,977	0	3,610
Aneurin Bevan ULHB	786	1,204	3,540	5,530
Cardiff and Vale ULHB	1,612	3,306	742	5,660
Wales	5,849	19,311	4,305	29,465

	Per cent (b)		
Betsi Cadwaladr ULHB	21.1	78.9	100
Powys Teaching LHB	0.0	100.0	100
Hywel Dda ULHB	19.6	80.4	100
Abertawe Bro Morgannwg ULHB	17.9	82.1	100
Cwm Taf ULHB	17.5	82.5	100
Aneurin Bevan ULHB	39.5	60.5	100
Cardiff and Vale ULHB	32.8	67.2	100
Wales	23.2	76.8	100

Source: Maternity Indicators data set

(a) In the case of a delivery of a multiple birth, any mention of an epidural is counted.

(b) The percentages are of the total records less records with a 'not stated' value. In 2016-17, 4,305 records had no stated epidural status.

Data in italics are based on data which is less than 80 per cent complete.

Mode of birth, by health board providing the service, 2016-17

Mode of birth:	Number						
	Spontaneous vaginal birth	Ventouse	Forceps	Elective caesarean	Emergency caesarean	Not stated	Total births
Betsi Cadwaladr ULHB	3,692	236	353	748	916	7	5,952
Powys Teaching LHB	237	0	0	0	0	0	237
Hywel Dda ULHB	1,951	139	158	402	516	0	3,166
Abertawe Bro Morgannwg ULHB	3,481	65	411	796	764	1	5,518
Cwm Taf ULHB	2,296	75	207	623	457	0	3,658
Aneurin Bevan ULHB	3,681	195	322	628	770	25	5,621
Cardiff and Vale ULHB	3,654	0	749	637	609	111	5,760
Wales	18,992	710	2,200	3,834	4,032	144	29,912

	Per cent (a)					
Betsi Cadwaladr ULHB	62.1	4.0	5.9	12.6	15.4	100
Powys Teaching LHB	100.0	0.0	0.0	0.0	0.0	100
Hywel Dda ULHB	61.6	4.4	5.0	12.7	16.3	100
Abertawe Bro Morgannwg ULHB	63.1	1.2	7.4	14.4	13.8	100
Cwm Taf ULHB	62.8	2.1	5.7	17.0	12.5	100
Aneurin Bevan ULHB	65.8	3.5	5.8	11.2	13.8	100
Cardiff and Vale ULHB	64.7	0.0	13.3	11.3	10.8	100
Wales	63.8	2.4	7.4	12.9	13.5	100

Source: Maternity Indicators data set

(a) The percentages are of the total records less records with a 'not stated' value. In 2016-17, 144 records had no stated mode of birth.

Live births, still births and number of babies by health board providing the service, 2016-17

	Live births		Total live births	Still births	Not stated	Total all births
	Singletons	Multiples				
Betsi Cadwaladr ULHB	5,781	142	5,923	17	12	5,952
Powys Teaching LHB	237	0	237	0	0	237
Hywel Dda ULHB	3,068	80	3,148	18	0	3,166
Abertawe Bro Morgannwg ULHB	5,304	184	5,488	25	5	5,518
Cwm Taf ULHB	3,542	96	3,638	20	0	3,658
Aneurin Bevan ULHB	5,420	180	5,600	20	1	5,621
Cardiff and Vale ULHB	5,528	199	5,727	33	0	5,760
Wales	28,880	881	29,761	133	18	29,912

Source: Maternity Indicators data set

Key quality information

Source

The source of the data presented in these statistics is the Maternity Indicators data set (MI ds) which was established by [Data Standards Change Notice \(DSCN\) 2016/02](#) and official letter WHC/2016/020 on 28th June 2016. This data set provides data from maternity units in Wales; data which has not been available from other sources.

Development of MI ds: As part of the development of “A Strategic Vision for Maternity Services in Wales” (published in 2011) a set of outcome indicators and performance measures were established by the Welsh Government to measure the effectiveness and quality of Welsh maternity services. In addition to these, Public Health Wales (PHW) developed a set of reproductive and early year’s surveillance indicators, which included measures relevant to pregnancy and the neonatal period. In July 2012 the Chief Executive of NHS Wales wrote to Welsh local health boards (LHBs) to set out requirements for them to demonstrate improvements in the care provided by their maternity services.

Existing data sets did not provide the information required to produce the various maternity indicators and measures. The two national data sets that relate to maternity services are:

The Admitted Patient Care data set (APCds) mother’s record and “maternity tail”:

- The requirements of the Maternity Indicator data set are not met by the data collected within the APCds – for example, the Maternity Indicators data set includes antenatal data and home births, as well as hospital delivery data.
- The APCds is predominantly populated from data captured in health board Patient Administration Systems (PAS), rather than the dedicated maternity IT systems used by Welsh HBs.

National Community Child Health Database (NCCHD):

- Records in the health board Child Health System databases (which are the source of NCCHD) are started at birth, whereas the requirements of the Maternity Indicator data set also relates to the antenatal period.

In light of the current lack of usable data on maternity services, a national programme of work was initiated to establish a baseline of the quality of data associated with NHS Wales maternity services, with a view to ensuring that LHBs could collect and store data of sufficiently high quality so as to enable the production of a consistent, reliable and valid set of performance reports in relation to the national indicators. A series of data quality reviews were undertaken collaboratively by Public Health Wales (PHW) and the NHS Wales Informatics Service; summary reports for each health board were prepared by PHW and NWIS and have been used in Welsh Government performance meetings with health boards.

Having established the data quality baseline, Welsh Government required the implementation of the Maternity Indicators data set (MI ds), which is sourced from HB maternity IT systems. This new data set replaces the existing flow of maternity data (the “maternity tail” found in the APCds).

The first sets of Maternity indicators have been published by Public Health Wales in the [Pregnancy and Childhood Surveillance Tool](#).

The Maternity Indicators data Set captures data relating to the woman at initial assessment and to mother and baby (or babies) for all births. This relates to initial assessment and birth activity undertaken in Wales only. Each health board makes available data in relation to the initial assessments and/or birth events which they managed. Where the initial assessment and birth events take place in different health boards, data will be linked nationally by the NHS Wales Informatics Service.

For the extract used for this statistical release NWIS have followed the methodology developed by Public Health Wales, joining delivery records to relevant antenatal records and deleting duplicated and inconsistent records and records without identifiers. There is work still to be done in establishing a standard process for the collection of the data and in the production of a finished database as well as defining data quality standards for the data set.

Coverage

Statistics in the release relate to NHS antenatal and delivery activity in maternity units in Wales.

Definitions

Specifications for the data items used in this release are listed below.

General data items

The data set includes a number of general data items identifying mother's demographic characteristics at both initial assessment/booking and at delivery together with the site where the care was delivered. Site code and organisation code are standard NHS Wales codes but note that the provider of the antenatal care may not be the same as the provider of delivery care.

Data items relating to the Initial assessment

Initial Assessment: This is the date on which a pregnant woman was first assessed by hospital staff and arrangements were made for antenatal care. This is not necessarily the occasion on which arrangements were made for delivery.

Date of Initial Assessment / Booking Visit: The date of the initial maternity assessment / booking visit where a full Health & Social Care Needs Assessment is undertaken and the antenatal sections of the maternity hand held record are completed.

Gestation Period at Initial Assessment / Booking Visit: The gestation period at initial assessment / booking visit, in completed weeks (rounded down).

Gravida: Gravida indicates the number of times the woman has been pregnant, regardless of whether these pregnancies were carried to term. A current pregnancy, if any, is included in this count.

Maternal Height at Initial Assessment / Booking Visit: The height of the woman (in cm) as measured at the Initial Assessment (Booking Visit), or within the 10-12 week gestation period (when not undertaken at Initial Assessment).

Maternal Weight at Initial Assessment / Booking Visit: The weight of the woman (in kg, to the nearest 100g), as measured at the Initial Assessment (Booking Visit), or within the 10-12 week gestation period (when not undertaken at Initial Assessment).

Smoker at Initial Assessment / Booking Visit: The smoking status of the woman at the time of the Initial Assessment / Booking Visit – i.e. is the woman a smoker? Wherever possible, this should be validated via Carbon Monoxide testing (i.e. CO-validated). Where not CO-validated, this should be the self-reported smoking status of the mother.

Existing Mental Health Condition: The woman reports that she has one of the following mental health conditions:

- Puerperal psychosis (severe postnatal depression)
- Bi-polar effective disorder/manic depression
- Psychosis
- Psychotic depression
- Schizophrenia
- Other.

Mental Health Care Plan: To establish whether the woman has had a Mental Health Care Plan put in place within 4 weeks following the initial assessment.

A Mental Health Care and Treatment plan will:

- a) Be developed by a care coordinator in consultation with the service users and mental health providers (although the plan may be developed without the input of the patient where the outcomes cannot be agreed between all parties);
- b) Record the outcomes that the provision of mental health services for the relevant patient are designed to achieve;
- c) List these outcomes, record the services and/or actions that are to be provided to achieve each outcome, including when they will be provided, and state who is responsible for providing the service as well as where it will take place;
- d) Be kept under review and updated to reflect any changes in the type of care and treatment which may be required by the service user over time.

Parity: The parity group of the mother. Parity is the number of times a woman has given birth to a live neonate (any gestation) or at 24 weeks or more, regardless of whether the child was viable or non-viable (i.e. still births). Includes:

Nulliparous – the mother has never previously given birth

Primiparous – the mother has previously given birth once only

Multiparous – the mother has previously given birth more than once.

Previous Caesarean Sections: The number of previous caesarean sections performed on the woman. A caesarean section is an operation to deliver a baby. It involves making a cut in the front wall of a woman's abdomen and womb. The operation can be a planned (elective) procedure – when a medical need for the operation becomes apparent during pregnancy or if it's requested by the mother in advance.

Data items relating to labour and delivery

Maternal Weight at 36-38 weeks or onset of labour: The weight of the woman (in kg, to the nearest 100g), as measured at 36-38 weeks, or at onset of labour. The aim is that the information relates to a point as late in the pregnancy as is practically possible.

Smoker at 36-38 weeks or onset of labour: The smoking status of the woman at 36-38 weeks, or onset of labour – i.e. is the woman a smoker?

Wherever possible, this should be validated via Carbon Monoxide testing (i.e. CO-validated).

Where not CO-validated, this should be the self-reported smoking status of the mother. The aim is that the information relates to a point as late in the pregnancy as is practically possible.

Mode of Onset of Labour: This is the method by which the process of labour began or delivery by a caesarean section occurred. Only those methods that are used to induce labour, such as surgical induction, medical induction or a combination of the two, should be recorded. Methods that are used to accelerate labour should not be recorded. Includes:

- Spontaneous; the onset of regular contractions whether or not preceded by spontaneous rupture of the membranes.
- Any caesarean section carried out before the onset of labour; or a planned elective caesarean section carried out immediately following the onset of labour, when the decision was made before labour.
- Surgical induction; by amniotomy
- Medical induction; including the administration of agents either orally, intravenously or intra vaginally with the intention of initiating labour.
- Combination of surgical induction and medical induction.

Augmentation in Labour: Whether medical or surgical augmentation of labour was undertaken in order to accelerate labour. The augmentation of labour is an intervention that is intended to increase the intensity of labour, usually when the caregiver feels the labour is not 'progressing', or is progressing too slowly. Augmentation of labour differs from induction, in that the labour has already started in some way, but is not progressing, has slowed or stopped. This can also include interventions to stimulate contractions after the waters have broken on their own (although some caregivers will refer to this as an induction). Augmenting the labour involves artificial stimulation of the contractions. This may be needed if the contractions have become weak, not coordinated (or irregular), far apart, not lasting long enough or have ceased for a period. If the labour needs augmenting, it means the contractions are not efficient enough to dilate the cervix.

Gestation at Onset of Labour: The gestation period at onset of labour, in completed weeks (rounded down). Gestation is the carrying of an embryo or foetus inside a woman. The time interval of a gestation is known as the gestation period.

Number of Foetus at Onset of Labour: The number of foetus at onset of labour.

Estimated Blood Loss: The estimated post-partum blood loss (measured in millilitres – ml)

Epidural Status: Epidural administered for pain relief. An Epidural is an injection of a local anaesthetic into the space outside the dura mater of the spinal cord in the lower back region to produce a loss of sensation especially in the abdomen or pelvic region.

Episiotomy: Did the woman have an episiotomy during childbirth?

Episiotomy is a surgical cut made at the opening of the vagina during childbirth, to aid a difficult delivery and prevent rupture of tissues.

Perineal Trauma: Did the woman experience a 3rd or 4th degree tear during childbirth? This can be recorded as 'not applicable', if for example the woman has had a caesarean section.

Foetal Lie at Onset of Labour: The lie of the foetus at onset of labour including transverse, oblique, longitudinal and other. A foetal lie of transverse is compatible with a foetal presentation of other or not known only. It must not be used if the presentation is cephalic or breech. Conversely, a foetal lie of oblique or longitudinal may only be used where the foetal presentation is cephalic, breech or other

Foetal Presentation at Onset of Labour: The presentation of the foetus at onset of labour including cephalic, breech, other – i.e. a transverse / other lie or not known. The reported presentation may be different for each baby born in a multiple birth.

Mode of Birth: The mode of birth of a baby. Note that this may be different for different foetuses in the same delivery. Includes: spontaneous vaginal birth, ventouse, forceps, elective caesarean section - caesarean section before, or at onset of labour, emergency caesarean section.

Outcome of Birth: An indicator of whether the birth was a live or a stillbirth (a birth on or after a gestation of 24 weeks (168 days) where the baby shows no identifiable signs of life at delivery).

Birth weight: The weight of the baby at birth, recorded in grams.

Time of Birth: This is the time of birth of the child.

Birth Order: The order of the birth where more than one birth resulted from pregnancy.

Apgar Score: The apgar score is a measure of the physical condition of a new-born baby. It is obtained by adding points (2, 1, or 0) for heart rate, respiratory effort, muscle tone, response to stimulation and skin coloration; a score of ten represents the best possible condition. The Maternity Indicators data set records the total Apgar score for a baby at 5 minutes after birth.

Breast Feeding: Did the Mother intend to breastfeed the baby at birth?

Healthy births: the percentage of births considered to be healthy births. Any of the following criteria exclude the birth from being considered as 'healthy':

- an onset of labour other than spontaneous
- augmentation in labour
- caesarean section, use of forceps or ventouse
- a gestational age of <37 weeks
- still birth
- epidural in labour
- 3rd or 4th degree perineal trauma or episiotomy
- a birth weight of <2500g or >4000g
- blood loss of >500ml
- Apgar score at 5 minutes <7.

Only complete records were included in the healthy births analysis i.e. each record must have valid entries to all the fields related to the above criteria to be included. Some unhealthy births are identifiable from incomplete records but they have not been included in the analysis as a healthy birth can only be identified where the record is complete.

Published Statistics on births in Wales

The Health, Social Services and Population Statistics unit of the Welsh Government currently publishes two main annual outputs on births and deliveries in Wales. These utilise different sources of data and are used in different circumstances:

Maternity Statistics, Wales: This release summarises deliveries occurring in Welsh hospitals together with the relevant antenatal experience, focusing on analysis in relation to the Welsh Government maternity indicators. The data source is the Maternity Indicators data set (MI ds). In 2017 (2015-16 data) this replaced the previous series of Maternity Statistics: Method of delivery releases which used hospital data as its source (PEDW).

Births in Wales: data from the National Community Child Health Database, 2007-2017: The current release summarises birth data items on the NCCHD including data which is not available for Wales from other sources such as births by gestation and breastfeeding. The release covers live births to Welsh residents but NCCHD can also provide counts of births in Welsh maternity units and these are included in a StatsWales table.

Registered births and infant mortality statistics are routinely produced by the Office for National Statistics and should be used as the main source of birth statistics for Wales.

Other published birth data for Wales includes the interactive tool Health Maps Wales published by NHS Wales Informatics Service (NWIS): [Health Maps Wales](#).

Data access, confidentiality and disclosure control

The extract supplied to Welsh Government by NWIS has been anonymised so that it contains no personal identifiable information.

Our statistics take into account our disclosure control guidance and follow ONS confidentiality guidelines for Health statistics available from: [ONS best-practice guidelines](#).

Revisions

MI ds is a live database and is refreshed monthly. If reports are run from subsequent versions of the database counts will differ from published figures. Historical data is not revised unless errors are discovered.

What are the potential uses of these statistics?

These statistics will be used in a variety of ways. Some examples of these are:

- advice to Ministers;
- to inform debate in the National Assembly for Wales and beyond;
- to make publicly available data on child health statistics in Wales;
- monitoring service delivery;
- policy development; and
- providing advice on birth choices.

Who are the key potential users of this data?

Ministers and the Members Research Service in the National Assembly for Wales;

- local health boards;
- research community;
- students, academics and universities;
- those concerned with child health, Individual citizens and private hospitals;
- NHS organisations; and
- voluntary birth organisations.

Relevance

The statistics provide an overview of maternity services in Wales and additional analysis of the Welsh Government Maternity Indicators.

In our statistical outputs we provide background to our statistics and information for users. We encourage users of the statistics to contact us to let us know how they use the data.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

Accuracy

The Maternity Indicators data set is newly established and data quality is mixed as yet. Welsh Government and NWIS are working with health boards to improve completeness and quality. In comparison with other sources of births and maternity data, overall counts and key statistics align reasonably well. There are however specific issues with a few of the data items where the data provided does not wholly align with the specification and others where specific health boards have difficulties providing the required data. Only a selection of the available data items has been included in this statistical release but as the data quality improves we hope to expand its scope and depth.

Completeness

Data completeness varies across data items such that some data items align with counts derived from other sources of data and have little missing data e.g. birth weight, mother's age but others are of variable quality and have more missing data e.g. mode of onset of labour and perineal trauma.

MI ds is a live database and is refreshed monthly. If reports are run from subsequent versions of the database counts will differ from published figures. Historical data is not revised unless errors are discovered. In the case of incorrect data being published, revisions would be made and users informed.

Timeliness and punctuality

In future it is planned that the Health, Social Services and Population Statistics unit of the Welsh Government will receive an extract of data from NWIS annually in the autumn for maternity activity occurring in the previous financial year. The MI ds is refreshed from data derived from local maternity systems every month.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming calendar](#) web pages. Furthermore, should the need arise to postpone an output this would follow our standard arrangements on [Revisions, errors and postponements](#).

We publish releases as soon as practical after the relevant time period.

Accessibility and clarity

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

It is hoped that in future more detailed data will be available on [StatsWales](#).

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release or via stats.healthinfo@gov.wales

Comparability and coherence

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements. Every year the data are all collected from the same source and adhere to the national standard; they will also be coherent within and across health organisations.

For England, NHS Digital publishes monthly [experimental data](#) from the Maternity services Data Set as well as data from the [Hospital Episodes Statistics](#) (HES) data warehouse.

The [ISD publishes information for Scotland on child health](#) and on [maternity & births](#).

Northern Ireland statistics on public health are available from the [Northern Ireland Public Health Agency](#) and demography statistics from the [Northern Ireland Statistics & Research Agency \(NISRA\)](#).

Experimental Statistics

This statistical release makes available data from the recently established Maternity Indicators data set. The data and analysis presented are badged as Experimental Statistics. This is to inform users of the data that the MI ds and its reported statistics are still in a developmental phase and may have issues pertaining to data quality. However both the analysis and data are still of value provided that users view them in the context of the data quality information provided. As the data set matures the coverage and the quality of the data being reported will improve enabling the data to become fit for a wider variety of beneficial uses.

These statistics are classed as ‘Experimental statistics’ which are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being

goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016 and this release includes data relating to one of the national indicators namely

- Percentage of live single births with a birth weight of under 2,500g.

Low birth weight is associated with health risks in an infant's first year of life. The indicator will be based on singleton births and will be calculated as the percentage of births that are less than 2,500 grams.

Numerator: Singleton live births with a birth weight less than 2500g.

Denominator: All singleton live births.

The usual source for this indicator is the National Community Child Health Database (NCCHD) and the indicator relates to births to Welsh residents rather than births occurring in Welsh maternity units.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

As a national indicator under the Act they must be referred to in the analyses of local well-being produced by public services boards when they are analysing the state of economic, social, environmental and cultural well-being in their areas.

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The document is available at: <http://gov.wales/statistics-and-research/maternity-statistics/?lang=en>

Next update

November 2019 (provisional). Note that data and analysis in this release might be combined with data and analysis from NCCHD to provide a single statistical release on maternity and child health.

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

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