

## Data Flows for Direct Commissioning

<12 Week Maternal Assessment, Breastfeeding Initiation, UNIFY Collections: Guidance

v1.4



## Activity Reporting Programme



# < 12 week Maternal Assessment & Breastfeeding Initiation & UNIFY Collections: Guidance & Frequently Asked Questions

This document aims to provide guidance and responses to a number of frequently asked questions relating to the < 12 week maternal assessment, breastfeeding initiation collections on UNIFY.

## Document control

### Document History

Version	Date	Amendment History
1.0	06/11/2013	First draft
1.1	12/12/2013	Quality Assured
1.2	06/01/2014	Amended for comments from National Breastfeeding Group
1.3	19/06/2014	Formatting and 6-8 definition amendments
1.4	28/09/2016	Removal of 6-8 week collection & contact details updates

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# **<12 Week Maternal Assessment, Breastfeeding Initiation UNIFY Guidance**

## **1 Introduction**

### **1.1.1 <12 Week Maternal Assessment**

All women should be encouraged to access maternity services for a full health and social care assessment of needs, risks and choices by 12 completed weeks of their pregnancy to give them the full benefit of personalised maternity care and improve outcomes and experience for mother and baby.

Reducing the percentage of women who access maternity services later in pregnancy through targeted outreach work for vulnerable and socially excluded groups will help to reduce the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.

### **1.1.2 Breastfeeding Initiation**

There is a clear case for continuing support into the postnatal period by investing in services to encourage breastfeeding as part of a local child health strategy. This is particularly important for young mothers and families on low incomes, as there is evidence that they are less likely to breastfeed.

Breast milk is the best form of nutrition for infants, and exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life. Thereafter, breastfeeding should continue for as long as the mother and baby wish, while gradually introducing the baby to a more varied diet.

In recent years, research has shown that infants who are not breastfed are more likely to have infections in the short-term such as gastroenteritis, respiratory and ear infections, and particularly infections requiring hospitalisation. In the longer term, evidence suggests that infants who are not breastfed are more likely to become obese in later childhood, which means they are more likely to develop type 2 diabetes, and tend to have slightly higher levels of blood pressure and blood cholesterol in adulthood. For mothers, breastfeeding is associated with a reduction in the risk of breast and ovarian cancers.

## **2 Maternal <12 Week Risk Assessment Definitions**

The following items of information are to be submitted:

**Number of women in the relevant GP population who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy**

**Number of women in the relevant GP population who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices at any time during pregnancy**

**Detailed definition:**

Pregnancy – Pregnancy is defined as all maternities regardless of outcome, excluding those where care is provided outside an NHS setting.

In the relevant GP population - This refers to the GP the woman is registered with. Where a woman is not registered with a GP, the woman's postcode of residence should be used to assign the mother to the relevant CCG.

Seen – This means completion of a full assessment. This may occur over multiple sessions but will be measured by the completion of the final session, not the initiation of the first.

Midwife – To qualify as a midwife in this definition the person must hold current registration with the nursing and midwifery council and being in active employment as a midwife with the NHS.

Maternity healthcare professional – This is a description which covers obstetricians and general practitioners with current registration with the General Medical Council and working for the NHS providing maternity services.

12 weeks and 6 days – this relates to the measured gestation of the pregnancy and is the cut-off point for measurement against the Indicator. The most valid approach is to use gestational age as calculated by ultrasound assessment, but it is recognised that the ultrasound calculation of gestation is not always available at the time of assessment of needs, risk and choices. The gestational age at completion of assessment may therefore be estimated from the date of completed assessment and the Estimated Date of Delivery (from clinical estimation/LMP or scan).

Health and Social Care assessment of needs, risks and choices is defined as an antenatal care “booking visit” where the hand held maternity record is completed. This must include:

- Information provided on the choice of type of antenatal care as in NHS Choice Framework 2013/14
- Antenatal information, checks and tests described in the NICE antenatal care guidance of March 2008 including:
  - vitamin D supplements
  - screening for risk factors of gestational diabetes
  - maternal height and weight; body mass index calculated
  - screening questions for depression and other mental disorders
  - offer of screening for anaemia
  - offer of early ultrasound scan for gestational age assessment
- Assessment of incidence of domestic abuse.

### 3 Breastfeeding Initiation Definitions

The following items of information are to be submitted:

**Number of maternities**

**Number of new mothers known to have initiated breastfeeding**

**Number of new mothers known not to have initiated breastfeeding**

Where

**Maternities are defined as:**

The number of maternities is defined as the number of women who give birth to one or more live or stillborn babies of at least 24 weeks gestation where the baby is delivered by either midwife or a doctor and the place of delivery is either at home or in an NHS hospital or birthing centre (including GP units). It excludes all maternities that occur in either psychiatric or private beds / hospitals. It counts the number of mothers (maternities), not the number of babies (deliveries)

**Number of new mothers known to have initiated breastfeeding are defined as:**

The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast or the baby is given any of the mothers breast milk.

**Number of new mothers known not to have initiated breastfeeding are defined as:**

The mother is defined as having not initiated breastfeeding if, within the first 48 hours of birth, she does not put the baby to the breast and the baby is not given

any of the mothers breast milk. Women whose breastfeeding initiation status is not known should not be included in this count.

The information required is whether a mother starts to breastfeed. As in the Infant Feeding Survey this means the baby has been breastfed even once or has been given a feed of expressed breast milk from the mother. Breastfeeding is deemed to have been initiated even if the mother later ceases to breastfeed or feed the baby expressed breast milk. This is not a definition of breastfeeding.

This definition of breastfeeding initiation provides an accurate benchmark if information about breastfeeding duration is to be collected at a later date. Maternity service providers are able to identify those mothers who change their feeding practices whilst in hospital. It has been suggested that hospital policies and practices can have an impact on the initiation and duration of breastfeeding. The emphasis, therefore, is for maternity service providers to look to how they can encourage and support all mothers and still improve breastfeeding initiation rates, particularly women among from disadvantaged groups.

#### **4 ~~6-8 weeks Breastfeeding Definitions~~**

~~The following items of information are to be submitted:~~

~~**Number of infants due a 6-8 week check during the quarter**  
**Number of infants recorded as being totally breastfed at 6-8 weeks**  
**Number of children recorded as being partially breastfed at 6-8 weeks**  
**Number of children being recorded as not at all breastfed at 6-8 weeks**~~

~~**The above breastfeeding categories are defined as follows:**~~

~~Totally breastfed is defined as infants who are exclusively receiving breast milk (this may be expressed breast milk) at 6 weeks of age – that is, they are NOT receiving formula milk, any other liquids or food.~~

~~Partially breastfed is defined as infants who are currently receiving breast milk (this may be expressed breast milk) at 6 weeks of age and who are also receiving formula milk or any other liquids or food.~~

~~Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6 weeks of age~~

~~**Where the number of infants due a 6-8 week check is defined as follows:**~~

~~All infants should be included in the infants due a check and have their breastfeeding status reported in quarter they were due to have their check whether they had their check early or late. Each infant should only be reported once.~~



~~The number of infants due a 6-8 week check during the quarter should be based on the number of infants due a check. This is based on the mother's/infants registration with a GP that submits data to that Child Record Department that provides a central return. To make sure infants are included in one and only one quarter's return, we suggest that the figures relate to infants born not more than eight weeks before the quarter start and born more than eight weeks before the quarter end. (Child Health Information Systems could use 6 or 7 week if they prefer but the number of weeks must be the same each quarter) The number of weeks MUST be 6, 7 or 8). It is true that some checks will take place before the quarter starts and some will take place after the quarter ends, but that is accepted.~~

~~Include:~~

~~Infants born who are not registered with a GP but are known to the Child Records Department (CHRD) whether they have a 6-8 week check or not.~~

~~Infants who moved into the area covered by CHRD before their 6-8 week check and who were born within the window specified above, even if they are not registered with a GP. These must be included in the denominator and the numerator. If information about the 6-8 week check is not available, the infant should be counted as "breastfeeding status not known".~~

~~Infants who are having their paediatric care privately even if they are not seen by a GP or Health Visitor.~~

~~Exclude:~~

~~Infants who were born within the window specified above and who moved out CHRD remit before their sixth week.~~

~~Infants who died before their 6-8 week check~~

~~In addition, breastfeeding status recorded at checks that take place before 4 weeks should not be used, as these are not 6-8 week checks but initial checks by health visitors as part of their handover from midwives. However, the infants should be included in the total for the number of checks due (denominator), if they meet the criteria specified above. If the breastfeeding status for these infants is not recorded at a later check, then the infants should be counted as "breastfeeding status not known".~~

~~If an infant has had their 6-8 week check before they moved onto the CHRD system their details should still be on the child health information system, but should be excluded from any analysis used to produce the UNIFY2 return otherwise they will be double counted.~~



## 5 GP based return

### 12 week maternal assessment & breastfeeding Initiation:

Data submitted for 12 week assessment and breastfeeding initiation should be based on the registered General Practice population. This is based on the mother's registration with a GP practice. When an assessment is performed on a mother who has is not registered with a GP, this should also be included where known in that maternity providers submission based on the CCG responsible population.

### 6-8 weeks:

~~Data submitted for 6-8 week breastfeeding should be based on registered General Practice population. This is based on the mother's/infant's registration with a GP practice. 6-8 week reviews performed on infants recently moved into an area typically covered by the Child Records Department but not yet registered with a GP should also be included where known in that Child Health Information System submission based on the CCG responsible population.~~

### CCG responsible population is defined as:

CCG has responsibility for all people who are:

provided with primary medical services by GP practices who are members of the CCG,

or who are usually resident in the area covered by the CCG and are not provided with primary medical services by a member of any CCG.

## 6 Premature babies

Infants born prematurely should be treated in the same way as term infants for this data collection and have infant feeding data recorded at initiation and 6-8 weeks after birth.

## 7 Breastfeeding and private patients

In the breastfeeding initiation guidance the number of maternities excludes all maternities that occur in either psychiatric or private beds / hospitals. ~~However the 6-8 week review guidance makes no such allowance for private patients.~~ So, to ensure the maternities benchmark matches the definition, we have excluded all patients born in Non-NHS Hospitals from the ONS trend data used for validating submitted data. To do this we subtracted 19.0% from each element of the CCG maternity trend.

## 8 Processing & validating data

### 8.1.1 Scaling up from a selection of infants

When completing your Unify2 return we do not expect you to scale/gross up the figures. The 'raw' numbers should be used in your submission, for example the number totally/partly/not at all breastfed, that is, the numbers whose breastfeeding status was actually recorded and collated.

### 8.1.2 Validating denominators

The denominators submitted should relate to the numbers of maternities or children based on the GP practice of registration. When we validate the submitted data NHS England will aggregate together all the GP practice data submitted to CCG level to check that the total figure submitted for the number of maternities or number of infants due a check is similar to the relevant CCG's figures for live births.

The Unify2 upload templates will **not** contain the validation criteria and benchmarking data to enable **denominators** to be validated prior to being uploaded to Unify2. Validation checks will be performed on all initial quarterly submissions and queries will be raised on an exception basis.

### 8.1.3 Validating Coverage

Validation criteria to ensure breastfeeding coverage will be included in the Unify2 upload template. Any queries over breastfeeding coverage will be highlighted in the template for correction. The number of infants receiving a breastfeeding assessment either at initiation or at their 6-8 weeks check must be 95% of the eligible number.

#### **Breastfeeding coverage is defined as:**

The percentage of maternities, for whom breastfeeding initiation status is recorded,

~~The percentage of infants due a 6-8 weeks check, for whom breastfeeding status is recorded.~~

### 8.1.4 Validating Practice Codes

In order that the template will upload the GP practice codes must match the list of GP practices included in NHS England's list. This list will be updated each quarter and will be available with the template. As a result there will be a new UNIFY template for each quarterly submission.

For providers with practices that are not on the list:

In Quarter:

Contact team (details below) to alert them of the list of practices that you believe are valid and missing from the NHS England list.

Aggregate the data for these practices and submit the data under the V81999 practice code in the separate box for unregistered patients.

This should be used where it is not possible to determine a PATIENT's registered GP Practice code, but it is known that they should have one, or where it is impossible to determine whether they should or shouldn't have a registered practice.

Providers are required to specify what CCG is responsible for the V81999 patients, where this is not known providers should include their lead commissioning CCG.

At Year End:

You will have the ability to resubmit all previous quarters' data; the GP match list will have been updated with all genuine GP practice codes that had been missing from previous versions of the list.

NHS England will routinely publish reports on the NHS England website where the conditional formatting identifies failures of the validation criteria. These criteria are listed in the reports.

## 9 Data Validation criteria

### 9.1.1 Maternity Check <12 weeks:

Number of pregnant women due a maternity check	>=	Number of pregnant women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy
Number of pregnant women due a maternity check	<	Maximum National Statistics (ONS) reported number of live births for the last year PLUS 20.0%
Number of pregnant women due a maternity check	>	Minimum National Statistics (ONS) reported number of live births for the last year MINUS 10.0%

### 9.1.2 Breastfeeding Initiation:

Number initiating Breastfeeding	+	Number not initiating Breastfeeding	<=	Number of Maternities
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Number of Maternities	<	Maximum Office of National Statistics (ONS) reported number of maternities for last year PLUS 20%		
Number of Maternities	>	Minimum Office of National Statistics (ONS) reported number of maternities for last year MINUS 10%		
Number initiating Breastfeeding	+	Number not initiating Breastfeeding	>	95% of Number of Maternities

### 9.1.3 ~~Breastfeeding 6-8 weeks:~~

<del>Number of infants due a 6-8 week check</del>	<del>&gt;=</del>	<del>Number of infants "totally" breastfed + Number of infants "partially" breastfed + Number of infants "not at all" breastfed</del>		
<del>Number of infants due a 6-8 week check</del>	<del>&lt;</del>	<del>Maximum National Statistics (ONS) reported number of live births for the last year PLUS 20.0%</del>		
<del>Number of infants due a 6-8 week check</del>	<del>&gt;</del>	<del>Minimum National Statistics (ONS) reported number of live births for the last year MINUS 10.0%</del>		
<del>Percentage of infants being breastfed at 6-8 week</del>	<del>&lt;</del>	<del>Percentage of mothers initiating breastfeeding</del>		

## 10 Revision Process

Collections will be reopened at the year end to allow providers to revise figures for previous quarter submissions. There is currently no facility to validate revisions or changes on a quarterly basis, and therefore email amendments to quarterly figures will not be actioned.

## 11 Equalities & Inequalities

Data on inequalities are not required as part of this return. If interested parties require analysis by gender, ethnicity, religion, age or any of the other inequalities indicators they should contact the information department of their local NHS England area team to find out if this information is held on their Child Health Information System.

## 12 Reporting to the NHS

At the end of each quarterly reporting period a report will be published showing:  
The percentage of women in the GP practice who have seen a midwife or a maternity healthcare professional, for health and social care assessment of

needs, risks and choices by 12 weeks and 6 days of pregnancy relative to the number of pregnant woman by CCG

The percentage of mothers initiating breastfeeding relative to the number of maternities by CCG

~~The percentage of mothers breastfeeding 6-8 weeks relative to the number of maternities by CCG.~~

This report will be available at the following web address:

<http://www.england.nhs.uk/statistics/category/statistics/>

## 13 Contacts

For queries relating to this collection please contact:

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