

Smoking status at time of delivery

Data Collections Team

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Data submission

Clinical Commissioning Groups (CCGs) are mandated to submit data on smoking status at time of delivery (SATOD) at quarterly intervals via the NHS Digital's Strategic Data Collection (SDCS) system.

The quarterly intervals used for submitting this data are based on the financial year. The submission deadlines for each quarter are shown below:

Quarter	Period	First Day	Working	No. of working days after launch date
1	1 April to 30 June	July		18 working days
2	1 July to 30 September	October		18 working days
3	1 October to 31 December	January		18 working days
4	1 January to 31 March	April		18 working days

The exact mechanism for collecting and sharing SATOD data is up to local decision makers to agree. However, it is recommended that the requirement for CCGs to collect and share this data is written into all relevant contractual agreements held with the CCG, and that processes at ward level support staff to routinely assess SATOD, and support efficient and accurate data recording. CCGs may also wish to establish quality assurance measures for validating the accuracy of recorded data.

Data items to be collected

The following data items should be submitted for each quarter in the financial year of the birth registration:

- Number of **maternities**
- Number of **women known to be smokers at the time of delivery**
- Number of **women known to be non-smokers at the time of delivery**
- Number of **women whose smoking status was not known at the time of delivery**

These are defined as follows:

- The **number of maternities** is defined as the number of pregnant women who give birth (during the quarter) to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in an NHS hospital (including GP units). This count should be the number of pregnant women, not the number of babies (deliveries), i.e. twins are counted as one maternity. It does not include maternities that occur in psychiatric hospitals or private beds / hospitals.

- **Women known to be smokers** at the time of delivery are defined as pregnant women who self-reported that they were smokers. This includes any cigarettes or tobacco at all, but excludes non-combustible nicotine products, such as e-cigarettes or other nicotine containing products. If a woman intends to give up smoking after the delivery, but was a smoker up until the delivery date they are included in this count.
- **Women known to be non-smokers** at the time of delivery are defined as pregnant women who self-reported that they were non-smokers (no cigarettes or tobacco at all). This count does not include women whose smoking status is not known (which is collected separately), or those who intend to give up smoking after delivery.
- **Women whose smoking status was not known** at the time of delivery are defined as those whose smoking status was not determined for whatever reason.

Commissioner based return

This is a CCG based return. CCGs should submit all maternities where the baby is delivered by either a midwife or doctor at home or in an NHS hospital (including GP units) commissioned by that CCG.

It is required to submit data for all maternities.

Validation

For the return each CCG is required to submit four figures at the end of each quarter:

- Number of maternities
- Number of women known to be smokers at the time of delivery
- Number of women known to be non-smokers at the time of delivery
- Number of women whose smoking status was not known at the time of delivery

All four numbers must be submitted as integers. The following validation will be undertaken by SDCS system on each quarter's submission:

Number of women known to be smokers at the time of delivery +

Number of women known to be non-smokers at the time of delivery +

Number of women whose smoking status was not known at the time of delivery =

Number of maternities

The SDCS will not accept a submission that fails this validation. In this situation the CCG will be prompted to amend and re-submit their data until their submission passes this validation.

A second set of validations will also be undertaken by SDCS. These validations are breachable. The current data return will be validated against the following criteria:

- number of maternities is +/-15% of an average of the previous 4 quarters
- number of women known to be smokers at the time of delivery is +/-15% of an average of the previous 4 quarters
- number of women known to be non-smokers at the time of delivery is +/-15% of an average of the previous 4 quarters

- number of women whose smoking status was not known is above or equal to 5% of number of maternities entered this quarter

If the above validation criteria are not met, a breach message will appear on submission. The data will either need to be amended, or confirmed as correct by selecting a breach reason from the drop down menu and providing, further information in the 'Comments' box. Please ensure any breach reasons give a full explanation of why the data is not within the tolerance. If we do not feel the breach reason provides a satisfactory explanation, we may contact you for further details.

Please be aware that NHS Digital publish the breach reasons. Therefore only submit reasons you are prepared to put into the public domain and take care not to identify any individuals.

This data is presented in table 5 of the SATOD publication in order to maximise the usefulness of the data whilst also encouraging improvements in data quality by highlighting any areas that may have issues.

CCGs should aim to keep the percentage of maternities where smoking status is 'not known' to below 5%.

Managing Data Quality

From 1 April 2017 the definition of the indicator for the proportion of women smoking at the time of delivery has changed to exclude those maternities with an unknown smoking status from the denominator. This will have minimal impact for CCGs with good data quality (i.e. few unknowns) but will have a much larger impact for CCGs with a lot of unknowns who will see their indicator value increase quite noticeably.

NHS Digital will monitor the data quality of your SATOD data and will be escalating any CCGs with poor data quality to the NHS Digital Data Quality Assurance Steering Group which contains representation from NHS England. The terms of reference can be found [here](#).

We will escalate CCGs who have had more than 10% of maternities with an unknown smoking status in the last three quarters. We will look to tighten these criteria as data quality improves with an aim of having all CCGs with less than 5% unknowns each quarter.

Revisions

During the quarter 4 submission period, there will be an opportunity to re-submit data for previous quarters within that financial year. So at that time a CCG will submit it's quarter 4 data, but also be able to re-submit quarter 1, 2 or 3 data. If a CCG wishes to make revisions, they must first e-mail a request to data.collectons@nhs.net in order that they can re-open that quarter(s) for revision. Please see the SDCS guidance document on the SATOD collection page for further details (<http://content.digital.nhs.uk/datacollections/ssatod>).

Publications

At the end of each quarterly reporting period the report *Statistics on women's smoking status at time of delivery: England* will be published. The main focus on these reports is on the proportion of women smoking at the time of delivery. This indicator will change for 2017-18 to exclude the number of women whose smoking status is unknown from the calculation. NHS Digital will now only publish data using the new definition for Q1 2017/18 onwards.

Specifically the formula will now become:

Proportion of women who are smokers =

$$\frac{\text{Number of women who are smokers}}{\text{Number of women who are smokers} + \text{Number of women who are non-smokers}} \times 100 \%$$

The reports are available from the following link:

[Statistics on Women's Smoking Status at Time of Delivery](#)

Past publications are available from the following link:

[DH past publications](#)

Frequently Asked Questions

[We have a number of residents who choose to give birth at another hospital in their area of residency. Would the Smoking at Time of Delivery be recorded at the chosen hospital or would this be added to the allocated CCG nearest to the women's postcode?](#)

As SATOD is a CCG based collection, a prospective mother will be assigned to a CCG based on the postcode of their GP. This is because a large hospital might serve several CCG's and also to capture the recording of home births.

[If a provider collates the information for a CCG is it necessary to ascertain the SATOD result for all maternities even if it is only a single maternity at a trust or is it only required above a certain proportion of total maternities or if they are within the locality?](#)

It is required to submit data for all maternities. The exact mechanism for collecting and sharing SATOD data is up to local decision makers to agree. However, it is recommended that the requirement for CCGs to collect and share this data is written into all relevant contractual agreements held with the CCG, and that processes at ward level support staff to routinely assess SATOD, and support efficient and accurate data recording.

Contact Us

For queries relating to the content and definitions for this collection:

Contact Centre

Email: enquiries@nhsdigital.nhs.uk

For queries on the technical aspects of the form, including submission:

Data Collections Team

Email: data.collections@nhs.net