

# nshd\_46\_tms - The Maternity Services Study

The Maternity Services Study

## Collection Events

1946

### Collection Organization

#### Mode of Collection

Face-to-face paper and pencil interviewing.

#### Mode of Collection

Collecting and assembling data from multiple, often heterogeneous sources that have one or more reference points in common, and at least one of the sources was originally produced for other purposes.

## The Maternity Services Study

## s\_intro\_i

MATERNITY SURVEY

### Conditions

nshd\_46\_tms

## s\_intro\_ii

ROYAL COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS AND THE POPULATION INVESTIGATION COMMITTEE

### Conditions

nshd\_46\_tms

## s\_intro\_iii

69, ECCLESTON SQUARE, LONDON, S.W.1

### Conditions

nshd\_46\_tms

 s\_intro\_iv

Ring with a soft pencil the code number opposite the mother's answer.

**Conditions**

nshd\_46\_tms

 qi\_i - i

i

Mother's name

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

 qi\_ii - ii

ii

Address

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

 qi\_ii\_a - ii a

ii a

If she has transferred since delivery to another M. and C.W Authority, what is her present address?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

 qi\_1 - 1

1

If mother not interviewed because she refused, was ill, etc., give reasons

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

 s\_detailsofthisbirth

(To be filled in by Health Visitor, if possible, before interview.)

**Conditions**

nshd\_46\_tms

Details of this Birth.

 qi\_2\_a - 2 a

2 a

Date of baby's birth

**Type**

Date/Time (Date)

**Label**

Generic date

**Conditions**

nshd\_46\_tms

Details of this Birth.

 qi\_2\_b - 2 b

2 b

Date of birth of last baby (whether alive or dead) preceding this one.

**Type**

Date/Time (Date)

**Label**

Generic date

	o NO OLDER CHILD
--	------------------

**Conditions**

nshd\_46\_tms

Details of this Birth.

 qi\_3 - 3

3

Result (If baby died, at what age did he die?) DIED AGED ... DAYS

	1 BABY LIVING
	2 STILL-BORN

**Label**

Age in days

**Start Value**

o

**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

Details of this Birth.

 qi\_4 - 4

4

Sex.

1	MALE
2	FEMALE
3	TWINS (BOTH MALE)
4	TWINS (BOTH FEMALE)
5	TWINS (DIFFERENT SEX)

**Conditions**

nshd\_46\_tms

Details of this Birth.

 qi\_5 - 5

5

Legitimate or illegitimate.

1	LEGITIMATE
2	ILLEGITIMATE

**Conditions**

nshd\_46\_tms

Details of this Birth.

 qi\_6 - 6

6

Mother's age ... YEARS ... MONTHS

**Label**

Age

**Start Value**

0

**Low**

0 (inclusive)

**Label**

Age in months

**Start Value**

o

**Low**

o (inclusive)

**High**

11 (inclusive)

**Conditions**

nshd\_46\_tms

The Mother and her work.

 qi\_7 - 7

7

Mother's age at (first) marriage ... YEARS ... MONTHS

**Label**

Age

**Start Value**

o

**Low**

o (inclusive)

**Label**

Age in months

**Start Value**

o

**Low**

o (inclusive)

**High**

11 (inclusive)

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_5 == 1

 s\_q7

Ask all mothers.

**Conditions**

nshd\_46\_tms

The Mother and her work.

 qi\_8 - 8

8

What was the last school or other place of education you attended?

<input type="radio"/>	1 ELEMENTARY
<input type="radio"/>	2 PRIVATE, SECONDARY OR PUBLIC
<input type="radio"/>	3 TECHNICAL OR OTHER COLLEGE
<input type="radio"/>	4 UNIVERSITY
<input type="radio"/>	OTHER, NAMELY
<input checked="" type="radio"/>	X NO ANSWER

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Mother and her work.

 qi\_9\_a - 9 a

9 a

Were you working when you started this baby?

<input type="radio"/>	1 YES
<input type="radio"/>	2 NO
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

The Mother and her work.

 qi\_9\_b - 9 b

9 b

was it a whole or a part-time job?

<input type="radio"/>	1 WHOLE TIME
<input type="radio"/>	2 PART-TIME
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

 qi\_10 - 10

10

What was your occupation at the time you started this baby?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

 qi\_11 - 11

11

How many weeks before baby came did you stop working? ... WEEKS

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)




YY	DOESN'T KNOW
XX	NO ANSWER

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

 qi\_12\_a - 12 a

12 a

Were you given leave of absence from work because this baby was coming?

1	YES
2	NO
X	NO ANSWER

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

 qi\_12\_b - 12 b

12 b

was it with full pay, part pay, or no pay at all?

1	FULL PAY
2	PART PAY
3	UNPAID
X	NO ANSWER

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

qc\_12\_a == 1

 qi\_13 - 13

13

how many weeks in all were you given? ... WEEKS

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)

XX	NO ANSWER
----	-----------

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

qc\_12\_a == 1

 qi\_14 - 14

14

Do you intend to return to work?

1	YES
2	NO
Y	UNCERTAIN
X	NO ANSWER

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

 qi\_15 - 15

15

In how many months after the birth of your baby do you intend to return to work? ... MONTHS

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)

<input type="radio"/>	YY UNCERTAIN
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

The Mother and her work.

qc\_9\_a == 1

qc\_14 == 1

 s\_motherschildren\_i

(Include this baby - exclude miscarriages and adopted or step-children.)

**Conditions**

nshd\_46\_tms

This Mother's Children.


 s\_motherschildren\_ii

Ask all mothers.

**Conditions**

nshd\_46\_tms

This Mother's Children.

 qi\_16\_i - 16 i

16 i

Number of children born to this mother who are still alive and under five years old?

**Label**

How many

**Start Value**

0


**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

This Mother's Children.

 qi\_16\_ii - 16 ii

16 ii

Number of children born to this mother who are still alive and five years or older?

**Label**

How many

**Start Value**

o


**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

This Mother's Children.

 qi\_16\_iii - 16 iii

16 iii

Number of children born alive to this mother who have since died?

**Label**

How many

**Start Value**

o

**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

This Mother's Children.

 qi\_16\_iv - 16 iv

16 iv

Number of children still-born to this mother?

**Label**

How many

**Start Value**

0


**Low**

0 (inclusive)

**Conditions**

nshd\_46\_tms

This Mother's Children.

 qi\_16\_v - 16 v

16 v

Total number of children (alive and dead) born to this mother?

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)

**Conditions**

nshd\_46\_tms

This Mother's Children.

 qi\_17 - 17

17

Baby's weight at birth? (If twins, give weight of each separately. Please check weight from records.) ...  
POUNDS ... OUNCES

**Label**

lbs

**Start Value**

0

**Low**

0 (inclusive)

**High**

13 (inclusive)

**Label**

Ozs

**Start Value**

0

**Low**

0 (inclusive)

**High**

15 (inclusive)

YY	UNCERTAIN
XX	NO ANSWER

**Conditions**

nshd\_46\_tms

The Care of this Baby

 qi\_18 - 18

i8

How are you feeding baby?

1	BREAST ONLY
2	BREAST AND BOTTLE
3	BOTTLE ONLY
X	NO ANSWER

**Conditions**

nshd\_46\_tms

The Care of this Baby

 qi\_19 - 19

19

How old was this baby when you started bottle feeding? ... DAYS

**Label**

Age in days

**Start Value**

0

**Low**

0 (inclusive)

YY	UNCERTAIN
XX	NO ANSWER

**Conditions**

nshd\_46\_tms

The Care of this Baby

qc\_18 == 2 || qc\_18 == 3

 qj\_20 - 20

20

Why are you wholly or partly bottle feeding him?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Care of this Baby

qc\_18 == 2 || qc\_18 == 3


 s\_antenatalcare

Ask all mothers.

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

 qj\_21 - 21

21

Who gave you ante-natal care and advice?

o	NOBODY AT ALL
1	HOSPITAL ANTE-NATAL CLINIC

2	OTHER ANTE-NATAL CLINIC
3	MUNICIPAL MIDWIFE AT HER OR MOTHER'S HOME
4	PRIVATE MIDWIFE
5	DOCTOR BY ARRANGEMENT WITH LOCAL AUTHORITY
6	OWN PRIVATE DOCTOR
7	OBSTETRIC SPECIALIST
	OTHER
X	NO ANSWER

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

 qi\_22 - 22

22

How many weeks before baby was born did you first go to a doctor, midwife, or clinic? ... WEEKS

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)

YY	UNCERTAIN
XX	NO ANSWER

**Conditions**

nshd\_46\_tms

Ante-Natal Care.



 qi\_23\_a - 23 a

23 a

Have you had any difficulties in the care of yourself and your baby which you feel could have been avoided if you had been able to have more ante-natal advice.

<input type="radio"/>	1 YES
<input type="radio"/>	2 NO
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

 qi\_23\_b - 23 b

23 b

give details (Write in exactly what the mother says)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

qc\_23\_a == 1

 qi\_24\_i - 24 i

24 i

How many times did you attend for ante-natal care or advice:- During the first seven months of pregnancy?

**Label**

How many

**Start Value**

0

**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

 qi\_24\_ii - 24 ii

24 ii

How many times did you attend for ante-natal care or advice:- During the last two months of pregnancy?

**Label**

How many

**Start Value**

o

**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

 qi\_24\_iii - 24 iii

24 iii

How many times did you attend for ante-natal care or advice:- Total number of attendances during pregnancy?

**Label**

How many

**Start Value**

o

**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

 qi\_25 - 25

25

What were your reasons for not attending an ante-natal clinic? (Write in exactly what the mother says.)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

Ante-Natal Care.

qc\_24\_iii == 'o'

 s\_theconfinement

Ask all mothers.

**Conditions**

nshd\_46\_tms

The Confinement.

 qi\_26 - 26

26

Where was this baby born?

1	DOMICILIARY. OWN HOME
2	DOMICILIARY. OTHER HOME
3	INSTITUTIONAL. MUNICIPAL MATERNITY HOME
4	INSTITUTIONAL. EMERGENCY MATERNITY HOME
5	INSTITUTIONAL. HOSPITAL (PUBLIC WARD)
6	INSTITUTIONAL. HOSPITAL (PRIVATE WARD)

7	INSTITUTIONAL. HOSPITAL (EMERGENCY CASE)
8	INSTITUTIONAL. PRIVATE NURSING HOME
	OTHER, NAMELY
X	NO ANSWER

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.

 qi\_27 - 27

27

Why did you have your baby there? (Write in exactly what the mother says)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.

 qi\_28\_a - 28 a

28 a

If you have another baby would you like to have him in the same place as this one?

1	YES
2	NO
3	DOESN'T WANT ANOTHER BABY

<input type="checkbox"/>	Y UNCERTAIN
<input checked="" type="checkbox"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

The Confinement.

 qi\_28\_b - 28 b

28 b

where would you like to have him?

<input type="checkbox"/>	1 OWN HOME
<input type="checkbox"/>	2 OTHER HOME
<input type="checkbox"/>	3 HOSPITAL
<input type="checkbox"/>	4 PRIVATE NURSING HOME
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	Y UNCERTAIN
<input checked="" type="checkbox"/>	X NO ANSWER

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.

qc\_28\_a == 2

 qi\_29 - 29

29

How long before baby was born did you book your bed? ... WEEKS

**Label**

How many

**Start Value**

0

**Low**

o (inclusive)

YY	UNCERTAIN
XX	NO ANSWER

**Conditions**

nshd\_46\_tms

The Confinement.

qc\_26\_b &gt; 2 &amp;&amp; qc\_26\_b &lt; 9

 qi\_30 - 30

30

How many days before the baby was born were you admitted? ... DAYS

**Label**

How many

**Start Value**

o

**Low**

o (inclusive)


YY	UNCERTAIN
XX	NO ANSWER

**Conditions**

nshd\_46\_tms

The Confinement.

qc\_26\_b &gt; 2 &amp;&amp; qc\_26\_b &lt; 9

 qi\_31 - 31

31

Why were you admitted more than three days before baby was born?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.

qc\_26\_b > 2 && qc\_26\_b < 9

qc\_30 > '3 days'



Ask all mothers.

**Conditions**

nshd\_46\_tms

The Confinement.



32

Who was in charge of your confinement?

<input type="checkbox"/>	1 OBSTETRIC SPECIALIST
<input type="checkbox"/>	2 HOSPITAL DOCTOR (NOT SPECIALIST)
<input type="checkbox"/>	3 OWN DOCTOR BY PREVIOUS ARRANGEMENT
<input type="checkbox"/>	4 DOCTOR CALLED IN FOR EMERGENCY
<input type="checkbox"/>	5 MUNICIPAL MIDWIFE
<input type="checkbox"/>	6 PRIVATE MIDWIFE
<input type="checkbox"/>	OTHER PERSON, NAMELY
<input checked="" type="checkbox"/>	X NO ANSWER

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.

 qi\_33 - 33

33

Who actually delivered you baby?

<input type="radio"/>	0 BORN BEFORE ATTENDANT ARRIVED
<input type="radio"/>	1 OBSTETRIC SPECIALIST
<input type="radio"/>	2 HOSPITAL DOCTOR (NOT SPECIALIST)
<input type="radio"/>	3 OWN DOCTOR BY PREVIOUS ARRANGEMENT
<input type="radio"/>	4 DOCTOR CALLED IN FOR EMERGENCY
<input type="radio"/>	5 MEDICAL STUDENT
<input type="radio"/>	6 MUNICIPAL MIDWIFE
<input type="radio"/>	7 PRIVATE MIDWIFE
<input type="radio"/>	8 PUPIL MIDWIFE
<input type="radio"/>	OTHER PERSON, NAMELY
<input type="radio"/>	Y DOESN'T KNOW
<input type="radio"/>	X NO ANSWER

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.

 qi\_34\_a - 34 a

34 a

Were you given anything during childbirth to relieve the pain?

<input type="radio"/>	1 YES
<input type="radio"/>	2 NO
<input type="radio"/>	Y DOESN'T KNOW
<input type="radio"/>	X NO ANSWER



**Conditions**

nshd\_46\_tms

The Confinement.

 qi\_34\_b - 34 b

34 b

was anything offered to you?

<input type="checkbox"/>	1 YES
<input type="checkbox"/>	2 NO
<input type="checkbox"/>	Y DOESN'T KNOW
<input type="checkbox"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

The Confinement.

qc\_34\_a == 2

 qi\_35 - 35

35

What were you given or offered? (Health Visitors please check if possible.)

<input type="checkbox"/>	1 GAS AND AIR
<input type="checkbox"/>	2 CHLOROFORM
<input type="checkbox"/>	3 GAS AND AIR, AND CHLOROFORM
<input type="checkbox"/>	OTHER, NAMELY
<input type="checkbox"/>	Y DOESN'T KNOW
<input type="checkbox"/>	X NO ANSWER

**Type**

Text

**Label**

Other

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.

qc\_34\_a == 1 || qc\_34\_b == 1



Ask all mothers.

**Conditions**

nshd\_46\_tms

The Confinement.



36

Do you think that anything more could have been done to make your delivery or confinement more satisfactory? If so, give details. (Write in exactly what the mother says)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

The Confinement.



37

How many days after baby was born were you able to get up and dress? ... DAYS

99	NOT UP YET
XX	NO ANSWER

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)

**Conditions**

nshd\_46\_tms

Getting Up, etc.

 qi\_38 - 38

38

How many days after baby was born did you leave the hospital or nursing home? ... DAYS

99	NOT LEFT YET
XX	NO ANSWER

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)

**Conditions**

nshd\_46\_tms

Getting Up, etc.

qc\_26\_b &gt; 2 &amp;&amp; qc\_26\_b &lt; 9

 s\_q38

Ask all mothers.

**Conditions**

nshd\_46\_tms

Getting Up, etc.

 qi\_39 - 39

39

How many days after baby was born did you start doing a full day's work in the house again? ... DAYS

99	NOT STARTED YET
XX	NO ANSWER

**Label**

How many

**Start Value**

o

**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

Getting Up, etc.

 qi\_40\_a - 40 a

40 a

Have you been examined by a doctor since your baby was born?

<input type="radio"/>	1 YES
<input type="radio"/>	2 NO
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

Getting Up, etc.

 qi\_40\_b - 40 b

40 b

have you made arrangements to be examined?

<input type="radio"/>	1 YES
<input type="radio"/>	2 NO
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

Getting Up, etc.

qc\_40\_a == 2

 qi\_41\_a - 41 a

41 a


Are you taking your baby to a baby clinic?

<input type="radio"/>	1 YES
<input type="radio"/>	2 NO
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

Getting Up, etc.

 qi\_41\_b - 41 b

41 b

have you made arrangements to take him to one?

<input type="radio"/>	1 YES
<input type="radio"/>	2 NO
<input checked="" type="radio"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

Getting Up, etc.

qc\_41\_a == 2

 qi\_42 - 42

42

What are your reasons for not intending to take baby to a baby clinic? (Write in exactly what the mother says)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

Getting Up, etc.

qc\_41\_a == 2 && qc\_41\_b == 2

 s\_houseandthosewholive

Ask all mothers.

**Conditions**

nshd\_46\_tms

The House and those who live in it.

 qi\_43 - 43

43

How many bedrooms and living rooms (excluding kitchen and scullery) are there in the part of this dwelling occupied by your household (including relations and lodgers living with you)?

**Label**

How many

**Start Value**

0

**Low**

0 (inclusive)

**Conditions**

nshd\_46\_tms

The House and those who live in it.

 qg\_44 - 44

44

How many people are there living with you in these rooms?

**Code List Dimension**

1	THIS MOTHER, FATHER, AND THEIR CHILDREN?
2	RELATIONS AND FRIENDS?
3	LODGERS AND DOMESTICS?
4	TOTAL IN HOUSEHOLD?

**Code List Dimension**

1	Number
---	--------

**Label**

How many

**Start Value**

o

**Low**

o (inclusive)

**Conditions**

nshd\_46\_tms

The House and those who live in it.



s\_occupationoffather\_i

(If husband is temporarily in the Forces, retired, unemployed or dead, these answers should refer to his previous occupation. All these questions relate only to mother's present husband.)

**Conditions**

nshd\_46\_tms

Occupation of Father



qi\_45\_a - 45 a

45 a

What does your husband do?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

Occupation of Father



qi\_45\_b - 45 b

45 b

In what trade or industry does he work?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

Occupation of Father

 qi\_45\_c - 45 c

45 c

Is he:-

<input type="checkbox"/>	1 AN EMPLOYER OF TEN OR MORE PEOPLE
<input type="checkbox"/>	2 WORKING FOR HIMSELF OR EMPLOYING LESS THAN TEN PEOPLE
<input type="checkbox"/>	3 EMPLOYED AND EARNING A MONTHLY SALARY
<input type="checkbox"/>	4 EMPLOYED AND EARNING A WEEKLY OR OTHER WAGE
<input checked="" type="checkbox"/>	X NO ANSWER

**Conditions**

nshd\_46\_tms

Occupation of Father

 qi\_45\_d - 45 d

45 d

If your husband is not an employer, or working for himself, what is his employer's business?

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

**Conditions**

nshd\_46\_tms

Occupation of Father



 qi\_iii - iii

iii

Date of interview

**Type**

Date/Time (Date)

**Label**

Generic date

**Conditions**

nshd\_46\_tms

 qi\_iv - iv

iv

Time taken for interview ... minutes

**Type**

Date/Time (Duration)

**Label**

Minutes

**Format**

PTnnM

**Conditions**

nshd\_46\_tms