

Birth Activists Briefing: The latest UK Maternity Statistics: where to find them and what they can tell you

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In this article we will summarise some of the key points of data about the maternity services that have been published in recent months, and discuss some of the findings. We hope this provides some useful background for birth activists and birth supporters, but encourage you to also dig into the data yourselves, including that for your local services.

National statistics are published for England, Wales and Scotland. They vary in which measures they include. Unfortunately no such data is currently published for Northern Ireland.

NHS Maternity Statistics for England

NHS Maternity Statistics - NHS England Digital

This is the annual summary that covers maternity activity in NHS hospitals in England. The latest report, published in December 2024, includes births in the twelve months ending March 2024.

The report draws on two different sources: the Hospital Episode Statistics (HES) database that contains records of all admissions to NHS hospitals in England, and the Maternity Services Data Set (MSDS). The MSDS collects more comprehensive data about each stage of the maternity service care pathway in NHS-funded maternity services, and includes some important measures not recorded in HES. With both these data sets there can be cases where data is missing or things have been misrecorded so there can be discrepancies between the two.

As well as the summary of key points published on the main webpage, there are links to a number of tables that give more detailed statistics and sometimes historical data.

The <u>Summary Report tables</u> use data from both the HES and MSDS. They show some historical trends in the national data from 2013-14 to 2023-24, such as the changes in the proportion of labours that are induced, as well as a number of interesting breakdowns, such as the mode of birth by mother's age in 2023-24.

The <u>HES NHS Maternity Statistics tables</u> contains only data from HES but includes some useful further analysis such as the figures for type of birth by method of onset, and method of birth by ethnic group, age

of mother and level of social deprivation.

The <u>HES Provider level analysis</u> presents the data at commissioning region and provider (i.e. NHS Trust) level for a selection of measures including method of onset, method of birth and place of birth.

However, you may find it easier to look for your local data in the <u>interactive dashboard</u> that allows you to see a wide range of figures at national, commissioning region or Trust level. This dashboard has been made somewhat easier to use this year though you still have to search through drop-down menus to find the measure and area you are interested in, and the different measures are not presented in a very logical order. The pages of most interest are numbers 2 (MSDS data) and 3 (HES data). Here you can find:

- Maternal characteristics such as the breakdown within an area of ages at booking, ethnic categories, levels of social deprivation, smoking status and presence of 'complex social factors'.
- Features of pregnancy and birth such as lengths of gestation at birth, methods of onset, methods of birth and places of birth.
- Measures relating to babies' health and wellbeing such as Apgar scores, birth weights (for term babies), the type of first feed each baby had (e.g. breast or formula), and how many had immediate skin-to-skin.

Many Trusts also publish monthly infographics showing data from the dashboard. Check your Trust's website or ask your local MNVP.

Key points from the national data for England

The number of births to all age groups has fallen since 2013-14, but much more so for those under 30.

Overall the percentage of labours that started spontaneously has fallen from 62% in 2013-14 to 42% in 2023-24 - so only two in five women are going into labour unaided.

The induction rate has risen from 25% in 2013-14 to 33% in 2023-24, but appears to have levelled off over the last few years. (Note that this is the average figure for England. Some Trusts have much higher, but others lower induction rates.)

The percentage of pre-labour caesareans has been increasing since 2013-14, but rose more sharply over the last two years. Overall it has almost doubled from 13% in 2013-14 to 25% in 2023-24.

Although overall the most common type of birth was a spontaneous vaginal birth, only 46% of mothers experienced this. Those aged between 30 and 39 were equally likely to have a spontaneous vaginal or a caesarean birth (45% each), and of those aged 40 or over, 58% had a caesarean birth.

A particularly interesting table is one that shows the breakdown of methods of birth for different types

of onset. According to this, over two thirds of births with a spontaneous onset resulted in a spontaneous vaginal birth, 14% an instrumental birth and 14% an unplanned caesarean. For labours that were induced the spontaneous birth rate was only 56% and the caesarean rate 27% - almost double the rate for spontaneous labours.

Maternity and birth statistics for Wales: 2023

Maternity and birth statistics: 2023 - gov.wales

The latest report for Wales was published in July 2024 and covers the calendar year 2023. It includes figures from the Maternity Indicators dataset (MIDS) and the National Community Child Health Database [NCCHD], as well as birth registration data from the Office for National Statistics. The MIDS combines a child's birth record with their mother's initial assessment record (where possible).

The report gives figures for each NHS Board (where available) and for Wales as a whole. It includes links to various individual data tables that are located on the StatsWales websitehere.

The report includes some indicators that are not included in the English data, such as the percentage of women who self-reported mental health issues at their first antenatal appointment or had a BMI over 30.

Many trends are very similar to those for England. For example the number of live births has fallen to its lowest level since 1929 and the trend over the last ten years for a decreasing proportion of births being to women under 30 has continued.

Overall the percentage of labours that started spontaneously has fallen from 54% in 2016 to only 45% in 2023 and the induction rate has risen from 31% to 35% over the same period. The rate of pre-labour caesareans is up from 15% to 20%.

The proportion of spontaneous vaginal births has been decreasing, but remains higher than for England, at 54%. 37% were caesarean births, which is the highest it has ever been. In 2016 the figure was 26%.

Births in Scotland: 2024

Births in Scotland Year ending 31 March 2024 - Public Health Scotland

This report, for the twelve months ending March 2024, was published in November 2024. The data in it mostly comes from the rather unfortunately named "<u>Scottish Morbidity Record 02</u>". These are the records submitted by maternity hospitals to Public Health Scotland whenever a woman is discharged after maternity care.

The webpage includes a summary, a full report, and links to a number of data files that give figures for the whole of Scotland and each NHS Board. These include maternities, live births, BMI, diabetes, induction (but not spontaneous onset or pre-labour caesareans), method of birth, gestation at birth, birthweight and admissions to neonatal care.

Again the trends are very similar to the other countries, with a continuing decline in births and increase in average maternal age, with around a quarter of births being to women aged 35 years or older.

The percentage of labours that were induced has been increasing since around 2008/09 and has now reached 36% of live singleton births. However, the rate of increase has slowed in the last few years. It's interesting to note that induction rates vary widely between Boards, being almost 43% in NHS Forth Valley but only 29% in NHS Grampian.

Caesarean births have risen over the last twenty years and more steeply since 2013/14, now accounting for 42% of live singleton babies. Both planned (elective) and unplanned (emergency) caesarean rates have been increasing and now account for 20.1% and 21.7% of live singleton births respectively.