Llywodraeth Cymru
Welsh Government

STATISTICS

Maternity and birth statistics: 2020

Statistics from antenatal, birth, and child health records including smoking during pregnancy, breastfeeding and birthweights for children born in Wales in 2020.

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The purpose of this release is to provide a statistical overview of maternity and births in Wales with analyses of mothers' characteristics. The data and analyses are used to inform **Welsh's Government's maternity policy development**.

The official source for the number of births in Wales is published by the **Office for National Statistics** (ONS), which counts birth registrations. However, this release focusses on statistics for births using data sourced from Maternity Indicators dataset (MI ds) and the National Community Child Health Database

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(NCCHD), which allow for more detailed analysis than the ONS data.

The Maternity Indicators dataset combines a child's birth record with their mother's initial assessment record (where possible). All statistics produced from this source are **experimental statistics**. Where statistics are sourced from this dataset in this release, the completeness of data items are highlighted.

The National Community Child Health Database consists of anonymised records for all children born, resident or treated in Wales and born after 1987. The database combines data from local Community Child Health System databases which are held by local health boards, and statistics based on this source are official statistics.

Main points

- At least three quarters of women (76%) received their initial antennal assessment before the end of their 10th week of pregnancy.
- Over a quarter (27%) of mothers reported that they had a mental health condition at their initial assessment, with a higher percentage of younger mothers reporting a mental health condition than older mothers.
- Over a quarter (29%) of mothers were obese (recorded as having a BMI of 30 or more) at their initial assessment and this varied greatly between health boards, with the rate in Cwm Taf Morgannwg more than double the rate in Powys.
- Around one in six (17%) mothers were recorded as smokers at their initial assessment. The rate was much higher in younger mothers where a third (33%) of women aged under 20 smoked, while only just over a tenth (12%) of women aged over 35 smoked.
- Also, around one in six mothers (17%) were recorded as being smokers at the time they gave birth. Of the mothers who were smoking at initial assessment, 18% were recorded as not being a smoker at birth.
- Half (50%) of all labours began spontaneously, while a further third (34%) were induced. Induction rates were highest in Betsi Cadwaladr and Cardiff and Vale.
- More than 6 out of 10 births (61%) arrived spontaneously, with nearly 3 out

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of 10 (29%) arriving via caesarean section. There were a slightly higher number of emergency caesarean sections than elective caesarean and across Wales, with some small variation across health boards.

- The recent downward trend (since 2010) in the number of live births in Wales has continued; the number of live births has decreased every year since 2010.
- The percentage of births to younger mothers (under 20) remained at the lowest on record (4%) and has fallen every year since 2004.
- 3% of births occurred at home, a slight increase since last year. The percentage of home births was highest in Powys and Hywel Dda.
- Just over half (52%) of births occurred within one week either side of the typical expected due date (gestational age of 39 to 40 weeks); while 1 in 12 births arrived with a gestational age of 36 weeks or less and 1 in 25 births arrived where gestational age was 42 weeks or more.
- 6.1% of singleton births had low birthweight (less than 2.5kg) and there was little difference between ethnic groups.
- Three-fifths (59%) of babies born in multiple births (twins and triplets) weighed less than 2.5kg.
- Low birthweights are closely linked to gestational age; the percentage of low birthweight babies decreased as gestational age increased.
- Low birthweight babies were more common for mothers aged under 24, or aged 40 or over; and babies with low gestational age were more common for the youngest mothers and mothers aged 35 or older.
- The percentage of healthy births (meeting all ten criteria under the Welsh Government clinical definition) remained unchanged from the previous year.
- Breastfeeding rates are at a record high, at all points at which data is collected.
- More than 6 out of 10 mothers intended to breastfeed (64%) and actually breastfed at birth (63%). Just over half of mothers breastfed at 10 days (52%) and just over a third at 6 weeks (37%). Breastfeeding at 6 months is affected by low data coverage but the rate also improved and in 2020, 1 in 4 mothers fed their babies any breastmilk at this age.
- Older mothers (aged 30 and above) had higher breastfeeding rates than younger mothers; mothers who gave birth at home had higher breastfeeding rates than those with hospital births; and first-time mothers were more likely to intend to breastfeed than mothers who had previously given birth.

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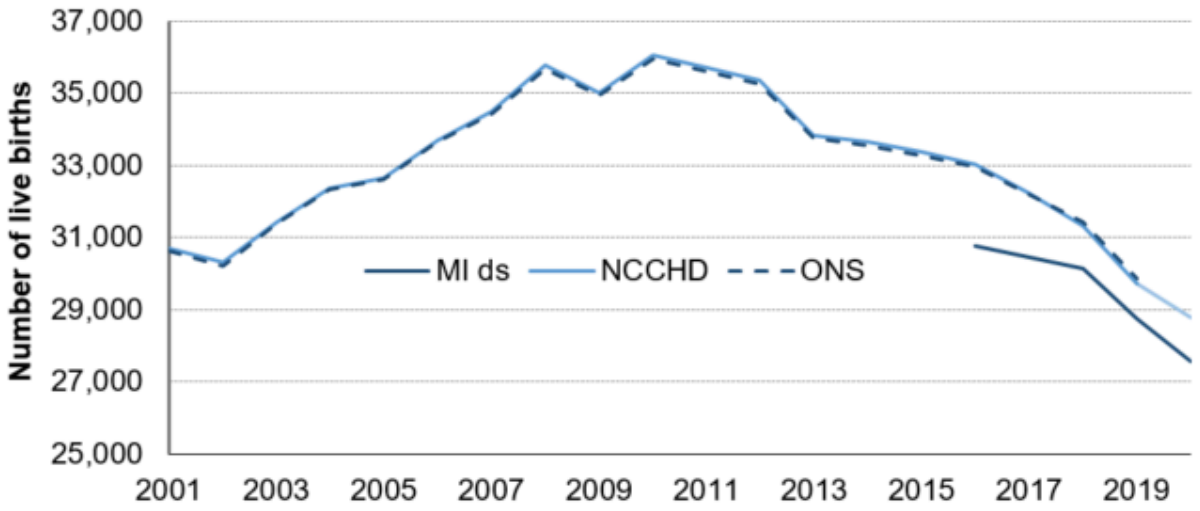
Context

Chart 1 shows how the number of births in Wales compares across the main data sources. Data from the National Community Child Health Database (NCCHD) has very good coverage and completeness, with the number of births closely aligning to birth **registration statistics** by ONS. Maternity Indicators dataset (MI ds) was established in 2016 and the number of births differs from the other two sources primarily because it does not include births to Welsh residents in English hospitals.

Chart 1: Live births in Wales, by data source, 2001 to 2020



Source: Maternity Indicators dataset (MI ds), National Community Child Health Database (NCCHD), Office for National Statistics (ONS)

Note that at the time of publication, the latest available ONS births data is from 2019, but data is available for 2020 in both the Maternity Indicators dataset and National Community Child Health Database.

Data on the number of antenatal records, deliveries, live births, stillbirths and total births by local health board are provided in Table 1; data on births by Welsh and non-Welsh resident mothers are in Table 2; and data on deliveries and births by maternity unit are in Table 3.

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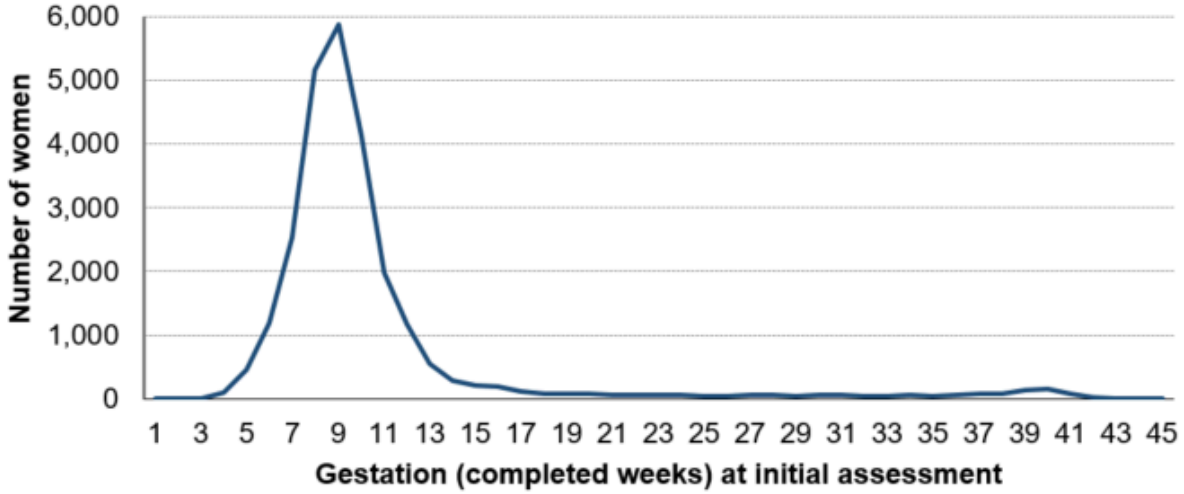
Antenatal care

Data presented in this section refers to the 26,352 initial assessment records (or pregnancies) included in the Maternity Indicators dataset in 2020.

Initial assessments by gestational age

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. It is an aim that all pregnant women should have their initial assessment by the 10th completed week of gestation.

Chart 2: Number of women having their initial assessment by week of gestation, 2020 (a)



Source: Maternity Indicators dataset
(a) Excludes 722 records where the gestation at initial assessment was not recorded.

In 2020, at least 76% of women who had an initial assessment ('booked in') with maternity services had received it by the 10th completed week of pregnancy or earlier. This is 4 percentage points higher than in 2019.

Note that some women may have had their first initial assessment before the

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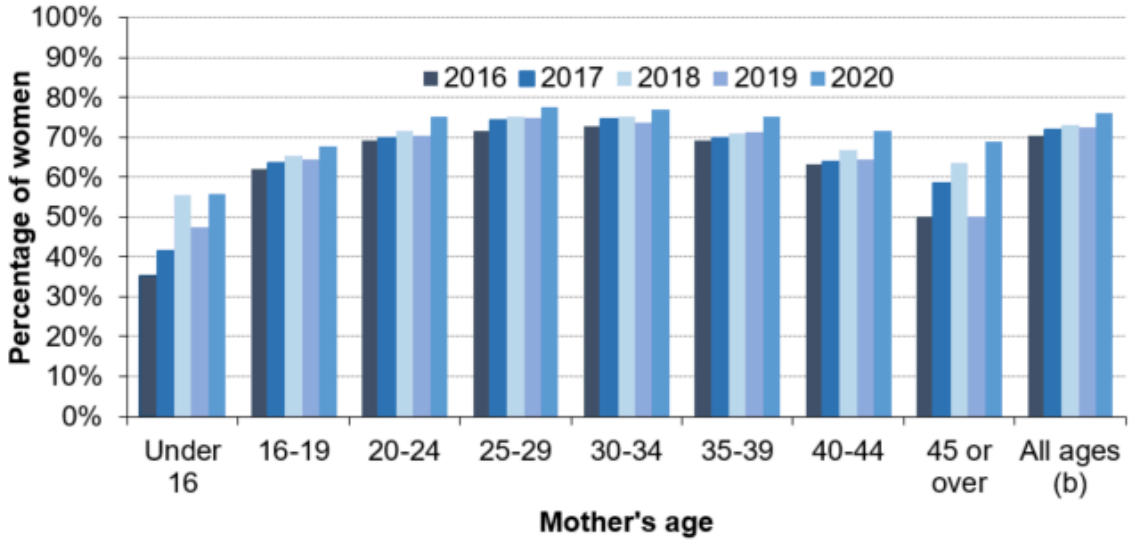
date that has been recorded in the Maternity Indicators dataset. This is because the merging methodology for the initial assessment and birth record is based on when these occur in the same health board. It is possible that a mother could have an initial assessment in one health board, early in the pregnancy, but then if she gives birth in another health board for any reason (for example, unexpected complications, or present in a different health board area at the time) she will have another initial assessment recorded at the second health board where she gives birth. This may explain the small peak around 39 and 40 weeks in Chart 2.

Table 4: Percentage of women who had an initial assessment carried out by 10 completed weeks of pregnancy, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

Chart 3: Percentage of women who had an initial assessment by 10 completed weeks of pregnancy, by age of mother, 2016 to 2020 (a)



Source: Maternity Indicators dataset
(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 (includes gestation stated as 0 weeks): 1,703 in 2016, 709 in 2017, 652 in 2018, 721 in 2019, 722 in 2020.
(b) 'All ages' includes records where mother's age was not stated.

The percentage of women who had received an initial assessment with maternity services by the end of the 10th completed week of pregnancy varied

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across age groups from a little over half of the under 16 age group (56%) to a little over three-quarters of mothers in their late 20s and early 30s (78% for mothers aged 25 to 29 and 77% for mothers aged 30 to 34).

The proportion increased between 2019 and 2020 in all age groups. Note as there are few mothers aged under 16 and 45 or over, there may be large year-to-year changes due to natural volatility. Considering age groups where more than 100 births occurred, the largest percentage point increase was seen in the 40 to 44 age group (from 65% to 71%).

Table 4: Percentage of women who had an initial assessment carried out by 10 completed weeks of pregnancy, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

Mental health

At the initial assessment, mothers are asked to complete a questionnaire where they can self-report any mental health conditions they suffer from. The conditions listed on the questionnaire are:

- puerperal psychosis (severe postnatal depression)
- bi-polar effective disorder/manic depression
- psychosis; psychotic depression
- schizophrenia
- other

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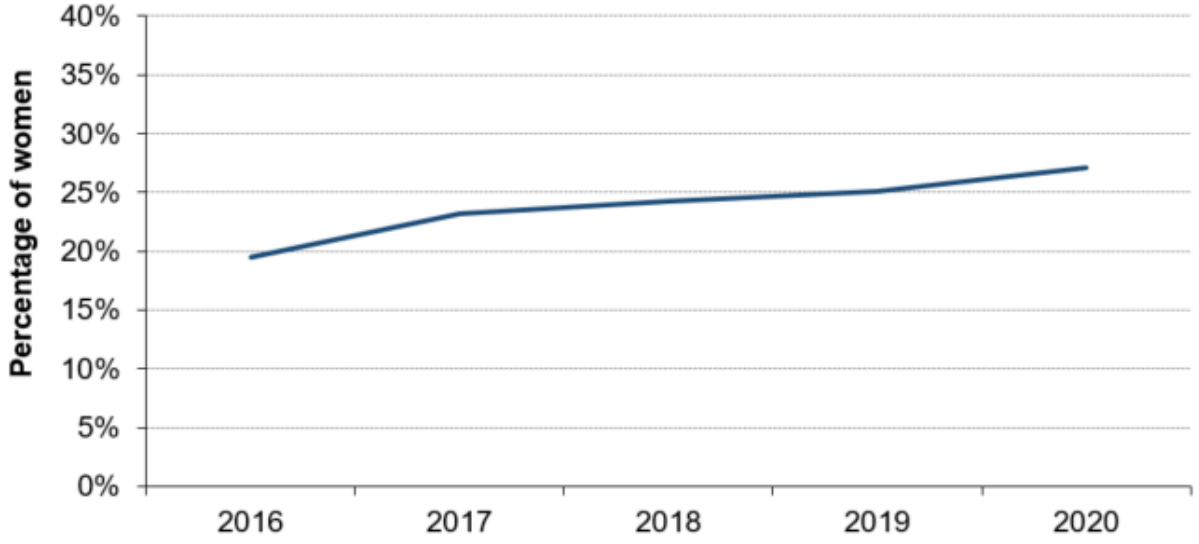
Chart 4: Percentage (a) of women who had reported a mental health condition (b) at initial assessment, Wales (c), 2016 to 2020



Source: Maternity Indicators dataset

(a) The percentages for each indicator are of the total records less records with a 'not stated' value: records with no stated mental health status: 3,463 in 2016, 1,244 in 2017, 968 in 2018, 687 in 2019, 793 in 2020.

(b) Conditions include: puerperal psychosis (severe postnatal depression); bi-polar effective disorder/manic depression; psychosis; psychotic depression; schizophrenia; and other.

(c) Wales percentage excludes data from Betsi Cadwaladr and Cwm Taf/Cwm Taf Morgannwg because of their low reliability for all four years. While 99% of records had valid data entered in both health boards, the large majority were recorded as having no mental health condition which is unlikely to reflect the actual position in these health boards.

Over a quarter (27%) of mothers reported a mental health condition at their initial assessment. This is 2 percentage points higher than the previous year and 8 percentage points higher than in 2016 (first year of comparable data).

Note that while more than 90% of records had valid data for this data item, across most health boards, in most years, there are some data quality issues. Only 56% of records for Cardiff and Vale had valid data in 2016 and 88% in Hywel Dda between 2016 and 2018 and in 2020. Data recorded in Betsi Cadwaladr and Cwm Taf Morgannwg appears to have been recorded on a different basis to other health boards and data for these health boards are excluded from the Wales total figures.

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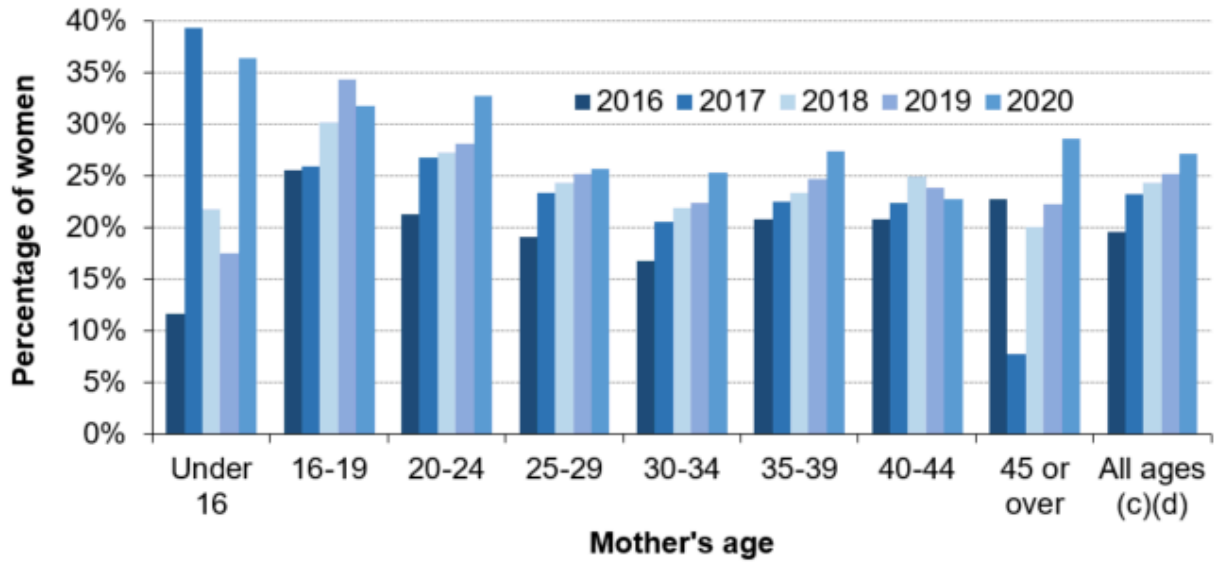
Table 5: Percentage of women at initial assessment who had reported a mental health condition, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

Chart 5: Percentage (a) of women who had reported a mental health condition (b) at initial assessment, by age of mother, Wales (c)(d), 2016 to 2020



Source: Maternity Indicators dataset

(a) The percentages for each indicator are of the total records less records with a 'not stated' value: records with no stated mental health status: 3,463 in 2016, 1,244 in 2017, 968 in 2018, 687 in 2019, 793 in 2020.

(b) Conditions include: puerperal psychosis (severe postnatal depression); bi-polar effective disorder/manic depression; psychosis; psychotic depression; schizophrenia; and other.

(c) 'Wales' and 'All ages' percentage excludes data from Betsi Cadwaladr and Cwm Taf/Cwm Taf Morgannwg because of their low reliability for all four years. While 99% of records had valid data entered in both health boards, the large majority were recorded as having no mental health condition which is unlikely to reflect the actual position in these health boards.

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

The proportion of women who reported a mental health condition at their initial assessment varied between age groups. Considering only age groups where more than 100 births occurred, younger mothers (aged 16 to 24) had the highest rate of mental health conditions being recorded; while mothers aged 40 to 44 had the lowest rate. Note as there are few mothers aged under 16 and 45 or

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over, there may be large year-to-year changes due to natural volatility.

For most age groups, the proportion of women who reported a mental health condition increased slightly between 2019 and 2020, with the largest increase in mothers aged 20 to 24 (28% to 33%).

Table 5: Percentage of women at initial assessment who had reported a mental health condition, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

Obesity

At the initial assessment, mothers have their height and weight measured and their Body Mass Index (BMI) is calculated. A person with a BMI of 30 or greater is considered obese, and obesity increases the risk of many health complications.

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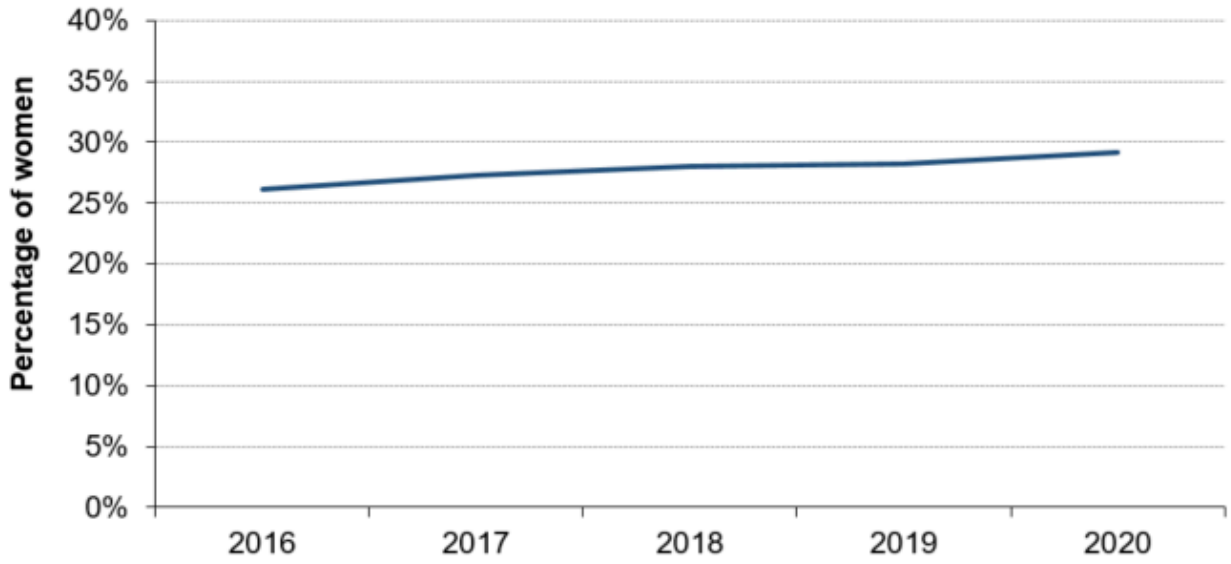
Chart 6: Percentage (a) of women who had a BMI of 30+ at initial assessment (b), 2016 to 2020



Source: Maternity Indicators dataset

(a) The percentages for each indicator are of the total records less records with a 'not stated' value:

- records with no stated BMI (includes BMI values of less than 10 or greater than 100): 1,773 in 2016, 1,078 in 2017, 949 in 2018, 1,159 in 2019, 728 in 2020.
- records where weight was below 30kg and above 250kg and/or where height was under 120cm or above 200cm were classed as 'not stated'

(b) This only includes women who had their initial assessment at 14 completed weeks of pregnancy or earlier. This is to reduce unfair comparisons where the BMI calculation is affected by baby growth where the initial assessment happened after 15 weeks. Between 11-15% of all pregnancies have been excluded for this reason each year.

Just under a third (29%) of mothers had a BMI of 30 or greater at their initial assessment. This is 1 percentage point higher than the previous year and 3 percentage points higher than in 2016 (first year of comparable data).

Note that more than 90% of records had valid data for both height and weight data items, across all health boards, in most years. The exceptions are: Cwm Taf in 2016 (77%) and in 2019 (88%); and Betsi Cadwaladr in 2019 (89%).

Data for BMI is calculated based on heights and weights of the mother; however note that records where weight was below 30kg and above 250kg and/or where height was under 120cm or above 200cm have been excluded from the analysis,

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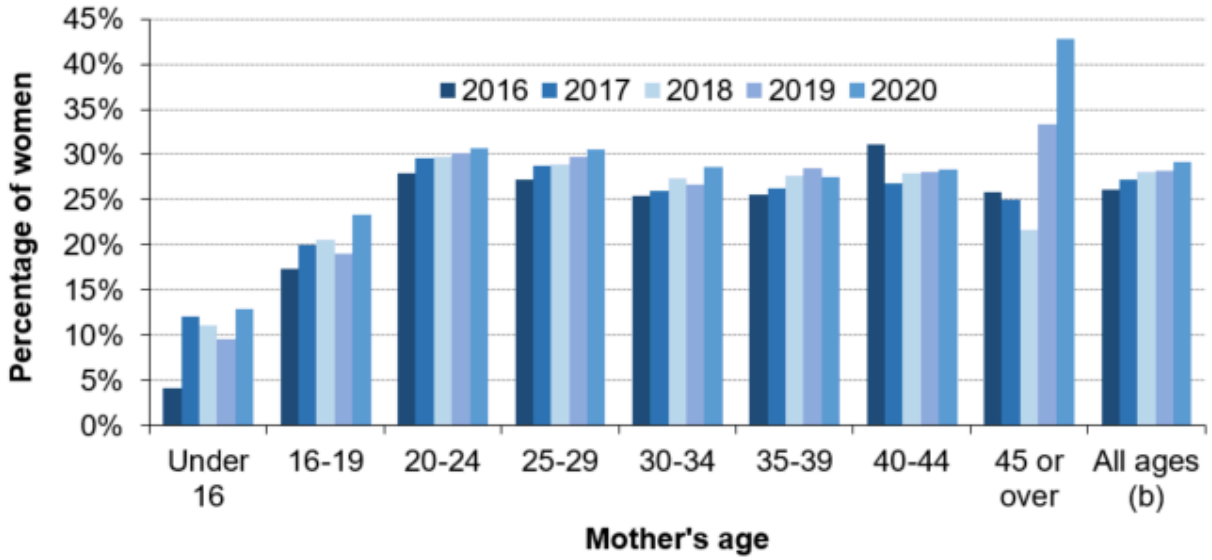
as measurements outside of these thresholds are unlikely to be have been recorded accurately. Also this analysis only includes mothers whose initial assessment was completed at 14 completed weeks of pregnancy or earlier. This filter is applied as weight measurements for mothers who have initial assessments in the later stages of pregnancy will be affected by the growth of the baby.

Table 6: Percentage of women at initial assessment who had a BMI 30+, by Health Board providing the service and age of mother, 2016 to 2020 (MS Excel)

Chart 7: Percentage (a) of women who had a BMI of 30+ at initial assessment, by age of mother (b), 2016 to 2020



Source: Maternity Indicators dataset
(a) The percentages for each indicator are of the total records less records with a 'not stated' value:
- records with no stated BMI (includes BMI values of less than 10 or greater than 100): 1,773 in 2016, 1,078 in 2017, 949 in 2018, 1,159 in 2019, 728 in 2020.
(b) 'All ages' includes records where mother's age was not stated.

The percentage of mothers with a BMI of 30 or more did not vary widely between most age groups; all age groups between 20 and 44 had rates between 28% and 31%. The youngest mothers aged 19 or less had the lowest percentage of BMI 30 or more, but had the largest percentage point increase

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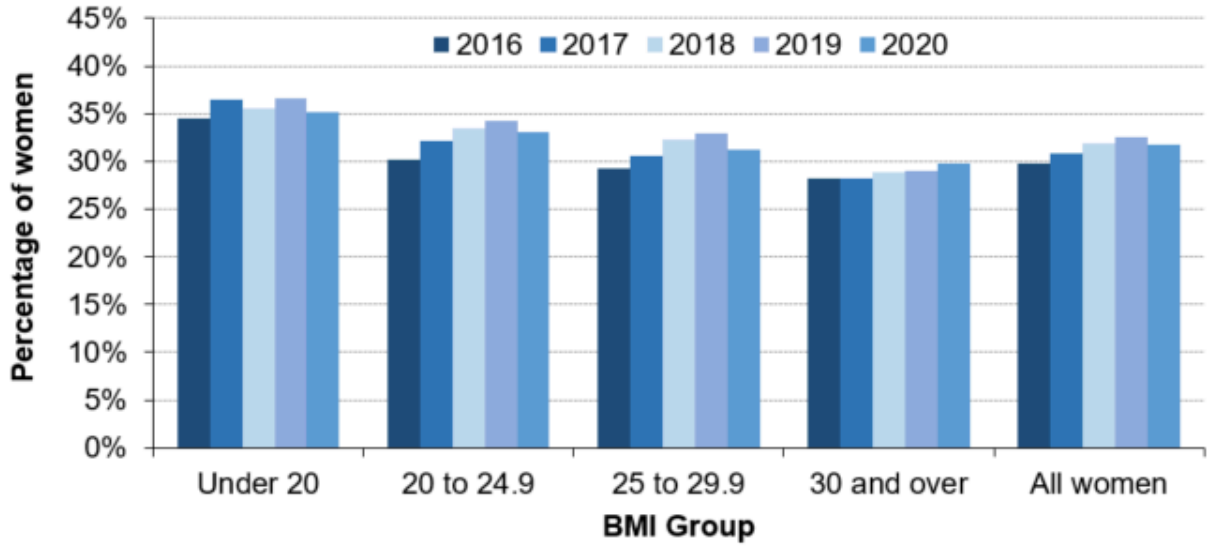
since the previous year.

There were generally very small changes since the previous year across all other age groups where there were 100 or more births. However, most age groups have an upward trend since 2016.

Note as there are few mothers aged under 16 and 45 or over, there may be large year-to-year changes due to natural volatility.

Chart 8: Percentage (a) of women who gained the recommended amount of weight between their initial assessment (b) and birth, by BMI group (c) at initial assessment, 2016 to 2020



Source: Maternity Indicators dataset
(a) The percentages are of the total records less records with a 'not stated' value:
- records with no stated weight (includes weight values of below 30kg or above 250kg).
(b) This only includes women who had their initial assessment at 14 completed weeks of pregnancy or earlier. This is to reduce unfair comparisons where the BMI calculation is affected by baby growth where the initial assessment happened after 15 weeks. Between 11-15% of all pregnancies have been excluded for this reason each year. Births at all gestations are included.
(c) All BMI groups includes women whose BMI was unknown at initial assessment. 217 mothers had unknown BMI in 2020.

The Institute of Medicine (IOM) guidelines recommends a total weight gain of

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between 6.8 to 11.3 kg for overweight women (those with a BMI of 25 to 29.9).

32% of women gained the recommended amount of weight between initial assessment and birth in 2020. This was 1 percentage point lower than the previous year but 2 percentage points higher than in 2016 (first year data was available).

The percentage of women who gained no more than the recommended amount of weight during pregnancy was lower for women who had high BMIs at the start of their pregnancy, than women in healthy BMI groups.

Smoking at initial assessment and birth

During the initial assessment and at birth, women are either asked to self-report if they are a smoker or they are tested with a carbon monoxide (CO) monitor.

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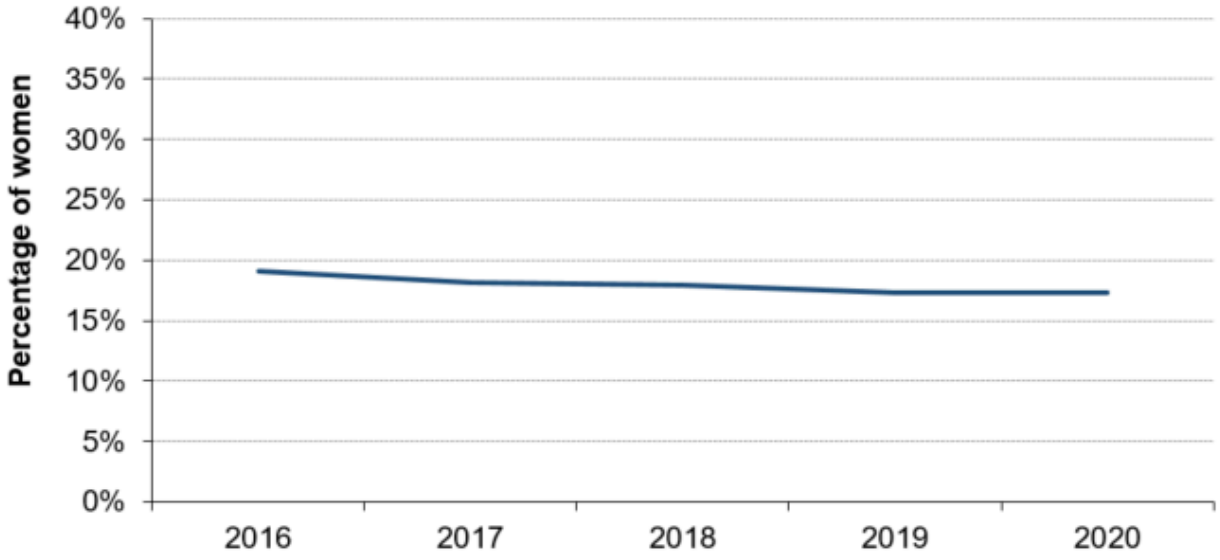
Chart 9: Percentage (a) of women who were recorded as smokers at initial assessment (b), 2016 to 2020



Source: Maternity Indicators dataset
(a) The percentages for each indicator are of the total records less records with a 'not stated' value:
- records with no stated smoking status: 997 in 2016, 1,037 in 2017, 924 in 2018, 549 in 2019, 849 in 2020.
(b) Includes both those self-reporting that they are smokers and those confirmed by CO monitoring.

In 2020, 17% of women were recorded as smokers at their initial assessment. This is the same as the previous year and 2 percentage points lower than in 2016 (first year of comparable data).

Note that more than 90% of records had valid data for the smoking status at initial assessment data item, across all health boards, in all years. However, statistics on smoking at initial assessment and birth are limited by the way in which the data is collected. If CO monitoring is not available, data reliability is dependent on the mother self-reporting accurate information. E-Cigarette use should not be recorded in this data item and would not be detected by a CO monitor; however in practice some mothers may self-report as a smoker if they use e-cigarettes and be incorrectly recorded as a smoker. Likewise some mothers who do smoke may self-report as a non-smoker and be incorrectly recorded as a non-smoker.

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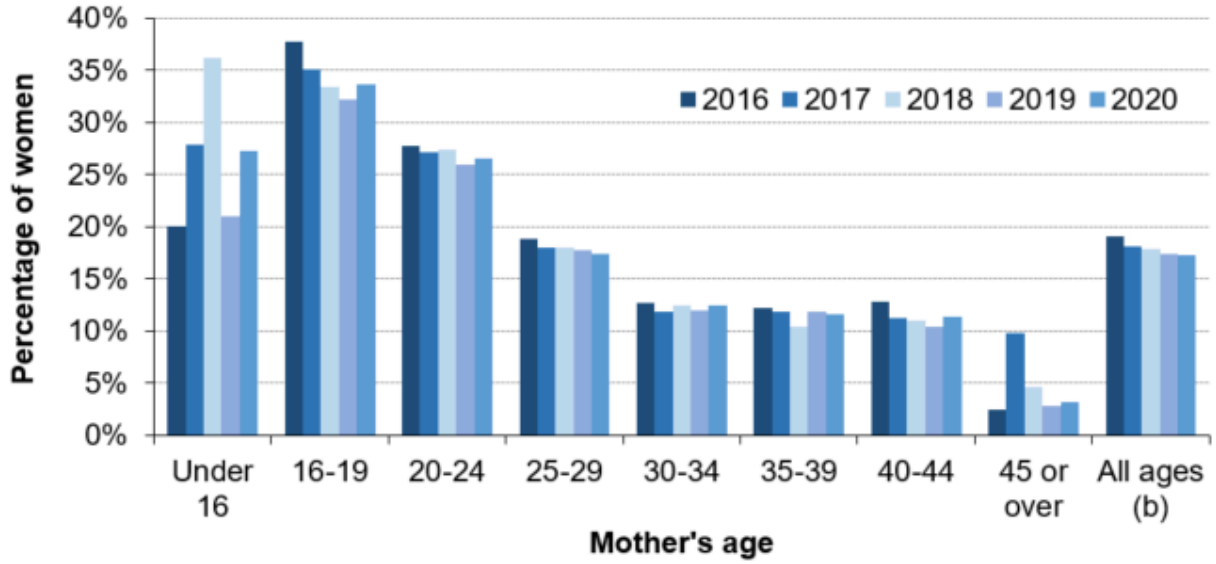
Table 7: Percentage of women who were recorded as smoking at initial assessment and at birth, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

Chart 10: Percentage (a) of women who were recorded as smokers at initial assessment, by age of mother (at initial assessment) (b), 2016 to 2020



Source: Maternity Indicators dataset

(a) The percentages for each indicator are of the total records less records with a 'not stated' value:

- records with no stated smoking status: 997 in 2016, 1,037 in 2017, 924 in 2018, 549 in 2019, 849 in 2020.

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

The proportion of women who were smokers at their initial assessment was higher for younger women. One in three (34%) women aged 16 to 19 were recorded as smokers at initial assessment compared to around one in six (17%) women aged 25 to 29, and one in ten (11%) women aged 40 to 44.

Smoking rates at initial assessment have fallen over the 5 years of data for most age groups. Considering only age groups where more than 100 births occurred, the most marked change was in mothers aged 16 to 19 where the percentage of mothers smoking fell from 38% in 2016 to 34% in 2020. There was however, an annual increase of 2 percentage points in this age group.

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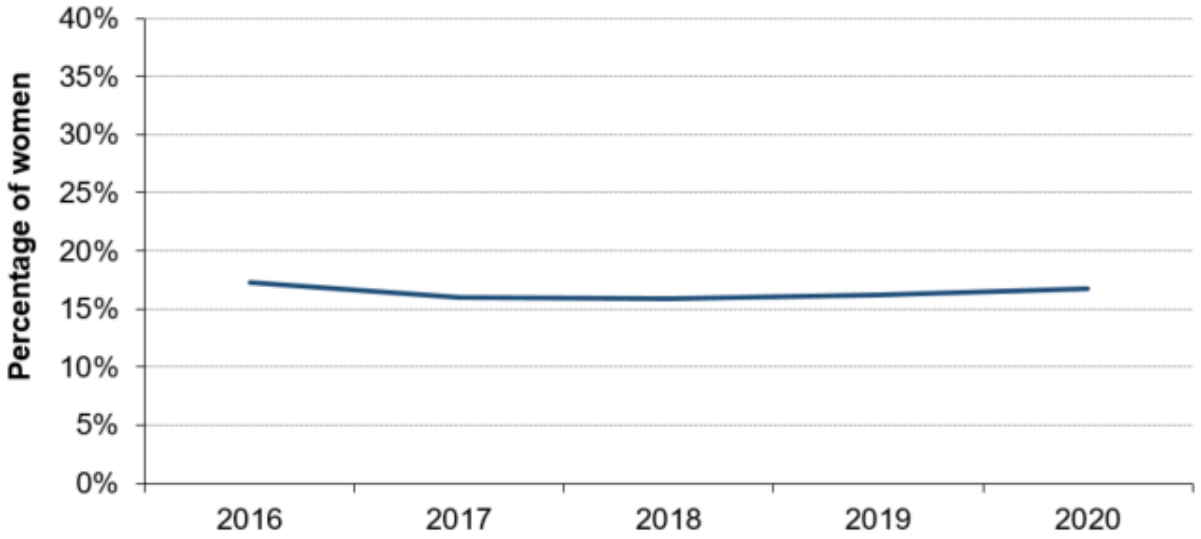
Chart 11: Percentage (a) of women who were recorded as smokers at the time of giving birth (b), 2016 to 2020



Source: Maternity Indicators dataset

(a) The percentage is of the total records less records with a 'not stated' value:

- records with no stated smoking status at birth: 888 in 2016, 859 in 2017, 519 in 2018, 805 in 2019, 3,717 in 2020. Note that Hywel Dda, Cwm Taf Morgannwg and Powys had unusually high percentages of missing data.

(b) Includes both those self-reporting that they are smokers and those confirmed by CO monitoring.

In Wales, around one in six mothers (17%) were recorded as being smokers at the time they gave birth in 2020. This is 1 percentage point higher than in the previous year but the same as in 2016 (first year of comparable data).

Note that while more than 90% of records had valid data for smoking status at birth, across nearly all health boards, in nearly all years prior to 2020, there is a large percentage of missing data in 2020. This mainly effects Hywel Dda health board where only 30% of records have valid data, but Cwm Taf Morgannwg (70%) and Powys (76%) also have lower than usual percentage completeness.

Table 7: Percentage of women who were recorded as smoking at initial assessment and at birth, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

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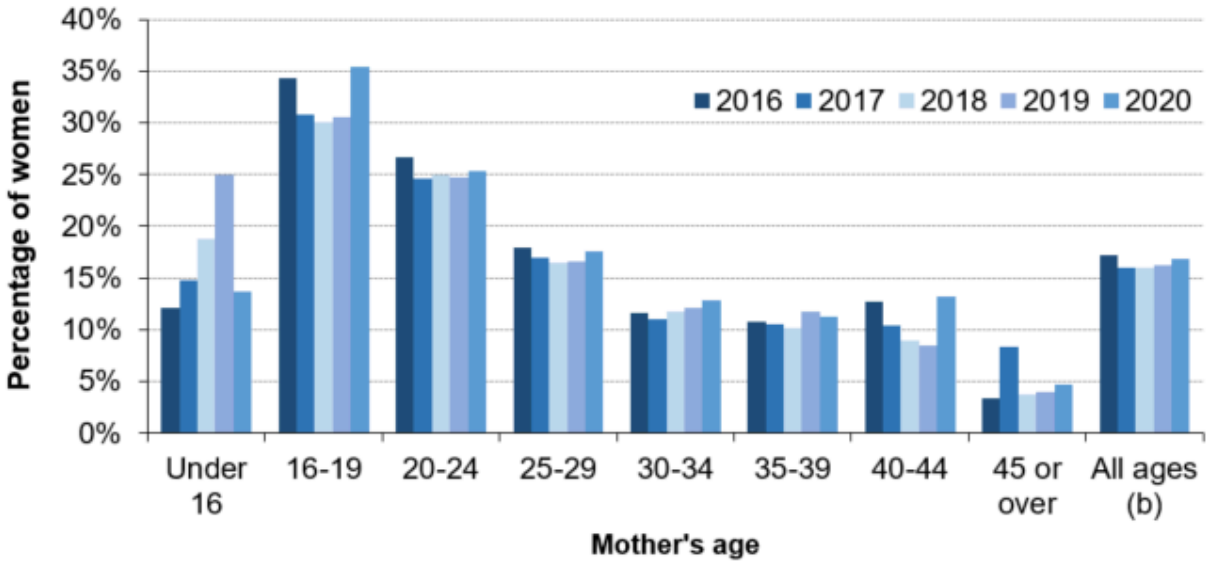
Chart 12: Percentage (a) of women who were recorded as smokers at the time of giving birth, by age of mother (at birth) (b), 2016 to 2020



Source: Maternity Indicators dataset

(a) The percentage is of the total records less records with a 'not stated' value:
- records with no stated smoking status at birth: 888 in 2016, 859 in 2017, 519 in 2018, 805 in 2019, 3,717 in 2020.

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

The proportion of women who smoked at the time of birth was much higher for younger mothers than older mothers. Just over one in three (35%) women aged 16 to 19 were smoking at birth compared to just over one in six (18%) of women aged 25 to 29 and just over one in ten (11%) women aged 35 to 39.

Of the age groups where there were more than 100 births, the proportion of women who smoked at birth has remained fairly steady in most age groups over the past five years. However there were some relatively large annual changes in some age groups, with the percentage of smokers aged 16 to 19 and 40 to 44 both increasing by five percentage points when compared with last year.

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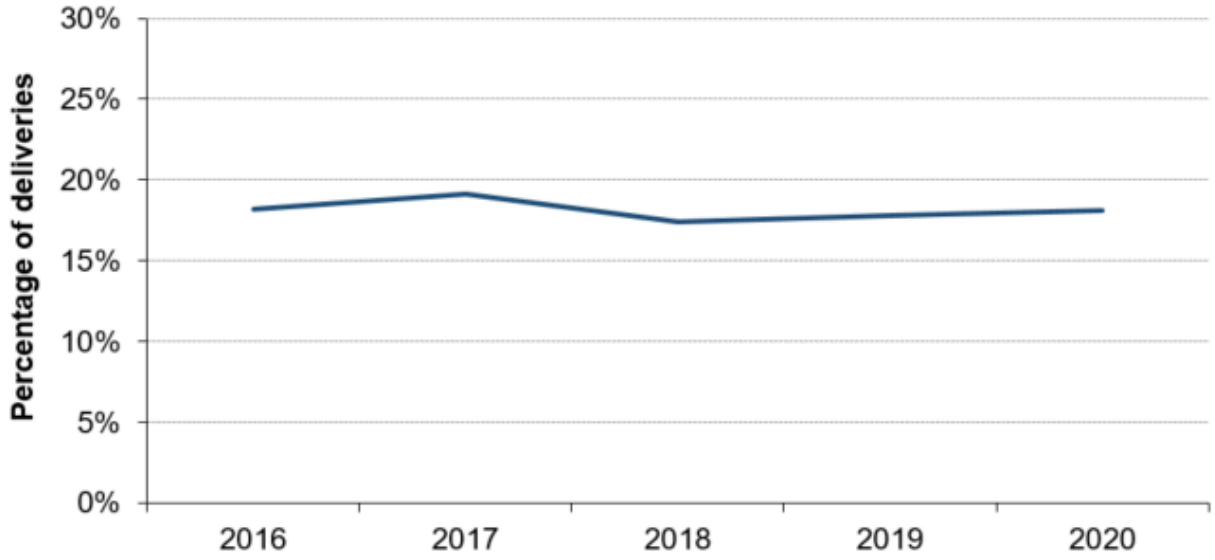
Chart 13: Percentage of women who 'stopped smoking' during pregnancy, 2016 to 2020 (a)



Source: Maternity Indicators dataset
(a) The percentage is of the total records less records with a 'not stated' value at either initial assessment, birth or both:
- records with no stated smoking status at: 1,551 in 2016, 1,622 in 2017, 1,304 in 2018,1,256 in 2019 and 4,196 in 2020.

This analysis is based on women who had valid smoking data at both initial assessment and birth. Between 2016 and 2019, there were more than 94% of records with valid data, but 84% of records had valid data in 2020, largely as a result of missing data for smoking at birth in Hywel Dda, Cwm Taf Morgannwg and Powys.

In 2020, 18% of women who were smokers at the initial assessment were not smokers at birth. This has not varied much over the time series and is the same percentage as last year and in 2016 (the first year of comparable data).

As smoking status is recorded at two points in time only, the data will not show if mothers were smoking throughout the duration of their pregnancy, or how frequently they smoked. For the purpose of the analysis, those mothers who were recorded as smoking at initial assessment but not smoking at birth are classed as mothers who 'stopped smoking' during pregnancy.

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Table 8: Percentage of women who ‘stopped smoking’ during pregnancy, by health board providing the service, 2016 to 2020 (MS Excel)

Delivery characteristics

Data in this section refers to the 27,321 deliveries recorded in the Maternity Indicators dataset which took place in 2020.

Onset of labour

Onset of labour is the method by which the process of labour began 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.

Data was recorded in the Maternity Indicators dataset for every health board; however in Hywel Dda and Aneurin Bevan health boards, labour onset has not been recorded as ‘caesarean’ when an elective caesarean section birth occurred in all years of data. As a result of this data quality issue, these health boards have been excluded from the analysis for each year. For 2020, the statistics presented at Wales-level are based on the 19,114 deliveries which took place at the remaining five health boards.

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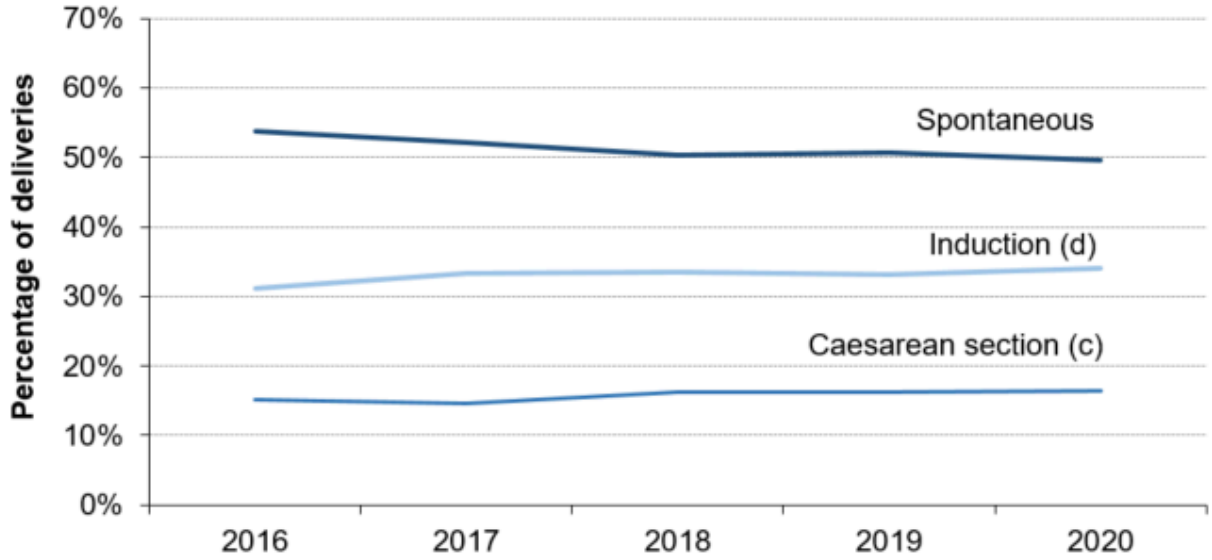
Chart 14: Percentage (a) of labours onset by each mode, Wales (b), 2016 to 2020



Source: Maternity Indicators dataset

(a) The percentages for each indicator are of the total records less records with a 'not stated' value:

- records with no stated mode of onset of labour: 33 in 2016, 52 in 2017, 136 in 2018, 218 in 2019, 242 in 2020.

(b) 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.

(c) 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.

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

In 2020, 9,371 (50%) labours began spontaneously. This is 1 percentage point lower than the previous year and 4 percentage points lower than in 2016.
3,084 (16%) labours began with a caesarean section. This is the same as the previous year but 1 percentage point higher than in 2016.
6,417 (34%) labours began with an induction. This is 1 percentage point higher than the previous year and 3 percentage points higher than in 2016.

Table 25: Mode of onset of labour by mother's age group, Wales, 2020 (MS Excel)

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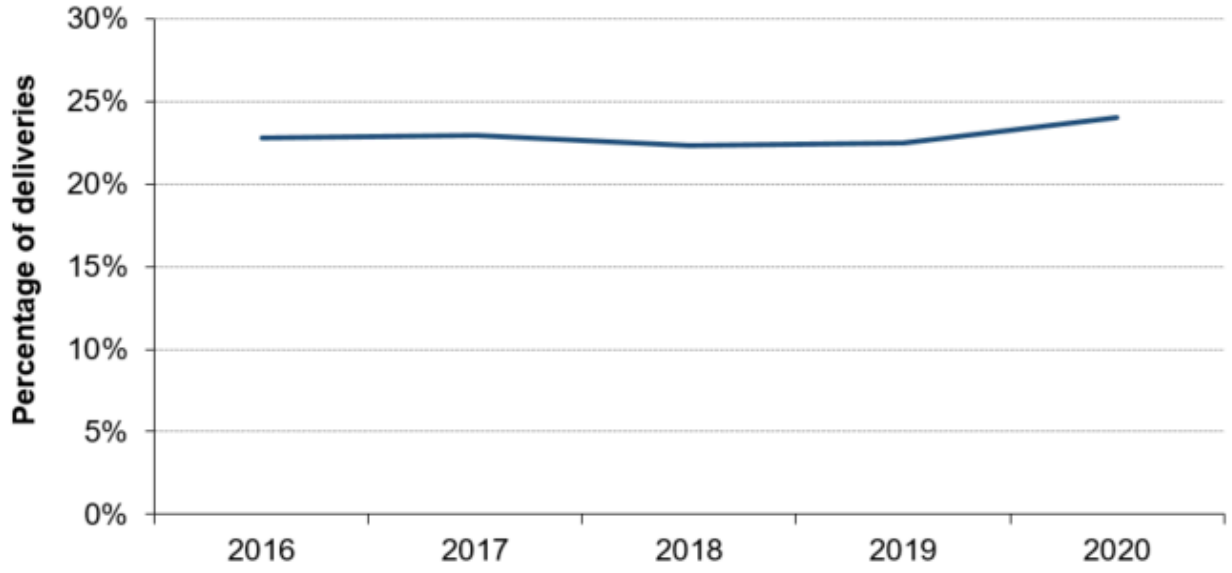
Table 9: Mode of onset of labour by health board providing the service, 2020 (MS Excel)

Pain relief

An epidural is a method of pain relief used for mothers in labour. It involves 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.

Chart 15: Percentage (a) of deliveries where an epidural was administered (b), 2016 to 2020



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 epidural status: 4,605 in 2016, 4,739 in 2017, 4,407 in 2018, 4,365 in 2019, 4,602 in 2020.

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

In 2020, an epidural was administered in almost a quarter (24%) of deliveries. This is 2 percentage points higher than the previous year and 1 percentage point higher than in 2016.

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Note that the percentage of records with valid data for epidurals is mixed across health boards and years, and in 2020, 83% of records had valid data at all Wales level. 4 out of 7 health boards had valid data for 99% or more of their records. Aneurin Bevan health board had the lowest percentage of valid data (35%).

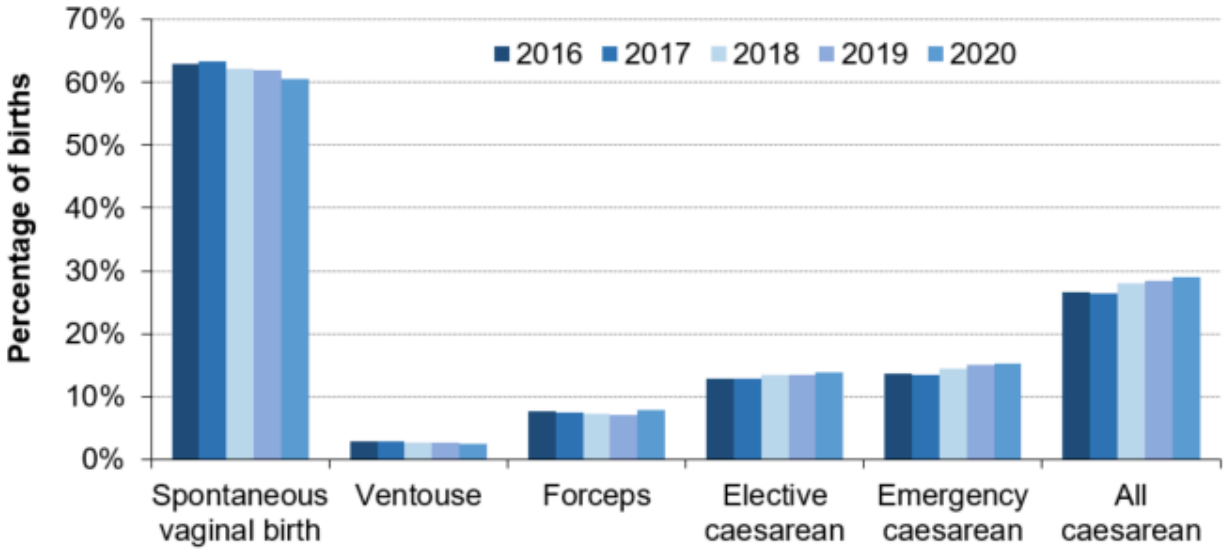
Table 10: Epidurals, by health board providing the service, 2020 (MS Excel)

Mode of birth

There are three modes of birth recorded in the Maternity Indicators dataset and they are defined as:

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

Chart 16: Percentage of births (live and still) by mode of birth, 2016 to 2020 (a)



Source: Maternity Indicators dataset

(a) The percentages are of the total records less records with a 'not stated' value. 46 records in 2016, 39 in 2017, 42 in 2018, 37 in 2019, 48 in 2020 had no stated mode of birth.

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In 2020, the majority (61%) of births were spontaneous (unassisted) births, while one in three births (29%) were delivered by caesarean section.

A slight majority of all caesarean section births were emergencies, which happened in 15% of all births.

While there is little change in the percentage of births with each mode, there are slight trends over the five year period showing an increase in caesarean sections and a decrease in spontaneous births.

Note that at least 99% of births have valid data recorded for mode of birth across all health boards and all years.

Table 11: Mode of birth, by health board providing the service, 2020 (MS Excel)

Birth outcomes and characteristics

Data presented in this section focusses on the 28,781 live births recorded in the National Community Child Health Database. Births are analysed rather than deliveries, since twins or triplets could be delivered by different means.

Number of babies at delivery

Births can be recorded as singletons (one baby born); multiples (twins, triplets or more babies born) and stillbirths.

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Table 1: Live births, still births and number of babies, 2016 to 2020

Year	Live births: singletons	Live births: multiples	Live births: total	Still births	All births: total
2011	34,723	959	35,682	161	35,843
2012	34,276	1,074	35,350	168	35,518
2013	32,823	999	33,822	151	33,973
2014	32,646	1,002	33,648	173	33,821
2015	32,318	1,043	33,361	155	33,516
2016	32,001	1,003	33,004	163	33,167
2017	31,422	814	32,236	151	32,387
2018	30,453	876	31,329	141	31,470
2019	29,004	724	29,728	126	29,854
2020	28,163	618	28,781	103	28,884

Source: National Community Child Health Database (NCCHD)

Of the 28,884 births recorded in the National Community Child Health Database in Wales in 2020, over 99% (28,781) were live births. Of these 2% (618) were multiple births.

Note that valid data has been recorded for outcome of birth in nearly all of births across all health boards and years.

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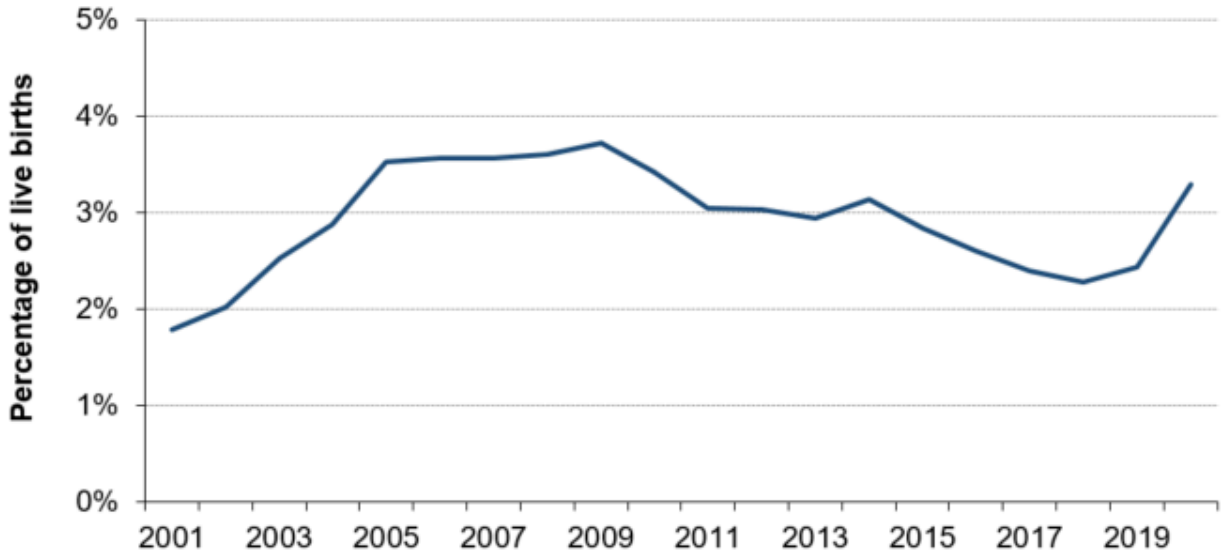
Table 12: Live births, still births and number of babies by health board providing the service, 2020 (MS Excel)

Home births

Health boards in Wales provide access to a range of services for women to give birth including home births.

Chart 17: Percentage of live births born at home, 2001 to 2020 (a)



Source: National Community Child Health Database
(a) The percentages are of the total live births minus births with no stated place of birth: 96 (0.3% of) births had no stated place of birth in 2020.

Over the past 20 years, the large majority of births have occurred in hospital settings in Wales. The highest rate of home births on record was in 2009 (3.7%), since then the trend had been downward, until there were increases in the two most recent years. In 2020, 3.3% of live births happened at home, while 0.2% of births happened in other locations than hospitals or homes.

Table 13: Births by local authority and place of birth, 2020 (MS Excel)

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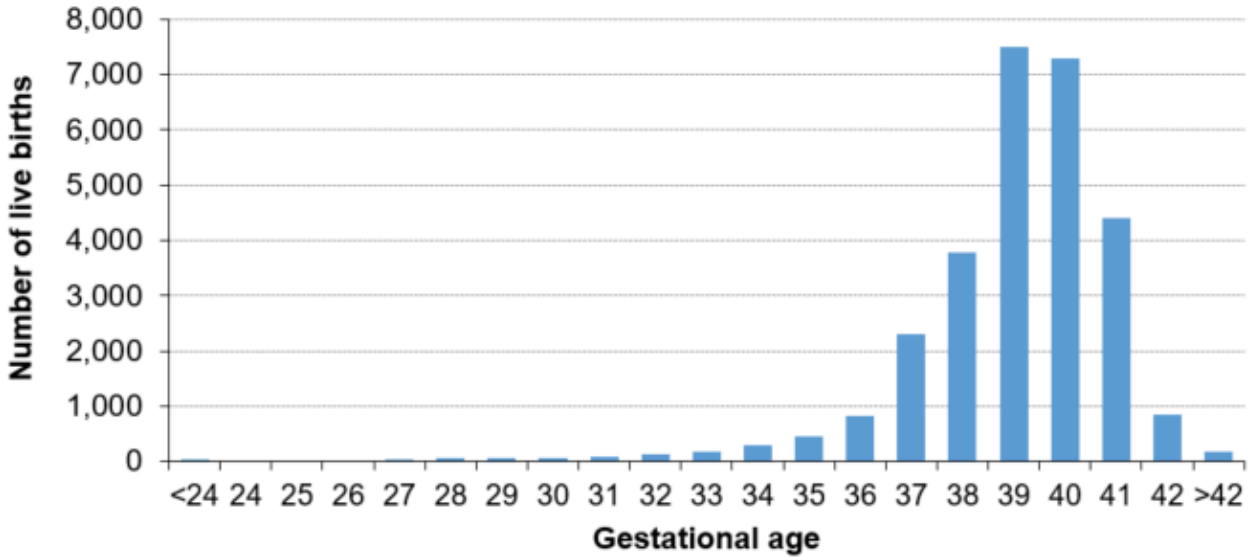
Gestational age

Babies born prematurely or ‘pre-term’ (before 37 weeks of pregnancy) may have a higher risk of immediate or longer-term health problems.

Chart 18: Distribution of live births by gestational age, 2020 (a) (b)



Source: National Community Child Health Database
(a) Chart based on 28,578 births, it does not include the 203 births where the gestational age was not known.
(b) Best estimate available: based on either date of last menstrual period or from an ultrasound scan.

Just over half (52%) of births occurred when the gestational age was 39 or 40 completed weeks (one week either side of the typical expected due date); while 8% of births occurred when the gestational age was 36 weeks or fewer (pre-term) and 4% of births when the gestational age was 42 weeks or more.

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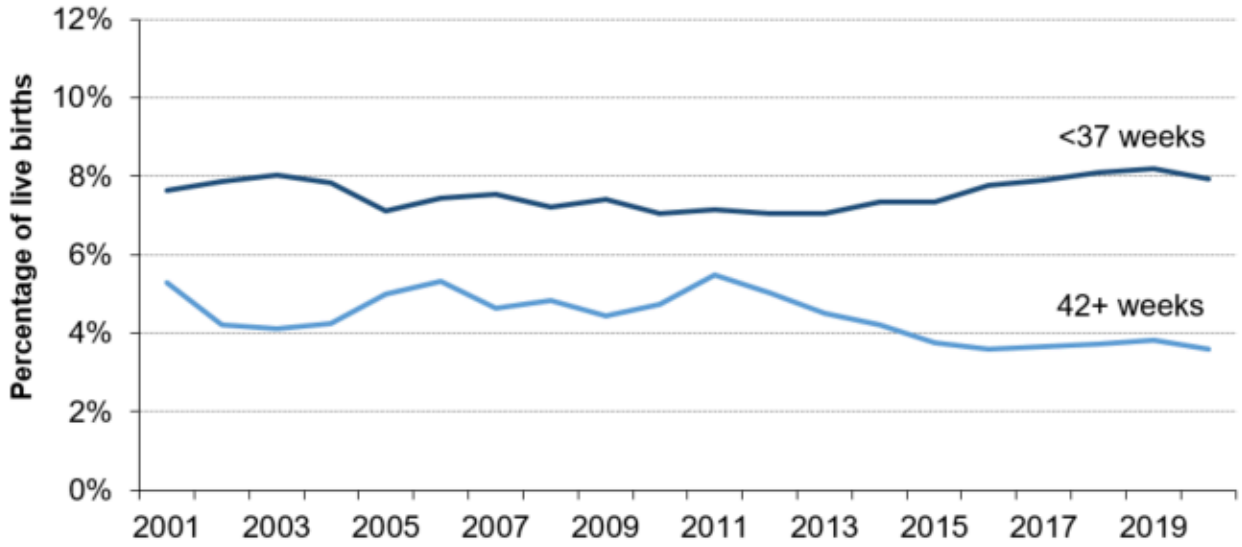
Chart 19: Percentage (a) of live births by gestational age (b), 2001 to 2020



Source: National Community Child Health Database
(a) The percentages are of the total live births minus births with no stated gestational age: 203 births had no stated gestational age in 2020 (includes gestations of less than 20 weeks and more than 45 weeks).
(b) Best estimate available: based on either date of last menstrual period or from an ultrasound scan.

The proportion of premature live births (36 full weeks of pregnancy or less) has fluctuated around 7% and 8% over the course of the time series, with a slight upward trend over the last ten years. Conversely the proportion of live births at 42 weeks or more has been on a slight downward trend over the last decade but has stabilised in recent years.

Table 14: Live births by gestational age, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

Birthweight

Low birthweight (less than 2.5kg) is associated with health risks in an infant's first year of life.

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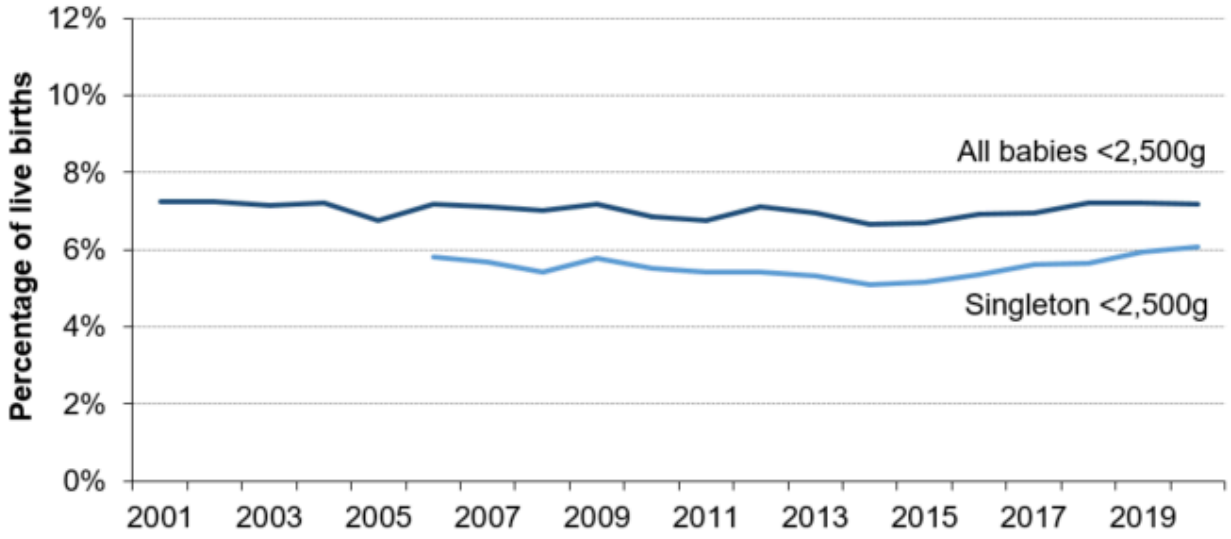
The percentage of live single births with a birthweight of less than 2.5kg is one of **46 national indicators** used to measure progress against the wellbeing goals in the Well-being of Future Generations Act.

Low birthweights are often linked to low gestational age (where the baby is born before 37 weeks of gestation).

Chart 20: Percentage of live births with low birthweight, 2001 to 2020 (a)



Source: National Community Child Health Database

(a) The percentages are of the total live births minus births with no stated birthweight: 84 (or 0.3% of) births had no stated birthweight in 2020 (includes birthweights of less than 0.5kg or more than 6kg).

The percentage of all live births with low birthweight has remained fairly steady over the long term, with the rate for all live births fluctuating at around 7%. For singleton live births, the rate has typically fluctuated around 5.5% over the course of the time series, with a slight upward trend in more recent years.

In 2020, 7.2% of all births had low birthweight. This is 0.1 percentage points lower than in the previous year but 0.4 percentage points higher than 10 years ago.

In 2020, 6.1% of singleton births had low birthweight. This is 0.1 percentage

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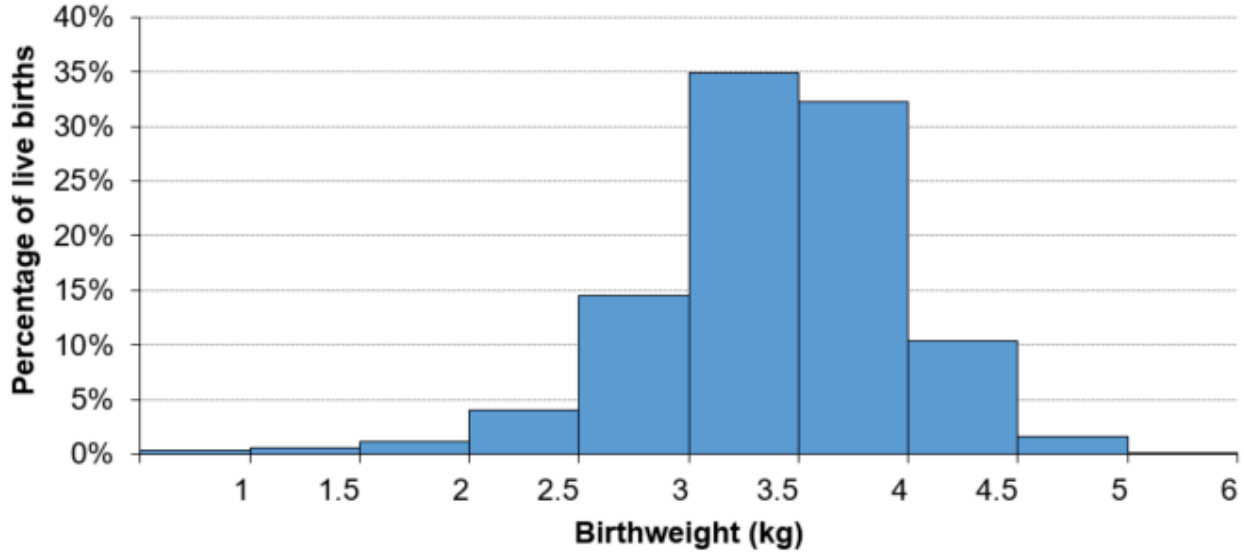
points higher than in the previous year and 0.7 percentage points higher than 10 years ago.

Table 15: Live births by birthweight, by health board providing the service and age of mother, 2020 (MS Excel)

Charts 21 and 22 show the spread of birthweights for singleton and multiple births in 2020.

Chart 21: Spread of singleton birthweights, 2020 (a)



Source: National Community Child Health Database
(a) The percentages are of the total live births minus births with no stated birthweight: 61 singleton births had no stated birthweight in 2020 (includes birthweights of less than 0.5kg or more than 6kg).

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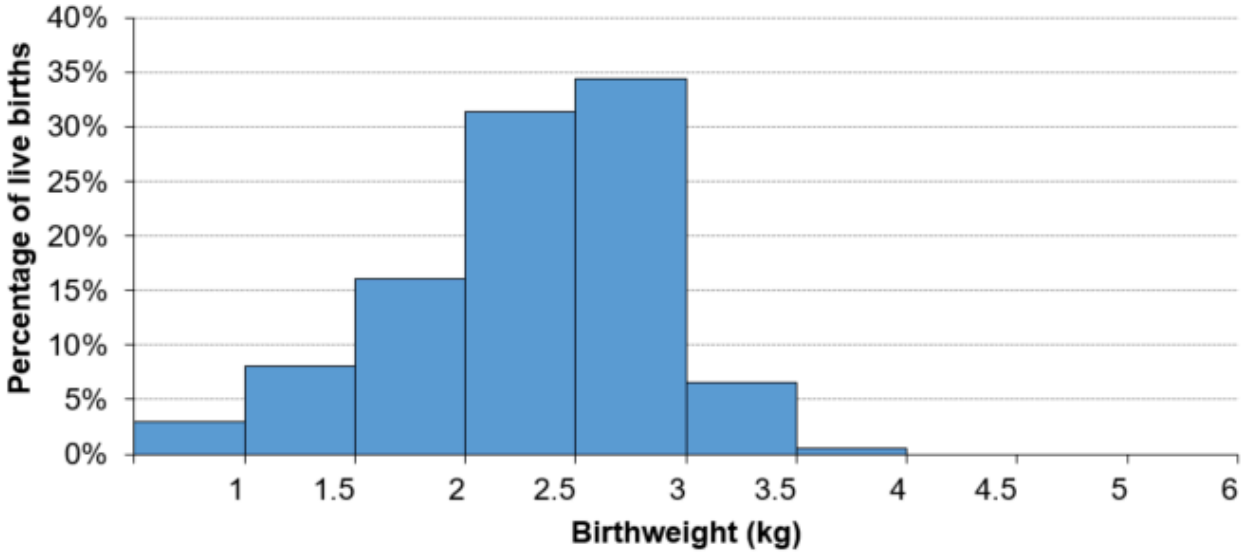
Chart 22: Spread of multiple (twins and triplets) birthweights, 2020 (a)



Source: National Community Child Health Database

(a) The percentages are of the total live births minus births with no stated birthweight: 61 singleton births had no stated birthweight in 2020 (includes birthweights of less than 0.5kg or more than 6kg).

Two thirds (67%) of singleton births had a birthweight of between 3kg and 4kg, with a median birthweight of 3.42kg and mean birthweight of 3.38kg.

Two thirds (66%) of multiple births had a birthweight of between 2kg and 3kg, with a median birthweight of 2.40kg and mean birthweight of 2.28kg.

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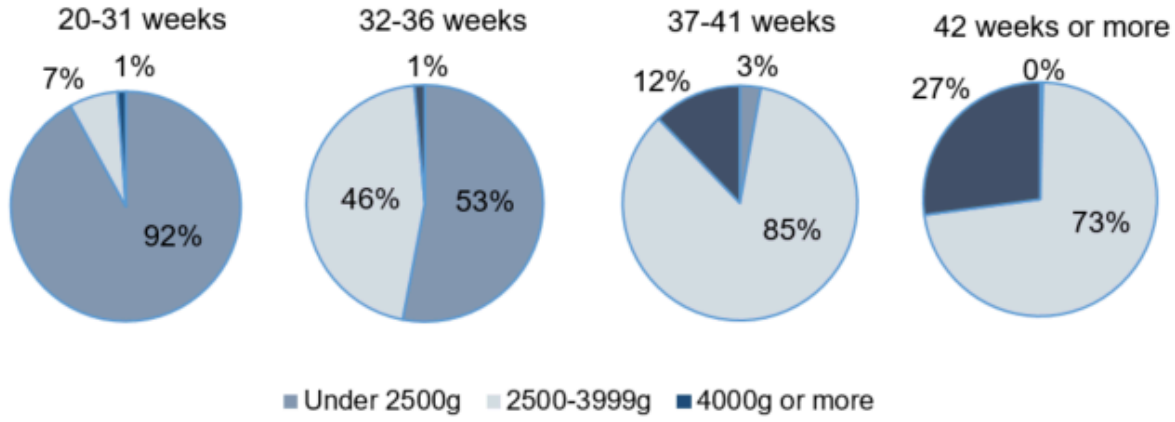
Gestational age and birthweight

Chart 23: Live births by birthweight and gestational age group, 2020 (a)



Source: National Community Child Health Database (NCCHD)
(a) The percentages are of the total live births minus births with no stated birthweight and gestation: 84 births had no birthweight stated, 203 births had no gestation stated and are not included in the charts.

Chart 23 shows how birthweights are related to gestational age.

In 2020, 92% of births (or 322 babies) born at gestations less than 32 weeks and 53% (or 987 babies) born at 32-36 weeks had low birthweights (less than 2.5kg).

The large majority (85%) of babies born within two weeks either side of the expected due date (37-41 weeks) were of healthy weight (2.5kg-4kg).

Less than 1% (or 4 babies) born at gestations 42 weeks or more had low birthweights, but over a quarter (27% or 278 babies) weighed more than 4kg.

Table 16: Live births by birthweight and gestational age, 2020 (MS Excel)

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Births and ethnicity

Table 2: Birthweight by ethnicity, 2020 (a)

	White	Black, Asian and Minority Ethnic
Live births	18,770	2,204
Percentage of live births	89.5%	10.5%
Singleton live births	18,374	2,174
Singleton birthweight		
Below 2.5kg (%)	6.1%	6.2%
Between 2.5kg and 4kg (%)	81.4%	86.3%
Over 4kg (%)	12.5%	7.5%
Singleton mean birthweight (kg)	3.39	3.30
Singleton median birthweight (kg)	3.43	3.35

Source: Maternity Indicators data set

(a) Ethnicity status was recorded on 20,974 births out of 28,697 births with stated birthweight (73%).

Of the 20,974 births for which an ethnicity status was recorded in 2020, 10.5% were from black, Asian and minority ethnic groups.

There was little difference in the percentage of babies with low birthweights

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between ethnic groups, with 6.2% of minority ethnic singleton babies having low birthweight compared to 6.1% singleton babies of white ethnicity.

The median birthweight for minority ethnic singleton babies was 3.35kg compared to 3.43kg for babies of white ethnicity.

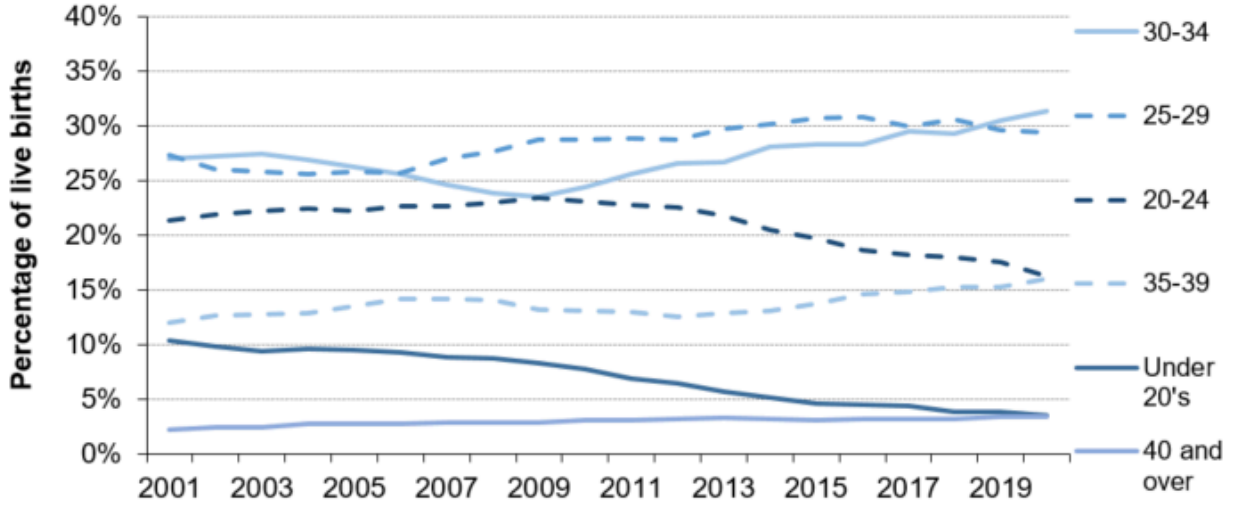
Note that the ethnicity data item is much less complete than most other data items in the National Community Child Health Database, and this limits the use of the data. In 2020, 20,974 out of 28,697 (73%) births had a valid ethnic group recorded.

Table 24: Live births by ethnicity and birthweight, 2018 to 2020 (MS Excel)

Births and birthweights by mother's age

Data for **teenage conceptions is published by ONS**.

Chart 24: Percentage (a) of live births by age group of mother, 2001 to 2020



Source: National Community Child Health Database

(a) The percentages are of the total live births minus births with no stated mother's age. These are very few however with only 39 births having no mother's age stated in 2020.

The percentage of live births to mothers aged under 20 has fallen every year

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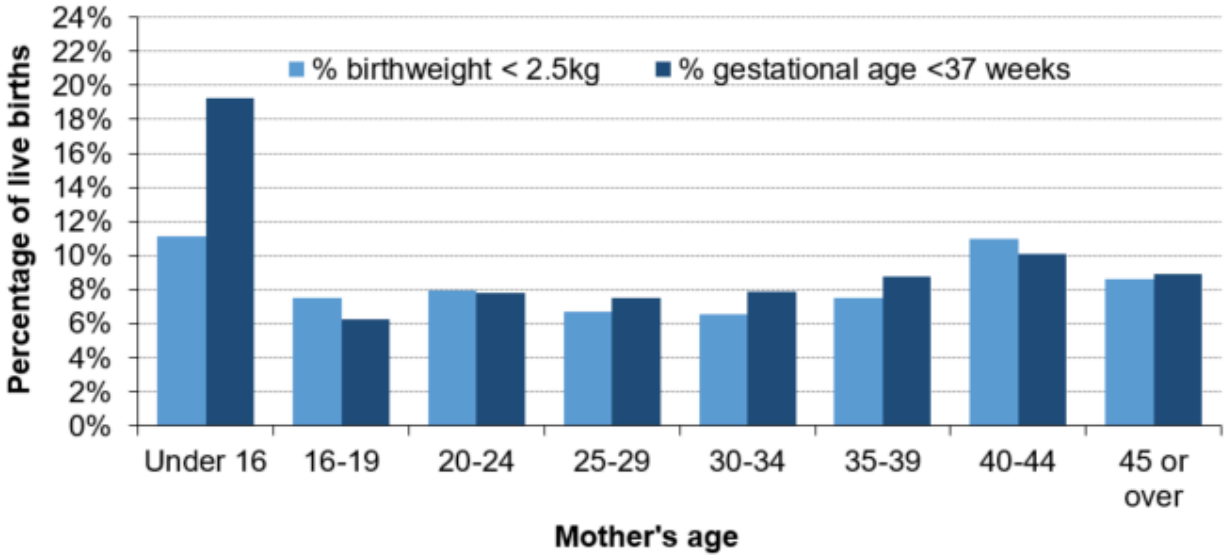
since 2004, while the percentage of live births to older mothers has increased slightly over the same period.

4% of live births in 2020 were to mothers aged under 20; this is the lowest on record, while 3% of all live births in 2020 were to mothers aged 40 or older.

The vast majority of live births in 2020 were born to women aged 20 to 39 (93% in 2020).

Chart 25: Percentage of live births with low birthweight and low gestational age, by mother's age at birth, 2020 (a)



Source: National Community Child Health Database (NCCHD)
(a) The percentages are of the total live births minus births with no stated birthweight: In 2020, 84 births had no stated birthweight (includes birthweights of less than 0.5kg or more than 6kg), 203 births had no stated gestational age (includes gestations of less than 20 weeks and more than 45 weeks).

The proportion of live births with low birthweight (less than 2.5kg) is largest for mothers aged under 24, or aged 40 or over.

The proportion of babies born at less than 37 weeks gestation is largest in the youngest mothers and mothers aged 35 or older.

Note this data can be volatile from year-to-year for mothers aged under 16 and 45 or over as there are so few live births to mothers of these ages.

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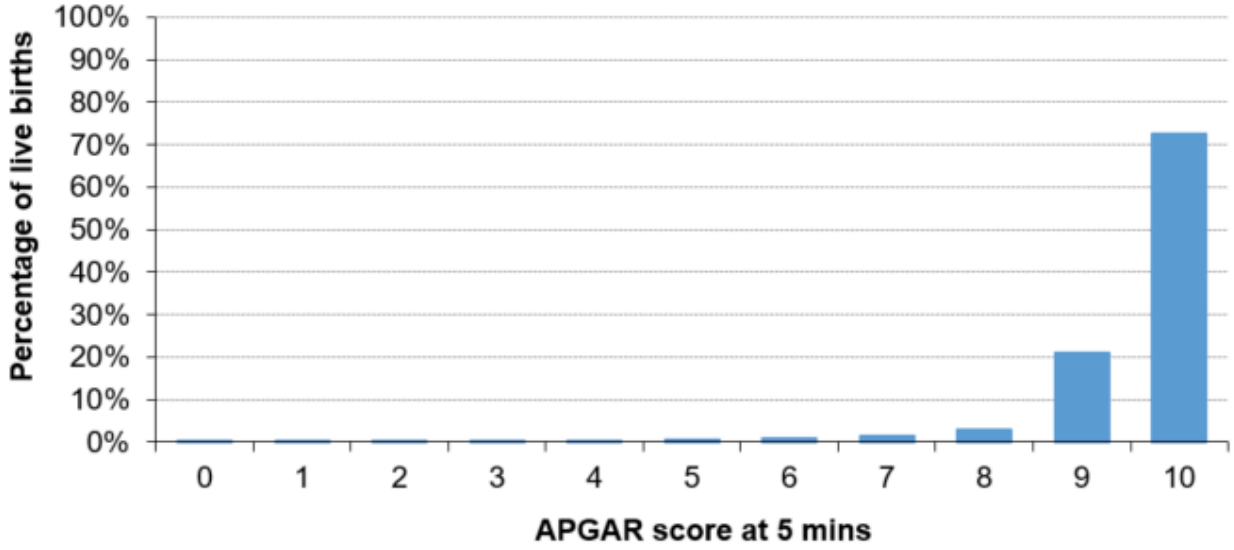
Table 27: Live births by mothers' age group, 2011 to 2020 (MS Excel)

APGAR scores

APGAR (Appearance, Pulse, Grimace, Activity, and Respiration) is a quick test performed on a baby at 1 and 5 minutes after birth. The 1-minute score determines how well the baby tolerated the birthing process. The 5-minute score tells the doctor how well the baby is doing outside the mother's womb. A score of 7 or above is a sign that the new born is in good health.

Chart 26: Percentage of live births by APGAR score at 5 minutes, 2020 (a)



Source: National Community Child Health Database (NCCHD)

(a) The percentages are of the total live births minus births with no stated APGAR score: For 1,495 births (5% of all live births), the Apgar score at 5 minutes was recorded as "not stated" in 2020.

In 2020, the large majority of babies (98%) had an APGAR score of 7 or over at 5 minutes.

Table 17: Percentage of live births with an APGAR score of 7 or over at 5 minutes, by health board providing the service and age of mother, 2016 to 2020 (MS Excel)

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Healthy births

The ‘percentage of births considered to be healthy births’ is a Welsh Government Maternity Indicator. Only complete records are included in the healthy births analysis. This means each record must have valid entries for 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
- stillbirth
- epidural in labour
- 3rd or 4th degree perineal trauma or episiotomy
- birthweight of less than 2.5kg or greater than 4.0kg
- blood loss of greater than 500ml
- APGAR score at 5 minutes less than 7

Data presented is sourced from the 27,691 total births which were recorded in the Maternity Indicators dataset in 2020. Of these, 19,573 births had valid data for all component data items in the healthy births calculation.

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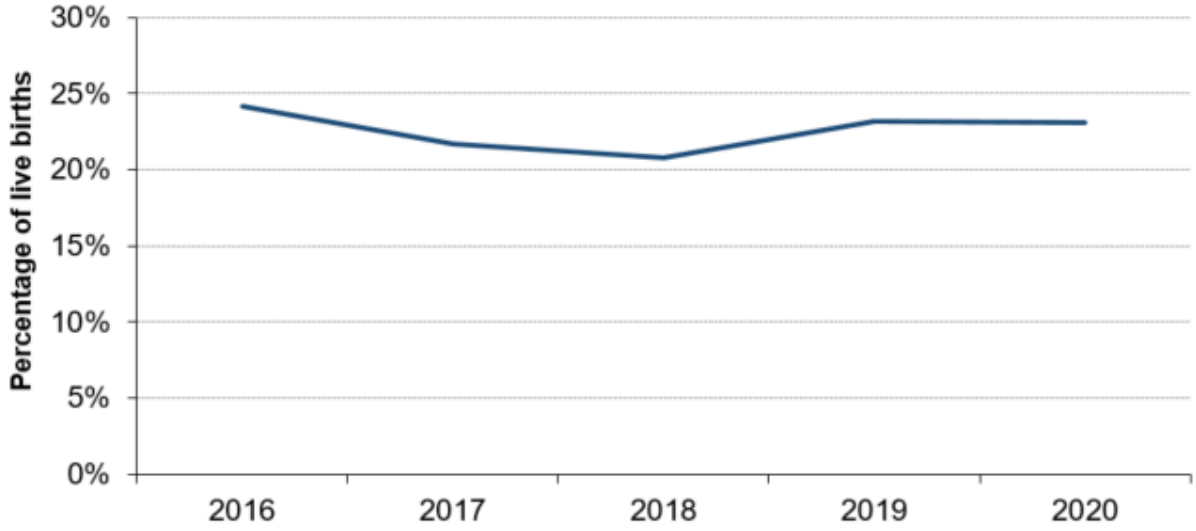
Chart 27: Percentage of live births considered healthy, 2016 to 2020 (a) (r)



Source: Maternity Indicators dataset
(a) Wales data based on 21,957 records for 2016, 23,339 records for 2017, 23,284 records for 2018, 21,447 records for 2019 and 19,573 records for 2020.
(r) Data published for 2016-2019 in the previous edition of this release has been revised due to an error discovered in the calculation of healthy births.

In 2020, 23% of births were classed as ‘healthy births’ using the Welsh Government definition.

This is unchanged from the previous year and 1 percentage point lower than in 2016.

Note that the percentage of records with valid data for all data items which are used to calculate the healthy birth statistic is variable and this limits the use of this statistic. At the all-Wales level, the highest percentage of data completeness was in 2018 with 77% of records included, while the lowest level was in 2020 with 71% completeness. Data completeness is more variable at health board level.

Data **previously published** on 28 May 2020 on healthy births between 2016 and 2019 has been revised in this publication. The revised figures are between 5 and 6 percentage points lower than previously published due to an error in their

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calculation, and affects all health boards.

Table 18: Percentage of live births considered healthy, by health board providing the service, 2016 to 2020 (MS Excel)

Breastfeeding

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

Breastfeeding by age of child

The Maternity Indicators dataset records the mother's intention to breastfeed rather than whether breastfeeding at birth actually occurred. Since the indicator is about the mother, data presented refers to the 27,321 mothers who delivered in 2020.

Data on breastfeeding at birth, and on babies turning 10 days, 6 weeks and 6 months are recorded in the National Community Child Health Database and data presented here refers to the records where there was any breastfeeding. This includes babies fed with solely breastmilk, and those who were combination fed.

For breastfeeding at birth, data presented here refers to the 28,781 live births in 2020. For breastfeeding at the other age points, data refers to the babies turning that age in 2020: 28,672 babies turning 10 days, 28,872 turning 6 weeks, 29,319 turning 6 months.

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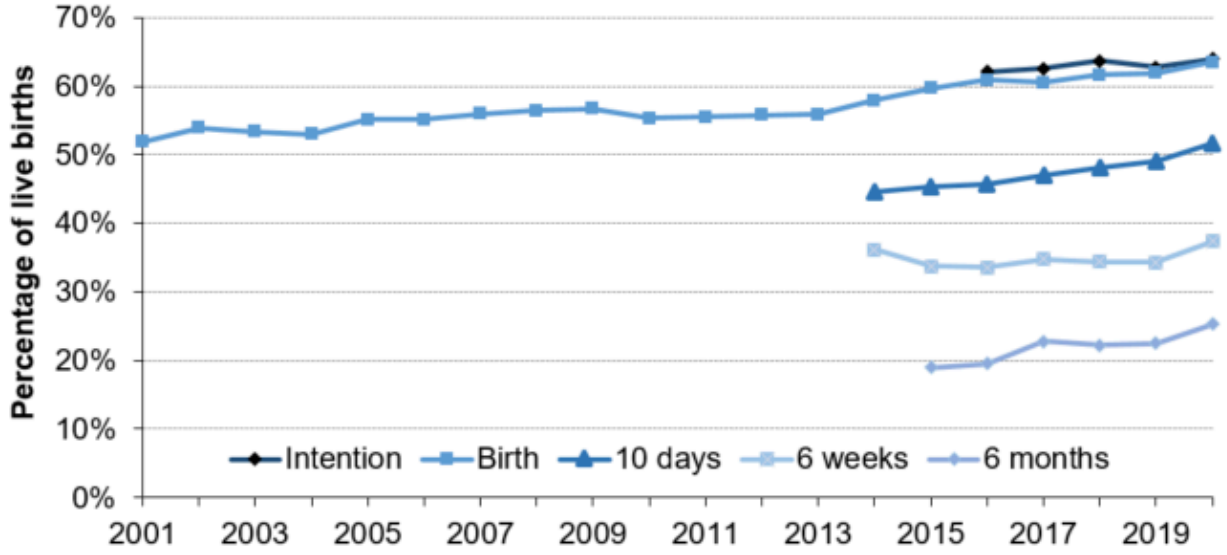
Chart 28: Intention to breastfeed and breastfeeding at birth, 10 days, 6 weeks, 6 months, 2001 to 2020 (a)



Source: Maternity Indicators dataset, National Community Child Health Database
(a) The percentages are of the total records less records with no stated breastfeeding status: In 2020 there were 569 records for intention to breastfeed, 2,100 records at birth, 3,216 records at 10 days, 8,317 records at 6 weeks, 9,678 records at 6 months.

At all points of data collection, annual breastfeeding rates are the highest on record in 2020.

At least 17,102 mothers intended to breastfeed their babies at birth in 2020. This is a rate of 63.9% of all mothers with a known breastfeeding status, 1.1 percentage points higher than the previous year and 1.8 percentage points higher than in 2016. Note that 97.9% of records had valid data for this data item in 2020.

At least 16,940 babies were breastfed at birth in 2020. This is a rate of 63.5% of all mothers with a known breastfeeding status, 1.6 percentage higher than the previous year and 2.6 percentage points higher than in 2016. Note that 92.7% of records had valid data for this data item in 2020.

At least 13,167 babies were breastfed when 10 days old in 2020. This is a rate of 51.7% of all mothers with a known breastfeeding status, 2.7 percentage higher than the previous year and 6.1 percentage points higher than in 2016.

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Note that 88.8% of records had valid data for this data item in 2020.

At least 7,685 babies were breastfed at 6 weeks old in 2020. This is a rate of 37.4% of all mothers with a known breastfeeding status, 3.0 percentage higher than the previous year and 3.8 percentage points higher than in 2016. Note that 71.2% of records had valid data for this data item in 2020.

At least 4,968 babies were breastfed at 6 months old in 2020. This is a rate of 25.3% of all mothers with a known breastfeeding status, 2.8 percentage higher than the previous year and 5.8 percentage points higher than in 2016. Note that 67.0% of records had valid data for this data item in 2020.

Note that breastfeeding data at all points in time is subject to data quality issues as not all records are complete. Annual and quarterly breastfeeding data with data completeness percentages are published on **StatsWales**, by local health board.

Breastfeeding data after birth is collected when children have health visitor and GP appointments through the **Health Child Wales Programme**. If a child does not receive a contact, their breastfeeding data will be missing at that contact point.

Breastfeeding and parity

The Maternity Indicators dataset records how many times mothers have previously given birth (parity), which can be analysed with their intention to breastfeed.

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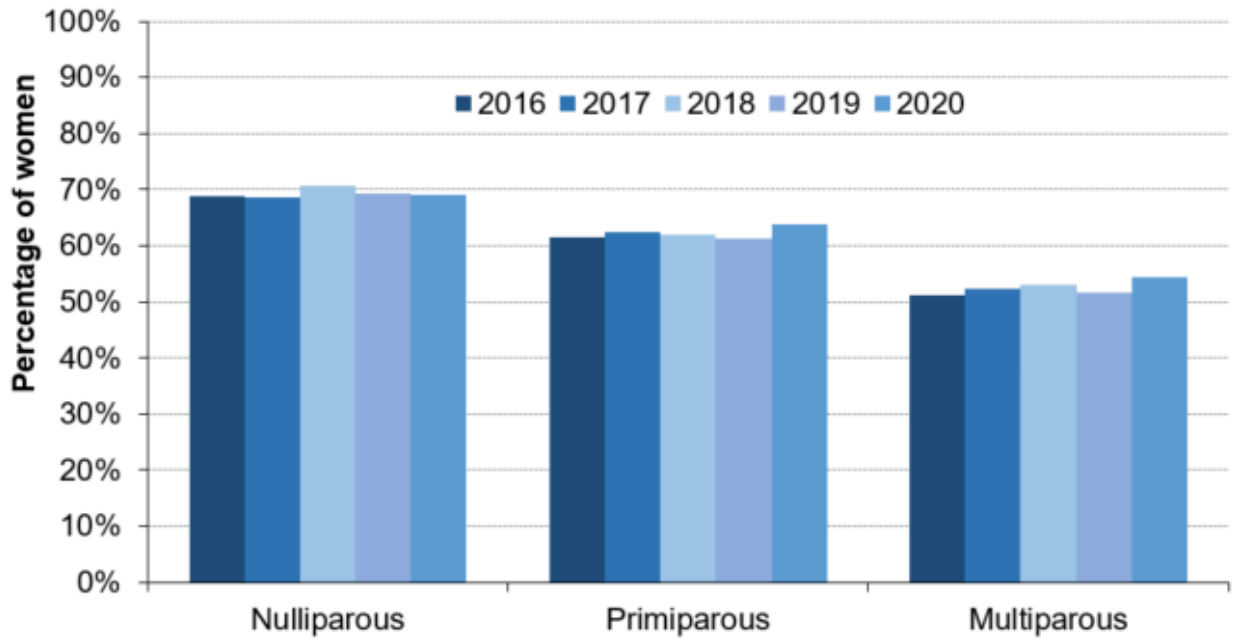
Chart 29: Intention to breastfeed by parity, 2016 to 2020 (a)(b)



Source: Maternity Indicators dataset

(a) The percentages are of the total deliveries less births with no stated intention to breastfeed status: 1,222 births in 2016, 792 births in 2017, 774 births in 2018, 684 births in 2019 and 569 births in 2020 had no stated intention to breastfeed status.

(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

Chart 28 shows that a higher percentage of first-time mothers intend to breastfeed their babies than mothers who have given birth more than once. In 2020, 69% of first time mothers (nulliparous) intended to breastfeed, 64% of mothers who had given birth once previously (primiparous) intended to breastfeed, and 54% of mothers who had given birth more than once (multiparous) intended to breastfeed. There is little change over the last five years for any category.

Table 19: Percentage of women who intended to breastfeed, by parity and health board providing the service, 2020 (MS Excel)

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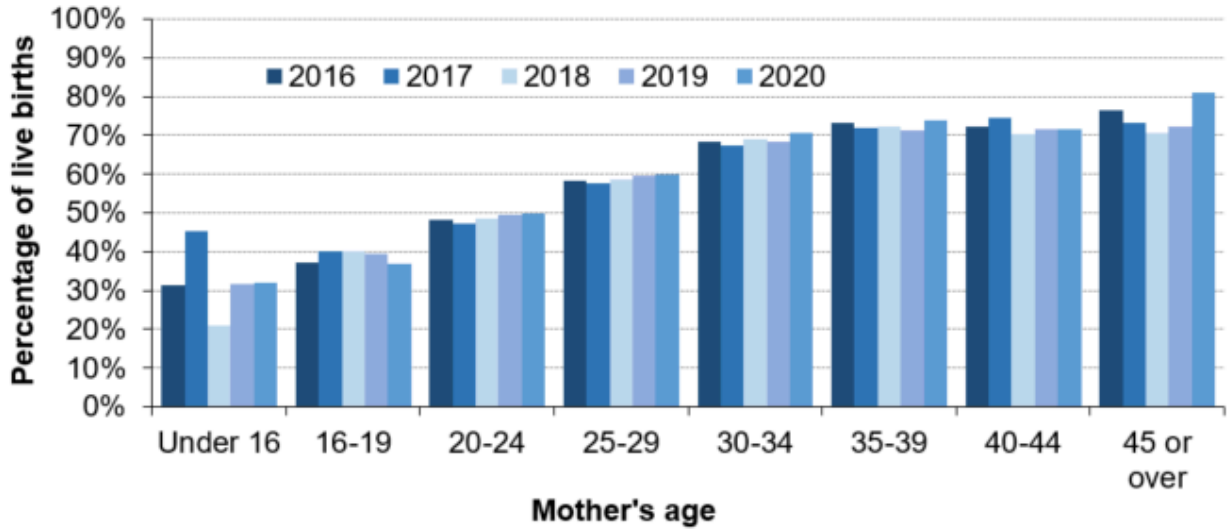
Breastfeeding and age of mother

Chart 30: Breastfeeding at birth by mothers' age group, 2016 to 2020 (a)



Source: National Community Child Health Database (NCCHD)

(a) The percentages are of the total births less births with no stated breastfeed status at birth: 3,028 births in 2016, 2,029 births in 2017, 1,425 births in 2018, 1,830 births in 2019 and 2,100 births in 2020 had no stated breastfeeding status at birth.

Babies of older mothers were more likely to be breastfed than those with younger mothers. In 2020, when only considering age groups where more than 100 births occurred, the highest rate of breastfeeding at birth was in the 40-44 age group where 72% of babies with a known breastfeeding status were breastfed, while the lowest rate was the 16-19 age group where 37% of babies with a known breastfeeding status were breastfed.

Table 20: Breastfeeding at birth by mothers' age group, 2011 to 2020 (MS Excel)

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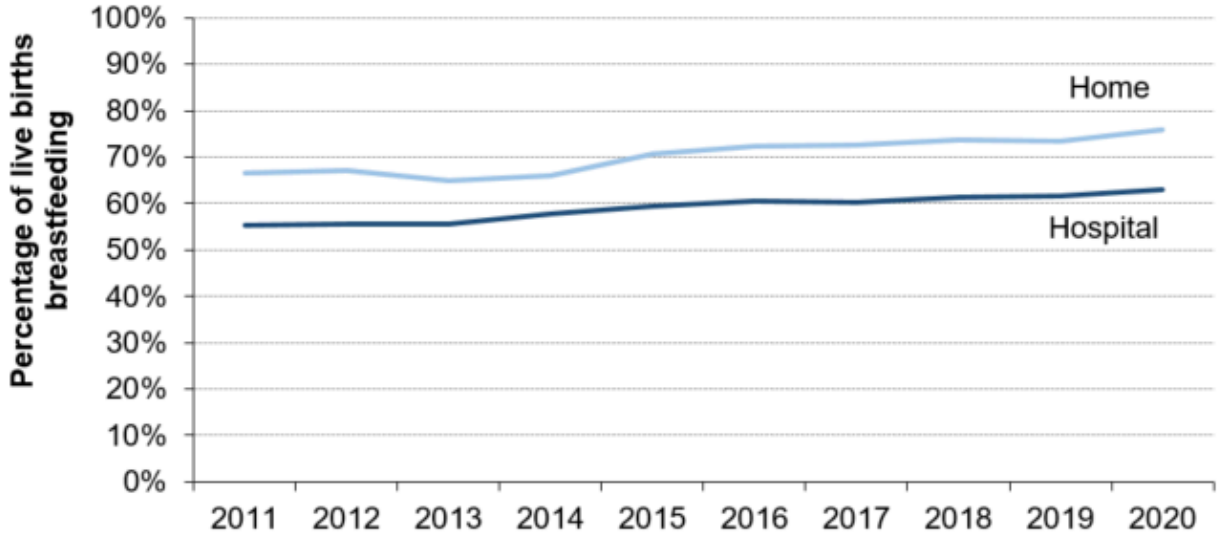
Breastfeeding and place of birth

Chart 31: Percentage of live births breastfed at birth by place of birth, 2011 to 2020 (a)



Source: Maternity Indicators dataset
(a) The percentages are of the total live births minus births with no stated breastfeeding status at birth: 7% (1,934) had no stated breastfeeding status for hospital births; 12% (114) had no stated breastfeeding status at birth for home births in 2020.

Of those with a place of birth recorded, babies born at home are more likely to be breastfed than those born in hospitals.

In 2020, 943 babies were born at home, and 76% were breastfed at birth. 27,682 were born in hospital and 63% were breastfed at birth.

Note that in 2020, 60 babies' place of birth was recorded as 'born in transit' while 96 had no stated place of birth.

Table 21: Breastfeeding at birth by place of birth, 2011 to 2020 (MS Excel)

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Quality and methodology information

The official source for the number of births in Wales is published by the **Office for National Statistics**, which counts birth registrations. However, this release focusses on statistics for births using data sourced from Maternity Indicators dataset (MI ds) and the National Community Child Health Database (NCCHD), which allow for more detailed analysis than the ONS data. The number of births will differ between these sources as they are collected on a different basis; a comparison of the number of births counted in each source is provided in Chart 1 and more information on data sources is provided in the **quality report**.

The Maternity Indicators dataset combines a child's birth record with their mother's initial assessment record (where possible). All statistics produced from this source are **experimental statistics** as the dataset is still relatively new and not all data items have a high percentage of valid data recorded.

The National Community Child Health Database consists of anonymised records for all children born, resident or treated in Wales and born after 1987. The database combines data from local Community Child Health System databases which are held by local health boards and used by them to administer child immunisation and health surveillance programmes. It is a well-established data source, with a high level of data completeness and statistics based on this source are official statistics

The percentage of valid records for each data item used in this release from both sources and more detailed information on the sources of data and analyses in this statistical release are provided in the **quality report**.

Data **previously published** on 28 May 2020 on healthy births between 2016 and 2019 has been revised in this publication. The revised figures are between 5 and 6 percentage points lower than previously published due to an error in their calculation, and affects all health boards.

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Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing 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 wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. The 46 national indicators were laid in March 2016 and this releases includes 1 of the national indicators namely The percentage of live single births with a birthweight of under 2.5kg.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the **Wellbeing of Wales report**.

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 wellbeing assessments and local wellbeing plans.

Contact details

Statistician: Craig Thomas
Tel: 0300 025 1646
Email: **stats.healthinfo@gov.wales**

Media: 0300 025 8099

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