

**Maternal and Child Health Network**

**Data Dive Event – Thursday 27th May, 11-12pm; 4-5pm**

The principle of the ‘best start in life’ has penetrated government policy across UK countries, including in universal maternity and child health services. Which programmes and policies work best are crucial questions for policymakers and service providers.

MatCHNet has identified three key challenges that must be tackled to provide the baseline knowledge and methodological foundation for cross-country analysis of national policies affecting child and maternal health.

This Data Dive Event will focus upon:

**Challenge 2: To ascertain what administrative longitudinal data can be linked and harmonised across the 4 UK countries.**

Primarily, this includes **longitudinal and administrative data that links mothers and children**. While there is a focus on **health data**, this should also include other data that can be linked in e.g. welfare data.

**OBJECTIVES**

* To agree on a common set of outcomes.
* To examine data available across birth records (for mothers and babies), hospitalisation data, and health visiting data sources.
* To determine data availability across the 4 UK nations.
* To establish a template for detailed data mapping, to be commissioned by MatCHNet.

**ACTIONS**

**Table 1: Core Health Outcomes**

• Have all the outcomes been identified?

• Should birth and infant outcomes be split for the child?

**Table 2: Confounders/Mediators/Moderators**

• Have all the confounders been identified? (please add to the list with justification)

• Consider which variables may be outcomes and/or mediator/confounder depending on intervention (e.g. sole registration at birth, ACE).

**Table 3: Summary of Variables by UK nation**

• Please complete the table for several key health outcomes (in table 1), providing as much detail as possible.

• Have all the key characteristics been identified? (please add columns, with justification)

**Table 4: Summary of Datasets**

• Please complete the table for each dataset identified in table 3 (above), providing as much detail as possible (i.e., links to data dictionaries).

**Table 5: Linkable Data Sources**

• Please note any other health and non-health data sources that cover the whole population that could be linked to birth data.