

Australian Health Performance Framework: PI 2.1.2– Females with an antenatal visit in the first trimester of pregnancy, 2019

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Australian Health Performance Framework: PI 2.1.2–Females with an antenatal visit in the first trimester of pregnancy, 2019

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	AHPF PI 2.1.2–Females with an antenatal visit in the first trimester of pregnancy, 2019
Synonymous names:	Proportion of women who gave birth and had at least one antenatal visit in the first trimester; Pregnancies with an antenatal visit in the first trimester
METEOR identifier:	715044
Registration status:	Health , Superseded 01/12/2020
Description:	Number of females who gave birth, where an antenatal visit was reported in the first trimester, as a proportion of all females who gave birth.
Rationale:	<p>The primary care needs of all Australians are met effectively through timely and quality care in the community.</p> <p>Good antenatal care is associated with positive health outcomes for mothers and babies.</p>
Indicator set:	Australian Health Performance Framework, 2019 Health , Superseded 13/10/2021 Australian Health Performance Framework, 2019 Health , Superseded 13/10/2021

Collection and usage attributes

Computation description:	<p>First trimester is defined as up to and including 13 weeks of pregnancy.</p> <p>Excludes women whose gestation at first antenatal visit was not stated.</p> <p>Analysis by state/territory, remoteness, Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) and Primary Health Network (PHN) is based on the usual residence of the mother.</p> <p>Data excludes Australian non-residents, residents of external territories and records where state/territory of residence was not stated.</p> <p>Age-standardised rates are calculated for Indigenous and non-Indigenous Australians.</p> <p>Presented as a:</p> <ul style="list-style-type: none">• number, and• percentage.
Computation:	<p>Crude percentage: $100 \times (\text{Numerator} \div \text{Denominator})$</p> <p>Age-standardised percentage: calculated using the direct method, using five-year age groups from 15–19 to 40–44 with the 30 June 2001 Australian female estimated resident population (ERP) based on the 2001 Census as the standard population. Age-standardisation should be done in accordance with the National Indigenous Reform Agreement Performance Information Management Group (NIRAPIMG) agreed principles for direct age-standardisation (see Comments section. Note that Principle 4 is not applicable for this indicator).</p>

Numerator: Number of females who gave birth to at least 1 live or stillborn baby, where an antenatal visit was reported in the first trimester (up to and including 13 completed weeks).

Numerator data elements: **Data Element / Data Set**

[Pregnancy—estimated duration \(at the first visit for antenatal care\), completed weeks N\[N\]](#)

Data Source

[AIHW National Perinatal Data Collection \(NPDC\)](#)

NMDS / DSS

[Perinatal NMDS 2014-18](#)

Denominator: Total number of females who gave birth to at least 1 live or stillborn baby (where gestation at first antenatal visit is known).

Denominator data elements:

Data Element / Data Set

[Pregnancy—estimated duration \(at the first visit for antenatal care\), completed weeks N\[N\]](#)

Data Source

[AIHW National Perinatal Data Collection \(NPDC\)](#)

NMDS / DSS

[Perinatal NMDS 2014-18](#)

Disaggregation: 2017 —National and state/territory by:

- Indigenous status of the mother
- remoteness (Australian Statistical Geography Standard (ASGS) 2016 Remoteness Structure)
- 2016 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) quintiles.

2017—Primary Health Network (PHN).

- Indigenous status of the mother
- remoteness (ASGS 2016 Remoteness Structure)
- 2016 SEIFA IRSD quintiles.

Time series: 2012, 2013, 2014, 2015, 2016, 2017—PHN.

Note that data collection methods for Indigenous status of the mother and baby may vary between states and territories.

Disaggregation data elements:

Data Element / Data Set

[Person—Indigenous status, code N](#)

Data Source

[AIHW National Perinatal Data Collection \(NPDC\)](#)

NMDS / DSS

[Perinatal NMDS 2014-18](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Person—area of usual residence, statistical area level 2 \(SA2\) code \(ASGS 2016\) N\(9\)](#)

Data Source

[AIHW National Perinatal Data Collection \(NPDC\)](#)

NMDS / DSS

[Perinatal NMDS 2014-18](#)

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness, SEIFA IRSD and PHN.

Geographic unit used is Statistical Area Level 2 (SA2) in the Australian Statistical Geography Standard (ASGS). If data are coded according to the Australian Standard Geographical Classification (ASGC) boundaries, concordance files are used to map to the ASGS.

Remoteness is based on the ASGS 2011 Remoteness Structure from 2012 to 2016 and the ASGS 2016 Remoteness Structure from 2017.

SEIFA IRSD is based on the 2011 SEIFA IRSD from 2012 to 2016 and the 2016 SEIFA IRSD from 2017.

PHN is based on the ASGS 2011 from 2012 to 2016 and the ASGS 2016 from 2017.

Comments:

Most recent data available for 2019 Australian Health Performance Framework reporting: 2017 (calendar year data).

Information is included in the National Perinatal Data Collection (NPDC) for both live births and stillbirths, where gestational age is at least 20 weeks or birthweight is at least 400 grams, except in Victoria and Western Australia, where births are included if gestational age is at least 20 weeks or, if gestation is unknown, birthweight is at least 400 grams.

Antenatal visits relate to care provided by skilled birth attendants for reasons related to pregnancy. For the Australian Capital Territory, first antenatal visit is often the first hospital antenatal clinic visit. In many cases earlier antenatal care provided by the woman's GP is not reported.

NIRAPIMG agreed Principles for reporting directly age-standardised rates for administrative data.

Note that Principle 4 is not applicable for this indicator.

Overarching principle: Before undertaking age-standardisation, analysts must investigate the data being used to understand the age-specific distribution and any limitations that may impact on the results.

Principle 1: The standard population used should be the Australian estimated resident population as at 30 June 2001 (for this indicator, females aged 15–44) based on the 2001 Census.

Principle 2: If the denominator is less than 30 in any one age group, then do not attempt to produce age-standardised rates.

Age groups may be collapsed to obtain a denominator of 30 or more (provided that this is in accordance with Principle 3).

Principle 3: If the total number of Indigenous events (for example, deaths, hospital separations) is less than 20, then do not attempt to produce age-standardised rates.

Combining several years of data, or aggregating jurisdictions should be considered to obtain a total of 20 or more events.

If this does not meet the purpose (that is, data are required for time series or jurisdictional comparisons), or does not result in a total of 20 or more events, then other measures and contextual information should be reported instead of age-standardised rates which could include total number of events, crude rates, age-specific rates, age-specific rate ratios and median age at death.

Principle 4: Not applicable.

Principle 5: Additional contextual information (most importantly age-specific rates and ratios) should be provided in addition to age-standardised rates when:

- the age-standardised rates and rate ratios lie largely outside the range of the age-specific rates and rate ratios
- the pattern of age-specific rates of the Indigenous and non-Indigenous populations differ substantially (for example, deaths from a certain cause concentrate on younger ages for the Indigenous population while for the non-Indigenous population they may occur at older ages)
- the age-specific rates depart from the assumption of a uniform increase in death with age (for example, injury which peaks in the young adult to middle-ages and certain cancers amenable to treatment for some age groups)
- the condition of interest is largely confined to a specific age range (for example, sexually transmitted infections (STIs) and females who give birth). In such instances, age-standardisation could be restricted to include the age groups within this age range only.

Principle 6: For conditions restricted to a specific age group (for example, conditions originating in the perinatal period and sudden infant death syndrome (SIDS)), it is recommended to report the age-specific rate for the age group of interest instead of the age-standardised rate.

The term 'Aboriginal and Torres Strait Islander people' is preferred when referring to the separate Indigenous peoples of Australia. However, the term 'Indigenous' is used interchangeably with 'Aboriginal and Torres Strait Islander' in this indicator to assist readability.

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person
Format:	N[NN].N

Indicator conceptual framework

Framework and dimensions: [1. Effectiveness](#)

Data source attributes

Data sources:**Data Source**

[AIHW National Perinatal Data Collection \(NPDC\)](#)

Frequency

Calendar years ending 31 December each year

Data custodian

Australian Institute of Health and Welfare

Accountability attributes

Reporting requirements: Australian Health Performance Framework

Organisation responsible for providing data: Australian Institute of Health and Welfare

Accountability: Australian Institute of Health and Welfare

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Steward: [Australian Institute of Health and Welfare](#)

Relational attributes

Related metadata references: Has been superseded by [Australian Health Performance Framework: PI 2.1.2–Females with an antenatal visit in the first trimester of pregnancy, 2020](#)
[Health](#), Standard 01/12/2020

See also [National Indigenous Reform Agreement: PI 09-Antenatal care, 2020](#)
[Indigenous](#), Standard 23/08/2019